Faculty of Public Health
Committee of the Faculty of Public Health in Scotland
Public Health in Scotland
Transcending Boundaries
Thursday 2 & Friday 3 November 2017

Sign posting and referral approaches to community based activities

-From a Nurses' Perspective-

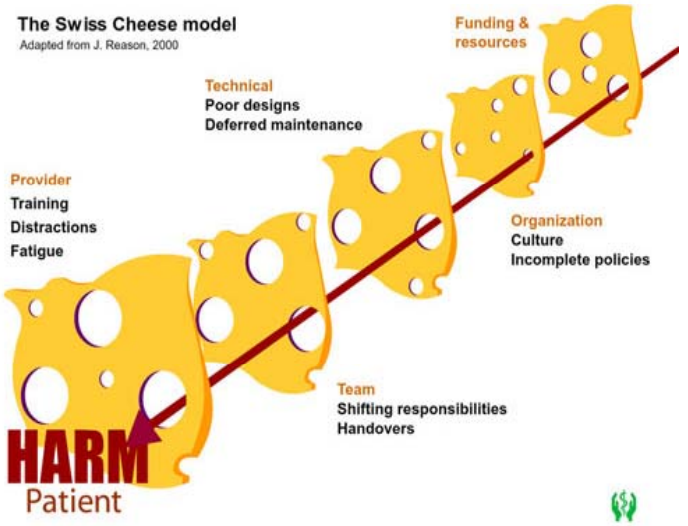
Shamini Omnes

Aberdeen City Health & Social Care Partnership
A caring partnership

NURSES
MAKE A DIFFERENCE EVERY DAY!

Overview

- An improvement project on ‘**getting least active more active**’
- Person centered outcome process
- Resource and expectation
- Conclusion



Two worlds apart

Christine's story

- History of depression
- Move to a Sheltered flat which caused health to deteriorate
- Approach from services was on **'what'** was available as an immediate solution.

Two worlds apart

Jo’s story

"I'm too tired to listen to a story tonight, mom. Just e-mail something and I'll read it tomorrow."

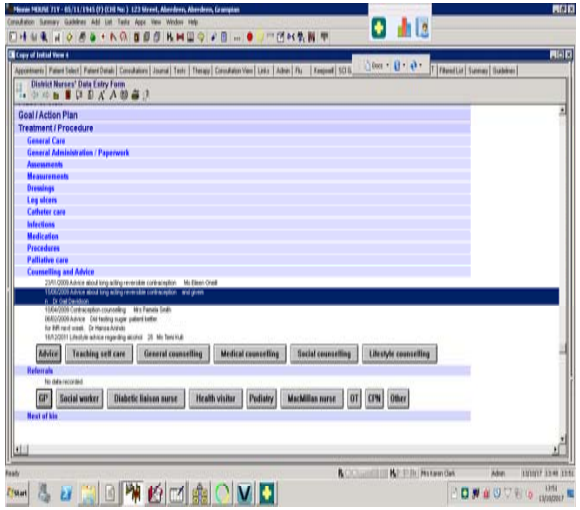
- Sheltered housing
- Manage conditions well
- Uses hospital appointment and being on house-bound list as an avenue for social contact.

What matters to them

- Engage carers with resource
- Sign-posting / referrals to reiterate an informed person centred approach

- Having confidence and knowledge of local assets: Community based resources; Housing ; Transport

What matters to them more



Wellbeing Manual

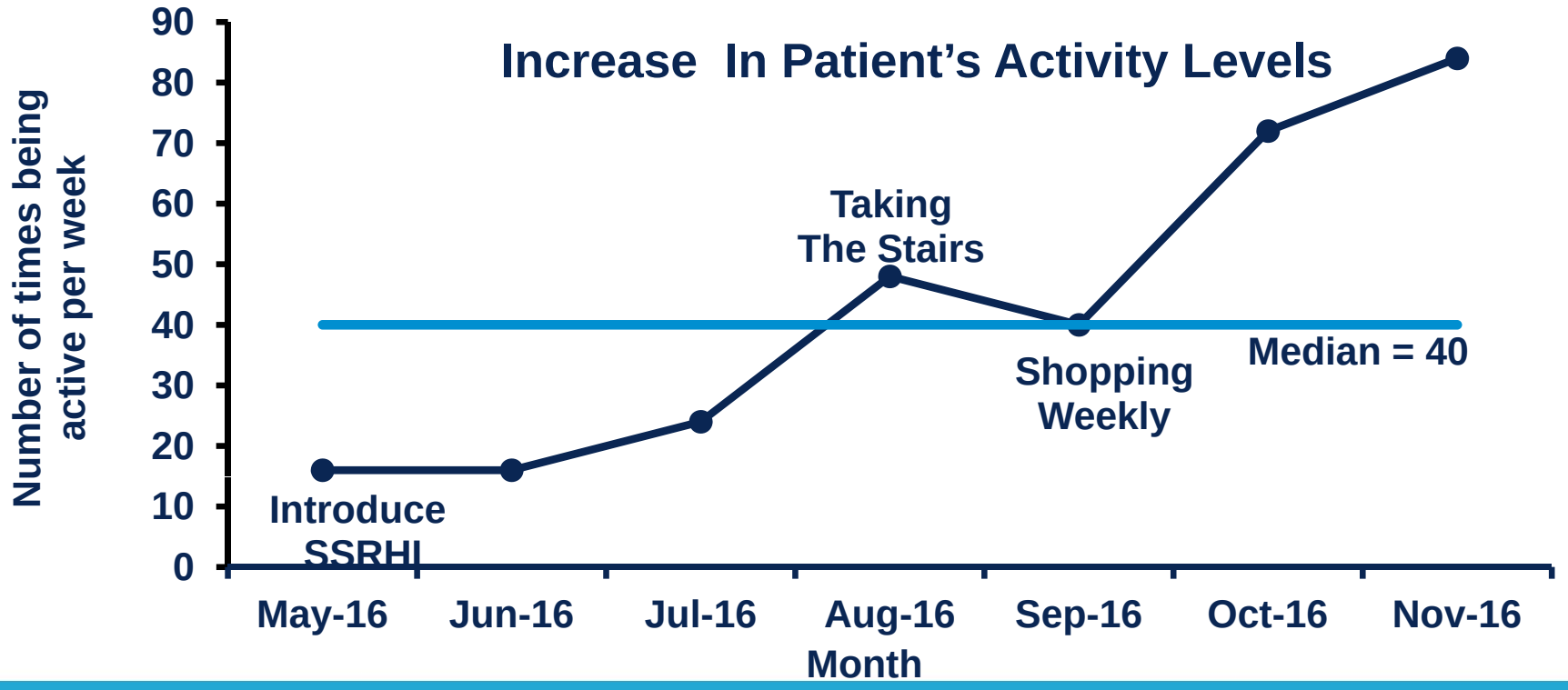
https://en-gb.facebook.com/oldtorrycommunitycentre/
http://www.garthdee.info/organisations.html
http://www.ferryhillcommunitycentre.org.uk/whats-on

“Get to know me first then bring the leaflets”
Patient

“Not feeling cut off from information”
Carer

“So long it is updated, the folder or a website this gives me confidence to enable patients”
Nurse

A snap-shot


Increase In Patient's Activity Levels
Number of times being active per week
90
80
70
60
50
40
30
20
10
0
Taking The Stairs
Shopping Weekly
Median = 40
Introduce SSRHI
May-16
Jun-16
Jul-16
Aug-16
Sep-16
Oct-16
Nov-16
Month

Eric's story

- Support as part of home visits
- Referral waiting times and person centred objective were less aligned
- 'Access' to support as a **basic** opportunity to self care was missed due to weight ?
- Access to resource not appropriate.

2012
239kg

Feb 2014
200.5kg

Aug 2014
146.6kg

What happened next

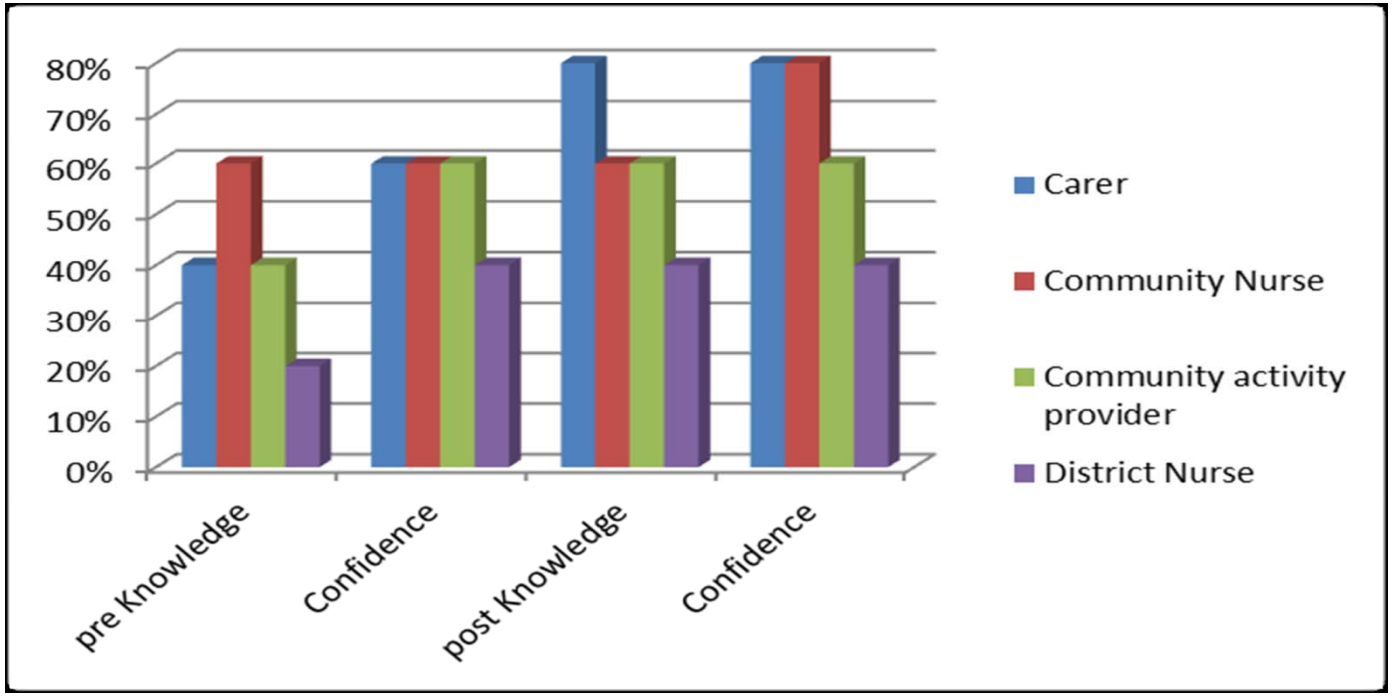
- Improved awareness and behavioural change with integrated support
- Understand determinants of health as initial focus for either approach
- A proactive referral system
- Potential to co-produce resource

June 2016
164kg

Dec 2016
183kg

Oct 2017
186kg

Knowledge and confidence using SSRHI



District Nurse perspective

- Process mapping helped identify solutions
- Resource impactful with housebound list reviews
- Data capture which can help shape activity indicators

Person centred outcomes through the organised efforts of society and more ….
House of Care, MEOC, INCA, HPHS

Conclusion

- Parallel learning with AHP pilot ; CYP services
- Enhanced knowledge and confidence
- Systems that are almost compatible
- Manage expectations with a focus on short – medium term house bound patients.

Acknowledgements

Contributors

- Val Inglis — DN Team Lead
- Julia Graham — DN Team Lead
- Helen Mitchell — Nurse Manager (now retired)
- Sandra Anderson — Care Manager
- Dr Julia House — GP
- Susan Carr — AD AHP

Review

- South locality work group