End Of Life Care
What we are doing in Kent

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Cabinet Member – Adult Social Care and Public Health

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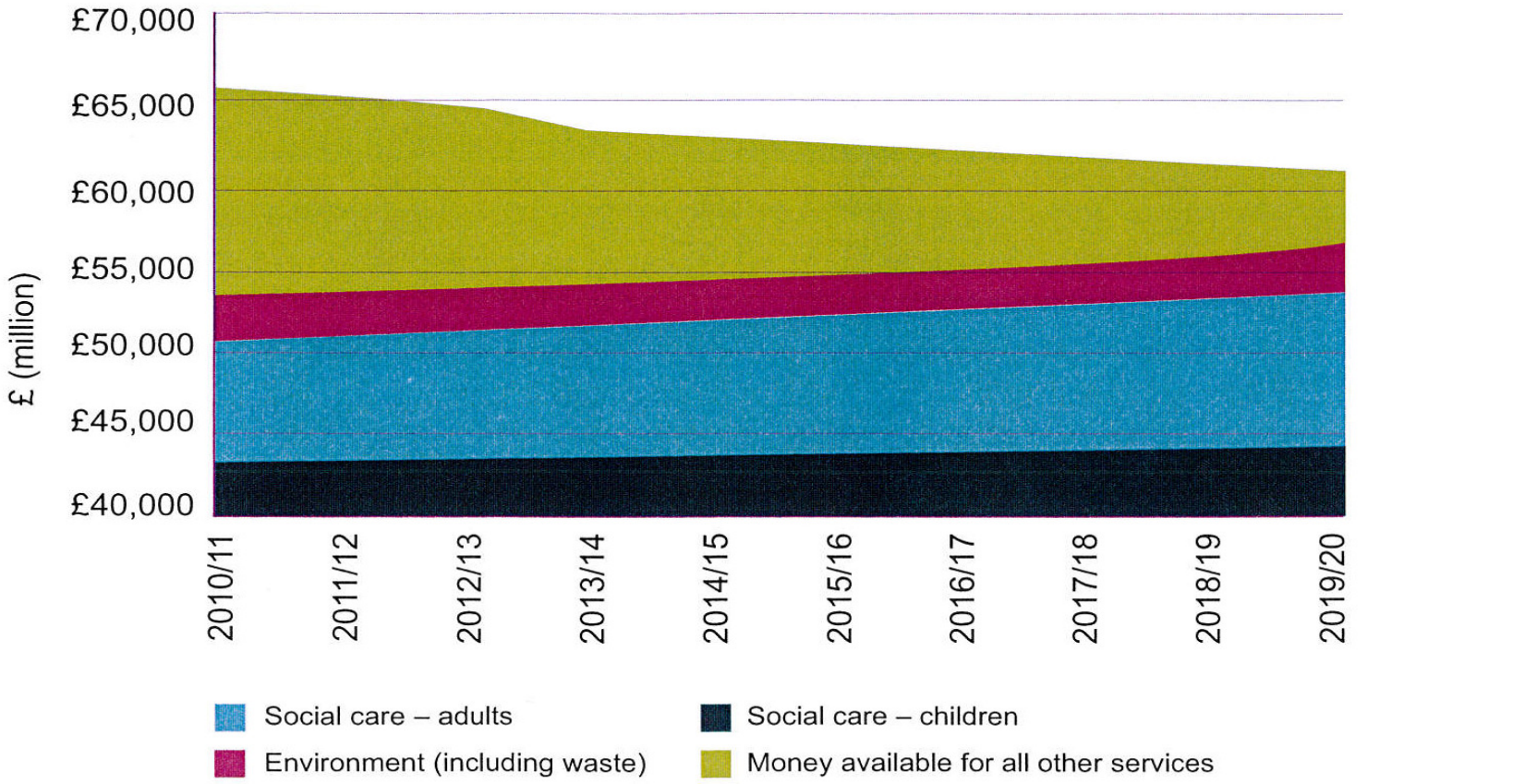

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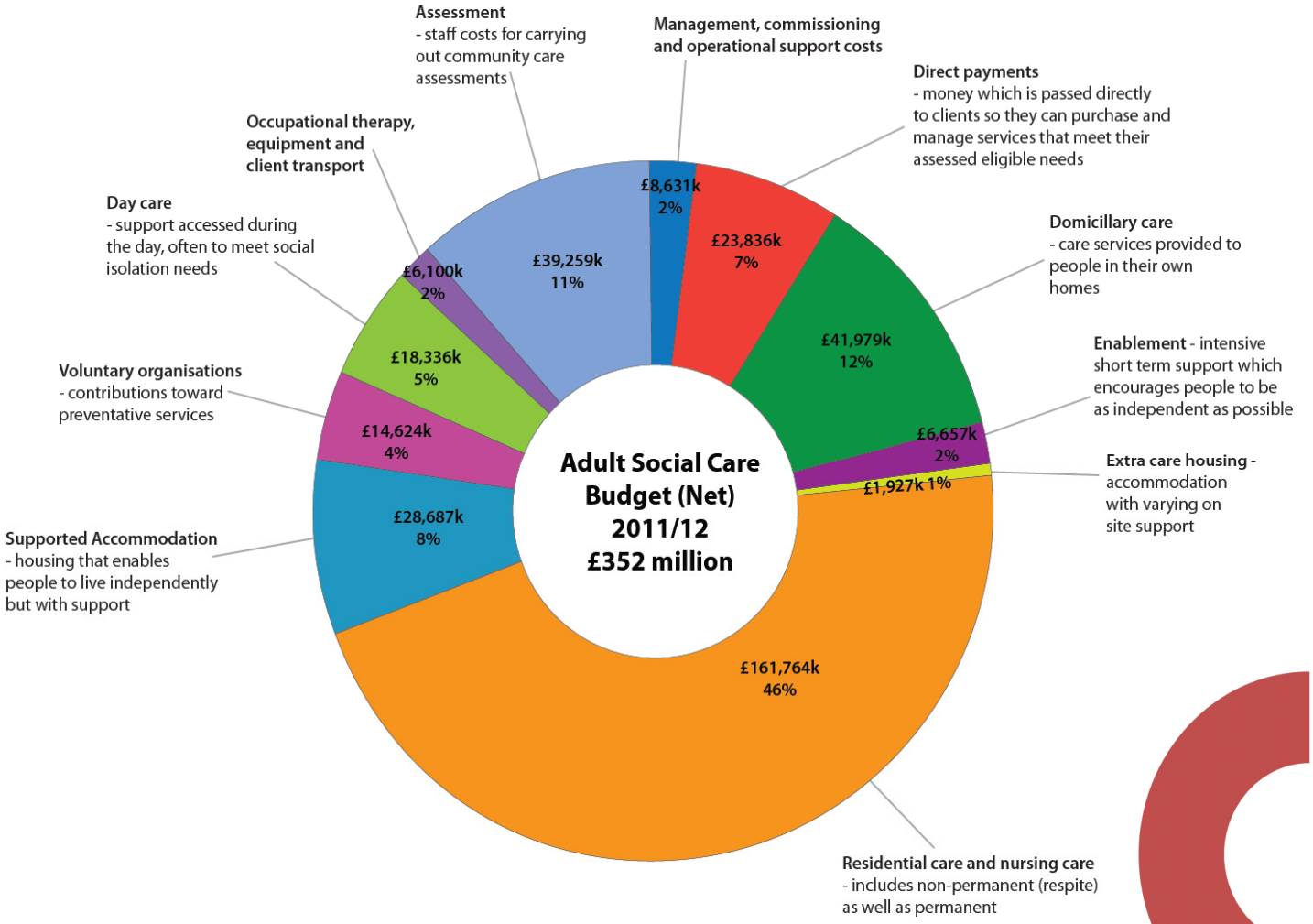
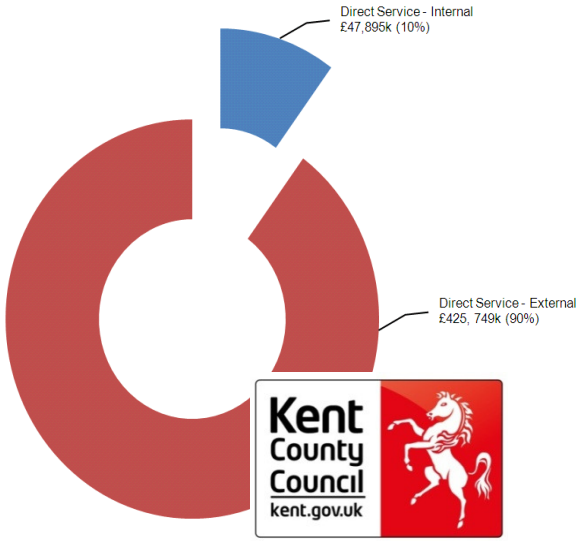
How Adult Social Care spends its budget.





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National Picture

- 455,000 adults (1.12% of popn) died in England in 2010
- Two-thirds > 75 yrs of age
- 53% deaths occurred in an acute hospital
- 75% of deaths were 'expected' ie. primary cause due to diseases of circulatory system, respiratory system or cancer
- Number of deaths expected to rise 17% by 2030
- Average age at death is predicted to increase
- Those dying more likely to have multiple long term conditions

Source:(NICE EoLC Commissioning Guide 2012 www.nice.org.uk/guidance/cmg42)

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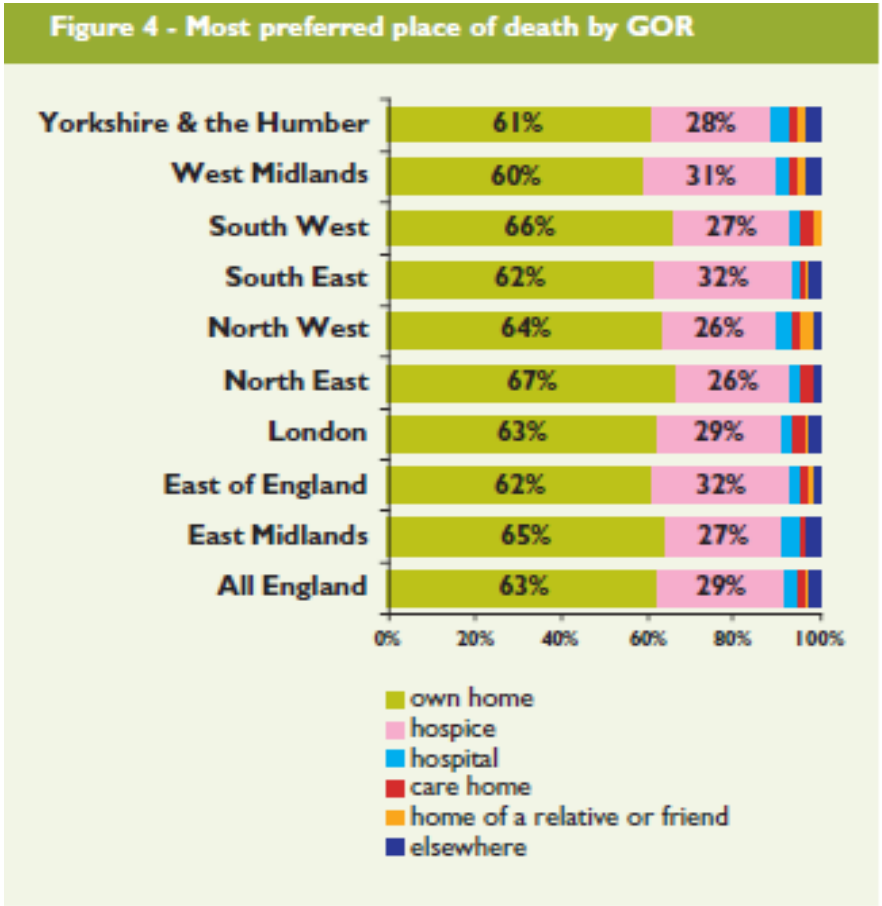
National Picture (continued)

Local preferences and place of death



Source – National EoLC Intelligence Network (2011)
Based on survey of 1351 participants from private households

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National EoLC profile for Kent

Domain	Indicator	LA number	LA indicator value	England average	England lowest	England range	England highest
Place of death	23. Percentage of deaths in hospital*	6,871	**50.5%**	54.5%	42.2%		70.2%
	24. Percentage of deaths in own home	2,581	**19.0%**	20.3%	15.9%		27.2%
	25. Percentage of deaths in hospice*	1,221	**9.0%**	5.2%	0.1%		12.6%
	26. Percentage of deaths in care home	2,625	**19.3%**	17.8%	3.7%		32.1%

- **Significantly lower than England average**
- **Not significantly different from England average**
- **Significantly higher than England average**

Source – National EoLC Intelligence Network (2012)
Based on ONS data 2008-10

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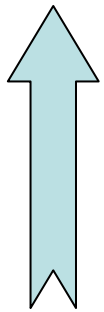
National EoLC profile for Kent

Domain	Indicator	LA number	LA indicator value	England average	England lowest	England range	England highest
Deaths in hospital	34. Percentage of terminal admissions that are emergencies	5,596	**91.1%**	89.7%	76.1%		97.0%
	35. Percentage of terminal admissions aged 85+	2,548	**41.5%**	37.8%	27.5%		49.4%
	36. Percentage of terminal admissions that are 8 days or longer	2,794	**45.5%**	48.8%	37.6%		57.8%
	37. Average number of bed days per admission ending in death	71,698	**12.0**	12.9	8.0		16.0



- **Significantly lower than England average**
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Source – National EoLC Intelligence Network (2012)
Based on HES data 2010/11

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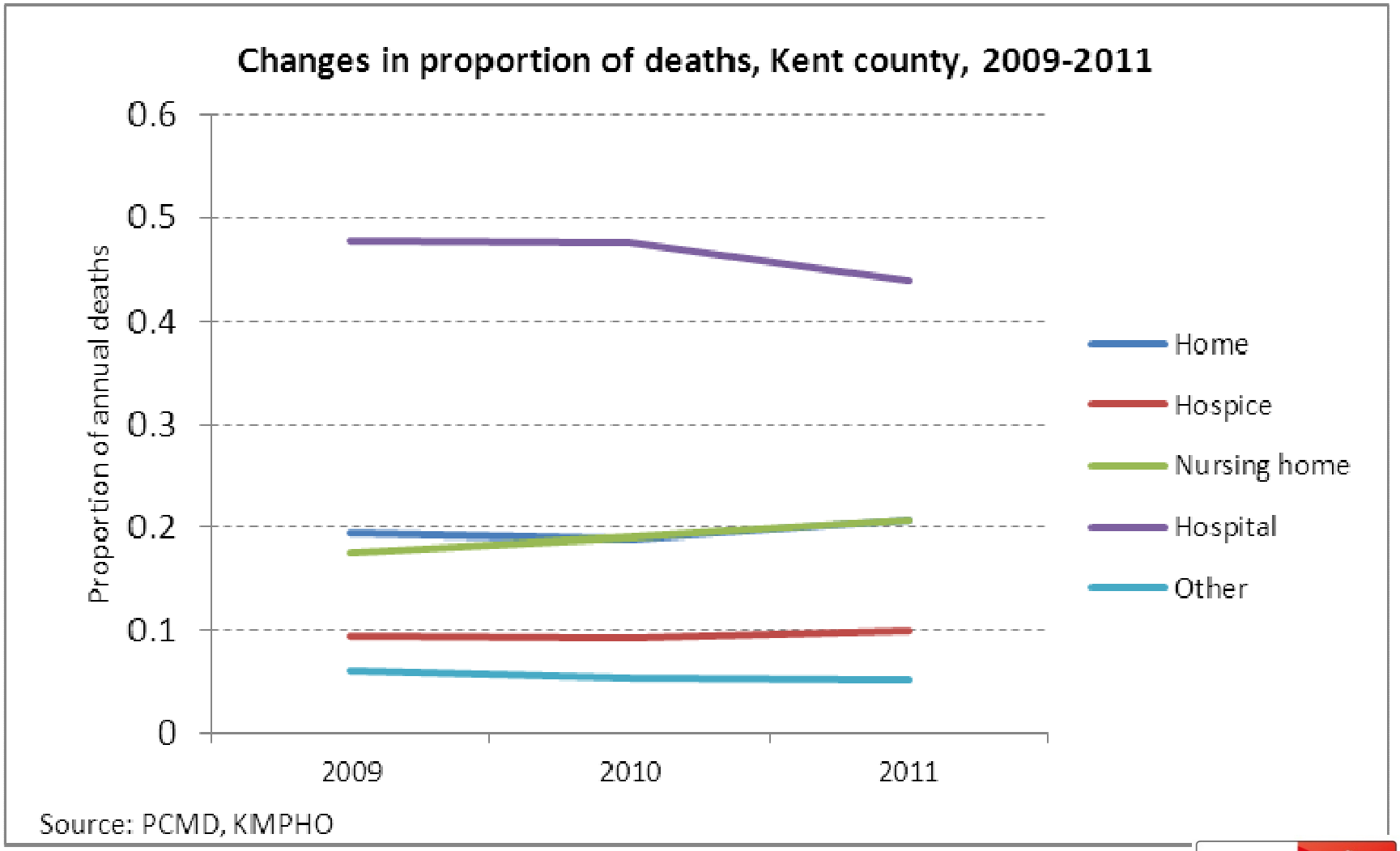

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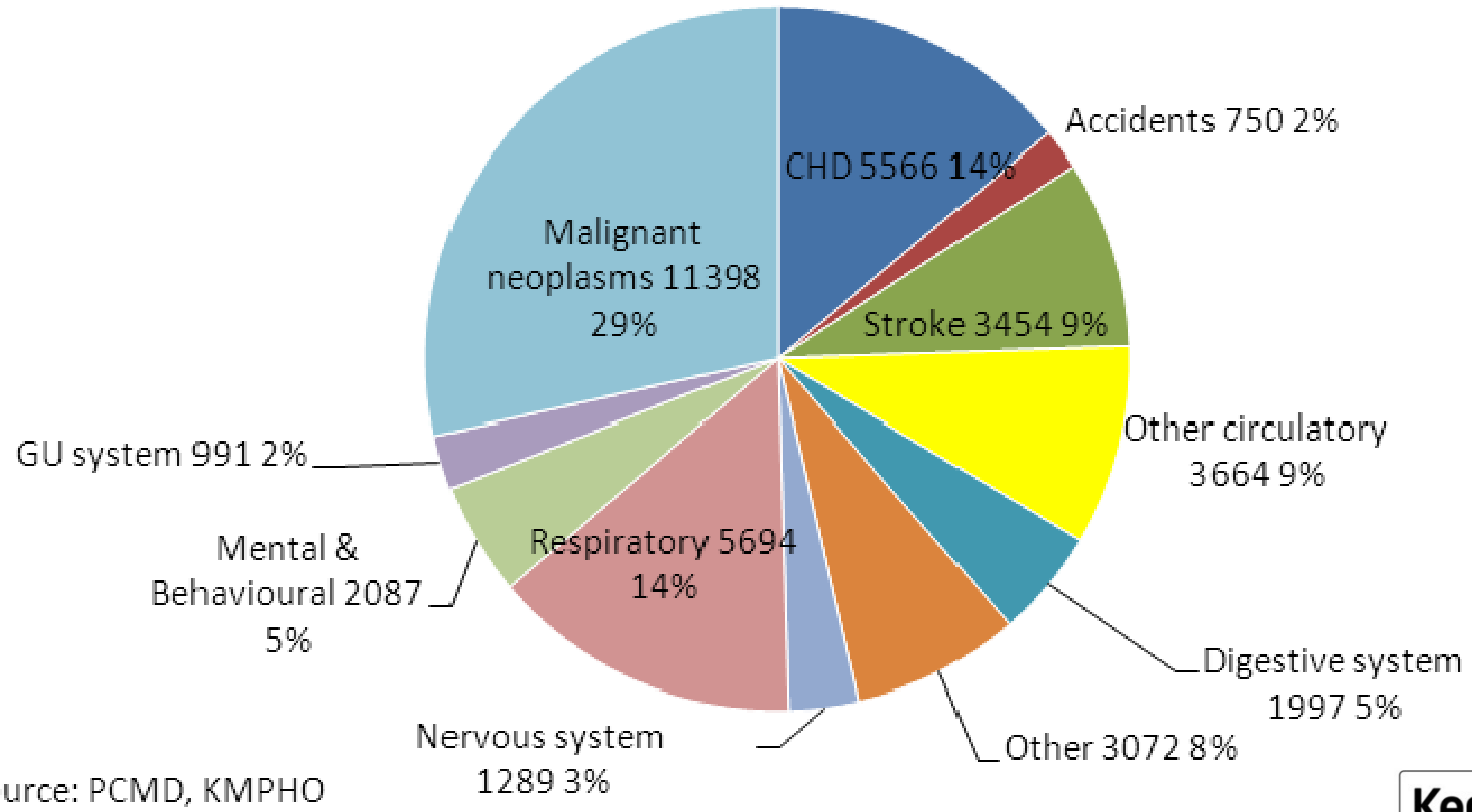
Cause of death in Kent county, 2009-2011 (pooled)



Source: PCMD, KMPHO

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Important conclusions

- More than half of (all cause) deaths occur in hospital
- Three quarters of deaths are ‘expected’
- Overall hospital mortality in Kent & Medway has decreased
- Large gap between preference vs actual place of death ie. home (South East Coast – 42%)
- Large gap between access to palliative care services for cancer patients vs non cancer patients
- Significant savings can be made - community based care vs acute care

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Local End of Life Care Activity

End of Life QIPP workstream since 2010:

- **Early identification**
- **Improved access to quality support 24/7**
- **Minimising inappropriate interventions**
- **Integrated pathway management**
- **Family and carer support**

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Local End of Life Care Activity

Examples of good practice locally :

- **Increased use of teletechnology**
- **GP support to care homes**
- **Carers and Young Carers support and strategy**
- **West Kent CCG End of Life Care Strategy**
- **Hospice - virtual wards**

Heart of Kent Hospice Virtual Ward

Dr Bruce Pollington, Medical Director, demonstrates Heart of Kent Hospice Virtual Ward to Jeremy Hunt, Sec. of State for Health – Jan '13

Susan, patient, discusses benefits of the virtual ward with Jeremy Hunt

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End of Life Care - Children

- About 200 child deaths in Kent each year
- There should be a strategy in place across health and social care
- Need to ensure that families are properly supported
- Named Officer within Kent Social Services with responsibility for End of Life Care for Children

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Questions

- Do KCC and the CCGs need to do anything differently?
- If they do, *what* should be done differently?
  - What does the HWBB think about access to specialist palliative care services for non-cancer related end of life care?
- Integrated Teams , Risk Stratification , Single Point of Access , Carers support , Teletechnology , social care support would be available as part of integrated commissioned services, should this form part of the local H&WBBs' strategies ?
- How should key outcomes be included in the H&WB Strategy ?

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Kent HWB Conclusions

- Role of the Health and Wellbeing Board – vital in developing EoLC Strategy
- Need to ensure that appropriate systems are in place for patients who do not wish to be resuscitated, and that the policies are in place for those patients
- Cancer is a linear illness whereas others are more erratic and do not follow a predictable course. In these circumstances Do not Resuscitate would not be appropriate.
- There should be appropriate advanced care planning, This should be done across the Community Services including Health and Social Care
- There needs to be a better flow of information across the Health and Social Care economy, and services need to be available 24 hours a day – especially palliative care

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Kent HWB Conclusions

- Managing Public Views – some people feel very comfortable discussing what they would like at the end of their life whereas others do not
- Starting a dialogue at the appropriate time with the patient and family members should be carried out in a systematic way
- Collectively the outcomes need to be defined for Local Health and Wellbeing Boards

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