

Staffordshire Health and Well-being Board	
Title	Annual Report of the Director of Public Health and Public Conversation on End of Life
Date	08 June 2017
Board Sponsor	Dr Richard Harling
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Report type	For noting

Recommendations

1. That the Health and Well-being Board:
 - Comments on endorses the Annual Report of the Director of Public Health.
 - Considers and approves the proposed outline for the next HWB public conversation on end of life.
 - Considers the proposed title for the end of life campaign, '*Dying to Talk*' for approval
 - Actively supports the public conversation on end of life and seek support for the campaign across their respective organisations.

Background

2. The HWB has considered the Annual Report of the Director of Public Health Report (2017) on end of life previously. In the light of comments made by the HWB and others the Report has been updated and is now in final draft. The intention is to publish in July.
3. The Report includes the following recommendations:
 - Recommendation 1: Health and care organisations in Staffordshire should have an open and honest conversation with the public about planning for the end of life.
 - Recommendation 2: Health and care organisations should work with the voluntary sector within local and national frameworks (e.g. NHS Choices and the Dying Matters Coalition) to ensure people's access to information that supports choice in the community and in care settings at the end of life.
4. The Report highlights a cultural reluctance to talk about death and dying and address end of life issues that encompasses the individual and their families, those working in health and care and society in general. This impacts negatively on the effectiveness of end of life care and on the individual and their families and carers, particularly their ability to anticipate and plan for critical choices (care and non-care related) at the end of life.
5. The report and supporting information gathered by Healthwatch Staffordshire¹ also showed that many people are not aware of key information which would allow more personal control at the end of life, may also receive unnecessary medical intervention, and often die where they would not choose to without a

¹ Barriers to Consistent End of Life care; Healthwatch Staffordshire; May 2017

care plan in place or their EOL wishes articulated. If near the end of life and living in the community, they may also feel isolated or unsupported.

6. Engaging with the public on end of life is therefore a vital part of the fundamental change required across all sectors, if the quality of end of life care is to be improved and individuals, alongside their relatives and carers, are to be empowered to make timely and informed EOL choices
7. Following on the success and learning from the public debate on obesity and the HWB desire to better engage with the public on important health and well-being issues, a conversation focusing on End of Life is therefore proposed to commence from October 2017.

Aims

8. To raise public awareness about the need to talk about, anticipate and plan for death and dying and to make the information available to enable choice and personal control.
9. To promote public discussion of key issues around death and dying in various arenas in order to normalise discussion of end of life issues
10. To explore /gauge public attitudes and views on selected end of life issues to inform future planning of care services and future provision of information around end of life (e.g. what would help to enable discussion of death and dying).

Outline

11. This outline is based on early discussions by the recently initiated PH working group and dialogue with SCC Communications. It was mindful of the following:
 - The learning from the Big Fat Chat has been reviewed and utilised as a benchmark for future engagement.
 - The need to tailor engagement to the subject matter and anticipate likely public sensitivities
 - That the engagement would aim to optimise 'reach' with the public in a variety of relevant settings (including social media) but would be strengthened and sensitised by the involvement of local hospices and bereavement charities.
 - That the programme would need to link with existing national campaigns that aim to promote the discussion of death and dying (e.g. Dying Matters coalition).
12. The public conversation should:
 - Have a comprehensive media plan agreed with SCC communications, including a social media campaign ('*Dying to Talk*').
 - Have a dedicated website with links to other nationally recognised resources to promote awareness of the key messages /available information on end of life.

- Pose a series of questions to the public, and encourage people to engage by answering or commenting.
 - Involve direct engagement: via a 'roadshow' accessing a variety of communities to promote and publicise the campaign and engage in meaningful dialogue around death & dying.
 - Link with local hospices, bereavement charities and fundraisers to advise, aid planning and provide access to more personal stories illustrating people's positive or negative experiences and what might have helped.
13. The roadshow approach would increase coverage across the county and maximise our chances of reaching as many people and receiving as much feedback/interest as possible.
14. Proposed Timescale:
- Launched in October
 - Roadshow to takes place towards the end of October and beginning of November (to allow sufficient time to plan for the campaign and generate the necessary interest and support).