

**Scottish Borders Health & Social Care  
Integration Joint Board Audit Committee**



Meeting Date: 20 March 2023

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<b>PALLIATIVE CARE SERVICE REVIEW</b>	
<b>Purpose of Report:</b>	To update the Health & Social Care Integration Joint Board Audit Committee on progress with the Palliative Care Service Review which was commissioned by the Integrated Joint Board on 21 <sup>st</sup> September 2022.
<b>Recommendations:</b>	The Health & Social Care Integration Joint Board Audit Committee is asked to: <ul style="list-style-type: none"> <li>a) Note progress</li> <li>b) Note the timescales for the review</li> </ul>
<b>Route to the meeting:</b>	Engagement Workshop, 28 <sup>th</sup> July 2022 Steering Group, virtual sign off of scope, August 2022 Strategic Planning Group, 24 <sup>th</sup> August 2022 Integrated Joint Board, 21 <sup>st</sup> September 2022
<b>Personnel:</b>	The review will require engagement with the service and stakeholders.
<b>Carers:</b>	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.
<b>Equalities:</b>	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.
<b>Financial:</b>	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.
<b>Legal:</b>	Procurement requirements and rules will be followed accordingly.
<b>Risk Implications:</b>	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"> <li>• Proportion of people spending their last 6 months at home, or in a homely setting</li> <li>• Percentage of adults supported at home who agreed that</li> </ul>

	<p>their health and social care services seemed to be well coordinated</p> <ul style="list-style-type: none"> <li>• Percentage of adults supported at home who agreed that they are supported to live as independently as possible;</li> <li>• Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life;</li> <li>• Percentage of adults supported at home who agreed they felt safe;</li> <li>• the percentage of carers supported to continue in their caring role, and;</li> <li>• the percentage of adults with intensive care needs at home.</li> </ul>
<b>Engagement &amp; Consultation:</b>	A workshop on MS Teams was held to get input from for a wide range of stakeholders, this included input from community, acute, specialist palliative care and PATCH.
<b>Sustainability</b>	No direct impacts on sustainability.

## Situation

An Integrated Joint Board (IJB) direction was given on 21<sup>st</sup> September 2022 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 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 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. This was an abridged version of hospice at home to test a 7-day specialist advice/support service. The funding was agree by Macmillan however rejected by Board Executive Team (BET) given

the additional requirement for registers 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 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. The workstream was the 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 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**

The scope of the review was developed in partnership with all stakeholders at an Engagement Workshop in July 2022. A workshop on MS Teams was held to get input from for a wide range of stakeholders, this included input from community, acute, specialist palliative care and PATCH. The scope was refined and agreed virtually by the Steering Group and then further endorsed by a small focused working group while discussing and agreeing the most appropriate Procurement route.

The review will include the areas below, however this list is not exhaustive and can be expanded should there be good reason to.

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
- Any appropriate Social Care Provision that is involved in delivering elements of Palliative Care.

### 3. Third Sector & Voluntary Organisations

- 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

## Objectives

Key objectives and successful outcomes will be in the areas of:

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

	<p>national framework which is still pending.  <a href="https://www.palliativecarescotland.org.uk/content/publications/1631014004_FINAL-ESE-summary.pdf">https://www.palliativecarescotland.org.uk/content/publications/1631014004_FINAL-ESE-summary.pdf</a></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 &amp; 2022/23 Commissioning Plan.</li> <li>• Improvements will be sought including the National Health and Wellbeing Outcomes benefits and other benefits listed</li> </ul>
<b>7</b>	<p><b>Networks</b></p> <ul style="list-style-type: none"> <li>• Scope and develop a network of Palliative Care advice, services and resources</li> <li>• 3<sup>rd</sup> sector interfaces, and the use of charitable organisations</li> </ul>
<b>8</b>	<p><b>Education &amp; Training</b></p> <ul style="list-style-type: none"> <li>• Opportunities for dedicated Palliative Care education and training for staff across the whole pathway</li> <li>• Dedicated clinical supervision structure</li> <li>• Occupational Health and well-being for staff</li> </ul>
<b>9</b>	<p><b>Information Technology</b></p> <ul style="list-style-type: none"> <li>• Review of IT systems to reduce duplication and share communications</li> </ul>
<b>10</b>	<p><b>Data</b></p> <ul style="list-style-type: none"> <li>• Develop a data dashboard</li> </ul>
<b>11</b>	<p><b>Engagement</b></p> <ul style="list-style-type: none"> <li>• Engagement with staff, services and stakeholders</li> <li>• Engagement with those who have lived in experience</li> <li>• There will be full engagement with staff, with service users, unpaid carers and partners (including but not exclusively engagement and review at the IJB Joint Staff Forum, Unpaid Carers Workstream, GP Subcommittee and Independent Care Sector Advisory Group)</li> </ul>
<b>12</b>	<p><b>Finances</b></p> <p>The review should focus on opportunities to focus on transformation opportunities for palliative care services, and as part of this aim to improve outcomes and reduce overall costs for palliative care as part of a 'Programme Budgeting' approach. The IJB Chief Financial Advisor will work with the NHS Borders and Scottish Borders Council finance teams to support this assessment.</p>

## Outputs

In partnership with NHS Borders and the Health & Social Care Integrated Joint Board:

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.

The review is expected to:

- Determine capacity requirements for each area under review, and to determine if this is sufficient to deliver the defined service specification.
- Provide a report with supporting analysis and recommendations for improvement.
- Provide a financial plan. This should identify any potential savings opportunities that suggested operating models could deliver.
- Provide an implementation plan to deliver the recommendations agreed with NHS Borders.
- Ensure that work is undertaken in a transparent and consistent way across each area, in line with the agreed standards of care.

All of the above will involve working with the clinical staff and the senior clinical / managerial staff for each area under review.

## Timeline

Action	Date
Procurement Brief out to tender	w/c 13 March 2023
Closing Date for applications	31 March 2023
Interviews	Beginning of April (Date TBC)
Commence Review	May 2023 (TBC depending on successful tender)
Output of Review	July 2023 (TBC depending on successful tender)

The original timescales associated with the direction have been difficult due to workload, capacity and the challenges faced with both these over winter. This has resulted in the review being delayed from the original completion date of 31<sup>st</sup> March 2023.

In February 2022 a small, focused working group met to endorse the final scope and agree the most appropriate Procurement route. The group agreed on the Procurement steps below:

- Upload a specification to tender the review, using the readymade framework RM6187 Management Consultancy Framework Three (MCF3) – Lot 7 (Health, Social Care & Community).
- This will allow companies to review the scope and submit a quote
- There is an opportunity to include any particular companies who have experience in a similar review.
- Conduct interviews and agree the successful tender.

## 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 Scottish Borders Health & Social Care Integration Joint Board Audit Committee are asked to:

- **Note** progress with the finalised scope and the procurement process.
- **Note** the timescales for the review.
- **Note** the original date of completion, 31 March 2023, is now end July 2023.