



Our vision 2036 & strategy 2024

FY2021-2024

Te Kahu Pairuri mai i Takarunga ki Te Hana

harbour
hospice



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how we created our strategy

Our strategy is the product of an extensive literature review, a great deal of consultation and discussion with our staff, supporters, partners and other key stakeholders. These included Māori - kaumātua, Mahinga Ngātahi, Iwi providers - by Mana Ngāti Whātua, Ngāti Manuhire etc. Pacifika, Asian-Chinese and Indian.

Our healthcare partners including primary health organisations, aged residential care, other non-governmental organisations, other Hospices, Waitematā District Health Board and hospitals. This collaboration enabled us to create this shared vision for the future.

CE message

We are proud to present this draft strategy for Harbour Hospice to you, outlining a bold vision for our community and our services for the next 15 years and beyond.



Jan Nichols
Harbour Hospice
Chief Executive

Demand for palliative and end of life care is rapidly increasing, as older people form a larger proportion of our population and have more complex conditions and needs. In addition, our population is one of the fastest growing and most diverse in New Zealand. This is happening at a time when we are challenged by the realities of constrained resources, Covid-19 impacts and two newly centralised health funding and commissioning bodies. Hospices are under greater pressure than ever before to find ways to do more with less.

In this document we outline the challenges and opportunities ahead of us and what needs to be done to achieve our vision to 'quadruple the number of people positively impacted by our services by 2036'. Everything we do centres on the people who need hospice care and their family/whānau and carers.



Ann Tod
Harbour Hospice
Trust Chair

We asked ourselves the question - How can we leverage the resources and assets that have been gifted to us through our funders and generous donors, to scale our impact and ensure that we fundamentally influence the way people experience death, dying and loss?

Our 2021-2036 Harbour Hospice strategic vision and plan is designed to answer this audacious call. Our strategic intent is focused around four key pillars:

- Grow with and empower the people we serve**
- Ensure our service is accessible to all who need it**
- Support local systems to improve palliative care**
- Strengthen our contribution nationally and globally**

With a disciplined focus on this plan and with the support of our partners and community we believe we can create a community that further supports the founding principles of the modern hospice movement.



vision

To quadruple the number of people positively impacted by our services by 2036.



mission

To empower a community where people live well, grieve with hope and die with dignity.





Whanonga pono Our values

are woven into everything we do and say



Aroha Compassionate

Extend manaakitanga (aroha, care, authenticity and generosity) to each person in our care - family, whānau, our community and each other.

We listen deeply, with empathy and take time to get to know the whole person.

We meet challenges with understanding and aroha before responding.



Tautikanga Professional

Strive for excellence and continual improvements by sharing mātauranga (knowledge) and learning from our experiences.

Demonstrate high moral and professional standards by placing integrity at the heart of everything we do.

We collaborate and connect to achieve goals.

We have honest, open and respectful conversations based on mutual trust.

We empower others through aroha, tika and pono (trust and honesty).

We are accountable for the impact our words and actions have on others.



Mō Te Katoa Inclusive

Be open to, seek and value different perspectives and ideas.

Treat each other as whānau to nurture a culture of belonging, unity and deep connection.

We value the input of others and work together to deliver the best outcome.

We actively seek to deepen our understanding of the cultural and individual needs of everyone.

We are accepting and non-judgemental, regardless of ethnicity, religion, disability, gender or sexual orientation.



our impact

Humanity is at a critical juncture, driven by significant social and demographic change. The role not-for-profits play is becoming increasingly vital in supporting, safeguarding and sustaining the communities we operate within. As a not-for-profit, we acknowledge the responsibility entrusted to us and share a deep commitment to the pursuit of excellence in how we run our organisation and the impact we make with the precious resources we have.

To deliver on our mission, vision and scale our impact, we will focus our priorities on the areas that matter most. To guide our approach, we have adopted the following four governing principles which shape all business decisions and strategies. These principles are our foundation and key to our continued success.

Te Tiriti partnership

We are committed to honoring our foundational relationship with tangata whenua and our commitment to Te Tiriti. We will adopt the Te Ao Māori principles of Maanakitanga, whānaungatanga and Kaitiakitanga to guide our approach in everything we do.

First choice employer

To deliver on our strategy, we need to discover, nurture and grow a workforce that can deliver a high quality and exceptional service. We will be a fair and values-based employer, focused on developing, empowering and engaging a diverse and inclusive workforce.

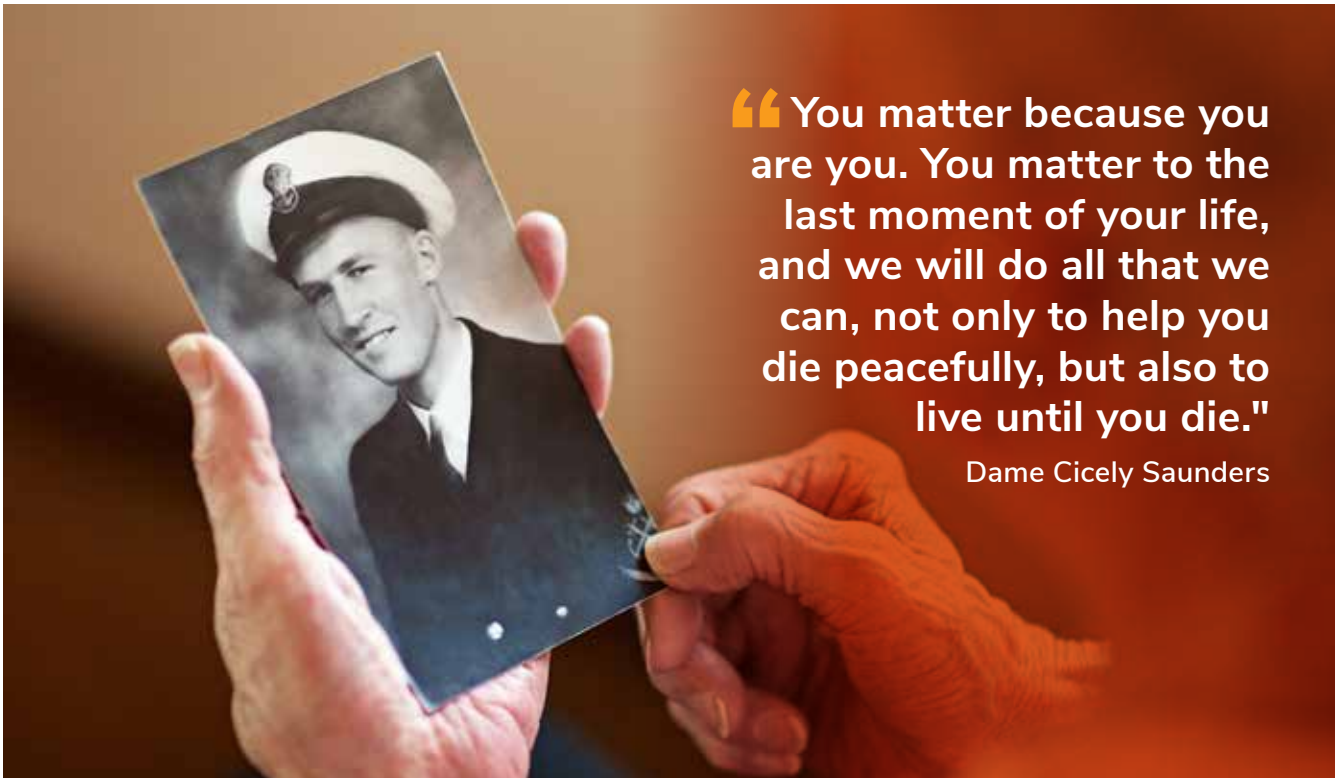
Stewardship

We want to be wise stewards in every sense of the phrase. We recognise and honor our responsibility to our community who invest their time, financial resources, energy, and support. We deeply value the public trust granted to us and are committed to wise stewardship of our precious resources.

Sustainability

We care deeply about sustainability and the impact we have on our environment. We want to encourage and implement positive practices that help us build an organisation that in every sense contributes to a better future.





“ You matter because you are you. You matter to the last moment of your life, and we will do all that we can, not only to help you die peacefully, but also to live until you die.”

Dame Cicely Saunders

death & dying in NZ

During 2020, there were 10,374 people who died directly supported by hospices in New Zealand (Hospice New Zealand, 2020); this potentially represents around 35% of all people likely to need some form of end of life care. In addition, hospices also provided services to many more people through supporting families and carers and indirectly through supporting primary health care providers. People with a diagnosis other than cancer are under-represented in hospice care referrals.

During 2020, just 24% of people using hospice services had a non-cancer diagnoses (Hospice New Zealand, 2020). Modelling indicates that whilst this will increase the population ages, cancer will remain the primary diagnosis in most people cared for by hospice.



strategic alignment

our strategy is focused around four key pillars

Grow with & empower the people we serve



This pillar recognises the challenge in front of us to not only keep pace with the increasing population and changing demographics, but also evolve our services to ensure the highest quality care that is delivered in a consistent and coordinated manner across our region.

Ensure our service is accessible to all who need it



We know that there are groups within our community who have specific needs at end of life that are not being met by our current model of care. This pillar seeks to address the unmet need and inequities that exist through improving access and health outcomes for these people.

Support local systems to improve palliative care



This pillar recognises the right that everyone has to access high quality palliative care at end of life and the vital role we have in supporting our community to lift the standard, availability and consistency of care that is delivered across our region. This includes working closely with our healthcare partners and supporting those who are caring for people at end of life.

Strengthen our contribution nationally & globally



We want to reduce the suffering and fear that surrounds dying, death and loss through raising awareness and advancing palliative care as a specialty. This pillar encapsulates our efforts to change the way people journey through the end of life.



While ambitious, our first steps towards achieving our aspiration, are detailed in the following pages in our FY2021-2024 strategy.

Across the **four strategic pillars**, we outline **six key goals** that we will tackle over the next three years to move us closer towards achieving our vision of quadrupling our impact.

These key goals are supported by **four enablers** detailed in the second half of this document.



15 year vision

Grow with & empower the people we serve



We will adapt our services to meet the changing needs of our community

All people who are dying, and their whānau, have timely access to quality patient and whānau centred care that is provided in a coordinated and consistent manner.

We set the standard for evidenced-based high quality patient and whānau care and experience.

Ensure our service is accessible to all who need it



We will improve access, reduce inequity and improve outcomes for people within our community who are missing out

All people who need us, specifically those who are Māori, Pacific and Asian peoples, and those with non-cancer illnesses, receive care that is tailored to their needs.

Community and partnerships are cohesive, collaborative and trusted, enabling integrated and high quality care.

Support local systems to improve palliative care



We will collaborate, support and train healthcare partners to strengthen the level of palliative care delivered in our community

Every palliative care provider in our community is capable and confident to deliver high quality palliative care.

Our community is more resilient, allowing them to better support and care for those who are dying.

Strengthen our contribution nationally & globally



We will raise our voice and engage in work that changes the way people experience death, dying and loss

New Zealanders experience a greater awareness of death, dying, and loss.

Palliative care as a specialty is advanced and the patient experience improved through the establishment of an innovation, research and learning hub that has global reach.



2021-2024 strategic goals

Grow with &
empower
the people
we serve



- 1 Define and implement a model of care that meets the demands of our population and ensures a consistent approach to holistic patient and whānau centred services.
- 2 Develop quality systems that are outcome focused with the patient and whānau experience at the centre.

Ensure our
service is
accessible
to all who
need it



- 3 The service we provide has been developed in partnership with Māori, Pacific and Asian to ensure equitable access and health outcomes.
- 4 Increased capacity to care and support people with non-cancer illnesses such as chronic disease, dementia, motor neurone disease and frailty.

Support
local
systems to
improve
palliative
care



- 5 Build the capacity and resiliency of those responsible for caring for people at end of life.

Strengthen
our
contribution
nationally &
globally



- 6 Invest and focus in growing our research capability and capacity to develop innovative services.





goal 1

Based on population projections and modelling commissioned by Hospice New Zealand, we know that the number of deaths that would benefit from a palliative approach (deaths of need) within our catchment area is estimated to increase by 38.6% between 2021 and 2036. This translates to us directly caring for 701 deaths in 2036, compared with 582 in 2021.

To effectively meet this demand and keep pace with the changing demographics, our model of care must be reviewed to ensure we are meeting needs and directing our resources in the most efficient and effective way.

We define 'model of care' to mean the way that we organise and deliver our services. Defining our model of care will ensure we are all working to a common set of goals and able to provide best practice care to the people we serve. In thinking about our model of care and developing this strategy we asked the question; what is the greatest need of the people we serve?

The responses highlighted four key areas of focus over the next three years.

1. Earlier access to service

The earlier on in a person's illness they are referred to us (within the last 12 months of life), the more effective we can be. This means being able to pre-empt what may happen leading up to the last days of life and empowering patients and whānau to make informed decisions and put plans in place that feel right for them. We need to review our referral processes, develop the capacity to respond to a longer length of stay and work proactively with our referrers to educate them on the activation of our service.

Define and implement a model of care that meets the demands of our population and ensures a consistent approach to holistic patient and whānau centred services.

2. Increased capacity to deliver psychosocial support

Often times it is the physical aspects of a person's illness that trigger a referral to our service. However, often it can be the psychosocial needs - emotional, spiritual, social, cultural and practical - that cause the most pain, suffering and prevent a person from being able to have quality of life. We want to increase the provision of psychosocial care across our service, ensuring that we are tending to the holistic needs of every patient and whānau that is referred.

3. Enhanced 24/7 after-hours support

Hospice care is the only provider of after-hours care and support for patients and whānau at end of life. Without our after-hours care, often the only option is acute emergency care via the public hospital. We will increase our capacity to deliver after-hours support, ensuring everyone has access to high-quality care and support 24/7

4. Care coordination

Often times when people reach the end stages of their illness, they have bounced between a variety of healthcare providers across health care settings at multiple points during their end of life trajectory.

A key aspect of providing high quality palliative care is the ability to provide care that is coordinated, continuous and integrated across a wide variety of expertise. We want to improve the patient experience through ensuring every single patient has a dedicated care coordinator that takes responsibility for their care while in our service.



goal 2

Develop quality systems that are outcome focused with the patient and whānau experience at the centre.



When a person is diagnosed with a life-limiting illness, it not only impacts the person who is dying, but also those who are closest to them. The journey that people have through dying, death and loss is life altering. It is our mission and responsibility to ensure that every person we serve receives the highest quality care and is able to have the best possible end of life experience.

This is influenced by the quality of care received. This includes the logistics of how, when and where that care is delivered but of equal importance is the expertise and skill of the workforce.

Specialist palliative care requires a highly skilled and well supported workforce that is equipped with the latest research and knowledge of best practices in order to control pain, manage symptoms and offer relevant psychosocial support.

To ensure the provision of high quality care,

mechanisms are required to ensure the delivery of consistent, person-centered care whatever the setting. In the New Zealand context all healthcare providers are audited against the Health & Disability sector service standards which were revised in 2021 with a far greater emphasis on addressing inequity. Additionally, as a recipient of DHB funding we are also audited against our contract to ensure we are delivering high quality care.

Although these mechanisms ensure we are compliant, we want to take this one step further. Our vision is to take the lead in setting the standard for high quality palliative care.

To enable this and as a first step over the next three years, we need to build the capacity to effectively and consistently capture, interpret and report on clinical activity. This includes strengthening the voice of our patients and whānau to ensure their experience is at the centre of everything we do.



goal 3

The service we provide has been developed in partnership with Māori, Pacific and Asian people to ensure equitable access and health outcomes.



In New Zealand we have a healthcare system which is failing minority ethnic groups specifically, Māori, Pacific and Asian.

Difficulties accessing and receiving culturally aligned healthcare are compounded by the health inequities that this group of people face. Historic experiences of engaging with a westernised healthcare model have marginalised and disenfranchised this group of people from receiving equitable and culturally aligned care, generation after generation.

This presents a significant challenge for the healthcare sector which will start to be addressed through the overhaul of the public health system review and revised Health & Disability sector standards both set to come into force over the course of the next two-three years.

Both of these strategic moves place far greater emphasis and accountability for healthcare service providers to work in partnership with their communities including Iwi-Partnership Boards to design, develop and deliver their services.

As we move forward and reflected as a core pillar of our strategy, we need to work in partnership with these groups to co-design our model of care and how this is delivered.

Not only that, we need to invest in resources to ensure we have the capacity and capability to deliver care and support that is tailored to the specific needs of this group of people.



goal 4

Increased capacity to care and support people with non-cancer illnesses such as chronic disease, dementia, MND and frailty.



Over the next 15 years, the number of people dying each year is projected to rise and the number of people with a need for specialist end of life care is also likely to increase. It will be an older population with the number of people aged 65 years and older are expected to double.

A large portion of this group have conditions such as chronic disease, dementia, motor neurone disease and frailty and would benefit greatly from our care but are not widely being referred.

We know that earlier engagement could significantly improve quality of life for this group of people but know that we will be unable to meet the additional and growing demands alone.

To address this we need to simultaneously build our internal capacity whilst developing strong and sustainable partnerships with GP's (as the lead health provider) and clinical and social specialty leaders in our community.





goal 5

Build the capacity and resiliency of those responsible for caring for people at end of life.



Primary Care Providers

Care leading up to and at the end of life is provided by a wide range of health and social service providers in a range of settings. Many people do not require direct care from hospice at this time. In most situations it is best that care and support comes from the patients own primary carer (GP), residential care or, where appropriate, hospital team members.

Harbour Hospice plays an important role in providing support, training and work experience to primary care providers in our community. The goal is to increase the capability in the whole system and ensure appropriate end of life care for all.

The Palliative Outcomes Initiative (POI) is focused on responding to this strategic challenge and it is crucial that we continue to build momentum and scale our impact.

Carers

Carers also play a critical role in caring for someone at end of life and supporting them to die at home, if that is their wish. For the carers themselves, this can be an incredibly demanding role which impacts all aspects of their life. The ability for people to give up work or reduce their hours to care for loved ones will

become increasingly difficult as the cost of living increases creating pressures on family income.

As our communities and needs change, there is no doubt that families, carers and informal care networks will be expected to do more to care for people at end of life. We need to plan and develop our services to meet the needs of this expanding and changing population. Hospice care cannot be delivered without supported carers and resilient communities.

Localities

Over the next few years, primary and community services will be reorganised to serve the communities of New Zealand through 'localities'. Every locality will have a consistent range of core services, but how these services are delivered will be based on the needs and priorities of local communities.

We have an important responsibility to contribute to the development of this work and advocate the priorities for people at end of life. We will work closely with local networks to ensure that systems are designed around patient/ whānau needs and unique local situations (eg urban/rural) and that services are easily accessible and coordinated well.





goal 6

Invest and focus in growing our research capability and capacity to develop innovative services.



Our fundamental belief is that everyone should have access to high quality palliative care at the end of life, enabling quality of life and the ability to die with dignity and with peace. However, the reality is that worldwide only 14% of people who need palliative care are receiving it.

There are many reasons for this but of most significance is the lack of palliative care training for health professionals and the lack of understanding of the benefit of effective palliative care.

Our vision is to contribute to work that advances palliative care as a specialty,

increasing both the access and the quality of care received. To do this we must focus our efforts and invest in increasing the size and capacity of the workforce. Although ambitious, our long-term goal is to establish ourselves as a learning and innovation hub that has global reach.

In the shorter term and over course of this three-year strategy, our primary focus will be on our own workforce and increasing the research and innovation capacity.

We need to foster a culture where curiosity is encouraged, learning is supported and innovation is recognised and rewarded.



enabling environment

Successful implementation and delivery of the Harbour Hospice 2021-2024 Strategic plan is dependent on four key enablers:



People & Culture

The critical workforce comprising volunteers, clinical staff, retail staff, support staff and leadership required to support the organisation.



Financial Sustainability

The diversified funding streams required to support the organisation including Waitemata District Health Board, retail and fundraising.



Communications & PR

The way we position ourselves and the key messages we want people to know, what we do and the impact we have.



Technology & Process

The ways of working and platforms required to support a modern model of care with tools that are easy to use and enhance the way we operate and deliver care.

Each of these enablers is dependent on the other and will require careful planning and management that is well informed by the strategic choices set out in this document. Each of these enablers needs to be properly catered for in supporting planning processes including business planning to ensure dependencies are well understood and adequately resourced.



people & culture

The intention of our workforce strategy is to recognise and acknowledge that our people are at the heart of everything we do. Our people's commitment and engagement is key to achieving our strategic goals. Commitment is fostered by having a strong connection to our purpose; therefore, one of our key objectives is to ensure we engage effectively with our people, so there is a clear understanding of our mission, vision, values and objectives.

Bi-culturalism is integral to our diversity, equity and inclusion strategies which we will strengthen through education, and our recruitment and retention strategies. Prolonged border closures as a result of Covid-19 have resulted in critical skill shortages and competition for top talent.

With our service facing an aging and growing population, along with increased demand for more complex services, we must have a sustainable workforce model. Our goal is to develop a strong recruitment strategy and a

He aha te mea nui o te ao?

What is the most important thing in the world?

He tangata, he tangata, he tangata

It is the people, it is the people, it is the people

pipeline of talent for critical roles who we will competitively reward and retain through targeted career and succession planning. Our volunteers are vital to achieving our mission, and strategies will focus on growing, recognizing and utilising their skills to support our service needs and build strength and resiliency in our communities.

All of our strategic goals require a workforce that has the capacity, knowledge, and skills to take us into the future to meet our communities needs. We therefore need to invest in developing and nurturing our people through improving clinical specialist knowledge, core skill sets, wellbeing, cultural competence and leadership.

Achieving in these areas will result in an engaged, resilient and competent workforce able to provide the best service to our communities and each other where we are all able to adapt to future challenges and change.

People & Culture priorities

- Embed our mission, vision, and values in our culture
- Build a sustainable and diverse workforce
- Develop a highly skilled and future ready workforce
- Grow inspirational and capable leaders



financial sustainability

The delivery of our strategy requires us to be able to secure ongoing funding but also requires us to maximise the service that we provide for every dollar that we have. We have reviewed each of our key funding streams with a view to increasing funds available to provide our ongoing service and support our growth. We have also reviewed how we ensure that we continue to drive efficient use of our resources.

Just over 50% of our current income is from WDHB funding, this is likely to come under pressure over time as total Hospice funding may not increase in line with population growth or inflation. With the change in Waitematā District Health Board model in New Zealand we expect the funding model to be amended with a focus on service equity which could result in Harbour Hospices share of total hospice funding being reduced. We must continue to advocate for fair funding.

In fundraising Covid-19 has highlighted our reliance on event based funding. Although these events are still a key part of our overall strategy we need to continue with the work that has commenced looking at driving

additional funding from major givers. Major giving has been the focus for the Shea Terrace development but as this project ends we need to continue to focus in this space to fund other strategic projects.

In retail a five year strategy was created in 2020 which had a focus on moderate growth. There has been significant organic growth in retail and we have already reached the expected 2025 net income forecast predicted in this strategy. Retail remains a key part of our overall funding model and we need to revisit our growth strategy given our original target has been achieved three years ahead of expectations (Covid-19 excluded!).

Using our funds efficiently requires us to constantly strive for ways to drive efficiency, this includes how our back office functions support our clinical teams through to how our clinical teams provide the best service in the most effective and efficient way.

Financial stability priorities

- **Grow our fundraising capability and contribution**
- **Consolidate our existing retail strength**
- **Advocate for Government funding**
- **Ensure efficient use of funds**



communications & PR

Brand alignment, awareness and perception is at the centre of this strategy. Three years following our merge from three separate entities to one, there is still work to do to strengthen our brand position. The 'we are one' narrative must be stronger, more visible and widely accepted both internally and externally.

As most current insights are anecdotal, consistent brand health research is vital to show progress and allow us to develop informed marketing and communications tactics that are based off fact, not informal feedback.

Updated brand guidelines from Hospice New Zealand are also integral as we develop our wider brand work.

In alignment with strong brand awareness is positioning ourselves as an advocate for normalising death and dying. We will be bold and brave (utilising inhouse specialist skills in public relations and storytelling) to face difficult topics and conversations, breaking down preconceived ideas about hospice care.

Growing our capability to engage with different cultures is vital in enabling equal access to our service. In response to our obligations under the updated Health and Disability Standards and the Mauri Mate framework, our priority over the next three years will focus on creating Harbour owned content for Māori, Pacific and Asian patients, families and supporters.

We will seek to gain a deeper understanding across the team, along with specialist advice and counsel to assist with establishing a more cross-cultural approach to all communication touchpoints.

We are refocusing our support for our core non-government funding sources to deliver greater ROI across retail and fundraising. In line with our overall brand work, the presence of our Harbour Hospice Shops will be elevated with core Harbour campaigns more aligned, consistent and strengthened in store.

We will support fundraising more heavily to help create and promote sustained donor engagement programmes and focus on major, high value events.

Communications & PR priorities

- **Strengthen our brand at service, supporter and employer level**
- **Grow cross-cultural capabilities**
- **Support non-govt funding sources to grow awareness**
- **Become an advocate for normalising death and dying**



technology & process

An effective digital strategy will support hospices to identify and harness opportunities to transform service delivery and improve patient care in an affordable manner. Where possible, any definition of a digital vision and strategy might be taken forward collaboratively to ensure alignment.

Key themes stakeholders told us needed to be addressed as part of greater digital enablement:

Improving patient experience and engagement

Giving patients choice and control to get care when, where and how they want it.

Providing integrated care

Connecting individuals to the right parts of the health system at the right time, and strengthening the partnerships between service providers and across sectors.

Addressing specific health challenges

Growing demand for palliative and end of life services driven by an aging population, population growth, the increasing prevalence of chronic conditions and diseases, disparities in access across different demographic groups and improving the timeliness, safety and quality of care provided.

Making systems more efficient

Less time spent finding information, reduced duplication of effort, removal of manual based systems and processes and reduced complexity.

Digital models for delivering palliative care

Virtual care delivery methods can be used to improve health outcomes with greater access and equity, making sure all members of the community have equitable access to services when and where they need it.

Health data integration

Connecting data across various care settings to ensure better care and experience for patients. This includes the potential for shared patient records and integration of systems with primary care providers.

Align Data and Reporting

No healthcare system can deliver integrated care without insights derived from data. A single, contemporaneous patient record shared between all providers within a system was cited as a critical enabler for seamless integration for the service user.


Additionally all system partners need a shared view of operational data and population health data to support truly integrated working (e.g. demand vs capacity).

As a starting point we often heard that it was easier to first work with local hospices to agree which data should be collected and how it should be defined in order to get to a single data set for palliative and end of life care within a system. This can then help to simplify data sharing between different systems.

Technology & process priorities

- Increase our effectiveness through the efficient use of technology
- Advance our core business and admin processes
- Reduce our impact on the environment
- Lift our performance through robust reporting and monitoring





Kia hora te marino,
kia whakapapa pounamu te moana,
kia tere te kārohirohi i mua i tou huarahi, ā,
ko tou hoa haere ko te rangimarie

May the calm be widespread,
may the ocean glisten like greenstone,
may the shimmer of light
dance across your pathway
and may peace itself be your travelling companion

harbourhospice.org.nz