

REPORT

Item No: _____

SUBJECT:	Lanarkshire Palliative Care
TO:	Integration Joint Board
Lead Officer for Report:	Ross McGuffie, Chief Officer
Author(s) of Report	Marianne Hayward Head of Health and Social Care South HSCP
DATE:	13-09-19

1. PURPOSE OF REPORT

This paper is coming to the IJB

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

This paper has been to NHS CMT, NHS Lanarkshire Board and South Lanarkshire HSCP IJB.

Prepared	<input type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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By: Marianne Hayward

3. RECOMMENDATIONS

It is recommended that the North Lanarkshire IJB:

- 1) Notes the progress made in implementing the Palliative Care Strategy;
- 2) Notes the activity that is underway to map the journey of care for people with palliative care needs across Lanarkshire in order to identify areas of improvement; and
- 3) Notes that the contract monitoring for services within Strathcarron Hospice will be transferred to the North Lanarkshire Health and Social Care Partnership (previously undertaken by South Lanarkshire).

4. VARIATIONS TO DIRECTIONS?

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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5. BACKGROUND/SUMMARY OF KEY ISSUES

5.1 Background

- 5.1.1 The Strategic Framework for Action on Palliative and End of Life Care 2016-21 outlined the importance of people having access to specialist palliative care in order to be supported to die within a place of their choosing. This work links to a key priority in the Strategic Commissioning Plan 2019/22 in terms of supporting people to be cared for at home and in their community.
- 5.1.2 In Lanarkshire to support this ambition a Palliative Care Review was concluded in 2017. This review aimed to ensure that there was a Lanarkshire wide clinical and care model with access to Specialist Palliative Care Services for everyone who required this in Lanarkshire.
- 5.1.3 A small component of this was related to the provision of hospice beds. Lanarkshire had 43 hospice beds prior to the review. These were distributed as St Andrews (30), Glasgow and Clyde (7), Strathcarron (6) and Kilbryde (0). The review proposed the withdrawal of Palliative Care Services from Glasgow and Clyde and Strathcarron Hospices.
- 5.1.4 The subsequent agreed hospice bed configuration was 24 within St Andrews Hospice and 12 within Kilbryde Hospice which was agreed to be sufficient to provide a service for the whole of Lanarkshire.
- 5.1.5 However, subsequent to the presentation and ratification of the Strategy and findings of the review, the North Lanarkshire Health and Social Care Integration Joint Board (IJB) agreed to continue to commission and fund Strathcarron Hospice services (3 beds) to provide a service for the North Locality. The activity from Strathcarron is outwith the scope of the Lanarkshire Palliative Care Strategy and as such, it is recommended that the monitoring and reporting of the contract is transferred over to the North Lanarkshire Health and Social Care Partnership.
- 5.1.6 A Palliative Care Steering Group was formed February 2018 to oversee the implementation of the Palliative Care Strategy. The main aims initially were to withdraw from the Glasgow and Clyde Hospices and open the 12 inpatient beds in Kilbryde Hospice.
- 5.1.7 The areas that were specifically affected were Rutherglen and Cambuslang and the northern corridor of North Lanarkshire. Specialist Palliative Care Staff were recruited (consultants and nursing staff) and Kilbryde Hospice in patient staff. The transition of referred citizens for specialist palliative care and hospice services to Lanarkshire subsequently happened smoothly.
- 5.1.8 The 12 beds in Kilbryde Hospice opened in August 2018. Lanarkshire have continued to commission 24 beds from St Andrews.
- 5.1.9 In addition to beds the Specialist Palliative Care Team were augmented to provide additional Palliative Care Consultants, Specialist Doctors and Clinical Nurse Specialists. This additional staff provides an important bridge between community, hospice and hospital care.
- 5.1.10 It is worth noting that in addition to the Specialist Palliative Care Teams, the people of Lanarkshire also have access to excellent community health and care teams who support end of life care every day.

5.2 Specialist Palliative Care Team

- 5.2.1 The Specialist Palliative Care Team consists of consultants and specialist nurses and its aim is to support patients and families in most need, alleviating distressing symptoms, guide complex care and clinical decision making. This allows end of life patients to be cared for in

a place of their choice at all stage of their illness. There is also a dedicated lymphedema service attached to this team.

5.2.2 The team consists of:

Specialist Palliative Care Consultants

Numbers	Staff
5.6 wte	Specialist Palliative Care Consultants
3.0 wte	Specialist Doctors
5.10 wte	Specialist Doctor

The medical staff provide specialist palliative care, advice, mentoring and education across all three acute sites, two hospices and the community.

5.2.3 Clinical Nurse Specialists (CNS)

South		North	
Numbers wte	Band	Numbers wte	band
1.0	7	1	7
6.8	6	7.2	6
1.3	5	1	5

5.2.4 For many years there has been a strong and effective CNS Service proving an excellent service for the whole of Lanarkshire. Unlike the rest of Scotland the CNS Service in Lanarkshire is not hospice based, they are based in the community.

5.3 Lanarkshire Palliative Care Activity

5.3.1 Over the last two quarters of 2018/19 there were 3515 deaths across Lanarkshire. These were 14% Care Home, 30% at Home, 50% in Hospital and 6% in Hospice. It is not known if this was the preferred place of death. Of the 3515 people who died, 74% accessed A&E, and 72% were admitted at least once. End of Life patients over 2017/18 contributed to 669,100 unplanned hospital beds days (North 352,700 and South 337,800). In South this is an increase of 1.2%, in North 3.4% compared to 2016/2017.

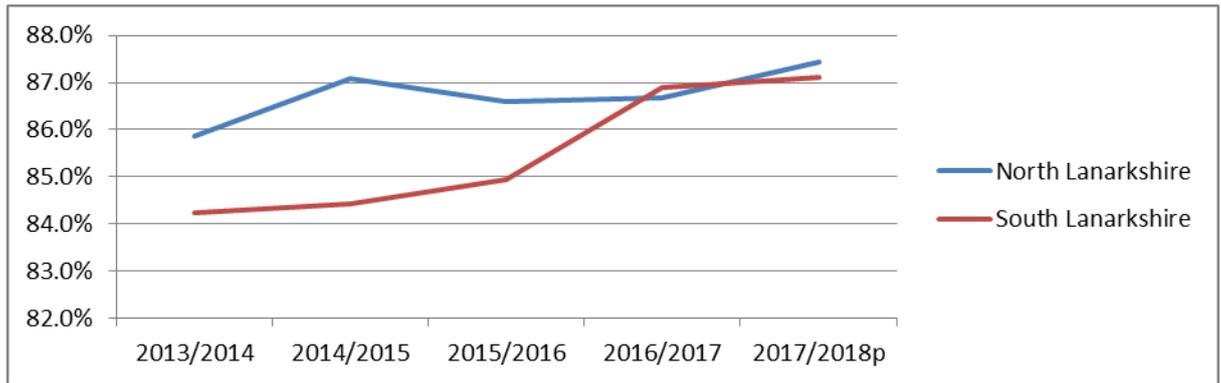
5.3.2 Understanding the journey for people who are palliative/end of life and reducing the number of A&E attendances and hospital admissions are key areas for improvement in the next phase of the Palliative Care Strategy.

5.4 Health and Social Care Partnerships

5.4.1. A key quality outcome for HSCP is to improve the percentage of people who spend the last six months at home or a homely setting. Nationally this is improving in 2018/19 there were 53,168 deaths across Scotland, 89.2% of these spent last six months at home or a homely setting.

5.4.2. In Lanarkshire there has also been a constant improvement, achieving 87.1% South and 87.4% North. This is just slightly lower than the national average. This is a key area to continue to improve.

5.4.3 Table % of people spending the last 6 months in the community



5.5 Kilbryde Hospice

5.5.1 The hospice has received 215 inpatient referrals since opening August 2018. 168 of these were in the last quarter. This is because the inpatient unit beds opened gradually over a six month period. Bed occupancy has ranged from 75-99% over the last quarter. Referrals are from 43% East Kilbride, 27% Rutherglen/ Cambuslang, 26% from Hamilton and 4% from other areas. On average people waited 3.9 days before being admitted, however 38 patients over this period were admitted on the day of referral.

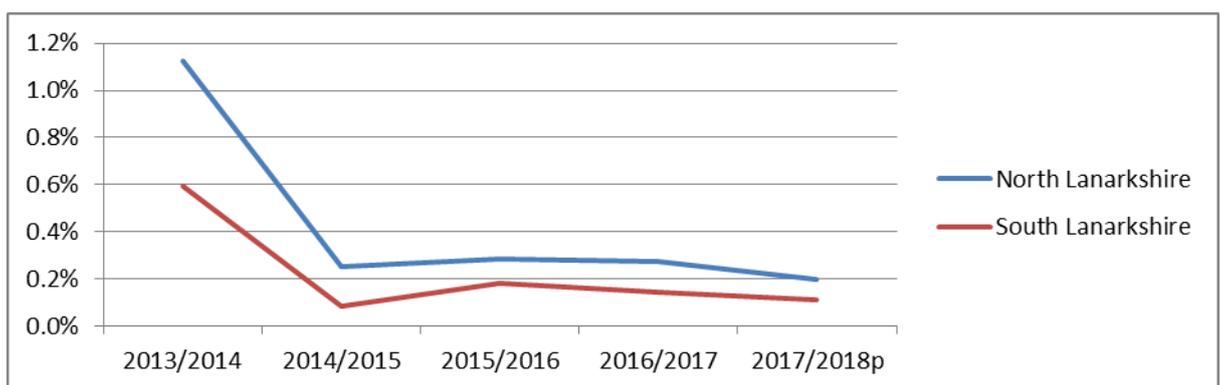
5.6 St Andrews Hospice

5.6.1 The hospice received 189 referrals over a six month period between October 2018 and March 2019 and has had 185 admissions. Referrals were from 17% Airdrie, 11% Coatbridge, 9% Hamilton, 12% Motherwell, 21% Wishaw, 12% Clydesdale, 13% Bellshill, and 5% from other. The average time from referral to admission is 1.2 days.

5.6.2 St Andrews also provide an outpatient service which started in November 2018. This service has provides complementary therapy, occupational therapy, physiotherapy and wellbeing.

5.7. Percentage of last 6 months of life spent in Hospice

5.7.1 40% of people who access hospice provision go home.



5.8 Referrals to the Specialist Palliative Care service

5.8.1 Referrals to the Specialist Palliative Care Team October 2018-March 2019.

North		South	
Locality	Referrals	Locality	Referrals
Airdrie	115 (1.96 per 1000)	Cambuslang/ Rutherglen	105 (1.74 per 1000)

Coatbridge	92 (1.86 per 1000)	East Kilbride	189 (2.15 per 1000)
North	41 (0.48 per 1000)	Hamilton	248 (2.29 per 1000)
Bellshill	97 (1.99 per 1000)	Clydesdale	114 (1.85 per 1000)
Motherwell	64 (1.55 per 1000)	Unknown	6
Wishaw	118 (2.1 per 1000)		
Total	527		662

5.8.2 South referrals to the Specialist Palliative Care Service are higher than North. It is unclear at this stage what the implications of this are. Further detail is required in terms of the pathway of care. The North figures are lower than others due to care being delivered in part by Strathcarron Hospice.

5.8.3 The service receives approximately 1100 referrals per year. Each case has an average of nine contacts with a Clinical Nurse Specialist (CNS).

5.9. Marie Curie Nursing

5.9.1 Marie Curie provides a commissioned service across Lanarkshire. This valuable service complements both the Specialist Palliative Care and Community Teams to support end of life care at home. Over 2018/19 this service supported over 500 patients across Lanarkshire.

5.10. District Nurse/Community Teams

5.10.1 Over 2018/19 in the last two quarters there were 3515 deaths, 38% of these accessed district nursing services at least once. Community teams provide a vital service to support people to die at home. Further work is required to identify the impact of other community services such as Allied Health Professions, Social Work and care at home.

6. CONCLUSIONS

6.1 Strong progress has been made in the roll out of the Lanarkshire Palliative Care Strategy, approved by South and North IJBs in December 2017.

6.2 The next phase of the Palliative Care Strategy is to map the journey across all the localities of Lanarkshire to examine the pathway of care and identify areas for improvement, for example A&E access and hospital admissions. Success will include identifying people of end of life early; ensuring anticipatory care plans are in place plus ensuring there are sufficient staffs with the right skills to support their end of life care. This will mean working together across hospices, Specialist Palliative Care Services and Community Teams to maximise opportunities.

6.3 The contract monitoring of services in Strathcarron Hospice will transfer from South Lanarkshire Health and Social Care Partnership to North Lanarkshire Health and Social Care Partnership to reflect the commissioning arrangements in place.

7. IMPLICATIONS

7.1 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).

7.2 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.

7.3 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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7.4 PEOPLE

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

7.5 INEQUALITIES

EQIA Completed:

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

9. APPENDICES



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CHIEF ACCOUNTABLE OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Ross McGuffie on telephone number 01698 858 119.