



Reshaping care for older people in South Ayrshire

Issue four October 2011

Welcome to the fourth edition of 'Reshaping care for older people in South Ayrshire'.

The last issue included information on how we were hoping to use the new Change Fund in South Ayrshire. We have made a lot of progress over the past six months, but we have much more to do. Over the next few months, we will be working to develop a longer-term strategy and plan to support the work to reshape care in South Ayrshire. We'll be asking you – and others – for your views about this work.

Nationally, the aims of Reshaping care have been summed up by this statement:

“Older people in Scotland are valued as an asset, their voices are heard and older people are supported to enjoy full and positive lives in their own home or in a homely setting.”

In this issue, we explain a bit more about the different ways we are Reshaping care for older people in your local communities.

Some examples of the work we have been doing as part of this includes:

- our services to support **re-ablement**;
- our innovative **community wards** approach; and
- work being done in the **falls** service.

Other services will not change overnight but over the next few months you will begin to see further changes all designed to meet the overall aims of Reshaping care.

These include:

- extending our specialist geriatric services into the community;
- providing more support for falls prevention;
- increasing the availability of housing adaptations – for example, hand rails and walk-in showers;
- increasing the availability of telehealthcare;
- increasing our support for intermediate care and enablement services; and
- enhancing community pharmacy services

We also want to use some of the Change Fund to provide more support in local communities by local communities. Our voluntary sector lead partner (Voluntary Action South Ayrshire) has been developing a range of new initiatives linked to this and we'll tell you more about this in future editions.

Community wards

What is a community ward?

A community ward is a way of bringing together staff from a range of disciplines from health and social care to provide care for people while they are still in their own homes. They work together to provide care in order to keep the person at home and reduce unplanned admissions to hospital.

Community wards cannot be used as an alternative if someone is due to be admitted to hospital or as a way of providing hospital services in the community.

Why do we need a community ward?

The community ward allows a community GP to allocate the care of a patient to another service, freeing up more time for GPs to see more patients. Part of this care may include calls to support agencies, joint meetings to assess and agree on care management and completing forms for referrals.

What are the benefits for patients?

Patients should be able to stay in their own home during their care. The first assessments and visits would be at the patient's home. Services should be coordinated and tailored to each patient and be provided as quickly as possible.

Patients will also be encouraged to self-manage as much of their condition as they are able to, feel safe in their own home and are aware of contact numbers for various services.

How long can a patient expect to stay under the care of the community ward?

We can't say for certain how long a patient will stay under the care of the community ward – it may be from a few days to a few months. It all depends on the care needs of the individual patient.

Who looks after the patient?

The patient would be looked after by a GP and an Advanced Nurse Practitioner (ANP). The community ward would also have access to the support from local 'hubs' – which are currently being developed. Each hub will be made up of staff including district nurses, allied health professions, social services as well as other community and hospital based services.

What is an advanced nurse practitioner?

An advanced nurse practitioner is a registered nurse who has undertaken a specific course of study of at least first degree (Honours) level and who provides an advanced level of care.

Will the community ward cover all of Ayrshire?

No. The community ward team will look after a maximum of 100 community patients for every 50,000 patients in the trial areas. If these trials are successful, it is hoped that further funding can be secured from future bids to expand the service further. We hope to run trials in Ayr and Troon or Prestwick.

Falls service

Falls and fractures are one of the leading causes of injury and loss of independence in older people. In South Ayrshire, we are developing various initiatives to reduce the impact of falls. These include:

Positive Steps. This is a learning resource aimed at older people. It explains how to prevent falls and to manage potential fall risks. Sheltered housing wardens use this learning pack to raise awareness among older people in their care. The resource includes a learning box with hand-held teaching aids – for example, a good shoe, laminated slides and a training script that provides positive messages about the steps to take to avoid falling. Sheltered housing residents have reacted positively to Positive Steps. They like the informal learning style and enjoy sharing and hearing about other people's experiences of falls. Several weeks after the training, most of those who took part were able to remember the key messages and the actions to take to avoid falls. It also encouraged some to make personal changes to their home environment and lifestyles.

A free, electronic version of 'Positive Steps' (script, slides and resource box content list) has been launched for use across NHSScotland. You can get a copy by visiting www.healthinfoshop.scot.nhs.uk.

Fast access to assessment and intervention for fallers. Older people who fall are among the 9,165 users of alert services in Ayrshire and Arran. New Information Technology (IT) programmes have been developed to identify those most at risk of falling. A pathway into

services has been created which shifts the balance of care away from reacting to falls to preventing falls. This means that rather than wait until people fall and injure themselves, we can use this information to make contact with those who have experienced falls and find out what we can do to help them avoid falls in the future.

ACTIVE8. This is a new community exercise service which is being developed in South Ayrshire for those at risk of falls. Classes will be based on evidence about how to regain strength, gait and balance and we hope to run these in Girvan, Ayr and Troon. These classes are a joint venture between South Ayrshire Council and NHS Ayrshire & Arran's Physiotherapy service.

The first Ayrshire and Arran event on falls and postural stability is coming soon in winter 2011. This exciting one-day event will show how, by working together across health, social and independent sectors, we can reduce the impact of falls and deliver excellence in care. We will provide an update on this event in the next newsletter.



Support when it is needed: a case study in Enablement

Olive Forsyth, who lives in Troon, was fit, healthy and active when she celebrated her 80th birthday in February. In May this year, Olive suffered a severe stroke and was taken to Ayr Hospital and after three weeks, was transferred to the Biggart Hospital in Prestwick where her rehabilitation began.



Following successful rehabilitation, Olive was soon back in her own home surrounded by her family and being supported to look after herself, which is the main objective of the reablement service.

Carers have been visiting in the morning and encouraging her to do things for herself such as showering and dressing. The only adaptation she has needed in her home is a special shower rail.

Olive has been making such good progress that the carers are about to stop visiting on a daily basis.

Relearning skills has been a challenge for Olive but with support from her husband and others she has made great progress. Just 10 weeks after her stroke Olive has managed to cook a meal for the first time and can now go up and down stairs on her own. Every day Olive goes out for a walk and is looking forward to being able to do light housework and socialise with her friends again.

Olive still visits the Biggart Hospital twice a week where she has physiotherapy and

exercise sessions and is learning to write again.

Speaking about the service Olive said: **“I wouldn’t be as far advanced and wouldn’t have known where to go for the combined professional services if it hadn’t been for the reablement service.**

“I have nothing but praise for the service and the wonderful support I have received. I cannot stress enough how important this holistic approach has been to improving my life after my stroke.”

We will continue to keep you up-to-date with all the work and developments which are happening in Reshaping care in South Ayrshire.

Coming soon ...

In early 2012 we will produce a user-friendly ‘directory’ of information, advice and services that support older people in South Ayrshire. This directory will highlight the huge range of support on offer at the moment, showcase some new initiatives and outline how the whole community can get involved in supporting Reshaping care.

Tell us what you think

If you would like more information about Reshaping care in South Ayrshire please contact

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