P-33 A COMMUNITY DEVELOPMENT APPROACH TO TRANSFORMING PALLIATIVE CARE – HARNESSING THE ‘POWER OF PEOPLE’

Christine Novelli. *Isabel Hospice, Welwyn Garden City, UK*

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Background Common headlines and perceptions: Death is a taboo subject (Dying Matters, 2011); Hospices are a place to go and die (National Hospice and Palliative Care Organization); Isolation is an increasing factor to illness (Age UK, 2018; Iliffe, Kharicha, Harari *et al.*, 2007).

These have been the catalyst for hospices to explore beyond clinical intervention and engage resources to help create a world where communities talk openly about death and dying, everyone lives life to the full and dies with dignity in the place of their choice, knowing their loved ones are supported.

Aims To increase awareness of services earlier, facilitate conversations about death and dying, increase wellbeing, and decrease isolation by establishing regular community cafés/coffee mornings and a network of trained Compassionate Neighbours.

Methods Employ a Community Development Manager to:

- Establish volunteer-led community cafés/coffee mornings in target areas
- Lead Compassionate Neighbours Project equipping them with knowledge of hospice services and confidence to engage in end of life conversations
- Facilitate regular Dying Matters conversations using interactive activities and ‘What’s the Plan’ card prompts at coffee mornings; host Death Café
- Develop partnership and collaborations with community organisations e.g. Dementia Action Alliance.
- Establish regular monitoring and evaluation using questionnaires, peer evaluators and user forums.

Results

- Community Café open three days a week at Living Well Centres
- Established two satellite coffee mornings/Pop up cafés
- 64 Compassionate Neighbours/24 matches by Jan 2019
- Increased participation in services by wider community.

Conclusions Early results are showing increased confidence and cohesion between Compassionate Neighbours, and successful matches with community members who otherwise might face dying in isolation. There is a willingness to explore end of life, including interest in Advance Care Plans with attendees to the café. Regular visits to coffee mornings/cafés will increase awareness of hospice services.

P-34 DYING ON THE STREETS: PALLIATIVE CARE FOR PEOPLE WHO ARE HOMELESS OR VULNERABLY HOUSED

¹Kate Flemming, ²Alison Skelton, ²Lynda Ruddock, ³Michael Russell, ³Helen Chidlow, ²Emma Johnson. ¹University of York, York, UK; ²St Leonard’s Hospice, York, UK; ³Changing Lives, York, UK

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Background People who are homeless or vulnerably housed are likely to die young, with an average age of death of 45 years. Many experience life-limiting illnesses, further complicated by dependence on alcohol or drugs. These illnesses can

cause significant problems in the last year of life, however, access to palliative care is severely limited.

Aim To develop a co-ordinated approach to palliative and end of life care for people who are homeless and vulnerably housed across the city of York.

Approach The project began with research undertaken at the University of York (Hudson, Flemming, Shulman & *et al.*, 2016; Skelton, 2017) informing education in end of life care for Changing Lives hostel staff, delivered by St Leonard’s Hospice. The education programme had a positive impact on care, however, joint working across organisations highlighted that vulnerable individuals were falling through ‘gaps’ in end of life care provision. This was the catalyst to bring together health professionals working with the homeless population of York and palliative care specialists to develop: processes of identification of individuals nearing the end of life, guidelines for symptom management, advance care planning and palliative care education.

Next steps Drawing on best practice nationally, we aim to develop a responsive service relevant to the needs of service users at the end of life.

P-35 HOSPICE AND HOMELESS – A NATURAL COLLABORATION

Alison Colclough. *St. Luke’s (Cheshire) Hospice, Winsford, UK*

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Background Many people who are homeless experience poor health. 41% have long term health issues, including a mix of mental and physical poor health and substance misuse (Homeless Link, 2014). Death often occurs early and symptom burden at end of life is heavy. Access to palliative care is limited (Shulman, Hudson, Low *et al.*, 2018). Those least able to advocate for themselves are most often overlooked (Care Quality Commission, 2017).

Aims By working in collaboration with others, to bring choice and access to palliative and end of life care for local people who are homeless. To ensure barriers to care are removed and homeless individuals and their supporters are not overlooked.

Methods Monies obtained from the Rayne Foundation. One homelessness lead employed one day a week and two experienced counsellors for three hours a week each. Education to local hostels and ongoing support maintained by visits, phone calls and referrals. Collaboration with housing and social care, local voluntary organisations, hospitals and discharge team. Teaching around homeless health and end of life care to final year nursing students. Hospice provides bed at end of life and Day Hospice welcomes people who are homeless in to services. Links with other hospices setting up similar projects. Dissemination of learning through conferences, presentations and engaging with media (e.g. Radio 4). Individual case work, and counsellors provide emotional and psychological support around loss and grief flexibly across the geographical footprint.

Results Excellent relationships with local hostels which are better able to support residents. Less secondary and more primary care. Individuals now accessing Day Hospice, Macmillan nurses and planning for their future care. Place of death honoured for three individuals (two in hospice and one in hostel). Hospice supporting other hospices with similar projects.