



BY EMAIL

Clare Haughey MSP
Convener - Health, Social Care and Sport Committee
The Scottish Parliament
Edinburgh
EH99 1SP
22nd March 2024

Dear Convener

National Care Service – Impact on Hospice Sector

Firstly, many thanks for the enormous amount of work the Health, Social Care and Sport Committee have put into their consideration of the National Care Service (Scotland) Bill so far. The Stage 1 report made it clear that the representations from stakeholders had been heard and we very much welcome the Committee highlighting some of the areas where we would also wish to see more detail and greater clarity. To support your further consideration of the Bill at Stage 2, we wanted to highlight to the Committee some areas of concern that we have.

Hospice UK is the national charity for hospice and end of life care. We work to ensure everyone affected by death, dying and bereavement gets the care and support they need, when they need it. We hope that the additional information due to be provided by the Scottish Government to the Committee will address many of these concerns, provide clarity on how the NCS will operate and give more detail on how the legislative changes proposed will improve outcomes for individuals.

We specifically hope to see more detail and a recognition of the need to address the following issues:

1. Considering the needs of those at the end of life or requiring palliative care

There has been a welcome recognition by the Committee of the importance of considering the needs of those at end of life, and we appreciate your call on the Government to consider how the Principles at the start of the Bill could better acknowledge those needs. While an amendment to the Principles at the start of the Bill would be welcome, there does also need to be further consideration of how to deliver meaningful change as Scotland faces substantial demographic challenges that will significantly increase the older population. The number of people dying each year by 2040 will increase by 20% (and we know that as many as 90% of people who die could benefit from palliative care), and the number of people living for longer with multiple co-morbidities will also increase.

The enhancement of community health and social care services is needed not only to meet current needs (and address issues such as delayed discharge) but to meet the increased demand that is inevitable. The current consultation on the proposed Private

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Member's Bill regarding a Right to Palliative Care may provide detail that would support consideration of this matter.

2. Recognition of the role of the third sector

Hospices across Scotland currently support over 21,000 people each year. In addition, they provide leadership, training and support for the wider health and social care sector to ensure good end of life care can be delivered in every setting. It has been concerning to see the crucial role the third sector more broadly plays in the delivery of health and social care not fully reflected. For example, the commitments around the National Care Board in recent correspondence did not include representation from the third sector; and the co-design work over the summer to develop a definition of Community Health did not include any representation from the third sector.

Charitable hospices are a key part of any cost-effective solution to the pressures currently facing our health and social care system. Hospices bring over £60 million of charitable funding into the local health and care system each year. Hospice care reduces the pressure on statutory services by supporting people to stay at home, avoid unnecessary admissions to hospital and facilitate discharges home. It provides excellent value for money. For every £1 of statutory funding invested into hospice care, there is a saving to the public purse of £6 for children's hospice care and £4 for adult hospice care, with some hospice services generating up to £29 of public benefit for every £1 invested. The third sector needs to be valued as equal partners in the health and social care system, and the NCS Bill needs to recognise and facilitate this through the structures and governance arrangements it is introducing.

3. Impact of governance arrangement changes on the delivery of community health

The most recent correspondence and other materials published by the Scottish Government have made it clear that everything currently delegated to Integration Authorities will become part of the National Care Service, with the expectation that this will be expanded further. Health and social care delivery are inextricably linked throughout life - especially at the end of life – so we can appreciate why this approach has been taken. Where our concern has grown is in the potential for unintended consequences on community health services when the focus of debate and scrutiny is so substantially on social care.

It would be helpful through the Stage 2 process to see greater clarity on how the proposed changes to governance arrangements will impact on healthcare providers, and improve outcomes for those who use these services (not all of whom will access social care services). While we would not necessarily wish to see specialist palliative care separated out from the locally integrated model currently in operation, we do find it surprising that in the updates on the role of the National Care Board only complex and specialist *social care* services have been highlighted as potentially being commissioned and procured on a national basis. We would want to see clarity around the commissioning of specialist services that span across both health and social care.

We look forward to seeing more information in the coming weeks and will seek to further support the Committee's scrutiny of the Bill at Stage 2 if possible.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A Morton', with a stylized, cursive script.

Aileen Morton
Senior Policy and Advocacy Officer