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Published 12 February 2024

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Tuesday 20 February 2024
2.00 pm
Warspite Room, Council House

Members:
Councillor Murphy, Chair

Councillor Harrison, Vice Chair

Councillors Finn, Krizanac, Dr Mahony, McNamara, Nicholson, Noble, Penrose, Reilly, Ricketts, Tuohy and Ms Watkin.

Members are invited to attend the above meeting to consider the items of business overleaf. For further information on attending Council meetings and how to engage in the democratic process please follow this link - Get Involved

Tracey Lee
Chief Executive

Health and Adult Social Care Overview and Scrutiny Committee

1. Apologies

To receive any apologies for non-attendance from Committee members.

2. Declarations of Interest

To receive any declarations of interest from Committee members in relation to items on this agenda.

3. Minutes (Pages 1 - 10)

The Committee will be asked to confirm if the minutes of 13 December 2023 are a correct record.

4. Chair's Urgent Business

To receive any reports on business which, in the opinion of the chair, should be brought forward for urgent consideration.

5. End of Life Care: (Pages 11 - 86)

6. Tracking Decisions (Pages 87 - 94)

For the Committee to review the progress of Tracking Decisions.

7. Work Programme (Pages 95 - 98)

For the Committee to review the work programme and consider items for the New Municipal Year.

8. Exempt Business

To Consider passing a resolution under Section 100A(2/3/4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following items of business, on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

8.1. Private Meeting

Agenda

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 13 December 2023

PRESENT:

Councillor Murphy, in the Chair.
Councillor Harrison, Vice Chair.
Councillors Finn, Dr Mahony, McNamara, Noble, Penrose, Raynsford (Substitute for Councillor Krizanac), Reilly, Ricketts, Tuohy and Ms Watkin.

Also in attendance:
Gary Walbridge (Interim Service Director for People), Helen Slater (Lead Accountancy Manager), Tony Gravett (Healthwatch), Rob Sowden (Senior Performance Advisor), Geoff Baines (Livewell SW), Jo Turl (NHS Devon) Chris Morley (NHS Devon), Alex Deegan (NHS Devon), Melissa Redmayne (NHS Devon), Ruth Harrell (Director of Public Health), David Bearman (Devon Local Pharmaceutical Committee), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 14:00 and finished at 17:30.

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.

25. **Declarations of Interest**

There were three Declarations of Interest:

Councillor	Interest	Description
Will Noble	Other Registerable Interest	Employee at University Hospitals Plymouth
Lee Finn	Other Registerable Interest	Member of the Mayflower Patient Participation Group
Natalie Harrison	Other Registerable Interest	Member of the Pathfields Patient Participation Group

26. **Minutes**

The Committee agreed the minutes of 26 October 2023 as a correct record.

27. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

28. **H&ASC Performance and Finance**

Rob Sowden (Senior Performance Advisor) delivered the Quarterly Performance report for Health and Adult Social Care to the Committee, and discussed the following:

a) Steady demand for the Livewell South West 'Referral Service', and ongoing work to reduce the waiting list;

b) 94.9% success in safeguarding investigation performance for 'Quarter Two';

c) Long-term placements into residential and nursing care homes, and reduced admission numbers since June 2023;

d) An improved position for the 'Domiciliary Care Package' waiting list;

e) Increased numbers of people in receipt of 'Direct Payments';

f) Improved outcomes for people using the 'Independence at Home Reablement Service' with 77% requiring no ongoing care;

g) Reduced numbers of Adult Social Care (ASC) complaints received against Plymouth City Council (PCC);

h) High compliance statistics for Freedom of Information Requests (FOIs);

i) Improved staff sickness levels.

Following questions, the Committee discussed:

j) Challenges for Domiciliary Care assessments and package review waiting lists;

k) Care Quality Commission (CQC) assessments of Local Authorities;

l) Increased admissions to Community Nursing Care, and correlations to reduced numbers admitted to Residential Care;

m) Increased acuity of need and complex care requirements both in hospital, and in the community;

n) Positive impacts of 'workforce recovery' in addressing waiting lists and service capacity;

o) Improving Reablement figures however, performance remained below the national benchmark.

Helen Slater (Lead Accountant) delivered the Quarterly Finance report (Q2, Month 6) for Health and Adult Social Care to the Committee, and discussed:

p) Cost pressures of £1.298 MM for Adult Social Care (ASC), driven primarily by Domiciliary Care and Long Stay Nursing;

q) Credible risks for ASC cost pressures to increase by the end of the year, despite additional grant funding and client income utilised to offset pressures;

r) Ongoing work to mitigate cost pressures including Care Package 'deep dives', maximising income streams from grants and health partners, and enhanced governance arrangements;

s) Confidence that the £3.7 MM Delivery Plan savings target would be achieved.

Following questions, the Committee discussed:

t) The impact of winter pressures on cost pressures and savings targets.

The Committee agreed:

1. To request figures detailing the number of people awaiting an assessment for a care package, and figures for short-term vs long-term need;

2. To note that the Quarterly Performance report would be reviewed and updated to include other appropriate benchmarks, targets and metrics;

3. To note the reports.

29. **No Criteria to Reside Update** (Verbal Report)

Gary Walbridge (Interim Strategic Director for People) delivered a verbal update regarding 'No Criteria to Reside' at University Hospitals Plymouth (UHP), and discussed:

a) Since last reported at 11% in October 2023, 'No Criteria to Reside' performance had improved, to 8% in December 2023;

b) The system's target remained 7%;

c) 'No Right to Reside' performance was crucial for ensuring capacity to meet anticipated winter pressures.

The Committee agreed to note the update.

Change to the Order of Business

The Committee agreed to bring forward items 11 (Tracking Decisions) and 12 (Work Programme).

30. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) gave an overview of the Tracking Decision Log, and highlighted the following points:

a) There were 12 Tracking Decisions recorded on the log, with four now marked complete, and eight part complete;

b) Information regarding Winter Pressures social media and the Choose Well Campaign had been received post publication of this agenda, and would be circulated to Committee members after this meeting;

c) Access times for defibrillators would be queried, and an updated position brought to the Committee at the next meeting.

The Committee agreed:

1. To note the progress of the Tacking Decisions Log

31. **Work Programme**

Elliot Wearne-Gould (Democratic Advisor) presented an overview of the Work Programme and highlighted the following points:

a) The next meeting of the Committee would be held on the 20 February 2024. The draft agenda was:

i. Residential Care Homes Commissioning Plan;
ii. End of Life Care.

The Committee agreed to note the Work Programme.

32. **General Practice**

Jo Turl (NHS Devon ICB) and Alex Deegan (NHS Devon ICB) delivered the General Practice report to the Committee, and discussed:

1) West End Hub

a) Collaborative work and meetings undertaken with the three GP practices (Adelaide surgery, Armada surgery & North Road West surgery) effected by the withdrawal of the West End Hub plans;

b) Work undertaken to Develop an NHS PCN Estates Toolkit across Devon, identifying opportunities to invest in existing estates, and where there were areas of concern for future sustainability;

c) Adelaide surgery, Armada surgery & North Rad West surgery had been identified as a top priority for any future funding;

d) Partnership discussions between NHS Devon, Plymouth City Council, and Landlords had ensured that there were presently no risk of eviction for the three above GP practices;

e) The Director of Estates, in consultation with the national team, had identified Primary Care and Community Neighbourhood Hubs as a priority for the Next Spending Review 2024.

2) Mayflower Medical Procurement

f) Following procurement, the Mayflower Medical contract had been awarded to Fuller and Forbes for 10 years;

g) Staff would be retained by the new provider, ensuring employment security;

h) Timelines for transition were currently on track;

i) A comprehensive communication campaign was ongoing.

3) GP performance

j) National targets for 'same day' GP appointments were 35%. Plymouth performed higher, although standards across practices varied. Plymouth also performed best in Devon for 'appointments within 2 weeks', and second highest in the country for number of appointments offered per population size;

k) The two GP practices closest to Derriford hospital produced the highest ED attendances;

l) The national Primary Care Access Recovery Plan had been launched to improve patient contact and manage patient requests on the same day. The programme aimed to empower patients, modernise practices, reduce bureaucracy, and build capacity within the system;

m) 18 practices were now utilising cloud-based telephony, which enabled patients to know their position in the que, and receive a call-back if necessary;

n) 170 additional roles had been recruited, and this would raise to 190 due to Government funding;

o) NHS Devon were aware of sustainability concerns for some practices in Plymouth, and were working to identify opportunities for estate expansion and modernisation;

p) Patient satisfaction in Plymouth was below the national and Devon average. This was a target for improvement;

q) Diverse improvement activities were being undertaken across Primary Care networks and a deep dive had been undertaken.

(Councillor Reilly left the meeting at this time)

In response to questions, the Committee discussed:

r) The use and role of Physician's Associates in supporting GP demand;

s) Fuller and Forbes' commitment to improving patient access and satisfaction performance;

t) The assessment and assurance criteria that had been utilised during the Mayflower Medical procurement;

u) Primary Care contracts issued by NHS Devon incorporated funding for building rental and maintenance;

v) Primary Care challenges were a national issue, and as such, national plans were in place to drive improvements. Challenges included an aging population, increased complexity of need, impacts of the Covid-19 Pandemic, and workforce issues;

w) Data for total patient consultations was comprised of all forms of communication, including telephone conversations, e-consults, and in-person appointments;

x) The introduction of a maximum daily/weekly caseload for GPs was based on safety assurance concerns, and was designed to prevent fatigue and/or errors;

The Committee agreed to note the report.

33. **Health System 100 Day Challenge**

Chris Morley (NHS Devon ICB) delivered the 'Health System 100 Day Challenge' report to the Committee, and discussed:

a) The 100 Day Challenge was a programme funded by NHS England, to address Urgent and Emergency Care in Plymouth;

b) The programme focussed on testing new concepts and initiatives to tackle demand, and improve performance;

c) The 100 Day Challenge was in the delivery stage, and would conclude on 20 December 2023;

d) An evaluation stage would follow the delivery stage to identify key learning and ensure improvements were maintained;

e) Key areas of focus for the challenge included: Tackling avoidable admissions from falls, tackling avoidable admissions at end of life, and improving care for people with long-term health conditions.

In response to questions, the Committee discussed:

f) The review of Treatment Escalation Plans (TEP) to ensure they were current, and amended when an individual's circumstances changed;

g) Dedicated support and work undertaken with care homes to ensure referral to hospital was appropriate, and minimised where possible;

h) Funding from NHS England had supported the purchase of laptops and tablets for care homes, as well as the commissioning of Immedicare to provide clinical support to patients;

i) The complexity of the health system and the importance of signposting.

The Committee agreed:

1. To request further information regarding how much funding had been secured for the 100 Day Challenge;

2. To note the report.

34. **Community Pharmacy**

Jo Turl (NHS Devon ICB), Alex Deegan (NHS Devon ICB), Melissa Redmayne (NHS Devon ICB), and David Bearman (Devon Local Pharmaceutical Committee) delivered a report on Community Pharmacy, and discussed:

a) The predicted decline in pharmacy numbers across Devon, from May's total of 222, as well as a decline in the hours of opening;

b) Contract 'hand-backs' by Lloyds and Boots pharmacy;

c) Challenges to pharmacy viability due to 'flat finances' (funding) since 2019;

d) Changes to the criteria for pharmacy funding, resulting in a heavier focus on clinical services;

e) Ongoing workforce challenges, particularly due to the migration of many pharmacy staff to General Practise;

f) The importance of community pharmacy in relieving pressures from General Practise and ED, as part of a systems response;

g) Future opportunities and diversification of pharmacy services;

h) The recent announcement from Boots of the intention to close 6 pharmacies. All patients had been informed, and an impact assessment had been undertaken. There was alternative pharmacy provision within one mile of all planned closure sites during weekdays, with the exception of one site at weekends;

i) Support and engagement had been undertaken with the remaining practices to ensure provision was adequate. Some pharmacies planned to increase their opening hours and capacity as a result;

j) A specific 'closedown process' was being followed to ensure efficient patient transitions and the maintenance of adequate provision;

k) The Plymouth Pharmaceutical Needs Assessment (PNA) would be reviewed to evaluate provision, and supplementary statements would be issued as appropriate.

In response to questions, the Committee discussed:

l) National medication shortages and their impact on local provision, as well as delays to prescription fulfilment;

m) Potential limitations to pharmacy expansion due to physical infrastructure and storage space;

n) The expansion of the Pharmacy at Derriford Hospital to address demand issues;

o) The cause of pharmacy closures was largely reported to be financial and business related. Work was ongoing with providers to identify sustainability concerns in advance, so that support could be given where appropriate;

p) The benefits of online pharmacy services for patient choice however, this potentially generated challenges for the sustainability of community pharmacies;

q) The launch of the NHS Community Pharmacy Independent Prescribing Pathfinder Programme, which would qualify pharmacists as independent prescribers by 2026;

r) Challenges securing pharmacy student placements due to limited capacity, and increased complexity of training.

The Committee <u>agreed</u>:

1. To request further information regarding the total number of people impacted by the planned and enacted pharmacy closures;

2. To request further information regarding the cause of pharmacy closures;

3. To request that results from the Independent Prescribing Pathfinder Programme are brought to a future meeting;

4. To request further information regarding the opportunities for pharmacies to be integrated within the new Wellbeing Hubs in the city;

5. To recommend that the Health and Wellbeing Board considers a supplementary statement to the PNA at the next Board meeting in January.

6. To note the report.

35. **Adult Social Care Assurance**

Gary Walbridge (Interim Strategic Director for People), Rob Sowden (Senior Performance Advisor), and Geoff Baines (Livewell SW) delivered the Adult Social Care Assurance report to the Committee, and discussed:

a) The introduction of a new Care Quality Commission assessment framework, which enabled the CQC to inspect local authorities on the delivery of ASC against the Care Act 2014;

b) Since the launch of the framework in April 2023, five pilot inspections had been undertaken, with 20 assessments due in the new year. Plymouth City Council (PCC) could be one of these inspected authorities;

c) Preparation works being undertaken for a potential inspection included self-assessments, evidence capture and close collaboration with Livewell SW;

d) The use experiences and reports from the pilot sites as a valuable form of preparation for Plymouth's future inspection;

e) The development of an improvement plan for ASC in Plymouth, which would be considered by this Committee at a future date.

In response to questions, the Committee discussed:

f) Areas identified for improvement included reviews of care packages, file audits, carer satisfaction, and user feedback, engagement and access to information;

g) Statutory surveys were undertaken for ASC each year, with around 1,500 long-term users consulted. Carers were also surveyed every two years;

h) ASC staff were aware of areas for improvement and had enacted measures to address any shortfalls;

i) The various possible outcomes of a CQC inspection. Should the authority be rated 'inadequate' and requiring intervention, there were financial implications for the authority;

j) The CQC would take into account the financial implications and context as part of their assessment;

k) Preparations for inspections used existing staff and finance capacity. It was not known that any funding was available to assist with this process.

The Committee agreed to note the report.

36. **Exempt Business**

There were no items of exempt business.

Health and Adult Social Care Overview and Scrutiny Committee

Date of meeting:	20 February 2024
Title of Report:	**End of Life Care**
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Interim Strategic Director for People)
Author:	Chris Morley (NHS Devon ICB)
Contact Email:	democraticsupport@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To provide the Health and Adult Social Care Overview and Scrutiny Committee the opportunity to scrutinise End of Life Care pathways/provision in the City.

Recommendations and Reasons
1. That the H&ASC OSC considers the current provision and performance of End of Life Care in Plymouth.
2. That the H&ASC OSC supports the improvement and development approach being undertaken within the city, and support partners with its delivery.
3. That the H&ASC OSC help to raise awareness of the death literacy and promotes the importance of talking about death.

Alternative options considered and rejected
1. Not consider the report: Rejected as the H&ASC OSC has a duty to provide overview and scrutiny of local health services.

Relevance to the Corporate Plan and/or the Plymouth Plan
Working with the NHS to provide better access to health, care and dentistry;
Keeping Children, adults and communities safe;
Providing quality public services;
Being a strong voice for Plymouth.

Implications for the Medium Term Financial Plan and Resource Implications:
N/A

Financial Risks

N/A

Carbon Footprint (Environmental) Implications:
N/A

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*
N/A

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	2	3	4	5	6	7
A	End of Life Care: Presentation (NHS Devon ICB & Partners)							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	2	3	4	5	6	7

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: Gary Walbridge (Interim Strategic Director for People)											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 09/02/2024											
Cabinet Member approval: Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care) Date approved: 12/02/2024											

End of Life Care Plymouth

February 2024

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Agenda

Part One

- NHS Devon Responsibilities
- One Devon Improvement Activity/Commissioning Intent
- Ambitions for Palliative and End of Life Care
- Local Data analysis
- Local care provision against ambitions
- Feedback from Medical Examiner Office

Part Two

- Future developments
- Compassionate City
- Shared education programme
- Early identification and care
- Marie Curie - Estover pilot and Care Home support

Part One

Chris Morley, Tricia Davis, Rachel O’Connor, Ian Lightley

ICB System Responsibilities

National Guidance

Integrated Care Systems (ICSs) have a key role to play in ensuring that people with palliative and end-of-life care (PEoLC) needs can access and receive high quality personalised care and support and **there is a duty for ICBs to commission palliative care services** within ICSs'. (Palliative and End of Life Care Statutory Guidance for Integrated Care Boards (ICBs) (2022)).

An amendment has also meant that 'palliative care services' is included in the section which specifies that ICBs have a legal responsibility to commission health services that meet their population needs. ICBs should have a clear vision of how the package of services they commission locally deliver against **the Ambitions Framework** and should actively seek out commissioning resources to achieve this.

People with palliative and end of life care needs should be supported by **a whole system approach**. People's palliative and end of life care needs, and the complexity of their needs, will fluctuate throughout their journey, and this means that a flexible model of care is required.

There must be **sufficient workforce in place** across all settings, with the knowledge to deliver the care required

Professionals work as **part of multidisciplinary teams** providing the service directly to the person with need, and those important to them, and/or supporting other care teams to do so.

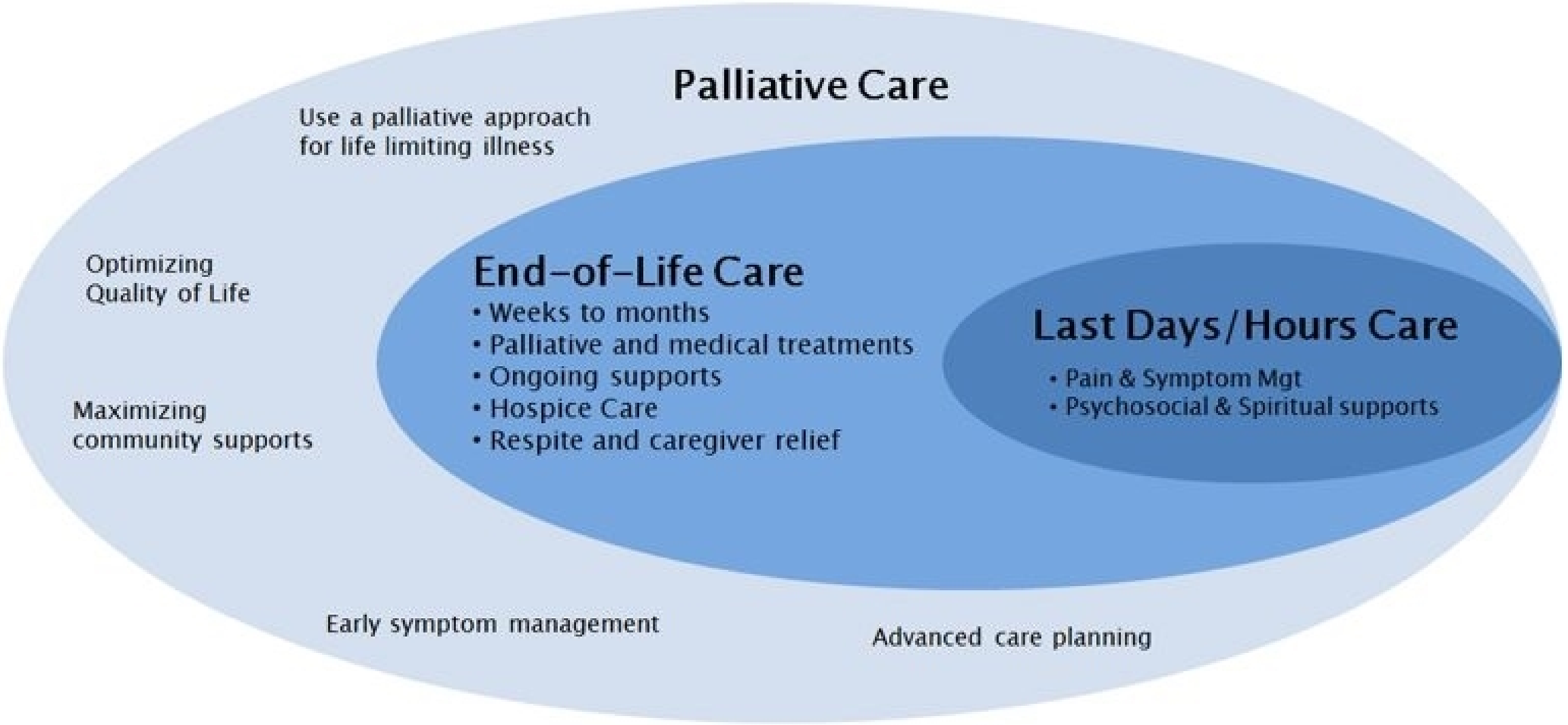
Governance & Oversight

- Locally, Devon has an established county-wide multi-organisational, multi-Disciplinary end-of-life care steering group. The Devon end-of-life care steering group oversees, monitors, and makes recommendations to NHS Devon on the delivery of end-of-life services across Devon.

- NHS Devon uses its decision making, advisory and facilitative functions to deliver end-of-life care services that meet national, local and best practice guidance.

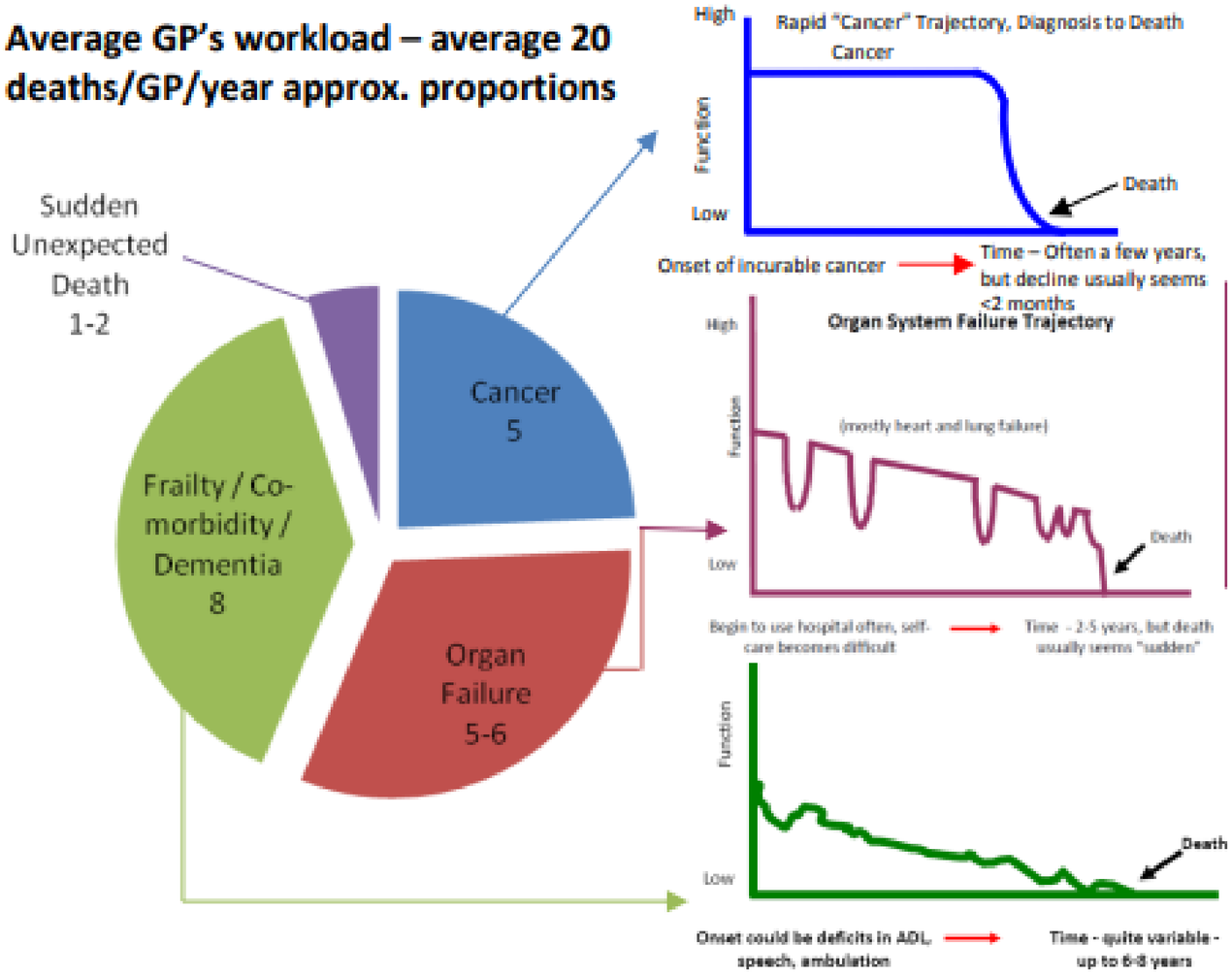
- The Plymouth locality has an established end-of-life care locality meeting, which brings together representatives from multiple sectors to discuss local and county wide issues, guidance, and best practice and delivery of end-of-life services.

Definitions



Gold Standards Framework

Average GP's workload – average 20 deaths/GP/year approx. proportions



Population statistics – Census 2021

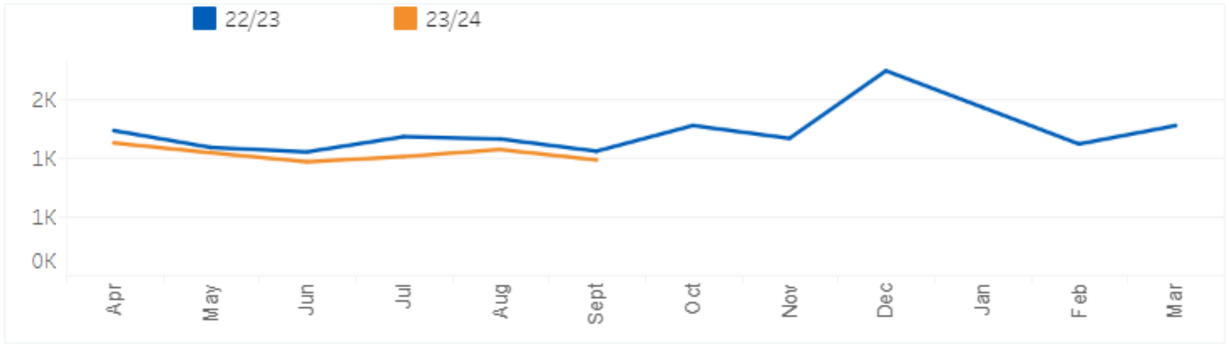
Expected deaths	Population	Expected death rate	Cancer	Organ failure	Frailty	Sudden death
Plymouth CC area only	264,700	2647	662	794	1059	132
			25%	**30%**	**40%**	**5%**

Note: University Hospitals Plymouth covers a wider area and we expect that there will be approximately 4200 deaths for this geographical footprint

Summary of End of Life Care - NHS Devon Integrated Care Board

Integrated Care Board

NHS Devon Integrated Care Board



Financial Year of Death

- [ ] (All)
- [ ] 21/22
- [x] 22/23
- [x] 23/24

Quarter of Month of death

- [x] (All)
- [x] Q1
- [x] Q2
- [x] Q3
- [x] Q4

Total deaths

20,868 deaths

Avg days known to services

70

Avg contacts per person (last 90 days)

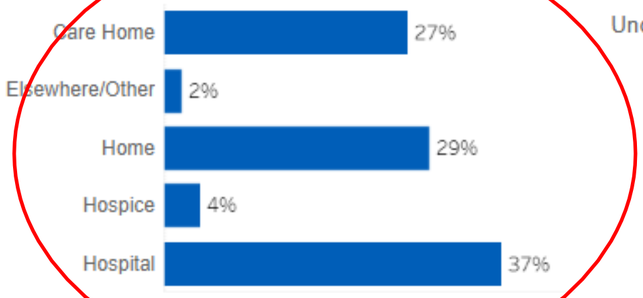
3.5

Palliative Care Register 22/23

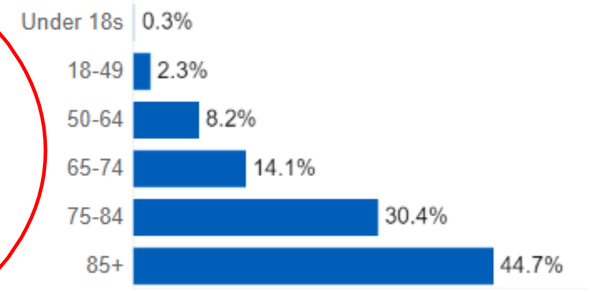
4,764

(prevalence 0.37%)

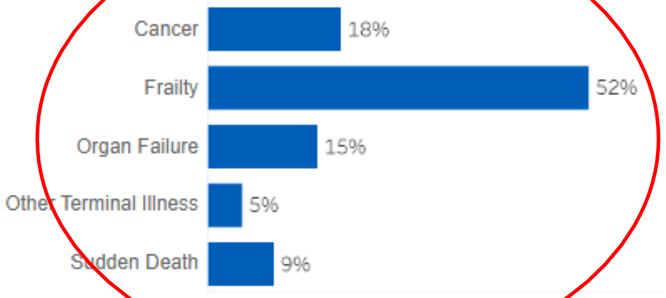
Place of death *% of total*



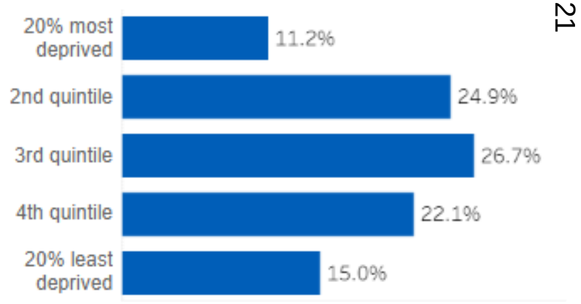
Age at death *% of total*



Cause of death *% of total*

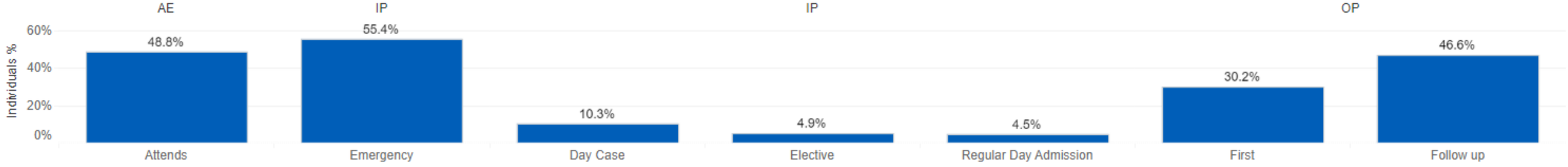


IMD quintile *% of total*

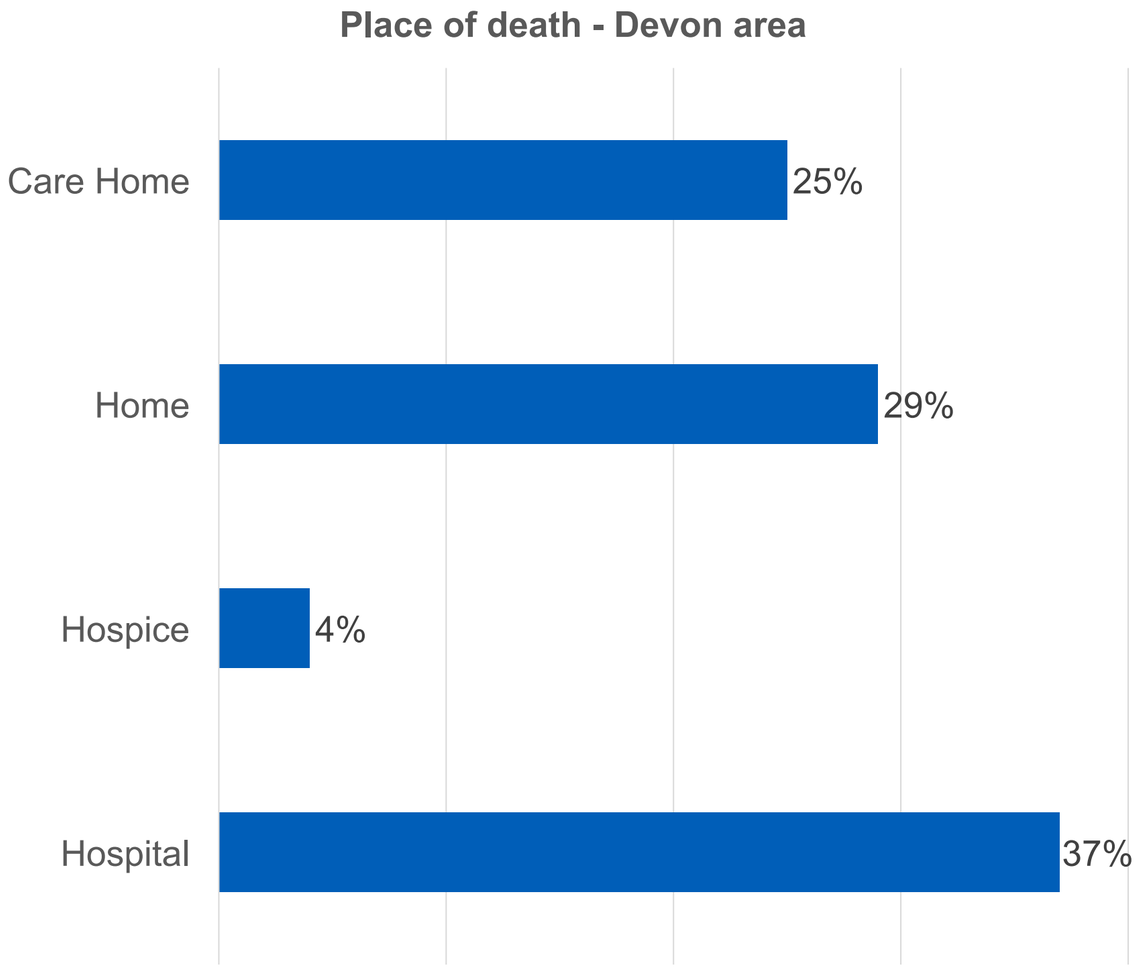


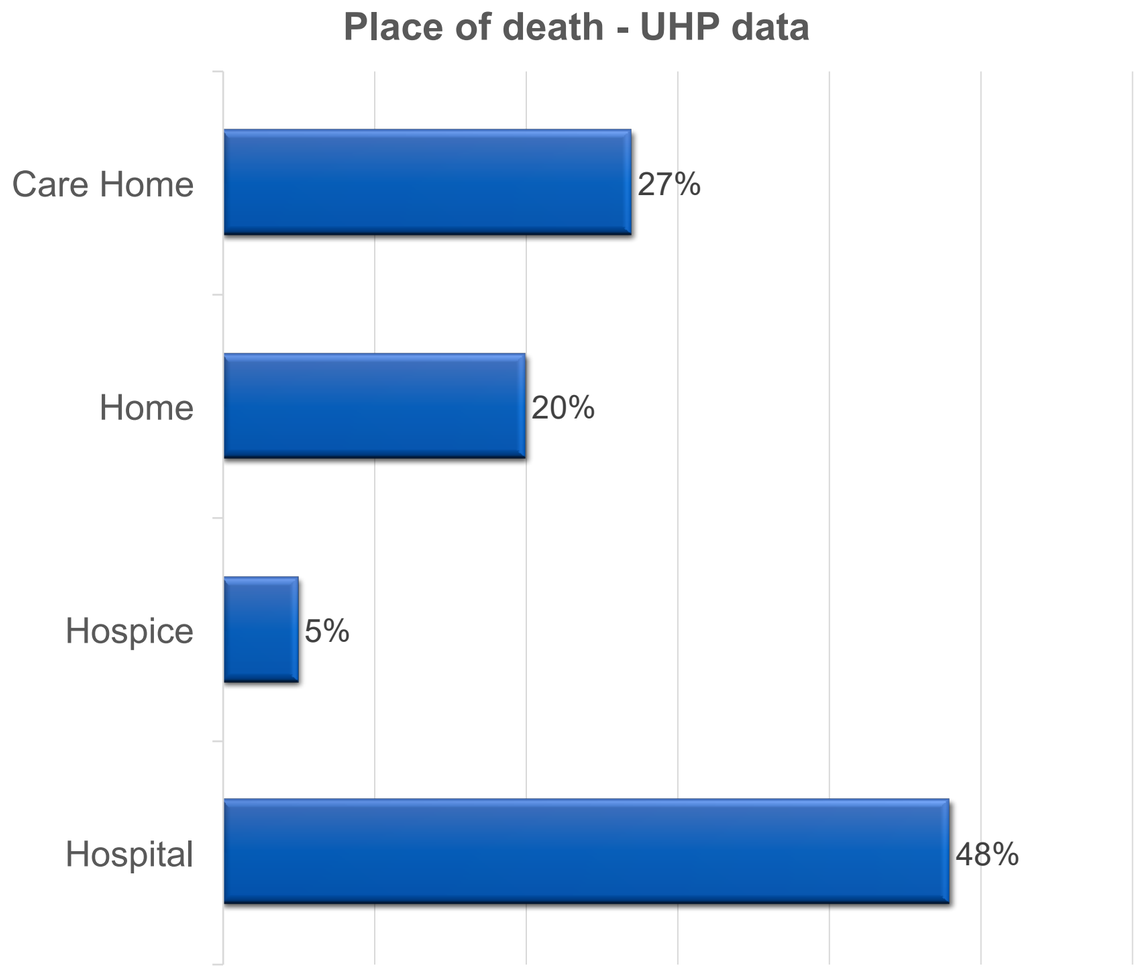
Percentage of cohort in contact with services

Activity attributed in the last 90 days



Place of death – Devon comparison with UHP

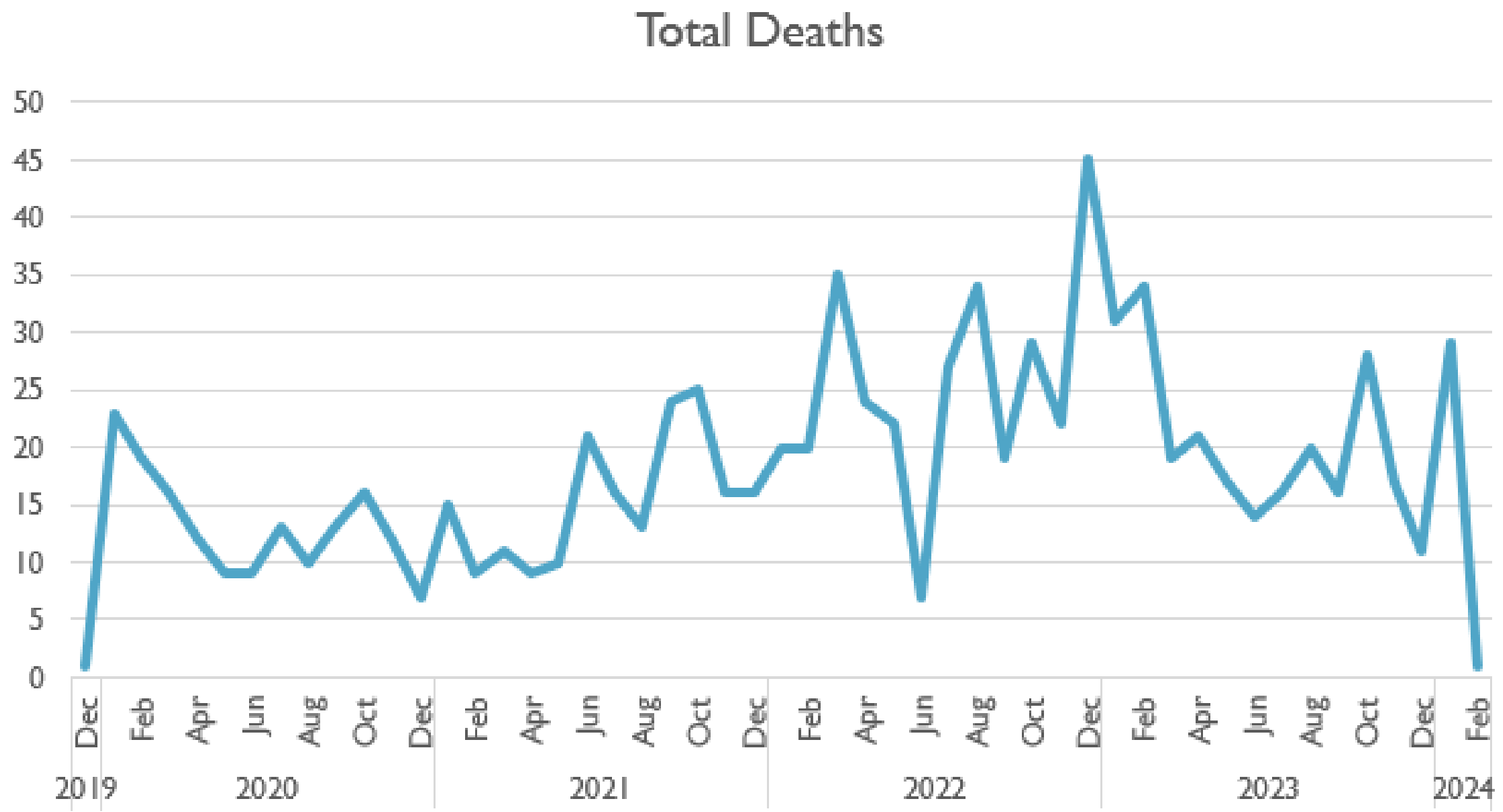




Data Analysis

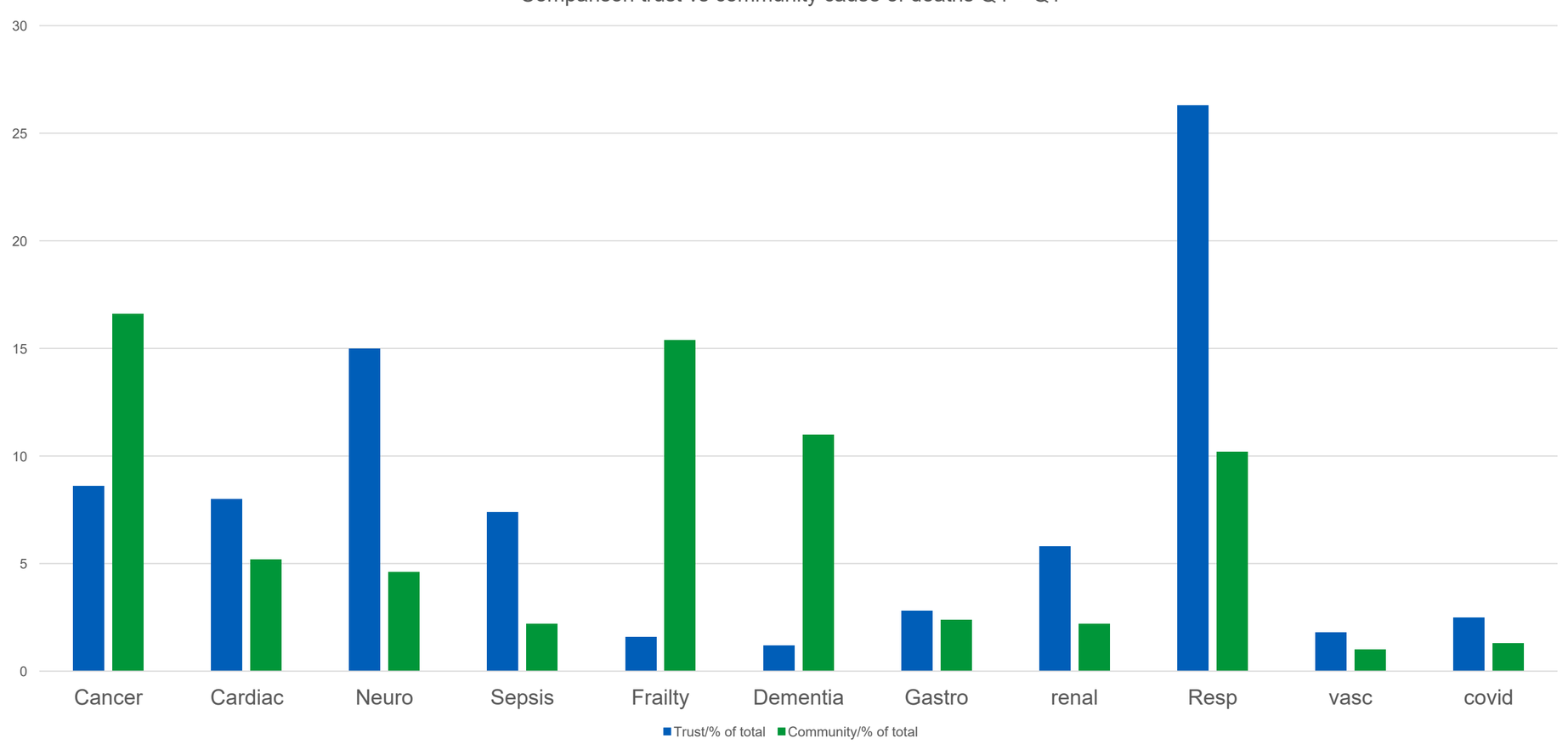
- Data shows that in Plymouth and surrounding area more people are dying in hospital than at home in relation to rest of Devon footprint
- However University Hospitals Plymouth has seen a **drop in number of people dying in hospital** in 2023
- There is **significant variation within the recognition and recording** of End of Life
- Dorset ICB shows **0.82% of people** on a palliative care registers, compared to Devon's **0.37%**
- It is nationally recognised that **1% of the GP-registered population will be in the last year of life**

Emergency Department Deaths

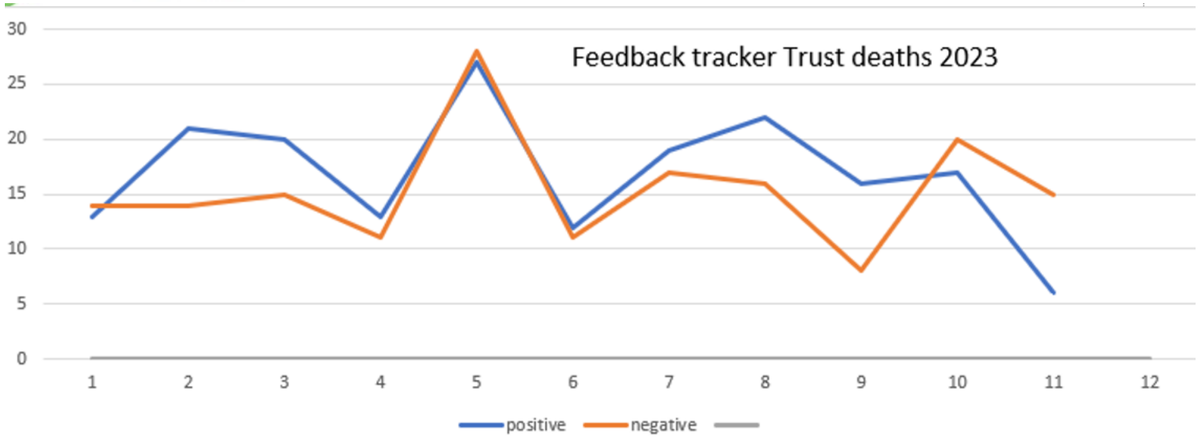


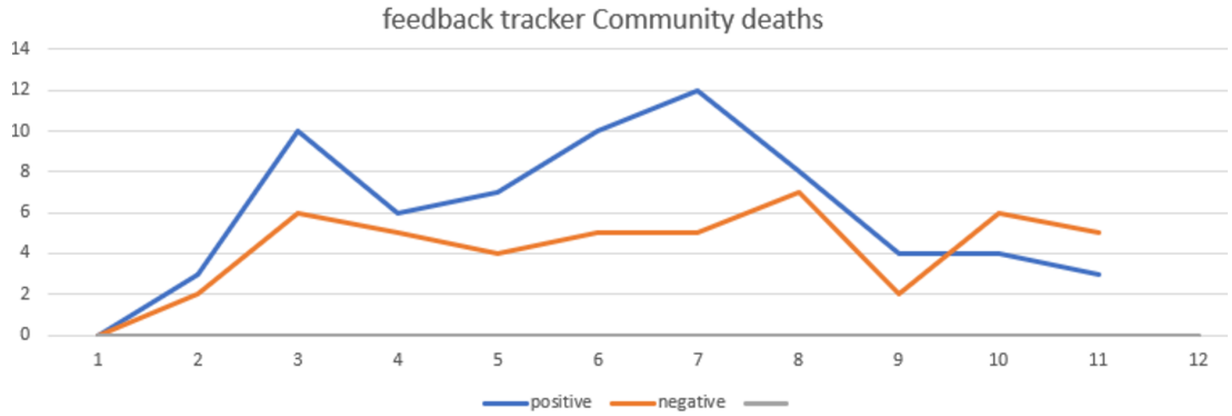
The data held is not complete yet (until the ME service is statutory) when our data started for those using the service (St Lukes Feb23, 70% of GPs from March 23

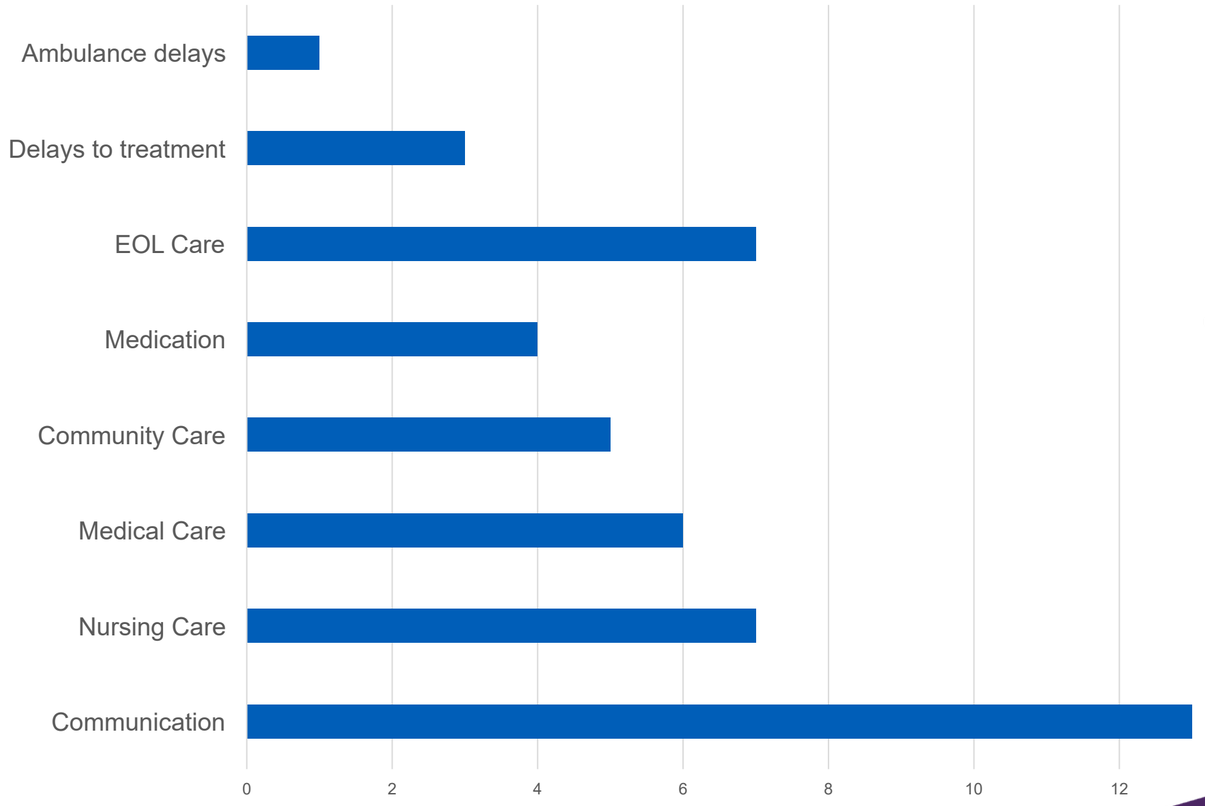
Comparison of causes of death trust vs community Q4 + Q1



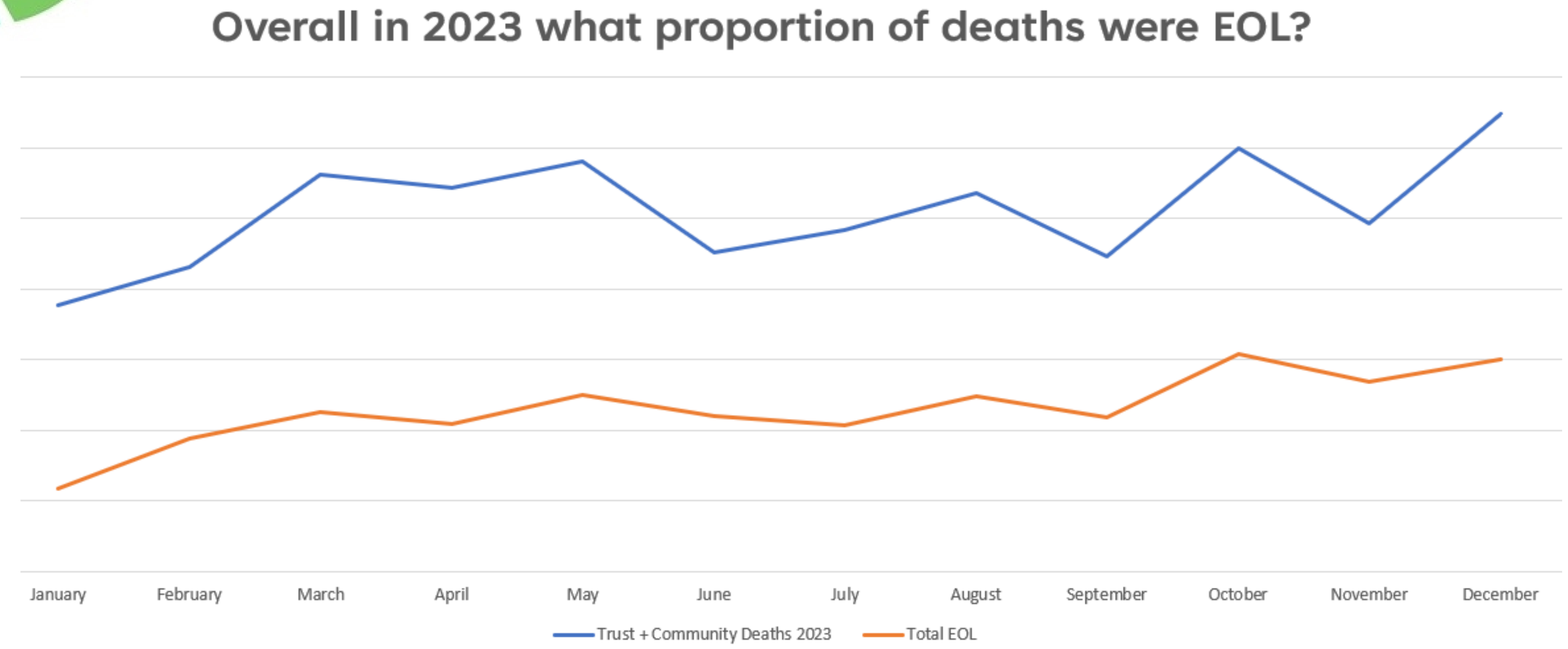
Feedback from bereaved families







Deaths in comparison to people identified as EOL



One Devon Strategic Improvement

- We recognise that there is further work to do to ensure we are delivering against national best practice and enhance the experience for individuals at end of life

- As part of the Devon End-of-life Commissioning review, it was recommended that a Devon Service Specification was designed that would focus on equity of access and experience for all residents and their families when requiring End of Life Care

- Through monitoring patient safety event reports at an ICB level, NHS Devon has highlighted Devon-wide issue with the administration of Just-In-Case (JIC) Medications. To support this, a review of the administration process in underway with an aim of amending the literature that accompanies the medication. This will ensure that the correct advice and contact details are provided to patients and their families directing them to the most appropriate teams when the JIC medications are required.

Devon Wide End of Life Commissioning Improvements

The following key areas have been highlighted through the Devon End of Life Commissioning review as key areas for improvement and form the basis of our commissioning intentions and improvement activity over the coming year:

Care home education:

- Support the rollout of educational material and opportunities for staff training
- Co-ordinate an equitable approach to training and education
- Support the launch of NHS Devon's new end-of-life Webpage

Packages of care / fast-track continuing healthcare (CHC)

- Ensure the funding and packages of care are made available in a timely way to ensure the following
- Speedy and safe discharge
- Support to individuals and family to ensure their loved ones are cared for
- Review and amendment to package as needs change

Devon Wide End of Life Commissioning Intentions

System wide projects: e-TEP / Advance Care Planning / JIC meds

- Promote the use of TEPs and ACP documentation within care homes
- Support staff to ensure they are confident to have these conversations
- Ensure appropriate medication and stocks are available for PEOLC residents / patients

End-of-Life Care service specification

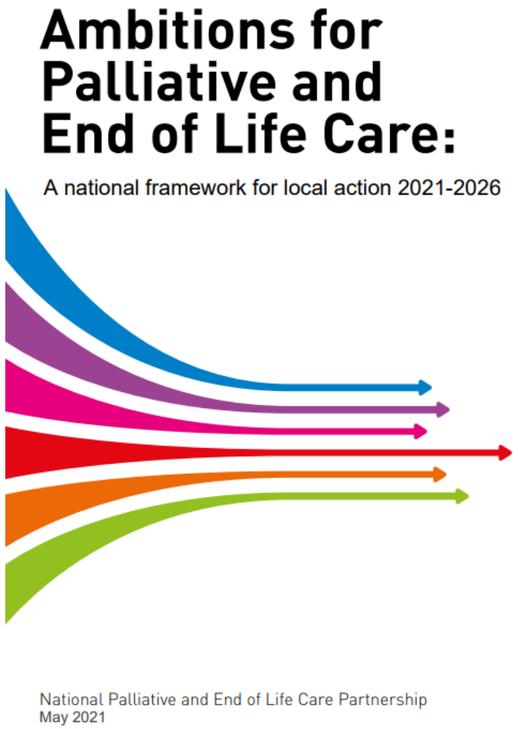
- Contribute to the end-of-life care service specification and the aim of an equitable service across Devon

Equipment

- Appropriate equipment is available when required (syringe drivers, falls hoists)

National Framework

- **Ambitions for Palliative and End of Life Care: A national framework for local action (2021-2026) – NHS England**



Each person is seen as an individual

Care is coordinated

Each person gets fair access to care

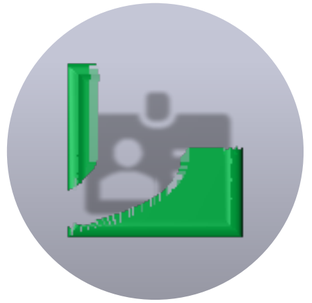
All staff are prepared to care

Maximising comfort and wellbeing

Each community is prepared to help

What does good look like for Plymouth – Links with Vital Signs (NHSE project starting in January 2024)

Choice: Preferred place of death



Identification: End of Life register

Coordination: Advance Care Plans Visible & used

Care: Support at final stages

Vital Signs:

How healthy are our palliative and end-of-life systems?

South West End of Life Network

NHS South West

January 2024

Vital Signs

Taking the ‘temperature’ of the system

Measuring the ‘health’ of our End of Life Care systems

Using a few ‘core’ measures to reflect the health of a system

Creating the measures…

Recognition:

Identify patients on register, identify carer and family members

Experience:

How's it going?

How's it gone?

Activity:

Outpatient attendances, 999 calls, ED attendances, Acute admissions,

Place of death

University Hospitals Plymouth

End of Life Care at University Hospitals Plymouth

NHS University Hospitals Plymouth NHS Trust

In Our Hospital

The Hospital commission St Lukes Hospice to provide an advisory service providing in Hospital palliative/end of life care support to patients, staff and carers.

Whilst we receive regular positive feedback in relation to end of life care, we are aware we don't always get it right, and we continue to strive get it right, and learn from these to continue improve our care and experience for patients, their loved ones and staff.

In most cases, end of life care is facilitated in a side room; at times of high demand (covid/infection control) the demand for side rooms can exceed availability.

- *In 2023, as an average, 138 patients died each month in the Trust*
- *The hospitals pastoral care team support patents and carers; they also extensively support our staff who have been impacted in the delivery of end of life care.*

Trust Carers Bereavement Survey Feedback 01.08.22 - 31.08.23

94.2% 'strongly agreed', or 'agreed' with the statement:
"Hospital staff showed the right level of respect to my relative/ friend including their attention to privacy and dignity"

Of those who responded:
55.2% were cared for in a side room at end of life, 31% on a ward, and 13.8% in the Emergency Department

83.9% regarded the care and support as 'excellent' or 'very good' when asked:
"Overall, how would you rate the care and support given to your friend/relative by hospital staff, during their last days of life?"

93.1% either 'strongly agreed' or 'agreed' that
"Hospital staff communicated sensitively and compassionately with me"

The Need for Improvement and the Case for Action

University Hospitals Plymouth NHS Trust

Issues and Opportunities to Improve Care

Escalation in the number of deaths, with peak of 45 deaths in December 2022 within the Emergency Department

Notable complaints in 2023 regarding the experience of dying in the Emergency Department; one such case investigated and feedback from patients as how we can improve and lessons learnt. We invited the family and ED team to present this to our boards as one of our patient stories

- *In our locality 2022, 51% of those who die, die in Hospital*

The National Audit of Care at the End of Life highlighted a need for the Trust to 'recognise dying earlier' in the Trust

- *Earlier recognition reduces unwanted or needed interventions, and can facilitate high quality family/carer interactions before death*

Coronial deaths in the Trust meant that patients weren't always permitted the space and holistic environment that should be provided during the dying process, due to prioritisation of single room space

Key Actions and Projects Providing Opportunity for Change

- electronic Treatment Escalation Plan (eTEP)
- Mount Gould EoL Beds
- Emergency Department End of Life (EoL) Practitioner Role/team
- Substantial increase in EoL Education in the Trust (including non-medical TEP training)
- 100 Day Challenge – a cross organisation project to support care homes who most frequently use the Emergency Department (supporting alternatives to conveyance and understanding system challenges)
- Reimagining/reinvention of the Trusts End of Life Committee Meetings

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

Projects in Support of Service Improvement

University Hospitals Plymouth NHS Trust

End of Life ED Practitioner Role – Inception April 2023

Supporting those nearing, or at end of life; role dedicated, and solely based the Emergency Department. Initially a 5 day a week service, this has recently been expanded, with extended daily operational hours, covering 7 days a week and most weekends.

Providing time, hands on care, advice, support and onward care planning; supporting patients carers and families in the Emergency Department.

Specialist clinical review and triage of patients into appropriate locations of onward care in the hospital or supporting co-ordinating their onward care to more suitable locations i.e. Mount Gould end of life bed, St Lukes Hospice, Home or Care Home, ensuring as far as possible, we meet needs and wishes.

Project Impact:

- *167 patients have been supported by the role (Apr – Dec 2023)*
- *128 Treatment Escalation Plans updated*
- *Out of 167 patients seen by the post holder, only 13 of these people died in the Emergency Department*
- *Ongoing structured education, and 'side by side' practical education for the wider team in the Emergency Department*
- *Additional specialist staff role introduced February 2024*
- *Additional Marie Curie Nursing Assistant added end of January 2024*

Mount Gould End of Life Beds – Inception August 2023

Facilitating end of life care in a welcoming and calm space, facilitating holistic patient and carer support, away from a busy Emergency Department or Hospital ward space.

Cautious pilot phase of two end of life beds, rising to four beds latterly, after safety and integrity of pathway established. The pathway now 'flexes' between 4 and 6 end of life beds.

Admitting patients from UHP wards (Derriford), and direct admissions from the Emergency Department, to Skylark and Kingfisher wards at Mount Gould.

Settled, en-suite, single room environment; no structured visiting times, easy parking in a modern and geographically central site.

- *60 patients have been supported by the pathway (up until Jan 24)*
- *9 patients discharged to onward locations of care*
- *631 days of end of life care has been provided on the Mount Gould site, as opposed to main UHP wards or the Emergency Department*
- *Overwhelmingly positive feedback from patients and carers*

Informational Video:

The ED End of Life Practitioner Role and Carer Experience of End of Life Care at Mount Gould

End of Life Education and electronic Treatment Escalation Plans (eTEP)

University Hospitals Plymouth NHS Trust

End of Life Education

In response to feedback in the National Audit for Care of the Dying 2022, and colleague feedback, an additional full-time education post was introduced, funded by St Lukes Hospice (two-year funding), adding to existing provision.

- *In 2023 Trust began running Treatment Escalation Plan training for non-medics, to allow colleagues (nurses and allied health professionals) to have end of life planning conversations with patients and families, documenting preferences.*
- *We are nationally the first acute Trust to run the European Certificate in Essential Palliative Care (internationally recognised qualification).*
- *In 2024, we launched a joint end of life learning forum, with Livewell colleagues, bringing acute and community colleagues together to hear and learn about end of life best practice*

eTEP: Why do we need it? and its Advantages

What is a TEP form?
A TEP form records decisions about a person's care which will include guidance regarding ‘resuscitation’. Information recorded on the form will be completed in discussion with the patient/carers. Unavailable TEP forms cause confusion, unwanted admissions and/or investigations and treatment which may not align with good end of life care practice

Electronic TEP will:

- Ensure the physical form does not ‘get lost’
- Provide one source of ‘truth’, recording decisions regarding a person's care which, are available to care providers in community and inpatient settings (instantly viewable)
- Allow for easier audit and offers ability to view previous versions (so those who view can see and build on earlier versions/conversations)

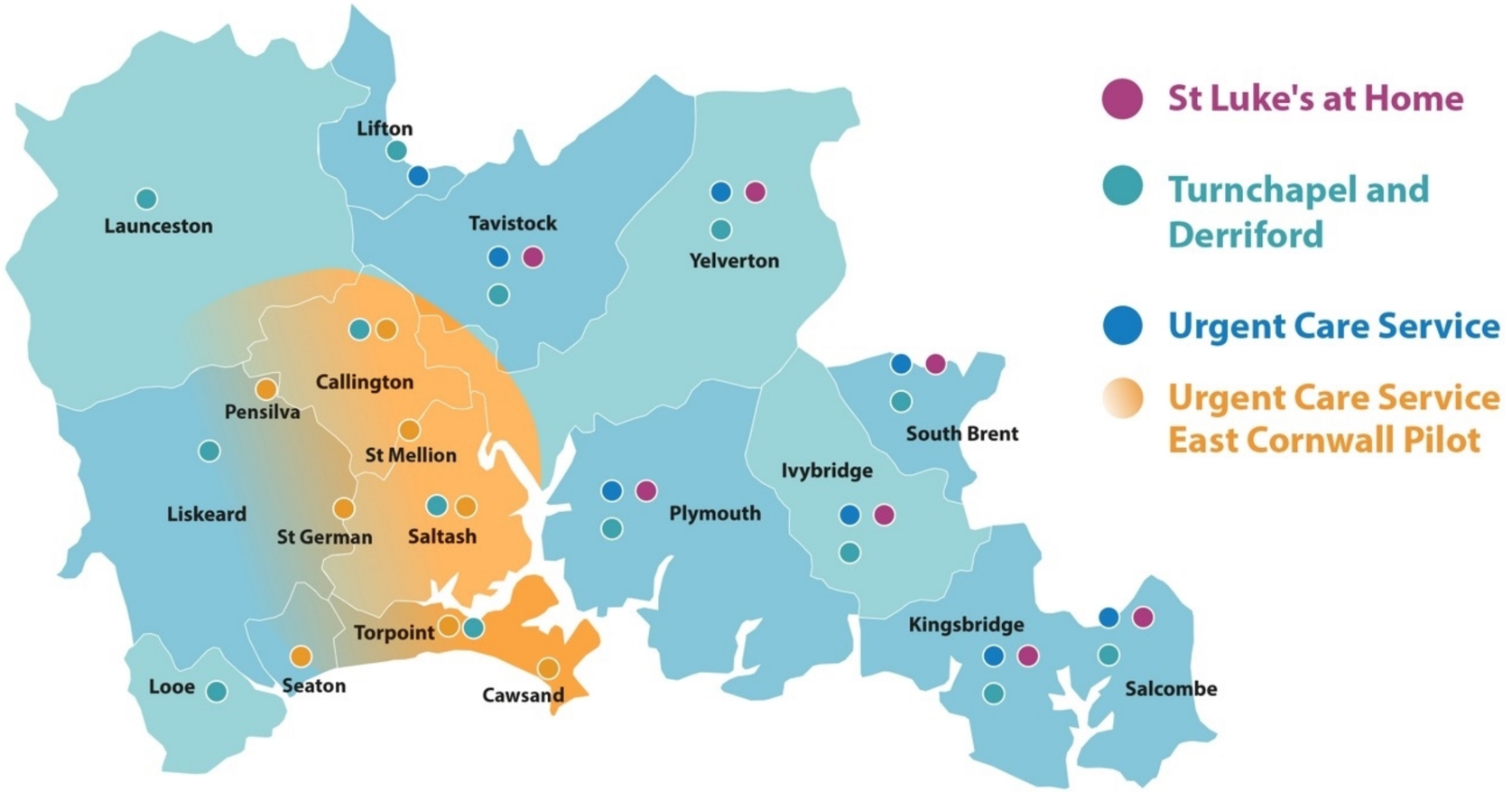
Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

St Luke’s hospice

Tricia Davis

Where do we see our patients?

An easy guide to where our teams see their patients



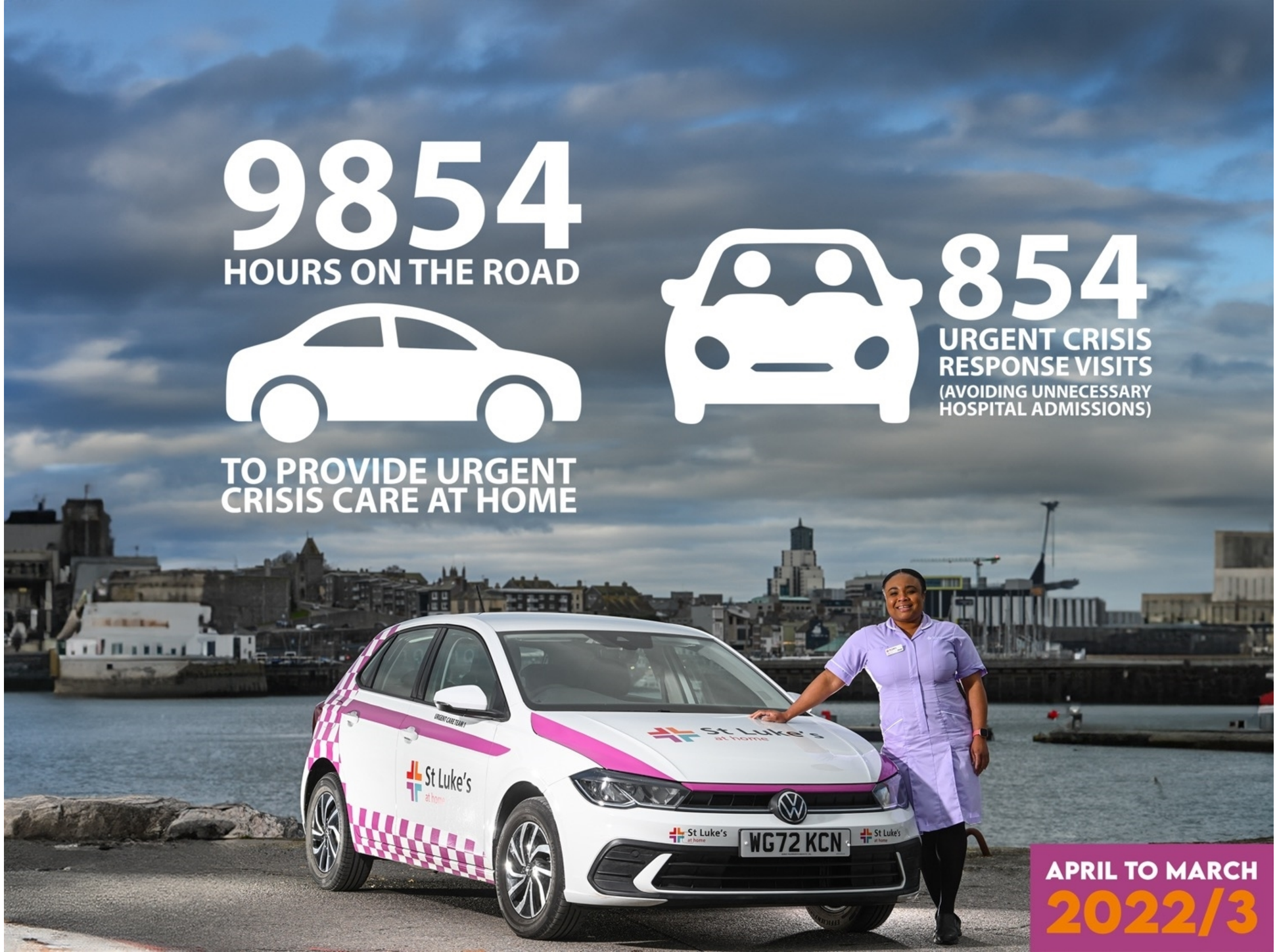

57%
HOME
35%
HOSPITAL
8%
TURNCHAPEL
WHERE DO
WE SEE
OUR PATIENTS?
2097
PATIENT REFERRALS
CARING FOR
300
PATIENTS
AT ANY ONE TIME
EMOTIONAL SUPPORT FOR
1972 DEATHS
IN THE LAST YEAR
APRIL TO MARCH
2022/3


WE CARED FOR
1196
PATIENTS AT HOME
4396
FACE TO FACE
CONTACTS
WITH PATIENTS AT HOME
St Luke's
Alice
APRIL TO MARCH
2022/3

iWantGreatCare ★★★★★

“The St Luke's at home teams were exemplary, not only did they offer first class care to our mother, but continual support to us as a family. This enabled our mother to remain in her own home for her EOL care, while reducing the stress and anxiety for us.

The teams were always available for help and advice, not only in a professional capacity, they also offered a real human touch..... never a stupid question!! They also link up really well with the other healthcare professionals involved, who I might add were equally as good, meaning that care is seamless, which is really important at such at a time and really relieves the pressure from family members. They really exceeded our expectations, went above and beyond and for that we are most thankful.”

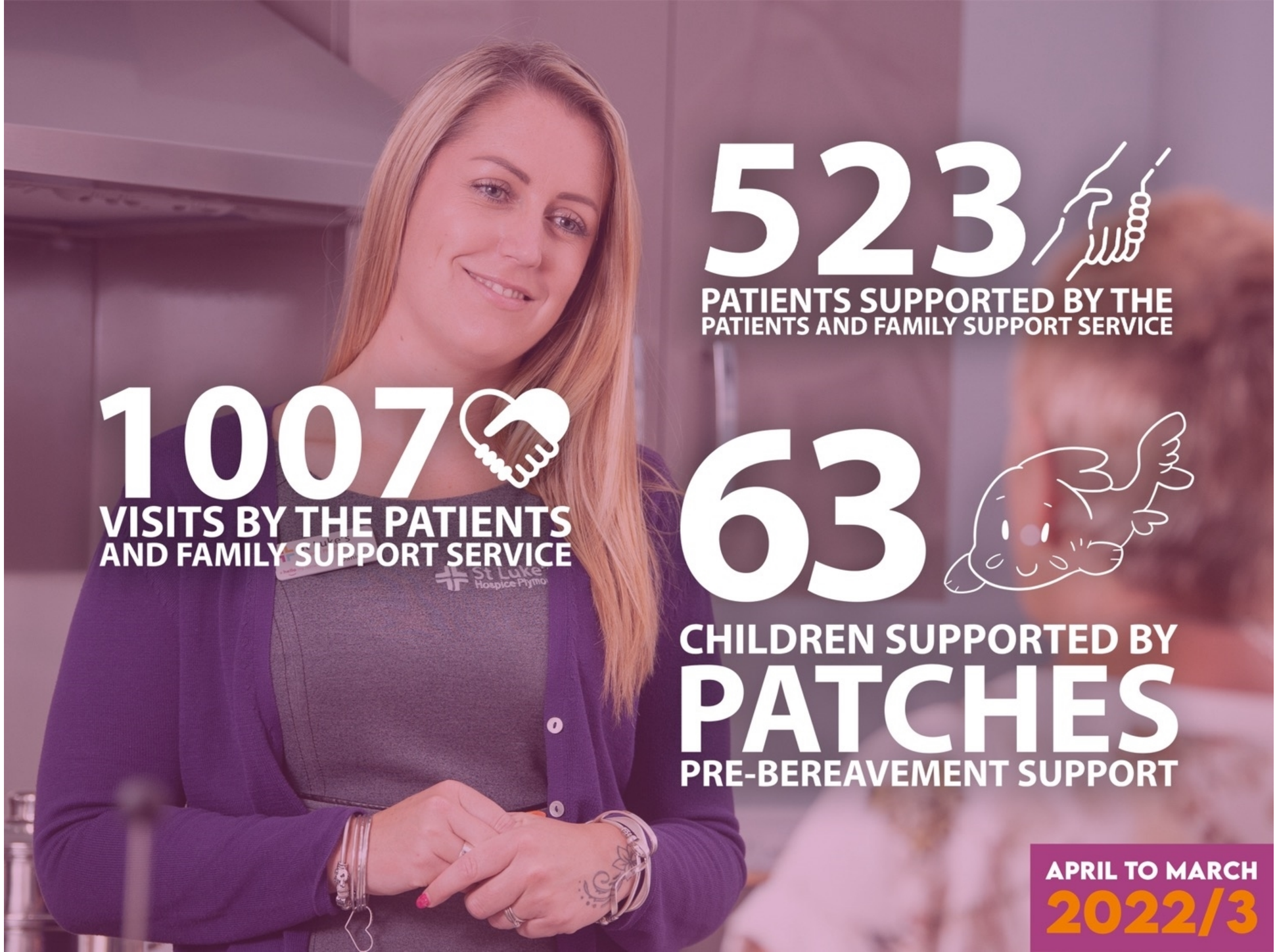

9854
HOURS ON THE ROAD
TO PROVIDE URGENT CRISIS CARE AT HOME
854
URGENT CRISIS RESPONSE VISITS
(AVOIDING UNNECESSARY HOSPITAL ADMISSIONS)
St Luke's at home
WG72 KCN
APRIL TO MARCH
2022/3

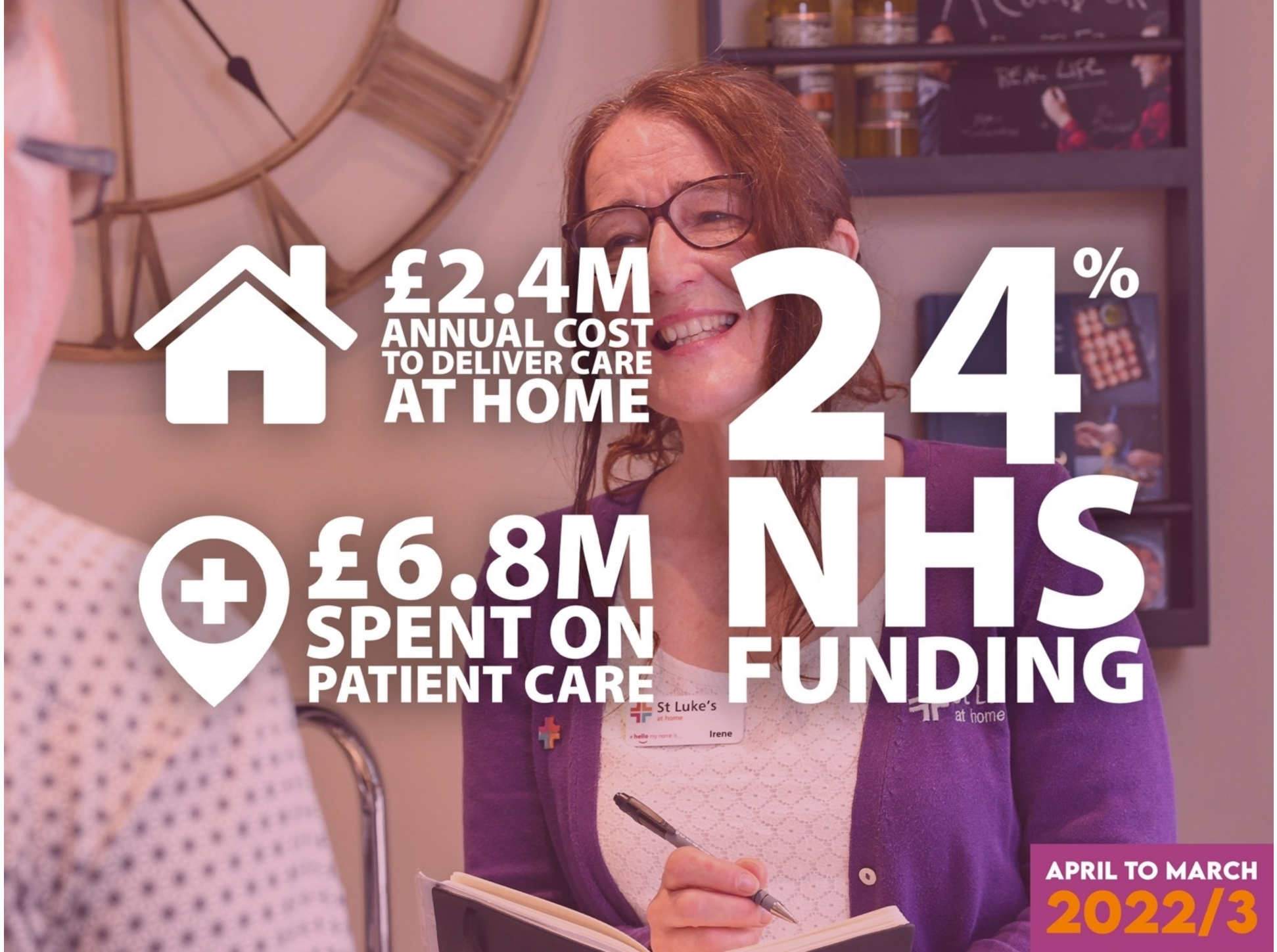

iWantGreatCare ★★★★★
“The urgent care and community team were an incredible group of people making the end of my dad's life a little bit easier. The support was brilliant - the hugs we'd get when they walked through the door, the honesty, the smiles they put on our face. Two of the team sat with us for hours after their shift when he passed away to make sure we were okay - they go above and beyond and we will be eternally grateful for you all.”

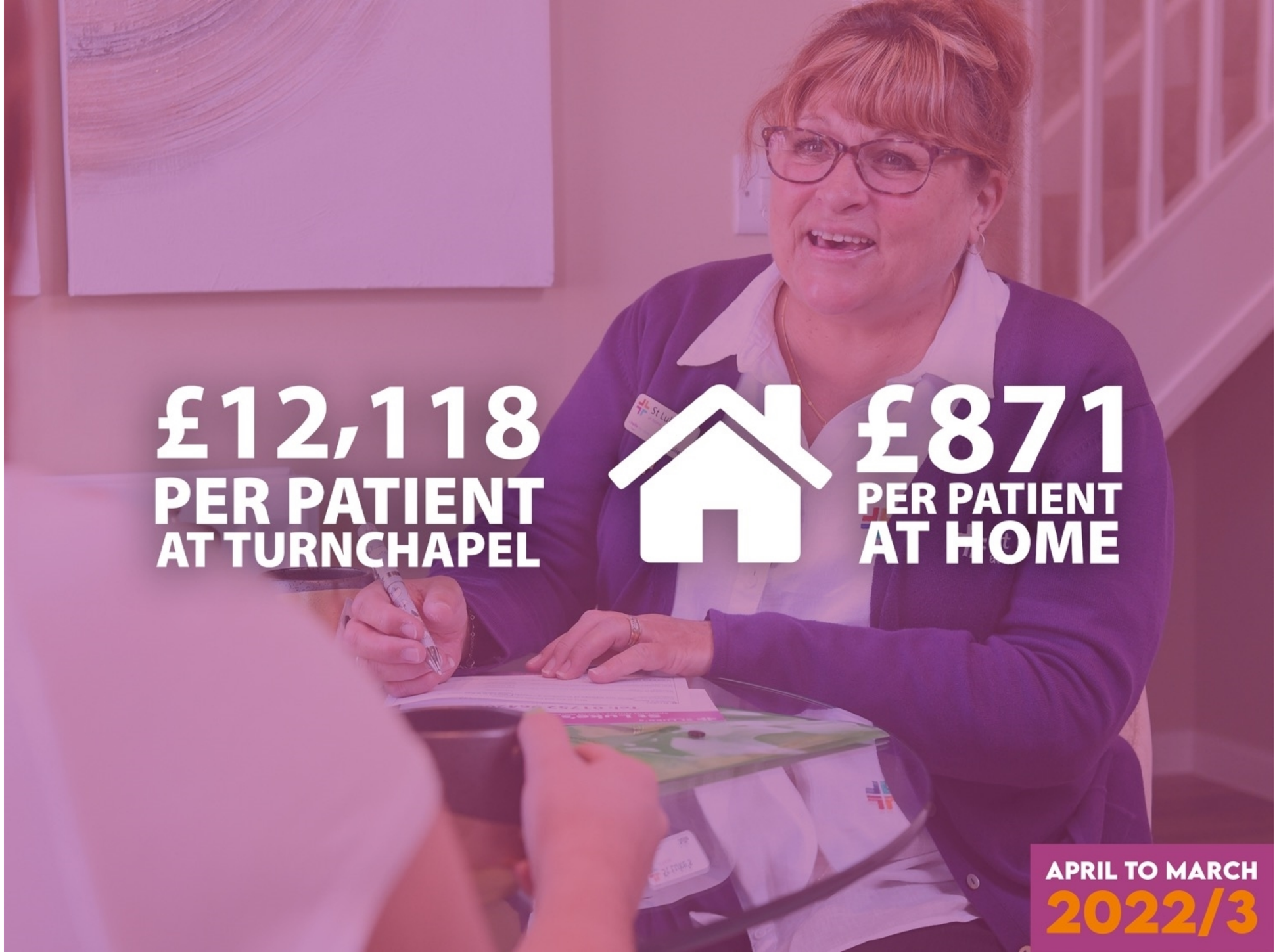

1423
PATIENTS
SUPPORTED AT HOSPITAL
4411
WARD VISITS
IN HOSPITAL
APRIL TO MARCH
2022/3
St Luke's
at Dernford
St Luke's
at Dernford


WE CARED FOR
347
PATIENTS AT TURNCHAPEL
St Luke's at Turnchapel
APRIL TO MARCH
2022/3


iWantGreatCare ★★★★★
“The caring team were loving and gentle in their care, and the nurses were the same, doing all they could before my wife went into the hospice. They also did their best to make sure that I (her husband) was alright. Once my wife was admitted, they cared for her, and gave her the medication to sedate her, give her peace, and freedom from pain”.


523
PATIENTS SUPPORTED BY THE
PATIENTS AND FAMILY SUPPORT SERVICE
1007
VISITS BY THE PATIENTS
AND FAMILY SUPPORT SERVICE
63
CHILDREN SUPPORTED BY
PATCHES
PRE-BEREAVEMENT SUPPORT
APRIL TO MARCH
2022/3


£2.4M
ANNUAL COST
TO DELIVER CARE
AT HOME
24%
£6.8M
SPENT ON
PATIENT CARE
NHS
FUNDING
St Luke's
at home
Irene
APRIL TO MARCH
2022/3


£12,118
PER PATIENT
AT TURNCHAPEL
£871
PER PATIENT
AT HOME
APRIL TO MARCH
2022/3

Meeting the National Ambitions for Palliative & End of Life Care

Livewell Southwest

Livewell Southwest

Livewell Southwest is a social enterprise providing integrated health and social care services for people across Plymouth, South Hams and West Devon.

We care for people in a variety of locations across the community for instance:

- Own homes
- Residential care settings
- Supported living accommodation
- Hostels
- Mobile homes
- Hotels

Wherever people choose to live in the community we will visit and provide care.

We work with system partners to provide packages of care to meet people's individual needs at end of life.

Livewell Southwest services

Livewell services/professionals supporting those requiring care at end of life may consist of:

- Palliative & End of Life Organisation Lead
- District Nurse Specialist practitioner
- Community Nurses
- Advanced Clinical Practitioner
- Frailty Practitioner
- Podiatrists
- Orthotics
- Medical doctors
- Cardiac Specialist nurses
- Respiratory Specialist Nurses
- Physiotherapists
- Occupational Therapists
- Speech and Language Therapists
- Dieticians
- Continence service
- Adult Social Care
- Chaplaincy
- Urgent Care Nursing Service
- Community in-patient Services
- Community Crisis Response Team
- Discharge to Assess team

All working with system partners such as the acute hospital, Primary Care, St Lukes, Marie Curie, Plymouth City Council

Overview of LSW Data

- Between January 2023 & December 2023 Livewell Southwest services cared for **1,335 people** who were entering the last months, weeks and days of life.
- 575 of these people were supported to die in their own home
- 596 died in care homes where patient, families and care home colleagues were supported by Livewell professionals
- 63 people died in the local hospice where their symptoms were able to be better managed
- 65 people died in the acute hospital
- The place of death of 36 people was unknown as this was not documented in the clinical record

Ambition 1

Each person is seen as an individual

- Every person who is referred to community or inpatient services has an **individualised plan of care**.
- Livewell have worked hard to train non-medical professionals to have complex discussion around Treatment Escalation and complete Treatment Escalation plans. We now have **21 experienced community professionals** who are trained to do this with the person and those important to them. This enables people to have timely conversations about treatment they do/do not want and build therapeutic relationships.
- Open and honest conversations start from the first visit for end-of-life care from a community healthcare professional. In most incidences this allows the person time to plan for their future care, taking into consideration what is important to them and their loved ones.
- **Advance Care Plans** are reviewed and amended with the person and those important to them to reflect the person's changing needs and wishes.
- **Chaplaincy support** is offered to individuals within the inpatient units and community staff can contact the chaplaincy service for advice/sign posting for those living within the community setting.
- Livewell End of Life lead has worked closely with partner organisations to develop and implement the **Electronic Treatment Escalation Plan** within the Devon and Cornwall Shared Care Record.
- Livewell End of Life Lead continues to work closely with partner organisation leads to implement further care plans within the Devon and Cornwall Shared Care Record.

Ambition 2

Each person gets fair access to care

- Livewell Southwest services cover a wide area with diverse populations across both rural and inner-city deprived areas.
- Professionals from Livewell Southwest will visit people regardless of where they live in the community to provide care and advice at end of life.
- Each person receiving care from Livewell services receives individualised care taking into consideration individual needs and wishes.
- Individuals are listened to, and choices are respected.
- Every effort is made to communicate with people in a way that they understand with easy read information and interpreters available.
- Patient information leaflet is provided to help reinforce the information given by healthcare professionals regarding what end of life may look like – helps with honest and open conversations.
- Community teams will assess and arrange care within the person's home or arrange care home placement depending on the person's wishes and need. Honest conversations will take place regarding what is available.as it is not always possible to meet the person's wishes where their need is greater than what is available within their own home or where they would like to be cared for in a certain place and places are unavailable at the time.
- Continuing Health care assessments are undertaken in conjunction with NHS Devon.

Ambition 3

Maximising comfort and wellbeing

- Individualised holistic care plans are regularly reviewed and amended to reflect the persons changing needs and wishes. This is undertaken jointly with the person and those they want involved in their care.

- Community nurses and specialist practitioners regularly review **symptom management and medication**, where necessary this is amended to reflect changing need.

- Specialist practitioners can and do review medication and write prescriptions in line with the persons changing need.

- Community nurses and specialist practitioners provide symptom control in the form of stat medication doses or subcutaneous infusion via a syringe driver pump. This is a **24/7 service and patient's nearing end of life are prioritised**.

- Chaplaincy support is offered to individuals within the inpatient units and community staff can contact the chaplaincy service for advice/sign posting for those living within the community setting.

Ambition 3 Continued

Maximising comfort and wellbeing

- All professionals visiting people listen to the person, review physical, emotional, psychological and spiritual needs. Referring to more specialist services where required.
- Community nurses refer to specialist services where there is a need or to seek advice.
- Physio, occupational therapists and specialist services provide care and advice where required.
- Community teams are involved in multi-disciplinary team meetings with partner organisations and the person to ensure people receive best care.
- All professionals offer supportive care to the person and their family/carers.
- With the person's consent information is shared across the local system to ensure continuity of care and the patient's current condition and wishes are known. This will be much more effect now with the roll out of electronic TEP.

Ambition 3 Continued

Maximising comfort and wellbeing

- End of life care extends to caring for the deceased person **including Verification of Expected Death** and last offices to caring for those close to the person and into bereavement. Community nurses undertake verification of death and last offices and provide bereavement care and advice after the death of their loved one.

- Livewell have a service that **offers antibiotic and intravenous fluid** within the person's usual place of residence. Work is ongoing to promote this service across the locality to help maintain people in their home.

- Livewell have been working with partner organisation to reduce the number of people who are nearing the end of life being conveyed to the emergency department (100-day challenge and beyond).

Ambition 4

Care is coordinated

- With the person's consent information is shared across the local system to ensure continuity of care and the patient's current condition and wishes are known. This will be much more effective now with the roll out of electronic TEP but further work is required.

- Early recognition of the deteriorating person or the person who may be entering the last 12 months of life is work that is progressing in Livewell but this needs to happen across the system to be truly effective.

- People are given contact numbers that they can use for help and advice 24/7. This is currently via the district nursing referral hub in hours or 111 out of hours. This would be more effective if there was a **dedicated telephone line** for those people who have a life limiting prognosis or are at the end of life.

- Community teams are involved in **multi-disciplinary meetings** across the system whether that be end of life, frailty, care homes or ageing well. This aides in information sharing and co-ordinating care with the right people involved.

- Professionals involved with a person's care refer to other professionals where needed or for advice regarding a person's care needs. This extends to bereavement care and informing other services when a person has died which helps prevent upsetting visits to the bereaved.

Ambition 5

All staff are prepared to care

Livewell provides the following training to staff involved in caring for those people at end of life and/or their loved ones:

- TEP discussion and writing for senior non-medical professionals within Livewell
- Electronic TEP
- End of Life education for registered nurses within Livewell including early recognition of the deteriorating person, medication, Syringe Drivers, Verification of Expected Death, last offices.
- End of Life education for AHPs and HCA within Livewell including early recognition of the deteriorating person
- Advanced Communication training
- Advance Care Plan (ACP) workshop
- Integrated End of Life Forum – training takes place at these bi-monthly meetings
- Pod Casts
- On-line resources
- Bespoke training within teams
- Supported and funded to attend specific university course and complete modules

Ambition 5 Continued

All staff are prepared to care

- Bite size training for community staff
- Basic Life Support
- Mental Capacity Act
- Safeguarding adults and children
- Equality and diversity
- Information governance
- IT – in relation to systems used within the organisation
- Participation/teaching at local conferences
- Attendance at national conferences
- Bespoke/ad hoc training
- Attendance at specialist training provided outside of the organisation and end of life or disease specific
- All staff have and are encouraged to partake in practice supervision
- Chaplaincy support is offered to individual staff and teams
- Audits of care are undertaken to ensure best care is being undertaken and to monitor where the gaps are.
- All staff are actively encouraged to attend end of life related training.

Ambition 6

Each community is prepared to help

- Livewell is part of the compassionate city working with system partners, looking after the community which includes patients, carers and our colleagues.
- Livewell take part in Dying Matters week to facilitate conversations around death and dying with the public. We have done this at local supermarkets and within the lobby of the Local Care Centre, Cumberland centre.
- Livewell have an end-of-life information page on its website
- Livewell work with the voluntary sector who may be involved in helping someone who is nearing end of life
- Livewell work closely with local and national charities.

Gaps and areas for development

- Strengthening our current care home service (this was set up in covid and has stepped back) but we are keen to work with colleagues to understand what good looks like going forward
- Working on a patient/carer information leaflet across systems to explain to people of what to expect at end of life (rather than individual organisational leaflets)
- Working on the Care coordination hub and spoke development and potential to include specialist end of life support

Testimonials

It is difficult to convey how grateful we both feel for the **care and tenderness** you all showed over the past months

I just wanted to say a huge thank you for the way you looked after my mum in the last few months. Each and every one of you was **absolutely amazing in your care, dedication, professionalism, compassion and sensitivity.**

Thank you for the support you gave to our family. We felt we were being **cuddled by the community**.

Thank you for all your care and attention

You are truly amazing

Thank you **for the outstanding care my dad received** and the support you gave our family. The care was second to none and enabled him to leave this world with dignity. Our family take great comfort in this

Thank you for the care you showed mum you were all so sensitive to her needs, we are really, really, grateful. Every one of you are a credit to your profession

Thank you seems inadequate for all the wonderful care you gave, not only to Mum but support for me also.

Knowing I could **pick up the phone and like angels** you appeared got me through a tough time

Part Two

Shaen Milward, Sharon King, Jane Bullard

Outward Mindset - 100 day challenge

Autumn 2023

The 100 Day Challenge End of Life goal:

To support more people to have a good death in their care home and reduce the number of EoL patients coming to ED from the top 10 conveying care homes by 10%

100 Challenge recommendations

- Set standard of 'What Good Practice' Looks Like for Care Homes for those at EoL
- The creation of an education offer which couples the availability of resources in the locality, whilst also responding to challenges across the care home working environment
- In conjunction with commissioning, PCNs should be encouraged to agree minimum standards of support/engagement with care homes (i.e. ward rounds, visits etc)
- Revisit the Immedicare offer in terms of literature, resources and encouragement to use. Mandate a standardised approach to utilisation.
- Extend the administration and availability of IV Antibiotics and Fluids to care homes and revisit/conceive pathway
- Create end of life support line (and register) for those who are (patients, families, carers and professionals) are in the last 12 months/last phase of life
- Create patient and families information leaflet

Initiatives/Improvements

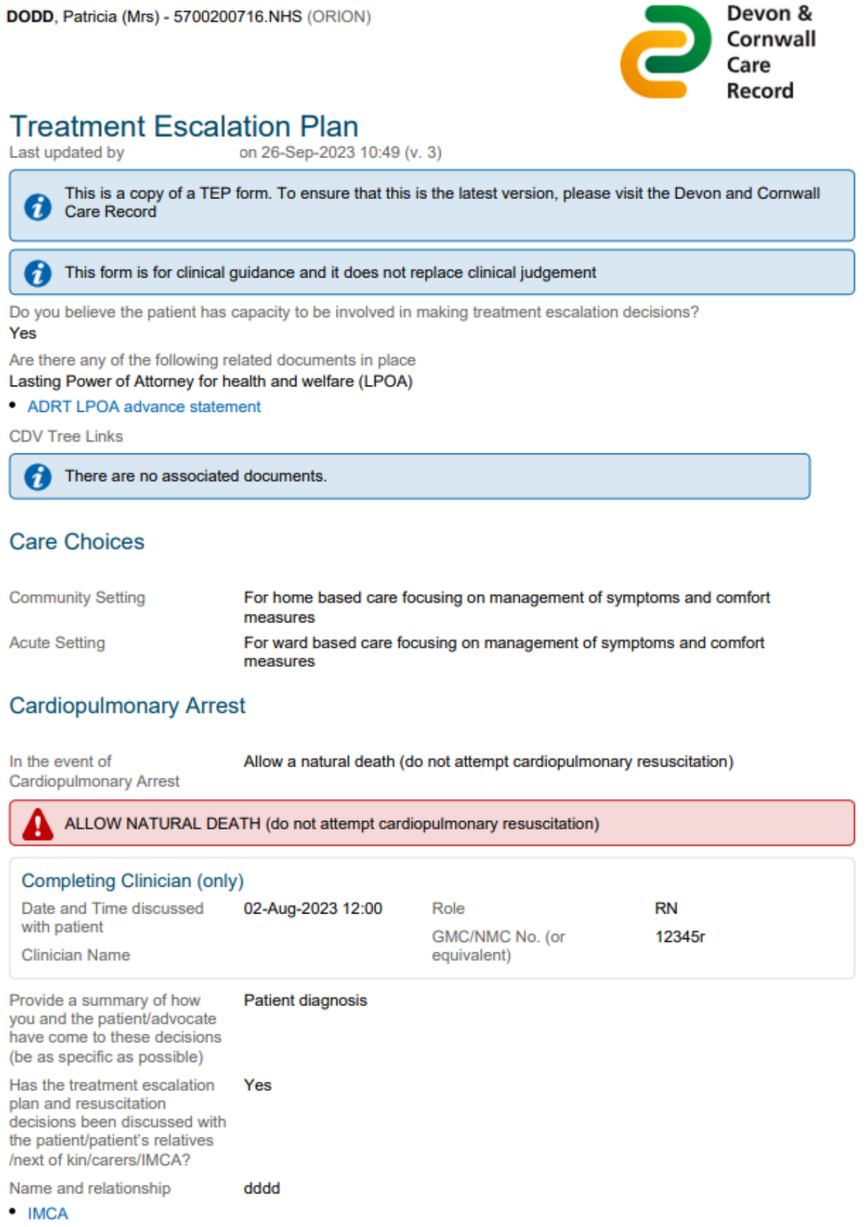
- Identification of last year of life and person centred plans – sharing of patient wishes (Treatment Escalation plans)
- Death literacy – “Lets Talk…”
- Care Home education
- Marie Curie developments – Estover

Devon and Cornwall Shared Care Record

New look Treatment Escalation Plan

In Autumn 2023 healthcare providers in Plymouth and West Devon will be able to use the Devon and Cornwall Shared Care Record (DCCR) to complete and edit TEP forms.

This development will mean a single version of the truth that represents patient wishes and improve quality of care



DODD, Patricia (Mrs) - 5700200716.NHS (ORION)

Devon & Cornwall Care Record

Treatment Escalation Plan

Last updated by on 26-Sep-2023 10:49 (v. 3)

This is a copy of a TEP form. To ensure that this is the latest version, please visit the Devon and Cornwall Care Record

This form is for clinical guidance and it does not replace clinical judgement

Do you believe the patient has capacity to be involved in making treatment escalation decisions?
Yes

Are there any of the following related documents in place
Lasting Power of Attorney for health and welfare (LPOA)

- ADRT LPOA advance statement

CDV Tree Links

There are no associated documents.

Care Choices

Community Setting	For home based care focusing on management of symptoms and comfort measures
Acute Setting	For ward based care focusing on management of symptoms and comfort measures

Cardiopulmonary Arrest

In the event of Cardiopulmonary Arrest	Allow a natural death (do not attempt cardiopulmonary resuscitation)

ALLOW NATURAL DEATH (do not attempt cardiopulmonary resuscitation)

Completing Clinician (only)

Date and Time discussed with patient	02-Aug-2023 12:00	Role	RN
Clinician Name		GMC/NMC No. (or equivalent)	12345r

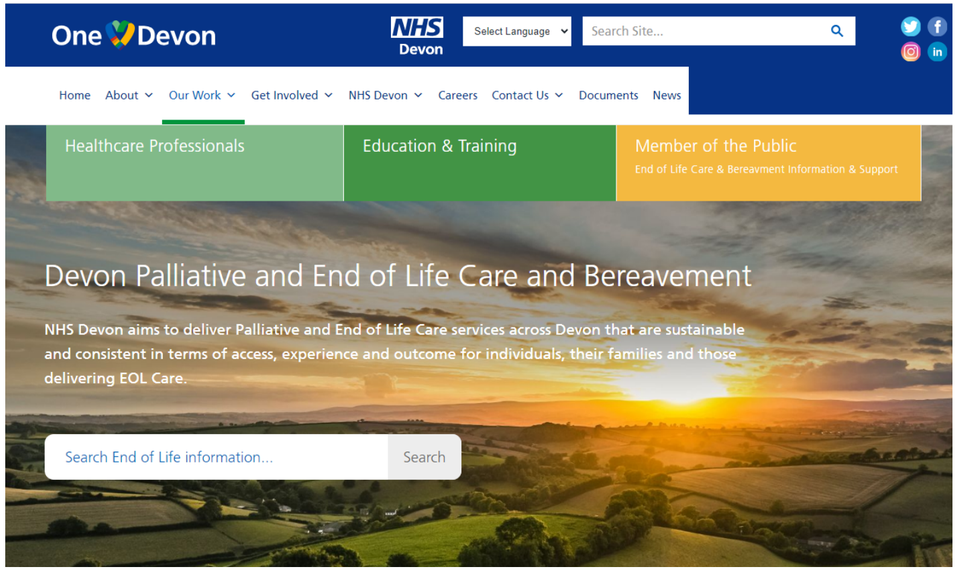
Provide a summary of how you and the patient/advocate have come to these decisions (be as specific as possible)	Patient diagnosis
Has the treatment escalation plan and resuscitation decisions been discussed with the patient/patient's relatives /next of kin/carers/IMCA?	Yes
Name and relationship	dddd

- IMCA

Resources and additional information

Resources

- TEP best practice video for professionals: Overview of TEP
- Patient resources: Public TEP overview
- New EOL website: https://onedevon.org.uk/eol/
- DCCR Resource Library



A Compassionate City

A compassionate city is a community that recognises that care for one another at times of crisis and loss is not simply a task solely for health and social services but is everyone's responsibility.

In a compassionate city, we all stand to benefit.

At a conference held in Plymouth in 2018, schools, places of worship, GP surgeries, solicitors and charities – and many other organisations and groups from across the community – called for our city to have an End of Life (EoL) Compassionate City Network and all agreed the following vision:

Our Vision: Plymouth will not shy away from the taboo subject of death, but talks openly about it, in order to create a city that is truly informed and compassionate towards those facing end of life or experiencing loss and bereavement.

We will create a Compassionate City by working towards the international Compassionate City End of Life Charter. For more information, click here.

We're pleased that Plymouth now has a thriving end of life network, with over 90 individuals and organisations already signed up to work towards the key objectives of the EoL Compassionate City Charter which has been formally adopted by Plymouth City Council.

Marie Curie – Estover project

January 2024

Segmentation

L L49 L50 L51 L52 L53

L Vintage Value

Elderly people with limited pension income, mostly living alone

6.46% | 4.17%

Who We Are

Age	Household income
66+	<£15k
408 | 75.4%	466 | 76.7%
Household composition	**Number of children**
Single	No children
190 | 75.4%	144 | 99.8%
Tenure	**Residency type**
Council/HA	Flat
318 | 56.2%	204 | 47.2%

Advert Response Channel

76	89	77
51	59	97

Key Features

- Retired singles
- Council/HA tenants
- No qualifications
- Low discretionary income
- Very low-tech households
- Fuel and water poverty

Household Technology

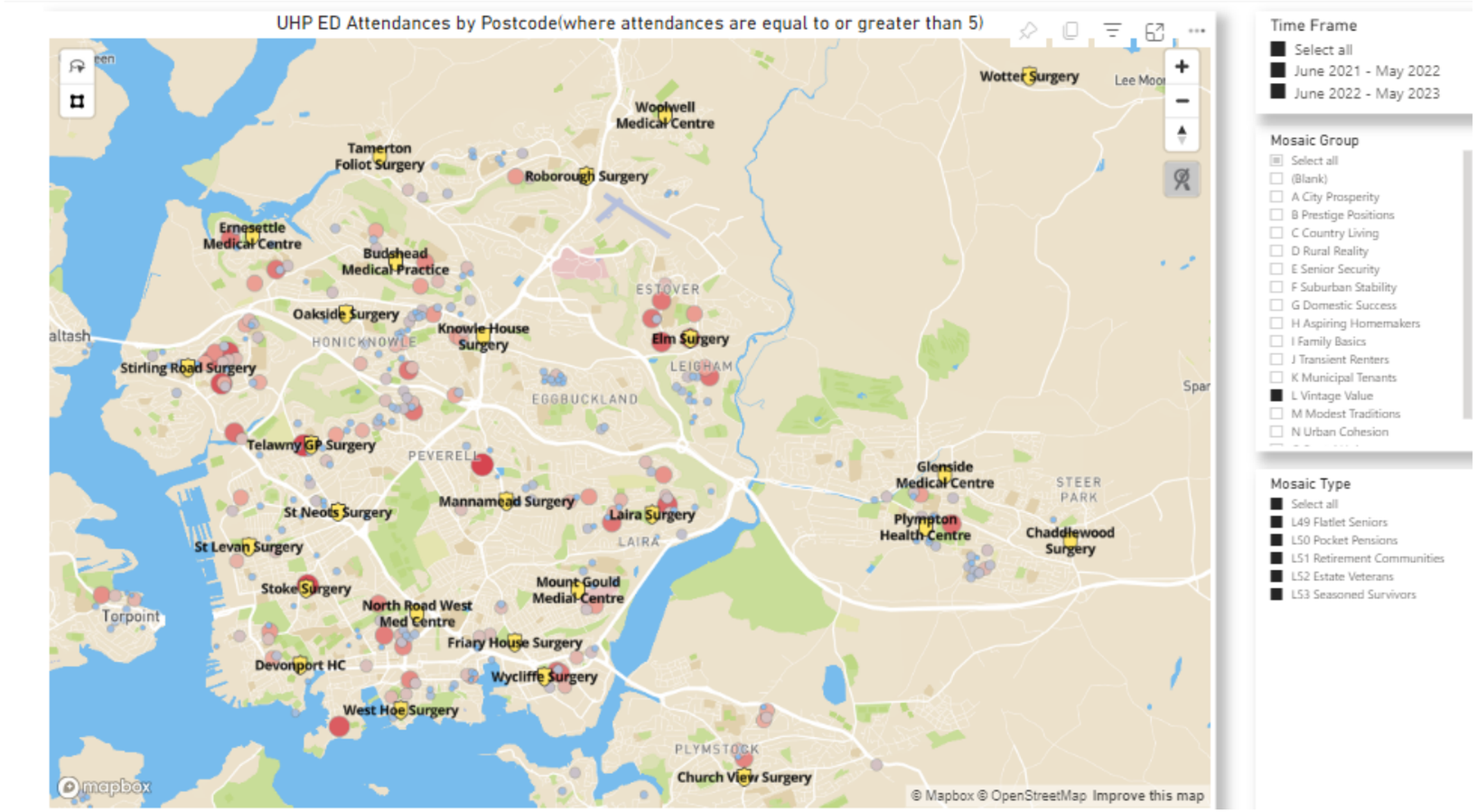
Very Low



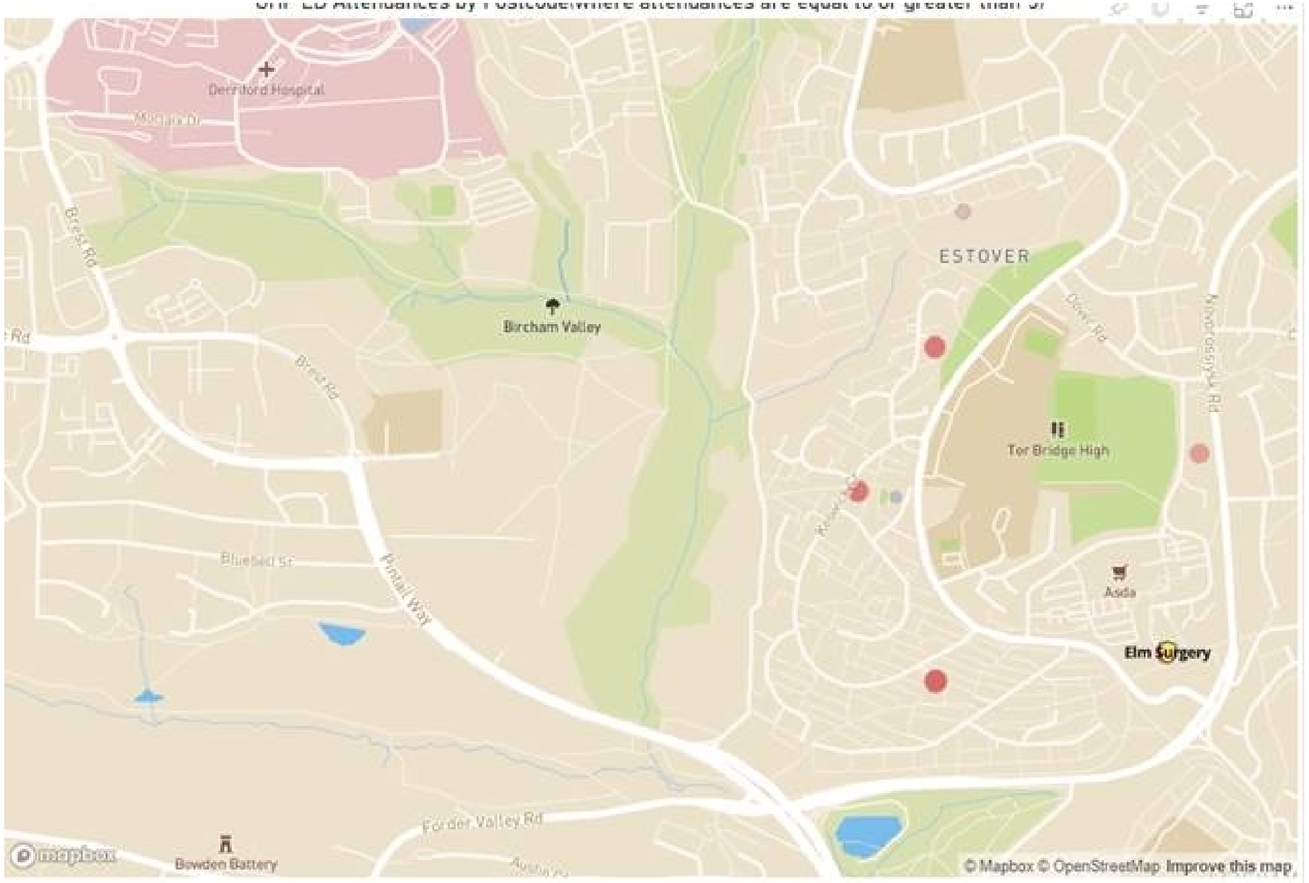



Mosaic UK

Vintage value – both years



Area


Dartford Hospital
Bircham Valley
ESTOVER
Tor Bridge High
Asda
Elm Surgery
Bowden Battery
Forder Valley Rd
Bluebell Dr
Pintail Way
Brent Rd
Dover Rd
Knockhall Rd
© Mapbox © OpenStreetMap Improve this map

Housing stock

Postcode	No. of ED attendances for 2 years	Location
PL6 8UF	85	127 Leypark Walk – Anchor Care Runnymede Court rented housing with extra care has 38 one and two bed retirement apartments with shared gardens and a guest room for visiting friends and family https://www.anchor.org.uk/our-properties/runnymede-court-rented-housing-extra-care-plymouth
PL6 8SL	91	Keswick Crescent – 2 bedroom houses - ?Social housing – not PCH
PL6 8TL	23	Wasdale Close – mixed some owner occupied / some social housing – opposite school and nursery
PL6 8TH	71	Wythburn Gardens – one bedroom bungalows - ?social housing
PL6 8UE	55	Leypark Court – Sheltered Housing – 30 flats run by PCHomes
PL6 8TT	72	Keswick Crescent – near Premier Stores – looks like 2 bedroom houses
PL6 8XB	37	Penrith Walk – some maisonettes and one bedroom bungalows – zero deposits rentals

Estover Cause of Death

Malignant neoplasm of bronchus or lung, unspec	6.5%
Chronic obstructive pulmonary disease, unspecified	6.5%
Acute myocardial infarction, unspecified	4.8%
Malignant neoplasm of pancreas, unspecified	4.8%
Malignant neoplasm of oesophagus unspecified	4.8%
Pneumonia, unspecified	4.8%
Chronic obstruct pulmonary dis with acute lower resp infec	3.2%
Malignant neoplasm, intrahep bile duct carcinoma	3.2%
Chronic ischaemic heart disease, unspecified	3.2%
Peripheral vascular disease, unspecified	3.2%
Pulmonary embolism without mention of acute cor pulmonale	3.2%
Septicaemia, unspecified	3.2%

	East	North	Plymouth	South	West	Devon Total
Malignant neoplasm of bronchus or lung, unspec	4.5%	4.1%	5.3%	4.0%	3.8%	552
Chronic ischaemic heart disease, unspecified	4.7%	4.4%	2.9%	3.5%	4.4%	492
Other specified general symptoms and signs	2.8%	3.4%	3.6%	3.7%	2.2%	413
Vascular dementia, unspecified	3.3%	2.3%	3.1%	3.1%	3.2%	379
Alzheimer's disease, unspecified	3.2%	2.9%	2.9%	2.7%	3.2%	370
Pneumonia, unspecified	2.6%	2.5%	2.2%	2.7%	2.6%	318
Acute myocardial infarction, unspecified	2.5%	2.8%	2.7%	2.4%	1.8%	315
Atherosclerotic heart disease	1.5%	1.3%	3.3%	2.8%	1.2%	275
Chronic obstructive pulmonary disease, unspecified	1.9%	2.3%	2.8%	1.8%	1.6%	259
Chronic obstruct pulmonary dis with acute lower resp infec	1.2%	1.3%	2.6%	2.1%	2.0%	224
Malignant neoplasm of pancreas, unspecified	1.8%	1.5%	1.6%	1.2%	1.6%	191
Malignant neoplasm of breast, unspecified	1.6%	1.5%	1.4%	1.3%	1.2%	178
Heart failure, unspecified	1.5%	1.7%	1.2%	1.3%	0.2%	170
Malignant neoplasm of oesophagus unspecified	1.5%	1.1%	1.0%	1.4%	2.0%	168
Bronchopneumonia, unspecified	1.1%	1.2%	1.3%	1.4%	0.6%	152
Cerebrovascular disease, unspecified	1.2%	1.7%	0.9%	0.8%	1.8%	142
Aortic (valve) stenosis	1.1%	0.8%	0.8%	1.2%	0.6%	128
Congestive heart failure	1.3%	1.8%	0.7%	0.4%	1.0%	124
Septicaemia, unspecified	0.9%	1.3%	1.5%	0.6%	0.6%	124
Alzheimer's disease with late onset	1.0%	0.5%	0.7%	1.2%	1.0%	117
Malignant neoplasm of bladder, unspecified	0.8%	1.0%	0.9%	1.2%	0.4%	116
Intracerebral haemorrhage, unspecified	1.1%	1.0%	1.0%	0.4%	1.6%	108
Malignant neoplasm of colon, unspecified	0.9%	1.0%	0.7%	0.5%	0.8%	97
Other interstitial pulmonary diseases with fibrosis	0.5%	0.9%	0.3%	0.9%	1.4%	88
Chron obstruct pulmonary dis wth acute exacerbation, unspec	0.6%	0.8%	0.9%	0.6%	0.2%	85
Urinary tract infection, site not specified	0.6%	0.5%	0.9%	0.7%	0.2%	81
Gastrointestinal haemorrhage, unspecified	0.5%	0.5%	0.7%	0.6%	0.6%	75
Pulmonary embolism without mention of acute cor pulmonale	0.5%	0.9%	0.9%	0.4%	0.2%	74
Multiple myeloma	0.6%	0.4%	0.5%	0.6%	1.0%	71
Cerebral infarction, unspecified	0.3%	0.2%	1.0%	0.8%	0.2%	71
Other Diagnoses (including uncoded):	24.3%	24.3%	26.2%	27.4%	29.4%	3219

Note: There may be some coding issues and missing data

Marie Curie Project

Started 18th January 2024

1. Improve the identification of people nearing the end of their lives
2. Support to staff and residents to improve the knowledge and culture around death, dying and bereavement
3. Improve the wellbeing of residents and reduce feelings of social isolation
4. Take a proactive approach to Advance Care Planning
5. Aim to work with 200 people over 6 months

Partners engaged to date

- Elm Surgery
- St Luke’s
- Elm Community Builder
- Compassionate City development worker
- Plymouth City Council – Research / Public Health
- Belong in Plymouth
- Plymouth Community Homes
- Eldertree
- Asda

“Remember that death is a social event with a medical component, not a medical event with a social component. The larger part of dying happens outside of the institution and professional care”.

Allan Kellehear

HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Tracking Decisions Log 2023 - 24

Please note that the Tracking Decisions Log is a 'live' document and subject to change at short notice.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme and tracking decisions, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Tracking Decision Overview	
Complete	**5**
Part-Complete	**7**
On Hold	
Awaiting Action	
Total	**12**

Enter any content that you want to repeat, including other content controls. You can also insert this control around table rows in order to repeat parts of a table.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
1.	13/12/2023	The Committee agreed: 1. To request figures detailing the number of people awaiting an assessment for a care package, and figures for short-term vs long-term need; 2. To note that the Quarterly Performance report would be reviewed and updated to include other appropriate benchmarks, targets and metrics;	Rob Sowden (Senior Performance Advisor)	Part-Complete
Response: These figures have been compiled and will be included in the next updated format of the Quarterly Performance report for this Committee.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
2.	13/12/2023	To request further information regarding the level of funding that had been secured for the 100 Day Challenge;	Chris Morley (NHS Devon)	Part-Complete
Response: Enquiries have been made and a figure will be provided shortly.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
3.	13/12/2023	1. To request further information regarding the total number of people impacted by the planned and enacted pharmacy closures; 2. To request further information regarding the cause of pharmacy closures; 3. To request that results from the Independent Prescribing Pathfinder Programme are brought to a future meeting; 4. To request further information regarding the opportunities for pharmacies to be integrated within the new Wellbeing Hubs in the city;	Melissa Redmayne (NHS Devon ICB)	Part-Complete

Response: Additional information is being compiled by NHS Devon. The Pathfinder Programme has been added to the Work Programme for future consideration.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
4.	13/12/2023	To recommend that the Health and Wellbeing Board considers a supplementary statement to the PNA at the next Board meeting in January.	Councillor Mary Aspinall (Cabinet member for H&ASC & Chair of H&WB)	Complete
Response: Presentations regarding pharmacy provision and closures were delivered by NHS Devon ICB at H&WB in January, as well as the consideration of a Pharmaceutical Needs Assessment update. The H&WB agreed to accept the proposal to 'go early' with the publication of the next Plymouth PNA (March 2025 as opposed to September 2025), and to support and engage in the development (in the coming months) of the NHS Devon ICB Pharmacy Strategy (which in turn will inform the 2025 version of the Plymouth PNA).				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
5.	26/10/2023	The Committee requested: 1. To be provided with further information regarding the financial implications of compensation awards, following LGO complaint recommendations. 2. To recommend that the Cabinet Member for H&ASC review the template and process for complaint responses, to ensure they are clear, readable and personal. 3. To recommend that the Cabinet Member for H&ASC has oversight of all LGO reports and recommendations relating to their portfolio.	Helen Slater/ Rob Sowden/ Emma Crowther.	Part-Complete

Response: A report detailing the financial implications of LGO complaints has been compiled and will be included in the next Quarterly performance report for H&ASC. The Cabinet member has agreed to review the process for complaint responses, and an update will be brought to the Committee when complete. The Cabinet member has oversight of LGO complaint responses during PFH meetings.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
6.	26/10/2023	The Committee agreed to review the methodology for Domiciliary Care Procurement at a future date, as well as the New Commissioning Plan, following its review at Cabinet.	Elliot Wearne-Gould	Complete
Response: Item added to the work programme for future consideration.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
7.	26/10/2023	The Committee recommended that Councillors promote and share the 'Choose Well Campaign', as well as NHS Devon's Communications Strategy within their wards and communities to assist preparations for winter demand.	Livewell SW	Complete
Response: The Choose Well Campaign is available here: https://www.wwl.nhs.uk/choose-well. Information on how to promote signposting and the Choose Well Campaign through social media has been circulated to Committee members.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
8.	27/06/2023	The Committee recommended that the Cabinet Member for H&ASC install defibrillators at the 5 locations identified within the report, and that the methodology was re-examined to include additional locations such as the Council House, and appropriate city libraries.	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social	Part-Complete

		The Committee welcomed the Cabinet member's amendment of recommendation 7: 'That PCC work with partners to provide defibrillators at St Budeaux library and Southway library' to include "and other appropriate locations".	Care), Ruth Harrell, and Ann Thorp	
Response: (Ann Thorpe) Installation of defibrillators across the city: Following my earlier response, I have been contacted by the DHSC and following some discussions with the PICs at our sites have been able to confirm that all 5 sites (St Budeaux library, Southway library, Raglan Court, The Reatch Centre and Colwell Lodge) could match the criteria for the funding and they have now offered us partial funding for 5 defibrillators. The Guildhall. There is a unit at The Guildhall with standard availability being 8.00 to 16.30, with additional availability when there is an event onsite. We will be making this available 24/7 by locating it externally subject to Historic England advice. Chelson Meadow. There are 2 units at Chelson Meadow, one at The Ride available 24/7 and one in the recycling centre available 08:30-17:30. An additional defibrillator has been located at Southway Youth Centre with support from the local community group. The defibrillators in situ as shown above are also registered on The Circuit and with Facilities Management for ongoing maintenance.			

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
9.	Mental Health Select Committee 07/03/2023	Based on evidence submitted by the Plymouth Youth Parliament, the Committee recommends to the Plymouth Education Board, that a 'place-based' teaching approach of the physical health and mental wellbeing section of the statutory relationships, sex and health education curriculum be developed in the city, which must address social media, exams, drugs, alcohol and vaping.	Annie Gammon (Interim Service Director Education, Participation and Skills)	Part-Complete
Response: This item has been covered at the Plymouth Education Board in May 2023 – particularly the focus on mental and emotional health. Further communications to schools about vaping have been jointly produced by Public Health and EPS. A further discussion will take place at the next PEB in February 2024.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
10.	Mental Health Select Committee 07/03/2023	The Committee recommends that the Plymouth Education Board strongly encourages schools to participate in Plymouth's Youth Parliament and ensures that links between Youth Services and schools are developed and strengthened.	Annie Gammon (Interim Service Director Education, Participation and Skills)	Complete
Response: Communications about participation in Youth Parliament, and about Youth Services, were circulated in an Autumn bulletin to schools as well as being further promoted in the Head teachers' online briefing in December 2023.				

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
11.	Mental Health Select Committee 07/03/2023	The Committee is not adequately assured that the mental health support for veterans in Plymouth is sufficiently coordinated or communicated. The Committee therefore recommends that at a future Armed Forces Covenant meeting, the support for veteran's mental health and wellbeing is evaluated, and findings fed back to this Committee. The Committee also: a. Pledges its support and gratitude to all Veterans across the City; b. Recommends that NHS England engages with the Defence Medical Services to ensure a suitable plan is arranged for service personnel when leaving the military, and that this is followed up on post discharge. c. Recommends that the Plymouth online directory is more widely communicated to ensure that all residents and elected members have a centralised point to access support. d. The role of veterans mental health champions and improved support be considered within the City e. Healthcare Services within the City seek to achieve Veteran Aware Status.	Armed forces Covenant , NHS England, PCC, MH Provider Collaborative, NHS Devon ICB, Livewell SW	Part-Complete

		f. The Chair writes to Johnny Mercer MP advising that the Armed Forces Covenant will be undertaking a review of existing health and wellbeing support for veterans across the city, and urges him to continue to work cooperatively to boost communication and signposting for veterans.		

Overview Response: Veterans mental health and wellbeing support is provided by numerous health partners and VSCE organisations across the City. Information regarding access and availability of support can be found on the Plymouth Online Directory, and the Councillor Hub has been updated with directions to this. The Armed Forces Covenant will be reviewing veterans support in the City, and an invitation extended to all relevant providers. A letter to Johnny Mercer MP has been drafted, and will be sent following confirmation of the AFC meeting.

Response, NHS Devon ICB: We would be happy to engage with the recommendation to collectively review support for veteran's mental health and wellbeing as part of a future Armed Forces Covenant meeting.

Response, Councillor Chris Penberthy, AFC: I would like to thank the Select Committee for their time and their valuable insights.

The Armed Forces Community Covenant as a whole was also scrutinised last year by a Select Committee convened by the Performance, Finance and Customer Experience Overview and Scrutiny Committee. Issues of mental health not only for veterans but also for the children, young people and partners of serving personnel as well as that for those serving were identified as needing improvement. That Select Committee also identified concerns about housing, transition, broader educational support, spousal employment and partnerships. Issues of armed forces family member's mental health, especially that of children, was also raised by the Children and Young Peoples Overview and Scrutiny Committee.

This administration welcomes the input from all of this Scrutiny activity; it highlights that we need to do better. We will be working on including the recommendations as we now take responsibility for our Armed Forces Community Covenant

This administration believes that we need to build on our previous covenant commitments, learn from the Scrutiny Select Committees that were undertaken and other feedback that I have been hearing in order to do better than we have done before. In order to do this we will be reviewing our Armed Forces Community Covenant, developing a work programme, revisiting the city-wide support structures and revitalising our approach to partnership. Once the detailed timetable for this work has been agreed I will be requesting that the new approach to our Armed Forces Community Covenant and how the broader Covenant is supported in Plymouth is scrutinised by the Performance, Finance and Customer Experience Overview and Scrutiny Committee.

I am pleased that Cllr Pauline Murphy has been appointed as our Armed Forces Community and Veterans' Champion and in this role will be Chairing the Plymouth Armed Forces Covenant. I look forward to working with Cllr Murphy as we undertake the activity described and deliver the work programmes that arise.
Response, Livewell SW: We would be happy to engage with the recommendation to collectively review support for veteran's mental health and wellbeing as part of a future Armed Forces Covenant meeting.

Rec No.	Meeting Date	Resolution	Officer Responsible	Status
12.	10/03/2023	The Committee recommends that NHS Devon respond within 15 working days, detailing a fully-costed plan to ensure the sustainability and viability of the 3 effected GP practises who were due to take up residence in the West End Hub. The Committee recommends that the ICB report to a future scrutiny meeting on the work being undertaken to support local GP practices and ensure health outcomes are maintained/ improved across the city.	Jo Turl & Alex Cameron (NHS Devon ICB)	Complete
Response: NHS Devon attended H&ASC in December 2023 to update on the 3 affected GP practices. The Committee will continue to monitor the sustainability and support given to the 3 GP practices, along with further plans for the Colin Campbell Court site.				

HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2023 - 24

Please note that the work programme is a 'live' document and subject to change at short notice. This is a draft document, under consideration with the chair and council officers.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Meeting Date	Agenda item	Reason for consideration	Responsible Officer
27/06/23	H&ASC Terms of Reference	Required for noting at the start of a new municipal year, and following AGM changes	Ross Jago & Elliot Wearne-Gould
	Quarterly Performance and Financial Update for Health And Social Care + H&ASC Risk Report	For consideration of H&ASC performance and finance	Rob Sowden, Helen Slater, Chris Morley & Ross Jago
	No Right to Reside Update	For consideration of No Right to Reside performance	Anna Coles
	Better Care Fund Plan	To review the plan for future joint investment between health and social care, to improve hospital no right to reside and admission avoidance performance	Anna Coles
	Future Hospitals Plymouth Update	To review progress of the Future Hospitals Programme and developments at UHP	Amanda Nash
	Community Diagnostics Centre	To review progress of the CDC proposals	Amanda Nash
	Defibrillator Report from Motion on Notice	Added by Committee in the last municipal year in response to City Council Motion on Notice	Ruth Harrell
	Tracking Decisions	Standing Item for consideration of action progress	Elliot Wearne-Gould
	Work Programme	Standing Item for consideration of future meeting items	Elliot Wearne-Gould

	Quarterly Performance and Finance update	Standing item for consideration of H&ASC performance, finance and risks	Rob Sowden, Helen Slater & Chris Morley
27/09/23 moved to 26/10/23	No Right to Reside Update	For consideration of No Right to Reside performance	Gary Walbridge
	LGO Recommendations for H&ASC	For consideration of the LGO recommendations pertinent to H&ASC, and actions taken/ necessary	Rob Sowden
	Commissioning of Domiciliary Care	For consideration of Dom care procurement methods, monitoring and standards	Emma Crowther and Jo Green
	Winter Preparedness and Planning	For consideration of winter preparations and plans relating to H&ASC	Chris Morley (NHS Devon ICB) and Alex Degan
14/11/23 moved to 13/12/2023	H&ASC Performance & Finance Update	Regular Monitoring of Performance and Finance for H&ASC.	Rob Sowden Helen Slater
	No Criteria to Reside Update	Regular monitoring of Hospital Discharge data against targets.	Gary Walbridge
	GP Practice	Update on the plan to ensure the sustainability and viability of the 3 effected GP practises who were due to take up residence in the West End Hub. + General GP performance update (Including new Mayflower contract)	Jo Turl (NHS Devon) + Matt Ward
	Outcomes From Health System 100 Day Plan	For an update on the impact of a focussed project to improve health outcomes in Plymouth.	Chris Morley
	Pharmacy	Pharmacy Closures and wider provision/performance.	Jo Turl, Melissa Redmayne and Jo Watson + David Bearman
	Adult Social Care: CQC Assurance and Self-Assessment	Information on preparations for the framework of inspection for Adult Social Care.	Gary Walbridge & Rob Sowden

20/02/24	End of Life Care	For scrutiny of the End of Life Care pathway and quality of care.	UHP, Livewell SW, NHS DICB
17/07/24	TBC	TBC	TBC
Select Committee:			
Regular Items:			
No Right To Reside Performance Update			
Quarterly Performance And Financial Update For Health And Social Care – with H&ASC Risk Monitoring Report			
Future Items:			
Maternity Care (Following Derriford's CQC Report)			
Update On The Progress And Outcomes Of The Drug And Alcohol Oversight Board			
ICB Capital Funding Report			
Health And Wellbeing Hubs: Update And Future Sites			
Overview Of Adult Social Care Provider Market (Workforce, Quality, Capacity)			
Better Care Fund Update on Progress			
Systems Plan for Winter Progress Monitoring Update			
Independent Prescribing Pathfinder Programme (NHS Devon)			
Residential Care Homes Commissioning Plan			

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