Story of Difference: Community Information Network (CIN)

*This case has been anonymised, based on a pilot CIN case

Mr M's story*

- Mr M lives alone and **feels very isolated and lonely**. His family lives out of town, but he does speak to his son regularly by phone.
- He is also **struggling with his mobility** and he struggles climbing the steps to his flat.
- He is less confident in his mobility, having **recently fallen** whilst in town.
- He now goes into town using a **mobility scooter** but he has recently struggled to open his door on return to his flat and **required an emergency call out.** Since then, **Adult Mental Health Team (AMHT) has completed an assessment.**
- He was also referred to ASC by his GP to **help him by rehousing him closer to his son** who could support him emotionally as well as practically.

In the past, Mr M's experience could have looked like…

Mr M has a relatively moderate level of need making him a lower priority. Therefore he **may wait for around 52 days** (the current average wait) or more on the allocation list.

With the wait being quite **frustrating**, he may have called duty to chase up his case and then retell his story again which is quite **distressing**.

Whilst waiting on the allocation list his **feeling of isolation could grow.**

This **could lead to faster deterioration and a further loss of confidence**, reducing his level of independence even when he is able to access more suitable accommodation.

Due to his needs, when Mr M's case is finally assessed, he **may have been signposted elsewhere anyway** for the relevant information and advice which is frustrating for Mr M and his family.

After being rehoused eventually, Mr M **may lack his previous levels of mobility and emotional and social connections,** despite being closer to his family. This would make it more difficult for his son as his carer and **may limit how long he could live independently** within his community.

As a result of our Team-Led Transformation and work with CIN, Mr M's experience actually looked like...

After coming through to Adult Social Care, the CIN rang to arrange a home visit for later that day.

They had a **strength based conversation** about his current situation, what **his desired outcomes** would be and take a look at his current housing situation.

Through this conversation CIN identified that in addition to his existing assets he would benefit from:

- Joining the **local walking group on his mobility scooter** which he was excited to do
- Having phone numbers of **people he can speak to if he feels lonely.**

He was also unclear on what was happening about his housing so CIN made follow up calls to understand where his application had got to. They were able to **send photos of supporting evidence** from the home visit. They also **made sure Mr M's family understood where his application had got to.**

Current Position

Currently, CIN are awaiting decision on the rehousing and are supporting Mr M and his family in the meantime with **no input being required from Adult Social Care**.

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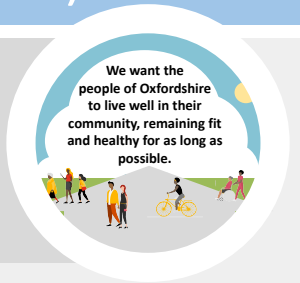
By supporting Mr M in this way, many Oxfordshire Way outcomes have been met:



A better experience for people who are seeking or receiving support

Mr M has been **supported in a far more timely manner.**

Supporting Mr M and his family through the application has meant they **can gain peace of mind in what is quite a stressful time.**

Increased independence and social connections for the people

By giving Mr M the opportunity to join the active lifestyle group, he is able to **build his informal support network and help reduce his feelings of loneliness.**

Greater resilience within our communities

Looking into ways to maximise Mr M's independence by **focusing on his strengths** allows him to **maintain hope** which is vitally important to his mental health after his recent setbacks, including his fall and struggle to access his flat.

Reduced demand on formal care services, due to proactive & preventative community outreach

The use of community assets and improved information and guidance has **reduced the need for Adult Social Care input whilst keeping him living well in his community**, remaining fit and healthy for as long as possible.

Oxfordshire age UK

OXFORDSHIRE COUNTY COUNCIL