

RESHAPING CARE FOR OLDER PEOPLE

DRAFT
JOINT STRATEGIC COMMISSIONING
PLAN 2013-16

NORTH EAST SECTOR
ENGAGEMENT EVENT REPORT

13 JUNE 2013
1.00-4.00 PM
REIDVALE NEIGHBOURHOOD CENTRE
DENNISTOUN
GLASGOW

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

ENGAGEMENT EVENT

13 JUNE 2013
12.30-4.00 PM
Reidvale Neighbourhood Centre
13 Whitelvale Street, G31 1QW

OUTLINE PROGRAMME

12.30 pm	Registration and buffet lunch	
1.00 pm	Welcome and introductions	Stephen Fitzpatrick Strategic Head Adult Services
1.05 pm	Introducing the joint strategy – the need for change	Helen Macneil CEO Glasgow Council for Voluntary Sector
1.15 pm	Partner perspectives: <ul style="list-style-type: none">• NHS• Social services• Housing	David Walker South Sector Director, Glasgow City CHP Stephen Fitzpatrick
1.25 pm	Group discussion	
2.20 pm	Tea/Coffee Break	
2.30 pm	Partner perspectives: <ul style="list-style-type: none">• Housing• Scottish Care• Third Sector	Patrick Flynn DRS Glasgow City Council Ranald Mair CEO Scottish Care Helen Macneil
2.50 pm	Group discussion	
3.45 pm	Feedback	Stephen Fitzpatrick
4.00 pm	Summary and Close	Stephen Fitzpatrick

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?

- Everyone in the group agreed with the decision
- The vision is good, but what about the quality of life – what is defined as old? Someone in their 70's needs are completely different to someone in their 90's
- One thing affecting elderly people is fuel poverty, how will their financial needs be met if people need to have their heating on all day
- There will be a point when the welfare reform changes impact on the elderly what will happen then
- How will the outcomes be delivered
- The housing role could be enormous
- Housing officers are not aware of their elderly tenants needs, housing officers should be doing more to check on them

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

- The group thought that change was necessary but everyone's needs will be different – wide range of age 65 -100
- Family dynamics are changing not the same family care now – more people are dependant on services/support
- Health and inequality still exist
- Strain on families as parents are living longer
- Some elderly people will not accept services going into their home
- Some family carers can be in their 60's – 70's because people are living longer
- People need to be educated – the image of care/carers need to change – promoting care not for people to see it as a failure but positive
- Need to watch vocabulary sayings like ' people living older' can make older people feel like a burden on society
- In the past families rallied round, now younger people are saying – There are services out there for that it's not our responsibility.

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?

- This statement was agreed with
- Support in the community needs to be good
- A lot more support services required especially for family cares
- Need more specialised support groups to offer good quality community care projects like Alzheimer's Scotland

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?

- It will make a big difference working with communities but, it is important that all people's/agencies inputs are taken on board
- Important to target the people who this is effecting (older people) consultation must be wide
- Will the facilities be there to support people
- Need consistency across the city with services
- Services are available it needs to be easier to access information on services

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

- The media – TV, radio, newspaper, mailing lists need to advertise services more
- Monthly newsletters sent to organisations – could highlight one organisation each month and let people know about the service, how to refer, etc
- Twitter/facebook
- Co-ordinator to liaise with all the agencies and keep them up to date with services because information changes so quickly
- Certain protocols for emergencies – needs consistency and let people know what to do (procedures)
- Number of workers could be working with one person but everyone is doing different things important to share information with agencies

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

- Using sheltered housing that already exists and encouraging people in the community to use it - could use day room instead of people sitting at home being isolated, maybe once a week get a wellbeing check, have activities. Could work in partnership with housing offices who could identify elderly people on their own
- More 'very shelter housing' that offers 24 hr care, this will allow people to have their own tenancy but also gives people choice and more flexibility
- There is a big gap between sheltered and very sheltered housing
- Not enough sheltered accommodation for elderly people

Question 7. What in your view should be our top priority over the next three years for improving services for older people?

- Meeting people's needs and giving them choices
- Cordia given more time to attend to people instead of all their tasks timed
- Different levels of home carers depending on the needs of the person
- People given a budget to choose their own care
- Recognise that sometimes people find it difficult to make choices and feel under pressure to do so

Question 8. Do you think we have missed anything from our draft plan?

- What is going to happen after the consultation
- Any plans to build more different levels of sheltered housing

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 ways? If so how?

- We broadly agree that more community based services is a good idea.
- We think perhaps the pace of change proposed is too fast.
- We think that hospitals are good facilities to have, and are the best place for people at certain times. However we do think that more help in the community would stop people catching infections in hospitals.
- More drop-in type centres and community centres would be useful.
- People can't only be encouraged to change their lifestyles/ habits as older people, they need to be encouraged when they are younger.
- People of all ages should be encouraged to look after themselves more.

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

- We think there is a need for change.
- Care in the community was good but there was a lack of support available – e.g. when Lennox Castle closed people felt there was a lack of help in the community for them.

- The current set-up is to wait for a crisis to occur and only then intervene.
- It seems like preventative care is a good plan.
- We wonder who will carry out these early interventions.
- We think that less hospital places and more community services is a good idea.

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?

- Do you agree or disagree with this? If you agree, what do we need to do differently to make this happen?
- We think that GPs need to be more neighbourhood / outreach focused – e.g. how do they reach ‘the old person rotting at home’ if the old person will not seek their help.
- Paperwork seems to be more important than health concerns of people. GP’s should have staff to support them delivering care.
- We agree that most older people do not want to go into hospital, but carers of these older people often want the best medical care for their cared for, and this can have an influence on decisions.
- People have a fear of hospitals.
- More support in the community is required, very often home helps only give 5 minutes of care, they are too tightly timed.
- Home helps used to cook meals and spend time with service users, could this happen again?
- Use more voluntary groups as befrienders, or have get to know your neighbour schemes.
- In hospital you are ‘not invisible’ but in community settings you might not be a priority.
- Many people do not have family support, isolation can be a killer.

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?

- Use more voluntary groups as befrienders, or have get to know your neighbour schemes.
- More one stop shops would be good – it would remove the need to go to various different centres.
- This is a good idea, but we think that if people are already in groups they already have a support network, the difficulty would be the people who are not members of any groups and are not interested in groups.
- Older people are a good resource as volunteers.
- More money would be needed to make this happen – it cannot be don't on the cheap

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

- Transport is a key element, for example Stobhill hospital is very difficult to get to.
- Perhaps advertise in doctor's surgeries, libraries, adverts in newspapers and on public transport.
- More outreach services – leaflet houses and get people in their homes.
- Routine is important to people older people get set in their ways – how do you break into these routines?
- People get information on services from their care managers.
- Churches and religious groups are very large parts of some people's lives, they deliver meals and so on, we could link into them? But we're not sure who does what.

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

- Develop better dementia care in the community, people with dementia wander, how can this be managed?
- People's health can deteriorate quickly in hospital, more activities for people with dementia, some stimulus to 'keep them going'.
- Perhaps training carers / family to properly look after people.
- We feel that sometimes patients are neglected in hospitals, they need better staffing.
- A service which links into music / reminiscence as these resonate with people.
- More dementia and Alzheimer's services are needed.
- Physical activity is good for staving off dementia, more active services for older people.
- Services for people with multiple health issues like mental health and physical health problems should be developed to cater for people with both conditions.
- We don't feel there are services which cater for younger people suffering from 'older people's conditions' e.g. people of 50 with dementia are declined access to services which are only for people over 65. We suggest that you remove age barriers to services.
- Mental health services seem to be neglected, suicide is common in Glasgow, but little seems to be done about this.
- Services which connect people to their community would be good, but this needs better infrastructure, community centres, community rooms etc.
- Services should link to people's hobbies and interests as younger people. Walking groups are good, even if these are only for short trips like tours of football stadiums.
- Training in memory work for dementia / Alzheimer's sufferers.
- Housing is an issue, I'm happy where I live but I'm three floors up, access might be difficult eventually but I don't want to move, you should explore ways of getting lifts into properties.

- How do you modernise tenements for health purposes? The budgets aren't there to build new suitable houses.
- If you move an older person from their home into a new area this inevitably causes deterioration in their health. Change is difficult thing to deal with – moving is a big stress. No-one wants to move house if it can be avoided.
- Perhaps more respite / alternative care help for temporary situations – allow carers to go on their holidays etc.
- We need more diverse services one size does not fit all, at the moment it's cordia, cordia or cordia.

Question 7. What in your view should be our top priority over the next three years for improving services for older people?

- Reducing admissions to hospital should be a priority.
- Getting more people from hospitals into suitable services.
- Some type of intermediate care unit between hospitals and home, a half-way-house to get you prepared for going back home, but that keeps you out of the hospital environment. This would encourage people to leave hospital. Knowing this care was there would help people relax; they would be less likely to catch infections and so on.

Question 8. Do you think we have missed anything from our draft plan?

- Detail on how these services will be advertised.
- There's not enough specific information in the plans, are there any case studies or examples of how it all might work?
- What does it mean to the average person? What will the money buy for us? What exactly is being considered, if we know these plans it may help spark ideas of our own.
- We read that weekend mortality rates in hospitals are higher than normal, there does not seem to be any mention of this.
- We know the current 'pathway' you get sick, you go into hospital, you leave and go to a care home. What would the new pathway be like?

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 ways? If so how?

- Broadly, agree that getting people out of hospital more quickly is a positive thing as it is good for the older person and good to free up blocked hospital beds, so long as the resources are in place at home to make it safe for people to be back home.
- Feel that cutbacks are being targeted at older people. Recognise the need for savings, but examples such as the recent introduction of charging £12/month for community alarm services is unfairly targeting the most vulnerable.
- Some people in Sheltered Housing complexes are refusing to pay the new charge, because they thought the cost was included in their rent. However, no-one has come out to disconnect the equipment, and they want to know what the position is in terms of charging if they pull the alarm cord by accident.
- Also, a concern among residents that this may only be the beginning in terms of charges, and that charges may increase.
- Many people go to accident and emergency rather than visiting their GP which isn't good, but it is often because people can't get an appointment with their GP for a long time.

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

- Yes, we understand and agree that change is needed to enable people to leave hospital earlier, and understand the pressures on budgets.
- The changes have to be properly funded, no point in removing hospital services if there's nothing in their place to support the people who would previously have gone into hospital.

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?

- Funding was seen as an issue for community based groups so this would need to be looked at as a priority if we are expecting community based groups to make a difference.
- The main issue for many older people is social isolation and it was felt that community groups could have a big impact on addressing this through activities and opportunities in befriending, daycare centres, clubs, activities, outings etc. Some excellent examples were given of activities which run in Sheltered Housing complexes which are very well attended and which help reduce social isolation. (themed nights, activities, etc)

- Community transport is also seen as vitally important in enabling older people to participate in community events and reduce social isolation. Transport is a major barrier to a number of older people in terms of accessing services.
- A proposed solution to this was seen as an up to date, easily accessible and widely distributed directory of locally based activities and opportunities for older people in the local community. While an online version was seen as useful, paper copies were seen as necessary, as not all of the target audience will use computers.

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

- The group strongly recommended producing an easily accessible guide to local services, in print as well as online. It should be widely distributed in places which older people visit including health centres, GPs surgeries, libraries, local shopping centres post offices, buses etc.
- Having links with transport providers to provide community transport would improve access to services. Many people would like to use services but can't reach them.
- More public information through local radio, television, leaflets, local papers, post offices, shops, and adverts on buses and bus shelters were seen as good ways of informing people about local services.
- An easily identifiable 'logo' or brand showing community services for older people would help draw attention and increase access.
- Stop using jargon and abbreviations, and use Plain English instead. Jargon is a major barrier which can prevent people from accessing services, because the language itself is inaccessible, and so people 'switch off'.
- Make sure the people who are speaking on behalf of the partners are appropriately trained in public speaking and don't use jargon and abbreviations, as again, it makes people switch off, and therefore reduces accessibility to services.
- The group strongly advised using existing channels and venues and bringing services to them, instead of putting services on and expecting older people to reach them. An example was the common rooms of sheltered housing complexes.

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

- More sheltered housing complexes that are tailored to meet varying levels of need.
- More joined up communications with housing staff so that people coming out of hospital can get ground floor flats if necessary.

- Local drop in centres where you could see health practitioners at accessible times and places, such as having a GP or practice nurse visiting an older person's day centre once a week.
- Homecare that is affordable.
- Day centres that can be easily reached.
- More services that appeal to people and encourage people to leave their houses and meet up like the ones which take place in sheltered housing complexes (steak pie night, baked potato night etc)
- Use libraries more for events for older people. Sometimes, they are too noisy and have lots of schoolchildren there when older people want to meet

Question 7. What in your view should be our top priority over the next three years for improving services for older people?

- Overall, more flexibility and focus on the serviced user rather than the supplier's operational needs. For example:
- Home helps doing more than they do now. We would like their remit to be widened to more than just shopping and supplying microwave meals.
- More choice and flexibility around what home helps do for us.
- More flexibility around timings of home care visits to meet service user needs, not organisational needs.
- More flexibility and customer focus around day centre opening times. Would like them to be open at weekends.

Question 8. Do you think we have missed anything from our draft plan?

- Yes, we need to have service users represented on the partnership, so that services are provided in partnership with older people, not merely delivered to them.
- Links to transport providers – should be part of the partnership.
- Links to housing – should be part of the partnership.
- Need to demonstrate that the partnership truly understand the issues that affect older people in Glasgow.

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 ways? If so how?

- Yes, we agree with the vision, but there will always be a need for Care Homes. Feel there should be more emphasis on community facilities and activities in order to reduce older people's isolation.

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

- Agree with the reasons and that change is needed, but do not feel there is much detail on how it is going to be carried out. Also, what easy read information is available for people to understand the strategy easily.
- What about the housing profile, not getting recognised for the preventative work that is carried out. Have hospitals signed up to the strategy, and GP's as well.
- It should also be outlined how the strategy and any new services are going to be evaluated, and whether this strategy is set in stone or can be changed.

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 agree with this, but we need a joined-up approach, services do not always match. i.e sheltered housing not told that resident is getting discharged, to tie in with homecare, relatives etc
- We need a clear list of what services/resources are available and how to access them, better information generally, tenancy sustainment

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?

- This will make a difference, need to work more closely with housing providers, used to have sheltered housing provider meetings which were useful, but not any more. They should be resurrected.
- Understanding within the group that Silver Deal initiative can only be used by GHA.

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

- Communication in all public places, such as libraries, GP surgeries, community newspapers etc

- The infrastructure is there, but the information needs to be coordinated, all RSL's have newsletters for instance. Look at the new council "Your Support, Your Way" portal, look to develop SCD further, Community Health Services are also looking to have one contact telephone number.

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

- Better at home palliative care-options and choices about where the person wishes to receive this.
- Local community services-places to go where you could services like chiropody/physio (without necessarily making an appointment)

Question 7. What in your view should be our top priority over the next three years for improving services for older people?

- Preventing unnecessary hospital admissions and sustaining community living. Disaggregating the funding/resources, requires partnership working to achieve this, joined up working.

Question 8. Do you think we have missed anything from our draft plan?

- More focus on housing and what housing providers can do.