

# Reshaping Care for Older People



## **Bite and Blether Reshaping Care for Older People**

### **Draft Joint Strategic Commissioning Plan 2013–16 Consultation**

**Nan McKay 18<sup>th</sup> June 2013**

#### **1. Introduction**

In Glasgow, the NHS, social work services, the Third 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 15<sup>th</sup> April 2013 to engage with older people, carers and others, with an interest in the proposals, to discover their views on the plan.

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' sessions 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 sessions were to introduce older people to the plan and to ask for their opinions on the key issues.

The sessions were branded 'A Bite & a Blether' and took place over the period April – July 2013. This report documents key findings from the session was held in the Nan McKay community hall.

#### **2. Background**

33 older people, aged between 55 – 91 years, attended. The group was made up of a mixture of individuals involved in the local integration Network and people who regularly attended the lunch club and other activities within the Nan McKay.

The session format included: a short presentation on the key aspects of the Joint Commissioning Strategy, the back ground to RCOP and an introduction to why the Joint Commissioning Strategy was being created. The group was than divided into several smaller sub-groups to consider the consultation session. There were two interpreters present on the day to assist.

#### **3. Summary of overarching themes:**

Below is a summary of the key themes that arose from group discussions. More detailed feedback from the groups can be found in **section 2**.

**Home Care packages:** Were viewed as crucial in enabling older people to live independently at home when they required more support. However, feedback made it clear that more work was required to reshape current packages of support.

Participants spoke of a lack of flexibility in the support packages that are currently on offer and the absence of any person-centred outcomes approaches. They also felt that the packages were overly task focused, with too little time spent *with* individuals and little or no time spent on building the relationships required to gain a true understanding of older people's needs.

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

**Information and advice:** This was viewed as of paramount importance in supporting older people to keep healthy, and in preventing crisis situations arising.

There were many stories shared by older people who had been supported by various local projects and organisations to access advice and information - it was also clear that some of these older people were better connected to services on a daily basis, which was a factor in them being able to access support more easily. Participants felt that more had to be done to ensure that information was more readily available at the local level.

Suggestions included locating advice and information workers and health professionals in community facilities for one day a week, or for frequent surgeries. Better use of local radio and newspapers was thought to be a good way of reaching older people. It was also considered essential that more be done to ensure information is widely available in different languages and that interpreters are available when required.

The general feeling was that local was best and that professionals had to link with local community services such as lunch clubs, day centres, libraries and GP surgeries, to promote and disseminate information and advice.

**Community Transport:** Improved community transport links within 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 keeping active on a daily basis.

**OT Services & Aids and Adaptations:** The importance of being able to get support quickly, when required, was considered a priority. Many older people who had received OT support and aids and adaptations quickly, described the support as being crucial to helping them manage their condition/situation, without reaching crisis point. However, there were others that referred to having experienced long waiting lists and significant delays in accessing OT services and/or obtaining necessary aids and adaptations. Groups agreed that better coordination is required between housing and OT teams and that there should be more locally based OT services, to improve access to this type support.

**Interpreting services/support:** 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 deemed essential by participants if we are to avoid older people from BME communities becoming isolated and/or poorly, due to the lack of support at crucial times.

**Activities/contribution:** All groups spoke of the importance of local activity in keeping them well and connected and also of the importance of being able to get involved, in and contribute to, their

communities. The Nan McKay was described as a “lifeline” by many older people and a great place for companionship, advice and support, which resulted in them feeling more independent and better-connected to their community.

### 3: Group Discussions

Detailed below are the group responses to the consultation questions:

#### Question 1: What keeps you healthy and well?

- Going to the Nan McKay keeps me well; I go to loads of the different classes and Bill always helps us to get the information and advice that we need.
- The Nan McKay saved me from going round the twist it is a total life line for me. I was in counselling for depression and it was the centre and the people that got me back on track. I come most days I'd be lost without it.
- McMillan nurses helped me to get back to full health – they made sure I had all the necessary aids and adaptations which helped me gradually get my confidence back.
- Being able to get out and about to socialize.
- When you are looking after someone you have no time to get ill so the trick is to keep people busy but not too busy that they end up ill.
- Companionship and advice has helped and I get that from everyone at the carers group in the Nan McKay.
- Computer classes keep me going.
- Walking about in the locality.
- Prayer, going to mosque.
- Friends and family support.
- Good social work support in Pollokshields close to home.
- GP services.
- Shopping
- Support/activities by community groups/organisations like Nan McKay.
- Healthy eating,
- Walking, gardening, dancing, swimming, yoga, being creative
- Socializing with other people, meeting new people, getting out of the house
- Weekly textile classes provided in Nan McKay Hall since 2000 clearly bring great satisfaction to the women who take part. They were proud to show me and each other the fabric bags, hand printed pictures, sewing machine cover that they had made in the class
- Computer classes at NMH and elsewhere have been very valuable for these women. The women from Pakistan and Bangladesh said they don't use the computer but their sons and daughters do.
- Others in the group – from China, Lebanon and Glasgow – use IT to do online shopping, book holidays, and use Skype to contact family members abroad.
  
- Respect and tolerance, good food, exercise, access to chiropody, company and ability to socialize, which lends itself to helping each other and getting to know neighbours it was felt laughter was essential.
- Those lucky enough to have family living with them would get help immediately, but it was felt that older people living alone should all have a personal alarm.
- Transport was seen as a problem as buses were infrequent and often it required two and sometimes three buses to get to hospital appointments depending on where you lived and which hospital you required to attend.

**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)?

### Group 1

- A good GP that who will do house visits when needed
- A package of support that meets your needs
- Being able to access support without having to fight for it
- Knowing what support is on offer and how to access it
- The services working together to get you support sometime you're not well enough to do it yourself
- Home support - Carers that have a full understating of individual needs when they are allocated a case rather than constantly asking people what they need them to do each day.
  - One woman gave an example of a carer not being aware that her mum had a sore left arm with limited mobility yet was still tugging at her arm to get her cardigan off.
  - Another woman shared an example of where her mum's carers would consistently ask her mother (who had dementia) what she needed them to do - despite this information being available in her case notes.
- Peer support form other older people – neighbours helping with shopping etc
- The handy person services
- Being assessed at home when a package of support and or aids and adaptation are being considered.
- Not having to wait long period of time for an appointment with the OT or to get aids and adaptation. and not having to fight for the support you need from services
- Carers can be good but the time is too limited which often means there is no quality of service.
- Flexible package of support that meet needs are key to helping people stay healthy
- One woman told the group that she was allocated a package of support to help her husband get up in the morning and stated that the carer most days wouldn't arrive until 12.30pm by which time she had struggled to do it herself.
- Not having the same support from Cordia on days like Christmas day and New Year is not helpful as not everyone has family they can go to at these times.
- Getting support quickly is what helps. Waiting times for OT were often too long and it was felt that some people are better at pushing for support than other. Meaning the often older people that weren't confident or willing to keep phoning would wait longer.
- Getting the right support quickly
- Aids and adaptation – the chair lift has been great for me
- NHS 24 works well for one person
- Family members who live together or nearby
- The GP surgery isn't easily accessible by bus for some people in the area – e.g. a bus every ½ hour or every hour
- The one man in the group told of a friend with a back injury whose GP said he couldn't arrange a referral to OT or Physiotherapy!

- Other people had experienced a long waiting time for Physio – getting a first appointment 12 weeks after leaving hospital. This causes unnecessary pain and anxiety for people and delays their recovery to full health again.
- Local Social work office having bilingual staff, understand our need better and provide appropriate service such as advice on benefit and other issues e.g. housing/ electricity /safety and several other issues.
- Local social work office also helps in accessing social work and Health services.
- GP services/ pharmacies when not well.
- Community group such as Nan McKay providing social activities.
- It is important that these services are in the community as many of us have mobility issues.

**Question 3:** What helps you if you need hospital care?

- Bilingual / helpful caring nurses/doctors
- Quite space for prayers. Also facility for **WUZU** (Islamic method of washing up face, hands and feet) before prayer.
- Fresh halal Asian style breakfast/ meal.
- At present the number of nurses is too low, more nurses needed to improve the quality of nursing.
- “Social workers helped me when I came out of hospital, and they arranged for carers to come in and help me with baths etc”
- “Sometimes you don’t know what support is available, so you don’t know that you are entitled to ask for help”.
- People should be given information in advance when people are still healthy – instead of being given it after surgery when they’re feeling poorly and still recovering
- locations like NMH, GP surgeries, hospitals, schools, libraries, and leisure centres could keep supplies of relevant information leaflets easily visible for people to take away and read
- advertise in The Glaswegian
- hospitals and GP surgeries need to communicate better. One woman’s test results got lost between hospital and her GP – this happened on two occasions and caused her a lot of unnecessary worry about her results
- better transport links to hospitals would be helpful. 1 bus goes from Pollokshields to the Southern General, so most people get lifts from family or use taxis

**Question 4:** The draft plan for caring for older people 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?

- Yes, but we need to make sure we give the right support to people to stop them reaching crisis situations
- GP’s need to be better at doing house visit for those with very limited mobility.
  - A 91 year old woman told us that her husband had, heart, lung and liver problems and was house bound yet she constantly struggles to get a house visit and has to take him to the practice in a taxi.

- More support for people how care was seen as crucial - financial, emotional support and good quality short breaks where seen as key
- Making sure there is a package of support to help people fully recover at home not only physically but to make sure people gain their confidence back to live their usual lives.
- Being able to get respite at short notice not everyone can foresee when they are going to desperately need a break
- Some of the people gave account of their experiences of hospitals e.g.:
  - One woman said the Victoria infirmary had been excellent with her when she had cancer and that they helped her with everything she needed. She also gave an example of them having a celebration for her when she was having her last treatment.
  - One man spoke of an excellent experience with the Royal infirmary after his knee operation – he said that not only was he well looked after before and during but a full physiotherapy programme was put together and he wasn't discharged until he could climb the stairs. He felt this gave him more confidence when he arrived home.
  - Several members of the group stated that their experience of Mansion house was very poor. From nurses being unengaged to the standards of cleanliness being poor.
  - All of the groups said that they see a marked difference between surgical wards and medical ones stating that the standard of care in medical wards was far superior.
- Most services provided in the hospital should be provided at home e.g. regular visit by doctor/nurses when needed e.g. to give injection / minor treatment, dressing etc;
- Regular follow up visit by nurses to keep track of recovery.
- When the person is confined to bed ready meal should be provided as in hospital.
- Help with feeding, personal care, bath toilet, changing bed covers etc; people providing this help should be of the same gender and bilingual.
- Help to get shopping.
- If the weather is good someone should take the person out to park or any other place.
- Nowadays children do not care for parents hence more day to day support needed from Social work and GP/Health Services in accessing various health care and other community services in the area.
- There should be a system to regularly check and make sure that older people living alone are safe at home.
- Older people living alone need more help when accidents happen - to make food and to attend to other personal needs.
- Transport to take people to hospital and back after treatment. Transport to access community based services.
- Bilingual Social worker / GP / Health & Care staff to understand culturally sensitive needs.
- Podiatry/ physiotherapist services in the community.
- People agree with this plan to enable more older people to live at home, as long as they are fit to do so
- One retired social worker said that social workers now don't get enough time to do home visits adequately, so that they are rushed and people miss out on help that they could be eligible for
- Other people have had good experiences of social workers
- People often need more practical support with things like handrails as they become more frail and vulnerable to falls
- Carers need regular respite to look after their own health, as well as that of the person they care for. Some people don't even recognize their own role as a carer!
- One woman lived with and cared for her mother for 69 years, and then received a letter after her mother's death, saying that the house was empty. This caused her great distress, imagining that she was about to be made homeless.

- Every locality needs to have a Plan for older people living in their own homes – to share information about people who need help and support, and about the range of support that is available in their area.
- Citizens Advice Bureau, Community Nurses, social workers could do a weekly clinic in community centres, along the lines of Councillors and MSPs. Volunteers could be involved in these sessions, to complement the role of specialist staff, eg helping people to access and understand information electronically and on paper.
- It was also suggested that there could be telephone line with a specific number for older people which could be staffed with translators where a conference call could direct people to the help required or send help, or give advice, whatever was necessary.
- A big problem was seen as the short time carers were allowed to be in a home e.g. 15 mins and that there were so many things they couldn't help with, some carers didn't even remove their coats. Language difficulties was also raised and it was felt that carers should be matched with their clients regarding this as much as possible, as it may be the only person visiting the home that day.

**Question 5:** The draft plan for caring for older people 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?

- Making sure centers like the Nan McKay can survive
- Doing more to get information to older people about the services they can expect to receive
- Health and Social works staff working alongside local projects and being based within local communities
- Prioritizing funding for the local projects that are in regular contact with older people
- There should be regular meeting/feedback session in the community.
- Service should come back and tell us from all the suggestions we are providing how many of these are accepted and what changes are made and why other suggestions are not accepted.
- As in Q4, community groups could do more to share information, especially for people who are housebound, or have literacy problems
- Some cultures are much better at looking after their older people – Pakistani, Chinese, Bangladeshi – but they say it's changing as people work longer hours, and family lifestyles and traditions change
- People were keen to point out that they believe that Glaswegians are generally good at looking after their parents

**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?

- Use doctors surgeries, libraries, shopping centres
- Do house visit to give older people who are house bound information,
- Promote services through days care services, lunch clubs, and activity classes
- Use TV and radio and newspaper supplements

- Create local hubs for information and advice services
- Local health and social work staff should hold surgeries in local facilities on a weekly basis
- Information about services should be provided on local radio/ newspaper / leaflet in Urdu /Punjabi other languages.
- Information should be made available through GP surgery/ Social Work office other community centres.
- Regular contact /feedback and information sessions in the community.
- Provide more information, widely available, and translated into different languages, so that people are aware what support is available to them if the situation should arise
- Make sure that family members and interpreters are aware where this information can be found when people need it
- Locality-based Plans could be a valuable way to make connections between people who need support, and the professional services which could help them.
- Re-ablement Teams might be a good way to do this.

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

- More flexible and responsive support at home
- Information and advice service to help people get the support they require quickly and with little hassle
- Local activities to help people meet new people
- Shopping support services
- befriending
- Better community transport links
- Same day appointment with GP.
- Regular health check-ups in the community.
- Health and Social care services should be provided in the community close to home or in home when needed.
- People with mobility problems should be provided with equipment / gadgets and adaptations to manage themselves at home.
- Improve bus service provision
- Require bus drivers to wait until passengers have found a seat before they drive off
- Help with shopping
- More organized days out with volunteers to help, especially for housebound older people
- Develop more opportunities for older people to volunteer and feel that they are making a contribution to their community
- A buddy system in neighbourhoods, where volunteers could visit isolated older people at home
- Develop a programme for retired tradespeople who could do small odd jobs in older people's homes – volunteers could help with jobs such as changing light bulbs, and hanging curtains.

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

- Better support at home that is more flexible and not so rushed
- Improved support to older people and carer to get the right advice at the right times and also to get support package that help them to live the lives that they want
- Local community services like the Nana McKay need to receive greater investment.
- Put more systems in place to share information with, and about, services for older people
- Listen to people's views and make appropriate changes in the service provisions and delivery. Take community with you, provide feedback as to what suggestions are accepted /not accepted and reasons.
- Community based Health and care services close to home.
- More resources to community groups/organisations to provide various services to people living in the community.

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November 2013**