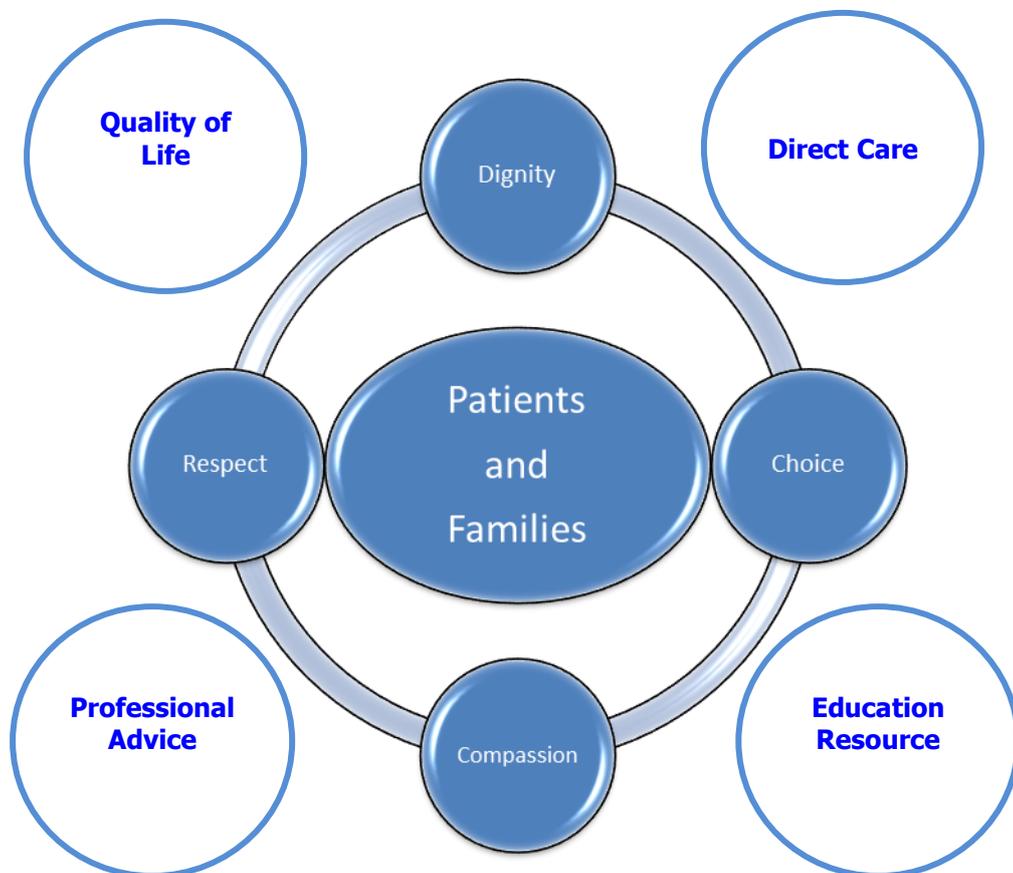




*“Your Hospice – Your Future”*

*Supporting people to live and die with dignity*

## HOSPICE STRATEGY 2012 - 2017



## **Section 1.0 - Introduction**

From its beginning in 1983, Hospice Care has grown into a large organisation providing for patients all aspects of palliative care – in patient's beds, day care, a specialist nursing team, Hospice at Home, complementary therapy, lymphoedema service, social worker, bereavement service, counselling and a children's hospice, Rebecca House.

Hospices are the most recent and significant social innovation in approaches to death and dying. Born out of frustration with cold impersonal medical deaths in hospitals, hospices embody a holistic philosophy that combines high quality medical and nursing interventions with social activities, spiritual and psychological care.

Hospices started as disruptive innovators challenging the medicalisation of death. By pushing the boundaries, involving the community that lends its support, challenging the status quo in health care – hospices achieved a tremendous shift in the way people die, not just in Britain but in the world. Whilst mindful of the need to manage our resources wisely we must continue to aim to grow and evolve.

Approximately 200 people on the Isle of Man die of cancer each year. The majority, 95% or so are referred to Hospice at some stage of their illness, often following diagnosis. Currently Hospice needs to raise £3.5m each year in our small island community and fundraising events, PR work and advertising ensures Hospice's constant presence.

Community involvement is a priority for Hospice and it is achieved in many ways:

Hospice's Palliative Care Specialist Nurses (PCSN) offer advice and support to patients in the island's hospital, in the community and in care homes. They provide teaching programmes and have introduced the Liverpool Care Pathway ("LCP") in all healthcare settings and compiled and distributed Palliative Care Resource files across the island.

Hospice's 600 volunteers give invaluable support to the Hospice and additionally work with other charities bringing further benefits to Island residents.

Hospice's presence in the community is also recognised by the involvement of many corporate organisations, the Isle of Man Government and working closely with the Island's media.

Hospice's presence remains very strong and it's identity prominent, evidenced by an increasing number of people being aware of the Hospice's work and by their wish and willingness to be associated with it.

It is however vitally important that our well established Hospice Isle of Man does not stand still. Hospice needs to look into the future and plan its development for at least five years ahead.

This document sets out the strategic direction for Hospice Isle of Man for the next five years. It contains the following Sections:

1. Introduction
2. Hospice Mission Statement and Philosophy

3. Services Hospice provides
4. Strategy Development
5. Strategic objectives (as per Business Plan 2011-14 and beyond)
6. Implementation and Evaluation
7. Summary & Recommendations

## Section 2.0 – Hospice Care Vision, Mission and Values

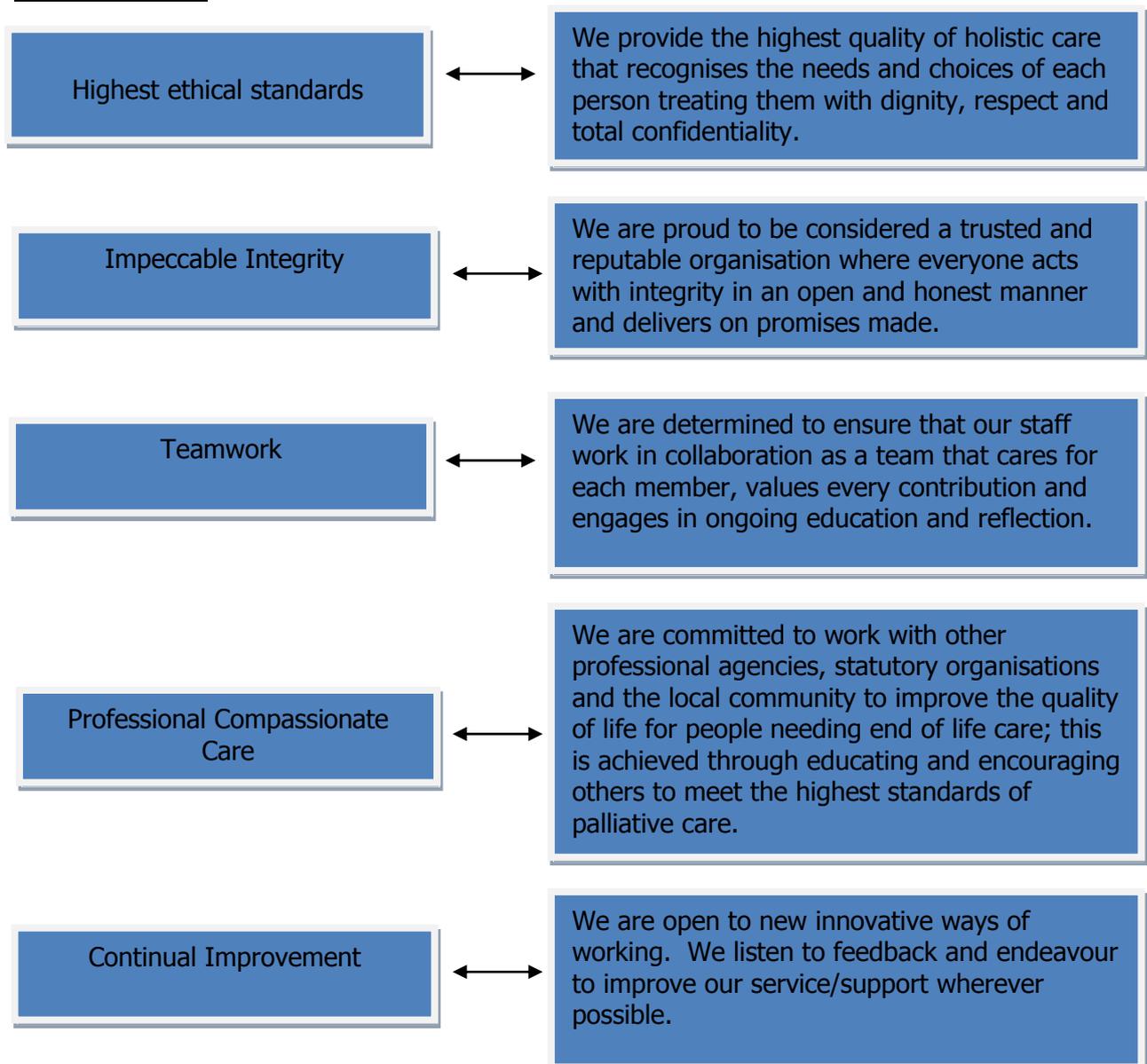
### **Our Vision is to:**

*"Provide compassionate care for all those with life limiting illness"*

### **Hospice Isle of Man Mission is to:**

*"Give choice, comfort and outstanding quality of care to those needing specialist palliative care, at no cost to patient or their families"*

### **Our Values are:**



## **Section 3.0 – About Hospice Care**

### **3.1 Hospice Isle of Man**

- Provides specialist palliative care and end of life care. The priority is to look after people for whom Hospice care is available, who have complex health and social care needs which general statutory services cannot always deal with effectively.
- Provides specialist palliative care, advice and support to other professionals.
- Provides education and training and undertakes clinical audits on end of life care.
- Promotes high standards of end of life care among other health care providers.

### **3.2 What is specialist palliative care and end of life care?**

Both terms are used interchangeably by many people. "End of Life Care" has started being used by the UK Government and it is easily understood by the public.

"End of Life Care" helps all those with advanced progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patients and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support (NCPC 2007).

"Palliative Care" is an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual." (WHO 2002)

**3.3** Specialist palliative care and end of life care differ from general medical/nursing care in that it is provided by a multidisciplinary team with particular expertise and skills. It is mostly (but not exclusively) provided in Hospices and is available for patients for whom Hospice care is available facing life limiting illness, their families and carers. Hospice Isle of Man looks after patients needing care and support usually during the last year of their illness and in many cases may be involved in only the very end stages of life. However, Hospice accepts referrals from diagnosis onwards and offers support much earlier if that is appropriate.

**3.4** Hospice Isle of Man provides the following palliative care services:

- **Inpatient care at Hospice and Rebecca House**
  - A wide range of treatments, respite care, symptom control and terminal care.
- **Community Support**
  - Palliative Care Specialist Nurses (PCSNs) visit patients at home providing advice and support
  - Hospice at Home staff help to enable patients to be nursed at home
- **Hospital Support**
  - PCSNs visit patients in Nobles and Ramsey Cottage Hospitals and provide support to patients and families as well as advice to medical and nursing staff.

- **Therapy Services**  
A range of complementary therapies, Occupational Therapy and Physiotherapy are provided following a multidisciplinary assessment.
- **Outpatients Services**  
Patients attend the Day Therapy Unit once a week for a day for respite care, social support and creative opportunities (painting, creating life stories, gardening)
- **Children's Hospice**  
Rebecca House provides active total care of a child's body, mind and spirit and involves giving support to the family. It begins when a life limiting illness is diagnosed and continues regardless of whether or not the child received treatment directed at the disease.
- **Family Support**  
The Hospice Social Worker helps families to come to terms with their changing lives and assist in sorting benefit claims and other financial issues. Hospice Counsellors work with patients and families and support those left behind in bereavement.

**3.5** Hospice Isle of Man provides care for its patients and their families at no cost to users.

In 2011 the Hospice costs £3.5 million to run.

£600,000 cash grant plus other benefits was received from the Isle of Man Department of Health (in total approx. £700k).

The remaining income comes from fundraising events, legacies, general donations and the Hospice shops.

## **Section 4.0 – Strategy Development**

**4.1** Hospice Isle of Man began its existence in 1983. Since then it has grown and developed to become the only specialist palliative care provider in the Isle of Man.

The Isle of Man Government supported Hospice's work by agreeing to provide a cash grant in 2001 as well as other benefits such as access to the Government's superannuation scheme, clinical and sterile supplies, drugs and dressings, professional indemnity insurance and access to other services.

In 2009 a Service Level Agreement (SLA) with the Isle of Man Government was renegotiated and a new one was signed for 5 years.

### **4.2 National and International developments**

4.2.1 There is growing interest in end of life care across Britain. The UK Government launched its End of Life Care Strategy in 2008. The Isle of Man Department of Health has just launched its own strategic development by

appointing an End of Life Care Project Coordinator for the next 2 years (to produce an End of Life Care Strategy in 2012).

- 4.3** Whilst awaiting the launch of the End of Life Care Strategy for the Isle of Man, Hospice notes the current trends in the UK in relation to palliative care funding and the direction Hospices follow in service provision.

Help the Hospices, a UK charity that acts as an umbrella organisation for all Hospices including Hospice Isle of Man, is heavily involved in dialogue with the UK Government to identify how Hospices can be remunerated for the healthcare provision they provide and how more people can receive palliative care.

- 4.4** The Isle of Man 85,000 population has similar needs to our UK neighbours. People facing end of life, including those who do not have cancer, need palliative care services. A number of surveys carried out in the UK show that many people (56% – 74%) state that they would like to die at home but only 35% of these do so. 58% die in hospital, others in Hospices and care homes. It is believed that there is a similar trend in the Isle of Man.

- 4.5** There is currently no out of hours community nursing provision in the Isle of Man. Currently its residents are supported in a limited way by Social Services Home Care, Crossroads and Hospice at Home.

- 4.6** The Isle of Man is a true community and with the correct and well organised resources, be it statutory, voluntary or third sector, is well placed to enable those who wish to remain and die at home to do so.

- 4.7** The Island's population is ageing just as fast as that in the UK. By 2030 people over the age of 65 will account for 86% of deaths. Those over 85 will account for 44% of deaths. As things stand most people will not die where and how they would wish.

The Isle of Man Treasury predict that the number of those aged over 65 years will increase by 56% in the 20 years between 2006 and 2026, this would give an older population in 14 years time of over 21,000 (Third Sector/Government Liaison Group work 2011-13).

Life expectancy will rise by 2030 to:

Men – Average Age 88 years

Women – Average age 92 years

- 4.8** By 2026 the number of Isle of Man residents is predicted to increase by nearly 10,000. There would then be almost 7,000 people age 65 and over, of those nearly 3,000 will be age 80+.

- 4.9** Setting a strategic direction for Hospice Isle of Man has never been more pressing.

## 5. Strategic Objectives

1. Continually improve existing service provision for patients to ensure that hospice care remains focused on its philosophy and values but remains sensitive to the changing needs of the Isle of Man population.
2. Develop service provision for people dying with conditions other than cancer.
3. Extend and enhance community services in conjunction with statutory, voluntary and charitable sectors.
4. Engage with the Island's community so that everyone is aware of the role of Hospice and thus supports us.
5. Provide education for all those involved with people facing end of life be it health professionals, volunteers, counsellors and everyone else who may need palliative care or end of life care education.
6. Work closely with the Isle of Man Government, other charities, trusts and corporate providers to secure growth in financial resources.
7. Consider new commercial business opportunities to provide sustainable sources of income.
8. Build on existing volunteer workforce.
9. Ensure adequate funding is in place to achieve these objectives.
10. Deliver sustainable income.

### **Objective 1 – Continually improve existing service provision for patients to ensure that hospice care remains focused on its philosophy and values but remains sensitive to the changing needs of the Isle of Man population.**

Hospice Isle of Man provides high standard of care to patients and families. In order to maintain these standards the following aspects of care need to be monitored and any gaps addressed.

- Extend the range of skills of our multidisciplinary team to meet fully national best practice as per NICE guidance.
- Increase/maintain skill base confidence and support of nursing and other care staff.
- Whenever possible meet individual patients preferences and choice
- Extend and develop further relationships with other agencies
- Review and improve information available to patients and other stakeholders (new leaflets, website)
- Provide and publish information on clear outcomes based on quality markers and using validated tools.

#### **Desired Outcomes:**

- Hospice Isle of Man meets all NICE guidelines for supportive and palliative care.
- Quality initiatives will be published on regular basis in newsletters and on website.
- Up to date information available

## **Objective 2 – Develop service provision for people dying with conditions other than cancer with additional funding from the Government and/or other charities.**

- Over the last 5 years there is growing interest in end of life care. The UK End of Life Care Strategy was launched in 2008. Isle of Man is currently developing its own which will be finalised in 2012. There is no doubt that the key areas identified in the UK's End of Life Strategy will be similar in the Isle of Man and will focus on provision of palliative care for all facing end of life issues. There are needs for rapid access to care, provision of 24/7 service in the community, preferred place of care, coordination of care and provision of end of life care to all, not just cancer patients.
- Currently, an average of 13% of patients receiving Hospice care in UK, are those living and dying with conditions other than cancer. Hospice Isle of Man cares for 6.8% non cancer patients (2011). The need to redesign the way we work and meet the needs of those who meet our criteria but do not have cancer diagnosis has never been more pressing.

### **Desired Outcomes:**

10% of patients receiving Hospice care will have a non cancer diagnosis subject to this not affecting Hospice core business and subject to an increased contribution from Government to the funding of Hospice.

## **Objective 3 – Extend and enhance community services including Hospice at Home in conjunction with statutory, voluntary and charitable sectors.**

- The majority of people when questioned state, they would like to die at home but only less than a quarter do so. In the Isle of Man 19% of patients referred to the Hospice die at home, 49% in the Hospice, 26% in hospitals and 7% in care homes.
- These figures clearly show that without an adequate 24/7 care and rapid response service the number of deaths in the Hospice will continue to rise. Developing a model of community based care using Hospice at Home services, establishing 24/7 advice line and expanding education programme for professionals engaged in end of life care for people with conditions other than cancer may be a way forward to address this.
- With more comprehensive health and social support in the community using expanded Hospice at Home, statutory services and other charities such as befriending services this figure may be significantly changed in years to come.

### **Desired Outcomes:**

- Hospice at Home hours will increase to 3000 hours per annum subject to funding.
- 24/7 phone advice line established subject to funding.
- Education programme for all health/social care professionals in place

Increasing Hospice at Home for Hospice patients (subject to funding) will enable more people to die at home if they so wish.

**Objective 4 – Engage with the Island’s community so that everyone is aware of the role of our Hospice and thus supports us**

- Evaluate Hospice’s current impact on the Island’s community by carrying out a survey of local population and seeking their views of our service.
- Communicate key messages that will help to translate our high profile and positive image into income generation opportunities.
- Offer a “Finding Space” development in the Scholl Centre where patients/carers will be able to drop in for coffee/chat/advice, will further engage our local community.

**Desired Outcomes:**

- Island’s community perception will be defined
- Income increased in line with expenditure
- “Finding space” project in place

**Objective 5 – Provide education for all those involved with people facing end of life, be it health professionals, volunteers, counsellors and everyone else who may need palliative care or end of life care education.**

- Continue/maintain the effectiveness of staff through ongoing education and professional development.
- Develop education opportunities, placements and exchange programmes for specialist and generalist health and social care staff to build end of life skills.
- Continue with the education provision to all nursing homes adding and including residential homes staff as well also private care agencies, (consider charging).
- Continue to ensure that the Liverpool Care Pathway (LCP) is implemented and appropriately used in hospitals, community and nursing homes.

**Desired Outcomes:**

- Education delivered to all who care for people at the end of life
- LCP rolled out to all areas

**Objective 6 – Work closely with the Isle of Man Government, other charities, trusts and corporate providers to secure growth in financial resources.**

- Discuss and explain to Members of Tynwald and Treasury about the shortfall in statutory funding prior to re-negotiating the new SLA for 2014-2019.
- Open dialogue with Members of Government. Invite Members to visit Hospice, deliver presentation to Council of Ministers about Hospice’s work and funding.
- Discuss and propose Hospice provision of some community services such as Rapid Response Team with the Department of Health and Department of Social Care that could be funded by the Departments.
- Discuss and propose meeting on some currently unmet needs in the community by using extended Hospice at Home Service that could be funded by the Departments.
- Liaise with other Charities (using BHF example) to help patients with non cancer diagnosis.

**Desired Outcomes:**

- Increased funding from the Isle of Man Government to continue provision of current level of care.
- Increased income from possible contract with Department of Social Care to provide domiciliary care.
- Income from possible contract from the Department of Health for out of hours community nursing provision.

**Objective 7 – Consider new commercial business opportunities to provide sustainable sources of income.**

- If Hospice is to continue providing current level of services and if any future developments are to take place, it is imperative that new streams of income are identified.
- Consider therefore commercial propositions that would increase income.

**Desired Outcomes:**

- New income stream generation in place.

## **Objective 8 – Build on existing volunteer workforce.**

- Identify ways of establishing new roles that not only carry greater level of responsibility and personal satisfaction but also assist further in the day to day running of the Hospice.
- Continue current regular visits made by the Board of Governors.
- Review membership, roles and responsibilities of the Board so it reflects both the make up of the Isle of Man residents and the needs of Hospice Care.
- Offer possibilities for education/training and evaluate the Board's effectiveness using Help the Hospices tool.

### **Desired Outcomes:**

- Volunteers in place with more clearly defined roles and responsibilities.
- Board of Governors has clearly defined roles.
- Future recruitment of new members to the Board to be considered

## **Objective 9 – Ensure adequate funding is in place.**

- A number of proposed activities set out above can be implemented within existing resources, majority will need funding from other agencies.
- Hospice Isle of Man has had to increase its expenditure base substantially in recent years to ensure we can maintain our new premises and have sufficient staff in place to deliver services to high standards. We have had to match the Isle of Man funding rates including the implementation of Pay Modernisation for our staff.
- For the last two years as we have adapted to this new expenditure level, we have set deficit budgets as a transitional measure. Despite careful budgeting and making considerable savings and despite increasing emphasis on fundraising and PR we do not meet our income budget, therefore we need to look carefully at our income in the future.
- Year 2012 will be crucial when decisions will have to be made to either identify or agree new income streams or to plan for future cost reductions.
- The Hospice Board of Governors has so far adopted the following principles:
  - a) New activities which in our view should be provided by statutory authorities (e.g. departments of health or social care) will only be implemented when the funding required is provided in full.
  - b) Other new activities will only be implemented when the funding required is provided in full externally e.g. from trusts, other charities, benefactors or from any surplus generated from surpluses of charitable income or expenditure.

It is important therefore to prioritise and agree which of the above developments can be met from charitable funding prior to renegotiation of statutory income before the next SLA is due to be reviewed.

**Desired Outcomes:**

- New services funded by the statutory authorities.
- Some services funded by charitable funds from surplus income.

**Objective 10 – Deliver sustainable income**

Lottery

- Gambling Commission has changed rules relating to advertising. We now have an opportunity to design a Hospice Lottery to improve annual Hospice Income.

Government Funding

- Renegotiate the current level of funding and for any future SLA to reflect a required increase in the funding requirement.

Community Services

- Identify opportunities to provide care at home as part of a contract with Department of Health and Department of Social Care. Explore the possibility of commercial delivery of domiciliary care.

Education

- Extend education and offer this to external agencies, charging fees for delivery. Improve commercial income from education programmes and from room hire.

Trading

- Support the development of the trading company Share the Care to assist its income increase above inflation.

Community Fundraising

- To maintain and encourage the financial support raised by Members of the Island community.

**Desired Outcomes:**

- Hospice Income to be increased in line with expenses to aim to provide not only the current level of service but also to achieve a surplus with which to develop and reach out to more people who may need specialist palliative care in years to come.

## **6. Implementation and Evaluation**

- Following the Board discussion priorities will be agreed.
- Final strategy document will be prepared taking into account agreed priorities.
- Detailed plan with timescales will be developed for each of the objectives covered in the five year Hospice Strategy.
- These plans will need to be flexible in order to respond to changing needs and environment in the next five years. New activities will need to be properly costed evaluated and funded to ensure they meet the needs and are effective and affordable.
- The Board of Governors will continue to monitor and review the progress Hospice Isle of Man makes to achieve the strategic direction set.

Margaret Simpson  
Chief Executive  
Hospice Isle of Man  
June 2012