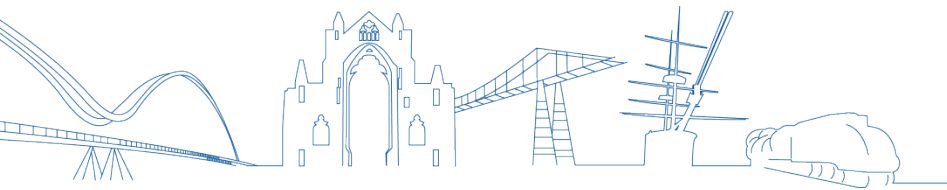


# Tees Valley CCG – Palliative and End of Life (PEoL) Care

May 2021

Katie McLeod– Head of Commissioning and Strategy



# 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.

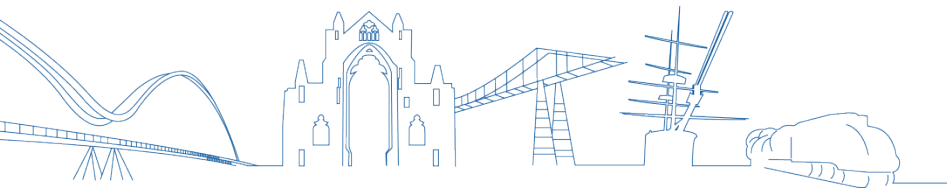
**Impetus for change** - Review services and explore the development of a system wide approach to delivering integrated services through a new delivery model.

**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 that patient and the people important to them*



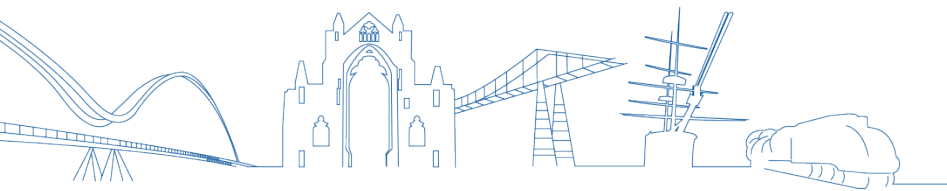
# An opportunity for the Tees Valley

Tees Valley CCG is one of four sites nationally to be identified as a commissioning exemplar site

Exemplar sites selected to support the overarching national commissioning agenda. Programme will support:

- Publication of a clear commissioning model, supported by national levers and incentives to commission, contract and fund the best PEOl Care for their area
- Integrated and seamless care across providers and organisations

Local sites will support national drivers alongside implementation of an environment which supports co-design and implementation of a PEOl Strategy by 2022



# What we hope to achieve

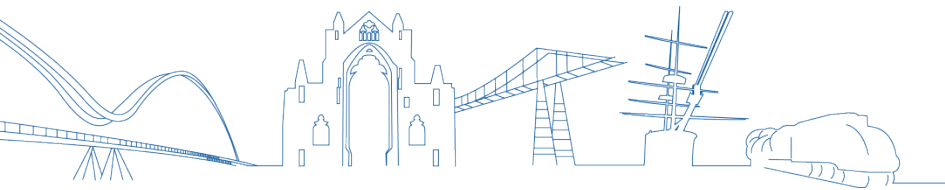
Engagement across  
the Tees Valley

Learning from  
carers, the public  
and service  
providers

Development of  
vision

Create a cohesive  
pathway

Benchmarking  
provision against  
NHSE standards



# How we hope to go about this

Engagement

Baseline services

Co-produce a  
vision/model

Develop new ways  
of working

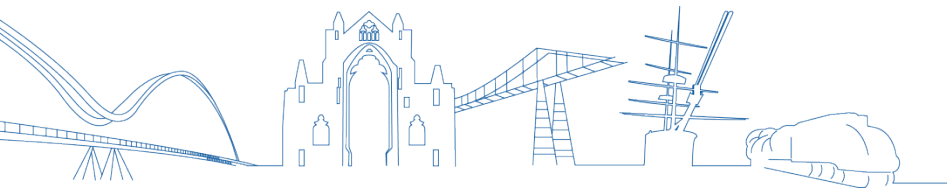
Further develop  
relationships  
across the Tees  
Valley



# Progress to date

We have;

- Signed a Memorandum of Understanding with NHSE
- Started to develop a communications and engagement strategy
- Implemented a Task and Finish Group to monitor progress
- Agreed a clinical lead for the project
- Baselined PEOLC services across the Tees Valley
- Started to design engagement events
- Joined various NHSE groups to support service re-design and peer leadership across the exemplar sites



# Next Steps

- Continue the development of the C&E strategy
- Sign off of patient surveys and issue
- Issue engagement communications to all stakeholders (in line with purdah requirements)
- Design and agree engagement sessions and communicate these out
- Issue general communications to raise awareness of the project
- Evaluate research at a suitable time (post C&E work)
- Agree and communicate vision
- Progress plans to implement service re-design

