

## Inputs

### Group-based Counselling Investment

Set up costs - £249 (preparation & training)  
Running costs - £4,721 (Counsellor & SW time for 5 groups/yr running for 8 wks)  
Total combined groups plus individual counselling - £9,084

### Resources

Counsellor (0.26 WTE – groups and individual counselling sessions)  
Social Worker (2.5hrs/wk)  
Volunteer (2.5hrs/wk)  
Supplies (£50)  
Catering (£800)

### Clinical Nurse Specialist & Rapid Response (CNS/RR) Service Investment

Set up costs - £6,661 (training & equipment)  
Running costs - £385,879  
Total costs - £392,540

### Resources

Community Service Manager Band 8a (0.5 WTE)  
CNS Band 7 (1xWTE)  
CNS Band 6 (3xWTE)  
HCA Band 3 (6xWTE)  
Admin Band 3 (0.4 WTE)  
Travel (£17,250 pa)  
Laptops (£5,000)  
Mobile phone call costs (£1,320 pa)

## The Service

### Journey through Service Counselling

Group-based “Capacitar” sessions for people living with loss and grief.

Run by Counsellor, Social Worker and Volunteer.

8-week programme with 8-10 participants.

5 programmes planned per year.

Additional one to one counselling.

Up to 60 clients per year supported by single counsellor.

### CNS/RR Service

Delivered 7 days/wk through CNS home visits, nurse-led clinics, and practical support at home from trained HCAs.

Complex pain and symptom management assessment, monitoring and control.

Advance Care Planning

Psychological Support

Practical hands-on care input at home

Carer respite

Support to Primary Care

Education/Training of health and social care professionals and family/carers

### Activity/ delivery

- 210 patients per year projected to be supported by CNS team
- Estimated 120 additional patients referred for RR service.

## Summary of Benefits

### People who are living with loss and grief

Will find resources from within to help them cope and heal.  
Will identify with and gain peer support from others in the group.  
Will have a reduced risk of suffering adverse health and social outcomes following bereavement

### Patients who access the CNS/RR Service

Will have their pain and other symptoms assessed and managed effectively  
Are supported to discuss and plan their end of life preferences  
Are supported with practical/social measures to die at home if that is their preference  
Have their family supported in tandem with their own care

### The hospice

Will be able to demonstrate that it is using resources (people and financial) in an effective and efficient manner to deliver specialist services  
Will be able to evidence outcomes to regulators, funders and other stakeholders

### For other local services

GPs and DNs have increased access to specialist palliative care support and advice during both core working and out of hours periods.  
Public Health priorities around end of life and bereavement are promoted.

### Opportunities for service development

The Group Therapy model should be extended to other group-based Day Services.  
SVH should pursue potential funding streams and partnership working to develop the CNS/RR service.