End of Life Care – NHS Long Term Plan

*Personalising care to improve end of life care*

The NHS Long Term Plan was published in January 2019. The plan sets out how the NHS will accelerate the redesign of patient care to future-proof the NHS for the next 10 years.

End of Life care is a key component of the Long Term Plan.

**Personalised care**

The Plan has committed to "roll out the personal Health budgets to give people greater choice and control over how care is planned and delivered", as part of this the plan has committed to "expanding the NHS offer for those receiving specialist end of life care". (section 1.41)

The plan has stated that the NHS will "personalise care to improve end of life care". This will be achieved by rolling out training to help staff identify people in their last year of life and personalised care planning for everyone identified as being in their last year of life. Better quality care will reduce avoidable emergency admission and more people will be able to die in a place they have chosen> (section 1.37)

**Care Homes**

The median period from admission to a care home to death is 462 days (15 months). The Long Term Plan has guaranteed NHS support to people living in care homes, rolling out the Enhanced Health in Care Home model. This will include; stronger links between primary care and care homes, consistent support for a team of healthcare professional, including named GP support, good oral health, nutrition and hydration and rehabilitation and better sharing of information. Identification of end of life and personalised care planning is an essential component of this. (section 1.13-1.15)

**Out of hospital care**

The Long-term Plan commits to boosting out of hospital services including expanded community health teams to provide fast support to people in their own homes with the greatest need (severe frailty, dementia, cardiovascular disease) as an alternative to hospitalisation. There will be targeted support to those with severe frailty and supporting people in their last year of life will be a key priority for community health teams. (sections 1.8, 1.17-1.20)

**Carers**

The Plan highlights the increasing numbers of informal cares, and commits to improving their identification and support for their individual health needs (sections 1.19, 2.33-34)

**Social Care**

The Plan recognises the importance of social care on the provision of care for older people, and commits to ensuring that adult social care funding does not put additional pressure on the NHS (section 1.57)

**Children**

Children's palliative and end of life care is an important priority for the NHS. But local NHS funding has not kept pace with growth in clinical care costs or inflation, and NHS England's children's hospice grant programme currently provides an annual contribution of £11m. Over the next five years NHS England will increase its contribution by match-funding clinical commissioning groups (CCGs) who

commit to increase their investment in local children's palliative and end of life care services including children's hospices. This should more than double the NHS support, from £11 million up to a combined total of £25 million a year by 2023/24 (section 3.41)

**Other health conditions**

Cancer – people with cancer will have access to personalised care through the Comprehensive model for Personalised Care and those with secondary cancer will have access to the right expertise and support (section 3.64).

Cardiovascular disease – people with heart failure will have access to personalised care planning to reduce hospital use (section 3.70)

Respiratory disease – risk scoring will be used to reduce avoidable admissions of patients who are deteriorating (section 3.87)

**Staff**

There will be a focus on the development and support of community-based staff with a focus on flexibility, wellbeing and career development (section 4.37- 39)

**Digitally-enabled care**

Personal Health Records will hold a care plan that will be made available to the patient, clinicians, including Ambulance staff, and social care staff caring for them in all settings to reduce duplication and ensure that appropriate actions are taken in a timely manner (section 5.15-17)