

SEEC-SESL Health & Social Care Integration Workshop

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Great Hall, King's Building
King's College London, The Strand, London WC2R 2LS



CASE STUDY: Enablement at Home – Kent CC

The Kent Enablement at Home (KEaH) service provides up to 3 weeks of help for people who are returning from a hospital or residential care home. On average the service supports 759 people per month. The service promotes wellbeing and independence in a consistent and structured way across Kent, while allowing resources to be allocated in line with each user's needs. Acute hospitals benefit as service users going home with a package of care tend to have a smoother and quicker discharge making acute beds available for others sooner.

The service includes 297 Enablement Workers who support people to regain and maximise their independence, and Occupational Therapists who advise patients on optimising their abilities safely and appropriately. KEaH is aligned to Clinical Commissioning Group areas and GP clusters for wider multi-disciplinary and partnership working with health colleagues. There is also partnership work with District Councils relating to housing needs and Disabled Facilities Grants. As a result of the KEaH service, long-term residential placements from Acute Hospitals have reduced by 58 per cent and short-term bed usage has reduced by 44 per cent since March 2015.

Case Study

Mrs H was admitted to hospital following a severe stroke. She had previously lived with her husband and been entirely independent. When she was referred to social services, she was on a short term placement in a Community Hospital, being fed through a tube, due to her inability to swallow. After being upgraded to a soft diet, the hospital ward staff argued that Mrs H was cognitively impaired and wouldn't be safe to go home.

Intervention

To allay the concerns of the ward staff and Mr and Mrs H's family, the social worker arranged for a dietitian to provide Mr H with a clear list of the foods that Mrs H would be capable of eating. In addition a meals service provided Mrs H with hot meals for 3 weeks, which also gave Mr H ideas for what he could cook for his wife.

The social worker arranged for Mrs H to have Kent Enablement at Home and a range of telecare services, including a falls sensor and carer assist pager. She was also given 24 hour care for the first 3 days after discharge. As a result, Mrs H's family were more confident in her safety and she was able to return home with her husband.