

NHS Lanarkshire Board
31 January 2018

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SUBJECT: Palliative Care Strategy and Associated Deployment of Hospice Beds

1. PURPOSE

This paper is coming to the Health Board for assurance:

For approval	For assurance	X	To note	
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To provide assurance that the decision of North and South IJBs to take forward the outcome of the Short Life Working Group in seeking to identify and provide the optimum deployment of hospice beds across Lanarkshire for the provision of specialist palliative care meets the Health Board's clinical, staff and financial governance requirements.

2. ROUTE TO BOARD

This paper has been:

Prepared	X	Reviewed	X	Endorsed	
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- a) Prepared following 5 meetings of the Short Life Working Group which was set up to consider how best to deploy hospice inpatient beds across Lanarkshire.
- b) Reviewed by CMT throughout the review process.
- c) Considered and agreed by North and South IJBs.

3. SUMMARY OF KEY ISSUES

- 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:-

- a) increased investment in 24/7 community nursing/Integrated Community Support Team care
 - b) 'Just in Case' medication boxes available in all care settings
 - c) 7 day Macmillan Service for continuity of care, availability of specialist nursing advice, and to avoid weekend hospital admissions
 - d) 'end-of-life care' documentation to ensure compliance with national guidelines
 - e) extended palliative care services from hospices to local communities
 - f) increased hospital specialist palliative care nursing to ensure 52 week cover
 - g) creation of a bereavement team to uplift profiling beds timeously after death
 - h) roll-out of a structured conversation (Addressing the Great Taboo) to help people to be more confident talking about death, dying and bereavement.
 - i) 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, 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 H&SCPs, NHS Lanarkshire Planning and a number of key clinical staff.
- 3.8 A range of options was 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 A group led by the Associate Medical Director, is working with consultant medical staff and senior nurses in determining the optimum clinical model for the new arrangements. Whilst funding was provided to allow a similar model as that which currently exists for the 36 beds, it is recognised that there is scope for a more innovative model, maximising the role of Advanced Nurse Practitioners and supporting increased working of specialist staff in a community setting. The other areas being covered by the group includes wider job planning and associated opportunities to review existing on-call arrangements as well as maximising learning opportunities for junior medical staff. The outcome of this work will be presented to HQAIC for approval in advance of the new model starting, giving them assurance to support the initiation of the new model. This will also recognise the relationship and working arrangements with out of area hospices, e.g Strathcarron.
- 3.12 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 NHS L boundaries will be a key part of that network of support, offering both specialist advice and facilities.
- 3.13 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.
- 3.14 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.

- 3.15 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 when the clinical modelling is complete.
- 3.16 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.
- a) Note the end of the review and next steps.
 - b) Note the conversation with the Scottish Health Council.
 - c) Outline the context and purpose of the option appraisal process undertaken by the Short Life Working Group.
 - d) Outline the considerations and recommendation of the option appraisal.
 - e) Ask that they consider and come back with comments / suggestions within 7 days.
 - f) Arrange further meetings with each to take account of comments/suggestions.
- 3.17 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.

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, the offer from SAH was accepted by the IJBs 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.

The situation will be subject to review and an update be brought back to the IJBs/NHSL Board 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.

- 3.18 It will be noted from Appendix 1a that there was Staff Side representation on the SLWG. In addition to that, Craig Cunningham provided an update to the APF on 15 January 2018 and similarly gained their support for the new model of service provision, and provide assurances around staff governance issues.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	x	LDP	X	Government Policy	
Government Directive	x	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue		Other	<input type="checkbox"/>		

The Health and Social Care Delivery Plan reiterates the need to maximise care at home and to therefore support a shift in the balance of care from bed based care to increased care in the community. The work of the SLWG has been reflective of that strategy, which, in turn, is in keeping with the Strategic Commissioning Plans of both North and South Lanarkshire.

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	x	Effective	x	Person Centred	x
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	X
Everyone has a positive experience of healthcare; (Person Centred)	x
Staff feel supported and engaged; (Effective)	x
Healthcare is safe for every person, every time; (Safe)	x
Best use is made of available resources. (Effective)	x

6. MEASURES FOR IMPROVEMENT

Maximising the potential for people to spend their last 6 months of life in their own homes is a key indicator in the '6 Measuring Performance Under Integration' measures. By so doing, this also reducing the length of time spent in hospital.

7. FINANCIAL IMPLICATIONS

All the money currently available for the provision of specialist hospice care continues to be available for that purpose.

It is proposed that the new arrangements will, as far as possible, commence on 1 April, 2018. This will however be dependent on the clinical framework being in place. The clinical modelling work around bed provision is being progressed in partnership as described above (3.11). 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.

It is proposed that this non-recurring cost is allocated using the 49% (South) / 51% (North) formula adopted for pan-Lanarkshire services and met from IJB reserves.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The risk is predominantly around the handling of the communication with the respective hospice providers, health boards, and associated outcome of negotiations.

This could result in a longer period and higher rate of non recurring monies beyond the assessed need to meet the assessed needs and requirements for hospice bed provision in Lanarkshire.

The IJBs would look to work with the respective hospices to manage any change management issues inherent in the new bed model.

In the event that the preferred model is not adopted, there is a risk of a service being provided which is neither the most clinically nor financially appropriate.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	x	Effective partnerships	x	Governance and accountability	x
Use of resources	x	Performance management	x	Equality	<input type="checkbox"/>
Sustainability	x				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes X
No

Undertaken as part of Achieving Excellence.

11. CONSULTATION AND ENGAGEMENT

A range of partners have been involved in the production of the Palliative Care strategy and the subsequent proposed revision to current bed model. In discussion with Scottish Health Council, it is likely that we will undertake further communication with the public as part of the enactment of the new bed model.

12. ACTIONS FOR NHSL BOARD

The Board is asked to:

Approval		Endorsement		Identify further actions	
Note	X	Accept the risk identified		Ask for a further report	X

ITEM 13

1. Note the assurances provided on the staff and financial governance aspects of the decision of the two IJBs in implementing the Palliative Care strategy – and particularly that aspect associated with future bed provision;
2. Note that the aim is to present the clinical model to HQAIC in March, and update the Board thereafter;
3. Note that the date for introduction of the new model of care is approved 01 April 2018;
4. Seek feedback on the progress in implementing the new model of care; and
5. Note that the IJBs will meet implementation costs of the new model.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

Val De Souza, Chief Officer, South Lanarkshire Health & Social Care Partnership,
Telephone: 01698 453700

Craig Cunningham, Head of Commissioning & Performance, South Lanarkshire
H&SCP, Telephone: 01698 453704

Future Hospice Bed Provision For Lanarkshire

1 Background

In January 2017, North and South Health & Social Care Partnerships (H&SCPs) in conjunction with NHS Lanarkshire (NHSL), in keeping with principles of openness, transparency and fairness, took the decision to commission an Independent Chair to lead a process of implementing the Palliative Care section of Achieving Excellence, the NHS Lanarkshire Healthcare Strategy. Key stakeholders from across Lanarkshire were included in the Review Group, see Appendix 1(a).

Prior to this NHS Lanarkshire had undergone a series of consultation events, with wide stakeholder involvement in the preparation of a Palliative Care Strategy. This was subsequently reviewed as part of the implementation of Achieving Excellence, the NHSL Healthcare Strategy; with due regard to the respective Strategic Commissioning Plans of North and South Lanarkshire Health and Social Care Partnerships and the wider national strategic context of managing more people at home or in homely settings as locally as possible.

Whilst the bulk of the Palliative Care strategy reflects the many patients who require support in a community setting, one element of the strategy referred to the optimum number of inpatient hospice beds which would be required for the Lanarkshire population going forward.

The independent chair of the Review Group, Professor Rosslyn Crockett MBE, formerly Director of Nursing in NHS GG&C, was tasked to provide an outcome on options to be presented to the commissioning bodies by Summer 2017. This Review would take cognisance of Achieving Excellence, and both North and South Strategic commissioning plans, and be underpinned by ensuring the Quality Principles of Safe, Effective and Person Centred Care.

Over 6 months, five meetings took place to consider this aspect of delivering the agreed palliative care strategy, and a list of options was produced for consideration in looking at future hospice bed provision for the population of Lanarkshire.

2 Current Position

There are currently 43 hospice beds commissioned for the residents living within the NHS Lanarkshire boundary. Of these, 30 are provided in St Andrews Hospice in Airdrie - albeit the hospice is currently undergoing a major rebuild and the beds are temporarily located in Wester Moffat Hospital.

The other 13 beds are provided via GG&C (circa - 7 beds) and in Strathcarron Hospice in Forth Valley (6 beds, although NHS Lanarkshire residents typically only utilise 4 beds).

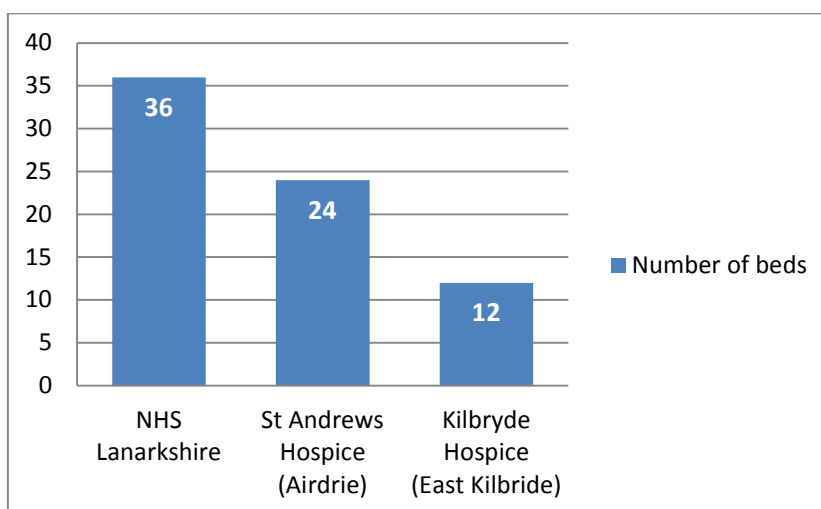
Scottish Government and NHS Lanarkshire, in recognition of there being no beds in the South Lanarkshire area, agreed to the establishment and building of Kilbryde Hospice on the grounds of Hairmyres Hospital in East Kilbride. This new building has capacity to accommodate 12 beds.

3. Option Appraisal

Given this new facility is now available, a range of options were 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.

This information was then considered in the due process of an Option Appraisal Exercise, with the outcome to reconfigure the current bed provision to allow best use of the facilities to match the needs of the people of Lanarkshire.

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), as shown below.



This option sees 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. It also supports palliative care consultants being able to provide continuity of care across the patient journey between inpatient hospital care, hospice care and community care.

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 NHS L boundaries will be a key part of that network of support, offering both specialist advice and facilities.

Whilst this will mean new arrangements for people living in Cumbernauld and Cambuslang/Rutherglen, the new bed provision will be closer to the respective populations, be provided in newly refurbished facilities and support consistent clinical care across community, hospital and hospice where necessary.

4 Future Staff Models

The aim of both H&SCPs is that there is a range of support services in all localities and that, as far as possible, such services should act seamlessly in providing the required care in a community setting. Access to bed based care should be by exception and, where at all possible, for a planned intervention.

It was also identified through the review process that there were opportunities to examine the current staffing models associated with palliative care pathways and the role of the staff working within the hospice setting. Additionally, both hospices are keen to expand the range of community supports they are able to provide to people in their own homes, thus expanding the reach of the respective organisations. Moving forward, the aim would be to have a NHSL-wide Specialist Palliative Care service, providing consistent support to patients wherever they were on their care journey and/or their physical location. This will require a review of the Clinical Leadership and managerial arrangements for the Palliative Care Service across NHS Lanarkshire, with a view to having a Triumvirate approach with dedicated time for Clinical Director, Senior Nurse and Manager.

5 Financial Implications

The move to the revised bed model would be achievable within the same financial envelope overall. There will however be the need to consider non-recurring bridging finance depending on negotiation and exit agreements with the neighbouring health boards over the next few years. Consideration will also need to be given to possible additional Clinical sessions, dependant on the clinical model.

Appendix 1(a)

- Rosslyn Crocket (Independent Chair), former Director of Nursing, NHS Greater Glasgow & Clyde
- Val de Souza, Director, Health and Social Care, South Lanarkshire Health & Social Care Partnership (host for Palliative Care services across Lanarkshire)
- Janice Hewitt, Chief Accountable Officer, North Lanarkshire Health & Social Care Partnership (or nominated deputy)
- Craig Cunningham, Head of Commissioning & Performance, South Lanarkshire Health & Social Care Partnership
- Ross McGuffie, Head of Planning, Performance and Quality Assurance, North Lanarkshire Health and Social Care Partnership
- Maria Docherty, Director of Nursing, South Lanarkshire Health & Social Care Partnership
- Linda Findlay, Associate Medical Director, South Lanarkshire Health & Social Care Partnership
- Bruce High, Chief Executive, St Andrew's Hospice
- Gordon McHugh, Chief Executive, Kilbryde Hospice
- Catriona Ross, Consultant in Palliative Medicine, NHS Lanarkshire
- Caroline Mitchell, Service Manager, NHS Lanarkshire
- Marilyn Aitken, General Manager, South East Unit, NHS Lanarkshire
- Frank McGorry, Senior Management Accountant, NHS Lanarkshire
- Helen Alexander, Palliative Care Managed Clinical Network Manager, NHS Lanarkshire
- PPF representative
- Katrina Murray, Staff Side representation
- Eddie Docherty, Communications
- Colin Sloey, Director of Strategic Planning & Performance, NHS Lanarkshire
- Margaret Mary Cowan, Clinical Services Manager, Kilbryde Hospice
- Rosemary Brolly, St Andrew's Hospice