West Yorkshire Integrated Care System: A Palliative and End-of-Life Care Collaborative

What is this case study about?

This case study shows ten hospices in West Yorkshire working together as a **well-functioning Collaborative** as part of their Integrated Care System (ICS), to improve Palliative and End-of-Life Care (PEoLC). This illustrates Sue Ryder and sector partners recommendation:

"Each ICS should establish a PEoLC Collaborative which brings together representatives from the PEoLC sector and is underpinned by a governance framework which facilitates accountable and transparent leadership, equity across all providers, and details members' responsibilities."

The West Yorkshire Hospice Collaborative

The Collaborative is made up of representatives from the **ten hospices** in the West Yorkshire region. All the hospices are independent charities, and they include both adult and children's hospices, and local and national providers.

Having come together during Covid-19 to provide mutual support and improve their response to the pandemic, the hospices saw that they could work together and achieve more through a **shared voice**.

What makes the Collaborative work?

- ✓ **Shared voice:** The Collaborative enables hospices to have a 'seat at the table', on the Integrated Care Board (ICB), local steering groups and at events. They get their voice heard by aligning with and supporting local system priorities. Collectively they provide an authoritative, respected voice for PEoLC and for healthcare more widely, by being part of the 'big conversations' within the system.
- ✓ **Shared responsibility:** Members have equal status and a rotating chair for meetings, and members take on 'task and finish' groups for specific activities.
- ✓ **Shared purpose, vision, ethos and mission:** Members work collectively to improve PEoLC, raise the profile of hospices, and increase resilience and sustainability.

What difference has the Collaborative made?

Raised the profile and awareness of hospices within the system, around risk and capacity, sustainability and funding challenges. This has led to hospices being allocated funding by demonstrating the scale of existing delivery.

Influential at a system level, as well as acting as a voice for hospices. By demonstrating connectedness between different parts of the system, the Collaborative can make a much wider impact. Examples include contributing to:

- ✓ **Reducing wider demand:** By going above and beyond service specifications for bereavement support, hospices can help reduce access to primary and secondary care for bereaved families (such as bereaved relatives needing health support).
- ✓ **Seamless patient journeys:** Operational improvements around better management of hospital discharge and patient journeys.
- ✓ **Trauma-informed approach:** Contributing towards the ICB aim of a trauma-informed system by 2030 (delivering services in a way that recognises and supports people experiencing trauma, such as those who have lost a child).
- ✓ **Integrating ICB ambitions more widely:** Providing insight and evidence, and working towards wider ICB ambitions on equalities, climate change and cost of living.

West Yorkshire's top tips for an effective collaborative

Internally, get Collaborative members' relationships and governance in order:

- ✓ **Build trust between members:** Based on a shared vision for the sector, understanding of each other's work and priorities, and sharing early examples of good collaboration.
- ✓ **Move away from competition and towards shared purpose:** Members must focus on their shared purpose and commit time to the Collaborative, moving beyond traditional positioning as competitors for funds and share of voice.
- ✓ **Have a work plan:** Look ahead and factor in external drivers such as funding timeframes and new statutory guidance.
- ✓ **Consistent membership and attendance at meetings:** To build relationships within the Collaborative but also externally.
- ✓ **Establish governance:** Agree governance, admin and tech arrangements, such as who will chair and organise meetings and how shared documents will be hosted.
- ✓ **Data sharing:** Pooling data will demonstrate the bigger picture of demand, funding, accessibility and capacity within an area.
- ✓ **Streamline shared communications:** Updates that each member can share with their trustees and wider organisations ensures consistent and efficient communications.

Externally, make it easy and worthwhile for the ICB to work with the Collaborative:

- ✓ Demonstrate to the ICB how better system working can **meet national statutory guidance** or requirements for PEoLC.
- ✓ Provide an authoritative and **credible voice** on local healthcare issues and trends, backed up by data, from a VCSE and clinical provider perspective.
- ✓ **Align work** with wider local ICB priorities.

> "You have to think about what you can do **better together.**"
>
> Luen Thompson, West Yorkshire Hospice Collaborative

Governance at a glance

- **A joint working agreement** describes the purpose, membership, meeting arrangements and member responsibilities of the Collaborative.
- An external-facing **manifesto** sets out the ambitions for PEoLC in the region. Senior leaders from each hospice meet once a month to share updates and plan ahead.
- Two representatives sit on the ICB's **System Leadership Executive Group**.
- The Collaborative has a virtual PA to support **administration**, and secured funding from the ICB towards this, as well as some consultant time.

For more information about this case study or the recommendations for commissioning and delivering better end-of-life care, contact john.kemp@sueryder.org.

Palliative and End-of-Life Care: best practice case studies

Sue Ryder and sector partners working in PEoLC have developed Key recommendations for commissioning and delivering better end-of-life care within Integrated Care Systems.

This case study from West Yorkshire is one of a series showcasing how ICSs around the country are implementing some of these recommendations:

- ✓ **Local solutions to workforce challenges**
- ✓ **Engagement with patients, families and communities**
- ✓ **Measuring population need for PEoLC**
- ✓ **Innovative services and roles**
- ✓ **Using data effectively**