

**Aim to:**

- Demonstrate the reach and impact of hospice care to commissioners and the community
- Work in partnership to identify economies of scale and potential opportunities for partnership working
- Promote volunteering
- Project a professional impression, working together not against each other
- Establish hospice care as a solution to future challenges in palliative and end-of-life care
- Strengthen understanding of the contribution of hospice care
- Memorandum of Understanding signed by chairs of each Board and CEO.
- Quarterly meetings to review annual work-plan, regular meetings by executive teams to explore potential for future joint projects.

**Partnership work so far:**

- Joint secondment of an EMIS IT Co-ordinator to ensure consistency in data and reporting. 18 month post, 1 day per week in each hospice
- Joint priorities for improvement in hospice Quality Accounts
- Joint communications strategy – One hospice message
- Joint fundraising events – heads of fundraising working in partnership

We hope that the formation of the Cumbrian Hospice Alliance will allow us to encourage our people to work in partnership to unleash the potential to raise funds and provide more joined-up care for the Cumbrian communities we serve.

### P-181 **HARNESSING THE POTENTIAL OF WORKING TOGETHER TO TRANSFORM CARE LOCALLY – ST MICHAEL'S HOSPICE AND MARIE CURIE**

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In less than three months, from point of concept to operational delivery, St Michael's Hospice and Marie Curie, with funding from Herefordshire CCG, have launched a new service that will transform the way palliative and end-of-life care is delivered locally.

The new Herefordshire Hospice at Home service demonstrates what can be achieved when a UK-wide charity and local hospice come together to respond to local demand for new or increased support for people in the last few months and weeks of life, and their families.

The service, co-ordinated by St Michael's Hospice, delivers planned and urgent care 24/7, in people's usual places of residence. It supports discharge from hospital and admission avoidance, and enables more people to die in their preferred place of care.

The challenges of changing demographics and health and care profiles of residents presented a real opportunity to extend the level and accessibility of services provided, and improve care co-ordination.

Playing to each organisation's strength and acknowledging the differences has led to a truly open partnership. Cross-organisational collaboration, effective resource allocation, recruiting new staff and early engagement with local leaders and professionals have been vital to its early success.

With the support of the St Michael's Hospice hub, the partnership has created the impetus to improve integrated joint working

and shared care across acute and community teams, ensuring that each person receives the care they need.

Supporting local professionals' play their part in good end-of-life care is also an important element. Providing access to reactive face to face visits and telephone support 24/7 means that professionals and the people they care for get the urgent support they need at any time of day or night.

Early data shows preferred place of death has been achieved in all patients and hospital admission avoided.

### P-182 **SOCIAL CARE CHAMPIONS – WORKING IN PARTNERSHIP**

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Following the Social Care Champions Workshop held at Loros Hospice in 2014 the hospice's social work team devised an action plan to identify specific goals from the Framework for Social Care at End of Life, focusing on improving collaborative working with colleagues in adult social care services.

A meeting was arranged in 2016 with a local partnership NHS trust. The aim of the meeting was to explore and identify a realistic plan to forge stronger links between them and the hospice. A proposal was put forward to facilitate a three-day teaching programme to be delivered by lecturing staff within the education department at the hospice for social care colleagues who showed an interest in palliative care.

Course aims were for the participants to have a greater understanding of palliative and end-of-life care, including holistic assessment and communication skills for end-of-life and for them to be able to relate these to their own areas of professional practice.

The pilot teaching programme was delivered to a cohort of 16 social care staff. The feedback from the course participants was extremely positive and further cohort of the same training has already been commissioned by the local NHS trust.

Further collaboration has followed on from this project and an event has been organised to promote the resource 'The Role of the Social Worker in Palliative, End of Life and Bereavement Care'. This has involved the palliative care social workers from four regional hospices engaging with a Social Work Teaching Pilot and the staff from its partnership agencies. The aims of the event are to look at how people can get the most out of social work and how stronger links can be developed to support the delivery of high quality end of life care.

### P-183 **FIT FOR FUTURE? PARTNERSHIP OR PERISH**

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A strategic appraisal of end-of-life care in a rural county, with a view to planning sustainable and effective hospice care for the next ten years and beyond.

**Challenge** how to sustain outstanding end-of-life care in a rural county dealing with rising demand, an ageing population, increased complex comorbidities, tightening funding and finances and a diminishing skilled workforce.

**The review** a controlled collaborative, system wide partnership, with open and democratic stakeholder engagement and review lasting over 12 months. A panel of key engaged committed members, including: patients, carers, MPs, health and social care services, charities, faith groups, commissioners, GPs, specialist practitioners and the wider workforce including volunteers.

**Critical success factors:**

- Keeping patients and carers as our focus
- Partner relationship building with early participation
- The creation of excitement and new thinking by being brave and challenging the status quo
- High quality project management and external support
- Sustainability.

**Wide ranging evidence and data has come from:** external speakers, clinicians, patients, carers and families, and the general public through structured stakeholder engagement events, focus groups and surveys and analysis through desk top research by external consultants.

**Outcomes** Key themes are emerging and being developed which will lead to a new sustainable model of care with a countywide, cross agency partnership approach, sharing resources and innovations, with patient care as the driver

- A blended solution, with the hospice as a central enabler, to facilitate a caring network that will provide secure "touchpoints" of professional care and support when and where it has the most impact
- New community-based solutions: supporting early and timely referral, care closer to home using
- Collaboration and interoperability with the wider community: macro partnerships with micro- enterprise solutions
  - Innovation and digital connectivity
  - The workforce including volunteers
- Fundraising including income growth, branding and marketing

**Reinforced Learning:** Collaborate... or deteriorate!

**P-184 PARTNERSHIP WORKING WITH LOCAL AMBULANCE SERVICES**

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**Background** Patients in the community setting wishing to be cared for and die at home often end up in the A&E department. Primary responders to patients are usually the ambulance services. The reasons for this are varied but access to specialist palliative care support has been shown to be effective at reducing A&E attendance. The project aimed to improve the knowledge of staff, within the Local Ambulance Service (LAS), focusing on identifying when a patient is dying and what alternative support is available.

**Aims**

- Increase knowledge to identify dying patient and support available
- Reduce hospital attendance particularly at End of Life (EoL)
- Achieve Preferred Place of Care for patients
- Develop further partnership working.

**Approach** Hospice staff in conjunction with LAS leads set up three evening training sessions for LAS staff. Sessions covered the services provided by the hospice, symptom control, palliative care emergencies, identification of dying and encouraged crews to "pick up the phone" for advice. Each session was planned for two hours allowing ample opportunity for discussion.

**Outcomes** Anonymous feedback was obtained from the 55 attendees:

- 100% reported they now feel more confident in dealing with patients at EoL
- 100% identified they feel more confident to call the 24 hour hospice on call service as and when they need advice.

**Frequent comments:**

- Being able to identify when a patient is dying was most helpful
- Realised that advice available is not restricted to patients known to the hospice.

**Conclusion** Knowledge has improved with crews recognising patients at end-of-life and contacting the hospice on call service appropriately. Patient choice has been supported ensuring that their Preferred Place of Care at end-of-life is met. Partnership working has improved with further training sessions planned across the county.

**P-185 COLLABORATIVE CONTRACTING: ENSURING HARMONY NOT CONTRADICTION**

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A new era is dawning in the commissioning and provision of primary health care. The visionaries promote greater integration of care, encourage creative contracting, and above all inspire collaboration across providers to achieve best patient care. This will give rise to a new style of provider partnerships. Where does this leave end of life care in the voluntary sector? It is vital that the passion and independence of what we do is sustained throughout the maelstrom of oncoming change but equally important that we contribute, collaborate and continue to lead and provide best practice end of life care no matter how the contractual landscape might change.

This paper will address some key contractual issues for consideration by the voluntary sector when seeking to be involved in the new-style provider partnerships. It will cover legal aspects of confidentiality agreements, exclusivity arrangements, sub-contracts and the operation of TUPE. Whilst the collaborative approach is characterised by shared accountability and a high level of inter-organisational trust, as in other sectors this can often translate into robust traditional-style contractual regimes at odds with those core values on which the partnership is founded.

This paper considers these aspects from the voluntary provider perspective. It reflects our experience as transferee in a TUPE transfer of end of life services from a private provider to us as independent hospice and explains how that has informed our thinking going forward. To conclude we shall propose guiding principles to underpin a form of collaboration agreement pursuant to which the Hospice provider may work alongside the new-style provider partnerships to ensure appropriate delivery of valuable support of the partnerships' desired end of life outcomes.