St. James’s Place Foundation Grants 2016 - 
Rehabilitative Palliative Care

Information and criteria

What is the programme?
Hospice care is facing an ever increasing demand to provide a different palliative care approach which better supports more people to live well until they die. People are living longer with a range of life limiting illnesses and there is now the opportunity for hospices to respond by adopting creative and sustainable models to support many more people. There is also evidence that early intervention by palliative care teams makes a difference to the longer term outcome – a rehabilitative approach allows ‘light touch’ support of a bigger case load for longer, often via outpatient services, digital support and tailored courses.

Too often many people living with life limiting conditions spend their months simply ‘existing’ as they struggle with their illness. They become isolated from friends and their local community with their world becoming ever smaller as they lose independence and mobility. This vicious cycle culminates in depression, a loss of self- esteem, worsening isolation and decreasing levels of physical function. Such a scenario also has a significant impact on the health and wellbeing of those family members who care for them.

This ‘social loss’ can be mitigated by hospices developing a rehabilitative approach which would seek to work with each patient’s goals and aspirations of what makes life worthwhile on a day to day basis. We know people we care for crave normality and as much independence as is feasible. Hence by promoting their enablement, we support the social well-being for both the patient and those close to them.

Rehabilitative palliative care is an approach which combines rehabilitation, and self-management with the holistic model of palliative care. It is a model which puts at the heart of its structure the person, those close to them and builds a care package informed by their wishes. It involves a fundamental shift in approach across nursing, medical and psychosocial teams and will be much more familiar to allied health care professionals. It builds on the central tenets espoused by Dame Cicely Saunders within her vision for hospice care;

‘The work of the professional team is to enable the dying person to live until he dies, at his own maximal potential performing to the limit of his physical and mental capacity with control and independence whenever possible’
Rebecca Tiberini and Professor Heather Richardson produced guidance in 2015 which describes rehabilitative palliative care in practice, with several excellent examples where this approach has already been adopted by hospices.

We hope, by focusing this funding round on rehabilitative palliative care, to promote further thinking in hospices about how they adopt and implement this model to the benefit of their patients, families and carers in the future. We believe it to be an important development in response to the changing demographic of a population seeking palliative care and particularly those who wish to maintain normality of daily life, physical function and independence for as long as possible. It is particularly suited to the support of those patients living with illnesses other than cancer.

**Grants**

Grants of up to £40,000 are available to support projects running over a period of 18 months. They will enable hospices to initiate or build on a rehabilitative approach to care. This can be through a number of ways:

- Putting into practice the recommendations or findings from your own feasibility study/scoping exercise
- Implementing the recommendations from the Hospice UK publication ‘Rehabilitative Approach to Palliative Care’
- Adapting existing activities where, through the investment of additional resources, greater impact can be achieved through new roles and approaches, for instance to new patient groups.

**Available funding**

Total available funding in this grant round is £500,000. We expect to award between twelve and fifteen grants in this round.

**Deadline**

The deadline for applications is 8 June 2016. Applicants will be informed whether or not they have been successful in mid-late July 2016.

**Eligibility criteria**

Eligible organisations are based in the UK. They are full member:

- adult hospices
- children’s hospices.

Please note, due to funder restrictions this programme is not open to Marie Curie or Sue Ryder hospices.

**Financial situation**

If we receive more applications than we can fund and the project has been assessed and is strong enough to be in contention for a grant then, hospices’ free reserve levels may be taken into account.

For the purpose of this grant programme:

- free reserves are defined as all reserves with the exception of endowed or restricted funds and any reserves represented by tangible fixed assets
• running costs are defined as total expenditure as per the most recent audited accounts.
• where the hospice operates one or more trading subsidiaries, the figures are to be based on the consolidated levels of reserves and expenditure for the group.

The proposed work
Areas could include a whole system approach to care through to discrete targeted projects such as breathlessness management, fatigue management, self-management approaches to pain and falls prevention projects. Such change will require leadership and training from clinical leaders who can be from a range of professional disciplines who understand the concept and have clinical or managerial authority to deliver the systemic change required.
To underpin the programme aims, we are looking to support:
• roll-out of evidenced based practice models already tested in some hospices
• development of rehabilitation assistant roles, new leadership roles for AHPs or rehabilitation volunteer teams
• training of the wider clinical hospice team in rehabilitation and self-management approaches
• partnership working by hospices with other care providers such as care homes, hospitals and other care experts to drive this model of care forward in other contexts

“Think for a moment about what is important in your life – the things you would like to be able to do for yourself right up until you die. This is what Rehabilitative Palliative Care is about.” Rebecca Tiberini, Specialist Palliative Care Physiotherapist at St Joseph’s Hospice, London.

Examples of projects could include
• Appointment of a project leader to drive whole system change in approach to assessment, goal setting and self-management
• Introduction of Rehabilitation Assistant roles - across care settings
• New roles for allied health professionals in educational and clinic based roles
• Incorporation of rehabilitation volunteers into care models
• Work with local stakeholders to develop new partnerships.

Partnership working
We encourage new projects to be developed and implemented in partnership with others, e.g. internal colleagues/departments, hospitals or other organisations, in order that they complement existing provision and are truly integrated in systemic plans to reach more patients.

Organisational support
The project lead could need dedicated time to undertake the proposed work and full support from the organisation to execute necessary change to culture and practice.

The organisation will need to demonstrate that the developments will continue beyond the end of the grant period and show it’s commitment by contributing at least 5% of the project cost from its own funds.

The chief executive or equivalent at the hospice will be asked to write and sign a statement of support on hospice headed paper.
Eligible costs
For the purpose of this grant programme, we consider a ‘project’ to be a discrete range of activities with a clear purpose, designed to bring about change. These activities would normally incur costs over a variety of items, which could include:

- Staff salary. Funding can cover full-time or part-time staffing, or a combination of both for example: full-time for 12 months and part-time for the remaining 6 months
- Equipment
- Travel
- Staff training, to encourage integration of a rehabilitative approach to palliative care in the hospice.

Please note, if successful in your application, you will be required to attend an initial Project Lead Day in London. You should allow for the cost of travel for this as part of your budget.

It is expected that the majority of the grant would go towards implementation costs of the service. However, a range of different items should be budgeted for and all must be directly relevant to the project.

What is not eligible?
Non-eligible pieces of work include:

- activities such as undertaking a needs analysis or mapping exercise
- a continuation of an existing service – unless this application is to build on or adapt the service
- work that has already started before 4 July 2016 – although if you ran a clearly identified pilot phase before this date, you are not precluded from making an application to develop it further
- isolated pieces of equipment not related to the proposed work
- direct salary costs for tasks not related to the project – the aim is to release the applicant from some of their duties to undertake the proposed work.
- due to funder restrictions this programme is not open to Marie Curie or Sue Ryder hospices

Application process
We encourage all potential applicants, after reading the application materials, to contact the grants team to informally discuss your proposal. This enables us to establish whether your planned work fits within the general requirements of the programme and offers you an opportunity to find out more about what we are looking for.

Please note that discussing your proposal with the grants team does not guarantee the success of your application.

Only one application per grant round will be considered from each hospice.

Full applications can be made on the online forms available on our website: www.hospiceuk.org.uk/grants
Completing the online form
Before you can access the online application form you will be asked several questions in the eligibility filter. If answered correctly, you will be directed to the full application form.

When you are filling in your application form, please give concise answers as some questions may have a limit on the number of words you can write.

In addition, if a grant is awarded, we will ask you to report back on your project by referring to the answers written on your application form, so it is important to be realistic in your answers.

Submitting the online form
Once you have completed the application form you can submit it online. To submit, go to the last page of the form and at the bottom is a ‘submit’ button. Once you are happy with your application, click ‘submit’.

A copy of your application is available for you to access on your account page under My Applications.

Please attach to your application:
- a signed statement of support on hospice headed paper from your chief executive
- letters of support from partner organisations
- any other supporting information, such as a feasibility study or scoping exercise, that identifies the need for the project.

Assessment
Applications will undergo a two stage assessment process:

1. By Programme Staff
To check the application meets the basic eligibility criteria. If further information is required at this stage, a member of the programme staff would request it.

2. By the Major Grants Committee
During the second stage all applications would be considered by the Major Grants Committee, which comprises of senior hospice personnel as well as staff from Hospice UK and representatives from St. James’s Place Foundation.

Applications will be assessed against set criteria, including evidence that the proposed project will:

- Be able to evidence a direct impact on the experience of people with long-term life-limiting conditions to live well, in addition to making a difference to the care of people in the last days of life
- Address a previously identified unmet need, backed up by robust national and local evidence
- Have high-level organisational buy-in ie evidence that this is in line with strategic direction and receive 5% towards the project costs
- Demonstrate awareness of current developments in rehabilitative palliative care; be nationally relevant and be able to be replicated nationally
• Incorporate in full or in part, the recommendations from the publication “Rehabilitative Palliative Care” as part of the work plan

• Demonstrate partnership working with other agencies
  o We will ask for signed letters of support from any significant partner organisations that you propose to work with

• Result in knowledge that can be learned from and shared with others

• Be sustainable once our funding has ended.

In addition, value for money and the feasibility of the proposed work will be taken into account.

It is important that you address each point in your application. These are not listed in order of importance.

The Grants Committee will prioritise innovative projects they feel would most likely contribute to national learning and the possibility of scaling and replicating your model in other settings. To support this, your application should demonstrate how your project would build on established practice, be nationally relevant and show a clear need.

It is likely that we will receive more applications than the amount of funding available, so the success of your application cannot be guaranteed and the committee’s decision is final.

Supporting documentation for your application
You have the opportunity to submit supporting documentation to strengthen your bid. Examples of documentation you should consider including:

• evidence for why the activity proposed will have the impact we are looking for
• evidence of need for your proposed work in your locality
• information about partners and collaboration that will have an impact on the success of your project

What happens if successful?
If your application for a grant is successful then we will send an award letter, together with an acceptance form, to the chief executive at the hospice. We may contact the application sponsor personally to confirm support of your application.

The acceptance form must be signed by the application sponsor as well as the applicant, agreeing to the conditions of the grant. We will ask you to confirm when the project will start and when you expect to complete it.

The project should start within three months and finish within 18 months of the date that the grant was awarded. We reserve the right to withdraw funding after 18 months from the award date if it is not claimed, so it is important that you keep us up to date with progress.

Payments will be made on the submission of a grant claim form together with evidence of expenditure such as copies of paid receipts and invoices in relation to the grant.
Through the life of your grant
Hospice UK and St. James’s Place Foundation are keen to see how our grants make a real
difference to the work of hospices and to learn how funded projects have improved the
experience for patients, and their families.

We are also interested in increasing and sharing learning from the projects that are funded
through this programme. If successful in your application for funding, you will be expected to
contribute to this. Activities may include:

- submitting a written progress report every three months after your grant has been
  awarded
- site visits by staff from Hospice UK to evaluate progress
- access to ongoing support from the Grants Team and Practice Development Lead to
  ensure that your project goes as smoothly as possible and to offer facilitation to help
  resolve any issues as they arise
- sharing of ideas and knowledge and peer support through a variety of media and
  attendance at project lead days and related events
- Contribution of data and outcomes to project evaluation framework

Once your project is complete
As a condition of your grant, you will be required to send us a final report at the end of the
grant funded period of your project. You will be asked for further information about what you
have achieved and what impact the work has had on the experience for patients and their
families.

Timetable
An outline timetable for the programme is given below.

- Early April - Open programme
- 8 June - Deadline for submission of applications
- Early July – Major Grants Committee meet to allocate funding
- Mid July – all applicants to be notified of decisions
- October (date TBC) – Project Lead Day
- End December – First progress report due from grantees

Acknowledgements
Grant holders are required to acknowledge St. James’s Place Foundation and Hospice UK in
any information that is circulated about the project. This includes conference presentations
and articles that arise from the work.

St. James’s Place Foundation
St. James’s Place Foundation, founded in 1992, is the charitable arm of the St. James’s
Place Wealth Management Group. The Foundation is at the heart of its business and aims to
improve the quality of life for those people in need as a result of disability or disadvantage.
The Foundation seeks to achieve direct, tangible results from the support given.

Hospice UK
Hospice UK is the national charity for hospice care. Everything we do aims to support
hospices to provide more incredible care for more people. Our vision is for everyone facing
the end of life, whoever they are and where ever they may be, to have the best possible care.
Further information
Please visit our website or contact the grants team if you have any questions or if you need further information:

E-mail: Grants@hospiceuk.org
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