

# Reshaping care for older people

## Glasgow City Partnership Consultation outcome

Report on the outcome of the consultation on the draft  
Joint Strategic Commissioning Plan 2013-16



**scottishcare**   
The voice of the independent care sector in Scotland

**NHS**  
Greater Glasgow  
and Clyde

## Summary

The purpose of this report is to present the **outcome of the consultation** on the draft Joint Strategic Commissioning Plan 2013-2016, and the actions that have been agreed in the light of the responses received. The report also outlines the next steps in developing the strategy.

The Glasgow City Partnership for reshaping care for older people has been encouraged by the huge response we have received to our draft plan. We are grateful for the time and effort people have taken to engage with us over our plans for improving care for older people in the city. The overwhelming response (**over 500 people engaged** in the consultation) was that **while people supported the vision and direction of the strategy, there was concern about how this might be delivered** in the current economic climate, and the level of need in Glasgow. There were also a number of specific concerns raised about housing, home care, hospital discharge and transport.

The **changes** we have made to our plans in the light of the consultation are:

- we will give **more detail** of the changes we plan to make, and we will show clearly what the **improved outcomes and benefits** for older people and their carers are, with specific examples on home care, hospital discharge arrangements, care home provision and hospital care;
- we will provide a clearer illustration of what we mean by **personalisation** and how this will improve support to older people in need;
- we will consider specifically the needs of people with **dementia**;
- we will re-focus our plans to consider the **needs of the wider population**, especially what we can do to prevent problems before they occur, social & physical engagement programmes and other community based initiatives to support older people;
- we will follow through on our **commitment to person centred care** – which means that care plans are designed to suit the person and their needs rather than the organisation providing the service - and we will make this more visible in what we do;
- we will review what can be done to **improve information and advice services** for older people;
- we will develop a **transport plan** with other partners; and
- we will develop a more **integrated and joined up housing plan** to support older people stay at home.

We are conscious that our plans might be seen as ambitious, and there is no doubt delivering these will be challenging in the current financial climate. We are nonetheless **committed to making these changes over the next three years**. We will endeavour to maximise the use of our resources through deploying our collective resources more effectively, seeking greater efficiencies in what we do, and exploring better value for money. Our refreshed plan, including our financial plan, to be published in 2014, will spell out how we intend to do this.

We also outline in this report our response to the specific points raised during the consultation.

Our **focus will be on delivery** as it is through showing changes and improvements in the services people receive that the success of our plan will be demonstrated. We will have an **ongoing process of engagement and involvement** with users and carers, communities, and those involved in delivering care, to receive feedback and give people the opportunity to influence what we do.

There will be **regular updates** on implementation during the year.

## Contents

<b>1. Introduction</b>	<b>5</b>
<b>2. Key messages</b>	<b>6</b>
<b>3. Key priorities highlighted</b>	<b>7</b>
- resources	7
- integrated working	7
- quality and choice	8
- access	9
- housing, aids and adaptations	12
- involvement and engagement	12
- prevention	12
- third sector	12
- carers	13
- older people are an asset	13
- dementia	13
<b>4. Consultation conclusions</b>	<b>15</b>
<b>5. Next steps</b>	<b>16</b>
<b>6. Further information</b>	<b>27</b>

## 1. Introduction

- 1.1 In March 2013 the Glasgow City Partnership for reshaping care (the partnership included representatives from Glasgow City Council, the NHS, Glasgow Council for the Voluntary Sector and Scottish Care), published a draft three year commissioning plan to reshape care for older people in Glasgow. The draft plan set out an ambitious programme of change with the aim of supporting older people to do more for themselves, and stay safely in their home and communities for as long as possible.
- 1.2 The Partnership launched the draft plan in April and undertook a consultation exercise from April to July 2013 to find out what older people and their carers, and organisations involved in delivery care to older people, thought of the proposals.
- 1.3 This report summaries the key messages to emerge from the consultation and the **views of over 500 people**, and outlines what the Partnership is going to next in response to the comments made. The report is based on:
- written responses to the consultation;
  - online survey feedback;
  - the outputs of four consultation events staged by the partnership;
  - feedback from 14 events funded by the Change Fund and organised by GCVS and a range of third sector partners to explore the views of older people, carers and third sector practitioners, including an event organised by Glasgow Disability Alliance attended by over 200 older disabled people; and,
  - an online survey of third sector stakeholders.
- 1.4 It should be recognised however that whilst some who responded read the draft plan, many did not. Much of the feedback was a response to the summary leaflet and/or short presentations made at engagement events, and based on what stakeholders felt was important for older people's care in Glasgow, rather than being grounded in the detail of the plan. All the responses received and the reports on the engagement events are available on line at [www.nhsggc.org.uk/olderpeople](http://www.nhsggc.org.uk/olderpeople)

## 2. Key messages from the consultation

- 2.1 The key message from the responses was that there was **general agreement with the vision** expressed in the draft plan, and acceptance **and understanding of the reasons why services need to change**. However, many respondents considered there was a **lack of detail** about how the changes would be achieved in practice. The **plan was considered to be ambitious** given the three year timeframe although some felt it was not bold enough.
- 2.2 People were largely aware that the current financial challenges can have a significant impact on what is and can be provided. There was also awareness of some significant policy changes being faced, such as welfare reform. Because of this many would have liked to see the plan be **more explicit about how it would move from the current way of working to the new ways of working**, particularly given the challenging financial climate and increasing demand. This is particularly relevant as the draft plan gives a clear commitment to double the spend on preventative services over the life of the plan but how this is to be achieved was not spelt out. There was also some comment on the lack of clarity about some terminology used, such as what is meant by preventative services.
- 2.3 The lack of detail might have prompted some of the other comments which challenged assumptions made in the plan. For example, some stakeholders felt that increasing numbers of older people, particularly the very elderly and frail, were still likely to need hospital services, in addition to community services that operate 24/7 and respond quickly to need, with appropriate intermediate (convalescent and anticipatory) care to reduce hospital stays. For example, people with dementia may not be best served by home care other than in the early stages of the condition. Preventative work may keep people healthier for longer, although it was suggested that this may not be the case with dementia, but they may still become ill at some point and require care. Individual care at home was also considered to be an expensive option by some, and some was also suggested that a credible alternative to acute hospital care has not been proven for chronic conditions, so reducing beds without alternatives in place could be dangerous. There was also some concern that the proposed changes were designed to 'disguise' cuts in provision, which may have possible impacts on those currently cared for in care homes or hospital.

### **3. Key priorities highlighted**

- 3.1 The same key issues emerged throughout the consultation as being integral to properly supporting older people in the community. More detail on how each of these issues will be addressed was seen as a matter of urgency by stakeholders. Some of these could be described as principles to consider when developing the plan, and others related specifically to the type of support and services required. These are noted below, in no particular order of priority as they are all seen to be important.

#### **Resources**

- 3.2 There were different aspects to comments about resources but a key aspiration was to make sure that services are improved for older people, as some changes could be less of a strain on the public purse and be more responsive to older people's needs. Some comments related to overall resources available being insufficient to deal with the growing older population and anticipated needs, particularly as preventative action takes time to have an impact and people are still likely to have care needs at some point in the future. The ability to focus resources on anticipatory care whilst there is still a need to support hospital provision was also discussed as a challenging 'chicken and egg' situation without additional investment. There were different views about the degree to which good quality and appropriate care provided at home was a cheaper alternative to hospital care – stakeholders would like to see how the numbers stack up. Resources were also referred to in terms of workforce planning and training in order to meet the changing needs and services to be provided.
- 3.3 It is important to note that whilst resources were acknowledged as being important, stakeholders were keen to make sure this was not the driver of change, merely something that facilitates improvements. It was clear that the real priority was good quality, flexible, personalised care that respects the dignity and human rights of the individual older person, and allows them to have control over their life, achieving a good quality of life for them and those who care for them.

#### **Integrated working**

- 3.4 Stakeholders welcomed the move towards more integrated working between health, social work, and housing and the third sector in particular, supported by volunteers, with much better sharing of information as this presents real challenges for older people and their carers at present. For example, reducing bureaucracy and taking a more person-centred joined up approach could stop people having to re-tell their story or keep being assessed, which can be confusing for older people and their carers.
- 3.5 Stakeholders were clear that we need to ensure discharge is not delayed and support services are seamless and are improved. It was suggested by a contributor to the online survey that hospital discharge protocols should be amended to make a return home the expected outcome and more of the norm. It

was mooted that a much more efficient approach could be taken if services were more person-centred, for example linking up a number of hospital appointments rather than having to visit the same hospital several times in a short space of time, particularly if transport or other support was required. Older people also stressed that this was not just about re-building physical health and strength, but also about re-building confidence following a hospital stay.

- 3.6 Carers also identified the need for earlier diagnoses of health issues so that treatment and support could be provided as quickly as possible, to address issues more easily and avoid crisis intervention and that services needed to be better at sharing information and referrals than at present.
- 3.7 Third sector practitioners echoed the concerns of older people and carers and would like to see greater clarity within the plan around how exactly partners will share information, conduct joint assessments and work more collaboratively in order to meet older people's needs better, rather than adding to their stress. Records which 'follow the person' would assist with this, in addition to more flexible, responsive services which are tailored to supporting the individual at home. There was recognition that there is a need to balance specialist care without over-doing professional involvement, however.
- 3.8 The need to have more equitable commissioning processes that align with Self Directed Support principles was identified as a priority, linking to the next point on home care. Older people and other stakeholders who responded to the consultation had a lot to say about what they perceived to be the reduced quality of home care provided in terms of the limited time carers spent with older people, the lack of flexibility and dialogue around what and when help could be provided which recognises individuals' needs, a lack of continuity amongst carers.
- 3.9 Some respondents were concerned about choice when it comes to home care. They expressed a desire to see what they would consider a more equitable and transparent commissioning framework offering choice of provider and support packages. It was therefore suggested that the roll out of SDS should be prioritised for older people and that SDS and the commissioning process needed to be brought together to work properly. It was also suggested that short-term support should be provided to smaller organisations in order for them to compete with larger providers and therefore ensure there is greater choice available for older people.

### **Quality and choice**

- 3.10 This was a consistent message from all aspects of the consultation that older people needed flexible, person-centred home care packages which include carers spending time with them (particularly on "bad days"), talking to them and respecting their wishes and beliefs. They need to 'live' independently with a good quality of life, not just be based at home.
- 3.11 There was a concern that services must recognise who the customer is and respond appropriately to their needs. The quality of home care was perceived to have changed, for example with the perceived loss of the handyman

service, shorter visits, and a reliance on ready meals rather than cooking for people. It was felt that this has had an impact on the physical and mental health of older people. Lower level needs such as cleaning, laundry and shopping were also raised as being important for people to remain safe and well at home, but it was felt these were not currently being addressed by services and needed to be if a more preventative approach was to be taken.

- 3.12 'Getting out and about', by taking part in exercise, activities and interests and having regular social interaction with others, was seen as vital in keeping older people healthy and well. Independent activity was seen to be important, but this may require the assistance of medication, home care, groups/clubs, transport, neighbours or family for some people or in some situations.
- 3.13 A number of different local support services to enable older people to remain at home were cited, including the importance of local access to services such as podiatry, physiotherapy, occupational therapy and falls prevention support. These were perceived to have become more centralised and less easy to access locally. Other suggestions were made to aid the transition from hospital to home, for example support from a heart and stroke nurse locally to monitor medication, activity, making sure someone was monitoring food and drink intake following discharge from hospital, etc. There was considered to be potential to increase the role of GPs in supporting older people more, provided they have more accessible appointments.
- 3.14 The role of local community 'centres' where older people and carers can access activities (with particular interest in physical activity such as chairgym), services and reduce social isolation was considered to be very important. Carers in particular stressed the need to have building-based day care or centres. That said, it was noted that not all older people like to join groups and clubs (and many of those participating in the consultation were engaged in local groups and activities). Befriending services, formal or informal, and projects like Good Morning Glasgow may also encourage older people who are more isolated to engage more fully in their communities. There was some concern that the move towards supporting people at home could actually increase social isolation. The need for more support for older men was also raised, as many activities, groups and clubs are targeted at and largely attended by older women.

### **Access**

- 3.15 Accessibility was considered critical in terms of equalities, awareness of what is available locally, cost and transport. For example, older people want to have a say in what and how services are provided, but often need transport and support to participate in services and activities, which are often in places where they can find out about other services/activities which may be of interest and assistance to them (for example, as leaflets and posters are often in community facilities).
- 3.16 Local and easily accessible information and advice services were seen to be key by all stakeholder groups – older people, their carers and professionals providing services to older people all need to know what is available and be able

to access information and advice when required. Older people tended to prefer personal delivery of that information and advice, i.e. face to face or even over the phone, but a wide range of ways to get information out to people were suggested. These included:

- Media: radio, TV, newspapers
- Local offices and centres: GPs/health centres, pharmacies, Social Work offices, Housing offices, wardens/concierges, libraries, leisure centres, community centres, churches, Citizens Advice Bureaux, etc.
- Transport: on buses in particular
- Other places people visit: bingo halls, bowling clubs, town/shopping centres, local shops, hairdressers, pubs, local events, etc.
- Online information and social media
- A user-friendly directory of services and supports available in local areas
- A laminated poster with key information could also be put up in people's houses once they start receiving support services.
- Networking events for organisations, newsletters to organisations
- Local champions in the community
- 'One stop shop' local office or central phone line to signpost

3.17 The fact that older people and their families can receive conflicting information and advice about their conditions and the services or benefits they are able to take up was highlighted as an area for improvement. This can have a significant impact on health and wellbeing and is compounded by reticence from older people to access services or think they are entitled to benefits which might make an appreciable difference to their quality of life.

3.18 Discussions also showed that there were varying degrees of awareness of key services and contacts amongst older people, for example the out of hours number for Social Work, how to contact Dial-a-Bus and information on how it works, etc., particularly those based locally. GPs were seen to be key professionals who are asked for information and advice.

3.19 It was commented that carers, who are often older people themselves, can also find it challenging to navigate the maze of health, social work, housing, benefits, Power of Attorney/Guardianship and other support available to them and their loved ones. Carers' organisations and condition specific organisations are helpful but assistance at the start of the caring journey in particular and when other needs arise was seen to be needed.

3.20 Transport, or rather the lack of good transport which meets older people's needs, was a significant issue which emerged throughout the consultation. Much of the comment centred around the need to develop more comprehensive community transport services and better transport links, i.e. improved links between and within neighbourhood areas so that older people can access hospitals, GPs, shops and community centres, etc. and retain their independence, interests and social life. Older people were keen to keep their bus passes and to see greater investment in community transport for those who

cannot use 'mainstream' transport easily. There was a perception that this logistical aspect of accessing services is often not considered fully when planning services but is integral to the success of many services for older people.

- 3.21 Low cost access to theatres, cinemas, bingo and other activities at 'off-peak' or quiet times was also suggested by older people. The benefits of getting out, socialising and keeping as active as possible, physically and mentally, were highlighted by older people but also recognised by other stakeholders.
- 3.22 Ensuring equal access for older people who are more socially and economically vulnerable was raised and the GCVS/Citizens Advice Bureaux research around maximising incomes of older people identified that older people, particularly single females aged 75+, older people from BME communities and those who are digitally excluded are not maximising their income through lack of awareness and ability to access information and services. The GDA consultation also revealed the significant impacts welfare reform and fuel poverty in particular have already made on disabled people.
- 3.23 Equalities issues also came through as something to be considered more fully by the plan. This needs to be comprehensive but the particular aspects raised specifically in the consultation included physical and sensory impairments, learning disabilities and minority ethnic groups.
- 3.24 Older people from minority ethnic communities often do not have good English skills and cultural differences around food and contact between different genders can deter people from accessing existing provision, if indeed they are aware of them in the first place. Older people were keen to see information provided in different languages to address this and for health and care staff to have a better understanding of cultural sensitivities and for services to be provided by those of appropriate gender and linguistic ability. This is particularly important for carers, as the carer may be the only person the older person has contact with on a day to day basis so they could be at greater risk of isolation. This is also a concern for other aspects of equalities, such as sexuality. Carers suggested that more day services to care for older people from ethnic minorities and ethnic minority development workers would be helpful, with greater care taken when designing services to ensure they are culturally appropriate.
- 3.25 Greater investment in interpreter and communications support services for those from minority ethnic communities and those with sensory impairment or learning disability was felt to be required, particularly within hospitals and around discharge planning so that people can participate in discussions about their own situation.
- 3.26 The needs of older people with learning disabilities were also considered to require to be addressed within the plan, as older people with learning disabilities can have additional support needs. Addressing negative and discriminatory perceptions of older and disabled people was highlighted as still needing to be addressed, with older and disabled people having serious concerns about the

degree to which they will be valued and supported in later life which leads them to be fearful of what awaits them.

## **Housing**

- 3.27 Housing and associated aids and adaptations were considered to be key in facilitating older people to live independently at home. For some, this meant more purpose built housing for older people. However, there was also a call from a housing professional for housing providers to convene to properly consider the best longer-term approach to the challenges of an ageing population. The role of housing providers in accessing older people to facilitate communications and assessment of need was also acknowledged so there is a clear role for housing providers to be more closely involved in the development and delivery of the plan.
- 3.28 Stakeholders also identified the need for more aids and adaptations to be made available to support people at home and to help them get out if they had mobility problems. This also needs to be organised more quickly as there can be long waiting lists at present, which can have a significant impact on people's quality of life. It was also suggested that people are often uncertain what to do with aids which are no longer required.

## **Involvement and engagement**

- 3.29 Involving older people and the wider community throughout the process and listening to their views – as patients/clients, carers and (potential) volunteers – was perceived to be critical to getting the changes right, and in order to truly meet their needs and help to make them feel valued. It was felt changes should be made 'with' and not 'to' older people and their carers.

## **Prevention**

- 3.30 Preventative messages, stressing the need to take responsibility for one's own health and behaviour change was seen to be critical for people of all ages, but with middle aged people as a matter of priority in order to encourage a healthier and more financially-secure older age group as quickly as possible. Alongside, this early diagnosis of conditions like diabetes could be assisted by annual MOTs for older people or testing people at clubs, etc. The idea of improving "neighbourliness" was also mooted.

## **Third sector**

- 3.31 The important role of the third sector, particularly in providing services which reduce social isolation, was acknowledged across the consultation, yet there was concern that funding was being reduced while costs were increasing. Longer term funding was cited as being necessary to provide greater certainty which allows organisations to then focus on delivering services and making longer term plans to make a difference to communities. The more participative and responsive way in which the third sector works was also seen as a key strength to build upon and for public sector agencies to learn from.

## **Carers**

- 3.32 The role of carers was also highlighted, particularly by those involved in the consultation who were carers although not exclusively. Carers were keen to see adequate respite and short breaks for carers, with more clarity around the definition of a 'short break' – in their view this meant four hours minimum. Short breaks and building-based services for older people, with appropriate transport to enable people to attend, were identified as vital respite for carers.
- 3.33 They also felt that their role as carers should be recognised more consistently across service providers and that their views were listened to when deciding upon the support required for the person they cared for. It was also requested that professionals should consider the support needs of carers themselves, not just the person they cared for, as carers are often older people too and caring can take a significant toll on physical and mental health of the carer.

## **Older people are an asset**

- 3.34 Older people were highlighted as a considerable asset to the city, especially as carers and volunteers. Older people expressed the view that they are often portrayed as having a range of different needs to be met, or generate a 'deficit' in society, but the positive and beneficial role that older people play should be celebrated and tapped into further. Older people are a significant resource within the city both formally, for example when assisting in the delivery of a wide range of services, and informally, when assisting family, friends and neighbours.
- 3.35 Responses also suggested getting younger people involved in volunteering, possibly via Curriculum for Excellence, and the joint benefits of any opportunities for inter-generational interaction.

## **Dementia**

- 3.36 Stakeholders expressed the desire to address the needs of those with dementia better and to recognise that they may be different. This included improving understanding in the community, earlier diagnosis and more/better support to live in the community with the condition, e.g. keeping active, managing 'wandering', music/reminiscence and ensuring services are available for under 65s as dementia can start at younger ages. However, the need for people with dementia to be cared for in a residential care setting eventually was highlighted as something the plan needs to recognise more fully given the likely increase in numbers of people with dementia in future. A respondent to the online survey made the point that the care needs of older people with dementia need to be considered separately from the generally frail population as their needs and the resources required to support them will be very different.
- 3.37 The need to encourage people to take up Power of Attorney so that any loss of capacity does not delay hospital discharge unnecessarily in future, and speeding up guardianship processes, were also highlighted by different stakeholders.

## **4. Consultation conclusions**

- 4.1 There was **general support** to the direction outlined in the draft plan, and recognition and understanding that there was a **need for change**. Many wanted **more detail** about how the changes outlined would be implemented, and what this would mean for older people and their carers.
- 4.2 The main messages from the consultation are not necessarily new, and many have been raised before by older people, carers and others. There is a need therefore to consider how these challenges can be addressed to ensure that older people, carers and those providing services can see that they have been listened to, their **views are important** and their **needs are being respected**.
- 4.3 It was considered that the plan was an **important opportunity** to do this and improve the quality, choice, care and support for older people. As one contributor to the online survey said “this is your big chance to change the Cinderella attitude that has pervaded elderly care for decades”.

## 5. Next steps

5.1 Having considered the outcome of the consultation the Partnership has agreed to make changes in response to what people have said. These changes are outlined in the table below, and who will be responsible for taking each issue forward. There are some changes that we need to make that will take longer to implement and involve a wider range of people and organisations. These changes will form part of our forward planning agenda.

5.2 A fully revised and updated plan to be published in 2014. This updated plan will provide more detail on what the changes mean for older people and their carers, and the specific improvements people can expect to see.

Issue	Response
<p>1. A key concern was the <b>lack of detail</b> on how the aspirations of the plan would be achieved in practice, moving from the current way of working to a new way of working.</p>	<p>While a detailed action plan has been developed, and updated in the light of the consultation, it is recognised there needs to be more detail on how we plan to use our resources, the impact of changes in hospital and care home provision and the introduction of new ways of working such as anticipatory care and prevention. We will do further work on this and publish this as part of our updated plan in 2014. <b>Lead: CHP and Social Work Services</b></p>
<p>2. The plan was considered to be <b>ambitious</b> or aspirational in its thinking by many given the three year timeframe but <b>not bold enough</b> by a few.</p>	<p>The plan was originally drafted as a ten year strategy, and then revised as a three year commissioning plan, following guidance issued in 2012. The vision is therefore a ten year vision rather than a three year vision. There is a balance to be struck between ambition and what is achievable. We believe the actions in the plan are deliverable over a three year period. <b>Lead: Strategy Group</b></p>
<p>3. It was highlighted that services are experiencing constraints on funding and increasing demand but there is a commitment to double the spend on preventative services over the life of the plan – what are the <b>resources</b> available and how will funding work in practice?</p>	<p>In section five of the plan we provide data on health and social care resources. This needs augmenting by information on third and independent sector resources, and housing resources. We will define what we mean by preventative and anticipatory care, and detail our plans for doubling expenditure in this area.</p>

Issue	Response
	<p>We will update the information on resources further by including our projected spend for the life time of the plan.</p> <p><b>Lead: CHP and Social Work Services</b></p>
<p>4. There was some concern that the proposed changes were designed to <b>'disguise' cuts</b> in provision, which may have possible impacts on those currently cared for in care homes or hospital.</p>	<p>This is not the intention of the Partners and we will make this clear in our public statements. There is a real need to shift the focus of care away from hospitals and care homes to supporting people to live well in their own homes or as close to their communities as possible. The plan will not have an adverse effect on those currently in hospital or care homes, and we will ensure those that need these services will receive high quality services appropriate for their needs.</p> <p><b>Lead: CHP and Social Work Services</b></p>
<p>5. How does the plan take into account other <b>policy</b> changes that may have an <b>impact</b> on older people, e.g. welfare reform? The GDA consultation in particular revealed significant impacts welfare reform and fuel poverty in particular have already made on disabled people.</p>	<p>Welfare reform, the economic climate and a range of other strategies/agendas are cited as part of the national and local context at the beginning of the plan, so these are acknowledged as being important and will have an impact on older people in Glasgow. What we are keen to guard against is that our proposals do not have an adverse or compounding effect on older people. We will ensure that our plans take account of individuals' personal circumstances, particularly those in greatest need, the need to reduce poverty ('Keeping Health in Mind'), improve support to vulnerable older people (Community Planning); the impacts of deprivation, vulnerability and housing, and the need to reduce health inequalities.</p> <p><b>Lead: Strategy Group</b></p>
<p>6. How do the <b>numbers stack up</b>? For example, as the numbers of frail elderly increase, there will still be a need for some hospital beds as well as community services, convalescent and anticipatory care.</p>	<p>We need to model the impact of the changes we are proposing to hospital and care home provision, and the demand for services we anticipate over the life of this plan. We will undertake to do this and publish these results in 2014.</p> <p><b>Lead: CHP and Social Work Services</b></p>
<p>7. There was some concern that the Draft Plan focuses on 'higher tariff' older people with greater need rather than the</p>	<p>We do recognise that the plan has focused more on those in greatest need and those receiving hospital and care home services.</p>

Issue	Response
<p><b>full spectrum of older people</b> and therefore focuses more on care support rather than preventative measures.</p>	<p>This is because that is where most of our resources are spent as shown in the plan. However, we do recognise that most older people do not require hospital or care home support, and it is important that we do not forget this when taking the plan forward. We will work with partners to further develop a range of low level preventative community based services to promote health and well being of the wider older population. We will review our plans in this area and report back in 2014.</p> <p><b>Lead: GCVS and CHP</b></p>
<p>8. The move towards more <b>integrated working</b> between health, social work, housing and the third sector in particular, supported by volunteers, with better sharing of information was welcomed, for example around joint assessments. But how will information be shared, people be assessed and organisations work collaboratively?</p> <p>It was suggested that records which ‘follow the person’ would assist, as would more flexible, responsive services which are tailored to supporting the individual at home.</p>	<p>The plan states that integrated health and social care working is well-established in Glasgow, and we will need to take into account the Scottish Government’s proposals for legislation on joint working, when organising our health and social care services. We also need to develop more integrated working with housing and the third sector, and we will be looking at how this might best be undertaken.</p> <p>Sharing of information between partners to support assessments is something we are working on and we have an agreed joint assessment process between health and social work. Records that ‘follow the person’ might be more difficult to implement but we will look into it.</p> <p><b>Lead: CHP, Social Work Services and DRS, Housing</b></p>
<p>9. The real priority for stakeholders was good quality, flexible, <b>personalised care</b> which respects the dignity and human rights of the individual older person and allows them to have control over their life, achieving a good quality of life for them and those who care for them. The plan was seen as an opportunity to improve the quality, choice, care and support for older people in Glasgow.</p>	<p>We will seek to move away towards a more citizenship focussed and personalised approach ensuring people can exercise increased choice and improving the quality of care people receive.</p> <p><b>Lead: Social Work Services</b></p>
<p>10. It was mooted that it would be more efficient if services took a <b>person-centred approach</b>, e.g. linking up</p>	<p>The plan gives a commitment to “<i>maximise the choice and control which service users have over the care they receive. Delivering</i></p>

Issue	Response
<p>hospital appointments on one day, particularly if transport or other support is required.</p>	<p><i>improved outcomes for individuals will be at the heart of our service design, resource allocation and the shaping of new care pathways</i>". We will need to ensure that this commitment is followed though in implementing the changes in the plan. We will look closely at the process for hospital appointments as suggested.</p> <p><b>Lead: Acute Division and Social Work Services</b></p>
<p>11. Older people and other stakeholders had a lot to say about the <b>quality of home care</b> provided. Older people want flexible, person-centred home care packages which include carers spending time with them, talking to them and respecting their wishes and beliefs. They want to 'live' independently with a good quality of life, not just be based at home. Cleaning, laundry and shopping were also raised as being important to taking a more preventative approach.</p> <p><b>Some respondents were concerned about choice when it comes to home care</b> and which was perceived to be counter to the ethos of Self-Directed Support. Stakeholders were keen to see a more equitable and transparent commissioning framework which offers choice of provider and support packages. It was suggested that the roll out of SDS should be prioritised for older people and that SDS and the commissioning process need to be brought together. It was also suggested that short-term support, e.g. business/tendering advice and grants, should be provided to smaller organisations in order for them to compete with larger providers and ensure there is greater choice available.</p>	<p>There are a number of issues here that we need to respond to. What older people have said in the consultation about the quality of home care we take seriously, and we will be working with Cordia, users and carers and others to improve services as part of our approach to personalisation. We recognise the crucial role of home care in shifting the balance of care, supporting people at home and early intervention. We will communicate in more detail later on our future plans for home care.</p> <p>As the statutory authority responsible for commissioning home care services in Glasgow, the Council will take these views into consideration as it plans the future shape of home care provision.</p> <p>As part of its commitment to meet the needs of older people in Glasgow, the Council is currently implementing a multi-million pound project which will transform residential and day care services across the city through the provision of five new 120 bedded residential care homes and six 30 place day care centres. These purpose built new facilities are specifically designed around the needs and views of older people.</p> <p><b>Lead: Social Work Services</b></p>
<p>12. <b>'Getting out and about'</b> - taking part in exercise, activities and interests and having regular social interaction with others - was seen as vital in keeping older people healthy and well. This may</p>	<p>The plan outlines health improvement activity, community capacity building/co-production of services that older people want and the different day care options available. The Transformation Fund</p>

Issue	Response
<p>require the assistance of medication, home care, groups/clubs, transport, neighbours or family.</p> <p>Carers stressed the importance of local building-based centres but not all older people like to 'join' groups/clubs, and many of these are targeted at/attended by women only. Other options have to be considered, particularly as support at home could increase social isolation.</p>	<p>supports projects and activities which aim to deliver against the aims of keeping older people healthy and active in communities. GCVS's mapping of the third sector also highlighted the range of activities already provided for older people in the city. The CHP has also agreed to extend the social and physical activity programme with Glasgow Life. Through the monitoring of these programmes, we will be able to review take up, and to determine whether the reach of these activities needs changing to meet particular needs.</p> <p><b>Lead: GCVS and CHP</b></p>
<p>13. <b>Prevention</b> and taking responsibility for one's own health and behaviour change were seen to be critical for people of all ages, but particularly the middle aged to encourage a healthier and more financially-secure older age group as quickly as possible. MOTs for older people/testing people at clubs may assist in earlier diagnoses, e.g. diabetes.</p>	<p>Prevention is a key priority within the strategy, and we recognise that this does not just apply to older people. We do have programmes such as Keep Well that focus on a younger age group, and the Government's recent announcement on the Change Fund will assist in broadening our approach. Another key priority is the promotion of a self management approach to provide skills and confidence to older people and their carers to self manage their conditions as much as is reasonable.</p> <p><b>Lead: CHP</b></p>
<p>14. The need for a range of <b>local support services</b> was identified, including local access to allied health professionals and services which were perceived to have long waiting lists and to have become more centralised/harder to access. Self-referral and targets for maximum waiting times were suggested, alongside an increased role for GPs in supporting older people.</p>	<p>We do recognise the vital role services such as physiotherapy and podiatry play in supporting older people. Where there are access issues we will work with services to address these. We do have self referrals to physiotherapy but not podiatry. The role of GPs is important too and the arrangements for anticipatory care will improve support for older people and those with long term conditions.</p> <p><b>Lead: CHP</b></p>
<p>15. Lack of <b>transport</b> which meets older people's needs was a significant issue, e.g. we need more comprehensive community transport and better transport links so that older people can access hospitals, GPs, shops and community centres, etc. and retain their independence, interests and social life.</p>	<p>The plan makes reference in the introduction to related plans, including transport, but we do not have any specific actions about this at present. This is clearly a gap and we will give this consideration for the next plan.</p> <p><b>Lead: GCVS</b></p>
<p>16. Ensuring <b>equal access</b> for older people</p>	<p>We are aware of the issues this point</p>

Issue	Response
<p>who are more socially and economically vulnerable, e.g. clarity of care costs (so they don't assume they can't afford it if they can), low cost access to theatres, cinemas, bingo etc. at quiet times.</p>	<p>raises, and vulnerability is highlighted as a priority by community planning, and through the One Glasgow approach. Clarity on care costs is an issue we need to be sensitive to when discussing this with older people and their families, and is one aspect of information/advice services discussed above. The introduction of the Glasgow Carers Privilege Card which has been distributed to over 7,000 carers provides a range of discounts to a range of services and activities in the city.</p> <p><b>Lead: Social Work Services</b></p>
<p>17. Some felt that the plan was not sufficiently strong on <b>equalities</b> issues such as physical and sensory impairments, sexuality, learning disabilities and minority ethnic and religious groups. This is important in terms of culturally appropriate health and care staff, practice and provision.</p> <p>An additional issue raised by the Jewish community, which may also be a factor for other communities, was that of cross-boundary care provision/ charges.</p>	<p>We are undertaking an Equality Impact Assessment of the plan and will build the outcome of this into the next stage of the plan.</p> <p><b>Lead: CHP</b></p>
<p>18. <b>Interpreter and communications support</b> services for those from minority ethnic communities, with sensory impairment or learning disability is sought, particularly within hospitals and around discharge planning so that people can participate in discussions about their own situation. Information also needs to be accessible.</p>	<p>We are reviewing how we communicate, engage and involve minority ethnic communities, and as part of the EQIA process we will be responding to the specific needs of different groups. We are conscious that we need to improve how we communicate with people particularly at a time of change.</p> <p><b>Lead: CHP and Social Work Services</b></p>
<p>19. <b>Dementia</b> care was considered to be <b>different</b> – community based care may be appropriate in the early stages but not necessarily for those in the later stages.</p>	<p>There is a section in the draft plan on dementia. Dementia is also addressed specifically in several Change Fund projects. Actions being progressed include work on:</p> <ul style="list-style-type: none"> <li>• earlier diagnosis;</li> <li>• memory Services;</li> <li>• post diagnostic support for older people and carers; and,</li> <li>• enhanced day opportunities.</li> </ul>

Issue	Response
	A carer's pathway is also being developed for those caring for people with dementia. <b>Lead: CHP</b>
20. There was also seen to be a need to improve understanding of <b>dementia</b> better in the community. This will help with earlier diagnosis and better community support is required, e.g. keeping active, managing 'wandering', music/reminiscence, access to services for under 65s.	We agree and we have a work plan outlined in 19 above that also includes raising public awareness about dementia. We are revising the dementia section of the Plan and will take these comments into account. <b>Lead: CHP.</b>
21. It was felt that the needs of <b>older people with learning disabilities</b> also need to be addressed more clearly as support is now incorporated within older people services. Older people with learning disabilities can have additional support needs so stakeholders must be clear on the resources available and how people will be supported in practice.	We do need to address the specific needs of older people with a learning disability, and will be considering this further in the next stage of the plan. <b>Lead: Social Work Services</b>
22. Stakeholders were looking for better <b>integration of housing</b> within the Plan and its fit with health and social care, e.g. re. communications with older people, assessment of need, aids and adaptations and the role of telecare/telehealthcare.	We recognise that housing is a vital part of the reshaping care agenda, and we need to integrate housing planning more fully utilising the Housing Strategic Investment Forum, links with local housing associations and the new Homelessness and Social Care Housing Forum.  <b>Lead: DRS, Housing</b>
23. <b>Long-term planning of housing provision</b> to meet the challenges of an ageing population e.g. more sheltered housing and/or connecting tenants to support services better, was suggested.	This is addressed in the Housing Contribution Statement and Glasgow's Housing Investment Strategy, and will be further refreshed and updated in 2014. See also action 22 above.  <b>Lead: DRS, Housing</b>
24. RSLs could benefit from <b>joint procurement</b> of telecare and other support services.	We will consider this with RSLs. <b>Lead: DRS, Housing</b>
25. Quicker supply of and more extensive <b>aids and adaptations</b> to enable people to live at home was requested alongside clarity on what to do with those which are no longer needed.	We recognise the importance of aids and adaptations in supporting people live at home and will look at improvements to this service. <b>Lead: DRS, Housing</b>
26. <b>Involving older people and the wider community</b> throughout the process and listening to their views was perceived to	We have been greatly encouraged by the response we have had to this draft plan and pleased that people have made the

Issue	Response
<p>be critical to getting this right. Plans and services need to be developed and delivered in partnership with older people and their carers in order to truly meet their needs and help to make them feel valued.</p>	<p>time and taken the effort to let us know their views. We want this dialogue to be an on going process so that each year we are engaging with people about plans to improve services. It is important people let us know what needs improving as our plans take shape. There will be much more focus on improving outcomes for individuals as we go forward. <b>Lead: Strategy Group</b></p>
<p>27. Addressing <b>negative and discriminatory perceptions</b> of older and disabled people was an issue, with older and disabled people having serious concerns about the degree to which they will be valued and supported in later life.</p>	<p>We state in the plan that “<i>Older people are an asset to our communities</i>” and that “<i>Our care system must also address the challenge that older people...are not valued.</i>” We need to build on this to make this a reality for older people, and will commit to do this as we go forward. <b>Lead: Communications Sub Group</b></p>
<p>28. Older people were highlighted as a considerable <b>asset</b> to the city, especially as carers and volunteers but they are often portrayed as having a range of different needs to be met, or as generating a ‘deficit’ in society. The positive role that older people play should be celebrated and tapped into further, e.g. as a significant resource both formally and informally. Getting younger people involved in volunteering, possibly via Curriculum for Excellence, and the joint benefits of inter-generational activity could also be explored.</p>	<p>The plan does declare that older people are an asset to Glasgow but there is more we can do with other partners e.g. Glasgow Life to promote this more actively. <b>Lead: Strategy Group</b></p>
<p>29. The idea of improving “<b>neighbourliness</b>” was also mooted.</p>	<p>This is perhaps beyond the immediate scope of the plan, but is relevant to the Thriving Places approach within Glasgow. <b>Lead: Strategy Group</b></p>
<p>30. The important <b>role of the third sector</b> was acknowledged, yet there was concern that funding is being cut and costs are increasing. Longer term funding allows organisations to focus on delivering services and making longer term plans to make a greater impact.</p>	<p>The important role of the third sector is highlighted in the plan, and the need for understanding their role and funding to ensure future sustainability. An additional advantage of the Third Sector which is recognised is their valuable position as charities to secure external funding. <b>Lead: GCVS</b></p>
<p>31. The more <b>participative and responsive</b></p>	<p>The role of the third sector is</p>

Issue	Response
<p>way in which the third sector works was seen as a key strength to build upon and for public sector agencies to learn from.</p>	<p>acknowledged in the plan “<i>The third sector play a vital role in facilitating the necessary changes needed in this aspect of the reshaping care pathway</i>”, and in taking forward the Transformation Fund, leading the capacity building work stream, and throughout the plan. <b>Lead: GCVS</b></p>
<p>32. Local and easily accessible <b>information and advice</b> services were seen to be key by all stakeholder groups – all need to know what is available and be able to access information and consistent advice.</p> <p>There were varying degrees of awareness of key services and contacts amongst older people, so we need to get better at making sure older people have this information, e.g. out of hours Social Work, how to contact Dial-a-Bus, etc. GPs were seen to be key to providing information and advice, so it is critical that they have up to date, accurate information.</p>	<p>We do recognise that we need for information and advice services, as often people are not aware of what services are available and how to access them. We do have change fund projects supporting older carers with carer development staff and link workers from Alzheimer’s Scotland are providing post-diagnosis support for people with dementia. The importance of information and advice services in housing is also recognised in the plan. We will put more effort into information and advice as we go forward, and will be pleased to receive ideas and suggestions on how this could be improved. <b>Lead: GCVS, Social Work Services and DRS, Housing</b></p>
<p>33. <b>Carers</b>, who are often older people themselves, can find it challenging to navigate the maze of services and issues. Targeted assistance at the start of the caring journey in particular and when other needs arise was seen to be needed.</p>	<p>Glasgow City Carers Partnership has developed a single point of access for carers through its telephone information line and the carers self assessment. A Carer Pathway has been developed for carers caring for someone who is frail or who has dementia and we work in partnership with acute and primary care to identify carers at point of diagnosis or onset of condition. <b>Lead: Social Work Services</b></p>
<p>34. <b>Carers</b> were keen to see adequate respite and short breaks for carers.</p>	<p>This is being provided through the carers Change Fund project and budget has been increased this year. This is stated as a benefit in the summary and acknowledged as an increasing need in Section 6, under the Supporting Older Carers Change Fund project and in the reshaping care pathway diagram. Carer’s assessment also in Section 7. <b>Lead: Social Work Services</b></p>
<p>35. Carers felt their <b>role should be</b></p>	<p>Glasgow Carers partnership recognises</p>

Issue	Response
<p><b>recognised</b> more consistently by providers and that their views should be listened to when deciding upon the support required for the cared for person.</p> <p>The support needs of carers should also be considered more consistently, as carers are often older and caring can take a significant toll on their physical and mental health.</p>	<p>carers as key partners in the delivery of health and social care services and as such provides a range of supports and services to build carer capacity in managing the caring role and to improve the health and well being of carers.</p> <p><b>Lead: Social Work Services</b></p>
<p>36. Feedback suggested that to reduce the number and duration of hospital stays, <b>discharge</b> must not be delayed and support services must be seamless and in place. Should hospital discharge protocols be amended to make a return home the expected outcome and more of the norm?</p>	<p>The plan notes the improvements in delayed discharge targets and the impact if these are met on the scope to shift the balance of care; the key influences in care home provision; plans to reduce in-patient beds for NHS continuing care and frail elderly/stroke patients; and the critical importance of providing a range of home care provision to shifting the balance of care.</p> <p>Section 7 specifically addresses support to those discharged from hospital, e.g. assessment at home, reablement, community rehabilitation, the need to review aids &amp; adaptations, raising awareness of Powers of Attorney and supporting people to secure guardianship, etc.</p> <p>Hospital discharge protocols are not based on the presumption that a patient will be discharged into a care home. However are piloting assessment at home rather than assessment in hospital as we are mindful that assessing people when they are in crisis or when they have been ill should be avoided. Our aim is to discharge more people home and this is clearly understood by both hospital and social work staff.</p> <p><b>Lead; Acute Division and Social Work Services</b></p>
<p>37. The JIT also felt there was little reference to <b>intermediate care</b> so there needs to be a more strategic and planned approach to recovery, rehabilitation and reablement.</p>	<p>From early December 2013 intermediate care (step down beds) will be available, representing a significant addition to the spectrum of health and social care services that support the care of older people in the</p>

Issue	Response
	<p>city. These beds will provide an opportunity to discharge patients earlier from hospital as soon as they are fit for discharge and who previously would have remained in hospital, for completion of their community care assessment. These patients will also receive rehabilitation in a non-hospital setting to improve their prospects of returning home. This provision is in addition to the step up care in the North East.</p> <p><b>Lead: CHP and Acute Division</b></p>
<p>38. Older people said there is a need to <b>re-build confidence</b> following a hospital stay, not just physical health.</p>	<p>We strongly agree with this comment. The reablement service is designed to help rebuild confidence but there is more we can do. For example there is a role to play for other services like Good Morning Glasgow, and social activities based in the community. We need to recognise these more fully when taking this forward.</p> <p><b>Lead: Social Work Services</b></p>
<p>39. Stakeholders felt we need to encourage people to take up <b>Power of Attorney</b> and speed up guardianship processes (so that any loss of capacity does not delay hospital discharge in future).</p>	<p>Change Fund resources have been allocated to support a public awareness campaign. TV adverts have been commissioned and these will be aired on STV over the week commencing 1<sup>st</sup> December 2013. A wider Communication Strategy includes a range of methods to raise awareness within our staff, older people and their carers, and the wider public.</p> <p><b>Lead: Social Work Services &amp; CHP</b></p>
<p>40. The JIT flagged up a potential lack of <b>strategic direction</b> and lack of <b>connection</b> to 'One Glasgow', Clinical Services Review and community planning processes and structures, particularly those tackling health inequalities.</p>	<p>These connections to wider planning process in the City and the Health Board will be progressed as part of the next phase of the plan. We will illustrate how this all connects in the next draft.</p> <p><b>Lead: CHP</b></p>
<p>41. The JIT also identified a lack of clarity around how RCOP connects to the separate <b>corporate structures</b> of partners and how this will move to integrated budget and management by year 3.</p>	<p>We have begun to connect the reshaping care agenda into the wider community planning agenda in Glasgow, and ensuring other partners (e.g. Glasgow Life) are involved. Plans for integration are currently being progressed.</p> <p><b>Lead: Strategy Group</b></p>
<p>42. JIT felt a <b>performance framework</b> also</p>	<p>We do recognise the need to move away</p>

Issue	Response
needs to be developed more fully with an <b>outcomes focus</b> , which may require systematic adoption of outcomes based assessment, care planning and review processes.	from needs led assessment activity across health and social work and develop a more outcomes focussed approach with older people and their carers. We have built this into our implementation plan as an action that needs addressed. <b>Lead: Strategy Group</b>
43. Resources were also referred to in terms of <b>workforce planning</b> and training in order to meet the changing needs and services to be provided – this should be integral to change, particularly as <b>cultural change</b> is required, and not an afterthought.	We do recognise there is a huge organisational development agenda in taking forward reshaping care. We are working on an organisational development plan to support staff as well as a workforce plan. Both these plans will be available in 2014. <b>Lead: Strategy Group</b>
44. There was also some comment around the lack of clarity around some <b>terminology</b> used, such as preventative services.	A glossary of key terms will be included in future plans, and clarify what we mean by “preventative services” as part of work on 4 above. <b>Lead: CHP</b>

## 6. Further information

6.1 For further information on the strategy and the consultation please contact:

Hamish Battye  
 Head of Planning & Performance  
 Glasgow City CHP South Sector  
 Claremont Centre  
 Units 10-13, 39 Durham Street  
 Glasgow G41 1BS  
 0141 276 6700

hamish.battye@ggc.scot.nhs.uk

6.2 A full version of the report on the outcome of consultation is available online at [www.nhsggc.org.uk/olderpeople](http://www.nhsggc.org.uk/olderpeople)