NOW to improve knowledge and access to end of life care for people with learning disabilities.

Results In partnership with SpeakEasy NOW:

- Created a bespoke easy-read hospice leaflet which has been peer reviewed by people with a learning disability;
- Filmed a video with people with learning disabilities on why and how to talk to loved ones about end of life wishes;
- Hosted a free event on growing older and end of life for people with a learning disability and their carers involving information stalls and interactive workshops;
- Exploring learning disability champions in hospice clinical teams;
- Exploring hosting conversation events across the county about end of life with people with learning disabilities.

Conclusion St Richard's Hospice is committed to ensuring everyone who has a specialist palliative care need has access to appropriate support. In partnership with SpeakEasy NOW, we are improving access, awareness and conversations about death and dying with people with a learning disability and their loved ones.

P-23 HOSPICE PRIDE

¹Gemma Allen, ²Sharon Hudson, ³Alice Spearing, ⁴Mark Jones, ⁵Suzanne McArthur, ⁶Jenni Fryer, ⁷Marianne Grant. ¹Mary Stevens Hospice, Stourbridge, UK; ²St Mary's Hospice, Birmingham, UK; ³St Richard's Hospice, Worcester, UK; ⁴John Taylor Hospice, Birmingham, UK; ⁵Marie Curie Hospice West Midlands, Solihull, UK; ⁶St Giles Hospice, Sutton Coldfield, UK; ⁷Compton Care, Wolverhampton, UK

10.1136/bmjspcare-2019-HUKNC.47

Background Previous joint working between member hospices of the 'Midlands Community Engagement Network' led to a collaborative community development approach attending Pride 2019 as one united group.

Aim To support the LGBT community, representing individual hospices and demonstrating partnership working, whilst promoting the message of supporting all communities to ensure everyone has access to good palliative and end of life care. The group aspired to raise awareness of hospice care in a non-discriminatory way, promoting and celebrating equality and diversity of the LGBT community.

Methods and results

- Hospice float and walking group at Birmingham Pride parade 2019;
- Seven hospices worked collaboratively;
- Well represented and supported on the day with a mix of over seventy members of staff and volunteers;
- 'Preparing for tomorrow, living for today' joint message;
- 1000 stickers handed out asking people how they would like to be remembered;
- Hospice heart selfie board used;
- Reach of event magnified by PR and social media, locally and nationally;
- A hashtag #HospicePride used and adopted by other hospice pride events across the UK;
- Impact of event went beyond the actual parade, across all seven localities and nationally;
- Led to potential collaboration with other hospices, together we can achieve more approach;
- Internally hospices involved reported positive response and feedback from staff;
- Enriched engagement with LGBT community;
- Future joint working planned.

Conclusion Pride offered a valuable opportunity to work collaboratively between hospices with persons working in community development roles, all dedicated to widening the reach and access of palliative and end of life care for the LGBT community. This work can be easily replicated amongst other hospices; establishing beneficial links and demonstrating a national message of hospices providing bespoke, person-centred care that meets individual needs.

P-24 ENSURING INCLUSIVITY FOR OUR LGBTQ+ COMMUNITY: BREAKING DOWN THE BARRIERS

¹Suzanne McArthur, ^{1,2}Nikki Reed. ¹Marie Curie Hospice, West Midlands, Solihull, UK; ²University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK

10.1136/bmjspcare-2019-HUKNC.48

Background The LGBTQ+ communities face many difficulties and challenges in accessing health and social care. These barriers are magnified when trying to access support for palliative care, end of life care and bereavement support.

Aim Since February 2019, we at Marie Curie Hospice West Midlands are ensuring that we are a LGBTQ+ friendly organisation for patients, carers, staff and volunteers.

Method We recognised that our hospice services were not actively promoted as LGBTQ+ friendly. This led to initiatives at both regional and national level to address this.

Results Development of a hospice LGBTQ+ working group for staff, volunteers and service users. Bi-monthly meetings with our aim to ensure promotion, inclusion and equity to all our services for patients and carers identifying within the LGBTQ+ community. Also ensuring our work environment is LGBTQ+ friendly for all staff and volunteers. Collaborative working with Birmingham LGBT and an ambassador visit from Ageing with Pride. Implementation of a LGBTQ+ awareness training programme for staff and volunteers. Initiated a #hospicepride float @BirminghamPride2019 working collaboratively with six regional hospices. Raising awareness of hospice services as well as promoting equality and celebrating diversity within our community. Hospice staff and service user LGBTQ+ education boards have been placed in well attended areas. A stakeholder event planned autumn 2019 to facilitate co-design of palliative care services with our local LGBTQ+ community. We are members of the national Marie Curie LGBTQ+ working group – working on national initiatives and organisational developments to ensure Marie Curie is a LGBTQ+ friendly care-provider and employer.

Conclusion Everyone with a terminal illness should have access to high quality palliative care. LGBTQ+ people can feel excluded from palliative care services. It's important that we ascertain specific needs and assets to do everything we can to ensure equity of our services for our diverse community.

P-25 MEN'S SPACE AT KIRKWOOD

Pam Wood. Kirkwood Hospice, Huddersfield, UK

10.1136/bmjspcare-2019-HUKNC.49

Kirkwood Hospice's Support and Therapy team have launched a new support service for male service users, patients, carers, and bereaved men, taking place as a drop-in group held weekly. This new initiative has drawn upon the wider multi-

disciplinary (MDT) approach at Kirkwood, with input offered by our trained Counsellors and Specialist Palliative Care Social Workers. Working closely with MDT members, we hope to develop this group, along with the service users, so that it is truly meeting the needs identified by the group.

Feedback from Kirkwood's service and carer user forum had previously indicated a demand for a male-specific service at Kirkwood Hospice. This was alongside recognition of existing services offered perhaps not appealing to male patients. Given the national 'Men's Shed' movement has been gaining momentum and demonstrating positive links with mental health and wellbeing, it has felt like the right opportunity to develop a Men's Space session.

With the aim to engage and support more male service users at Kirkwood, the 'Men's Space' sessions have been developed and launched. The sessions are being envisaged as a developmental 12 week programme where service users, alongside Kirkwood Hospice staff, come together in a supportive manner with the option to plan and deliver a specific project such as gardening, creative activities or IT based projects. The activities undertaken by the group will be led by the group itself and supported and facilitated by staff from the Support and Therapy team, Family Care Team and IT team members. Users can attend for as long as they want to during a weekly four hour period.

Initial feedback has been extremely positive and the service will be evaluated through the 'Short Warwick-Edinburgh Well-being Scale' at week 1, 6 and 12. The sessions are also being promoted to local stakeholders including other Men's Sheds groups based in Kirklees.

P-26 CREATING A TEMPLATE TO IMPROVE RECORDING END OF LIFE DISCUSSIONS/PLANS IN A CUSTODIAL SETTING

¹Leone Beet, ¹Tracy Rhodes, ²Jill Bennett. ¹St Catherine's Hospice, Preston, UK; ²Wymott Prison, Leyland, UK

10.1136/bmjspcare-2019-HUKNC.50

Background In April 2018 the Dying Well in Custody Charter was published. This Charter provides a framework to assist all prison staff supporting an individual who is preparing to die in a custodial setting. Projections indicate the number of individuals aged 50 plus held in custodial settings is increasing rapidly. There is strong evidence that this older population in prisons experience higher burden of physical/mental health problems. Prison staff highlight that initiating discussions about end of life care/preferences in relation to place of death/care was challenging and that the recording and tracking of these discussions/plans was problematic leading to possible unnecessary hospital admissions.

Aims Design/develop an end of life template focused on the Dying Well in Custody Charter. The template to be given a designated area on the computer system (SystemOne) that all prisons use nationally. The template can be used as a passport of end of life discussions/planning if the individual moves to another location e.g. other prison, hospice, community setting. Provide multi-professional education focused on planning/recording of end of life care in prisons.

Method Collaborative working with hospice and two prison healthcare/IT teams. Staff comments/ideas gained through group discussions to develop the template.

Implementation To trial the template in two prisons and one hospice over six months. First prison has a high percentage of elderly individuals and the second prison has a health-care unit. The hospice uses the same computer system and covers both prisons.

Evaluation Discussion of the use of the template monthly and amend as appropriate until a template has been formed that meets the need of individuals and can be used nationally to improve end of life care/planning in custody.

P-27 INNOVATIVE PARTNERSHIP WORKING TO HELP SUPPORT THE NEEDS OF DIVERSE COMMUNITIES

Susan Smith, Kathryn Hamling. *Highland Hospice, Inverness, Highlands*

10.1136/bmjspcare-2019-HUKNC.51

Highland Hospice covers an area 20% larger than Wales with a population less than 8% the size. The delivery of services equitably has proven extremely challenging. Whilst the concept of a hospice running a volunteer befriending service is not innovative, we believe our approach to rolling this out across the Highlands through partnership with local communities is.

Helping Hands is a volunteer befriending and support service established in 2016. The service has four objectives: build community capacity to deal with death and dying; support carers to sustain their caring roles; mitigate impacts of social isolation for clients; support wider health and social care system to cope with increasing demand.

The service is open to all individuals in need, regardless of their diagnosis. In order to extend the service across the whole Highland region we deliberately sought small, locally run organisations with a close connection to their community. To date we have established five partnerships each at a different stage of development. One partner had an existing befriending service we were able to augment, the others had no similar services. The partnerships work with small populations dispersed across large areas. Local knowledge and contacts support the recruitment of volunteers and helps people feel more comfortable referring to the service.

Seeing success, the hospice has committed to establishing more partnerships to develop local services. Our 2018–2021 strategy, 'Supporting our Compassionate Community', reflects the fact that we wish to support our wider community so that together we can help address palliative and end of life care needs.

We recently identified two rural Highland communities with under-provision of social care who want to work with us to pilot partnership delivery of social care services. Working in this new way can prove challenging but the opportunities of supporting people in their own community is worth it.

P-28 SAFEHARBOUR: SUCCESSES AND CHALLENGES IN THREE YEARS OF OUTREACH TO UNDER-SERVED GROUPS IN NORTH EAST ESSEX

Debbie Pigeon, Karen Chumbley, Lee Welland. *St Helena, Colchester, UK*

10.1136/bmjspcare-2019-HUKNC.52

Background The Safe Harbour project was set up in 2016 to address the lack of hospice support for patients from under-served groups. During its pilot phase, a feasibility study