

7.6 SOCIAL AND EMOTIONAL SUPPORT

Access to social and emotional support is an essential part of care for people with chronic conditions such as severe respiratory disease. This support helps to reduce the effects of the illness on the health and wellbeing of people with the illness, their relatives and carers: and should be provided as well as ongoing medical treatment.

Chronic disability often means that people and their carers are isolated from both formal (e.g. work) and informal (e.g. friends, involvement in community life) social networks over time. Where social networks are broken, this has a very negative impact on the health and wellbeing of those concerned.

The social and emotional support standards seek to ensure that health and social care staff are proactive in assisting individuals and their carers affected by severe respiratory conditions to maintain and develop strong social networks appropriate to their own circumstances.

The standards also seek to ensure that health and social care staff have the appropriate training to detect mental health problems such as anxiety and depression which are associated with more severe chronic conditions; and to be able to deal with these appropriately. This may require referral to a GP for therapies such as antidepressants or cognitive behavioural therapy. In more severe mental problems referral may be required to psychology or psychiatry.

The quality dimensions and related performance indicators seek to ensure that:

- specialist community respiratory team members receive appropriate training and support to enable them to identify and effectively deal with the emotional and social support dimensions of the care of individuals and carers affected by severe respiratory disease;
- Self help and self management and exercise support groups are amongst the menu of support options widely available to individuals and carers affected by respiratory disease; and,

- Inter agency respiratory support networks are in place to assist in information sharing, user/carer/community involvement, innovation in service design and dissemination of good practice.

The aim of the standard is to reduce the overall impact of respiratory disease on the person and their family.

Overarching Standard 51:

Social and emotional support

All patients with severe respiratory disease and their carers should be offered an holistic assessment of their needs and be facilitated and supported to maintain their connections with social networks and community life, in order to promote wellbeing and mitigate the potentially isolating effects of long term disability.

Rationale:

Long term conditions have the potential over time to isolate patients/clients and their carers from regular access to social networks and leisure and exercise opportunities. The importance of this access is now well recognised for the maintenance of health and wellbeing. It is therefore essential that the specialist respiratory multidisciplinary team includes these dimensions in their protocols for the assessment of need and provision of treatment and support, and develops increased capability to do so effectively.

Evidence:

Guidance on strengthening Personal and Public Involvement in Health and Social Care (DHSSPS, 2007) http://www.dhsspsni.gov.uk/hsc_sqsd_29-07.pdf

Good Medical Practice (GMC, 2006)

http://www.gmc-uk.org/guidance/good_medical_practice/index.asp

Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order (2003)

http://www.dhsspsni.gov.uk/hpss_qi_regulations.pdf

The Quality Standards for Health and Social Care (2006) Supporting Good Governance and Best Practice in the HPSS

<http://www.dhsspsni.gov.uk/spsd-standards-quality-standards>

Community Development Performance Management Framework. Community Development Managers Regional Group. Supported by the Community Development and Health Network (2007)

Department of Health (2007) The Expert Patients Programme

http://www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/ChiefMedicalOfficer/ProgressOnPolicy/ProgressBrowsableDocument/DH_4102757

Carers and Direct Payments (Northern Ireland) Act (2002)

http://www.opsi.gov.uk/legislation/northernireland/acts/acts2002/nia_20020006_en_1

DHSSPS (2007) Caring for Carers. Recognising, valuing and supporting the caring role <http://www.dhsspsni.gov.uk/ec-dhssps-caring-for-carers.pdf>

DHSSPS (2005) Primary Care Strategic Framework - Caring for People Beyond Tomorrow

http://www.dhsspsni.gov.uk/show_publications?txtid=14302

DHSSPS (2005) Regional Strategy - A Healthier Future – A Twenty Year Vision for Health and Wellbeing in Northern Ireland, 2005-2025

http://www.dhsspsni.gov.uk/show_publications?txtid=7282

Responsibility for delivery / implementation

HSC Trusts (in collaboration and partnership with the Voluntary and Community Sectors)

Primary Care

Quality Dimension

1. Self help groups should be established and facilitated in each locality.
2. The Expert Patient Programme (EPP) should be made available to patients with respiratory disease. These are generic programmes suitable for people with any type of chronic disease to enable them to deal with having a long term condition and participate fully in society.
3. The members of the specialist community respiratory team should be trained (in the use of the community development approach) and link collaboratively with local health and community development staff to develop an holistic approach to patient management.
4. The members of the specialist respiratory team should be trained in the detection and management options for anxiety and depression associated with chronic disease.
5. Respiratory support networks should be established and maintained in each locality, to include appropriate representatives such as council leisure and community services and interested community and voluntary organisations including healthy living centres as well as health and social care staff and patients and carers.
6. All carers should be offered assessment and support as appropriate.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of local areas with patient self help support groups supported and facilitated by HSC Trusts. (approximately 80,000 population)	HSC Trust report	100%	March 2011
Percentage of local areas with generic expert patient programmes available for patients with respiratory disease (approximately 150,000 population)	HSC Trust report	100%	March 2011
Percentage of local areas with respiratory support networks (approximately 150,000 population)	HSC Trust report	100%	March 2011
Percentage of patients on specialist community respiratory team caseloads who have had an holistic assessment of their social and emotional support needs	HSC Trust report	40% 60%	March 2011 March 2012

Percentage of people who have been offered to move on from pulmonary rehabilitation to local exercise/support groups	HSC Trust report	80%	March 2011
Percentage of carers (of people with respiratory disease who are newly referred for social care) who have been offered a formal carers assessment, where appropriate	SOSCARE Annual returns	50% 90%	March 2011 March 2012