

# Reshaping Care for Older People



## Heart of Scotstoun - ABite & A Blether Reshaping Care for Older People Draft Joint Strategic Commissioning Plan 2013-16 Consultation Event

### 1. Introduction

In Glasgow, the NHS, social work services, the Third Sector and the independent sector have produced their Draft Joint Commissioning Plan for 2013-2016. The plan sets out a vision for the development of services over the next three years. A city-wide consultation was launched on 15<sup>th</sup> April 2013 to engage with older people, carers and others, with an interest in the proposals, to discover their views on the plan.

Due to their collective 'reach' with older people four organisations received funding from the Change Fund to carry out a series of 'voice and engagement' sessions with older people throughout the city. The organisations involved were: Age Scotland; Glasgow Council for the Voluntary Sector; Scottish Seniors Alliance; and Glasgow and West of Scotland Forum of Housing Associations. The aims of the sessions were to introduce older people to the plan and to ask for their opinions on the key issues.

The sessions were branded 'A Bite & a Blether' and took place over the period April – July 2013. This report documents key findings from the session was held in the Nan McKay community hall.

### 2. Background

50 older people attended the Bite and Blether session. The older people in attendance regularly participated in the Friday lunch club and many more took part in other activities run by the centre, such as the walking club.

The session format included: a short presentation on the key aspects of the Joint Commissioning Strategy, the back ground to RCOP and an introduction to why the Joint Commissioning Strategy was being created. The group was than divided into several smaller sub-groups to consider the consultation questions.

### 3. Summary of overarching themes:

**Community services/activities:** Lots of the older people in attendance were actively engaged with local services and a number of them regularly used Scotstoun Leisure centre, while many participated in various activities held in the Heart of Scotstoun facility.

It was clear from the discussions, that older people highly valued the classes and services they accessed locally as a way of helping them to meet new people, keep healthy and to feel they were contributing to their community. Two groups in particular felt that it was important for older people

to be able to contribute through volunteering and said they would like to see more support to assist older people to find volunteering opportunities at the local level.

**Community Transport:** Improved transport links within local communities, was a recurring theme in discussions and all groups mentioned the need to improve transport links to hospitals and GP surgeries. There was also acknowledgement of the value of services like dial-a-bus and it was felt that more should be done to promote transport services like this, as well as patient and other community transport services.

**Home Care packages:** Many of the groups stated that the home care packages had been helpful to them when they were recovering from illness, or if they required more support to live at home. However, they also felt that carers were overly rushed in their approach, stating that services would be significantly improved if carers were allocated more time to complete their tasks.

**GP Relationships/Appointment:** In response to questions 2 & 3, all groups said that being able to get an appointment quickly with their GP was important in relation to them being able to cope with their situation/condition. It was also evident that the participants valued being able to have a good conversation with health professionals and that they felt listened to and informed about their options. However, we found that the most important issue was participants feeling that professionals were taking a genuine interest when working with them.

**Neighbourliness:** Was mentioned by several groups as one of the best ways to help older people feel safe and connected. Many of the older people told us that it was their neighbours who helped them out most when they needed a little bit of help. It was generally agreed that more had to be done to promote feelings of community again, and a campaign to promote and encourage neighbourliness was suggested as one way of achieving this.

### 3. Group discussions:

Detailed below are the group responses to the consultation questions:

#### Question 1: What keeps you healthy and well?

##### 1. What keeps you healthy and well?

- Healthy diet
- Being active
- Socialising in the community
- Lunch clubs
- Friendship
- NHS providing a good service
- Walking
- Eating well
- Good company
- Joining clubs – hobbies
- Reminders of appointments which are given far in advance
- Being in contact with other older people, having a place to meet others
- Keeping body active, we can't slow down the aging process but can look after body.
- Healthy eating, cooking well and being shown how to cook healthily
- Exercise class – good fun and important to meet weekly

- Regular check up from doctor
- Having a good GP – being able to phone for prescription and the surgery delivering it to pharmacy saving patient an extra journey
- Having a local Leisure Centre which provides various activities e.g. badminton, swimming, special cardio exercise classes
- Having a dog – gets you out regularly and gives opportunity to meet other dog walkers
- Using local council Golf Club
- Walking clubs particularly for older people
- Sleeping and eating well
- Getting outside/Fresh air
- Being curious / interested
- Good mental attitude
- Sense of humour
- Going to the gym – I started after my knee operation and was referred to Scotstoun Leisure centre by the surgeon and I have been going ever since.
- Healthy eating but it can be expensive
- Getting the time to have a break away from caring for your partners
- Scotstoun sport centre runs a club on a Tuesday and Thursday and you get a cup of tea after the activity
- One person said that she didn't have time to be sick with all the pressures of looking after her husband she just got on with it.
- Having a good doctor's surgery where you can get an appointment easily and the doctor takes a genuine interest in your health help
- Being interested in people and things
- Doing crosswords and puzzles
- Free bus pass means I can get around

**2. What works for you if you find you need some help (eg if you are unwell, have an accident or whatever, so you may need help from GP, from social work, from Occupational therapist, physiotherapist)?**

- Weekend appointment for GP
- Better timings for carers re meals
- More medication reviews from GP (6 monthly)
- We need good accessible information from knowledgeable people, and passed on from person to person.
- Problem is when carer is exhausted - we need to know that help is offered so that prevention is crucial in regard to ongoing help.
- Having a care personal alarm – gives peace of mind to person and family
- 24 hour phone line e.g. GPs out of hours service
- Having good neighbours who can help with shopping etc
- GP!! Emergency appointments work well (surgery dependent?)
- 999 Ambulance
- Accident & Emergency
- GHA – handyman service for household tasks (concierge)
- Keeping a stock of food and essentials in the house
- Care Alarm (now cost entailed)

- Family / neighbours – help with shopping etc
- I had a great surgeon that was so attentive and put a full plan in place for my rehabilitation
- NHS 24 – helped me when I need to go to hospital
- My neighbours helped me the most getting my shopping and popping by to see if I was ok.
- I got a care package when I came out of hospital and it helped but the support was very rushed often the carer would only be in for fifteen minutes
- The day centre I go to has been great it gets me out and involved with people and activities.
- Three people in the group had family that no longer lived in Scotland and they all said that being able to talk on the phone to their family was the one thing that helped them feel well after illness. Also two of the people said that with support from their family they used skype but couldn't afford a computer of their own
- GP visiting at home
- GP keeping in touch
- Personal touch
- Call in service for Gartnavel / western for physiotherapy
- Communication between services - cf NHS 24 passing on information

### 3. What helps you if you need hospital care?

- Appointments on time
- Cut back on cancelled appointments
- Helpful staff
- Information re caring treatment
- Notice of waiting times to see clinicians
- Listening ear
- Good sympathetic communication by telephone and supportive and empathic reception at hospital.
- Good home help, good care from paramedics, community nurses
  - What doesn't help is having a delay / waiting time to get seen in hospital
- Transport link to GP surgeries and hospitals
- Hospital transport – patient transport ambulance
- GP – link to the hospital
- Visitors – fresh fruit
- Cheerful staff
- Good communication between patient and staff. Staff shouldn't talk above you but to you.
- Family and support networks
- Quick discharge
- Having a good GP
- being shown respect from health professional and having things explained to you along the way
- positive hospital experience – staff, physical environment and food (GJH)
- feeling your care is important
- extra support on discharge
- availability of beds (Monday and Friday story; 9 hours on trolley)
  - people being responded to (cf geriatric unit at Stobhill)
  - better support for people with dementia in acute settings

**4. The draft plan for caring for older people recommends we use hospital services less and do more to support people to live at home. Do you agree or disagree with this? If you agree, what do we need to do differently to make this happen?**

- Medical facilities / improved medications
- Lack of time spent by home care services
- Better co-ordinated timing from carers
- Same gender groups for personal care
- Better all-round communication for older people i.e. Good Morning Glasgow Service
- Better medical training for carers (ensuring medication is taken)
- Staff have to be trained, properly managed, monitoring and have ability to communication in an acceptable manner.
- Care needs to be what the patient needs and not what care givers need.
- Should be able to cook small meals – they need to have ability to spend longer in a home if the client needs that.
- Depends on the quality of the care service and what is wrong with person.
- Staff have little time to work with people and there is a need for more staff to work in the service.
- Home help service – at times there is no continuity and changes in who attends. Everyone agrees!
- More community workers – home care
- Community volunteer group – issue of safety responsible, trustworthy neighbours
- List of voluntary organisations and services e.g. Red Cross, WRI, lunch clubs.
- Liaison officer in the hospital to link patients with local help / services
- Library – directories, public numbers.
- A good package of home help support that is not rushed
- Professionals having a proper conversation with you and not talking down to you
- A variety of activities in the community to keep you healthy
- Local health services like chiropody, health checks and falls prevention classes for older people
- Being able to get out about using public transport Helps but it's not always that easy when you are frailer and you need to walk long distances to bus stops especially in the winter.
- Home care needs to be consistent eg not coming in at a range of times
- Home care needs to be substantial eg not coming in for a short, rushed, time
- Homecare for meals needs to be appropriately timed eg not late for breakfast, early for lunch

**5. The draft plan for caring for older people also recommends we work closely with communities and community based groups and organisations to better support people in need. Do you think this will make a difference? If so what should we be doing to bring this about?**

- Improve access to information
- Advertise any local groups or events
- Provision of more lunch clubs
- Input at National Health Services Facilities to publicise clubs and events

- More involvement from local authority when groups are using facilities
- More social activities involving the wider community
- Would certainly make a difference but would be wary of this becoming a substitute for formal caring
- Agree having community based groups helps – good example at this community centre. People who attend regular groups notice if someone is not at the club.
- Be good if people with skills / expertise can help the groups e.g. although members have had IT training, sometimes there is a need for help when using pc at home it would be good to have someone available as a drop in or to phone if they have problems.
- Difficult climate – many organisations cutting back / struggling
- Many isolated seniors – difficult to connect them with services
- Better communication between public and voluntary services
- Well promoted opportunities for older people to volunteer and become involved in community activities
- Good information and services housing, benefits, medical,
- Doing more to encourage people to take responsibility for their own health and to make sure they are taking up the support they need and or services that are on offer through the use of media.
- Providing support to older people e.g. befriending, to help them join in with new activities where appropriate.
- We should be supporting churches to run more activities.
- The whole group had some experience of attending local clubs - which are helped mainly at the Heart of Scotstoun and the local Leisure centre, they all cited these services as helping them stay healthy and well.
- The group also felt that there was a need for a greater variety of services in different setting if partners were to be more successful in engaging greater numbers of older people.
- Developing more opportunities for older people to volunteer at a local level and promoting these widely.
- Yes it will -Community centres like Heart of Scotstoun are great – you get to know people you’ve been nodding at.
- Yes – people quite isolated from their neighbours nowadays – don’t see them
- Yes – I finished work at 68 – sat around for a couple of years (then found this)

**6. There are a wide range of services currently supporting older people in Glasgow. Not everyone always knows what services are available. What should we do to improve people’s understanding and knowledge about current services and to improve access?**

- Advertise!!!
- Existing groups informing other people no matter where they stay
- Name change to remove the stigma of an area
- We need a one stop shop – located in each area with a responder who is knowledgeable about services available.
- Use other community centres for circulating information on what is happening / groups etc

- Better advertising – not everyone has access to information via internet or able to go to libraries but information passed by word of mouth, leaflets sent out showing what is happening in local areas, posters in local shops etc.
- Difficult for healthy older people to learn about services. Why not educate all senior before illness strikes.
- Housing associations – literature could include current information.
- Produce a directory of information of services
- Community clubs!! – big resource for information and informal support
- Peer knowledge – word of mouth
- Health professional should visit local clubs and facilities to tell people about services
- Use local radio
- have posters and leaflets in all local venues
- Do information session in shopping centres, libraries and GP surgeries
- Create booklets with all the activities and update them regularly
- A meeting like today is good for hearing information
- Leaflets
- Opportunities to meet with other people -Using each other
- television
- You have to be interested (some people are not interested)

#### **7. What new services should we be developing to meet the future needs of older people in Glasgow?**

- More suitable accessible transport
- Accessing early morning appointments i.e. hospital appointments at 8am and evening appointments
- Improvement to community services i.e. podiatrist and dietician
- Better walking surfaces for partially sighted i.e. uneven pavements
- More assistance when leaving hospital i.e. provision of wheelchairs
- A team of locally based support workers who would be available at short notice on a regular basis, this would be a full time occupation.
- Bus service to locations that are isolated /difficult to get to e.g. a bus service to flats on waterfront was promised but hasn't happened.
- Council Services – gardening, some people get the service others don't, would be willing to pay a little towards getting help with cutting grass, hedges etc.
- More access to council run computer classes – waiting list at Partick library.
- My bus / Dial a bus service – some people don't know about the service – better publicity.
- Outdoor gym – for seniors not children
- Chair exercises – brilliant but hard to publicise to isolated seniors
- Community singing
- Intergenerational work
- All health and social care workers should be well informed about where to sign post people for the right advice.
- More information points within communities to help people navigate the support on offer
- A greater variety of well-resourced and supported activity within communities for older people
- Creating projects and campaigns that promote neighborliness

- Local based health clinics where you could access service like chiropody, physiotherapy and falls prevention classes
- Better community transport
- Help with shopping
- Encourage people who are shy to join groups
- More groups like this – Heart of Scotstoun
- More support for volunteers who help

**8. What in your view should be our top priority over the next three years for improving services for older people?**

- Better transport links to and from hospital (Drumchapel to Southern General)
- Better communication
- Linked up appointments (all in the one day)
- Guaranteed funding which will not reduce
- Better home care service, particularly for people who are on their own and have no family.
- People are lonely therefore a befriending service or a service like Bield Flexi care who take people out
- Better connection and support with neighbours, some people not interested in getting to know neighbours.
- Older people who have pets less likely to take a holiday, a pet / kennel service needed that have reduced rates for pensioners to allow them to afford a break.
- Better hospital discharge service by making sure people on their own with no family are not discharged and sent home without someone there to help them settled back home. Example given of people being sent home by taxi and being left at the door
- Keep the bus pass
- More preventative action
- Community clubs – please maintain them, develop more
- Community access – e.g. diabetes tests in clubs
- Access to professionals within the community to gain information before a crisis
- Liaison officer doing home visits, one-to-one, to inform them about local clubs and services
- Serious issue – isolated and immobile older people – how can they access services??
- Telephone befriending service.
- more investment in local hubs that can give out information
- more resources for home visits to those that are house bound to a) to give them information and b) to support them to think about their options for support
- better transport links to hospital GP's practices and shopping centre
- Better support for people when they leave hospital to build up their confidence and to make sure they are supported to recover
- Improve the home care service
- More young people / intergenerational activity
- Letting people know what is available
- Keeping the free bus
- More funding

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