North West Locality Engagement Forum

North West Older People Services Engagement Report

2 March 2023

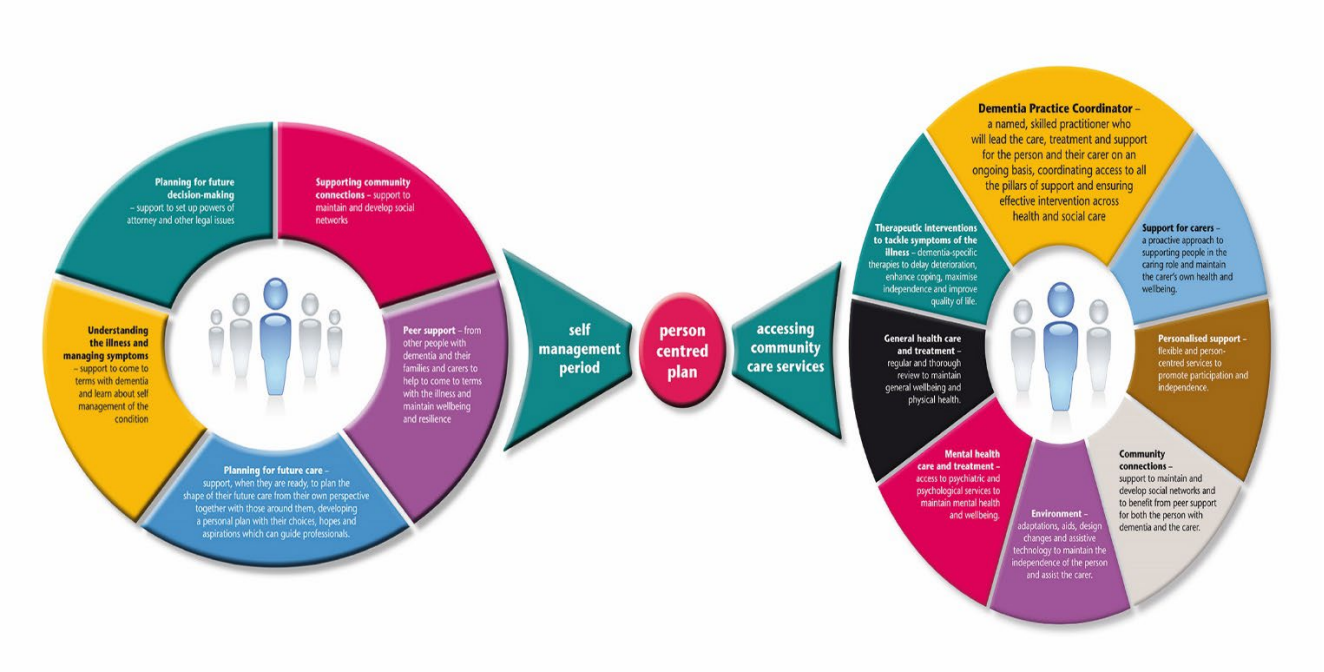
Introduction and Welcome

On the 2 March 2023, Robert Smith, Chair of NW Locality Engagement Forum, welcomed 20 participants from NW LEF, community group and voluntary sector representatives to NW Engagement Session in the Albany Centre, focusing on Older People's Services.

Robert introduced the programme and the three speakers – Ann Cummings (HSCP Service Manager, Older People and Primary Care), Lynda Mutter (HSCP Service Manager, Older People and Primary Care) and representatives from the DN team (Angela Aitcheson, Team Leader and Lynn McCrossan, District Nurse), and Jennifer Watt (Anticipatory Care Programme Manager).

Dementia Services Ann Cummings (HSCP Service Manager, Older People and Primary Care)

Ann started by talking about understanding the Dementia illness. She then described the elements of the 5 pillars of the Post Diagnostic Support followed by describing the extended 8 pillars of Post Diagnostic Support for people with Advance Dementia. Ann explained the journey and connection between them.



Ann said that over recent years the demand for services had outstripped available resources to meet key performance targets.

The Mental Health Renewal and Recovery Funding 2021-23 provided an additional £320K investment in the Alzheimer Scotland contract increasing the number of Link Workers in Glasgow to 15.5 posts. This resulted in caseloads increasing from 530 in January 2021 to 998 in January 2023 and at the same time reducing in the waiting list from 619 in January 2021 to 121 in January 2023.

A further £180K was invested in the service with the appointment of three Dementia Social Workers who started in January 2023 which increased Post Diagnostic Support screening, allocation and increased partnership working between Social Work Services, Older People's Mental Health Teams and Alzheimer Scotland. We now have 100% of people accessing services within 18 weeks.

Q. There was a question raised around DNR (Do Not Resuscitate) form/paperwork. Can you qualify the order? For example, if a person with a heart condition has a broken leg and is admitted to hospital - you would not want the order in place but if they went into hospital with heart failure you may want it in place
A. Yes you can – it's a difficult conversation and sometimes these things are missed if there is an emergency or inexperienced medical staff.

Q. In a tenement building a neighbour has objected to a hand rail being installed – can the landlord over ride this objection?
A. There is no easy answer to this as there are a number of variables – is it a tenement building of home owners and either factored or self-factored, is it a mixed tenement building with home owners and tenants and is it managed by a Housing Association, is the equipment temporary or permanent and is it a listed building? Under the Equality Act 2010, you have the right to portable support aids or temporary adaptations when you're renting. These are called 'auxiliary aids'. The law says that your landlord does not have to let you: remove or alter a physical feature.

Q. Is the demand for dementia services expected to increase?
A. Yes there is a growing older population. More people in their 80's, often with increased complexity of needs, are accessing services. Also families and carers are ageing.

Alzheimer Scotland now operate Brain Injury Health Clinics looking at lifestyle choices and influences as well as raising awareness on the importance of taking care of your brain – including inputs into schools. There is hopefully new developments and new drugs to tackle the effects of dementia being developed through research, campaigns and Legacy money. Ann reminded the audience that it was important not to be defined by dementia if you are diagnosed with the condition.

Comment from a Carer: 18 weeks wait for a service is still too long for families to wait. This carer had already done most of what the post diagnostic worker suggested. The service is so disjointed.

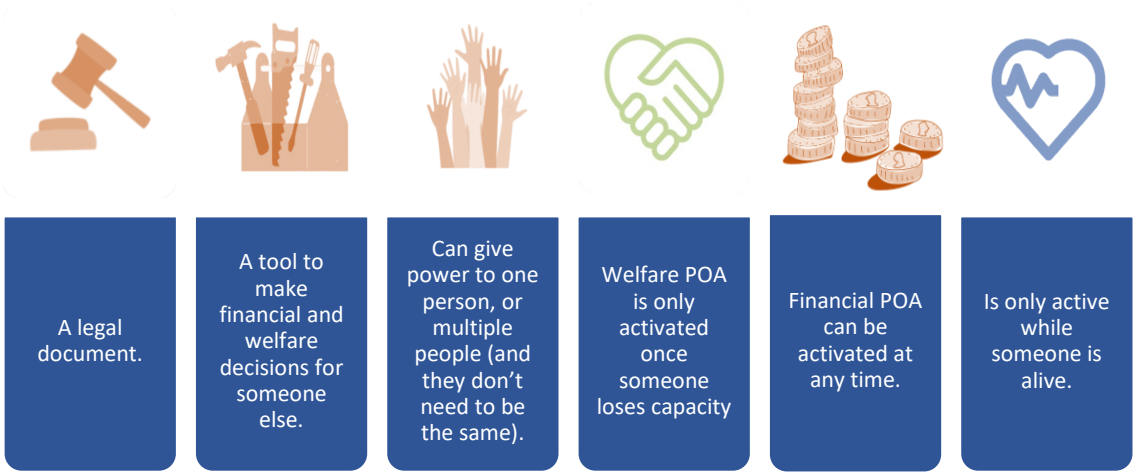
Q. Why do you have to have Homecare for 6 months before a person gets an Assessment? The carer felt this was a 'charade'. People are waiting too long for an assessment and why are families not told about Direct Support option?
A. Waiting Lists are prioritised to those most vulnerable i.e. live alone, wander out and about at night

Q. The HSCP direct people to fill in forms online – this a barrier?
A. Most referrals and enquiries are taken via the telephone and the new HSC Connect service. Face to face appointments are also available. The HSC Connect – Tel 0141 287 0555 – service is like an enhanced duty team to guide and support people access services.

Ann advised that the HSCP has re-started handing out Dementia Resource Pack which helps support families.

Power of Attorney and Anticipatory Care Planning (ACP)

Jennifer Watt, Anticipatory Care Programme Manager, explained what the Power of Attorney was.



She then described the different parts of Power of Attorney and when you might use or need these. Or if and when you would need both

Financial Power of Attorney
(Also called a Continuing PoA)

For making any financial decisions like:

- Talking to the bank
- Paying bills
- Taking money out of accounts
- Buying or selling property

Welfare Power of Attorney

For making any decisions about your health or social care needs like:

- Deciding where you will be cared for
- Deciding what treatments you can have

Jennifer then explained the decisions you had to make before you put it in place, the possible cost and the principals all Attorney have to follow.

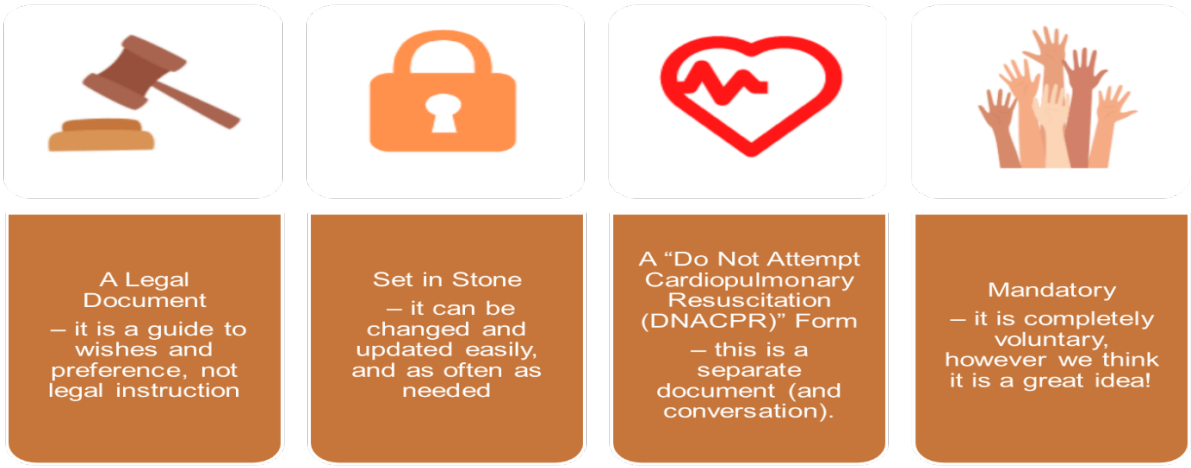
Anticipatory Care Planning

Jennifer then went on to talk about Anticipatory Care Planning (ACP) which is a tool to help people to plan ahead, be more in control and able to manage any changes in their health and wellbeing.

At the heart of this, is a conversation about what matters to you and what you would like to happen in the future. You might wish to speak to those people who are important to you, for example a relative or carer, and any health or social care professional you may be involved with.

The document might include information such as treatment or interventions you would like or not like to receive, where you wish to be cared for if you become unwell, things you like to do that give you comfort or even who'll look after the dog if you are unable to.

She then illustrated what an Anticipatory Care Plan it is not



An ACP can be completed by anyone and you can ask for support from a Health and Social Care professional with ACP such as your GP, community nursing services or social workers. However you can also begin to plan own your own by having conversations with friends and family, or using online tools which you find useful.

A Summary of the plan can be stored within NHSGGC systems and will act as a guide to ensure you receive the right treatment, in the right place and at the right time however a health or social care professional will need to assist you with the uploading of information to NHSGGC systems.

More information can be found on the Planning for Care pages of the NHSGGC website: www.nhsggc.scot/your-health/planning-for-care/

Q What is the difference between a Power of Attorney and an Integrated or Combined Power of Attorney?
A In Scotland you can combine your Financial and Welfare Power of Attorney in one document – this is a combined Power of Attorney.

Comment: Gordon MacInnes felt there was similarities/overlap between a Power of Attorney and an Advanced Statement in terms of the Mental Health Act. It's a way to support decision making - substantive decision making. However he felt you need to know what you are doing to support the person during this process as sometimes it can effect relationships as this conversation can be difficult.

District Nursing Services Lynda Mutter (HSCP Service Manager, Older People and Primary Care)

Lynda Mutter gave a brief overview of the District Nursing Service which operates 24 hours a day, 7 days per week. The service accepts referrals for housebound patients aged 16 and above who require nursing care (assessment, care planning and care delivery) and for patients who are acutely, chronically or terminally ill.

District nurses are involved in the delivery of planned care and unplanned care (urgent care) to individuals with complex and non-complex health problems. Interventions and treatment may be carried over a short term or longer, based on the need of the individual patient.

There are six District Nursing Teams in NW Glasgow made up of:

- District Charge Nurses (DCNs) - registered nurses with an additional specialist qualification in nursing adults, independent prescribers and have advanced clinical decision-making skills and knowledge.
- Community Staff Nurses (CSN) - registered Nurses, some may be prescribers and often have particular areas of expertise i.e. wound care, etc.
- Community Healthcare Support Workers - support non-complex care needs and support the smooth running of the teams i.e. stock ordering.

Angela (Team Leader) explained that patients and carers, hospital and out-patient services, Health and Social Care workers i.e. homecare, rehabilitation teams, and Social Workers can make direct telephone referrals to the service and GPs can make a written referral directly using the electronic system or by telephone.

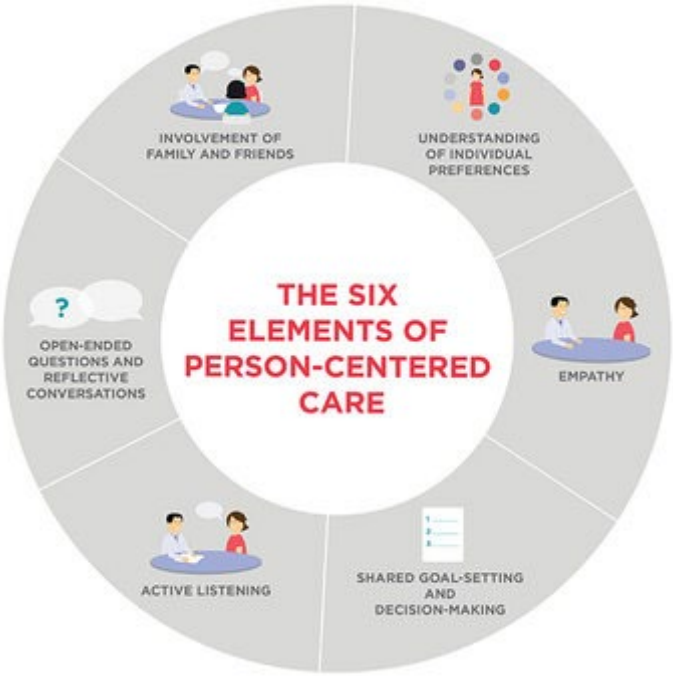
The District Nursing Single Point of Access service operates from 08:30am - 4:15pm. The phone number is 0141 355 2180. After 4.15pm, the out of hours District Nurse Team can be contacted on 0141 355 1688; there is an answer phone / voice mail messages which is regularly checked.

Patients or carers must have agreed to a referral being made.

Lynn, one of the District Charge Nurses in North West, described the range of the services that District Nursing Teams provide including: wound dressing, pressure ulcer, leg ulcer care, long term condition support (COPD, Diabetes etc), administration of insulin for people with who can't inject themselves, some bloods

and injections (B12), catheter and bowel care, palliative and end of life care is a priority care group.

The service is very person centred.



District Nursing Teams also work closely with GP Practices and other community services Rehabilitation Teams, Community Alarm, Homecare etc. to provide a seamless comprehensive service.

Q. Looking for information or support with incontinence issues – is there aids to help people have an independent lifestyle – going about and doing normal everyday tasks and living.
A. Yes there is a specialist Continence service (SPHERE Bladder and Bowel Service) with a range of aids and support options. Contact your GP or Practice Nurse for advice.

Thanks and Close

Robert asked the audience to thank all the speakers – Ann, Jenni, Lynda, Angela and Lynn – for their presentations and inputs which generated interesting discussion and raised a number of challenging points and questions.