

# Reshaping Care for Older People



## Kinning Park 60+ - Ibrox Library “A Bite & a Blether” Draft Joint Strategic Commissioning Plan 2013-16 Consultation Event

### 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’ events 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 events were to introduce older people to the plan and to ask for their opinions on the key issues.

The events were called ‘A Bite & a Blether’ and took place over the period April – July 2013. Nine events were held in total across the city. Five prompt questions were used for all nine of these events. Following the first three events, three extra prompt questions were added – to be used at the beginning of the subsequent six events (these additional questions were informed in part by the carers’ consultation). This report documents the key findings from the seventh event, held at Ibrox Library in Ibrox in June.

### Kinning Park 60+ at Ibrox Library – 20<sup>th</sup> June 2013

#### Background

Thirty older people attended this session. The group was made up of members of the Kinning Park 60+ which meets every Thursday at the Ibrox Library.

The event began with a short presentation on the key aspects of the Joint Commissioning Strategy. This was followed by the meeting splitting into three smaller groups to allow all participants to have their say on each question.

#### Question 1

##### *What keeps you healthy and well?*

- Being able to do things for myself and making sure that I keep myself sharp
- Being in clubs
- Eating well
- Family garden

- Getting a bit of help when needed with things like housework as it can be too much for me sometimes.
- Getting out an about every day
- Getting support from my family and neighbours ( another felt really lucky to have her daughter available
- Going on holiday with friends
- Going to the church and the bowling
- Good company and groups where we can meet regularly and have a spot of lunch and a bit of exercise which gets us out and about.
- Keeping active
- Keeping in touch with people
- My dance class and the ladies night I have with my friends every two weeks
- Our bus tours
- Pavements and streets are in such poor condition that it is dangerous for people who are older , disabled or have visual problem to get out and about
- Pleasant neighbours
- Plenty of opportunities to take part
- Taking medication

Access to local groups for lunch, classes, bus tours or simply meeting others was highly valued. The Input from home care for help with housework was also acknowledged here. Keeping active, getting out, having interests, keeping in touch and having friends, family and neighbours all featured heavily.

### Question 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)?***

- Home help but it is not what it used to be when I was a home help
- Fall prevention classes are great. I went for ten weeks and I still do my exercise every day in the house
- Physiotherapy session for my hip and knee - I've just started but it is helping
- Not helpful – delayed GP appointments
- Not helpful – not knowing about self-referral physiotherapy scheme
- Lack of information re different types of alarms eg. wrist bands and how/ where to replace them

For many people, when help was needed, having access to specific services was described as being very supportive. These services included alarms, physiotherapy and falls prevention. However for some at the consultation a lack of information either about the existence of a service in the first place, or about aspects of it, was felt to be a stumbling block. Also GP appointment systems could prove a problem for some in accessing relevant support services on time.

### Question 3

***What helps you if you need hospital care?***

- 99% of time has been excellent
- Thanks to the SGH for saving my life
- Enjoyed room to myself after my hip replacement

- Couldn't complain – treated well
- Bring back matron
- Not helpful- mixed wards / mixed toilets
- Not helpful - Being in ward over Xmas with people who were incontinent
- Not helpful – patients being asked to keep eye on other patients

There was a mixed response to this question. In the large majority of cases participants spoke of the excellent care that they had received at hospital. Some particular examples were cited of factors which affected the experience negatively.

#### Question 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?***

- Educate the young to care for older people (intergenerational?)
- Felt that home carers were only of limited help because of restricted time, lack of interest, and lack of training (out of eight different carers per week only two were of any real help)
- Give home helps more time
- Have more health services based locally - like chiropody, physiotherapy, and dietician's and community nurses.
- Have more home carers
- Home care services need to do more, they need to be spending more time with each individual and they must respect their homes. One person said that the carer that worked with her, never took her shoes off and often trampled dirt all through her house.
- Making sure all older people have a community alarm
- One individual said that she felt sorry for carers as they had so much pressure on them to cover large numbers of people in a day
- Partners need to communicate better with older people when they are making changes to services. One of example given was the recent changes made to patient transport and the fact that this had not been communicated as well as it could have been.
- The group agreed with the vision
- The handyperson services is good for preventing older people doing tasks that could potential be dangerous for them however, the service delivered by Cordia has stopped and there is no information about where to access the service now.

There were a large number of comments relating to the home care service. Many commented that home carers did not have enough time to carry out their tasks and/or that there were not enough home carers. Training was also raised as an issue with examples cited.

As well as more home carers there were also requests for more locally based health services such as chiropody, physiotherapy, dietician and community nursing. The handyperson service was mentioned, as at other events, as being important for this shift to work. Additionally the role and availability of a community alarm was stressed.

Finally there were suggestions that spoke of more intergenerational understanding in communities as being of benefit here; and the need for statutory bodies to communicate changes to services better.

#### **Question 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?***

- We need to make places feel safer at night so that older people will go out more (most of the older people in the group said they would not go out at night unless they had someone with them or they were taking a taxi)
- We need to stop shutting down community centers that are well used by older people, we used to have a great keep fit class but now that is gone.
- Silver deal classes are good for keeping people healthy - there should be more of these in local facilities run at different times in the day.
- Have more information about what is happening locally
- Transport a problem – few direct bus routes
- It was felt that there should be a local “one stop shop” with an easy to remember telephone Number, where they could get information when needed.

As at other events there was a call to maintain current preventative services such as those reliant on community centres. Silver Deal classes came in for much praise with requests for more of the same (in more local facilities and with variation in times of day available)

Locally available information (perhaps a one stop shop) was felt to be an integral part of harnessing the benefits of community based groups and services. Likewise transport had a role to play here, some said. Another barrier to access community facilities / services was that people wanted to feel safer on the streets at night.

#### **Question 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?***

- A shop front for information
- Doctors surgery
- Got onto social services and got everything I needed re adaptations
- If you are not online you hear nothing
- Library
- Need for local information, easy to obtain
- Need to promote services and information in local facilities such as, libraries, bingo halls, bowling clubs and also through local forums like the Kinning park forum
- Professionals should be coming out to speak to forums like ours on a regular basis to keep us up to date with changes

'Local' was the theme of many of the comments made on this questions. Information needed to be provided at local facilities; ideally presented by word of mouth to groups of older people. A small number expressed disquiet that most information was only available online.

### **Question 7**

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

- Better transport
- Clean up the city
- Doing something about the litter
- Fix the pavements
- More activities in local center and churches to create more opportunities for older people to socialize
- More befriending services to help older people get out and about and to give them some company
- More carers available to care at home
- More information on where to get help

In the community there was a need for more befriending style services to support older people. Likewise there was a need for more groups and facilities to go to, with churches identified as having a role here. Reinforcing the comments about home carers at Question 4 were the responses asking for more home care staff.

Enabling some of the above community supports were improved transport and better information. Other comments related to making the physical environment more appealing to go out into.

### **Question 8**

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

- More community activities for older people
- Stop closing local community halls that older people use because these are the places where a lot of older people get information and advice
- More care at home

As with other events there was significant overlap with the answers to questions 7 and 8. Essentially the priorities – more support opportunities available in the community and more home help hours. The threat to current community facilities was also seen as a threat to a valuable source of information.

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**5<sup>th</sup> November 2013**