

National End of Life Care programme board, 13 December 2016

Title:

Business planning – priorities and deliverables for 2017-18

Lead:

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Purpose of Paper:

- To outline collective early intentions for 2017-18, so there is an opportunity for alignment, collaboration and challenge, to ensure that as a system we are focussing on the actions needed to drive improvements forward

The Board is invited to consider the following questions:

- Are the deliverables and priorities mapped to the correct commitment and workstream/objective?
- Are the objectives within the three workstreams the right ones for the Programme Board to pursue for the next two years?
- Is this mapping exercise useful, or is there an alternative way this could be presented?
- Are the proposed deliverables appear sufficient to deliver the improvements needed, or are there some key pieces of work missing?

BUSINESS PLANNING 2017-18

1. PURPOSE

1.1 The following is a high level overview of business planning intentions and objectives that member organisations have said they are considering taking forward next year, in relation to End of Life Care (EoLC). As most organisations have not concluded their business planning processes the following objectives should only be considered as provisional.

1.2 By sharing our collective early intentions there is opportunity for alignment, collaboration and challenge, to ensure that as a system we are focussing on the actions needed to drive improvements forward.

1.3 In the table (Annex A) the objectives have been mapped by the NHS England End of Life Care programme team. They are mapped against the six point public facing 'EoLC Commitment' and also by the three workstreams and sub-objectives which have been developed to organise the work that we as a system will deliver, in order to meet the EoLC commitment.

2. SUMMARY OF THEMES

2.1 The majority of deliverables do not map easily to the six point EoLC commitment and have instead been attributed as 'cross cutting', supporting delivery of several, if not all of them.

2.2 Given the number of cross cutting deliverables it is difficult to assess our proposed coverage against each of the six commitments, however it should be noted that there is no single deliverable that is mapped against the fifth commitment: "The involvement of family and carers in dying people's care" whereas there are deliverables that directly address each of the others.

2.3 Looking at the three workstreams and objectives, whilst there is a larger number of deliverables mapped to workstream 1 than workstreams 2 or 3, there are still a significant number of deliverables mapped to all three. The only objective where there is limited coverage of deliverables is workstream 3, objective c: 'Develop improved contracting and funding mechanisms', which contains just two potential deliverables, both from NHS England.

2.4 Whilst not exhaustive, reviewing the annex it is clear there are some areas where members could consider working together or aligning efforts – in particular around:

- Influencing STPs (HEE, ADASS and NHSE)
- Personal Health Budgets (NCPC and NHSE)
- Exploring roles and training (ADASS and HEE)

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- Focus on care homes (PHE, ADASS and NHSE)
- Focus on hospital settings (CQC, NHSI, NCPC, ADASS)

3. QUESTIONS FOR BOARD MEMBERS

3.1 When reviewing the annex, members are asked to consider the following:

- a) Are the deliverables and priorities mapped to the correct commitment and workstream/objective?
- b) Are the objectives within the three workstreams the right ones for the Programme Board to pursue for the next two years?
- c) Is this mapping exercise useful, or is there an alternative way this could be presented?
- d) Are the proposed deliverables appear sufficient to deliver the improvements needed, or are there some key pieces of work missing?

4. ANNEX A

<p>EoLC commitments</p> <ol style="list-style-type: none"> 1. Honest discussions between care professionals and dying people 2. Dying people making informed choices about their care 3. Personalised care plans for all 4. The discussion of personalised care plans with care professionals 5. The involvement of family and carers in dying people’s care 6. A main contact so dying people and their families know who to contact at any time 	<p>Workstream 1: Enhancing physical and mental wellbeing</p> <ol style="list-style-type: none"> a) Improve public awareness, information and action b) Improve patient and carer support c) Develop the workforce to be more confident and competent in supporting patients and carers <p>Workstream 2: Transforming experience of end of life care in the community and hospitals</p> <ol style="list-style-type: none"> a) Improve the use of digital solutions in care delivery b) Develop new models of end of life care c) Provide effective improvement support <p>Workstream 3: Commissioning quality services that are accessible to all when needed</p> <ol style="list-style-type: none"> a) Improve data and information b) Improve the evidence base for commissioning decisions c) Develop improved contracting and funding mechanisms
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*XC = Cross-cutting, where objectives may impact on delivery of all six commitments

ORG	DELIVERABLE	Workstream & Objective	Commitment Ref						XC*
			1	2	3	4	5	6	
NPCPC	EoLC coalition to analyse the transparency & accountability mechanisms in the commitment & identify how to generate public support and pressure	1a							X
NPCPC	Developing practice networks and training in community development & public health approaches	1a							X
NPCPC	Dying Matters Awareness week in May 2017 sharing vision and new strategy	1a	X						
NPCPC	Dying Matters - new 3-5 year strategy from 2017, with emphasis on community development and public health palliative care approaches.	1a	X	X					

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PHE	Work with partners to explore potential models of enhancing EoLC in the community, especially the role of family and volunteers	1a								X
NHSE	Work with voluntary sector partners to scope and understand the work of end of life care volunteer networks, including on bereavement care, and strengthen the bonds that support dying people in their own communities	1a								X
NHSE	Scope exemplar models for end of life and bereavement support for Carers of all ages	1b								X
NHSE	Embed the self-care interventions into implementation guidance and support for EoLC models	1b								X
NHSE	Implementation plan for providers, particularly primary care, developed to improve identification of those in the last 12 months of life to reduce inequalities in EoLC for those with non-cancer conditions, homeless, LD and secure and detained settings	1b								X
NHSE	Address particular concerns around multimorbidity and EoLC considering renal, respiratory and heart disease.	1b								X
PHE	Further in depth work on older adults – focus on home as a setting for care including transfers in/out hospital. Focus on patterns of care and variation for people with COPD and CCF at the end of life	1b								X
PHE	End of Life Care for Cancer Patients – joint working with NCRAS team and PHE Cancer Board. Focus on place of death and hospital attendances and treatments given closer to death.	1b								X
NCPC	Build on learning about how PHBs can facilitate choice and control for people at the EoLC and support roll out and implementation approaches	1b			X					
NHSE	Following an evaluation of test sites, promote and expand Personal Health Budgets for people approach the end of life	1b			X					
NHSE	Develop a multi-channel delivery plan for the promotion and expansion of patient choice in end of life care	1b		X						
NHSE	Triangulation of staff and patient experience of EoLC through survey trialled in acute hospital setting	1c								X
HEE	Support continued implementation of the national action plan to foster synergies and enable consistent approaches across HEE local offices	1c								X
HEE	Support uptake of education & training resources through delivery of a HEE community development owned delivery model & action plan through local	1c								X

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	offices and CEPNs								
HEE	Support implementation of the refreshed core competencies in end of life care	1c							X
HEE	Continue to work with Professional Associations and Colleges to strengthen under and post graduate curricula	1c							X
HEE	Support person centred approach to care which encompasses the HEE EoLC, Dementia, MH and LD work	1c							X
ADASS	Explore through the role of Principal Social Worker (PSW) with a view to maximising the social care input around EoLC	1c							X
ADASS	Develop communication channels for professionals to share good practice and seek support with difficult issues and to promote new ways of working	1c	X						
NHSE	Deliver the outputs of the EoLC digital journey commissioning guidance, ensuring relevant pieces of national work are commissioned and delivered	2a							X
NHSE	Continue to deliver NIB aligned objective - people to access own record and edit own EoLC preferences by 2018	2a			X				
NHSE	Continue to deliver NIB aligned objective - support national rollout of EPaCCS by 2020	2a				X			
NHSE	Information Standard SCCI 1580 and associated technical guidance maintained (linked to EPaCCS rollout by 2020)	2a			X				
NCPC	Evaluate the effectiveness and impact of implementing new approaches to integration and coordination	2b							X
NHSE	Support development and delivery of social finance project to test new community based models of EoLC	2b							X
NHSE	As part of the New Care Models programme, MCP sites focussing on EoLC receive national support and learning is shared more widely	2b							X
NHSE	Specific issues faced in community settings relating to EoLC are identified and addressed	2b							X
NHSE	Improve EoLC for people in secure and detained settings	2b							X
NCPC	Disseminating findings from NCPC & Hospice UK's 'pain management at home' project	2b							X

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NHSE	Continue national programmes of: Independent Care Sector; Keeping People Well and Stable (Community Pharmacy and Urgent Dental Care), and Community health services and hospital discharge.	2b							X
ADASS	Work with partners to enhance the EoLC experience of residential and nursing home residents	2c							X
NHSE	Continue enhanced support package, embedding national work of the Independent Care Sector locally (ECIP, Regions, pilot sites, local support)	2c							X
NHSE	Implementation of outputs from the Independent Care Sector programme embedded into EoLC plans and models through regional EoLC delivery support	2c							X
NHSE	Regional implementation of national commissioning tools - including national palliative care dataset, SPC currencies and RightCare products	2c							X
NCPC	Continue to deliver Building on the best programme with x 10 acute sites across England	2c							X
NCPC	Continue to work with NHS Improvement to support Trusts/whole system improvement across urgent and emergency care	2c							X
CQC	Continue to have EoLC as a core service in inspection of acute hospitals and community health services.	2c							X
CQC	Publish overview reports for the acute hospital and community health sectors summarising findings from Round 1; in next phase will target services that were rated 'requires improvement' or 'inadequate' in Round 1.	2c							X
ADASS	Ensure hospital discharge initiatives embed choice within their culture and approach	2c							X
NHSI	Work with providers to share best practice and support trusts deliver person centred care	2c							X
NHSI	Adopt an improvement collaborative approach to support Trusts enhance their delivery of EoLC. Support will be tailored to suit needs of trusts – will include signposting, networking opportunities, upskilling in improvement methodology	2c							X
NHSI	Work with regional teams and quality leads to support providers improve EoLC	2c							X
NHSE	Develop metrics for EoLC for national and local adoption, with a particular focus on metrics for inclusion in the CCG IAF	3a							X
NHSE	Support development of proposals to capture patient and carer experience	3a							X

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PHE	Indicators and profiles for EoLC: <ul style="list-style-type: none"> Update & expand range of indicators at CCG / LA as presented on fingertips Support NHSE in development of new EoLC metrics Work with partners to disseminate findings of the Atlas of Variation and consider other products which will support implementation of change 	3a								X	
NHSE	Through Healthcare Quality Improvement Partnership (HQIP), commission care of dying national audit	3a									X
ADASS	Benchmark against the Charter for EoLC that sets out expectations of local authorities	3a									X
NCPC	Promote access and uptake of the 24/7 models of care report and care navigation optimal models of delivery	3b							X		
NHSE	Continue to develop and embed NHS RightCare including Commissioning for Value programme	3b									X
NHSE	Contribute to development of NICE guidance and Quality Standards	3b									X
NHSE	Menu of evidence based interventions and care models and implementation plan developed utilising national levers and through regional EoLC delivery support										X
NHSE	Spread innovation and best practice across the country	3b									X
NHSE	Regional support for improving EoLC through clinical leadership, working with commissioners to embed tools, influence STPs and promote innovation spread	3b									X
HEE	Strategic approach nationally and locally to concentrate on conditions necessary to improve EoLC	3b									X
HEE	Embed training and education into the local strategic approach to EoLC in STP and CCG plans	3b									X
ADASS	Maximise opportunities for Health & Wellbeing Boards in each locality to pursue collaborative working	3b									X
ADASS	Championing the inclusion of EoLC priorities in STP plans	3b									X
ADASS	Enabling connections with national initiatives and provide a vehicle to contribute to the broader discussion	3b									X

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NHSE	Administer the children's hospice grant funding, improving the allocation formula to become more equitable	3c							X
NHSE	Support national review of currencies for specialist palliative care and further funding mechanisms for EoLC	3c							X