## 23 November 2017

# Annual Report of the Director of Public Health 2017 - End of Life

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tr	The production of an Annual Report is a statutory requirement of the Director of Public Health (shown at Appendix).  This year's report looks at the care required by people in the last year of life. It shows how this needs to be seen as far more than			
fr th ir	simply medical, and includes emotional and spiritual support from family and communities, and how families and friends themselves need to be supported. The report shows how an inevitably very difficult time can be made more bearable with the right preparation.			
Recommendations:	<ul> <li>Take opportunities to raise awareness amongst partner organizations, and the public, of the end of life issues raised in the report, especially in making preparations by discussing end of life with family and friends.</li> <li>Encourage cooperation and coordination between providers of end of life care. This includes members of the Board and other health providers.</li> <li>Recognize the importance of strong communities in supporting families facing bereavement.</li> <li>Recognize the vital contribution of carers, especially families, at end of life, and the great sensitivity required at this time.</li> <li>Recognize how appropriate housing can make end of life care easier to provide.</li> </ul>			

Links to Somerset Health and Wellbeing Strategy	<ol> <li>The report's implications support all three themes of:</li> <li>People, families and communities take responsibility for their own health and wellbeing.</li> <li>Families and communities are thriving and resilient.</li> <li>Somerset people are able to live independently for as long as possible.</li> </ol>	
Financial, Legal and HR Implications:	Production of the report is a statutory requirement; there are no direct legal, financial or HR implications of the recommendations.	
Equalities Implications:	By its nature, the subject of the report applies particularly to older people. The report describes the need for sensitivity to individuals' wishes, especially linked to religious belief and practice.	
Risk Assessment:	Not to produce a report would be a failure to fulfil a statutory duty.	

## 1. Background

**1.1.** This report follows the 2016/17 Joint Strategic Needs Assessment report on 'Ageing Well', in which it became clear that ageing well required preparation for a dignified death. This report covers the patterns and trends in deaths in Somerset and the ways in which dignified death can be helped in more detail than was possible in that report.

#### 2. Consultations undertaken

2.1 This report has drawn upon the views and accounts of a range of people who have experienced the loss of family members in the county. These people have been drawn from patient groups in the county. We have also spoken to a range of professionals working in the End of Life sector in Somerset in primary and secondary care, St Margaret's Hospice and the ambulance service.

## 3. Implications

3.1. End of life brings into sharp relief the importance of individual responsibility and preparation, community support and working together to support good health, which includes, wherever possible, a 'dignified death'. This shows how health and care professionals need to move the conversation with the public and patients away from simply reacting to need and towards a broad view of health, wellbeing and self-reliance.

### 4. Background papers

**4.2** The Annual Report of the Director of Public Health is at Appendix A.