includes primary care, acute, community services, public health, local authorities, the hospice and commissioners.

The group has developed into a highly-integrated strategic group that is able to facilitate and enact decisions and change based on the collective understanding and insight of the complex system. Rather than a group of individuals, this group now works and delivers as a strong and effective team. The effect of which is alignment and effectiveness in the system in a time of significant uncertainty and ambiguity.

Some key reasons for the success of this team is their focus on relationship and respect of and for all members, the lack of hierarchy and a collective focus, which is COVID-19.

During periods since March 2020 where COVID-19 was retreating, the group has considered 'wicked problems' within the local system, spending time considering urgent care, care homes and end-of-life and palliative care.

From the hospice's point of view, some of the key successes and contributions include:

- Offering to expand the catchment of the hospice rapid response service to provide additional overnight resource to district nursing.
- Seconding the hospice's rehabilitation team to provide additional community capacity where this was challenged.
- Being able to access COVID-19 vaccinations quickly and promptly by accessing vaccination capacity from partners from community services.
- Understanding pressures elsewhere in the system and better understanding system trends, giving the hospice insight into when demands on services are likely to peak.
- Enabled the hospice to tailor service provision to meet emerging needs, such as establishing a coordinated response to bereavement support with other local providers.

P-213 A VISION FOR SYSTEM WIDE INTEGRATED PALLIATIVE AND END-OF-LIFE CARE

¹Wayne De Leeuw, ²Irene Watkins, ³Pippa Baker. ¹Dorothy House Hospice, Winsley, UK; ²Prospect Hospice, Swindon, UK; ³Salisbury NHS Foundation Trust, Salisbury, UK

10.1136/spcare-2021-Hospice.228

Integrated Care Systems (ICSs) are central to the delivery of the *NHS Long Term Plan* and designed to bring together local organisations to redesign care and improve population health, creating shared leadership and action. In an ICS, NHS organisations, local authority and third sector partners such as hospices have the opportunity to 'take collective responsibility for the management of resources to improve the health of the population they serve'.

With these strategic opportunities on the horizon the BaNES, Swindon and Wiltshire (BSW) Palliative and End of Life Care Oversight Group, a combined provider and commissioner collaborative led by the three local hospice leads (Dorothy House, Prospect and Salisbury) formed in September 2020.

Over six months the group, made up of 30 provider organisations working in partnership with ICS commissioners, co-created a new strategy for palliative and end-of-life care based on:

1. National and local policy and strategy documents.
2. Quantitative analysis of local demographic and outcome data.

3. Qualitative/lived experience feedback obtained from an ongoing survey of patients', carers' and families' experiences of end-of-life care.

4. Mapping of services against items 1, 2 and 3 above.

5. An ambition to deliver services that are value for money and delivering demonstrable positive outcomes for the local populace.

The strategy is framed by eight high level recommendations which highlight how success will be measured. The first, and arguably most innovative and/or controversial recommendation, is the creation of an ICS wide, hospice led, Palliative and End of Life Care 'Alliance'. With delegated budgetary authority this 'Alliance' will have accountability for ensuring equitable, outcome driven and cost efficient palliative and end-of-life care.

In June 2021 with unanimous ICS approval of the strategy, delegated transformation funds and hospice leadership, the 'Alliance' began meeting with an ambition to transform palliative and end-of-life care at scale across the system.

P-214 STRATEGIC ALLIANCE TO INTEGRATE QUALITY DEMENTIA SERVICES ACROSS NORTH STAFFORDSHIRE

Louise Eagle, Wendy Mountford. *Douglas Macmillan Hospice, Stoke-on-Trent, Staffordshire*

10.1136/spcare-2021-Hospice.229

Background and Aims Approach Dementia Support and the Douglas Macmillan Hospice (Doug Mac) joined together, in 2018, as a Strategic Alliance to ensure that local people affected by dementia are able to access the right support at the right time and live their life in the way that they choose, as dementia prevalence and impact increase nationally and locally.

Our vision is... to work together to integrate quality dementia services across our heartland of Stoke-on-Trent and North Staffordshire.

Our mission is... to respond effectively to the growing need for cohesive dementia support across our heartland by collaborating as two organisations with a shared ethos of compassion for the most vulnerable in our community.

Methods and anticipated Results To fulfil our mission and vision, we have prioritised the following strategic aims, which are to:

- Enable a consistent journey from dementia diagnosis to end-of-life.
- Share resources as required to ensure the right support at the right time.
- Increase staff knowledge, skills and resilience as part of a team.
- Develop a carer enablement program from diagnosis to end-of-life.

The introduction of a comprehensive assessment tool allows individuals, carers, Approach and Doug Mac staff to assess the dementia stage of an individual, thus referrals can be made to the right services for their needs. One such service is the face-to-face support at the Dementia Services Centre, on-site at Doug Mac, delivered in partnership by the Dementia Liaison Coordinator and Dementia Wellbeing Activity Officer to provide carer support in addition to an interactive stimulating activity session for the person living with dementia.