



DYING WELL

Ref	Commitment	Actions	Links to other Plans/Strategies	What does Success Look Like?	Dashboard Indicators
H1	Joined-up support - We will improve how health and care services work together at the end of life, making support more joined-up, easier to navigate, and better tailored to people's needs.	<p>H1.1 We will implement a shared digital platform for ReSPECT so that all appropriate professionals can access, update and create plans in one place, supporting people to die in their preferred place and enhancing efficiency of care teams by reducing duplication of plans.</p> <p>H1.2: We will strengthen cross-organisational planning and coordination through the six multi-agency Palliative and End of Life Care Taskforce workstreams, driving consistent and joined-up improvements across the system.</p>	LLR Palliative and End of Life Care Strategy	<p>Increased proportion of people planning for late stages and end of life at a time when they are still able.</p> <p>-</p> <p>Increase in the number of people dying in their place of choice.</p> <p>-</p> <p>Care plans offered to all people that may benefit from having one. This should include a ReSPECT plan.</p> <p>-</p> <p>Increased take up of care plans/ReSPECT plans with people specifically opting out of having a plan in place rather than being missed from the offer of one.</p>	<p>Percentage of deaths that occur at home</p> <p>-</p> <p>Percentage of deaths that occur in care homes</p> <p>-</p> <p>Percentage of deaths that occur in hospice</p> <p>-</p> <p>Percentage of deaths that occur in hospital</p> <p>-</p> <p>Life expectancy data</p> <p>-</p> <p>Home first outcome - to ensure 95% of patients who are identified as vulnerable have an agreed care plan</p> <p>-</p> <p>Number of ReSPECT care plans in place</p> <p>-</p> <p>Home first outcome - to reduce deaths in hospital from 40% to 35%</p>
H2	Making end-of-life conversations a normal part of life - We will work with people, health and care staff, and community groups to make conversations on care at the end of life easier and more common. By encouraging open and honest discussions, we can help people make choices that are right for them and ensure they are treated with dignity and respect.	<p>H2.1 We will expand Ante-mortem education classes as a proactive public engagement offer, using the comms and engagement workstream to normalise end-of-life conversations and empower people to plan with confidence, dignity and informed choice.</p>			
H3	Understanding what matters at the end of life - We will use data and insights to better understand what matters most to people at the end of life. This will help shape how care and support are planned and delivered, making sure people's needs are recognised and met with compassion.	<p>H3.1 We will enhance our ability to plan and improve end-of-life care by developing integrated data systems and dashboards that provide clear insight into current activity, future demand and gaps across place and system.</p> <p>H3.2 We will expand proven interventions (such as the new medications delivery service) to reduce delays in care and support families and carers to remain with their loved ones, enabling more people to die at home where this is their wish.</p> <p>H3.3 We will introduce a cultural and spiritual care toolkit, informed by staff insights and community expertise, to equip healthcare professionals with accessible guidance that supports diverse needs at the end of life.</p>			
H4	Access to information - We will make sure that people, families, carers and professionals have the right information and support to make clear and confident decisions on end-of-life care to ensure smoother transitions and better experiences for everyone involved.	<p>H4.1 We will enhance the accessibility, readability and relevance of end-of-life information by working with carers through targeted focus groups to identify the content and formats that best support their needs.</p> <p>H4.2 We will develop a unified professional information portal, providing clear access to clinical guidance, referral routes, training and CPD resources, mirroring best practice from neighbouring systems.</p>			
H5	Support with end-of-life planning - We will make end-of-life planning a key part of personalised care and ensure that professionals/staff feel informed, confident, and supported to have open and compassionate conversations, making planning a natural part of life.	<p>H5.1 We will strengthen proactive end-of-life planning by using the Mortality Risk Score and other key metrics to help GPs identify and prioritise people who would benefit from ReSPECT discussions and personalised care planning.</p> <p>H5.2 We will equip staff to initiate timely, compassionate end-of-life conversations by embedding a Making Every Contact Count (MECC) approach and widening access to high-quality communication training delivered by LOROS.</p>			
H6	Bereavement support for carers - We will make sure carers receive timely and compassionate support during bereavement. This support will recognise the emotional impact of losing a caring role and help carers through the transition.	<p>H6.1 We will address gaps in bereavement provision by using insight from our Mapping and Equity of Access workstream to identify unmet needs and ensure services are promoted clearly and consistently across the system</p> <p>H6.2 We will enhance awareness of bereavement support by improving how services are communicated and promoted and we will monitor the impact through ongoing engagement with carers and communities.</p>			

