

**Aim** Research evidence indicates that integrated, co-ordinated care, and multi-disciplinary working is particularly valuable for people with complex needs and long term-conditions (SCIE, 2018), therefore, by coordinating health and social care and the expertise and skills of different professionals we aimed to provide holistic, person-centred care in a way that is more accessible to our patients and carers.

**Method** The Hospice Hub operates a flexible drop-in service, where no appointment is necessary. Here, patients and carers can socialise, speak to members of the Hub, and attend supportive sessions, including relaxation, reflexology, fatigue and breathe easy groups. We also offer separate facilitated carer support throughout the session. The space used for the Hub is a light, airy and cheerful space, where every week our hospice colleagues and volunteers are on hand, including our dedicated Hub Co-ordinator, Clinical Nurse Specialist, Healthcare Assistant, Complementary Therapist, Welfare Advisor, Spiritual Carer, Social Worker, and Occupational Therapist.

**Results** Since launching the Monday Hub drop-in the numbers have doubled. Due to this demand the decision was made to repeat the Hub on a Thursday which has been equally successful, and the feedback has been positive.

**Conclusion** Multidisciplinary teams have been shown to be an effective tool to facilitate collaboration between professionals and improve care outcomes (SCIE. SCIE Highlights No 4. 2018).

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#### BURSTING WITH CREATIVITY: USING SHORT, WEEKLY BURSTS OF THERAPEUTIC, CREATIVE ARTS SESSIONS IN A HOSPICE DAY SERVICE GROUP SETTING

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'People do deep emotional, spiritual and psychological work when they create art products, especially when they are supported by an experienced arts therapist' (Bolton 2008).

This poster reviews and highlights the benefits of attending weekly 'Creative Therapy Burst' sessions provided for day service patients in a hospice setting. The groups are facilitated by the hospice music therapist and are planned and facilitated in collaboration with the multi-disciplinary day service team (registered nurses, clinical support workers and volunteers).

Although the creative arts are already used widely in this setting, this approach enables all patients to regularly have access to different types of therapeutic, creative arts group sessions, whereas in the past these types of sessions may have been limited to individual work or group sessions using only one of the creative arts (e.g. music or art).

These sessions have been in place since January 2022 and include the following activities: Creative Music Making (including improvisation), Japanese Haiku composition (from Luminare Scotland series of activities), The Lost Words (using this publication to explore our own 'lost words'), music and relaxation sessions, creating pots with air drying clay, music and gentle movement, song writing, music and the emotions, virtual museum tours and reminiscing using music.

This adult hospice provides a rehabilitative approach to care and support and patients, alongside staff, identify aims

and goals to focus on over a 10 week period of weekly attendance. As part of these aims and goals the team find the use of the creative arts beneficial to give their patients opportunities for creativity, shared experience, relaxation and stimulation.

The poster will show examples of these activities alongside quantitative and qualitative data collected from patient and staff.

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#### THE ROLE OF THE MEN'S SHED IN A HOSPICE DAY SERVICE CONTEXT: IDENTIFYING FEATURES OF A SUCCESSFUL GROUP AND DEVELOPING RECOMMENDATIONS TO EXPAND THE SERVICE

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**Background** Hospices are an important hub for communities and can provide places for peer support. However, historically hospices have often struggled to reach men who have a life-limiting illness, or who care or cared for ill partners. Gender specific peer support has been identified as one way to promote men's health and well-being and reduce health and social inequalities. This includes initiatives such as Men's Sheds; community spaces for men to meet, engage and work on projects. However, little is known about how Men's Sheds can be successful in the hospice context or how they can benefit members.

**Aim** The aim of this project was to identify features for the success of a hospice-based Men's Shed group and use this learning to contribute to the development of further Men's Shed groups across other hospices.

**Method** Non-participant observations and semi-structured interviews were undertaken with 10 members of a Men's Shed. Thematic analysis was used to identify key factors affecting success. We used a Delphi approach involving key stakeholders to develop draft recommendations for expanding the service to other hospices. These were then piloted at a second hospice and lessons learnt used to provide final recommendations.

**Findings** This study identified several key aspects of what it takes to develop a successful Men's Shed and maintain it including: issues for the host organisation to consider from conception and beyond; an awareness of members' motivations for attending; in-depth understanding of the benefits of attending gender specific peer group support; potential difficulties and suggested resolutions and group characteristics essential to maintain and develop the group.

**Conclusion** The study successfully developed recommendations which were piloted at a second site.

**Recommendations** Hospices developing a Men's Shed need to consider the specific needs of service users and be willing to let users take ownership of the group.

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#### FUTURE-PROOFING COMPLEMENTARY THERAPY SERVICES

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**Background** Complementary therapy is highly valued by palliative care patients (Armstrong, Kupeli, Flemming, et al., 2020. *Palliat Med.* 34:1332; Zeng, Wang, Ward et al., 2018 *J Pain Symptom Manage.* 56: 781). Suspended services in April 2020 due to COVID-19 restrictions highlighted our reliance on in-person therapies, with no alternatives for patient care. When services resumed in February 2022, we took the opportunity to reimagine our offering.

**Aims** To design services that could run both in-person and online. To define a wellbeing pathway that included in-person therapy, plus a wider variety of self-empowerment education. To offer more relaxation and mindfulness techniques (Proud, 2017. *BMJ Support Palliat Care.* 7:A55) that could be practised at home and did not depend on in-person therapy.

**Methods** In February to April 2022 a roll-out of services took place. Firstly, the reinstatement of in-person therapies, secondly the offering of online weekly relaxation sessions and in-person meditation sessions. From feedback and discussions with users and staff, education sessions were developed covering identified areas of challenge. All the education sessions, group relaxation and meditation services can be carried out online.

**Results** There has been a great uptake of services with patients embracing all avenues available.

- In-person therapies average 35 bookings per month.
- Online relaxation sessions have opened a new avenue for patients who are shielding.
- Education sessions are currently face-to-face but could be run online. All include techniques that can be carried out at home.
- Feedback has been overwhelmingly positive with 100% 'Very Good' ratings.

**Conclusion** The first phase of reopening complementary therapy services has been met with very positive feedback from our patients. Reimagining what we offer has expanded services and allowed more flexibility. Additional learning is that some patients actually prefer online sessions as they are easier to access and safer. These patients report the same high levels of positive feedback. We are planning to expand with music therapy (Gutgsell, Schluchter, Margevicius, et al., 2013. *J Pain Symptom Manage.* 45:822) and an online meditation and resources library.

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#### OUTCOMES FROM AN INDEPENDENTLY COMMISSIONED REVIEW OF ACORNS CARE SERVICES

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**Background** Acorns recognised that children's hospice care needs to evolve. In July 2020 we commissioned NCB to undertake an independent strategic review of our care service. We were presented with the final report and recommendations in Feb 2021.

**Aim(s)**

- To align future service and demand based on projected needs and local and national commissioning intentions.
- To sustainably and effectively resource and deliver services.
- To inform our Strategic Plan 2021 -2024.

**Methods** Jul. – Oct. Reviewed data/academic studies to estimate demand.

Sept. – Dec. Focus groups and stakeholder engagements.

Dec. – Jan. 2021. Sets of challenge panels with staff and service users to test recommendations.

**Results** The review made a strong case for evolution and change, acknowledging that children are living longer with life-limiting conditions resulting in greater clinical complexity in the conditions of many children. There were nine recommendations:

1. Strengthen the Family Teams' offer.
2. Jointly fund clinical posts.
3. Consider access pilots.
4. Develop an 'Acorns Care' tier of support for children receiving less intensive clinical input.
5. Review a clinical development strategy across the three hospices.
6. Monitoring bed occupancy and demonstration of value to commissioners.
7. Work with other providers to develop a shared vision for children's palliative care.
8. Establish inclusive staff working groups to support areas of change.
9. Key characteristics: Responsive, efficient, integrated, transparent, united.

**Conclusions** The Review provided a platform for change, as we emerge from the global pandemic there is appetite from our stakeholders for our specialist services to meet priorities for the future. Our change management programme is ensuring the views of the children and families remains central.

**How innovative or of interest is the abstract?** We hope that sharing our learning will benefit colleagues from across children's hospices by seeing a different optic into our specialist sector.

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#### REASSESSMENT AS A TOOL FOR INCREASING CONFIDENCE TO RE-ENGAGE WITH ACORNS CLINICAL SERVICES POST-PANDEMIC

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**Background** During the height of the pandemic and for many months after, as many families were readjusting to life with children going back to school, many families of children with life-limiting conditions were still securing themselves in their homes, afraid to send children to school, afraid of bringing disease back from shops or public places while feeling very isolated and thoroughly exhausted. Prior to the pandemic, Outreach provided vital short breaks in the home, allowing families and care givers to take a break to do some shopping, housework, take other children to an activity or birthday party, or spend some time looking after their own wellbeing by visiting the hairdressers or going to the gym.

**Aims** To determine the suitability of Outreach nurses reassessing children and adding a layer of confidence that families could allow children to return to in-house care at Acorns, or choose to continue with Outreach visits if they preferred that model of care. In line with our strategic plan for 2022-23,