

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cyllid](#) ar [Cyllideb Ddrafft Llywodraeth Cymru 2025-26](#).

This response was submitted to the [Finance Committee](#) consultation on the [Welsh Government Draft Budget 2025-26](#).

WGDB_26-27 15: Ymateb gan: Marie Curie | Response from: Marie Curie



Welsh Government Draft Budget 2026-27

Marie Curie response to the Senedd Finance Committee Inquiry

September 2025

1. Introduction

Marie Curie is the UK's largest palliative and end of life care charity. We work hard to enable people who are living with a terminal illness, and their loved ones and carers, to have the best possible experience at the end of life. We offer expert care across Wales, in people's communities and in our Cardiff and the Vale Hospice and deliver specialist care, guidance and support to families with matters related to dying, death and bereavement through our free information and support services. We are also the largest funder of palliative and end of life care research, and we work with Members of the Senedd and policymakers to ensure that more people in Wales have the best possible end of life experience.

In our detailed response below we have addressed a number of the specific questions posed by the Committee.

2. Key messages

- 2.1. People living with a terminal illness are at a higher risk of poverty and fuel poverty. Welsh administered benefits can and must be used to prevent people living with a terminal illness from reaching financial crisis.
- 2.2. Hospital use remains high among people living with a terminal illness. While hospital will be the most appropriate place for some to receive care, for others care and support could be provided at or closer to home. We need to focus investment and innovation in care in community settings for people living with a terminal illness. This will not only be better for individuals and those who care for them, but can also prevent pressures on acute health care services.
- 2.3. Additional financial support for hospice service providers announced as part of the 2025-26 annual budget was very welcome. Work is

ongoing to develop a commissioning framework for hospice services. This framework must address long-standing issues around Agenda for Change and inflationary uplifts as well as deliver greater consistency in commissioning approaches. Longer-term there remains a need for a sustainable funding solution for palliative and end of life care.

3. Is enough being done to tackle the rising cost of living and support those people living in relative income poverty?

- 3.1. The relationship between health and wealth is well documented and continues to the end of life. People in poverty are more likely to experience health inequalities throughout their lives, are more likely to have long-term health conditions and are more likely to face barriers to accessing healthcare services.¹
- 3.2. Terminal illness can cause a significant reduction to a household's income while also increasing costs such as energy and transport. Analysis by the Centre for Research in Social Policy, on behalf of Marie Curie, has shown that people living with a terminal illness face an increased risk of poverty.²
- 3.3. Figures for 2023 found that 6,262 people died in poverty in Wales, equal to 17% of all deaths.³ Wales had the highest proportion of working age people experiencing poverty at the end of life of all UK nations at 30%.⁴ While poverty was higher for people of any age in the last 12 months of life, the impact was more acute for those of working age.
- 3.4. Analysis also found that people at the end of life were at increased risk of experiencing fuel poverty.⁵ In 2022 more than a fifth of terminally ill people died in poverty in Wales.⁶
- 3.5. Analysis has been undertaken for 2024, with figures due for publication in November 2025.

¹ Marie Curie (2024) *Dying in Poverty in Wales 2024*

² NB: the poverty measure used in this analysis is that of the Social Metrics Commission, which takes income after "inescapable costs" have been deducted, such as housing, childcare and costs relating to disability.

³ Marie Curie (2024) *Dying in Poverty in Wales 2024*

⁴ Ibid.

⁵ NB: the definition of fuel poverty used in the analysis regards a household to be in fuel poverty if their fuel costs to maintain a satisfactory heating regime are over 10% of household income after housing costs, **and** remaining income after housing, fuel disability and childcare costs is less than 90% of the Minimum Income Standard.

⁶ Marie Curie (2024) *Dying in Poverty in Wales 2024*

- 3.6. To tackle poverty at the end of life **Welsh administered benefits can and must be used to prevent people living with a terminal illness from reaching financial crisis point.**
- 3.7. We recommend that **people in their last 12 months of life are included in the council tax reduction scheme.** For many households, council tax is the largest fixed cost after housing.⁷ With council tax for the average Band D property in 2024-25 being £2,024 per year⁸ (£169 per month), reducing this expenditure for people living with a terminal illness could significantly ease financial pressures.
- 3.7.1. Under our model, people would qualify for the council tax reduction scheme if they have an SR1 form.⁹
- 3.7.2. A scaled reduction would be applied on the basis of household size:
- Single adult: 100% total reduction (additional 75% reduction applied)
 - 2 adult: 50% total reduction
 - Three or more adults: 25% total reduction
- 3.7.3. Under our modelling, 26,809 people would be eligible for this benefit. This is estimated to cost **£28.8m**¹⁰, which is a 9.6% increase on total council tax reduction scheme expenditure in 2023-24.¹¹
- 3.7.4. A breakdown of cost per local authority is included at [Annex One](#).
- 3.8. We also recommend the introduction of **additional financial support for people living with a terminal illness to help with energy costs.**
- 3.8.1. One way to do this would be to introduce an energy support payment. Under our model people would qualify if they have an SR1 form.
- 3.8.2. An annual payment of £200 would be made to households on a low income.

⁷ Citizen's Advice (2022) *Indebted: Experiences of council tax arrears in Wales*

⁸ Welsh Government Statistics and Research "Council Tax Levels: April 2024 to March 2025"

⁹ People in Wales with a diagnosis of 12 months or less to live can access benefits via the Special Rules for End of Life. Medical professionals can complete an SR1 form which provides fast-tracked access to some benefits.

¹⁰ These figures are based on cost modelling undertaken by Marie Curie. They are an estimate only. Due to a lack of data a number of assumptions underpin the model. Due to these assumptions, it's likely that these estimates are on the higher end of potential costs. Further information can be provided on request

¹¹ Cost modelling is based on data from 2023-24.

3.8.3. Under our modelling, using figures from *Dying in Poverty 2024*, 6262 people would qualify for the energy support payment, at a cost of £1.2m.¹²

4. Is the Welsh Government's approach to preventable spending represented in resource allocations? (preventative spending = spending which focuses on preventing problems and eases future demand on services by intervening early)

4.1. Hospital use among people living with a terminal illness remains high. On average, in 2023, a fifth of Welsh hospital beds were occupied every day by people in the last 12 months of life.¹³ This is estimated to cost £1.3m every day.

4.2. 95% of those spending days in hospital in their last 12 months of life arrived as an emergency admission.¹⁴ Of every emergency attendance in Wales, one in fourteen is in relation to someone in their last year of life.¹⁵

4.3. This situation does not result in the best outcomes for people or for the NHS. Most people living with a terminal illness would prefer to spend time, and to die, at or close to home. Additionally, pressure on secondary care and persistent hospital discharge delays are adding to issues of patient flow.

4.4. We therefore need to focus investment and innovation in care in community settings for people living with a terminal illness, to prevent avoidable hospital admissions. For some, hospital will be the best place to receive the care they need, but others could be better supported through strengthened community and out of hours palliative and end of life care.

4.5. To achieve this, Marie Curie has recommended the following¹⁶:

¹² As above, these figures are based on cost modelling undertaken by Marie Curie. A number of assumptions underpin the model due to data shortages. Further information can be provided on request. Our poverty analysis uses the Social Metric Commission definition of poverty. Cost modelling on the basis of relative income poverty, which is used to determine eligibility for the existing NEST programme, can also be provided on request.

¹³ Marie Curie analysis based on data from the last year of life dashboard

¹⁴ Ibid.

¹⁵ Marie Curie analysis based on figures from Stats Wales, "Number of attendances in NHS Wales emergency departments by age, band, sex and site" cited in Marie Curie (2025) *At breaking point: Time to transform end of life care in Wales*

¹⁶ Marie Curie (2025) *At breaking point: Time to transform end of life care in Wales*

- 4.5.1. **Establish 7-day community and district nursing in all parts of Wales.**
- 4.5.2. **Provide a 24/7 single point of access for advice and information via 111, staffed by clinically trained palliative and end of life care staff.**
- 4.5.3. **Integrate advance practice palliative care paramedics into core palliative care teams in all parts of Wales.**
- 4.5.4. **Commission community pharmacies to provide standardised palliative care medications and make them available 24/7.**
- 4.5.5. **Place advance practice palliative care nurses in all primary care clusters.**

4.6. We estimate that the initial investment needed to train the advance practice nurses and paramedics, which includes staffing for the 24/7 advice line, would be around **£1m**.

5. Is the support provided by the Welsh Government for third sector organisations, which face increased demand for services as a consequence of the cost of living crisis and additional costs following increases to national insurance contributions, sufficient?

- 5.1. We welcome the annual £3m funding for hospice service providers that was announced as part of the 2025-26 annual budget, and the recognition of the financial pressures that providers are facing. It has taken some time to get a framework in place for the allocation of this funding, but we are pleased that NHS Wales Performance and Improvement have worked constructively with the sector as this was developed. It would be beneficial if inflationary uplifts were applied to this annual funding to guard against future financial pressures.
- 5.2. Challenges around the commissioning of hospice services remain. A national framework for commissioning is still being developed and is now due for publication by the end of March 2026. Progress on this framework has been very slow. While commitments have been made to keep hospice providers up to date with the latest iteration of the framework as it's finalised over the autumn, the delay does create challenges as hospices look to set budgets and make operational decisions ahead of the 2026-27 financial year.
- 5.3. The commissioning framework must address key issues including funding at agenda for change levels and inflationary uplifts to

contracts, as well as deliver much needed consistency in commissioning approaches across Wales. We will continue to work with NHS Wales Performance and Improvement as the framework is finalised.

5.4. In the longer-term a sustainable funding solution for palliative and end of life care is needed to ensure that everyone can access the right care, in the right place, at the right time in the last phase of life.

5.5. Such a solution needs to recognise and respond to the need to integrate hospice services alongside other services that provide care for people living with a terminal illness, including GPs, ambulance services and hospitals.

For more information please contact:

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Annex One

6. Council tax reduction cost estimates by local authority

Local Authority	Estimated Cost
Blaenau Gwent	£624,335
Bridgend	£1,335,368
Caerphilly	£1,358,742
Cardiff	£2,388,507
Carmarthenshire	£2,019,891
Ceredigion	£784,164
Conwy	£1,457,568
Denbighshire	£1,152,824
Flintshire	£1,494,706
Gwynedd	£1,149,017
Isle of Anglesey	£707,051
Merthyr Tydfil	£519,066
Monmouthshire	£1,234,979
Neath Port Talbot	£1,341,545
Newport	£1,202,133
Pembrokeshire	£1,246,711
Powys	£1,550,533
Rhondda Cynon Taf	£1,796,960
Swansea	£2,241,182
Torfaen	£840,108
Vale of Glamorgan	£1,222,070
Wrexham	£1,230,815
Wales	£28,857,169