

**Background/Aims** The Health and Care Act 2022 includes a legal duty to 'specifically require Integrated Care Boards to commission services or facilities for palliative care, including specialist palliative care, as they consider appropriate for meeting the reasonable requirements of the people for whom they have responsibility'. Many see this, along with the significant and welcome resource provided to hospices by NHS England throughout the Coronavirus pandemic, as a step towards 'fully funded' hospice care.

Our hospice has worked hard to develop relationships and build connections over many years, which has resulted in an NHS contribution towards our costs well above the national average. We have a mature relationship with CCG commissioners and other local statutory providers and very much see our role as a partnership that aims to improve care for all, regardless of who the provider of that care is.

**Methods/Results/Conclusions** Our presentation will discuss the risks and benefits of hospice care that is 'fully funded' through statutory means and argue that, to achieve real sustainability, hospices need to invest resource, time and skills in commissioner and partner provider relationships in the way that they invest in other aspects of income generation.

We will also argue that as independent hospices, our charitable status and independence enables us to remain connected to our communities, and that as precious community assets, not being fully funded allows innovation beyond what the political paymasters of the day specify. In remaining so, we can continue to act as leaders of compassionate care in the integrated care systems and work with partners to improve end of life care for all, acting creatively and investing in new areas to change how we die. The session aims to be provocative, recognising that all hospices have their own challenges and opportunities and that there remains a place for diversity of funding across the sector.

P-48

#### PARTNERSHIP VALUE FRAMEWORK: A COMMON LANGUAGE FOR COLLABORATIVE PUBLIC HEALTH

Roddy Ferguson. *St Columba's Hospice, Edinburgh, UK*

10.1136/spcare-2022-HUNC.69

**Background** The intuitive appeal of collaboration is reflected in the ubiquitous use of partnership discourse across health and social care services. However, the reality of working within and across organisations often fails to live up to political rhetoric or stakeholders' aspirations; resulting in collaborative inertia rather than advantage. As hospices expand their scope to interact with the broader public health agenda, stakeholders could benefit from a shared vocabulary for partnership value, and a theoretical framework for negotiating value change.

**Aim** Identify and categorise a comprehensive and parsimonious list of interests to define the value which can be gained or lost by stakeholders working in cross-sector public service partnerships (CSPSPs).

**Methods** A meta-synthesis of national partnership evaluations published in Scotland between 1999 and 2016. The research analysed CSPSPs addressing social inclusion, community planning, health, social care, employment and skills,

economic development, and environmental sustainability. Evaluation documents were coded using NVivo software, and a thematic analysis was undertaken by a solo researcher. This work was funded by a Glasgow Caledonian University studentship.

**Results** Partnership Value was identified as the interaction of five themes: (1) design parameters; (2) contextual catalysts; (3) service productivity; (4) community development; and (5) partnership momentum. Further sub-categorisation of these themes produced a discrete list of interests. These combine to form a Partnership Value Framework (PVF) which is then applied to the context of public health palliative care.

**Conclusion** Based on learning from previous CSPSPs, the PVF introduces a shared language through which hospices and their partners can discuss the creation, loss and redistribution of value within different compassionate community settings. This work challenges the assumption that partnership necessarily creates value and reframes collaborative palliative care as a negotiation of stakeholder interests.

P-49

#### THE CAMPAIGN TO CREATE THE FIRST EVER LEGAL DUTY FOR THE NHS TO COMMISSION PALLIATIVE CARE SERVICES IN EVERY PART OF ENGLAND

Ruth Driscoll. *Marie Curie, London, UK*

10.1136/spcare-2022-HUNC.70

This year, Marie Curie worked with a group of leading end of life care charities to successfully campaign for the first ever legal duty to commission palliative care services in the history of the NHS in England. The Health & Care Bill began its passage through the UK Parliament last year with no mention of palliative and end of life care or terminal illness on the face of the Bill. By sharing a rich mix of evidence from research and practice in palliative and end of life care with senior decision makers in Government and Parliament, and developing at speed a public-facing campaign including both traditional and social media and a petition, we successfully made the case for change. This was a sector-wide campaign supported by Hospice UK, Sue Ryder, Together for Short Lives and Alzheimer's Society.

By collaborating at every stage, we were able to persuade the Government to introduce through the Bill a new legal requirement for Integrated Care Boards to commission palliative care services in every part of England. This is the first time in the history of the NHS in England that such a duty has existed. The new duty is vital for ensuring our health and care system is fit for the future, as demand for palliative and end of life care is set to increase by 42% in the next two decades, yet the current funding model for hospices is neither resilient nor sustainable.

Experiences of dying at home during the COVID-19 pandemic have reinforced the urgent need for palliative care services working alongside other vital services in community settings. The new duty should also enable hospices to work at tackling the significant inequalities and inequities in palliative and end of life care in England, helping to ensure that in future everyone can have the best possible end of life experience.