P-185 WHOLE SYSTEM END OF LIFE STRATEGYAlison Stevens, Eva Lew. *Farleigh Hospice, Chelmsford, UK*

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Our hospice leads the End of Life Locality Group within our Clinical Commissioning Group (CCG) area. The CCG End of Life Strategy (EOL) was due for renewal so it was agreed to develop a 'whole system' strategy led by the hospice including the CCG, all providers with a key responsibility in delivering end of life care and service users. The aim of this was to adopt a consistent approach to meeting local need, pooling resource and sharing best practice, resulting in a better end of life experience for people within the locality.

A project planning group was set up and looked at local needs as well as national drivers. The group decided to adopt the national Ambitions for Palliative and End of Life Care as the overarching framework for the strategy.

The locality group hosted four 'Transforming End of Life Care' whole system workshops with 193 attendees across all providers to identify gaps in service delivery and areas of best practice. Knowledge gleaned from these workshops fed into the local actions that were allocated to each ambition and a high level action plan was embedded within the strategy.

This strategy and high level action plan now drives the actions of five locally based workstreams, each with a lower level action plan, clearly identified outcomes and measurements to ensure the overall strategy is delivered. Ongoing evaluation is undertaken by the Locality group.

During the strategy planning phase there were a number of external changes that occurred including the decision by NHS England to introduce the 'Success regime' to Essex. The group used this as an opportunity to share the strategy with the other CCGs involved and it was adapted and used as the framework across a wider area to influence good practice and improve experiences for patients and their families.

P-186 CALDERDALE END OF LIFE NETWORK – A COLLABORATIVE APPROACH

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Overgate Hospice provides specialist palliative care, but acknowledges that many patients receiving end of life care will have some or all of their care delivered by generalist practitioners in other 'care' settings including patients' own homes. The recognition that care is comprised of many strands of multi-disciplinary work, strongly influenced the vision of a multi-agency network, underpinned by highly effective education and training. The potential benefits of one collaborative group were explored, clearly identified and became our driving force with one clear aim; to work cohesively to improve end of life care across the locality.

The project began with an initial expression of interest; inviting key organisations to engage with a mapping exercise; tracking a fictional patient's journey from diagnosis of illness to end of life. This map formed the basis for network membership and has since been shared as a guide for professionals. The exercise was thought-provoking. We had found mapping

the journey confusing, with many overlaps and potential gaps in the road; an experience we feared would be echoed by patients and families.

Collaboratively, we refined our aims and formalised our terms of reference.

The Network offers opportunities to:

- Share best practice, new ideas and innovations
- Learn from each other
- Discuss and seek resolution for practical issues
- Access learning opportunities.

Membership includes:

- Community specialist palliative care nurses
- Care home staff
- Supported living staff
- Learning disability nurses
- District nurses
- Community matrons
- Workforce development staff
- Hospice staff
- Skills for Care Locality Manager
- End of life social workers
- Domiciliary care workers
- End of life educators
- Marie Curie nurses
- End of life doulas.

2016/17 has seen the exciting inauguration of the Network, where positive relationships have been formed across service boundaries. By extending our membership and the continued attendance and contribution of attendees, we have connected many services, improving the experience of patients and families in keeping with our initial aims.

P-187 CREATIVITY THROUGH PARTNERSHIP WORKING TO IMPROVE OUTCOMESZoe Holman. *St Margaret's Hospice, Taunton, UK*

10.1136/bmjspcare-2017-hospice.212

Background The Association of Palliative Care Social Workers highlights the importance of having 'Social Care Champions' to work with social care colleagues and promote good practice. The hospice and local authority Adult Social Care Service are working in partnership to jointly employ two specialist palliative care social workers and two specialist palliative care occupational therapists (OTs). They work across the adult social care and hospice settings to support service users, their carers and families to live and die in the place of their choosing where possible.

Aims Using the Care Act (2014) they work to promote well-being and quality of life for the people they work with using services from both statutory and voluntary agencies. Sitting within the multi-disciplinary team (MDT) at the hospice as well as within adult social care teams avoids delay, enables better multi-agency working and positive outcomes for service users. It enables creativity, using skills and knowledge of specialist palliative care and social care systems and resources to quickly put things in place for people. It also provides advice to the MDT within the hospice around social care issues including Safeguarding, DOLS and Social Care services. These specialist palliative care social workers and OTs provide

education to general social workers and OTs through training, joint working and advice to increase knowledge.

Outcomes It has been helpful in dispelling myths and fears around working with people at the end of their lives and promoting advance care planning within the context of social care. This approach ultimately reaches greater numbers of services users and improves the quality of end of life support to people across the county.

P-188 CO-ORDINATION OF END OF LIFE CARE – A SUCCESSFUL COLLABORATION ACROSS SERVICE BOUNDARIES

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Background Collaborative End of Life Care improvement across a Clinical Commissioning Group had been supported by two hospices part funding the CCG's Project Lead. Serving one of the oldest populations in the UK, with people over 85 being 10% more likely to have an acute admission ending in death, a consistent approach, strategy and pathway for end of life care were needed.

Aims To develop a centralised, single point of access for patients, their loved ones and carers that would coordinate care, provide advice and help people to reach the most appropriate care and support. The service aims to reduce unscheduled admissions to hospital at end of life, enable more people to die in their preferred place and improve communication and co-ordination between all care providers by the creation of a locality electronic end-of-life-care register.

Method The Community and Acute Trusts worked with three specialist palliative care (SPC) providers including the two hospices to develop a business case for the Collaborative EoLC Hub; this was approved and funded by the CCG. The Community Trust established the co-ordination centre and the three SPC providers are sub-contracted to deliver specialist palliative care advice 24 hours a day, seven days a week. The SPC providers operate a shared on-call rota for clinical nurse specialists and consultants, thereby maximising opportunities to share resources.

Results The co-ordination centre was launched in October 2016, ensuring full engagement with the local health and social care community and the public. Over 600 people are registered but earlier identification of people during the last year of their lives requires more work across the whole health economy.

Conclusions Through collaboration, hospices can deliver solutions to enable CCGs to improve end of life care across their communities and reduce inappropriate admissions to hospital at end of life.

P-189 HOSPICES WORKING WITH COMMISSIONERS – MUTUALLY BENEFICIAL OR A NECESSARY EVIL?

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10.1136/bmjspcare-2017-hospice.214

Background Hospices' value within the third sector is in their specific strategic organisational capabilities. It could be argued that this potential is unrecognised and untapped. The specialist nature of the services that hospices provide and their financial independence and freedom to develop and invest in services place them in a strong position to influence NHS commissioning of services. This study uses the VRIN model to assess the organisation's resources and to demonstrate the hospice's specific strategic capabilities. (Barney & Hesterley, 2010). This study demonstrates how one hospice has successfully challenged commissioning intentions and evidenced a counter proposal which resulted in the funding and delivery of an enhanced Hospice at Home service.

Aim To prove that increased provision of spells of Hospice at Homecare 24/7 would improve care and support the choice to be cared for and die at home and reduce hospital admissions.

To demonstrate that patients who fit the criteria for Hospice at Home also fit the criteria for CHC funding and secure that funding for the expansion of service.

Method Through semi-structured interviews we set out to evidence the true gaps in community palliative and end of life care and the approach to commissioning hospice services.

Scoping of the views of the below:

Phase 1 – Local GPs, community nurses and community.

Phase 2 – Commissioners from 2 CCGs

Phase 3 – Wider group of hospice directors (Survey Monkey)

Results

- Counter proposal accepted
- Joint funding of Proof of Concept
- Increased numbers of patients supported at home. Hospital admissions avoided
- Engagement of CHC and funding agreed.

Conclusion This study demonstrates the potential of hospice strategic organisational capabilities and the value of good relationships with commissioners that place hospices as equal, influential partners within a struggling economic and health-care environment. This study demonstrates how one hospice has successfully challenged commissioning intentions and evidenced a counter proposal resulting in the funding and delivery of an enhanced Hospice at Home service.

P-190 INVITING THE STRANGER INTO OUR MIDST – A POSITIVE EXPERIENCE BASING A COMMISSIONER IN THE HOSPICE

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Background The role of commissioning is increasingly important (NHS England: NHS Commissioning *online*) but can be daunting. Hospices need to find ways to embrace this in order to navigate and improve outcomes in delivering care (NHS England: NHS Commissioning *online*). Achieving end of life wishes for more people requires transformational change. It is necessary to be innovative and radical, adopting approaches which enable true collaboration (NHS England: Partnerships