

End of Life Care (EOLC) Strategy Equality Impact Assessment Action plan template: report on progress since July 2011

Category	Actions	Target date	Person responsible and their Directorate
<p>Para 5.1, Age, Issue: "...older people in particular will need information and support to help them make choices and be fully involved in planning their care...this needs to be provided at an early enough stage to ensure that the individual has the best chance of being able to participate in planning their care before their condition deteriorates"</p> <p>Para 5.2, Age, Action: "Advance care planning is a useful way of ensuring that individuals can be involved in planning their care before their condition worsens to the extent that they are no longer able to communicate their wishes"</p>	<p>The work on QIPP (where end of life care - EOLC - is one of the 12 work-streams) continues. This aims to accelerate work on the first two stages of the EOLC pathway, one of which is effective care planning, putting people at the centre of decision making of their own care and care planning. QIPP has adopted a Key Performance Indicator, the measure used in the <i>EOLC Strategy</i>, to improve the proportion of people who die in their usual place of residence (see <i>EOLC Strategy Fourth Annual Report</i>).</p>	Ongoing	Tessa Ing, Head of Implementation, End of Life Care Strategy
	<p>Working through eight pilots, we are developing a new funding system for palliative care, which will cover the care of all patients irrespective of condition or age.</p>	Ongoing	Catherine Davies, Prog Lead, Palliative Care Funding
	<p>The National EOLC Programme published an updated <i>Planning your future care: a guide</i> in February 2012. It has also published an updated version of <i>The differences between general care planning and decisions made in advance</i>.</p>	February 2012	Tessa Ing, Head of Implementation, End of Life Care Strategy
			May 2012

	<p>The National EOLC Programme's Newsletter has carried a feature about advance care planning in care homes.</p> <p>Quality Standard 3 of the NICE Quality Standard for EOLC for adults states that people approaching the end of life should be offered comprehensive holistic assessments in response to their changing needs and preferences, with the opportunity to discuss, develop and review a personalised care plan for current and future support and treatment.</p> <p>The work of the national Dying Matters coalition – set up under the <i>EOLC Strategy</i> and funded by DH – to increase public and professional awareness of EOLC issues, including encouraging planning for EOLC, continues. At September 2012, the coalition had over 21,000 members, including charities, care homes, hospitals, hospices, funeral directors, legal and financial organisations, major employers, a range of faith groups and private individuals.</p> <p>We are also aware of the following National Institute for Health Research (NIHR) funded research project: "Advance care planning in dementia" (Northumbria Healthcare NHSFT).</p>	<p>December 2011</p> <p>November 2011</p> <p>Ongoing</p> <p>Ongoing</p>	
<p>Para 5.3, Age, Issue: "There is a need for increased awareness of dementia. Carers can play a crucial role in the care of people with dementia and medical professionals will benefit from their expertise in identifying when the person is in pain, distress or discomfort."</p> <p>Para 5.4, Dementia, Action: "The strong messages about the role of carers and the value they have in supporting patients to live in a place of their choice</p>	<p>The <i>EOLC Strategy</i> includes a chapter on support for carers and families.</p> <p>The National EOLC Programme supported St Christopher's Hospice, London, to develop and publish two documents aimed at supporting care home staff to talk to residents with dementia, <i>Thinking ahead</i> and <i>Looking ahead</i>. It has also developed and published a predictive modelling tool for frail elderly people to help identify when they are in their last year of life.</p>	<p>July 2008</p> <p>August 2012</p>	<p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p>

<p>must not be ignored. The EoLC Strategy incorporates the needs of carers and devotes a chapter to this.”</p>	<p>The National EOLC Programme has published a resource for social care staff (TEST - Training, Engagement, Services, Transferability and Sustainability) called <i>Supporting people to live and die well: a framework for social care at the end of life</i>, which aims to support people delivering the social care strategy of living and dying well (see <i>EOLC Strategy Fourth Annual Report</i>).</p>	<p>May 2012</p>	
	<p>The National EOLC Programme has developed strong networks with organisations that support people who are approaching the end of life who have dementia.</p>	<p>Ongoing</p>	
	<p>Editions of the National EOLC Programme’s Newsletter have focussed on, or had features about care for people with dementia and/ or care homes.</p>	<p>Sept, Dec 2011, June, Aug 2012</p>	
	<p>The NICE Quality Standard for EOLC for adults states that people approaching the end of life and their families and carers should have access to the high quality care described in the QS on the basis of need and that takes into account their preferences, regardless of their individual circumstances, including cognitive impairment.</p>	<p>November 2011</p>	
	<p>Dying Matters (which is funded by DH) launched <i>Time to Talk</i> in Parliament, a leaflet specifically looking at EOLC conversations and decision making with people affected by dementia. A second DVD for the GP training project on EOLC, which aims to improve the confidence of GPs in undertaking EOLC conversations, has begun to be developed, focussing on patients with dementia.</p>	<p>July 2012</p>	
	<p>Dying Matters has continued to work with people affected by</p>	<p>Ongoing</p>	

	<p>dementia via its people bank to ensure its resources and messaging encompasses all members of the community.</p> <p>As part of the Prime Minister's Challenge on Dementia, specific actions on EOLC are being taken forward, including the development of a guide for the recognition, assessment, advance care planning and management of pain in people with dementia.</p> <p>The NICE commissioning guide (<i>EOLC for people with dementia – commissioning guide</i>) is being updated. DH is contributing to this. Publication is due during 2012.</p> <p>We are aware of the following NIHR funded research project: "EOLC for people with dementia living in care homes" (UCLH)</p> <p>Also, see response to paras 5.32 and 5.34.</p>	<p>March 2012 December 2012</p> <p>By end 2012</p> <p>Ongoing</p>	<p>Alistair Burns, National Clinical Director for Dementia</p>
<p>Para 5.5, Disability and long-term conditions, Issue: "...there is potential for inequality to occur in respect of people with a learning disability or severe mental illness. These people will require skilled professional care from people who understand the complexities of LD and MI...should also recognise the importance of the role of the family or carer..."</p> <p>Para 5.6, Disability and LTC, Action: "More training is needed for those who work with people with a learning disability"</p>	<p>Work was commissioned in October 2010 to evaluate, summarise and report on the work carried out or commissioned by Skills for Health and Skills for Care relating to workforce development in support of the <i>EOLC Strategy</i> during 2010-11. The overall objectives of the pilot evaluation research were to test the effectiveness and relevance of the material developed so far for the workforce supporting people with learning difficulties (LD), people with sensory impairment or people with mental health problems. The testing was to be done by projects and organisations (and possibly individuals) who support people at seven test pilot sites.</p> <p>Generally, the generic materials were regarded as being effective and helpful, particularly when the competences and</p>	<p>October 2011</p>	<p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p>

	<p>knowledge sets were used together. The knowledge outcomes were also regarded as being comprehensive. The sites were able to use and adapt the materials in relation to supporting people with LD, sensory impairment or mental health and to develop training.</p> <p>Some key gaps were identified which would also be helpful to address for all groups such as a broader reference to emotional wellbeing and more on the Mental Capacity Act and non-verbal communication, for example, to assess pain.</p> <p>With these additions, the pilot sites were of the opinion that the materials could retain a generic focus, but that it would be helpful to signpost to resources and case studies with a more specific focus on mental health, sensory impairment and LD.</p> <p>The National EOLC Programme has developed strong networks with organisations that support people who are approaching the end of life who have communication difficulties or who have LD.</p> <p>The National EOLC Programme's Newsletter has carried a feature about care for people with LD.</p> <p>The NICE Quality Standard for EOLC for adults states that EOLC, and the information given about it, should be culturally appropriate and accessible to people with physical, cognitive, sensory or learning disabilities and to people who do not speak or read English.</p> <p>Dying Matters (funded by DH) has continued to work with people with LD via its people bank to ensure its resources</p>	<p>Ongoing</p> <p>July 2011</p> <p>November 2011</p> <p>Ongoing</p>	
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	<p>and messaging encompasses all members of the community.</p> <p>The DH funded Improving Health and Lives Learning Disabilities (LD) Observatory aims to provide information on the health and wellbeing of people with LD to help hospitals and other providers of health and social care, to understand the needs of people with LD, and their families and carers. The Observatory's work includes publishing annual self assessment reports from LD Partnership Boards. Hertfordshire LDPB's report identified an example of good practice covering EOLC and reported on pilot work undertaken, while others, eg from Wiltshire and Birmingham, identified the need for a holistic and appropriate approach to EOLC and palliative care for people with LD.</p> <p>An evidence based commissioning guide for emerging clinical commissioning groups on improving the health and wellbeing of people with LD developed by the RCGP, the National Development Team for Inclusion and the Joint Commissioning Panel of the Royal Colleges of Psychiatry and General Practice, highlights the need for people with LD to access good quality EOLC and refers to the National EOLC Programme's <i>The route to success in end of life care – achieving quality for people with learning disabilities</i>.</p> <p>A confidential inquiry into premature deaths in people with LD is currently underway and will report in March 2013. The interim report from the confidential inquiry (http://www.bris.ac.uk/cipold/documents/short-interim-report.pdf) identifies a number of issues which could help to improve the awareness and training of those who work with people with LD.</p>	<p>By March 2013</p> <p>LDPBs etc ongoing</p> <p>October 2012</p> <p>By March 2013</p>	<p>Zawar Patel Social Care, Local Gvt and Care Partnerships Directorate</p>
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<p>Para 5.7, Disability and LTC, Issue: “To have any chance of closing the inequalities gap between the EOLC that cancer patients receive and that which those living with other LTC receive, it will be necessary to raise the profile of other LTC. The workforce will need to be equipped with the right skills...”</p> <p>Para 5.8, Disability and LTC, Action: “EOLC Strategy will address workforce issues.”</p>	<p>The <i>EOLC Strategy</i> includes a chapter on workforce, covering all clinical areas across health and social care.</p>	July 2008	Tessa Ing, Head of Implementation, End of Life Care Strategy
	<p>The e-learning package we have developed for health and social care staff (e-ELCA) is now overseen by an Executive group. The Association for Palliative Medicine are in the process of reviewing the first tranche of e-ELCA sessions with the second tranche being reviewed during 2013/14 as part of the ongoing remit they have as holders of the IPR for e-ELCA. Evaluation of usage of e-ELCA resulted in very poor reviews mainly around access but not content, which is well received. To address this, access has been simplified and a resource pack launched (Sept 2012), which helps people and organisations to register and get the best use of the system. A series of blended learning pathways are also being developed and will be available from early 2013.</p>	Ongoing	
	<p>Working through eight pilots, we are developing a new funding system for palliative care, which will cover the care of all patients irrespective of condition or age.</p>	Sept 2012	Catherine Davies, Prog Lead, Palliative Care Funding Tessa Ing, Head of Implementation, End of Life Care Strategy
	<p>The National EOLC Programme has supported the RCP to develop and publish an EOLC Working Party report to promote EOLC in the different clinical specialties.</p>	Ongoing	
	<p>The National EOLC Programme has evaluated the disease specific <i>Routes to success</i> publications. The evaluation showed that these documents did have an impact on improved EOLC for patients with conditions other than cancer.</p>	April 2012	
	<p>Editions of the National EOLC Programme’s Newsletter have</p>	September 2012	
	Oct & Nov		

	<p>focussed on, or had features about care for people with conditions other than cancer.</p> <p>The National EOLC Intelligence Network has produced a disease specific report on <i>Deaths from Liver Disease</i>, which provides vital data for commissioners of services (see the <i>EOLC Strategy Fourth Annual Report</i>).</p> <p>The NICE Quality Standard for EOLC for adults states that people approaching the end of life and their families and carers should have access to the high quality care described in the QS on the basis of need and that takes into account their preferences, regardless of their individual circumstances, including diagnosis.</p> <p>DH is developing a Cardiovascular Disease (CVD) outcomes strategy. EOLC is planned to be included in this.</p> <p>NHS Liver Care is working on producing a framework document for EOLC for people with liver disease. This should be published by the end of the year.</p> <p>NHS Kidney Care have implemented a large programme of work on EOLC for renal patients, including:</p> <ul style="list-style-type: none"> • funding three pilots to look at implementing aspects of <i>End of Life Care in Advanced Kidney Disease: A Framework for Implementation</i> (NHS Kidney Care, 2009), which outlines how commissioners and clinicians can work with patients and carers to raise the quality of EOLC for kidney patients. • making funding available to renal units to set up 'cause for concern' registers and to put advance care plans in 	<p>2011, Feb 2012</p> <p>March 2012</p> <p>November 2011</p> <p>Ongoing</p> <p>Ongoing</p> <p>June 2011</p> <p>Ongoing</p>	<p>Jane Allberry, Dep Director, Cancer, CVD, EOLC, Derm'lgry</p> <p>Joanna Clarke, Dep Hd, Resp, Diabetes, Liver & Kidney Progs</p> <p>Jane Heaton/ Bev Matthews, Renal Team</p>
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	<p>place for renal patients at the end of their lives.</p> <ul style="list-style-type: none"> • launching a guide to help GPs and other primary care professionals provide high quality EOLC to patients with advanced kidney disease • running an e-seminar on improving EOLC for kidney patients through staff development • launching a new report designed to help kidney services improve the quality of EOLC (<i>Getting it Right: End of Life Care in Advanced Kidney Disease</i>) • supporting, with the National EOLC Programme, a survey by the Institute of Healthcare Management to evaluate EOLC disease specific publications and tools including the NHS Kidney Care publication <i>End of Life Care in Advanced Kidney Disease: A Framework for Implementation</i>. <p>DH's Long Term Conditions QIPP work-stream will adopt the 'surprise question' into its plans to be sure that people with conditions such as heart failure and COPD are identified as in need of EOLC at the right point.</p> <p>DH has published an Outcomes Strategy for COPD and asthma, and a subsequent NHS Companion Document to the strategy, which both include sections on EOLC, ensuring EOLC needs are assessed and met.</p> <p>EOLC in diabetes care has been recognised as an area lacking quality standards and guidance on best clinical practice and commissioning. The increasing prevalence of diabetes, particularly among older people, means providing high quality EOLC is essential. The publication of guidance by NHS Diabetes (<i>Commissioning Diabetes EOLC Services</i>)</p>	<p>November 2011</p> <p>March 2012</p> <p>Ongoing</p> <p>Ongoing</p> <p>July 2011</p> <p>Feb 2010</p>	<p>Kevin Holton, COPD NSF Team Leader</p> <p>Stephen Johnson, Head LTC & Urgent & Emergency Care lead</p>
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	<p>and by Diabetes UK (<i>End of Life Diabetes Care Recommendations</i>) has helped make up for these shortfalls. The documents describe a consistent high quality approach towards EOL diabetes care, inform the wider healthcare workforce about key issues, clarify roles and responsibilities of all those involved in the providing EOL diabetes care, highlight emerging new training and educational requirements in this area, and foster partnerships in EOL diabetes care with established Palliative Care pathways.</p> <p>One of DH's personal health budgets pilots (Hull Teaching PCT) is focussing on LTC, particularly neurological conditions, and they are integrating this work with their palliative care team who will identify people who want maximum choice and control in managing their own death.</p> <p>The overview report of the DH Policy Research Programme funded Long Term Neurological Conditions (LTNC) research initiative has been published, as well as the individual reports of the ten projects funded under the scheme. One of these looked at defining the palliative care needs of people with late-stage Parkinson's Disease, Multiple System Atrophy and Progressive Supranuclear Palsy. Little is known of the experiences and needs of people severely affected by PD, MSA and PSP, especially the latter two conditions which are quite rare and life limiting. This study helped to identify the most effective approaches to enhancing quality of life for people affected by these conditions. It also considered how flexible and personalised support can be provided in the future. It was envisaged that the research reports will be of interest to users and carers, commissioners and practitioners in neurological practice.</p>	<p>July 2012</p> <p>Ongoing</p> <p>2012</p>	<p>Lorraine Jackson, Senior Policy Mgr, Older People's Team</p>
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	We are aware of the following NIHR funded research projects: “EOL discussions in heart failure and COPD – systematic reviews” (CLAHRC Cambridgeshire and Peterborough) and “Exploring palliative care needs of service users with neurological; conditions” (UCLH).	Ongoing	
<p>Para 5.9, Race, Issue: “... staff education in multi-cultural health could play a large role in helping EOLC to embrace society’s diversity and changing needs. Language has the potential to be a barrier to good quality EOLC”</p> <p>Para 5.10, Race, Action: “The use of formal interpreters could be encouraged to prevent a large burden being placed on children and younger generations who often have to act as interpreters. This will help to create a more standard quality of service for people across the country and across difference ethnicities.”</p>	<p>Our work on developing competences and e-learning (e-ELCA) for workers across health and social care takes into account the need to understand holistic, cultural, spiritual and lifestyle aspirations, goals and priorities, including after death.</p> <p>The NICE Quality Standard for EOLC for adults states that people approaching the end of life should have access to an interpreter or advocate if needed.</p>	<p>June 2009, Jan 2010 & following</p> <p>November 2011</p>	Tessa Ing, Head of Implementation, End of Life Care Strategy
<p>Para 5.11, Race, Issue: “Communication skills are important and it will be essential that all professionals providing EOLC are trained in effective communication.”</p> <p>Para 5.12, Race, Action: “Communication skills need to be part of all under and post graduate training.”</p>	<p>The National EOLC Programme has produced <i>Planning your future care: a guide</i> in six languages: Arabic, Punjabi, Urdu, Polish, Bengali, Chinese</p> <p>The National EOLC Programme has developed an online DNACPR resource which includes addressing cultural needs.</p> <p>Statement 2 of the NICE Quality Standard for EOLC for adults states that people approaching the end of life and their families and carers should be communicated with, and offered information, in an accessible and sensitive way in response to their needs and preferences.</p> <p>Dying Matters (which is funded by DH) continued to work with</p>	<p>April 2012</p> <p>September 2012</p> <p>November 2011</p> <p>Ongoing</p>	Tessa Ing, Head of Implementation, End of Life Care Strategy

	BME people via its people bank to ensure its resources and messaging encompasses all members of the community.		
<p>Para 5.13, Race, Issue: “It should be recognised that some patients, particularly those of recent migration, will either wish to return to their ‘home’ country to die or will wish to be buried in their country of origin after they have died. Where possible these wishes should be elicited by the professional responsible for the individual’s care at the time of care planning and while the patient is still well enough to travel.”</p> <p>Para 5.14, Race, Action: “Assessment and care planning should include a prompt by the healthcare professional about the option of returning to another country to die. Having a discussion about EOLC and drawing up a care plan at early stage within a person’s illness could also help family /friends living abroad to have sufficient time to make arrangements to travel to England to visit the individual or for the person to return to their country of origin.”</p>	<p>The core competences for EOLC training for health & social care staff for assessment and care planning includes to ensure that all assessments are holistic, including cultural, spiritual and lifestyle aspirations, goals and priorities, including after death. This is also reflected in the e-learning developed for EOLC (e-ELCA).</p> <p>Working through eight pilots, we are developing a new funding system for palliative care. As part of this, we will do additional work to obtain a national picture of diversity and ethnic mix in patients needing EOLC.</p> <p>Work is underway between the National EOLC Programme and Marie Curie to look at the needs of the BME population</p> <p>We are also aware of the following NIHR funded research project: “Exploring EOLC for South Asian Renal Patients” (Imperial).</p>	<p>June 2009, January 2010</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p> <p>Catherine Davies, Prog Lead, Palliative Care Funding</p> <p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p>
<p>Para 5.15, Race, Issue: “Formal statistical collection by care homes, hospices, extra care housing etc about the ethnicities of residents would be a useful way of monitoring whether uptake to these services increases over time.”</p> <p>Para 5.16, Race, Action: “PCTs and LAs should make information widely available... care homes, hospices, extra care housing etc should consider collecting information about a resident’s ethnicity, religion, language & culture.”</p>	<p>The National EOLC Intelligence Network has produced local PCT and LA profiles, which provide vital data for commissioners of services.</p> <p>A joint project is being set up between the National EOLC Intelligence Network and Marie Curie Cancer Care to explore variations and diversity in regard to EOLC needs and service provision for Black, Asian and Minority Ethnic Groups.</p>	<p>2012</p> <p>Ongoing</p>	<p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p>

<p>Para 5.17 Religion & Belief, Issue: "...It will be important for healthcare professionals to have a basic knowledge of the differences between different religions & be aware of the limits to their knowledge."</p> <p>Para 5.18, Religion and Belief, Action: "Spiritual care should be coordinated across the care pathway and those caring for the dying and bereaved should have a reasonable knowledge of various faiths and practices."</p> <p>Para 5.19 Religion & Belief, Issue: "...Religious practice is an area where discrimination could occur, even if this is indirect."</p> <p>Para 5.20, Religion and Belief, Action: "PCTs and LAs should ensure that there is space and time for religious practices to be carried out by both the individual and their visitors, family or carers regardless of the setting."</p> <p>Para 5.21 Religion & Belief, Issue: "Respect and forethought needs to be given to whether certain medical practices are acceptable to certain religions."</p> <p>Para 5.22 Religion & Belief, Action: "Assumptions should not be made about the treatment or care an individual may wish to receive. Health care professionals should seek individuals' views about whether any aspect of their religion would make certain medical practices inappropriate."</p>	<p>The on-line self-assessment tool, EOLC Quality Assessment (ELCQuA), produced by the National EoLC Intelligence Network in conjunction with SHA EOLC leads and wider NHS colleagues to enable commissioners and providers to monitor progress against standards based on the DH EOLC Quality Markers, is being updated to incorporate the NICE EOLC Quality Standard. The tool includes measures for assessing the spiritual and religious support provided to people approaching the end of life.</p> <p>The National EOLC Programme has developed strong networks with organisations that support people who are approaching the end of life who have a variety of different beliefs and cultural backgrounds.</p> <p>Editions of the National EOLC Programme's Newsletter have focussed on, or had features about spiritual care.</p> <p>Statement 6 of the NICE Quality Standard for EOLC for adults states that people approaching the end of life should be offered spiritual and religious support appropriate to their needs and preferences.</p> <p>The National Council for Palliative Care has established a Meaning, Faith and Belief group.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Jan & June 2012</p> <p>November 2011</p> <p>Ongoing</p>	<p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p>
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End of Life Care (EOLC) Strategy Equality Impact Assessment Action plan template: report on progress since July 2011 (continued)

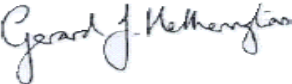
Category	Actions	Target date	Person responsible and their Directorate
<p>Para 5.23 Sexual orientation and gender identity, Issue: “health care professionals should be careful not to make assumptions that people are heterosexual and if an individual reveals they are lesbian or gay, stereotypical assumptions should not be made about what type of person they are. The language that health care professionals use should be selected carefully so as not to inadvertently make someone feel that they have to reveal their sexual orientation or transgender identity.”</p> <p>Para 5.24 Sexual orientation and gender identity, Action: “Care homes, hospices and extra care housing should be encouraged to positively market themselves as being gay friendly places...Staff need to be trained to understand LGBT issues...and policies should be developed to require staff to report any incidences of discrimination by staff or other residents.”</p>	<p>The National EOLC Programme has produced <i>The route to success in end of life care – achieving quality for lesbian, gay, bisexual and transgender people</i>.</p> <p>Editions of the National EOLC Programme’s Newsletter have focussed on, or had features about care for LGBT people.</p> <p>The NICE Quality Standard for EOLC for adults states that people approaching the end of life and their families and carers should have access to the high quality care described in the QS on the basis of need and that takes into account their preferences, regardless of their individual circumstances, including sexual orientation, culture and lifestyle, marriage and civil partnership.</p> <p>The Dying Matters coalition (funded by DH) launched <i>Open to All</i> in Parliament, a report and film examining the EOLC needs of LGBT people. This was followed up with the first ever conference on EOLC for LGBT people held jointly with</p>	<p>June 2012</p> <p>July 2011, July 2012</p> <p>November 2011</p> <p>June 2012</p>	<p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p>

<p>“5.25 ...it should be a requirement, as part of continuing professional development, that staff attend relevant courses on LGBT issues, equality and diversity and keep themselves up-to-date on current equality legislation.”</p> <p>“5.26 Healthcare providers also need to have in place a clear policy on confidentiality...”</p> <p><i>[NB: We recognise that, since the publication of the EqIA and the EOLC Strategy, the Equality Act 2010 has been enacted, which lists sexual orientation and gender assignment as separate protected characteristics, and that terminology has also changed.]</i></p>	<p>the National EOLC Programme, Nottingham University and St Helena Hospice, Colchester. Work is ongoing between the four organisations and a poster with the message ‘<i>you don’t have to tell us if you’re lesbian, gay, bisexual or transgender, but you can</i>’ is currently in production to encourage providers of care to create LGBT friendly environments.</p> <p>Dying Matters continued to work with LGBT people via its people bank to ensure its resources and messaging encompasses all members of the community.</p>	<p>Ongoing</p> <p>Ongoing</p>	
<p>Para 5.27 Homeless people, Issue: “... for many, it will be important to have advocates to help in the care planning process...health care professionals [should] ask the individual if there is anyone else they would like to be involved in their care and to refrain from making assumptions about the individual’s relationship with family members.”</p> <p>5.28 “... it will be important for hospital discharge teams to understand the history of the homeless person... and to work with organisations supporting homeless people to plan the discharge and produce an appropriate care plan.”</p> <p>Para 5.29 Homeless people, Action: “The care planning process should help to ensure that hospital discharge teams identify when a homeless person</p>	<p>The EOLC e-learning package developed for workers across health and social care (e-ELCA) includes an integrated learning module around specific EOLC scenarios, including one for homeless people.</p> <p>The National EOLC Programme has developed strong networks with organisations that support people who are approaching the end of life who are homeless.</p> <p>The pilot scheme supported by the National EOLC Programme and Marie Curie Cancer Care on the blue wallet scheme, which aims to ensure information about a person is available if that person is unable to communicate, for example, which hostel is their current home, medications and wishes and preferences, has been adapted and is planning to test out wrist-bands in place of wallets.</p>	<p>January 2010</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p>

<p>might be at the end of their life and work with other organisations to put in place an appropriate package of care.”</p> <p>Para 5.30 “...Further work may be needed in the UK to ascertain whether the same benefits (both for the residents and in respect of cost savings) [from studies in Canada] could be realised here.”</p>	<p>The National EOLC Programme, alongside the International Longevity Centre and the Housing Learning and Improvement Network, have updated and published a housing resource pack which addresses the issues of supporting people in extra care housing.</p> <p>The National EOLC Programme’s Newsletter has carried a feature about extra care housing.</p> <p>The NICE Quality Standard for EOLC for adults states that people approaching the end of life and their families and carers should have access to the high quality care described in the QS on the basis of need and that takes into account their preferences, regardless of their individual circumstances, including socio-economic status and location and setting in which they are receiving care.</p> <p>Dying Matters (funded by DH) continued to work with homeless communities via its people bank to ensure its resources and messaging encompasses all members of the community.</p>	<p>September 2012</p> <p>May 2012</p> <p>November 2011</p> <p>Ongoing</p>	
<p>Para 5.31 Carers, Issue: “...regular support should be provided...breaks from care should also be considered as a means to support people to continue living at home and to support carers to enable this to happen”</p> <p>Para 5.32 Carers, Action: “The service should recognise the vital role carers play in enabling someone to die in the place of their choice and acknowledge that they are central to the caring team. Carers have a right to an assessment of their own</p>	<p>The EOLC Strategy includes a chapter specifically on carers and families, which is reported on each year in the annual report on the Strategy.</p> <p>The first national VOICES survey of the bereaved was run over 2011/12. This sought feedback from the bereaved not just on their views on the care experience of the deceased, but also on their own experience. The survey results were published. A second survey is now underway.</p> <p>Editions of the National EOLC Programme’s Newsletter</p>	<p>July 2008</p> <p>July 2012</p> <p>Aug 2011</p>	<p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p>

<p>needs and systems should be in place to ensure that in addition to supporting carers in a planned way, they are also able to provide support to carers who, because of a crisis or emergency, are temporarily unable to care.”</p> <p>Para 5.33 Carers, Issue: “...visiting hours (in hospitals, care homes and hospices) could be more flexible.”</p> <p>Para 5.34 Carers, Action: “Visiting times for patients at the end of their lives should be flexible where possible and dedicated family rooms for relatives and friends to sleep the night when a loved one is very close to death should be made available.”</p>	<p>have carried feature about carers.</p> <p>Statement 7 of the NICE Quality Standard for EOLC for adults states that families and carers of people approaching the end of life should be offered comprehensive holistic assessments in response to their changing needs and preferences, and holistic support appropriate to their current needs and preferences.</p> <p>DH has published the White Paper <i>Caring for our Future</i> and a draft Care and Support Bill. Carers are central to the Government’s proposals for care and support. We will be legislating to extend the existing rights to a carer’s assessment and provide carers with a new entitlement to support to meet their needs. For the first time carers will be placed on the same legal footing as the people they care for. See <i>the EOLC Strategy Fourth Annual Report</i> for more information.</p> <p>Additional investment of £400m has been made available through PCT baseline allocations for four years from 2011 to provide support for carers and, in particular. breaks from caring responsibilities.</p>	<p>& June 2012 November 2011</p> <p>July 2012</p> <p>Ongoing</p>	<p>Elaine Edgar, Head of Policy, Carers Team</p>
<p>Para 6.1 Monitoring: “NHS & social care bodies will wish to ensure that, when implementing this strategy they bear in mind their responsibilities towards ensuring that EOLC is available equitably, and with due regard to the differing needs and wishes of different members of society. To this end they will wish to put in place suitable ways of monitoring EOLC to provide assurance.”</p>	<p>One of the top ten Quality Markers for PCTs is to monitor the quality and outputs of EOLC and submit relevant information for local and national audits.</p> <p>The on-line self-assessment tool, ELCQuA (see above), enables commissioners and providers to monitor progress against standards based on the DH EOLC Quality Markers. This is currently being updated to reflect the NICE EOLC Quality Standard.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Tessa Ing, Head of Implementation, End of Life Care Strategy</p>

	<p>The National EOLC Intelligence Network has produced local PCT and LA profiles, which include over 40 EOLC indicators relating to population, deaths, place of death and cause of deaths and provides vital data for commissioners of services.</p> <p>The work to support roll-out of the Electronic Palliative Care Coordination Systems (formerly known as locality register pilots), the VOICES survey of bereaved relatives and the work of the National EOLC Intelligence Network described above will contribute to monitoring how effective implementation of the EOLC Strategy is and how services are improved.</p> <p>The QIPP EOLC work-stream has adopted a Key Performance Indicator (KPI), the measure used in the <i>EOLC Strategy</i>, to improve the proportion of people who die in their usual place of residence (see <i>EOLC Strategy Fourth Annual Report</i>). We are also developing other relevant KPIs for further consideration.</p>	<p>August 2012</p> <p>Ongoing</p> <p>Ongoing</p>	
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Name of person who carried out the EqIA Progress Report:	Robert Freeman, End of Life Care Team, Clinical Policy and Strategy
Date EqIA completed:	10 October 2012
Name of Director/Director General who signed the EqIA Progress Report:	Gerard Hetherington, Director of Clinical Programmes, Clinical Policy and Strategy
	
Date EqIA Progress Report was signed:	12 October 2012

