Appendix 2 – Better Lives Strategy Case Studies

Living independently

"A gentleman came to the Coffee Club at the Library for the first time having seen the advertisement in the local paper. He was divorced with two grown-up daughters who live quite a way away. They were concerned that he was not coping very well. He said he was feeling very lonely and that he had come to the library to 'break the silence'. We gave him details about the Simply Walk group and our Learn My Way basic computer sessions. He stayed for the session and enjoyed chatting to other customers and to our volunteers. He now regularly attends many of our events in the library and has made new friends."



Peter



Peter had a varied career in security services. He was forced into retirement through redundancy and ill health a few years ago. Despite his poor health, Peter continued to live independently. Lockdown and self-isolation changed everything for Peter. The effect of this was that Peter stopped caring properly for his home or himself.

In the summer, the police were called out by neighbours who were worried about Peter. The police alerted the council's adult safeguarding service as they were concerned about how he was looking after himself, hoarding and the condition of his home. Peter

was shocked by the police and council being called in. He described it as a wake-up call and was keen for support to get back on top of things before they got any worse.

The council was able to arrange for a swift deep clean of Peter's house, help Peter organise a regular cleaner and keep in light touch contact with him. Life has now improved for Peter who is also thinking about moving back to Devon where he has stronger social connections

<u>Phil</u>

Phil lives alone and keeps his home immaculate and always makes sure that he is personally well presented. Phil is blind, caused by diabetes. A recent stroke severely affected his mobility and he has become very unsteady. After falling several times getting in and out of the bath and over-bath shower, Phil took the difficult decision to rely on stripwashing at the kitchen sink. Over-grown ivy stopped him from opening windows and had started to grow through and around the window panels and Phil was embarrassed by the condition of the property.

Phil suffers from depression and anxiety. Being unable to shower and feel properly clean has affected his mental health further and Phil's GP



referred him to the council for support. With Phil's agreement, an application was made for grant funding for a walk-in shower. The occupational therapist working with Phil also came up with an interim solution which would allow Phil to safely get in and out of the bath whilst waiting for the walk-in shower to be installed. At the same time, she alerted his landlord to the problem with the ivy.

The occupation therapist visited Phil the day after the walk-in shower was installed. Phil had made use of the shower as soon as the workmen left and the landlord had been out to clear the garden and removed the ivy. The changes made a big difference for Phil, who described them as giving him back his life, pride and independence.

Regaining independence

<u>Vicky</u>



Vicky has a learning disability. She lives in a shared flat in a supported housing scheme in Buckinghamshire run and staffed by an independent provider where she is supported by 24-hour support workers. Another provider delivered a further 11 hours of homecare support to enable Vicky to safely access leisure activities.

During an annual review, it was clear that Vicky was well supported in her current living environment. Throughout the review, she gave the clear message that she would appreciate fewer staff interruptions, as she felt confident in her own ability to manage her daily life and found these intrusive and annoying. Vicky's support plan showed staff were making frequent calls to the flat to support her throughout the day.

The worker conducting the review spoke with the provider, who agreed to reorganise the support hours to reflect Vicky's request of less direct intervention.

As a result, the support workers were able to provide more support to Vicky out in the community, reducing the need for the second provider without reducing her social activities which were extremely important to her. Vicky's overall care package was reduced as she didn't need it.

<u>Lorraine</u>

Lorraine is 78 and living with her daughter. She was referred to the council by her GP who felt that Lorraine needed more support. Lorraine had become increasingly frail and had been living upstairs, as she was very anxious about using the stairs. Lorraine also loved to have a long, hot bath but was now unable to get in and out of the bathtub.

When the council's occupational therapist visited, she saw that Lorraine was also struggling to get in and out of bed, although once up she could move around well with a walking frame. Although Lorraine was not complaining about her living situation,



she knew that she would struggle to get downstairs in an emergency. Most importantly, living upstairs separated her from the family social life and increased her dependency on her daughter who had to bring Lorraine's meals to her upstairs.

The occupational therapist was able to arrange for a special handrail so that Lorraine get downstairs. Equipment was also provided so that Lorraine could use the bath and get in and out of the bed more easily. Lorraine hadn't known that she would be entitled to help from the council. The changes have meant that Lorraine can now join in with family life and meals, play with her grandchildren in the garden and enjoy trips outside her home.

Mark



Four years ago, Mark was a fit and healthy dad with a busy job. Unexpectedly he contracted a traumatic illness which left him paralysed from the waist down. After much work, a year on Mark was able to leave hospital but still needed intensive social care visits each day to help him with everyday tasks such as washing and dressing. Despite his disability, Mark was determined to continue working and to regain as much independence as possible. The NHS provided physiotherapy, and with the daily support from the carers, Mark was able to return to work.

During 2020, his employer provided him with an adapted car so

he could drive himself to and from the office. He also got a motorised scooter which meant he could start an independent social life. As Mark continued to build up his strength and capability, he found he needed less and less social care support.

It's been a long, tough journey for Mark, but by September 2021 he was living independently once more and no longer needed any help from the council.

Living with support

<u>Janice</u>

Janice is 91 years old. She has a keen sense of humour and worked with her husband as a publican. She has a very supportive family who are good advocates for her.

Janice lives in a nursing care placement and has done since she was discharged from hospital in 2014. Her brother contacted the council to ask whether Janice could move nearer to the family. A review was done using the Better Lives principles and identified that as her health has stabilised over this time, she didn't need nursing care.

Janice now lives in a residential home nearer to family and which provides more social interaction and activities. By reducing the intensity of support, Janice's quality of life has increased and savings have been made.



<u>Dave</u>



Dave was discharged from hospital into a care home. A multiagency meeting was being held with Dave and his family to review his treatment and what support he needed so he could return home. The particular concern was Dave's physical frailty - it was a fall which had triggered the stay in hospital.

Council staff met with Dave and his family before the multi-agency meeting to understand Dave's views before the 'stress' of a formal meeting. Whilst much of the multiagency meeting focused on

Dave's medical and care needs, Dave made it clear a priority for him was to reduce his social isolation and reduce reliance on his family. Due to Dave's lack of mobility, he was unable to visit groups, so a volunteer from a local befriending charity began regularly visiting Dave to help him to develop more of a social life.

Dave is now back home and continues to receive visits via the befriending charity, and his wellbeing has significantly improved. Plans are in place to support Dave to start venturing outside which he's been really enjoying. Although Dave will continue to receive support from the council, he is so pleased to be able to get out and about and is feeling much more positive about his situation.

<u>Susie</u>

Susie was struggling to cope with her grief following the suicide of her brother and death of her husband. Susie found herself unable to keep up with housework and everyday tasks. Hoarding became an issue and Susie became very depressed. She also had a serious chronic health condition which she was struggling to manage; she was frequently running out of medication and missing appointments. Susie struggled to read and write and didn't use a computer which meant she wasn't able to make use of services that were available to her. Helped by her landlord, Susie moved to a smaller and more manageable home. Sadly, this took her away from a close friend and the familiar neighbourhood that held happy memories.



A lot of professionals had been working with Susie but she was struggling to attend appointments or follow through on plans. Susie's situation worsened and she was referred to the council by both her GP and suicide bereavement support worker. It was clear that Susie needed long-term support to manage daily life.

Isabel is a Personal Assistant who now works with Susie 3 hours a week to help her organise and attend appointments, manage her home, exercise and re-build a social life. They've built a strong relationship and often go out shopping and to gardens and events, which Susie really enjoys. Recently, with Isabel's support, Susie felt able to visit her parents' graves, which she found a great comfort.