Helping Communities Care for their Own
Professionals are essential but not central

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Why do we need to do something different?
Home death rates Somerset and England
Insanity

Defined as doing the same thing again and again and expecting a different result each time.
Reframing palliative care

If we were designing palliative care now, from the beginning, would we do the same again?
Let’s start again
Compassionate City Charter

Compassionate Cities are communities that recognise that all natural cycles of sickness and health, birth and death, and love and loss occur everyday within the orbits of its institutions and regular activities. A compassionate city is a community that recognises that care for one another at times of crisis and loss is not simply a task solely for health and social services but is everyone’s responsibility.
Compassionate Cities are communities that publicly encourage, facilitate, support and celebrate care for one another during life’s most testing moments and experiences, especially those pertaining to life-threatening and life-limiting illness, chronic disability, frail ageing and dementia, death in childhood, grief and bereavement, and the trials and burdens of long term care. Though local government strives to maintain and strengthen quality services for the most fragile and vulnerable in our midst, those persons are not the limits of our experience of fragility and vulnerability.
Compassionate Cities

Serious personal crises of illness, dying, death and loss may visit any of us, at any time during the normal course of our lives. A compassionate city is a community that squarely recognises and addresses this social fact.
Death, dying and loss

• Not the domain of professionals
• Enormous inequality, only one quarter access specialist palliative care because of an historical anachronism
• Includes all experiences relating to death, dying, loss, chronic severe disease, aging, suicide, sudden death, childhood death, stillbirths, murder etc
Compassionate Community Networks

- Policy
- Service delivery, professional care
- Community
- Outer network
- Inner Network
- Person with illness
Policy

Service delivery, professional care

Community

Outer network

Inner Network

Person with illness

Compassionate City Charter

GP identification of vulnerable patients
Care Planning

Community development service

Community resource, enhanced networks
Community development
Professional medical and nursing care

Care for patient – social, physical, emotional

Physical and emotional support for carer
50% home death rate by 2026 through role out of compassionate city and community charter

- Communities exist wherever there are people
- We need a new partnership between communities and professional services
- We have a responsibility to build compassionate communities, because this is the right thing to do.
- This needs to be part of our culture to be handed on to other community members, passed on through generations.
4 key steps

1. Identifying those in need of a discussion and community enhancement
2. Care planning, including admissions avoidance and resuscitation discussion
3. Enhancement of naturally occurring networks
4. Linkage to community networks
Network mapping and enhancement

- Inner network
- Outer Network
- 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
How to build networks

• Network building is a skill
• Just say yes as early as possible, to build strong networks when it is needed
• Learning how to ask
• Not being superman or superwoman
• Understanding that help is given in a variety of ways
Aspects of training

• Why build a network of support – conversations with families
• Just say Yes – starting to build a network
• Advance care planning for end of life, led by communities
• Community skills of caring for the dying and bereaved – manual handling and injections
Health Connections Service Frome

- COPD Group
- Peripheral Neuropathy
- Stroke Support Group
- CAB E0Ls
- TALKING CAFE
- LEG CLUB E0Ls
- TRANSPORT ENABLERS
- CONTACT THE ELDERLY TEA PARTY
- TALKING NEWSPAPERS, BOOKS ETC
- FIBROMYALGIA
- CFS, ME, PARKINSONS GROUP
- OLDER PEOPLE LUNCH CLAMS E0Ls
- MS EXERCISE
- PAIN MANAGEMENT
- MACULAR DEGENERATION E0Ls
- CARERS GROUP
- SUPPORT E0Ls
- 1:1 SUPPORT
- MATURE MOVERS
- PARKINSONS SUPPORT GROUP E0Ls
Frome Compassionate Communities

- Ecomapping
- 1:1 support training
- Volunteer driver scheme
- End of life community map conversations
- Bereavement support group
- Ecomapping family support 1:1
- Red cross home from hospital, new volunteers
- Community connectors
- End of life compassionate community networks
- Compassionate communities training
- Active & in touch befriending new volunteers
- GP/FIP patient identification
- Frome Term Council

Frome Compassionate Communities Map
Community development
Done with not to communities

- Community capacity building in different environments – schools, communities, workplaces etc
- Linkage with existing community development projects centres
- Development of new projects where needed
- Education in community development skills
- Building supportive networks around people
- Avoid creating dependencies on professional services
Broader initiative of a societal reality
The WHO Ottawa Charter, Health Promotion

• Building healthy public policy
• Creating supportive environments
• Strengthening community action
• Developing personal skills
• Re-orienting health care services toward prevention of illness and promotion of health
Each Community is Prepared to Help:
Community Development in End of Life Care – Guidance on Ambition Six
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National Guidance to Ambition 6

• Implementation of Compassionate City Charter
• Focused around commissioning and provider organisations
• Explanations of concepts, reasons for implementation and recommendations
• Hospices, hospitals, primary care, CCGs and councils, health and well being boards, research and evaluation
Summary

• Caring communities is the first place to start
• Professional services serve communities not individuals with particular diseases
• Person centred care? – a better phrase may be network centred care.
Our meaning and value as humans is contained in the reflections of those around us

Caring communities reconnect us to our fractured world

Everyone benefits
Thank you
Acknowledgements

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