Enhance learning briefing 5

Stories from the front line

October 2022

Photos: © Mat Dale

Introduction:

This short report is based on monitoring returns from 12 Enhance delivery partners. Alongside all the data and the examples of how partners are using a test-learn-improve approach, delivery partners were candid about the challenges that participants face, the type support they provided and the difference this has made. These short stories clearly show how timely interventions and a person-centred approach can help to prevent future difficulties or a deterioration in a person's health or wellbeing. The image to the left is taken from Health for All's Enhance service leaflet.

*Please note that all names have been changed in these stories

Ash's* story

The neighbourhood team referred Ash to Enhance. They lived with significant physical and mental health issues. They had leg ulcers and had developed anxiety which meant they could not walk beyond their gate. They lived in a one bed rented council flat which was in a state of disrepair due to not being able to manage day-to-day living for many years resulting in a referral for a deep clean. Ash was not keen on the deep clean as they were worried that most of their belongings would be thrown out.

The task was to support Ash with walking, using a gradual approach, and finding a service that could help with clearing and organising the flat at Ash's pace. We referred Ash for some special shoes as none of their existing shoes fitted due to the leg swelling and bandages and, we located a professional decluttering service before arranging an initial consultation. Ash is feeling more confident about walking and getting their flat sorted.

Pat’s* story

Pat has a high hospital admission rate and they have a pattern of when they go back into hospital. The pattern is easy to analyse as every couple of weeks Pat calls the ambulance on a Saturday to say they have had a fall, Pat stays in hospital overnight and usually comes home on the Sunday. The Enhance worker spoke to Pat about this and found out that they are lonely on a weekend as there is nothing to do that doesn't involve meeting old friends in the pub and getting drunk. We put an intervention in place where the Enhance worker calls Pat on a Saturday and has a talk about how Pat is feeling. This seems to work as Pat has not been admitted back into hospital for the past 6 weeks.

Les’s* story

Les is aged 82 and lives alone in a local warden property. They first contacted us after they had a stroke to ask us to turn off the TV in their flat whilst they were in hospital. Les was worried about the cost. Following this conversation we started befriending Les and found that they had an estranged daughter who lived down south. After being made aware of the illness she decided that she would like to try and mend her relationship with her parent. We supported her to do this. Les’s daughter now rings the organisation weekly for an update and visits Les every other week.

The Enhance worker has been giving Les weekly befriending phone calls and has been visiting once every two weeks in person at the hospital. Les has previously had a negative experience with the NHS and our relationship with them has helped to diffuse different situations so they can get essential medical care. Before our involvement Les would have refused this care due to lack of understanding.

Sol’s* story

The Enhance worker received a referral for Sol who was recently discharged from hospital. Due to their injuries they had significant accessibility issues and were unable to answer the door to allow the neighbourhood team access to their property. We were able to internally liaise with the appropriate services to arrange for a key safe to be fitted outside the property front door to allow visitors and support services to gain access more easily. This helped to improve the Sol’s day to day support and wellbeing as people were able to visit more frequently.

Kit’s* story

The neighbourhood team referred Kit to receive support for improving their confidence and independence. They were bereaved and didn’t want to engage in group activities as there was ‘no point’. I took time to get to know Kit and build a relationship, and I worked at their pace. I gave them a small amount of useful information and left it with them to think about it. A week

later I phoned to see what Kit had decided. Using this approach worked well and over time they have contacted a bereavement counselling service, joined a local shopping group and requested details of other social groups. The referrer said they noticed “so much progress since I first saw Kit when they were struggling to see the point to each day.”

Bae’s* story

Bae had a fall and broke their arm and another older couple took Bae in to care for them. The couple soon began to struggle as they both lived with health conditions of their own. The Enhance worker helped to arrange an urgent care package for Bae thus preventing health deterioration for three older people and three potential hospital admissions.

Alex’s* story

A Community Matron referred 96-year-old Alex to Enhance following a recent fall where they had been on the floor for over 4 hours. They live alone as Alex is recently bereaved. The Enhance worker visited them at home and carried out a full assessment. Telecare was organised, a volunteer handyman was asked to repair a leaking tap, and a referral was made to Welfare Rights for Attendance Allowance. Although Alex doesn’t feel they need Enhance support - as they have a very supportive network of neighbours and family who check in daily - they joined our Neighbourhood Network and will receive regular welfare calls. We will also carry out sporadic home visits to check-in with Alex as they are very frail.

Jo’s* story

Jo was referred to Enhance by their neighbour due to significant signs of memory impairment. With lots of patience, reassurance, and working with the family, the Enhance worker managed to set up a good support network for Jo which included weekly lunch clubs, coffee mornings and regular outings, with 1-1 support. The routine and familiarity really help with their memory impairment. In such a short space of time the positive changes in them are quite significant. We now have good links with Jo’s family and can relay any concerns we have back to them. This stops situations escalating and Jo finds this contact very reassuring.