



“A Bite & A Blether”

Summary Report on Eight Consultation Events with Older People in Glasgow

April to July 2013



1. Introduction

In Glasgow, the NHS, social work services, the Voluntary 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.

“Get people to come out and talk to us like you are doing today – it makes you feel that you’re getting a say and at the same time finding out about things.”

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 to July 2013. Eight events were held in total across the city. Two events were held in total across the city. Two events took place in the North East of the city, two in the North West and five in the South. Attendances ranged from eight people to 50 at these eight events. The median attendance was 27. There were between two and six facilitators at the eight events.

“It’s not just about the doctors – feeling that you’re still part of the community is a big part of it”.

Five prompt questions, based on the output from the Communications Team, were used for all eight events. After the first three events, three extra introductory questions were added to be used at the beginning of the subsequent six events (these were informed in part by the carers’ consultation).



This summary report collates key findings from across the eight events. The eight questions used across the consultations provide the structure for the report.

2. Summary of overarching themes

Below is a summary of the key themes that arose from the consultation events. More detailed feedback from the events can be found in **section 3**.

The Draft Strategy for Older People's services

In respect of the overall vision in the draft strategy, older people stressed that the plan had to recognise that access to hospitals and after care *when needed* was crucial in helping people to manage their condition, to stay healthy and well and to build their confidence after a stay in hospital. They also warned of the dangers of rushing people through the system just to free up beds e.g. discharging people without the right support in place.

Overall the older people consulted largely agreed with the vision but stressed that for it to work certain issues would have to be addressed. These are outlined below.

Key Issues

Information and advice: This was cited at every event as being central to supporting older people to keep healthy, and in preventing crisis situations arising. Participants felt that more had to be done to ensure that information was more readily available at the local level.

There were many stories shared by older people who had been supported by various local projects and organisations to access advice and information. For many older people this level of support was described as a 'life line' in helping them gain the support they required. There was also a sense that those involved in local activities were better connected to services on a daily basis and therefore were more able to get advice when needed.

"Promote information through local clubs, doctors surgeries, and housing associations

A lot of older people need more help and information to manage their money."

Suggestions for improving information provision included locating advice and information workers and health professionals in community facilities for a day a week, or for frequent surgeries. Better use of local radio and newspapers was thought also to be a good way of

reaching older people as well as making good use of local community facilities such as libraries, bingo halls and hairdressers.

Additionally, it was considered by some groups that more be done to ensure information is widely available in different languages and that interpreters are available when required. The need for more bilingual staff within support services to assist older people in both being understood, and in being clear on the advice they are given, was also seen as important.

Improved integrated working: Participants also felt that a key way that RCOP partners could move towards achieving the vision would be by prioritizing integrated working with each other particularly with a focus on sharing information. Across the events older people made a call for all those involved in delivering health and social care services to work more closely with each other and with individuals. This would ensure the right support is put in place particularly for individuals during hospital stays and throughout the discharge process.

Community Service and supports: Local amenities and activities for older people were deemed invaluable and critical to keeping older people healthy and well-connected to both their peers and the wider community. This was the verdict across all the events. Older people also spoke of the importance of being able to get involved in, and contribute to, their communities. They frequently mentioned the worth of local projects like the Nan McKay Hall, in helping to achieve this.

Community activities such as the Craft Café, Silver Deal, local IT classes, community centre activities and, having facilities such as libraries and local sports centres were among the many examples given of community activity and hubs that helped people stay active and connected.

These types of activities helped older people to learn new skills and discovering a new appreciation of different activities. They also helped in making new friends, connecting with old friends, and crucially, in feeling less isolated and lonely.

“The Pensioners action centre is brilliant”

“Community centres like Heart of Scotstoun are great – you get to know people you’ve been nodding at.”

OT Services & Aids and Adaptations: The majority of the groups stressed the importance of good local health services for older people such as OT, physiotherapy and aids and adaptations. Many older people, who had received such services quickly, described the



support as being crucial in helping them manage their condition/situation without reaching crisis point. However, there were others who had experienced long waiting lists and significant delays in accessing OT services and/or obtaining necessary aids and adaptations.

It was the general consensus that better coordination is required between partners like local housing associations and OT teams and that there should be more locally based OT services, to improve access to this type support.

Home Care packages: These were viewed as crucial in enabling older people to live independently at home when they required more support and in particular after a hospital stay. Some spoke of the positive impact it had in helping them to regain their confidence after illness or a hospital stay. Others made it clear that more work was required to reshape current packages of support.

For example people felt strongly that that the packages of support at present were overly task focused, and that more emphasis should be given to working on personal outcomes for older people and in increasing the time available for visits. Furthermore, some suggested that increased investment in staff training would help and also that there was the need for better overall coordination and monitoring of home care services.

Additionally some older people deemed it essential that more thought be given to ensuring that older people are allocated carers of the same gender as themselves and/or bilingual carers when necessary.

Community & Public Transport: Improved transport links within and between local communities, specifically to ensure good links to doctor's surgeries, hospitals and shopping facilities, were cited as clear ways of helping older people retain their independence and to keep active on a daily basis.

In addition Community Transport provision was seen as an essential support in helping older people to 'get out and about' particularly for those with less mobility and/or confidence. There was also acknowledgement of the value of services like dial-a-bus and it was felt that more

"The bus operators have changed all the number on the buses and even although they are not changing the routes! It's confusing – it's taken me ages to try and work it all out."

should be done to promote transport services like this, as well as patient and other community transport services.

Commonly participants also spoke of the lack of bus services in the evening and in some areas the lack of services generally. They also frequently referred to the difficulties in the ever changing bus routes and timetables that often led to confusion and the need for better communication around changes to bus services.

District nurses GP Relationships/Appointment: Lastly, most groups mentioned the importance of the role of GPs and district nurses in relation to helping them to cope with their situation/condition and in helping them keep healthy. It was evident that the participants valued being able to have a good conversation with health professionals and that it was important to them to feel that professionals were taking a genuine interest when working with them. They made a call for more flexibility in appointment systems, home visits and more support to manage their medication.



3. Responses to the consultation questions

Question 1

What keeps you healthy and well?

(note this question was asked at six of the eight events, and answered at five of those six)

Respondents talked of a wide range of individual characteristics and choices which contributed to feeling well such as friendships; family support; good neighbours; healthy diet; keeping active; good mental attitude; prayer; a sense of humour; being curious; being involved; i.e. contributing or helping; having a dog or a garden; getting to the hairdresser (confidence in appearance); having things to look forward to etc. Company was mentioned in all consultations which addressed this question.

“Before I started going I couldn’t walk the length of myself now I can walk to the community centre which is a mile away”.

The above factors were allied to and supported by specific activities or help available in the community.

“Fall prevention classes are great. I still do my exercise every day at home”

The specific supports mentioned included support from the NHS (reminders of appointments made far in advance for example), GPs (regular check ups, appointments when needed), Social Workers (in local area), Home Care (help with housework when needed) and AHPs (MacMillan Nurses *“helped get me back on my feet”*; access to chiropody).

Additionally a range of community interventions were cited as helping people to keep healthy and well at present e.g.

Groups

Being shown how to cook healthily

Walking clubs

Computer classes *“keep me going”*

Getting to Yoker Resource Centre for company

Pensioners action centre *“is brilliant”*

Getting the time to have a break away from caring for your partners

Lunch clubs

Textile classes

Scotstoun sport centre activity club

Coming to the Craft Café

Chair exercises in the centre

Carers group in the Nan McKay

Nan McKay Hall - *“saved me from going round the twist”*,

Question 2

What works for you if you find you need some help (e.g. if you are unwell, have an accident or whatever, so you may need help from GP, from social work, from Occupational therapist, physiotherapist)?

(note this question was asked at six of the eight events, and answered at five of those six)

Answers to this question spanned a range of sources of help :- GP-related; home care services; other statutory supports; community support; Information; and other supports. The following were raised as helping people, in terms of GP services, 'the personal touch', attentive GPs, a flexible appointment system, availability of home visits, medication reviews, and NHS24.

For home care service it helped when the service was appropriately timed. After discharge from hospital it was especially important that the home care service was unrushed. There were some comments echoing the view of this one respondent '*home help .. is not what it used to be when I was a home help*'

Other statutory supports which participants said they found of great help ranged from self-referral for physiotherapy through day centres and care alarm systems to falls prevention classes. In the words of one attender 'I still do my exercise every day at home'

The supports that people turned to in the community when extra help was needed, included the handyman service and services which offered respite for carers.

Some participants spoke of their need for information at such times. It as important, they felt, to have access to reliable information preferably passed on personally.

"Need to promote services like the handy person service more and also be clear on who can access it and how."

Apart from the more formal supports listed above some participants also spoke of the importance of emotional and practical support from family and neighbours.

Amongst all of the points made about specific sources of support some made the point strongly that they found good communication between services invaluable at times when they needed help.



Question 3

What helps you if you need hospital care?

(note this question was asked at six of the eight events, and answered at five of those six)

Most of the answers in this section revolved around the hospital itself, the environment, staffing and operational procedures. Participants spoke of how helpful they found it when they were met with skilled staff who had a positive attitude and the time to listen. Among the specific comments was *'Thanks to the SGH for saving my life'*, *'99% of time has been excellent'* and *'couldn't complain – treated well'*. Some spoke about how the environment helped *'Enjoyed room to myself after my hip replacement'*. Having sufficient beds and staffing were also raised as factors in a positive experience, while others reflected on supportive and empathetic reception staff, and on the value when given notice of waiting times.

The less positive answers spoke of the challenges of mixed wards / mixed toilets, and of being asked to keep an eye on other patients.

Appointments systems played a part in people's experiences of care in hospitals. If these were available relatively quickly, if rarely cancelled and if they mostly ran to time then people felt it led to a better experience for them. For those staying in hospital quick discharge and extra support on discharge were very important. Finally 'linkages' with the hospital were important whether that was in the form of transport or information sharing with GPs and patients.



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

There was general agreement across all eight Bite and Blether events that this was a good idea. One or two individuals - as opposed to groups – expressed concern that the plan was simply about cost-cutting.

Whilst concurring with the general thrust of the draft plan participants felt strongly that access to hospital still needed to be available and that people will need reassurance they are not being rushed home from hospital without the proper support where necessary.

“Most of us would prefer to be at home but if we need to go to hospital then we shouldn’t be rushed out either as that’s also dangerous”

Older people across all eight events spoke positively about being cared for in their own surroundings. The following points were highlighted in at least half of the consultation events as what needed to be done differently :-

- a) Improved Home Care packages
- b) Improved Joint Working / Communication between providers
- c) Better transport both public and community
- d) Better access to information and advice, which was locally relevant and accessible.
- e) Improved Community Supports

The main issues raised around Improved Home care were

- increasing the time available for a visit;
- being more flexible about what a home carer might help with;
- staff training (in some cases);
- improving continuity of home carer, i.e. same face more often;
- better coordination of time / overall monitoring and management.

Smoothing the transition back home after a hospital visit featured in Better Joint Working. At many of the events older people talked particularly about the need to rebuild self- confidence after a hospital stay (i.e. rehabilitation was more than restoring physical health).

Transport concerns included access to hospitals and GPs for appointments; also for practical matters like shopping, and for socialising and engaging in activities.

The Information related responses focused on the benefits of hearing information face to face, or over a phone (as opposed to leaflets etc. – transport becomes a factor in getting to places where leaflets are commonly left)

Improved Community Supports highlighted the need for more services which offered activity and company; also better access to services such as chiropody, podiatry, OT, falls prevention and physiotherapy. Also mentioned in this category were the value of practical services such as handyman; the reassurance of community alarms; and the benefits of good GP appointment systems.



Question 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? If so what should we be doing to bring this about?

There was overwhelming agreement across all eight events that closer working with communities and community-based groups would make a difference.

There were consistent comments across the eight consultations about the benefits of current local community provision – organisations, community centres, classes etc. Older people were also articulated their concerns about the threats to current local community provision. Participants across the consultations felt that people attending local community provision looked out for one another; they built relationships – “*where once you might have nodded at someone now you know them*”. Other community provision such as free swimming and the Silver Deal were also commended.

“You want your own independence and your own front door and people that you’ve known all your life round about you”

Alongside the long term continuation of community services inadequate transport to enable such engagement was also raised as a concern. This arose in consultations in all three CHP areas of the city.

The consultations regularly revealed gaps in information about services and supports. This was in addition to concerns about poor information provision generally. Again hearing information directly was the most common recommendation.

A range of services was suggested in addition to the current community services (see also questions six to eight for further suggestions) There were general calls made simply for more activities , more local clubs, more lunch clubs, and more exercise classes (such as Silver Deal). Among the commonly suggested specific services were befriending, handyperson services, and ‘meeting hubs’. Also mentioned were home shopping services, help with managing finances, availability of mobility scooters and support with adapting to new IT.

There was also a feeling that lack of confidence played a large part in people not engaging in valuable community services. Befriending, or a more informal version, was suggested as



one way to possibly bridge that gap for some people '*from staring at four walls to expanding their horizons*'

Finally in this section older people across a number of the events, also spoke about having opportunities to volunteers themselves. They felt this played an important role in challenging stereotypes of older people as simply passive recipients of care.



Glasgow and West of Scotland
Forum of Housing Associations

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?

Across the eight consultation events most of the traditional information outlets were suggested such as radio, TV, newspaper supplements. The following community resources were also mooted

Housing Association offices	libraries	shopping centres
health centres,	leisure centres	doctors
community centres	chemists,	local shops
social work offices	wardens / concierges	churches and buses

Also proposed were less traditional community options such as bingo halls, bowling clubs, local hairdressers and pubs.

The need to improve the dissemination of information seemed to strike a chord at each of the eight consultation events with people agreeing there were large gaps in information. Equally people spoke often about the advantages of word of mouth solutions over and above the options listed earlier. Such solutions included, for example, professionals giving talks.

“A lot of older people need more help and information to manage their money.”

Indeed many pointed out the consultation event that they were attending as being a specific example of the word of mouth communication that they were proposing.

This question also witnessed demands across the eight consultation groups for a one-stop shop. (although most were unfamiliar with the West Dunbartonshire LinkUp project this model appears to meet such a demand)

Question 7

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

(note - there is overlap with the answers to question eight)

The main areas covered by the respondents across the eight consultations (in order of how often these were raised) were

1. Community Initiatives
2. Allied health professional input
3. Transport
4. Information
5. GP-related support
and
6. Home Care

The answers relating to community initiatives were best summarised by the person who stated – *“A greater variety of well-resourced and supported activity within communities for older people”*. Included here were practical services and support such as help with gardening; meals on wheels; shopping support; organized days out for housebound people, handyperson services and community alarms.

Other initiatives which were mentioned included more befriending; more community venues; more craft café style initiatives; chairbobs; church-based activities. As previously, older people as volunteers was raised, with one group suggesting the use of retired tradesmen to do small jobs for older people.

“Sometime people just need to talk to someone on a daily basis about how they are feeling and what they would like to do.”

Under support from allied health professionals, attendees advocated

- improved podiatry and dietician services;
- better access to falls prevention support, physiotherapy and, particularly, chiropody;
- support from a ‘heart and stroke’ nurse out of hospital to monitor medication, activity etc.;
- more availability of equipment to support people at home e.g. with mobility problems.

Overall the emphasis was on the more local the better in terms of the provision of some of these services – with some suggesting that workers offered an outreach service, visited groups in centres.

All but one of the consultations mentioned transport in response to this question, i.e. the need for improvement in transport services. As one respondent said “(we need) *a service that meets the needs of older people*”

Under ‘information’ people referred to specific services / resources that were not (well) known e.g. dial a bus, chairbics classes, and the out of hours number for social work.

For GP services attenders across the events spoke about developing improved appointment systems. Additionally some events raised the potential for a regular MOT / health check with their GP as a preventative measure.

Among the developments which were suggested to improve the home care service were greater flexibility, more responsiveness and increased availability



Question 8

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

There were very similar responses to question seven in types of answer. The main areas covered by the respondents across the eight consultations were

- Allied health professional input
- Information
- Community Initiatives
- Transport
- Joint Working
- Home Care

AHP input

Community-based health and social care was a common theme, with specific demands relating to improved Occupational Therapy and adaptations services. There were also calls to prioritise the monitoring of food and drink intake following discharge from hospital; easier access to district nurses; and more locally available chiropody and physiotherapy. One consultation event came up with the suggestion for diabetes tests in clubs where older people gathered.

Information

In a similar vein to what was raised in questions six and seven there were calls to prioritise better information provision. In summary participants felt that people wanted to know what is available, when, for whom and how to access it. At many events the importance of finding information before a crisis strikes was stressed, in the words of one participant – ‘*the right advice at the right times*’

Community Initiatives

The suggestions here could be summarised as more funding to continue the current highly valued and valuable community projects. Additional befriending related services were also felt to be important. These included Flexicare; floating support (Milnbank HA) and telephone befriending. At some events comments were made promoting more community activities for older men.

Transport

The concessionary bus pass was described as an invaluable resource for older people in keeping active, keeping healthy and keeping connected. However that was a consensus that better links were needed both within and outwith neighbourhoods in the city. Improved links were needed to hospitals, GPs and to shops. For those unable to use the bus or the train better community transport was a priority.

“We use the community transport service to go to ASDA, SilverBurn and Tesco that’s a good support because they wait for you and bring you back but it costs.”

Joint Working

A number of priorities were identified that involved better joint working. The first of these was a call for better support when people leave hospital, i.e. ensuring the right supports are available at home. Overall there was felt to be a need for clearer lines of communication between professionals / other agencies. One specific suggestion that arose was for more linked up appointments at hospital. Some of the points could be summarised by the voice that said *‘more integration of health, housing, social work and volunteers’*.

Home Care

In a similar vein to question seven participants prioritised a greater supply of home care, with greater flexibility and less rushed – in the words of one individual *“like it used to be”*