Achieving impact through community hubs

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Enhance

Introduction

Enhance is funded by Leeds Community Healthcare NHS Trust (LCH) and managed by Leeds Older People's Forum on behalf of Forum Central. Enhance brings together 13 third sector delivery partners with LCH teams across the city. Enhance provides person-centred, community-based support to individuals to help avoid delayed hospital discharges and readmissions, and to enhance capacity throughout the health system. This short thematic report draws on learning from the second year of Enhance delivery.

How can supporting community hubs improve health?

Some Enhance teams are achieving effective partnership working through supporting community health hubs, which are delivered through self-management nurses. Self-management nurses conceived of hubs to help them meet the LCH objective of building meaningful collaboration and offering a vehicle through which to promote self-management. Enhance contribute to the hubs through supporting patients to meet social and other non-clinical needs.

This short report is based on interviews with delivery partner staff and volunteers, self-management nurses, and two visits to observe health hubs as they operated.

Overview of hubs and the approach taken by Enhance

Five Enhance delivery partners reported that they had contributed in some way to the operation of community health hubs. Two had attended hubs hosted through a different community venue. Three directly host a hub and additionally provide:

- Transport services (particularly important for people who are housebound),
- Staff members and volunteers to facilitate social activities and offer advice, signposting, referrals, advocacy and support as needed (including promoting local activities),
- Activities, such as games and quizzes, or arranging for external visitors to discuss topics such as: financial eligibility, keeping the home safe, how to cook easy nutritious meals, introduction to technology to support care needs,
- Refreshments.

One delivery partner reported that it costs nearly £13k per year for them to support a hub.

Though delivery models differ, the hubs generally consist of a separate social and clinical space where the third sector and LCH work together – with patients offered a mix of appointments and light touch support. Hubs support between 6-14 people, depending on venue and time of the year.

Observation highlighted an informal atmosphere, where participants, delivery partners and LCH staff take the time to chat. In one case staff from wider services "popped in" (during one visit, this included a social worker, a social work manager, and a memory support worker):

> *"we are working together, I am not just a nurse, I am part of a team here [Enhance hub] – if workers go to [Neighbourhood Team hubs] we might all be in separate rooms – the team, the social workers, the nurses, but here we are together – that is bigger than Enhance but it is part of supporting this way of working." (self-management)*

Outcomes and impact for participants

Participants reported a number of benefits to attending the hub, which echoed that of staff in that it felt convenient – the hook for some being that they did not have to wait in for someone to visit – and it provided the opportunity to socialise with others. For people who lived alone in particular, the social aspect helped reduce their isolation:

"[Enhance] picks us up and takes us to see the nurses. That is an absolute lifesaver – without it you are sat in the house waiting for nurses all day... We have tea and play games – sit and talk, there is a separate area for where nurses do the treatment...People don't know what it's like to feel lonely or unsupported – it's changed my life."

Self-management staff described the hub approach as a "gateway" into wider community services and less stigmatising or daunting than going to meet only a social need:

"Some people who may be fearful of trying something new and socialising may go along for a clinical need – and then build confidence to meet a social need… if they think the building is alright – they can go along and see the nurse and this encourages them to go back and do social things there."

"I saw a lady who hadn't left her home in the last four years and was anxious about going out – both of her legs are in bandages. We finally got her to come on a Friday – she loves it – her social skills have come back"

This view was supported by a few people who reported that they would not have otherwise got involved with community activities. Conversely, accessing clinical care in a community setting was also assessed positively:

"I love that I am not reminded that I am ill – it is a balance here – you have the reassurance of clinical staff – but the atmosphere is informal. I wasn't sure about coming to a group session at first – but as it wasn't a coffee morning or something I decided to give it a try – there is stigma as an older person going to those things I think – I don't want to be reminded that I am an old person or I am ill – that is not how I see myself – and coming here, I can chat to people."(Participant)

Working with those who attended hubs offered the opportunity to observe and build up knowledge of a person's need and home environment and allowed time for LCH and Enhance to discuss patients and offer holistic support. This led to outcomes such as supporting someone to build digital skills, learn about nutrition, help people access falls pendants and key safes, and refer in to Adult Social Care and for housing options where needed.

Achieving longer term impact and outcomes for LCH

Where Enhance is more embedded in joint activities such as hubs, there is agreement across cross sector staff that it is a smarter way to work. It helps to build cross sector relationships beyond referrals, a seamless offer which doesn't duplicate and importantly for Enhance – it reportedly saves time and money for LCH. It builds on the ambition of LCH and Enhance to build presence in the community and encourage patients to do so too.

For nurses involved in running hubs, they attributed Enhance support to increasing the likelihood of patients continuing to attend. It was felt that bringing people together required someone to facilitate social activities. This is evident in comments about the impact of a hub where staffing issues meant an Enhance staff member struggled to attend:

> *"We got her coming out of the house to us – but she reverted back to wanting home visits as she got bored…she needs someone to talk to and we can sometimes [do that] but we also have to do the clinical tasks…another patient is closing back in on themselves – they need that encouragement; it is so sad." (Self-management)*

Neighbourhood Team staff at LCH reported that some people were initially reluctant to attend hubs instead of a home visit - what worked here was reassuring people that they can change their minds, or still have a home visit if they feel unwell on a particular day. Sometimes it was a case of offering this over time, or highlighting the alternative may be to visit a health service.

Self-management spoke about how they spend less time on clinical tasks for individual patients and they travel less to visit patients at home. It also enables case-closing for shorter term patients and supports self-management - and that patients are less likely to return. Staff also talked about saving petrol costs, and enjoying the social atmosphere themselves, seeing it as a welcome break from lone working.

Promoting self-management

Alongside providing clinical care in a convenient way – hubs were leading to long term impact through attendees learning to manage aspects of their care.

Staff provided examples of being able to close cases quicker as patients build confidence to do things themselves (this is facilitated by the patient continuing to access social support). The light touch support provided at community hubs helps a patient still feel connected if they are discharged from the Neighbourhood Team.

Some examples were provided of activities that directly supported people to manage their clinical needs, such as an expert providing advice and guidance on technology available to support independence.

Clinical self-management was also facilitated through peer support – with examples given of self-managing elements of a condition that may not have occurred without finding out how others went about it. The social aspect of sessions facilitated this – as patients got to know each other, and those with similar issues shared how they self-manage their conditions. Interviewees reported that this encouraged them to give things a go themselves, which led to either seeing the nurses less, or for shorter durations. This also offered a sense of empowerment - confidence in managing elements of their own care, which increased their wellbeing:

“[Patients] can come and have tea and a biscuit – they share things with each other and talk about how they manage particular conditions – this won’t happen if someone is at home and we visit them.” (Self-Management)

A carer reported being shown how to dress her husband’s leg:

“I can now do it at home between coming to the hub, so we don’t need a visit in between. I didn’t think I could manage, but coming here, it feels easier to talk [to the nurses] there are here for a while and it is pretty relaxed, there was someone else here doing her own stocking and though it took her a while, she was doing it, so why couldn’t we. I went in with him a few times when he was getting treatment with the nurses and they have shown me how to do it. I don’t have to wait in for nurses and worry about it now.”

Her partner explained how he struggles to get out, but is able to get transport into the hub, enjoying the social aspect and the sense of continuity from clinical staff:

“This is much better than seeing people at home, [the nurses] sit and chat and they get to know you – they talk to my carer about how to help support me.”

For the future, Enhance staff are keen to support other ways to help patients self-manage, with one looking to set up a trolley of gadgets for future sessions, which will contain things like blood pressure monitors to help people to try things out, and be supported to purchase them if they wish.

Staff provided examples of people being navigated to the hub rather than attending hospital or requesting a GP appointment.

Reflections

Enhance involvement in community hubs was felt to work best when it: was local to delivery partner organisations (ideally hosted by them); included the regular presence of an Enhance staff member and/or volunteers; and where delivery partners could offer transport to the venue where needed. Self-management nurses confirm that they have limited resources to support the hub approach beyond their own presence.

Whilst it is always a positive to allow relationship models to grow organically, Enhance staff have not been able to support all hubs. Underpinning this is a lack of staffing resources and geographical challenges – with staff teams struggling to align availability. There were also examples of some miscommunication – with staff on both sides reporting a lack of discussion and planning at the outset – which may have mitigated issues related to capacity. A few delivery partners who are not currently involved in hubs expressed an interest in doing so, but some had smaller venues, or ran clashing activities. One Neighbourhood Team staff member talked of ambitions to start more community hubs in the South of Leeds but felt that without having access to community staffing resource, there was a risk of lack of interest.

Further reading

Please visit the resources section of the Leeds Older People’s Forum website to read more short thematic reports sharing learning from the evaluation of the second year of Enhance delivery, and to access the full range of Enhance reports and briefings.