

Health Needs Assessment

End of Life Care Services for Adults in Leeds

Update 2018/19

Liz Messenger,
Head of Public Health (Older People)
Leeds City Council



Background

- Health Needs Assessment (HNA) on End of Life Care (EoLC) Services in Leeds was published in 2013.
- The HNA outlined key EoLC data to inform a number of recommendations for change.
- The update process aimed to provide the most up to date information relating to EoLC



Key findings

- **The trend in where people died has continued to change** - Hospital deaths in Leeds have decreased since 2013-2018 by 6.8% (from 53.3% to 46.5%), whilst the proportion of deaths at home, in hospice and in a care home have all increased.
- There has been an **improvement in the number of people who were on an EPaCCS record** demonstrating more people are having discussions about their preferences towards the end of life recorded.
 - Of the 5841 deaths in Leeds in 2018/19, 2627 people had an EPaCCS record (45%)
 - At present over half the people that died in Leeds did not have discussions about their preferences



Three quarters of people who had their preferences recorded via an EPaCCS record achieved their preferred place of death (73%) (April 2018 to March 2019)

- 1 in 3 (32%) people who had an EPaCCS record would prefer to die in their own home. For 27% of people it is the actual place of death, however 5% (131 people) did not achieve it.
- There is a big gap between the proportion of people who said they would prefer to die in a hospital (1.4%) compared to those that did die in a hospital (19.9%). This equates to around 484 people during this 12 month time period.



Inequalities

- Age
 - People under the age of 65 are the **least likely** to have a preferred place of death (PPoD) recorded or die in their PPoD.
- Gender
 - Males are **slightly less likely** to have a PPoD recorded (76% female vs 74% male)
 - They are also **less likely** to die in their PPoD (76% vs 70%)
 - A **higher proportion** of males die in hospital when compared to females (26% vs 21%)
- Ethnicity
 - People from Mixed and Black ethnic groups were **less likely** to have a PPoD recorded (55% and 64%) and to die in their PPoD (57% and 64% respectively).
 - By comparison 76% of people from a White British background have a PPoD recorded and 73% die in their PPoD.



Qualitative review findings

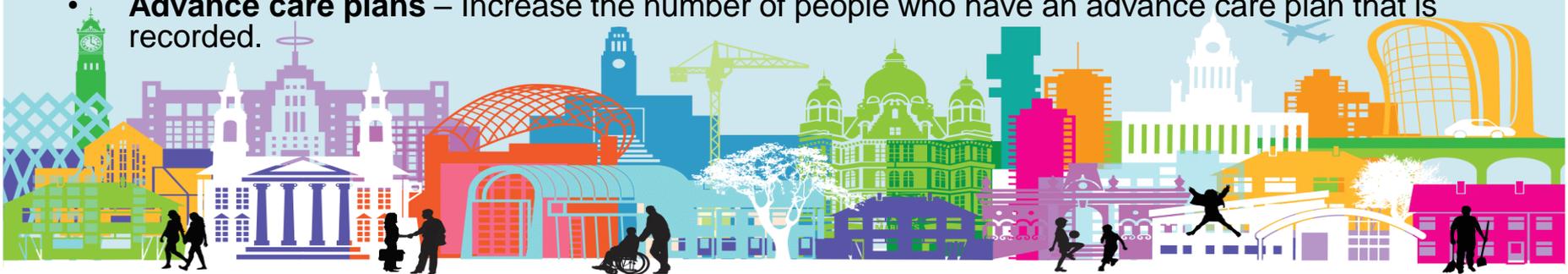
- The majority of health and care professionals felt that **progress had been made against the recommendations of the 2013 HNA**. However, a few respondents also felt that there was still room for improvement.
- Responses suggested that:
 - The area for greatest improvement was around the recommendation to ‘Invest further in community services to support increasing care outside of hospital’.
 - Capacity was still stretched and further investment was needed



Recommendations

Implications for the End of Life Care Strategy

- **Resources and Services** - ensure that sufficient resources and services are in place to meet the needs of increasing numbers of people dying in Leeds.
- **Communication** - regular conversations are needed with people at end of life so that preferences can be kept up to date and accurate.
- **Outcomes** – emphasis needs to be shifted from place of death to the outcomes achieved for people at the end of life. There is a need to build an understanding about whether the place of death was right for a person and the best outcome achieved.
- **Complexity of need** – a deeper understanding about the complex nature of people at end of life is required, this will enable a more accurate picture of where growth needs to be for specialist end of life care.
- **EPaCCS** – Increase the scope of the EPaCCS record to include the needs and plans of people at end of life in hospital.
- **Advance care plans** – Increase the number of people who have an advance care plan that is recorded.



Gaining a deeper understanding about people at end of life

- Conduct further analysis in order to identify whether health inequalities exist between those who do and do not have an EPaCCS record.
- Gain further insight into why inequalities exist in relation to end of life for different equality groups (e.g. under 65's, males and mixed and black ethnic groups).
- Explore why a higher percentage of men die in hospital than women and whether this impacts on the lower levels of males dying in their preferred place of death.
- Explore the views and experiences of patients and carers from other protected characteristics for example LGBT and people experiencing a disability.



THANK YOU
ANY QUESTIONS

