

1. Do you agree or disagree with our vision for Glasgow and the aims we have set out?

| | | Response Percent | Response Count |
|----------|--|------------------|----------------|
| Agree |  | 76.9% | 10 |
| Disagree |  | 23.1% | 3 |

Would you like to change these aims in any way? If so how? 7

answered question 13

skipped question 1

2. Have we clearly set out why services need to change?

| | | Response Percent | Response Count |
|-----|--|------------------|----------------|
| Yes |  | 92.9% | 13 |
| No |  | 7.1% | 1 |

answered question 14

skipped question 0

3. Do you agree or disagree that change is needed?

| | | Response Percent | Response Count |
|----------|--|------------------|----------------|
| Agree |  | 100.0% | 14 |
| Disagree | | 0.0% | 0 |

Please tell us more about your answer 10

answered question 14

skipped question 0

4. The draft plan recommends we use hospital services less and do more to support people to live at home. Do you agree or disagree with this?

| | | Response Percent | Response Count |
|----------|--|------------------|----------------|
| Agree |  | 85.7% | 12 |
| Disagree |  | 14.3% | 2 |

If you agree, what do we need to do differently to make this happen? 12

answered question 14

skipped question 0

5. The draft plan 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?

| | | Response Percent | Response Count |
|-----|--|------------------|----------------|
| Yes |  | 78.6% | 11 |
| No |  | 21.4% | 3 |

What should we be doing to bring this about? 11

answered question 14

skipped question 0

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?

| | Response Count |
|--|----------------|
| | 13 |

answered question 13

skipped question 1

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

| | Response Count |
|--|----------------|
| | 14 |

answered question 14

skipped question 0

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

**Response
Count**

13

answered question

13

skipped question

1

9. Do you think we have missed anything from our draft plan?

**Response
Count**

13

answered question

13

skipped question

1

Q1. Do you agree or disagree with our vision for Glasgow and the aims we have set out?

| | | |
|---|---|-----------------------|
| 1 | Aim for a healthier Glasgow with encouragement to Supermarketsto reduce al sugar foods and Drinks | Jun 6, 2013 11:11 AM |
| 2 | Only the one about community groups (see below). | Jun 6, 2013 9:39 AM |
| 3 | No change recommended | Jun 5, 2013 2:32 PM |
| 4 | i would like elderly people 2 get the care they deserve as i know they dont from cordia they could be down for 30mins n only get 15 mins this is not down 2 the carers this is down management the amount of clients these carers have 2 do i retired last yr i know how they work these old people just want a chat but we get told task n finnish no time 2 chat i would say this is fraud they charging 4 30mins and only giving 15mins at the most | May 29, 2013 11:56 AM |
| 5 | Reducing in patient beds without adequate community support is ALREADY causing hospitals to run at well over the recommended 85% capacity | May 24, 2013 1:16 AM |
| 6 | Keeping more people at home does not generate economies of scale. Individual care is expensive. | May 22, 2013 1:23 PM |
| 7 | Without a serious and realistic look at the evidence surrounding the health and social care inegration agenda and a serious consideration of the totality of resources required to properly manage the health needs of a relentlessly increasing older population, most of what is contained in this document is nothing more than laudable aims without an evidenced based foundation. There is no evidence that dementia rates in our elderly population can be reduced by prevention. If ill health and frailty can be delayed by preventative measures that means people will live longer and dementia rates will increase. No prevention will prevent getting older, frailer and dying eventually so please don` t assume prevention will somehow reduce pressure on the need for secondary care beds it wont. | May 13, 2013 1:51 PM |

Q3. Do you agree or disagree that change is needed?

| | | |
|---|--|-----------------------|
| 1 | The country cannot afford to have hospital beds taken up with elderly people who could be at home with good forward planing | Jun 6, 2013 11:11 AM |
| 2 | More funding made available to Housing Association which can deliver targeted low preventative housing support services. Our Association has succesffully delivered this service but with limited financial resources. | Jun 5, 2013 2:32 PM |
| 3 | change is needed what ever happened 2 quality of care | May 29, 2013 11:56 AM |
| 4 | Without significant immigration, particularly of younger people, the proportion of older people in the population will increase, requiring more of the health and social care budget to be devoted to that age group. Even without the financial constraints following the banking crisis, there is a need to look at how budgets are spent, particularly on expensive hospitalisation and highly paid professional staff. If people can be kept at home and supported for as long as possible by a range of staff and volunteers who can undertake the many tasks which do not require significant professional expertise, then the more expensive resources can focus on the more acute cases. | May 28, 2013 5:05 PM |
| 5 | however as ever workforce planning is an add on at the end. this need to be triangualted and robust | May 24, 2013 1:16 AM |
| 6 | There is too great a focus on delayed discharge which hastens moves into care homes. Discharge home should be the norm in all but very high support and high risks cases. | May 23, 2013 7:21 AM |
| 7 | I agree that older people should be offered choices about how they are cared for and for those older people who have capacity / insight / fairly intact memory that they should be supported to live at home as long as possible with appropriate services provided by social work and the NHS. However, many, if not most, older people who have progressive dementia will at some time require residential care due to their need for a medium to high level of support and supervision throughout the day and night. Smart technology and families who are potentially looking after their own children can only provide a certain level of support to their loved ones with dementia but when risks such as wandering or extreme anxiety / distress (requiring high levels of reassurance / response / visits become predominant features residential care is usually the only option. Given Glasgow has an ageing population (like most other cities in the UK and the world) and given that research tells us that the older one gets the more likely he / she will develop dementia I think more consideration needs to be given to what resources will be needed to look after older people with dementia. The plan for older people almost needs to look at the needs of 2 different groups of older people: those with health conditions and general frailty, and those with dementia. | May 22, 2013 3:38 PM |
| 8 | Convalescence needs re-introduced as we are dealing with an increasingly frail elderly population. | May 22, 2013 1:23 PM |
| 9 | We cannot afford to carry on as we are, there does need to be more support available for older people in the community but given the demographics I suspect that until or unless we have a demonstrable, evidenced based alternative to hospital admissions that is a credible and realistic alternative to hospital admission I suspect we will need more community services that operate 24/7 and can respond rapidly AND more hospital beds for older folk. There are | May 13, 2013 1:51 PM |

Q3. Do you agree or disagree that change is needed?

many acute medical, surgical and psychiatric conditions that need intensive assessment and management in hospital and to simply assume that a significant proportion of these acute presentations can be assessed and managed in the community without clearly demonstrating this is folly.

10 However perhaps more emphasis on two issues 1) the cost currently incurred 2) the so called "demographic timebomb " Apr 29, 2013 9:11 AM

Q4. The draft plan recommends we use hospital services less and do more to support people to live at home. Do you agree or disagree with this?

| | | |
|---|---|-----------------------|
| 1 | Speed up the process of hospital discharge. The longer people stay in hospital the less likely they are to be able to go home. The processes of the Adults With Incapacity act must be efficiently managed to ensure that stays in hospital are not prolonged by waiting for guardianship to be granted. Alternatively encourage take up of Power of Attorney so that people have planned for the future and have this in place. Prevent hospital stays by investing in community based services that will help people to maintain their health and where health problems may be spotted and managed earlier to prevent need of hospital stay. Day centres in particular seem to be closing and those which remain require assessments to be made and these in themselves can take time. Many voluntary and church run lunch clubs and activity centres for older people cannot afford to stay open and these allowed older people to access them without a need to wait for social work assessments. | Jun 27, 2013 1:12 PM |
| 2 | Close some hospital beds and use financial savings for home care | Jun 6, 2013 11:11 AM |
| 3 | Create an AFFORDABLE help scheme, possibly means tested. All help at home is cheaper than using a hospital or retirement home. | Jun 6, 2013 9:39 AM |
| 4 | As stated above whilst we have been successful in gaining additional Change Fund allocation of money, this has only allowed us to extend our current services. We carried out a full survey of all of our older tenants and it was demonstrated by the responses received there was a clear need for expansion of the service. | Jun 5, 2013 2:32 PM |
| 5 | carers need more time they rush in and out as they have 2 many on 2 cover and are told its a business task in finish | May 29, 2013 11:56 AM |
| 6 | See previous answer. In addition, by keeping people at home, they are likely to feel more comfortable, because of the familiarity and their knowledge of what they have. They will also be, in most cases, within a community in which at least one person knows them fairly well. In addition, they can continue to participate in the local activities. Probably, houses, particularly older properties could be made more heat efficient and be made safer to prevent slips, trips and falls. | May 28, 2013 5:05 PM |
| 7 | The reality will be that those who do require in patient services will no doubt be elders with multiple co morbidities. I will hazard a guess now that staffing levels will be change to reflect this | May 24, 2013 1:16 AM |
| 8 | Transfer resources to community health and social care resources rather than to pay for admissions to care | May 23, 2013 7:21 AM |
| 9 | It is difficult to disagree with this however from my own experience of looking after an older person (89 - currently 92) with dementia if she developed an infection (UTI, chest, etc) she was no longer able to be on her own for 2-3 hours in between homecare visits / community support visits as would become delirious and / or lethargic and she could no longer eat or drink independently as she couldn't even manage to hold / use utensils. My relative required hospitalisation as there were not sufficient services to manage her / treat her infection in her own home (difficulties getting anti-biotic added to Managed Medication programme via Cordia). | May 22, 2013 3:38 PM |

Q4. The draft plan recommends we use hospital services less and do more to support people to live at home. Do you agree or disagree with this?

| | | |
|----|--|----------------------|
| 10 | Home is not always possible or desirable for the client group we are dealing with. | May 22, 2013 1:23 PM |
| 11 | Until a credible , realistic alternative to acute hospital admission is demonstrated to work for a range of chronic conditions with acute exacerbations and new acute presentations then disinvesting in hospital services when the elderly population is going to relentlessly rise year on year for the foreseeable future is daft and possibly dangerous. | May 13, 2013 1:51 PM |
| 12 | Need to involve RSLs now. This will have a potentially massive impact on long term investment by RSLs. If people are to live longer at home with support the country / sector needs landlords to start planning for this now. Each produce 30 investment plans updated annually. Wouyld suggest few being produced this year will recognise the challenge of an increasingly elderly population. | Apr 29, 2013 9:11 AM |

Q5. The draft plan 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?

| | | |
|----|---|-----------------------|
| 1 | There aren't that many groups around in some areas due to funding. For example it is difficult to find befrienders for people who need them. There is not a good geographic spread and things that are available in one area are not necessarily available in another area. Funding for some can be very specific and exclude some people from taking part. 'Working closely with' doesn't not necessarily mean anything other than meeting with community members. Funding and Investing time and expertise would be more of a commitment. Research what is needed and where and use this to influence funding decisions. Our clients tell us they want more choice and that some social contact is important - workers who have the time to sit and chat for a while. This gap could be filled by community organisations. Older people need to be given choices. There is a worry that supporting people at home could lead to increased social isolation. | Jun 27, 2013 1:12 PM |
| 2 | Firstly being aware that everyone does not have a family, some people may be house bound, so cannot interact with the community | Jun 6, 2013 11:11 AM |
| 3 | Only certain types of people use community groups. Most people don't EVER use them or would maybe be ashamed to ask for help. | Jun 6, 2013 9:39 AM |
| 4 | The Joint Strategic Commissioning Plan identifies partnership working is the way forward. | Jun 5, 2013 2:32 PM |
| 5 | as i've said some 1 needs 2 sort out carers before this can happen those carers at weekends are pushed to the limits they are lucky if they can give 10 mins at weekends if they complain they are told just get on with it its their task to finish i feel for them as much as the clients | May 29, 2013 11:56 AM |
| 6 | Audit existing provision in each neighbourhood. Appoint staff who can facilitate the creation of the kinds of groups and organisations which are the communities seen to be exemplifying best practice. Finance community wardens/concierge services who can provide a sense of security, undertake fairly simple maintenance tasks (e.g. change lightbulbs), knock on doors to check if people are OK. | May 28, 2013 5:05 PM |
| 7 | engage with all stakeholders and ensure the future service users are at the centre of all decision making | May 24, 2013 1:16 AM |
| 8 | this needs to be embedded in services rather than a one off consultation exercise. | May 23, 2013 7:21 AM |
| 9 | yes, particularly in relation to befriending for house bound older people however in the many cases where a more specialist approach / service is required (i.e. dementia) then formal, paid, trained staff are required and budgets for such services are insufficient at this time. | May 22, 2013 3:38 PM |
| 10 | This is a societal problem for individuals, their friends and families to consider. As a country we have some hard questions we have to ask ourselves, what is the balance between individuals, families and the state when it comes to responsibility for ongoing care and support when an older person needs this. We also need to be honest about the cost and proper resource planning for the demographic shift, it may not be politically popular but TAX needs to be considered and possibly a rise in income tax to pay for community and hospital | May 13, 2013 1:51 PM |

Q5. The draft plan 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?

services for older patients needs to be discussed. We cannot maintain quality services or have world class dementia services without paying for them and to pretend we can manage the demand by management or organisation restructuring is deceitful and dishonest.

11

Again open dialogue with RSLs. Appreciate JoinFutures etc work ongoing but need to now involve the individual RSLs and get buy in.

Apr 29, 2013 9:11 AM

Q6. 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?

| | | |
|----|---|-----------------------|
| 1 | advertise in places where older people go, e.g GPs surgeries, on busses. Promote at community events,in town centres and shopping malls to make the public -(older people and their families) aware. Older people often say to us that they go to GPs for info regardless if it is health related support they need or not. GPs NEED to have the information at the ready to tell people about their options. | Jun 27, 2013 1:12 PM |
| 2 | When a person is hospitalised there should be much more communication with the extenden if there is a family,not discharging without discussion | Jun 6, 2013 11:11 AM |
| 3 | Use a magazine approach to inform. I don't even know if such things as lunch clubs still exist, if they do, are they nearby ?, if they don't, why not ? | Jun 6, 2013 9:39 AM |
| 4 | A User Friendly Directory publising services in local areas. | Jun 5, 2013 2:32 PM |
| 5 | managers should be out visiting these clients but some dont asthey know they cant justify why thses clients are getting rushed about | May 29, 2013 11:56 AM |
| 6 | I assume that local heath centres, libraries, schools have dedicated noticeboards and associated leaflets/booklets. Once people come under support services, a laminated poster with key information could be put up in their homes. I assume that internet services are available. Local shopping centres could have information stalls manned by volunteers. As part of the active citizenship element of Curriculum for Excellence, local secondary schools could have some kind of 'information support' as part of the student experience. | May 28, 2013 5:05 PM |
| 7 | an advertising campaign | May 24, 2013 1:16 AM |
| 8 | Better utilisation of web information, with an emphasis on individuals accessing resources rather than relying on social work to broker their attendance/involvement. User led self referral. | May 23, 2013 7:21 AM |
| 9 | as people age and begin to lose some of their independence, a coordinated, targeted approach via GP surgeries as well as local lunch clubs, Citizens Advice Bureaus, etc would be helpful in educating older people as to what services are available to them. perhaps GPs could suggest services to older patients and a system could be set up that the local lunch clubs or daycare managers could make contact with those older people identified to discuss their services and if those managers identify additional, higher level services they could refer the person onto the local SW office. Currently, SW offices are often contacted when a medium to high level service is not required or alternatively SW is contacted in a crisis situation which could have been averted if an earlier referral had been received and more formal services put in. | May 22, 2013 3:38 PM |
| 10 | GPs and surgeries need to engage more with social services. Suregeries need an allocated social worker to provide anticipatory care. | May 22, 2013 1:23 PM |
| 11 | Workers better informed of resources. Cordia not being the default provider. More flexibility in how and when services are delivered. Proper time spent with service users to ensure assessment is not just a paper filling exercise with pre-ordained outcomes. | May 20, 2013 1:42 PM |

Q6. 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?

- | | | |
|----|--|----------------------|
| 12 | Proper signposting with information booklets and up to date contact advice for services relating to specific problems patients and carers face. | May 13, 2013 1:51 PM |
| 13 | A handy guide in hard copy and on line Perhaps also a radio campaign on Radio Clyde More controversially trigger a debate so it gets people talking and the wider press will then pick up. | Apr 29, 2013 9:11 AM |

Q7. What new services should we be developing to meet the future needs of older people in Glasgow?

| | | |
|----|---|-----------------------|
| 1 | New services are not as important as developing self directed support to ensure that older people get choice and control. Deliver what is already committed to and there should be no need for other policies. Though some older people have specified need for support to travel and access community services need for a community support worker perhaps to help people to get knowledge and support them to attend things. Community transport. | Jun 27, 2013 1:12 PM |
| 2 | Employ and train well future carers and allow them time to become acquainted with their client | Jun 6, 2013 11:11 AM |
| 3 | Accessible, affordable lunch clubs 7 days a week. Full time assistance, especially after a hospital stay. After all, it is cheaper than staying in hospital. | Jun 6, 2013 9:39 AM |
| 4 | More community based services required e.g. for the East End of Glasgow Stobhill Hospital is the nearest out of hours facility which is not convenient and can be expensive to reach. | Jun 5, 2013 2:32 PM |
| 5 | we should be going back to were they were important and got quality time and care | May 29, 2013 11:56 AM |
| 6 | Appoint exercise leaders to local health centres who will provide appropriate fitness related activities. Improve chiropody services. Community Wardens (see above). Inserts into secondary school curriculum (see above) | May 28, 2013 5:05 PM |
| 7 | focus on inappropriate admissions from care homes. why an oral antibiotic for an infection requires a hospital stay baffles me | May 24, 2013 1:16 AM |
| 8 | Community cafes, exercise classes and walking groups to promote health and enable social interaction. | May 23, 2013 7:21 AM |
| 9 | Agree with a medical step - up unit to avert hospitalisation; also agree with a rehabilitation / convalescent service to allow further rehab / time to assess an older person's needs prior to pushing a decision on him / her or his / her family to look for a care home. | May 22, 2013 3:38 PM |
| 10 | Convalescence and anticipatory care. | May 22, 2013 1:23 PM |
| 11 | Enablement at home - home care to become home support where service users are ASSISTED to carry out tasks themselves not be treated like objects and have care "done" to them. | May 20, 2013 1:42 PM |
| 12 | Rapid response 24/7 community care services well and appropriately staffed and building up an evidence base for what can realistically be assessed and managed in the community and rapid access pathways to hospital for those whose medical needs require hospital. | May 13, 2013 1:51 PM |
| 13 | Greater access to telecare with a body established for joint procurement by RSLs across the city | Apr 29, 2013 9:11 AM |
| 14 | Dentists for older people. | Apr 24, 2013 12:39 PM |

Q8. What in your view should be our top priority over the next three years for improving services for older people?

| | | |
|----|---|-----------------------|
| 1 | more choice, self directed support, consultation with older people about what they want decreasing delayed hospital discharge Helping people to plan for their future. e.g. Power of Attorney | Jun 27, 2013 1:12 PM |
| 2 | Better education regarding diet and fitness | Jun 6, 2013 11:11 AM |
| 3 | Affordable, caring help. Training the carers to CARE. | Jun 6, 2013 9:39 AM |
| 4 | Ensuring that the views of our older people are listened to and adhered to. It is also imperative for Housing Associations who have experienced housing staff to receive appropriate funding to all them to expand on their current services. | Jun 5, 2013 2:32 PM |
| 5 | making sure carers have quality time and dont have to rush these people after all they are human and need quality care and time instead of this task and finish | May 29, 2013 11:56 AM |
| 6 | Improving the quality of housing as indicated earlier. | May 28, 2013 5:05 PM |
| 7 | ensure that the areas older people are cared in are fit for purpose. the units in glasgow royal are appalling in design and are not conducive to safety and health and well being | May 24, 2013 1:16 AM |
| 8 | Site all social care resources in the community rather than hospitals, amend discharge protocol to make a return home the expected outcome. Admissions to care undertaken from community if rehabilitation is unsuccessful and shown to have too high risk. | May 23, 2013 7:21 AM |
| 9 | increased, city wide dementia support services due to the expected increase in the number of older people developing dementia. As stated previously, dementia presents specific challenges to SW and NHS and as such should have specific services, both community based and residential care based. Frail older people with medical conditions / problems present will benefit from person-centered community services and Smart technology in addition to robust NHS community services but dementia sufferers absolutely require specialised services. | May 22, 2013 3:38 PM |
| 10 | Step-up/ step down (intermediate) care. | May 22, 2013 1:23 PM |
| 11 | Increased enablement to remain independent and take part in activities service users want at times they want - again as opposed to the default position of daycare and befriending (which is seldom available) | May 20, 2013 1:42 PM |
| 12 | Realistic resource planning , using interventions with an evidence base so that waste is reduced and efficiency improves. | May 13, 2013 1:51 PM |
| 13 | Taking the time to ensure we get it right | Apr 29, 2013 9:11 AM |

Q9. Do you think we have missed anything from our draft plan?

| | | |
|----|--|-----------------------|
| 1 | no | Jun 27, 2013 1:12 PM |
| 2 | More emphasis on commutation | Jun 6, 2013 11:11 AM |
| 3 | The financial aspect was not discussed enough. | Jun 6, 2013 9:39 AM |
| 4 | No the Plan is very comprehensive. | Jun 5, 2013 2:32 PM |
| 5 | yes you should be speaking to the carers they the ones on the front line not managers who just push paer and dont know most of the clients | May 29, 2013 11:56 AM |
| 6 | No | May 28, 2013 5:05 PM |
| 7 | will you ensure those who care for older people are specialised and properly trained. this is your big chance to change the cinderella attitude that has pervaded elderly care for decades | May 24, 2013 1:16 AM |
| 8 | BME considerations and equality issues including sensory impairment could be given more prominence. | May 23, 2013 7:21 AM |
| 9 | Glasgow City Council and Greater Glasgow NHS need to admit that the poor health of many of its residents has resulted in higher rates of care home admissions as well as longer periods in hospital. It has taken decades for the overall health of Glaswegians to deteriorate to the current levels and it will take years if not decades for this to improve thus comparisons with other cities whose health problems and poverty problems are not equivalent is not entirely fair or helpful. | May 22, 2013 3:38 PM |
| 10 | As above. | May 22, 2013 1:23 PM |
| 11 | Where is the evidence that community services can offer a realistic, credible alternative to hospital admission for what acute conditions, or acute exacerbations of chronic conditions? The plan has some very big assumptions at its heart and there appears to be no robust risk assessment for current services being changed by this plan , why not? | May 13, 2013 1:51 PM |
| 12 | No ..obviously Im coming from a housing providers perspective | Apr 29, 2013 9:11 AM |
| 13 | Dental health for older people with their own teeth and with dentures | Apr 24, 2013 12:39 PM |