Compassionate Cities

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The comparative impact of social relationships on reduction in mortality

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Social Relationships: Overall findings from this meta-analysis
Social Relationships: High vs. low social support contrasted
Social Relationships: Complex measures of social integration
Smoking < 15 cigarettes daily
Smoking Cessation: Cease vs. Continue smoking among patients with CHD
Alcohol Consumption: Abstinence vs. Excessive drinking ( > 6 drinks/day)
Flu Vaccine: Pneumococcal vaccination in adults (for pneumonia mortality)
Cardiac Rehabilitation (exercise) for patients with CHD
Physical Activity (controlling for adiposity)
BMI: Lean vs. obese
Drug Treatment for Hypertension (vs. controls) in populations > 59 years
Air Pollution: Low vs. high
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

• Compassionate cities is a way of building this into life in multiple settings
• Put your hand in the air if you have known someone who close to you who died within the last year?
What really matters

• To be surrounded by the people we know and love in the places we know and love.
• Living with a terminal illness is more important than dying from one.
• The caring network is the unit of care – what we do is not limited to the person with the illness
How they can help.
Love, laughter and friendship

- Shopping
- Phone calls
- Friendly chat
- Company
- Cooking
- Gardening

- Cleaning
- Going for a walk
- Personal care
- Transport
- Leisure and activity
- Looking after pets
Compassionate Communities

- Building of resilient networks of support around families of care
- Skilling up of caring networks
- Increasing neighbourhood capacity to care for those who experience death, dying and loss
- Integration and building of trusting relationships with health and social care teams
- Mapping of community resources, building of groups, Community Connectors.
- One to one work – Health Connectors
- Community development worker as professional role
Palliative Care – The New Essentials

1. Specialist Palliative Care
2. Generalist Palliative Care
3. Compassionate Communities
4. Civic Programme for Compassionate City Charter
Hierarchy of Well Being

NEGATIVE CONSEQUENCES

Poor work experience, increased social isolation, stress, civic societal impacts

Carer exhaustion, morbidity and mortality, emergency admissions, long term psychological trauma, long term ill health

Poor care planning, poor coordination, emergency admission to hospital, poor symptom control

Poor symptom control, lack of equity, poor death outcomes, increased institution usage

POSITIVE OUTCOMES

Bedrock of support, engagement post bereavement, increased social contact, social cohesion & inclusion

Resilient supportive networks, strengthened relationships into bereavement, increased home deaths

Every death captured, good symptom control, good bereavement care, coordinated care

Good symptom control, integrated with primary care, good coordination

Compassionate city charter

Compassionate communities

Generalist palliative care

Specialist palliative care
Compassionate City Charter
an opportunity to reimagine palliative care

Compassionate Cities are communities that recognize 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 recognizes 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 City Charter

• Systematic way of ensuring we build compassionate communities in all sectors
• Educational institutions, workplaces, trade unions, health and social care institutions, religious institutions, neighbourhoods, homeless and vulnerable amongst others
• Incentive schemes and awards at civic level
• Policy change to support compassionate communities
Compassionate Community Networks

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

• Palliative and end of life care for all, irrespective of diagnosis and age
• Includes all forms of death – sudden, suicide, accidents, pet loss
• Integrates chronic illness with death and bereavement
• Transforms communities – inclusive of neighbourhoods through to institutions and workplaces
Service Directory for end of life care 1

- [https://healthconnectionsmendip.org/mendip-directory/](https://healthconnectionsmendip.org/mendip-directory/)
- Bereavement groups
- Talking cafes, men’s and women’s sheds
- Community led end of life skills
- Community led advance care planning
- Befriending/isolation
Service Directory for end of life care 2

• Gather my crew
  https://www.gathermycrew.org
• Meal train https://www.mealtrain.com
• JointlyApp https://jointlyapp.com
• Exercise, walking, dancing, singing
• Parenting
Community Connectors

• Anyone who is interested in finding out about what is available in their community and would like to pass this information on can be a Community Connector.

• Hairdressers, taxi drivers, drug and alcohol workers, care workers, CAB team, adult social care workers, primary care staff, sixth form students, church congregations, peer support group members and 100s of members of the public.
Policy settings

• Religious organisations
• Education
• Trade Unions
• Media
• Businesses
Compassionate educational institutions

• Peer support network for children
• Peer support network for adults (including teachers)
• Compassionate workplace policy
• Community connectors
• Compassionate emotional literacy has to be part of all curricula
Compassionate organisations

Developing and promoting a happy, compassionate and positive workforce can deliver a number of measurable benefits, including:

- Reducing the risk of mental health problems
- Building closer bonds between team members
- Improving the mood and atmosphere within an organisation
- Increased commitment to work
- Reduced rates of absenteeism
- Increased employee wellbeing and productivity
- Improved customer service delivery
- Decreased employee disputes
- Reduced staff turnover
Compassionate workplaces

1. Creation of compassionate policies built on existing HR policies, allowing people to have time off for funeral planning and attendance, take loved ones to hospital and understanding that during stressful times, workplace performance may be affected.

2. Asking staff to volunteer to be a ‘Compassionate Friend’ providing emotional support and to be a listening ear, to

3. Creating a volunteer 'bank' of people who are prepared to do tasks, such as giving lifts, covering colleagues at work, collecting children from school, helping with shopping etc
Somerset CCG contacts
May 1st to July 31st 2016
Lessons

- Compassion is not limited to particular areas
- Cynicism can be changed.
- Values are important to everyone
- Our identities include a compassionate nature. Bringing this into the workplace makes an enormous difference.
Other actions

• What does this mean for trade unions?
• Religious organisations?
• Media?
• Museums and galleries?
Steering committee

- Build relationships
- Start with enthusiasts
- Don’t wait for everyone to be ready
- Needs leadership
- Participatory community development principles are key
- Personalise it!
- Be systematic
Quarterly emergency admissions
Frome and Somerset 2013 - 7

Frome emergency admissions

Somerset emergency admissions
Cost implications of Frome Model

- Cost of all admissions Frome in 2013 - 2014 = £5,755,487
- Cost all admissions Frome 2016 -2017 = £4,560,421
- Reduction Frome between 2013 -4 and 2016 - 7 = £1,195,066.

This was a 21% reduction in actual cost between 2013 and 2016

This was a 21% increase in costs of admissions in Somerset excluding Frome during the same period.

Application of Frome model would have saved Somerset £35 million – total budget £700 million
References


• Palliative care—the new essentials, Julian Abel, Allan Kellehear, Aliki Karapliagou, DHEZ Academic, University of Bradford, Bradford, UK, Vol 7, Supplement 2 (April 2018): Annals of Palliative Medicine (Public Health Approaches to Palliative Care) / Palliative care—the new essentials
Reducing emergency hospital admissions: a population health complex intervention of an enhanced model of primary care and compassionate communities

Julian Abel, Helen Kingston, Andrew Scally, Jenny Hartnoll, Gareth Hannam, Alexandra Thomson-Moore and Allan Kellehear; Br J Gen Pract 2018; 68 (676): e803-e810. DOI: https://doi.org/10.3399/bjgp18X699437
Conference 2019

• 6th PUBLIC HEALTH PALLIATIVE CARE INTERNATIONAL CONFERENCE
• 13TH – 16TH OCTOBER 2019
• FAIRMONT RESORT, BLUE MOUNTAINS, NSW, AUSTRALIA
• https://www.phpci2019.com