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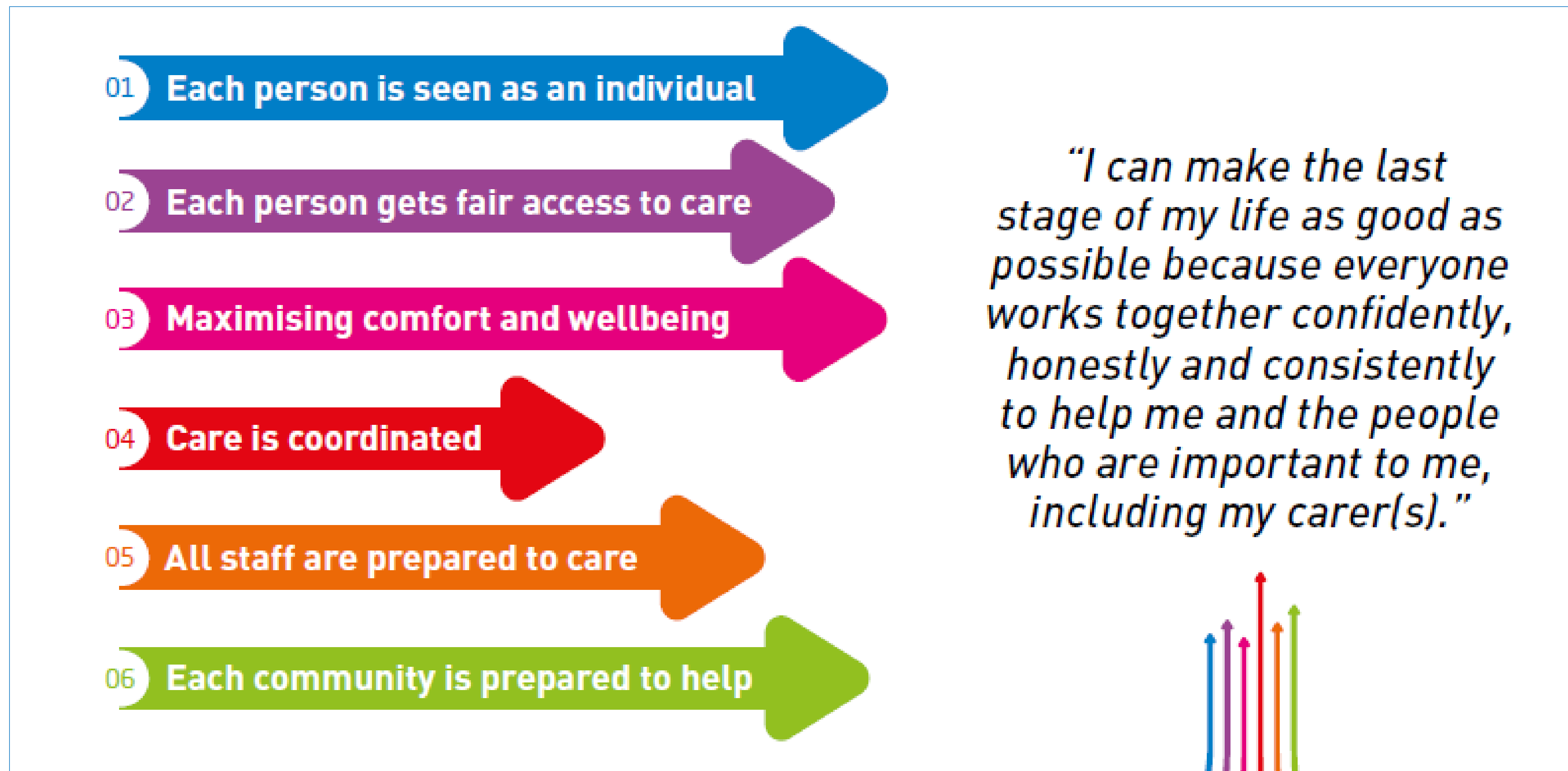
Sue Bottomley, Programme Director, Palliative and End of Life Care - Community and Primary Care Directorate

NHS England and NHS Improvement

Palliative and End of Life Care

What this should look like for people?



Universal Palliative and End of Life Care

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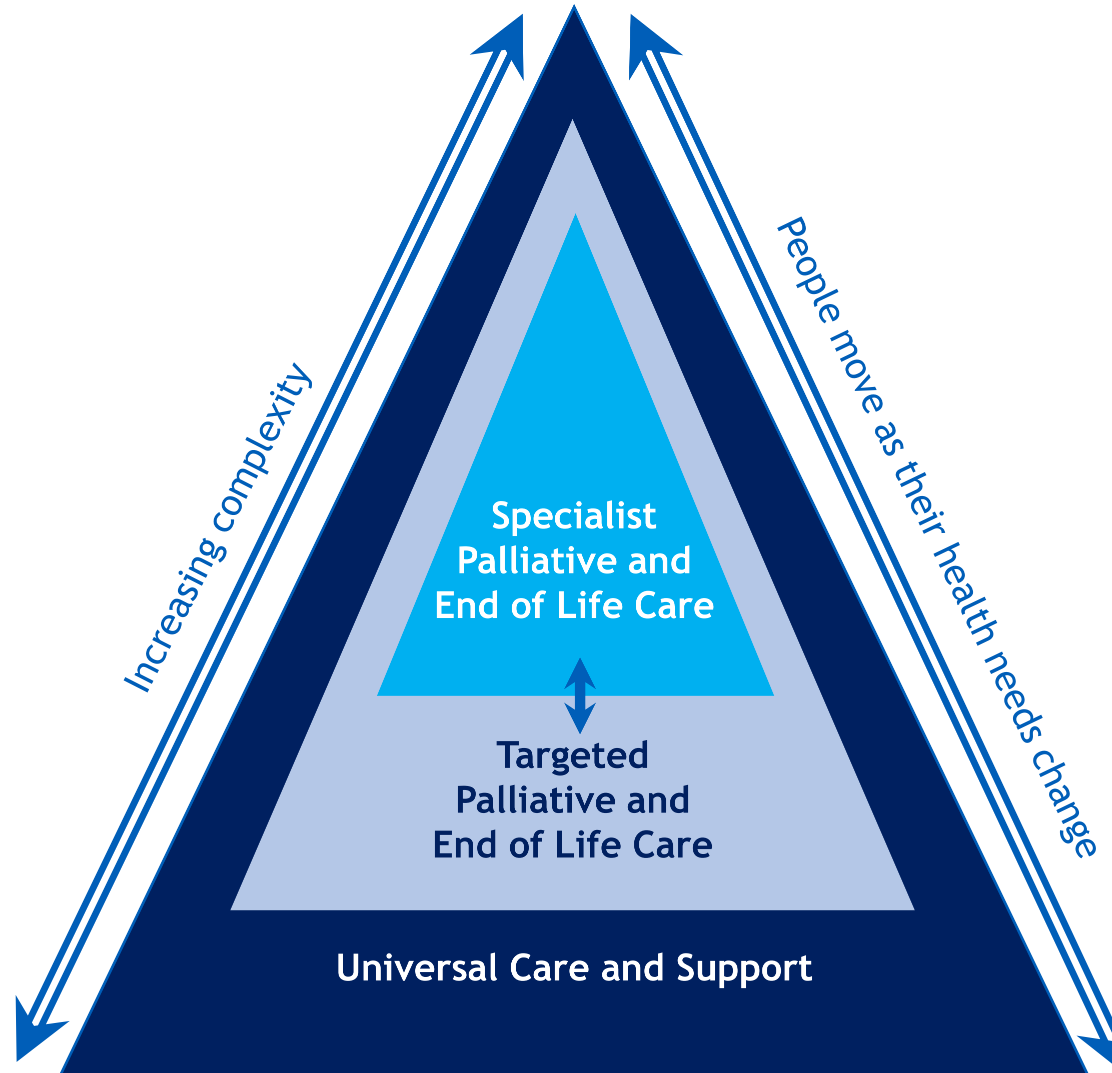
Interventions

Personalised Approaches	
Personalised Approaches Shared decision making; identification of people likely to be in their last year of life; personalised care and support planning; social prescribing, self management; personal health budgets; compassionate communities, including wellbeing interventions and bereavement support.	**Specialist (plus targeted and universal)** Tertiary or specialist palliative care services in hospices, community and hospital: 24/7 advice or care, complex symptom management and specialist equipment
	Targeted (plus universal) Non-specialist palliative care delivered in hospitals; hospice at home, respite care and hospice day services (may be generalist and/or specialist level)
	Universal Non-specialist palliative care delivered by primary, community, acute and urgent care services



Outcomes

I am treated with dignity and respect

I have a personalised care and support plan that records my preferences, wants and needs

My pain and symptoms are proactively managed

I am seen as an individual

I have fair access to care

My care is coordinated and seamless

I can expect my carer/family have their needs recognised and are given the support they need

Living and dying well

PEoLC Delivery Plan

NHS England

Our NHSE/I contribution into transforming PEoLC

Priority	Outcomes
1. Improving Access	1.1. People are identified as likely to be in the last 12 months of life and are offered personalised care and support planning 1.2. Staff, patients and carers can access the care and advice they need, whatever time of day 1.3. Equitable access to PEoLC for all, focussing on locally identified under-served populations
2. Improving Quality	2.1. High quality palliative and end of life care for all, irrespective of condition or diagnosis 2.2. A confident workforce with the knowledge, skills and capability to deliver high quality PEoLC 2.3. High quality PEoLC across all systems
3. Improving Sustainability	3.1 PEoLC is sustainably commissioned 3.2 The PEoLC workforce is fit-for-purpose, now and in the future 3.3. Personalised and community focused approaches are fundamental to improving the PEOLC experience

Key drivers supporting PEOLC development

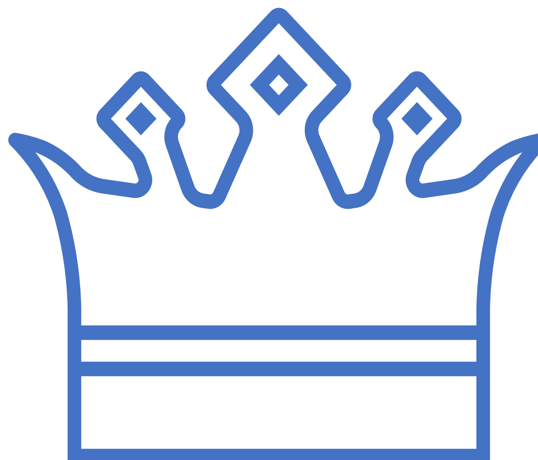
Covid19 Response

Escalated Response

Rapid increase of bed & community capacity

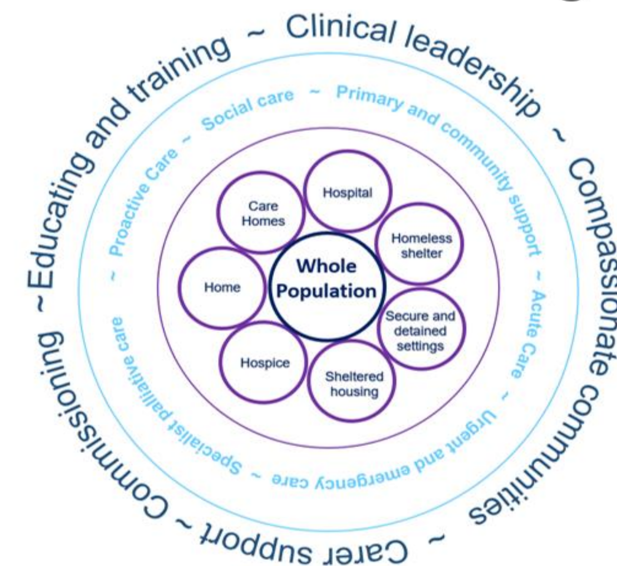
Moves to increase Specialist & core level support across 24/7

Co-ordination of care to improve quality, access & capacity/flow



Health and Care Act 2022

“An integrated care board must arrange for the provision of the following to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility….such other services or facilities for palliative care as the board considers are appropriate as part of the health service”



Population Health

Whole population approach – early support & identification by anyone for anyone.

Promoting Advance Care Planning principles to all to

Influencing all settings by adopting a shared vision. What would I want if it was me or my loved ones.

Key actions to improve Access, Quality and Sustainability at ICB level

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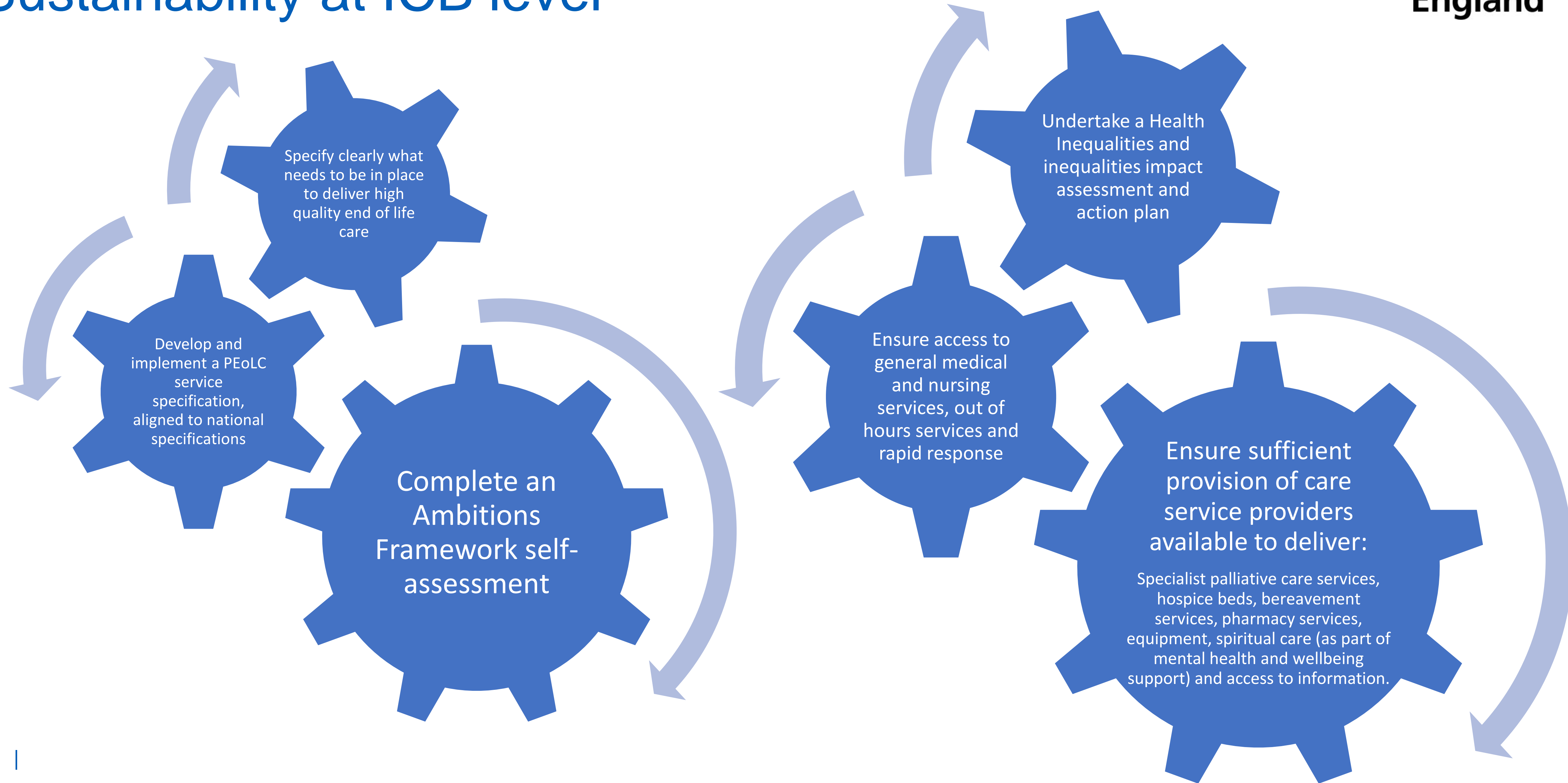


Spotlight on Nottinghamshire ICB

NHS England

Undertook a Ambitions Framework Self Assessment to inform strategy and now use Framework as guiding principle for:

- Commissioning
- Service design
- Quality Improvement
- Education and Training

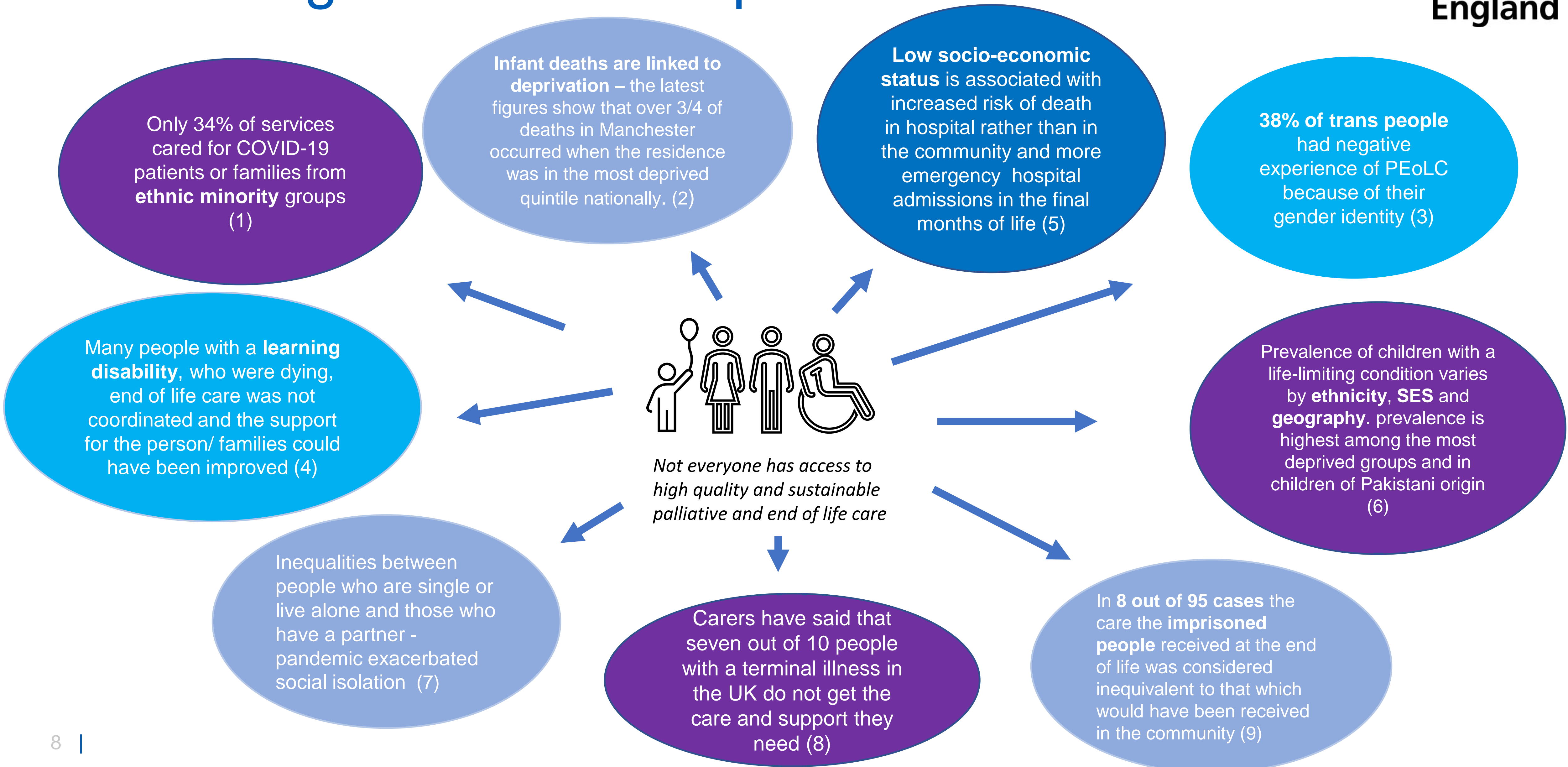
Built a collaborative partnership across all health and care settings

Collaborative partnership defined Integrated Care Model and secured funding

Service model includes:

- A single point of referral for triage, assessment and coordination of care
- Hospice at home service and community beds
- Hospital inreach and outreach by specialist palliative care nurses
- Day Hospice
- Bereavement services and carer support

Focussing on Health Inequalities



Tackling Health Inequalities in practice

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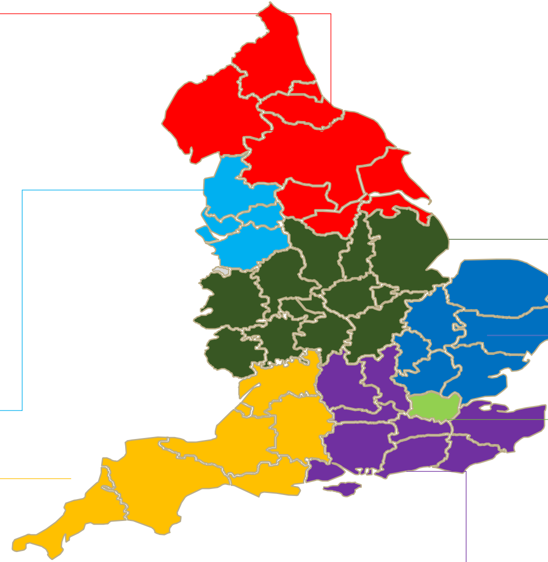
PEoLC Strategic Clinical Networks



North East and Yorkshire

Advance care planning training delivered by three hospices in **West Yorkshire and Harrogate ICS**:
- 40 ACP facilitators have been trained
- 20 ACP community champions have been trained

Digital inclusion to access Palliative advice through PallCall initiative.
CYP in WY&H - ICS approach to ensure equity of access to PeoLC and choice of place of care

North West

Funding to support a population based needs assessment, enabling strategic planning focussed on reducing health inequalities across the region.

Delivered health inequalities webinars, as part of their role in supporting quality improvement across footprints

Developing a population health workstream approach to Place Based Needs Assessment within their ICSs

South West

Planning work with spiritual leaders to support patients from alternate secular backgrounds and to diminish religious inequity

Also coordinating and running a collaborative event supporting people nearing end of life but living homeless or in secure prison settings.

South East

They are coordinating support for gaps in provision for homeless people at end of life regionally

Surrey are implementing training for staff in relation to people at EoL with a **learning disability**

Slough has created a PEoLC booklet for **different faiths**, working with hospices and VCSE.

Midlands

No Barriers Here – unique and innovative approach to advance care planning for people with learning disabilities and was co-produced by people with learning disabilities. It explores art-making to create and support conversations about death and dying – **No Barriers Here – YouTube**

East of England

Littlehey prison had 23 deaths this year, and often 3 – 5 palliative patients at once. Areas of good practice
- Its own compassionate community
- Specialist support from CNS and Consultant
- Review all over 80's to LTCs and advance care planning, as appropriate
- Virtual support given to other prisons

London

They have produced the EARLY tool which supports GP practices to identify patients in last phase of life:
- Adapting **EARLY tool to support Gypsy & Traveller**, Learning disabilities and homeless communities.
- Tailoring will also consider **LGBTQ+ groups** and cultural considerations

Staying up to date

Our next national webinar on 7th July 4-5pm and focus on 'Sharing learning from PEoLC commissioning exemplars'.

Register on our events landing page, to secure your place.

All upcoming webinar dates and registration links can also be found on the PEoLC Network.

The following channels are available to keep up to date:

- @Pers_Care Twitter account for regular updates – using #EoLC or #PEoLC
- A dedicated mailbox for all queries relating to PEoLC – england.palliativeandendoflife@nhs.net
- Future NHS Palliative and End of Life Care Network – contact england.palliativeandendoflife@nhs.net to join
- Webinar slides will be uploaded to the PEoLC Network on Future NHS in the PEoLC webinar library
- Regular emailed bulletin updates - to be added to the distribution list, email england.palliativeandendoflife@nhs.net

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Thank you for listening