

# Agenda



## Special Meeting of West Dunbartonshire Council

**Date:** Wednesday, 18 January 2017

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**Time:** 17.00

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**Venue:** Council Chamber,  
Clydebank Town Hall, Dumbarton Road, Clydebank

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Dear Member

Please attend a special meeting of **West Dunbartonshire Council** as detailed above.  
The business is shown on the attached agenda.

Yours faithfully

**JOYCE WHITE**

Chief Executive

Distribution:-

Provost Douglas McAllister  
Councillor Denis Agnew  
Councillor George Black  
Councillor Jim Bollan  
Councillor Jim Brown  
Councillor Gail Casey  
Councillor Jim Finn  
Councillor William Hendrie  
Councillor David McBride  
Councillor Jonathan McColl  
Councillor Michelle McGinty  
Councillor Patrick McGlinchey  
Councillor Marie McNair  
Councillor John Millar  
Councillor John Mooney  
Councillor Ian Murray  
Councillor Lawrence O'Neill  
Councillor Tommy Rainey  
Councillor Gail Robertson  
Councillor Martin Rooney  
Councillor Kath Ryall  
Councillor Hazel Sorrell

Chief Executive  
Strategic Director of Transformation & Public Service Reform  
Strategic Director of Regeneration, Environment & Growth  
Chief Officer of West Dunbartonshire Health & Social Care Partnership

Date of issue: 6 January 2017

**WEST DUNBARTONSHIRE COUNCIL**

**WEDNESDAY, 18 JANUARY 2017**

**AGENDA**

**1 APOLOGIES**

**2 DECLARATIONS OF INTEREST**

Members are invited to declare if they have an interest in any of the items of business on this agenda and the reasons for such declarations.

**3 NOTICES OF MOTION**

**(a) Motion by Councillor Denis Agnew - St Margaret of Scotland Hospice**

This Council agrees to commit to support St Margaret of Scotland Hospice in its endeavours to retain its charitable status and not be placed in a situation whereby future patients will be means tested.

This Council further believes that the hospice should be recognised as a stand-alone centre of excellence, and that the 28 beds for patients with complex medical needs at St Margaret of Scotland Hospice should continue to be funded by Greater Glasgow and Clyde Health Board (GG & CHB), and not be subject to Integrated Joint Board funding decisions.

**(b) Motion by Councillor Martin Rooney – St Margaret's of Scotland Hospice Services**

Council notes that the services at St Margaret's of Scotland Hospice are perceived to be under threat following changes to funding arrangements by the Scottish Government.

While everybody refers to the Hospice as a single entity it has historically had two separate sets of beds for different client groups. These are (i) the palliative care beds provided within the hospice; and (ii) the continuing care beds, which have been redesignated as Complex Care Beds by the Scottish Government.

**Hospice/Palliative Care Beds**

The hospice wing has an obvious function to provide palliative care. The Health Board continues to pay half of the agreed costs of this service and the hospice raise funds for the other half of the costs. There has been no change to this element at present however; The Scottish Government is currently conducting a national review of funding for hospices. There is no threat to the funding for this service at present.

### **Complex Care Beds**

The other element is the Complex Care Needs Beds. These were previously called continuing care beds; i.e. beds that the Health Board commissioned for patients who remained under the care of a Consultant but did not need to be in an acute hospital. St. Margaret's of Scotland Hospice currently has 30 Complex Needs Beds which are fully funded by NHS GGC Board. There is no threat to the funding for this service.

### **New Arrangements**

NHSGGC Health Board has decided to delegate the responsibility and funding for the 30 Complex Needs Beds to the West Dunbartonshire HSCP Integration Joint Board to manage these under the new set of arrangements. The new arrangements are required because back in July 2015 the Scottish Government published new guidance on what used to be continuing care and is now called hospital based complex care. The continuing care beds were fully funded by the NHS with no assessment of the person's ability to make a contribution to their care costs.

However, the re-designation established a new test of an individual's needs to establish if the person could only be cared for in an acute hospital setting. Individuals not meeting this designation would be discharged from NHS care and referred to the HSCP for assessment and placement as required. A key element in this is that after needs have been assessed, having been discharged from NHS care the HSCP is required to undertake a financial assessment against the Scottish Government national rules and thresholds to establish if any charges are applicable. There is therefore a possibility that some individuals in the Complex Care/Continuing Care Beds would be required to contribute towards the costs.

### **Impact on clients**

The Hospice provides a service across the West of Scotland, so the number of local residents affected are minimal and those that are affected would be those with savings and assets above the Scottish Government national thresholds.

Given the above this Council agrees to set up a Joint Working Group to monitor and scrutinise the implementation of the new Scottish Government arrangements to ensure that the sustainability of St Margaret's of Scotland services can be maintained.

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