JOINING UP SERVICES TO DELIVER BETTER END OF LIFE CARE – GOOD PRACTICE MODELS

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THE CHALLENGE

Developing a competent and confident generalist health and social care workforce who talk to one another!

Dying is primarily a social experience (in which good symptom control is very important)

Multiple settings – acute hospitals, supported housing, residential and care homes with nursing, hostels for homeless, learning disabilities, the home

RE-EMPHASISING THE SOCIAL

For palliative care to be fully effective its practitioners must recognise that for its clients the meaning, experience and expression of their terminal illness is shaped and influenced by the communities within which they live.

The social fabric of their lives is central to how they make sense of their illness experiences, the meanings they draw upon to understand these, and the range of resources they can call upon to help them manage them.

("What do we mean by psychosocial?". David Field, National Council Briefing Paper No.4 March 2000)

FIND WAYS TO MEET AS COLLEAGUES

- West Essex model

- St Christopher's meetings and information sharing → 100 additional joint training courses in 2010

COLLABORATE, CO-ORDINATE, CO-LOCATE

- South London Association of Bereavement Services – joint training, Candle mentors local authority social workers
- Financial seminars (Bechelet 2008. Social Work in Action 29(4))
- Training community carers' groups
- 24 x 7 triage, rapid access, shared on-call
- GP practice bases – GSF meetings
- Southwark NHSmail pilot

MAKE THE CASE FOR SOCIAL WORK

- Don’t over privilege the psychological
- Use of holistic integrated assessment
- Importance of managing pre-existing disadvantage and vulnerability
- St Christopher’s social workers in training programmes
- Membership of Board of Social Work College
- Palliative care social workers as champions and mentors - placements

PERSONALISATION AND RE-ABLEMENT

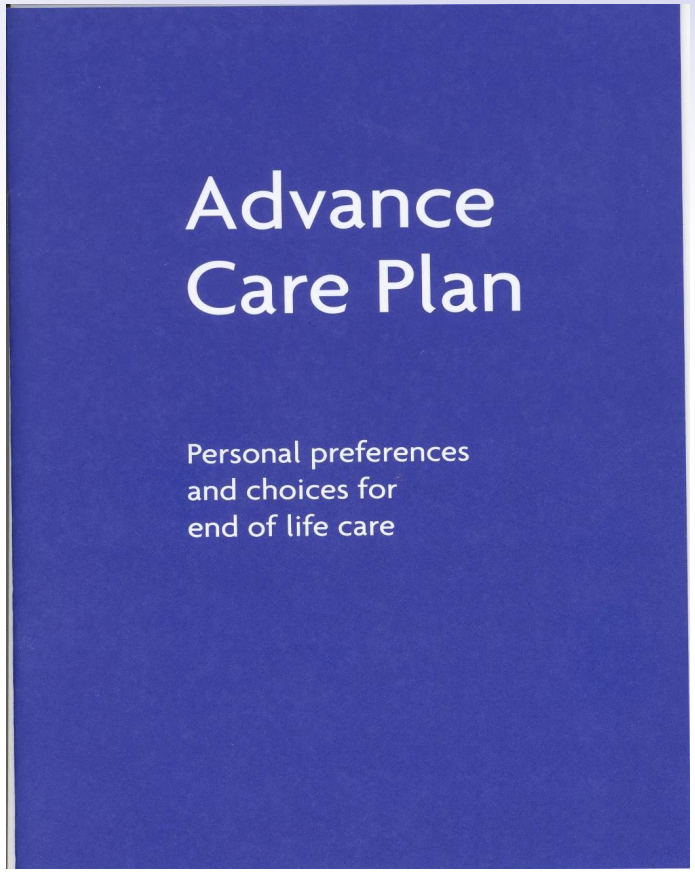
Pilot programmes - End of life care planning with people who have a personal health budget – Discussion paper September 2010. Desired outcomes, not services

- Who is important in my life and what role might I ask them to play at the end of my life? Who do I want to say goodbye to, and how?
- What does/will a good day and a bad day look like for me? How can I have more good days towards the end of my life?
- What is working and not working in my life and what do I want to change?
- 'If I could, I would....' What would I still like to do or experience or achieve?
- What do I want and do not want in the future around my treatment and care?
- What is my history.. My important memories and how would I like to be remembered?
- What decisions need to be made and how must I be involved?

SHARE EXPERTISE

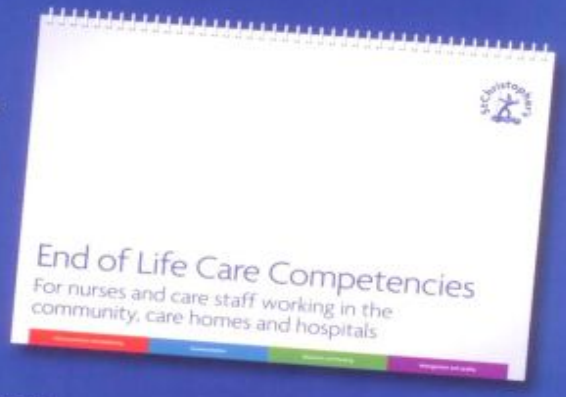
- 7,000 health and social care professionals
- Advance care planning
- Communication skills
- Blended with E-Learning
- Team based courses for acute hospitals and District Nurse bases

ADVANCE CARE PLANNING
Training linked to product - tangible



End of Life Care Competencies

Making competencies relevant to all care settings and to all health and social care staff who care for dying people



For those delivering end of life care in non-specialist care settings comes a new practice development resource from St Christopher's Hospice.

Designed for nurse and social care managers, this 50 page competency workbook comes with a CD which will enable your organisation to adapt and use selected elements to fit your own training and development needs. Any part of the competency framework may be copied and used by trusts or organisations with acknowledgment.

End of Life Care Competencies is £45 including postage and packing from St Christopher's bookshop – contact **d.brady@stchristophers.org.uk** to place an order.

ADVANCE SEMINAR NOTIFICATION There is a one day seminar on **23 February 2010** for clinical managers from all care settings, acute hospitals, care homes and the community to explore how to implement the competency framework within your setting. Visit **www.stchristophers.org.uk/education** for more details or book at **www.stchristophers.org.uk/bookingform** (course code ICF0210, £90).

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'Ensuring that health and social care staff at all levels have the necessary knowledge, skills and attitudes related to care for the dying will be critical to the success of improving end of life care. For this to happen, end of life care needs to be embedded in training curricula at all levels and for all staff groups' End of Life Care Strategy, Department of Health, 2008

'Having developed specialist end of life care competencies for our own nursing workforce several years ago, we know the value of having clear, realistic, measurable practice objectives' Liz Bryan, St Christopher's Hospice Advancing Practice Nurse

HOSPICE AS HUB

- Care homes. 90 trained in GSF, 60 in training. Deaths in care homes increase by 10% in first year. Research on sustainability
- Share specialist resource of creative and complementary therapies – live until you die
- Training courses for activity co-ordinators
- Dementia project – 150 patients - only 8% die in hospital, none of last 50. Needs of carers neglected
- Anniversary Centre– 7 days a week, 8am – 9pm, 200 users a day; 30% increase in day care
- Rehabilitation gym – 33% increase

PUBLIC EDUCATION

- New 12 week volunteer training programme – extending into community and care homes
- Schools project – now extending into care homes
- Community groups – information days
- Interfaith forum
- Monthly concert programme
- User Forums
- Goldfish bowls

END OF LIFE SOCIAL CARE BLOG – MALCOLM PAYNE

http://blogs.stchristophers.org.uk

Care is not a commodity. Integrated health and social care support working in partnership with individuals and those close to them can create environments in which they can grow and flourish even at the end of life.