



REPORT

Item No: **2**

SUBJECT:	Palliative Care
TO:	Integration Joint Board
Lead Officer for Report:	Chief Accountable Officer
Author(s) of Report	Head of Planning, Performance and Quality Assurance, H&SCNL Head of Commissioning and Performance, SL H&SCP
DATE:	22.11.2017

1. PURPOSE OF REPORT

This paper is coming to the IJB

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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The paper was approved at the South Lanarkshire IJB on 5th December 2017.

3. RECOMMENDATIONS

3.1 The IJB is asked to:

- Approve the proposed model of care (Appendix 1) takes affect from 1 April 2018
- Monitor the implementation on a monthly basis
- Conduct a review within 12-18 months of implementation with St Andrew's Hospice and Strathcarron Hospice
- Approve the allocation of £0.840 million as an earmarked reserve to fund the non-recurring costs associated with the implementation of the palliative care services strategy.

4. BACKGROUND/SUMMARY OF KEY ISSUES

- 4.1 Palliative Care is currently a pan-Lanarkshire hosted service, managed by South Lanarkshire Health and Social Care Partnership.
- 4.2 In 2013, NHS Lanarkshire published its Palliative Care Strategy, which outlined a range of actions to support patient to be cared for in their own homes. This strategy was further reviewed as part of the production of Achieving Excellence, the Lanarkshire Healthcare Strategy, in 2015.
- 4.3 Informed by the consultation events that were held in preparation for the development of the 2013 strategy and in line with the national strategic context of managing more people at home, a short life working group was convened in January 2017 to review hospice bed provision. The review was led

independently by Professor Rosslyn Crockett MBE and attended by key staff from both North and South Lanarkshire.

- 4.4 Following an options appraisal, it was identified that 36 beds across Lanarkshire, 24 in St Andrew's Hospice and 12 in the new Kilbryde Hospice would be the optimal position.
- 4.5 North Lanarkshire IJB recognised the important contribution that Strathcarron Hospice has made to the North Locality (Cumbernauld, Kilsyth and the Northern Corridor) and the high regard with which it is held. It was therefore agreed that Strathcarron will continue to provide specialist hospice care and support for that population, in line with the model set out within the Integrated Service Review Board approved by the IJB on 23 November 17, agreed through a service level agreement which will be monitored and reviewed within two years.
- 4.6 At the South Lanarkshire IJB meeting on 5th November 2017, agreement was reached with St Andrew's Hospice to provide 30 beds for the proposed cost of 24 beds for a period of time. The decision took into account the complexity of the review and in the interests of working through both business and clinical models, with St Andrew's agreeing to meet the costs of additional clinical support for the extra six beds. The situation will be reviewed and an update brought back to South IJB in relation to clinical and financial sustainability within 12 months.
- 4.7 The full report of the Short Life Working Group is included in Appendix 1.

5. CONCLUSIONS

- 5.1 Following the short life working group review on inpatient hospice provision, the proposed new model offers North Lanarkshire residents with continued local, specialist services at both St Andrew's and Strathcarron Hospices.
- 5.2 In line with the wishes of the North Lanarkshire population and the national strategic direction, there will be a continued focus on developing services to support people in their own homes or homely settings, bringing together the considerable expertise of the hospices and existing community staff across health and social care.

6. IMPLICATIONS

- 6.1 NATIONAL OUTCOMES
Palliative Care services are strongly linked to the national outcomes 2, 3 and 4 (maintaining independent living, positive experiences of services and quality of life) along with the national outcome indicator 15 (Proportion of last 6 months of life spent at home or in community setting).
- 6.2 ASSOCIATED MEASURE(S)
Reducing the length of stay for patients in hospital in the last six months of life is one of the 6 key 'measuring performance under integration' indicators.
- 6.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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Non-recurring costs of £0.840m are proposed to be allocated as an earmarked reserve from the general fund balance of £4.044m to meet the estimated transitional costs.

6.4 PEOPLE

The development of integrated structures and teams will have a significant impact on the North Lanarkshire population. Ongoing engagement of staff, service users and carers will be vital in developing implementation plans.

6.5 INEQUALITIES

EQIA Completed:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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7. BACKGROUND PAPERS

8. APPENDICES

Appendix 1: Palliative Care Review

Appendix 2: SL IJB amendment



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ross McGuffie, Head of Planning, Performance and Quality Assurance on telephone number 01698 858320.

Report

Report to:	South Lanarkshire Integration Joint Board
Date of Meeting:	5 December 2017
Report by:	Director, Health and Social Care

Subject:	Palliative Care Services in Lanarkshire and Associated Specialist Hospice Provision
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide an update on the implementation of NHS Lanarkshire's Palliative Care Strategy
- ◆ outline future proposals for the model of Palliative Care in Lanarkshire
- ◆ outline future hospice provision

2. Recommendation(s)

2.1. The Integration Joint Board is asked to approve the following recommendation(s):-

- (1) that the proposed model of care is approved;
- (2) that the date for introduction of the new model of care is approved 01 April 2018;
- (3) that feedback is sought on the progress in implementing the new model of care; and
- (4) that the total amount of £0.808 million is allocated as an earmarked reserve to contribute to the implementation of the Palliative Care Services Strategy.

3. Background

3.1. NHS Lanarkshire held a series of consultation events, with wide stakeholder involvement in the preparation of a Palliative Care Strategy throughout 2012. The Strategy was subsequently reviewed as part of the production of 'Achieving Excellence' - the Lanarkshire Healthcare Strategy in 2015. This reflected the wider national strategic context of managing more people at home or in homely settings as locally as possible.

3.2. The 2013 Palliative Care Strategy also reflected the desire of the vast majority of patients to receive support in a community setting with comprehensive and integrated clinical and care support. Since then, numerous new services have been introduced which seek to ensure, as far as possible, integrated care is available to support patients in their own homes. These include:-

- ◆ increased investment in 24/7 Community Nursing/Integrated Community Support Team care
- ◆ 'Just in Case' medication boxes available in all care settings

- ◆ 7 day Macmillan Service for continuity of care, availability of specialist nursing advice, and to avoid weekend hospital admissions
- ◆ 'end-of-life care' documentation to ensure compliance with national guidelines
- ◆ extended Palliative Care Services from hospices to local communities
- ◆ increased hospital specialist palliative care nursing to ensure 52 week cover
- ◆ creation of a bereavement team to uplift profiling beds timeously after death
- ◆ roll-out of a structured conversation (Addressing the Great Taboo) to help people to be more confident talking about death, dying and bereavement
- ◆ increased investment in wider community resources – including voluntary services, to be able to support more people in their own homes

- 3.3. The 2013 Palliative Care Strategy also has considerable resonance with the National Strategic Framework for Action on Palliative and End of Life Care in seeking to ensure a consistent, Lanarkshire-wide clinical and care model to meet the Palliative Care needs of all patients.
- 3.4. A small element of the strategy also related to the optimum number of hospice beds to meet the needs of the Lanarkshire population going forward. This was reviewed by a Short-life Working Group (SLWG), convened in January 2017, and independently chaired by Professor Rosslyn Crockett, MBE (formerly the Director of Nursing in NHS GG&C.)
- 3.5. Previously, Scottish Government and NHS Lanarkshire agreed to the establishment and building of Kilbryde Hospice on the grounds of Hairmyres Hospital. Given this new facility is now available, a range of options were considered to assess how best to allocate 30 - 36 hospice beds – which would be in keeping with the recommendations of the 'Strategy' and evidence regarding numbers of beds for the size of the population.
- 3.6. There are currently circa 43 hospice beds commissioned for the residents living within the NHS Lanarkshire boundary - in St Andrews Hospice in Airdrie (30), GG&C (circa 7) and in Strathcarron Hospice in NHS Forth Valley (6). There are no beds currently provided from Kilbryde Hospice.
- 3.7. Whilst the Palliative Care Services are being hosted in South Lanarkshire, the SLWG meetings were attended by representatives of North and South as well as key clinical staff.
- 3.8. A range of options were developed and thereafter considered based on the principles of ensuring safe delivery of services; person centred care including accessibility for NHS Lanarkshire's residents, and the need for efficient and effective delivery.
- 3.9. The outcome of the option appraisal was that the preferred option would be to initially provide a total of 36 beds across NHS Lanarkshire - via 24 beds in the newly refurbished St Andrews Hospice (Airdrie) and 12 beds in the new Kilbryde Hospice (East Kilbride). Details are attached at Appendix 1.
- 3.10. This option would see maximum opportunity for staff in both North and South Lanarkshire H&SCPs to provide a full and integrated care approach for residents within their respective boundaries. NHS Lanarkshire clinical staff would lead the care of all specialist palliative care staff. This would also mean that all the residents of Lanarkshire would be able to access beds in purpose designed new facilities within the Lanarkshire boundary. It also supports much more integrated working between community health and care staff, recognising that both H&SCPs provide the vast bulk of palliative care in a community setting with access to hospice beds by

exception. Further, it supports Palliative Care Consultants being able to provide continuity of care across the patient journey between inpatient hospital care, hospice care and community care.

- 3.11. There are already growing numbers of examples of where community nursing and home care staff, supported by respective specialist clinical staff are working in an integrated 24/7 way to maximise care and support to palliative care patients in their own homes. This option would ensure that hospices within NHSL boundaries will be a key part of that network of support, offering both specialist advice and facilities.
- 3.12. It is recognised that whilst this was the preferred option from the SLWG, there are other considerations which require to be considered in relation to existing service provision. This is particularly the case for people living in the North Locality (Cumbernauld, Kilsyth and surrounding areas) and Cambuslang/Rutherglen.
- 3.13. In relation to the North Locality, the North Lanarkshire JIB has agreed with Strathcarron that they will continue to provide specialist hospice care for that population over the coming years. It is anticipated that the model there will similarly seek to reduce the reliance on hospice beds and increase the range of Palliative Care Services to support people in their own homes/homely settings.
- 3.14. In relation to the residents of Cambuslang/Rutherglen, a decision was taken in Glasgow to relocate hospice beds to a location even further away from the local area. As a consequence, there will be no hospice beds locally accessible to the people of Cambuslang/Rutherglen. In this regard, the proposal is that services be provided by the NHS Lanarkshire Service for this population with effect from 1 April 2018.
- 3.15. Arrangements were made to meet with the representatives of the respective hospices on Monday 4 September 2017 such that they could be advised of the undernoted:-
 - ◆ note the end of the review and next steps
 - ◆ note the conversation with the Scottish Health Council
 - ◆ outline the context and purpose of the option appraisal process undertaken by the Short Life Working Group
 - ◆ outline the considerations and recommendation of the option appraisal
 - ◆ ask that they consider and come back with comments/suggestions within 7 days
 - ◆ arrange further meetings with each to take account of comments/suggestions
- 3.16. Subsequent to that date, meetings have been held with each provider/ NHS GG&C such that there is mutual understanding of the way forward and the associated financial arrangements secured.

4. Reporting Arrangements

- 4.1. Reducing the length of stay for patients in hospitals in the last 6 months of life is one of the 6 key 'measuring performance under integration' indicators. Accordingly, having a comprehensive community based service to support Palliative Care as far as possible – and in keeping with the wishes of individuals – in their own homes/homely settings will be a major objective of the IJB in coming years. Success against this indicator will be reported regularly to the Performance and Audit Committee of the IJB.

5. Employee Implications

- 5.1. There are no employee implications for South Lanarkshire H&SCP. In discussion with providers, it has been emphasised that the respective IJBs will seek to assist in managing any staff implications they may have – if any.

6. Financial Implications

- 6.1. All the money currently available for the provision of specialist hospice care continues to be available for that purpose.
- 6.2. It is proposed the new arrangements will, as far as possible, commence on 1 April, 2018. In order to support the transition to the new model, non-recurring funding is required. The non-recurring costs are still to be finalised but are estimated to be approximately £1.648 million over the transition period.
- 6.3. It is proposed that this non-recurring funding is made available using the 49% (South)/ 51% (North) formula adopted for pan-Lanarkshire services. The contribution would therefore be £0.808 million from the South Lanarkshire IJB and £0.840 million from the North Lanarkshire IJB.
- 6.4. The IJB is therefore asked to approve the allocation of £0.808m as an earmarked reserve from the current general fund balance of £1.359m to meet the estimated non-recurring transitional costs. The balance on the general fund reserve would be reduced to £0.551m.
- 6.5. The implementation of the new model of care will be monitored and the financial implications revised once costs are confirmed.

7. Other Implications

- 7.1. There will require to be the appropriate public communication to advise of new service provision in the respective areas.
- 7.2. There are no sustainable development issues associated with this report.
- 7.3. There are no other issues associated with this report.

8. Equality Impact Assessment and Consultation Arrangements

- 8.1. Undertaken as part of Achieving Excellence.

Val de Souza
Director, Health and Social Care

Date created: 20 November 2017

Previous References

- ◆ none

List of Background Papers

- ◆ none

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Appendix 1

Option	SAF	Stratford	Chichester	Gloucester	Woking	Woking
1	30	6	0	7	43	43
2	30	0	0	7	37	37
3	20	4	12	0	36	36
4	20	4	12	7	43	43
5	20	0	10	0	30	30
6	30	0	10	0	40	40
7	30	0	0	0	30	30
8	23	0	0	7	30	30
9	24	0	12	0	36	36

Palliative care option appraisal		11th July 2017									
Scores											
Benefits Criteria	Weighting	Option number	1	2	3	4	5	6	7	8	9
Safe	30		4	4	3	2	3	4	4	3	4
		Score									
		Weighted score	120	120	90	60	90	120	120	90	120
Person Centred	20		2	1	4	4	3	4	2	1	4
		Score									
		Weighted score	40	20	80	80	60	80	40	20	80
Efficient/Effective	20		3	4	4	1	3	3	5	3	4
		Score									
		Weighted score	60	80	80	20	60	60	100	60	80
Deliverable	30		2	1	3	2	3	2	1	1	4
		Score									
		Weighted score	60	30	90	60	90	60	30	30	120
Total score - Unweighted	100		11	10	14	9	12	13	12	8	16
Total score - Weighted			280	250	340	220	300	320	290	200	400
Option Ranking			6	7	2	8	4	3	5	9	1

Appendix 2:

**South Lanarkshire IJB
Amended Proposal to Agenda Item 11 Palliative Care Services in Lanarkshire
and Associated Specialist Hospice Provision**

Following the meetings with hospices/GG&C, SAH have indicated that they would now be able to continue to provide 30 beds for the proposed cost of 24 for a period of time.

On account of the complexity of this review and in the interests of working through both business and clinical models it is proposed that the offer from SAH be accepted at no additional cost to the H&SCPs or NHSL.

The extra 6 beds may require additional NHS Lanarkshire Clinical Support and SAH would be required to meet the cost of that.

That the situation will be subject to review and an update be brought back to the IJB in relation to clinical and financial sustainability within 12 months, as well as the impact on the contribution to the ongoing strategic direction of supporting more people to be cared for at home.