



HOSPICE AT HOME
WEST CUMBRIA

Enhancing life, excelling in care

Registered Charity No. 1086837

Strategy 2021

Recovery to Growth

Introduction



We are pleased to share the strategy for Hospice at Home West Cumbria 2021, which guides our current activity and provides the direction for future development. Throughout 2020 and as we move into 2021, we are living through the greatest challenge our health and care system has ever faced. The coronavirus (COVID-19) pandemic caused an unprecedented external shock, bringing intense pressure that could have been devastating both to the wider Health Care system and to the Hospice itself and to all of us as individuals. And yet, the extraordinary dedication, care and skill of our teams of staff and volunteers who work in our community has been unwavering. On this occasion given the learnings that have been thrust upon us and the agile way in which we have had to adapt, the strategy is delivered through a 1-year recovery plan which sets out the work we need to carry out to help achieve our goals. As we move towards 2022 we will present our longer term strategic plan and will continue to publish our achievements and progress through our Annual Review.

We are committed to continuing to provide an excellent palliative care service and to support improvement in end of life care across west Cumbria. Our work supports patients and their families and carers across the community, developing local partnerships to support individual needs. We are proud of our strong reputation and value feedback from patients, carers and bereaved people. This feedback helps develop our services and plans so that our dedicated teams of staff and volunteers can ensure that Hospice at Home West Cumbria provides the best care and support for all our service users.

We are only able to provide our services because of the generous support we receive from the people of west Cumbria. It is challenging to raise over £1 million each year and will be even more challenging as we recover from the pandemic. We are very grateful for the donations, legacies and support for our varied fundraising activities which make the work of Hospice at Home West Cumbria possible

Brendon Cook

Chair of the Board of Trustees

Vision

All people in west Cumbria have timely access to personalised high quality palliative and end of life care.

Mission

To be at the heart of our community and provide home nursing, emotional support, complementary therapies, and lymphoedema care when and where needed.

Our Hospice Charter Promises

- We will help you live your best life by supporting you with your emotional, physical, spiritual, social and cultural needs and wishes.
- We will provide a range of high quality care, support and information for patients, their loved ones and those bereaved.
- We will deliver care and support where and when you need it.
- We will welcome everyone regardless of their age, gender, ethnicity, disability or sexual orientation and treating each person with dignity and respect.
- We will listen carefully to your wishes and needs throughout your journey and always keeping you and those important to you at the centre of all we do.
- We will work closely together and alongside other professionals to ensure we provide you with the support you need to live your life how you choose.
- We will provide support and care from compassionate, kind and skilled professionals and volunteers.
- We will keep you safe.
- We will develop trusting relationships with you and those important to you, enabling you to share your thoughts and feelings in a safe, non-judgemental place.
- We will ensure we keep your information confidential and private.

(The Charter was developed by a stakeholder group representative of patients, volunteers, carers, staff, Trustees and Healthwatch Cumbria.)

Who we are

Hospice at Home West Cumbria (HHWC) is registered as a company limited by guarantee at Companies House and is also registered with the Charity Commission, Fundraising Regulator and is inspected by the Care Quality Commission (CQC).

We provide home nursing, family and bereavement support services and lymphoedema treatments to people in west Cumbria. This is an area from Maryport in the north, to Millom in the south and into rural areas of the Eskdale, Wasdale, Ennerdale and Buttermere valleys; serving a population of around 137,000. Our care is delivered to people in their own homes and communities and includes those in nursing homes and hospitals including:

- 3 Integrated Care Communities + Millom
- 16 GP practices
- 3 Community hospitals
- 1 District General Hospital
- All care homes; nursing and residential homes

Our services are delivered free of charge to all those who need them. To support this, we have a marketing and income generation team to raise our profile so that people are aware of our services and know how to support us. Around one fifth of our income comes from the NHS the rest has to be raised through our own income generating activities, legacies, trusts and grants. All our actions are governed by the knowledge that we have a duty to manage our resources wisely and cost effectively and remain sustainable into the future.

We are rated as GOOD by the Care Quality Commission (August 2015)

What we deliver

We provide specialised palliative care for adults who are facing the end of their lives, support for their families and carers and lymphoedema treatments.

Care is provided by 3 integrated care streams:

1. Home Nursing provides

- a. Care at home, in care homes, nursing homes, community hospitals and acute hospitals
- b. Care given by registered general nurses, health care assistants and volunteers
- c. Care delivered 24 hours per day, 7 days per week, 365 days per year

2. Family and Bereavement Support provides

- a. One to one support in highly complex situations
- b. Family support in highly complex situations
- c. One to one support to manage normal grief and loss
- d. A range of support groups for patients, carers and those bereaved
- e. A range of complementary therapies for patients, carers and those bereaved

3. Lymphoedema treatment in our dedicated clinics or people's homes

- a. For cancer related lymphoedema
- b. Non- cancer lymphoedema (under a separate agreement)

We are also an integral part of the local specialist palliative care team; we achieve this by:

- Being a key stakeholder in the weekly multi-disciplinary team
- Making a financial contribution to the specialist palliative care medical team
- Providing administrative support to the community specialist palliative care team – working alongside the Integrated Care Communities, GPs and Clinical Nurse Specialist team

Where we have been and where we are going

Hospice at Home West Cumbria is a unique and special organisation; founded in 1987 our “Hospice without Walls” was created by and for the people of west Cumbria. It has become embedded into the fabric of our communities.

During 2019/20, there were 273 new patients cared for by our home nurses.

These patients received 530 days of care and 923 nights of care equating to 9396 hours of direct nursing care. We also saw 335 lymphoedema patients.

253 individuals and 56 group sessions were supported by our Family and Bereavement Support service through a range of therapies and interventions provided by both staff and volunteers. Our Complementary therapy staff and volunteers delivered 494 sessions.

Our clinical volunteers gave 3426 hours of their time to support patients, carers and those bereaved.

In the next year we will focus on:

Service Delivery and Excellence	Presence, Reputation and Inclusion
Sustainability and Growth	Governance and Leadership

Our strategy for 2021 outlines what Hospice at Home West Cumbria plans to focus on. This strategy is a summary of our general direction and the work that we will do. The strategy is supported by a detailed delivery plan which will be monitored by each of the committees. Each year in our Annual Review we will provide an update on the progress we are making towards achieving our strategic aims. The review will also include information about Hospice at Home West Cumbria’s financial situation.

Strategy 2021

Themes	Service Delivery and Excellence	Presence, Reputation and Inclusion	Sustainability and Growth	Governance and Leadership
Goals	Deliver the best possible care for our patients and their families	Reach more people through working in partnership and raising awareness	Ensure our organisation is sustainable and relevant in the ever changing external environment	Ensure our organisation is compliant and manages risk
Strategic Objectives	<ul style="list-style-type: none"> • Maintain high quality care in our existing services • Develop services to meet emerging needs and national and local end of life care priorities • Increase use of existing services and facilities to maximise outcomes, reach and early intervention • Engage with and respond to the changing commissioning environment 	<ul style="list-style-type: none"> • Engage with new and existing partners to develop collaborative working • Educate and promote understanding of our organisation within our community and wider stakeholders • To ensure that services reach all those in our communities including those hard to reach groups 	<ul style="list-style-type: none"> • Deliver strategies to maximise income generation, voluntary and corporate support • Explore opportunities to improve efficiency and effectiveness • Implement and work to a suite of performance and financial controls • Implement succession plans that support recruitment, retention and development of skilled staff and volunteers 	<ul style="list-style-type: none"> • Ensure compliance with regulatory standards • Ensure all areas of strategic risk are identified, reviewed and managed • Ensure systems are in place to support our governance framework so that the Board is effective

Themes	Service Delivery and Excellence	Presence, Reputation and Inclusion	Sustainability and Growth	Governance and Leadership
Goals	Deliver the best possible care for our patients and their families	Reach more people through working in partnership and raising awareness	Ensure our organisation is sustainable and relevant in the ever changing external environment	Ensure our organisation is compliant and manages risk
Ambitions	<ul style="list-style-type: none"> • To work towards being a centre of excellence in Lymphoedema and develop a north Cumbria Lymphoedema service • To facilitate patients being discharged from hospital through a new home care package • Extend bereavement support services across our communities • Provide a business support and single point of access for all palliative and end of life care in north Cumbria 	<ul style="list-style-type: none"> • Be a recognised brand in west Cumbria and beyond • Ensure services are accessible for people with learning disabilities and/or autism • To be the organisation of choice for those wishing to volunteer their time and skills • Develop our digital services to ensure we are inclusive 	<ul style="list-style-type: none"> • Be the charity of choice for legacies and gifts in wills • A sustainable medium term budget and an adequate financial reserve • Develop the trading arm to include e-commerce • Develop donor relationships to maintain engagement with our supporters • Retain and develop staff and be an employer of choice • Develop services around digital technology and agile working practices • Work hard to respond to quickly changing demands 	<ul style="list-style-type: none"> • Drive growth and improvement in the organisation • To be an effective Board with a broad mix of skills and experience

Achieving our goals and ambitions

1. Service Delivery and Excellence

It is reported that the number of people dying each year is projected to rise and the number of people with a need for expert end of life care is also likely to increase. Changing demographics mean that there will be more people living and dying with multiple conditions with less local family support. All this will change the end of life journey for large numbers of people, and presents a clinical challenge too, as it becomes increasingly difficult to identify the 'dying phase' at end of life.

This has consequences for adults with terminal and life shortening conditions, but also those around them. As our communities and needs change, there is no doubt that families, carers and informal care networks will be expected to do more to care for people approaching the end of their lives. We need to go further in supporting families, carers and local communities in playing this important role.

Indicators of success

- Patients, carers and families of those at the end of their life are able to express their needs and wants and receive appropriate support
- Positive feedback from customer questionnaires
- Increase in referrals at an earlier stage
- Increase in the engagement and collaborative working through the Integrated Community partnerships and other care providers
- Strong and sustainable partnerships are established and Hospice continues to receive the service delivery grant from the Cumbria Clinical Commissioning Group and develop new relationships with the North East
- Improved evidence, knowledge and understanding of local need
- Seamless merger of Lymphoedema services in north Cumbria
- Business case for home care package developed
- Progress towards a single point of contact

2. Presence, Reputation and Inclusion

Hospice at Home West Cumbria has been an important service provider in the communities of west Cumbria for over 30 years and as such is a recognised and highly regarded brand. In order to be supported at the level to sustain the organisation, it is important to continually engage with new and existing people, and identify innovate ways of encouraging support.

Indicators of success

- Greater public awareness of the value of hospice care and more public engagement on related issues such as death and dying
- New and diverse income sources including a higher proportion of regular donations are sustained
- Increased number of presentations and educational opportunities
- Further develop our social media presence
- Extend training and education services to care homes and other providers
- Build stronger links with healthcare organisations
- Benchmark with other hospices
- Ensure services and information reach as broad a range of people as possible including those groups who are often excluded from services
- Attract new volunteers with a range of skills and experience

3. Sustainability and Growth

A sustainable future is essential if we are to achieve our ambitious vision for hospice care for everyone in need in west Cumbria. We must continue to maintain a skilled workforce and volunteers and constantly develop and evolve services, partnerships and networks in order to reach and support more people.

Indicators of success

- Use of new technological solutions to support the workforce and provide efficiencies
- Plan, implement, and manage a continuous programme of volunteer recruitment, training and development which will enhance service delivery
- Ensure all employment practices follow latest guidance and good practice
- More partnerships and collaborative working to share expertise, best practice and reduce costs
- Innovative and sustainable models of care are launched
- Prudently manage our resources and invest in the future
- Generate income by diversifying and extending the range of income streams
- Hold 9 months operating costs as a reserve and have a medium term sustainable budget
- Successful delivery of the objectives of the Legacy Strategy
- Increased profit from the e-commerce activities

4. Governance and Leadership

Ensuring compliance with standards and regulation is crucial to good management and oversight of the organisation. Systems and procedures must be in place to monitor and review effectiveness, dealing with risk and performance to highlight any potential threats.

Indicators of success

- A good or outstanding report from CQC
- Identification and assessments of strategic risks with realistic mitigating actions
- Continuity and business plans in place
- More and better quality data sets available
- Board has effective oversight and constantly planning for the future
- Increased compliments and reduced complaints
- The Board reviews its own performance and effectiveness
- Complete a staff skills mapping and succession plan

Appendix

There are key external factors, both local and national, that influence our organisations growth and direction, both now and in the future and these have been considered during the development of our strategy.

The work of Hospice at Home West Cumbria sits within:

North Cumbria Health and Care System

North Cumbria covers a large and remote rural area with some large urban communities on the west coast with high levels of deprivation. The area's population faces a number of health challenges, including a 'super-aging' population and reducing numbers of people of working age. Almost 25 per cent of the Cumbrian population is aged over 65, with the associated challenges of a likely increase in demand for services and more people living with dementia. It is known that over the next 5 years the number of people over the age of 85 in North Cumbria will grow by 19%.

There are known pressures on the healthcare system and targets are in place to prevent admissions to hospital and facilitate early discharge. Patients are often unable to be discharged from hospital due to a shortage of quality home care packages.

The North Cumbria integrated health and care system brings together the following system partners:

- NHS North Cumbria Clinical Commissioning Group (CCG) which plans and buys most of the clinical services and reviews performance and quality. It also supports GP services. HHWC has a 3 year grant agreement with the CCG for service delivery, which is due to expire in 2021.
- North Cumbria Integrated Care NHS Foundation Trust (NCIC) runs the two main hospitals the Cumberland Infirmary in Carlisle and the West Cumberland Hospital in Whitehaven and community services, including district nursing.
- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust provides mental health services.
- GPs, Cumbria Health on Call (CHoC), North West Ambulance Service, NHS England, NHS Improvement, and our many independent providers of home care, care homes and nursing homes.
- Third sector organisations including Cumbria CVS
- Healthwatch works alongside communities to check that the system is delivering effective services.

Working in partnership with Cumbria County Council

The area has been divided into eight integrated care communities (ICCs) based on groups of GP practices and their patients. By understanding the challenges that each area faces, the community can work together with health and care organisations to improve the health and wellbeing of local people.

The ICC's covering HHWC area include:

- Copeland
- Maryport and Cockermouth
- Workington

The ICC teams are based on 'place' (location) and pathway, involving communities as part of the local leadership and delivery team, and redesigning the health system to make it more effective, with integrated care communities delivering more care outside hospital and supporting people to manage their health to stay at home. The aim is to keep people living healthily and independently and feeling in control of their own health and wellbeing.

- Patients are provided with care in a way that is in their best interests, through teams across health and care services working together and alongside third sector colleagues, rather than being constrained by artificial organisational boundaries.
- Staff will work together with local communities to help shape service change, and it will be easier for staff to work across hospital and community services.
- The places where local people live are at the heart of the system, with more care provided closer to home.

The Future

NHS England has proposed that the core commissioning functions of CCGs should be absorbed into integrated care systems (ICS) to achieve better healthcare outcomes. For HHWC, this will mean the loss of the current arrangement with the Cumbria CCG into the ICS of the Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.

In a new document, NHS England said it wants all CCGs to merge across ICS boundaries by April 2022, as part of proposed changes to legislation.

The proposal sits alongside other recommendations aimed at removing legislative barriers to integration across health bodies and with social care, to help deliver better care and outcomes for patients through collaboration, and to join up national leadership more formally.

The document, entitled '[Integrating care: Next steps to building strong and effective integrated care systems across England](#)', opens up a discussion with the NHS and its partners about how ICSs could be embedded in legislation or guidance.

This builds on the plans set out in the NHS Long Term Plan, for health and care to be joined up locally around people's needs. And it signals a renewed ambition for how greater collaboration between partners in health and care systems can be supported to help accelerate progress in meeting critical health and care challenges.

The document also details how systems and their constituent organisations will accelerate collaborative ways of working in future, considering the key components of an effective ICS and reflecting what a range of local leaders have told NHS England about their experiences during the past two years, including the immediate and long-term challenges presented by the COVID-19 pandemic.

NHS England said that from April 2021, all parts of the health and care system should work together as ICSs, involving stronger partnerships in local areas between the NHS, local governments and others, with a more central role for primary care in providing joined-up care; and provider organisations being asked to step forward in formal collaborative arrangements.

The organisation has recommended developing strategic commissioning through systems with a focus on population health outcomes; and the use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

The new arrangement with the ICS may mean a different funding formula with different performance targets for our organisation and so it is important that we are able to provide evidence to demonstrate the value of the hospice at home services for the local community. A new End of Life strategy for North Cumbria will be developed during 2021 which will support the work that HHWC to support the wider health care system.

Care Quality Commission (CQC)

The CQC inspects organisations such as ours at least every 5 years. The last inspection was August 2015, and the programmed inspection in 2020 has been delayed due to the Coronavirus pandemic.

During 2020 the CQC has reviewed its approach to inspections and has made some changes which are being consulted on in 2021 in a document entitled Strategy 2021: Smarter Regulation for a Safer Future, which aims to drive improvements in how people experience health and care services.

The health and social care regulator is looking at making regulation 'simpler but dynamic' to reflect the changes in health and social care. It believes it can be more effective and efficient and use intelligence to tailor actions to individual services, targeting resources where it can have the greatest impact.

It has set out themes and ambitions to improve people's care by looking at health and care systems, and how they're working together to reduce inequalities.

PEOPLE: Ensuring that regulation is driven by what people expect and need from services, rather than how providers want to deliver them. They expect people to be able to make decisions about their care and empower them to drive change by providing the information they need in the right way.

SMART: To be smarter in how they regulate, with an ambition to provide an up-to-date, consistent, and accurate picture of the quality of care in a service and in a local area. They want to build open, ongoing relationships with providers, to provide a more immediate picture of care, and to respond to risk so they are making the right intervention at the right time.

SAFE: All services must promote strong safety cultures. This includes transparency and openness that takes learning seriously – both when things go right and when things go wrong, with an overall vision and philosophy of achieving zero avoidable harm. This would include setting an expectation that providers will actively and visibly promote 'speaking up' at all levels; identifying priority areas where safety risks are present and setting demanding standards for improvement together with our partners.

IMPROVE: We want to play a much more active role to ensure services improve.

They also expect to see more examples of collaborative working and demonstrating patient centred care.

Hospice UK

Hospice UK surveyed all hospices and drawn together a document called 'Future Vision Programme'. This sets out the opportunities for hospices around a set of themes or principles.

It identified that Hospices are under greater pressure than ever before to find ways to do more with less. There are many examples of excellence, progressiveness and collaboration across the UK, but there is still great variation in access to palliative and end of life care with concern that many individuals are not receiving timely support or symptom management required at end of life. In addition, too high a proportion of people die in hospital when many would have preferred to be in their home environment at the end of their lives. On top of this, COVID-19 has had a significant impact on the

hospice sector. The pandemic has upended normal operations, exposed system and supply chain limitations, tested the physical and mental limits of all healthcare workers and caused rapid adoption of digital solutions.

Despite these extraordinary challenges, there is also real opportunity to drive positive change. In response to this Hospice UK has begun a programme of work designed to engage hospices and system partners in a coordinated way, to share current innovation, practice and ideas in order to strengthen the sustainability of palliative and end of life care for the future. It recognises that every Hospice is different. Each organisation is a product of their own unique history, local geography and community demography.

Each principle represents a possible opportunity that Hospices may want to take forward. We also identified a further two cross-cutting themes (Relationships and Data-driven decision making) that underpin and support the delivery of the core principles/opportunities.

1. Be an integrated partner

Know your role within the ICS - leadership is essential when driving greater integration, Hospice leaders need to take their 'seat at the table'. Hospices need to understand their position within the system and how their actions affect the broader health and care landscape both positively and negatively.

Make the most of partnership opportunities - exploration of greater integration of Palliative/End of Life care into the wider ICS structure needs to start at the clinical service level. Greater understanding is needed on how any integrated clinical pathway might operate between system partners and develop appropriate integrated structures that support and sit around this.

2. Collaborate

Maximising efficiencies through collaboration - the pressure on Hospices to reduce costs and find efficiencies is growing in the face of rising demand and a desire to meet the needs of all parts of the community. The impact of Covid-19 has intensified the pressure on already constrained resources. The situation of recent months had served to break down previously existing barriers and Hospices have the opportunity to find innovation and complimentary skillsets to help best meet the needs of anyone affected by a life-shortening illness.

Understand your strengths and know where you want to partner. In light of the pressure on finances within the sector, collaboration and partnership are critical to long term sustainability. It has been suggested that multiple separate Hospices within a locality might not be viable in the future without some form of partnership. The key area where Hospices should look to build collaboration is around communicating and engaging with the wider ICS. Working jointly allows Hospices to speak with a single voice and gain greater influence.

3. Implement digital ways of working

Technology should be seen to enable

- Improving patient experience and engagement - giving patients choice and control to get care when, where and how they want it.
- Providing integrated care – connecting individuals to the right parts of the health system at the right time, and strengthening the partnerships between service providers and across sectors.
- Addressing specific health challenges – growing demand for palliative and end of life services driven by an aging population, population growth, the increasing prevalence of chronic conditions and diseases, disparities in access across different demographic groups and improving the timeliness, safety and quality of care provided.
- Making systems more efficient – less time spent finding information, reduced duplication of effort, removal of manual based systems and processes and reduced complexity.

4. Use your influence

Hospices as influencers - Hospices will need to find ways to reach greater numbers of people with limited resource. The range of potential stakeholders to influence is extensive: from individuals with whom Hospices have a direct relationship, such as other health and care professionals, through to volunteers and the wider community. Through these relationships hospices are able to inform, encourage and engage others in the delivery of high-quality palliative and end of life care.

5. Negotiate a new deal with commissioners

The challenges facing the current funding model for Palliative and End of Life care are well known. Hospices are required to meet the combined challenges of an ageing population with increased levels of complexity and vulnerability together with rising costs of delivering care and constraints on funding. The current funding model for Hospice care is unsustainable in the long term. In order to address this, there is a need to renegotiate the funding offer with Commissioners.

A three-stage approach might be used to establish any new funding deal:

- 1) Define the care pathway/map the patient journey. Work collaboratively to define an integrated end of life care pathway. This needs to define the available services for all parts of the local population across different settings (e.g. patients own home, care homes, sheltered housing, hospices or hospitals).
- 2) Define the role that each provider will play within the system. Determine what role each provider organisation will play in delivering the agreed services.
- 3) Agree the new deal with commissioners. Work with commissioners (both CCG's and local authorities) to agree funding for a core level of service aligned to the new pathway. This will require Hospice leaders to make use of key commissioner relationships.

6. Focus on cost effectiveness

Maintain strong financial grip over costs by understanding the true cost of care. All Hospices should have a good understanding of their own viability, in terms of financial viability, clinical viability and organisational viability. This assessment will support Hospices to proactively identify any services that may need to be divested or redesigned in order to ensure sustainability.

Be transparent and open around our financial position to drive value for money and benchmark against your peers.

7. Maximise commercial revenue

Challenge our existing strategies and maximise the effectiveness of current revenue streams as well as diversifying into different revenue models.

8. Deploy the right people around the patient

Review the shape of our workforce

9. Develop a competitive career pathway

Improve career development across the sector

10. Data driven decision making

Data is increasingly becoming one of the most important assets for all organisations and using data to address critical issues and needs. There is a need for better access to the right data in order to drive insight and support better decision making. However, the way data is currently collected and managed is keeping Hospices from gaining the full advantage of this information. Hospices need to become credible data partners with meaningful data to share.

Other influences

Digital and technological developments. Economic and policy changes.

What we have considered in developing this strategy:

- Feedback questionnaires and discussion groups with patients and families. Development of a hospice charter
- Feedback from staff, volunteers and trustees
- Hospice UK Hospice Vision document
- National policy on Improving Care for People at the End of their Life.
- Board and senior management team away day

The following documents -

- **The National End of Life Care Strategy (Department of Health, 2008)**
- **Ambitions for Palliative and End of Life Care**
- **One chance to get it Right (The Leadership Alliance for the Care of Dying People 2014)**
- **Actions for End of Life Care: 2014 – 16 (NHS England 2014) National Institute for Health and Care Excellence**
- **What is important to me, The Choice in End of Life Care Programme Board (2015)**
- **North Cumbria CCG Quality Strategy (February 2018)**

