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.

**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.

**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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