

Health and Adult Social Care Scrutiny Panel

Date of meeting:	15 July 2025
Title of Report:	End of Life Care
Author:	Chris Morley, Locality Director, NHS Devon ICB
Contact Email:	christopher.morley@nhs.net
Your Reference:	Click here to enter text.
Key Decision:	No
Confidentiality:	Choose an item.

Purpose of Report

To provide an update on delivery of the End of Life improvement plan and OSC recommendations

Recommendations and Reasons

- I. To note the report.
Members to support the continued programme of activity to improve end of life care within Plymouth

Alternative options considered and rejected

- I. Alternative options considered and rejected

Relevance to the Corporate Plan and/or the Plymouth Plan

N/A – This is an NHS report and does not relate to the Plymouth City Council Corporate Plan.

Implications for the Medium Term Financial Plan and Resource Implications:

N/A

Financial Risks

N/A

Legal Implications

(Provided by Insert Name / Initials)

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) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Briefing report title							

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Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.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) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Originating Senior Leadership Team member: N/A – NHS report											
Please confirm the Strategic Director(s) has agreed the report? Choose											
Date agreed: Date.											
Cabinet Member approval: [electronic signature (or typed name and statement of ‘approved by email/verbally’)]											
Date approved: Date.											