

Palliative and End of Life Care in Thames Valley, May 2015







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Our Aim

 To engage with you to help realize our joint ambition to deliver end of life care well......harnessing the resources of TVSCN, the AHSN and HETV

Thames Valley area — 2.37 million

people, 11 CCGs, 8 Health and Wellbeing boards

 To contribute to the national work e.g. outcomes measures - based on our joint learning with you.

Commissioner Forum.

Focussed work with commissioners, national updates and exchange /consideration of local issues. Plus in-depth consideration of specific area i.e. data and information, DNACPR

CCG Locality

Meetings -

Clinical leads attend

and are key members of these

groups, providing

expert contribution

and constructive

challenge



'One Chance to get it Right'

Project offer to Commissioners and Providers to scope and plan response .

Masterclasses

4 arranged 2 delivered Once chance to get it right , Commissioning for outcomes, Spirituality. Palliative care

Feedback

Inform

National
Expert
Speakers

Links to other specialisms CVD, LTC using the House of Care framework

Thames Valley Strategic Clinical Network
End of Life Care Team



Health and Wellbeing

Boards briefing

paper sent to chairs promoting the importance of including EoLC in their strategy refresh



CCG commissioning intentions-

provision of advice and guidance for inclusion in 15/16 plans

Feedback

Inform

Inform

Life Care Launch

Links with
National
Team

Presentation to
CCG
Accountable
Officers Forum
in May 2015

Top 4 priorities in our region for 2015-16

Priorities

To highlight the importance of good end of life care, and raise the profile of the work of the network by presenting to area team directors and CCG Accountable Officers May 2015

Build the connections of EoLC and Specialist Palliative care to LTC using the House of Care framework

A focus on Actions for EoLC

Joint work with HETV & EoLC Fellow

Expected outcome

- Improved engagement in locality group and commissioner forum. Evidenced by increased engagement at forum's, and production of TV wide DNACPR policy and supporting documentation.
- Each CCG developing their EoLC strategy, which informs all other CCG workstreams and is cognisant of One Chance and Actions for EoLC. Evidenced by measurable delivery of their plans.
- CCG LTC programmes include EoLC, recognising the continuum of the patient pathway. Evidenced by EoLC being a core part of the programme.
- The increasing shift to adoption of HoC and care planning in LTC is seen as a precursor to advanced care planning. Evidenced by the increased uptake of skills training across the pt pathway, an increase in advanced care planning and use of the EPaCCS system
- Outcome measures embedded in service specifications and monitored to improve patient and carer experience of end of life.
- Courses commissioned by HETV (HEI and care certificates) address the learning needed by the workforce

What we need and what we fear

What we need to help us achieve our top 3 regional priorities

- Good links to CCG decision makers
- A co-ordinated approach between national and local programmes
- A national programme of work that focuses on what can best be done once for the benefit of us all.

What we fear might stop this happening

- Locally that pre-occupation with other targets means that EoLC drifts down the priority list and CCGs do not engage
- National team working independently of local area teams rather than linking and working in a coordinated style to the mutual benefit of all
- Lack of buy in from Health& Well being boards

Electronic Locality Registers

- 2nd July
- Cambridge
- Details.....