



# Hospice Hope

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## Strategic Direction 2019-2024

January 2019 – (review date: January 2020)

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### Hospice Hope: Executive Summary

Hospice Hope is a Charitable Incorporated Organisation set in, and working for, the people of North West Leicestershire. We work to improve the life and wellbeing of adults with life-limiting and terminal illnesses through the provision of facilities and support services. We complement the assistance and provisions of other organisations working locally in the field of hospice care.

The acquisition of a 5-year lease property in Griffydham has allowed us to open *Hope House* where we offer Day Care support for service users; there are currently four part-time employees and forty eight volunteers working for Hospice Hope. In addition we have long-established *Support Cafés* in Ashby, Coalville and Ibstock; these are all volunteer-led.

This strategy review has enabled Hospice Hope to acknowledge the national and local changes and current drivers in health and social care, and re-position ourselves as potential partners in service delivery.

Hospice Hope looks forward to the five year period from 2019 to 2024 during which it intends to increase its offer of social, non-clinical therapeutic support, free of charge to people with life-limiting conditions and terminal illnesses. We aim to be a more prominent influence in shaping and delivering policies for service-users and their carers, in partnership with health, social service and voluntary sectors for the future.

We have considered our work in respect of the Charity Commission's 13 Charitable Purposes and it clearly aligns with ***'that which best serves the relief of those in need, by reason of youth, age, ill-health, disability, financial hardship or other disadvantage'***.

In establishing our priorities for the next 5 years, we have set out the following 5 goals:

1. To increase the number of Support Cafés and increase their usage
2. To expand the availability of the Day Care Centre and increase attendance at Hope House
3. To develop bespoke supporting services for carers of the service users
4. To plan and deliver a new base for when the current Day centre lease expires in 2021
5. To explore the role that Hospice Hope can play in the delivery of the modern concept of hospice care in the local community

This document sets out how and why we are moving from the goals which drove our activities in the past to those which we now feel will deliver greater public benefit for the next five years.

## **1. Purpose of new strategy**

What did we want our revised strategy to do for us?

- To confirm and develop the charity's philosophy and aims for the next five years
- To achieve a smooth transition from "Hospice Hope 1" to "Hospice Hope 2"
- To set out a one year action plan, matching objectives to monthly budget targets
- To set out annual outline plans for each of the following four years
- To provide the means for annual updates and a rolling programme of agreed actions
- To provide a basis for evaluation of success

When we set out we hoped it would be a useful baseline for all of the following:

- Hospice Hope Trustees, to set a framework for decision-making and to provide a tool for evaluating performance
- Hospice Hope Staff and Volunteers, to inform their purpose and stimulate further commitment
- Service users and carers, to confirm their expectations and be confident of the appropriateness of the benefits offered
- The General Public to reassure and continue engaging them
- Partners, and potential partners, who deliver similar or compatible services, to secure their involvement
- Existing and potential benefactors and fundraisers, to secure financial commitment
- NHS and Social Service commissioners, providers and monitoring agencies, to be able to compete for appropriate recognition and funding and comply with expectations of management and performance standards

## **2. How it all began: our story**

In 2002 when the Sue Ryder Home at Staunton Harold closed its doors as the only hospice facility based in North West Leicestershire, a group of committed volunteers set about the task of trying to re-provide a hospice for the area.

We started with nothing: no funds, no premises, no personnel and no partners, but with a sure conviction that we could *"improve the life and wellbeing of persons with life-limiting and terminal illness in North West Leicestershire:*

- *Through the provision of facilities and support services*
- *By providing hospice beds and associated palliative care and*
- *Through the provision of funds to support individuals."*

This was to be our charitable purpose and plan of action.



### 3. Where are we now?

16 years later the Hospice Hope charity is well established and recognised by the local population; it is run by a board of 9 Trustees. Through our staff and volunteers we offer non-clinical support, free of charge, to adults with life-limiting conditions and terminal illnesses in North West Leicestershire.

We have set up three Support Cafés for our service users at different locations within the district, in Ashby, Coalville and Ibstock; these operate one half-day per week, where we aim to help improve the quality of the lives of the people attending. At these we offer individual confidential and emotional support, group activities and complementary therapies - from qualified professionals - relaxation techniques and seated chair exercises; as well as signposting to other appropriate support agencies.

We have acquired a property (Hope House, In Griffydam) on a five year lease until 2021; this is the venue for the Day Care Support Centre for people for service users with life-limiting illnesses and terminal conditions. Here we offer all that the Support Cafés provide, but offer a longer day with a home cooked lunch.

We employ four part-time people in substantive posts and co-ordinate 48 volunteers, who bring a wide range of expertise and skills to our activities. The volunteers undertake essential and varied tasks that include running the Support Cafés, assisting support users and maintaining our premises - without them we could not operate. Hospice Hope has accumulated sufficient funds to provide stability and help us deliver services with certainty over the next few years.

For the future, the replacement of Hope House in Griffydam project has become known as **Hope House 2** and demonstrates that the charity is moving towards that long-term objective of opening a purpose-built Support Day Care Centre in North West Leicestershire. This is already an important project for us and features high on our list of priorities for work in the new strategic period. Initially, we had been hopeful that land might be beneficially donated to the charity, enabling a bold approach to be taken to fund a purpose-built centre.

However, events beyond our control now make this route highly unlikely and the focus for Hope House 2 has changed to either finding another suitable property to lease or a property to purchase and develop.

In 2016 we changed our status as a Charity to that of a Charitable Incorporated Organisation to facilitate this future work and to give us more flexibility in responding to the individual requirements of the people we help.

Recognising the need in its own area, and the success of the Support Cafés already being run by the Charity, another voluntary group (Rotary Club) has asked us to expand our reach to establish a fourth Support Café, in Castle Donington in 2019.

So the success and reputation of the charity's work has brought us demands for expansion to benefit an even wider range of people. Moreover, we have been fortunate to attract the support and funding from The Big Lottery Fund for a Public Engagement Worker demonstrating the importance which the charitable sector nationally attaches to our work.



This post will start in early 2019 and will work alongside our other charitably funded posts of Fundraiser and Day Centre Manager, who were appointed in 2018. Thanks to the funding of these posts, we now have the potential to increase the benefits we can deliver through more focused and increased management of our charity. [Talk to SS about the wording here.](#)

As a result of recent and on-going changes in health and social care, both nationally and locally, we recently found ourselves at an important juncture and needed to reconsider our original ambitions where the main thrust was to provide a full hospice service. We saw that we needed to define plans for the next few years which would fit with a changing society's needs and our resources. We also wanted to confirm a strategy that would support the development of that important project, the permanent replacement for Hope House, which is leased to us. We wanted to plan the development of the charity incrementally and sustainably so that we could match future demands for the services along with our capacity to deliver and to benefit more people.

We understand how people using our services value its benefits from survey work undertaken with them and our volunteers in 2018. Their views, collated in the summer of 2018, list some of the benefits noted by service-users who come to Hope House and was summed up by one as ***"Here we are, a group of people NOT waiting to die."*** Through this work, we see that people value the benefits of confidence, hope, independence, companionship, peace, the mental and physical benefits of therapeutic treatments, and peer group socialising that we offer them. They even hope for a future where they can participate in more outward-facing, community-based activities.

The survey shows that we have helped people to increase their sense of wellbeing in these ways and feel that they are living improved lives; even though we do not offer the traditional, clinical hospice facilities and support or the specialist, expert types of care offered at the end of life. However, we feel that we may be filling a discrete, and increasing need locally, for social and non-clinical therapeutic support for our service users which enables them to maximise opportunities to live well despite their health conditions. This is commonly seen as important support to the clinical contributions of the type of hospice work which can be delivered in the community and part of the holistic approach of the hospice movement: *'a style of care, rather than something that takes place in a specific building'* NHS (2018). Hospice Hope also offers some hours of respite for service user carers for short periods each week and we may be seen as a focus for support, in other ways, for carers. In summary, we recognise that we could now deliver our contribution in closer collaboration with the local hospice movement to the benefit of all our service users and charitable resources.

We are mindful too that, through the surveys we have undertaken with service users, volunteers and the public, there are some very strong negative connotations which the term "hospice" holds for some, and we will have to consider that for the future. The question of how we can, or whether we should, provide the full hospice facilities we first envisaged has exercised us greatly in formulating this new strategy and the early resolution of it forms an important goal for the future. We recognise that this may ultimately involve a revision of our charitable purpose, public benefit intention and the Charity's name. However, we are confident that with good management, we can successfully continue to improve the wellbeing of the cohort of people in North West Leicestershire who access our services.

#### 4. Considering the future

In the last few years there have been unprecedented and relentless pressures on NHS budgets, as it deliberately moves away from providing beds for all but the very sickest patients, and continues a drive to treat as many patients as possible in the community. Alliances have been built to provide seamless care across health and social services with movement of finances to try to facilitate that; even as local government budgets have been constrained. Everything has seemed to have been in a state of flux, and budgets have generally reflected the period of austerity that all political parties acknowledge has influenced the limitation of services that can be provided to individuals by the state. Our society is transfixed by the uncertain outcome of BREXIT and its impact on government funding and daily lives. We are keen to ensure that the futures of people in our area who suffer the additional disadvantages of chronic or terminal poor health, do not live their lives suffering unnecessarily due to isolation, lack of confidence or friendship. Hospice Hope strives to address these, and more, along with non-clinical therapies and weekly outings to our Support Cafés or Day Centre. We can offer personal interest and one-to-one support, peer support, social interaction and low-level physical activity. If other sectors of the community can supply clinical and social assistance where needed, then hopefully, raising our service users' confidence, and knowledge about their personal capacities and skills, will increase their sense of well-being. They will be as comfortable and socially happy as they can be and function at their optimum level; they can flourish at certain stages of their illness in a community setting with minimal financial cost to society. So we feel that the assistance we offer is in line with national policies which now intend to help people disadvantaged by long-term or terminal illness, to build knowledge, skills and confidence, and to live well with their health condition.

The requirement for community-based assistance for people with life-limiting conditions and terminal illness continues to increase. There is a huge and growing unmet and unmeasured need for care for people at the end of their lives and we know that in the future there will be more people who live with multiple conditions and with less support from families, who may not be local. Carers UK note that more than 2.3 million people have already given up work to look after relatives in need. Those carers may also face social, emotional, economic, physical and mental needs, and hospices are in a key position to help them too. (Carers UK; 2016)

## 5. Our new direction

**Our vision** is that everyone in this country with a life-limiting condition or terminal illness will be enabled to live out their life as fully, comfortably and as happily as possible; in the way they want to live it, whether or not they need clinical treatment.

**Our mission** is to be a non-clinical, therapeutic and social arm of a network of services, for North West Leicestershire people and their carers, which will achieve our vision locally.

We have considered again which of the Charity Commission's recognised Charitable Purposes our work best fits, and, at the moment, as we transition from one five year plan to the next, we feel that our charitable purpose best serves ***"the relief of those in need , by reason of youth, age, ill-health, disability, financial hardship or other disadvantage"*** (see Appendix 8).

## 6. Our priorities for the next five years

Hospice Hope has aligned itself with the hospice movement, spearheaded in this country by Hospice UK. We too recognise that there will be a huge increase in the number of people who may require access to hospices and their supporting services because of demographic change. Hospice care, and our care, will need to be more widely and equitably offered to patients from any and every background in North West Leicestershire; illness and dying do not discriminate amongst human kind; so within our capabilities neither should we. Hospice Hope will need to respond to these issues in partnership with other agencies, utilising the voluntary assistance of our local communities.

Therefore, we have drawn up 5 goals which we aim to deliver simultaneously over the next 5 years:

1. To increase the number of Support Cafés and increase their usage
2. To expand the availability of the Day Care Centre and increase attendance at Hope House
3. To develop bespoke supporting services for carers of the service users
4. To plan and deliver a new base for when the current Day centre lease expires in 2021
5. To explore the role that Hospice Hope can play in the delivery of the modern concept of hospice care in the local community

We hope that these goals will accord with what our future service users would want and the changed expectations of government, local commissioners for health and social services, health



practitioners, social providers and other local charities. We have studied their policy documents to form our views.

A fundamental change has taken place in NHS policies so that more services are now deliberately provided for patients in the community, rather than in hospital and in hospice beds. So, given that we have not yet provided hospice beds ourselves, we feel we now need to explore just how we can support, and perhaps share, in the delivery of hospice in-patient services locally. The results of this work may require us to rethink how we describe our future intentions to the community and Charity Commission and this will be an early focus of our activities as we embark on our new strategy. However, we remain confident that we can continue to develop our existing offer.

Hospice Hope does not envisage tackling any of its goals in isolation. There is strength in partnership and we want to explore the possibility of collaboration with other agencies already delivering hospice services in neighbouring locations, allowing us incrementally:

- To provide some services through a partner at our premises
- To have access for our service users to specific services offered by other agencies
- To deliver some services ourselves with partner support

We are open to innovative ideas which will benefit people with life-limiting or terminal illnesses and their carers.

## **7. How we will achieve our goals**

To select the most appropriate goals, we have undertaken an extensive examination of the political, economic, social, technological, ethical and legal environments in which we operate. We have considered our own strengths and weaknesses, and the opportunities and threats which may potentially face us. We have looked at the cost benefits of each venture and have considered and rated the risks of implementation. We know that each goal has to be planned, year-by-year, with regard to our resources for finance and personnel; and that we will have to devise outcome measures to be certain of giving value for the money that the public has given us.

Furthermore, through effective governance, we will manage the charity effectively and resourcefully. Within the organisation we will need to grow incrementally in numbers, introduce different talents and perhaps reassign responsibilities. We envisage a stepped change in our work; and recognise that just as the Hospice movement in the UK ***“is at a pivotal moment,”*** then so too is our organisation. ***“Radical change is needed in the delivery of hospice care nationwide”*** (Hospice UK; 2017) and we intend to support that change; and are prepared to move to a new and different kind of management and level of service delivery ourselves.

NHS England has plans to further develop **social prescribing** stating: ***“We look forward to the fulfilment of current government objectives over the next two years to implement social prescribing connector schemes across the whole country, supporting its aim to have a universal social prescribing national offer available in GP practices”*** NHS England (2018). We offer our charity to be part of this movement, providing social support services hopefully through the connection of local link workers and our own community engagement staff.

Hospice Hope welcomes the opportunities that these policy changes will offer, and put ourselves forward to be part of local government and clinical commissioning planning. We intend to be an instrument in the execution of community-based improvements for the well-being of patients suffering from life- limiting conditions and terminal illnesses, and the well-being and education of their carers.

Furthermore, Hospice Hope recognises the increased dependency there will be on charities in the hospice sector and the difficulties there may be in recruiting volunteers who can help us accomplish our goals. We see how working together with other charities, capitalising on each other's strengths and resources, can be to our mutual advantage and thereby can increase benefits to hospice patients living in the community. We understand the political drive for a civil society more dependent on charitable and voluntary contributions for people's wellbeing and are prepared to play our part. Therefore, we will actively seek formal and informal partnerships which will enable us to play a well-defined and beneficial role in the delivery of good lives for our clientele to the end of their days.

Our goals are ambitious but our Board of Trustees will ensure that there is a rolling programme of executive action properly measured and monitored to ensure that our goals are delivered and our hard won resources are used to our clients' best advantage. The Board will continue to look at its own structure and makeup, seeking diversity and appropriate skills in its membership; planning for succession when Trustee vacancies occur and, above all, for the continuation of the Charity's work.

We have worked extensively in 2018 considering where our future should lie and now wish to consult key stakeholders to hear their views about this, our draft strategy, and to seek opportunities to work together for the benefit of local people and their carers.

***"... charities exist because those who work and volunteer for them each believe passionately in its importance. And they are right to do so. But as the challenges of the future begin to bear down on us, I believe that this big shift must begin to happen – the sector must be open to collaborate, to share expertise and resources; to focus less on individual interests and more on the benefits that working together will bring. That, I believe, is where the future lies".***

**H.R.H. Duke of Cambridge (2018).**



## APPENDICES

### APPENDIX 1: Original Business Plan and Core Strategy 2016-2020

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## Hospice Hope Aims and Objectives

The facilitating of the improvement of life and wellbeing of persons with life limiting and terminal illness in North West Leicestershire

Through the provision of facilities and support services  
By working in partnership with  
To ensure the provision of

# Hospice Hope

To achieve all objectives, the original vision was that partnerships would be built to achieve the desired results and that to do it all on our own would not be possible. Potential partners are listed as LEP, NHS, Tree Tops, St. Mary's and St. Giles.

## Future Objective

Present a Support Day  
Hospice Hope has established over the last 4 years a network of 1 Support Centre. Through these we have gained 1.5m in these Support Day places. The Charity in a unique position to take the "next step" and open a Support Day

# Core Strategy and Business Plan 2016 to 2020

Research and 1.5m premises in NWL to rent for a period of up to 10 years to open a Support Day Centre, which at the same time, continuing to develop and come forward with a totally funded "open field" approach to build a Support Day

# The Next Step

**Registered Charity: No. 1112869** (at year 2016)

### Mission Statement

- Hospice Hope is a local Charity supporting those with life limiting illness in North West Leicestershire [NWL]

## **Hospice Hope Aims and Objectives**

The facilitating of the improvement of life and wellbeing of persons with life limiting and terminal illness in North West Leicestershire:

- Through the provision of facilities and support services
- By providing hospice beds and associated palliative care and
- Through the provision of funds to support individuals

In order to achieve all objectives, the original vision was that partnerships needed to be built to achieve the desired results and that to do it all on our own was not viable. Potential partners are seen as LOROS, NHS, Tree Tops, Macmillan and St Giles.

### **Prime Objective**

- **To open a Support Day Centre in NWL in 2016**

The Charity has established over the last 4 years a net work of 3 Support Cafes. The experience gained from these Support Cafes now places the Charity in a strong and unique position to take the “next step” and open a Support Day Centre.

The Charity plans to:

1. To research and find suitable premises in NWL to rent for a period of up to 5 years to open a Support Day Centre, whilst at the same time,
2. Continuing to investigate and come forward with a totally funded “green field” development for building of a new purpose built Day Centre.

### **Objectives 2016 to 2020**

#### **Short Term Objectives [Current year 2016]**

- To research and find suitable premises in NWL to rent for a period of up to 5 years to establish a Support Day Centre.

- To develop and enact plans covering finance, recruitment ,building modification and capital expenditure to enable the Day Centre to open in quarter 4 2016.
- To provide support for those with a life limiting illness from the point of diagnosis through the Support Cafes in Ashby, Coalville and Ibstock.
- To continue to increase awareness of the need for palliative care in NWL and to promote Hospice Hope as the best means of delivering that care.
- To generate income by fundraising in the community with a target income of £30k in £2016.
- To find and bring on board a patron or patrons that would be able and willing to support the Charity financially by way of substantial investment as a means to achieving the long term objectives.
- To increase the number of volunteers and charity members.
- To develop the role of the part-time administrator to support the aims and objectives of the charity.

### **Medium Term Objectives [1-2 years 2016/17]**

- To plan the creation of a Support Day Centre.
- To open the Support Centre in quarter 4 2016.

### **Long Term Objectives [2 to 5 years 2016 to 2020]**

- To open a purpose built palliative day centre in NWL on a green field site by 2020.

### **Background**

- Hospice facilities in NWL were historically provided by the Sue Ryder organisation based at Staunton Harold Hall.
- In 2002 Staunton Harold was closed on economic grounds and nothing was put in its place.
- This “local treasure” was much loved in the locality for the work that it did and the service it provided to the community.
- In 2002 a group of volunteers came together to create the charity Hospice Hope with the sole objective of restoring palliative care to the people of NWL.

**APPENDIX 2: Statistics for the old & new hospice sector**

**Our Volunteers**

- We currently have 56 active volunteers at Hospice Hope
- 17 are male
- 39 are female
- In conjunction with our Equality and Diversity Policy, we do not have specific data on the age of our volunteers, but we can confidently state that the majority have retired from work but have an active lifestyle.
- Numbers of volunteers have increased steadily over the past 6 years as the charity has expanded its services

Year Ending 31st December	Number of volunteers at Hospice Hope (excluding Trustees)
2013	25
2014	29
2015	32
2016	34
2017	48
2018	56



## Our Guests

The benefits guests experience by attending one or more of our services

Guests enjoy our support for a multitude of reasons:

- The break from isolation or loneliness that they may be experiencing
- The feeling of being ‘cared’ for, that someone has the time to listen to them and empathize with their situation
- Enabling their carer to take a well-earned break (Hope House) • Enabling their carer to accompany them to a Support Café
- The friendly welcome and support provided by our volunteers
- The mutual support of others in similar situations
- The opportunity to part-take in group activities or enjoy entertainment
- The opportunity to relax with a free complementary therapy treatment

## Guest Numbers

The following table shows the number of guest visits to our three Support Cafés and Hope House (opened in April 2017). The lower figure for hope House in quarter 4 is because of the Christmas break.

Year	Quarter	Ashby	Coalville	lbstock	Total Support Cafés	Hope House
2018	4	68	74	76	218	120
	3	91	83	101	275	123
	2	91	81	84	256	112
	1	66	96	70	232	105
Total for 2018					981	460
2017	4	63	85	54	202	89
	3	63	94	72	229	70
	2	62	74	73	209	65
	1	62	73	58	193	
Total for 2017					833	224
2016	4	56	69	85	210	
	3	63	82	92	237	
	2	58	72	83	213	
	1	50	69	36	155	
Total for 2016					815	



Accessibility

All our venues (Support Cafés and Hope House) are fully accessible to people with disabilities.

Estimated figures for 2019 for Hope House

Year	Quarter	Hope House	
2019	1	145	
	2	175	
	3	225	As a result of opening for a 3rd day and the work of our Community Engagement Worker
	4	240	
Total for 2019		785	

**APPENDIX 3: Benefits identified by our service users in a 2018 survey include:**

"Here, we are a group of people NOT waiting to die"

"Companionship"

"There is Hope in Hospice - Hope is a good word"

"I look forward to Thursdays - - it's been a lifeline to me. I didn't want to come at first, but now I love it"

"I found the name 'hospice' off-putting at first, but now I love coming"

"We can just chat or talk to someone in confidence"

"No pressure"

"Peaceful, relaxing, calming atmosphere"

"I feel so much better after the treatments [therapies]"

"No one fusses over you and keeps asking if you are Ok. At home I feel watched all day."

"I feel independent - it's nice not"

"I feel part of a team"

"It has a purpose and feels positive"

"It's got me out - I live on my own"

"It's a haven"

"We talk, play games and things... I would like a trip to a garden centre or something like that"

"The meals are marvellous; the cook never disappoints us... the food is first class"

“We are spoilt – we are picked up and taken home”

**APPENDIX 4: The Financial Consequences of the new strategy - demonstrating compliance to the Charity Commission guidance CC25 – Peter to add**

Respectfully suggest you look at:

<https://www.gov.uk/government/publications/managing-charity-assets-and-resources-cc25/managing-charity-assets-and-resources>

And <https://www.gov.uk/guidance/charity-financial-reserves>

And demonstrate the value of funded posts against other income

And that the planned growth in activities (more service users, another Support Café, additional staff, resource implications etc. ) is financially viable.)



<p><b>National Palliative &amp; End of Life Care Partnership: Ambitions for Palliative &amp; End of Life Care – A national framework for local action 2015-2020</b></p> <p><b>Six Ambitions:</b></p> <ol style="list-style-type: none"> <li>Each person seen as an individual</li> <li>Each person gets fair access to care</li> <li>Maximizing comfort &amp; wellbeing</li> <li>Care is coordinated</li> <li>All staff are prepared to care</li> <li>Each community is prepared to help</li> </ol> <p><b>Eight Foundations to deliver the ambitions:</b></p> <ol style="list-style-type: none"> <li>Personalised care planning</li> <li>Education &amp; training</li> <li>Evidence and Information</li> <li>Co-design</li> <li>Shared records</li> <li>24/7 access</li> <li>Involving, caring and supporting those important to the dying person</li> <li>Leadership</li> </ol>	<p><b>Hospice UK: Transforming hospice care – 5-year strategy 2017-2022</b></p> <p><b>4 strategic goals:</b></p> <ol style="list-style-type: none"> <li>Extend our reach - and enable hospice quality care to be delivered in any setting</li> <li>Tackle inequality - and widen access</li> <li>Work with communities – to build capacity and resilience to care for those at end of life</li> <li>Empower – a strong, dynamic and responsive hospice sector</li> </ol> <p>“Hospice care ... Working with local communities to tailor palliative care around the needs of each adult/child with a terminal or life-shortening condition... and extends to support their carers, friends and family. Care provided by staff and volunteers who offer expert support</p>	<p><b>A Review of Choice in End of Life Care (2015)</b></p> <p><b>7 main themes:</b></p> <ol style="list-style-type: none"> <li>I want to be cared for and die in a place of my choice</li> <li>I want involvement in, and control over, decisions about my care</li> <li>I want access to high quality care given by well-trained staff</li> <li>I want access to the right services when I need them</li> <li>I want support for my physical, emotional, social and spiritual needs</li> <li>I want the right people to know my wishes at the right time</li> <li>I want the people who are important to me to be involved in my care</li> </ol>	<p><b>Macmillan Cancer Support: 9 aims and outcomes for people living with cancer</b></p> <p><b>9 Outcomes:</b></p> <ol style="list-style-type: none"> <li>I was diagnosed early</li> <li>I understand, so I make good decisions</li> <li>I get the treatment and care that are best for my cancer and my life</li> <li>Those around me are well-supported</li> <li>I am treated with dignity and respect</li> <li>I know what I can do to help myself and who else can help me</li> <li>I can enjoy life</li> <li>I feel part of a community and I feel inspired to give something back</li> <li>I want to die well</li> </ol>	<p><b>Public Health England: Cost-effective commissioning of End of Life Care (2017): Governments response to the review of EoL and the Ambitions for EoL Care Partnership</b></p> <p><b>7 actions:</b></p> <ol style="list-style-type: none"> <li>We will develop more personalised care for people approaching EoL</li> <li>We will put in place measures to improve care quality across different settings</li> <li>We will identify and spread innovating in the delivery of high quality care</li> <li>We will lead on EoL Care nationally and provide support for local leadership, including commissioners, to prioritise and improve EoL Care</li> <li>We will ensure we have the right people with the right knowledge and skills to deliver high quality, personalised care</li> <li>We will work together with system partners and the voluntary sector to deliver this commitment</li> <li>We will strengthen accountability and transparency to drive improvements</li> </ol>	<p><b>Leicestershire Joint Health &amp; Wellbeing Strategy 2017-2022</b></p> <p>The Better Care Fund – an ambitious NHS and local government programme with local pooled budget to incentivise closer working between the two. Health and Wellbeing are key priorities. Shifting resources into social care and community services.</p> <p>Ageing population across the county. Over 65 population predicted to grow by 72.7% and over 85 by 186.8%. Health needs therefore will increase.</p> <p><b>Outcomes:</b></p> <ol style="list-style-type: none"> <li>The people of Leicestershire are enabled to take control of their own health and wellbeing</li> <li>The gap between health outcomes for different people and places has reduced</li> <li>Children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing</li> <li>People plan to ahead to stay healthy and age well and older people feel they have a good quality of life</li> <li>People give equal priority to their mental health and wellbeing and can access the right support throughout their life course</li> </ol> <p><b>Focus on:</b></p> <ol style="list-style-type: none"> <li>Reducing health inequalities</li> <li>Collaborative working across the partnership</li> <li>Early intervention to avoid higher costs</li> <li>Care closer to home</li> <li>Enable independence and connection to their community</li> </ol>	<p><b>NHS England Specialist level palliative care: Information for commissioners April 2016</b></p> <p>This work is very much around specialist teams and expertise:</p> <ol style="list-style-type: none"> <li>Specialist level in-patient palliative care services</li> <li>Specialist level out-patient services</li> <li>Core level palliative care service</li> <li>Other palliative care services</li> <li>Links to national work: Supported by the 6 ambitions &amp; 8 Foundations (see column one)</li> <li>Palliative Care Currencies/funding tariffs</li> <li>Palliative Care Clinical Data Set collection (pilot during 2017)</li> </ol>
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(July 2018 MAP)

Summary of key documents regarding palliative care, highlighting where Hospice Hope can support the objectives.

**APPENDIX 6: Charitable Purposes (Charity Commission for England & Wales, 2013)**

1. The prevention or relief of poverty
2. The advancement of education
3. The advancement of religion
4. The advancement of health or the saving of lives
5. The advancement of citizenship or community development
6. The advancement of the arts, culture, heritage or science
7. The advancement of amateur sport
8. The advancement of human rights, conflict resolution or reconciliation or the promotion of religious or racial harmony or equality and diversity
9. The advancement of environmental protection or improvement
- 10. *The relief of those in need, by reason of youth, age, ill-health, disability, financial hardship or other disadvantage***
11. The advancement of animal welfare
12. The promotion of efficiency of the armed forces of the Crown, or the efficiency of the police, fire and rescue services or ambulance services
13. Any other charitable purposes



**APPENDIX 7: Financial Overview and Financial Reserves Policy for Hospice Hope**

Peter to add

## 8. Bibliography & References

1. Better Care Together policies through <https://www.bettercareleicester.nhs.uk>
2. Carers UK (2016) <https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2016>
3. Hospice UK (2017) ***“Transforming Hospice Care. A five year strategy for the Hospice movement 2017 to 2022”*** <https://www.hospiceuk.org/>
4. H.R.H Duke of Cambridge (2018) <https://www.royal.uk/speech-duke-cambridge-charity-commission-annual-public-meeting>
5. Leicestershire County Council (2017) ***Joint Health and Wellbeing Strategy 2017-2022*** <https://leicestershire.gov.uk>
6. NCVO Knowhow (2018) <https://knowhownonprofit.org/organisation/strategy/options/plan>
7. NHS England (2016) ***“Specialist Level Palliative Care: Information for Commissioners***
8. NHS (2018) ([www.nhs.uk/conditions/end-of-life-care/2018](http://www.nhs.uk/conditions/end-of-life-care/2018))
9. Public Health England (2018) ***“Cost Effective Commissioning of End of Life Care; Understanding the health economics of palliative and end of life care.”***
10. Sanderson, J (2018) ***Social Prescribing***, The King’s Fund Conference, November 2018
11. In 2017 the National Council for Palliative Care merged with Hospice UK. Although the website is no longer being updated there is still information on their website at <http://www.ncpc.org.uk/>
12. St Giles Hospice Care: [www.stgileshospice.com](http://www.stgileshospice.com)
13. The Charity Commission for England and Wales (2013) ***Guidance on Charitable Purposes; Working with other charities ; “Charities must do more to promote diversity on their boards, new research shows “and Managing Charity Assets*** [www.gov.uk/government/organisations/charity-commission](http://www.gov.uk/government/organisations/charity-commission)
14. The King’s Fund (2018) <https://www.kingsfund.org.uk/topics/end-of-life-care;> <https://www.kingsfund.org.uk/topics/adult-social-care;> and <https://www.kingsfund.org.uk/publications/social-prescribing>
15. The National Palliative & End of Life Care Partnership (2019) Ambitions for Palliative and End of Life Care End of Life Care [www.endoflifecareambitions.org.uk](http://www.endoflifecareambitions.org.uk)



## 9. Acknowledgements

- ❖ Voluntary Action Leicester
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- ❖ North West Leicestershire Clinical Commissioning Group
- ❖ North West Leicestershire District Council

Stewart, Peter and Roy – please add any other organisation/individuals that you would like to acknowledge



#### 10. How to contact us:

- For client referrals:
- To make comments about our draft strategy:
- For media statements:
- To be a volunteer or Trustee:
- For fundraising or donor enquiries:
- For speakers from Hospice Hope:

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