A BETTER ACCESS TO PALLIATIVE CARE INITIATIVE

COMPASSIONATE COMMUNITIES: A TASMANIAN PALLIATIVE CARE POLICY FRAMEWORK 2017–21

FIRST ANNUAL PROGRESS REPORT 2017–18
Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017–21 was released in May 2017. It sets the strategic directions for palliative care in Tasmania and outlines the Tasmanian Government’s vision for palliative care which is:

A compassionate community that works together to ensure all Tasmanians have access to high quality, coordinated, respectful and responsive palliative care that is person-focussed and supports families and carers.
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SUMMARY

Palliative care helps people with a life-limiting illness to live, die and grieve well. It aims to improve quality of life by making the person as comfortable as possible and supporting family and friends. Palliative care is appropriate for illnesses for which there is no cure. People whose life expectancy is weeks, months or even years can benefit from palliative care.

The World Health Organisation (WHO) estimates that worldwide 60% of people who die each year would benefit from palliative care.

Tasmania’s aging population and increasing numbers of people with chronic diseases and life limiting conditions poses new challenges for the Tasmanian community and the health care system, including palliative care.

For many years, the delivery of palliative care has been viewed primarily as a role for the health care system; in particular, specialist palliative care services, hospitals and other medical specialities such as cancer services. This is despite the fact that in Tasmania an estimated 70% of palliative care is delivered outside these settings in our communities by primary care providers such as GPs, health and community services, aged care services, and community and volunteer organisations and groups.

Ensuring people with palliative care needs and their families have access to high quality palliative care and choices about how and where they want to be cared for requires us to rethink our approaches to palliative care.

The Compassionate Communities policy framework adopts a whole of community approach to palliative care. It recognises the important role played by families, carers and the broader community in palliative care. It is also aiming to strengthen the role of primary health providers and community-based services and to re-orientate specialist palliative care services. It calls for partnerships between the community and service providers.

In palliative care, this inclusive community approach is known as Compassionate Communities. Compassionate communities are communities that are informed about end of life, palliative care and bereavement. In partnership with service providers, they support people at end of life and their family and carers through the experience of illness, dying and bereavement.

The approach focuses on:
- Health promotion, prevention and harm reduction.
- Building community capacity, participation and partnerships.
- Connecting and strengthening linkages within communities.

By working together as a ‘compassionate community’ we will share the responsibility of caring for those with palliative care needs in our community.

The Compassionate Communities policy framework outlines key priorities and actions that are being implemented over four years to improve the delivery of palliative care in Tasmania.

This first annual progress report outlines progress to date and highlights priorities for the next 12 months.
Figure 1: The Policy Framework at a Glance

To improve the delivery of palliative care in Tasmania the Government will focus on the following key priorities over the next four years and implementing the associated actions. These priorities and actions have been informed by comprehensive research and input from consumers, carers, families, health and community service providers from across the State and the broader Tasmanian community.

While there are a number of immediate actions that we will deliver, work to progress these priorities and embed our reforms will continue throughout the duration of Compassionate Communities to help us realise our shared vision for palliative care in Tasmania.

Providing inclusive palliative care that is community and person focused by:
- Developing a Tasmanian Palliative Care Community Charter by the end of June 2017

Strengthening communities of care by:
- Finalising a state and sector wide strategy, Strengthening Communities of Care: A strategy to build the capacity and capability of all Tasmanians in palliative care 2018–21

Enhancing end of life care by:
- Developing End of life care: Supporting Tasmanians to live well at end of life, a consistent approach across Tasmania to delivering end of life care by the end of June 2017

Enhancing bereavement care by:
- Implementing the recommendations of Bereavement Care in Tasmania: Current Status and Future Directions for Palliative Care over the duration of Compassionate Communities
- Establishing Bereavement Care Networks by December 2017

Delivering contemporary, accountable and sustainable specialist palliative care services by:
- Commencing development of a model of care for specialist palliative care services by June 2017
- Developing a plan by December 2017 to agree and implement an associated reporting and performance framework

Providing leadership, coordination, monitoring and evaluation by:
- Developing processes to support ongoing development, leadership and coordination of the palliative care system, in partnership with key sector representatives by December 2017
- Providing an annual progress report to the Minister for Health
A summary of our progress 2017–18

Good progress has been made in 2017–18 implementing the priorities and actions outlined in The Policy Framework. Key achievements to date include:

- Development and implementation of the Tasmanian Palliative Care Community Charter
- Establishment of the Tasmanian Bereavement Care Network
- Finalisation of Strengthening Communities of Care: A strategy to build the capacity and capabilities of all Tasmanians in palliative care 2018–21
- Finalisation of the Tasmanian Policy Statement, End of Life Care: Supporting Tasmanians to live well at end of life
- Completion of a model of care for specialist palliative care
- A review of the Terms of Reference and membership of the Partners in Palliative Care Reference Group (PIPC) to strengthen its role to provide palliative care advice and leadership and to guide the implementation of The Policy Framework.

The implementation of some priorities and actions has been delayed including:

- Public release of the End of Life Care: Supporting Tasmanians to live well at end of life Policy Statement – this Policy Statement was finalised and approved by the Minister in November 2017. The caretaker conventions meant that the Policy Statement could not be released until after the State election, with the Statement being released in mid-June 2018.
- Public release of Strengthening Communities of Care: A strategy to build the capacity and capabilities of all Tasmanians in palliative care 2018–21 was also delayed due to caretaker conventions. This strategy will be released in August 2018 and implementation of the strategy will commence by January 2019.
- The development and implementation of a performance and reporting framework for Specialist Palliative Care teams was scheduled to be completed in December 2017. Whilst some progress has been made, the project was stalled with the recent restructuring of the Tasmanian Health Service (THS) and creation of the new Department of Health (DoH). It is anticipated that this work will now be finalised by December 2018.
Figure 2: Snapshot of Our Progress 2017–18

<table>
<thead>
<tr>
<th>Priority</th>
<th>Actions</th>
<th>Highlights/Risks</th>
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</table>
| Providing inclusive palliative care that is community and person focussed | • Development of the Tasmanian Palliative Care Community Charter.  
• Implementation of the Tasmanian Palliative Care Community Charter by June 2018.                                                                                                           | To date, 51 organisations and services across Tasmania have been involved in the Charter project. Palliative Care Tasmania has delivered 113 community information and education events to service providers across the state. |
| Strengthening Communities of Care                 | • Finalise a state and sector wide strategy, Strengthening Communities of Care: A strategy to build the capacity and capability of all Tasmanians in palliative care 2018–21.  
• Implement the Communities of Care Strategy 2018–21.                                                                                                                                  | Strategy finalised and approved July 2018.                                                                                                       |
| Enhancing end of life care                        | • Develop End of life care: Supporting Tasmanians to live well at end of life, a consistent approach across Tasmanian to delivering end of life care.  
• Implement joint Ambulance Tas and Tas Health Service project.  
• Implement a small grants program for projects to advance the intent of the End of Life Care policy statement.                                                                 | Approved by Minister in December 2017; release postponed due to March 2018 election.                                                                                                                          |
| Enhancing bereavement care                        | • Implement the recommendations of Bereavement Care: Current status and future directions.  
• Establish bereavement care networks.                                                                                                                                                    | BCN established.                                                                                                                                   |
| Developing contemporary, accountable and sustainable palliative care services | • Commence the development of a model of care for specialist palliative care services by 30 June 2017.  
• Develop a plan by December 2017 to agree and implement an associated reporting and performance framework.                                                                       | Model of care has been finalised.                                                                                                                   |
| Providing leadership, coordination and evaluation | • Develop processes to support ongoing development, leadership and coordination of Tasmania’s palliative care system, in partnership with key sector representatives.  
• DHHHS will provide annual progress reports to the Minister for Health.                                                                                                                | PIPC membership and Terms of Reference reviewed. PIPC meets quarterly.                                                                         |
PRIORITY: PROVIDING INCLUSIVE COMMUNITY AND PERSON FOCUSED PALLIATIVE CARE

Our challenge

Death and dying has become an increasingly institutionalised and medicalised experience with people, families and communities distanced and often having little involvement in decision making, caring and planning at end of life. “Often this is because people do not discuss the support they would like as they die. When asked, most people have clear preferences for the care they want at the end of their life. But rarely do we have open, systematic conversations that lead to effective end of life care plans” (Dying Well, Grattan Institute, 2014, p2)

People with palliative care needs, their families and carers are the most important stakeholders in Tasmania’s palliative care system. Individuals experiencing a life limiting condition best understand what their palliative care needs are and should be given as much autonomy in their palliative care as possible.

Families and carers also need support from the palliative care system, due to influences such as grief, bereavement, stress, social isolation or carer burden. They support people with palliative care needs to live as well as possible to the very end of their lives.

Community and person focussed palliative care requires a better understanding of the Tasmanian community’s palliative care needs, wishes and expectations.

Our actions

1 Develop a Tasmanian Palliative Care Community Charter by June 2017.
   Available at www.dhhs.tas.gov.au/palliativecare/tasmanian_palliative_care_community_charter

Our progress

The Tasmanian Palliative Care Community Charter was finalised and released by the Secretary, DHHS in July 2017. It is the first of its kind for palliative care in Australia.

The Tasmanian Palliative Care Community Charter sets out guiding principles and statements in the community’s ‘own words’ about what is important to Tasmanians for their end of life care.

Development of the Charter occurred over 12 months involving widespread consultation with the Tasmanian community including carers, family members, consumers, support groups, peak bodies and service providers. There has been considerable enthusiasm and support for the Charter.

Resources have been allocated to support the implementation of the Charter. Palliative Care Tasmania (PCT) was awarded the contract to lead the Tasmanian Palliative Care Charter Implementation Project. This project commenced in August 2017 and concluded in June 2018. The project raised community awareness and informed service providers about the Charter. It also developed and provided resources to support organisations to implement the Charter.

Face to face briefings, community education events and distribution of brochures and posters has occurred with 55 organisations, groups and individuals.

Organisations and groups will be able demonstrate their commitment to the Charter by formally ‘signing up’ to the Charter. A signatory’s web page on the Palliative Care Tasmania website is currently being developed at www.tas.palliativecare.org.au

1Dying Well, The Grattan Institute, Swerissen, H and Ducket, S 2014.
**THE TASMANIAN PALLIATIVE CARE COMMUNITY CHARTER**

Palliative care can improve the quality of life for people facing life-limiting illness. It aims to help the person to live as well as possible and to provide care that addresses the physical, emotional, social, cultural and spiritual needs of the person, their families and carers.

The Tasmanian Palliative Care Charter is an agreement between the Tasmanian community and service providers. This Charter recognises that palliative care is an important, shared responsibility for all Tasmanians. At the end of life, we all need to know that services and resources are available to us, our carers and other people who are important to us.

The Charter demonstrates our shared commitment to advocate for compassionate and quality palliative care.

The Tasmanian community and service providers are committed to the following principles:

<table>
<thead>
<tr>
<th>Relief from pain and other causes of distress</th>
<th>Support for the unique needs of children, young people and their families</th>
<th>Help with planning end-of-life care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect, dignity and person-centred care</td>
<td>Support for Aboriginal people in Tasmania</td>
<td>Good communication</td>
</tr>
<tr>
<td>Fair access to care</td>
<td>Choice and control over the place of care and place of death</td>
<td>Support for people who are important to the person receiving care</td>
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*The term carer is inclusive of both paid and unpaid support people; this might include family members, friends, volunteers, support workers. Carers are people who are nominated by the person to be involved in their care.*
Our challenge

Whilst clinical expertise may be an important part of palliative care, clinicians and health services alone are insufficient to address the needs of people with life limiting conditions and their families. Quality of life at the end of life is reliant not only on high quality clinical care, but also on the strength of our communities, our personal networks, family members, volunteers, and neighbours. Informal supports and community networks play key roles in meeting the physical, social, emotional, and cultural needs of people at the end of life. We all have a role to play in palliative care, death, dying and bereavement. We are all part of the ‘palliative care workforce’.

Communities of care are needed to support people at the end of life and their families.

Tasmanian Palliative Care Circle of Support

High quality, person-centred palliative care requires a more inclusive definition of ‘workforce’ that recognises and values the roles of both the paid workforce as well as the informal and community supports that make up our communities of care. Consequently, workforce strategies need to have a broader focus, recognise and value the role of the community, emphasise community workforce planning and strengthen the role of local support networks.

To support our communities of care we need to create and promote access to opportunities that equip every Tasmanian with the knowledge, skills and confidence to fulfil their role as part of a caring network.

Our actions

2 Finalise a state and sector wide strategy, Strengthening Communities of Care: A strategy to build the capacity and capabilities of all Tasmanians in palliative care 2018–21.


Our progress

Strengthening Communities of Care: A strategy to build the capacity and capabilities of all Tasmanians in palliative care 2018–21 (The Strategy) has been finalised.

The Strategy adopts a broad definition of ‘workforce’ and has a focus on building community capacity in palliative care. The Strategy identifies eight priority areas for action over 3 years. Community and stakeholder consultation, contemporary practice, research and current policy developments have informed these priorities.
A total of $650 000 has been allocated to support the implementation of the *Strengthening Communities of Care Strategy 2018–21*. Funds for initiatives will be allocated through an open and competitive tender process that will occur between July and December 2018.

Engaging the whole palliative care sector and broader Tasmanian community will be important to the successful implementation of this strategy. Partnership approaches will be encouraged.

Figure 4: The Strategy at a Glance

*The Strengthening Communities of Care Strategy* will contribute towards achieving the Tasmanian Government’s vision of a compassionate community that works together to ensure all Tasmanians have access to high quality, coordinated, respectful palliative care that is person-focused and supports families and carers.

The goal of this strategy is to enhance and build capable and confident communities of care. This includes equipping every Tasmanian with skills and knowledge to fulfil their role as part of a caring network. To achieve this, eight priority areas for action have been identified.

### PRIORITY AREA 1
- Build skills in communities of care so they are able to talk about and support people to plan for death, dying and bereavement

### PRIORITY AREA 2
- Implement strategies that support and sustain our communities of care into the future

### PRIORITY AREA 3
- Build the capacity and capabilities of carers, volunteers and community support networks

### PRIORITY AREA 4
- Further develop, connect and promote palliative care skills development opportunities

### PRIORITY AREA 5
- Develop knowledge and skills to work collaboratively

### PRIORITY AREA 6
- Develop palliative care leadership capabilities and encourage research, innovation and continuous improvement

### PRIORITY AREA 7
- Develop capacity and capabilities in cultural competency and diversity to meet the needs of specific populations

### PRIORITY AREA 8
- Strengthen and connect communities of care in rural and remote areas of Tasmania
Our challenge

Australians are living longer and more of us can expect to enjoy a reasonable quality of life as we age. However living longer means we are more likely to develop one or more chronic diseases and die following a period of progressive deterioration in our condition over months or years.

While Australian end of life care services are well regarded internationally, there is growing recognition that the quality of care provided at the end of life is variable and not accessible to all.

End of life care needs to be more responsive to the preferences of the dying person, in particular their choices about how they are cared for, where they die and caring for the bereaved.

Our actions

3 Develop End of life care: Supporting Tasmanians to live well at end of life.

Tasmanian policy statement.


Our progress

The policy statement, Supporting Tasmanians to live well at end of life has been finalised and will be publicly released by June 2018.

It is a whole of community policy statement outlining principles to support consistent approaches to end of life care across all care settings. It provides clear directions about what is required to deliver high quality palliative care and to improve the experience of dying in Tasmania.

Projects and organisations funded by DoH during 2017–18 that are contributing to achieving this policy statement included:

- LiVe Tasmania implemented a range of initiatives to enhance end of life for people with a disability, families and carers and disability service providers.
- Palliative Care Tasmania (PCT) has developed and delivered advance care planning resources, community education and training to raise awareness about the end of life care needs for specific populations including Tasmanian Aboriginal, LGBTIQ and CALD communities. A total of 18 sessions were delivered involving 185 people.
- PCT is also delivering advance care planning ‘lunch box’ sessions to general practitioners. To date, a total of 19 sessions have been delivered with 32 participants. Four other extended sessions have also been delivered attended by 40 participants.
- Aged and Community Services Australia (ACSA) in partnership with PCT developed and provided training to support aged care service providers to deliver whole of team approaches to end of life care. Training was delivered to 161 participants across 32 organisations.

Funding has been allocated for a joint project between Ambulance Tasmania (AT) and the THS to develop and implement coordinated and consistent approaches to end of life care. It is expected this project will commence early in 2019.
During 2018–19, a small grants program will also be implemented to support projects that will:

- Increase community knowledge and awareness of death and dying through community education initiatives.
- Promote participation in advance care planning.
- Build the knowledge and skills of those involved in the delivery of end of life care.
- Produce a standardised suite of resources to support advance care planning.
- Increase community awareness and understanding of bereavement, as well as building the skills of existing services and supports.
Our challenge

A review of bereavement care services and supports in Tasmania was undertaken in 2016 in response to concerns raised by palliative care service providers about the lack of bereavement care services in Tasmania. Key findings from this review were:

- Whilst there is a perceived lack of bereavement services, mapping of services and feedback from consultations found that in fact there is a complex range of clinical, community and social supports for bereavement. Much bereavement care however is invisible as it is rarely labelled as ‘bereavement care’.

- Some people do experience complicated grief but most people seek out and are adequately supported by their existing support networks, such as family and friends.

- Grief and loss is part of everyday life. More work is required to raise awareness and increase the visibility of existing bereavement care options (both formal and informal).

- Bereavement care is an integral part of palliative care. We need to ensure that service providers and the broader community are adequately equipped to have the conversations about grief, bereavement, death and dying.

Our actions

4 Implement the recommendations of Bereavement Care in Tasmania: Current Status and Future Directions for Palliative Care.

5 Establish Bereavement Care Networks by December 2017.

Our progress

The University of Tasmania’s Centre for Rural Health (UTas CRH) was commissioned by DHHS to develop and establish the Tasmanian Bereavement Care Network. Extensive consultation occurred throughout 2017 including workshops involving more than 100 people across the state. Led by UTas CRH, the newly formed Tasmanian Bereavement Care Network has:

- Developed and endorsed a statement of values and principles for Bereavement Care Network members.

- Developed a website which provides information about the BCN and bereavement care in Tasmania.

- Held quarterly meetings where members share information about caring for the bereaved and learn from one another.

- Developed terms of reference and established a management structure to support the ongoing work of the BCN.

- Secured funding from the Tasmanian Community Fund to support the work of the BCN for the next 3 years (2018–20).

- Secured agreement from PCT for it to be the auspicing body for the Tasmanian Community Fund (TCF) grant and to employ a project officer to support the work of the BCN for the next three years.

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The BCN currently has around 60 registered members and membership continues to grow.

Now established, the BCN will continue its work to improve coordination and strengthen partnerships to support the delivery of bereavement care in Tasmania. This will include:

- Further development of the BCN website, including a web based directory of bereavement care services.
- Development of resources to promote the BCN to the Tasmanian community.
- Providing bereavement skills and professional development opportunities.
- Providing a central point of contact and be a clearinghouse for bereavement care research and information to support best practice in Tasmania.
- Facilitating the implementation and uptake of the bereavement care practice principles and values across member organisations.
- Undertake an evaluation of the network.
Our challenge

The THS provides palliative care across a number of care settings, with a range of services involved in the delivery of care including acute care, rural hospitals, and primary care and community services such as community nursing. The THS also has dedicated Specialist Palliative Care Services in the North, North West and Southern regions of the State, and dedicated inpatient palliative care beds at the Melwood Unit in the North and the Whittle Ward in the South.

As with any care system, Tasmania’s palliative care system must be able to respond to changing community needs and advances in knowledge and technology.

As leaders and specialist advisers in palliative care, Tasmania’s Specialist Palliative Care Services need to be abreast of international and national best practice approaches to palliative care.

Recent developments shaping palliative care include:

- A review of the Tasmanian Specialist Palliative Care model of service delivery in 2015.
- Updating of the National Palliative Care Strategy in 2017.
- The release of updated National Palliative Care Standards (Edition 5).
- The release of the National Consensus Statement: Essential elements for safe and high quality end of life care in May 2015.

Our actions

6. Commence the development of a model of care for specialist palliative care services by 30 June 2017.

7. Develop a plan by December 2017 to agree and implement an associated reporting and performance framework.

Our progress

A model of care for specialist palliative care (SPCS) has been finalised.

The vision of SPCS outlined in the new model of care is:

The Specialist Palliative Care Service brings specialist knowledge skills and attributes to the delivery of comprehensive, coordinated and compassionate care to all persons with life limiting illness and their families/friends in the setting of their choice.
Principles underpinning the SPCS model of care are that:

- Care should be interdisciplinary and evidence based.
- Clinical research should inform and define best practice.
- Care should be based on appropriate and timely referral pathways.
- Patients are actively involved in decision making regarding their treatment and goals of care.
- Quality of life should be integral to the palliative care patient’s journey and care delivery.
- Patient and families/carers are the centre of care.
- Communication with patients and families should be effective and timely.
- Seamless service delivery with care provided in the most appropriate care setting.
- Care should be culturally and linguistically, age and gender appropriate.

The SPCS model of care:

- Articulates the role of SPCS as part of the community of care to support people with palliative care needs and their families.
- Describes the current service profile and settings of care.
- Incorporates a public health approach to improving care and decision making at end of life, based on a compassionate communities approach.
- Recognises the broader contributions of formal and informal care providers that exist with diverse settings of care across the state.
- Places the voice of the patient and family firmly at the centre of SPCS planning.
- Recognises the need to shift towards an emphasis on consultation-liaison and shared approaches to care in order to meet existing and future demands for service.

A monitoring and reporting framework is being developed to support the implementation of the model of care. Development of a reporting and performance framework was postponed due the recent restructuring of the THS and DoH. The reporting and performance framework will now be finalised by December 2018 and will include key indicators to measure the quality and quantity of services provided by Tasmanian Specialist Palliative Care Services.
**PRIORITy: PROVIDING LEADERSHIP, COORDINATION AND EVALUATION**

**Our challenge**

Compassionate communities are underpinned by strong partnerships across the palliative care service system and broader community. Building compassionate communities also requires leadership and commitment. Progress and success can only be achieved if the Tasmanian community, its leaders and service providers work together towards the vision of a compassionate Tasmanian community.

Ongoing input from people with palliative care needs, their families, service providers, community leaders and Tasmanian community members is needed to assess our progress against the priorities and actions outlined the policy framework.

**Our actions**

8. Develop processes to support ongoing development, leadership and coordination of Tasmania’s palliative care system, in partnership with key sector representatives, with a plan in place by December 2017.

9. DoH will provide an annual progress report to the Minister for Health.

**Our progress**

*Partners in Palliative Care Reference Group (PIPC)*

The Partners in Palliative Care (PIPC) is a reference group convened to provide leadership and inform the ongoing and sustainable development of palliative care in Tasmania. Membership is representative of stakeholder organisations from across the Tasmanian health, aged and community service sectors, and other entities with a role in palliative care advocacy and capacity building.

PIPC was first established in 2013 as part of the Better Access to Palliative Care program but has evolved with an ongoing role providing palliative care advice and leadership for Tasmania. A key task for the PIPC is to guide the implementation of *Compassionate Communities: A Tasmanian Palliative Care Policy Framework 2017–21*.

The PIPC has recently reviewed its terms of reference[^1] and broadened its membership to reflect this new direction. PIPC held its first meeting for 2018 in February. The PIPC meets quarterly and is providing ongoing advice, guidance and input, and is monitoring progress towards implementation of the priorities and actions outlined in the Policy Framework.

In addition to the role played by the PIPC, the Tasmanian Government has also provided $1.5 million over 3 years to Palliative Care Tasmania as the peak body for palliative care to continue its leadership and advocacy work.

Monitoring and Evaluation

Monitoring and evaluation of specific policy and initiatives is occurring in a number of ways:

**Tasmanian Palliative Care Community Charter**

As part of the Community Charter Implementation project, Palliative Care Tasmania is undertaking both a process and impact evaluation to ascertain:

- The effectiveness and relevance of the project (process).
- The impact of the project and sustainability of the Charter (impact).

The final report for this project, including the outcomes from the evaluation was completed in June 2018.

**Bereavement Care Networks**

An evaluation of the Bereavement Care Networks will be undertaken over the next three years with an interim evaluation due to be completed by December 2019 and a final evaluation to be delivered by June 2020.

**Enhancing End of Life Care**

Projects funded as part of the Enhancing End of Life Care small grants initiative will be required to provide regular reports, including feedback and data indicating the effectiveness and impact of the project.

**Strengthening Communities of Care Strategy 2017–20**

A process and outcomes evaluation will be developed and undertaken as part of implementing the strategy. Implementation of the strategy is expected to commence before the end of 2018.

**Specialist Palliative Care (SPCS)**

The development and implementation of the SPCS reporting and performance framework will establish key performance indicators to measure ongoing service improvements. The reporting and performance framework will be completed by December 2018.
**NEXT STEPS**

Key deliverables for 2018–19 are:

- Implementation of the *Strengthening of Communities of Care Strategy 2018–21*.
- Implementation of a joint project to develop more consistent approaches to end of life care across the THS and AT.
- Ongoing work to support and strengthen the recently established Bereavement Care Network.
- Implementation of the Specialist Palliative Care (SPCS) model of care and a new performance and reporting framework for SPCS.
- A review of Tasmania’s Advance Care Directive and Advance Care planning tools, including development of a standardised suite of resources and training to support advance care planning.

Figure 5: Summary of Key Deliverables 2018–19

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<thead>
<tr>
<th>Activity</th>
<th>Task</th>
<th>Timeline</th>
</tr>
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<tbody>
<tr>
<td><strong>Strengthening Communities of Care: A strategy to build the capability and capacity of all Tasmanians in palliative care 2017–21</strong></td>
<td>Tender process&lt;br&gt;Commence project implementation&lt;br&gt;Project completed</td>
<td>By December 2018&lt;br&gt;Early 2019&lt;br&gt;By December 2021</td>
</tr>
<tr>
<td><strong>Enhancing end of life care</strong></td>
<td>THS/AT Project&lt;br&gt;THS/AT Project&lt;br&gt;Small grants initiative:&lt;br&gt;• Call for applications.&lt;br&gt;• Applications close.&lt;br&gt;• Projects to commence.</td>
<td>Commence September 2018&lt;br&gt;Commence in first quarter 2018–19&lt;br&gt;August 2018&lt;br&gt;September 2018&lt;br&gt;By January 2019</td>
</tr>
<tr>
<td><strong>Enhancing Bereavement Care</strong></td>
<td>BCN Work plan finalised.&lt;br&gt;Work plan implementation.&lt;br&gt;Final evaluation and report to Tas Community Fund.</td>
<td>By August 2018&lt;br&gt;August 2018–December 2020&lt;br&gt;December 2021</td>
</tr>
<tr>
<td><strong>Contemporary, accountable and sustainable palliative care services</strong></td>
<td>SPCS model of care implementation&lt;br&gt;SPCS performance and reporting framework:&lt;br&gt;• Finalise and endorse framework.&lt;br&gt;• Implement framework.</td>
<td>Commence July 2018&lt;br&gt;By December 2018&lt;br&gt;From January 2019</td>
</tr>
<tr>
<td><strong>Other DoH palliative care activities</strong></td>
<td>Review Tasmania’s Advance Care Directive forms and supporting resources.</td>
<td>Commence August 2018</td>
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ADDITIONAL PALLIATIVE CARE INITIATIVES 2018–19

Tasmanian Government Election Commitments

The Tasmanian Government is also committed to improving palliative care services in Tasmania through its recent election commitments including:

- The provision of an additional $132,000 to Palliative Care Tasmania (PCT) to improve community access to palliative care support. This funding will be allocated to PCT to support families in their dealings with the Guardianship and Administration Board, as well as to expand their clinician training and development through a GP Education program.

- The provision of $400,000 per annum over two years for Clinical Nurse Educator positions in each region to enhance the skills of clinicians and to ensure Tasmanian palliative care maintains a best practice approach to end of life care.

- Dedicated palliative care beds as part of the Mersey Community Hospital redevelopment.

End of Life Care Supplementary Support Services

The Tasmanian Government has provided $1.5 million over 3 years to The District Nurses (TDN) to deliver end of life care supplementary services. The new service became fully operational in June 2018 and will provide supplementary end of life care supports to between 130 and 150 patients per year.

Greater Choice at Home for palliative care initiative

The Australian Government recently announced that Primary Health Tasmania (PHT) will be funded to deliver a palliative care project in Tasmania as part of the national Greater Choice at Home initiative.

The aim of the Tasmanian project is to effectively work with identified Tasmania rural communities to design and implement team-based care approaches to improve access to end of life care in local communities.

The PIPC will provide advice and guidance to support the implementation of this project.

Program of Experience in Palliative Care Approach (PEPA)

The THS has commenced a new contract with the Queensland University of Technology (QUT) to continue to roll out PEPA in Tasmania.

PEPA is a program that supports health professionals to increase their knowledge and in the palliative approach and to develop skills to provide quality palliative care through placements with specialist palliative care teams.

The Tasmanian PEPA program is funded from November 2017 until June 2020.