commitment to personalised care in a person's preferred place. During the COVID-19 pandemic, an appetite for healthcare volunteering was revealed.

Objective This exploratory study aimed to understand health and social care professionals' views on volunteer involvement in rapid transfers from hospital to a preferred place for a person nearing the end-of-life, and whether professionals perceived volunteers as being able to offer meaningful support.

Methods 13 semi-structured interviews were conducted between December 2019 and February 2020 with stakeholders working in health, social care, and the voluntary sector. An inductive thematic analysis of interview data was conducted.

Results 'Filling gaps', 'pastoral and practical support', 'a point of liaison', and 'robust volunteer management' were identified as themes. Participants reflected healthcare-led and risk-averse perspectives on volunteer involvement. Volunteers were perceived as being able to fill gaps in service provision and to augment currently available pastoral, social and practical support. They were also seen as helpful go-betweens between patients and professionals. Participants stipulated that volunteer involvement in rapid transfers of care would require robust screening measures, boundaries, and support via a dedicated volunteer co-ordinator.

Conclusion Professionals expressed a paternalistic view of volunteer involvement, which is likely to impact the extent to which rapid transfer volunteers would be utilised, and their level of autonomy. The sustainability of volunteer involvement in this area is therefore of concern, as this approach is unlikely to benefit or value the volunteers involved. Before a recruitment drive takes place, generating greater confidence in volunteer ability and accountability via healthcare policy may be a possible solution. Further research exploring volunteer perspectives is required.

Transformation

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STRATEGIC PARTNERSHIP BETWEEN HOSPICES – THE OPPORTUNITIES AND BENEFITS OF HOSPICES WORKING COLLABORATIVELY

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10.1136/spcare-2021-Hospice.223

Background With changes in NHS commissioning which aim for greater integration across larger areas and increased resourcing pressures experienced by hospices; strategic partnerships between hospices have never been more necessary. The recent Hospice UK Future Vision Programme (2020) set out principles of sustainability for hospices, many of which can be best achieved by working together.

In 2017 our two hospices established a partnership; managed through a memorandum of understanding (MOU), it set out a shared ambition, agreed principles for engagement and the partnership's governance structure.

Aims The partnership agreed to:

- Work together with integrity and probity for the benefit of patients and the public.
- Improve outcomes and experiences through early collaboration and planning.

- Deliver high-quality standards of patient care, consistently and equitably across the system.
- Lead the way in strategic planning of services that are safe and sustainable
- Identify/share opportunities for good practice in transparent and value-for-money partnership arrangements.

Achievements so far/Results Our hospices have developed supportive relationships and regular communication between leadership teams, operational managers and boards. Working collaboratively in:

- Joint external education delivery – sharing resources, contacts and income.
- Rehabilitation – supporting development of one partner's service through senior leadership and joint occupational therapy post.
- Fundraising – trialling a joint mass-participation event.
- Retail – supporting personal development of new income generation director and establishing improvements for retail.
- Commissioning – to support negotiations with commissioners and increase influence across integrated care system.
- Medical support – sharing senior medical resource to support development/business continuity.
- Bed capacity – sharing inpatient capacity during COVID-19 - related closures.
- Staff wellbeing – shared health/wellbeing month funded by NHS England.

Conclusions By working together, we've achieved service improvements, shared expertise, increased efficiency and maintained business continuity. We continue to look for opportunities to work together for the furtherance of our stated aims as outlined in the MOU.

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STRENGTH IN NUMBERS – AN ICS-WIDE CEO ALLIANCE

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10.1136/spcare-2021-Hospice.224

Hospice chief executive officers serving the Lancashire & South Cumbria (L&SC) ICS area began to meet weekly at noon each Thursday, initially, as a response to the pandemic. Throughout the year, as trust and partnership working grew, a number of successes and initiatives emerged. The main one being an excellent relationship within our newly developing ICS.

During the initial stages of the COVID-19 pandemic a marked increase in demand for community end-of-life care was experienced within L&SC. After a presentation to the ICS by the 8 adult hospices, a discussion took place regarding the critical partnership role the hospice sector had played in enabling the system to respond to the changing preferences of the population during that period.

ICS Board members noted the potential opportunity this presented to increase joint working between the hospice sector and Out of Hospital services during the Winter period to support system resilience. After further discussion with the ICS, the opportunity was identified to undertake a rapid pilot scheme to demonstrate how a small amount of additional funding (£200k) provided at system level could increase the retention of vulnerable end-of-life patients in the community during the Winter period as part of the system COVID-19 management approach.

Models of care were not specifically prescribed, hospices' ICP commissioning arrangements meant that there were different starting points and local requirements, but it was agreed that measures of success might be:

- Number of patients supported and the number of interventions offered.
- Patients managed in preferred place of care.
- Number of hospital admissions and primary care interventions avoided.

Hospices also agreed to provide compelling patient stories to 'bring to life' the power of the work they could do as 'community anchor' organisations to support the wider system and to reduce health inequalities. Pilots were diverse and successful, many have now become part of core services.

P-210 COVID-19 SILVER LININGS – ENHANCED COLLABORATION WITH HOSPICE PARTNERS

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10.1136/spcare-2021-Hospice.225

Background The COVID-19 pandemic, whilst challenging for all, acted as a catalyst for collaboration between NHS partners and hospice colleagues to improve service delivery across all settings.

The directors of care from four hospices met weekly with commissioners to provide support for one another and to work collaboratively to ensure increasing demands were met and good practice shared. This collaborative effort paid off with a successful joint bid for additional funding to enhance 24/7 care and support for care homes. Key outcomes were delivered and care enhanced through new and different ways of working.

Aim Our main aim is to learn from this experience to transform care for people receiving palliative and end-of-life care across our Integrated Care System. Emerging from the second wave, the four hospices were keen to learn from this experience, to optimise opportunities and improve quality of care for patients, their families and bereaved clients. A joint Hospice Collaboration Project group was set up with fortnightly meetings to develop key collaborative projects.

Methodology The group will work collaboratively to:

- Identify population health needs in relation to palliative and end-of-life care.
- Create a model of partnership which influences and shapes best practice, that is sustainable and maximises statutory and voluntary income to meet the outcomes of the needs analysis.
- Meet the requirements of the national, regional and local population health agendas.
- Share best practice and offer joint solutions where possible demonstrating the ongoing 'added value' of hospices in care delivery.

Results At this stage the project is at the outset of shaping a sustainable way ahead, working with system partners including the Palliative and End of Life Care Delivery Group and commissioners and learning from other hospice approaches. Our methodology has backing from the ICS and regional strategic clinical network.

Conclusions It's early days but there's great energy, inspiration and willingness for continued improvement to service delivery as demonstrated during the pandemic.

P-211 LESSONS IN END-OF-LIFE COMMISSIONING: A BRAVE MOVE?

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10.1136/spcare-2021-Hospice.226

Background Mid Nottinghamshire's population has a higher than average population of over 85s and a steadily increasing death rate, set to increase by over 50% in the next 30 years (Popnat). Providing quality care for this cohort is a huge challenge to the NHS and social care.

Aims Mid Notts CCG contracted a joint contracting mechanism to test whether a combined contract could produce savings whilst increasing quality. End-of-life care including specialist palliative care was the second service to adopt this approach.

Methods Mid-Notts End of Life Care Together Alliance (EOLCT) was commissioned in 2016. With a collaboratively designed strategy we were given a £3million envelope to provide services for a population of 356,000. A 10% QUIPP target applied in the first year. The budget was ringfenced: surplus could be used to improve services.

One acute trust, ambulance trust, one community trust, two independent hospices, two third-sector organisations and primary care partnered together, with close engagement with social care.

A care-coordination service (Call4Care) was started and staffed 24/7 with access to specialist palliative care nurses. Five key metrics were agreed. Our GSF-based EPaCCS template was used by all community partners with notifications to EMAS and 111. The A&E department had a readable version. EOLCT went live in October 2018.

Results EPaCCS (trend 2017-2020)

- Larger trusts provided financial assurance to third-sector partners.
- Earlier patient identification (0.22-0.66%).
- Those on register DIUPR (54.7-87%) with 61.9% overall. Nottinghamshire average fell to 56.6% during this time.
- Reduced hospitalisation and system savings.
- Better outcomes for individuals (commendations, fewer complaints).

Conclusion True partnership working arose from the process. The savings target was achieved and at a time where end-of-life admissions were rising, Mid Notts dropped. Further evaluation is planned with a view to possible further expansion.

P-212 RESPLENDENT: A SYSTEM-WIDE MODEL OF COORDINATING A CRISIS RESPONSE AND TRANSFORMING CARE

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10.1136/spcare-2021-Hospice.227

'*Resplendent*' is the Silver Command group which has met weekly, flexing to need, initially as an operational necessity to coordinate work in the first wave of COVID-19. Membership