

## Reshaping Care for Older People

Argyll and Bute

# Voices of Older People

Report



Compiled from engagement, consultations and surveys Jan – May 2013



## Background

This document reflects the views, thoughts and ideas of older people collated during a range of consultations over the period from January to May 2013. Older People across the area had opportunities at various times to let us know their thoughts about the Reshaping Care for Older People agenda, Joint commissioning and Health & Social Care services.

342 people participated in reshaping care and joint commissioning discussions a further 45 gave input by surveys. This work is ongoing but as we consider the way forward it seems timely to remind ourselves what we have heard so far.

Older people were also consulted about spending priorities as part of the budget consultations and about the priorities for Joint Commissioning. This feedback is reflected here in relation to Health and Social Care budgets. This seems a useful starting point, and although the sample is smaller (89 older people) the responses are derived from across Argyll & Bute.

This report also incorporates information gathered at the 'Reducing Isolation and Loneliness' seminar in March 2013 attended by frontline staff who were mainly drawn from the third sector. The seminar provided an opportunity to pool combined knowledge, feedback and concerns and views expressed by older people to the frontline workers within their various work settings.

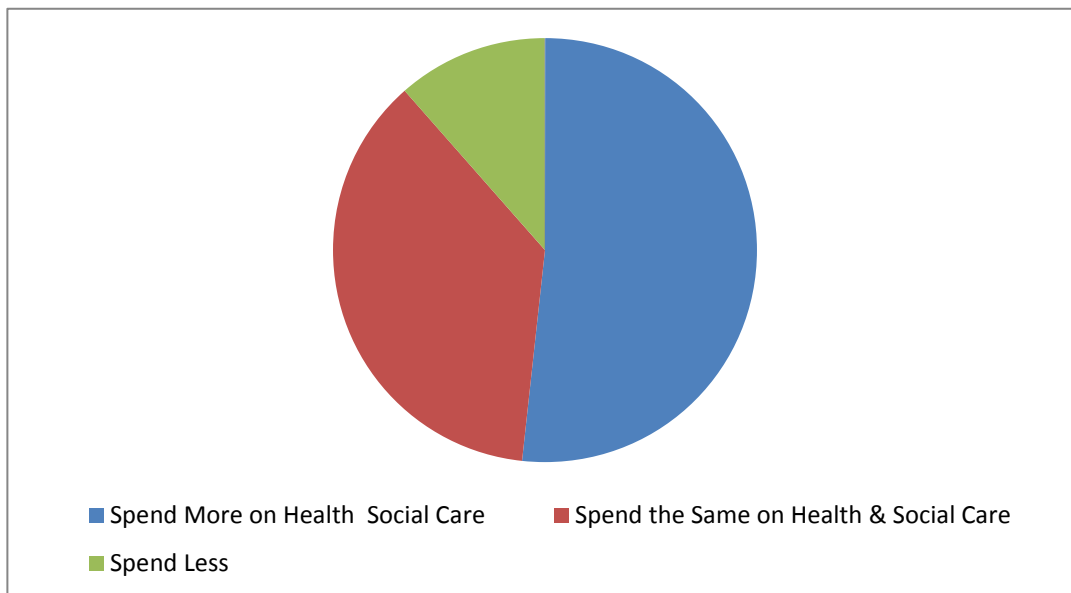
In addition, the final report from the roadshow events of 2012 is available on request. These events were attended by a range of providers from across public, independent and third sectors and members of the public. The events were held at very early stages of the reshaping care journey and are summarised separately because this report focuses on more recent work.

## Views on Health and Social Care budgets



Sadly, money does not any longer grow on trees. More positively it was clear during the consultation process that this was recognised and people were aware that public funds in particular were under greater pressure than ever before and that some things had to change to ensure a fair and equitable future for everyone.

When asked what level of budget should be spent on Health & Social Care, slightly more than 52% of those asked believed more should be spent, 37% felt that budgets were likely to be sufficient and 11% were in favour of reducing budgets.



It should be noted the context for this was the 2013-14 spending budget so people were not asked to look at the longer term. Responses across all areas of Argyll and Bute demonstrated overwhelming support for directing resources to supporting the economy as the foundation upon which everything else depends.

## Views on the Reshaping of Care for Older People and Joint Commissioning

This work produced a wide range of responses and comments with some common themes emerging.

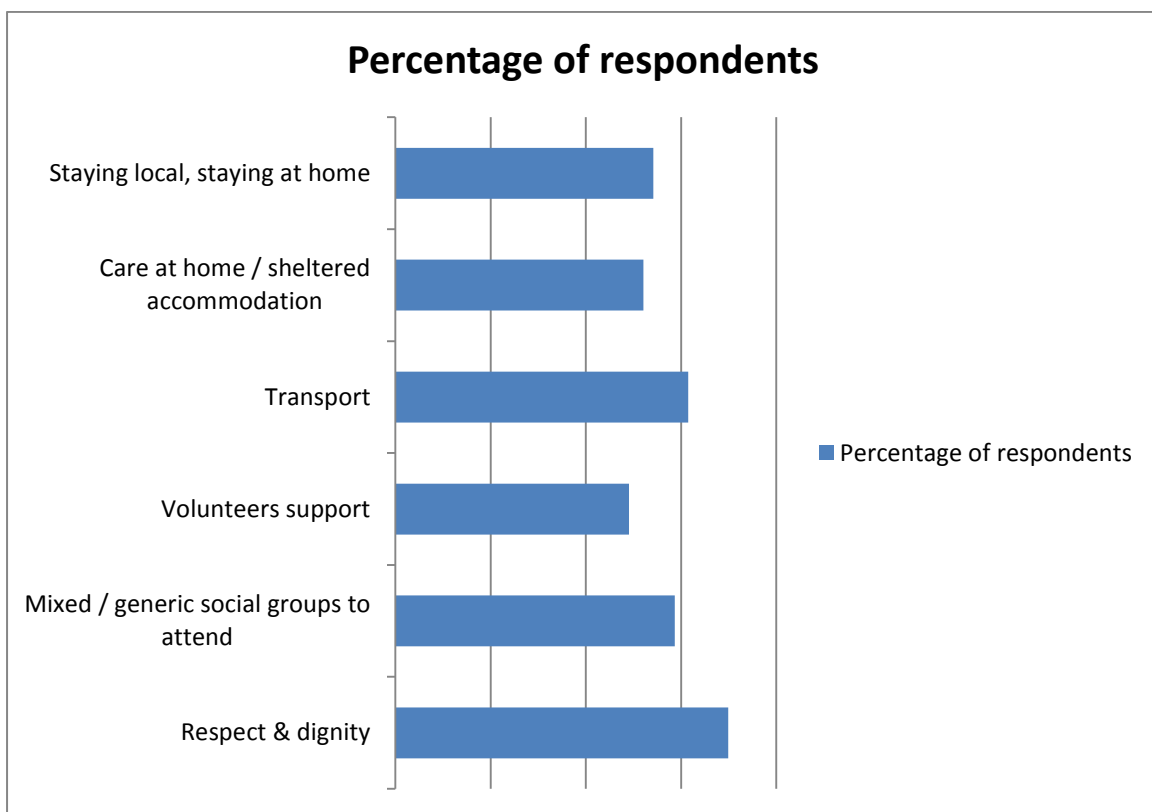
These have been divided between

What is important to you?

What are the priorities – short term and looking ahead for the next ten years?

What can be done differently or better?

### What is important to you?



The top choices (those scoring over 50%) and most frequently given are as above. The highest score (69.9%) was for comments made by many around respect and dignity, including being listened to, able to have an opportunity to meet decision makers and to 'be involved'. The caveat here was about large public meetings being dominated at times by the more vocal (and not necessarily older) people and a clear feeling that there should be some effort to interact on their ground. 'Open' meetings and groups not solely for older people were important as was being part of the community for some, whilst there were

some arenas where it was pertinent to ensure older people were being heard and to meet within a group.

Transport is, unsurprisingly, an issue for most people at 61.5% citing this as a priority area and this is true across all communities and demographics. Almost every consultation will feature comments about transport, and patient and hospital transport also has a high number of respondents referring to the difficulties encountered.

The next highest score (58.7%) was about social and other groups. Generic groups allowing people to mix with their community were clearly important and where some agencies offer volunteer transport to attend this too, was appreciated. A number of people mentioned not wanting to attend groups solely for older people, wanting to be 'ordinary' and do things along with their communities rather than feeling 'a special case' or restricted to the company of older people.

Being able to live independently at home or staying local if sheltered housing or care home is needed were also important.

Care at home and sheltered housing was given a higher profile than a traditional view of care homes and quality was mentioned several times with some reports of less than good experiences. Support from volunteers from a range of third sector organisations was also valued highly often along with the provision of generic and social groups.

## Looking forward – what are the priorities?

This drew a wide range of responses, and again transport featured as a need with specific mention of patient transport and the travel difficulties in particular to hospitals and appointments within Greater Glasgow and Clyde. In fact where complaints about Health services specifically arose, over 78% related to services provided by GG & C.

In summary, these are the areas which people were keen to identify and such was the mix of responses within these themes it would be inappropriate to try and place them in priority order.

Listening and Consultation
Transport and volunteer transport
Peer networks and Community supports
Carers and Carer support
Dementia support
Housing – and specifically one bed housing (models of sheltered housing)
Health and Social Care Community supports (public sector provision)

## What can be done differently or better?

Many people returned to theme of being listened to – and of professionals not making up their minds before consulting with people. Having fewer Managers also seemed relevant to many people. There was criticism for community transport services which were felt to be expensive and therefore not available to those on lower incomes.

Fewer meetings was also cited as a way of saving Health and Council budgets – adopting an attitude of ‘just getting on with it, with us’.

Concerns tended to be around losing hospital beds, any reduction in community services (mostly would be AHP services – these are well regarded). People were very aware of medicines and felt less could be prescribed. They felt the third sector generally works well together and the public sector should make an effort to link up more.

Less	Change	More
<ul style="list-style-type: none"><li>• Medication</li><li>• Meetings</li><li>• Managers</li><li>• Pigeonholing of older people</li><li>• Reduction in hospital beds</li><li>• Expenditure on cosmetic improvements</li><li>• Scottish Government jargon</li><li>• Segregation of services</li></ul>	<ul style="list-style-type: none"><li>• Review of Care packages</li><li>• Partnership working to be more effective</li><li>• Models of community support to generic provision, open to all</li><li>• Therapies / medication use alternatives</li><li>• Home Care to allow longer visits</li><li>• Day care and resource centres - streamline / merge</li></ul>	<ul style="list-style-type: none"><li>• Affordable Transport</li><li>• Dementia support</li><li>• Carer support</li><li>• Peer networks and community supports</li><li>• Decision making by older people</li><li>• Community nursing</li><li>• Listening . consulting</li><li>• Volunteers (people who want to be with us)</li><li>• Risk taking</li></ul>

## Seminar – Reducing Isolation and Loneliness

Key Findings and Messages:

What Are Older People Telling Us?

- Older people are less likely to think about themselves than about others, younger people and their future: when they did – isolation, social contact and volunteer befriending all featured
- Some people are unaccustomed to socialising, having lived with their partner – or had carer responsibilities
- Support to engage with existing facilities / activities
- The need to build up self esteem and confidence
- Community activities open to all – most agencies present do this, recognising older people do not want to be separated from community – generic services important – open to all. Carers centres open to all, ditto Dementia groups and AVA groups – model works for older people and for the community
- Islay experience – people do not want to have services specific to older people – only being with own age group is equally isolating. Need to be part of the community and enjoy the interactions eg along with grandchildren, friends of all ages
- Not all older people want ‘knitting’ and cups of tea – have range of interests and experiences to share – range of opportunities and able to choose what want to do.
- Not wanting to be pigeon holed into older people services
- Open on Saturdays and Sunday important
- Open ‘drop-ins’ for anyone are valued
- Isolation exists in ‘pockets’ not necessarily generally . In some areas so much happening older people are fully occupied – just because someone thinks something is a good idea – means it might be nice but may not be needed or used if implemented
- There are lot of services but can be difficult (*for anyone*) to find out what they are and how to get in touch – need to use the information we have
- Opening services / initiatives to all means there are no ‘labels’ and no expectation to talk about specific problems until or unless people are ready and want to do so. (experience of the groups present is very positive around this approach)

The full document and comments from frontline staff are available from

[info@argyllvoluntaryaction.org.uk](mailto:info@argyllvoluntaryaction.org.uk)

Compiled May 2013 by Glenn Heritage (Third Sector Partnership, Argyll Voluntary Action) and with volunteer input and assistance.

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