

## Plan 2018-19

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#### **Our Mission**

SPPC exists in order to improve people's experiences of living with declining health, death, dying and bereavement in Scotland. A key part of this mission is to improve the quality and provision of palliative and end of life care.

#### **Our Vision**

People, regardless of age, diagnosis, characteristics or circumstance should experience safe, effective, person-centred care from health and social care staff who understand that they can continue to make a significant difference to a person's wellbeing even in the last months, weeks, days and hours of that person's life. Our vision is that Scotland will be a place where:

- People's wellbeing is supported even as their health declines;
- People die well;
- People are supported throughout bereavement;
- Communities and individuals are able to help each other through the hard times which can come with declining health, dying, death and bereavement.

This vision can only be achieved through co-production by formal services, individuals and communities.

#### Context

#### **Opportunities**

In 2018/19 SPPC can continue to play an important role in supporting the implementation of the Strategic Framework for Action on Palliative and End of

Life Care (SFA). SPPC's strategic objectives are extremely well aligned to the priorities identified by the SFA.

*Realistic Medicine* and the Dementia Strategy (with its emphasis on people with advanced dementia) are other topical and relevant work streams.

Health and social care integration provides the wider context. The relationship between reducing undesired and purposeless admissions to hospital and achieving solvency across the system provides compelling reasons to focus on improving palliative care.

We anticipate continued opportunities to work collaboratively and supportively with colleagues at Scottish Government.

Our new membership arrangements provide a further basis for engagement with IJBs, social care providers and national statutory organisations.

#### Areas of Note

The bulk of this plan is about continuing to deliver many existing activities which our stakeholders tell us they value highly. We remain at heart a network and an "intermediary organisation" (see **Appendix 1** for a nice graphic on what intermediary organisations offer to members and to government).

The level of activity around Good Life Good Death Good Grief and Commitment 6 will increase since we have dedicated staff capacity.

Phase 1 of Building on the Best (improving palliative care in hospitals) will end in September 2018).

#### Risks

SPPC's financial and planning horizons are always very short because much of our income our income is received one year at a time from member subscriptions. Our 3 year funding agreement with SG is extremely helpful.

Our income from local statutory organisations and other members remains at risk given the financial pressures which all face. We must continue to deliver value to our membership.

Any long term staff absence will be very disruptive, since we are a small team performing at a high level of productivity.

There remains a wider risk that palliative care becomes erroneously equated with denying treatment and saving money. This is another reason why investment in public engagement is so important.

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#### People

Our current staffing is 6.6 full time equivalents. One full time post relates exclusively to the project to improve palliative care in acute settings funded by Macmillan Cancer Support, and this post is funded until September. Another full time post is funded until June 2019 to do work on GLGDGG and SFA Commitment 6.

# Listen, inform and connect the sector

Generate, gather and share information and expertise which supports organisations and practitioners to improve care.
Foster networks which support collaboration and joined up working between organisations and individuals towards realising the aims of Scottish Government's Strategic Framework for Action on Palliative and End of Life Care.
Support research and the spread of effective practice and innovation.

Activity	Output/deliverable	Comment
Support to Scottish Government Policy Team	Rapid responsive assistance	
Horizon scanning, policy surveillance/analysis, intelligence gathering, networking	Detailed, system-wide comprehensive understanding of what's going on	
Website and eBulletin	Monthly bulletin, up to date website	
Constituency Groups, other task groups as required	7 constituency group meetings, possible group around palliative care in hospitals	We will revisit tech mediation of groups.
Good Life, Good Death, Good Grief Stakeholder Group	Active links across civil society pertinent to death, dying & bereavement	The level of support to and engagement with GLGDGG members will increase
Annual conference	Well attended, very positively evaluated conference with small surplus	

Activity	Output/deliverable	Comment
<i>Building on the Best</i> (improving palliative and end of life care in hospitals)	An evaluation report capturing learning and the impact of the project on palliative and end of life care in the hospital test sites.	The project finishes in September 2018.
Support the Research Forum	Useful inputs to the steering group running the forum and developing its strategic development	CEO will continue to contribute to the steering group.
Support to IJBs in partnership with HIS	Co-produced resources/events to support the strategic commissioning of palliative and end of life care.	Need to focus some more time on proactive relationship- building and understanding local needs.

## Voice

•Provide channels through which the experiences and ideas of those working in this field can influence the development of policy and practice.

•Advocate the value of good care towards the end of life.

•Enable the views and experiences of the public, patients and families to be heard and exert influence.

Activity	Output/deliverable	Comments
Briefings, consultation responses, support to SG policy team	Experiences and ideas of those in the field captured and synthesised and articulated	
Provide well informed input/support to SFA work streams (national), and other relevant work streams and policy development	Experiences and ideas of those in the field captured and synthesised and articulated	The ACP, Education & Strategic Commissioning workstreams are winding up. Data, CYP, HIS Improvement more active. Likely to be some work around the dementia strategy and son-of- KIS.
Provide media comment, and proactive media work around awareness week and To Absent Friends	Instances of media coverage	
Provide the secretariat for the Cross Party Group on Palliative Care	4 well-run meetings on relevant topics	

### Promote open and supportive attitudes and behaviours

•Provide information, resources, leadership, ideas, networks and events which promote more open and supportive attitudes and influence public policy.

•Promote the importance of planning ahead for ill health and death, and reducing inappropriate medical interventions towards the end of life.

•Build the inclination, confidence and capacity of other organisations to promote open and supportive attitudes and behaviours relating to death, dying and bereavement.

Activity	Output/deliverable	Comments
Provide leadership on the NIAG for SFA Commitment 6	Provide NIAG with updates on activity and progress relating to this commitment.	
	A report to NIAG exploring areas of potential development eg Schools, Compassionate Workplaces etc)	
	A major national conference on public health palliative care	
Lead Good Life, Good Death, Good Grief	Website, newsletter, grant scheme, growing engagement (including IJBs).	
Run Awareness Week	Participation - events, activities, media coverage	

Activity	Output/deliverable	Comments
Run <i>To Absent Friends</i> festival	Participation - events, activities, media coverage	
Run Death on the Fringe	Launch event. Public lectures	
Explore and potentially develop & pilot Bereavement Friendly workplaces	Outputs will depends on exploratory stage	
Promote and support the piloting in Scotland of Last Aid public education approach	English language version of <i>Last Aid</i> produced in collaboration with the international working group.	
	Pilot courses run in conjunction with Highland Hospice	
Relevant policy work (links to <i>Realistic Medicine</i> , ACP, Health Literacy Action Plan, NES Support Around Death)	Agenda reflected in policy development and implementation. Practical collaborations where appropriate.	
Provide palliative care content for NHS Inform	High quality content. Advice on structure and process.	Content process and SPPC relationship with NHS Inform likely to be reviewed in 2018.

## Ensure Our Impact

•Improve our funding position.

•Support and develop our employees and volunteers.

•Position ourselves to better engage with and serve all staff who care for people towards the end of life, whether or not they identify their work as "palliative care".

Activity	Output/deliverable	Comments
Trust fundraising	An application for GLGDGG development submitted by August	
Implement the new membership and governance arrangements	Revised arrangements in place	
Develop a simple 3 year marketing plan in relation to organisations and staff who care for people towards the end of life, but who probably don't identify their work as "palliative care"	A realistic plan	
Proactively extend informal networks with particular attention to IJBs and social care	Better connections and engagement with IJBs and social care	
General Data Protection Regulations	Comply with new laws which go live in May	
Run a short refresher event for Council on the role of charity trustees and board effectiveness self-assessment.	Council members clear about responsibilities and have opportunity for reflection on effectiveness of Council	

#### **APPENDIX 1 – the role of intermediary organisations**

(from Understanding Intermediaries Impact. Evaluation Support Scotland Feb 2018. Commissioned by SG)

