Hospice UK Future Vision Programme – Discovery Phase

Starting the collective sector-wide conversation around re-imagining a more sustainable future for palliative and end of life care

September 2020

Introduction

Context for this review

Demand for palliative and end of life care is increasing. The UK has an aging population with increasingly complex co-morbidities and lifelong conditions. This challenging context set alongside the realities of constrained resources means Hospices are under greater pressure than ever before to find ways to do more with less.

Whilst there are many examples of excellence, progressiveness and collaboration across the UK, there is great variation in access to palliative and end of life care with concern that many individuals are not receiving timely support or symptom management required at end of life. In addition, too high a proportion of people die in hospital when many would have preferred to be in their home environment at the end of their lives.

On top of this, COVID-19 has had a significant impact on the hospice sector. The pandemic has upended normal operations, exposed system and supply chain limitations, tested the physical and mental limits of all healthcare workers and caused rapid adoption of digital solutions.

Despite these extraordinary challenges, there is also real opportunity to drive positive change. In response to this Hospice UK has begun a programme of work designed to engage hospices and system partners in a coordinated way, to share current innovation, practice and ideas in order to strengthen the sustainability of palliative and end of life care for the future.

Scope of this review

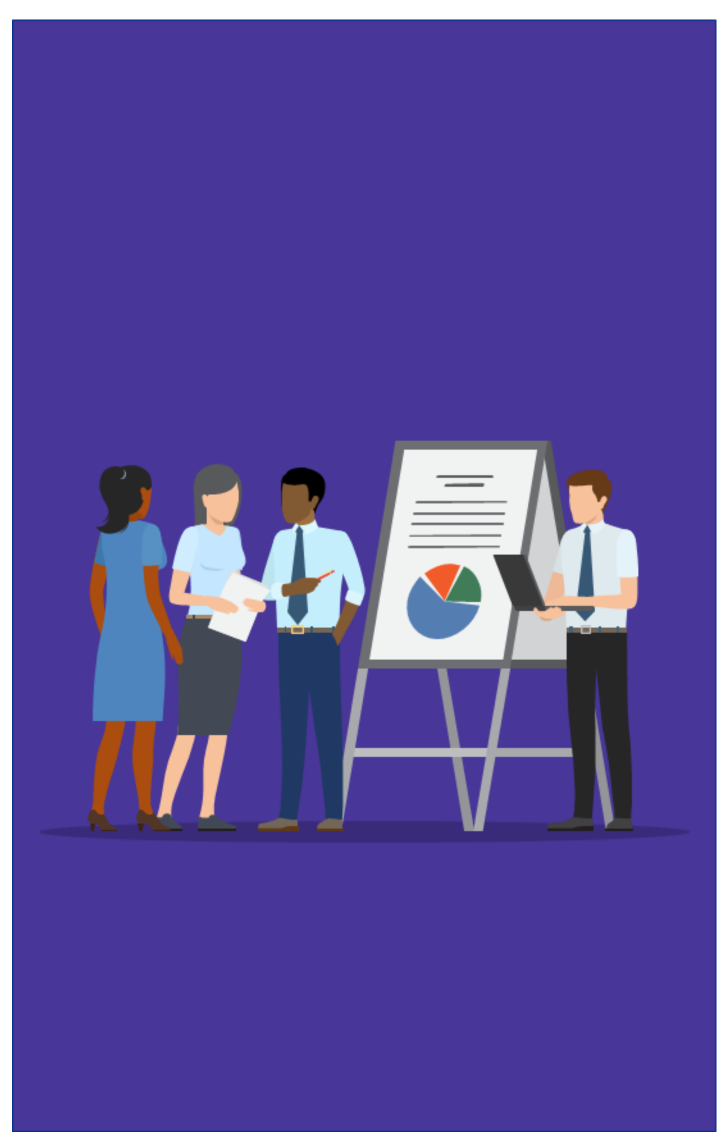
The Discovery Phase of the Future Vision Programme aims to start the collective sector conversation about what a more sustainable future of palliative and end of life care might look like, the barriers and challenges that exist to getting there and what support would be needed.

In order to develop a shared understanding of the key issues (financial, integration, governance, contracting/commercial, operating) that need to be overcome we used a combination of one-to-one interviews and workshops with key stakeholders (internal and external to the sector) and issued a sector survey in order to gauge a wide range of opinion from the sector.
In total we have engaged with over 400 stakeholders as part of this work and we wish to thank them all for their time and for sharing their views.

This report

This report draws together the views of all stakeholders in exploring future sustainability within the sector. We asked them to suggest ways in which Hospices might collaborate, make better use of technology, revise the current funding model and transform ways of working.

Options not instructions



Options for sustainability

In distilling the many views on the potential opportunities to create a more sustainable future for palliative and end of life care, we recognise that every Hospice is different. Each organisation is a product of their own unique history, local geography and community demography. Each has something to teach and something to learn.

For this reason we have developed nine principles of sustainability. Each principle represents a possible opportunity that Hospices may want to take forward. We also identified a further two cross-cutting themes (Relationships and Data-driven decision making) that unpin and support the delivery of the core principles/opportunities.

We present these principles as a menu of options for Hospices to pick and choose from. Not all will be applicable or appropriate in every setting. We leave it to each Hospice to determine which of the principles best meet their individual circumstances and situation.

> *Hospices across the country are in different positions and have different priorities. Covid has taught us that local solutions work, its all about relationships. A one-size-fits-all solution simply wont work."*
> ***Hospice CEO***

> *Whilst it is critical to maintain our independence, we can have common themes and collective objectives without becoming one homogenous group."*
> ***Hospice CEO***

Executive Summary - Principles of Sustainability

We have set out nine principles of sustainability together with two cross-cutting enablers (Data and Relationships) . Each principle is strategic in nature and further detail is set out in the following pages. We have called particular attention to the opportunity to negotiate a new deal with Commissioners as stakeholders told us this was the key means to 'move the dial' and drive long term sustainability within the sector.

Data driven decision making *(P. 22)*

Be an integrated partner

Know your role within the wider ICS/STP ***(pages 6-7)***

Collaborate

Work together with other Hospices to reduce duplication of effort and deliver the best outcomes to patients ***(pages 8-9)***

Implement digital ways of working

Build on recent experiences gained during Covid-19 and enhance your use of technology ***(pages 10-11)***

Use your influence

Understand your role as an influencer of care and opportunities to further enhance delivery through others ***(pages 12-13)***

Negotiate a new deal with commissioners

Take a transformative approach to statutory funding ***(pages 14-15)***

Focus on cost effectiveness

Understand service delivery costs, using evidence to make decisions that drive maximum efficiency ***(pages 16-17)***

Maximize commercial revenue

Challenge your existing funding strategies and identify new ways to maximise revenue ***(page 18)***

Deploy the right people around the patient

Explore opportunities to remove cost from the workforce ***(page 19)***

Develop a competitive career pathway

Make Palliative and End of Life care an attractive place to work and grow a career ***(pages 20-21)***

Relationships *(P. 23)*

Sector engagement at a glance

How we engaged with the sector

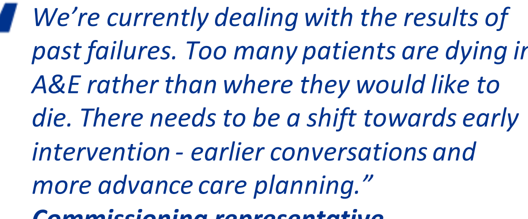
Over 30 one-to-one interviews with a wide range of stakeholders, representing Hospice leaders and clinicians, Commissioners, Acute Chief Executives, Primary Care providers, Service Users and national representative bodies.

4 workshop sessions to explore specific themes around integration, the operating model, financial sustainability and workforce.

Focus group sessions held to understand and explore key learning in relation to specific opportunities or programmes of work already under way.

Over 370 responses received to the online survey. The Sector Survey was sent to a wide range of recipients from across the Hospice sector in order to gauge views and opinions.

There is a lot of similarity across the sector in terms of the services provided and how they are delivered. But we haven't managed to define what is the core level of service someone with a life limiting condition should expect to receive."
Hospice CEO



We're currently dealing with the results of past failures. Too many patients are dying in A&E rather than where they would like to die. There needs to be a shift towards early intervention - earlier conversations and more advance care planning."
Commissioning representative

Hospices are all worried about their own viability in the new world post-Covid. This is a huge opportunity to influence the thinking of the NHS. Let's not lose sight that this is a real chance to influence a major stakeholder and one that is only going to become much more important in the future."
Hospice Trustee

Examples of good practice

Through our conversations we heard many examples of successful innovation and practice. Where appropriate we have detailed these examples within the report with the aim to encourage and support dialogue across the sector.

Any examples given are not necessarily the best from across the country nor do we think they will work in every setting. They are simply opportunities we heard from the stakeholders we were able to engage with. A wider programme of work will be required to understand where leading practice exists and to share widely the lessons learned.

Be an integrated partner

Know your role within the ICS

Health and Care organisations have been working more closely together since 2016 with the introduction of Sustainability and Transformation Partnerships (STPs). The NHS Long Term Plan has now set out ambitious plans for all STPs to become Integrated Care Systems (ICSs) by April 2021. These systems aim to integrate and join up commissioning and service delivery across the historical divides of health and social care. ICSs have been charged with bringing together local organisations to redesign care and improve population health, creating shared leadership and action.

The development of ICSs presents an opportunity for Hospices to become more engaged as part of a wider system and work more closely with local healthcare partners. Through interviews with Hospice leaders and wider sector representatives we heard time and again the view that greater integration and coordination with the system will help ensure that public sector and voluntary sector health and social care acts together in the best interests of patients, other service users and their families.

Lead with purpose and understand your value in the system

Interviewees pointed to the fact that leadership is essential when driving greater integration, Hospice leaders need to take their 'seat at the table'. Ask yourself how active your leadership is with external partners and whether you are looking outside your organisation as well as inside. We heard that the best leaders will understand their position within the system and how their actions affect the broader heath and care landscape both positively and negatively.

Integration does not mean a loss of sovereignty

Whilst there is a lot of commitment to support greater partnership working we also heard concerns around Hospice independence. Many stakeholders pointed out that it is critically important that Hospices seek to better systems and processes through greater integration but ensure that they do so in a way that maintains their independent identity, unique community position, and values of personal and high quality care.

Even if you are hesitant about greater levels of integration, do not let your uncertainty stop you from considering options. Stakeholders pointed out that with planning and effort, successful joint system working is possible. Most of all, do not be constrained by existing relationships or organisational borders, the NHS landscape is changing and now is the time to build new networks even if this has been challenging in the past.

Views on integration

99% of respondents to the sector survey thought that there should be **either full or partial integration** with the wider Integrated Care System

Barriers and challenges

- Overly **complex or time consuming** to deliver in the face of competing priorities; and
- **Insufficient funding** to enable integration

Integration needs to be about outcomes. Think about delivering integrated outcomes around end of life care"
Hospice CEO

Integration is critical to addressing equity, unmet need and maximising value for the system"
Commissioner

Be an integrated partner

Make the most of partnership opportunities

During interviews and workshops stakeholders presented a number of examples strong interaction and partnership working across the system (ACP/STP/ICS). Where these relationships had advanced furthest interviewees shared a range of common themes and principles that are useful to keep in mind when developing plans for greater system integration.

Start with the patient

There was broad agreement from stakeholders we engaged with that exploration of greater integration of Palliative/End of Life care into the wider ICS structure needs to start at the clinical service level. Greater understanding is needed on how any integrated clinical pathway might operate between system partners. An integrated care model should set out which services will be provided by whom and from where. It is therefore essential that the care model considers the workforce requirements and implications to truly integrated care. Once this is known, further discussion can take place to determine the appropriate integrated structures that support and sit around this.

Relationships are critical to success

Interviewees all stressed the importance of building relationships as a key enabler to greater levels of integration. This often takes time, but in areas where we heard that strong relationships had been built up, Hospices reported gaining greater influence and found technical issues and difficulties more easy to resolve. Relationships were described as a 'two-way-street'; Hospices need to be clear about what support they need but also demonstrate willingness to be a partner of value and understand how they can impact on the wider system. The NHS is going through a period of significant change and Hospices need to engage in this complexity.

Align data and reporting

No healthcare system can deliver integrated care without insights derived from data. A single, contemporaneous patient record shared between all providers within a system was cited as a critical enabler for seamless integration for the service user. Additionally all system partners need a shared view of operational data and population health data to support truly integrated working (e.g. demand vs capacity). As a starting point we often heard that it was easier to first work with local Hospices to agree which data should be collected and how it should be defined in order to get to a single data set for palliative and end of life care within a system. This can then help to simplify data sharing between different systems.

Example of integrated working: Leeds Palliative Care Network

The Leeds Palliative Care Network was formed over four years ago between all palliative care providers in Leeds. The network includes representation from Hospices, Acute Hospital Trusts, Community providers, the Local Authority, Commissioners and a wider range of voluntary sector organisations.

The aim of the network is to work jointly to improve services for adults approaching the end of their life, providing the right care, at the right time, in the right place.

Recurrent funding has been secured from local commissioners and the network is now seen as the key forum for delivering system wide change and transformation.

Key successes of the group include ensuring End of Life Care is a core component of the Leeds plan for health and care, supporting the development of the Leeds Care Record (a single city-wide joined-up digital care record) and driving standardisation and consistency (e.g. in advanced care planning and education).

Collaborate

Maximising efficiencies through collaboration

Stakeholders reported that the pressure on Hospices to reduce costs and find efficiencies is growing in the face of rising demand and a desire to meet the needs of all parts of the community. The impact of Covid-19 has intensified the pressure on already constrained resources. However, despite these extraordinary challenges, there has also been real opportunity to drive positive change. Many Hospices have reported to us that the troubles of recent months had served to break down previously existing barriers and open eyes to the possibilities of greater collaboration and coworking. Through these efforts Hospices have the opportunity to find innovation and complimentary skillsets to help best meet the needs of anyone affected by a life-shortening illness.

Huge level of support

Only **4%** of respondents thought hospices should not consider or attempt any form of local collaboration or partnership.

Lack of engagement is a concern

A **lack of openness to consider forms of collaboration** was considered to be the largest challenge or blocker to overcome.

Thinking beyond Hospices

We heard a number of examples of Hospices **working jointly with other providers** (e.g. Acute Trusts, GP hubs and other local charities).

Broad opportunity for positive change

Two thirds of respondents saw Hospice collaboration as an opportunity to improve both the quality of care as well as deliver potential cost savings.

Common issues and concerns to overcome

Difference in care models/services - due to the different ways in which Hospices deliver care it was reported that some Hospices can take a view that they are in competition with one another. However, others felt that differences in service delivery models presents an opportunity for innovation. It was felt that it is possible for broad objectives to be agreed at a strategic level that can then be delivered in a more nuanced way at a local level to reflect the different circumstances present within each community.

Trust and relationships – It was noted that when discussing collaboration, some providers can be suspicious about the intentions of others. It was reported that there can often be a fear that larger Hospices might aim to takeover smaller operations. Where interviewees reported having built strong collaborative relationships they stated that a key driving factor was openness and transparency. In some areas an open book policy between Hospices had been put in place to support the system response to Covid-19. Stakeholders felt these measures and positive relationships should, as far as possible, be maintained and built upon as we move out of the emergency response phase.

Risks to fundraising - the strong sense of community ownership that Hospices have fostered was described as critical to maintain. Often this was noted as the main reason why some Hospices may be unwilling to consider any forms of collaboration. However, other stakeholders reported that partnership working shouldn't mean losing any independence or identity. In fact, it has presented an opportunity to grow and strengthen individual brands and allow partners to reach new audiences.

Collaborate

Understand your strengths and know where you want to partner

Nearly all interviewees we spoke to reported that collaboration was a positive opportunity and something they were already engaged in or actively exploring. In light of the pressure on finances within the sector many felt that collaboration and partnership was critical to long term sustainability. Some even felt that multiple separate Hospices within a locality might not be viable in the future without some form of partnership.

Where stakeholders did raise the issue of collaboration it was often noted that the key area where Hospices should look to build collaboration was around communicating and engaging with the wider ICS. Working jointly allows Hospices to speak with a single voice and gain greater influence.

Other key opportunities identified for greater collaboration:

Collaborate on service delivery

Get everyone around the same table and identify opportunities to work jointly

Several stakeholders we spoke with highlighted positive experiences of working collaboratively with other local Hospices. Numerous examples were cited where clinical teams shared workloads or new services had been set up jointly (e.g. a grief & loss line and a breathlessness clinic).

We also heard examples of how education and training was found to be an key function where Hospices were able to work together quickly to deliver a more effective and efficient service.

Our approach was to get around the table with our local Hospices and think about how we could help one another. We found that we were doing similar things and there were opportunities to take this forward jointly rather than repeat things separately across 8 different organisations."

Back office functions

Explore opportunities for joint posts & funding

There was a clear difference of opinion among stakeholders when discussing the topic of back office collaboration. Whilst some stakeholders felt this was not a priority for them, others talked positively of possible opportunities they were exploring.

A particular area of success was often cited around joint appointment of particular posts, for example two Hospices in the West Midlands have recently decided to appoint a joint CEO. In another area several Hospices jointly funded a project management resource so that they could progress collaboration opportunities and present with one voice when engaging with external bodies.

We jointly appointed a senior procurement lead to work across three local Hospices. So far this has saved us over £110,000."

Partnering with other local providers

There are opportunities beyond working with other Palliative and End of Life care providers

It was raised to us, on a number of occasions, that there are opportunities to collaborate with a broader range of partners. In fact, several interviewees noted that it can often be easier to engage with, say, local care homes and other charities than it is with other Hospices.

However, the most common external partner was reported to be the local Acute Trust. We heard examples of Hospices outsourcing payroll services and making use of integrated systems to order and access pathology and radiology tests. It was even noted that there might be opportunities to use joint risk and complaints management systems in future.

Our payroll services are delivered by the local Acute Trust. We also outsource our Responsible Officer for medical revalidation to the Trust"

Implement digital ways of working

Technology is simply an enabler – you need to define your digital vision and strategy

All industries are experiencing disruption to the way they deliver products or services due to rapid technological advancements. For health and care providers this presents significant opportunity to redefine how the system functions and create value for patients, staff and family members.

Increasing demand for care, more informed and aware service users, and challenges to supply a workforce that can deliver services (under the status quo) means there is no option but to seek out opportunities to use digital as an enabler for change.

While digital promises to solve some of these fundamental challenges we heard from interviewees that there are many barriers and challenges to be addressed. To succeed, it is critical to look at digital from a patient-centric perspective, and to ensure the right digital leadership and governance is in place to drive system wide adoption and to foster ongoing innovation.

The secret to technology implementation? First, define your strategy

Hospices are at different stages of their digital journeys, with some only just starting to consider more foundational forms of digitisation. When discussing possible areas of technology adoption stakeholders described a key missing element in many cases was a means to prioritise any investment. There are numerous digital opportunities that Hospices and Systems could look to take forward but without a clear digital vision and strategy there is a risk that solutions will be embedded as a set of 'things' rather than as a way of delivering seamless, quality, patient-centred care.

Create your digital vision and strategy

An effective digital strategy will support Hospices to identify and harness opportunities to transform service delivery and improve patient care in an affordable manner. Where possible, any definition of a digital vision and strategy might be taken forward collaboratively to ensure alignment.

Key themes stakeholders told us needed to be addressed as part of greater digital enablement:

- **Improving patient experience and engagement** - giving patients choice and control to get care when, where and how they want it.
- **Providing integrated care** – connecting individuals to the right parts of the health system at the right time, and strengthening the partnerships between service providers and across sectors.
- **Addressing specific health challenges** – growing demand for palliative and end of life services driven by an aging population, population growth, the increasing prevalence of chronic conditions and diseases, disparities in access across different demographic groups and improving the timeliness, safety and quality of care provided.
- **Making systems more efficient** – less time spent finding information, reduced duplication of effort, removal of manual based systems and processes and reduced complexity.

Implement digital ways of working

Digital opportunities

Technological innovations offer the opportunity to make transformative shifts in patient-centred care models. However, there is not a one size fits all approach to implementation. Hospices will need consider a range of opportunities in combination to flexibly meet their specific circumstances (e.g. different levels of ICT maturity and infrastructure and different population demographics and trends). We have categorised possible opportunities into four high level areas:

Digital models of delivering palliative care (interaction with the patient)

- Virtual care delivery methods can be used to improve health outcomes with greater access and equity, making sure all members of the community have equitable access to services when and where they need it.
- Virtual care delivery - Stakeholders described using Covid as catalyst to move care in some areas onto a variety of virtual platforms.
- For Hospices who are further advanced, opportunities exist for predictive analytics and wearable devices to enable remote monitoring.

Health data integration (interaction with the system)

- Connecting data across various care settings to ensure better care and experience for patients.
- Shared patient records - interviewees cited open access to patient records as a key enabler of better patient care. We heard positive examples where organisations have been more open to sharing records during Covid.
- Integrating systems with primary care – we heard examples of Hospices investing in SystemOne and ECHO to allow better integration with local PCNs.

Back office (interacting internally)

- Providing digital solutions that assist practitioners to deliver services more efficiently and digitising current processes and protocols to make working life more manageable.
- Stakeholders pointed towards internal systems that were still manually intensive. A priority for some was the implementation of technology that is designed to reduce administrative tasks within back office functions (such as finance and HR) but also front line teams.

Commercial and Charitable (interaction with customers and the public)

- Use of social media, educational sources and traditional marketing platforms to promote greater awareness of palliative and end of life care and the services delivered.
- Interviewees cited the recently decline in retail income and pointed toward possible digital solutions (e.g. online or through apps).
- Stakeholders we spoke to had made use of virtual tours to provide a means to better communicate the work that they did both within the Hospice and in the community.

Use your influence

Hospices as influencers

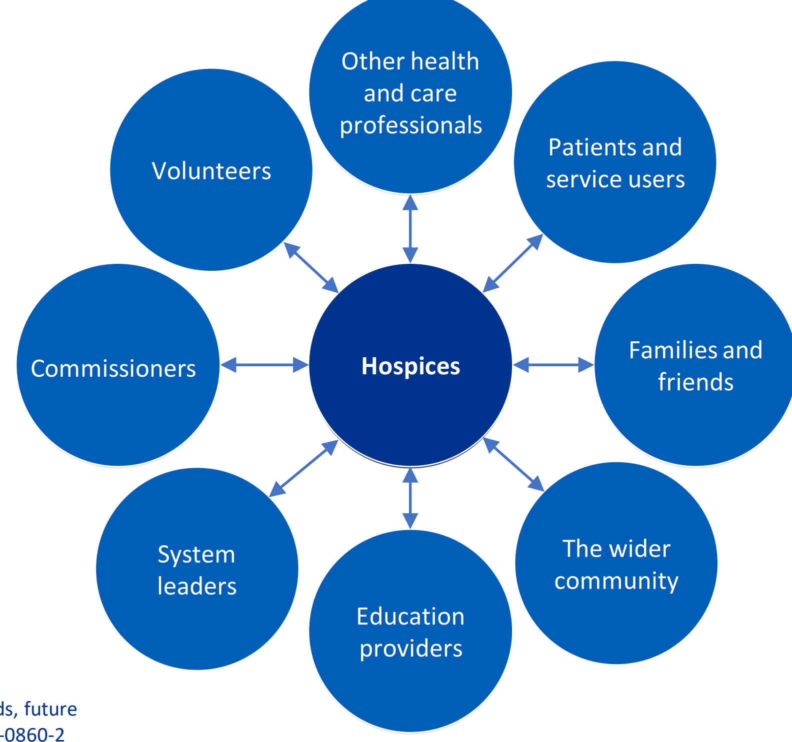
Demand for Palliative and End of Life care continues to intensify. Our society is aging and care needs are becoming increasingly complex. This challenge is set to get worse over the coming years, if current mortality trends continue it is predicted that the number of people needing palliative care will increase by 42% by 2040[1].

Alongside rising demand in groups currently receiving end of life care, interviewees reported concerns that Hospices may only be providing services to a minority of people living with life shortening conditions. They described growing levels of unmet demand among the elderly, people with conditions other than cancer and from the Black, Asian and minority ethnic (BAME) population.

In response to the unmet needs in people who are living with life-shortening conditions, stakeholders told us that Hospices will need to find ways to reach greater numbers of people with limited resource. In addition to the direct delivery of their core functions, we heard that Hospices can employ a selection of levers which influence the wider health and social care system to help deliver their purpose.

The range of potential stakeholders to influence is extensive: from individuals with whom Hospices have a direct relationship, such as other health and care professionals, through to volunteers and the wider community. Through these relationships hospices are able to inform, encourage and engage others in the delivery of high-quality palliative and end of life care.

Stakeholders Hospices can influence and will be influenced by



1. Etkind, S.N., Bone, A.E., Gomes, B. *et al.* How many people will need palliative care in 2040? Past trends, future projections and implications for services. *BMC Med* **15,** 102 (2017). https://doi.org/10.1186/s12916-017-0860-2

Use your influence

Using your reach and influence to work through others

The challenge for Hospices is in identifying how best to use their resources to deliver care services directly to patients while at the same time shaping the health and care system to help meet the needs of everyone living with life shortening illnesses. A number of interviewees noted that the focus of resources is currently allocated to addressing a relatively small proportion of demand. One way Hospices might seek to expand their ability to meet current and future levels of demand is by considering a different balance in the levers they use.

Stakeholders argued that focus needs to shift from the efficient delivery of direct services to patients towards earlier system intervention and advance care planning. In order to best achieve this Hospices will need to be collaborative and use their influence to work with others across the system to bring additional resource to bear in meeting these evolving demands.

Influence within the system	The introduction of integrated system working across an ICS presents Hospices with the opportunity to develop closer working relationships with other system providers. This provides a platform for Hospices to work collaboratively with providers, potentially through clinical networks, to promote a greater focus on palliative and end of life care across the system and health and care professionals. In addition, we heard that Hospices need to use their growing influence within the system to get involved in guiding local policy development and plans for service improvement drawing on their expertise, experience and connections with local communities.
Supporting informal carers	We heard many reports from stakeholders about the value in educating and upskilling family members and friends to support the delivery of key palliative and end of life care. This approach needs to be continued and widened to ensure the wider community is engaged and empowered to deliver high quality palliative and end of life care. Working alongside citizen-led care will not only support much earlier intervention but will also help to avoid crisis and best meet patients' needs.
Education & guidance	We heard that Covid-19 has helped to move most education and training online, which in turn is driving up attendance and participation levels. We also heard ideas that Hospices could use educational sources and social media platforms for promoting greater awareness of hospice care and help to drive earlier referrals from other parts of the system.
Sharing good practice	Many interviewees pointed towards highlighting good practice as a key way of influencing care. Hospices have access to leading practice within their system and need to work with others locally to encourage the sharing of leading practice.
Data & analysis	Hospices hold unique data and insight into demand and needs across their localities. This data, when combined with other system intelligence, offers an opportunity to enable a more needs-based approach to the allocation of resource in future. Sound and robust analysis aids effective decision making, establishing an evidence base.

Negotiate a new deal with commissioners

Why the current deal no longer works

The challenges facing the current funding model for Palliative and End of Life care are well known. Hospices, are required to meet the combined challenges of an ageing population with increased levels of complexity and vulnerability together with rising costs of delivering care and constraints on funding.

83% of respondents to the sector survey either agreed or strongly agreed that the current funding model for Hospice care is unsustainable in the long term. In order to address this, most pointed to a need to renegotiate the funding offer with Commissioners as the top priority.

Concerns with the current funding model

Many interviewees we spoke with noted that there was often limited evidence available to guide and support the allocation of funding. For example, we heard that it can often be difficult to identify the real costs of operations or gain a complete picture of the benefits and impact of palliative and end of life care. As a result, Hospices reported that when their cost base has changed it has not been easy to negotiate increased levels of funding from Commissioners. Some felt that this led to an asymmetry of risk between Hospices and Commissioners.

When speaking to Commissioners we heard that there is often significant variation between the services that different Hospices provide within a local area, particularly in relation to community-based services. They talk about the complexities of having to engage with several care providers who often have different views on service definition, delivery models and out of hours support.

> *Delivery of palliative and end of life care is currently very fragmented"*
> ***Commissioning representative***

What the new deal needs to look like

FROM

- × **Variation and duplication**
  Commissioners often hold separate contracts with multiple providers of palliative and end of life care across a locality. Many providers will offer different services with different delivery models and ways of reporting.
- × **No common understanding of core service**
  There is often a lack of understanding between commissioners and care providers about the core level of service being commissioned.
- × **Limited correlation between funding and delivery cost**

TO

- ✓ **Effective and efficient**
  A single contract in place that recognises the integrated, multi-agency and cross sector nature of palliative and end of life care.
- ✓ **Comprehensive and coordinated**
  Collaboration between commissioners and service providers to fund core services in a coordinated way, avoiding unnecessary duplication. The scope and focus of any contract together with what deliverables and outcomes are expected is defined and driven locally.
- ✓ **Commissioning for outcomes not volume**

Negotiate a new deal with commissioners

Options for the new deal

How to redefine the funding deal with commissioners

A. Commission the pathway

Through our interviews and workshops there was a consensus that Hospices should seek to take a collaborative approach to agreeing enhanced levels of statutory funding. At the heart of this is a patient centred approach that seeks to define a consistent care pathway across all end of life care providers that can be used to commission and deliver integrated care for local communities nearing the end of life.

Proactively engaging with commissioners in this way will support the definition and delivery of coordinated and consistent end of life care to all parts of the local population and ensure services are commissioned equitably across different providers.

It was suggested that a three-stage approach might be used to establish any new funding deal:

1) Define the care pathway/map the patient journey

Work collaboratively to define an integrated end of life care pathway. This needs to define the available services for all parts of the local population across different settings (e.g. patients own home, care homes, sheltered housing, hospices or hospitals).

2) Define the role that each provider will play within the system

Determine what role each provider organisation will play in delivering the agreed services.

3) Agree the new deal with commissioners

Work with commissioners (both CCG's and local authorities) to agree funding for a core level of service aligned to the new pathway. This will require Hospice leaders to make use of key commissioner relationships.

Other opportunities

B. Underwrite charitable funds

We heard from one Hospice that they had agreed an incentive based approach to funding where the CCG underwrites charitable income. Where charitable funding drops below an agreed amount the CCG will top-up funding to cover any shortfall.

C. Explore other ways commissioners might support services

It was suggested that approaching commissioners to identify key parts of service delivery that they would be willing to support. For example would commissioners cover staff costs for running a given service and the Hospice take responsibility for any other costs.

Example of a commissioned pathway
End of Life Care Together - Nottinghamshire

A collaborative of local Hospices, Community Trusts, Primary care providers and the Acute Trust came together to form a partnership and work collaboratively to deliver palliative and end of life services. The collaborative worked to define an integrated care model and secured funding against the new pathway from local commissioners.

Key services delivered across the integrated pathway include:

- A single point of referral to provide triage, assessment and coordination of care needs
- Hospice at Home services and Community Hospice beds
- Hospital in reach and Outreach by specialist Palliative Nurses
- Day Hospice
- Bereavement services and carer support services

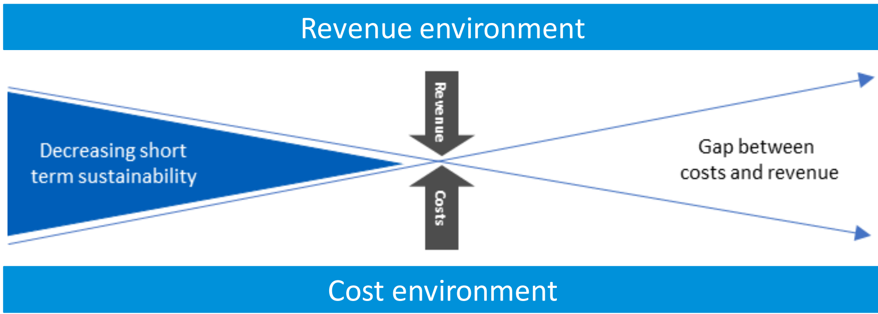
Focus on cost effectiveness

Maintain strong financial grip over costs

A large number of stakeholders we spoke with expressed concerns at the instability of the future financial environment. Coronavirus has caused a significant short-term shock to revenue streams. However, many interviewees predicted a longer lasting decrease in charitable revenue, citing the threat of a severe recession and increased competition for charitable giving.

Revenue, of course, is only one element of the funding equation. We also heard that Hospices are operating within an environment of increasing delivery costs and ever increasing demand. In order to successfully meet these challenges in the long term, Hospices will need to maintain strong financial grip over costs and implement sustainable ways to maximise cost effectiveness.

The gap between costs and revenue



Drive maximum cost efficiency

Many Hospices will have already put in place projects aimed at reducing costs. Even though significant effort is put into these projects we heard that results can often fail to meet expectations. In practice, expected cost savings can often be difficult to achieve due to a range of reasons. For example, a lack of acceptance, an unclear or inconsistent approach or projects simply get lost due to results not being closely monitored.

Drawing together input from many stakeholders we identified several opportunities Hospices can take to improve cost control and drive cost effectiveness:

1. Understand the true cost of care and 'run a tight ship'

A number of interviewees commented that there can often be limited evidence of the true cost of palliative and end of life care. They noted consistently hearing views on service costs, such as it being more cost effective to care for someone in the community, but that this was rarely backed-up with evidence.

Understanding the current cost base and assessing changes over time will help guide Hospices to where costs need to be contained. Where possible this exercise should also be repeated across the system to gain a wider understanding across the end-to-end palliative and end of life care model.

2. Explore the viability of Services

In light of the current financial environment it was highlighted that there will be Hospices that are approaching the point of insolvency. In these cases it is likely tough decisions will be required over which services should be protected and which should be ceased.

Stakeholders noted that all Hospices should have a good understanding of their own viability, in terms of financial viability, clinical viability and organisational viability. This assessment will support Hospices to proactively identify any services that may need to be divested or redesigned in order to ensure sustainability.

Focus on cost effectiveness

Drive maximum efficiency

3. Be transparent and open around your financial position to drive value for money

Interviewees told us that in order to deliver high quality health and care services that are sustainable financially there needs to be collective accountability for delivering the best value from every single local health and care pound. Hospices have a key role to play within the system. In order to make each pound work as hard as it can then palliative and end of life care providers should look to engage with system leaders to support collective financial management.

It was suggested by some stakeholders that Hospices should be much more transparent around their financial position with commissioners. Being open and honest with system partners has led to a much better balance of financial risk and reward in some areas. Other benefits were noted as:

- **Transparency** – Shared understanding of costs and cost drivers
- **Capability** – Effective financial forecasting and risk management
- **Aligned incentives** – Ability to better link contracts and payments to the collective achievement of population health goals
- **Relationships** – Increased trust and mutual confidence

4. Benchmark against your peers

We heard an example where one Hospice had completed a comparison of their cost base against a similarly sized neighbouring Hospice. Whilst the two organisations delivered a similar portfolio of services in a similar way they found a £2m difference in annual spending.

Benchmarking cost data in this way will enable the identification of performance gaps and suggest possible areas for improvement. We heard that open book accounting was particularly valuable for Hospices collaborating locally as it helps to enable the development of a standardised set of processes and metrics.

Key benefits and outcomes of greater grip and control of costs

The operational model for each service delivers agreed outcomes and benefits

Proactive not reactive – anticipate critical issues and plan for sustainability in advance

Quantify and help provide an evidence base to support decisions that require major trade-offs

Increased certainty in responding to current and future demand by taking a rigorous, outcome based approach

Maximise commercial revenue

Challenge your existing strategies

Stakeholders all described how recent events had served to highlight challenges within the current business model. In particular retail income was noted as a key area acutely affected by the pandemic with many Hospices still unable to open all of their outlets. This slow down in such a core revenue stream serves to prove that any Hospice that is too reliant on any one area of funding is particularly susceptible to cyclical market downturns and trends. Simple business failures could become a major cause for Hospice closure.

A key way to reduce this risk is to maximise the effectiveness of current revenue streams as well as diversifying into different revenue models. We heard examples of Hospices pursuing alternative revenue models across a variety of areas. For example property development and management through to technology and virtual reality systems. Interviewees noted that the key challenge the sector now faces is finding a balance between diversifying into new opportunities whilst at the same time maintaining credibility and remaining focused on their core purpose.

Recognising differences between different Hospices, different community economics and characteristics, available expertise and potential opportunities, we have set out some of the core themes against which opportunities might be explored:

Re-thinking commercial spaces

The declining popularity of the high-street has led some Hospices to reconsider the way they use their commercial spaces. Community hubs have been replacing some charity shops to act as a place where the local community can go to access services and receive advice.

New revenue models

Opportunities exist across a number of areas (e.g. property development, education services). Interviewees noted that collaboration was a key enabler to take these opportunities forward as Hospices were able to share risk and invest in the necessary expertise where this was not available in-house.

Team up with local third sector partners

Competition for charitable funds is becoming increasingly fierce. However, we heard examples where some Hospices had forged collaboratives with local charities. Organisations were able to jointly organise fundraising events, allowing them to reach a much wider audience whilst at the same time sharing costs.

Example of a charitable collaboration – H4All

H4All is a Charitable Incorporated Organisation made up of five prominent third sector charities in North West London.

A key objective for H4All is the promotion and improvement of capacity-building and improved coordination of charities and not-for-profit, voluntary and community organisations in the London Borough of Hillingdon and the surrounding areas.

The partnership also coordinates access to services across all members and provides a single point of access for community engagement and volunteers. Both the CCG and LA pushed for a single voice and point of negotiation across charitable bodies. The cross sector partnership now in place has significantly improved engagement with Commissioners and NHS providers.

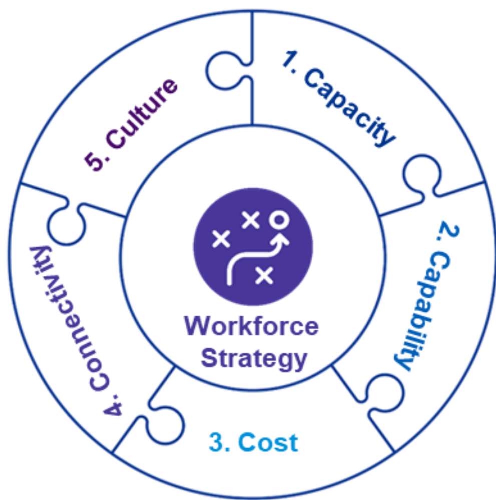
Deploy the right people around the patient

Review the shape of your workforce

Hospice leaders from across the country pointed to a number of growing trends that they believed will have a significant impact on the palliative and end of life care workforce. For example a number of interviewees described seeing changes to their current delivery models with more work taking place in community settings. Others pointed to increasing use of technology and changing service user and employee expectations.

Workforce shaping

Given the scope of change occurring across palliative and end of life care Hospices need to consider what their workforce will need to look like in 5+ years time. Workforce Shaping helps to determine future team structures and capabilities required to enable new ways of working.



Key questions to reconceptualise the shape of the future workforce:

1. Are there sufficient resources in the right locations/settings?
2. What skills and capabilities need to be strengthened or reduced?
3. What would a sustainable workforce cost to run?
4. How can teams stay connected and engaged in new environments?
5. What changes are required to current culture, values & behaviours?

Opportunities to reconsider the current workforce model

Interviewees described two overarching opportunities:

1 Consider new staffing models to better deliver care

Some stakeholders thought that the current workforce model for Hospice care tended towards over professionalisation and questioned whether this approach deployed the right people around the patient.

An alternative approach was suggested by one Hospice where a nurse-led staffing model had been implemented. Medical consultant input was contracted from the local Trust. Making use of a nurse-led care model via Advanced Nurse Practitioners has resulted in a cost saving over the more traditional structure and enhanced care coordination.

2 Embrace new roles and ways of working

Several interviewees highlighted the successful use of Nursing Associates and Physician Associates. A city-wide Nursing Associate programme has also been established in one city to support access.

We heard a number of examples of innovations in community workforce structures. A variety of Hospices have established ‘hub and spoke’ models where technology is enabling more junior team members to deliver care. Better access to knowledge, support and advice located at the hub has also helped to improve outcomes.

Develop a competitive career pathway

Improve career development across the sector

When discussing concerns related to the workforce interviewees typically pointed towards recruitment and retention of staff, particularly nurses, as a key concern. An issue that many highlighted was an inability to keep pace with ever inflating NHS terms and conditions. In this context, Hospice leaders reported that the key threat to long term workforce sustainability is their ability to remain competitive, attracting and keeping the best talent.

Whilst most stakeholders we spoke with thought that it would not be sustainable to match NHS pay, they did point to the fact that there are other factors beside reward and recognition that attract people towards a career in palliative and end of life care. The key challenge for Hospices is to really understand what really makes the right people want to join, stay and perform.

The opportunity to redefine career development

One clear opportunity that interviewees pointed to was the need to develop more structured career pathways for palliative and end of life care professionals. It was noted that greater development opportunities, such as flexible career pathways and variety of job experiences, were seen as key priorities to address current challenges. Stakeholders noted that it is important hospices do their best to understand and map out the development journeys colleagues may want to pursue. Each employee is different and they will have different motivations. Set out below is an example of three possible career paths we heard were common to palliative and end of life care.

Career Path	Managerial	Expert	Mobility
Key interest	Workers want a career path that allows them to move up the ladder into managerial positions with increasing levels of responsibility	Keen to remain within the palliative and end of life care specialties and continue to build and refine their technical knowledge, skills and abilities	Workers who want to experience other specialties, potentially across functions, moving between Hospices and the NHS, increasing their breadth of knowledge
Example career journeys	Within this career pathway a team member's journey could progress through levels up to Hospice or system leadership positions	Depending on professional background employees might aspire to clinical leadership posts or consultant level positions	Colleagues interested in professional growth may move between Hospices and the NHS throughout their career

Employees do not need to select only one career path, they may progress flexibly based on their interests and motivations.

Develop a competitive career pathway

Make Palliative and End of Life care an attractive place to grow a career

Interviewees noted that Hospice leaders are becoming increasingly aware of the importance of their employee/volunteer value proposition. Contained within the value proposition are the central reasons that people choose to commit themselves to a career within palliative and end of life care. A strong proposition will enable Hospices to engage, motivate, retain and attract the right talent to deliver sustainable high performance.

Any employee/volunteer value proposition is a holistic framework and must be tailored to the specific intrinsic and extrinsic motivators that resonate with your staff. However, stakeholders pointed towards a number of key factors they thought important to get right:

Leadership and culture
Culture is critical. Stakeholders pointed to concerns that staff are currently resistant to change yet there is an ever increasing need to work flexibility. Leadership was cited as the key means to drive culture change within Hospices. The challenge for Hospice leaders is to connect the workforce to the 'core purpose' – to help them see how their job everyday impacts the lives of everyone within their communities. To make the link between organisational purpose and personal legacy.

Vision and values
Interviewees described a key factor that attracts people to a career in palliative and end of life care is the vision and mission to provide high quality, person-centred care. Several stakeholders noted that existing vision and values frameworks need to be revisited and possibly refreshed to ensure they provide the right inspiration and meaning to attract the right people to the sector.

Rotations and Preceptorships
We heard that there is a lot of interest across the sector for developing greater opportunities for clinical staff to undertake 'rotations' across different providers and specialities. It was often reported that greater experience across the system would drive up awareness of palliative and end of life services and also provide an introduction or 'taster' for staff who had not previously considered a career in this area. An immediate ambition was for a two year rotation programme for newly qualified nurses.

Devolved decision making
Stakeholders noted that Covid-19 has helped to break down previous hierarchical structures and devolve decision making to team members closest to the patient. It was felt that this trend has helped to provide a more streamlined way to take decisions and is much preferred by staff. However, interviewees pointed out that there is still limited flexibility within medical teams.

Diversity and inclusion
Hospice leaders we spoke with talked about a desire to create a more inclusive culture where all employees thrive. We heard a number of examples of Biases, Beliefs and Behaviours training courses being offered across the sector. However, many noted that there was still more to be done in order to increase the representation of different diversity groups within the sector.

Data driven decision making

Better data, better care – how data is a enabler for sustainability

Data is increasingly becoming one of the most important assets for all organisations and Hospices are no exception. We heard that there is a wealth of information collected across the sector but the challenge is in turning all of this data into value—that is, using data to address critical issues and needs. Data was seen as a key enabler for sustainability and a cross-cutting theme that sits across all principles/opportunities.

Interviewees all pointed to the need for better access to the right data in order to dive insight and support better decision making. However, it is felt that the way data is currently collected and managed is keeping Hospices from gaining the full advantage of this information. Hospices need to become credible data partners with meaningful data to share.

Challenges and barriers

A number of interviewees we spoke to described how there had been a recognition at a system level of the great potential value of improving data collection and analytics capabilities. However, challenges persist in obtaining consistent quality data and making this accessible to internal and external stakeholders

There was broad agreement over the key barriers to better data collection which were described against the following themes: policy, organisational, cultural, resource, and technical.

Multiple, distributed data silos in various formats and various degrees of data quality.

Lack of willingness to share data. Objections can be based on policy/governance concerns, but we heard this was often driven by rigid historical care or organisational divides.

Antiquated data management infrastructures and lack of sponsorship to implement data governance.

Lack of understanding for the ‘art of the possible’ in the use of data and analytics to drive valuable insights.

Finding a solution – transitioning to data-driven organisations

Improving the quality of data collected will not only help to better demonstrate impact/outcomes but will also support wider decision making, predictive analytics and future planning. It was often suggested that high quality evidence and data would allow Hospices to better identify unmet need and to innovate services based on intelligence about the local population. To do this, the following supporting actions were identified:

- **Design internal evaluations** – Hospices should seek to strengthen their own data collection, monitoring and evaluation processes; and build their confidence and capability to work with evidence.
- **Standardise and coordinate data collection –** Data is collected across all system partners. To drive maximum value Hospice leaders need to drive alignment across palliative and end of life data sets. As a starting point work should take place to understand what processes are in place to govern, manage, acquire, control/secure, access/distribute, and analyse data across the system.
- **Engage with commissioners** - Agree a consistent approach to reporting and evaluation. Often there can be significant variation in data collection and reporting locally which can hinder attempts to build a systematic and joined-up approach to evidence collection.
- **Seek expert input –** Data offers an opportunity to work collaboratively across all system partners to access essential skills.

Relationships

Focus on building relationship capital

Building and maintaining relationships is hard, they require give and take and compromise. We heard from all stakeholders that building trusted and sustainable relationships can take months or even years to achieve. To make matters worse, several interviewees pointed to the fact that there can be high turnover in system leadership roles. Just as you have begun to build improved relationships the key parties can all change.

Despite the difficulties, Hospice leaders all recognised the importance of developing stronger relationships with system partners and told us they were committed to the significant investment of time this will require.

The journey to trust-based, full partnering relationships

No two systems, leaders or relationships are ever quite alike. Hospice leaders will need to consider the range of approaches which will work best within their locality to move from simple engagement to a trust-based, full partnering relationship. We have set out below a maturity matrix that seeks to outline the core characteristics of system relationships as they develop. Relationship building needs to be pursued as a journey and there will be different challenges and nuance present within each system.

Foundational	Skilled	Advanced	Expert
— Understands the importance of building relationships across the System (e.g. System Leaders, Commissioners, NHSE/I contacts, Clinical Networks, etc.). — Actively learns how to collaborate with other partners across the System. — Understands that tailored communication is important to networking and relationship building.	— Builds relationships within the system, with other Palliative and End of Life care providers and third parties. — Fully engaged with the System's hierarchy and understands where relevant decisions are made. — Collaborates regularly with other organisations within the System. — Adapts relationship building and networking techniques to target audience.	— Builds relationships across the System to help support cross organisation initiatives and objectives. — Supports team members to collaborate across the System (e.g. by participating in Clinical Networks or engaging at other levels) — Influences System partners through the use of data and facts.	— Maintains trusted and sustainable relationships and strategic alliances. — Confidently navigates System politics — Looks ahead to identify individuals or groups who may become influential in the future and takes proactive action to forge relationships with them — Works across boundaries creating networks which facilitate high levels of collaboration.

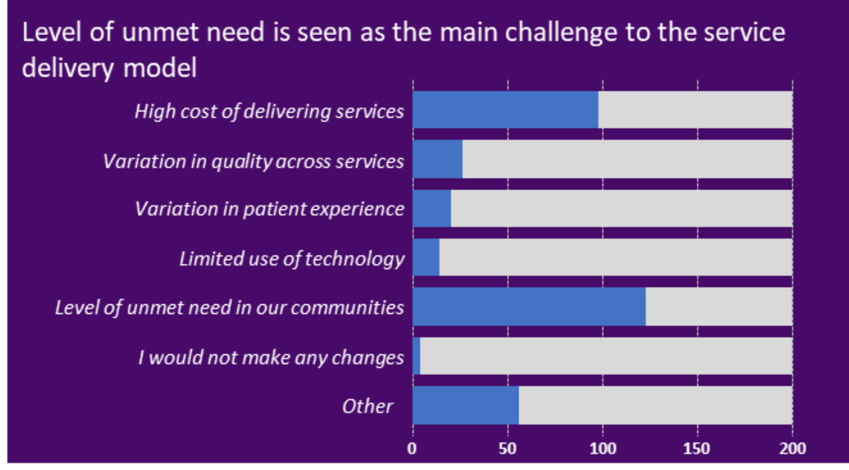
Appendix

Appendix - Sector survey

Over

370

participants broken down between Hospice CEOs, Chairs, Trustees and Senior Management Teams



Attracting and recruiting sufficient staff numbers to meet future demand was cited as the top challenge facing the palliative and end of life care workforce