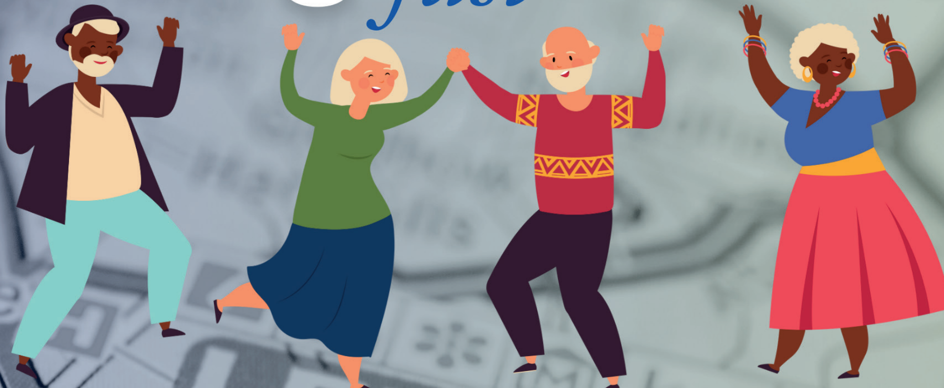
Thriving *not just* surviving



Imagine a city where older adults are not just surviving but thriving - staying connected, engaged, and healthy. In Leeds, that vision is becoming a reality thanks to the city's vibrant voluntary sector.

Among its many initiatives are the Neighbourhood Networks, a unique support system catering specifically to older residents. These networks offer a kaleidoscope of activities designed to foster social connections and bolster health and wellbeing as people age, wherever they live in the city. Although many services couldn't run without volunteers, all Neighbourhood Networks, and the majority of medium to large scale projects, are led by paid staff. As in the health sector, the voluntary sector is full of passionate, professional, caring people with expertise in their field.

Working to support older people, there is always more that the voluntary sector wants to do, but funding can be short-term and precarious. As in the health sector, resources in the voluntary sector are often stretched to the limit; identifying new ways of working in partnership can be mutually beneficial. Recognising these parallels, a groundbreaking partnership emerged in 2022 - the Enhance programme - a model of collaboration aimed at leveraging the strengths of both sectors.

Overview of Enhance

Enhance, a partnership between Leeds Older People's Forum and Leeds Community Healthcare NHS Trust (LCH), enables voluntary sector organisations to provide non-clinical, community-based, person-centred support to older patients, many of whom have no family support. Ten of the 13 delivery partners are Neighbourhood Networks. Enhance is more than just a partnership; it's a lifeline for older adults navigating complex health and social challenges. This collaborative model aids recovery, prevents deterioration and enables LCH staff to focus on their clinical work.

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Enhance leverages the strengths of Leeds' vibrant voluntary sector to provide personalised, non-clinical support for up to 12 weeks, using a strengths-based approach. This not only lifts the burden on LCH clinicians but also transforms lives in ways clinical data alone can't capture. Local organisations have deep connections in the community and understand the complex challenges older people face, but before Enhance, they lacked the capacity to offer one-on-one, tailored support. The programme was built on the understanding that these unmet non-clinical needs contributed to pressure on LCH resources and increased demand on health and social care services, including hospital admissions and readmissions.

The list below doesn't do justice to the variety and complexity of non-clinical support provided by Enhance delivery partners over the last three years, but support could include:

- Supporting access to health services, including transport
- Prompts and support for physiotherapy exercises
- Arranging deep cleaning/decluttering
- Applying for clothing and fuel grants, providing bedding, clothes, slippers
- Encouragement and support to attend social activities
- Regular wellbeing calls
- Providing food hampers, shopping
- Completing benefit applications
- Arranging Dossett boxes.

The benefit of this collaborative approach is that voluntary sector staff can take time to build relationships with patients, and find out what is important to them and help with a wide range of things, including onward referrals. By focusing on what matters most to each individual, Enhance support fosters a sense of dignity, independence, and connection. At the same time, it allows LCH staff to focus on their clinical expertise, ensuring that patients receive comprehensive, well-rounded care.

Key learning points

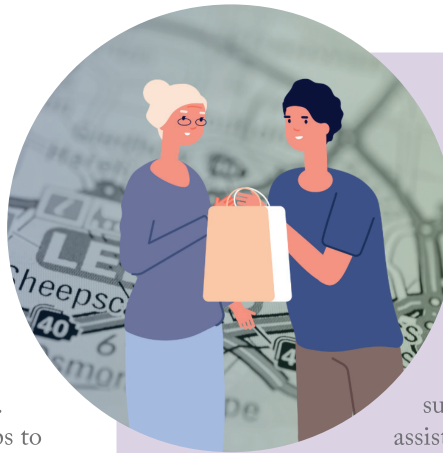
- **The need is there**
  Many older people with health issues, particularly those without family close by, really need additional support to benefit their health, wellbeing and quality of life and prevent health deterioration.

- **Trust takes time**
  Building trust between sectors is essential but requires sustained effort and long-term funding. Short-term investments rarely allow partnerships to flourish.

- **Align priorities**
  Successful collaborations must balance immediate patient benefits with broader cost-saving goals. Prioritising one over the other can dilute the partnership's impact.

- **Flexibility matters**
  Programmes like Enhance must adapt to meet the diverse needs of patients while maintaining their core mission.

- **Empower health staff**
  By reducing non-clinical demands on clinicians, partnerships like Enhance free up valuable time for medical care and help to improve wellbeing and job satisfaction.



Faith's story

Faith lives with COPD and multiple other health challenges, and Neighbourhood Team staff were very concerned that the effect of her cold, draughty home may cause a deterioration in her health. With Enhance support, Faith's needs for financial assistance were met through benefits checks, 'heating on prescription' from the Green Doctor service, and arranging repairs. Faith also received practical items to keep her warm while she awaited repairs and insulation upgrades on her council property.

Evaluation

From the outset, monitoring and evaluation were integral to Enhance's success. Dr Sarah Alden, a freelance evaluation partner,[1] Prof Anne-Marie Bagnall et al. at Leeds Beckett University,[2] and Gemma Howorth at the Health and Care Evaluation Service,[3] worked closely with LCH and Leeds Older People's Forum to measure the programme's impact in Years 1, 2 and 3.

Success was defined in terms of outcomes for patients, clinicians, and the wider healthcare system. For patients, this meant improved independence, reduced social isolation, and a better quality of life. For clinicians, success was measured by reduced clinical demand, time saved, and earlier discharge of patients from caseloads. At a system level, success included a decreased demand on urgent care services.

> ***"I am now going to activities [offered by the Neighbourhood Network] twice a week, they do a friendship group and then I have a dinner, we play bingo, and I have joined a craft class and make cards. I really enjoy it and have met lots of new friends. I feel better health wise now… before I didn't go out and was really struggling with my mental health – now I am in a much better place… I honestly can say I wouldn't be here [without Enhance support]. I have a more positive outlook – I wouldn't have come out of my house without it. It changed my life."***
> ***– Enhance participant***

Dr Sarah Alden's qualitative evaluation report in Year 3 focused specifically on Enhance's reported outcomes and impact on LCH staff. It is based on group and one-to-one interviews with 36 staff members and questionnaires completed by 33 LCH staff referrers.
Based on applicable survey responses:

- Enhance had saved time for 82% of referrers
- For 76% it saved an average of 1.8 to 3.9 visits per person
- For 60% it enabled shorter visits/appointments
- It saved time carrying out other non-clinical tasks for 76% who provided a positive response (an average of 1.4-2.4 hours per person)
- For 27% it enabled fewer and/or lower band staff to provide clinical support
- 12% reported reduced non-attendance/cancellations.

This report also contains quotes from LCH referrers, including:

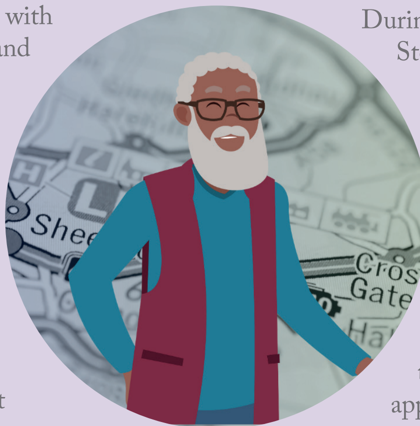
> ***"We have patients who say they don't need to socialise, but they're lonely and need someone to talk to… so I end up spending longer with these patients during visits. When Enhance steps in and helps them get out into the community, it reduces that need for us to check in so often."***
> ***– Occupational Therapist***

The Leeds Beckett University quantitative evaluation report included the following points:

- There was a statistically significant reduction in calls to 111 in the Enhance group, compared to the matched comparison subgroup, following referral to Enhance.
- Relative reductions in service use in the Enhance group compared to the matched comparison subgroup, although not statistically significant, were also seen for 999 calls, elective hospital stays and contacts with community healthcare.
- The data suggest that referral to Enhance is associated with a reduction in visits to A&E and unplanned hospital stays, in the three months after referral compared to the three months before referral.
- The data suggest that the number of outpatient visits and use of the patient transport service increased slightly in the Enhance group following referral, compared to the matched comparison subgroup, which may indicate that Enhance clients are supported to access appropriate healthcare appointments.

Steve's story

Steve was referred to Enhance for support with getting services in place, such as cleaning and shopping due to physical impairments, and also difficulties navigating services independently. He wanted to maintain his independence but struggled with where to find the right services to assist. Steve said he felt his visits from his Neighbourhood Team didn't allow enough time to help him resolve his non-clinical issues. After an Enhance worker spent some time with Steve to discuss his priorities, he said he already felt relieved that he had more time to chat.



During subsequent visits we were able to help Steve get some structure around his energy bills, prescription deliveries and help him maintain his independence with light help around the house. He said he found it 'so helpful and kind' to have an Enhance worker who was able to provide more time with him during his recovery. Building rapport with Steve also allowed us to encourage him to attend medical appointments and engage with healthcare staff better, as we were able to explain their roles and importance of these appointments in a way which worked for him.

The Health and Care Evaluation service report in Year 2 indicate that Enhance provides significant amount of support to older residents of Leeds with frailty. Overall Enhance supports people in areas with higher levels of deprivation. The service supports large populations in the frailty, cancer, and long-term condition population cohorts, with many of those supported having multiple long-term conditions such as hypertension, osteoarthritis and chronic depression. In addition to this many have risk factors on their records and mild to moderate frailty with flags around anaemia, hypertension, being housebound, arthritis, and falls being most common across the populations. All the Enhance evaluation reports for years 1 to 3 are available on the resources page of the Leeds Older People's Forum website: **www.opforum.org.uk/resources**.

Next steps

Going into year 4, LCH will be focusing on two strands of Enhance work. Firstly, increasing patients' access to self-management health hubs and integrated clinics in the most deprived areas. Secondly, continuing Enhance provision for patients living in the most deprived areas who are referred by Specialist Business Unit teams, most notably cardiac, respiratory and neurology. While this targeted approach is promising, it raises concerns about excluding other vulnerable populations who may not fit the new criteria.

We have two calls for action for readers, wherever you may live:

- Firstly, please familiarise yourselves with the range of voluntary sector activities and providers in your local area, if you're not already aware of everything that's on offer. Hearing about the opportunities from a trusted healthcare professional may tip the scales in favour of a patient making contact with a local voluntary sector group and taking steps to improve their health, wellbeing and/or social connections. Proactively seek out voluntary sector colleagues to talk to - identify the opportunities, and take steps to understand the limitations of what the voluntary sector can and can't do for your patients.
- Secondly, talk to peers and leaders to try to find new ways to create innovative opportunities to provide longer-term, funded partnership work with local voluntary sector organisations. Enhance grew from a seed planted in 2021 during a quick conversation between LCH and a member or staff at Leeds Older People's Forum about the pressures faced by the Community Health Neighbourhood Teams.

Conclusion

When done well, collaboration between the health and voluntary sectors has significant benefits to people, prevention and partnerships and can help deliver the NHS Long Term Plan. In Year 3, the Return on Investment for the wider health service as a result of Enhance was calculated to be between +38.7% and +49.1% but the impact on people's lives is immeasurable. By embracing and investing in similar partnerships, we can collectively work toward a future where older adults everywhere can age with dignity, health, and connection.

References and further information available at www.opforum.org.uk/resources:

1. To read Enhance evaluation reports and short thematic reports for Years 1-3 by Dr Sarah Alden type 'Alden Enhance' into the search box of the Resources section of the Leeds Older People's Forum website.
2. To read the Enhance quantitative evaluation report for Year 3 by Prof Anne-Marie Bagnall, Mr Ruben Muhayiteto and Dr Joanne Trigwell at Leeds Beckett University type 'University Enhance' into the search box.
3. To read the Enhance evaluation report for Year 2 from Gemma Howorth at the Health and Care Evaluation Service type 'Evaluation Service Enhance' into the search box.

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