

# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of St Barnabas Hospice

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>15 March 2017</b>
Subject:	<b>St Barnabas Lincolnshire Hospice</b>

## Summary:

St Barnabas Hospice continues to be committed to improving and developing palliative and end of life care services for the people of Lincolnshire in partnership with other health and social care providers.

St Barnabas has developed a five year clinical strategy, to continue to support new and innovative ways of working that will serve both the needs of our patients and the communities we serve. The strategy will support the hospice to deliver exemplary palliative and end of life care and manage the predicted increased in demand on our services, ensuring the hospice remains sustainable in a complex and ever changing healthcare economy.

The organisation continues to be engaged in and is actively supporting the Sustainability and Transformation plans for Lincolnshire and Neighbourhood Teams locally. The strategy we have developed will support collaborative and cohesive working to support a system leadership approach to high quality end of life care.

## Actions Required:

To consider and comment on the content of this update report for St Barnabas Hospice.

## **Introduction**

### **Update from April 2016**

St Barnabas has had a very busy year and has made good progress against our 2016 ambitions. The numbers of patients accessing our services from 1<sup>st</sup> April 2016 to date are:

Hospice at Home – 1692  
Palliative Care Co-ordination Centre - 1465  
Day Therapy Service - 1251  
Allied Health Care professional support (Physiotherapy and Occupational Therapy, and Social Work) - 648  
Lymphoedema - 105  
Specialist Palliative Care Inpatient Unit - 134  
Hospice in the Hospital - 141

**In addition for the same period our Welfare and Family Support Services have provided care and support for -**

#### *Family Support Service*

1686 new referrals have been received into the service.

The service has provided direct support through group/counselling and one to one social support to 1471 people.

The Team currently has a caseload of 514 clients.

#### *Welfare*

Monetary gains (1/4/16 to date) – £726,876.83.

The Welfare service has opened 3608 new benefit claims this year with a current live caseload of 75 clients.

### **Our Ambitions for 2016**

#### **To support better access to palliative care services, closer to home**

Good progress has been made to support people's choice of dying closer to home. St Barnabas has been working with other providers to support End of Life care in care homes with a specific project "Hospice in your Care Home". Five care homes and a domiciliary care agency have engaged in the project resulting in a better understanding of both end of life care resources to support care home and frailty. St Barnabas has worked with Professor Kirsty Boyd from the University of Edinburgh to develop a tool to support lay people to identify palliative care needs early. This will be published in the near future.

## **Education and training for staff**

A clinical practice educator has been recruited to support education and training of our clinical workforce. Our senior clinical staff have and are beginning to embark widely on non-medical prescribing to support the ambitions of our Strategy all of our nurses will undertake this additional qualification. In addition as part of our Commissioning for Quality and Improvement scheme (CQUIN) we have supported training for all of our clinical staff and clinical volunteers, to have a greater understanding of the Palliative Care needs for those living with a learning disability.

## **Develop emotional and spiritual and psychological support for our patients and families**

We are continuing to develop an integrated spiritual and well-being assessment tool determined on need for our patients and families. Many of our nurses have successfully completed both foundation and advanced level Cognitive Behavioural Therapy and Mindfulness courses to provide an increased level of psychological care and support as part of the holistic care delivered by our clinical teams. This supports earlier timely intervention reducing the impact on GP services and the mental health trust locally.

## **Supporting our Communities to discuss death and dying**

We are leading an integrated approach towards dying matters and working with the East Midlands Hospice Group to raise awareness of the issues of breaking the taboo around talking about death. St Barnabas Marketing Team has supported the development of "The Elephant in the Room".

<https://www.youtube.com/watch?v=ub4qUhYqOv4>

In addition we are working with local communities, social care and other third sector providers to champion the issues around death and dying in the localities we serve across Lincolnshire.

We have worked closely with other providers through a programme of public engagement to develop locality strategies engaging not just our own service users and staff but those of external providers.

Our listening volunteers have continued to support families, patient and carers to share their experience of end of life care in Lincolnshire. This information has been shared with the relevant commissioning groups to support improvements in end of life care across the county.

## **Share our Estate**

As part of our links to the neighbourhood teams, St Barnabas is continuing to scope the sharing of premises and is looking at reciprocal arrangements with the community provider and acute trust to bring teams together to benefit a seamless approach to patient care, and collaborative working for clinicians.

## **Explore the use of Technology to better co-ordinate care**

The Electronic Palliative Care Co-ordination System (EPaCCS) is an electronic method of sharing information about a person's wishes for their end of life care. The system solution, My Right Care, works across boundaries so that information can be shared irrespective of the organisation or time of day to enable health professionals to access important information to support clinical decision making and ensure that a patient's wishes are known. This may avoid inappropriate ambulance transportation to A&E or admission to hospital. EPaCCS care plans are developed with the patient and documented by a health professional within the patient's care record. Following consent to share the plan is uploaded to enable others to view this information. After significant development work, and testing within the East Lindsey locality, EPaCCS is going live from 27 February. Plans will gradually be uploaded for sharing. A communication plan for health professionals has been developed with West Lincolnshire CCG, the lead commissioners for palliative care. The impact of this work will be monitored and reported over the next two years.

## **Support the acute Trust in Lincolnshire**

St Barnabas has recruited an End of Life Care Matron who works across the three United Lincolnshire Hospitals Trust sites, to support the Specialist Palliative Care Team and End of Life Care Facilitators to deliver education and best practice to patients who are end of life. St Barnabas is delivering a CQUIN on behalf of United Lincolnshire Hospitals Trust to the value of approximately £ 800,000

There are a number of national developments and initiatives that have the potential to impact on the delivery of our clinical services.

- **Care Quality Commission**

The Care Quality Commission is consulting on proposals for the next phase of regulation of health and care services in England. The consultation includes proposals for regulating complex services, and changes to the assessment framework, that would see one framework for healthcare and one for adult social care to replace the 11 existing Key Lines of Enquiry and characteristics.

- **Palliative Care Currencies**

The final version of the palliative care currencies is to be published imminently. As a reminder, currency is the word used by the NHS to describe consistent bundles of health interventions for different groups of patients, which can be used to support payment and to inform commissioning. In the first instance, the currencies will not be mandated, but commissioners will be encouraged to consider building them in to their commissioning and contracting arrangements locally.

Within the Hospice, work is continuing on developing the systems to collect this data to support its use on an individual patient and cohort basis. We are also leading the introduction across specialist palliative care in community and acute trusts. This has been warmly welcomed by our commissioners who see the benefits of using this information to support commissioning in the future.

- **Implementing the Government's national commitment on end of life care (England)**

Following the launch of the government's national commitment on end of life care in July 2016, a new Programme Board has been established within NHS England to monitor progress against the actions identified in the commitment document.

- **Multispecialty Care Provider**

There are a number of conversations taking place within Lincolnshire about the development of Multispecialty Community Providers (MCP). St Barnabas is actively engaged in the discussions in both the East and South West localities.

- **Contracting**

St Barnabas NHS contract has now been agreed. This is a two year contract and also covers the separate Palliative Care Co-ordination Centre contract. There is an ongoing discussion with South West CCG re the Hospice in a Hospital. Some concerns around ongoing funding, lack of contract, nursing model and sustainability.

- **End of Life Care within the Sustainability Transformation Plan (STP)**

Concerns about the lack of focus on End of Life Care within the STP have been formally fed back via the stakeholder board. Hospice UK Chief Executive Officer has also raised the issue on behalf of St Barnabas with the senior leadership team in a national STP forum.

- **Supporting End of life Care in Lincolnshire**

St Barnabas is a key member of the expert reference group for palliative and end of life care and are supporting and influencing a piece of work to develop a co-designed end of life care 'pathway' that will support earlier identification of patients with palliative care needs and reduce the barriers clinicians experience in addressing communication, assessment and needs, simplifying the process by which patients needs are assessed in the appropriate place by an appropriately skilled professional. This work is also being supported by the use of a common language to be used across the healthcare system.

The group is also gathering intelligence and identifying opportunities to join up initiatives that are being trialled in different areas of Lincolnshire, an example being the Care Home 'Red Bag Scheme' to support patients admitted to hospital. Evidence from other areas of the country suggests that it can reduce length of stay and improve patient experience, by aiding communication between care settings and with the patient.

This month, to support the development of a Lincolnshire strategy for Palliative and end of life care, the expert reference group will be undertaking a self-assessment, based on the Ambitions document, of end of life care across the system.

## **Strategy Development**

We have spent a number of months developing our clinical strategy exploring areas of inequality in respect of end of life care including the national choice agenda. The strategy is designed to achieve the organisation's three strategic goals:

- Reaching out
- Pushing Boundaries
- Sustainable to the future

Our key principles reflect the "I" statements and articulate in operational document "What's Important to Me" a, review of end of Life Care (DOH 2015.)

We have developed 8 clinical objectives and 5 programmes of work will deliver the three overarching organisational goals.

The infographic below represents a summary of our five year clinical strategy.

## Principles - how we will work

Patients are consistently at the centre of their care
Our staff and volunteers are the most important asset
Right care, right place, right time
Working in partnership and sharing knowledge and skills
Systems leadership and advocacy

## Work programmes - what we will do

<p><b>Programme One</b> Effective and Sustainable</p> <p>Collaboration and partnerships</p> <table border="1"> <tr> <td>Training education and leadership</td> <td>Governance framework</td> </tr> <tr> <td>Single point of access</td> <td>Data</td> </tr> <tr> <td></td> <td>Estates review</td> </tr> </table>	Training education and leadership	Governance framework	Single point of access	Data		Estates review	<p><b>Programme Two</b> Connected and Co-ordinated</p> <p>Patient Flow</p> <table border="1"> <tr> <td>Acute Hospital Support</td> <td>Advice Hub</td> </tr> <tr> <td>Observatory</td> <td>Patient Flow</td> </tr> <tr> <td></td> <td>Directed Care</td> </tr> </table>	Acute Hospital Support	Advice Hub	Observatory	Patient Flow		Directed Care
Training education and leadership	Governance framework												
Single point of access	Data												
	Estates review												
Acute Hospital Support	Advice Hub												
Observatory	Patient Flow												
	Directed Care												
<p><b>Programme Three</b> Inpatient Care</p> <p>Review beds across the county</p> <table border="1"> <tr> <td>Develop SPC in acute trust</td> <td>New roles</td> </tr> <tr> <td>Revise criteria</td> <td>Community OPD</td> </tr> <tr> <td></td> <td>New skills</td> </tr> </table>	Develop SPC in acute trust	New roles	Revise criteria	Community OPD		New skills	<p><b>Programme Four</b> Community Service Integration</p> <p>Mobile working technology</p> <table border="1"> <tr> <td>Develop SPC in acute trust</td> <td>Rehabilitation model</td> </tr> <tr> <td>Community leadership</td> <td>Neighbourhood teams</td> </tr> <tr> <td></td> <td>Buurtzorg principles</td> </tr> </table>	Develop SPC in acute trust	Rehabilitation model	Community leadership	Neighbourhood teams		Buurtzorg principles
Develop SPC in acute trust	New roles												
Revise criteria	Community OPD												
	New skills												
Develop SPC in acute trust	Rehabilitation model												
Community leadership	Neighbourhood teams												
	Buurtzorg principles												
<p><b>Programme Five</b> Wellbeing and Family Support</p> <p>Integrated welfare service</p> <table border="1"> <tr> <td>Early identification</td> <td>Rehabilitation model</td> </tr> <tr> <td>Proactive care</td> <td>Carer offer</td> </tr> <tr> <td></td> <td>Supportive care</td> </tr> </table>		Early identification	Rehabilitation model	Proactive care	Carer offer		Supportive care						
Early identification	Rehabilitation model												
Proactive care	Carer offer												
	Supportive care												

## Clinical Objectives

- Achieve an Outstanding Care Quality Commission rating and ensure that in all we do we strive to exceed the expectations of those we serve.
- Ensure that the hospice approach to care and support is understood by, and available to, more people wherever they may be, working always to reach the people who are disenfranchised and disadvantaged. We will work with, and lead, partner organisations to ensure that care is connected and co-ordinated.
- Engage, enable and support our workforce to develop the skills, knowledge, competence and resilience, developing new roles and professional pathways to be exemplars in innovative models of palliative and end of life care.
- Utilise co-design and an evidence based and innovative approach to co-ordinate and connect services that are fit for the people of Lincolnshire in the future.
- Development of therapeutic relationships with patients and their families to maximise comfort and wellbeing to each individual, maximising professional contact, whilst always promoting self and family care.
- Deliver services that are value for money and achieve positive outcomes for patients, families, communities and the wider health and social care economy.
- Empower communities across Lincolnshire to become more resilient and to feel confident to identify and support those at end of life.
- Generate income by working in partnership across and beyond the organisation to support the sustainability of the organisation.

The senior clinical team is confident that the strategy will support the organisation to continue to provide end of life care in a competitive and economically challenging landscape.

There is a need to strengthen and improve our ability to provide care whatever the circumstances of dying. This strategy will need to remain flexible and evolve during the forthcoming five years to ensure that the Trust meets the needs of the growing number of people and their families facing the end of their life.

### **St Barnabas is 35 years old**

This year, 2017 marks the 35<sup>th</sup> Anniversary of St Barnabas Hospice and to commemorate this year's significant milestone a calendar of events and activities have been planned, that include a number of events such as a moonlight walk, a birthday bake off and 35 challenges for our Chief Executive Officer including a London to Paris bike ride, and giving up electronic devices for a whole day! A thanksgiving service will also be held in Lincoln Cathedral to make our 35<sup>th</sup> year.

### **Conclusion**

The circumstances in which people die are becoming more complex and challenging which will directly affect those close to them and the professionals working to support them. The hospice remains committed to ensuring the hospice approach to care continues and is understood, embraced as the approach of choice and available to all in Lincolnshire.

St Barnabas Hospice prides itself in leading local, regional and national initiatives and we are confident that despite the challenges the organisation faces we will remain sustainable to deliver high quality palliative and end of life care to the people of Lincolnshire for the next 35 years.

### **Consultation**

This is not a consultation item.

**Background Papers** - The following background papers were used in the preparation of this report: -

- <http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf>.
- Department for Health (2015). ***What's Important to Me. A review of choice in end of life care***. London: Department of Health, available at: <https://www.gov.uk/government/publications/choice-in-end-of-life-care>.
- Elephant in the Room: <http://www.stbarnabashospice.co.uk/News/Article/261/lets-talk-about-the-elephant-in-the-room-east-midlands-hospices-create-innovative-animation-to-dispel-myths>
- Department for Health (2016). ***Our Commitment to you for end of life care. The Government Response to the Review of Choice in End of Life Care***, available at: <https://www.gov.uk/government/publications/choice-in-end-of-life-care-government-response>.

This report was written by Michelle Webb Director of Patient Care, who can be contacted on 01522 518200 or [michelle.webb@stbarnabashospice](mailto:michelle.webb@stbarnabashospice)