

Briefing Paper

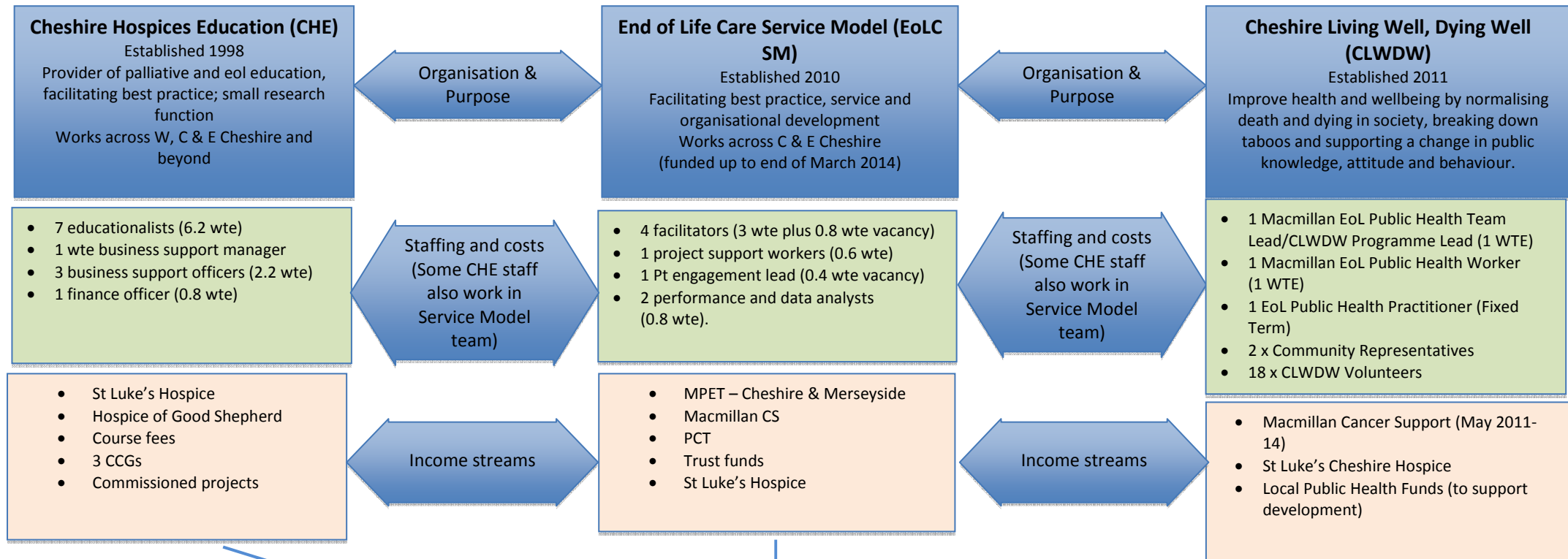
“The End of Life Partnership Cheshire” - rationale for its development and overview of its purpose

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- Rationale for change – why is it needed?
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- Funding and Sustainability

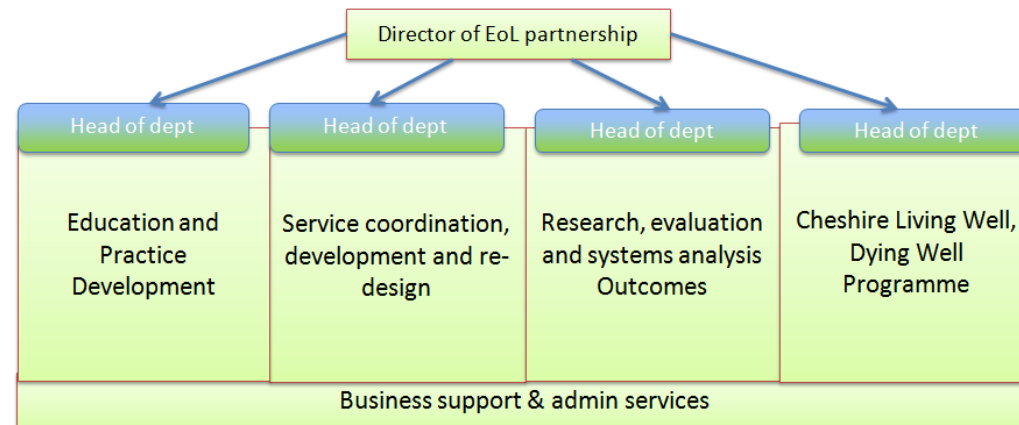
Date Approved	September 2013	
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Current position:



Proposed change

Merge 3 teams to form the 'End of Life Partnership Cheshire' **PLUS** new department with remit for research, evaluation and measuring outcomes



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Why is the new End of Life Partnership Cheshire needed? What is the rationale for setting it up?

CHE, the EoLC SM and CLWDW work closely together, have an excellent track record and a significant experience in their respective fields of education, practice development, service development, community and public health approaches to dying, death and loss. They also have well established relationships with local communities, workplaces, businesses, service provider colleagues and care workers across care settings. Pooling and joining up their expertise will improve overall efficiency, capacity, responsiveness and impact; creating a more complete and holistic approach to death, dying and loss.

The merger will be more cost-effective, financially viable and sustainable in the future. It will reduce duplication of effort, maximise and develop team member's skills and create a more joined-up, integrated, co-ordinated and outcome driven approach.

What will the End of Life Partnership Cheshire do? Its Key Purpose

The overall aim is to lead, educate and facilitate excellence and best practice in palliative and end of life care; and to influence and enable our communities to live and die well, supported by the health, social and voluntary workforce.

The work plan will be devised and delivered through an integrated approach to education, service development, community engagement, public health and research. It will support stakeholders to deliver their outcome frameworks and local priorities, supported and informed by strong community, patient, public, clinical influence and engagement.

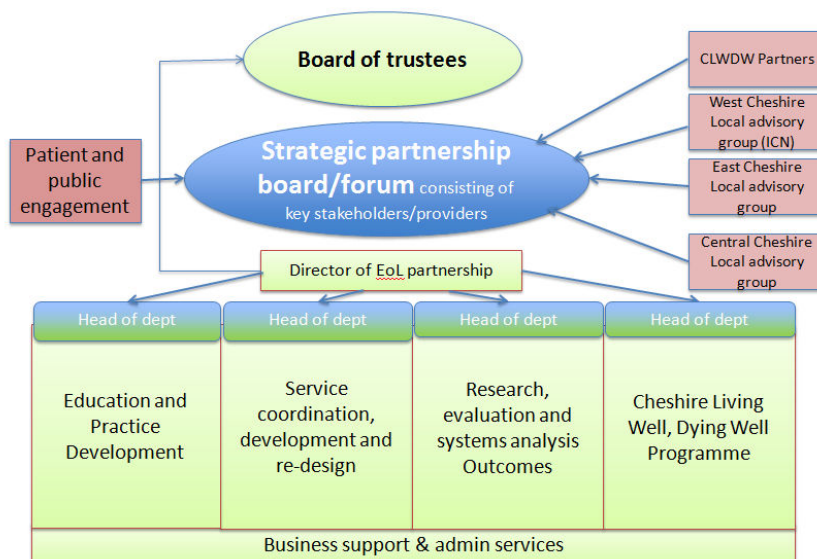
How will the End of Life Partnership Cheshire set and work towards its purpose?

Who will influence and guide the work to ensure it is doing the right thing for our community?

A partnership board/forum will represent the local stakeholders in palliative and end of life care; service providers, service users, commissioners, workforce developers. This board/forum and the Director of the Partnership will steer, oversee, and monitor the objectives of the new partnership which will be driven by national and local priorities; the Joint/Integrated Strategic Needs Assessment, Health and Wellbeing Strategy, Outcomes Frameworks for the NHS, Public Health, Education and Adult Social Care and what will help staff and organisations to meet the needs of the population.

Local advisory/operational groups/public health teams will feed in their priorities and local intelligence to the partnership board. These groups are already well-established in each locality, with a membership of practitioners and care workers from all areas of care.

Public/patient/user engagement will be developed as a priority and be an integral part of the partnership in terms of feedback, identifying needs and priorities.



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How will the new End of Life Partnership be funded?

The End of Life Partnership is being set up to meet specific outcomes which support staff and organisations to achieve their purpose in relation to quality, effectiveness, equality and efficiency in palliative and end of life care; core funding of the partnership is, therefore, dependent upon stakeholders (Table 1). It is proposed that the contribution of each stakeholder will be apportioned on a percentage basis according to relative impact and size of their workforce, the priority (core and outreach) that end of life care has within their organisation and the size of population their area serves (Table 2).

Table 1: Potential Funding Sources

Potential Funding Sources
NHS <ol style="list-style-type: none"> 1. Clinical Commissioning Groups (CCG's) 2. Strategic Clinical Networks (SCN's) and Multi Professional Education & Training Funding (MPET) 3. Acute Trusts/ Mental Health Trust
Hospices <ol style="list-style-type: none"> 1. St Luke's Cheshire Hospice 2. East Cheshire Hospice 3. Hospice of the Good Shepherd
Local Authorities <ol style="list-style-type: none"> 1. Cheshire East 2. Cheshire West & Chester
Research & Education Income <ol style="list-style-type: none"> 1. Study Days and courses 2. Academic courses 3. Commissioned Projects 4. Research projects
Third Sector <ol style="list-style-type: none"> 1. Macmillan Cancer Support 2. Crossroads Care 3. Dementia UK 4. Age UK

Table 2: Population Analysis

By CCG area	Population
South Cheshire	174,182
Vale Royal	102,110
Eastern Cheshire	201,111
Western Cheshire	250,000
TOTAL	727,403

By Local Authority area	Population
Cheshire East Council	375,293
Cheshire West and Chester Borough Council	352,110
TOTAL	727,403