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

Helen Lyons. *Martlets Hospice, Hove, UK*

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)

Charlotte Hoban. *St Leonard's Hospice, York, UK*

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

Nicola Hibbert, Catherine Malia. *St Gemma's Hospice, Leeds, West Yorkshire*

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.

Methods

- Multi-agency steering group created.
- Systematic review of inequality for homelessness to inform project.
- Interviews with homeless service users and providers.
- Funding obtained.
- Project plan developed:
 - Planning: May 2020 – July 2020
 - Research: Aug. 2020 – Sept. 2020
 - Delivery: Oct. 2020 – July 2021
 - Evaluation: Aug. 2021 – Oct. 2021
- Outcome measures agreed.
- Regular reporting to funders/sponsors against agreed outcome measures.

Results

Anticipated	Actual
Increased referrals	2015-2020 – six referrals. May 2020- present – 17 referrals
Develop multi-agency links	Multi-agency steering group Gold Standards meeting initiated Relationships developing city-wide including; homeless shelters, outreach services, ED, liver unit, addiction services, district nurses.
Reduce barriers to healthcare	Collaborative working, advocacy, service promotion, education, shared patient records, development of hand-held records
Enable patients to die in their preferred place	15/17 patients involved in advance care planning Use of EPaCCS shared record Patients supported in: hospice, temporary housing, care homes/hostel Developed healthcare/homeless services teaching resources Integrated Marie Curie Toolkit
Improve end-of-life outcomes	Patients and families reconnected Hospital avoidance Pets housed Patients supported to engage/attend hospital appointments

Conclusion Increased numbers of homeless patients have been supported by PC services in Leeds. Referrals continue to rise with positive word of mouth. Patients are achieving end-of-life care in their preferred place. Health care professionals and homeless workers have been empowered to manage the complex needs of this group, supporting people to die with dignity and choice.

P-8 PATIENTS WITH LEARNING DISABILITIES: IDENTIFYING BARRIERS

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10.1136/spcare-2021-Hospice.29

Introduction Learning disabilities (LD) affect about 1.5 million people in the UK and are common, lifelong conditions which are neither illness nor disease. 1200 people with LD die in hospital each and every year and one in three health professionals think they receive worse quality healthcare than those

without learning disability. At St Clare Hospice, we developed a special interest group and explored barriers and possible ways to deal with those barriers.

Methods A group was developed with membership from hospice, primary care, hospital, social services and other stakeholders. A survey was carried out with hospice staff about their confidence in supporting patients with LD. Following that a group meeting was held to discuss barriers and methods to deal with that.

Analysis and Results Ten hospice and LD staff returned the survey. Twelve professionals with medical, specialist, nursing and managerial backgrounds attended a focus group discussion. The following themes for barriers were recognised:

- Lack of knowledge among staff on needs of patients with LD.
- Communication difficulties.
- Poor co-ordination between services.
- Lack of understanding by families about services.
- Often complex family and social circumstances.
- Referral criteria and the lack of understanding of the differences between 'learning disability' and 'learning difficulties'.
- Misunderstanding about the services the hospice offers and assumptions that people are admitted to die.
- Delayed referrals to palliative care by primary and secondary care.
- Lack of knowledge about family support work.
- Fear of foreshortening life by referrals.
- Lack of pathway of care for patients with LD.
- Lack of advance care planning.

The following themes were identified for training:

- Data on patients with LD.
- Service users' experiences.
- Symptom management.
- Issues around death and dying.
- Communication sessions.
- Bereavement sessions.
- Advance care planning.
- Support for staff looking after patients with LD.

Conclusion There is a need to develop collaborative initiatives for palliative care for patients with LD, working across hospice, hospital, primary care, social services and care homes.

P-9 SURVEYING THE LANDSCAPE: LIVING, DYING AND REMEMBERING WITH A LEARNING DISABILITY

Ian Leech, Nikki Archer. *St Giles Hospice, Lichfield, UK*

10.1136/spcare-2021-Hospice.30

Background An aim of the funded learning disability project was to learn more about the knowledge base of the hospice staff around learning disabilities at end-of-life/bereavement; whilst also exploring how hospice care was perceived by those working in the learning disability community. National reports and research (LeDeR programme, 2018; Hunt et al., 2019; Heslop, Blair, Fleming et al., 2013; Oliver, 2017) have highlighted the need to improve end-of-life care and bereavement support for people with learning disabilities, so we explored our learning disability landscape through a survey.