Health and Social Care Committee Inquiry; Delivering the Neighbourhood Health Service: Estates

4. How could non-NHS settings or infrastructure be used to support the delivery of care in neighbourhood settings, and what arrangements would be needed to facilitate it?

In England, there are 157 community-rooted charitable hospices. This is alongside two national hospice care charities, Marie Curie and Sue Ryder. These hospices are already embedded in communities, delivering care to 270,000 patients each year 77,000 families in England every year.

Hospices work every day to keep people out of hospital who do not want or need to be there and enable them to live with the best quality of life until they die.

High-quality hospice care is holistic, providing physical, psychological, social, emotional and spiritual care. It works to keep symptoms and pain under control and ensures patients and families feel supported, helping to prevent unplanned, distressing and costly A&E visits and hospital admissions. Hospices also provide education, information and enable informed decision making for patients and their families, and to wider NHS services who may not be as informed about palliative and end of life care.

Hospices are rooted in and supported by their communities, with local people volunteering in hospices, fundraising for them and attending events hosted by the hospice. They are well known to their communities, and provide an anchor to support communities to live and die well.

As trusted community settings, many hospices already work with local NHS and social care providers to host services that benefit from being integrated with community settings. These services benefit from occupying a space that is already healthcare focused yet is seen as more welcoming than a hospital setting. Hospices can also be closer to where people live, with easier access to parking, reducing travel times and the strain on patients.

The Chemo Closer to Home programme, delivered by The Christie at Doctor Kershaw's Hospice in Oldham, is one such service. By operating out of the hospice's wellbeing centre, The Christie is able to offer certain chemotherapy treatments to patients twice a week, without them having to travel across Manchester, significantly reducing travel times for patients.

Another benefit of this service is that The Christie cancer patients are already known to the hospice ahead of any palliative diagnosis. They are therefore

identified as requiring hospice support at an earlier stage in their journey than they otherwise would be. The response to this service, which provides a welcoming space closer to home, has led to its expansion to include blood test clinics.

By working with hospices to identify space that can be utilised within hospice buildings, the new neighbourhood health service would be able to expand provision quickly, without having to develop new NHS spaces. This includes operating in spaces that are already known, trusted, and used by the community.

There is also the added benefit of closer working with hospice services, including the delivery of joint services. For example, St Oswalds Hospice partners with Newcastle Hospitals NHS Foundation Trust to deliver the Combined Supportive Care Service. This offers personalised care for people living with lung cancer or mesothelioma, supporting them with challenges ranging from physical symptoms to impacts on mental health.

This service is based in the hospice and staffed by workers from both the hospice and hospital trust. By working within the hospice and bringing expertise in from the hospital trust, the service is able to manage symptoms, support patients through navigating NHS systems for future care, and link them with other hospice services such as St Oswald's social worker, who can provide a range of support, such as assistance with financial planning.

As set out above, there are already examples of this type of co-locating. Many hospices already work within Integrated Neighbourhood Teams. Co-locating of services allows hospices to help coordinate , respond and provide the right care in the right place with the right people.

Working with hospices to use their estates for the Neighbourhood Health Services has significant benefits. This would require negotiation with individual hospices and fair funding for the use of space. But this could be based around existing models for accessing healthcare settings that are non-NHS already. It would help to reduce duplication, and make the most of current resources, providing a better patient experience.

Any services that are run by, or in collaboration with, the hospice or rely on hospice staff need to fairly compensate the hospice with a proper multi-year NHS contract, which has regular reviews, increases in line with rising costs and fair funding based on national cost models.

a) What are the challenges of delivering care services in these settings and how would they be addressed?

Challenges exist when trying to operate multiple services through a variety of providers, as systems and ways of working can be different, along with concerns such as data safety, clinical best practice, and space not being fully utilised.

Hospices can help address many of the challenges of accessing non-NHS space in the community by providing space that can support clinical operations while retaining clinical accountability with the NHS provider. This is the case for the Chemo Closer to Home programme, run out of Doctor Kershaw's Hospice where clinical responsibility remains with The Christie.

Integrating services does provide challenges around data sharing when different services have different permissions or incompatible systems. It is crucial that interoperable data and digital systems as well as robust data sharing agreements be supported so that everyone delivering NHS services can share data to help improve outcomes.

Co-locating services can also help to navigate challenges as being in the same space allows for referrals to occur in person. At the Wirral Hospice a community specialist palliative care multi-disciplinary team employed by the local trust, is housed within the hospice. This has made referrals between services smoother as a result of being based in the same setting. This is an approach that could be replicated in appropriate neighbourhood health services.

Many hospices also have space that does not need to be occupied or used seven days a week, providing space that a Neighbourhood Health Service could use to host additional pop-up services. Eden Valley Hospice hosts Newcastle Hospitals' muscle clinic once a month, providing space to support patients closer to home without the cost commitment of renting or owning a dedicated space full time.

Hospice sustainability also creates a challenge for the neighbourhood health service as many hospices are already involved in the ongoing pilots. Yet without funding to deliver these services, hospices may not be able to play a role given the backdrop of rising costs, inconsistent charitable income and insufficient government funding. With 2 in 5 hospices planning to make cuts this year, the expertise, estates and services of hospices are at risk and may not exist to support the development of the neighbourhood health service.

Crucial to the future sustainability of the hospice sector is implementing Hospice UK's four-point plan for fair funding. This consists of fully funding specialist palliative care delivered by hospices, ensuring proper NHS contracts for hospices, providing funding to cover the cost of NHS pay rises for hospice staff, and guaranteeing equitable access to palliative care wherever people live.

As a first step towards fully funding specialist palliative care, we are calling on the government to commit to £112.5m in recuring revenue to hospices from 2026-27 onwards. While this only represents a quarter of our estimate for the annual cost of fully funding specialist palliative care delivered by hospices, it would provide immediate relief to many hospices, enabling them to be there to support the development of the Neighbourhood Health Service.

5. How can local communities and the workforce best be involved in the planning and design of estate transformation for the Neighbourhood Health Service?

Local communities and the workforce should be involved as co-design partners in estate transformation, not just consulted after decisions are made. This involvement should be rooted in existing spaces and organisations that already operate within and work with the local community.

Hospices are already operating in communities, working to serve local needs and provide spaces that support clinical care while also creating a welcoming, non-clinical environment. This is enhanced by a hospices special relationship within the community, as people volunteer to support hospices in a variety of roles, support fundraising efforts and events, and overall give their time and money to see the local hospice thrive.

St Catherine's Hospice in Lancashire operates The Mill, a community café that not only helps educate people about the work of a hospice but also hosts a volunteer adviser service for people looking for support around serious illness or bereavement. It also hosts the Talkin' Tables scheme designed by the charity New Friends for You to help combat loneliness, anxiety and depression. Such community spaces should be involved in the Neighbourhood Health Service especially where the service will be focused on mental health.

Alongside this, the hospice workforce should be involved in designing any space being used for the neighbourhood health service that supports people with a palliative care need. This will help ensure that the space is able to support multidisciplinary working.

Frontline teams are best placed to advise on the estate needed to support joint working, safe clinical delivery, and staff wellbeing. This should also apply across the non-clinical services hospices provide such as bereavement support, spiritual care and social work. Such services are all rooted in the community, and provide support that helps patients and their loved ones. Staff from these services will provide a different and valuable insight into what the estate needs to be like to deliver a world class neighbourhood health service.

a) How should the estate be designed to meet the needs of different communities, including those based in rural or coastal settings?

To meet the needs of different communities, including rural and coastal areas, estates should prioritise flexibility, shared use, and proximity to home.

Collaboration between existing NHS and non-NHS services can allow services to be delivered as close as possible to people's homes, given longer travel distances and reduced local transport options. The estate will need to be sessional and multi-purpose to enable multidisciplinary teams to deliver care, advice, and community support locally.

Rural communities often already have a wealth of resources through community groups, formal and informal community spaces, which estates can use to build services around what already exists. By working in partnership with local communities to co-design services, estates can adapt to local needs to create successful spaces and services.

Hospices can provide excellent support here, having long had experience in delivering services in rural areas and collaborating with local communities to better understand what services are needed and how they should be delivered. Examples of such collaboration can be seen in the South West Peninsula Palliative Care Research Partnership, which brought together universities, hospices, voluntary and community organisations, health research agencies, and individuals to identify community-based support needs for underserved rural and coastal populations in Cornwall, Devon, and Somerset.[1]

[1] Hansford L, Wyatt K, Creanor S, McCready S, Harding R; South West Peninsula Palliative Care Research Partnership.
Lessons from a research partnership in southwest England to understand community palliative care needs in rural, coastal
and low-income communities. Public Health Res (Southampt). 2024 Feb 28:1-40. doi: 10.3310/ATFA4287. Epub ahead of print.