

Marie Curie Briefing

Scottish Government Debate – Scotland’s Population Needs

The need for a population health approach in palliative care

Scotland’s life expectancy has continued to fall, and is the lowest across the UK nations; in the most deprived areas of Scotland, the average life expectancy for men is 14 years shorter than the least deprived, for women its 10 years shorter.¹

A **population health approach must be embedded in all aspects of health and social care across Scotland, including palliative care**, as by 2040, Marie Curie research has found:

- Up to 10,000 more people will be dying with palliative care needs each year
- The greatest increase in palliative care need will be in those over 85
- Those dying with dementia will have increased by 185%
- The number of people dying with multi-morbidities (more than one condition) will have increased by 80%

A ‘population health’ approach aims to improve the physical and mental outcomes and wellbeing of people within a defined local, regional, or national population, while reducing health inequalities².

It aims to reduce ill health, deliver appropriate health and social care services, and requires partnership working with communities and other agencies³.

Scottish Government must:

- **Embed a population health approach in palliative care, to ensure terminally ill people, their families and carers have access to the support which is right for them**

To enable a population health approach in palliative care, Scottish Government must:

- **Deliver sustained investment for palliative care, especially in community settings**
- **Facilitate more open conversations about dying, death and bereavement to support positive physical and mental wellbeing**
- **Set out a vision for tackling health inequalities and inequities in palliative care**
- **Strengthen health and social care integration**

This population health approach must be embedded in:

- **Scottish Government’s upcoming national strategy around palliative care**
- **The National Care Service**

This is vital to ensure people affected by dying, death and bereavement have an end of life experience which reflects what is most important to them.

¹ [National Records of Scotland Life Expectancy 2022](#)

² [The Kings Fund; what is a population health approach?](#)

³ [The Kings Fund; what is a population health approach?](#)

What is a population health approach?

A 'population health' approach aims to improve the physical and mental outcomes and wellbeing of people within a defined local, regional, or national population, while reducing health inequalities⁴.

It aims to reduce ill health, deliver appropriate health and social care services, and requires partnership working with communities, and other agencies to ensure the best outcomes⁵.

Why is a population health approach important in palliative care?

A population health approach is vital for supporting terminally ill people, their families and carers to access the palliative support which is right for them, ensuring the best possible physical, mental and financial wellbeing within their 'population'.

This approach has the community as its heart in order to meet individual's specific palliative and end of life care needs, using the resources available in each location.

This could, and should, comprise a collaborative approach between palliative care (including third sector providers), primary care, social care, practical and emotional support for family carers and bereavement support.

The scale of palliative care need is different in each population, and is determined by:

- Local population size, location and ethnicity
- Social determinants of health
- Health inequalities and inequities
- Disease trends and patterns
- Location of mainstream health and palliative care services

What does the future hold for people affected by dying, death and bereavement?

In Scotland in 2021-22, more than 63,000 people died¹. Around 90% of those (56,000) had a palliative care need in the final years, months, weeks, days and hours of their life. **Scotland's ageing population also means more people will be dying in the years to come.**

Marie Curie research projects that by 2040:

- Up to 10,000 more people will be dying every year with palliative care needs
- Co-morbidities (more than one terminal condition) will have increased by 80%
- The greatest increase in palliative care need will be in over 85s
- Nearly two-thirds of all Scottish deaths will take place in community settings by 2040, in people's own homes, care homes or hospices

Covid-19 has provided insight into what increased demand for palliative support in the community could look like, with over 6,000 more Scottish deaths at home in 2020 than in previous years.

This trend of increased deaths at home has continued even as waves of Covid-19 have dropped, suggesting this could carry on into the short and medium term, and highlighting the need for well-equipped services and workforces to manage demand.

But none of this will be possible without addressing long-standing issues with workforce capacity, care coordination, integration between health and social care and sustainable funding for community palliative care services

⁴ [The Kings Fund; what is a population health approach?](#)

⁵ [The Kings Fund; what is a population health approach?](#)

What needs to happen to deliver a population health approach in palliative care?

1. Delivering sustained investment in palliative care, especially in community settings

Marie Curie research projects that by 2040, two thirds of all deaths will take place in community settings; in people's homes, care homes and hospices.

Many third sector organisations are commissioned and expected to deliver vital health and social care services to local populations, yet many third sector organisations struggle to secure financial continuity.

This can include uncertainties around long-term planning and sustainability as a result of short-term contracts, as well as reduced financial support from statutory partners, but greater expectation on delivery. **This can significantly impact the physical and mental wellbeing of terminally ill populations across Scotland.**

There is a recognition and understanding that the third sector and statutory sources will both have fewer financial resources in the future, highlighting a need for **greater collaborative working and innovation with all key stakeholders** to ensure successful physical and mental health outcomes for populations across Scotland.

This will be even more crucial following the impact of Covid-19. However, this can only be achieved if there are sustainable funding models for the third sector, especially those commissioned by statutory bodies to deliver services:

To embed a population health approach in palliative care successfully, there must be a commitment to innovation and sustainable funding by the Scottish Government with minimum three-year contracts between the third sector and statutory partners

Commissioners must take a strategic, whole-system approach to developing services focused on outcomes and needs of terminally ill people, families and carers in their 'populations' to ensure the best possible physical and mental health outcomes

There is also growing evidence to suggest a **population health approach to palliative care could reduce resource and financial related pressures on unscheduled care services** (telephone advice, primary care, ambulances, emergency departments, hospital admissions), **which currently cost the NHS £190m per year** to care for people in their last year of life.

Marie Curie led research concluded that improving the ability of unscheduled primary care services to manage people in the community can potentially reduce hospital admissions and overall costs.

2. Facilitating more open conversations about dying, death and bereavement to encourage positive physical and mental wellbeing in populations

The pandemic has increased conversations about dying, death and bereavement through being part of daily life in some form, but for many this has not been out of choice or in the right circumstances.

There is still a long way to go in normalising those conversations in the right way, as there have been significant challenges in the way this shift has taken place, including how people have experienced grief as part of their professional life as well as personal.

Experiences of bereavement vary massively depending across different populations in Scotland, with very different bereavement support needs. There is a huge risk that dying, death and bereavement has become too circumstantial and less compassionate because of high numbers of deaths, especially in the initial stages of the pandemic.

Scottish Government must lead and facilitate more open conversations about dying, death and bereavement which supports a population health approach on national, regional and local levels

3. Set out a vision for tackling health inequalities and inequities in palliative care

Tackling health inequalities and inequities is a core aspect of a population health approach, and is vital to ensuring the best physical, mental and financial wellbeing for terminally ill people, their families and carers.

But there is deep rooted, systemic inequality in populations across Scotland, meaning **terminally ill people, their families and carers are impacted by unprecedented levels of financial hardship** from decades of structural inequality, which is only magnified at the end of life.

The 'double burden' of income loss and increased cost of living expenditure brought on by a terminal illness, such as higher energy bills and home adaptations, can leave people struggling to make ends meet, and force those who were already on the threshold below the poverty line.

Recent Marie Curie and Loughborough University research into poverty at the end of life found **over 8,200 people in Scotland die in poverty every year**; equating to 1 in 4 working age people, and 1 in 8 pensioners. **Being terminally ill and reaching the end of life can substantially increase the risk of poverty**, not just for the person who is terminally ill but also for carers and families who look after them.

The Scottish Government's upcoming palliative care strategy and National Care Service must set out a vision for tackling health inequalities and inequities in palliative care, including financial insecurity

4. Strengthening health and social care integration

Health and social care are still less integrated than was intended when the Public Bodies Act was passed, and the third sector plays a key role in integrated services. For example, **Marie Curie is the largest third sector provider of palliative care services for adults in Scotland.**

However, third sector organisations are not treated as an equal partner, and often not included in early conversations with Integration Authorities regarding the strategic planning and commissioning of palliative care services, despite having extensive expertise, knowledge and skills.

The third sector must be included as voting members of all Integration Authorities in Scotland, and included in the strategic planning of palliative care services to enable a population health approach to be delivered

Scottish Government must:

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About Marie Curie in Scotland

Marie Curie is here for people living with any terminal illness, their families and carers. We offer expert care and guidance through our two [Hospices](#) in Edinburgh and Glasgow, and [Marie Curie Nursing Service](#) in 31 out of 32 Local Authorities.

Our [volunteer-led Helper service](#) provides companionship and support to those affected by terminal illness and has a presence across all 32 Local Authorities, as well as our [Information and Support lines](#), including dedicated bereavement line, which provide emotional support and practical and clinical information about terminal illness. Marie Curie is also the biggest charitable funder of [palliative care research](#) across the UK.

In 2021-22, Marie Curie Scotland cared for 8,660 people at the end of life. With more and more people dying in the community throughout the pandemic, demand for our community nursing services has remained extremely high.

For further information

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