Compassionate Communities Transforming health and social care

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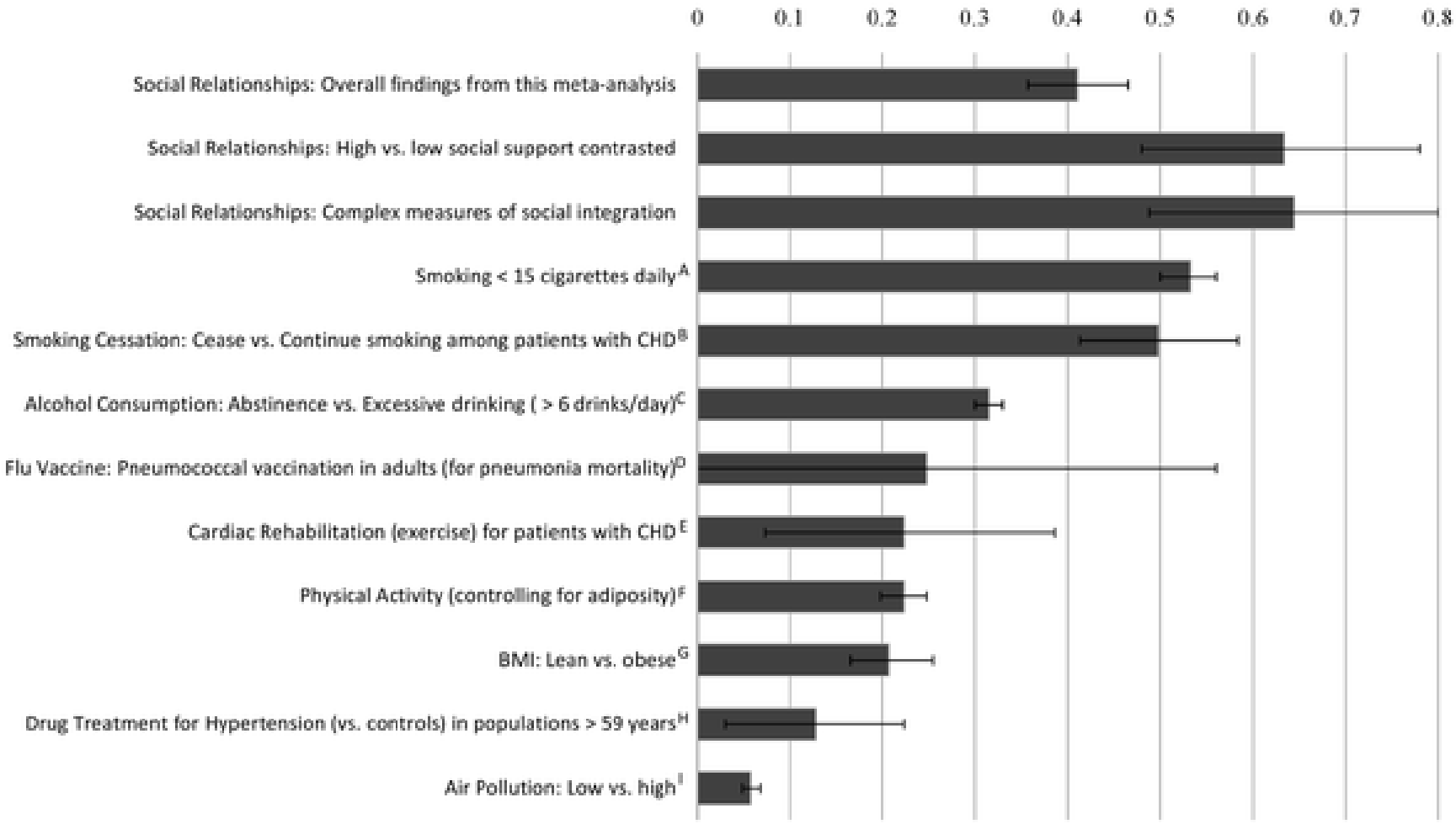
Figure 6. Comparison of odds (lnOR) of decreased mortality across several conditions associated with mortality.



Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLOS Medicine 7(7): e1000316. https://doi.org/10.1371/journal.pmed.1000316
https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316

Longevity and social contact

- Biggest single factor in longevity, particularly face to face contact (*Pinker 2015,The village effect: How face-to-face contact can make us healthier and happier*) is social contact
- A fundamental aspect of what keeps us alive, part of human evolution, part of 60 million years of primate evolution
- A new dimension into medicine
- We have found a way of making social relationships/compassionate communities become a routine part of clinical practice in Frome
- This model is now being adapted and rolled out in ABUHB

3 major components

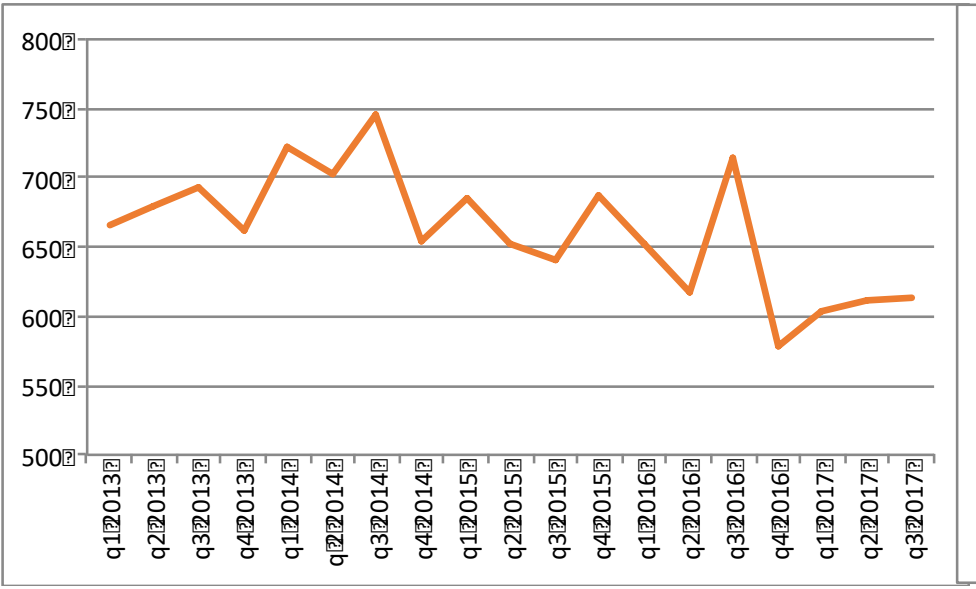
- Internal hub in GP surgery for identifying and managing people in need of support
- Community development service embedded in primary care
- Institute of Healthcare Improvement implementation and change methodology

Benefits

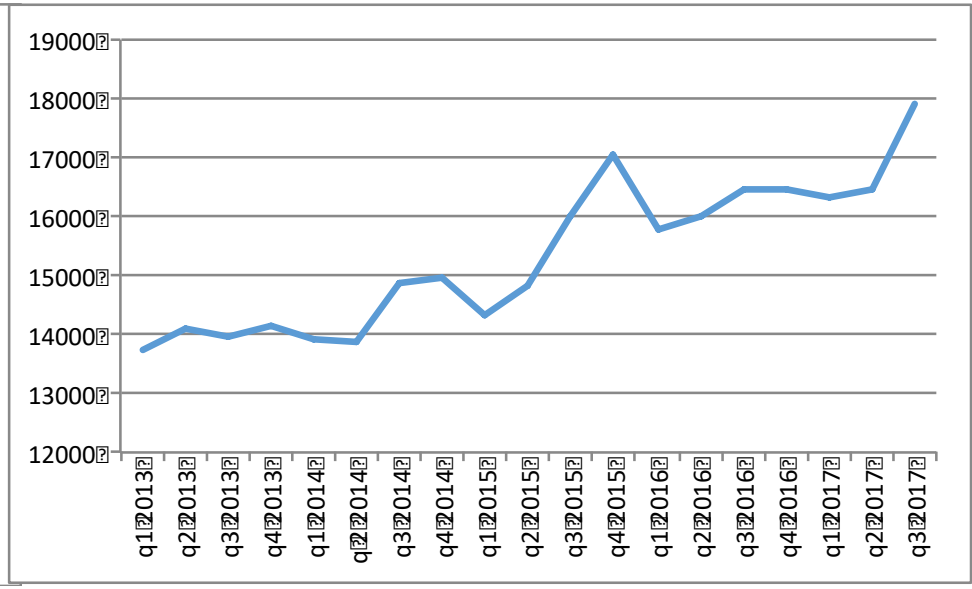
3 main outcomes

- Improved patient outcomes in both health and well being
- Improved working lives for health and social care teams
- Reduction in emergency admissions – 16% real terms, with Somerset emergency admissions increasing by 30% during same period

Quarterly emergency admissions Frome and Somerset 2013 - 8

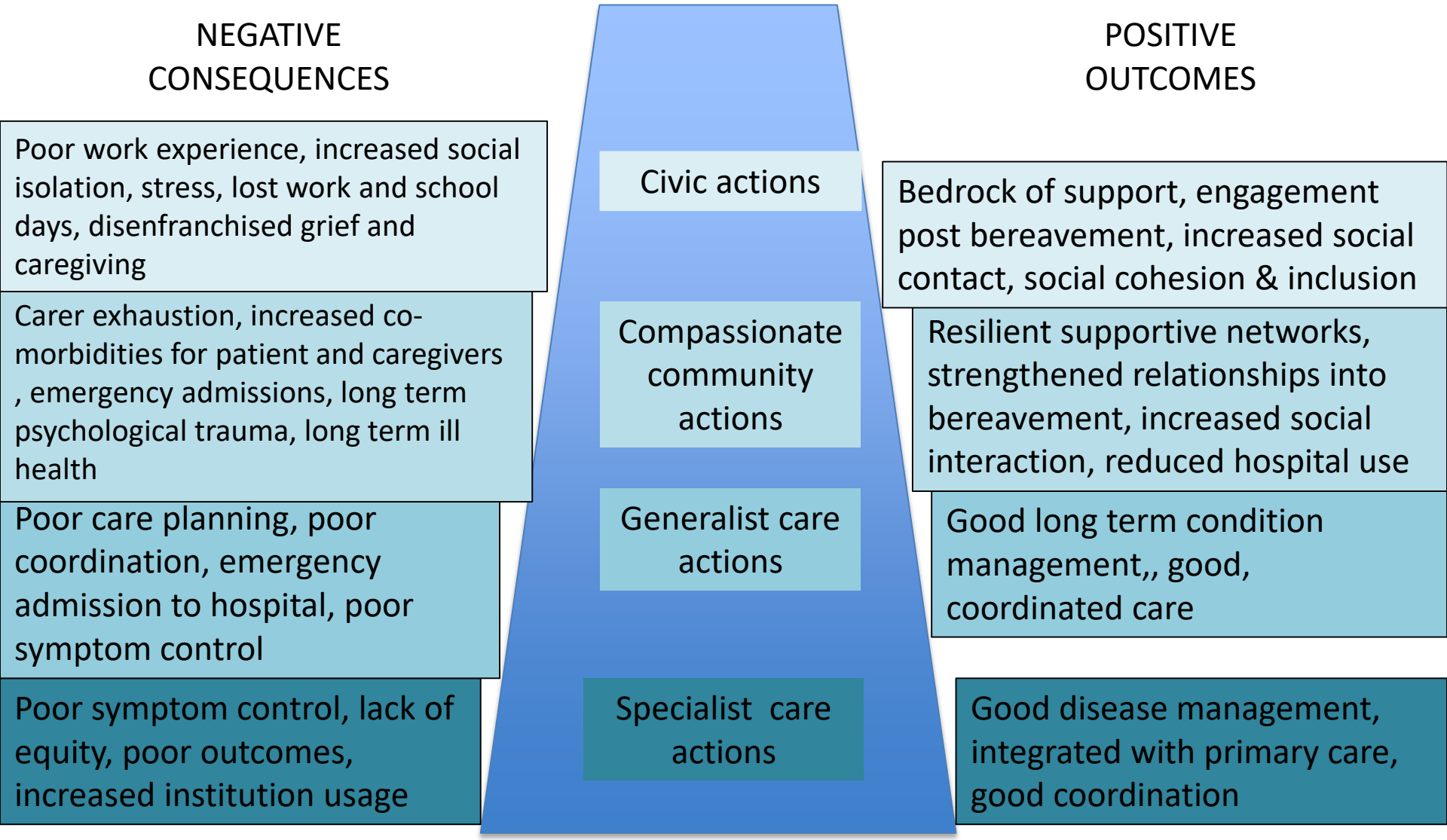


Frome emergency admissions



Somerset emergency admissions

The Hierarchy of Well Being



Compassionate Communities rather than social prescribing

- Social prescribing is community focussed – people going out into community

Compassionate communities

- builds community resource,
- enhances naturally occurring networks,
- works with people in their homes
- links all of this together

What matters most

- Love, laughter and friendship
- The people we know and love
- The places we know and love

- This is the social ecology of care.

A new dimension

- Whole population intervention – the changes that have taken place are across the whole population
- Equally as valid to a teenager as to an elderly person
- This is not solely a medical intervention – it is the union of new models of primary care with compassionate communities.
- Use of IHI quality improvement methodology is key to change management

7 key points

1. Working relationships across teams and organisational silos, come first – face to face communication
2. Implement all the functions of the model
3. Ownership of change must be in primary care NOT TOP DOWN CHANGE
4. No criteria for identification other than clinical impression – do not use databases
5. Do what is best for the patient
6. ALWAYS use quality improvement methodology for change
7. Community development worker is part of the health and social care team

4 key steps

1. Identifying those in need of support – whatever that means
2. Patient centred goal setting and care planning, including admissions avoidance and resuscitation discussion
3. Enhancement of naturally occurring networks
4. Linkage to community networks

Setting up an internal hub in GP surgery

- Identification of those in need of support
- Phone call post discharge from hospital
- Admin support
- Discharge liaison with acute hospitals
- MDTs – weekly and monthly

What is needed for hub – per 10,000

- Admin support 0.5 FTE
- Nurse practitioner time for phone calls etc. 0.5 FTE
- GP time for MDT and running project in practice 0.1 FTE
- Discharge liaison

Goal setting and care planning

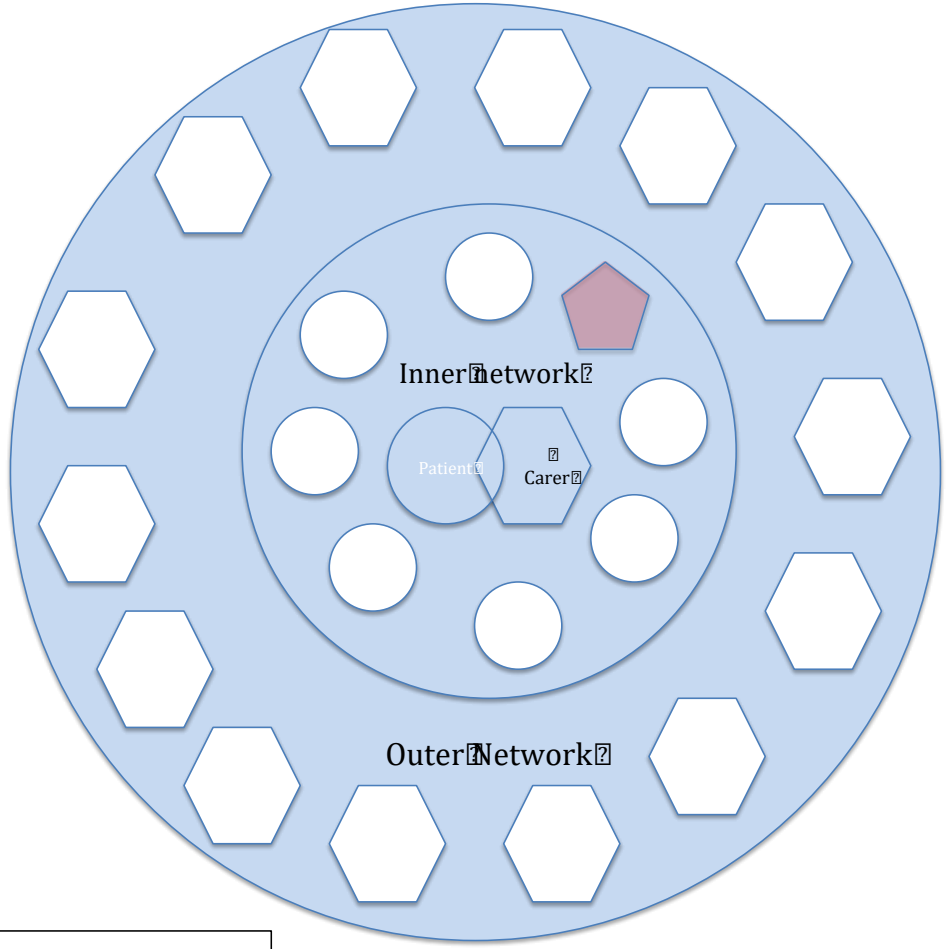
- Goal setting – My Life Plan, what is important to me. Health and well being promotion
- Care planning – ACP, TEP, DNACPR, admissions avoidance. Harm reduction
- Referral pathways inside GP practice
- Visibility and transferability of plans across organisational boundaries
- Use of quality improvement

Community development service

4 key functions

- Web directory of services
- Formation of groups where there are gaps
- One to one work with Health Connectors – motivational interviewing AND community development – including network enhancement
- Community Connectors – training and support

Ecomap of network and relationships



Network organiser

Frequency of visits F
Relationship type e.g. son/daughter R
Strong relationship _____
Weak/vulnerable relationship ----------
Stressful/adverse relationship /-/-/

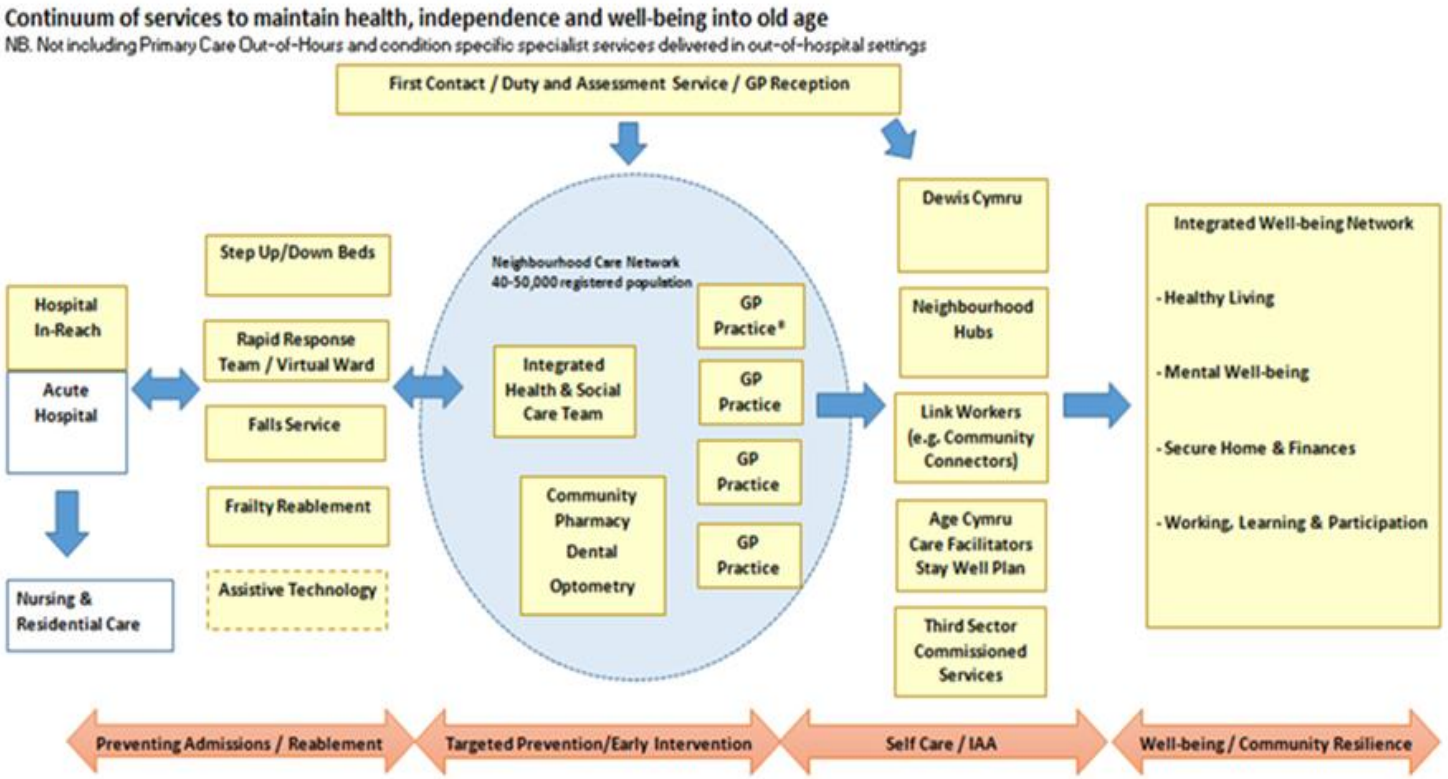
Practical support + P

Emotional support + E

What is needed for a community development service?

- Community development lead
- About 1 Health Connector for 10,000 population
- All help with the 4 activities of the community development service
- Ideally crosses more than one practice – 30,000 to 100,000

Where we need to apply these principles – everywhere!



Integrated Well Being Networks

- Ideally placed to be centres
- Use the full public health model of harm reduction, early intervention and health and well being promotion
- Makes full use of an integrated model, inclusive of compassionate communities
- The work you have already done is incredible – now is the time to supercharge it!