



10<sup>th</sup> January 2025

Dear Health Committee

### **Inquiry into Palliative Care – Hospice Sector Priorities**

We very much appreciate the Committee's work to explore the current provision of palliative and hospice care in Northern Ireland. We also welcome that you recognise the outstanding care being provided to many, while seeking to understand the challenges that prevent some people from getting the care they need when they need it.

We will all respond to the Committee as individual organisations, but we thought it might be helpful if we collectively highlighted the two key priorities we believe are needed to see improvements made to patient care.

#### ***Strategic priorities***

##### **1. Vision for palliative care**

The current palliative care strategy is substantially out of date. Since it was published, the number of people over 65 has risen by a quarter, care needs have become increasingly complex and research shows that demand for palliative care will increase by at least third by 2048. It is essential that a strategic vision is set for the coming years. The most obvious route to address this is through a new strategy for palliative care; however, it would be possible to consider an alternative approach to setting out the vision for palliative care.

Development of a new strategy would give an opportunity for the wider palliative care sector to come together and reflect on what is currently working well, and where the opportunities are to improve care for people across the region. Any new strategy should consider what policy changes may be needed to ensure services meet population need across the region.

While the development of a strategy requires time to engage across all palliative care services, one immediate decision that could be taken which would support the development of a future strategy and provide short-term focus on addressing outstanding issues would be the appointment of a clinical lead for palliative care. Northern Ireland is the only nation across the British Isles not to have a clinical lead for palliative care.

## **2. Sustainable funding for charitable hospices**

We know that the Committee will be well aware of the long-running debate about 50% funding for hospice services. Our view is that this approach, in addition to never having been meaningfully delivered, is now outdated. Charitable hospices are delivering core health and social care services as well as additional supports for patients and families – this requires a sustainable funding model that is not reliant on charitable fundraising.

Hospices in Northern Ireland provide an exceptional level of care for local communities, with around two thirds of people who die each year supported by charitable hospices. This level of support provides enormous benefit to the wider health and social care system as well as to patients and families. However, that also means that a failure of the hospice sector could have absolutely massive ramifications for the government and the people of Northern Ireland both in terms of patient care and financial impact.

A sustainable funding model for hospice care is essential to ensure that these services are protected and continue to provide invaluable care across the region. If you look to the Republic of Ireland, full funding for charitable hospices was delivered last year but an in-principle commitment to that funding was made years before it could be practically delivered. We believe this level of funding should be the aspiration for hospices in Northern Ireland and would wish to see an in-principle commitment to that as soon as possible.

If there is any further information we can provide for the Inquiry we would all be happy to do so. Again, many thanks for your commitment to exploring the future of palliative and hospice care provision.

Yours sincerely

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