

*Scottish Borders Health & Social Care
Integration Joint Board*



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REVIEW OF PALLIATIVE CARE SERVICES ACROSS THE SCOTTISH BORDERS	
Purpose of Report:	To commission an external review of Palliative Care Services across the Scottish Borders.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Approve and commission an external review.
Personnel:	The review will require engagement with the service and stakeholders.
Carers:	As part of the review, the IJB Carers workstream will be consulted to consider the needs of unpaid carers caring for their loved ones who receive palliative care in the community.
Equalities:	As the review has not commenced, the Integrated Impact Assessment has not yet been undertaken, but will be as part of the implementation and will be reported back to the IJB.
Financial:	Non-recurrent funding will need to be identified to commission an external provider. It is expected that this will provide the opportunity for service transformation to both improve outcomes.
Legal:	Procurement requirements and rules will be followed accordingly.
Risk Implications:	There is a risk of no identified funding to commission the review, which will impact on our performance against the National Health and Wellbeing Outcomes, and national integration indicators on the following: <ul style="list-style-type: none"> • Proportion of people spending their last 6 months at home, or in a homely setting • Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated • Percentage of adults supported at home who agreed that they are supported to live as independently as possible; • Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life; • Percentage of adults supported at home who agreed they felt safe; • the percentage of carers supported to continue in their caring role, and;

	<ul style="list-style-type: none">• the percentage of adults with intensive care needs at home.
Direction required:	Yes

Situation

There is a need for the Integrated Joint Board (IJB) to commission an external review of Palliative Care Services across the Scottish Borders.

Palliative care as defined by the World Health Organisation is:

“an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual”. ([WHO Definition of Palliative Care - Public Health](#))

Marie Curie defines Palliative Care as:

“...treatment, care and support for people with a life-limiting illness, and their family and friends”.

They describe a life-limiting illness as:

“...an illness that can't be cured and that you're likely to die from. You might hear this type of illness called 'life-threatening' or 'terminal'. People might also use the terms 'progressive' (gets worse over time) or 'advanced' (is at a serious stage) to describe these illnesses. Examples of life-limiting illnesses include advanced cancer, motor neuron disease (MND) and dementia”. You can receive palliative care at any stage in your illness. Having palliative care doesn't necessarily mean that you're likely to die soon – some people receive palliative care for years. You can also have palliative care alongside treatments, therapies and medicines aimed at controlling your illness, such as chemotherapy or radiotherapy. However, palliative care does include caring for people who are nearing the end of life – this is sometimes called end of life care”. [What is palliative care? \(mariecurie.org.uk\)](#)

Background

The majority of palliative care services within the Scottish Borders are provided in the community, both across General Practice, District Nursing, Home Care providers, Care Homes, Community Hospitals and Third Sector partners. In addition, there are number of unpaid carers who provide palliative care.

The specialist tier of care, the Margaret Kerr Unit (MKU) is a specialist palliative care unit which was built in response to the fact that the Borders was the only mainland Health Board region not to have a specialist palliative care unit. The build was funded on the back of a generous initial donation, other fundraising partners and a public appeal raising the final million of the £4.22million cost. The ongoing recurring running costs are NHS funded. It provides specialist care and some general care, though the latter should be able to be provided anywhere within the Scottish Borders i.e. other wards in the BGH, community hospitals and care homes and of course the community.

The specialist palliative care team are based in and provide the inpatient care in the MKU along with ward staff. The specialist team, also provide in-reach support to acute inpatients and provide complex symptom support for patients, families and staff in all settings across the Scottish Borders.

After the success of the MKU and recognising the high standard of care within it, NHS Borders arranged for Marie Curie to perform a needs assessment in 2015 (Appendix 1) to identify next steps in wider provision of palliative care across the system. The recommendations focussed on earlier identification of palliative care needs, assessment, care planning and review, holistic care and support, support after death and health promoting palliative care all with a focus on continual quality improvement.

The placement of the parts of palliative care services across various line management structure and associated with areas (such as health promoting palliative care which may seem less relevant in comparison to other demands e.g. on acute services) led to delays in progression of these recommendations. With the recent COVID-19 pandemic and the failure to implement the previous recommendations there is a need to do a full review of Palliative Care services.

There is an endowment fund where people who have appreciated the services of the specialist palliative care team and MKU have made donations for specialist palliative care. This endowment fund holds a high balance of funds.

The COVID-19 pandemic added to the challenges; however, it has also reinforced areas of potential. One of the key projects that was stalled is the hospice at home service – described in realistic medicine reports elsewhere in Scotland and in some areas implemented during the pandemic to great effect. A project Charter was drawn up (Appendix 2) which outlined the original bid for a broader care at home model for palliative care. MacMillan agreed funding however funding ceased due to various reasons but overall, it was rejected by the Board.

During the COVID-19 pandemic there was an additional Macmillan bid (Appendix 3). This was an abridged version of hospice at home to test a 7-day specialist advice/support service. The funding was agreed by Macmillan however rejected by Board Executive Team (BET) given the additional requirement for registered nurses and the potential to destabilise already precarious acute services.

In mid-2020, Marie Curie wrote to all territorial NHS authorities across the UK in relation to Marie Curie's initial response to COVID-19. Further contact was then made with NHS Borders requesting an opportunity to discuss a future operating model for the organisation that would ensure its long-term input to specialist palliative care services in the Scottish Borders. The split of charitable funds and NHS funded changed due to a significant shortfall of donation income and the previously applied reduced service rates for Health Board changed. Although faced with the unforeseen costing pressure, Primary and Community Services recognised an opportunity to review current delivery models in an attempt to validate value for money and explore alternative models of working. A significant piece of work (Appendix 4) was undertaken by the Primary & Community Services (P&CS) Management Team to look at the Marie Curie contract and the service provided. Good engagement with Marie Curie and other key stakeholders followed over the course of several workshops to discuss a future operating model for the organisation that would ensure its long-term input to specialist palliative care services in the Scottish Borders. A briefing paper is included in Appendix 5. The workstream was paused to align with this overall service review.

Assessment

The Scottish Borders Health and Social Care Partnership covers the sixth largest geographical Health and Social Care Partnership area in Scotland. The population served is approximately 119,000. The geography is largely rural, and the population is elderly and ageing when compared with the national average population across Scotland. The service has also experienced significant constraints on its capacity to meet demand during the pandemic and provide consistent care at home for patients

In order to address current challenges we are seeking an external full review of Palliative Care Services across the Scottish Borders to ensure an integrated approach that is seamless for service users and their families / carers, as well as staff. Further details are included within the section below.

Scope

An engagement workshop was held on 28th July 2022 to inform the scope of the review. The workshop included various stakeholders including acute, community, specialist, general practice and patient representatives and worked through the following 3 questions.

- 1 – What works well?
- 2 – Gaps and opportunities for improvements?
- 3 – What should be in / out of scope?

A summary of the outputs is included in Appendix 6.

It was clear from the group that this review should be whole system with nothing being out of scope and the following areas (list not exhaustive) to be included in the review of Palliative Care services:

1. Acute
 - BGH – acute hospital
 - Emergency Department
 - Specialist Palliative Care
 - Margaret Kerr Unit
2. Primary & Community Services
 - Community Hospitals
 - Community Nursing, e.g. District Nursing
 - Specialist Palliative Care
 - Out of Hours
 - General Practice
 - Care Homes
 - Community Pharmacy
3. Third Sector & Voluntary Organisations
 - Review Marie Curie contract
 - PATCH
 - Macmillan

4. Finances

- Overview of all finances and funding streams related to Palliative Care
- Full financial appraisal
- Use of Endowment Fund and rules associated with it
- Maire Curie Contract

5. Governance

- Clear governance structure
- Scrutiny of previous recommendations, where we got to and whether they are still relevant

Outcomes

Opportunities will include identification of improvement opportunities which should be categorised as either

- a) structural
- b) performance
- c) transformational

Structural issues will encompass evidence that suggests the design of services is sub-optimal and can be improved leading to a future benefit.

Performance issues are where there is evidence of variation from agreed standards or expected levels of efficiency.

Transformational opportunities to ensure an integrated approach that is seamless for service users and their families / carers, as well as staff.

Intended Outcomes	
1	<p>Structures & Governance</p> <ul style="list-style-type: none"> • Overview of the structure; roles, goals, processes, responsibilities • Define working model required for Borders – this will then define the finances • Develop a framework that realigns to the principles of realistic medicine • Clear service delivery model • Clear Governance
2	<p>Processes</p> <ul style="list-style-type: none"> • Consistent processes across all localities • GP gold standard meetings • Clear pathways for staff and patients • Anticipatory Care planning • Clear, joined up, standardised documentation across acute, primary care & community services clearly stating patients end of life preferences, accessible to all services. • Share updates and consistent communications to save duplication • Communications
5	<p>National Guidelines and Strategies</p> <p>The review should be conducted with the following national and local drivers:</p> <ul style="list-style-type: none"> • Every Story's Ending - the Scottish Partnership for Palliative Care proposal for the national framework which is still pending.

	<p>https://www.palliativecarescotland.org.uk/content/publications/1631014004_FINAL-ESE-summary.pdf (Appendix 7 - the full document).</p> <ul style="list-style-type: none"> • National Health and Wellbeing Outcome indicators, developing community palliative care services, with the potential for service transformation - noted as part of the IJB's Commissioning Plan for 2022/23 (Appendix 8). • The "proportion of last 6 months of life spent at home or in a community setting" and the "percentage of adults with intensive care needs receiving care at home" in the Scottish Borders was lower than the national average in the 2021/22 Annual Performance Report & 2022/23 Commissioning Plan (Appendix 8).
7	<p>Networks</p> <ul style="list-style-type: none"> • Scope and develop a network of Palliative Care advice, services and resources • 3rd sector interfaces, and the use of charitable organisations
8	<p>Education & Training</p> <ul style="list-style-type: none"> • Dedicated Palliative Care education and training for staff across the whole pathway • Dedicated clinical supervision structure • Occupational Health and well-being for staff
9	<p>Information Technology</p> <ul style="list-style-type: none"> • Review of all IT systems to reduce duplication and share communications
10	<p>Data</p> <ul style="list-style-type: none"> • Develop a data dashboard
11	<p>Engagement</p> <ul style="list-style-type: none"> • Engagement with staff, services and stakeholders • Engagement with those who have lived in experience

Recommendation

This review should identify variation across the localities and inform standard processes and pathways. It will consider areas where there is opportunity to improve efficiency or productivity and identify opportunities to transform services to build on their safety, patient centredness and sustainability. The review will define the service required and then the best model to provide it.

The IJB are asked to:

- **Commit** to carry out and follow through on an external review and the implementation of the recommendations
- **Agree** the scope of the review
- **Commission** an external body to carry out the review
- **Identify** non-recurring funding to commission an external provider

Appendices

Appendix 1: Scottish Borders Palliative Care Needs assessment



Scottish Borders
palliative care needs

Appendix 2: Project Charter – original bid for a broader care at home model for palliative care



Project Charter V12
submitted to endow

Appendix 3: Macmillan final bid – abridged version within Covid to offer a 7-day Specialist advice/support service to test



Macmillan final bid
approved for MKH S

Appendix 4: Marie Curie Workshop Summary Document



Marie Curie
Workshop - Summa

Appendix 5: Marie Curie summary – position paper



Marie Curie Update
Paper for RPG 01.02.

Appendix 6: Workshop Summary



Palliative Care Write
Up 28.08.22.docx

Appendix 7: Every Story's Ending Full Report



Every Story's
Ending.pdf

Appendix 8: IJB 2021/22 Annual Performance Report & 2022/23 Commissioning Plan



SBIJB Annual
Report 2021-22 FINA