Coventry City Council

Briefing note

To: Health and Social Care Scrutiny Board

Date: 25th February 2026

Subject: Palliative and End of Life Care

1 Purpose of the Note

2 To provide members of the Health and Social Care Scrutiny Board with the current Coventry and Warwickshire Integrated care System Palliative and End of Life Strategy and the work which enabled to co-production of this strategy.

2.1 A presentation will then be provided in the meeting on the 25th February providing an overview of:

- National context of Palliative and End of Life Care
- Coventry & Warwickshire Integrated Care System Palliative and End of Life Care Strategy: Delivery Plan – progress and next steps
- Operational delivery of palliative and end of life care in Coventry

3 Recommendations

3.1 Health and Social Care Scrutiny Board are recommended to:

a) Note the contents in the Briefing Note, Coventry & Warwickshire Palliative and End of Life Care Strategy (Appendix 1), Equality and Quality Impact Assessment Tool (Appendix 2) and the 'You Said, We Did' Report (Appendix 3)

b) Be assured of the sustainable delivery of palliative and end of life care within Coventry.

c) Identify any further relevant recommendations for health partners or relevant Cabinet Members.

4 Introduction

4.1 End of life care is treatment, care and support to those who are thought to be in their last 12 months of life. It can last for days to weeks to months and aims to improve the quality of life for those dying, maintaining dignity whilst managing symptoms and offering emotional social and spiritual support to the patient and their family or carers.

4.2 Palliative care is a specialised approach which focuses on improving quality of life for patient and families facing life-limiting illness such as providing pain relief. People receiving palliative care are not necessarily in end-of-life care.

4.3 Individuals should have choices on where they are provided end of life care and on the place of death. This might be at home, in a care home, a hospice or a hospital.

4.4 In medieval times, the word *hospice* was used for a way station for travellers needing assistance, this included the famous Hospice of Great Saint Bernard in the Alps. Over time the word hospice came to refer to services that care for people receiving end of life care.

4.5 The first hospice in England was opened by nuns in 1905 in East London, but it was in the 1960s and 70s that the hospice movement really started under Dame Cicely Saunders who founded St Christopher's Hospice, again in London. This led to an uneven distribution of hospices across the country, but over time the need for hospices has been better understood and there is not a requirement for the NHS to commission palliative and end of life care for their population. There are currently 135 independent adult hospice charities in England.

5 Health inequalities

5.1 End of life care should be available to all including all ages and communities, but we know that the take-up of end-of-life care and hospice care shows inequalities which might be due to acceptability or accessibility barriers. White middle-class, middle aged patients with cancer have traditionally been over-represented in hospice populations and patients with conditions other than cancer, the very old and ethnic minorities are under-represented in hospice populations.

5.2 Barriers to hospice care include uncertainty over the prognosis for some patients, institutional cultures, the particular needs of some groups and awareness of hospices in some communities (*Tobin et al. BMJ Supportive & Palliative Care 2022;**12:**142-151).*

6 National Data

6.1 The majority of people (88%) who died in England in 2024 died from one of four major conditions. These are cancer, cardiovascular disease, respiratory disease and dementia. Most of these people would have spent time in hospital before they died and nearly half of inpatient care provided by hospitals for people aged 85 years or older is for people in their last year of life. 60% of people that died in 2024 had at least one emergency admission in their last 3 months of life and nearly 7% of these had 3 or more emergency admissions in their last 3 months of life.

6.2 National data show that people who die from cancer are more likely to die at home or in a hospice whereas people who died of dementia were more likely to die in a care home. People who die from respiratory disease were more likely to die in hospital.

6.3 Most people die in hospital and relatively few people die in a hospice (5.5%). Of those that die in a hospice 79% died from cancer in 2024. Hospices in England provide care for 270,000 people each year, either in hospice units or people's

homes (Hospice UK) with the proportion of people dying in hospital decreasing and the proportion dying at home increasing.

7 The funding of hospices in England

7.1 Hospice care, like NHS care, is free at the point of delivery, but unlike NHS care it is not fully funded by the State. Hospice UK estimates that it costs £1.6bn each year to run hospices in the UK. Approximately one third of the funding for hospices is received from Government with the rest of the costs covered by charitable income such as sponsored events, legacy gifts etc.

7.2 In England, each ICB has a requirement to commission palliative care services for their population, and some hospices receive money for services that have been contracted by an ICB. Some hospices also contract with local authorities for e.g. domiciliary care.

7.3 ICBs commission palliative and end of life care from a range of NHS and non-NHS providers including NHS Trusts, independent hospices, the voluntary sector, community organisations, primary care networks and local authorities.

7.4 Rising costs are an issue for hospices as they do not receive any additional monies to cover increases in salary costs for healthcare professionals when Government settles NHS pay scales every year. 16,000 healthcare professionals were employed by hospices in the UK in 2022/23 and in July 2024 this was estimated to be approx. £66m additional costs to the hospice sector.

7.5 Hospice UK estimated in September 2024 that hospices were likely to show a deficit of c.£60m in that financial year. In 2023/4 nearly two-thirds of independent adult hospices recorded a deficit, the highest proportion over the preceding ten years. Although the hospice sectors total income increased up to 2021-22, there has been a recent decline in funding in real terms, in large part due to inflation. In 2024/5 11 adult hospices in England reported service reductions or staff redundancies

7.6 In 2024, the All-Party Parliamentary Group on Hospice and End of Life care found that the reliance on charitable fundraising ‘carries huge risk’ due to the volatility in the economy and the risks associated with reliance on fundraising. This could lead to widening inequalities as hospices in deprived areas might see a greater reduction in donations (House of Lords; Hospices: State Funding; 21 October 2024).

7.7 During the Covid-19 pandemic NHS England provided the hospice sector with £384m to secure additional capacity and additional funding was given to the sector when retail activity ceased and fund-raising events had to be cancelled during lockdown.

7.8 In December 2024 the Government announced that £100m additional capital funding would be invested in adult and children’s hospices and £26m additional revenue funding invested in children and young people’s hospices.

8 Forward Look

8.1 As the population ages in the UK, more people are living with complex long-term conditions such as dementia. At the same time, more children are surviving with life-limiting conditions due to medical advances. This is contributing to more people dying in the UK (for decades there was a stable death rate) and the annual number of deaths is estimated to reach 780,000 in 2040.

8.2 The 10-year Health Plan for England includes a shift from hospital to community, and this will include the end-of-life care sector. There is an intention to include non-NHS workers in the new Neighbourhood Health Service, and this could include hospice outreach workers. This could strengthen the offer to patients in palliative care.

9 Coventry and Warwickshire Palliative and End Of Life Care Strategy

9.1 The Coventry and Warwickshire Palliative and End Of Life Care Strategy is an overview of how health and social care will work together with our communities across Coventry and Warwickshire to improve the lives of people with palliative and end of life care needs and those who look after them.

9.2 This Strategy covers 2024-29 and focuses on the following 5 priorities

1. Provide information which focuses on identification, early intervention and support for people with palliative and end of life care needs.
2. Access to timely palliative and end of life care with support throughout, for all of our diverse communities.
3. Support people diagnosed with a life limiting condition and those who matter to them, carers and communities.
4. Improve the quality of personalised care and support planning for people with palliative care needs, including planning for the end of life, through education and training for all.
5. Deliver a sustainable system of integrated palliative and end of life care.

9.3 The full strategy, EQIA (Appendix 2) and a “You Said, We Did” document (Appendix 3) is included in the pack.

10 Taking a Neighbourhood Health approach

10.1 In Coventry Health and social care partners are working together with the voluntary sector and communities in six Integrated Neighbourhood Teams (INTs) to fundamentally change the way we support people in Coventry with their needs so that they “are able to access support close to home that enables me to live a happy healthy life that I am in control of.”

10.2 An INT is a multi-professional team that brings together staff from local councils and the NHS, including community services, primary care, mental health services, and the voluntary sector, to provide coordinated health and care for a specific local area. These teams aim to simplify care pathways for residents by connecting

services, strengthening collaborative working, and providing both proactive support and ongoing care for people with complex or long-term conditions.

10.3 The majority of Palliative and End of Life care happens in people's homes and places of residence and will be an integral part of the integrated neighbourhood approach.

11 Health Inequalities Impact

11.1 Please see attached EQIA

12 Appendices attached

- Coventry and Warwickshire Palliative and End Of Life Care Strategy (Appendix 1)
- EQIA – Palliative and End of Life Care Strategy (Appendix 2)
- "You said, we did" – Palliative and End of Life Care Strategy (Appendix 3)

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