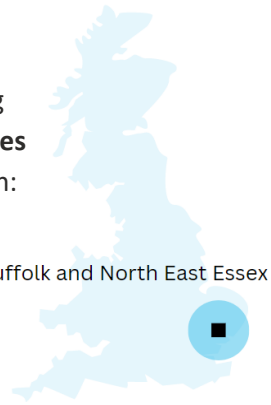
Suffolk and North East Essex Integrated Care System: Recording and measuring population need

What is this case study about?

This case study shows how an **integrated Palliative and End-of-Life Care (PEoLC) Alliance**, comprising health and social care partners, are capturing and measuring **co-produced population PEoLC outcomes** through an **integrated dashboard**. This illustrates the Sue Ryder and sector partners recommendation:

"Measuring population need for PEoLC:

- The PEoLC sector will use agreed assessments of population need to present proposals on how best to meet population requirements, to help the Integrated Care System (ICS) and commissioners meet their aims.
- As more information becomes available on the PEoLC needs of different communities and Places, ICSs should consider these against their current and projected population demographics."



North East Essex Health and Wellbeing Alliance: measuring choice in end-of-life care

1. Co-produced outcomes: An early stage of the work was to engage with the community to find out what was important to people at the end stage of life. Through this engagement work, a set of ten 'outcomes that matter' for EoL care was coproduced, leading to a set of Key Performance Indicators (KPIs).

2. Recording and measuring progress: A key outcome was that people wanted to be identified when they were at the end of their lives. A person who has been identified as being in the last year of their life is asked to complete an Advance Care Plan. This details their end of life preferences and choices.

These are all recorded on the local EoL register (Electronic Palliative Care Coordinating System or EPaCCS). The percentage of people who have their choices registered at the time of death can therefore be measured.

3. Measuring performance through an integrated dashboard: Data is interrogated through a Dashboard which compares performance across different equalities aspects, such as diagnoses, and also geography down to provider level: neighbourhoods, GP practices or individual care homes.

The dashboard captures progress in different areas, so that commissioners have a deeper understanding of population need.

What difference has this approach made?

This data-driven approach highlights areas of good practice where performance is good (for example, specific geographies or providers) and also sheds light on areas where improvements are needed.

Alongside choice in end-of-life care, other KPIs are also measured through the dashboard, including patient and carer feedback.

KPIs include percentages of: people who die with an Advanced Care Plan in place; people who die in their preferred place of care; and families and carers who feel supported.

Understanding population needs

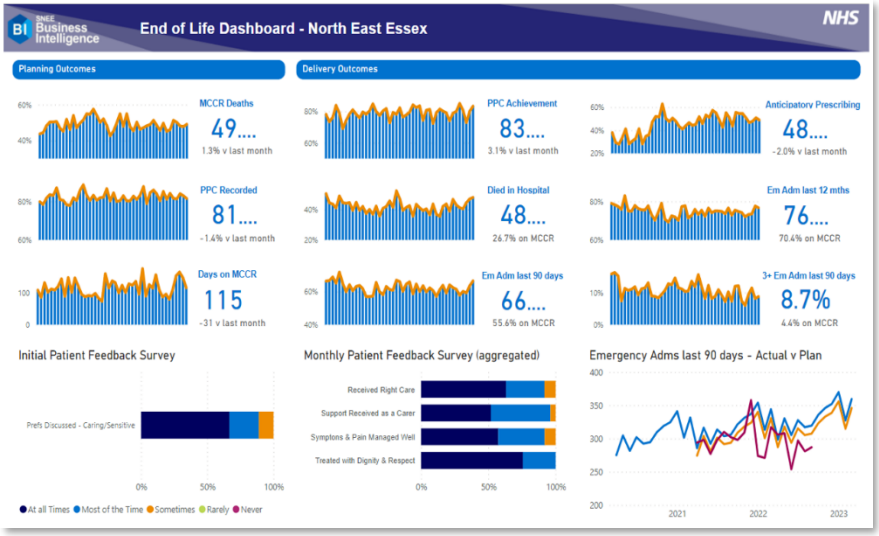
Performance against KPIs can be analysed by Place, GP practice, care home, diagnoses, over time.

This enables local commissioners to better understand current population needs, and where to target work to address inequalities of provision.

Equalities analysis is also currently in development, so that comparisons can be analysed across ethnicities, enable targeted work to reduce inequalities in this area.

Recording and measuring patient need: top tips from Suffolk and North East Essex:

- ✓ You can only 'work at the speed of trust' - **build relationships with providers, commissioners and communities** and commit to the work.
- ✓ **Commit resources through time, secondments and funding.** See your organisation's role to contribute to something that you are not yet delivering as a system: a shared accountability for the quality of end-of-life care across the population.
- ✓ **Reward integration:** Modelling showed that improving outcomes about place of death could result in significant value impacts of £1.2 million: "Model it and dare to fund it."
- ✓ **Don't commission with what is going wrong – commission with what is working:** People who die in their preferred place are not very visible - so the focus tends to be resolving the 'bad press', for example those who die in corridors. Don't just focus on where things are going wrong: commission interesting innovation.
- ✓ **Involve your Business Intelligence teams:** You don't always need to get outside help: there are some exceptional Business Intelligence analysts in health and social care who are already working with your data and can help with data analysis and presentation of data. Find yours and get them on the team.



"This data makes people who are invisible, visible."

Dr Karen Chumbley,
Clinical Lead in EoL Care

Governance at a glance

- Governance in the new ICS is still being developed, but **three Alliances have been established for several years**. Comprising health, social care and the voluntary sector, they were developed under the Clinical Commissioning Group (CCG) as part of the move towards integrated working. This gives them a head start in terms of integration, as relationships and ways of working are well developed.
- North East Essex Health and Wellbeing Alliance have a **Memorandum of Understanding** with the Integrated Care Board, through which agreed funding for this work is delegated.

For more information about this case study or the recommendations for commissioning and delivering better end-of-life care, contact john.kemp@sueryder.org.

Palliative and End-of-Life Care: best practice case studies

Sue Ryder and sector partners working in PEoLC have developed Key recommendations for commissioning and delivering better end-of-life care within Integrated Care Systems.

This case study from Suffolk and North East Essex is one of a series showcasing how ICSs around the country are implementing some of these recommendations:

- ✓ **Local solutions to workforce challenges**
- ✓ **Engagement with patients, families & communities**
- ✓ **Measuring population need for PEoLC**
- ✓ **Innovative services and roles**
- ✓ **Using data effectively**