



Glasgow City HSCP - NW Locality Engagement Forum: Older People Report - 31 January 2019

Introduction

Robert Smith (Chair of NW LEF) welcomed NW Locality Engagement Forum (LEF) members, representatives of the wider community and speakers to the Albany Centre on the 31 January 2019 to discuss and focus on Older People's services in North West Glasgow.

Speaker: Paul Adams (NW Head of Older People's Services)

Paul provided the audience with an overview of the new Neighbourhood structure, older people's services and service priorities. He elaborated on who the HSCP work closely with and what they are doing with these partner organisations. He then described the services available to support people live safely at home and detailed recent services developments that have been implemented to support people at home.

Discussion Group Comments: Partick to City Centre Neighbourhood

- Broomhill/Hyndland/Partick are perceived to have limited services when compared to other parts of the Locality like Maryhill & Woodside – for example, there is less choice of bus routes.
- Support networks in west end were thought to be poor - need to make services accessible/more local.
- Population access services at a later point in life - often in their 80s rather than the population in some other areas who might be seeking support in their 50s
- One member of group particularly keen to use the school annexe at Broomhill as a "Hub".
- Need to educate the public and professionals regarding what services/supports are available.
- Culture change is needed to change people's habits about how they access health and social care.

Discussion Group Comments: Drumchapel - Anniesland Neighbourhood

- It makes sense that GP's see patients with more complicated health concerns and physiotherapists, optician etc see patients with simpler health concerns, but the general public need to be educated or be re-educated.
- Moving Forward Together initiative was highlighted and but would require a supported cultural change in patient behaviour.
- Concerns were raised about older people near to retirement having to apply for Universal Credit and there is huge waiting times for welfare rights workers and money advice workers

- 3rd sector difficult financial context – time taken to re apply for repeat funding – limited Glasgow City Council core funding.

Discussion Group Comments: Canal and Maryhill Neighbourhood

- Group discussed if staff in the partnership work well together post integration. It was acknowledged there was a fair bit of apprehension initially but staff are all aligned to specific teams and this should promote partnership working and working towards a more positive experience for patients and service users who should be at the centre of services.
- The public's view is: - 'that change happens slowly' – implement new developments quicker.
- Third sector service experience was that there is a really good relationship with services in the community and locally (District Nurse, Rehab Team, GP etc) but communication breaks down when dealing with the hospital. They don't have a positive relationship or good communication either when someone goes into hospital or is being discharged. An example is the patient 'Hospital Passport' which is prepared by the residential home is never looked at by hospital staff.
- Hospital discharge needs to be better - better communication is needed from hospital when a person is going home as the 3rd sector need time to recruit additional staff to respond to older peoples changing care needs or perhaps provide additional support after hospital discharge.
- Groups were looking forward to Advanced Nurse Practitioners – really exciting development – which will hopefully mean that patients get a quicker service/appointment. When is it going to start?
- Long waiting time to see a specialist from Acute (Back operation). The timescale for waiting to see consultants is too long. (This was noted and will be forwarded to colleague working in a hospital setting)
- Local services are OK – treatment room, etc but sometimes it takes 2 weeks to get a GP appointment.
- Very positive feedback and experience regarding some projects and services including - Good Morning, Cordia Homecare Service, Telecare/alert service - staff are very helpful.
- Discussion on Keybox outside/inside houses –it was noted at a recent Older People Planning Group meeting and this issue that is being looked at with Housing Providers. Got to balance need and risk for older people

Actions, Support or Activities to Improve Services for Older People

- Carer education needed for paid and unpaid carers.
- Better awareness of existing services/signposting, inc. information about services and guidance for carers.
- Maximise use of media/social media to promote services.
- It was noted that emphasis of 'Care in the Community' has been 'driven' by a reduction in resources – it was a necessity, not a desired development but patients, service users and carers need support to navigate the system.
- Access to information – nothing connects as the services are still working in silos

- “people need hope” and supported by meaningful engagement from neighbourhood teams and partners within small communities (Knightswood Connect, Annexe Connects etc)
- More initiatives and services to tackle social isolation.
- Hub access, (supporting the age spectrum)....”place-based” support.
- Welcoming new people to groups can be variable - sometimes barriers i.e. someone with mental health issue, cultural issues, stigmatisation.
- More use of personalisation to access community activities
- Highlighting and articulating the
- Value the importance of social interactions – it can be as important as medication.
- Need to recognise differences in priorities for different generations and customise service delivery to accommodate those differences.
- Encourage choice, i.e. do things with people - rather than for people to encourage independence.
- More information about private carer providers – increase choice and awareness of what services are available
- Consider “transient” communities and their needs.
- More investment for 3rd sector project who find it difficult to compete with Council services and the investment they get – for example Cordia rebranded (huge cost) and 3rd sector don’t get travel time but Cordia staff do get paid travel time.
- To make their jobs easier – 3rd sector care providers should be issues with a parking permit in order to park at houses- quick visit.
- Gateway service for Mental Health Services (Inverclyde) – support to go to service
- Transport to get to places or services
- More investment in telecare, remote support and cluster support to tackle frail elderly, dehydration and falls etc. A good example described was when the sheltered housing wardens were withdrawn the 3rd sector provider moved to using telecare system and after initial resistance – it is working really well now.
- Greater use of Anticipatory Care Plan by staff (Locality and Acute) and services – they should not be completed to lie on a shelf.

Speaker: Telecare - Glenda Cook (Policy Performance & Service Reform Manager)

Glenda advised there were over 9,000 service users of Telecare services in Glasgow. The equipment is installed through a land line and has either a wrist or necklace button or a box. There are over 2,000 enhanced telecare service users using specialist equipment depending on the needs of individuals.

Anyone can get the telecare service (old and young) and it is an open referral process for the basic telecare service however enhanced telecare the referral needs to come from a service, professional etc. The time from referral to installation is 6 – 8 weeks and the cost is £3.28 per week.

There are two responder Teams in the city – one in the North and one in the South – and staff are sent to the house in the case of a fall or they are worried about someone. In the example of a fall - 90% of people who get the help of a telecare responder team stay at home after the fall however if an ambulance is called to a house for a fall – 90% of people are taken to hospital.

Comments on video

- Good video – it described usual circumstances when support was needed
- It's the future
- There not enough introduction of what telecare is
- Described the concept – not the instruction – more description of who might need it
- Advice needed on how to use it needs to be added
- When living with person and needing to pick up from a fall – needs to be clearer
- Service uses – needing more info at outset – case study are good examples

Challenges to using Telecare

- Communication issues – people with Aphasia or a Sensory impairment.
- Gaining access to properties in an emergency - not everyone is happy about using key safes
- Potential removal of human contact was a concern
- Not sure how it would work for someone who was very confused – e.g. a disembodied voice in the room.

Suggestion of Future Uses of Telecare

- People agreed that technology will transform care in the future – Alexa is just the start – in the future something to monitor moods, voice recognition, audio book for visually impaired
- Phone apps are beginning to develop to recognise stress
- Use skype to access counselling services
- More preventative/detection technology in response to someone failing/frailty
- Amazon echo – apps linked to telecare – add speakers to other parts of the house.
- Support with simple tasks – switch on and off lights, reminder to take medicine or have a drink etc
- Group chat for older people – to reduce social isolation – could be part of the day (real social contact still very important) – fill the gaps to personal care.
- Used to reduce social isolation – a wee chat – Good Morning for anytime of the day.
- Information source – 'what is happening this week in your community'
- A hotline to keep people safe
- Linked to emergency services,
- Direct link to providers or family
- Entertainment like 'Playlist for life' played once or twice a week.
- More information on the consumer pathway would be helpful especially what type of equipment is already available for them/family to purchase if they did not want to take up telecare.

Speaker: Ann Harvey – Knightswood Connects

Anne provided the meeting with a detailed presentation on the background to Knightswood Connect, the project activity and her role as well as highlighted some of the positive outcomes for older people. She sees herself as a 'sign poster' - providing information to individual (50+ years) and community groups members to link them to support, services, resources and groups in their own community in order to feel connect and able to live a longer healthier life in their own home. Knightswood is like a small town.

Many in the audience felt this project should be 'roll out' area by area. Other initiatives like Breakfast and a Blether in Possilpark (supported by Glasgow Housing Association), the Community Links worker (Queens Cross HA) and the GP Links worker connect individuals and groups to services in their own area. But not every area in NW Locality had this type of resource and it was felt that a better connected neighbourhood helps sustain older people in their own homes longer.

Closing Remarks

Robert thanked the audience and speakers for their participation and contribution to the session and advised the information and comments gathered would be used to inform future HSCP NW Locality Plans.