

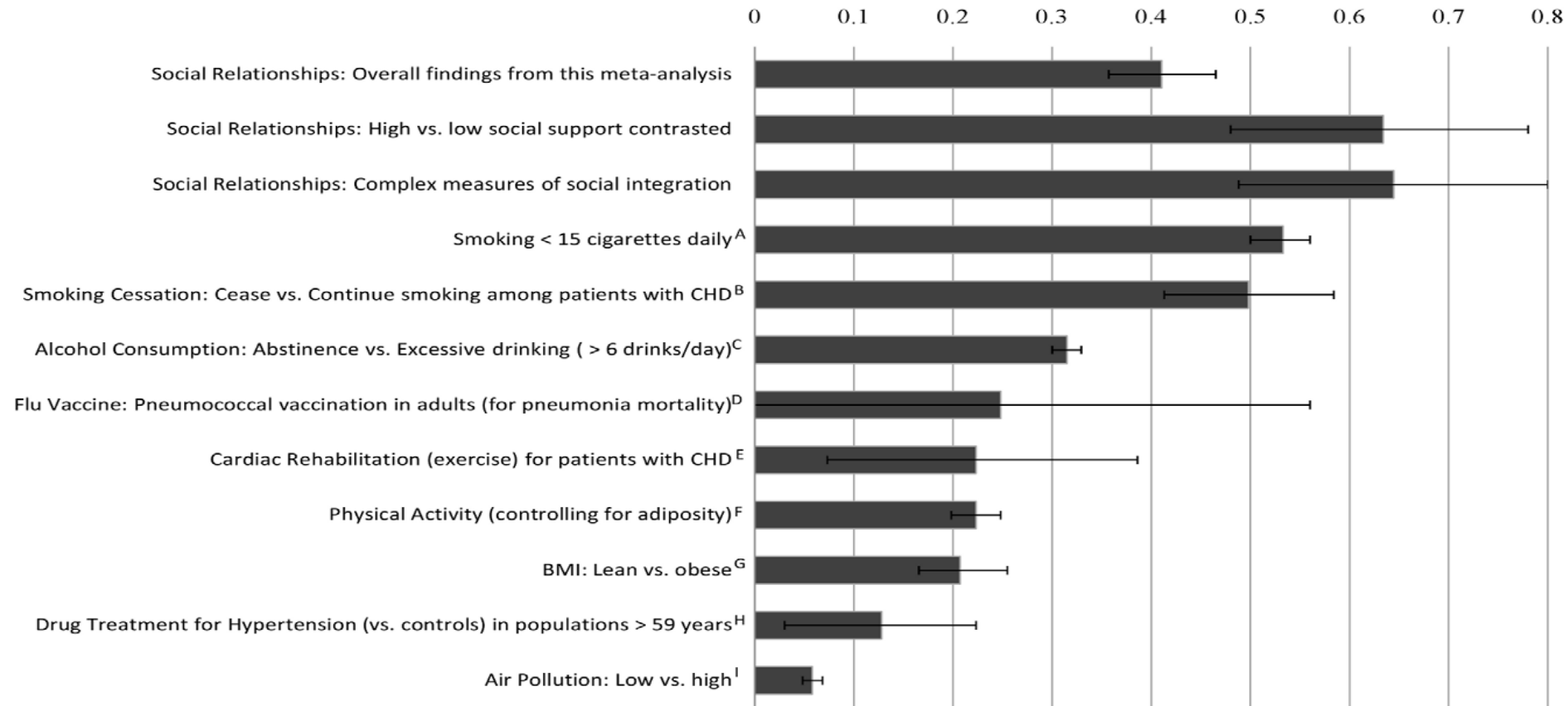
# Compassionate Cities

Dr Julian Abel

Director, Compassionate  
Communities UK

# The comparative impact of social relationships on reduction in mortality

## Julianne Holt-Lunstad



# Longevity and social contact

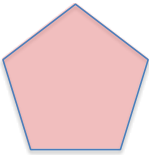
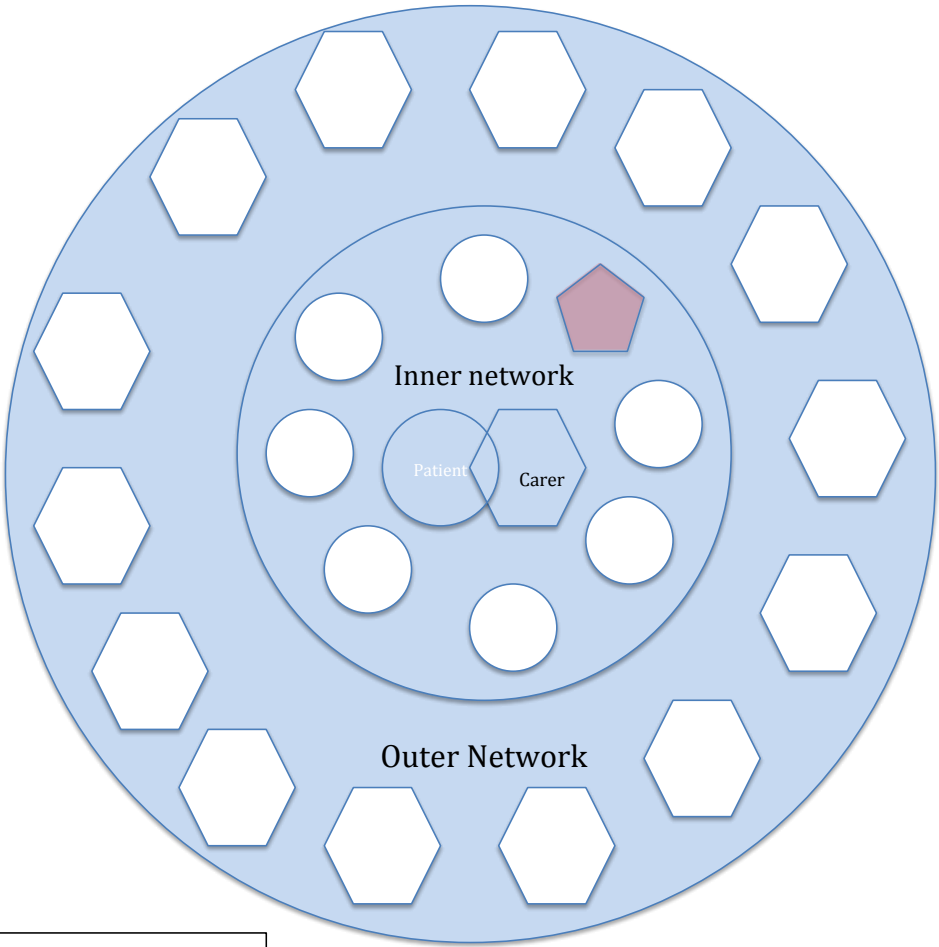
- Biggest single factor in longevity, particularly face to face contact (*Pinker 2015, The village effect: How face-to-face contact can make us healthier and happier*) is social contact
- A fundamental aspect of what keeps us alive, part of human evolution, part of 60 million years of primate evolution
- 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

Ecomap of network and relationships



Network  
organiser

Frequency of visits F  
Relationship type eg son/daughter R  
Strong relationship \_\_\_\_\_  
Weak/ vulnerable relationship - - - - -  
Stressful/adverse relationship - / - / - /

Practical support = P  
Emotional support = E

# How they can help.

## Love, laughter and friendship

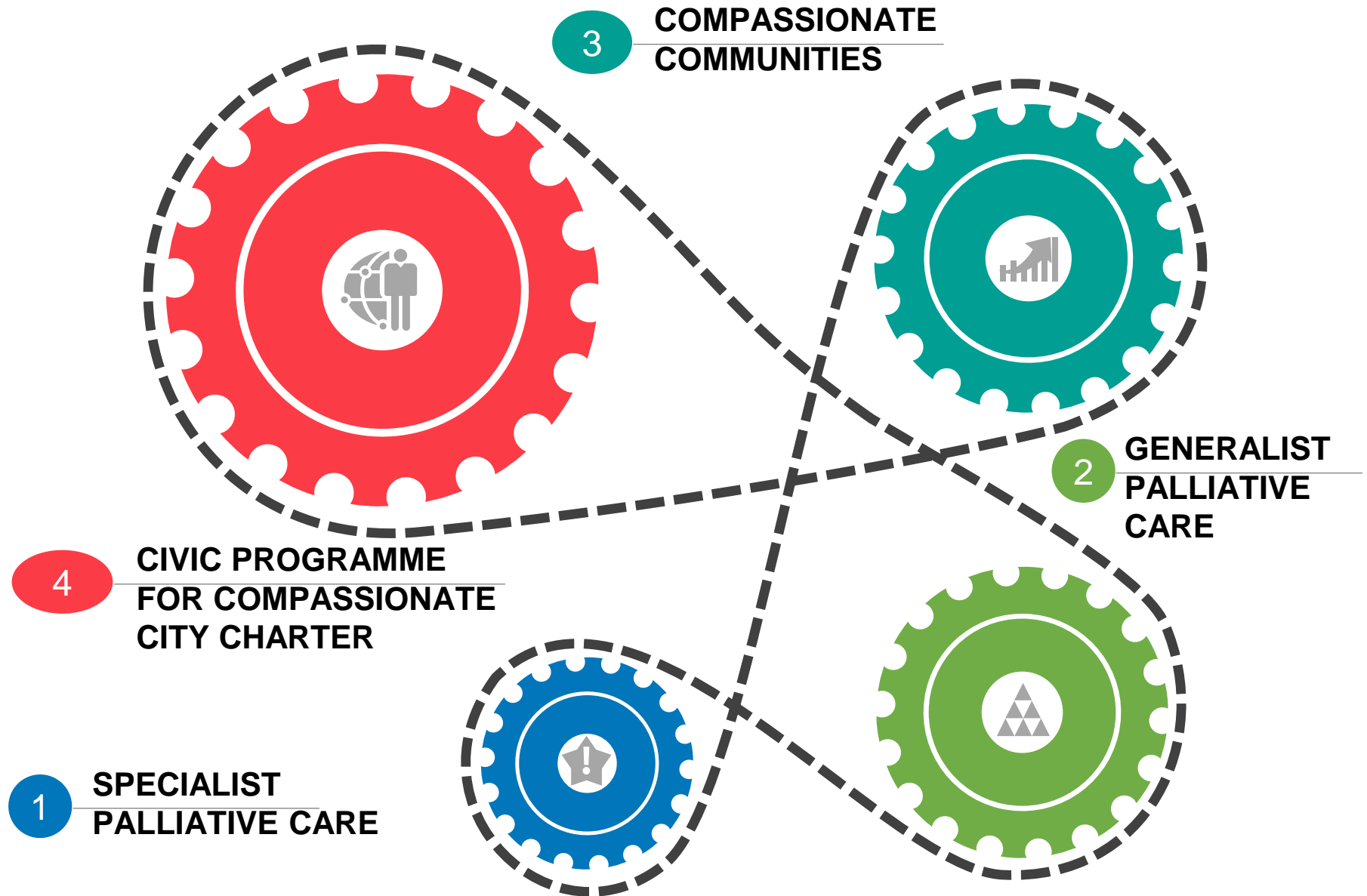
- Shopping
- Phone calls
- Friendly chat
- Company
- Cooking
- Gardening
- Cleaning
- Going for a walk
- Personal care
- Transport
- Leisure and activity
- Looking after pets

# 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



# 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

Compassionate  
city charter

Compassionate  
communities

Generalist  
palliative care

Specialist  
palliative care

## 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

## 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



# 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/>
- 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.
- Hair dressers, 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:

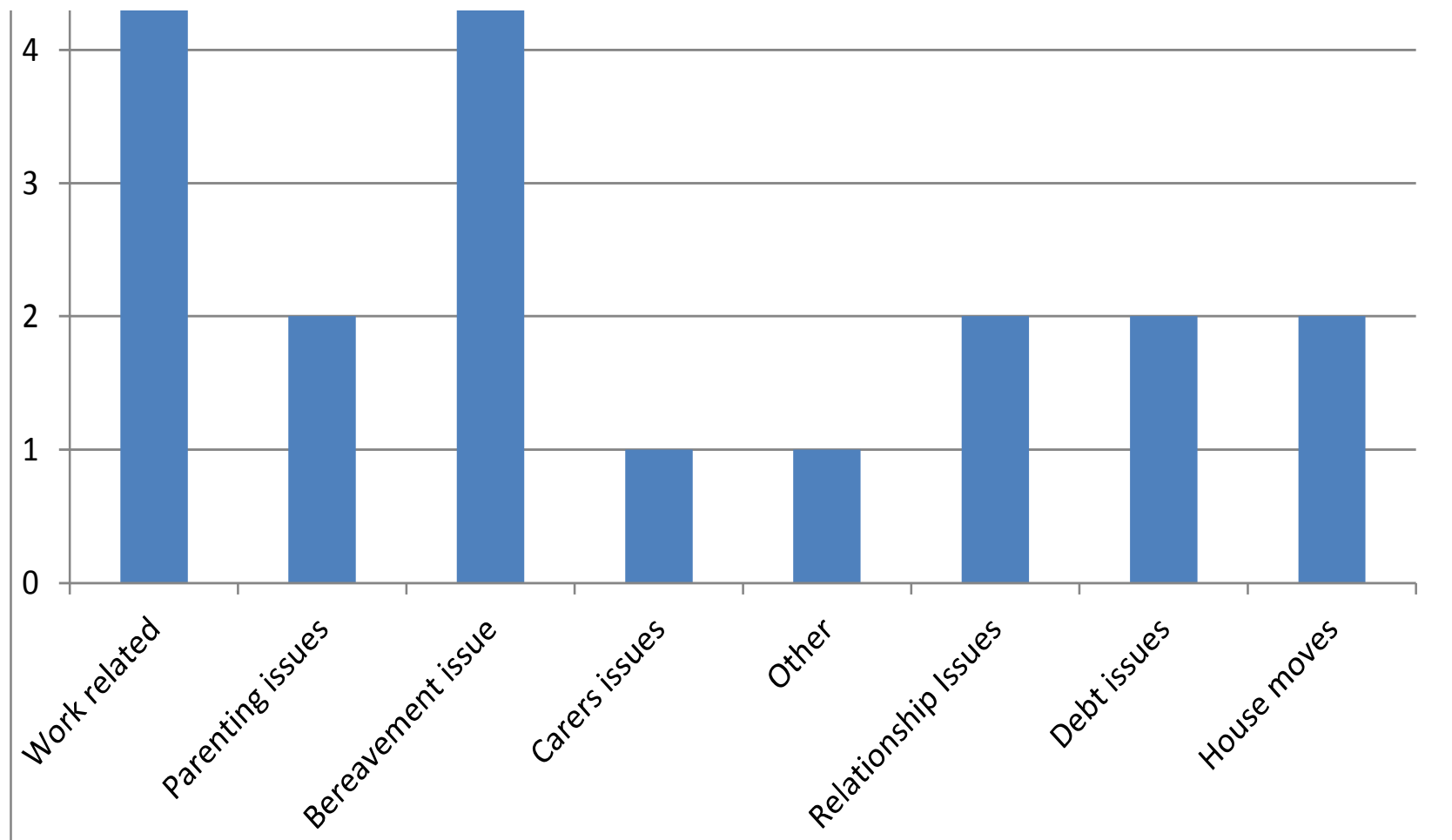
- Reducing the risk of mental health problems
- Building closer bonds between team members
- Improving the mood and atmosphere within an organisation
- Increased commitment to work
- Reduced rates of absenteeism
- Increased employee wellbeing and productivity
- Improved customer service delivery
- Decreased 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, work place 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 1<sup>st</sup> to July 31<sup>st</sup> 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

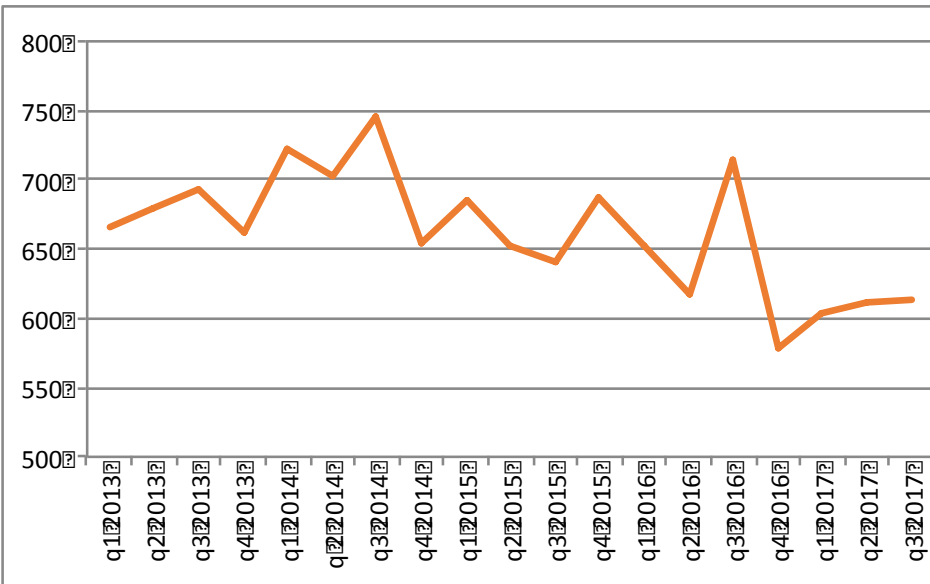
- What does this mean for trade unions?
- Religious organisations?
- Media?
- Museums and galleries?



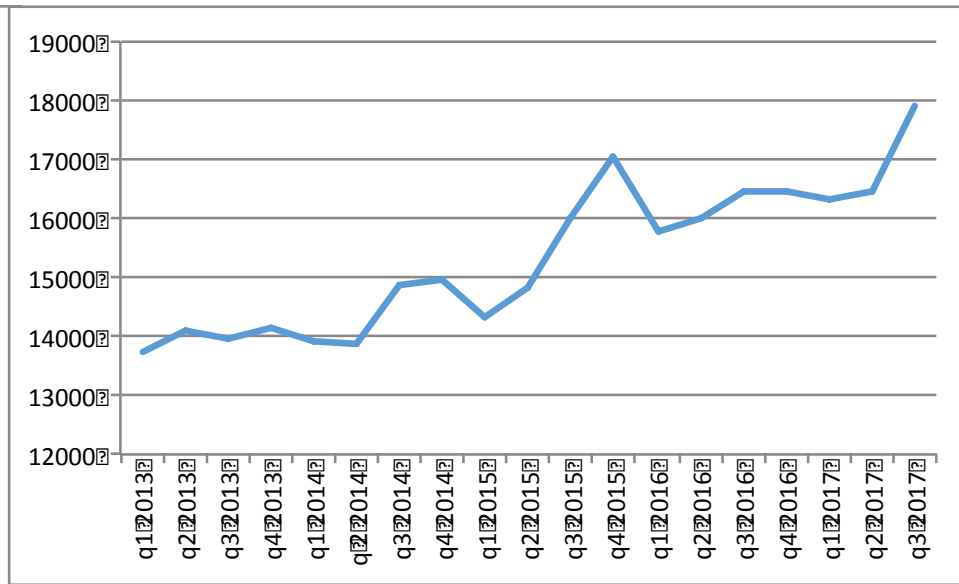
# Steering committee

- 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

- **Social Relationships and Mortality Risk: A Meta-analytic Review** Julianne Holt-Lunstad , Timothy B. Smith , J. Bradley Layton, Published: July 27, 2010<https://doi.org/10.1371/journal.pmed.1000316>
- **Palliative care—the new essentials**, Julian Abel, Allan Kellehear, Alik 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
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- 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**

Image courtesy of Michael Leunig

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