

# Strategic Plan

## 2026-2029





# About the Scottish Partnership for Palliative Care

The Scottish Partnership for Palliative Care (SPPC) is a partnership of over 100 organisations involved in providing and improving palliative care. Currently seven staff and around 100 volunteers are engaged in delivering our varied portfolio of work.

## Our Strategy

This Strategy will guide how the SPPC allocates its time and resources to maximise our impact.

It has been informed by surveys of our public and professional stakeholders and a review of our previous strategies.

This strategy has been developed by SPPC staff and Council members who reflect a diversity of perspectives on issues relating to death, dying, loss and care.

## Our Purpose

SPPC strives to improve how people living in Scotland experience declining health, dying and bereavement.

## Our Vision

We are motivated and united by a vision of a Scotland where:

- all people's comfort and wellbeing is supported even as their health declines.
- all people die feeling well looked-after with their beliefs and wishes respected.
- the role of unpaid carers is recognised and supported.
- all people feel supported throughout bereavement.

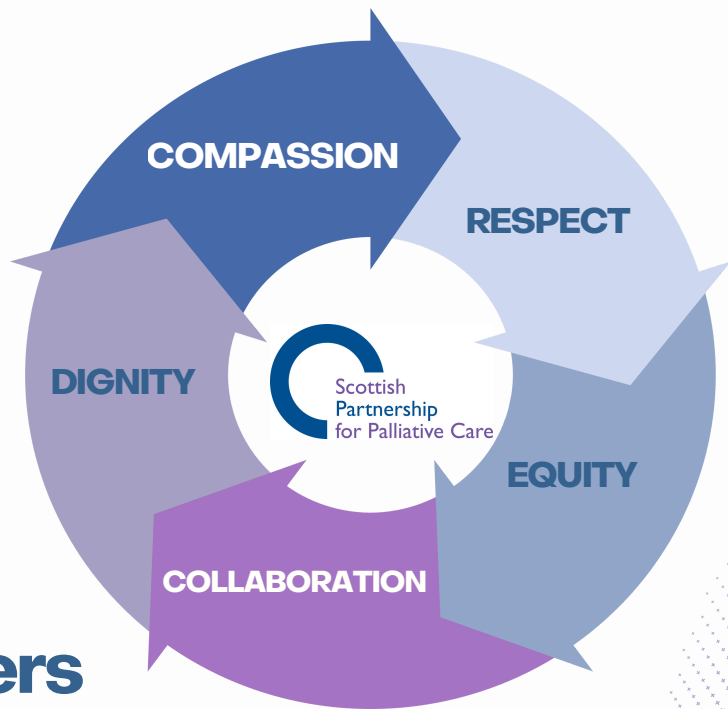


This vision remains a long way from fulfilment. There is much work to be done.

# Our Values

SPPC aims to embody and uphold the values that underpin palliative care and human rights:

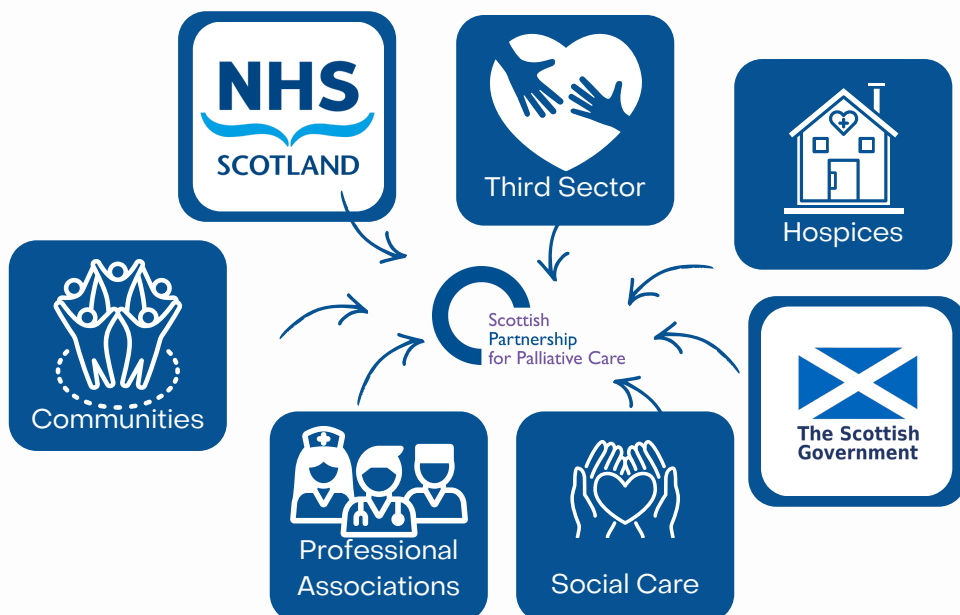
- Equity
- Respect
- Dignity
- Compassion
- Collaboration



# Our Stakeholders

SPPC's stakeholders include:

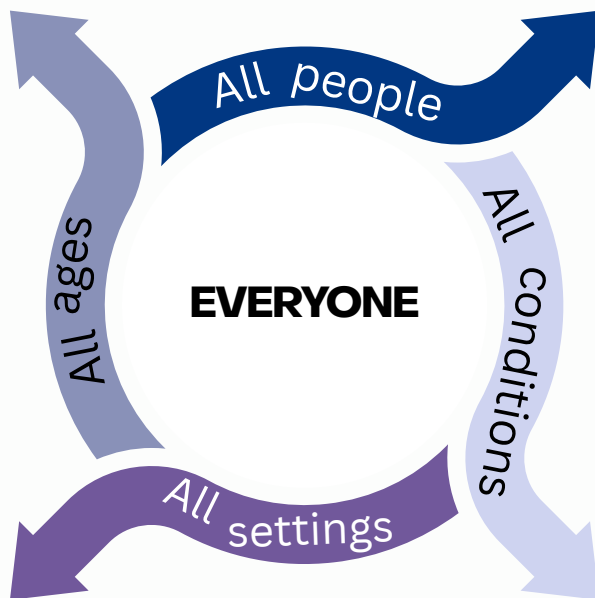
- Health and social care professionals involved in providing palliative care.
- Our member organisations – NHS Boards, hospices, professional associations, other third sector providers of care, social care providers.
- Scottish Government.
- The public.
- Community groups involved in providing informal support and improving end of life literacy.
- Workplaces and schools involved in improving bereavement support..



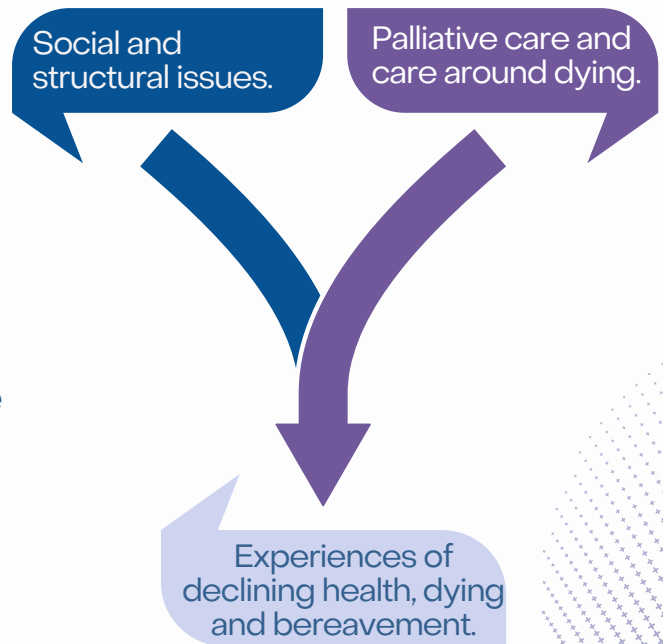
# Our Approach

To improve experiences of declining health, dying and bereavement we need to:

- Improve palliative care <sup>[1]</sup> and care around dying <sup>[2]</sup>.
- Address social and structural issues that affect these experiences.
- Encompass all settings where people live and die, including communities, care homes, hospitals and hospices.



- Include all ages from tiny babies to the very old.
- Recognise that this is a society-wide undertaking requiring engagement and collaboration from many and various organisations, groups, decision-makers and other individuals.



- Improve experiences for all people in Scotland, including those often disadvantaged or excluded by virtue of their identity and/or circumstance, and whose human rights including a right to care towards the end of life are more likely to be breached.
- Recognise all causes of declining health and death, including life-shortening conditions and frailty.

[1] We explain what we mean by “palliative care” on our website [here](#).

[2] Scottish Government define care around dying as “holistic care of a person of any age who is dying and in the last hours, days or few weeks of their life, that focuses on comfort and includes people close to them who are supported into bereavement.”

# The Urgent Need for Change

## Everyone is affected

Everyone is affected by serious illness, death or bereavement at some stage in their life.

Everyone dies. Everyone loses people they care about. Everyone is deeply affected by these experiences.

Everyone has a story about the care and support that made the worst of times more bearable.

Or a story about a failure of communication, or a lack of compassion and dignity when it was needed most.

## Needs are increasing as our population ages

The number of people needing palliative care is rising and the complexity of individuals' need is also growing. By 2040 it is expected that 45% of all deaths will be of people aged 85+.

How Scotland supports people through these most difficult times is a true litmus test of our values as a nation and our determination to put those values into action.

Recent research commissioned by Marie Curie estimates that almost one in three people in Scotland die with unmet palliative care needs.

Over **60,000** people die in Scotland each year.



Almost one-third of the people being cared for in a Scottish acute hospital ward today will have died within 12 months.

Most people who live in **care homes** for older people are in their **last 18 months of life**.



Over **30,000** frail older people receive **care at home** each week.

**72%** of adults have been **bereaved** in the last 5 years.



Over 50% of children have experienced bereavement by age 8.

# The Challenges

## The health and social care system is in a fragile state.

General practice is time-scarce with continuity of care and relationship often lacking.

The community nursing workforce is spread too thin with a significant percentage approaching retirement.

Chronically under-funded social care is often crisis-focussed, unresponsive and inflexible.

Voluntary hospices are struggling to achieve sustainable funding;

Less visibly, NHS specialist units are under great service pressures; overwhelm of hospital capacity regularly leads to “corridor care”; and the specialist palliative care presence is inadequate in many Scottish hospitals.

Provision of services in rural areas face unique challenges.

Other Third Sector providers of information, care and support are struggling financially whilst demand for their services is rising.

## There are no national standards

There are no national standards or meaningful quality indicators for palliative care to inform the planning and commissioning of services or to help the public understand what care they might reasonably expect to receive.

Service levels vary geographically and sometimes reflect history rather than population need.

Receiving adequate palliative care is part of the human right to health but the reality in Scotland is enormous unwarranted variation and opaque accountability for outcomes.



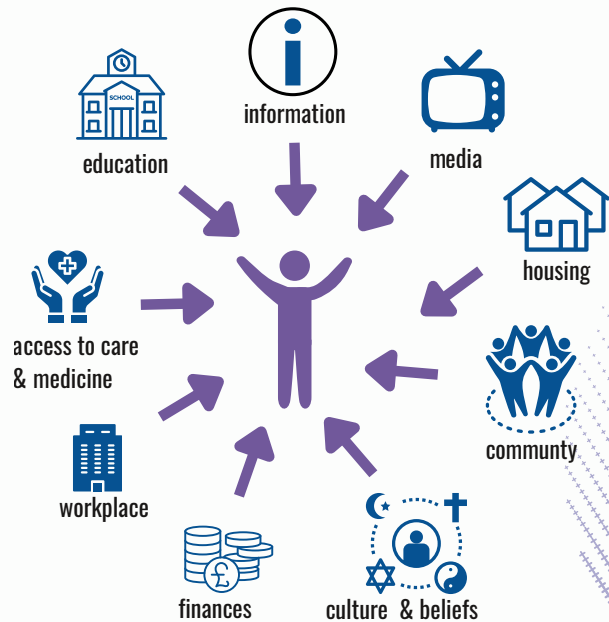
# The Challenges

## Change is needed across complex social and structural factors

Serious illness, dying, bereavement and caregiving are experiences shaped by all aspects of society including culture, economics, politics, education, employment, communities and the media.

Most of the care and support which people receive comes from family, friends, colleagues and other community members.

Addressing education, financial hardship, health/death literacy, and social support can make a big difference. This is known as a 'public health palliative care' approach.



## Palliative care is poorly understood

Palliative care is poorly understood by policy-makers, professionals and the public.

Ambiguous language use is part of the problem – “palliative care’ is often heard as meaning something done by (and accessible via) specialist services.

The huge scale and importance of generalist provision of palliative care in communities, care homes and

hospitals can be neglected as a result.

There is also a widespread misunderstanding that palliative care deals only with people who are at the very end of life and dying.

However, palliative care has value throughout the course of a life shortening condition, and earlier identification of palliative care needs is important.

# The Challenges

## Health and wellbeing inequalities: death is not the “great leveller”

People who are already disadvantaged by other things often have worse experiences and outcomes at the end of life.

Living with a life shortening condition exacerbates financial disadvantage.

People living in deprived areas have different patterns of service use/ access. They are less likely to access specialist palliative care, they are more likely to spend time in hospital during the last three months of life, more likely to die in hospital and less likely to die at home or in a hospice.

People from the most deprived areas are less likely to report that they received sufficient support from health and social services to care for someone at home.

### Decision-making appears blind to mortality

At national and local level policy-making and implementation frequently appear blind to the scale,

Inequalities towards the end of life generally reflect patterns of inequality and discrimination within wider society.



People who are homeless, in prison, care-experienced, immigrants or living in financial hardship experience disadvantage.



Mental health difficulties, drug use, bereavement, living alone and caring for someone can cause disadvantage.

Where someone lives, multi morbidities and life-limiting conditions affect disadvantage.



impact and importance of life-shortening illnesses, ageing, dying, caregiving and bereavement

# What will help?

## Improving palliative care

There is good evidence that investment in timely palliative care can improve experiences and outcomes for people and families whilst making more efficient use of scarce resources.

Scotland spends £1.8 billion on health and social care for people in the last year of life. The bulk of this expenditure is on care in acute hospitals and some of these admissions are undesired, not beneficial and longer than necessary.

Acute capacity and flow, unscheduled care, delayed discharge and shifting the balance of care can all be valuably analysed, understood and addressed as “final year of life” issues.

A greater focus on the final phase of life can therefore contribute significantly to the agenda set out in **Scottish Government’s Health and Social Care Service Renewal Framework** (a document which makes no reference to end of life or palliative care).

## A public health approach

A public health palliative care approach is essential if Scotland is to improve the experiences and wellbeing of people who live with life shortening conditions and their families. It addresses the social and structural factors which shape and impact these experiences.

Scotland’s Population Health Framework similarly focuses on social and structural factors, and seeks to take a “whole population” ‘life course’ “preventative” approach. However, to fully deliver this intention work associated with the Framework needs to:

- Include the large and growing population of people living with life-shortening illness and their unpaid carers
- Recognise that wellbeing can be improved or maintained even as physical health declines inevitably towards the end of life
- Recognise that whilst death, dying and bereavement are inevitable preventative approaches can reduce avoidable harms

Public health palliative care provides tools and approaches designed to improve the wellbeing and experiences of the population who are in the final phases of life.

# What will help?

## Improving “end of life literacy”

End of literacy is about being able to deal with and support others with the difficult times that can come with serious illness, dying, death, loss and care.

**For individuals**, this means having knowledge and skills to cope when these issues impact on their life.

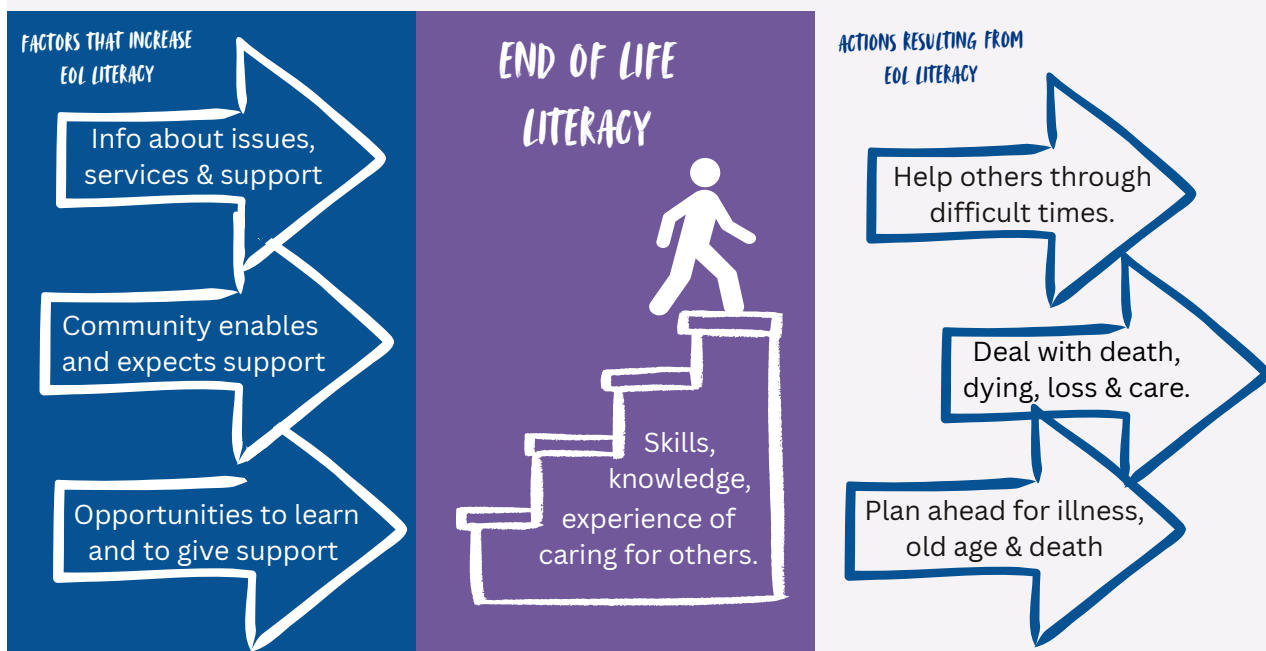
**For communities**, end of life literacy is about creating environments and opportunities for people to learn about and support each other with these issues.

**For health and social care professionals**, end of life literacy means understanding their professional role in supporting people with these issues, and being able to put this into practice.

**For policy makers and decision makers**, end of life literacy means understanding the impact of life shortening illness, ageing, dying, caregiving and bereavement across all areas of society, and how they can use their influence to make improvements.

*“End of life literacy is an umbrella term to refer broadly to the collection of knowledge, skills, experiences, attitudes, opportunities, and behaviours that enable an individual to plan for, deal with, and support others through the difficult times that can come with dying, death, loss, and care.”*

**Patterson & Hazelwood, Chapter 13, Oxford Textbook of Public Health Palliative Care (2022)**



# Our Strategic Aims

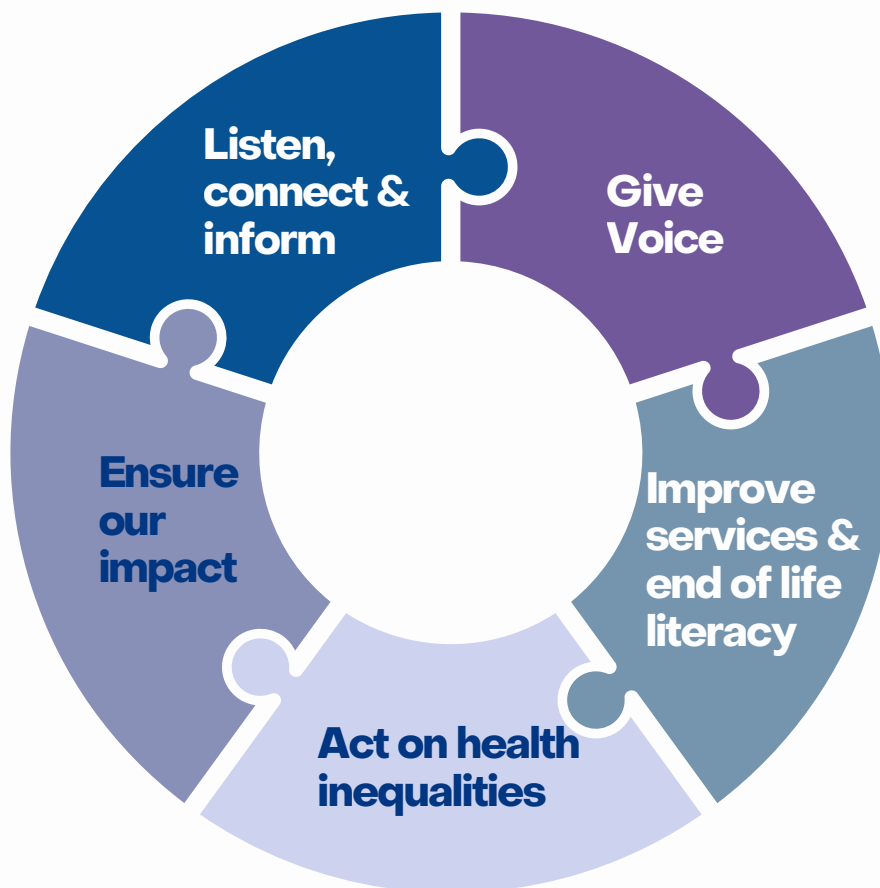
Considering the scale and nature of the challenges outlined in the previous sections SPPC has thought carefully about how it can best contribute to the realisation of its vision.

How can an organisation of our size, skills, knowledge and position make the biggest impact?

We answer that question by identifying five Strategic Aims which will guide our work over the next 3 years.

SPPC aims and expects to play a valuable and important role in the implementation of **Palliative Care Matters for All** the national palliative care strategy. All of SPPC's strategic aims support the strategy.

This Strategic Plan sets out key action areas under each of these strategic aims. Accompanying outcomes are identified within our Measurement Framework, allowing us to understand and report on progress with the strategy.



# Our Strategic Aims

## Aim 1 – Listen to, connect and inform stakeholders

Palliative care is provided by many different disciplines working in multiple different settings which span the statutory, voluntary and independent sector.



Schools, employers, faith organisations and a multitude of community groups of all kinds form the networks of informal support upon which people often rely.

This variety can easily lead to fragmented working within a complex system.

SPPC will continue to play a unique and indispensable role by bringing stakeholders together to collaborate, share learning and good practice, and to offer mutual support.

We will maintain a whole-system perspective and keep stakeholders informed of developments and opportunities.

As the only enduring national infrastructure for palliative care we will facilitate “once for Scotland” cohesive approaches, avoiding wasteful duplication.

Our real-world roots amongst people working at the coalface of the health and social care system will inform our advocacy for workforce support and development.

### Action Areas

#### To meet this aim, we will:

- Gather and share information about opportunities, developments, effective practice, collaborations, service improvements and innovation.
- Grow our networks of professionals and become more inclusive of professionals of all types involved in providing services towards the end of life.
- Grow our networks of public and community stakeholders with an interest in improving end of life literacy.
- Make use of our networks to inform and support delivery of *Palliative Care Matters for All*.
- Listen to our stakeholders (public, community and professional).

# Our Strategic Aims

## Aim 2 - Give Voice

We will seek to inform and influence public policy and discourse across the many areas which can impact people's experiences of living with life shortening conditions, dying and bereavement.

We will argue for measures which make the human right to palliative



care a meaningful reality for people. Our advocacy will be grounded in the views, experiences and expertise of our stakeholders.

### Action Areas

#### To meet this aim, we will:

- Advocate the value and importance of good care for people living with serious illness, dying and bereavement.
- Advocate for the inclusion of palliative care in all relevant health and social care policy
- Advocate the value and importance of measures which influence the social and structural factors that affect people's experiences.
- Advocate for national standards for palliative care.

## Aim 3 - Support recognition of, and take action on, health and wellbeing inequalities

Across all our areas of work we will regularly consider how we can support recognition of, and action on, health and wellbeing inequalities

### Action Areas

#### To meet this aim, we will:

- Identify and promote work through our networks which improves understanding of and addresses inequalities.
- Advocate for approaches which tackle inequalities.
- Prioritise addressing inequalities in our own work to improve services and end of life literacy.

# Our Strategic Aims

## Aim 4 - Improve services and end of life literacy

### Services

We will work with Scottish Government, service providers and commissioners to improve health and social care services.



### Action Areas

#### To meet this aim, we will:

- Support delivery of **Palliative Care Matters for All** by facilitating specific service improvement work.
- Support an effective project which aims to improve palliative care data.
- Support an effective project which aims to increase integrated palliative care.

### End of life literacy

We will engage proactively with individuals and community organisations and provide support for improving end of life literacy.



Through Good Life, Good Death, Good Grief we provide a network, resources and projects to support death literacy and grief literacy across Scotland.

### Action Areas

#### To meet this aim, we will:

- Provide resources, leadership and support to organisations and individuals who are working to improve end of life literacy in Scotland.
- Deliver public education to increasing numbers of people.
- Lead initiatives that provide information and opportunities for individuals and communities to increase their end of life literacy.

# Our Strategic Aims

## Aim 5 - Ensure our impact

SPPC's portfolio is broad in scope, embodying a whole system approach.

Surveys report that stakeholders view our work as very valuable and relevant, and we are proud to have won a number of awards for high quality innovative work.

The critical challenge facing SPPC is securing sufficient income to sustain and develop our work at a time of funding reductions and intense competition for resources. .



To address this challenge we will improve how we evidence and communicate the existence and indispensable value of SPPC to influential stakeholders.

We will also, unavoidably, need to devote more time to funding applications.

### Action Areas

To meet this aim, we will:

- Identify and engage key individuals able to influence policy and/or funding.
- Gather and use evidence to communicate to relevant stakeholders the unique and indispensable value of SPPC .
- Sustain or grow charitable funding streams
- Support and develop our staff and volunteers, including flexible ways of working which suit individual and organisational needs.
- Embody and advocate values which underpin palliative care and human rights: teamwork, fairness, respect, equality, dignity and autonomy.
- Comply with legal requirements, and with standards of good practice for a charity.