



RESHAPING CARE FOR OLDER PEOPLE

DRAFT JOINT STRATEGIC COMMISSIONING PLAN 2013-16

SOUTH SECTOR ENGAGEMENT EVENT REPORT

**22 MAY 2013
9.30-12.30 PM
QUEEN'S PARK CHURCH
179 QUEENS DRIVE
QUEENS PARK**



**RESHAPING CARE FOR OLDER PEOPLE
DRAFT JOINT STRATEGIC COMMISSIONING PLAN 2013-16**

ENGAGEMENT EVENT

22 MAY 2013

9.30-12.30 PM

QUEEN'S PARK CHURCH, 179 QUEENS DRIVE, QUEENS PARK

PROGRAMME

9.30 am	Registration	
10.00 am	Welcome and introductions	Hamish Battye Glasgow City CHP
10.05 am	Introducing the joint strategy – the need for change	Stephen Fitzpatrick Strategic Head Adult Services
10.15 am	Partner perspectives: <ul style="list-style-type: none">• NHS• Social services• Housing	Hamish Battye Stephen Fitzpatrick Lindsay Forrest
10.30 am	Group discussion	
11.15 am	Tea/Coffee Break	
11.30 am	Partner perspectives: <ul style="list-style-type: none">• Scottish Care • Third Sector	Becca Gatherum Policy & Information Officer Scottish Care Liz McEntee Glasgow Council for Voluntary Sector
11.40 am	Group discussion	
12.15 pm	Feedback	Hamish Battye
12.30 am	Summary and Close	Hamish Battye



DELEGATE LIST

Kate Willis	South Glasgow PPF
Peter Bole	South Glasgow PPF
Margaret Millmaker	South Glasgow PPF
Frank McFarlane	South Glasgow PPF
Maria McGregor	South Glasgow PPF
Janet Blunn	South Glasgow PPF
Dick Carrabine	South Glasgow PPF
Elizabeth Neilson	South Glasgow PPF
Farakhanda Afzal	South Glasgow PPF/Dixon Carers
Shahida Zafar	Multi Cultural Elderly Care
Zahida Akhter	Multi Cultural Elderly Care
Anita Iwin	Trinity Housing
John Turner	Southside Housing
Catriona Rowley	The Advocacy Project
Phil Stevenson	TRFS
Masreem Shami	Dixon Carers
Maqsooda Aslam	Dixon Carers
Darren Kelly	BUPA Care Homes
Sheila Margey	Ailsa Craig Care Home
Becca Gatherum	Scottish Care
Liz McAtee	GCVS
Gillian McCamley	GCVS
Stephen Fitzpatrick	Glasgow City Council
Margaret Anne Dale	Glasgow City Council
Alan Spiers	Glasgow City Council
Lyndsay Forrest	Glasgow City Council
Stephen Lithgow	NHS GGC
Hamish Battye	NHS GGC
Duncan Goldie	NHS GGC
Lisa Martin	NHS GGC



PRESENTATIONS

The presentations are available separately.

GROUP DISCUSSIONS

Group 1

Question 1. Do you agree with our Vision for Glasgow and the aims we have set out? Would you like to change these in any ways? If so how?

- Yes we agree but we are a long way off achieving it.
- The vision is good but the support needs to be in place for it to happen which it isn't just now.
- Partners will need to get much better at partnership working and joint assessments if they are to be able to achieve this vision.

Question 3. The draft plan recommends we use hospital service less and do more to support people who live at home. Do you agree with this? If you agree, what do we need to do differently to make this happen?

- We need a good integration of services; partners need to work better together
- We need more flexibility and choice about the services and support on offer
- Not rushing people out of hospital before they are ready or have the right support in place
- Better coordinated assessment of people needs to help support them properly to live at home, manage conditions etc.
- Improved quality of care at home e.g. carers spending more time with older people rather than rushing in and out and doing the bare minimum.
- carers, managers, social workers need to be more knowledgeable about the support that is on offer

Question 4. The draft plan also recommends we work closely with communities, 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?

- More community activities such as the craft café, senior forums, lunch clubs and befriending and places to go and meet other people.
- We need better transport to help us to get about.
- More information and advice is needed about the policy changes like the bed room tax to stop older people worrying.



- We need to do more to encourage people to take up community services to keep them well – like befriending services.

Question 5. What should we do to improve people's understanding and knowledge about current services and how can we improve access?

Question 6. What services should we be developing to meet the future needs of older people in Glasgow?

- More flexible services that are outcome focused
- local points for information and advice
- Befriending, social activities and community transport services

Group 2

Question 1. Do you agree with our vision for Glasgow and the aims we have set out? Would you like to change these in any way? If so how?

- Broad agreement however these aims and objectives will not be achieved without proper resources
- Need genuine partnership working
- The aims and objectives need to reflect the current climate of welfare reform and the impact it will have on the most vulnerable
- Need to focus more on the 'younger' older people, those in their early 50's who will use services in the future – what are their needs

Question 2. Have we clearly set out why services need to change? Do you agree or disagree that change is needed?

- Agree that the population is changing but it's not all negative
- No illusions that change is needed
- Still not clear whether or not there is additional funding to make these changes – are other things being cut to increase funding for some of these changes?
- Not enough said about the political climate and the push towards personalisation – is it about cost cutting through the back door
- Not enough said about carers and the complex relationship they have with various agencies – long term health impacts

Question 3. The draft plan recommends we use hospital services less and do more to support people who live at home. Do you agree or disagree with this? If you agree, what do we need to do differently to make this happen?



- Agree in principle but many examples given of poor quality/ineffective home care, raising serious questions about the ability of that sector to cope
- Personalisation is a concern – questions about giving people real choice or saving money – many services cannot deliver the same quality of care for less money
- Information is not clear about pathways into care therefore people still end up in hospital inappropriately
- The voluntary and third sector is shrinking despite increasing demands for their services, especially in relation to service delivery, for example care providers
- The community sector is distinct - small, often very local projects that can be a lifeline for older people in their own communities – this is being dismantled through increasing pressure from Community Planning and others to change services to meet targets, not needs
- Home care, and in particular Cordia, is not 'person centred'
- Social Care Direct is not working as it should – the launch was poor and information is still not out there

Question 4. The draft plan also recommends we work closely with communities, 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?

- Overwhelming agreement that the voluntary and community sector already plays an essential role, especially for older people who are more likely to access community based activities and services
- Community projects are increasingly vulnerable to cuts in Council budgets, or are asked to deliver services in a different way, not always to advantage of service users – pressure on staff and volunteers
- Example of increase in costs to hire council facilities such as community halls or schools – impact will be felt greatest by local groups who provide activities at a very local level
- Example of increase by approx 40% cost of meals at local lunch clubs
- The rhetoric and the reality do not match up
- Local councillors need to get out into their wards and get more involved in order to assess the impact/the gaps in services that are being created
- The housing sector has a key role in identifying vulnerable older people but many are still living in slum private sector housing – legislation is needed
- The availability of social rented housing is decreasing – or is demand just increasing?



Group 3

Question 1. Do you agree with our vision for Glasgow and the aims we have set out? Would you like to change these in any way? If so how?

- All people agreed that the vision was good. It has to be acted on
- Should link in with services more
- Must follow through and reported on. Action the vision

Question 2. Have we clearly set out why services need to change? Do you agree or disagree that change is needed?

- People agreed that change is needed

Question 3. The draft plan recommends we use hospital services less and do more to support people who live at home. Do you agree or disagree with this? If you agree, what do we need to do differently to make this happen?

- It identifies the shift in resources
- Power of Attorney – needs more resources
- People delayed hospital beds holds up Care Home admission if no P.O.A.
- Care and repair can help with early discharge
- Must be quality of life at home
- Social isolation, housing a big role to play

Question 4. The draft plan also recommends we work closely with communities, 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?

- Community Capacity building should involve all agencies
- People must know what is out there
- Single point of access
- Shift resources from Acute to others

Group 4

Question 1. Do you agree with our vision for Glasgow and the aims we have set out? Would you like to change these in any way? If so how?



- Some prescriptions available in some GPs but not in others – GPs need to recognise needs of specific patients, e.g. drugs with gelatine not suitable for some
- GP appointments – can't get them – one patient given appointment in 3 weeks time
- How do we involve more older people in developing the strategy?

Question 2. Have we clearly set out why services need to change? Do you agree or disagree that change is needed?

- What new ways of working are being proposed? This is not clear
- Preventative care – what does this mean? This is not clear also
- Some people experiencing problems earlier in life but can't access older people's services because too young

Question 3. The draft plan recommends we use hospital services less and do more to support people who live at home. Do you agree or disagree with this? If you agree, what do we need to do differently to make this happen?

- There are gaps between home and hospital – need some place where older people can go and professionals are involved in giving appropriate care
- Discharges – not uniform services / response – services need to respond to individual patient needs
- Health promotion input needed – but need to look carefully at how messages are given, e.g. reduce smoking
- Not all contact needs to be with GPs – other avenues should be available to access services to release pressure on GPs
- GPs should make more effort for older people – more time – telephone consultations – access a nurse instead