



National End of Life  
Care Programme  
*Improving end of life care*

# **Supporting People to Live and Die Well: A framework for social care at the end of life**

***Report of the Social Care Advisory Group  
of the National End of Life Care Programme  
July 2010***

# Context



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- ❑ Changing demographic and cultural landscape
- ❑ Social Care policy and workforce change
- ❑ The End of Life Care Strategy and National End of Life Care Programme

# Purpose



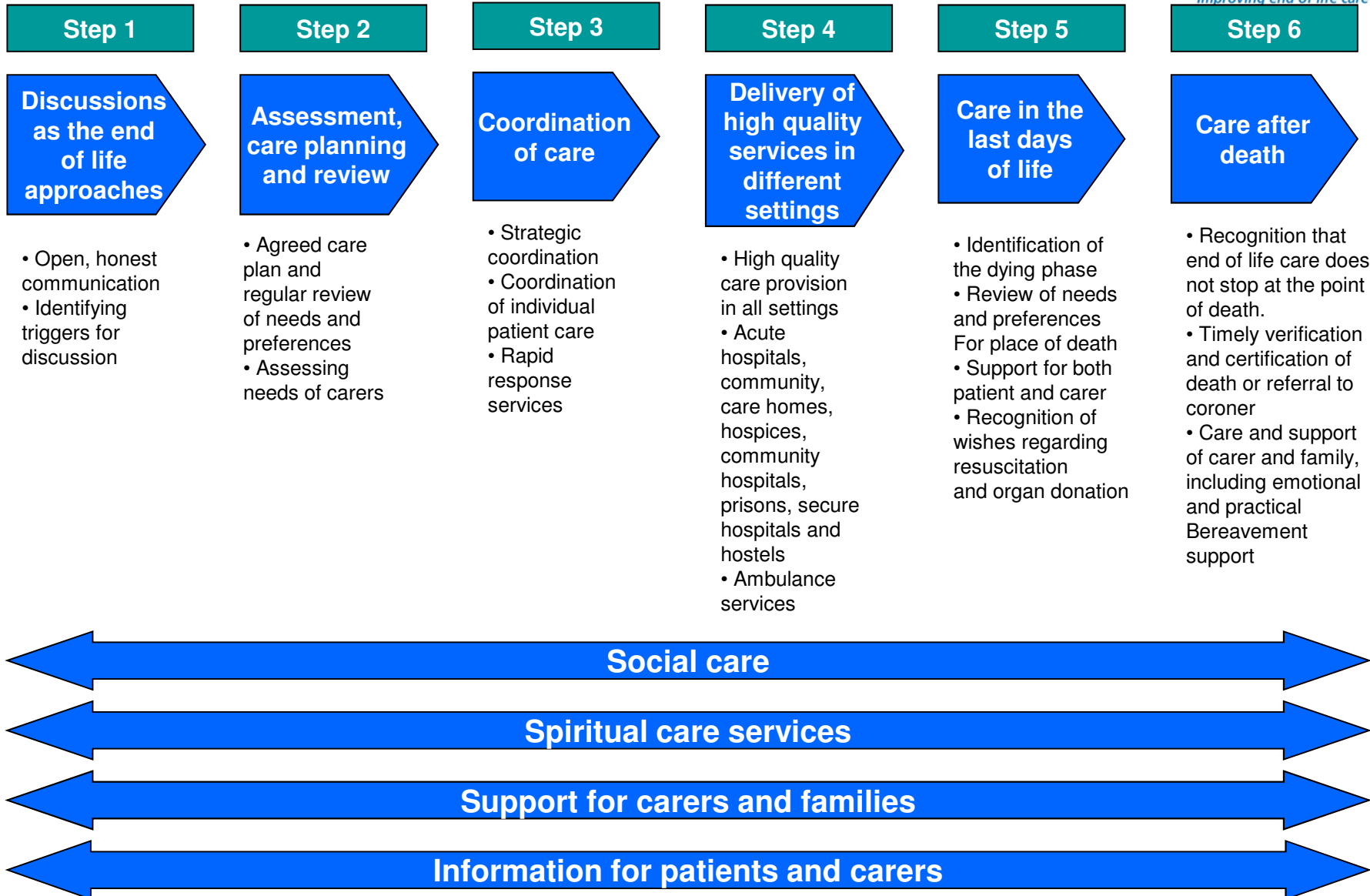
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1. Mapping of social care provision in end of life care, identifying good practice, deficits and opportunities;
2. Stimulation of new developments and initiatives;
3. Co-ordination of services, including with health care and other care providers for people at the end of life;
4. A clear direction for social care support at the end of life which is fully commensurate with the agenda for transforming social care services.

# The End of Life Care Pathway



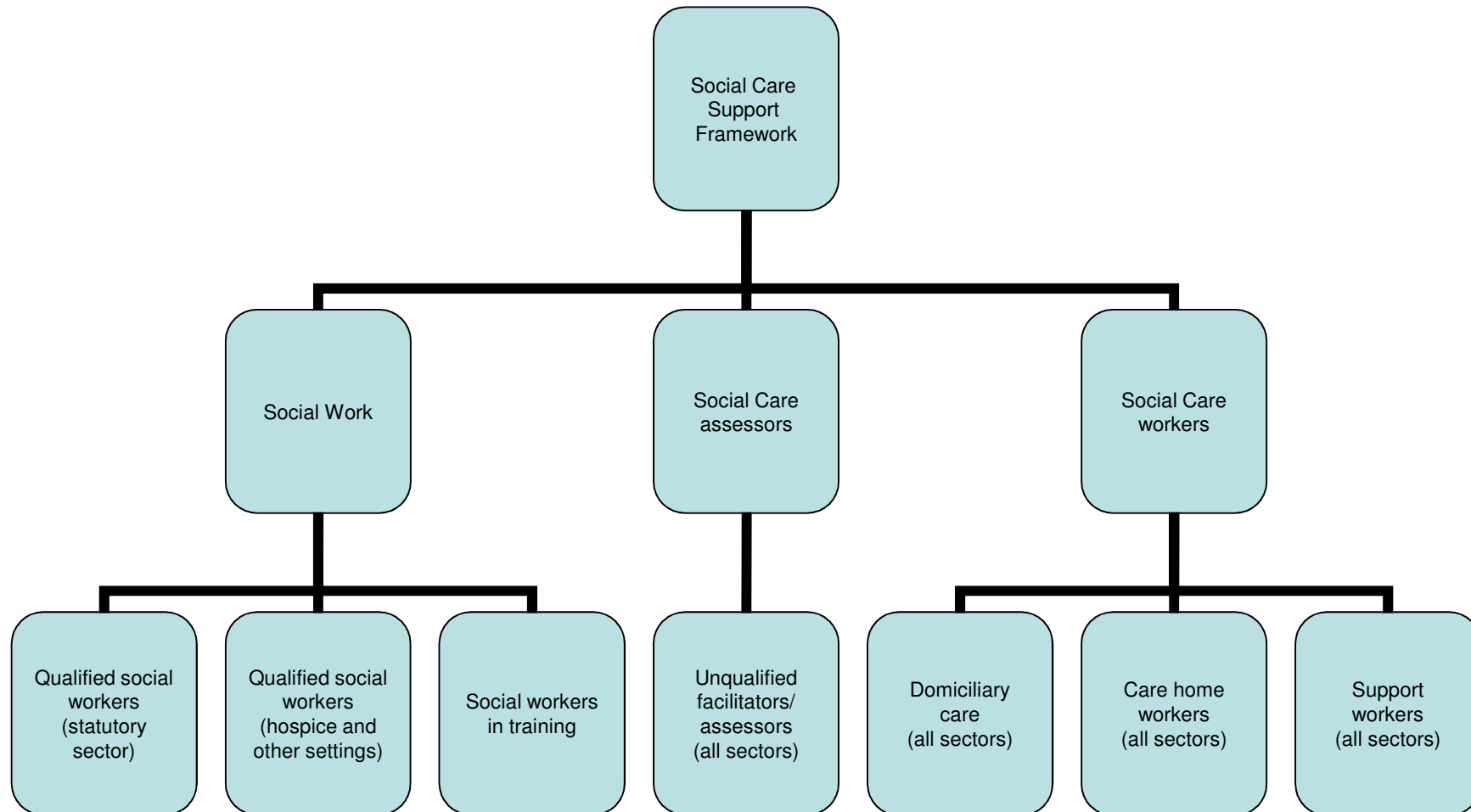
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# End of Life Care and the Social Care Workforce



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# Objective 1



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- *Identify and raise awareness of the role of social care in supporting people at the end of their life, among the public, the social and health care workforce and its management.*



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*The difference [care workers] make is incredible but as a society we don't value it that much. (Former carer)*

# Objective 2



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- *Facilitate commissioning and delivery of person-centred, integrated care*

*We had two lots of carers. The social services carers came in for an hour in the morning and got Mum washed and dressed. The other ones, which we paid for, came in for the rest of the day and sat with Mum, helped her to eat and cooked with her because she'd do things like leave the gas on. The carers were superb. They did over and above what they were meant to do. They really worked with each other too. (Daughter of person with dementia).*

# Objective 3



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- *Embed end of life care within commissioning and inspection frameworks and standards for practice*

# Objective 4



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- *Strengthen the specialism of palliative care social work*

# Objective 5



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- *Promote understanding and best practice in holistic assessment of individuals, their carers and families at the end of life*

# Objective 6



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- *Promote earlier end of life care planning that builds on a holistic understanding of well-being*

*Service users that I have introduced to the PPC<sup>1</sup> have told me how it has been and will be so valuable, in getting their wishes met, and views listened to, at a time when they may no longer have a voice to communicate their wishes and views. (Social care assistant)*

<sup>1</sup> Preferred Priorities of Care

# Objective 7



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- *Educate and train social care staff to deliver high quality end of life care*

# Objective 8



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- *Create a supportive work environment that enables social care workers to maximise their contribution to quality end of life care.*

# Objective 9



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- *Promote supportive communities through engagement with a wide range of community services*

# Objective 10



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- *Work jointly with research commissioners and funders to establish a robust evidence base for good practice in social care support at the end of life*

# KEY MESSAGES



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1. Social care support is vital to end of life care
2. Social care workers may need training and support
3. Social care at the end of life belongs to transformation agenda
4. SW/SC education and training are a government priority; EOLC must be embedded in these wider changes.

# KEY MESSAGES



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5. Personalisation/ re-ablement offer significant opportunities for improving EOLC
6. Palliative care social work is educative/consultative as well as specialist resource
7. Potential in the wider community (and other public services) for enhancing the quality of life for people at the end of life
8. There needs to be a robust evidence base to support the development of good social care practice in end of life care.

# Rollout and Implementation



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- Regional roadshows + local events
- Test-sites



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*To begin with during the last week of M's life the professionals – well meaning – suggested hospice care, carers, all sorts, as the family caring for M were exhausted. M and her family said no and did not want to have to fight for what M wanted - to die at home. The professionals heard and saw what the family wanted, supported every way they could, and M died at home, with her husband lying next to her, her children by her side and a cat at the end of the bed – each able to say goodbye. And they loved her as she died, where she wished, with whom she wished.*

# Social Care Advisory Group



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- ADASS
- ECCA
- UKHCA
- DH Social Care Directorate
- LGA
- Macmillan Cancer Support
- NCPC
- St Christopher's Hospice
- Sue Ryder
- Alzheimer's Society
- Age UK
- Uniting Carers-Dementia UK
- Skills for Care
- National Skills academy for Social Care
- GSCC
- JUCSWEC
- APCSW
- EAPC
- NIHR SSCR
- SCIE

# Contact us



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