

## ‘A more integrated approach is making a big difference for us’ – Chris and Alison’s story



Chris and Alison

Chris, 74, of Alwoodley has Alzheimer’s and a range of related health problems. Last year, Chris and his wife Alison were put in touch with a community matron based at Meanwood’s integrated neighbourhood care team. With the joint support of both health and social care staff in the team, Chris was able to get the care he needed, and start taking part in daytime activities. Now he attends an art class and a local dementia day care centre during the week. This gives Alison a break and allows her to keep working part-time.

Chris lives with his wife Alison, who is his main carer, and their beloved dog, Rosie. Alison now works part-time at a local medical centre, and Chris is a retired museum technician. Chris has a range of health conditions related to his dementia, including urinary incontinence and heart problems. He can’t stand up without help, and he can no longer safely be left on his own.

‘Last summer, Chris had a bad urinary infection which caused a heart attack,’ says Alison. ‘It was after that when Anne, the community matron, started coming to see us. It was actually a physio who made the connection and helped get the community matron involved.’

**‘Arranging day support for Chris was made easier because the social worker and community matron could work something out together.’**

The community matron made a joint visit to the couple with an interface geriatrician – a community based consultant who works with older people – to assess Chris’s risk of falling. There was also a joint visit with an occupational therapist and physiotherapist to assess mobility and bathing problems.

‘We sorted so many things out on one visit,’ says matron Anne. ‘This wouldn’t have happened prior to integrated working – it would have taken ages.’

‘Anne visited us with the social worker, Janet, and that was very helpful. They worked together to sort out some day support for Chris, that fits in with my part-time work and my caring



## APPENDIX 8a

responsibilities. I know that our community matron works in the same office as the social worker, so they can discuss things straight away whereas in the past they've been quite remote from each other. That's a new thing, isn't it? It must cut down the time it takes to do things. So it was made really easy because the community matron and social worker could discuss it and work something out together.

'Chris now goes to an art group once a week which is especially for people with dementia. It's a great success, he loves it.'

Chris also goes to a gentle exercise class, accompanied by Alison, and is about to start attending activities at a local dementia day care centre one full day a week, allowing Alison to continue working.

'In a way he's got quite a full week now. There's an awful lot out there, and the people that have supported us have all been excellent and willing to go the extra mile.'

Alison is enthusiastic about the idea of health and social care staff working more closely together and the benefits this can bring for people like her and Chris.

'When you're in a doctor's consulting room you tend to be focusing on the one problem you've gone to see them about, not all the other things going on in your life. The community matron saw the whole picture. She was our main link, putting out contacts in whatever direction was necessary,' says Alison.

'Until recently, we always used to wait ages to see somebody, then only to be told, we can only do this little thing, and back you go to the GP. It seemed very disjointed. And it's frustrating when you see consultants or other staff and they don't remember what you said before, or you see somebody different and they haven't got your information. Everyone seems to have to start again from scratch! I'm so glad it's starting to change now.'

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