

Hospice UK Freedom of Information (Fol) request to England's Integrated Care Boards (ICBs)

September 2023

In June 2023, Hospice UK sent a Freedom of Information (Fol) request to the 42 Integrated Care Boards (ICBs) in England. There were 10 questions regarding palliative and end of life care (PEoLC) strategy, governance, shared care records, and hospice funding:

1. Where does Palliative, End of Life Care and / or 'Dying Well' specifically feature in your overall planning documents?
2. Where are the PEoLC specific strategies or plans within your system?
3. Where are strategic decisions made in your system regarding PEoLC planning and funding?
4. How are charitable Hospice providers involved in PEoLC planning and decision-making in your system?
5. The NHS England PEoLC statutory guidance is based upon the Ambitions for PEoLC Framework . What level has your ICB or Places self-assessed against these 6 ambitions?
6. Where are charitable Hospice provider contracts held within your system?
7. What types of contract do you use with charitable Hospice providers?
8. What was the total value of all these charitable Hospice contracts for 2022-23?
9. What uplift percentage did you apply to these contracts in April 2022? Did you pass on the additional 1.7% uplift (as per this NHSE letter) in July 2022? What uplift percentage are you applying to these contracts in April 2023?
10. Do you have a shared care record or shared care plans across your ICS or Places?

All 42 ICBs replied.

Hospice UK use of the FoI responses

Hospice UK is using the FoI response information at national and regional level:

- We have met national NHS England (NHSE) and Department of Health and Social Care (DHSC) colleagues jointly with Marie Curie to share the high-level results on ICB strategy and governance.
- We are using the hospice contract uplift and funding findings in national media work.
- We have offered to share regional findings in discussion with the regional Strategic Clinical Network (SCN) leads – so far, North East and North Cumbria, and East of England have taken up this offer.

We would be delighted to discuss the findings with hospice collaboratives or at regional meetings.

ICB strategy and governance

We wanted to see if the provision for palliative care in the [Health and Care Act 2022](#) had impacted the priority of PEO LC in the ICB's statutory planning documents. These planning documents are the system's Integrated Care Strategy (ICS), which should then inform the ICB's Joint Forward Plan (JFP).

We also asked about PEO LC strategies, where PEO LC sits in the system governance structure and how hospices were involved in strategic planning decisions.

Further research and comparison with Chambers et al [analysis of PEO LC priority in system plans](#) in 2021 [1] show increased mention of PEO LC but little real priority shift.

The North East and Yorkshire has a greater percentage of ICBs prioritising PEO LC in ICSs or JFPs than any other region. London and the South West has the fewest.

NHS Region	No. of ICBs	PEoLC in ICS &/or JFP	PEoLC Strategy
East of England	6	2/6 = 33%	3/6 = 50%
London	5	1/5 = 20%	2/5 = 40%
Midlands	11	6/11 = 54%	6/11 = 54%
NE & Yorks	4	3/4 = 75%	2/4 = 50%*
North West	3	1/3 = 33%	0/3 = 0%
South East	6	3/6 = 50%	2/6 = 33%
South West	7	2/7 = 28%	4/7 = 57%

*one at system; one at place

The picture is varied and inconsistently implemented between and across regions. There is little correlation between systems mentioning PEO LC in strategic documents and those we have showcased as good models of PEO LC planning or coordinated delivery. The variation and inconsistency continues when tracking where PEO LC decisions are made and where hospice contracts are held.

While most systems state the ICB as the level at which committees discuss PEO LC and hospice contracts, there are three areas (South East London, South Yorkshire, West Yorkshire) where this all happens at place level.

What is worrying is the number of systems where there is a mismatch in the levels at which decision making and contract holding take place. Similarly, where these happen simultaneously at both system and place level. In 19 ICBs there are more than three different contract types in use with hospices. In Coventry and Warwickshire, and Northamptonshire, hospice contracts are held via NHS Trust provider alliances, a model which is yet to be evaluated but is likely to become more common.

This evidences the complexity and lack of standardisation of governance and contracting across and between the ICBs. It is impossible for hospice organisations to understand and navigate this landscape. It is also time consuming and ineffective for both sides of the commissioning transaction.

ICB hospice contract uplifts

Each ICB has shared their hospice funding allocation for 2022-23. These are being analysed in comparison to population size and the proportion of over 65 year olds living in an area.

ICBs also stated the uplift percentage they had applied, or were planning to apply to hospice contracts for 2023-24:

April 2023 uplift	Rationale for banding	Number of ICBs	Percentage of ICBs
0%	stated no uplift or not yet agreed	14	35%
<1.8%		2	5%
1.8%	basic NHS uplift	18	45%
1.9% - 3.3%		3	8%
3.4%	NHS + A4C uplifts	3	8%

Many are offering the basic NHS contract uplift of 1.8% and only three have taken into account the NHS Agenda for Change addition which uplifts NHS Trust contracts by a total of 3.4%. Disappointingly, 14 ICBs were yet to agree the uplifts by July 2023, and five of these have declared a 0% uplift for the year.

Summary

The picture is varied, inconsistent and unfair. Hospice UK will use this evidence to underpin national asks for:

- Fairer, sustainable and consistent levels of and uplifts for hospice statutory funding.
- National accountability for the postcode lottery of ICB PEOLC priority and delivery.

We are sharing this information with SCN leads to add to regional intelligence. We would be delighted to share this and more local information with groups of hospices to help hospices:

- evidence local conversations and negotiations
- bring the inequities and inconsistencies, as well as better practice examples, to the attention of local ICBs.

Please do [contact us](#) for more information or discussion.

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References

1. Chambers R, Pask S, Higginson I J, Barclay S, Murtagh F, Sleeman K. [Inclusion of palliative and end of life care in health strategies aimed at integrated care: a documentary analysis](#) [version 2; peer review: 2 approved]. AMRC Open Res. [Internet] 2023, 4 (19).