

In 2015 two hospices and the Hermitage Charitable Trust successfully bid for Big Local Lottery funding to create a Supportive Care Centre opening in September 2015.

Funding enabled a local facility for the hospices and selected partners to increase local engagement and confidence in matters concerning death, dying and bereavement; building on and integrating local formal and informal support networks.

The centre acts as a local base for community engagement facilitating care and support closer to home. Being an outpost for traditional hospice services is secondary to the main vision, which aims to encourage people to talk openly about dying, death and bereavement, make plans for end-of-life and enable a Compassionate Communities approach to end of life care.

It is intended that the centre becomes first point of contact for those seeking advice and support on matters to do with end-of-life care. New and innovative ways of partnership working is central to our philosophy. Bereavement and Dementia Help Points run with local partners. A Carers' Help Point launched April 2016. Objectives include:

- Increased collaborative working
- Increased advance care planning
- Helping people remain at home at end of life
- Improved carer support
- Increased uptake of services and support
- Reduced social isolation
- Increased volunteering opportunities.

Evaluation will be qualitative and quantitative. Sustainability is dependent on local support and the hospices' strategic support based on evaluation of impact.

P-33 RADIOTHON – CHANGING AN INTERNAL RECORD

Lauren Kemp. *Helen and Douglas House, Oxford, UK*

10.1136/bmjspcare-2016-001245.57

This poster seeks to explore the positive impact of a fundraising 'Radiothon' on internal and external relationships within and beyond a hospice for children and young adults. We learnt a great deal about people, partnerships and potential which would be worth sharing with others.

The Radiothon was much like telethons such as 'Children In Need' where entertainment is aired between short pieces of information about and requests for funds for a charitable cause. Our Radiothon was a partnership with a local radio station which gave us two full days of air time. The initial objective was to fundraise £20,000 through donations, as well as to raise awareness and partnerships within the local community.

When established, the hospice received a large amount of initial support from the community. As a result, the hospice has only begun to put significant investment into fundraising activities over the last 12 years. Interactions between the fundraising team (especially activities) and care teams has been limited, perhaps particularly because of the sensitive circumstances that surround those who use the hospices.

The Radiothon was presented live from one of our hospices with recorded interviews and calls to donate between entertainment. Interviews were with as many different staff and families as possible, to ensure that we gave the audience a full idea of all that we do.

The result in terms of financials was nearly double the initial target. In addition, awareness raised and community partnerships

developed were excellent. More interesting and significant, perhaps, was the internal impact. Both fundraisers and care teams saw a real positive reaction from guests and families that had been involved. There was increased understanding between fundraising and care teams; we uncovered benefits for greater collaborative working. The overall impact of the Radiothon was greater (long term, wider reaching) than initially anticipated.

P-34 IF DEATH CAFES ARE THE ANSWER, WHAT IS THE QUESTION?

^{1,2}Laura Green, ^{1,3}Andrew Daley, ²Andrea Ward, ⁴Tracey Wilcock. ¹University of Bradford, Bradford, UK; ²Marie Curie Hospice Bradford, UK; ³Bradford Teaching Hospitals Foundation Trust, Bradford, UK; ⁴Overgate Hospice, Elland, UK

10.1136/bmjspcare-2016-001245.58

Background Death Cafes are seen as an increasingly important element of current approaches to improve public awareness of death. We address the question of diversity in Death Cafes and question the presumed inclusivity of current approaches.

Methods Four Death Cafes in three geographical areas were selected as the focus for the study. The Death Cafes took place in a town hall, a university students' union, a hospice and a pizzeria. Observational, website, social media and text analysis were used. Data collected included the method and language used to publicise the event; venue; demographics of attendees; reason for attendance; and a summary of the issues and topics discussed.

Key findings In spite of using a diversity of venues, the majority of attendees at all the Death Cafes were female professionals with a health/social care background. A wide range of issues were discussed: bereavement support needs were common themes in all events. Attendees valued the opportunity to network and engage with local services.

Future directions The Death Cafes attracted a relatively unrepresentative proportion of the local community. If they are to become more open and accessible it is necessary that consideration be given to aspects such as location, timing, publicity, style, facilitation and "ownership". Unobtrusive observation offered an effective means of evaluating subtle nuances in such events as well as capturing unmet support needs. The presentation will consider the future possibilities and limitations surrounding the Death Cafe concept.

P-35 FROM FRAILTY TO COMMUNITY RESILIENCE – MAKING A PUBLIC HEALTH APPROACH TO END-OF-LIFE CARE A REALITY

^{1,2}Linda Morris. ¹Compassionate Communities; ²Foyles Hospice

10.1136/bmjspcare-2016-001245.59

Compassionate Communities – Reach Out is a pilot project in Northern Ireland funded by the local commissioning group. Using a public health approach it recognises that communities have the skills, knowledge, expertise and a role to play in end-of-life care.

Modern palliative care has been criticised with some arguing that it has led to the development of a model of care which relies heavily on medical expertise and sits within a framework more aligned with curative outcomes that are not achievable in palliative or end-of-life patients.

The project aims to build capacity within communities to support those living with advanced illness and frailty to reduce social