

Reshaping Care for Older People



“A Bite & a Blether” Consultation Events with Older People in Glasgow April to July 2013 Event Six – Yoker Community Resource Centre

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 15th 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 branded ‘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, based on the output from the Communications Team, were used for all nine events. After the first three events, three extra questions were added at the beginning of the subsequent six events (these were informed in part by the carers’ consultation). This report documents key findings from the event held at Yoker Community Resource Centre in Yoker in June.

Yoker Community Resource Centre – 19th June 2013

Background

Sixteen older people attended this session. The group was made up of older members of the Yoker Community Centre.

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

Question 1

What keeps you healthy and well?

- Chair exercises in the centre
- Getting out and about

- Getting out and meeting friends
- Getting to club (centre) five days a week
- Getting to hairdresser – give me confidence in my appearance
- Getting to shops
- Getting to Yoker Resource Centre for company
- Getting up early and going out
- Good diet and company
- Incentive to get up and dressed to go out (keep pride in my appearance)
- Keep as active as I possibly can (and being nosey)
- Keeping active
- Keeping independent (still being able to drive)
- Moderation in most things
- Sex
- Transport provided by club for outings
- Walking as much as I can

The participants in the two groups provided a wide-ranging and holistic collection of responses. Overwhelmingly the opportunity to get out came across as crucial. Some of this 'getting out' was around keeping physically active; some around access to necessary services; and some about the opportunity to meet people. Self-confidence and pride in their appearance was cited by a number of the attenders. Some answers were interdependent – eg being able to get out meant that people had an incentive to get up and therefore to take care of themselves.

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)?

- Contact GP
- Alarm system in house
- Family members
- Sheltered housing warden
- Make own decision about whether to contact someone
- Support from home carers
- Chemist support with repeat prescription
- Community nurses are good
- Alarm call system
- Shower inaccessible since using wheelchair
- Waiting for a ramp
- Unable to renew prescription over phone, having to go to practice
- Difficult when GP does not come out

Numerous support services were cited when participants felt that they needed some help. These included alarm systems, GP, wardens, community nurses, chemists and family members. One participant spoke of the importance of being able to make her own mind up about when she needed help. The problematic areas that were raised concerned adaptations in the home, being unable to

renew prescriptions over the phone and also when a GP home visit was felt to be needed but was unavailable.

Question 3

What helps you if you need hospital care?

- Someone to take me for treatment
- Carer support
- Family and neighbours
- Transport
- Talking to someone about care needed to give me reassurance and confidence (ie district nurse / GP)
- Someone to talk to about it (relieve anxieties about procedure)
- What would happen to my pets
- Better support at hospital for patients with dementia (their agitation can agitate others)
- More staff on wards eg waiting 4 hours for a towel; 3.5 hours on a trolley)

The importance of how people were communicated with in advance was raised as significantly helping any hospital stay / procedure. Support from family and neighbours was also valued strongly. And supportive transport was another factor in making the experience better for participants, At the same time some felt that stretched resources posed challenges during the stay.

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?

- Access to exercise classes which will allow people to stay 'self-sufficient' at home
- Concerns listened to, and acted on, strategically
- Information and Signposting to existing and new support
- Involve smaller, more local charities
- Must be access to hospital if required
- Politicians being responsive
- Promote better neighbourliness
- Reduce paperwork for GPs
- Regular assessment of my needs by a trained practitioner
- Representative for older people in the community who has gained local knowledge of individuals and groups

There was agreement that the proposals were a good idea - ie more care and support in the community. Some anxiety was expressed that the plan meant a very severe restriction on the use of hospitals, as they argued access would always be needed. Community responses such as the involvement of local groups and access to exercise classes were highlighted.

Participants felt that having their needs assessed regularly was important and that time could be freed for such activities if GPs had less demands placed on them through paperwork. Information was also raised as having a role to play in the shift indicated in the joint plan. This worked both ways – both in having adequate signposting to existing and new support; and in having champions

(representatives) in the community who could represent the community's need to stakeholders. Allied to the latter point was the need for politicians to be more responsive, to listen to concerns and to act on these in a strategic manner.

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?

- Encourage more volunteering (and training) to accommodate the needs of older people
- Handyperson service to prevent people injuring themselves through doing things for themselves
- Increase mobility scooters at shopping centres
- More community groups
- More money for groups (relying on people who volunteer _ some getting hassled to find work)
- People to know each other better
- Promote the benefits that older people can give to others in the community
- Provide more resources to voluntary organisations
- Provide transport to allow access for the less ambulant

Participants felt strongly that current community provision in relation to prevention work was under threat (ie before any new services could be developed). They felt that many groups / services were very (= over?) dependent on volunteers to keep running. At the same time more community groups / services were needed, it was argued – special mention was made of handyperson services.

There was an interesting discussion on the need for more volunteers in order to maintain services and also the advantages in promoting what older volunteers already contribute to the community.

These two groups had a number of less ambulant, older people in them. Consequently transport featured prominently in ensuring that community services could be most effective. In addition provision of more mobility scooters was advocated.

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?

- Centrally located phone centre helpline that can signpost to different services
- Large print 4 monthly newsletter from GP
- Let key people know so that they can disseminate
- Local newspapers and internet access points
- Mapping exercise which could be put in a format which is easily understood.
- Use churches and buses for notices
- Use GPs, Health Visitors, Housing Officers, Wardens and Concierges to pass on information
- You have to kick things off yourself - my GP never said 'do you need a blue badge?'

The question prompted a long list of outlets for information across health settings, housing locations, community and transport settings and standard media. Some of these involved the personal provision / delivery of information. Making use of key people in the community (with

connections) was suggested in a similar vein. As with other events the one stop information shop idea was popular. All of the above options would, however, need to be informed by up to date information, such as a mapping exercise(s).

Question 7

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

- Access to undersold theatres, cinemas, pantomines
- An annual MOT
- Chiropodists and other health information practitioners (and dental health practitioners) to visit groups in centres
- Concerts that cater for older people's preferences
- Free chairbics classes
- More community centres
- More flexible dial-a-bus
- More gardening services
- More handy persons' services
- Something to make us laugh

One quotation could apply to a number of the bullet points above:-

'if there are going to be double the number of older people are they all going to be stuck in their houses looking at the four walls'

In general it was felt that there was a greater need for centres in the community for people to attend. Health related services that were highlighted were outreach provision from chiropodists etc (at such centres!) and an annual MOT. Participants were also keen to keep active with chairbics classes proving very popular.

Practical services featured very strongly amongst the community-related suggestions –handy-persons and gardening.

There were a number of answers that looked to the quality of life for older people – ie access to entertainment – and 'something to make us laugh!'

Question 8

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

- Better community transport for those who can't travel on bus or train
- Transport
- More carers / support / befriending to help get you out of the house
- Help with practical tasks
- More for men
- Local older people's coordinated projects inclusive of trained assessors with good communicating skills at all levels
- More integrated services from social work, housing, health board and volunteers

The responses covered three areas – transport, community services and joint working. Under community services the argument was made for more options being available to help get people out of the house and more help with practical tasks. In terms of the former more groups and services for men was felt to be necessary.

For improved joint working local coordination was felt to be invaluable for better integration, with good communication skills providing the necessary 'oil'.

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