Palliative & End of Life Care Update
Cheshire East
2017-18

By Annamarie Challinor
Head of Education & Service Development
The End of Life Partnership
Review of Choice in End of Life Care

Six commitments:
• Honest discussions
• Informed choices
• Personalised care plans
• Discussion/sharing of personalised care plans
• Involvement of family and carers
• A key contact any time of the day

Key messages:
• Inclusion within Sustainability & Transformation Plans, local strategies and priorities
• Organisations working together across NHS, Social Care & the voluntary sector
• Local health leaders to develop strategies for palliative and end of life care inclusive of all providers and relevant stakeholders
**Mission:** To Transform End of Life Experience and Care

**How:** Through Education, Community and Service Development, Research and Evaluation

**Reach:**
- 3 Hospital Trusts,
- 3 Hospices,
- 2 Local Authorities,
- 4 CCG’s,
- 76 GP Practices,
- 150+ care homes
- Many private, charitable and voluntary organisations and community partners

**Experience:**
- General Nurses, Specialist Palliative Care, General Practitioner, Social Worker, Allied Health Professional, Specialist Dementia Team – includes Admiral Nurse, Public Health Workers, Volunteers and Carers
A goal without a plan is just a wish...
Ambitions for Palliative and End of Life Care:
A national framework for local action 2015-2020

Perfect Timing !!!
Six ambitions to bring that vision about

01 Each person is seen as an individual
02 Each person gets fair access to care
03 Maximising comfort and wellbeing
04 Care is coordinated
05 All staff are prepared to care
06 Each community is prepared to help

“I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s).”

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk
“The will, determination and innovation of organisations working collaboratively to find new ways of delivering better care will, and must, make a difference”.

The Foreword: Ambitions for Palliative and End of Life Care
Collaborative Strategic Plan for Palliative and End of Life Care

2016-2019

“As organisations with experience of, and responsibility for, palliative and end of life care we have made a collective decision to act together to do all we can to achieve for everyone what we would want for our own families”

(Ambitions for Palliative and End of Life Care, 2015, p.9)
January 2016-Jan 2017

4 Strategic Priorities

- Advance Care Planning (ACP)
- Electronic Palliative Care Communication Systems (EPaCCS)
- Care Coordination
- Community Development
1. Electronic Palliative Care Coordination Services (EPaCCS)

Each person is seen as an individual

I, and the people important to me, have opportunities to have honest, informed and timely conversations and to know that I might die soon. I am asked what matters most to me. Those who care for me know that and work with me to do what’s possible.
What’s happening?

• Pan Cheshire Steering Group
• Local Strategy involves 4 key approaches:
  • Encourage use of the EPaCCS EMIS template
  • Influence wider access to EMIS template
  • Get EPaCCS onto wider Locality ICT agendas
  • Obtain local evidence base to demonstrate impact

Priorities for 2017-18

• Develop reporting mechanisms
• Care home pilot
• Roadmap to inform future priorities
2. Advance Care Planning

All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.
Advance Care Planning

What’s happening?

- ACP Campaign
- ACP and Difficult Conversations Education & Training
- ACP reporting via EPaCCS
- ACP baseline audits in Care Homes
- Public Health Workshops e.g. Will Writing, Making a Difference Just by Talking, Future Life Planning

Priorities for 2017-18

- ACP Train the Trainers Programme
- Communication Skills Training, at Basic, Intermediate & Advance levels
- ACP Education Framework linked to staff appraisals and competencies
- ACP interventions with 20 selected Care Homes
3. Care Coordination

Care is coordinated

I get the right help at the right time from the right people. I have a team around me who know my needs and my plans and work together to help me achieve them. I can always reach someone who will listen and respond at any time of the day or night.

government Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk
Care Coordination

What’s happening?

- Transformation of End of Life Care Project in Partnership with Macmillan Cancer Support for South & Vale Royal
- Launch of Hospice at Home East Cheshire- Independent Evaluation by Liverpool University
- Care Home Project- involving 20 Homes (5 East, 9 South, 6 Vale Royal)

Priorities for 2017-18

- Reviewing the commissioning of current Palliative & End of Life Care Service provision across South & Vale Royal and scoping models of single point of access
- Establishing Hospice at Home Service and supporting education, training and mentorship of the Hospice at Home workforce
- Care Home baseline audits and weekly half day support visits from a facilitator
4. Community Development

Each community is prepared to help

I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.
Community Development

What’s happening?
- Supporting and enabling the work of Community Ambassadors
- Establishing 3 compassionate communities aligned to GP Practices
- Sustained support and engagement with 50+ Carer groups/organisations

Priorities for 2017-18
- Increase the number of active community ambassadors from 50 to 100
- Capturing the activity of community ambassadors to demonstrate impact
- Support and progression of identified compassionate community projects i.e.
  - Chelford
  - Audlem

(Vale Royal- Winsford & Cuddington, Sandiway & Delemere)
Final thoughts

“If you want to go quickly, go alone. If you want to go far, go together.”
~ African Proverb
Thank you

Any questions?