Integrated Care Matters
Building Community Connection and Resilience
Knowledge Tree Branch
Building Community Resilience and Capacity

Scotland

Fife Shine Project: Microenterprise in Social Care

With funding from the Health Foundation, the Fife Shine 2011 team has been implementing a range of initiatives to support older people to live and thrive at home in ways that are safe and sustainable. This involves changing the nature of the conversation staff are having with older people and their families, harnessing community resources such as businesses and care cooperatives, and developing ‘micro-enterprises’.

Shine: Improving the value of local healthcare services

This report shares the successes and lessons from the first two rounds of the Health Foundation’s Shine programme: annual awards to test small-scale innovative interventions that aim to improve the quality, safety and value of healthcare services. Through the Shine programme, participating clinical teams are able to develop and test their initiatives, putting them into practice for the first time and gathering evidence about how the new approach improves quality and whether or not it saves money.

Building Stronger Communities Tool: Scottish Community Development Center

Building Stronger Communities: A practical assessment and planning tool for community capacity building in Scotland is an important new resource for practitioners and planners working within a range of sectors to help make Scotland’s communities better places to live. This practical resource sets out a common framework to help partners at strategic, practitioner and community levels to adopt a strategic participatory approach to building community capacity. It is relevant to community planning, health, regeneration, Community Learning & Development and the voluntary and community sector.

England

My discharge: getting discharge right for someone with dementia: Royal Free London NHS

Funded through the SHINE project, The Royal Free London project team developed ‘My Discharge’, a proactive case-management model for discharging patients with dementia. Their aim was to give every patient with dementia a safe, dignified, timely and sustainable discharge.

Liberating voices to maximise patient partnership in acute care settings

Patients within acute care are often left feeling disempowered by service provision, the ward environment and the attitudes of those caring for them. This can prolong rehabilitation for older patients, with some becoming unfit to return home. The Hampshire Hospitals NHS Trust team set out to empower older patients to become partners in the care relationship and fully participate in their recovery. The project drew on the concept of health coaching to develop a ‘recovery coaching’ training package for acute care. All staff on an acute elderly
care rehabilitation ward completed the training, which focused on using dialogue to build partnerships at all stages of care including rehabilitation, learning about new medicines, self-management and discharge planning. [link]

**Sub-Saharan Africa**

**Optimising the benefits of community health workers’ unique position between communities and the health sector: A comparative analysis of factors shaping relationships in four countries**

Community health workers (CHWs) have a unique position between communities and the health sector. The strength of CHWs’ relationships with both sides influences their motivation and performance. This qualitative comparative study aimed at understanding similarities and differences in how relationships between CHWs, communities and the health sector were shaped in different Sub-Saharan African settings. [link]

**Australia**

**Building community capacity for end of life: an investigation of community capacity and its implications for health-promoting palliative care in the Australian Capital Territory**

This study identified and examined community-based activities around death, dying and end-of-life care which might reflect a health-promoting palliative care (HPPC) philosophy. This approach is argued to restore community ownership of, and agency in, dying and death through the building of community capacity. However, the enactment of the HPPC approach has not been extensively examined in Australia. Current understandings of community capacity-building relating to end of life are orientated toward service provision. [link]

**Determinants of mental health and well-being within rural and remote communities**

The chief determinants of current well being were those reflecting individual level attributes and perceptions, rather than district-level rural characteristics. This has implications for strategies to promote well being within rural communities through enhancing community connectedness and combating social isolation in the face of major adversities such as drought.

**Mental health and well-being within rural communities: The Australian Rural Mental Health Study**

This paper outlines the methods and baseline data from a multisite cohort study of the determinants and outcomes of mental health and well-being within rural and remote communities. A significant relationship was found between recent distress (Kessler-10 scores), age and remoteness, with a linear reduction of Kessler-10 scores with age and the lowest mean scores in remote regions. [link] [link]

**Canada**

**Clearing the Path for Community Health Empowerment: Integrating Health Care Services at an Aboriginal Health Access Centre in Rural North Central Ontario**
The article provides a critical examination of the rewards and challenges faced by community-based Aboriginal health organizations to integrate the rapidly evolving provincially- and federally-funded Aboriginal health program streams within an existing mainstream rural and federal First Nations health care system in Ontario. [link]