

One of the concerns regarding widening access is the strain on hospice resources. This was cited as one of the main barriers to developing services for people with dementia (Hodges, 2019). The first phase of the development of a Specialist Palliative Care Modelling tool (Hodges, 2021) is complete. Phase 2 is using a variety of demographic and socio-economic data sets that can be applied to the tool to attempt to quantify the resources required to widen access. Research by Sleeman et al (2016) and Tobin et al (2021) outlines the challenges of the inequality of access to hospice care. Combining this knowledge with local data from the Indices of Multiple Deprivation, public health data and local intelligence should start to create the ability to weight the demand for hospice care depending on key data sets. Working with a range of healthcare professionals this next phase of development will start to contribute to commissioning discussions by taking into account unmet need, particularly in relation to seldom heard communities. Once quantified, discussions regarding models of care, integration with other services and the best way of supporting a variety of different groups of people can take place in a more insightful way. The tool itself is useful as part of the development of services but, with the Phase 2 development, should always be used alongside the views of people who may wish to access services.

P-2 ABSTRACT WITHDRAWN

P-3 A REFLECTIVE REVIEW OF REFERRALS BY ETHNICITY CONSIDERING LOCAL DEMOGRAPHICS

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Background National work identifies risk of poorer access to palliative care services for people from ethnic minorities (Calanzani, Koffman, Higginson, 2013; Dixon, King, Matosevic et al., 2015) .

We provide hospice beds and 24/7 community specialist palliative care support to three neighbouring boroughs with widely differing demographics. Low referrals of people from ethnic minorities have traditionally been attributed to our more diverse communities being younger.

Aims

- Identify our most ethnically diverse borough and determine whether referrals to our services reflect that diversity.
- Include consideration of public health data for mortality/age/ social deprivation which could contribute to any identified disparity in ethnic representation.

Methods Local census data (2011) (Office for National Statistics) for each borough was reviewed by ethnicity. For the most diverse borough, referrals to hospice services were reviewed for Jan. 2019 – Dec. 2020. These were categorised and compared with local census data. Public health data, including age, mortality and social deprivation, was also reviewed to contextualise the borough and its likely palliative care need.

Results From the census, our most ethnically diverse borough had a 42% non-white population, compared to our least diverse borough with a 6% non-white population. Hospice

referrals from our most ethnically diverse borough were lower than expected for size, compared with our other boroughs.

Referrals by ethnicity:

2019 – Black 6% (22), Asian 8% (27), Mixed 2% (7), White 84% (295), Other 0% (1)

2020 – Black 7% (29), Asian 9% (39), Mixed 1% (3), White 82% (343), Other 1% (4)

i.e. there was a small increase in % referrals for people from ethnic minority backgrounds from 2019 (16%) to 2020 (18%).

Census data identified a younger borough population, but with more social deprivation and higher all-cause mortality.

Conclusion Taking common variables that may influence referral to our service into consideration, we learned that despite the younger age profile, this borough has significant health needs, not reflected in our referral rates, especially for people from ethnic minorities.

P-4 SOCH – SOUTH ASIAN OPINIONS AND CARE NEEDS: HELPING PEOPLE TO THINK ABOUT THEIR FUTURE CARE WISHES

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Background In 2019 Compton Care completed a study (CCUES) to understand the views and opinions of the South Asian community. Four key themes were identified relating to cultural barriers and access to palliative care services:

1. Communication.
2. Lack of understanding of services.
3. Stigma.
4. Intergenerational differences and conflict.

Aims and Methods The SOCH project aimed to produce materials to support and encourage conversations regarding advance care planning (ACP) within the South Asian community. Existing resources were limited. It was identified that creating culturally sensitive resources would help with communication and raise awareness. To support project delivery, a South Asian Community Engagement Worker was employed to engage with the South Asian community to start conversations on advance care planning.

The project steering group worked with our 'Expert Advisory Group' which included local partners and key stakeholders, to review our localised ACP documentation and to contribute towards the development of culturally sensitive materials:

ACP short film Produced to improve understanding of ACP, encouraging conversations about future care planning and communicating wishes with loved ones. The film has actors speaking in four South Asian languages, with subtitles in English.

ACP documents (My Care & Me): Translated into Punjabi, Gujarati, Urdu, Hindi and Bengali. Helping patients and their families understand ACP in their own language.

Bereavement support Compton Care bereavement leaflets translated into the three main South Asian languages.

Outcomes These resources are used as part of a suite of tools used with patients and families in Wolverhampton. Compton Care clinicians and our BAME Support Worker utilise these culturally sensitive resources to raise awareness, support

conversations and increase the likelihood of an advance care plan being completed.

Project funding was provided by NHS England and NHS Improvement, and delivered in partnership with Compton Care, Wolverhampton Royal Trust and the University of Wolverhampton.

P-5 IMPROVING PALLIATIVE AND END-OF-LIFE SUPPORT FOR THOSE WHO ARE HOMELESS AND VULNERABLY HOUSED

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10.1136/spcare-2021-Hospice.26

Martlets is working in collaboration with the Community Homeless Team in Brighton to improve palliative and end-of-life support for those who are homeless and vulnerably housed. It's important to reduce the misinformation around how people end up living on the streets. People who are homeless and vulnerably housed have often had traumatic lives. They may have had to cope with mental health illness. Repeated trauma and abuse experienced in childhood can affect people life-long. Substance misuse can seem to be a way of coping but impacts on physical health. Working collaboratively to support this group of patients with often high degrees of complex needs who develop life-limiting illness is crucial.

People who are homeless and vulnerably housed experience barriers to accessing healthcare. They may experience stigma and discrimination or not feel able to prioritise their health. Sometimes they may not want to engage with their health at all. Frontline staff not trained in healthcare can find this stressful. Consequently, symptoms may not be recognised so are less well managed. If someone is approaching the end of their life at a relatively young age, it may be difficult to recognise.

Martlets received a grant for a year-long project. Working with Brighton's Community Homeless Team a two-hour teaching session has been created and delivered to frontline staff working with this group which includes:

- 'Red Flag' signs of deteriorating health, particularly important where there is a lack of information on someone's health.
- Being young and frail.
- Considerations in pain management including total pain in the context of complex needs of mental health issues, socially being without a secure home and emotionally being estranged from family and the sense of guilt that may exist as a result.
- Understanding what palliative care support can offer.

Research by Dr Caroline Schulman and St Mungo's in London has shown that educational support for frontline staff can help improve palliative support for those who are homeless and vulnerably housed (Shulman, Hudson, Kennedy, et al., 2018).

P-6 EVERYONE IN? A SIX MONTH REVIEW OF THE ROLE OF COMPLEX CARE COORDINATOR (PILOT PROJECT)

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10.1136/spcare-2021-Hospice.27

Background People experiencing homelessness have the worst health outcomes in society (Aldridge, Story, Hwang, et al., 2018), with the least access to services (Bureau of Investigative Journalism, 2018). They often have a tri-morbidity of issues (Dorney-Smith, Schneller, Aboim, et al., 2018); mental health substance use and physical health issues (Rae, Rees, 2015). People experiencing homelessness die 30 years before the general population; often suddenly with no access to palliative care (Webb, Mitchell, Snelling, et al., 2020).

Aims To open up palliative care by upskilling staff and to facilitate closer working between palliative care and the homelessness sector to break down barriers.

Methods Development of key relationships with agencies and organisations to support multi-agency working through the provision of education with particular focus on palliative care and advance care planning.

Results Initial findings show that advance care planning within this timeframe is not achievable in this cohort. Issues around gaining trust and bad experience with health professionals have been a barrier to this. The mean age of patients is 40, so there is an element of fear and denial when discussing end of life due to young age. Barriers to multi-agency working can be broken down through delivering education. An assertive outreach model is effective for this cohort. Gaining trust is time consuming, but worthwhile in terms of positive outcomes.

Conclusion Sudden deaths do occur and the presence of longer term chronic conditions with no clear disease trajectory means deaths are often unexpected and occur without a care plan in place. Early intervention at the point of deterioration of physical health as a trigger for referral, as opposed to last weeks/days of life is more effective when working with this cohort.

People experiencing homelessness are not hard-to-reach but unfortunately, are easy to ignore. By advocating for trauma-focused commissioning and identifying gaps in provision to highlight these inequalities, it is our shared responsibility to open up palliative care to all.

P-7 WIDENING ACCESS TO PALLIATIVE CARE FOR HOMELESS AND VULNERABLY HOUSED PEOPLE IN LEEDS

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10.1136/spcare-2021-Hospice.28

Background Homeless people die young and less frequently access healthcare including palliative care (PC) (Care Quality Commission, 2017; Tackling Inequalities in End of Life Care for Minority Groups VCSE Health and Wellbeing Alliance Project Group, 2018; Shulman, Hudson, Low, et al., 2018). St Gemma's Hospice identified knowledge and service provision gaps for this disadvantaged group. Our project brought together PC and homelessness services to improve multi-agency working and reduce health inequalities.

Aim To widen access to PC for homeless and vulnerably housed people of Leeds; improving their end-of-life outcomes by: reviewing existing service provision; identifying unmet need; developing formal links with agencies: improving multi-agency collaboration; facilitating personalised, holistic palliative care.