

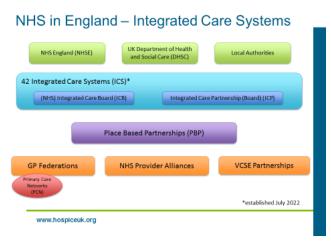


Summary

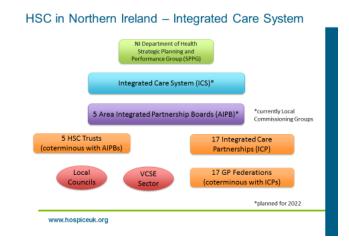
- What are the NHS systems
 - Structures and functions
 - Key policies
- Why might you wish to influence and engage with them
- How might you go about it
 - Data and knowledge
 - Collaborations



National Health Service (NHS) and integrated care across the nations









National policy frameworks guiding end of life care

- England
 - Ambitions Framework
 - Statutory Guidance for Integrated Care Boards
- Northern Ireland
 - Living Matters; Dying Matters (ended 2015)
 - Children's PEoLC Strategy
- Scotland
 - Strategic Framework for Action (ended 2020)
 - Strategic Commissioning Advice for Integration Authorities
- Wales
 - Delivery Plan
 - Quality Statement (due 2022)







Why engage with the system?

- To fulfil your mission
- To advocate for:
 - Your services
 - Your communities
 - Better palliative and end of life care
 - The wider voluntary sector
- Your engagement with the system brings
 - Your voice (as providers, clinicians, and experts)
 - The voice of your patients and families & their lived experience
 - The voice of those in your communities missing out on care



Why engage with the system?

- To raise the profile of palliative and end of life care as a strategic priority
- To ensure that the voice of hospices as key providers is heard and understood
- To build relationships with others responsible for meeting population needs
- To help educate and train the wider care system on meeting people's palliative care needs
- To provide a route to funding, via provider alliances, partnerships and pathways



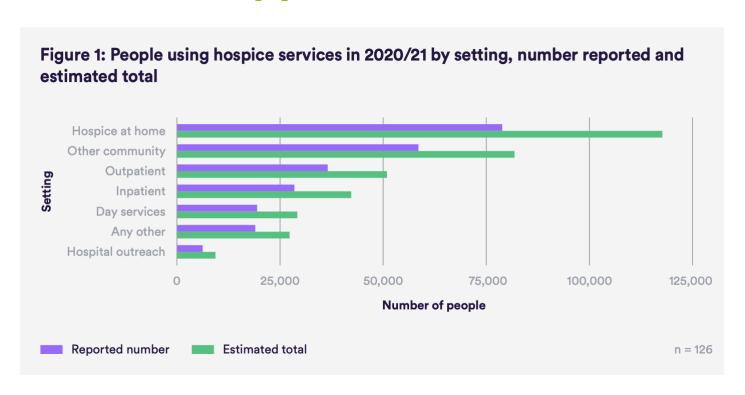
The role that hospices play

- Hospices cared for 300,000 people in 2021/22
- Most care is provided in people's own homes
- Rapid reconfiguration of care delivery through COVID19
- Supporting admission avoidance and hospital transfers throughout the pandemic



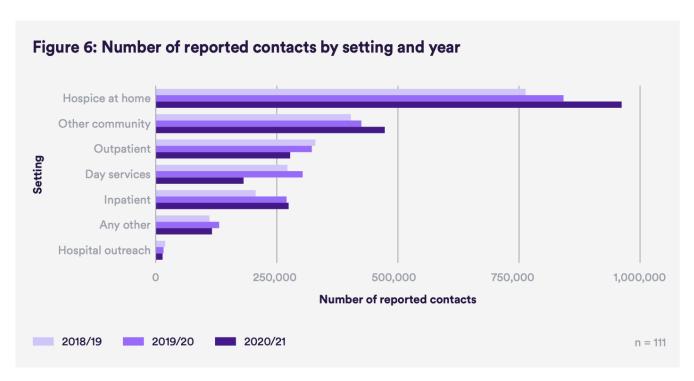


Most care happens at home



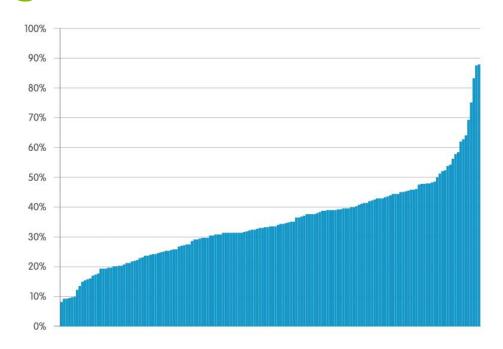


Sustained growth in hospice at home





Huge variation in government funding...





An unsustainable funding model

- Costs are rising energy, wages, pensions, NI etc.
- Fundraised income can't keep pace with increasing demand and will come under growing pressure
- Statutory income has remained flat as a proportion of expenditure (excluding COVID funding)
- Pre-pandemic, cost pressures were driving service reductions or delays in service growth
- There is a lack of confidence that hospices will have sufficient resources to meet population needs

The purpose of collaborating

Hospice Collaborations:

single voice, economies of scale

to engage to coordinate

PEoLC Networks:

joined up patient pathways

to integrate to influence

vcse Partnerships: sector voice, system funding



Questions and Discussion

