

# Tees Valley CCG – Palliative and End of Life (PEoL) Care

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# Context

**Complex system** - Tees Valley Integrated Health and Care Partnership (ICP)

**Organisational change** - CCG mergers have highlighted variation in care pathways, funding and contracting methods across PEOl care services and emphasised the need for one vision, co-produced with partners.

**Our aim** – Integrated, streamlined service delivery models that put the patient at the heart of decision making, enabled via innovative contracting and service provision to support delivery and sustainability.

**Learning from the Covid pandemic** – Co-ordinated, flexible and effective system responses. However the pandemic has had wider system impacts with Hospices especially in light of reduced charitable income.

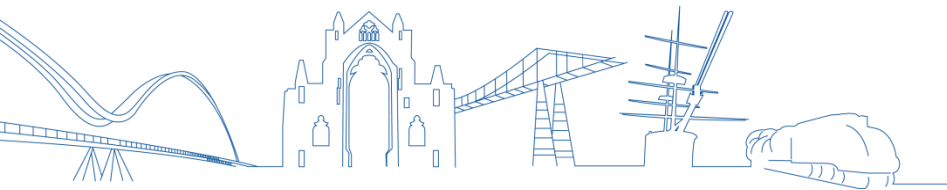
**Impetus for change** - Review services and explore the development of a system wide approach to delivering integrated services through a new delivery model.

**Innovation** – Collaborative working to develop and deliver new and innovative pathway development and contracting solutions to deliver true integrated care that draws on the emerging 'Future Vision' work NHSE/I are currently supporting Hospice UK to produce, with the aim of re-imagining a more sustainable future for palliative and end of life care.



# Our Aim

To make the last stage of people's lives as good as possible by aligning systems and processes so that everyone works together confidently, honestly and consistently to help the patient and the people important to them



# An opportunity for the Tees Valley

*Tees Valley CCG has been successful in bidding for NHS England support to undertake a commissioning pilot - £50,000*

## **The funding will be used to;**

- Support driving the agenda forward and create an environment where transformation can be achieved in a collaborative way across partners.
- Undertaking multi-agency engagement, patient/carer/parent consultation and engagement events to support development of a Tees-wide vision and strategy for PEO LC.
- Ensure the vision and strategy are owned by partners and are built from the 'bottom up', addressing local issues and building on good local practice.
- Enable the capacity to build relevant relationships across all key stakeholders that span the adults and children's agenda's and enables implementation of the key principles of the proposed service specification plus address local concern regarding service stability and cohesion.



# What we hope to achieve

This approach will support delivering the following key service developments and outputs;

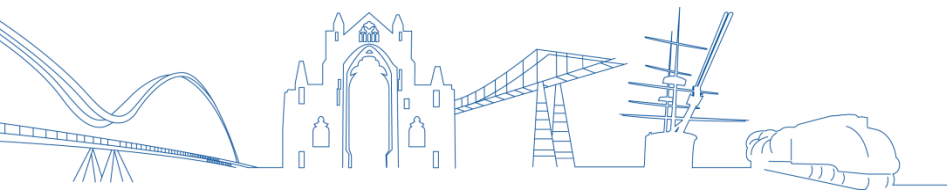
- Scoping existing services against the national service specification and NICE Guidance
- Development of an ICP vision, key priorities and strategy for Palliative and End of Life Care spanning children and adult's services utilising the Ambitions for Palliative and End of Life Care and the CQC framework: Getting to Good
- Creating a cohesive pathway that spans all age ranges and offers equity of access for patients across all locality areas within the ICP, providing consistency across the following areas-
  - community support including primary care
  - specialist palliative care Acute/Community based support
  - Hospice provision
  - Children and Young People/adult transition, palliative and respite care
- Ensuring stability of service across the hospice market
- Reviewing and developing 24/7 access to specialist advice
- Reviewing and developing 24/7 community nursing services for both children and adults
- Increased implementation and utilisation of key aspects of the personalised care agenda to improve patient outcomes
- Co-ordinated care across organisations where money follows the person into the most appropriate setting and choice is supported for the person and family/carer where possible.



# How we hope to go about this

We will;

- Undertake engagement with partners
- Baseline PEOLC services across the Tees Valley, using the commissioning and investment framework to classify key services into core, specialist and enhanced.
- Utilise service specification good practice templates to ensure revised service offerings meet the key requirements for good PEOLC.
- Ensure service specifications meet national standards, national policy and personalised care approaches, with amendments to meet each provider arrangement as appropriate.
- Test the guidance to develop meaningful integration across providers and organisations which may require non- traditional contracting methods.
- Explore alternative contracting methodologies such as delegated budgets or other innovative contracting approaches.
- Explore and develop further the relationships between specialised and local commissioning in order to improve the EOL journey for CYP and their families.



# Next Steps

- Agree and sign off Memorandum of Understanding with NHSE for the pilot funds (December – Jan 2021)
- Recruit project support as per the requirements of the bid (circa Jan – March 2021)
- Agree a programme of extensive engagement with patients, carers and stakeholders to co-design a vision for EoL services across the Tees Valley early in the new year
- Translate the vision into new pathways and re-design service models with providers – supporting a collaborative approach
- Mobilise new pathways to support improved patient outcomes - spanning 2021/22

