

# Palliative and End of Life Care PEoLC

## BOB ICB Focus

### Responses for HOSC Review Meeting 6.6.24

BOB ICB: Zo Woods Program lead; Dr Jane Bywater All age and Dr Emily Harrop CYP Clinical leads

## Questions raised 1:

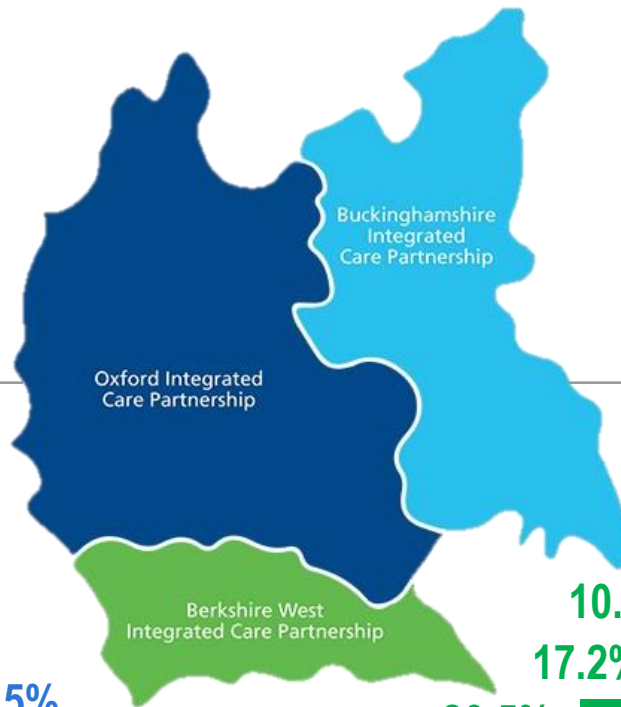
The geographical spread of palliative care services, and how these operate Countywide (BOB Wide)

# BOB Over 18 PEoLC Snapshot

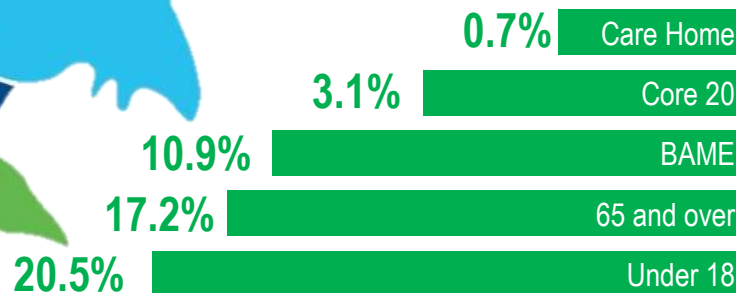
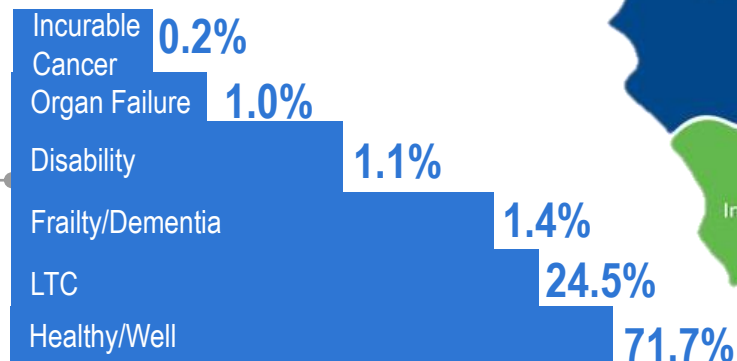


**7.8%**  
Percentage of deaths with three or more emergency admissions in the last 90 days of life. (All ages)

**40.5%**  
Percentage of deaths that occur in hospital (All ages)



**0.4%**  
Of BOB population is on a Palliative care register



**2.0M**

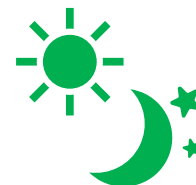
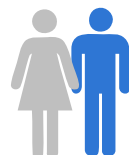
Total Population

0.8M Oxfordshire  
0.6M Buckinghamshire  
0.6M Berkshire West



**10**  
10 Commissioned Hospice IPU units.

**Age 84.0 Life Span**  
**Age 56.4 Health Span**



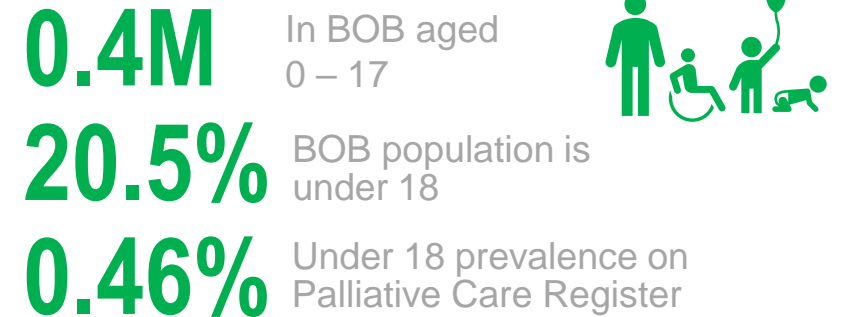
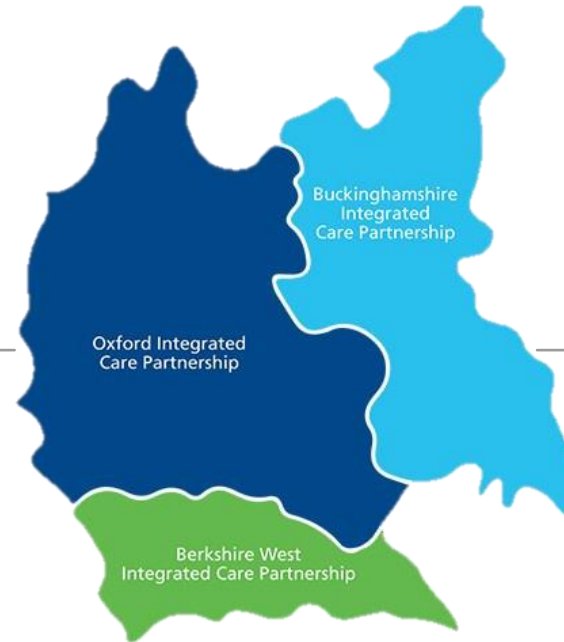
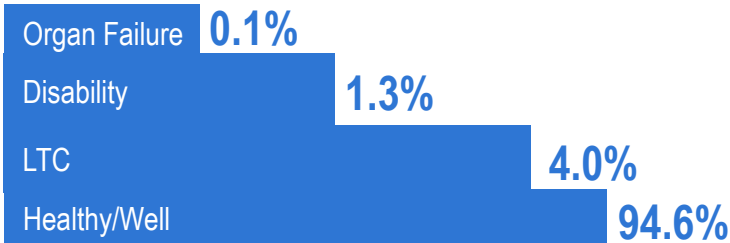
**4**  
Day / Night Care Services

**5**  
Hospice at home/Rapid Response Units

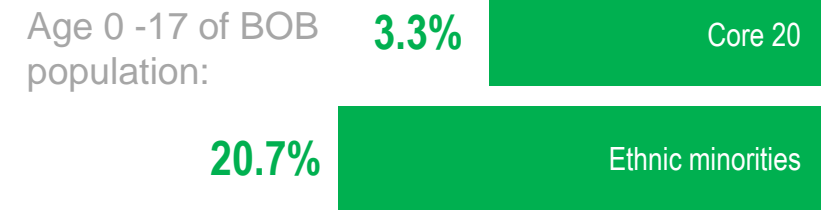


# BOB CYP PEoLC Snapshot

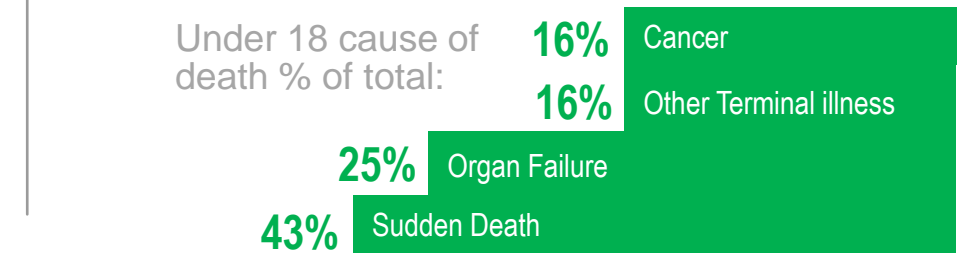
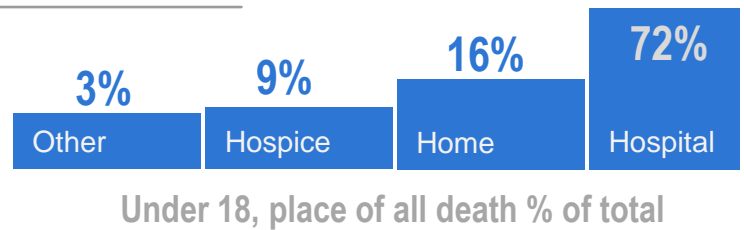
Age 0 -17 BOB population:



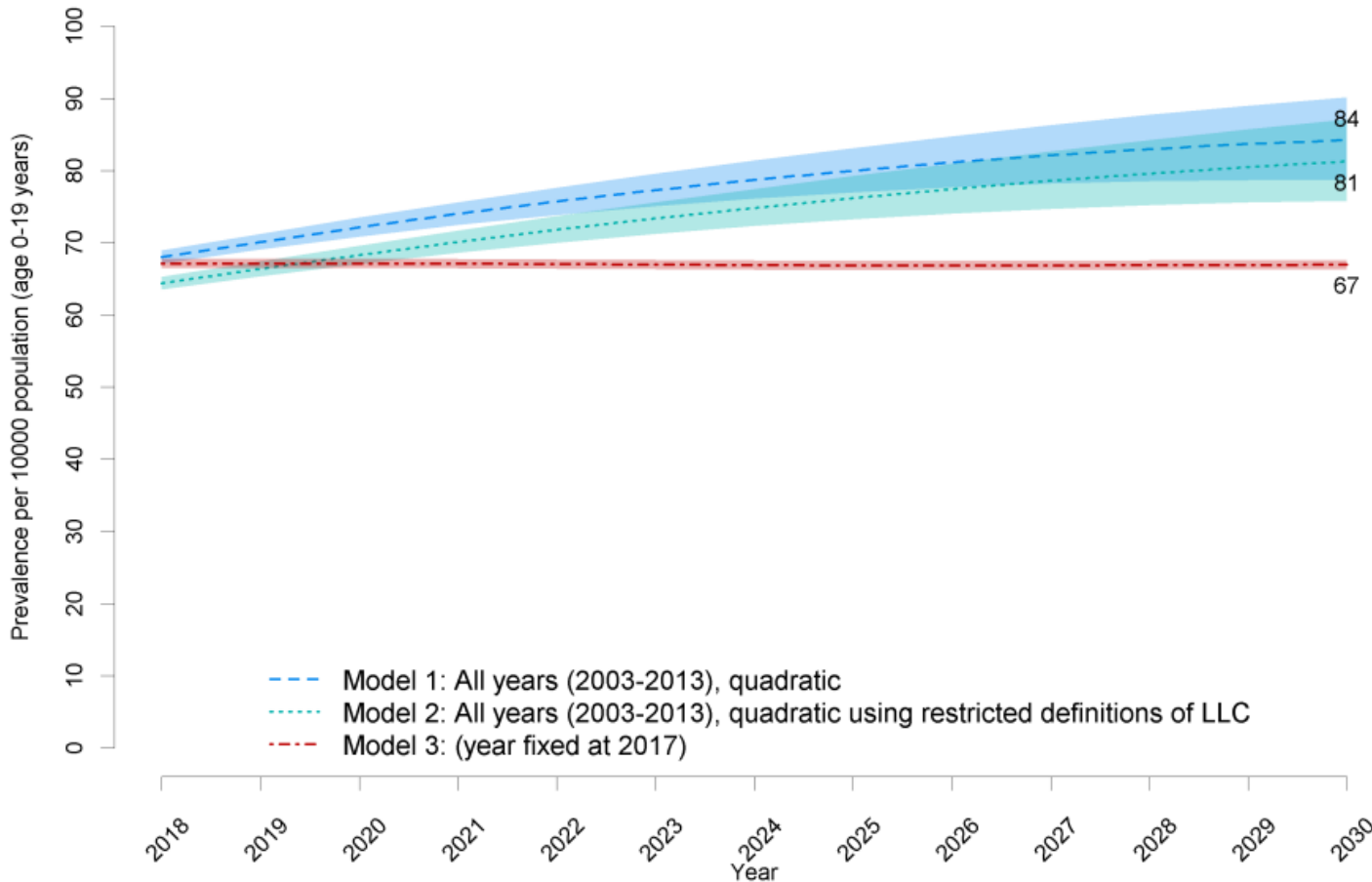
- 1.6** Estimated neonatal death rate per 1,000 live births (YE March 2023)
- 2.6** Estimated infant death rate per 1,000 live births (YE March 2023)
- 12.7** Estimated death rate per 100,000 population of children aged 1 - 17 years in the same ICB (YE March 2023)
- 24.5** Estimated child death rate per 100,000 population in the same ICB (YE March 2023)



- 1** Commissioned Hospice IPU units
  - 3** Commissioned outpatient/home hospice services
  - 24/7** EOL CYP support
- 



CYP projections up to 2030



The prevalence of children with a life-limiting or life-threatening condition in England has risen over the last 17 years and is predicted to increase.

Future data collections must include the data required to assess the complex health and social care needs of these children.

Predicted prevalence (with 95% confidence intervals in lighter shading) of children (age 0–19) with life-limiting conditions for 2018–2030

## Questions raised: 2.

# The BOB-wide context: including any resources, support, or budgets being allocated for palliative care services by the ICB

- The ICS focus is defined through the joint forward plan and the ICS strategy.
- There are commissioned and contracted services for specialist palliative care across the ICB for all ages, this excludes the vital service delivery from generalist services so allocated budget, at this point, would not be a true reflection.
- Services are supported through monthly meetings and face to face. The ICB is supportive of creative commissioning and to think differently about how we collectively deliver services against the needs of the population to Oxfordshire and across BOB.
- Resources to this include, have been a recent dashboard which we have been working with PaPi data, National children's Mortality data, ONS.
- This helps us to better understand our position and focus our attention to meet the statutory guidance to deliver Health and Social Care.

# BOB ICS Strategy and Joint Forward Plan

Buckinghamshire, Oxfordshire  
and Berkshire West

Goal 3: **Integrated Care Board**

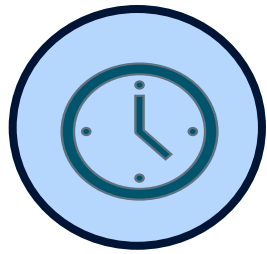
To co-design PEOLC through  
Provider Collaboratives in  
partnership with people with  
lived experience.



Goal 2:  
A population health  
approach to early identify  
people needing PEOLC  
services.

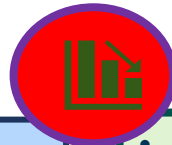


Goal 1:  
A robust model of  
24/7 access to PEOLC  
services for patients, carers,  
and relatives



## What are we aiming to achieve

### Reducing inappropriate emergency admissions



- Improved access in and out of hours
- Reduce percentage deaths with three or more emergency admissions in last three months of life.
- Reduce unwarranted PEOLC South Central Ambulance Service call outs
- To improve patient/ carer experience

### Personalised Care Planning using ReSPECT



- To focus on personalised care
- Increase number patients offered opportunity for Personalised Care and Support planning promoting use of ReSPECT
- To increase number clinicians trained in ReSPECT process
- To increase numbers patients on palliative care registers through early identification

### Collaboration



- Ensure fair access to PEOLC care in BOB
- Patients informed and empowered with sense of control over PEOLC needs.
- To ensure more people die in their preferred place of death.
- Engagement from providers VCSE, NHS and non-NHS services
- Consistent service specification for all providers.

To improve access and experience of palliative and end of life services to enable people of all ages to die well

Each Person is seen as an individual

Each Person gets fair  
access to care

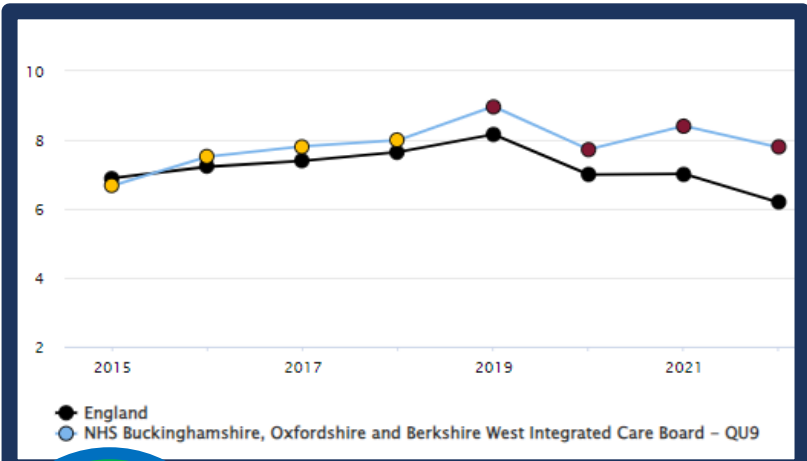
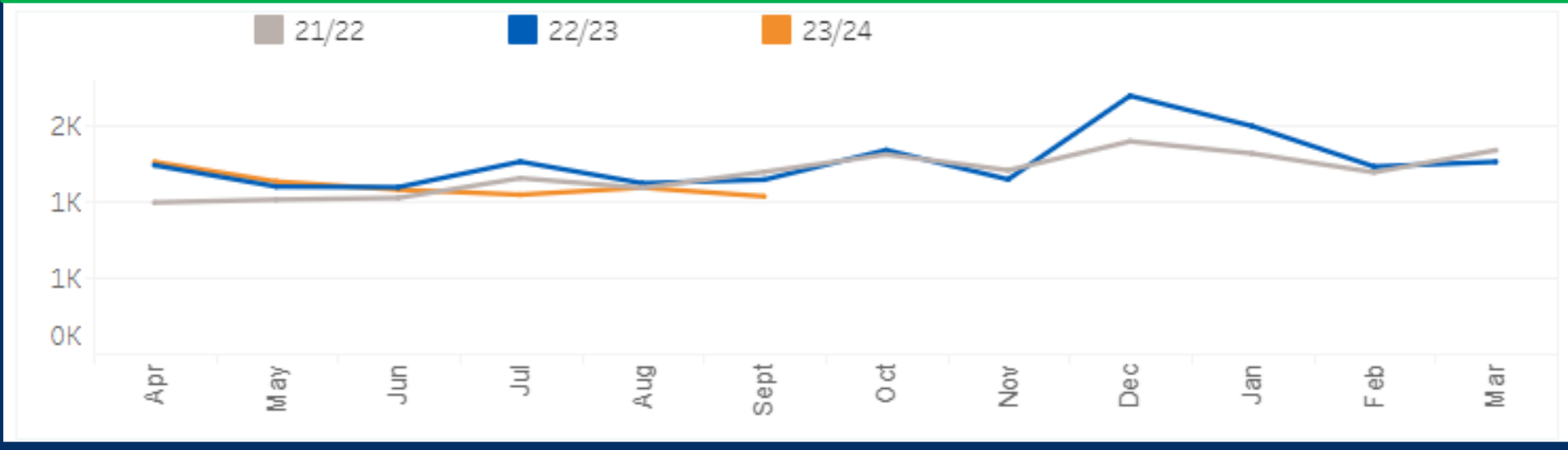
Maximise comfort and  
wellbeing

Care is co-ordinated

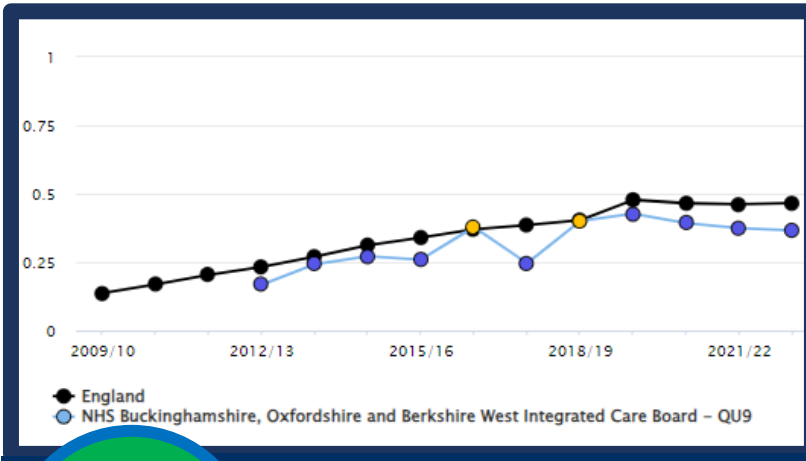
All staff are prepared to  
care

Each community is  
prepared to help.

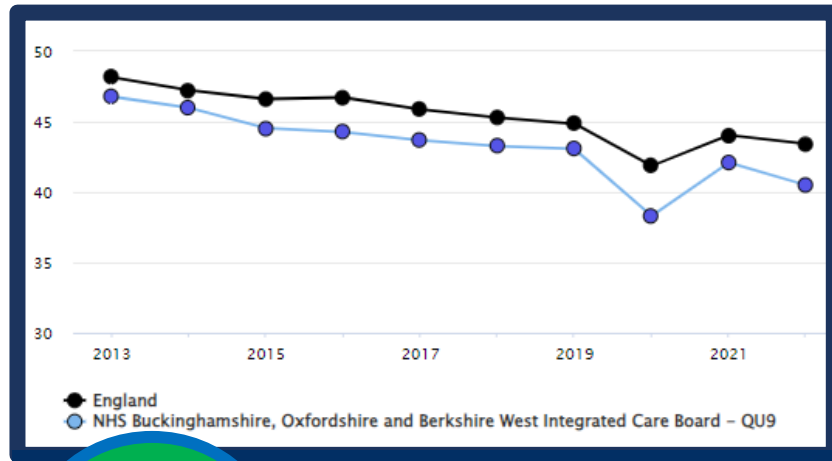
## Trend of total deaths BOB ICB



**7.8%** Percentage of deaths with three or more emergency admissions in the last 90 days of life. (All ages)



**0.4%** Palliative/supportive care: QOF prevalence (all ages)

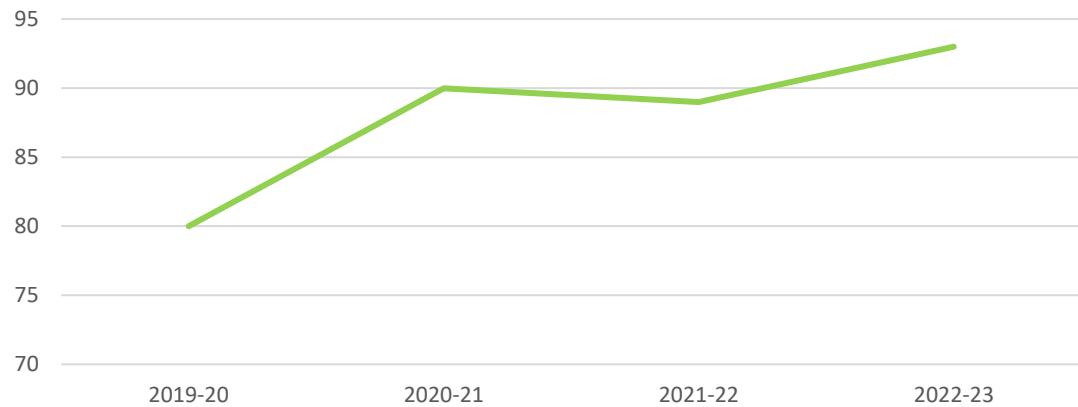


**40.5%** Percentage of deaths that occur in hospital (All ages)

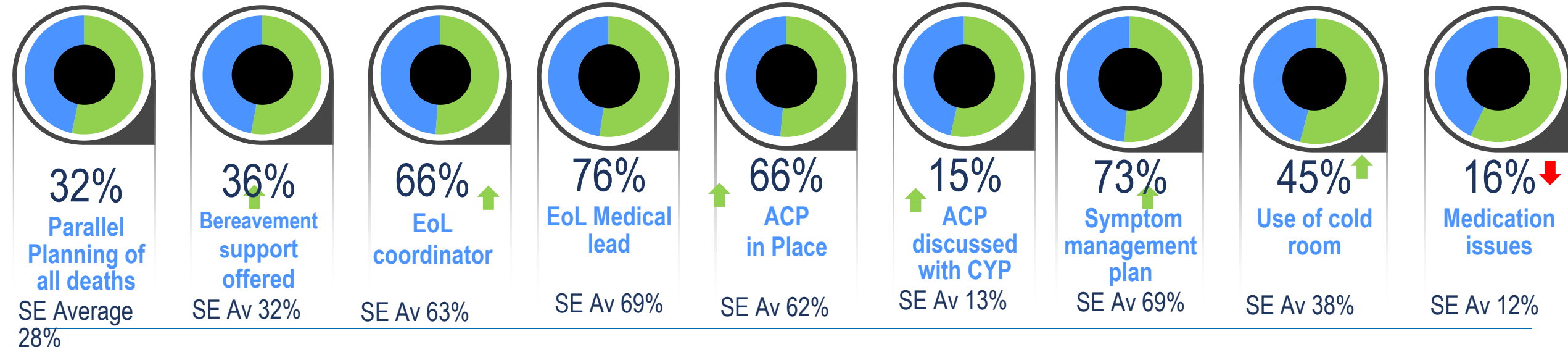
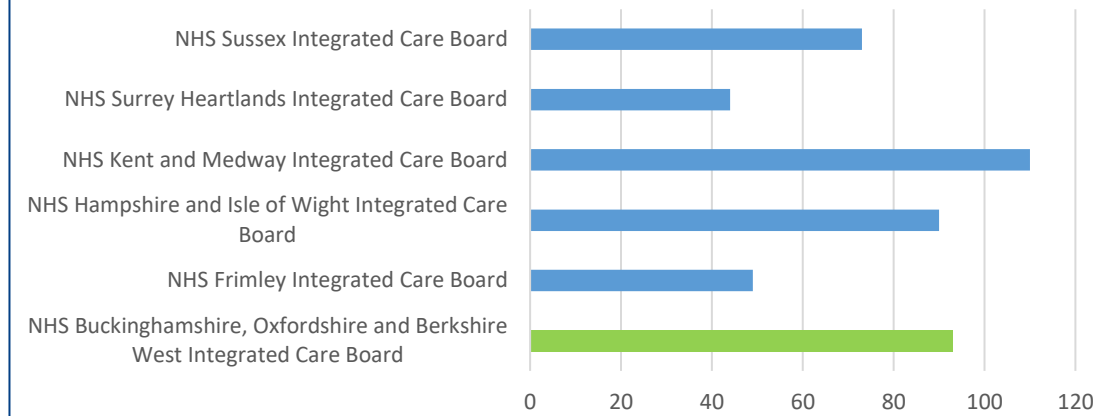


# CYP

Number of child (0 - 17 years) deaths, by year of death  
BOB ICB



Number of child (0 - 17 years) deaths 2022- 2023 by  
integrated care board



## Questions raised 3:

The status and the future of palliative care to be delivered in Wantage (in light of the NHS's expressed commitments to providing palliative care services in the context of the public engagement exercise around the future of Wantage Community Hospital).

- The ICB is open to creative ways to deliver services to meet the specific population needs around Wantage
- There are commissioned services that deliver palliative care services to the area of Wantage, this does not differ to other parts of the county.
- We note that there is collaborative service delivery between OUH and Sue Ryder in South Oxfordshire (when appropriate/ needed)
- There are palliative beds within Wallingford Community Hospice with agreement to flex up should we need more than 2 beds.
- The need for inpatient beds is monitored by local Service delivery teams teams, with access to ICB support when case-based need.
- There is review at monthly Local Palliative and End of Life Forums; held with all Oxfordshire Providers (including the Oxfordshire County Council),
- The ICB would happily extend the meeting to any member of HOSC or Councillors should they feel it appropriate to attend.