
END OF LIFE CARE COALITION

End of Life Care in Sustainability and Transformation Plans: an analysis

April 2017

Introduction

Introduced in the NHS Shared Planning Guidance for 2016/17 – 2020/21, Sustainability and Transformation Plans - now Partnerships - (STPs) aim to support the delivery of the Five Year Forward View. Each STP was tasked in 2016 with developing its own local 'plan', outlining how it intends to improve the access, quality and financial standards of its local health system over the years to 2020/21.

Better system integration and provision of end of life care in the community have both been included in the Five Year Forward View as ways to improve patient experience and outcomes as well as to deliver financial efficiencies. Guidance provided to STPs mentioned expanding end of life care services to empower patients' choice and therefore deliver efficiencies within the system.

Given the critical role that good end of life care can play in improving performance across local health systems, at the beginning of 2017, the End of Life Care Coalition decided to analyse plans to understand whether end of life care was being widely considered.

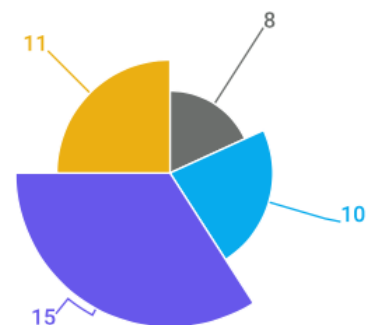
Methodology

The analysis of the STP plans was carried out in the following steps:

- Collection of the most up to date STP plans (as of March 2017)
- Review of each STP plan, highlighting mentions of end of life care (using the following key words: death (in context of end of life care, not avoidable / premature death); end of life care (also EOL, EOLC, end-of-life-care); palliative; and bereavement)
- Marking of each plan according to the level of focus on end of life care
- Development of a database incorporating all of the analysis' findings, markings and mentions of end of life care by each STP

The marking of each STP plan used a scale from 0 to 3 based on the following criteria:

0. The STP plan has no mention of end of life care at all
1. End of life care is only mentioned in the plan's contextual analysis with no accompanying actions
2. End of life care is mentioned with specific actions identified and / or the plan includes actions that are stated to improve end of life care
3. End of life care is embedded as a STP strategic priority



The full database has been included in the appendix.

● Grade 0 ● Grade 1 ● Grade 2 ● Grade 3

Key findings

According to the analysis:



18 out of 44 STPs...

...have no mention of end of life care or no details on how they plan to improve it



15 out of 44 STPs...

... have specific actions to improve end of life care



11 out of 44 STPs...

... have embedded end of life care as their strategic priority



London STPs...

... namely North Central London, North West London and South West London are among the STPs with the most comprehensive end of life care plans

Contact

For further information on the analysis, please contact the End of Life Care Coalition Secretariat on eol@incisivehealth.com.

Appendix

Region	Footprint population (million)	Released	Mark	Mention of end of life care
Frimley Health	0.7	21/10/2016	0	No mention of end of life care or palliative care. There is one mention of need to identify end of life in genitourinary care.
Hertfordshire and West Essex	1.4	25/11/2016	0	No mention of end of life care or palliative care.
Lancashire and South Cumbria	1.6	21/10/2016	0	No mention of end of life care or palliative care. Death is mentioned but only in relation to preventable deaths
Milton Keynes, Bedfordshire and Luton	0.9	15/11/2016	0	No mention of end of life care or palliative care.
South Yorkshire and Bassetlaw	1.5	Nov-16	0	No mention of end of life care or palliative care. Death is mentioned but only in relation to prevention.
Surrey Heartlands	0.8	21/10/2016	0	No mention of end of life care or palliative care.
Sussex and East Surrey	1.8	25/11/2016	0	No mention of end of life care or palliative care.
Cheshire and Merseyside	2.4	15/11/2016	0	No mention of end of life care or palliative care.
Bath, Swindon and Wiltshire	0.9	14/12/2016	1	There are few mentions of end of life care. End of life care is not addressed in detail in the plan but there is a commitment to include it in "our next wave of initiatives".
Bristol, North Somerset and South Gloucestershire	0.9	Oct-16	1	End of life care is mentioned under the "Integrated Primary and Community Care workstream". Place of death is seen as both a qualitative and a quantitative measure.
Cambridgeshire and Peterborough	0.9	Oct-16	1	"Recognising that many people prefer to be in their own bed we are looking at two areas where we need to make changes to enable this preference to be met more often: end of life and intermediate care" (pg. 18). The plan also mentioned engagement activities with Huntingdonshire Scrutiny Committee on palliative care (pg. 57).
Coast, Humber and Vale	1.4	21/10/2016	1	"Decrease the number of people who die in hospital" is listed as a priority aim to create the best hospital care but no details are provided (pg. 19). End of life care is mentioned in a case study about choice at the end of life in the mental health section of the plan (pg. 23).
Coventry and Warwickshire	0.9	06/12/2016	1	"More rehabilitation, after-care, long term condition care and end of life care at or closer to home" (pg. 8). The plan also stated that the STP will be "exploring" work with Myton Hospice (pg. 52)
Devon	1.2	21/10/2016	1	Part of priority 2: "enhancing our support to carers and delivering high quality end of life care" (pg. 27). "End of life wishes are part of the local digital roadmap and are recognised as the next areas to deliver the greatest alignment" (pg. 49).

Gloucestershire	0.6	21/10/2016	1	The plan states that it has commenced the implementation of end of life strategy commitment to "enhance quality of life for people across all social groups, supporting a positive, enabling, experience of care and support, right through to the end of life" (pg. 58)
Kent and Medway	1.8	21/10/2016	1	Commitment in the opening statement of the plan to "provide better care to end of life patients" (pg.1). The plan also states that: "teams will support frail older people and people with complex needs, including those reaching the end of their lives at home whenever possible to maximise their quality of life" (pg. 11). No further details are provided
Leicester, Leicestershire and Rutland	1	21/11/2016	1	The plan builds on the Better Care Together programme vision to "support you through every stage of life [...] when life comes to an end" (pg. 6). End of life care is mentioned at end of the analysis on the care quality gap (pg.12). It is also mentioned in a graph on New Models of Care savings but no new work is proposed (pg. 61).
Nottinghamshire	1	21/10/2016	1	Explicit need for "birth-end of life whole-life course approach" (pg. 15-16). End of life care mentioned twice as a bullet under other priorities (pg. 29) but no detail is provided.
Somerset	0.5	21/10/2016	2	The plan mentions that a "model for focused weekend working tailored to those patients who would benefit most (end of life, complex patients, frail elderly) will be finalised by end of 2016/17 as part of the move to delivering NHS England's Extended Access Commitment by 2019/20" (pg. 40). "Provide enhanced / extended 7 day services which meet locally determined demand, in line with national funding arrangements set out in the planning guidance. The complex patients and those with palliative needs are the first cohort of patients we will target and extended access will come through a network of existing mechanisms such as complex care hubs" (pg. 41).
Birmingham and Solihull	1.1	21/10/2016	2	The plan includes the recognition of end of life as an area for improvement (pg. 28). End of life care was an initial priority in Community Care First strand (pg. 35) and was included in new commissioning models (pg. 65). The STP commits to deliver 42% of deaths in hospital by 20/21 (pg. 31 and 38) – baseline 53.8%.
Dorset	0.8	21/10/2016	2	End of life care mentioned in the contextual analysis. The STP also commits to "improving integrated care at the end of life and developing integrated care pathways and developing real time care capacity management systems to help reduce unnecessary delays as people move from one care setting to another" (pg. 37).
Durham, Darlington, Tees	1.3	21/10/2016	2	There are a few mentions of end of life care and one of the STP's key outcomes are: "reduction in the percentage of deaths which take place in hospital" and "increase in deaths in the usual place of residence" (pg. 12,25 and 36)
Greater Manchester	2.8	18/10/2016	2	There are a few mentions of end of life care. One of the headline STP outcomes is: "Increased proportion of deaths occurring in (patient / carers') place

				of choice" (pg. 9). "Seven-day palliative care advice and assessment" has been included as a commitment in the cancer section (pg. 37).
Herefordshire and Worcestershire	0.8	21/10/2016	2	"Enabling person centred conversations at end of life care" is under Priority 2 of the plan. "We will encourage all staff to recognise when the end of life is approaching and to have frank and honest conversations with patients and their loved ones and carers. This will lead to development of shared expectations and clear guidance with a view to helping patients take control" (pg. 41) is under Priority 3 of the plan. "Patients consistently able to access the most appropriate help and support over seven days, for both elective, urgent care needs and end of life care" (pg. 42) is under Priority 3 of the plan.
Mid and South Essex	1.2	Oct-16	2	End of life care is seen as supporting other priorities. In response to managing demand, the STP aims to "develop integrated pathways for frail and end of life patients that put individuals and families at the centre" (pg. 7). In delivering closer integration with social care, the STP aims to "re-design and integrate pathways for people who are frail and end of life" (pg. 15).
North East London	1.9	30/06/2016	2	This is a comprehensive plan for community-based end of life care but there are no timelines for implementation (pg. 17).
Northamptonshire	0.7	21/10/2016	2	The STP's priority list includes a commitment on cancer to align to the CCGs' end of life strategy "particularly around avoiding inappropriate admission to hospital where the patient's preferred place of care is home" (pg. 53). "Programmes to support isolated groups, low level MH issues and dementia, community development and cohesion, self-care, end of life choices, carers etc" are also included in the plan (pg. 40). "Care planning and advanced care planning for end of life across multiple providers is enabled" are also included in the plan (pg. 68).
Northumberland, Tyne and Wear	1.4	21/10/2016	2	The plan has a few mentions of end of life care but only as part of plans for one of the three NMC in the region (Newcastle GH): "commitment to reduce the number of care home residents dying in hospital by 10%" (pg. 56) and using "best practice guidelines for practice palliative care meetings" (pg. 55)
Shropshire and Telford and Wrekin	0.5	21/10/2016	2	There are a few mentions on end of life care and a commitment to have an integrated care record across our economy for end of life by 2018 (pg. 57). In context of Clinical Pathway Development: "end to end pathways agreed for six patient condition groups through prevention to end of life". Death is mentioned in context of prevention.
South East London	1.7	21/10/2016	2	The plan commits to "have enabled real time information exchange to support the care of people at the end of their lives" in the next two years (pg.11). Continuation of the "Home service" that supports palliative care patients at home (pg. 20).

Suffolk and North East Essex	0.9	20/10/2016	2	There are a few mentions of end of life care, which is seen as supporting other priorities (pg. 15). Public campaign on end of life care is mentioned along with "grief" - nearest to a mention of bereavement seen so far.
West Yorkshire	2.5	21/10/2016	2	Several mentions of end of life care but in no great detail and no timelines. Bradford District and Craven (one of six areas in the STP) is a Vanguard site and as part of this they are evaluating "the Gold Line service for patients at the end of life" (pg. 28). End of life care is also mentioned as part of achieving other priorities: improving urgent and emergency care through better "end of life care plans" (pg. 56). Bereavement services mentioned as part of improving mental health services (pg. 70).
West, North and East Cumbria	0.3	21/11/2016	2	Some general commitments that the STP is "focused on our entire population from birth to the end of life" (pg. 8) and "Long Term Conditions & Palliative Care" is named as one of the clinical pathways through which the STP will deliver on three key frameworks: "health and well-being, integrated care communities, acute and specialist care" (pg. 17). The STP also commits to "supporting people with complex needs and at the end of life" (pg. 19).
Staffordshire	1.1	15/12/2016	3	End of life care pathway reconfiguration is recognised as a key priority and the plan provides details on the reconfiguration (pg. 25). Increase in the number of people reaching end of life in usual residence of choice is seen as a key measure of success by 2021.
Buckinghamshire, Oxfordshire and Berkshire West	1.7	21/10/2016	3	End of life care is identified in its own right in a table of national priorities (pg. 49-50) and also in relation to cancer and dementia. The STP embeds a whole life-course approach to ensure other initiatives cover everyone including those at end of life would be good. The "TV SCN End of Life network Partnership is working with commissioners in improving care to reduce poor experience, unwarranted unplanned admissions and so positively contribute to the urgent care agenda and to help with the financial challenge" (pg. 16).
Cornwall and the Isles of Scilly	0.5	21/10/2016	3	End of life care is part of the Integrated Care Teams as "single assessment of care needs with people being assessed only once as opposed to multiple assessments by different professionals. This will include more specialist support as required eg stroke, end of life, and mental health" (pg. 40). Deployment of End of Life and Shared care plans by 2017/18 (pg. 76) is included in the plans.
Derbyshire	1	21/10/2016	3	End of life care is identified as one of the priority areas that the STP programme delivery board are focused on (pg. 55). "Changes include: Specialist support (e.g. outreach services - diabetes, T&O, sick children, frailty and end of life); Improving primary care management of end of life care (advanced care planning)" (pg. 20). Develop integrated services for palliative and end of life care is also stated as a

				commitment.
Hampshire and the Isle of Wight	1.8	21/10/2016	3	"Complex and end of life care" is seen as one of five "big ticket" interventions underpinning whole approach, with timetabled work programmes.
Lincolnshire	0.7	Dec-16	3	Electronic end of life care plans included in clinical redesign under technology strand (pg. 10). End of life care is also a strand under neighbourhood based proactive care (pg. 12, 56, 59, 63) with a metric on preferred place of death (pg. 56). The plan includes clear timescales for delivery – end of life care delivery model to be complete Q3 2017/18 (pg. 109).
Norfolk and Waveney	1	Oct-16	3	End of life care is included in the summary of the plan (pg. 6). Support for patients' independence including end of life care patients is stated as commitment in key workstream objectives for 'Primary, Community and Social Care: Demand Management'. There are also clear timelines and end of life care is seen as supporting other priorities of the STP.
North Central London	1.4	21/10/2016	3	End of life care is mentioned a few times but is not listed as a key priority. The plan states that "we will support people at the end of life to receive the care that they need to enable them to die in their place of choice via rolling out the Co-ordinate My Care (CMC) care planning programme" (pg. 24). "We will undertake a comprehensive review of chemotherapy usage close to the end of life" (pg. 38). "Link stopping acute chemotherapy to end of life discussions in primary care, working closely with the Cancer Vanguard to deliver this" (pg. 38).
North West London	2	21/10/2016	3	There are several mentions on end of life care including a commitment in the executive summary to address the "lack of end of life care available at home" (pg. 4). One of the STP's key priority is to improve care in the last phase of life and sets out plans to achieve it by 20/21, with an emphasis on ACP (pg. 28). Other commitments include: "greater specialised commissioning to enhance supported care at the end of life" (pg. 32) and "identifying when someone is in the last phase of life, and care planning appropriately to best meet their needs and to enable them to die in the place of their choice" (pg. 27). The plan has clear timelines for the implementation of the actions.
South West London	1.5	21/10/2016	3	End of life care receives good mention with half of page 16 focused on 'Getting end of life right'. A number of commitments are made to improve "the way we look after people who are nearing the end of their lives" (pg. 7), including: "Improved access to high quality palliative care and end of life care 24/7 including a more integrated and coordinated model of community palliative and end of life care and Advanced Care Planning to reduce hospital deaths for cancer patients" (pg. 13). The plan also mentions the National Cancer Vanguard in

				South West London (pg. 14).
The Black Country	1.3	21/10/2016	3	<p>End of life care is identified as an initial priority area across the footprint and as an enabler of other priorities. It is a key indicator within the Better Health evaluation framework.</p> <p>Better care coordination includes: "implementation of local strategies for intermediate care, end of life, etc. to maximise opportunities for place based care" (pg. 34)</p> <p>The plan includes clear timelines for the implementation of end of life care actions.</p>