



Reshaping Care for Older People

Draft Joint Strategic Commissioning Plan 2013 – 2016

Engagement Event

27th June 2013
12.30pm - 4.00pm

The Albany
Learning and Conference Centre
44 Ashley Street, Glasgow



Programme

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



ATTENDING

Alan Gow	
Andy Forrester	Pensioner Action Group East
Anne Butler	Bield Housing Association
Becca Gatherum	Scottish Care
Bernadette O'Hare	Lotus Senior Living
Catherine Shields	
Claire Dixon	Glasgow City Council
David Walker	Glasgow City CHP
Diane Wilson	Voluntary Action Fund
Emma Citti	Queens Cross Housing Association
Fiona McCann	Bield Housing Association
Gillian McCamley	GCVS
Iona Macauley	GCVS
Iris Lawrie	Crossroads
James Duncanson	
John Burns	North Connections Senior Forum
Kate Walker	
Lesley Benzie	Life Link
Lesley Ritchie	Life Link
Lisa Martin	CHCP
Liv Malcolm	Social Care
Liz McEntee	GCVS
Lorraine Kennedy	
Louise MacDonald	Lilfelink
Margaret McDonald	GCC Social Work Services
Nanette Paterson	Scottish Care
Rachel McCann	Balornock Senior Forum
Ranald Mair	Scottish Care
Rene Rigby	Scottish care
Richard Allwood	Queens Cross Housing Association
Rosemary Kennedy	Voices for Change
Sandra Blair	GCC Social Work Services



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 way? If so how?

- Yes
- People generally agreed that the vision was good, but there was some cynicism over whether there will be the drive and the money to carry it out. There is a real need for culture change around statutory services that support older people. There needs to be more focus on the quality of care, with care workers given ample time to spend with service users, especially those with dementia.
- Delays in diagnosis affect people, pushing them into crisis before they receive adequate help. The way people are prioritised, due to pressures on social work staff mean that it is often designed to help only people who are in crisis, meaning that a person's condition deteriorates – often unnecessarily, due to waiting for assistance. This needs to change.
- We need more specialist units capable of dealing with dementia and memory loss clinics.
- Co-location of services where there are proper communications systems in place would be a good idea to encourage a change of culture around partnership working.
- One particular aspect was singled out – Power of Attorney as cases often get “stuck” because of the lack of knowledge for families and older people themselves about what will happen when they can no longer make decisions for themselves.

Question 2

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

- Yes
- Agree



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?

- Yes
- Social Work staff should be able to make direct referrals to clinical services and not always have to go through GPs. This would help with delays in diagnosis and treatment, perhaps enabling people to stay at home for longer.
- More resources must be directed towards dementia to improve understanding of the condition and how it progresses differently for different people.
- There needs to be more training on dementia across the board.
- There should be more support for day centres and carer's centres.
- Social Care Direct will often deal with single issues – perhaps relating only to the medical condition in question when there is an opportunity to signpost people to others sources of help as they may have multiple issues (for example, financial problems or mental health issues).
- Too focused on crisis at present – people are passed to social work too late. Instead of people left on waiting lists they could be referred to other specialist organisations that could help. There needs to be more knowledge of what's actually out there. Social workers need to know this so that they can refer people to groups/organisations in their local area.
- The 'Keep Well' model was mentioned as an approach which should be extended to older people.

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?

- Yes
- A culture change is required in statutory services – they must learn to “let go” of power and resources to ensure these services are developed and are sustainable. These groups must be recognised as vital partners in the preventative agenda.



- The public sector is too focused on the use of Cordia, which can often be presented as the only option for people who receive care.
- Move the focus of care to the local level. Social Care Direct appears to be moving towards centralisation instead of localism.
- Resource local groups and services appropriately so that they can provide high quality care and services.
- Redirect money from Cordia to local organisations.
- Older people in need of care need to know they have choices over who provides this.
- Community benefits from commissioning of services should be taken into consideration.

Question 5

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

- There is perhaps a need for the third sector to take services to users and not rely on people coming to them.
- Community dementia awareness – banks, stores and families need to know the signs of dementia so that they can respond appropriately to someone who may be exhibiting symptoms.
- Statutory organisations need information about what services are available locally. Connections need to be made across all sectors and between organisations.
- A database which has a list of local services would be useful.
- Networking events where organisations can speak to each other about the services they provide.

Question 6

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

Design innovate services that are based around individual need. Get rid of the box ticking culture when determining priorities.

- Accept that Social Work cannot do everything – there needs to be shared responsibility across all sectors.



- Carers - need support and counselling to deal with their emotions.
- Homemakers were mentioned – people who will make homes fit for habitation, white goods, furniture, etc. These goods could then be ‘recycled’ – there could be a bank of goods - when the need for them had passed.
- There needs to be decent furniture, appropriate to needs (trips hazards from old or ill fitted carpets were mentioned).
- There is a need for more social work assistants to take the pressure off staff who are dealing with crisis situations. A more balanced blend of people who can respond to different needs at different times would help.
- There needs to be a supply of decent furniture, appropriate to needs (trips hazards from old or ill fitted carpets were mentioned).
- Overnight care in the community – an “awake” service as opposed to sleepovers.
- Develop supported housing/living for those who don’t need care homes but may need some support and supervision over 24hr time periods to keep them safe.
- People who had been referred for reablement – one social work attendee said that none of her referrals were deemed eligible due to their need for a hoist once a day. There was a view that each case had to be examined on an individual basis – looking at the whole person and their ability to cope, and what will help them cope, not just box ticking.
- Develop more supported housing/living for those who don’t need care homes but need support and supervision to keep people safe.
- Some people are in care homes unnecessarily at present because there is such little understanding of dementia – both in the healthcare systems (especially GPs) and the wider public. Families should be given more support so that they understand dementia and its impact on their family member and the wider family. General practitioners should receive training on dealing with dementia patients.
- There is a need for more daycare services – and for different contract validation processes?
- What in your view should be our top priority over the next three years for improving services for older people?
- Making professionals, older people, carers and the public aware of what services are available locally.
- Resourcing of small community services are the key to prevention



- Streamlining access to services for faster responses and preventative action.
- Increase general awareness of dementia and the impact that this disease can have on behaviour and manner so that people can recognise when somebody may be showing symptoms.
- Keeping it local
- Waiting lists for Social Work – this came up time and again as a key area to focus on. Social Care Direct and other stakeholders should be made aware of what other services are available locally.

Question 8

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

- More examples on how things would change on the ground could be included – someone's journey – how it is now and how it should be in the future. You need to capture people's imagination with this and generate excitement among staff, service users and carers about how things will change.
- Make older people ambassadors to other older people. Those in receipt of services and with local knowledge can help disseminate information more widely – to neighbours, perhaps.
- Communities and neighbours must take ownership of the plan and realise that it is a collective responsibility to ensure older people with care, support and social needs are identified and listened to.

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?

- Yes Glasgow should be a great place to grow old.
- We need to go beyond services and be more focused on outcomes.
- More information and advice – people don't know what's out there and how to access it.

Question 2

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



- Not in terms of how the services will be changed and how they will be resources.

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?

- More compassion within communities for older people.
- More models of housing with mixed generations.
- Trust is a big issue - staff who are in people houses need to take the time to build trust and they need to communicate any changes to services better.
- Think about the impact changes will have on staff.
- Treat older people with respect and dignity.
- Issue for Cordia around not getting the time individuals are paying for.
- The plan doesn't explain what telcare/telehealth is or what the opportunities are for people to access these services.
- What is the budget for telcare/telehealth?

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?

- Must involve communities in new builds – many existing building are not fit for purpose.
- Listening to what people want in terms of community engagement – not putting staffs own ambitions at the forefront and or overly generalising.

Question 5

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

- Give more thought as to how you reach people who don't access any services and fall through the net.

Question 6



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

- Good morning phone call services.
- Cordia system needs to change, e.g.,
 - They need to spend more time with people
 - The service needs changed in line with RCOP
 - They need to check more on people that don't answer the doors when they arrive
- Spend more time with people.
- More handyperson services.
- Stop the transport postcode lottery.

Question 7

What in your views should be our top priorities over the next three years to improve service for older people?

- Focus on outcomes.
- Change Cordia.
- Removing the postcode lottery of services because it's ok for people that know the system but most people don't.

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?

- Don't think Glasgow will ever be a great place to grow old (we're talking about poor disadvantaged and ill not the better off).
- Yes it would be great.

Question 2

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

- Yes agree
- Yes we need to shift from acute to low level preventive services



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?

- Yes but only if you are living a good quality of life.
- What is the interim between home and hospital? Convalescent homes?
- Need to cut down on bureaucracy.
- Medical setting might be appropriate in some cases where condition deteriorate – is there a way of having wards that are “lower level”?
- How much money in hospital is geared towards older people? There are too many unknowns in this plan!
- What specifically is draining the resources?
- Don't want to go in to a care home and sit in a chair all day.
- The cost of the independent sector is a concern – even if it is self-funding its very high cost and it's difficult to get a place.
- Self-directed support is good but you don't know what you want until you need it.
- Personalisation isn't working.

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?

- You need to support communities to support this change – will it be any different than before? Need to allocate the resource to support community groups.
- Listen to communities.
- We don't want to spend a lot of time in hospital but with Cordia if they are failing they will hide it.
- The care in the community programme was good but there was no money to support it.

Question 5



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

- Mapping data can be useful.
- Edinburgh has a directory of all the city orgs – but these things need updated and staff need to be trained to signpost well.
- Access to information should be available in health centres, community centres, churches.
- Pre – diagnostic information in the city about long term conditions.
- Use appropriate language stay away from jargon.
- Helplines that are not focused on numbers but rather on helping people.
- Help people to navigate through the system.

Question 6

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

- More geriatricians, psychotherapists and condition specific staff based in the community, the Maggie centre is good at this.
- Encourage healthy lifestyles for mind and body.
- Work with networks and create networks for older people.
- Tie in with the ten year consultation carried out by Go Well.
- Centres like the Bamerry centre were supposed to be built in every area.

Question 7

What in your views should be our top priorities over the next three years to improve service for older people?

- Prevention.
- Transparency around services being delivered – so that we can make informed choices.
- Service for people when they are discharged – should housing be responsible for this?
- Make the two big agencies more responsible – take away from them and give more to TS Sector or independent sector.



- Public agencies need to be more accountable.

Question 8

Do you think we have missed anything from the plan?

- More investment in dementia.
- Talk more about what will happen locally, i.e. primary care teams and preventative services. - this is who we are working with not strategists.

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?

- Yes but it will take a lot of investment and working with communities to make it happen.

Question 2

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

- Yes it needs to change but more information is needed on how it will change and what resource will be committed.
- Need to say more about the specific changes that can be expected.

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?

- Change Cordia – it is too task focused – we should be able to choose the type of support we are paying for it e.g., house work which they no longer do.



- Cordia would leave an older person to change the light bulb – how does that fit in with the principles of supporting people to stay at home?
- Need to have a better continuity of staffing who are entering into individuals' houses.
- Some Cordia staff want to do more to help but can't as they are scared of getting into trouble.
- Cordia staff are overloaded.
- Need to invest in more of care and repair services.
- The plan needs to address how it will get better at providing information and advice – there is a lack of good accessible information and advice at present.
- We need to address how we will reach people that are not involved in projects or services – these are the most likely the people that end up in crisis.
- Find the hardest to reach people through community groups and individual that are involved in activity.
- Need to promote a better sense of community and make it ok for people to help their neighbours again - people are scared to offer help now.
- We need to have some way of checking in with people daily – who are vulnerable or living alone e.g, by using services like the good morning project.
- The plan needs to address how we move away from the risk averse culture we have created.

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?

- Work with day centres.
- Invest in making existing building better and programme them with more activity.
- Encourage people to take responsibility for their health and deliver services that show them how to.

Question 5

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



- Work with housing associations they are a great example of how reach and inform people.
- Use public campaigns – go to shopping centres, churches, pharmacies etc
- Make it accessible at a local level.
- Find a way of getting to house bound people that are not engaged – to inform them about the support on offer (again, housing would be good at this).

Question 6

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

- The community alarm services should be free and all older people should have one.
- More service like the food train and Good morning project.
- Corida system needs to be reviewed – the management has good aspects and they get trained well but it's not working. It needs to be reviewed in line with RCOP and SDS principles.

Question 7

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

- More service that give practical support around the home.
- Make it easier to contact professional for help.
- Reduce waiting list for podiatry, OT's and housing aids and adaptations.
- Better transport links to help older people get out and about.

Question 8

Do you think we have missed anything form the plan?

- Transport

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?

- The group agreed in principle with the vision for Glasgow and the aims of the Joint Commissioning Strategy. They agreed with the direction of shifting the balance of care and they believe that older people wish to remain in their own homes for as long as possible.
- The group then went on to discuss their concern regarding:
 - Standards in hospital/ abuse in care homes
 - Transport Issues
 - Political conflict
 - Other policies such as the bedroom tax

Question 2

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

- The group did understand why services need to change and agree that change is needed. However there was some concern about where the money would come from to deliver these changes (aside from the transformation fund).
- People wanted to know how will the plan be updated and importantly how will they be informed. How will this be communicated and can it be in a language or format that older people can understand.

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?

The group agreed that there should be less reliance on hospital services. They thought that more could be done to support people at home. The following are some of their suggestions:

- One individual commented that there should be more specialist nurses for older people based in the community.



- The group thought there should be more face to face consultations rather than reliance on NHS 24.
- The group would like to see more community spirit and things being developed in their localities.

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?

Yes this would make a difference; the following are the group's suggestions as to how this might come about:

- Better transport links
- Meal delivery service, develop a food train
- Local co-operatives should link more closely with community groups.
- More intergenerational activity, participants felt that more could be learned from young people.

Question 5

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

- Communication - How do people find out what is available to them. Need better information and more consultation.
- More access to technology.
- Talk to local groups like the co-operatives to inform them of what is available.
- Better access to transport in particular the buses. The raised pavements are causing problems as people have to walk on to the road to stop the bus, its putting people off going out.

Question 6

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



- Resource workers/locality link workers that can help connect people who are isolated to local community groups/services.
- More appointments that could be done at home. For example a specialist nurse that could visit older people rather than them having to travel to appointments.
- More advice places locally
- The groups commented that it is sometimes hard for older people to visualise what new services should be developed because the messages from the politicians is cuts cuts cuts. Therefore, as the joint commissioning plan is about development etc it seems at odds with the other political messages.

Question 7

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

- Making it work and show us something that works - prove it is working.
- Keeping people at home for as long as possible
- Keep people out of hospital
- Get people out of hospital as quick as possible.

Question 8

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

- No, but the group felt that they would like more information on the projects that are already off the ground and started and how successful they have been.