

## **Summary Report for the Health and Wellbeing Board**

### **10<sup>th</sup> December 2020**

St Giles Hospice and Douglas Macmillan Hospice have worked together to review the impact COVID19 may have on specialist palliative care services in the new financial year (2021/22). Both hospices are well known and respected local charities with strong financial oversight and governance. Both hospices have been able to discount core NHS service delivery for many decades at c.67-75% providing significant voluntary income to be invested into the local health economy and supporting the needs of local people. Or to put it another way, for every £1 of statutory income received, these two hospices generate as much as £3 in donated income, a claim very few providers can make.

Whilst there is a great deal of uncertainty, both hospices are predicting that it will take time for their voluntary income to recover. An illustration is that together, we anticipate £1.2 million less to spend on care during 2021/22 due to the impact of COVID19 on charity retail, which is one of the key components of hospice voluntary income. This expected reduction in voluntary income is creating a need to either secure additional funding or reduce costs in the new financial year.

Government support during 2020/21 has been welcomed and has supported both charities to continue to provide high quality care throughout the pandemic. However, there is a need to highlight the risk to service provision for the new financial year if support was to cease. Whilst conversations are ongoing via Hospice UK, NHS England and the Treasury, we would appreciate the Staffordshire Health and Wellbeing Board's support locally and nationally. Our services are seeing an increase in activity from people unable to access treatment during lockdown and we predict this increase to continue.

Both hospices have requested non-recurrent financial support from the local CCGs on the basis that discussions regarding longer term funding allocations for palliative and end of life care are being reviewed via integrated care partnerships.

If funding does not materialise, the hospices will have no choice other than to consult on reducing services. These would be essential services that the NHS would then need to deliver directly and at a higher cost than the services offered by the hospices.

Neither hospice is in a position of imminent threat to survival, but both believe it is prudent to alert the local system of our genuine concerns that without a relatively modest request for financial support, clinical services will be impacted in 2021/22.