



Item No: 16

Meeting Date: Wednesday 8th May 2019

Glasgow City Integration Joint Board

Report By: Susanne Millar, Chief Officer, Strategy and Operations /
Chief Social Work Officer

Contact: Paul Adams, Head of Older People & Primary Care
Services, NW Locality

Tel: 0141 314 6238

HSCP PALLIATIVE CARE PLAN – YEAR 1 REPORT

Purpose of Report:	To inform the Integration Joint Board on progress toward the actions set out in the 5 year plan that was adopted by the IJB Performance Scrutiny Committee in February 2018.
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Background/Engagement:	<p>The HSCP's Palliative & End of Life Plan can be accessed at https://www.yoursupportglasgow.org/media/23104/glasgow-hscp-palliative-care-plan-2018-23.pdf</p> <p>The plan provides the definition of palliative care for adults and children (defined by the World Health Organisation – WHO) and sets out 28 actions as a framework for service delivery over the period 2018-23.</p> <p>The vehicle for translating those actions into Locality Work Plans is the 3 Locality Palliative Care Implementation Groups. These 3 groups report to the HSCP's Palliative Care Steering Group.</p> <p>Membership of the palliative care groups is representative of HSCP staff plus key partners in palliative care delivery across housing, 3rd and independent sectors.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>a) note the progress to date.</p>
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Relevance to Integration Joint Board Strategic Plan:

<p>Palliative Care is identified in the HSCP's Strategic Plan as a function delegated by Glasgow City Council and NHS Greater Glasgow & Clyde. Effective and accessible palliative care is key to supporting people, their families and their carers. It enables people to remain safely at home, it helps to avoid hospital admissions and minimises delays in hospital.</p>

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Good (Palliative) Care can be reflected in all 9 National Health & Wellbeing Outcomes as experienced by service users, carers and staff.
Personnel:	Glasgow will continue to experience a rising demand for this type of care across the age range of its population as a result of people living longer with long term conditions and the drive to deliver care at home or other community settings. As a consequence, there is a requirement to consider future workforce requirements and associated funding implications.
Carers:	Carer engagement will form a key part of work plans in keeping with the requirements of the Carers (Scotland) Act 2016 and ongoing feedback will feature throughout the 5-year life of the strategy in order to obtain a measure of our success and to guide ongoing developments.
Provider Organisations:	The HSCP has commissioning responsibility for the 2 Glasgow Hospices (specialist palliative care) as well as its responsibility for commissioning care homes where good generalist (palliative) care should be available to those that require it. The homecare function delivered by Glasgow HSCP Home Care and other providers will also feature prominently in the delivery of generalist (palliative) care as will the Local Authority Residential and Day Care units.
Equalities:	The Palliative Care Steering Group agreed to complete an EQIA during 2018-19 to guide locality groups and ensure workplans consider protected characteristics. The Palliative Care EQIA can be found at: https://glasgowcity.hscp.scot/publication/eqia-palliative-and-end-life-care-plan
Fairer Scotland Compliance:	The Fairer Scotland Duty came into effect from April 2018, and places a legal responsibility on public bodies in Scotland to pay due regard to how they can reduce inequalities of outcome caused by socioeconomic disadvantage. The Palliative and End of Life Plan has considered the impact on those facing socioeconomic disadvantage through the EQIA and the activity within will contribute to reducing such disadvantage.
Financial:	The HSCP secured funding from HIS for a 2 year period from April 2017 to March 2019 to support an Improvement Advisor post. This person worked with services to identify & address identified areas of improvement. The financial challenges faced by the organisation impact on our directly provided health and social care supports and our partner agencies.

	There will be a requirement to further invest in generalist & specialist palliative care if the objective of managing more care in community settings and reducing the time spent in hospital during the last 6 months of life is to be realised.	
Legal:	No legal implications.	
Economic Impact:	Good palliative care can reduce the health burden by reducing hospital admissions and reducing lengths of stay in hospital. By using the principles set out in "Realising Realistic Medicine" (http://www.gov.scot/Resource/0051/00514513.pdf), it can also impact on cost by creating co-produced care plans and offering choice which has potential to reduce unnecessary investigations or minimally effective interventions.	
Sustainability:	Sustainability will rely on an ongoing review of outcomes, continuous improvement programmes, reliable communication networks and regular reference to the associated financial and workforce adjustments required to meet the demand.	
Sustainable Procurement and Article 19:	N/A	
Risk Implications:	An ageing population will see a rising requirement for palliative care while advances in treatment options will mean people live with their condition longer than in the past. The financial climate could constrain the organisation's ability to meet this rising need.	
Implications for Glasgow City Council:	None	
Implications for NHS Greater Glasgow & Clyde:	None	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 This report reflects the actions completed over the first year of the 5 year plan which was implemented in April 2018.
- 1.2 It highlights a variety of priorities that have been identified across the 3 Glasgow localities relative to the needs of local populations.

2. Background

- 2.1 The draft plan was presented to the IJB in September 2017 (<https://glasgowcity.hscp.scot/publication/item-no-12-draft-palliative-and-end-life-care-plan>) and it was agreed that it would go out to public consultation for 3 months. The comments received from that exercise resulted in additions and amendments to the draft plan that were presented to the IJB Performance Scrutiny Committee in February 2018 (<https://glasgowcity.hscp.scot/publication/item-no-8-draft-palliative-and-end-life-care-plan>). This Committee endorsed the plan for implementation from April 2018.
- 2.2 The HSCP's plan reflects the intentions of the Scottish Government's Strategic Framework for Action and the Scottish Partnership for Palliative Care, i.e. by 2021, everyone in Glasgow who needs palliative care will have access to it regardless of age, diagnosis or circumstance and that the care provided will be safe, effective and person-centred.
- 2.3 In 2015/16 the HSCP was supported by Healthcare Improvement Scotland (HIS) to map the range of resources available to support palliative care. This work, along with the contributions from a wide range of stakeholders and best practice literature, informed the Palliative and End of Life plan which identifies **3 key aims** and **28 actions**.

3. Progress to date in relation to Aims

- 3.1 **Aim 1** - People, their families and their carers have timely and focussed conversations to plan their care and support. The National Anticipatory Care Plan will be used to support this process <http://ihub.scot/anticipatory-care-planning-toolkit/>.

Progress - A revised approach to Anticipatory Care Planning (ACP) has been developed in collaboration with the other 5 Partnerships across the Health Board and agreement reached on a 3 page summary that will capture the content in the National ACP or any other format that constitutes a "personal plan". In the year 2018/19, over 900 ACP were completed, of which approximately 1/3 related to people who are either palliative or end of life. For 2019/20, the revised approach is expected to increase this figure and improve how the information is shared with the acute side of the system.

- 3.2 **Aim 2** - The HSCP's Palliative Care Plan will not be used in isolation but as part of a suite of materials aimed at engaging people in their care and improving quality of life and wellbeing. This includes for example the Scottish Government's 3rd Dementia Strategy, Realising Realistic and the Carers Act 2016/HSCP's Carer Strategy.

Progress – Locality Palliative Care Groups and the Palliative Care Steering group are actively involved in engaging staff to help inform strategic consultations, e.g. [Draft Carer Strategy 2019-22](#) & [Draft Young Carer Strategy 2019-22](#). The development of Locality work plans involve engagement with local populations in the North East, North West and South of the city, to identify the things that are of greatest importance to those communities.

- 3.3 **Aim 3** - The Palliative & End of Life Care Plan will align with the aims set out in the Scottish Government's Health & Social Care Delivery Plan, in particular the aim that by 2021 "everyone who needs palliative care will get hospice, palliative or end of life care" and that "all who would benefit from a Key Information Summary (KIS) will receive one". That Plan also indicates that people will receive more sensitive end of life support that will aim to support them in the setting that they wish

Progress – Throughout 2018/19, the HSCP has worked closely with the 2 Glasgow hospices (Marie Curie & Prince & Princess of Wales) to develop a new, 5-year, Service Level Agreement as well as refreshed contracts for Managed Care and Fast Track that augment the HSCP workforce in maintaining people safely at home. The KIS work is closely aligned to the revised ACP process and work is ongoing with e- Health to develop an electronic version of the ACP summary that will simplify transcription to KIS (and in so doing, make plans visible to hospital staff at times of unscheduled admissions).

4. **Progress to date in relation to Actions**

- 4.1 Pages 12-13 of the IJB report, dated September 2017, included a number of priorities for year one.
<https://glasgowcity.hscp.scot/publication/item-no-12-draft-palliative-and-end-life-care-plan>
- 4.2 The most significant developments in year one include –
- The establishment of 3 Locality Palliative Care Implementation Groups and an HSCP Palliative Care Steering Group (membership at Appendix 1). The creation of a Palliative Care section in the Partnership's "your support" website plus the use of Intranet sites (Connect and Staffnet) for sharing the output of meetings (Steering Group and Locality Group meetings).
 - Links with key contacts have been made available on the NHSGGC Palliative Care site (communication web).
 - During 2018, a review of palliative care for babies, children and young people was undertaken in a similar way to the exercise for the adult population. This work concluded in December 2018 and a workplan has been agreed. Lead officers have been identified and have joined the Steering Group.
 - Innovation is evident in the work supported by the HiS Associate Improvement Advisor in Riverside Residential Home. This work in the identification of palliative care needs (SPAR tool) and early conversations regarding future plans and choices has been recognised by Scottish Government as a good practice model with valuable learning now being shared across the country.
 - The approach is currently being rolled out across all Glasgow's local authority residential units. A number of private providers in Glasgow have expressed interest in adopting a similar approach. That development will be incorporated into workplans in the years ahead but there is a need to be realistic about the work involved and the capacity to deliver. Local Authority homes will continue to take priority in 19/20 but in the meantime, the HSCP will continue to share

with partners, the outputs from the learning in conjunction with Healthcare Improvement Scotland.

- Effective links with 3rd sector hospice partners, resulting in a shift of focus toward community delivery. This is particularly evident in the North of the city where Marie Curie have linked with the hosted Prison Health Service to explore opportunities in improving palliative care for people in prison. It is still very early stages but a good example is the provision of specialist palliative care advice to the prison health service team at Low Moss resulting in improved care planning and awareness.
- In the South of the city, Prince and Princess of Wales, in collaboration with HSCP staff, are working with Minority Ethnic communities who have a poorer level of engagement with services.
- Education has featured strongly with the Macmillan Nurse Facilitators working closely with the Residential Unit managers to roll out training to staff. This palliative care training had reached around 70 staff by February 2019 with an ongoing programme. Some staff, with a remit to train colleagues, have also accessed a more in-depth 4 day training programme.
- A mechanism is in place whereby representatives of the HSCP and Acute hospital Palliative Care groups, cross populate meetings to ensure activity is connected. Examples of this include approaches to bereavement, education, ACP and Guidance at End of Life (GAEL) in inpatient settings.

5. Additional Activity

- 5.1 An EQIA was carried out in 2018 and published in March 2019, <https://glasgowcity.hscp.scot/publication/eqia-palliative-and-end-life-care-plan>. The implications will be used to inform and target the activity of each of the locality palliative care groups and where appropriate, additional service-specific EQIAs will be undertaken if significant change is expected in care delivery.
- 5.2 Preliminary work with Homeless Service has been undertaken with a view to exploring ways of improving engagement with this vulnerable cohort.
- 5.3 HSCP and Partners represented at three National Events & two Palliative Care Conferences to enhance networks and shared learning.

6. Next Steps

- 6.1 Review and update the Palliative & End of Life Plan in June 2019 to incorporate material from EQIA and the review of Children's Palliative Care Services.
- 6.2 Ensure Locality work plans reflect all age ranges and that Children's Services are represented by workstream leads.
- 6.3 Complete the review of Palliative Care in Prisons and progress the small tests of change recently initiated in relation to case review and specialist advice from Marie Curie.
- 6.4 Complete the staff training and roll out of SPAR/ACP in Residential Services.
- 6.5 Move to electronic collection of ACP where possible and demonstrate an increase in multi-agency input to people's plans.

6.6 Review the HSCP's workforce plan to determine the extent to which mainstream workforce issues and future plans, take into account the care needs and the skills required in delivering generalist palliative care.

6.7 In collaboration with acute and hospice partners, consider the workforce implications for specialist palliative care and highlight risks to care delivery.

7. Recommendations

7.1 The Integration Joint Board is asked to:

a) note the progress to date.

Appendix 1

The lists below comprise “core membership”. There is some variation across the city to reflect the locality structures and the different organisations operating in each area.

Locality Palliative Care Implementation Group

Membership

Service Manager – Co-Chair
General Practitioner
Local Hospice
MacMillan Nurse Facilitator – Co-chair
MacMillan GP facilitator
Social Work
OPMH (Community and Inpatient services)
Carers’ Services
Care Home Liaison Nurse
Community Nursing
Pharmacy
Children & Families Service
Service Manager, Residential & Day Services
Rehabilitation Services Team Lead
Learning Disability Services
Palliative Care Improvement Advisor
Improving Cancer Journey

Glasgow HSCP Palliative Care Steering Group

Membership

Palliative Care Lead Officer (Chair)
Locality Group co-chairs x 2 per locality
Associate Improvement Advisor
Mental Health Palliative Care
Children’s Services
Prison Healthcare
University
Acute Services
Independent Sector
Associate Clinical Director