Public Health Scotland Strategy Consultation

Thank you for the opportunity to share thoughts on the Public Health Scotland (PHS) Strategy Consultation. Below are comments from the Scottish Partnership for Palliative Care (SPPC).

Key points

- The draft PHS strategy currently excludes a significant section of Scotland's population – those whose health is deteriorating and in irreversible decline.
- This is particularly important given the context of Scotland's aging population. Regardless of work on prevention, over the next 20 years increasing numbers of people will be living with serious illness and advanced multi-morbidity, and more people will be dying each year.
- Public health approaches can improve the wellbeing of these people.

Key recommendations

- Explicitly mention 'wellbeing' alongside 'health' within the strategy.
- Consider how a public health approach can improve the wellbeing of people who are seriously ill or dying.
- Be clear within the strategy that a public health approach incorporates efforts across the whole life course
- Adopt an "end of life' lens in PHS when gathering and analysing data to support more effective policy-making.

Further rationale and detail are provided overleaf.

Public Health Scotland Strategy Consultation

Scottish Partnership for Palliative Care

Encompassing the needs of the entire population

Scotland's Population Health Framework states that 'Population health is defined as an approach aimed at improving the health of an entire population'. The Framework also includes an approach which encompasses the life course.

However, the draft PHS strategy currently excludes a significant section of Scotland's population – those whose health is deteriorating and in irreversible decline.

The wording of the vision – 'everybody thrives' and the need to 'improve health for everyone' – doesn't leave scope for any focus on improving wellbeing for people living with incurable illness or in the later stages of their life.

This is a large group of people who are commonly excluded by the dominant public health narrative which is focused on prolonging life and improving health.

This is particularly important given the context of Scotland's aging population. We know that regardless of work on prevention, over the next 20 years increasing numbers of people will be living with serious illness, advanced multi-morbidity and that there will be increases in the numbers of people dying each year.

Public health thinking and approaches have much to offer that can improve the wellbeing of these people whose health is unlikely to improve but who still have days, weeks, months or years to live.

What can a public health approach offer people whose health is in irreversible decline?

Most aspects of the approach described within the draft PHS strategy are equally helpful at all stages of the life course – community, connection and opportunities are essential to the wellbeing of people who are living with serious illness or becoming frailer in old age.

Similarly, social and economic drivers of health, place & community and fair access to health and care services are considerations that can improve wellbeing of those experiencing serious illness, dying and bereavement.

For example Scottish work that takes a public health approach to death, dying and bereavement includes:

- End of Life Aid Skills for Everyone (EASE), a free course for members of the public in Scotland who want to be better equipped to help friends or family who are caring, dying, or grieving.
- Work to ensure that people living with a terminal illness can get fast-track access to benefits, via the BASRiS scheme

Both of these examples recognise that though aging and illness preceding death are unpreventable, there are things that can be done on a societal level to improve wellbeing for people who are living with serious illness and dying.

Recommendations

We therefore hope PHS will consider the following suggestions within the strategy development process:

Ensure that the strategy explicitly mentions 'wellbeing' alongside 'health'.

Though it may not be possible to improve someone's health in the latter stages of their life, it is usually possible to improve someone's wellbeing.

Consider how a public health approach can improve the wellbeing of people who are seriously ill or dying

PHS can play a key role in encouraging consideration of how public health methods can be applied to the improvement of experiences towards the end of life.

Be clear within the PHS strategy that a public health approach incorporates efforts across the whole life course

The visible leadership and support of PHS for this area of work is invaluable for those taking a public health approach to improving experiences of death, dying and bereavement in Scotland.

As an organisation, we have found that a lack of explicit recognition of death, dying and bereavement within public policy documents is a barrier to recognising and therefore addressing these issues. Public Health Scotland can help by starting to change how this phase of life is seen within public health discourse in Scotland.

Public Health Scotland Strategy Consultation

Scottish Partnership for Palliative Care

When appropriate adopt an "end of life" lens in PHS when gathering and analysing data to support more effective policy-making

Analyses of health and social care used to inform policy making nearly always omit consideration of death and dying (except as an outcome to be prevented or reduced), even when it is relevant and important.

For example all the demographic evidence provided as background to the National Care Service Bill omitted any consideration of end of life, even though frail elderly people approaching the end of life are the biggest single group of people needing health and social care, and the demography of death and dying is undergoing significant change.

1 in 3 acute hospital beds are occupied by people in their last year of their life (and most of these people have multiple long term conditions). A recent study has shown that Scotland spends £1.7 billion on health and social care for people in the last year of life. The bulk of this expenditure is on unplanned acute admissions. A greater focus on the final phase of life can positively impact the reform and renewal challenges facing NHS Scotland. 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. To date such analysis and framing has been conspicuously absent in policy making.

It is important for policy makers to understand that although health and care usage/costs rise with age, the largest increases are associated with proximity to death. Thus policy making around end of life is key to addressing efficiency and resource challenges. Policies focussed on prevention can't succeed alone. This policy briefing from the European Observatory on Health Systems and Policies is a good example of the insights that can be gained when analysts try to understand experiences and patterns relating to aging and end of life.

Meet with us to explore these issues further

We currently lead and support a range Scottish work in this area through our Good Life, Good Death, Good Grief initiative. The forthcoming SG national strategy on palliative care recognises the importance and value of public health approaches.

We'd welcome the chance to discuss these issues with colleagues at Public Health Scotland, and how we might work together to promote and support work in this area.

Further information

More information about a public health approach to death, dying and bereavement is available here: Public Health Palliative Care | Good Life, Good Death, Good Grief

Watch a short 4 minute film "What is Public Health Palliative Care?' – https://vimeo.com/1110898060/6ac552777a

Information about the Scottish Partnership for Palliative Care: www.palliativecarescotland.org.uk

Contact Details

Rebecca Patterson
Director of Good Life, Good Death, Good Grief
rebecca@palliativecarescotland.org.uk

Mark Hazelwood
Chief Executive
Scottish Partnership for Palliative Care
mark@palliativecarescotland.org.uk