

P-24

**SHARE AND LEARN NETWORK – A PILOT PROJECT TO DEVELOP A COLLABORATIVE NETWORK FOR CARE HOMES IN SURREY**Carole Cousins, Jane Berg, Anne Reed, Lizzie Lee. *Princess Alice Hospice, Esher, UK*

10.1136/spcare-2023-HUNC.45

**Background** People in the UK are living longer and if this trend continues, it is estimated that 160,000 more people in the UK will require palliative input by 2040 (Etkind, Bone, Gomes, et al. *BMC Med.* 2017;15: 102). Nearly 500,000 people live in care homes across the UK (Michas. *Care home population in the UK 2020.* Statista. 2021 June 01) with the care home population projected to rise by 127% over the next 20 years (Kingston, Comas-Herrera, Jagger. *Lancet Public Health* 2018,3: 447–55) and suggestions that care homes will be the most common place of death by 2040 (Bone, Gomes, Etkind, et al. *Palliat Med.* 2018;32(2):329–33).

**Aim** The Share and Learn Network aims to:

- Facilitate the exchanging of palliative care knowledge and resources with input from the hospice.
- Offer a platform where care home staff can offer support, and share ideas and knowledge with colleagues in other care homes.

**Method** Jan. 2022. Steering group (two care home managers, members of the Hospice Education & Research and Marketing teams, lay expert by experience and trustee) met to plan implementation of the project:

- 6 weekly 1-hour sessions offered online: session topics chosen by care homes; open to ALL care home staff.
- Access to five e-learning courses for relevant staff members.
- Invitations to networking events with other care homes.
- Collection of quantitative and qualitative data for evaluation purposes.

The cost of the network was set at £300 per care home per year, including access to the network for ALL staff and a 10% discount to other specified hospice programmes.

**Results** The first session was held in September 2022. Feedback from attendees was positive, especially by non-care staff such as housekeepers and catering staff, who rarely receive end of life care training. Attendees noted that sharing of practical aspects of care such as oral care products at the end of life was helpful for everyday practice.

**Conclusion** Both direct care and non-care staff value a network where they can learn and share aspects of palliative care practice.

P-25

**A COLLABORATIVE APPROACH TO SUPPORTING WINTER PRESSURES**Helen Reeves, Katie Burbridge, Andrew Harkness. *St Giles Hospice, Whittington, UK*

10.1136/spcare-2023-HUNC.46

**Background** More than 13,000 beds were occupied by patients who did not meet the criteria to be in hospital in December 2022 (NHS England, 2022) and this number is a quarter higher than the data from the year previously. The Office for National Statistics (2023) reports that due to winter pressures patients are waiting longer for treatments and that this had a negative impact on their life. St Giles Hospice were

approached by a local Integrated Care Board (ICB) to provide extra bed capacity to the system for patients to either be stepped up from home or stepped down from hospital to assist with winter pressures.

**Aims** To review and evaluate the use of hospice beds provided for winter pressures within the local health economy.

**Methods** St Giles Hospice opened two extra winter pressure beds at the beginning of January 2023. This was a collaborative venture with a local ICB to increase bed capacity and release pressure from local acute trusts. To ensure efficient bed flow to maximise output and utilisation, a set referral was produced with partners. St Giles joined the local urgent and emergency care daily calls to identify any potential patients that may require bed support and weekly meetings were held to discuss progress and identify any issues.

**Results** Results from this collaborative project include: Six patients admitted into beds – admissions ranged from treatment for infections and longer term placement. All referrals admitted on the same day. Two referrals were for longer term care and opened up access to other hospice services that would not have been available previously. Presented success at Urgent and Emergency Care Board.

**Conclusions** Discussions are progressing to identify how St Giles can support the wider health care system for the winter 2023/2024.

P-26

**I AM NOT DEAD YET! BUILDING BRIDGES TO PROMOTE INTEGRATED WORK BETWEEN HOSPICE CARE AND ADULT AND CHILDREN'S SOCIAL WORK BASED ON PATIENT EXPERIENCE**Alex Giasemidis. *Arthur Rank Hospice Charity, Cambridge, UK*

10.1136/spcare-2023-HUNC.47

We are developing a model of integrated palliative work with adults' and children's social work and between the hospice. This currently involves a local authority and hospice alongside schools and children's therapeutic services. Research acknowledges (supported by feedback at a local level), that social workers do not feel equipped to support people who are dying or bereaved. The reality is that often practitioners have not thought of their own mortality despite increasingly supporting service users who are end of life. In response to this, and with the assistance of the Palliative Social Worker and Matron at the hospice, we have set up a monthly Palliative Hub for adult social care workers. In addition, we have opened monthly opportunities for adult social workers to attend the inpatient unit multi-disciplinary hospice team.

There are several desired outcomes, one of which is to secure funding from the ICB to facilitate health and social care joint work. Both disciplines have skills and expertise that need to be joined up to effectively meet the needs of our service users and families. There currently exists a gap in social work training when a parent presents with a life-limiting condition. This does not sit easily with eligibility into statutory children's services. We are observing repeated themes around lack of clarity from social services in response to the parent dying and the implications on who will have legal responsibility for the children. These concerns are shared by schools and organisations providing therapeutic services for children. The significance of this is that it creates an avoidable barrier in promoting a good death for the dying parent. Their