Enhance learning briefing 9

Stories from the front line
February 2023

Introduction:

This short report is based on monitoring returns from 14 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 of 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.

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

***Haitao's story**

Haitao came out of hospital and would have returned to an empty, cold house, so the Neighbourhood Team contacted Enhance for help. Within the hour he had enough food to last over a week and we had topped up his electricity account by £100. This proved a major reason why he didn't get readmitted into hospital. We are now supporting Haitao with his weekly shopping and he has started to access services from our Neighbourhood Network Scheme.

***Ravinder's story**

Ravinder lives alone and has support from a Nurse Practitioner. Through Enhance visits I've developed a good relationship with Ravinder, and she's given me permission to discuss any concerns with the Nurse Practitioner. Recently I informed them that Ravinder was experiencing increasing levels of pain, which the Nurse Practitioner addressed at the next visit.

***Keith's story**

Keith had a broken leg and was unable to access food. Our Enhance worker went round each day and brought food to him (for a period of four weeks).

***Edith's story**

Edith was prescribed an inhaler and antibiotics on Thursday morning but when we visited that afternoon they had not arrived. We contacted the pharmacy who notified us that the planned delivery day was Monday. This medication was important so we collected them for Edith, ensuring she had the medication immediately. Edith was so ill that the GP had wanted to admit her to hospital, but she declined. In collaboration with the Frailty Nurses we provided a responsive service for a couple of weeks to support her on the road to recovery whilst at home.

***Freddie's story**

Freddie is 63, he lives alone and has issues around alcohol. He has a strained relationship with his daughter who also has issues with drinking. Once we spent some time with him it became very clear that Freddie often drinks because he feels lonely. When he drinks, he enters a downward spiral with his mental health which in turns leads him to ringing 111 for support - this often leads him to be admitted to hospital due to his mental health.

Since spending time with the Enhance Worker he has built a positive relationship with his local Neighbourhood Network Scheme which has allowed him to access different social events. When Freddie attended our Christmas celebrations, he found that he already knew some of the other members. He also went on a day trip to Bury market with the Enhance Worker and plans to attend a regular art group, again with our support.

Freddie now feels he has other options than just going to the pub to mix with people, therefore he has reduced his drinking. This has led to an improvement in his mental health. As a result he hasn't been ringing 111 for support anymore and has had no further hospital stays.

***Alex's story**

Alex had a number of falls over the last few years, breaking his hip on one occasion and fracturing his neck on another. His partner died 18 months ago and he felt their loss and loneliness. The only social activity he was partaking in was going to the local pub whenever he physically could. There, he got drunk and increased his risk of falls. We introduced Alex to the range of groups we have on offer, inviting him to try ones of interest. Gradually, Alex attended various groups before becoming a regular attendee. He really enjoys attending the groups and looks forward to them each week.

***Laurette's story**

Laurette is 93 and lives in a local warden council property. She has no family or close friends and keeping her independence has been very important to her. The Enhance Worker spent a long time working with Laurette, building up her trust and strengthening their relationship. It became very clear to the Enhance Worker last summer that Laurette has been struggling with managing her own health, wellbeing, and upkeep of her property.

After lots of work and time spent with Laurette, the Enhance Worker was able to get a small care package put in place which has allowed Laurette to get three hot baths a week. This made a huge change to her outlook on life; she now felt clean but more importantly motivated again.

Laurette then started to attend an afternoon tea and bingo session in the complex she lives in. She was now mixing again with the people she lived with and knew where she could turn to for support if needed. Things were looking better for Laurette until one day when she went out she was clipped by a car causing injury to her leg. This resulted in a hospital stay.

The Enhance Worker quickly visited Laurette in hospital and continued these visits over her hospital stay. On these visits the Enhance Worker was a friendly face to Laurette and was able to explain what was happening, answering questions such as: will my pension be stopped?; will I lose my flat?; what does the doctor think is wrong with me?; why are there so many people asking me questions?; when can I go home?... The Enhance Worker was able to bring peace of mind to Laurette and be a constant point of contact.

The Enhance Worker then worked with the Occupational Therapists to get walking equipment ready in Laurette's flat, and worked with the Hospital Discharge team to get a care package put in place to make sure Laurette could return straight back to her flat with correct support, preventing an even longer stay in hospital. Laurette will continue to get support from the Enhance Worker so that she can soon get back to enjoying her activities and social life.

***Ahmed's story**

Ahmed lived with ulcerative colitis and had been admitted to hospital for surgery to have his colon removed. Consequently, he had a stoma bag put in place - a significant change in his life that he was adapting and adjusting to. The Enhance team has been a regular source of contact, providing him with reassurance and motivation in adapting to this major life change. Also, Ahmed had recently moved into a new flat and was worried about heating bills. We advised him on how to keep his flat adequately heated and provided him with a blanket and a Christmas gift. This contributed to an improvement in his emotional wellbeing.

***Peter's story**

Peter was referred to Enhance for short-term support due to reduced mobility after being discharged from hospital following a leg injury. He was unable to go up and down the stairs for his evening meal but his family member was unable to carry a meal upstairs to him due to her own mobility issues. Support was put in place to visit each evening to take his dinner upstairs; Neighbourhood Team staff were unable to accommodate this due to time constraints. The visits allowed us to build up good rapport with Peter and his family and we were able to provide support and encouragement with his physio exercises and appointments. Peter and his family said that the visits were very helpful in ensuring no further injury was sustained. These visits also reduced anxiety for his family member, who had their own health concerns.

***Nellie's story**

Nellie is a 90-year-old woman whose mobility has significantly declined since a stroke several months ago. She is finding it difficult to continue to attend her neighbourhood group, and now only visits fortnightly. She has no family and only one surviving friend. Her Enhance support has included identifying a suitable tradesperson for repairs needed around her home, and accessing some funding from the Household Support Fund to finance this. Nellie was also referred to the Green Doctor for assessment of her heating situation, and to Age UK Leeds Information and Advice service for assistance with an application for Attendance Allowance.

Following on from a lengthy period of wellbeing support and encouragement, Nellie has been matched with a volunteer. The volunteer visits regularly and is developing tailored activities with Nellie in her home, and has also been working with her to explore her options for possible participation at group activities outside the home, with assisted transport.

***Cyril's story**

Cyril was really struggling to manage his daily tasks. On the first visit our Enhance worker identified major safeguarding issues regarding his safety and so an urgent referral was put in to Adult Social Care. This resulted in carers being involved twice daily to make meals and assist with personal care.

At Cyril's request we had a key safe installed to assist with entry to his home, registered him for a house move to make his living arrangements more suited for his needs, and helped him get to all his appointments. His Enhance worker took him to the wound clinic twice a week and he thoroughly enjoyed being out in the car. Going forwards Cyril will go to his local wound clinic where he can attend independently. The company that Cyril was missing in his daily life has now been reinstated and we have discussed attendance at a men's group.

***Leyla's story**

Leyla was due to come home from hospital, but her house was very unclean and very untidy and it was a safety risk for her to return home. We arranged and booked a deep clean for her house and she was discharged the day after the deep clean was completed.

***Sajid's story**

Sajid has learning disabilities and is well known at his Neighbourhood Network Scheme. He often just pops into our office for a cup of tea and a chat. He also has mental health issues, for which he has an injection for every two weeks. Sajid is often prompted to remember to get this injection by a support worker he has. His support worker was off one week and there was no cover provided, and we weren't aware of this. When Sajid came into the office one morning, our Enhance worker noticed he was acting a bit different to how he normally behaves and he was getting very confused about days, dates and times. During their conversation it became clear that he had not received support that week so therefore had probably missed his injection. We went with Sajid to his GP and helped him to make an appointment for later that day. After his injection he was soon back to his normal happy self. If the Enhance worker hadn't spent time with Cyril he would have remained in a very confused state and at risk of harm.

***Wanda's story**

Wanda lived on her own in privately rented accommodation. She does not have any family and was supported by a close friend and carers. Wanda felt she was becoming more tired and things were getting more difficult for her to manage. She was not leaving her home; dealing with everyday practical issues was making her feel down. Our Enhance worker spoke to Wanda regularly and built up trust. We discussed respite and care homes. Wanda had previously stayed in a care home for respite and had not had a good experience. She felt it was time for her to go into a care home permanently, though not where she had stayed previously, as she felt she couldn't cope on her own anymore. Working closely with Wanda and her friend, we offered to support her with this. Ultimately her friend found a suitable care home that was not too far from where she was already living. After viewing the home with her friend Wanda made the decision to move. She is now settled in and feels much safer now that she has 24 hours support if needed. She also found out that one of her old friends is also living in the home.