

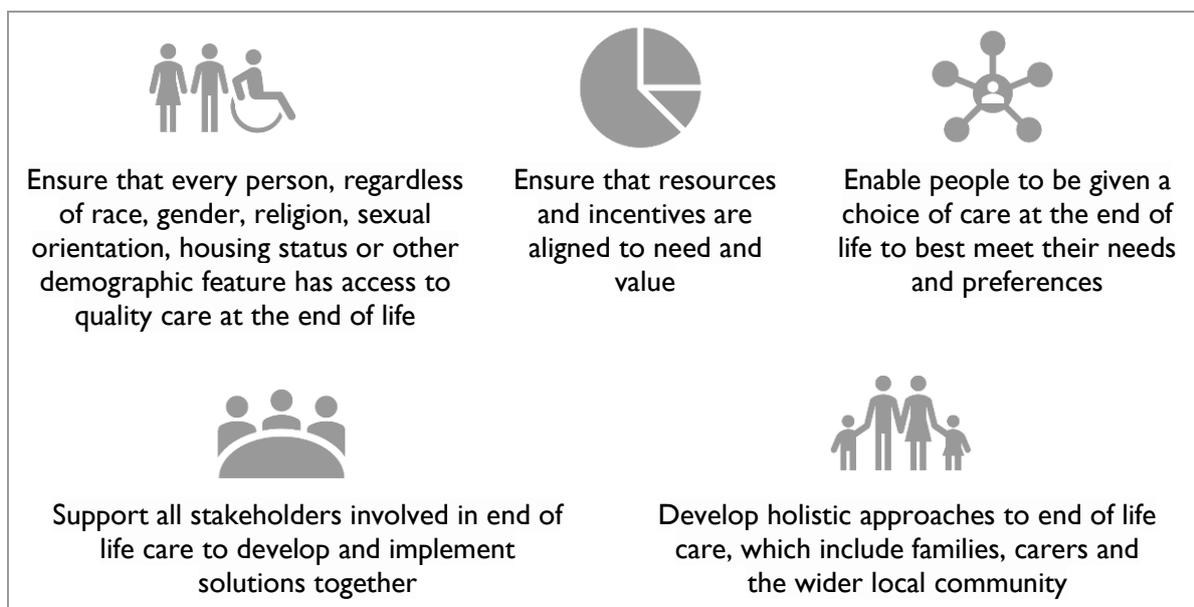
EXPRESSION OF INTEREST (EOI) APPLICATIONS 2021

Who we are

The End of Life Care Integrator (EoLCI) was set up in 2016 in partnership with the Department of Health, NHS England and the NHS Confederation, with support from Professor Bee Wee CBE. Its aim was to test whether an outcomes-based approach to End of Life Care (EoLC) would improve people's quality of life in the last 12 months of life and increase the number of people who 'die well' by aligning system incentives.

With funding from Big Society Capital, Macmillan Cancer Support and funding from the Health Foundation and The National Lottery Community Fund, the EoLCI has worked in partnership with systems to design, mobilise and deliver six EoLC projects.

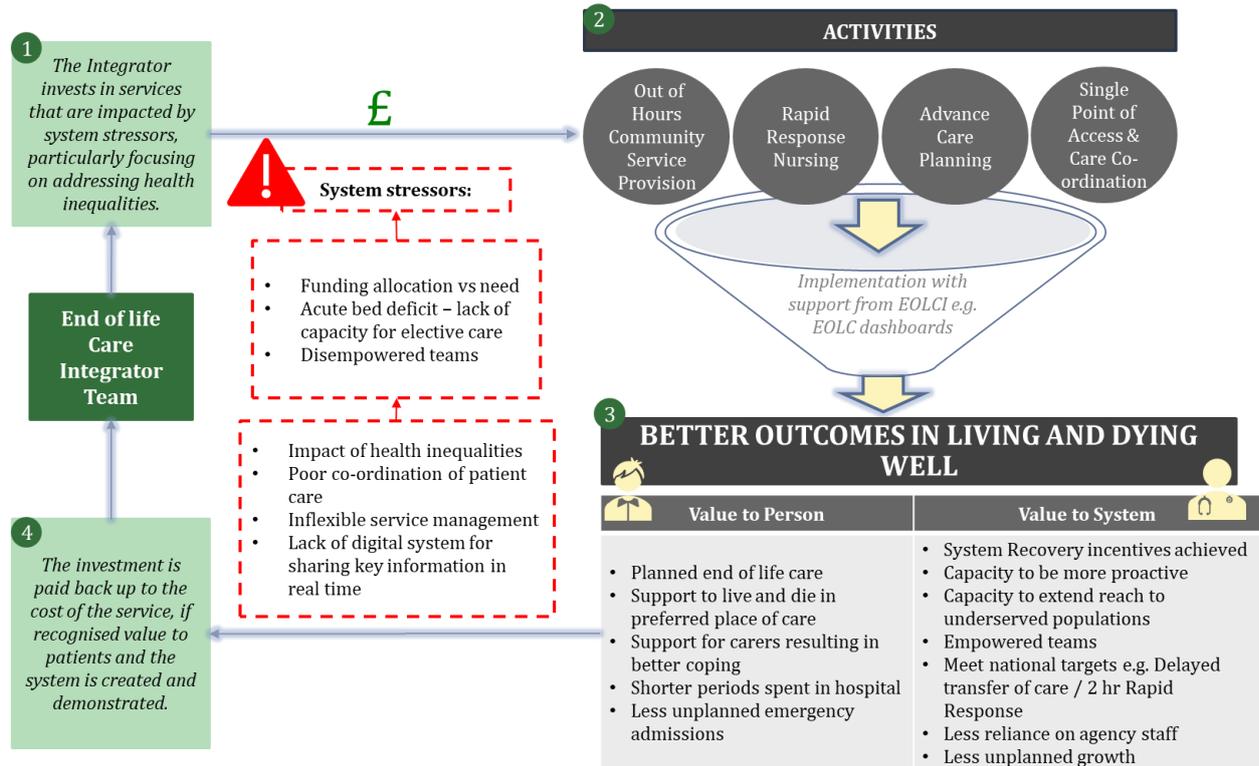
Each project aims to:



A Social Investment Approach to End of Life Care

We work with health and social care systems to provide upfront funding and expert support for services that alleviate system stressors and create value for people at the end of life. Our triple aim is to increase quality of life in the last 12 months of life, increase the number of people who 'die well,' and create system value. Our funding is only returned to us if value is created and demonstrated through the achievement of specified outcomes and is capped at the cost of the service. We don't have a standard funding offer: part of our work is to continue to innovate and we are not restricted like other funds or grants. This model links service sustainability to value creation and prevents a 'cliff edge' at the end of the project.

Better End of Life Care: Creating Value



We fund services that align with our key priorities; increasing system-wide end of life care services, which will actively support system recovery from the pandemic; addressing health inequalities in terms of access to end of life care and/or outcomes achieved and partnership working across the health and social care system.

Outcomes are agreed based on system priorities. Examples of outcomes include improvements in the levels of:

- deaths in the usual place of residence/preferred place of death
- avoidable days in hospital in the year prior to death
- avoidable non-elective admissions

Examples from our current projects:

Service	Outcomes that trigger repayment	Outcomes achieved
Tele-Medicine Service for Older People's Care Homes (North West London)	Reduction in avoidable emergency hospital admissions	A 30.1% reduction in NELs from a rising baseline since the service start in December 2018. ¹
End of Life Care Co-ordination and Rapid Response Nursing (Hillingdon)	Reduction in deaths in hospital	91% of those who have died have been supported to die at home versus 65% target to-date
Advance Care Planning Service in Care Homes (Haringey)	Reduction in avoidable emergency hospital admissions	14% reduction in non-elective admissions

Partnering With Us

We are delighted to have continued funding from Macmillan Cancer Support and are looking for new projects. In the first instance, we would be interested to hear about your proposed project through an Expression of Interest (EoI). [The Application Form can be found here](#). This is an easy form to fill out, which doesn't commit you to anything.

To fill out this form you will need the following information:

Category	Key Questions
Project Information	<ul style="list-style-type: none"> - What is the issue that your system is looking to address? - How will the project address it? - What outcomes will the project deliver? - How will the project reduce health inequalities?
System Integration	<ul style="list-style-type: none"> - What does the service landscape look like in your area, and how will the project integrate in the wider system?
System Benefit	<ul style="list-style-type: none"> - What is the estimated cost of the project? (This should include staff costs, training, cost of mobilisation, project management etc.) - What system stressors will the project alleviate? For example, these might be acute hospital bed deficits, long elective care waiting lists, health inequalities in access to end of life care - If you would like to discuss examples, please get in touch (endlifecare@socialfinance.org.uk) and/or attend one of our webinars.
Champion Identification	<ul style="list-style-type: none"> - Who will support the development of this project at a system level (such as a Senior Responsible Officer at executive director level, and Clinical Responsible Officer, such as a clinical director)?

Once we have had a chance to review your EoI, we will be in touch to schedule a follow up call to hear more about the project and to discuss next steps.

¹ Please note that the reduction in NELs was a trend prior to March 2020 but a proportion of the 30.1% reduction across the two years was a result of the sharp reduction in NEL activity during Covid-19

If all of us would like to proceed, we will then offer holistic expert support from our team (see below) to help develop, mobilise and deliver the project.

Our People

We are a small team, united with a common passion of improving end of life care through better use of data and more effective long-term partnerships.



Katy Saunders – Agent Director of the End of Life Care Integrator

Katy is the Agent Director and strategic lead for the End of Life Care Integrator. Before joining the team, Katy held a number of commissioning roles and has 11 years experience of service transformation and organisational change across a range of sectors. Most recently, as Head of Strategic Delivery at a large CCG CCG, Katy led the development and delivery of the CCG's Operating Plan..



Katy Nex – Development Manager

Katy is the driving force of our development work. She has a clinical background, having qualified as a Speech and Language Therapist (SLT) in 2009. As an SLT, Katy worked with adults with communication and swallowing difficulties in a range of NHS settings. Most recently, Katy worked as a Commissioning Programme Manager, overseeing transformation programmes including Advance Care Planning.



Phil Hall – Project Lead

Phil is the Project Lead for End of Life Care. Before this role, Phil worked at Macmillan Cancer Support. Work included developing system tools to improve cancer diagnosis and work across London to improve EoLC, including an innovative partnership with the London Ambulance Service.



Sarah Churchill – Senior Analyst

Sarah is the brain behind the data analytics. Sarah has experience of developing and maintaining EoLC dashboards, which support partners to better understand the impact that services are having on the health and social care system.



Michael Hanks – Data Scientist

Michael Hanks is a Data Scientist within the Digital Labs team at Social Finance. Broadly speaking, Michael's career has been focused on providing data-based solutions to problems. This started at Capital One, where he spent five years learning a suite of business analysis skills, from database querying to website analytics to contract negotiations.



Di Howard – Clinical Specialist

Di is a palliative care nurse by background with 30+ years of experience in the NHS. Her roles have included leading an end of life care team in a large multi-site hospital. Di is an NHSX accredited clinical safety officer and was involved in the design and development of digital urgent care plans for London.



Owen White – Finance and Contracting Specialist

Owen is a Chartered Accountant with 30 years experience from within both NHS and Commercial Sectors. Owen brings a wealth of experience having worked as a DoF, Deputy CFO and Contract Director.



Caroline Hamilton – Finance and Business Specialist

Caroline is our business expert with over 25 years' experience in the commercial sector. Originally trained as an investment banker, Caroline left to join a film financing business. She founded and ran businesses, first financing projects in the creative industries, then a record label. Caroline has been responsible for developing innovative financing solutions including a number of tax- and insurance-based products for investors in the creative industries and also worked recently in a senior role with the campaigner Gina Miller.



David Seychell – Senior Manager, Strategy Development (Joint Macmillan & EOLCI)

David has been at Macmillan in a variety of roles for nineteen years with the last five years being the lead in London for palliative and end of life care. He will be working alongside the EoLCI Team and his colleagues in the Macmillan UK Partnerships Team.

Supporting our core team, our Board of Strategic Advisors further contribute to the success of the EOLCI:

Name	Nigel Hopkins	Adrienne Betteley	Dr Iain Lawrie	Sam Cheverton	Sarah Russell	Dr Pauline Love
Role	<i>Independent Chair of the Board</i>	<i>Strategic Advisor</i>	<i>Strategic Advisor</i>	<i>Strategic Advisor</i>	<i>Non-Executive Director</i>	<i>Strategic Advisor</i>
Experience	Experienced Non-Executive Director and Finance Director including Abbeyfield (leading charity for Retirement Living and Care Homes)	Strategic Advisor Macmillan Cancer Support and Co-Chair of National Ambitions Partnership	Consultant & Honorary Clinical Senior Lecturer in Palliative Medicine. President, The Association for Palliative Medicine of Great Britain & Ireland	Director of Strategy and Impact Marie Curie UK	Development Practitioner Dementia UK. Visiting Fellow, Southampton University	EOL Clinical Lead Derby & Derbyshire CCG. Dales Place Alliance GP. Macmillan GP Advisor. East Midlands Derbyshire LMC representative.



Frequently Asked Questions

1. This opportunity sounds interesting. I have lots of questions. Where can I get more information?

Throughout May 2021 we will be hosting webinars and consultation clinics to introduce our ways of working and to answer any of your questions. Details can be found [here](#). If you are not able to attend this, the session will be recorded, and a member of our team can follow up with you separately. Please email endoflifecare@socialfinance.org.uk.

2. Do I need a fully worked up proposal to apply?

No. We are interested to hear about all ideas. If your project is at a very early stage it may be that we suggest key steps to progress it and reconnect at a later date.

3. I completed an EoI before but it didn't progress – can I apply again?

Yes. We are keen to hear from past applicants. If the project has not changed, we may be able to work from the original proposal. Please contact the team before starting a new application.

4. There is an EoLCI project already in my system – can there be more than one?

Yes. We are open to hearing from systems that want to scale the social investment approach to EoLC.

5. Who will need to be involved with the project?

The buy-in of champions is critical to the success of the project. As a rule of thumb, it's helpful to have one person with decision making authority and another person who can drive the project forward across each of the following teams. We can discuss the project team make-up at our follow up call.

- Finance Team
- Business Intelligence
- Clinical Team/Service Provider

6. How long do projects run for? When you expect results?

Projects generally run for 3-5 years. We would system value to begin to be delivered soon after the project is mobilised, but we appreciate that measuring and verifying this can take longer. We would therefore expect repayment to investors to begin around 18 months after the service starts.

7. What's in it for the investors?

Our sole investor is Macmillan Cancer Support. Macmillan wants to ensure that people with cancer have access to high quality, personalised EoLC and thinks that this approach is the best way to ensure this. As a charity, Macmillan also wants to ensure that its charitable funds have the maximum impact and that services are sustained. When partners repay the initial funding, resource is released to sustain the service. Macmillan, through the EoLCI, is then able to re-invest into more services to enhance EoLC.

8. Who do I contact about this? NHSE/I or Macmillan or the EoLCI Team?

Please contact the EoLCI Team for all information and support: endoflifecare@socialfinance.org.uk