Innovation ECHO 25\textsuperscript{th} May 2022 – A new approach to commissioning
5 minute summary

Palliative and End of Life Care sustainability – an overview of NHS England’s approach
Sue Bottomley - National Head of Palliative and End of Life Care for NHS England

The commissioning landscape in England has changed with the Health and Care Act (2022). This includes a new statutory requirement for integrated care boards (ICBs) to commission palliative and end of life care (PEoLC) services. A focus on partnership working gives hospices an opportunity to become embedded in local health systems.

NHS England (NHSE) is providing guidance and support through the Future NHS website\textsuperscript{1}:

- Statutory guidance setting out what care people must receive
- Technical guidance detailing how this care should be commissioned.
- Exemplar sites are testing a range of commissioning models and this learning will be shared so that each area can adapt and adopt the model that best suits them.

How commissioning is changing

The Commissioning and Investment Framework (‘who pays’ guide) classifies PEoLC key services into three categories to help local areas agree commissioning responsibilities:

- Core – key activities that should be commissioned and funded by ICBs, local authorities or a combination of both.
- Specialist – care requires a workforce with specialist skills and experience. They should be commissioned and funded by ICBs, local authorities or a combination of both.
- Enhanced - services providing support to patients with PEoLC needs, their families and carers, which are neither health nor social care funded. They are most frequently funded by charities and not commissioned by the NHS nor local authorities.

There will be a move towards lead provider contracts, which will give hospices an opportunity to increase funding for core or specialist services. Patients should be able to use personal budgets to have more choice over the services they receive.

The Service Specifications for adults and children have been refreshed in line with the new framework. They set out what good PEoLC looks like and provide a baseline for quality assurance.

\textsuperscript{1} Please sign up to access resources on Future NHS. If you are not already a member of the PEoLC Network you can join by emailing sherree.fagge@nhs.net
What should hospices be doing?

- Get a visible presence at relevant ICB or Health and Wellbeing Board meetings.
- Be able to clearly articulate your unique offer and impact, backed up by case studies and outcome data.
- Start thinking creatively – what might be possible in the new framework and how can you innovate to provide the best possible care?

Data is key to negotiating at a local level and giving the national PEOLC NHS team evidence to demonstrate impact and advocate at higher level.

Lincolnshire’s Palliative and End of Life Programme: A Change Management Approach
Lisa Foyster, Senior Programme Manager for PEOLC for NHS Lincolnshire

NHS Lincolnshire is using a whole system, phased approach to developing the new PEOLC model of care. The key focus has been on identifying people’s needs and improving patient experience.

Towards a population health approach

There is already a history of partnership working across the system, which has been strengthened during the pandemic. The first phase of development has built on this, moving away from multiple organisational pathways towards a population health management approach that is supported by co-production. Service design is now focused on integrated models of patient care rather than organisations and professions.

Establishing integrated service models

Four service work streams have been identified and the design principles for each agreed.
- Specialist – establishing a single specialist PEOLC service.
- Planned – ensuring effective home-based support services, simplifying access and improving recognition of palliative needs.
- Unplanned – developing effective rapid response in the community.
- Inpatient strategy – ensuring there are enough beds in the right place at the right time.

The design principles are aligned to the overarching the Ambitions Framework\(^2\) and national service specifications.

The aim of the proposed new service models is to provide coordinated and seamless individualised care at scale. Seventeen critical interventions have been identified that are needed to deliver these models. To maintain a focus on patient needs, the service models were tested against three patient journeys.

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\(^2\) National Palliative and End of Life Care Partnership (2021) Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026 [Accessed 27/05/2022]
Care functions are being used as a way to describe and map the care provision needed for different aspects of PEOlC. A workforce skills matrix for PEOlC has been developed (whilst acknowledging that specialist palliative care has a wider role that includes such work as research, audit and leadership).

Clinical and service data is captured and analysed using agreed data reporting templates. Patient experience is sought and understood through surveys. Health Watch Lincolnshire and the Whole Systems Partnership have been commissioned to carry out some of this work.

Providing support

To make sure transformational change can be achieved, people working in the system need developmental support alongside partners and citizens.

Consistent use of structures, processes and IT will improve coordination and communication between service providers and support seamless provision of individualised care at scale. It will minimise gaps in service and health inequalities and ensure that specialist care is targeted where it is needed most.