



## SOUTH ISLAND ALLIANCE - PALLIATIVE CARE WORKSTREAM

### Survey Report – DHB Planning & Funding

#### Introduction

The South Island Palliative Care Workstream seeks to understand how palliative care services are funded throughout the South Island and how that influences service provision. A 15 Question survey of all South Island Planning and Funding units was undertaken in October 2016 to understand the planning, funding and provision of palliative care, and how that matches to the implementation of the *Resource and Capability Framework for Adult and Palliative Care Services in New Zealand (2013)*. All five DHBs responded.

DHBs are required to provide Palliative Care in accordance with the *Service Coverage Schedule*.

The *Service Coverage Schedule*<sup>1</sup> requires that,

*“...DHBs must ensure that all people can access palliative care services according to their need.*

*...*

*Palliative care services funded by DHBs include but are not limited to: assessment, care co-ordination, clinical care, and some support services.*

*Services are also available for family and whānau members of people receiving specialist palliative care, where palliative care services assess them as requiring grief and loss support services.*

*Palliative care services may provide additional services (eg, non-clinical patient and family support services such as biography writing and day activities). These additional services are usually provided by volunteers and/or funded through community fundraising. ...”*

#### Survey responses

DHB	Planning	Funding
Nelson Marlborough	Regional Activity Focus, Closer to Home Services and workforce development.	Funds Hospices with inpatient beds and respite, using the National Service Specification. They fund District Nursing for Specialist community Palliative

<sup>1</sup> <https://nsfl.health.govt.nz/accountability/service-coverage-schedule/service-coverage-schedule-201718>

		Care which includes out of hours services. They do not fund or provide specialist palliative services in hospital.
West Coast	Includes Palliative Care as part of their aim to deliver an integrated and restorative model of care across home and community. They seek to work with the palliative care team, secondary services, primary care and the Complex Clinical Care Network (CCCN) to provide an integrated service response to end of life clients and ARC facilities.	Funds few direct services (no hospice, only a visiting specialist palliative consultant), but uses a Flexible Funding Pool effectively.
Canterbury	Palliative Care is integral to three key outcome measures highlighted in their Annual Plan: People Stay Well in their own Homes and Communities; Expanding our workforce capacity; and Rehabilitation and Support services.	Funds an integrated specialist palliative service that works across the hospitals and hospice on a demand-driven basis determined by clinical need. This includes an out of hour's service.
South Canterbury	References to palliative care in their Annual Plan note implementation of Advance Care Planning, information sharing, completion of Palliative Care Review and Access to Care Plus.	Funds a Hospice (not using the National Service Specification) that has a specialist palliative care service which provides community services, and gets consultation from Canterbury DHB.
Southern	Refers to palliative care in the workforce development section of their Annual Plan and includes some measures about training and support in Aged Care Facilities.	Funds two Hospices using the National Service Specification, but does not explicitly fund their Palliative Care Advisory Service in the main hospitals.

**Planning:** None of the five DHBs have an explicit section on Palliative Care in their Annual Plan. Instead, it is reflected in other sections. This echoes the reality that DHB Annual Plans follow the Planning Guidance given to DHBs, where palliative services are not a planning priority.

Most of the DHBs have mentioned palliative care are part of their workforce development, many refer to integrated delivery of services and the need to keep services closer to home.

**Funding:** Funding for palliative care services varies widely among the five DHBs, from a very integrated funding approach at Canterbury DHB to a much dispersed, very flexible approach on the West Coast.

All five DHBs fund District Nursing to supplement specialist palliative care services in the community.

All five DHBs fund palliative care services in primary care, some capped, some demand driven. However, the criteria for eligibility varies (terminal diagnosis from 3 months to 12 months), amount per patient varies (from \$400 to \$550 per patient), the method of compensation varies (lump sum versus payment per service) and the requirements for service provision varies (from no co-payment to no requirements).

## **Outcomes**

All DHBs except West Coast, are collecting output data from their Hospices, but none found this information particularly useful in determining outcomes. West Coast did a survey recently that identified service issues and gaps. Most DHBs noted this as an area they'd like to address.

## **Children**

All DHB's provide palliative care for their paediatric population. This appears to be similarly funded throughout the South Island although is very fragmented with no dedicated budget. Community palliative care for children is provided by district nursing services, with access and support from paediatric inpatient and outreach services and assisted by local Hospices/adult palliative care services as required.

Canterbury provides additional support through 0.2 FTE of SMO (through paediatric services) and 1.0 CNS in Paediatric Palliative Care (from the Nurse Maude Palliative Care Service). A limited level of support and guidance is available via this service for the wider South Island, however this was not identified in the survey responses from any of those other DHBs, which presumably indicates a lack of awareness of this service rather than a lack of access.

Funding of home based support services for families of children at end of life (provided by non-regulated personnel) is unavailable in one DHB.

Carer support is the only funding mechanism identified to provide respite for children with a life expectancy of less than 6 months throughout the South Island.

Specialist equipment for children is funded by the Canterbury DHB on a case by case basis. The other four DHBs did not provide information on this issue.

It is noteworthy that the *Guidance for Integrated Paediatric Palliative care services in NZ* was released by the MOH in 2012. It proposed that equitable funding be available for the development of local services and representation in local palliative care and paediatric services at DHB level. There is no evidence from the survey responses that further provision or development of roles or services throughout the South Island has occurred since this Guidance document was released.

## **Funding for Support Services**

All DHBs are able to allocate Carer Support to primary carers who are caring for a terminally ill person. Four of the five DHBs also make Home & Community Support Services (HCSS) available through a needs assessment process. West Coast has a Flexible Funding Pool and a Hospice Trust available to meet needs upon application.

## **Funding in Aged Care Facilities**

Four of the five DHBs provide funding for palliative patients who require hospital level care (in age residential care facilities) and cannot be supported in the community. Some DHBs fund the final two weeks of care, with others funding up to three months. Canterbury stipulates a weekly GP visit as part of this funding.

## Summary of key findings:

1. Palliative Care services appear in all District Annual Plans (DAPs), however, an integrated, visionary plan for Palliative Care Services is not evident in any DAP. The exception is specialist palliative services in Canterbury.
2. The approach to funding for palliative care services varies widely among the five DHBs, from an integrated funding approach at Canterbury DHB to a very dispersed, flexible approach on the West Coast. Different DHBs are funding different services, using a variety of service specifications, and many services are provided without clear funding, eligibility, requirements or accountability. There is no consistency in funding or provision of Hospice Services, inpatient Hospital Specialist Palliative Care Services, Community Specialist Palliative Care Services or Primary Palliative Care Services.
3. None of the DHBs are evaluating outcomes from Palliative Care Services. Of note, this issue has recently been highlighted nationally and any progress in this area will require input from DHBs as well as hospice services.
4. Funding and access to specialist paediatric palliative care varies greatly across DHBs in the South Island. In addition, support services to families/whanau caring for children at end of life is also highly variable. There is no dedicated funding and service provision is ad hoc.
5. Funding and eligibility for palliative and end of life care in aged residential care facilities also varies depending on DHB.

## Conclusion

While it is important for DHBs to tailor their services to the needs of their community, this survey highlights opportunities to identify how the current funding mechanisms might enable a more integrated provision of palliative care services in their communities. It also creates an opportunity for the South Island Palliative Care Workstream to suggest how funding might be used to facilitate integrated palliative care services.

DHBs have an opportunity to use funding to achieve the vision of *high quality, person centred, palliative and end of life care available to the population of the South Island according to need and irrespective of location.*

This report completes the stocktake of palliative care services in the South Island and needs to be understood in the context of those reports.

<sup>1</sup> Resource and Capability Framework for Integrated Adult Palliative Care Services in New Zealand 2013 p 10

NOTE: The survey questions for DHBs were specifically regarding **primary** palliative care provision rather than specialist palliative care/hospice services. In some instances, however, this distinction is unclear which may have led to some ambiguity. The report should be read with this in mind.