

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.

#### 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.

#### 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

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**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 Health 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:

Abstract #209 Table 1

ECHO Session	Attendees
Curriculum Setting Session	77
ECHO 1 – Experiences of using the 'Dying Well in Custody' charter – self assessment tool	64
ECHO 2 – Bereavement Support in Prisons	52
ECHO 3 – Working together to improve communications and information sharing with custody and healthcare staff	35
ECHO 4 – Education provision for custody and healthcare staff	42

**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.