
To: Renfrewshire Integration Joint Board

On: 24 June 2016

Report by: Chief Officer

Subject: Hospices in Renfrewshire

1. Background

- 1.1 Renfrewshire HSCP's Integration Scheme notes that among the services currently provided by the Health Board which are to be integrated are:
- “Palliative care services provided outwith a hospital”.
- 1.2 Hospices play an important role in the provision of local palliative care services. They work in partnership with Primary Care, District Nurses and other Third Sector organisations.
- 1.3 There are two hospices in Renfrewshire, where services were previously planned and commissioned through NHS Greater Glasgow and Clyde Health Board. From 1st April 2016, this responsibility lies with Renfrewshire HSCP. NHS Greater Glasgow and Clyde Health Board has written to all hospices advising them of the new arrangements. Each HSCP will identify a palliative care lead.
- 1.4 Accord Hospice in Paisley has 8 beds and provides 15 day places over 4 days. St Vincent's Hospice in Howwood also has 8 beds and provides 10 day places over 3 days. The hospices also provide a range of other related services (outpatients, community nurse specialists, AHP services, complementary therapies, bereavement services, training and education).
- 1.5 Funding is governed by CEL(12) 2012 which requires Health Boards to meet 50% of the agreed hospice running costs. Service Level Agreements have been agreed and signed by both hospices, covering the period to March 2018.
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2. Recommendations

- 2.1 The Board notes the new arrangements for the planning and commissioning of hospice services.
- 2.2 The Board agrees the next steps detailed in Section 5.

3. Current Arrangements

3.1 Funding

This has been led on a Health Board-wide basis and a handover to partnerships will take place. Following due diligence, resources will be delegated to hosting HSCPs. Hospices access NHS stores and payroll services are also provided to the two Renfrewshire hospices.

3.2 Medical Staffing

The Acute sector leads medical staffing for hospices. Most medical staff also have NHS contracts. The Board Medical Director is responsible for medical staff appraisal and revalidation.

3.3 Data/Information

Hospices submit SMR1 data to ISD. They also produce quarterly activity reports for local monitoring meetings. These reports are similar, though not the same for each hospice.

3.4 Governance

Four quarterly meetings are held with the Board's Planning and Finance Team, and each individual hospice. There is also a formal annual review. All six hospices came together in a forum to share good practice – this was led by the Board. There is also a Palliative Care Managed Clinical Network (MCN), and the programme of work for the MCN will be circulated to all HSCPs. Renfrewshire is represented by the GP Palliative Care Lead at the MCN. The Renfrewshire Palliative Care Joint Planning, Performance and Implementation Group (JPPIG) is a partnership group which meets to plan palliative care services. The role and remit of this group is being reviewed.

4. Proposed Arrangements

4.1 Funding

Following due diligence, budgets for St Vincent's and Accord Hospices will be devolved to Renfrewshire HSCP. SLAs are agreed until March 2018.

4.2 Medical Staffing

No change to current arrangements is proposed.

4.3 Governance

The Palliative Care JPPIG will be reviewed to recognise the new planning and commissioning arrangements. Local activity, service issues,

developments and MCN issues will be discussed at this group. It will have representation from both Renfrewshire hospices, primary care and community health and social work services. The Integration Joint Board (IJB) will be asked to identify a palliative care lead to represent the interests of this important service area. Annual SLA/finance meeting will take place with the two hospices individually.

5. Next Steps/Actions

- 5.1
- a) Renfrewshire HSCP will identify a palliative care lead to lead this work operationally.
 - b) The Senior Professional Nurse Advisor will represent palliative care interest on the IJB.
 - c) The Chief Officer and the IJB Chair will visit both hospices.
 - d) Clarity about finance/budgets will be received from the NHS Board.
 - e) Quarterly palliative care meetings (building on the existing JPPIG) will be established.
 - f) Annual review meeting will be set up with each hospice individually to discuss SLA and funding.
 - g) Hospice clinical governance will be linked to wider HSCP governance structure.

Implications of the Report

- 1. **Financial** – None
- 2. **HR & Organisational Development** – None
- 3. **Community Planning** - None
- 4. **Legal** – Meets the obligations under clause 4.4 of the Integration Scheme.
- 5. **Property/Assets** – None
- 6. **Information Technology** – None
- 7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
- 8. **Health & Safety** – None
- 9. **Procurement** – None
- 10. **Risk** – None
- 11. **Privacy Impact** – None

List of Background Papers – None.

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