

	<b>Charter point</b>	<b>Where we are now</b> (May 2015)	<b>Where we need to improve</b>	<b>Next steps (with timescales)</b>
1	Ensure assessments/care planning for service users and carers are outcome focused, person centred, holistic , maximising quality of life, understanding lifestyle/culture	We have revised our assessment process to meet the requirements of The Care Act. Personal outcomes as identified by the individual are listed by priority including achievement dates.	Currently clients in last year of life not core data although this can be added.	Raise with improvement team for revision/addition if possible at next review of support plan. Sept 2015
2	Ensure workers are supportive, compassionate, use ordinary language, have good communication skills	We have commissioned a rolling programme for social work staff to raise experience/skills in having difficult conversations and develop their role in EOLC. Also a management programme which enables managers to meet, learn, support, discuss and ensure the role of social care is integrated in EOLC	Attendance has been relatively low in numbers.	Involve higher management to identify barriers for low take up. Consider an introduction at the training sessions to outline the priority of EOLC and how front line staff can work in partnership with commissioners to improve outcomes. Aug 2015
3	Workers value and understand all roles and contributions	Croydon has an excellent record of working in partnership with a number of partners including health colleagues. Our TACS teams operate as multi-disciplinary units across GP clusters and provide joined up support to avoid hospital admissions/facilitate discharges and support during individual crisis.	We need to look at integrating the teams more in EOLC and importance of advance care planning and early diagnosis.	Meet with TACS service lead to identify improved pathway to support better outcomes in EOLCAugust 2015

4	Workers promote dignity, choice & independence, positive risk taking for people approaching the end of life	Croydon has a high number of Dignity Champions and sessions are held quarterly to monitor outcomes, improve practice and share learning across a number of agencies. Reflective practice, promoting positive risk and respecting rights and choices are core values within the organisation	We need to work with providers in managing risk and ensure they have the appropriate skills and experience	Incorporate gaps in training plan and revise accordingly.15/16
5	Embed EOL planning and key questions in assessments	Currently there are no specific EOL questions within our social care assessments but there are opportunities to note discussions within the general assessment process	As our revised assessment evolves we acknowledge specific key questions should be included in assessments	Discuss with project lead how we can make our assessment more supportive of end of life questions and key decisions.
6	Develop L&D plan for all workforce - including roles, difficult conversations, holistic assessment	We have a rolling programme for front line staff and managers Specific support for care homes via local authority/CCG	L&D spans across services and needs co-ordinating	Small task and finish group to collate all current learning and development available and identify overlaps/gaps 15/16
7	Users and carers are fully involved in changes to care plan and kept up to date	The Care Act gives clear guidance on our statutory duties to involve users and carers and training has been provided for all staff.	Complexities of end of life care and a co-ordinated approach are crucial to ensure all are aware of changes and their roles/responsibilities. We need to improve in this area	Review a number of cases to identify blocks/barriers for future learning and improvement.15/16
8	There is continuity of care & working in partnership	There are examples of excellent practice but still room for improvement. We have dom care agencies commissioning to provide EOLC.	Our services need to be more transparent and structured pathways co-ordinated and shared.	Ensure EOLC is key element in person centred support training.

9	Service users and carers only need to communicate information once, professionals can access up to date information	We have identified issues and these are constantly addressed as concerns Our recent events for Dying Matters/Dementia Awareness Week were jointly delivered to offer detailed information and support.	Continue to work with information technology on how systems can share data to avoid repetition	on-going
10	A named co-ordinator shares the care plan across the care and support team	Cases are allocated when identified client is in last year of life and commissioned dom care specifically for end of life care	We need to work better together with other colleagues but there are steady improvements	Review current processes, identify improvements and redesign for improved outcomes.15/16
11	Funding issues do not impede the provision of care and support	We work closely with health colleagues and fast track for CHC in place. EOLC specialist dom care service. Low numbers of funding issues affecting support Care manager attached to CHC team	Our current systems are working well and issues around funding rarely identified.	No planned review at this time but will monitor
12	There is a timely whole system approach from early intervention through to post death support	Case by case basis. Post death support is usually a referral to other agencies.	Embed the charter in practice and share accordingly. Ensure all pathways and process reviews incorporates whole systems approach	Identify work stream with EOLC plan to lead on embedding charter in procedures/practice
13	Develop information & advice strategy - aligned with CCG information & advice	As part of the Care Act we have commissioned and progressing Care Place as an online resource.EOLC resources will be added to this software.	Work with partners to identify how this can be incorporated	Identify requirements and progress with work stream lead

1 4	Develop systems for sharing information across providers	There are information sharing protocols with partners in place	Information sharing not always as robust as it should be	Progress through information governance across organisations. Commence late 2015
1 5	Develop flowchart for local eolc pathway, including access to 7 day working, identifying roles & responsibilities of all sectors	No flowchart in place	We need to develop this	Identify mechanism through EOL steering group and develop by early 2016
1 6	Engage with users & carers to inform service development & commissioning	None specifically on EOL	Requires engagement	Feed back to commissioning lead to inform commissioning intentions  Local End of life care work is planned to come to the Health & Wellbeing Board later in 2015
1 7	Use commissioning process to establish required competences and service delivery models	We have a wide and varied programme in place with regards to competence and service delivery models  Meet regularly with Skills for Care and linked them to providers  Hold quarterly meetings with providers through Dignity in Care agenda and provide speakers/contacts.	Requires joining up and gap analysis	Link up with learning and development across organisations March 2016

18	Ensure market shaping reflects local JSNA & public health role working with communities	Current work stream under the Care Act EOLC outlined within our integrated framework agreement and care homes	We are working with partners on this and continue to refresh and update MPS to reflect changes and the on-going development of our approach and response to local need	on-going
19	Service specifications are in line with KPIs & QAFs irrespective of which agency is funding	These are available but requires co-ordination and dovetailing	Information will be collated and cross referenced to ensure all are in line	Immediately
20	There is an integrated whole system approach across social care and health to review KPIs	There are KPIs across organisations but need joining up.	The adoption of Croydon's first End of life care strategy across partner organisations should enable us to take a more integrated whole-systems approach, as will Croydon's recent decision to adopt a whole systems outcomes-based commissioning approach for all services to over 65s	Monitored by end of life leads for health and social care. Dec 2015
21	Actively participate in LSCP EOLC network programme of work	Yes, we have representation at commissioning and Director level	Yes we have representation	Continue feedback of information, best practice.