

A Health Education North East Central and East London (HENCEL) funded project delivered by Skills for Care in London and the South East with Skills for Health and the National Council for Palliative Care

*Improving end of life care through better integration: supporting front line workers*

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**P**ercentage of

**W**orking hours

As the materials were developed, champions and the strategic group were

## Project background

This project was one of seven end of life care projects funded by the Health Education North East Central and East London. (HENCEL) Most of the other projects that involved adult social care focussed on delivery of the Gold Standards Framework. This had an impact on the shape of the Skills for Care project, which was designed to complement this already established framework of learning and development in end of life care.

The aim of this project was to improve people's experiences of end of life care by encouraging people to work together in an integrated way. Its purpose was to provide guidance to individuals in daily practice, by finding out what mattered most to people and translating this into<sup>1</sup>:

- a set of underpinning key messages presented as e- tool (The Pyramid)
- a short one and half hour learning and development session delivering the key messages to front line workers
- a film, illustrating the key messages.

Additionally, an important aim was to create a network of champions who would be able to continue to support each other once the project was over. We also planned to offer some accredited learning and development opportunities to champions interested in developing their facilitation skills.

The project drew on the [Skills for Care Framework](#)<sup>2</sup>, in particular:

**Principle one:** Successful workforce integration focuses on better outcomes for people who need care and support.

**Principle four:** A confident, engaged, motivated, knowledgeable and properly skilled workforce supporting active and engaged communities is at the heart of workforce integration.

**Principle five:** Process matters- it gives messages, creates opportunities and demonstrates the way in which the workforce is valued.

**Principle six:**

2. Communication is straightforward, appropriate and timely; and is delivered sensitively, taking account of the circumstances, needs and abilities of the person and their carers. Communication reflects and understanding of, and respect for, the person's cultural and spiritual needs.
3. End of life care is provided through integrated working, with practitioners collaborating to ensure seamless care and support at the point of delivery. Needs are met in ways that are appropriate to the individual, rather than being service led. Workers maintain ongoing communication so that care and support is properly co-ordinated and responsive to changing circumstances and priorities.
4. Good, clear and straightforward information is provided to individuals and their carers.
5. Regular reviews and effective communication ensure that care and support is responsive to the needs and changing circumstances of individuals, and their carers. Forward planning, including advance care planning, facilitates well planned and organised care and support.
6. The needs and rights of carers are recognised and acted upon. Carers are offered support both whilst caring, and during bereavement. Employers recognise the ways in which workers are affected whilst caring for someone who is dying, and provide appropriate guidance and support.

setting up a framework for an ongoing champion network.

**F.**

launching the products and sharing them via a number of website hosts  
accredited training offered to some participants  
project evaluation  
ongoing support of the network.

**M**

Integration principle five (*Process matters - it gives messages, creates opportunities and demonstrates the way in which the workforce is valued*), six (*successful workforce integration creates new relationships, networks and ways of working. Integrated workforce commissioning strategies give each of those attention, creating the circumstances in which all can thrive*) and end g end[(l)-3r1 Teat



conversations also created an environment in which people could begin to find out about each other's work and create new working links. Ultimately it also gave more power to our material as we were able to say that this was what people with experience told us.

## **C. Co-production**

Co-production is an inclusive approach to working with people. In co-production participants are acknowledged as experts who bring their own rich experiences, perspectives and expertise. Also used as an approach to working with people using care and support, it harnesses people's abilities as well as identifying needs and agreeing how these can be met. In this project it was used as a way to work collaboratively with people with expertise and experience of end of life care, to develop a common understanding of the most important messages to share with people to support better integration in end of life care.

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## **T**

There were four Skills for Care employees in the project group. Other members were recruited to bring different expertise and perspectives to the work. This included two people with a social care background, one person with a health background a member of staff from the National Council for Palliative Care (NCPC), and an educational



### A local network

Some champions made new contacts with others whom they met at events. Champions were happy for their contact details to be shared with other champions to help establish/maintain a network. Skills for Care agreed to host a series of events and set up an electronic network to maintain and develop these links. This work continues as the formal element of the project ends.

Towards the end of the project champions were asked to comment on their involvement in the project, including a question about networking. There were seven responses to an electronic survey sent out, with three follow up more detailed discussions. Additionally, we received a lot of verbal feedback during and at the end of sessions about the benefits of coming together. Several champions were overheard arranging to keep in touch, and others contacted us afterwards wanting to have contact details for people they had met. This very positive experience of working together is reinforced by feedback from participants at the learning and development sessions, where a strong theme was the benefit of learning and sharing in a mixed group.

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2. Inevitably, a number of organisational/structural factors were discussed. As before, all really important, but as our focus was in giving front line workers messages about what they could do in their everyday interactions, these were excluded too.

Initially it was not certain how the messages would be presented, but through a series of discussions the e-tool was agreed upon. As it is currently in development it is not possible to comment on its usefulness. What we do know is that:

champions felt the messages reflected their discussions

champions felt that the messages were right, and would be helpful to front line workers (although there were some concerns about wider issues that impacted on practice and how).

### [Learning and development sessions](#)

The plan was that the sessions would evolve from the key messages. Due to the available time for the project this did not work exactly as planned. However, some of the key points in the messages were identified early on, and these underpinned the sessions.

The sessions were planned as “short and sharp” in order to maximise the number of people able to attend. Sessions were well attended, and a good mix and number of participants was achieved.

Initial hopes that the majority of sessions would be jointly led by a project facilitator and champion were not achieved, although some champions did attend.

The balance between health and social care was heavily weighted towards social care, and although not formally checked, anecdotally, there was only a very small representation from smaller, community based organisations.

Champions were keen for the sessions to continue to be supported.

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Feedback from champions





## **S**uccessful second phase

Additional funding enabled a second phase of the project to be run in the 14-15 financial year. This second phase of the project covered the remaining 3 LA areas – Barnet, Enfield and Haringey. Sessions for champions and further learning and development sessions were delivered and the learning from these was fed back to the London social care End of Life Care network. In addition accredited training opportunities were offered, the project resources were widely disseminated and the networks developed in phase 1 were built on and expanded.

The reach of the project has continued to expand. Between late 2013 and March 2015

- 75 people were involved as champions

- 344 people took part in learning and development sessions for front line workers.

- 41 completed accredited qualifications (27 achieved the level 2 Award in Awareness of End of Life Care, 4 Hospice staff were trained as assessors and 10 champions trained in action learning facilitation)

- 120 joined the virtual network

- The resources on the websites (available from mid Oct 2014) received around 1,320 'hits' and over 1,200 hard copies of DVDs with the resources on were distributed.

- The six key messages from the project were incorporated into the London End of Life Care charter (each London borough Director of Social Services is expected to sign up to this.)

- The project was presented at a range of events and conferences with high numbers in attendance

- Jewish Care champions helped produce an additional resource 'Faith perspective: supporting Jewish people with life limiting conditions, and at the end of life'

- The project has been used as a case study in a workforce integration resource.

## **P**oints for reflection

In addition to the learning outlined in the original report above, the following points may be useful for anyone considering developing work in this area:

- Co-production approaches enable sharing of knowledge and expertise and avoid hierarchy of roles / assumption of who has knowledge.

- Involvement of experts by experience is really important as they can and often want to contribute to the ongoing learning of practitioners

- Improving integration doesn't have to cost a great deal of money it's about doing things in a different way – if you put the right people in a room together

they will learn from each other they will learn about each other, they will begin to understand each other and they will choose to work together.

The only person who knows the whole picture is the person receiving services and what matters to them is what matters – encouraging practitioners to understand this and listen and take account of someone's wishes more will have a big impact

Understanding your own and other's roles is difficult and opportunities to explain roles to each other are rare. The person receiving end of life care may be involved with over 10 different professionals and for them and their carers – as well as for the workers, clarity about roles is essential

Workers often don't feel confident in their knowledge and skills around End of Life Care – offering training opportunities can enhance their confidence, knowledge and skills enormously and when these training opportunities mix people from different roles the impact is even greater. Assumptions should not be made about what others know/are skilled at or are confident with.

Aspects of end of life care can be challenging for everyone. Everyone has something to learn, and to teach. Experience, properly harnessed, can make a valuable contribution to the evolving body of knowledge about integrated working.

Participating in training and being able to take time out of work is increasingly difficult in the context of cuts and reduced capacity.

Development of learning resources and online materials enables greater numbers to access the learning

Resources to help people develop their practice are always welcomed and when based on people's real experiences they have greatest impact.

Signposting is needed to the range of resources available

More resources are needed around meeting the End of Life Care requirements and needs for members of particular communities – we don't all want or need the same!

Networks cannot be imposed; if people are to work together in their daily practice they need the opportunity to build their own informal networks.

The hospices are ideally placed to run training programmes delivering the accredited End of Life Care qualifications to front line workers

Linking into other work being done and working collaboratively where possible ensures greater synergy and is more cost effective for all.

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