

**GLASGOW CITY – JOINT STRATEGIC COMMISSIONING PLAN  
SUMMARY OF WRITTENS RESPONSES RECEIVED**

Response 1 **(Email)**- South Sector Public Partnership Forum

Response 2 **(Email)**- North East Public Partnership Forum

Response 3 **(Email)**- North West Public Partnership Forum

Response 4 **(Email)**- Mandy Reid on behalf of the Scottish Council on Deafness

Response 5 **(Letter)** - Nina Hutchison, 31 Moraine Avenue, Glasgow, G15 6HD.

Response 6 **(Email)**- Graeme Aitken, Ops Director for Parkhead Housing Association and also sit on the Chartered Institute of Housing in Scotland Board

Response 7 **(Email)**- Walter Simpson, Chairman, The Abbeyfield Glasgow Society Ltd

Response 8 **(Email)**- Ann Chalmers

Response 9 **(Letter)** - Frank Harvey, 17 Fordyce Street, Glasgow, G11 5PF

Response 10 **(Email)** - Mrs Mary Murphy

Response 11 **(Email)** - Anne Halsey

Response 12 **(Email)** - Ann Laird, Chairman Dowanhill, Hyndland and Kelvinside Community Council

Response 13 **(Email)** - Some executive members of Northwest Voices for Change – prepared for North East meeting

## Response 1

*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?*

- Broad agreement however these aims and objectives will not be achieved without proper resources
- Need genuine partnership working
- The aims and objectives need to reflect the current climate of welfare reform and the impact it will have on the most vulnerable
- Need to focus more on the 'younger' older people, those in their early 50's who will use services in the future – what are their needs

### Question for the Strategy Group:

How confident are the partners that the vision set out can realistically be achieved?

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

- Agree that the population is changing but its not all negative
- No illusions that change is needed
- Still not clear whether or not there is additional funding to make these changes – are other things being cut to increase funding for some of these changes?
- Not enough said about the political climate and the push towards personalisation – is it about cost cutting through the back door
- Not enough said about carers and the complex relationship they have with various agencies – long term health impacts

### Question for the Strategy Group:

What account of welfare reform and the impacts on vulnerable people was made in drafting this Strategy? What impact do partners expect from these changes?

*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?*

- Agree in principle but many examples given of poor quality/ineffective home care, raising serious questions about the ability of that sector to cope
- Personalisation is a concern – questions about giving people real choice or saving money – many services cannot deliver the same quality of care for less money

- Information is not clear about pathways into care therefore people still end up in hospital inappropriately
- The voluntary and third sector is shrinking despite increasing demands for their services, especially in relation to service delivery, for example care providers
- The community sector is distinct - small, often very local projects that can be a lifeline for older people in their own communities – this is being dismantled through increasing pressure from Community Planning and others to change services to meet targets, not needs
- Home care, and in particular Cordia, is not 'person centred'
- Social Care Direct is not working as it should – the launch was poor and information is still not out there

Question for the Strategy Group:

- What part does Cordia have in the Strategy given their role and responsibility for delivering home care?

*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?*

- Overwhelming agreement that the voluntary and community sector already plays an essential role, especially for older people who are more likely to access community based activities and services
- Community projects are increasingly vulnerable to cuts in Council budgets, or are asked to deliver services in a different way, not always to advantage of service users – pressure on staff and volunteers
- Example of increase in costs to hire council facilities such as community halls or schools – impact will be felt greatest by local groups who provide activities at a very local level
- Example of increase by approx 40% cost of meals at local lunch clubs
- The rhetoric and the reality do not match up
- Local councillors need to get out into their wards and get more involved in order to assess the impact/the gaps in services that are being created
- The housing sector has a key role in identifying vulnerable older people but many are still living in slum private sector housing – legislation is needed
- The availability of social rented housing is decreasing – or is demand just increasing?

Question for the Strategy Group:

What will the partners do to ensure that the community sector is able to continue to deliver services that provide a vital link for many older people at a time when these projects and groups are vulnerable to funding cuts?

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

- Better informed home care staff – they have access to most vulnerable on a daily basis and ideally placed to impart information
- Better informed GP's – anecdotal experience is that GP's often don't know about local voluntary or community services in their own practice area
- Social Care Direct is supposed to act as a portal/hub for information about services but anecdotal experience is that it offers a poor service and has been insufficiently promoted – assumes that users already have a knowledge of social work services, which are often complex and difficult to navigate
- Make better use of housing organisations to promote and provide information – they regularly communicate with tenants

Question for the Strategy Group:

What will the partners do to maximise the opportunity for primary care service providers to become more involved in providing/signposting older people to local services?

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

- Roll out of Good Morning Glasgow or similar projects
- Investment in local community and voluntary services – neighbourhood focussed
- Work with housing providers to provide specific accommodation for older people (not sheltered housing) but 'seniors villages' model
- Campaign for statutory powers against rogue private landlords

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

- Radical overhaul of home care services – serious investment required

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

- Not enough focus on working with housing partners
- Not enough focus on the important role of the local community and voluntary sector in the provision of services (not always the big voluntary sector organisations)
- Assumption that projects will be mainstreamed after 2015 when Change Fund monies disappear – not enough detail on how this is being planned for

**South Sector Public Partnership Forum**

## Response 2

*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?*

- General agreement that older people should be fully involved and engaged in the decisions that affect them
- The current climate of welfare reform will have impact on the quality of service that can be provided

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

- Agree that the population is changing but its not all negative and it's the same for most developed countries
- Still not clear as to what will happen when the extra funding runs out for example Change Fund allocation
- What impact do partners expect from the changes to the welfare system?

*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?*

- Agree with the principal that where possible care should be delivered at home if the following services are in place
- Good quality support services need to be in place before patients are discharged from hospital patients and main carers should all agree on the level of care and support they will receive.
- Patients should receive a written agreement detailing the level of support this would enable them to challenge the service if it fell below what had been agreed would be provided to facilitate discharge.
- Patients should be offered access to advocacy services

*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?*

- Overwhelming agreement that the voluntary and community sector already plays an essential role, especially for older people who are more likely to access community based activities and services
- All partners both statutory and voluntary organisations need to share information about the services they provide.
- More resources should be allocated DIRECTLY to older people self-help group (community based group) to support their work

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

- Make better use of housing organisations to promote and provide information – they regularly communicate with tenants
- Improved networking between community groups the Old Peoples Welfare organisation is ideally placed to distribute information
- People should receive an information pack when they retire listing all local services that are being provided by both statutory and voluntary organisations.

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

- Roll out of Good Morning Glasgow or similar projects
- Investment in local community organisations and voluntary services
- Work with housing providers to maximise current resources adopt a register of all adaptations ensure that when a house becomes vacant it is allocated to a person who requires an adapted home

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

- All those present agreed that reducing social isolation should be a main priority for all partners they stressed the importance of lunch clubs, free travel and the provision of respite care

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

- Not enough focus on working with housing partners
- One main area of concern was that patients who had to self medicate did not receive enough support from staff to administer their medication The needs of this group should be addressed immediately on being admitted to hospital.

**North East Public Partnership Forum**

### Response 3

North West PPF focused on 3 of the questions posed - Q3, Q5 and Q6 The comments and points noted by the members of NW PPF were:

*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?*

- The houses people are living in need to change to meet changing needs.
- Homecare needs to be more flexible.
- People need to be 'living a life' – living at home in social isolation is not a goal. People need support, companionship, opportunities for learning, stimulation
- Need for more intermediate housing – i.e. between living in own homes and living in a care/nursing home (e.g. sheltered housing with extra support).
- Housing Association are doing more for their tenants- maybe use our multi storey flats for older people.

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

- Discussed that there used to be a directory of all services in Glasgow which was a useful resource. Use of forward thinking technology e.g. online (social media, websites, google) and things like TV community channels. To be coupled with showing people the practical application of technology for example you can Skype your relatives, do your grocery shopping and then find out where your local support group is for example.
- Increased promotion with information stalls, community events, local libraries, day care centres etc.
- Link in with housing associations more.
- GP surgeries could be more of an information point. However GPs/staff would require more training, funding and incentives to be aware and share this with patients.
- Importance of peer knowledge and sharing as not only could this overcome barriers of language, age etc but also would inspire trust/confidence in the information being shared.
- All workers for example District nurses, Cordia staff being made aware of services and how to ask/enquire about individuals situations, signposting effectively and supporting to access.
- Doing, sharing and pointing with the individual - don't tell them what

you think they need. More holistic view point.

- To increase access generally agreed that individuals confidence needs to be built, any irrational fears need to be addressed and suggestion of a 'drip-drip' approach (don't bombard individual with too much information).

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

- The Private sector is under cutting voluntary sector but often they have poor conditions and services for their employees – high turn over of staff.
- Some service users can't afford services as the budget they have been assessed for doesn't cover the services they have been assessed for and need. A member had to cancel her services because she couldn't afford them and she was getting herself into debt.
- Cuts in budgets are affecting all service provision – poorer quality of service. Even the 'not for profit' community charities cannot operate safely for the budgets they have been allocated.
- Pilot a 'key worker' and one year post diagnosis system (similar to Dementia) for other conditions such as arthritis, diabetics, other long term conditions.
- Practical help- housework, clean windows, change beds, - people get depressed living in an unkempt house.
- Housing providers could develop practical services such as gardening or handy man schemes.
- GP or other health professional could do more – regular visit, assessment, help access services – keep well for 75+- one named person.
- Could services such as podiatry, warferin nurse, diabetic annual review be carried out as a 'job lot' in day centres or lunch clubs etc.
- What more could be done in the chemist?

**North West Public Partnership Forum**

## Response 4

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

Neither agree or disagree.

Having gone through the paper, there does not appear to be any mention of the communication support needs for older people who have a hearing loss and/or sight loss, both of which are more prevalent in older age. The only reference to a communication strategy is for partners but not for older people and their carers.

How will you ensure that services are developed and delivered in such a way as to be fully inclusive of those older people and their carers who have a communication support need e.g. Deaf Sign Language users, Deafblind people, people with an Acquired Profound Hearing Loss (are Deafened) and those who are Hard of Hearing.

What safeguards will there be for Deaf, Deafblind and Deafened older people who have additional complex needs?

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

No comment.

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

No comment

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?*

Yes, we agree with this, but with a proviso that the support that is offered to enable older people to remain at home is fully accessible to those people who have a hearing loss – Deaf BSL users, Deafblind people, and Deafened people.

This might mean working in partnership with organisations such as Deaf Connections, Hayfield Support Services with Deaf People, Sense Scotland, Deafblind Scotland and Hearing Link to provide specialist services for deaf people, but it may also mean working with these organisations to ensure that mainstream services are fully accessible also – by using these organisations to provide deaf awareness training for frontline and service delivery staff.

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?*

Only if you are fully inclusive of the communities and community based groups and organisations who support people. See comment to Q4.

Deaf people need to be involved in the development and delivery of services for older people and you will have to produce information that is fully accessible to them, for example, in BSL on DVD, in Braille and in Moon, and in Easy Read with appropriate pictures and symbols; and appropriate professional registered language/communication support will need to be provided for meetings/workshops/discussion groups.

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?*

Do you use the local deaf organisations to publicise services? Do you use the Scottish Council on Deafness' bulletin/newsletter/website? Do you involve deaf people in the provision of information? Is the information you produce accessible? Do you produce it in accessible formats without individuals having to ask for it? More often than not, individuals do not know what information they want until they have seen what information is available - to know where the gaps are.

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

Have no specific comment to make on what new services you should be developing, except to say that mainstream services for older people need to be accessible and that there should be specialist older people's services for deaf people provided by local deaf organisations such as Deaf Connections, and with national deaf organisations that provide specific services such as Hayfield Support Services with Deaf People, Deafblind Scotland, Sense Scotland and Hearing Link, so that deaf people in the Glasgow area have a choice of services.

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

We think that your top priority should be fully accessible services for older deaf people and their carers. At the moment, there are few mainstream social work services that are fully accessible for older deaf people and their carers – see SCoD's Social Work Services Audit – [Social Workers](#) and [Social Work Support Staff](#). Deaf organisations should be used to complement the services and support offered by mainstream voluntary, private and public sector services, and not looked at as competition.

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

Yes. See comments above. There is nothing in the plan about older people and their carers' communication support needs; and there is nothing about older people and hearing and sight loss (sensory impairment). The Scottish Government's consultation on the Joint Sensory Impairment Strategy closes on the 28<sup>th</sup> June 2013. Reference to this strategy should be included in this paper.

***Mandy Reid on behalf of the Scottish Council on Deafness (SCoD)***

## **Response 5**

### *Points 1 and 2*

Having read the vision for older peoples' services in Glasgow, I have to say overall I believe the changes set out are important and will go some way to enabling our increasing older population to remain as independent as possible.

### *Point 3*

I have some concerns re your focus on using hospital services less and doing more to support people living at home. In theory this is good, and I believe what most older people want. However I feel much has to be done within hospital when health problems mean admission is necessary. Basic improvements have to be addressed e.g. appropriate access to physio and occupational therapies, access to a good diet and where necessary someone to support older people who have difficulties in ensuring meals are eaten and good basic nursing care. Publicity surrounding hospitals recently, and often regarding older people, has meant that we have to increase confidence in ensuring older people will be admitted when necessary that treatment/care is given based on need not age and that appropriate support is available on discharge.

### *Point 5*

To ensure information is available perhaps another media campaign, ensure all G.P. practices and health centre staff, social work and care staff, carers groups and lunch clubs have access to up to date information.

### *Points 4 and 6*

As a former day care service manager I found lunch clubs were a great asset for those who did not need actual day care services but who needed access to social interaction to ensure they did not become stuck at home and lonely. There is always the fear of older people becoming socially isolated and the risk of mental health problems arising from this.

Many lunch clubs closed in my time working with the Council and there were different reasons for this - lack of support from Council and third sector, increased bureaucracy, and lack of "younger" older volunteers to run them (sometimes due to the first two reasons). I believe lunch clubs could be a valuable activity for the group who wants the opportunity to meet with others and maybe able to pick up some information at these venues but who do not need the full day care service. This facility could also be a benefit to older carers who would be able to take the person they care for along but it also gives them and opportunity to socialise.

Maybe a paid supervisor to look after a couple of lunch clubs, someone who could deal with the bureaucracy needed to keep them going. As our older

population grows I am concerned unless we can look at support for the not so fit group we are stacking up problems of isolation and loneliness leading to depression and other mental health problems for the future.

As I write this I have been watching the videos on your site of professionals talking. I was impressed with Liz McEntee's comments when she was asked where she sees the "Vision" in ten years time. I absolutely agree that the small local activities run by volunteers are so important. So if you are to encourage such activities as part of the "Vision" by all means ensure they are well organised but please don't bog them down with bureaucracy.

The older people in the pictures on line and in the paper I read about the "Vision" were all happy and healthy looking and you have to agree were in the main in company, that to me tells a story in itself.

I also think to enable people to remain independent it may be an important step to bring transport providers into discussions. How about looking at the Charity Healthy Valleys project in South Lanarkshire.

***Nina Hutchison***

## **Response 6**

I recall hearing from an informed colleague who was part of the JIT that in terms of hospital ( medium to longer term stay), care home and sheltered housing capacity current new build levels were desperately short and by 2025 or thereabouts a crisis was looming.

Accordingly Parkhead HA have started looking at the future of our existing sheltered housing units, telecare opportunities and how we can make current general needs housing stock suitable for older people longer term. So in terms of the change necessary in reshaping care for older people can I suggest the following;

1. A Glasgow & Clyde wide social landlord grouping to start looking at how we might plan to make our homes fit for older people who will live longer
2. An exploration of joint procurement in respect of telecare which will contribute to the above
3. Open a debate about the future of sheltered and very sheltered housing. If there simply won't be enough units and the gap between supply and demand grows should resources be diverted to achieve the level of support needed across all older people?

***Graeme Aitken, Ops Director for Parkhead Housing Association and also sit on the Chartered Institute of Housing in Scotland Board***

## Response 7

I am **commenting** on behalf of the Abbeyfield Glasgow Society Limited of which runs a small, 20 bedrooms, enhanced care home at Springburn.

I have no trouble in accepting the broad goals and strategy behind the draft plan. I do however see a number of problems and gaps in turning this broad strategy into a concrete plan rather than a wish list.

1. The emphasis placed on greater reliance on care at home and less on residential care implies some sort of formula which, for any individual, compares the cost of providing home care with the cost of residential care. If only financial considerations were taken into account then the break even point would be where home care exceeded some threshold number of hours. My guess would be in the region of 3 hours per day including travel time and rest breaks. Adequacy and quality of care would tip the balance in favour of residential care and quality of life might favour care at home. I did not find this issue covered in any detail in the plan yet someone must have attempted to do the costings and it is crucial to a very important decision for the person concerned. Why have I not found it in the Plan. It should determine the proportion of care provided by both routes.
2. The report clearly sets out the impact on the number of hospital beds required for the needs of the elderly but there is no equivalent estimate of the number of residential care home beds needed. It is however expected that the number will fall but without any real rationale why this will occur.
3. There must be considerable uncertainty whether the expected reduction in care home beds will occur given that most residents in care homes are over 80 and that this population in Glasgow is growing quite rapidly. The over eighties were estimated at 22,168 in 2010 and are forecast to grow by 8.2% to 23,982 by 2020 (source: National Records of Scotland).
4. It was rather surprising to note the dominant position that Glasgow City Council has in the provision of residential care home places. Excluding nursing homes they provide 41% of the places at a total budgeted cost for 2012-13 as recorded in section 6 of the report of £23.5m. Taking the number of places in GCC homes in 2012 of 587 as in section 6 of the report gives a cost of £769 per place per week which is 58% higher than the base price of £487 offered under the National Care Home Contract to private suppliers. How are these places going to be commissioned in the future and how will competition be introduced into this part of the market? How is the new major residential care home investment by GCC to be reconciled with the aim of reducing care home places in total?
5. One concept now widely advocated for the provision of social services is self-directed care. This could have wide implications for the commissioning plan but it is not directly addressed. There needs to be a clear definition of what 'self directed care' means and the extent to which it will apply to services for the elderly which are funded by government whether local or central. A

phrase like 'Ensure the delivery of person-centred care and seek to maximise the choice and control which service users have over the care they receive' , seems to accept the concept but does not say how it applies to commissioning. In particular does the beneficiary control the money?

6. One question which I have been asked is how the plan will affect residents who are currently in care homes, for example could the emphasis on home care mean some would lose their care home place? Also would they have to deal with the extra complexity of self directed care?

7. There seems to be some confusion as to what is meant by step down care to prepare for living at home again. The plan seems to suggest that this step down care will occur in people's homes. But this can not make sense as step down care is to a large extent needed to judge what needs to be done to make them fit to live at home. Fortunately the reality as described for Merrylee Lodge Care Home of 3 bedrooms set aside for step down care does make sense albeit it maintains the confusion by calling them 'assessment at home beds'.

8. The plan emphasises support for greater diagnosis of dementia and support for 1 year in learning how to live with it. It raises three questions

- a) can the city afford it?
- b) what support is there after the first year?
- c) does the plan recognise the impact on care home places which the growing proportion of the elderly population with advanced symptoms will have?

9. I was surprised not to find a chapter in the plan entitled 'Financial Implications of the Plan'. Is it affordable? The potential savings from fewer hospital beds and fewer care home places may be a mirage.

***Walter Simpson, Chairman, The Abbeyfield Glasgow Society Ltd***

## **Response 8**

My background is a current unpaid carer (for my very frail mum - providing unquantifiable hours of support to her and past unpaid carer experience) and retired social worker with over 30 years experience of helping people in very difficult situations. What we all need to remember is that we are all potential service users of the future - we are all getting older! Anyone involved in planning these services needs to ask themselves if they would consider the service in question good enough for themselves or anyone they care about. I am sure all of the points I am making have already been considered.

1. Accessibility and public knowledge about services available - needs to be ensured, through the points of contact that the general public encounter.
2. Engaging people - many people will be reluctant to use services eg have carers into their home. It is not enough to make an assessment visit, find that the person rejects services then leave it at that. Major effort needs to be made to engage the person to explore the reasons for their reluctance, barriers etc.
3. Quality and range of services: including everything from services provided within the home to alternative accommodation. All need to be of a high standard, acceptable to the service user and of a standard that service providers would want for themselves. Services need to be accountable and lend themselves to close scrutiny to ensure quality.
4. Complaints about services - as we know many people may not feel confident about making complaints for a variety of reasons. Complaints routes need to be built in to any service and be accessible and reassuring.
5. Maintaining someone in their own home does not just mean feeding/watering/bathing. As highlighted in your leaflet it means quality of life and therefore every need has to be considered, provided and be easily accessible right down to what may seem trivial issues.

***Ann Chalmers***

## **Response 9**

1. Keep all of the hospitals open especially Western Infirmary and Yorkhill hospitals
2. Reduce nurses hours from 12 hour to 8 hour shifts
3. Employ more staff on night shift
4. Don't give sandwiches to patients as a substitute for meals
5. Don't discharge patients until it is suitable to do so
6. Make sure they have transport to take them home and someone to care for them
7. Replace cleaning contractors with in-house cleaners
8. Check drinking water is safe for patients to drink
9. Keep patients with infectious disease apart from other patients to avoid cross infections.

***Frank Harvey***

## Response 10

My name is Mrs Mary Murphy and I am a private carer to some 8 elderly people. I feel that one of my main and most important jobs is to sit down and listen/talk to them. Sadly, for some, I am their main contact with the outside world. In this world of high technology a simple chat is what they value most. I would love to see more people become involved as visitors, hence this piece of prose.

### *THE VISITOR*

*Can you come and visit  
for just a little while  
I am sitting all alone  
and would love to see your smile*

*Can you bring a paper too  
I cannot hear the news  
What's going on around the world  
I'd love to hear your views*

*Can you cook me something nice  
I've forgotten what to do  
A cup of tea, a slice of toast  
perhaps a biscuit too*

*Can you help me into bed  
I really need to rest  
Sorry if I annoy you  
I hate to be a pest*

*Can you come and visit  
For just a little while  
I am sitting here all alone  
And would love to see your smile.*

## **Response 11**

In light of GCC's decision that older persons', over 65's, with learning disabilities will now be assessed and funded by Older Peoples' Services rather than Learning Disability Services I am dismayed to find that the plan entitled Reshaping care for older people 2013-16 makes no mention of services to be provided specifically for this group.

Can you clarify what plans are being made to ascertain the requirements of this group for day care, home care/support, housing, residential services and to carry out Single Shared Assessments.

Has a budget been set for the provision of services for learning disabled adults over 65 years old?

***Anne Halsey***

## **Response 12**

Our very brief response is a comment prompted by, although not directly relating to your questions, and is that "anecdotal evidence leads us to believe that there is a more immediate need to improve the supervision of the Cordia employees. One of our members regularly visits a couple of elderly ladies and can see the failures."

***Ann Laird, Chairman Dowanhill, Hyndland and Kelvinside Community Council***

## **Response 13**

### Bus services are inadequate

Transport is an impediment to get to places. It is all one having the bus pass but if there are not the buses to take you to places it's not much good.

### Better Advertising of Services

Community services, activities and events are not always advertised enough so people can take advantage of them

### Cordia Home Care Services

Why did Cordia stop doing housework. They withdrew this service a number of years ago even to paying customers. It causes depression when people can not lean their home and can not get any one to help with the cleaning.

Could this service be reintroduced as part of reshaping care services

Can Cordia reintroduce cooking and shopping and making home made meals for clients. Many/most people getting meals prepared have to buy in 'ready made' meals which are not sufficiently substantial and are full of 'unhealthy additives'.

### Re-ablement Services

There is some experience of people having felt they were pushed to undertake aspects of their own personal care tasks before they felt ready and this setting back their recovery. Are Re – ablement services a cutback?

### Joined up working and hospital discharge procedures

There are stories of people being given a date to go in to hospital and when they get there they are sent home again because there are not enough beds.  
(New Southern General Hospital)

In another story a woman was discharged at 10 in the evening from hospital  
The woman needed to be hooked up to oxygen and the ambulance staff could not do it because they were not qualified.

In another story a woman was discharged at 3am in the morning and had to be returned to hospital by the ambulance as there was no food at home or heating.

People have experienced long waiting times for ambulances to take them home when they have been discharged from hospital and made to wait around all day until the end of the evening regrettably with no information.

## **Some executive members of Northwest Voices for Change – prepared for North East meeting**