

# How are things going in the early stages of delivery?

## August 2022

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### Introduction:

This short report is based on the experiences of 17 staff in 9 different [Enhance](#) projects shared during a peer learning session. It also includes delivery partner reflections shared in Enhance quarterly monitoring returns in July 2022. Partners are in different stages of development and delivery as it's still early days for the programme.

### Collaborative work

The majority of third sector partners have already made contact with their assigned Neighbourhood Teams (NTs) and referrals are slowly starting to come in. To bridge this initial gap in NT referrals delivery partners are accepting self-referrals, referrals from other healthcare providers and also identifying suitable Enhance participants from amongst their existing membership.

Where practical collaborative work has already taken place delivery partners were very positive about the experience. For example, the opportunity to shadow NTs in clinical settings (including hospital wards and in A&E) was very beneficial. They learned that someone may attend A&E, be discharged to their home (without support) but may present at A&E a second time with issues that could be dealt with in other settings. Partners reported the experience of 'shadowing' clinical staff was eye-opening and gave them ideas as to how Enhance support can help to break this cycle.

Delivery partners talked about some NTs also offering desk space, invites to handover meetings and requests to give presentations about Enhance and the range of support available from the third sector. Some have had initial joint visits to Enhance participants. All this networking helped to establish collaborative practices.

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## **What kind of support did Enhance participants receive from the Third Sector?**

In quarter one, partners supported Enhance participants who were experiencing frailty, long-term conditions, physical and mental ill health and poor mobility. Worries about the cost of living, financial difficulties and fuel poverty were highlighted as issues, along with a lack of confidence, loneliness and social isolation.

Practical support provided by delivery partners this quarter included:

- Meal prompts, meal delivery and food preparation
- Prompts to attend appointments
- Shopping
- Top up mobile phone
- Help to switch bank
- Check participants have enough food and provide food hampers if needed
- Cleaning
- Continence supplies
- Form filling (including Attendance Allowance).
- Consult with pharmacist to order and deliver emergency medication
- Provide regular contact and build positive relationships
- Plan social activities
- Arrange befriending services
- Help a participant raise issues about an antisocial neighbour
- IT support - set up new technology and email accounts etc.
- Supply and fit of mobility aids in the home
- Address housing issues
- Advice on keeping safe at home
- Referral to Green Doctor for energy advice and meter top up voucher
- Supply new domestic appliances (as part of a Fuel Poverty scheme)
- Arrange for attendance at a Falls Clinic to improve mobility and reduce falls
- Arrange transport and support to attend a lunch club
- Support with self-management through better conversations which motivate, encourage and focus on goals

## **What is working well so far?**

Delivery partners explained how important it is to be able to talk to NT about individual referrals before paperwork is completed, and that phone calls or face-to-face conversations for this purpose are extremely useful. These collaborative conversations work well, save time

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in the long run and enable participants to receive Enhance support from the most appropriate delivery partner as quickly as possible.

### **What are the early challenges?**

Referrals from NT are trickling in slower than expected and there is a hope from delivery partners that the number of referrals will increase significantly over time as NTs understand what's on offer from the third sector and feel confident to refer. There were also a number of practical challenges relating to cross-sector working as identified in the peer learning session and in quarterly monitoring returns - particularly around communication and referral processes - and these will be considered and addressed by colleagues in Leeds Community Healthcare and Leeds Older People's Forum (LOPF).

On a different topic, delivery partners identified challenges relating to the amount of data required for quarterly monitoring. In particular keeping track of all the work that they are doing to support individual participants, all the meetings they attend and the work they do with NTs. One delivery partner recommended that colleagues collate information on a regular basis - using the optional templates and spreadsheets provided by LOPF - instead of trying to pull all the information together in one go at the end of each quarter.

### **Advice for new staff in Enhance projects**

Delivery partners were asked to share their top tips as advice to new staff members as they join Enhance projects. These include:

- Attend all the induction sessions offered by LOPF as it has been useful to go through things as a group and have the opportunity to ask questions
- Start making links with NT even before a project's full staff team is in place - NTs are receptive to this and actively support collaborative working where possible
- Speak to NTs on the phone to get a full understanding of the referral
- Network with other Enhance delivery partners and speak regularly - via Zoom, phone or face-to-face - to share ideas, learn from each other and find out what each different organisation offers. This is particularly important when a participant may benefit from support from a number of Enhance projects.

### **What difference has this early support had on Enhance participants?**

As part of their quarterly monitoring returns delivery partners are asked to collect and share quotes and brief stories. These help bring partners' work to life and to demonstrate the impact that their support has had on participants. Here is a selection from the first quarter:

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## Quotes from participants shared by delivery partners:

"Thank you so much, I have smiled more today than in months"

"I can buy in extra help because of the extra money"

## Four brief stories:

"We made sure that one of our members had support put in place for when she returned home from hospital. We made an action plan for her so she knew she could return home safely. A part of this action plan was to make sure she had food in and would receive hot meals. This allowed her to come straight home from hospital because she knew had both practical and emotional support. We made wellbeing calls also for a week after her visit just to check in and talk about any concerns or problems she had."

"We supported an 87 year old single lady who fell down her stairs. She was checked by ambulance staff but she didn't want to go to hospital so for a couple of weeks we spent time visiting her at home, did her shopping, made meals, made morning check-in calls. She is now attending lunch clubs and has built her confidence. She is still a little bruised but doing well."

"Client is a hoarder and we were concerned for their safety at home. They have no relatives and no other person has access to their home. To ensure that services can enter - following a fall or illness - they agreed to a keysafe but declined a Telecare personal alarm at this stage. I arranged for the keysafe to be fitted so that the client now has a spare key for professionals to access their home, if needs be"

"We received a referral from Adult Social Care for a couple who were both extremely isolated - with only their cleaner as company, both living with anxiety and in isolation as their family doesn't live close. A home visit was arranged and a needs assessment completed. We reserved places for them at our lunch club and provided door-to-door transport. We're in the process of finding a volunteer to welcome them on the day, stay with them and ensure they feel confident in talking to people and coming along again."

