services, despite 80% having met a member of adult palliative care team. No patients had a formal transition plan. 50% of staff felt support for transition was inadequate, with 70% expressing the need for improved continuity in the service.

Conclusion A clear transition process is required to ensure early planning, that needs are met by adult services, and that family goals drive the transition process. Issues of identity, sexuality and spiritual development require specific focus. Funding, training and improved key working need to be addressed. A multidisciplinary approach with improved access to adult respite services is vital.

P-218 **MODEL OF CARE: A STRUCTURE AND PHILOSOPHY THAT EMPOWERS, ENABLES, EQUIPS ADULTS AND THEIR FAMILIES**

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Background Responding to stakeholder feedback and wider strategic developments, led us to review how we deliver care to be more social and personalised. Growing demand affected staff's ability to work in a structured way leading to unmet expectations.

Aims We adjusted our approach to multidisciplinary team assessments with the following aims for patients and families:

- To have an initial holistic assessment, using a SystmOne core template, by an appropriate hospice professional, not necessarily a nurse specialist
- Their goals are identified, with a view to achieving results within six sessions.

This new model's aims are to enable, equip and empower people by:

- Maximising their existing support network
- Sourcing alternative/additional support
- Providing hospice support (six sessions of care model) – 'sticking like glue' to ensure issues are identified, goals set and a plan agreed.

Method A cross-organisation project group reviewed referral criteria and assessment processes. SystmOne templates were revised and the Outcome Assessment and Complexity Collaborative, Adult Social Care Outcomes Framework and Essex County Council's '3-conversation model' embedded in a core assessment. Staff were reorganised to enable a more responsive service.

Results Early indications are that this will achieve:

- Common understanding for hospice staff by working within one structure
- More comprehensive, timely crisis response – 'right person, right skills, right place, right time'
- Multi-disciplinary teams using their skills from first holistic assessment – 'right person, right skills, right place, right time'
- Widening access to the hospice
- Integrated health and social care assessment, adhering to Care Act 2014
- Measurable outcomes
- Model potentially to be replicated across the local health system
- All stakeholders clearer about what we offer.

Conclusion This model of care provides a clear structure for hospice professionals, empowers patients and families, ensures greater access to hospice care, responds to patient and family needs in a person-centred and timely way and provides evidence of outcomes and impact.

P-219 **THE EARLIER THE BETTER: EARLY REFERRAL TO PALLIATIVE CARE IMPROVES QUALITY OF LIFE**

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Background In 2014 the WHO declared that 'early palliative care not only improves quality of life for patients but also reduces unnecessary hospitalisation and use of health care services'. Following an audit in 2014 the Contact Centre at our hospice were aware that there were a number of patients who would benefit from our services but were either declining the services or being declined due to not being able to meet the criteria for specialist palliative care and end of life care.

Aims To develop an early palliative care service which allowed the patients and families/carers to experience a modern hospice approach of living well and palliative reablement. This included:

- Advance care planning
- Early support for families and carers
- Networking with other agencies e.g., CAB, carers support
- Live well approach
- Opportunity for referral to hospice services to prevent crisis e.g., 24 hour advice line, H@H
- Psychological support.

Methods

- Outpatient style appointment at an Outreach Centre close to home at the patient's/family convenience with a named nurse.
- Patient centred approach
- Referral to other internal and services
- Flexible approach to use of hospice services.

Results

- Significant increase in the number of patients/families gaining access to hospice services
- Extension of lighter touch services
- Increase in referrals of non-cancer and long term conditions
- Positive feedback from patients/families
- Earlier referral for some patients to complex specialist services
- Development of the nursing team's skill mix
- De-stigmatises hospice care.

Conclusion

- Further investment in the early referral services as patients and families/carers are utilising living well and palliative reablement services
- An opportunity to encourage end of life conversations and advance care planning for patients with dementia
- Potential to extend into GP surgeries/satellite clinics to reduce anxiety around being referred to a hospice
- Potential to extend into outpatient services at local hospitals to support patients who are newly diagnosed as palliative.