

THE CANCER RESOURCE CENTRE

STRATEGIC PLAN 2007 TO 2010

LOOKING TO THE FUTURE



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INTRODUCTION

This strategic plan, designed to provide a guide and focus for the Centre's activities in the medium term, represents the fruits of an 18 month process undertaken by the Trustees and Centre Director.

We have looked back at our history and development, to try to distil what has made the Cancer Resource Centre distinctive and ensured its survival and growth over nearly 25 years.

We have looked outwards at the changing environment in which we work, including developments in the epidemiology and treatment of cancer, survival patterns and demographic changes, and the growth of other support services, to ensure that we are providing the right kind of services to those who need them.

Finally, we have looked forward to where we want to be in three years time.

As part of the process, we have consulted a wide variety of people and partners with an interest in the Centre's work: Centre users and staff; our two local acute hospitals, the local primary care organisation, the hospice for our area and The Cancer Network.

OUR VISION

- To continue to provide core services of support, information and complementary therapies which more than 20 years experience have shown to be invaluable to those affected by cancer
- To build on our experience and expertise to develop these services in consultation with Centre users and health care partners, as funding becomes available
- to continue to find ways of ensuring that our services are accessible to as many people as possible by reaching out to people who may be culturally or socially disadvantaged
- To continue the Centre's pioneering role in the field of complementary cancer care by identifying additional programmes, therapies and techniques designed to help those who come to us draw on their own strengths and find their own creative ways of dealing with cancer.

OUR STRATEGY

The Centre's strategy focuses on six key areas:

1. Services provided within the Centre
2. Services provided in the surrounding community
3. Listening and responding
4. Valuing people
5. Disseminating good practice
6. Sustainability

1. Centre-based services

Aim: to continue to provide high quality, individually-tailored care and support within the Centre, and to seek innovative ways of bringing in client groups who are under-represented at present. These include:

- Those who are socially and economically disadvantaged
- Adult carers
- The increasing numbers living with cancer in the longer term, who often won't have continuing support from hospitals
- Men who are coping with their own cancer, or caring for someone with cancer
- Those bereaved through cancer

Cancer Information Service

The Centre is looking for funding to continue to provide a cancer information service, offering up-to-date information on the disease, treatments and other sources of practical help.

The service is currently being developed to provide access to multi-media resources such as internet access and facilities to watch DVDs and videos on cancer-related topics.

The Centre maintains close contact with other voluntary sector cancer information providers and plans to establish closer professional links with hospital based services, as well as GPs, community nursing services, hospices and social service departments.

Extending our network of relationships with other health and social care providers will permit the Centre to raise its profile and maintain its role as the place of choice to refer cancer patients for psycho-social support.

Support and Complementary Therapies

User surveys continue to show that one-to-one support and individual therapies such as counselling, massage, reflexology, healing, and hypnotherapy are highly valued. Group activities and classes are also greatly appreciated as a way of meeting others while also benefiting from the skills and self-help techniques that are taught. These services will continue and will be expanded as resources allow.

The Centre plans to publicise more widely the fact that its services are available to those bereaved through cancer.

The Centre will pilot a Peer Support Group for those who have completed their cancer treatment.

A training course for practitioners wishing to work in the cancer field, including at CRC, is being initiated - see page 6.

Workshops and Courses

In order to provide opportunities for support and development of coping skills to the increasing numbers living with cancer in the community, we plan to expand the range of educational opportunities – teaching self help skills - available at evenings or weekends.

We will pilot and evaluate new educational courses designed to enhance people's coping skills and improve their quality of life.

Rights and Benefits Advice

The Centre has recently established a partnership with the Citizen's Advice Bureau and Macmillan Cancer Support to provide benefits advice and assistance in completing benefit and grant applications.

We will assist the CAB to publicise this service, particularly in areas of social deprivation, as a way of both addressing a fundamental need for financial security and of encouraging those who may be socially or economically disadvantaged to take up the full range of Centre services.

Increasing Access

The Centre has made a commitment to extend its opening hours to make services more available to clients who work or who are caring for others.

The Centre **will offer** educational programmes on Saturdays.

The Centre **will open** one evening a week to provide a range of groups, courses, therapies, talks, and user involvement meetings.

The Centre is looking for funding to extend the telephone support service.

In an effort to increase take-up of services by men, the Centre will conduct a needs assessment to identify those services which men with cancer, or those in a caring role might find both beneficial and attractive.

2. Community-based Services

Aim: To maintain the community-based services currently offered and to build on the reputation and quality of the Centre's outreach and information services to ensure access to hard-to-reach or disadvantaged groups.

Home Visiting Service

The Centre's Home Visiting Service uses a team of specially trained and professionally supervised volunteers to provide a selected range of services to those who are housebound through cancer. Those services are massage, reflexology, counselling, befriending and spiritual healing.

Referrals to the Service come mainly from palliative care teams based in local hospitals and hospices, together with some GPs, District Nurse teams and other health and social care professionals. The Service is seen either as a cost-effective way of helping people recover from arduous or prolonged treatment, or as part of a package of measures to improve end of life care.

The Service, which won a national award for volunteering in 2000, remains the only one of its kind locally. Feedback from clients and their families and from the health professionals who refer their patients for home visiting consistently demonstrates very high levels of satisfaction with this service.

The Centre is looking for long term funding to continue to provide this service, specifically the recruitment, training and supervision of volunteers and the salary costs of the two part-time paid staff who run it.

Work with ethnic minorities

The Centre provides a nationally recognised service for ethnic minority groups, working with local community associations, and a wide spectrum of faith centres and leaders to deliver tailored information and support.

Following the success of our Asian Support Group, a needs assessment was carried out to assess potential demand for a group for those affected by cancer in the African and Caribbean communities and such a group is being piloted.

The Centre is looking for replacement funding for the BME outreach work when current funding comes to an end in 2008.

Publications

The Centre is looking for funding to extend our programme of health information publications in a variety of Asian languages (with English), which were highly commended by the Kings Fund and GlaxoSmithKline in the National Impact Award the Centre received in 2006.

Publications for practitioners and other organisations, such as **Massage for People with Cancer** (guidelines for practitioners) and the **Home Visiting Service Manual** (how to set up a volunteer-run home visiting service) will be provided through our website. This will make them more easily accessible and enable us to log their usage.

The Centre plans to add a directory of useful sources of information and help to our website, making these resources available outside the hours of our Support and Information Service.

Extending local partnerships

The Centre's links with local statutory and voluntary organisations and with health and social care staff are crucial to ensuring that our services are widely known about in the community and that we can provide the best possible service to our clients. We plan an active programme of networking with relevant bodies to ensure that the profile of our services remains high.

3. Listening and Responding

Aim: To engage with Centre users, through both formal and informal evaluation and monitoring mechanisms, to ensure that we remain responsive to their needs.

Aim: To remain knowledgeable about and responsive to our external environment, including local and national cancer service policy, and to changes within the NHS.

Listening to current users

The Centre has a strong history of user involvement and participation and will continue to monitor the quality and effectiveness of its services through anonymous comment and feedback, focus groups and surveys.

Centre users sit on the Trustee Board as full voting members. Other Centre Trustees also have personal experience of using cancer services.

In 2007, the Chair of Trustees and Centre Director began holding quarterly meetings with Centre users to listen to their views and comments, including in relation to this strategy document. These views are fed back to the Board by a user representative.

Monitoring and evaluation

Where external funding is available we also formally seek users' views through evaluation exercises such as that carried out to assess the effectiveness of our BME service.

Reviewing national and local policy

Certain members of the Centre's Trustee Board are chosen for their ability to update The Centre on changes in statutory policy and service provision and provide an assessment of their national and local impact. The Centre's Director is also well-placed to ensure The Centre is able to respond to these changes appropriately.

4. Valuing people

Aim: The Centre is grateful to all who contribute to its work and its success – as staff, as volunteers and as supporters - and will continue to look for ways of recognising and valuing all these different contributions.

Staff Development

The Centre provides annual appraisal for paid staff in order to set objectives and to review professional and personal development needs. Staff and Trustees are able to access a variety of courses and training sessions through the NCVO and other charitable bodies.

The Centre has an Away Day each year for staff and Trustees. The days are professionally facilitated at a charity rate to allow all those involved in the Centre to participate freely.

The accommodation for the Away Days has been arranged through the generosity of a long-term Centre volunteer. New funds will be needed after 2008.

Recruiting and supporting volunteers

Volunteers make a significant contribution to the Centre's work: in Home Visiting; as Centre practitioners; meeting and greeting clients; providing administrative support; and helping with fundraising activities.

The Centre is looking for long-term funding for our part-time Volunteer Co-ordinator, who has a key role in recruiting, training and supporting volunteers in all the areas in which they can contribute to the day-to-day running of the Centre.

Training is provided for volunteers helping with the telephone support service and welcoming new clients. An extensive, externally verified training is separately provided for volunteers within the Home Visiting Service.

Staff meetings, training and professional support

The Centre recognises that dealing with people who are distressed can be challenging. Trained external supervisors provide professional support and formal, monthly supervision for all those involved with clients.

The Centre has a monthly staff meeting led by the Centre Director to ensure that staff have a chance to air their views and are kept up to date with issues affecting the Centre. Volunteers meet the Volunteer Coordinator on an individual basis and the therapy volunteers are involved in practitioner meetings and formal supervision.

Support Officers

The role of the Support Officer is at the very hub of the Centre's work and is consistently highly rated by those using Centre services. Our two part-time, job sharing Support Officers give priority to our clients, staffing the telephone support line, and greeting and talking with clients as they arrive and ensure they are comfortable.

Demands placed on these two part-time post-holders are inevitably growing following a number of Centre initiatives designed to increase the number of people able to use our services, including extending the hours we offer telephone support, and offering a wider range of group activities at different times in the week.

The Centre needs to identify sources of funding for this role, which will allow for expansion without losing its highly personal and caring nature.

Supporters

Friends, patrons and supporters of The Centre are also extended personal attention and our relationship with them valued through newsletters, social events and opportunities to come to the Centre and meet staff, volunteers and Trustees.

5. Disseminating Good Practice

Aim: To enhance the Centre's contribution to the national experience of providing psycho-social support for people living with cancer in the voluntary sector.

Aim: To raise the profile of the Centre using local media to make sure people are aware of our services and understand how they contribute to the quality of life of people living with cancer.

The Centre was recognised by GlaxoSmithKline and the King's Fund in 2006 as an exemplary provider of psycho-social support in cancer care, and as such has a key role to play in the dissemination and sharing of good practice in this field.

The Centre's creative response to the needs of people with cancer and the needs of their families, friends and carers – particularly to those whose needs have largely remained un-met by other statutory and voluntary services - is of interest on a national level.

Working with local and national organisations

The Centre Director has well established links with local statutory and voluntary organisations and collaborates in the longer term planning of cancer services for the local population through an NHS-led Locality Group.

The Centre Director maintains formal contacts with the local acute and primary care NHS Trusts, local hospices and local charities to work collaboratively to provide the spectrum of support and care for people with cancer and for their families, friends and carers.

The Director works closely with Macmillan Cancer Support and other cancer charities on new initiatives in areas such as user involvement.

The Centre's Patrons and Trustees also have links to local and national organisations and they too use their contacts to raise the profile of The Centre and share The Centre's good practice.

Complementary therapy training

The Centre is piloting a new training programme for complementary therapists wanting to work in the cancer field. This is designed to increase the pool of practitioners available to clients, reduce waiting times for therapies, and also to disseminate good practice based on our experience over nearly 25 years.

6. Sustainability

Aim: To establish the Centre on a sound financial footing, through a combination of fundraising initiatives and robust financial planning and monitoring and to ensure that the Centre is well-led, managed and governed.

Aim: To secure the premises from which the Centre will provide its core services. The Centre will need to find a new home by September 2008.

Fundraising strategy

The Centre has a long-term fundraising strategy based on developing the capacity of the organisation. We are working to achieve more sustainable fundraising, which will rely on a diverse range of income sources, with particular emphasis on progress towards a strong base of regular, committed givers who will fund the Centre's core work.

We will continue to seek grant funding for specific projects while undertaking a number of new fundraising initiatives designed to develop active individual giving. These include:

- donor events,
- a legacy giving programme
- strengthening and building on the Friends scheme

Other capacity building initiatives will look at developing corporate and trust income and possible social enterprise opportunities.

Financial plans and monitoring systems

Financial planning for the Centre is based on annual fundraising income plans and expenditure forecasts. Income streams are risk assessed.

The Centre's Trustee Board has a Finance and Fundraising Monitoring Committee, attended by the Centre Director and fundraising and finance staff. The Committee meets quarterly and reports to the Trustee Board.

This Committee conducts regular reviews of income and expenditure, monitors the use of reserves and is responsible for reporting any change in the financial situation of the Centre to the Trustee Board. Certain Board representatives are chosen to provide the Centre with financial knowledge, skills and acumen.

Annual business plans

The Centre has an annual planning cycle with detailed plans, objectives, designations and timelines for the Centre and for each member of staff. The business plan is based on the six areas outlined in this strategic plan. The plan is approved by the Centre's Board of Trustees and is reviewed at each meeting of the Board.

Delivery of the business plan by individual members of staff is based on regular performance review and appraisal. The Chair of the Board of Trustees has regular reviews with the Centre Director and completes a formal annual appraisal.

The Board of Trustees of the Centre is skills based and operates as a non-executive body with day-to-day management and decision making delegated to the Centre Director. The Board meets quarterly and members are expected to attend each meeting. Membership of the Board is reviewed on a regular basis to ensure the right mix of skills and experience.

New premises

The Centre has established a Premises Sub-Committee which reports to the Board of Trustees and which meets on a regular basis to support the re-location of the Centre by the end of 2008.

This is a significant task ahead of the Centre, which needs to be managed carefully and sensitively to protect the needs of the Centre's clients, and to protect valued members of staff, volunteers and supporters.

Re-naming and re-branding the Centre

Plans for 2007/08 include renaming and re-branding the Centre, with the aim of establishing a clearer public identity for the organisation and helping to raise the Centre's profile. Considerable preparatory work for this exercise has already been carried out.

Appendix 1

What the Centre means to me

"I have been coming to the Cancer Resource Centre for over two years now. It's so important that this kind of place exists.

It was a terrible shock when I was diagnosed with breast cancer in 2004, especially telling my daughter who was 17 at the time. I had a horrible time following surgery – I was sick and in pain and then when I started chemotherapy, I was very poorly and spent five days in hospital with a bad infection. In the middle of it all, my ex-husband who had been very supportive, died suddenly from a heart attack.

Life was like a roller-coaster every day and my emotions were all over the place. I enjoyed complementary therapies at another cancer support centre, but left when the therapies came to an end and felt quite lost as I wasn't yet ready to go back to work.

When I found the Centre, I felt so welcomed, so at home. It was very calming, as before I came, I couldn't relax and I was stiff and anxious all the time. I had a course of massage and reflexology and I had counselling which I felt helped to release something in me. I have also met some lovely people who are in the same situation as me and it has been helpful to see how they are coping and to share information and ideas.

When I found the cancer had come back in the other breast three years on, it was such a relief to come into the Centre and to feel so supported and so cared for.

It's great knowing that the Centre is still there for me as I try to get my life back together. I come in for coffee mornings and for the new Peer Support Group, I enjoy complementary therapies now and again when there is a cancellation, and I help out as a volunteer when I can."

Maureen - Centre member since 2004

"I have been to other places that are helpful, but the Cancer Resource is unique. They have Support Officers who are always available when you come in, and will chat with you about whatever is important to you at that time. I struggle to put into words the difference this makes. The Self Discovery Group has also been very important to me. I am so grateful I didn't have to undergo this cancer journey on my own."

Claire - Centre member since 2001

Appendix 2

Fact and Trends

The role of the Cancer Resource Centre:

It is clear from a number of surveys – both national and local - that improvements are needed in services providing information, support, counselling and advice to people with cancer, as well as to their families and their carers, and to those bereaved through cancer. The voluntary sector is clearly identified as a key provider of those services.

It will increasingly be up to small local charities such as the Cancer Resource Centre to deliver the support that is so clearly needed.

Facts about cancer:

More than one in three people in England will develop cancer during their lifetime and more than a quarter of the population will die from it. The number of new cases of cancer is increasing by 1.4% per year, mainly as a result of the ageing population, screening programmes and earlier diagnosis (National Audit Office (NAO): Tackling Cancer: 2004). More than 75% of cancers are diagnosed in people over 60 (Office for National Statistics: 2005).

In London:

- 150,000 people are living with cancer at any one time
- 26,950 new diagnoses are made annually (Thames Cancer Registry (TCR): 2004)

In Wandsworth (where the Centre is located), there are approximately 100 new cancer diagnoses per year (TCR: 2004). In London the most common cancers in men are cancers of the prostate, lung and bowel. In women the most common cancers are cancers of the breast, lung and bowel (TCR: 2004). Wandsworth had the highest incidence of prostate cancer in London between 1991 and 2001 (TCR data 2001).

Future trends in cancer:

The document '**Future Trends and Challenges for Cancer Services in England**' (Kings Fund: 2006) identifies future trends in cancer and the impact on cancer services which all point to the role of community-based care and services.

Future trends:

- Treatments will become less toxic and will be delivered orally, and so outpatient and home based treatments will increase
- There will be longer periods of remission or longer periods of time with controlled disease spread
- Length of stay in hospital will decrease with home-monitoring systems and increased community-based services
- Cancer will become a chronic longer-term illness
- Collaboration will be required between health and social care services to manage all of these issues identified above

The new Cancer Reform Strategy being led by the National Cancer Director during 2007/2008 aims to look at how and where cancer services can most effectively be delivered. It is likely that increasingly people will be treated closer to home, and stays in hospital will be minimised. People will therefore need more support in the community.

The policy goals set out in **'Our Health, Our Care, Our Say'** (Department of Health: 2006) emphasise the move of more specialist care from hospitals into the community and investment in new community facilities combining general practice, primary care, diagnostics and minor treatment.

This same document also states that from 2008 information prescriptions (IPs) will be given to everyone with a long-term condition in consultation with a health or social care professional. These prescriptions will signpost people to information about their disease and treatment options, to information about supportive care and where to get further information and support both nationally and locally. The Centre will be one of the local organisations signposted through this initiative.

The need for information and support:

The National Institute of Clinical Excellence **'Guidance on Cancer Services - Improving Supportive and Palliative Care for Adults with Cancer'** (2004) identified the wide range of services required to support patients and their carers and families living with cancer. Voluntary sector organisations were clearly identified throughout the Guidance as a provider of many of these services.

However, despite this high profile national guidance subsequent surveys continue to find gaps in the services provided to cancer patients, families and carers.

Surveys of patient experience carried out by the NAO in 1995 and **'Worried Sick: the Emotional Impact of Cancer'**, a survey carried out for Macmillan Cancer Support (2006) have demonstrated that there is still a large unmet need expressed by people with cancer and their family members for information and support to help with the impact of cancer.

Among the findings of the Worried Sick report are:

- A quarter of people with cancer and their carers have felt abandoned by the health system when they are not in hospital
- 45% of people with cancer say that the emotional aspects of cancer are the most difficult to cope with, compared to the practical (13%) and physical effects (41%)
- 49% of people with cancer say that they experience depression as a result of their cancer, of whom 60% received no information, advice support or treatment for it
- 75% of people with cancer suffer anxiety as a result of the diagnosis, of whom 56% received no information, advice support or treatment for it
- 32% of people with cancer say their relationships are put under enormous strain as a result of the illness. 7% say they have broken up with their partner as a consequence and 12% have seriously considered doing so

The NAO found:

- Over 75% of patients were not given information on financial benefits, but over half of those not given such advice would have welcomed it
- 20% of patients had either not discussed, or not fully understood, the side effects associated with their treatment and possible alternative or complementary treatments; and only 34% of men with prostate cancer (and 60% of all cancer patients) received information on relevant cancer support or self-help groups who could provide information and support
- 40% of patients did not receive printed information about their diagnosis. People not speaking English as a first language have particular problems with receiving suitable information
- 20% of patients in hospital and 25% at home who needed help for stress and anxiety did not get any
- 20% of patients did not receive printed information on discharge from hospital, and 20% found that home circumstances were not fully taken into account on discharge
- The report supports research showing that people of Asian origin have particular difficulty in accessing the cancer services, information and support to which they are entitled due to cultural and language differences

In a separate report produced in 2004 about perceptions of cancer services in South West London, the NAO found specific support issues for our local population.

NAO findings in South West London:

- Information and referral for support is often left to chance or ad-hoc arrangements. Patients often had not been told about support groups
- Psychological support is patchy depending on the strategic priorities of the NHS Trust involved
- Transport is a problem for the majority of people needing to access care and services
- There is a risk that specific needs might be unmet if patients rely on their own networks for support
- Carers report that there is no support service where they could discuss their concerns
- GPs report that carers are often ignored
- Carers felt there was no acknowledgment that patients and carers have different needs and need information at different times
- Support for carers after the death of the person with cancer is often needed

Effectiveness of complementary therapies and self-help approaches:

There is increasing evidence of the effectiveness of complementary therapies and of education in self-help methods in improving the quality of life of those affected by cancer, who are keen to use these approaches as an adjunct to their treatment. The evidence for each therapy has been summarised in the **National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care** (2003), produced by The Prince of Wales's Foundation for Integrated Health and the National Council for Hospice and Specialist Palliative Care Services.

An excellent review of the evidence for the effectiveness of psycho-educational programmes in influencing both quality and length of life appears in **Can the Mind Heal Cancer?: A Clinician-Scientist Examines the Evidence** (2005) by Professor Alastair J Cunningham, formerly Senior Scientist, Division of Epidemiology, Statistics & Behaviour, Ontario Cancer Institute.