Conclusions The levels of attendance at and participation within the ECHO sessions highlights the growing recognition of the need for multi-professional responses to the challenges of supporting people experiencing homelessness towards the end of life. There is an appetite to continue this network to maintain the momentum generated and to facilitate the creation of inter-professional relationships and connections to understand and improve palliative care for people experiencing homelessness.

Background Complex and chronic comorbidities, as well as higher rates of mortality amongst the younger population are often experienced more within the homeless community. Due to a combination of complex factors, homeless people often have limited access to health care including palliative care. Providing support that fits the needs of the homeless is a challenge for both healthcare and homeless support providers.

Objectives Developments were initially made between two local charities (one being a homelessness organisation and the other a hospice) to scope delivering end of life care education to homelessness sectors as a collaborative approach. As an increasing part of their work is in supporting the delivery of palliative care with their homeless clients, further correspondence was made with the Advance Care Planning Team & the Community Specialist Palliative Care Team to facilitate a training programme for local homelessness sectors.

Results This collaborative approach to education formed a bespoke tailored programme, supporting those delivering palliative care in the homelessness and hostel communities. Feedback has been excellent with most participants agreeing that they can utilise skills in their practice to improve user experience. This project has been recognised by local commissioners and professionals working with those experiencing homelessness may not have the appropriate training to identify those who are approaching the end of life (Marie Curie. Care for people experiencing homelessness in palliative care. [Internet]).

Aims The aim of this service evaluation is to describe and evaluate an outreach service established at a hospice in London to support residents and members of staff at two local homeless hostels.

Methods The hospice homelessness group is a team of cross-department staff members who collaboratively developed an outreach programme with the aim to improve the quality of palliative and end of life care provided to patients experiencing homelessness in our local community. The work primarily focused on two homeless hostels, and included direct clinical care, informal ‘pre-referral’ support regarding patients hesitant to be formally referred, regular MDT attendance, community outreach work with hostel staff and residents and an education programme for hostel staff. This service evaluation will outline the results of qualitative and quantitative feedback from hostel residents and staff members.

Results The results of this project will be presented as an evaluation of our service on behalf of patients and members of staff.

Conclusions The hospice outreach programme will continue to be developed in light of feedback obtained. Further conclusions will follow depending on the results of the service evaluation.

Background Exeter has a larger homelessness problem proportionally than Birmingham or Manchester with a ratio of 0.65 per 1000 households (Office for National Statistics, 2017), with the amount of rough sleepers being 25th city in the country (Ministry of Housing, Communities and Local Government, 2019). 73% of the homeless community have a physical health problem, alongside a reduced mortality age in comparison to the national average. Hospiscare, with grant funding, focused resource on building relationships with St Petrocks, our local homelessness charity, and together developed a pathway of care for this population.

Aims To ensure the local population living within the homeless community were aware of the accessibility of support...
from their local hospice for their end-of-life care needs (Hospice UK. Care committed to me. 2018).

**Methods** In 2019 we collaborated with the local homelessness charity with the aim of developing a care pathway which was flexible and responsive to need. We established training, both formally and informally, to upskill staff to the needs of the population they serve. Finally, we raised awareness to ensure the legacy of this work continues.

**Results** Our nurses have provided ground-level outreach support to meet the individual needs of the homeless community. This has consisted of at least 24 outreach walks across the city, clinics, and frequent communication with St Petrock’s staff. Seven patients have been supported to date, with two dying in the hospice. Others have benefited from general health advice or signposting.

We have also collaboratively produced specialist resources including advance care planning cards for patients, and a video, with the aim of building on the community of practice we have developed.

**Conclusions** Those in need of end-of-life care will now have an awareness of their local hospice, getting the support they need to manage complex holistic symptoms. Building rapport in the community, through outreach and drop in clinics has been essential to this (Care Quality Commission. A second class ending: exploring the barriers and championing end of life care for people who are homeless. 2017). We now understand the complexities of the homeless and vulnerable housing community, and our processes are now more flexible to ensure they don’t create barriers to our care.

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**P-208 HOUSEHOLD SUPPORT FUND PARTNERSHIP INITIATIVE**

Karen Evans, Compton Care, Wolverhampton, UK

10.1136/spcare-2023-HUNC.228

**Background** In partnership with our Local Authority (LA), we are supporting the LA’s strategic aim of creating a financially inclusive City by partnering to help tackle the issues of poverty. Recent Marie Curie research shows that over 90,000 people die in poverty in the UK every year. Many of these fall into poverty as a direct result of being diagnosed with a terminal illness. People under 65 who are terminally ill are most at risk, with more than one in four (28%) dying in poverty.

**Aims** The aims of the scheme were to: (1) Prioritise those that lived in areas of highest deprivation. (2) Reduce stress and anxiety related to cost-of-living issues. (3) Improve quality of life.

**Method** In December our IT department identified our service users who lived in the areas of highest deprivation across the City. We adopted a ‘blanket approach’ at this time to ensure maximum reach before Christmas. We purchased £100 supermarket vouchers for distribution.

We managed to distribute to over 100 people before Christmas. After Christmas, we continued to work through the list contacting patients to ask what they needed. We also received referrals from our staff working with patients and families.

**Results** In a 3 month period, we have contacted over 500 patients with over 300 awards actioned.

We have awarded almost £43,000 that has helped patients pay utility bills, attend medical appointments, comply with treatment plans, etc. The primary method of support has been utility bill support and supermarket vouchers. We have received numerous cards, letters and telephone messages of gratitude explaining the positive impact on their lives.

**Conclusion** Owing to the nature of our service, we found that we were only able to award once in the majority of cases. For this reason, our awards tended to be higher than LA recurrent awards.

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**P-209 LEARNING FROM A PILOT QUALITY IMPROVEMENT PROJECT: BUILDING A COMMUNITY OF PRACTICE TO PROMOTE CROSS-ORGANISATION COMMUNICATION AND COLLABORATION IN PALLIATIVE AND END OF LIFE CARE IN PRISONS**

Julia Russell, Hospice UK, London, UK

10.1136/spcare-2023-HUNC.229

**Background** More and more people are dying behind bars as a result of the rising number of older people in UK prisons. In the past 10 years, deaths in prison from natural causes rose by 77%. This has created a pressing need for end of life care, which is only rising as the number of older people in prison with poor health increase. Project ECHO™ is a worldwide movement providing an online learning and support methodology, and is an effective model which increases participant support, collaboration and knowledge, and promotes healthy working relationships between individuals.

**Methods** In 2022–2023, Hospice UK secured the support of the Ministry of Justice, HM Prison and Probation Service, NHS England and the UK Heath Security Agency to pilot an ECHO™ network focused on end of life care in prisons in England with the aim to share learning and best practice for both custody and healthcare staff. The pilot sessions started in November 2022 and run 6 weekly.

**Results** 240 people have registered for the Community of Practice and the table below shows subject matter and numbers who have attended thus far:

<table>
<thead>
<tr>
<th>Abstract #209 Table 1</th>
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<tbody>
<tr>
<td><strong>ECHO Session</strong></td>
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<tr>
<td>Curriculum Setting Session</td>
</tr>
<tr>
<td>ECHO 1 – Experiences of using the ‘Dying Well in Custody’ charter – self assessment tool</td>
</tr>
<tr>
<td>ECHO 2 – Bereavement Support in Prisons</td>
</tr>
<tr>
<td>ECHO 3 – Working together to improve communications and information sharing with custody and healthcare staff</td>
</tr>
<tr>
<td>ECHO 4 – Education provision for custody and healthcare staff</td>
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**Conclusions** Early evaluation and feedback of the project so far indicates an increase in collaboration and shared learning between traditionally isolated colleagues across England and Wales. Trust underpins each session, with the mantra of ‘All Teach, All Learn’ making it an environment where relationships can flourish which can help colleagues to have a proportionate and responsive call to action for challenges that may arise.