Compassionate Communities

Every day we hear another heartfelt story of government and statutory services struggling with the rising demands for health and social care. Precious resources bound up with our cherished NHS will never be enough unless we change ourselves. As a society we need to become more resilient, better informed and self-managing particularly in relation to long term conditions, albeit supplemented by expert professional advice, interventions and support. This means not just taking charge of how we live, but also how we die.

When asked, most people say they want to die at home surrounded by family and the familiar, but sadly for many this does not happen. Stark inequalities exist for access to high quality end of life care provided by the local hospice movement and complemented by care homes and the acute sector.

Encouragingly there is the awakening of a new social movement called compassionate communities. These are popping up in places like Frome in Somerset, Inverclyde in Scotland, Seville, Toronto and Vancouver. They are typically partnerships between civic society and health providers, but importantly driven by "ordinary people". They are not about providing a service, but focus on building on the social capital and assets within communities to support those living with advanced illness and frailty to reduce social isolation and enable people to remain at home and connected. They are draw on the rich seams of knowledge, skills and generosity of spirit – often to be discovered in unexpected places within all our communities wherever we are. The focus of compassionate communities is on public education, community development, participatory action and doing for others. For example, Inverclyde, near Glasgow, has started a brilliant scheme of "back home boxes". Made up by volunteers with fresh milk, tea and other essentials to accompany very frail older people when discharged from hospital who are going home alone. Finding ways to re-imagine death and dying as a normal, not a medicalised part of life, is an important part of compassionate communities, which in many places involves working in primary schools, sixth form colleges local businesses reaching out and raising awareness of the simple things that all of us can contribute to making our communities more connected and mutually supportive.

So how should community nurses think about connecting with compassionate communities when they are very busy and stretched? There are many ways to contribute perhaps by taking part in bereavement cafes where people get together over a cup of tea or glass of wine to re think personal and public attitudes to death, dying, grief and loss. Or there are ways to support local hospices in developing compassionate neighbours schemes – people who bring the outside world closer to someone housebound and lonely, helping connect through the internet, doing some shopping, delivering a newspaper. Community nurses might work with volunteers to co-design public education and awareness raising initiatives and to support volunteers with providing complementary support.

Compassionate communities will not and cannot replace statutory services, they will not make community nurses redundant and they are not about putting a sticking plaster on, or filling in gaps that the welfare state should provide. They are about bringing the best out of our communities, offering simple neighbourly companionship and support and creating the glue to connect bits of services often accused of being fragmentary.

My wish for the NHS is that by the time we celebrate its 80th birthday, compassionate communities will have transformed perceptions of community care and the way in which ordinary people support

each other and connect with services. The working lives of professionals will have improved and some of the inequalities of access and care especially at the end of life will have reduced.

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