

St Barnabas House

Care Strategy 2023 - 2028



♥ Message from the CEO

People living with life-limiting illnesses deserve to have access to the specialist help they need.

A lot has changed since St Barnabas House first opened its doors 50 years ago when we cared for nine patients in the first two weeks. The hospice currently plays a part in supporting the care of around a quarter of our local population in the Worthing, Adur, Arun and Henfield areas that die each year, but we know there is more we can do.

As a team, we are committed to ensuring that our expertise can reach everyone who needs it over the next 50 years and beyond. Our new care strategy describes how we intend to do this – by developing our services and teams over the coming five years and working in partnership with others to improve end-of-life and palliative care for our local community.

Closer collaboration and joint work with our partners in GP practices, care homes, community health teams and local hospitals, is central to our strategy. We will also be working closely with other West Sussex hospices to support the improvement of care across the whole county.

I look forward to the future of St Barnabas House, which will develop end-of-life and palliative care in collaboration with our partners, to ensure the best for the local community we serve.

With warm wishes,
Amanda Fadero

♥ Our vision for the future of palliative and end-of-life care

We see a future where everyone in our community living with a life-limiting illness has fair access to the support they need and are empowered to make decisions around their care. But we can't do this alone.

By offering our expertise and advice to other care providers as well as providing direct specialist care, we move away from a traditional hospice model to one that is community focused, with coordinated care and a supported journey.

It's care in people's homes, care homes and nursing homes, as well as at the hospice. To ensure the best palliative and end-of-life care for our community.

♥ Our new care strategy

has been informed by detailed analysis of the palliative care and end-of-life needs of the 285,000 catchment population that we serve.

We serve an older population than most hospices, and the proportion of older people in our local community is forecast to increase. There is a need to avoid unnecessary hospital admissions for patients at the end of their life, and we need to address the areas where people may not be receiving the same level of end-of-life planning and care as others.

The strategy includes plans to develop services for patients with less intense palliative needs – through Living Well services with St Barnabas House or by acting as an advisor for others in the care sector.



St Barnabas House Model of Care

♥ Our Model of Care

recognises that we play three roles, as a provider, planner and advisor of high-quality end-of-life and palliative care, working collaboratively with other health and care providers.

Provider – delivering specialist care and support services directly to patients and families.

Planner – working with professionals, patients, and families to plan around care needs.

Advisor – offering advice and training to professionals around palliative and end-of-life care needs.

We anticipate that our new model of care needs two strands covering higher and lower intensity needs which will be delivered through four service pillars:

♥ Community Care

Our hospice 'Home Care' team was established in 1984. Today, our Community Palliative Care and Hospice at Home Teams continue to support patients, with over half of patients dying at home in 2022. Expanding this service means that more patients with higher intensity end-of-life needs can die in their own homes.

♥ In-Patient Care

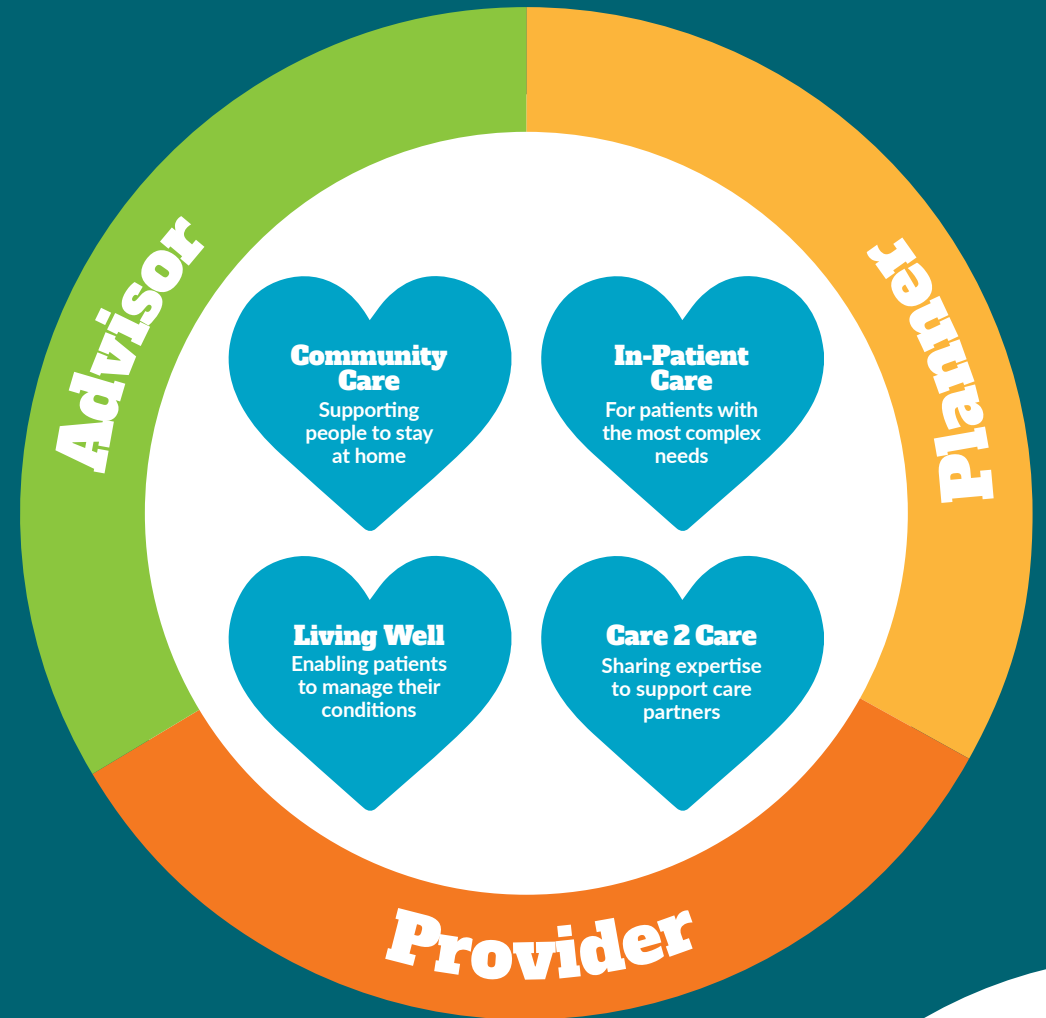
The In-Patient Unit (IPU) at St Barnabas House will continue to be available for patients with higher intensity palliative care needs – offering personalised, high-quality specialist care for those with the most complex needs which can't be met with community care.

♥ Living Well

Offering a programme of wellbeing support, our Living Well service was created to help people manage the challenges that come with having a life-limiting condition. Expanding this service will broaden our reach to patients with lower intensity needs and empower them by giving them skills to help manage their conditions.

♥ Care 2 Care

This new pillar will provide a structured and proactive offer of our expertise to support our health and care partners to improve end-of-life and palliative care to our local community. Working collaboratively, we aim to develop and expand our Care 2 Care offer to GP, community and secondary care providers in our area.



We are
Caring



We are
Courageous



We are
Connected

