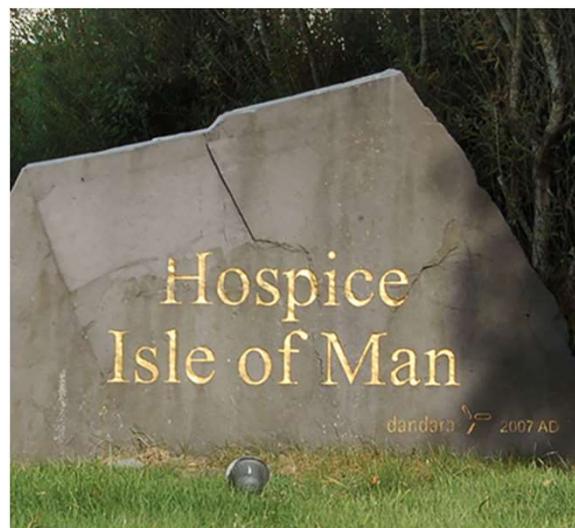




Listening to action: Community involvement in strategy development

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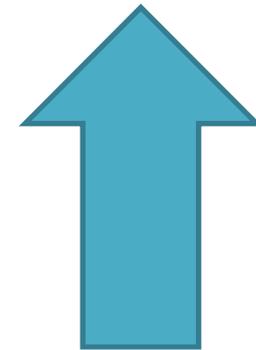
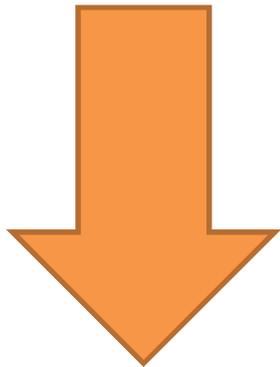
Background

Ageing population and increased referrals

Main causes of morbidity and death:

Heart disease,
stroke and
cancers

Dementia /
Frailty



**Sustainability?
Integrated care**



Involving communities in designing services



How best to do this?





Aim



To undertake a series of **Listening Events** to ascertain the **community's views** towards Hospice Isle of Man and “good care” at the end of life for the development of **Hospice services**





Methods

2018

Community development theory

Community settings
and organisations



Secondary schools



University College
Isle of Man (UCM)

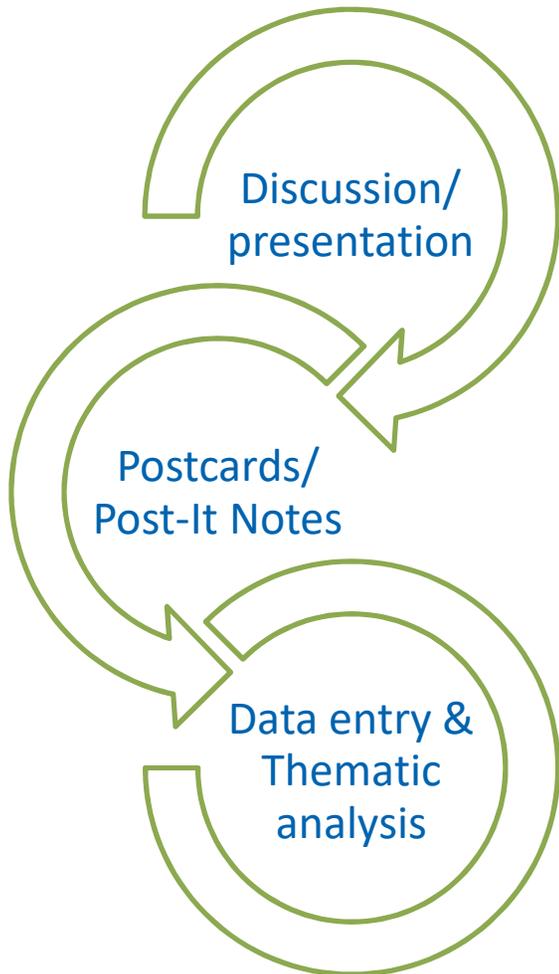


1. What do you know about Hospice?
2. What would matter to you?
3. How can Hospice best serve the community?





Methods



- Short conversations
- Presentations
- Lessons

- Thoughts, suggestions and comments
- Age category and sex

- Excel Spreadsheet
- Thematic analysis
- Conducted by 3 researchers and independently reviewed by 2
- Managed using NVivo software



Results



Method	Details	Number of participants
Community Roadshow	7 community locations 63% Female, 37% Male 68% over age 54 32% Hospice users	278
Young People's Listening Events: Secondary schools	3 secondary schools 10 classes Age 11 to 16 52% Male, 48% Female	203
Young People's Listening Events: University College Isle of Man (UCM)	21 classes Age 16 to 39 (average 17.7 years) 61% Male, 39% Female	418
Total		899

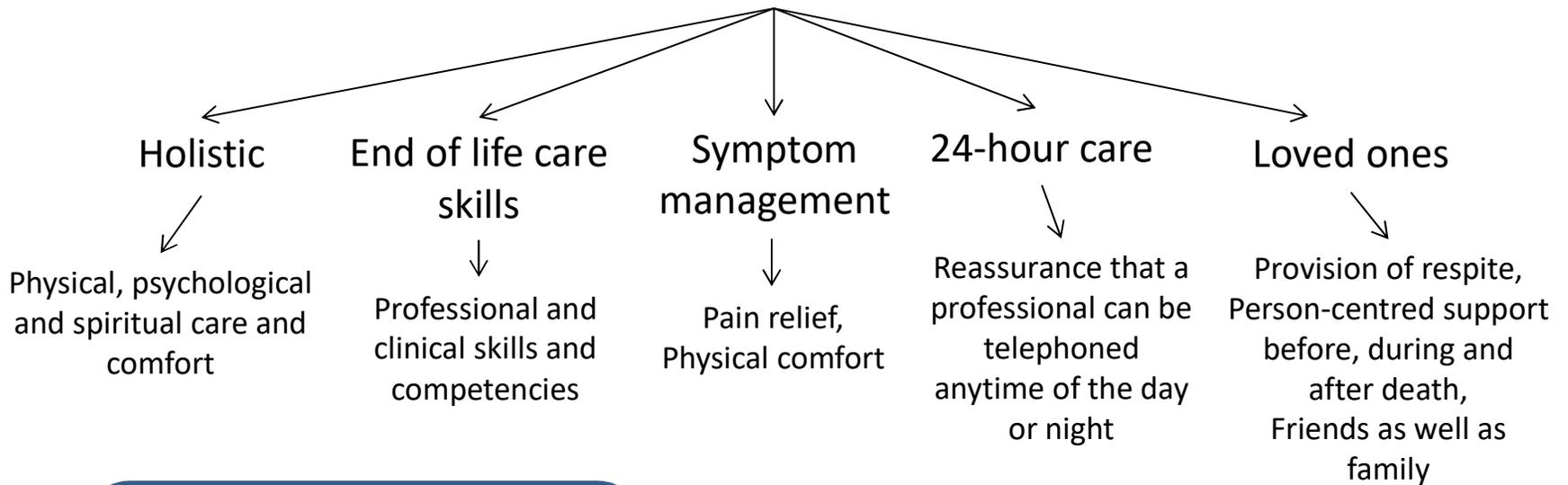




Results

Effective care

Hospice can best serve the community by continuing or ensuring to provide high quality and effective care



“Pain relief would matter most if I were watching one of my relatives die”
(age 55-74, male)

“That once I die my family are looked after”
(age 11-15)

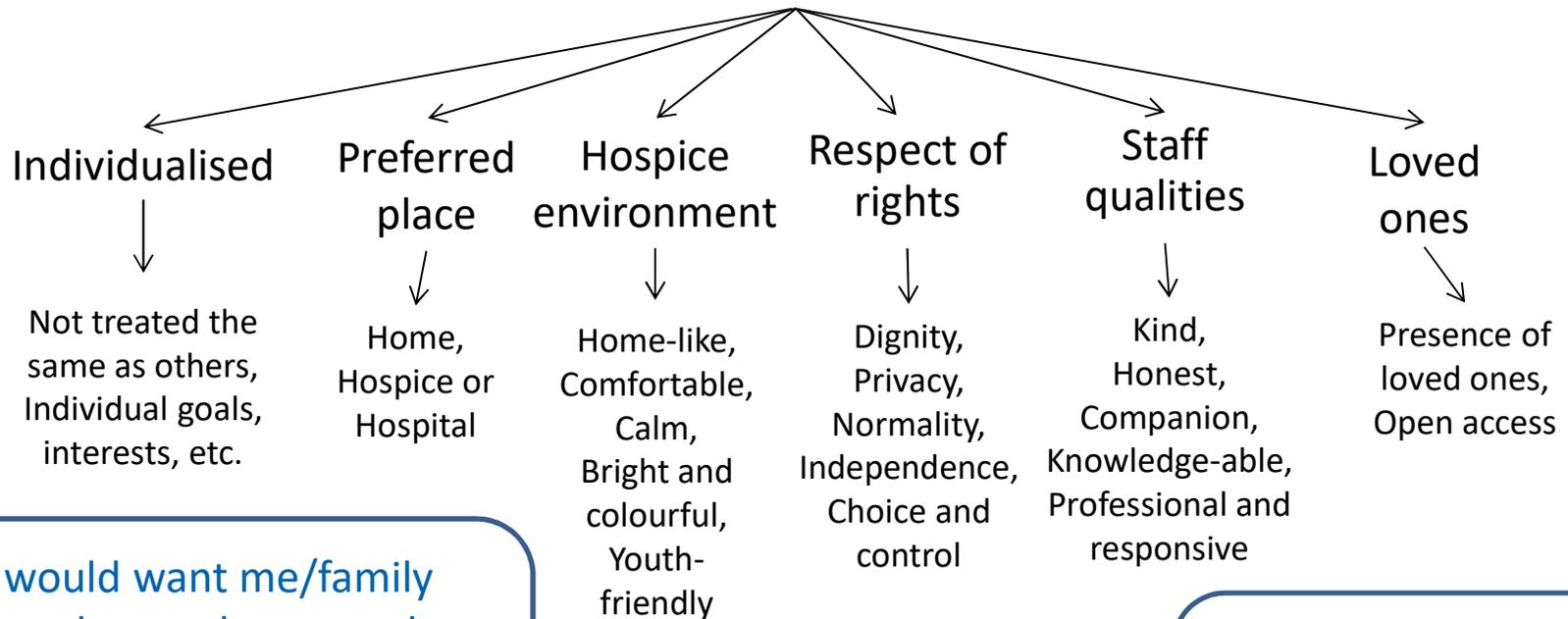




Results

Person-centred care

Hospice should provide individualised care that is tailored around the unique needs and wishes of patients and their loved ones



“I would want me/family members to be treated personally, individually and not the same as others with the same illness” (age 13-14)

“Allowed friends and family 24/7, someone for them to talk to” (age 16-39)

“If I am dying, I want to be treated the same as I were to live for 60 years more” (age 16-39)

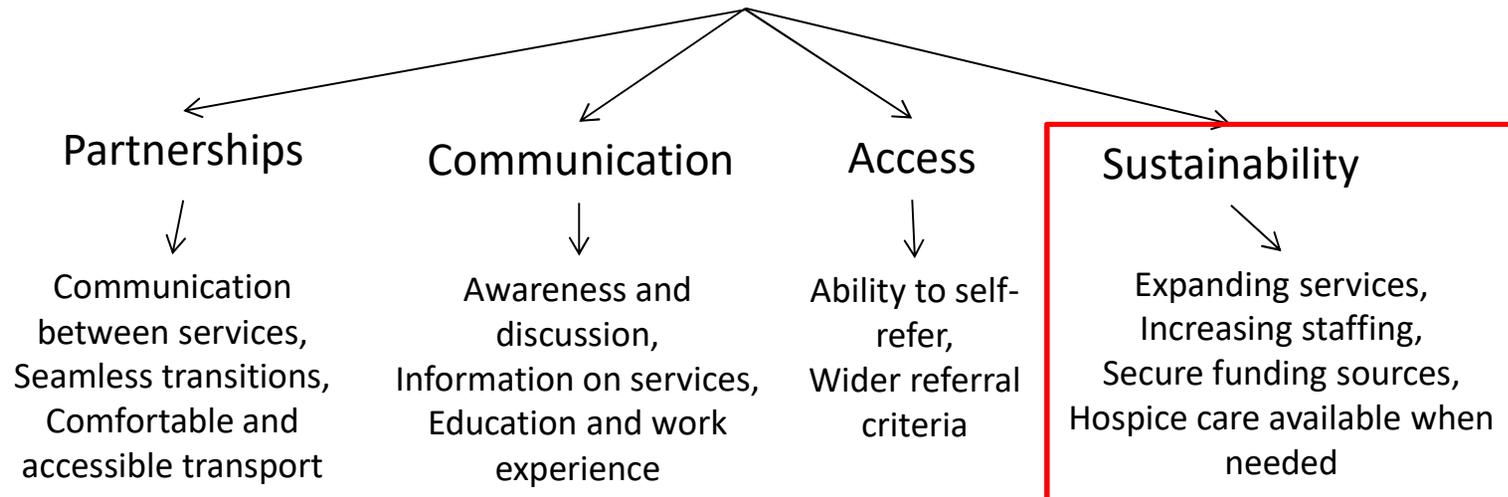




Results

Integrated care

Hospice could promote co-ordinated and easily accessible care through joined-up working with other services and organisations



“Support with schools for teenagers”
(age 16-39)

“Better communication with Nobles ward staff”
(age 55-74, female)

“Accessibility – let people know how to use the service and make it easy for them”
(age 35-54, male)

“More beds so more people can be seen/looked after without a worry to get one of the limited beds”
(age 14-15)





Sustainability

“More beds so more people can be seen/looked after without a worry to get one of the limited beds”
(age 14-15)

“Feel disappointed that government do not fund as would like more certainty around it as a service” (age 55-74, female)

“Expand the at home service” (age 55-74, female)

“... more staff”
(age 16-39)

“... It should be open and available to whoever is in that situation” (age 35-54, female)

“Increase care in the community”
(age 18-34, female)

“There could be more buildings around the island to cater for everyone who wants to go to Hospice” (age 15-16)

“Look for more secure funding - i.e. lottery”
(age 55-74, male)

Finite resources

Pressures as a charity





How to achieve sustainability and...



Efficiency



Equity





Efficiency



Best use of given resources

Technical efficiency: Maximum possible output with given resources

- More benefit or same benefit with lower cost
- One intervention

Allocative efficiency: Global/broader context: How resources and outcomes are distributed among communities

- Multiple innovations

Efficiency is ethical! – Maximum benefit





Equity

‘Fairness’

Horizontal equity: Everyone treated the same (equality)

Vertical equity: People treated according to need

- Capacity to benefit

Equity does not only cover provision of services

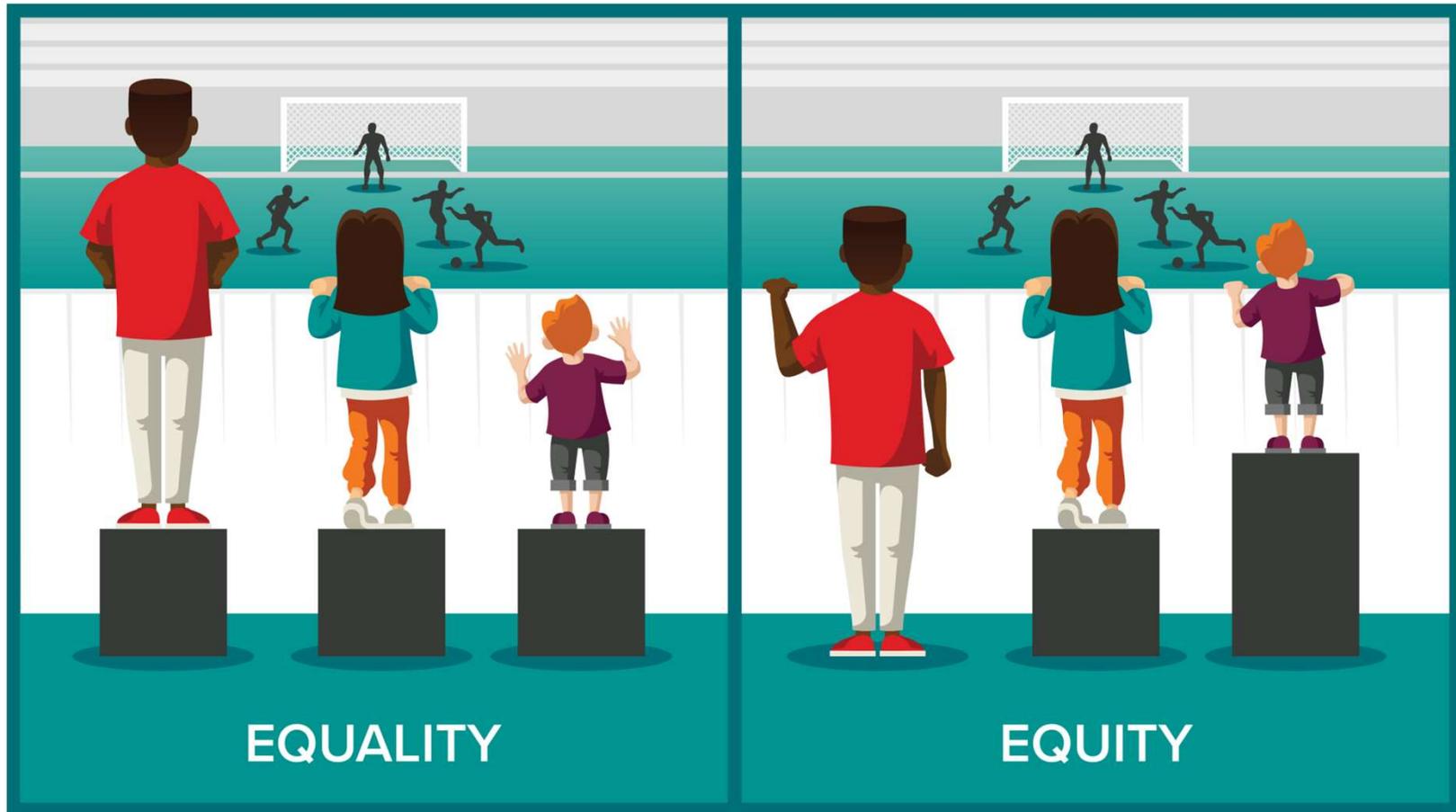
Amartya Sen (2002):

“We have to go well beyond the delivery of healthcare to get an adequate understanding of health achievement and capability. Health equity cannot be understood in terms of the distribution of healthcare” (p.660)

Sen, A. (2002). Why health equity? Health Economics, 11. 659-666



Equality vs Equity



Horizontal equity

Vertical equity



Innovation



Finding new ways of doing things



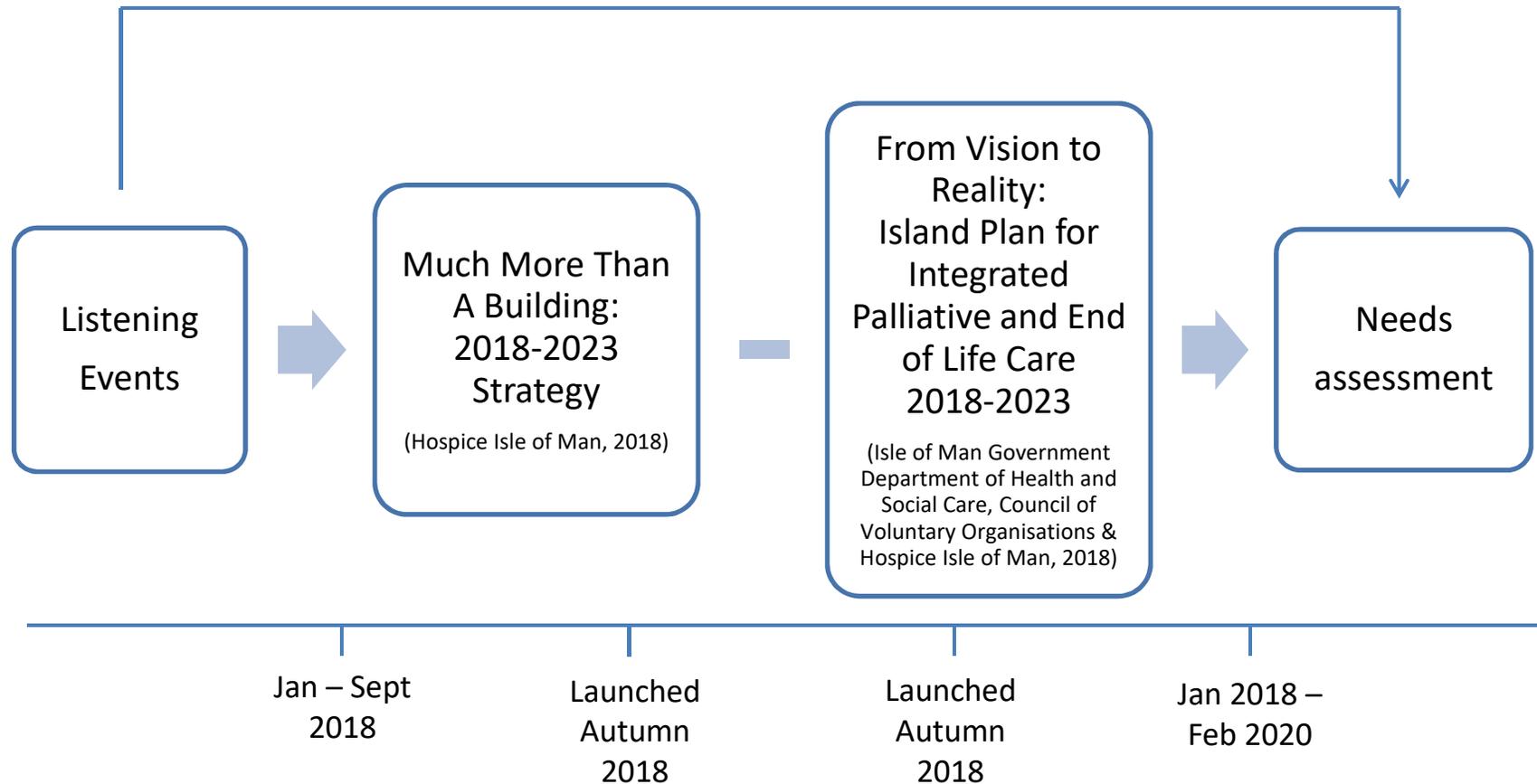
Using **Zoom** technology to promote communication between **professionals in the community** in order to improve **skills and confidence** with palliative and end of life care

An initiative which aims to create a more **compassionate community**. It delivers a number of schemes, including the **training of volunteers** to be **palliative care companions**





What did we do with the information?



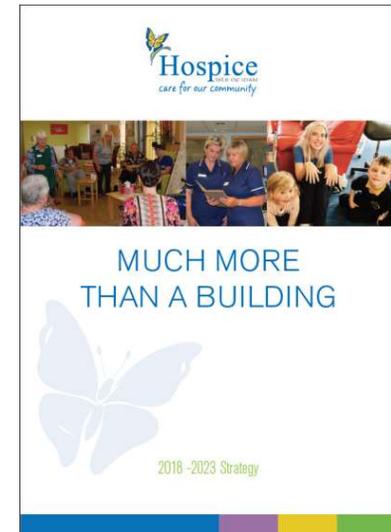


Strategy development



Hospice Isle of Man's Five Goals

1. Support people to be independent
2. Reach more people, earlier with easier access
3. Share, learn and educate
4. Drive for innovation for better care
5. Be sustainable and fit for the future





“I would want to be treated as a living person, not a dying one”

- Ballakermeen High School, year 10
(age 14-15)



THANK YOU



Oldam, L.A., Cruz, G.I., McGhee, S.M., Morris, L.,
Watson, J. and Mills, A. (2020),
"Listening to action: community involvement in strategy
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