Enhance Learning Briefing 13

Stories from the frontline: People, Prevention, Partnership

October 2023

Introduction

This short report uses real-life stories provided by Enhance delivery partners as part of their quarterly monitoring. These stories illustrate the impact of Enhance support on patients and on Neighbourhood Teams (NT), the benefits of prevention and the power of partnerships to improve health.

*all names have been changed.

Impact on the person - Paula's* story

Paula was referred by an occupational therapist for support with cooking and coping at home as Paula recently moved from supported accommodation to live independently. Paula is in her 50s and has learning difficulties, Cerebral Palsy with Spastic Diplegia and has recently had a stroke. She struggles with her mobility due to left calf spasticity. When the Enhance worker visited, Paula showed her around her kitchen. There was an air fryer - which Paula didn't know how to use - but no cooker. Paula's freezer was stocked with food but she had removed the packaging to be able to fit more in so there were no instructions or cooking times.

The Enhance worker showed Paula how to use the air fryer, printed off cooking guides for her, and explained how to test things that were cooked before eating them and talked about eating a balanced diet, eating fruit and cooking veg. On the next visit the Enhance worker gave Paula a folder with lots of beginner's air fryer/ slow cooker recipes for her to try, and they now speak weekly. Paula gives updates on the food she has cooked and new recipes she has tried, as cooking has become a hobby. Paula is really proud of herself and her achievements and has invited friends around for tea.

Impact on the person - Tom's story*

Tom, aged 62, lives in a council house with his wife who has complex medical needs. The house is uncarpeted and in need of some adjustments. Tom came into the office very upset and spent some time with the Enhance worker. During this conversation, he disclosed that the couple had really been struggling with a £4,000 electricity bill, they have limited money coming into the house due to his wife's illness and he has been acting as her unpaid carer.

The Enhance worker:
• Made the couple an appointment with the Money Buddies and a benefits adviser
• Raised the repairs with the council that needed repairing
• Made a referral to the NT for an Occupational Therapist assessment
• Provided Aldi vouchers so that they could go shopping

As a result, the couple are now receiving support from Money Buddies and other organisations, and they have the home adaptations they need. The fuel bill was reduced by 75% and a monthly affordable payment plan was set up. Money Buddies helped the couple carpet the house which should help keep the house warmer and help lower the couple's fuel costs. Money Buddies also issued three months' worth of shopping vouchers to help them access food until they are financially balanced again. After a full benefit check Tom applied for Carers Allowance and his Enhance worker successfully applied for a carers grant, which gave Tom £250 to use on himself or items he may need. Tom commented to his Enhance worker: "I can't thank you enough for the support I have received. I used to dread getting up because of the phone calls and the letter, but I don't anymore. I now feel free again and can look forward to my future."

Impact on the Neighborhood Team - Jamilla's story*

Jamilla was referred to Enhance by her community matron who advised that Jamilla no longer had a clinical need but due to ongoing concerns the NT had continued to visit to monitor her. The main concerns were around limited diet and weight loss because meal support had been inconsistent due to complex family relationships. She was struggling with low mood and isolation because people didn't want to visit as her home was very cluttered and in a poor state due to her pets which Jamilla could not clean up after. The community matron felt that she had 'slipped through the net' as clinically she did not require their support but had declined social care input and would be left without any support if they withdrew.

The Enhance worker made a joint visit with the community matron then took over working with Jamilla, providing 14.5 hours of support in the first 4 weeks, including 3 home visits and 18 phone calls, thus saving time for NTs. Jamilla was supported to set up hot meal delivery so that she has a greater variety of food and more regular meal times. Staff are looking into opportunities for social connections and any other areas she feels she would like support. The community matron and Enhance worker check in weekly, either by phone or email, to update on any changes in Jamilla's situation and discuss support.

Benefits of prevention - Rose's story*

Rose was referred by the NT self-management team to complete an Attendance Allowance form. At the initial home visit the Enhance worker found out that Rose was unsteady on her feet and struggled to get out of bed and to get up off the toilet. She found it hard to stand for long periods when preparing food and fell a few months ago. Rose also found it difficult to open her medication packets. The Enhance worker completed the benefits application, discussed local social activities and liaised with a nurse from the proactive care team to set up a dosett box for medication. A referral was made to the NT for an assessment for home adaptations and an assessment for correct walking aid to help prevent further falls. If the benefit claim is successful, Rose will be able to pay for a cleaner, pay for activities and take taxis, reducing the likelihood of falls and of social isolation. She has anxiety and the Enhance worker will continue to support Rose to encourage her to attend social activities at her local neighbourhood network scheme.

Benefits of prevention - Peter's story*

Peter was referred to Enhance by his NT pharmacy technician for support around his wellbeing, motivation and confidence. During the first Enhance visit, Peter said he didn't think his medication was working so he was going to stop taking it and call an ambulance, as he had done previously. Enhance staff provided time and space for him to talk through his anxieties around his medication. Peter refrained from calling an ambulance and went forward with making GP and pharmacy appointments. This was a recurring challenge when visiting Peter, however allowing the time and space to talk through this prevented him from calling emergency services. His brother previously advised that Peter struggled to engage with services due to their time constraints and shorter visits. Peter is now opening up more during visits and engaging in more productive conversations.

Power of Partnership - Don's story*

Don was referred to Enhance by a physiotherapist in the NT. He was recovering from a broken hip following a fall. The Enhance worker attended on a weekly basis to accompany Don outdoors in order to increase his mobility and confidence.

Power of Partnership - Madhu's story*

Madhu was referred to Enhance by an occupational therapist for support around reducing isolation. She expressed interest in learning how to use technology so an iPad was loaned to her and Enhance staff visited regularly to practice using it. Madhu was then linked into the organisation's digital health hub to receive support around accessing health services digitally, including making appointments and ordering prescriptions. Madhu is now working towards managing her health appointments more independently and increasing her digital literacy. She has used the iPad to plan her routes to appointments independently and she is now engaging a lot more with regular appointments.

Power of Partnership - Insights from two Enhance delivery partners

"The hospitals are now aware of Enhance and what the project offers which allows them to make direct referrals to us instead of using the NT time and capacity. This allows NTs to focus on more patients with clinical needs and has saved their time. In certain situations, we have extended welfare checks for the initial 24 hours following hospital discharge and provided personalised shopping assistance for a period of 3 to 4 weeks. These offers are particularly beneficial for Enhance participants who do not require any additional care as they can help expedite the discharge process. This additional support ensures that participants can return to their homes with confidence and be self-sufficient during their recovery period."

"One member phoned us to say she was worried about her leg. We got her to stay late after her exercise with us to see the nurse at the Wednesday wound health hub. The nurse took a look at it and managed to get our member a GP appointment the same day. This lady was so thankful as when she called up her doctor, they said the wait time was 2 weeks. She now comes to our health hub on Wednesdays to have her dressings changed and loves having a cup of tea and a natter."