

# Health and Adult Social Care Overview and Scrutiny Committee

**Tuesday 20 February 2024**

## **PRESENT:**

Councillor Murphy, in the Chair.

Councillor Harrison, Vice Chair.

Councillors Dr Mahony, McNamara, Nicholson, Noble, Penrose, Raynsford, Reilly and Ricketts.

Apologies for absence: Councillors Finn and Ms Watkin.

Also in attendance: Jane Bullard (NHS Devon ICB), Jonathon Cope (UHP), Tricia Davies (St Lukes), Ruth Harrell (Director of Public Health), Sharon King (Livewell), Shaen Milward (UHP), Chris Morley (NHS Devon ICB), Rachel O'Connor (Livewell SW), Sarah Pearce (Livewell SW), Gary Walbridge (Interim Strategic Director for People) and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 2.10 pm and finished at 5.20 pm.

*Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.*

## 38. **Declarations of Interest**

There were three declarations of interest in accordance with the Code of Conduct:

<b>Councillor</b>	<b>Interest</b>	<b>Description</b>
Will Noble	Registered	Employee at University Hospitals Plymouth NHS Trust (UHP)
Natalie Harrison	Registered	Employed as a 'Community Builder'
Zoe Reilly	Registered	Non-executive director at Plymouth Community Homes

## 39. **Minutes**

The Committee agreed the minutes of 13 December 2023 as a correct record.

## 40. **Chair's Urgent Business**

There was one item of Chair's Urgent Business:

The Chair asked Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) to provide an update in relation to the outbreak of Measles in Plymouth. In response, it was reported that:

- a) 465 cases of Measles had been reported across England this year, with a noticeable spike in January;
- b) The majority of cases occurred in under ten year olds, with seven cases confirmed in the South West;
- c) Vaccines were available, and people were encouraged to check with their GP that their vaccines were up to date;
- d) While Measles was not currently a large issue in the South West, there was a requirement for caution and preventative action.

41. **End of Life Care**

Chris Morley (NHS Devon ICB), Jane Bullard (NHS Devon ICB), Shaen Milward (UHP), Jonathon Cope (UHP), Tricia Davies (St Luke's), Sharon King (Livewell SW), Sarah Pearce (Livewell SW), and Rachel O'Connor (Livewell SW) delivered a presentation on 'End of Life Care' to the Committee, and discussed:

- a) The role of the Integrated Care System (ICS) in ensuring people with palliative and end-of-life care needs could access high quality, personalised care and support;
- b) The recent amendment of statutory guidance to include palliative care services;
- c) The establishment of a multi-disciplinary, end-of-life steering group in Devon which would oversee, monitor and make recommendations to NHS Devon;
- d) NHS Devon's role in decision making and facilitating the delivery of end-of-life services to meet national, local and best practice guidance;
- e) The Gold Standard Framework, and GP Workload;
- f) Population statistics for Plymouth from 2021 census data detailed a population of 246,700, with an expected death rate of 2,647 per annum;
- g) In Plymouth, 48% of deaths occurred in hospital, which was significantly higher than the Devon average of 37%;
- h) Plymouth had higher levels of frailty amongst a younger population in comparison to other regional and national averages, largely due to deprivation;

- i) University Hospital's Plymouth (UHP) had seen a decrease in the number of people dying in hospital in 2023;
- j) Nationally, 1% of the GP-registered population were in their last year of life;
- k) The Medical Examiner Service data for Plymouth showed fluctuating levels of people dying in the Emergency Department (ED);
- l) Feedback from bereaved families was collated in Mortality Review Meetings;
- m) Recommendations from the Devon End-of-life Commissioning review had included designing a Devon Service Specification to focus on equity of access and experience for all residents and their families;
- n) There was a Devon-wide issue with the administration of 'Just-In-Case' (JIC) medications;
- o) Key areas highlighted through the Devon End-of-life Commissioning review were:
  - i) The rollout of educational material and opportunities for staff training;
  - ii) Co-ordination of an equitable approach to training and education;
  - iii) The launch of NHS Devon's new 'end-of-life' webpage;
  - iv) Ensuring that funding and packages of care were made available in a timely fashion to ensure speedy and safe discharge, providing support to individuals and families to ensure their loved ones are cared for, and amending the package as need change;
- p) Devon-wide end-of-life commissioning priorities were: supporting system wide projects, developing the end-of-life care service specification, and ensuring the appropriate equipment was available when required;
- q) Treatment Escalation Plans (TEPs) required improvement however, the introduction of Electronic Treatment Escalation Plans (E-TEP) would be advantageous to this process;
- r) A Care Co-ordination Function had been commissioned across Devon, allowing ambulance crews to access phone support from Advanced Care Practitioners and GPs, to discuss the terms of the TEP for each individual;
- s) The six pillars within the National Framework for assessment were:
  - i) Each person was seen as an individual;
  - ii) Care was co-ordinated;
  - iii) Each person got fair access to care;
  - iv) All staff were prepared to care;
  - v) Comfort and wellbeing was maximised;
  - vi) Each community was prepared to help;
- t) The core principles of establishing 'good practice' in Plymouth were: preferred place of death, maintaining the end-of-life register, visibility and use

- of advanced care plans, and support at the final stages;
- u) The three core measures put in place by the Southwest End-of-life Network were Recognition, Experience and Activity;
  - v) UHP had seen an increased number of complaints relating to individuals who had died in the Emergency Department;
  - w) Specialist advisory services were provided by St Luke's Hospice for UHP;
  - x) The UHP Palliative Care Team received between 120-140 referrals per month, with between 50-70 deaths in the same period;
  - y) In a brief survey carried out by UHP, 94% of people 'Agreed' or 'Strongly Agreed' that they were shown respect and dignity;
  - z) A dedicated bed space for end-of-life care had been created at Mount Gould Hospital;
  - aa) The holistic needs of the patient could not be met in an acute hospital setting. Death was a social event rather than a purely medical event;
  - bb) Services were expected to see greater demand due to demographic changes, particularly an increasingly elderly population;
  - cc) The 100 Day Challenge was a system-wide project, which focused on supporting Care Homes with high ED conveyances to maintain patients in their preferred place of care;
  - dd) The End-of-life Practitioner Role had been established in April 2023, helping to ensure patients received the care most appropriate to them;
  - ee) Funding had been obtained to double the capacity of the End-of-life Practitioner to support weekends and extended hours;
  - ff) The recent reduction of deaths within the Emergency Department was directly aligned with the inception of the End-of-Life Practitioner role;
  - gg) 60% of work undertaken by St Luke's Hospice was supporting people at home, with 300 active patients at the time of the meeting. This often differed from the public's perceptions of hospice care;
  - hh) From March 2023 there had been 4,396 face to face contacts between patients and St Luke's Hospice;
  - ii) A National Audit Tool had been used to acquire feedback from patients and their loved ones, and St Luke's Hospice had consistently held a five star rating;

- jj) St Luke's Hospice three year strategy focussed on expanding Community Care Services;
- kk) Social workers aided with the pastoral and emotional support for bereavement;
- ll) The annual cost of delivering patient Clinical Services was in excess of £7.2 million;
- mm) The St Luke's Hospice Community Team were led by a Consultant Nurse with advanced skills;
- nn) The Core Grant Payment for St Luke's Hospice had a standardised formula to align with inflation;
- oo) Livewell Southwest was a Social Enterprise that provided Integrated Health and Social Care Services for people across Plymouth, the South Hams and West Devon;
- pp) Livewell Southwest colleagues were generalists and so would obtain specialist end-of-life or palliative care advice from St Luke's Hospice;
- qq) Between January 2023 and December 2023, Livewell Southwest cared for 1,335 people who were entering the last months of their lives. Of these, 575 were supported to die in their own home, 596 died in care homes, 63 people died in local hospice and 71 people died in an acute hospital setting;
- rr) Livewell Southwest Care Packages were holistic and therefore took into account the patients emotional, psychological and spiritual needs;
- ss) Livewell Southwest Community Nurses could verify a person's death;
- tt) A dedicated co-ordination system with one phone number would ease the hardship of end-of-life care;
- uu) As part of the Compassionate City model, it was important to increase discussions around death and future planning however, there was a recognisable societal 'taboo';
- vv) COVID-19 had prompted the creation of a co-ordinated Care Home Service;
- ww) A Care Co-ordination Hub was being piloted.

The Committee agreed to adjourn the meeting at 17:20 and reconvene at a future date to finish the items of business.

The Committee reconvened at 10:00 on 06 March 2024.

**Present:**

Councillors: Murphy (Chair), Harrison (Vice-Chair), Krizanac, Mahony, McNamara, Nicholson, Noble, Penrose, Raynsford (Substitute for Cllr Tuohy), Reilly, and Watkin.

Also in attendance: Councillor Aspinall (Cabinet Member for Health and Adult Social Care), Gary Walbridge (Interim Strategic Director for People), Karen Burfitt (Marie Curie), Sharon King (Livewell SW), Shaen Milward (UHP), Chris Morley (NHS Devon), Jane Bullard (NHS Devon), Frances Hannon (St Luke's), Tricia Davies (St Luke's) and Elliot Wearne-Gould (Democratic Advisor).

Chris Morley (NHS Devon), Karen Burfitt (Marie Curie), Sharon King (Livewell SW), Shaen Milward (UHP), Jane Bullard (NHS Devon), Frances Hannon (St Luke's), and Tricia Davies (St Luke's) resumed the 'End of Life Care' presentation, and discussed:

- xx) During the 100 Day Challenge, a particular effort was made to work with 10 care homes with the highest ED admission rates, examining what extra support was required. The ambition was to establish consistency in practise and standards across care homes, as well as the creation of a telephone line for professionals to call when needing advice;
- yy) The creation of the Devon and Cornwall Shared Care Record would allow the collation and centralisation of patient data, to ensure coordination across the system. This now included patients Treatment Escalation Plans (TEP);
- zz) Assessing a patients mental capacity in decision making was a complex process, and relied on clinical assessments;
- aaa) It was important for the health system to recognise a patient's transition to end of life care at the earliest opportunity. Primary care staff were being trained to increase recognition of symptoms, as well as in the completion of advanced care plans;
- bbb) Options were being explored to integrate patients Treatment Escalation Plans (TEPs) on the NHS app;
- ccc) During statistical analysis of ED attendances, Estover had been identified as a City area with a higher proportion of older and less affluent patients, frequently attending ED. This was largely due to an increased prevalence of COPD and lung cancer;
- ddd) In Estover, a six month project had been launched in a partnership with Marie Curie, to provide healthcare professionals and volunteers to help identify and support people who were nearing end of life care. The findings of the project would be valuable in identifying the most efficient and effective measures to improve residents and health, and social care system;

- eee) If identified early, patients often benefited from home adaptations to enable them to live, be cared for, and die at home. The Cities' Housing Needs Assessment was currently being reviewed, to assess appropriateness of housing provision;
- fff) It was important to capture and maintain the many elements of a 'Compassionate City' that had emerged during the Pandemic;
- ggg) St Lukes were currently funding Community Development workers, focussing on normalising conversations around death, dying and grief;
- hhh) Dying matters week would be held on the 6-12 May.

The Committee agreed to recommend that:

1. NHS Devon and partners return to a future scrutiny session to bring an update on performance against the End of Life Care improvement Plan. This is to include delivery of the Palliative Care framework, findings of the Estover Pilot Project, and additional information on the below recommendations;
2. NHS Devon and Partners take into account, and record peoples preferences for place of death;
3. NHS Devon and partners return at a future time to report on falls prevention measures being undertaken and related performance;
4. NHS Devon and partners work to reduce the delay in testing and diagnosis to enable maximum choice for patients spend their remaining time in the way/location that they wish;
5. NHS Devon adopt processes to include patients' relatives in the planning and administration of care for their loved ones (where applicable, and consent given). This includes consultation in the development of a TEP;
6. The Council, in partnership with City organisations and individuals, seek to promote and recognise St. Luke's communication of "Care in the community" and "the hospice coming to you", rather than the misconception of patients having to be admitted to a hospice;
7. The Cabinet Member for Housing, Cooperative Development and Communities (Cllr Penberthy), ensures that the Housing Needs Assessment considers housing standards, and their appropriateness, for individuals with a variety of medical needs.

#### 42. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) delivered an updated on the Tracking Decision Log and discussed:

- a) Five actions had now been completed, with seven remaining outstanding. The majority of these actions would be marked complete when presented to the Committee in the new municipal year;
- b) The latest version of the action log would be circulated to the Committee before the start of the new municipal year.

The Committee agreed to note the progress of the Tracking Decisions Log.

43. **Work Programme**

Following a discussion of potential items to be considered in the New Municipal Year, the Committee agreed to note the work programme.

44. **Exempt Business**

There were no items of exempt business.