House of Commons: Written Statement (HCWS88)

Department of Health and Social Care

Written Statement made by: **Minister of State for Care (Stephen Kinnock)** on 04 Jun 2026.

Modern Service Framework for Palliative Care and End-of-Life Care: interim update

In November 2025, I announced that the Government would develop a Modern Service Framework (MSF) for Palliative Care and End-of-Life care in England. This MSF is one of the only six MSFs announced, which clearly demonstrates that palliative care and end-of-life care is a top priority for this government. The MSF will help address rising demand; late identification of need; inequitable variation in access, experience and outcomes; and the wider pressures facing the health and care system. Today I am providing an update on progress ahead of publication in autumn 2026.

The MSF is a clinically led, evidence-based framework to support sustained improvement in outcomes for patients and carers, including by systematically identifying, measuring and reducing health inequalities, and reducing unwarranted variation in access, experience and outcomes. This government's goal, being developed with partners, is that, every person who needs palliative care or care at the end of life will have equitable access to high quality support, shaped by what matters to them, their families and carers. There will be a notable shift towards outcome measurement to understand improvement, including a specific focus on identifying and reducing inequalities in outcomes across different population groups. Systems are already beginning to implement these reforms, so that by March 2029 we will have delivered impact against the aims set out in the Neighbourhood Health Framework to increase the number of people identified as approaching end of life by 10%, and reduce non-elective admissions and hospital bed days for this cohort by 10%. Furthermore, as part of the 10 Year Health Plan commitment to at least double the number of people offered a personal health budget (PHB) by 2028 to 2029, to enable people more control over their care, we will start trialling PHBs for those with palliative care and end-of-life care needs by the end of 2026/27.

We are undertaking extensive engagement with more than 70 organisations across the health and care sector, including clinical experts, the voluntary sector, people with lived experience, and those representing babies, children and young people, adults and older people, and their carers.

A review of the evidence and our engagement to gather real-world examples have identified five working sub-goals for the system to drive change. With our stakeholders, we will build on these insights to develop areas for action for those commissioning and delivering services:

1. Support our staff and our population to better understand palliative care, death and dying.
2. Provide a person-centred approach and ensure equitable access to earlier and more effective identification of needs, in all settings of care.
3. Prevent distress through proactive and equitable assessment and management of need closer to home.

4. Ensure equitable access to personalised palliative care.
5. Deliver palliative care response that is timely, effective and equitable, including access to out-of-hours telephone support, within this parliament.

Performance and outcome metrics will support system accountability and will measure what matters most to people receiving care, and to their families and carers. There will be separate measures for adults and for babies, children and young people, with a focus on unwarranted variation and health inequalities, and a commitment to developing person-centred outcome and experience measures.

The Strategic Commissioning Framework sets out how integrated care boards (ICBs), in partnership with local authorities, will focus on long-term population health strategy and planning, and care redesign. The MSF will support this by setting standards and the clinical evidence base, and by highlighting areas for innovation to inform integrated models of palliative care, guide population health improvement plans and align with neighbourhood health. This will support the shift to strategic commissioning, including the requirement (in line with ICBs' statutory duties) for clear and transparent contractual arrangements for commissioned palliative care activity across all providers, including hospices, to meet population health needs, with explicit regard to reducing inequalities and improving outcomes for underserved and disadvantaged groups.

The National Director for Primary Care and Community Services will be informing the systems, setting out two actions to ensure progress is made towards strategic commissioning of palliative care and end-of-life care services:

Action 1: Produce an integrated needs assessment and understand service provision and utilisation.

Action 2: Move to sustainable contracting of hospice services.

The Government is also committed to publishing a 10-year workforce plan to ensure the NHS has the right people, in the right places, with the right skills to deliver for patients, including those approaching the end of life.

We will continue to co-design the MSF with people with lived experience, their families and carers, and sector partners, to refine the themes and areas for action, and finalise the metrics and accountability framework. We remain on track to publish the final MSF in autumn 2026, supported by system delivery and commissioning approaches.

Attachments:

1. Further information (Interim Update Further Info for Interested Parties FINAL.docx)

Attachments can be viewed online at http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2026-06-04/HCWS88/ .