



## **RESHAPING CARE FOR OLDER PEOPLE**

### **DRAFT JOINT STRATEGIC COMMISSIONING PLAN 2013-16**

### **LAUNCH EVENT REPORT**

**TUESDAY 21 MAY 2013  
2.00-4.30 PM  
CAMPANILE HOTEL**

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**PROGRAMME**

<b>2.00 pm</b>	<b>Welcome and introductions</b>	<b>Ranald Mair CEO Scottish Care</b>
<b>2.05 pm</b>	<b>Opening remarks</b>	<b>Peter Daniels Chair, Glasgow City CHP Councillor Matthew Kerr Executive Member for Social Care</b>
<b>2.15 pm</b>	<b>Reshaping care for older people – draft strategy</b>	<b>David Walker South Sector Director Glasgow City CHP</b>
<b>2.25 pm</b>	<b>Social work services perspective</b>	<b>Stephen Fitzpatrick Strategic Head Adult Services</b>
<b>2.35 pm</b>	<b>Group discussion</b>	
<b>3.15 pm</b>	<b>Housing perspective</b>	<b>Lindsay Forrest DRS Glasgow City Council</b>
<b>3.25 pm</b>	<b>Third sector perspective</b>	<b>Helen Macneil CEO Glasgow Council for Voluntary Sector</b>
<b>3.35 pm</b>	<b>Independent sector perspective</b>	<b>Ranald Mair CEO Scottish Care</b>
<b>3.45 pm</b>	<b>Group discussion</b>	
<b>4.20 pm</b>	<b>Summary and next steps</b>	<b>Ranald Mair</b>
<b>4.30 pm</b>	<b>Close</b>	

## DELEGATE LIST

<b>Title</b>	<b>Forename</b>	<b>Surname</b>	<b>Organisation</b>
	Martin	Allan	North West PPF
Ms	Andy	Ashcroft	GHA
	Hamish	Battye	Glasgow City CHP South Sector
	Catherine	Beattie	Alzheimer Scotland
	Sheeran	Bell	TRFS
Mrs	Evelyn	Borland	Glasgow City CHP North West Sector
Mrs	Fiona	Brown	Right Track Scotland Ltd
	Sarah	Burgess	Alzheimer Scotland
	Theresa	Burke	Glasgow Housing Association Ltd
	Lynne	Cairns	Social Work Services
	Rosh	Campbell	Jobs & Business Glasgow
	Sybil	Canavan	Glasgow City CHP
Mr	Jill	Carson	Glasgow City CHP North West Sector
Mr	Grace	Cowan	Glasgow City CHP North East Sector
	Mabel	Crawford	Balmano House
Mrs	Kristina	Deans	Care Watch
	Nicola	Dolan	Social Work Services
Mr	Iris	Dorrian	Social Work Services
	Marie	Farrell	Director - RAD NHS
	Tracey	Faulkner	GHA
Mrs	Caroline	Fee	South Sector Glasgow City CHP
	David	Fernie	Glasgow City Council
Mrs	Stephen	Fitzpatrick	Social Work Services
	Lindsay	Forrest	GCC DRS Housing
Mrs	Duncan	Goldie	Glasgow City CHP
Mrs	Iain	Goodlet	Strathclyde Fire & Rescue, Cowcaddens Fire Station
	Sadie	Gordon	
	Linda	Gunn	Social Work Services
	Isla	Hyslop	Glasgow City CHP
Mr	Doreen	Hollywood	Glasgow Centre for Inclusive Living
Mrs	David	Inglis	Glasgow Life
Mrs	Karen	Johnson	NG Homes
	Russell	Jones	Glasgow Centre for Population Health
	Cllr Matt	Kerr	Glasgow City Council

<b>Title</b>	<b>Forename</b>	<b>Surname</b>	<b>Organisation</b>
	Anne-Marie	Liddell	Margaret Blackwood Housing Association, Wardens Office
Mrs	Alan	Logan	Crossreach Regional Office, Willow House
	Rhoda	MacLeod	Glasgow City CHP South Sector
Mrs	Helen	Macneil	Glasgow Council for the Voluntary Sector
Mrs		Maggil	GCB / TSI
	Ranald	Mair	Scottish Care
	Susan	Marshall	NHS GG&C
	Mike	Martin	JIT
	Kate	McAlpine	Social Work Services
Mrs	Alice	McFarlane	South Glasgow PPF
	George	McGrandles	Strathclyde Fire & Rescue, Cowcaddens Fire Station
Mr	G	McGuinness	Glasgow City CHP
	Margaret	McIntyre	Greater Pollok
Mr	Gloria	McLoughlin	Scottish Care
Mrs	Frances	McMeeling	Cordia
Mrs	John	McVicar	
Mr	Dorothy	Millar	Crossreach
	Margaret	Millmaker	South Glasgow PPF
Mrs	Keith	Mitchell	Glasgow Old People's Welfare Association
	Sheena	Morrison	Social Work Services
	Robert	Murray	HC One Ltd
Mrs	Jill	Murray	Glasgow City CHP
	Rhonda	Oranshaw	Thistle House
Dr	Isobel	Paterson	Social Work Services
	Elizabeth	Roscoe	HC One Ltd
	Paul	Ryan	Glasgow City CHP North East Sector
	Tom	Scott	Glasgow City CHP North East Sector
Mr	Karen	Shearer	Glasgow City Council, Granite House
	Robert	Smyth	Community Centre for Health
Mrs	Alan	Speirs	Social Work Services
Mrs	James	Thomson	Social Work Services
Mr	Linda	Toa	Alzheimer Scotland
Mr	David	Walker	Glasgow City CHP South Sector
	Rosemary	Walker	Cargill House
Mr		Ward	Housing Association
	David	Williams	Social Work Services

Title	Forename	Surname	Organisation
Mrs	L	Wilson	Glasgow Life
Mr	Hazel	Young	Glasgow Housing Association

## PRESENTATIONS

The presentations are attached to this report.

## GROUP DISCUSSIONS

Each discussion group considered a number of questions relevant to the draft strategy. The notes from each group are as follows:

### Group 1

- the draft strategy was welcomed and it was encouraging agencies were working together – the group agreed there was a need for change;
- the strategy needed to consider the potential financial impact on other partners e.g. fire and rescue services who were working to make homes safer
- the group considered the preventative / anticipatory care approach was very long term – no short term goals here;
- statutory providers were not very good at providing some services – needs to be more lateral thinking about who is best placed to provide some services;
- we should recognise that we can't always provide what people want;
- we should recognise the challenge of providing services across a large and diverse city while needing to make an impact at community / locality level;
- housing – more than one model of housing was required;
- we should explore other models of providing home care;
- hub and cluster model offers potential for the future;
- we need much better awareness among professionals about what services are currently available;
- we should also be tapping into the large number of volunteers across the city.

### Group 2

#### Question 1

- the actual areas for change have not been set out clearly – it seems only to be working practices and staff flexibility that are expected to change.
- require clarity around need and use of respite – dementia sufferers in care don't need respite.
- need to focus on preventative changes and develop them as the theme of the document. Don't get caught up with the idea of two organisations merging (NHS and Social Work)

#### Question 2

- need to invest in training
- system changes are required to make people more responsible for their health

- workers are shaping their own future services – get buy in from them.
- early intervention increases the effectiveness of the intervention
- promote responsibility for own health, it's not just the responsibility of the statutory agencies.
- need to be honest when things are not working as part of the partnership
- why have we got 9 to 5, Monday to Friday services? Need more flexibility
- need to involve other partners in the discussions including Housing

#### Question 3

- more logical thinking around planning and delivery of services
- need to ensure dialogue between all the partners in service provision

#### Question 4

- realise that the matter is bigger than just Health and Social Care. As a society we need to tackle behaviours and attitudes, not just put a sticking plaster on issues.
- start educating people about the importance of personal responsibility as early as possible.

### Group 3

Have we set out the need for change?

- the term Institutional setting negative, care homes is not seen by providers as such, caution re language. There is a need for care homes; we cannot say institutional care bad and everything else good. A lack of desire care homes as a positive choice now and for future, choice cost isolation. What is the impact of isolation; new roles include integrating more into the community. Sensitively blend communities into care home/ hubs, role of 3rd sector what is there OOH and in evenings, what's wanted/ needed. Role of regulation
- Assessment at Home - Needs assessment is key to getting it right, Assessment at home has to include all sectors in response to SDS choice /change/ market diversity. Commission/Assess for outcomes and resource for time and task CAH can deliver more complex care i.e. to end of life but reality sees those who need expensive palliative care at home shifted to acute setting as resources in wrong place. HSS & CAH providers identified increased issues re Guardianship and organisational capacity to undertake appointee, POA, need provider pathways to create the new policies to support. ACP/POA.
- older people create and provide capacity and how can we tap into that more – what is the landscape around community support and volunteers, how can you generate volunteering – get people to do it for themselves. Is the strategy around charging clear, budget cuts, debt collection – working practices need to be reviewed and the risks associated with a commitment and readiness to create the diverse sector

How do we improve partnership working? Top priorities

- housing how do you change the use of what we have, not enough ground floor, sheltered, real examples of new models of housing and care.

- is there a programme of build for sheltered housing or past sell by date, its funding that separates care home from housing/ we are trapped by funding streams? Care villages
- we are not connected about what the commitments are at presently in place i.e. commitment to build care council homes that will be expensive to run
- local Politics that cuts through the direction of travel – how will this be managed in a partnership approach
- contracted processes
- strategy needs to be bolder
- needs to give clearer direction about what services need to be delivered, what the commitment now and in the future
- after today what next will this group be back together again
- will you take on board what has been said to evolve the plan

#### **Group 4**

- general agreement with the proposals, the discussion centred on the challenges of making change happen.

#### Issues:

- people to spend less time in hospital but aim of reducing number of care homes available
- are we over assessing need or is need amongst frail elderly greater?
- earlier assessment and intervention requires resources and better access to day hospitals
- how does anticipatory care work in a social care approach?
- links between agencies are not yet working well, e.g. allocation of Care Managers can take a considerable time with damaging consequences (examples given)
- most people end up in care is it need or risk aversion
- simplify the community care assessment
- improve individual relationships
- more proactive ideas from independent sector

#### Radical thoughts:

- bring resources out of acute to be managed by community, different way of managing money
- sort relationship with primary care and acute
- develop longer term sustainability e.g. by spreading work of GP practices working collaboratively with Social Work
- one care system across the way, sharing information, access and decision making
- organisations to relinquish power
- doubling of resources across the system
- consult and work with 3<sup>rd</sup> sector
- change housing models cf Scandinavia

- flexibility for staff roles and tasks
- stop arguing about who does what
- should care home be managed by the Council

There appears to be a rush on to make this happen and one of the lessons learned from the Mental Health Care in the community changes was that it was done too quickly. We need to take a systematic approach and have an understanding that this change may take up to 15 years before it is bedded in. This takes into account all the changes in current cultures that will have to occur for the integration to be truly successful.

## Group 5

- is there enough about what Acute intends to do? How are resources going to shift? Example - number of discharges at weekends are low - therefore difficult to change to a 7-day discharge model.
- plan is moving in the right direction. Initially said very little about Dementia.
- we need to take on the learning from the projects.
- if we are going to care for people more in their own homes - we need to make sure support is available and is good quality.
- there is a need to manage people's expectations and to develop infrastructure across Sectors.
- health inequalities: have we included people representing ethnic minority groups/communities today (or at the other events)?
- the challenge is how we make our services go further as the population of older people increases - we need to improve health and well-being.
- how do we develop the prevention agenda - focus needs to be on younger people - this event is for people with a focus on older people.
- at the moment SW services are targeted at people who are in crisis/already have complex needs. There is a need to bring about system change to shift this focus. And we all need to develop thinking on how we shift towards a more preventative approach.
- the needs of carers are vital too - whatever their age.
- outcomes need to be broad.
- is there a financial plan that goes along with this - and illustrates the disinvestment in Acute and shift to other areas of spend?
- aside from broad statements - there isn't any detail on financial aspects/redirection of funding.
- the detail is important and is needed if we are to make significant shifts in the balance of care.
- there is a lot of duplication in the system. And it can be difficult to get information to follow the service user.
- need to look at the barriers to streamlining and efficiency - it's not always about reshaping. Relatively small system changes can make a difference.
- what about the impacts of welfare reform? - People have less resources now to make lifestyle changes.
- how can we tackle inequality if we don't tackle income inequality?



- what is in the plan about Acute? What are the changes that are being sought in Acute? If the aim is to reduce the number of Acute bed days, what does that mean in practice? Can we specify what this means?
- how do we influence GPs?
- how do we make sure that care is delivered as close to home as possible? For people with Dementia - it can be much better to support within their own familiar environment.
- can we develop flexibility within budgets to ensure a range of models can be supported, not just within our current buildings/constraints.
- it's good to see housing getting more involved.
- can we make better use of technology eg Wikipedia to build up the knowledge of support services in the community.
- point was well-made that 50% of people are in private sector housing - food for thought.
- shared ownership within a community is key - shared responsibility to make sure everyone's ok.

## **FEEDBACK SESSION**

- role of GPs vitally important in making these changes happened – GPs are key to delivering new pathways of care – have they been sufficiently involved in developing the strategy?
- housing is a key partner especially in developing new models of provision;
- there needs to be greater or additional resource to make these changes happen – a disinvestment as well as an investment strategy;
- move away from rigid role definition;
- need to consider the impact of self directed support;
- how do we?
  - unlock resources
  - let go
  - have brave discussions
  - trust others

Noticed absence of Acute management on panel today and contribution to discussion.