



St Luke's
Hospice Plymouth

Overview & Scrutiny Committee End of Life Care Plymouth



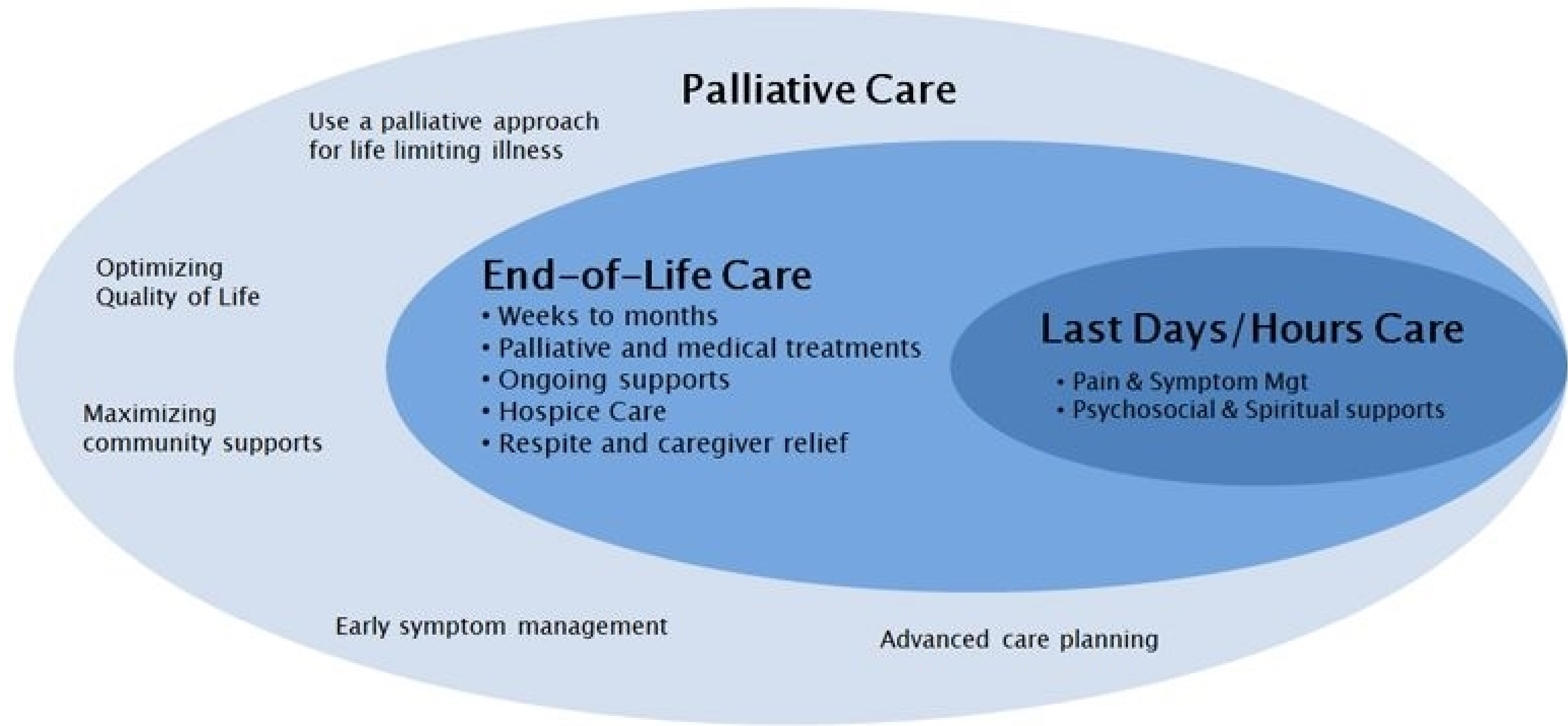
Part 2

6 March 2024



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

Definitions



“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



100 Day Challenge

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 family's information leaflet

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)



Treatment Escalation Plan

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

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

i 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

i 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**

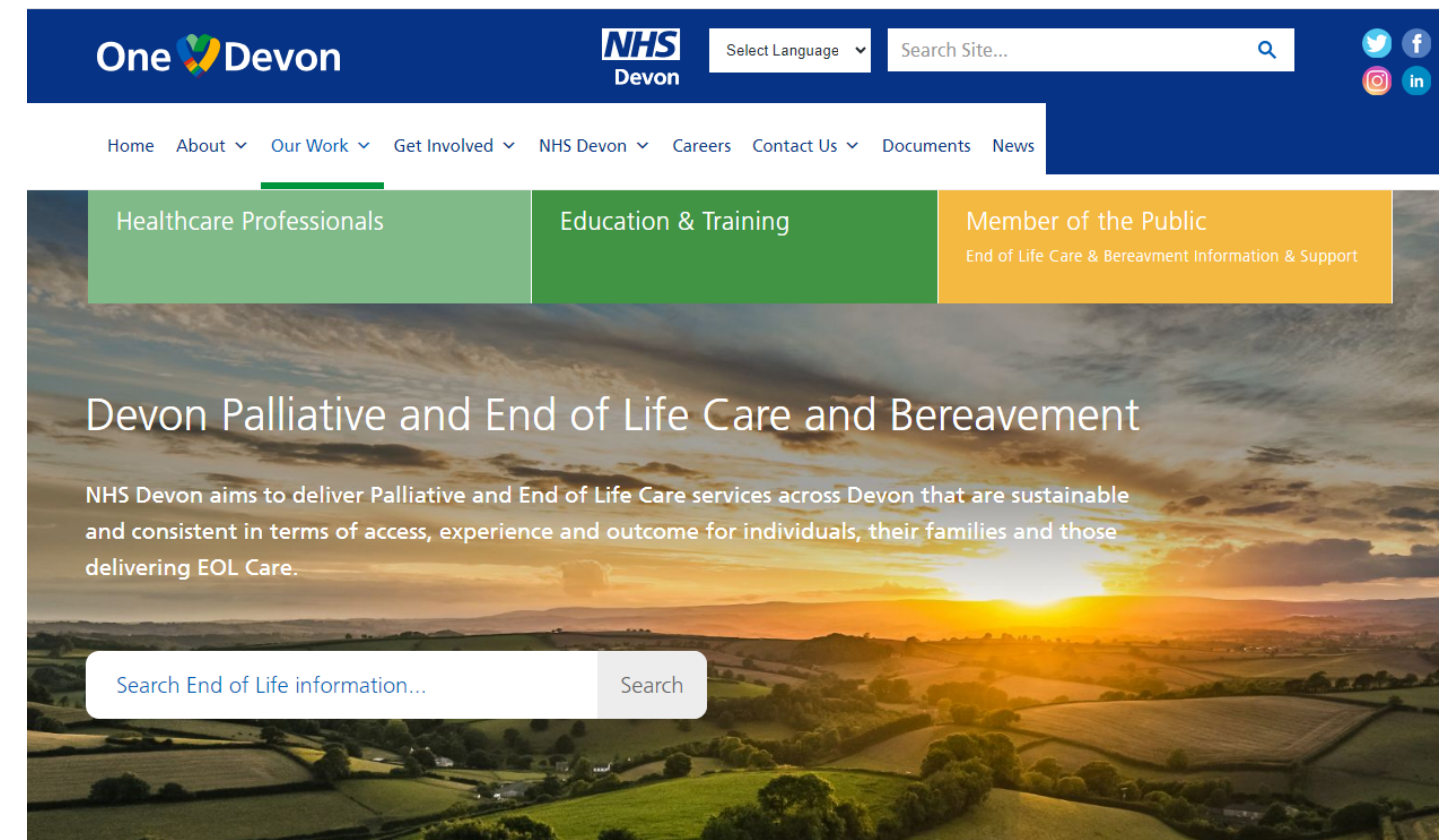
Name and relationship **dddd**

- [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](#)



Marie Curie – Estover project

Karen Burfitt
Associate Director, Strategic Partnerships and Services
Marie Curie – South West and South East of England

Segmentation

L
L49
L50
L51
L52
L53

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Vintage Value

Elderly people with limited pension income, mostly living alone

🏠 6.46% | 👤 4.17%



Key Features

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

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 |

Household Technology



Very Low







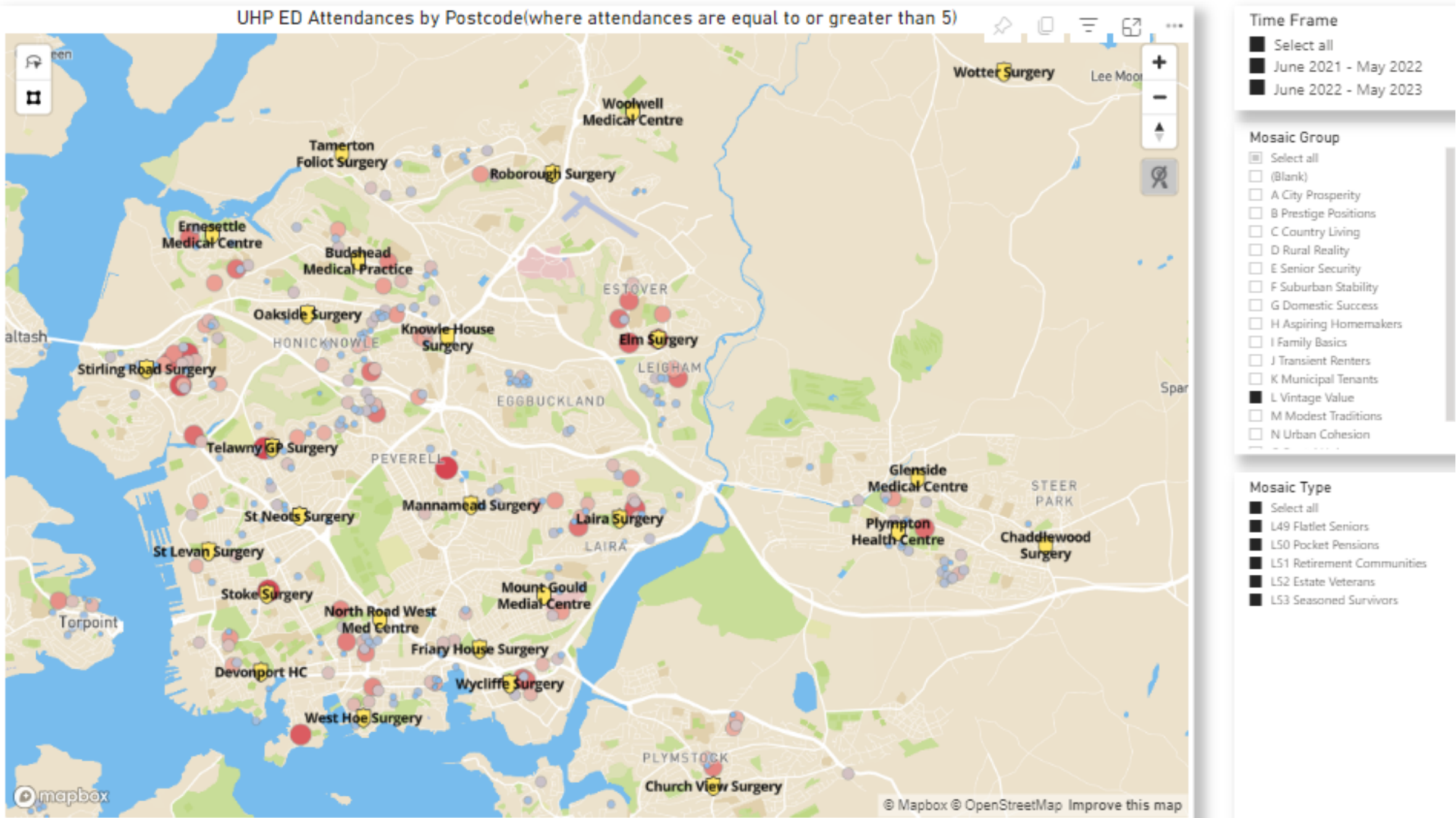




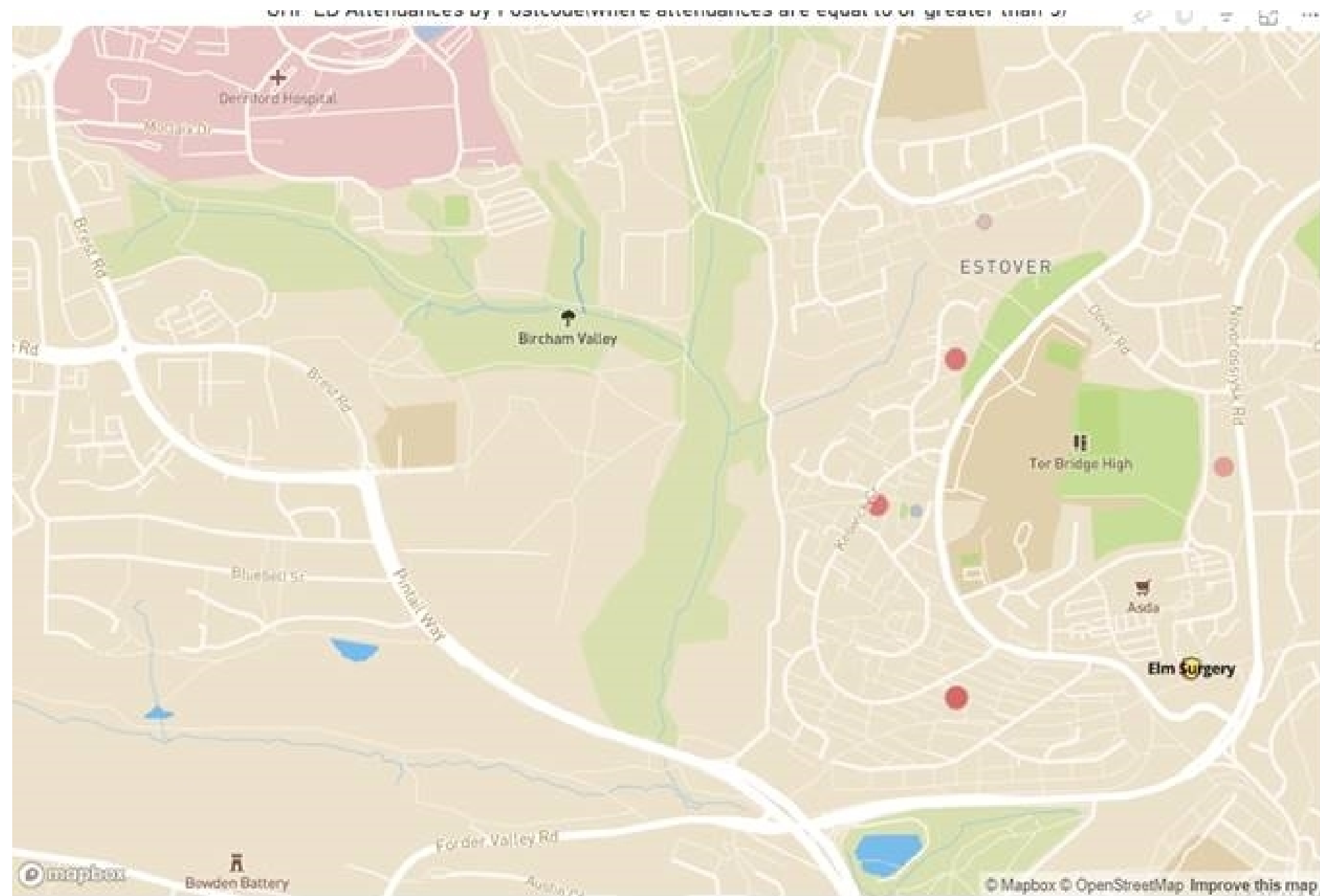


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www.segmentationportal.com

Vintage value – both years



Area



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 with 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



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

Compassionate City

Frances Hannon

Associate Director Quality & Patient Experience

St Luke's Hospice Plymouth



St Luke's
Hospice Plymouth



One  Devon



Plymouth - 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.

Establish a Compassionate City Steering Group – Original Spec.

The aim of this objective is to ensure that the collective will across the city delivers the aims of the Compassionate City Charter for End of Life. This requires a co-ordinated effort from all sectors to improve the lives of those who are dying or experiencing loss, death and bereavement.

The charters objectives will be delivered through a city-wide End of Life Compassionate Steering Group which will have leads who are linked to charter action groups that will implement the Compassionate City Action plan, using the Compassionate City Charter as a framework.

This network will be hosted by Plymouth City Council and administered by St Luke's. It will be led by the different sector leads/organisations in the city and surrounding areas.

There will be a Compassionate City Charter End of Life Steering group who will review the activities and progress of the network to promote engagement and support from all sectors of the city.

Where CC is as of 2024?

Covid led to *network* dissipating. New ideas (similar ethos) came along – Belong in Plymouth, Trauma Informed City, Welcoming City. Often similar organisations as involved in Compassionate City.

Lack of individual, energy, time and capacity to drive. Compassionate City has become known as a St Lukes initiative **rather than** a St Lukes **supported** initiative. Our SLH small comm dev team (1.2 wte) have continued to support where there is pull (schools, cafes, death Literacy.) The approach aspire to is asset based community development – to work alongside and **not do to** local communities

Why Compassionate

Communities are important

Care of the dying and bereaved has become over medicalised and society has been very dependent on the health and social care system - need to view this differently?

5% of time is spent in contact with health and social care professionals when someone is in the last months of life - What about the 95%?

Local Community Spirit!

St Luke's Hospice Community Development Team



1.2 wte work alongside
community

Normalise death, dying & grief

Help us ***all*** to build on our assets,
so feel able and comfortable to
support others

Key priorities for 2024

- In collaboration, PCC, UoP, teachers, staff & pupils spread Compassionate Schools, including primary
- Support more communities to establish Compassionate Cafes
- Continue Compassionate Friends awareness sessions with focus on supporting cafes rather than network
- Introduce Last Day's Matter
- Strengthen links with key stakeholders e.g. Plymouth Community Builders, POP, PCC & Marie Curie, inter faith communities
- Death positive libraries
- Connect work into existing programmes e.g. – Belong in Plymouth



Compassionate Cafes



There are now **9** Compassionate Cafes across Plymouth, East Cornwall and West Devon



2 new cafes starting soon in Tavistock and Gunnislake



Working in **partnership** to develop Compassionate Cafes with Wellbeing Hubs, places of worship and local charities and community groups including Wolseley Trust, Argyle Community Trust and South Brent and District Caring.

There are now **9** Compassionate Cafes across Plymouth, East Cornwall and West Devon

Palliative Care Ambitions Framework

Ambition 1 – Each Person is Seen as an Individual

- Some progress has been made in this area with the implementation of the electronic TEP and embedding Advance Care Planning
- End of life is a key priority for system partners transformation programs
- Areas of focus 24/25:
 - Development of clear communication & training strategy (role specific)
 - Data capture process to monitor training uptake
 - Clearly understood service offer across partner organisation with central information point individuals can access to understand service offer, expectations and eligibility
- Areas of focus 25/26:
 - Development of Personal Health Budget at End of Life

Ambition 2 – Each Person Gets Fair Access To Care

- Strong partnership approach to end-of-life care delivery within Plymouth. St Lukes End of Life Urgent Care Service offers rapid home-based care for individuals and has been enhanced to respond to increased demand
- Development of Mount Gould Beds away from busy Emergency Department and Hospital Wards
- Despite capacity growth and additional investment, we know too many people are dying in Hospital or away from their preferred place of death and addressing this through enhanced community provision is a key priority area for the next 12 months
- Areas of focus 24/25:
 - Undertake demand & capacity analysis to better understand end of life care needs within Plymouth, current service offer and specific areas of service gap – (considering bedded/non bedded care and urgent/non-urgent services)
 - Develop commissioning intentions to develop service offer to meet identified need
 - Utilise NHSE Vital Signs Work to ensure clear indicators at a local level alongside data relating to place of death to evaluate service improvement

Ambition 3 – Maximising Comfort and Wellbeing

- Devon wide review of Just-in Case Medication completed with improvements made to improve literature and support
- Advice and guidance through Care-Coordination Hub development and Single Point of Contact development
- Areas of focus 24/25:
 - Develop a process for regular audit of end-of-life care to ensure priorities for individuals are being met
 - Through development of local coordination hub spoke ensure specialist end of life advice and support is embedded

Ambition 4 – Care Is Coordinated

- Development of the Care Co-ordination Hub offer across Devon has provided additional support for professionals responding to an escalation of need, however, there remains a gap in ensuring consistent identification and a coordinated response to individuals requiring end of life care
- The Estover Pilot with Marie Curie offers a positive opportunity to test a different way of working to support identification of end-of-life care needs and enable better link with VCSE service offers in local communities
- Areas of focus 24/25:
 - Identify a tool consistent identification for end of life (e.g. Gold Standards Framework, Daffodil Standards, SPIC)
 - Develop and embed a DCCR end of life register to ensure individuals are identified and recorded to ensure appropriate support as and when required
 - Locality contribution to and delivery of the Devon End of Life service specification
 - Development of a local coordination hub for individuals at end of life (including links to Care Coordination Hub/Spoke model to offer advice/guidance)
 - Explore 'orange folder' to bring together patient assessment, literature, wishes document etc for the patient

Ambition 5 – All Staff Are Prepared To Care

- Significant work has been undertaken over several years to deliver a training offer that ensures consistency for Health & Social Care staff across all settings. The Six Steps programme offered by St Lukes has been successfully delivered to Care Homes and more latterly to a small number of Dom Care providers. However, recent high levels of staff turnover means not all staff are as confident as they once were and Care Homes are reporting this is resource heavy and costly
- UHP have successfully ensured 'Dying Matters' training is now part of mandatory training requirements for all staff
- Livewell have an embedded training model to ensure Staff involved in caring for those people at end of life and/or their loved ones are appropriately skilled is this embedded?
- Areas of focus 24/25:
 - Development of health & social care workforce training/education strategy and development plan – jointly with PCC

Ambition 6 – Each Community Is Prepared To Help

- Plymouth signed up to the Compassionate City Charter in 2018 and a range of activity/connections have been made
- The NHS fair shares funded Community Builders programme offers an opportunity to better understand and support need in local communities
- Areas of focus 24/25:
 - Dying Matters Week 6th – 12th May 2024 to be supported in Plymouth across system partners
 - Building on the Compassionate City work programmes develop a strategy for working with communities to further ‘Death Literature’ and build on community assets