

**REPORT**

 Item No:
 

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<b>SUBJECT:</b>	Lanarkshire Palliative Care
<b>TO:</b>	<b>Integration Joint Board</b>
<b>Lead Officer for Report:</b>	Ross McGuffie, Chief Officer
<b>Author(s) of Report</b>	Marianne Hayward Head of Health and Social Care South HSCP Maggs Thomson Head of Health, Health & Social Care North Lanarkshire
<b>DATE:</b>	02-09-19

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**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:

- 3.1 Note the continued implementation of the palliative care strategy
- 3.2 Note the impact of the Covid19 crisis on palliative care services across Lanarkshire
- 3.3 Note the delay in reporting the review of Palliative Care services due to the current Covid crisis

**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 This programme of work was nearing completion, however Covid19 interrupted progress and following discussion with our colleagues in SLH&SC (lead) it is anticipated that this will restart imminently.
- 5.1.3 There are 36 hospice beds available to the people of Lanarkshire, 24 in St Andrews Hospice and 12 in Kilbryde Hospice.
- 5.1.4 Admission to a Scottish hospice (or specialist palliative care SPC unit) is arranged when the complex care of the patient cannot easily be met by the primary care or acute hospital multidisciplinary teams. The patient is taken under the care of a Consultant in Palliative Medicine, working with nurses, AHPs and often therapists, counsellors and others with experience and expertise in palliative care. The actual needs vary, but admission purely as a preferred place of on-going care is not usually accepted unless the patient is very near end of life and the current care setting is leading to difficulty or distress for patient or family. Around half of patients admitted may be discharged back home, or occasionally transferred to other care settings, once the hospice unit is no longer required or appropriate for the patient's needs.

## 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
5.1 wte	Specialist Doctors
5.10 wte	Specialist Doctor

The medical staff provides 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		Acute	
Numbers wte	Band	Numbers wte	Band	Numbers wte	Band
1.0	7	1.0	7	1.0	7
6.8	6	7.2	6	4.0	6
1.3	5	1	5	0	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.

## **6.0 Activity to Date**

### **6.1 Kilbryde Hospice In patient Unit**

6.1.1 The hospice has received 244 inpatient referrals in year April 2019-March 2020. There were 677 referrals in total to the service. IPU referrals are from 43.3% East Kilbride, 23% Rutherglen/ Cambuslang, 30.8% from Hamilton and 2.67 GG&C and 0.5% other areas. Bed occupancy has averaged at 90.86% over the last quarter. On an annual average, people waited 3.92 days before being admitted, however 36 patients over this period were admitted on the day of referral. Over the last quarter 92.2% of patients in IPU achieved their preferred place of care with 96.9% achieving their preferred place of death.

### **6.2 St Andrews Hospice**

#### **6.2.1 Outpatients**

SAH reviewed and redesigned their Outpatient Services from November 2018. During the 1<sup>st</sup> year of the new format 2027 patients and carers attended 908 sessions including Wellbeing (12 week programme), Physio/OT Outpatients clinics, Complementary therapy, Walking Group, Tai Chi, Strength and Balance, Fatigue Management, Music therapy, Carers Café. Attendance at Outpatient Services was temporarily suspended from Monday 16<sup>th</sup> March, however extensive work has been undertaken to continue to provide support to patient and carers via telephone and video support as well as online resources such as mindfulness, Tai Chi etc. We are currently developing plans for Virtual Wellbeing to adapt to the 'new normal'

#### **6.2.3 St Andrews In Patient Unit**

Over the 12 months (1<sup>st</sup> April 2019-31<sup>st</sup> March 2020), SAH received 416 referrals and had 389 admissions with a 98.8% occupancy rate for the 24 funded beds. The referrals were Airdrie 19%, Bellshill 11%, Camglen 1%, Clydesdale 10%, Coatbridge 10%, East Kilbride 1%, Hamilton 8%, Motherwell 10%, North 7% and Wishaw 23%.

Average time from referral to admission was 2.08 days.

### **6.3 Strathcarron Hospice**

6.3.1 Due to restrictions of Covid 19, contract monitoring meetings with Strathcarron Hospice were required to be stood down. A mixture of illness, remote working and furlough within the hospice staffing has resulted in a short term inability to produce performance reports for consideration. It has been advised that this will be available in June.

6.3.2 A programme of dates, complimenting H&SCNL's performance timetable has been agreed with Strathcarron and quarterly remote meetings will facilitate the review process going forward into 2020/21. A first formative meeting was held with the Strathcarron senior team via MS Teams on 6<sup>th</sup> August 2020 and all parties agreed the timetable, context and expectations of H&SCNL. This process will now fall into line with the programmed performance framework and will allow the monitoring of service delivery against the agreed investment.

### **6.4 Compassionate Lanarkshire (CLAN)**

6.4.1 St Andrews, Kilbryde and Strathcarron Hospices submitted and were successful in securing a significant National Lottery grant. This was for a joint 3 year project to support vulnerable and isolated individuals and families living in Lanarkshire who are affected by life limiting illnesses including cancer, chronic obstructive pulmonary disease, heart disease and progressive neurological conditions. This grant was match funded by both North and South

HSCPs. The project commenced in August 2019 and in the first 6 months to end of January 2020 has had a total of 294 referrals and 1622 following up visits by members of the team. A total of 50+ Volunteers Befrienders have been recruited to date. The Project was temporarily suspended from 1<sup>st</sup> April with the agreement of both funders due to Covid 19. Plans are currently being drawn up to review how the project can function in the 'new normal'

## **6.5 Referrals to the Specialist Palliative Care service**

6.5.1 Referrals to the Specialist Palliative Care Team October 2019-March 2020 were 965 North and 1344 South.

6.5.2 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.

## **6.6 Hospital Palliative Care**

6.6.1 There were a total of 1596 referrals from hospital. 558 Hairmyres, 536 Monklands, 512 Wishaw

6.6.2 During the period of Covid, SPC have joined forces with Hospital at Home by providing consultant expertise. This has allowed the Hospital at Home service to provide support to a wider age range (H@H provides a service to >65yrs)

## **6.7 Marie Curie Nursing**

6.7.1 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 2019/20 this service supported over 500 patients across Lanarkshire.

## **6.8 Covid 19**

6.8.1 Kilbryde and St Andrews Hospices responded promptly to the Covid Crisis. In patient services for hospice care for Lanarkshire was transferred to St Andrews and Kilbryde was established as a covid response unit to support Hairmyres Hospital. There were a total of 18 people admitted to St Andrews over this period for hospice support. In addition to providing in patient services, Kilbryde also received 103 NHL staff over this period into their staff wellbeing area (eskape) providing complementary therapies and other supports.

6.8.2 At the beginning of May, Kilbryde Hospice reopened the 12 in-patient beds.

6.8.3 The review of palliative care services being undertaken across all ten Lanarkshire Localities in conjunction with the analyst team at Information Services Division has been delayed due to the Covid crisis. The aim is to finalise this piece of work as soon as possible and this will be reported to the Committee once complete.

## **7.0 CONCLUSIONS**

7.1 The Palliative Care Services for Lanarkshire continue to provide valuable hospice and community led support across Lanarkshire.

## **8.0 IMPLICATIONS**

### **8.1 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).

8.2 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.

8.3 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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8.4 RISK ASSESSMENT/RISK MANAGEMENT

8.5 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.

8.5 INEQUALITIES/FAIRER SCOTLAND DUTY

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 752591.