The National Health Service (NHS)

Structural Change in England

As part of the recent Health and Care Act (2022) in England, the structure of the NHS is changing again. Integrated Care Systems (ICSs) are being embedded across 42 regional / county footprints. The move is to break-down divisions between the purchasers and providers of healthcare services that were put in place during the 1990s, and to bring health and social care services more closely together. Within these systems, the Integrated Care Board (ICB) is where the NHS plans and funding will be designed and delegated. This is advised by the Integrated Care Partnership (ICP) which brings together wider partners including Local Authorities, the voluntary sector and public health.

Hospices are very much part of their local communities, as are GP practices and community teams. The likelihood is that much of the delivery of integrated care will still happen in these places – the towns and boroughs and districts where local providers can continue to work closely together with their communities and populations.

Provider Collaborations

However, in order to influence the system and to have a voice in the planning decisions, hospices, alongside other smaller providers and voluntary sector colleagues, will also have to work more closely together. Across the UK, these collaborations and partnerships will need to strengthen their joint governance, risk sharing and representation arrangements to work alongside larger planning bodies and NHS provider alliances. These partnerships also enable the economies of scale for small organisation sustainability, as well as the ability to engage with larger scale commissioning and contracting of care across patient pathways and population geographies.
Palliative and End of Life Care Commissioning

Also within the Health and Care Act (2022) for the first time, is the explicit statutory responsibility of the ICBs to provide for palliative care for their populations. This is being supported by statutory guidance from NHS England to ICBs requiring them to assess their provision against the Ambitions Framework (for palliative and end of life care) and providing frameworks for the services they should be commissioning and how to move towards that. Welsh Government’s new End of Life Care Quality Statement will underpin the planning work of the national programme board, on which hospices and hospice-care are well represented.

In Scotland, Wales and Northern Ireland, the NHS is already set up in regional Boards or Trusts although Northern Ireland is currently undergoing structural change to establish one Integrated Care System across the country. Importantly, in Scotland and Northern Ireland, these are supplemented by Partnerships with Local Authorities that bring together health and social care in one body and also financially. Scotland’s proposed National Care Service would make social care a national structure similar to the Health Service.

Hospices in all nations can share innovation and learning from their ways of working in system partnerships and their delivery of integrated and accessible care within the national and local NHS commissioning frameworks.

If you are interested in sharing your work or learning from others please get in contact via conference@hospiceuk.org.