Hospice care of today There for GM patients and their loved ones, from the point of diagnosis, through treatment and beyond. Out in our local communities, whether in our hospice buildings or in the places people call home, caring for patients in a truly holistic way. Developing best practice, educating and training others, and easing pressure on NHS colleagues. Always there when people need us, irrespective of post code, diagnosis or cultural background, to provide world-class, person-centred, specialist palliative and end of life care. Yet more can still be done. We are working with our system partners to influence, shape and drive evolution and future care provision for people with life-limiting illnesses in GM.

Hospice care of tomorrow Together we'll improve supportive, palliative and end of life care across Greater Manchester and East Cheshire in line with the Ambitions Framework for Palliative and End of Life Care. Our work with the GMEC Strategic Clinical Network for Palliative and End of Life Care will continue to define the standard for excellent, equitable hospice care in GM. Making sure that GM Hospices are the infrastructure that delivers those standards, aspirations and ambitions within each locality. Owning, sharing, standardising and analysing our collective data to help inform the hospice care of the future. Reaching out to even more patients and their families than ever before, whichever community they are from. Raising awareness of the importance of quality specialist palliative and EOLC and sharing our expertise with others. Our work together will help inform and support consistent, evidence-based commissioning decisions. We'll be bolder, louder and prouder - to ensure that delivering the very best holistic care for people at end of life stays at the top of the GM agenda.

P-261 CREATING AN END OF LIFE CARE ACTION ALLIANCE IN SOUTHERN STAFFORDSHIRE

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10.1136/bmjspcare-2019-HUKNC.283

Background The Staffordshire Sustainability and Transformation Partnership (STP) prioritised end-of-life care but had no plan to engage with the Voluntary (VCSE) sector. Hospices span both the healthcare system and the VCSE sector. Whilst the statutory sector can be criticised for its fragmentation and lack of engagement, the VCSE sector is extremely amorphous and lacks coherence.

Three hospices and the local voluntary sector infrastructure organisation organised two events to discuss end-of-life care with interested parties. Over fifteen organisations attended from large national charities to small local groups. These groups proposed creating a South Staffordshire End-of-Life Care Action Alliance. The STP and public health are engaging with the Alliance, whilst hospices provide a conduit between the Alliance and the STP's End-of-Life Care Board.

Initial key areas of work included:

- Raising confidence in having end-of-life care related discussions across Alliance members;
- Creating a 'community of practice' to better connect members, reducing fragmentation, and creating a shared knowledge of community assets;

- Creating a bottom up, community development approach to care planning to demonstrate 'hard outcomes' can be achieved for the NHS.

Financial support from an NHS England VCSE Accelerator project enabled the Alliance to fast track some outcomes and activities:

- Holding a conference of circa 100 people to explore a community development approach;
- Carrying out a training needs analysis;
- Delivering 'understanding loss' workshops in several localities;
- Training in Asset Based Community Development in end of life care;
- Holding a Network Mapping workshop;
- Holding numerous discussions with groups on care planning;
- Developing a 'brand' to launch the care planning project;
- Developing a user-led care planning pilot due to launch September: known as 'flipping care plans'.

There is now in place a network of people within the VCSE community working together to improve end-of-life care. It is too early to determine the impact on the health system or delivery of tangible patient benefits, this is expected from the care planning pilot.

P-262 ENGAGING WITH OUR COMMUNITY TO CREATE A NEW HOSPICE STRATEGY

Alison Stevens, Sue Bridger. *Farleigh Hospice, Chelmsford, UK*

10.1136/bmjspcare-2019-HUKNC.284

Background Traditionally our hospice strategy was prepared by the Board of Trustees, Chief Executive and Senior Management Team.

Aim We wanted an innovative way to engage with our community to find out their ideas to help us shape a new strategic plan.

Methodology We created a strategy group made up of staff, volunteers and trustees and an idea evolved to use a Postcard campaign - 'Every Voice Matters'. We asked only one question - 'What would you like to see from the hospice in the future?'

Strategy Champions donned their strategy t-shirts delivering post-cards and post boxes to key locations including GP surgeries, leisure centres, libraries and handed them out at events to ask as many people as possible to have their say. People responded by posting cards in our boxes, by freepost, email, on our website and via Facebook or Twitter.

Results Responses were collated and key themes shared with staff and volunteers for further comments on how our new strategic plan could be delivered. All information received was then used to form a new strategic plan with four key goals:

1. Reach out;
2. Empower;
3. Invest;
4. Inspire.

Three detailed objectives were agreed for each strategic goal linking to an overarching organisational annual operational plan.

Once our new strategy was approved by the Board an extensive community engagement plan was put in place. This provided opportunities to promote our services at high profile events where we invited people with influence from many different backgrounds, asking for their ongoing support. Further community engagement included a wide ranging public awareness campaign.

Conclusion Overall the involvement of our community in preparation and dissemination of our new strategy has proved very worthwhile. To ensure ongoing inclusion of our community in our plans a new hospice advisory group PATH (People Advising the Hospice) has been established.

P-263 HOSPICE OF THE FUTURE: PARTNERING WITH THE NEXT GENERATION

Lonan Oldam, Lottie Morris, Giovanna Cruz, Gillian Street, Hollie Quay, Lynsey Christian, Anne Mills. *Hospice Isle of Man, Douglas, Isle of Man*

10.1136/bmjspcare-2019-HUKNC.285

Background Co-design of services is increasingly recognised as an important means of ensuring development of people-centred services. Young people and adolescents are not often consulted when designing adult services but Hospice Isle of Man (IoM) aimed to change that.

Aims

- To engage with young people.
- To explore their attitudes towards death, dying, bereavement and Hospice.

Methods Hospice IoM's public engagement strategy started with 'Listening Events' in seven community settings which obtained views towards Hospice. Males and young people were under-represented so events were offered in secondary schools. A short session on end-of-life and palliative care was incorporated with activities to ascertain understanding of Hospice, uncover what was most valued and obtain recommendations for Hospice's future.

Students were asked 'What do you know about Hospice?' 'If you or a family member became seriously unwell and needed Hospice services, what would be most important to you?' and 'How could we make Hospice a better service?' Responses were made on post-it notes and analysed using NVivo. Themes and sub-themes within responses were identified.

Results 203 students (105 males, 98 female) aged 11 to 16, participated. For the first question, the themes were purpose (sub-themes helping and caring), services (sick or illness) and users. It was clear that many young people knew nothing about Hospice. For the second questions on what matters themes 'were how you feel', 'support services', 'staff qualities', 'environment', 'loved ones' and 'entertainment/activities'. For the third question, community activities and age-appropriate care feature with suggestions that Hospice should feature more prominently within the local community and online.

Conclusion Young people provided a wealth of information from their own perspective and appreciated being involved at this level. These findings will inform future Hospice strategies, and the engagement with youth may empower new relationships between Hospice and the Island's next generation.

P-264 NEEDS ASSESSMENT FOR PERSON-CENTRED PALLIATIVE AND END OF LIFE CARE IN THE ISLE OF MAN

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10.1136/bmjspcare-2019-HUKNC.286

Background Isle of Man (IOM) is a crown dependency with 83,000 residents. To provide an evidence-base for the strategy on person-centred, palliative and end of life care, Hospice Isle of Man carried out a needs assessment. Typically this involves quantitative and qualitative data describing services and identifying gaps. Many data sources used for this purpose in the UK (e.g. Hospice UK's PopNAT) are not available in the IOM so we compensated by extensive engagement with those working in relevant services and organisations as well as the public.

Aim To carry out a needs assessment on palliative and end of life care.

Methods Population demographics and weekly death data were processed to enable predictions of need for palliative and end of life care. Interviews were carried out with over 60 representatives of services and organisations involved in care for those with life limiting conditions, in elderly care, end of life or bereavement support. The questions were: 'What works well?', 'What does not work well?', 'What are the gaps?' and 'What might be solutions?' in palliative and end of life care. Adult members of the public, schoolchildren and college students were asked what would matter to them if using Hospice services to ensure a focus on person-centred care.

Results We discovered that the hospice was probably reaching around half of those who could benefit but users were very positive about it. Passion for Island services, but frustration with aspects of the system, was identified among professionals and some disjointedness among third sector groups. The majority of the data are currently being analysed and will be presented at Hospice UK's 2019 conference.

Conclusion Expert views of those working in the services and charities, supplemented by person-centred perceptions of the public and available data are shedding necessary light on the Island's needs for palliative and end of life care.

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P-265 EMPOWERING HOSPICE STAFF THROUGH INTRAPRENEURSHIP

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Evidence about the impact of staff skills and motivation on securing positive outcomes for children is well understood. Scotland's new health and social care standards speak to the importance of continual reflection on practice, and a willingness to create an empowered culture amongst staff teams, establishing that people experiencing care should 'benefit from a culture of continuous improvement.'

Since 2017, CHAS has embraced the concept of intrapreneurship and has partnered with a social enterprise, The Lens, to deliver an improvement programme designed to unlock and unleash the creativity and skills of staff, volunteers and