

AGEING WELL IN ABERDEENSHIRE



**A REPORT FROM THE
PLANNING EVENT HELD
AT THE
HOLIDAY INN WESTHILL
3 OCTOBER 2008**

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Ageing Well

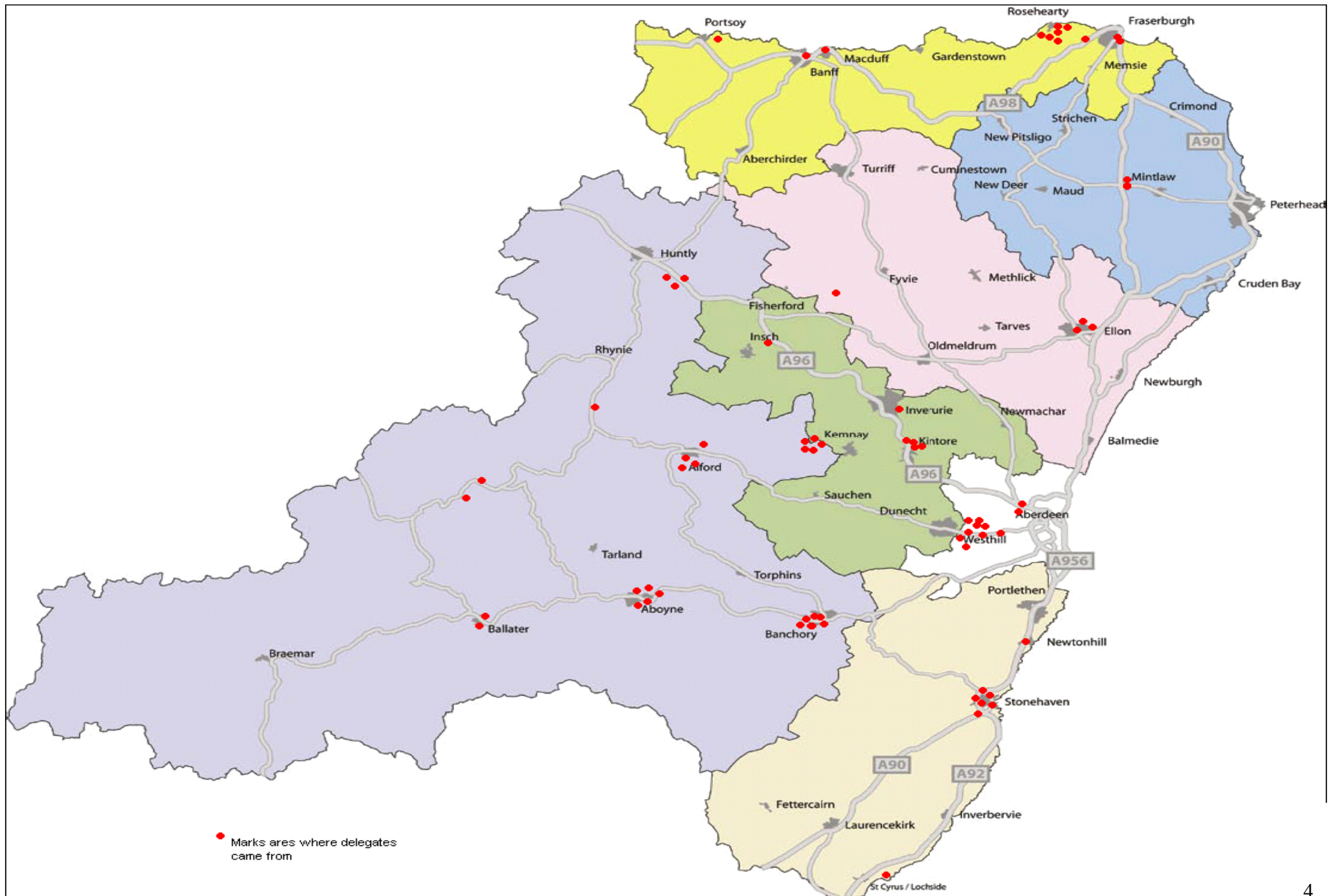
Involving Service Users and Carers
in the planning and design of their services

1. Why the event was held

In Aberdeenshire, service providers - Aberdeenshire Council, NHS Grampian, and the Third Sector (voluntary organisations) are in the process of preparing a new Older People's Strategy and a Dementia Strategy. It was agreed that this should be done in stages and that the most important first step was to involve people who are in receipt of services, caring for someone receiving services or are potential future service users, in this process. This was agreed in recognition of the wealth of experience, knowledge and insight which service users/ customers have of their own needs and the need for everyone to work together to achieve the best services and the best outcomes.

To start the process it was agreed that an event would be held where older people and carers could meet together with providers and planners to share their knowledge and experience. Information about the event was circulated and the organisers were overwhelmed with the enthusiastic response from people who wanted to be involved. As it was only possible to have 66 delegates, places were allocated on a 'first come first served' basis. The commitment has been made that those who could not be accommodated at this event will be allocated priority places for future events.

The event was held on 3 October in the Holiday Inn Westhill. Westhill was selected as the geographic location because it is a central location in Aberdeenshire and the hotel because the building is accessible. It is acknowledged that some people had a long journey but equally it was felt that it was important to have an 'Aberdeenshire' event rather than a series of smaller events to launch this trial process. There was representative attendance from across Aberdeenshire and the map below shows the geographic distribution. The full attendance list is at the back of this document in Appendix A.



• Marks areas where delegates came from

2. What we learned



Six main topic areas were discussed and views, comments and ideas were carefully recorded. An enormous amount of useful and important information was collected and the next six sections are a summary of that information.

2.1 Accommodation Options

Most of the attendees expressed satisfaction with their current accommodation but made the following comments and recommendations:

- Planners should focus on building more small houses. There are not enough suitable houses available for people wanting to down-size
- Houses should be planned and built which will be suitable throughout a lifetime eg built on one level and with room for future adaptations

- Location of housing should be considered and preferably not built next to any noise disturbance
- There should be financial assistance provided to help with alterations and adaptations
- The perception that there was not sufficient Sheltered Housing, Very Sheltered Housing and council run Care Homes was made
- Sheltered Housing needs appropriately skilled wardens to develop and support social opportunities for residents
- It was proposed that schemes which supported Sheltered Housing residents getting together to make and eat meals would improve nutrition and social contact for many
- Sheltered Housing floor plans should be made available to prospective tenants before they move to assist them with planning the move to smaller accommodation
- Sheltered property should be equipped with both a shower and bath so that personal preference and need could be met
- Sheltered Housing and care home communal areas should all be equipped with internet access and have quiet areas and social areas
- Some delegates expressed the view that Retirement Villages were a good idea with others expressing a view that accommodation should be part of a mixed community
- Sheltered Housing prioritisation and eligibility criteria should be reviewed
- Sheltered Housing charging policy should be reviewed as many people expressed the view that charges were unfair or not understood
- Good information on housing options should be available to help people make informed choices

Transport links and access to services is a key component for older people living in the community and the following key issues were raised:

- Public transport availability is a major consideration when deciding where to live
- Housing development has to be integrated with transport development
- Dial a Bus service is very valued but needs to become more widespread geographically and be available for a wider range of days/times

- Mobile services, such as banks and post office services would help older people have direct access to financial services and their money

Older People stated that generally they want to remain in the community for as long as possible and support the policy of 'shift in the balance of care', however this has to be supported and the following recommendations were made to address the level of community support required:

- Traditional 'Meals on Wheels' services support good nutrition and provide social contact. Consideration should be given to reinstating this where it is no longer available
- Home care service should be extended to cover a wider range of tasks
- Occupational Therapy services and the range of aids which can be provided should be better publicised and promoted
- Health services need to be decentralised with more treatment and support available in local community hospitals
- More buddying and befriending schemes would help lessen people's sense of social isolation

2.2 Dementia Services and Respite

Some delegates had experience of dementia through being befrienders, through their caring responsibilities and some were personally experiencing dementia.

Delegates made the following service improvement suggestions:

- Establish clear first points of contact
- GP's skills in diagnosis need to be improved – people with dementia will often minimise their symptoms and GP's need to be alert to this
- Professionals need to recognise that there are different kinds of dementia and that services need to be tailored to the needs of the individual
- Faster response in providing flexible and specialized support services for people with dementia
- Provision of more Respite services – including Day-Care
- Consideration of safety issues around people with Dementia need to be recognised and appropriate measures taken

- Promotion of Community Alarms and Telecare Systems - these are considered to be useful supports
- Professionals need to listen to family members or friends involved in caring for someone with dementia and give ongoing support
- All relevant professionals should be provided with better training about dementia
- Training also needs to be provided for non-professionals and informal carers
- People with dementia should be supported to live in the community as long as possible
- More financial resources are needed for dementia - including funds for research
- Up to date, accurate information needs to be available and accessible. There was discussion about Grampian CareData information and the fact this can be accessed through the internet, telephone and post, but this was not well known and the recommendation is that more publicity be given to this service

2.3 Activities and Opportunities



Older people were asked about the kind of activities they enjoyed doing, what barriers there could be and what is needed to support better access

to activities. Delegates discussed enjoying a wide range of activities that were both mentally and physically stimulating. These included dancing, walking, rambling, outings and voluntary work. Some enjoyed attending organised clubs like the over 50's club.

Delegates said having a positive mental attitude towards ageing, access to Buddy Systems and Voluntary Befriender Services all help to encourage older people to participate in activities. Views varied on whether activities should be age and gender specific, or mixed with younger people to encourage interaction between generations. Attending clubs and classes was generally thought to be a positive experience because of the social aspect.

Barriers to access include:

- Limited transport availability. It is reported that transport is a major problem, especially in the evenings. Affordable and reliable transport such as Dial a bus, the 65 Special and Taxi Services using Taxi Card were all seen as positive. It is recommended that information regarding these services needs to be better publicised and services made available throughout Aberdeenshire
- Health and safety regulations can provide barriers
- Health and Mobility issues can restrict activities that older people are able to do. This could be dealt with through more careful planning and preparation on the part of providers. It is recommended that Social Work Services and NHS communicate better in the co-ordination of groups or activities linked to medical conditions
- Financial issues can prevent older people from taking part in activities. The cost of activities and insurance for activities can be a barrier. The charging policy for Day Centre attendance can exclude people from attending
- Availability of activities and provision in some areas is poor
- Practical things such as feeling safe going out at night and lack of public toilets can deter older people going out to take part in activities
- Having to pay to join a club or class in advance without knowing if it will be suitable can limit participation. It was suggested by a number of older people that free 'Taster sessions' would improve uptake and participation
- There are limited groups for men although it was also acknowledged that traditionally men tend to be less enthusiastic about group activity

The following positive suggestions were made by older people on how to improve involvement of older people in community activities and opportunities:

- More information about what is available in different forms (ie not only on computer) through libraries, open days, newsletters, flyers in appropriate places such as GP surgeries, shops and post offices
- The benefits of different kinds of activities should be widely promoted
- The 'Radar Key' facility should be promoted better (this gives access to public toilets)

2.4 Health and Wellbeing

Older people were asked what they thought was important in order to maintain good health and well being. A number of important factors were identified:

- The majority of people highlighted social contact as being a key factor. All people need company, opportunities to socialise and interaction with others
- Access to quality fresh food and good information about nutrition
- Alternative therapies and remedies were suggested by many as a way of maintaining and improving health and wellbeing
- Older people identified the need to keep mentally and physically active. They said having a positive attitude and a sense of humour were essential for their wellbeing
- Good access to health and care support, including regular contact with health professionals and dentists
- Having interests including music, hobbies, TV, volunteering
- Visiting the hairdresser or accessing mobile hairdressing services
- Having access to the internet for information
- Older people said it is vital to have well informed professionals
- Older people said that realising limitations can avoid frustration and stress
- Access to chiropody services delivered at home
- Access to preventative medicine delivered at home e.g. flu injections

Older people also identified a number of factors which had a negative impact on maintaining good health including the following:

- Health and safety in the home
- Fear of crime and the stress this causes
- Being discharged from hospital without relevant support
- Financial stress
- Social and geographic isolation
- Not getting answers from professionals
- Being in the wrong kind of accommodation
- Fear of technology
- Not wanting to be a burden on family and friends and therefore not asking for help and support when it is needed
- Depression
- Caring responsibilities which many older people have for spouses, other family members and friends
- Sensory impairment (sight, hearing loss) and the impact this has on access to services and social interaction
- Transport and parking are issues when accessing hospital and other services
- Lack of information on services and how to access services eg guidance on how to use NHS 24 and emergency services

A number of positive suggestions to address these issues were made and these include:

- More community wardens and neighbourhood schemes that provide regular checks to see that people are okay
- More community alarm systems being available
- More support to people coming out of hospital and discharges from hospital to take place early in the day to facilitate arrangements being made
- Assessments to be undertaken at home
- More information on all local services provided in leaflet form

2.5 Care and Treatment

Older people expressed a range of views about care and health services. The spectrum of opinion reflects variations in provision of local services as well as individual experiences.

The main areas of concern in relation to Health services raised were:

- Access to GP services with some people reporting one to two weeks delay in getting appointments. However, others reported much more responsive service
- Transport to access health services – availability, accessibility and cost
- Quality of Care issues – some people reporting excellent services with others reporting inconsistencies, lack of follow up
- Prescribing practice – repeat prescriptions with few reviews of medication
- Pharmaceutical issues – concern expressed about the fact that medication names and appearance are not consistent ie generic medication being supplied under a range of different names, packaging and appearance which, when an individual is taking several different medications, can lead to confusion with potentially very serious consequences
- Lack of chiropody and dental services
- More convalescence places/resources required

Areas of concern in relation to Community Care Services raised were:

- Perceived variation in quality of care
- The cost of warden services provided in Sheltered Housing
- The cost of private care home accommodation

Across the care and health spectrum, 3 people made the comment that they did not know how to make a complaint about services and they were not aware of complaints procedures. Furthermore they expressed concern about potential negative outcomes a complaint might evoke.

Older people were asked what they thought works well at present and the following was highlighted:

- Homecare services and home carers were generally praised and provision was seen to work well because of regular assessments and monitoring being carried out
- Many GP practices were praised especially those with open surgery sessions
- Smaller more locally based services were generally preferred and seen to work best

Older people discussed how they would like to see services develop and what could improve current provision. Different and sometimes conflicting priorities were raised.

In terms of Homecare some people said there needed to be more consistency in provision, ie a limited number of carers providing provision to individuals so that a relationship could be built up between carers and the cared for person. However, others advocated an increase in the number of home carers so that care provided would be flexible and provided when the customer wanted and needed it. A number of people wanted more flexibility in what work a paid carer could undertake.

In terms of medical services the majority view was that more locally based clinics would improve access to services. Having to travel to Aberdeen City for appointments can be a major difficulty for many people living in rural Aberdeenshire. Alternatively, it was strongly recommended that transport provision needs to be improved between rural communities and centralised health service points.

There was also a discussion about people's views on managing their own care. There was a range of perspectives on this with many people expressing concern about managing the financial aspects of this. The majority view was that people preferred to have services provided rather than being given funding to source their own. If this approach is to be promoted further, older people were of the view that there would have to be adequate levels of support to manage the financial and the practical aspects of this. It was suggested that the support could be provided by mentors or health and community care professionals.

2.6 Engagement and Communication

This event was a pilot to explore one model of working more directly with and involving customers. In order to establish how effective participants found the day, the last area for discussion was people's views of how the day had been for them and what other ways they could be involved in service planning and feedback.

Generally it seems that people really enjoyed the event. It was described as a "fabulous day" and one at which many new friendships were formed. Some people expressed the view that it should be made a regular event.

Some people would prefer to have shorter, local events in the future while others liked the fact that a whole day event gave participants lots of time to debate issues and also that the event involved people from all across Aberdeenshire which provided a great opportunity to widen knowledge and get to know new people. Most delegates said they were very pleased to have been involved in this exercise and that they welcomed the opportunity to make their views, needs and suggestions known, recorded and acted upon.

Other ideas which people had for future consultation and involvement events included setting up local panels or reference groups. There was some discussion about the existing Aberdeenshire Council Citizens Panel and older people wanted more information about this and how they could get involved.

3. What Happens Next

This report will be circulated to all delegates and others who were involved in the event. The report will also be passed to the Older People's Strategic Outcome Group. This group consists of people involved in service design and delivery from Aberdeenshire Council, NHS Grampian and the Voluntary Sector. They will use the information in this document, and information from other information gathering events to write an Older People's Strategy and Action Plan. The Older People's Strategy will set out how services will be provided and delivered for the next 5 years in Aberdeenshire and the action plan will be reviewed every year to ensure that actions are being achieved. This group reports to the Community Health Partnership and the Aberdeenshire Council Housing and Social Work Committee who are also responsible for ensuring that actions are achieved.

It is clear from the Ageing Well event that Older People want to be involved and to contribute at all stages in the service planning process. Work will be done to develop methods of doing this across Aberdeenshire which will take into account the suggestions and preferences expressed on 3 October.



4. Acknowledgements

The organisers of the event would like to thank all the participants who gave generously of their time to come along to Westhill on 3 October. The enthusiasm, knowledge and insight provided by older people made the day a positive, interesting and enjoyable experience for all.

Thank you also to all people who attended to provide support as facilitators, scribes and general support from Grampian Police, NHS Grampian, Aberdeenshire Council - Housing and Social work Service, Education Leisure and Learning Service (including Library Services), Transport and Infrastructure Service, Chief Executive Service and elected members, Age Concern, Alzheimer's Scotland, Aberdeen and North East Deaf Society.

The input from the following organisations was also a major contribution to the success of the day:

Baldybane Theatre Company funded by Scottish Government

Tunstall Ltd

Westhill Hotel who provided an excellent venue and lunch at a generously discounted rate

Appendix A

List of Delegates

Gwynneth Newland
Sandy Sim
Georgina Keddie
Dolina Dunbar
Norman Pearce
Isabella Milne
Maisie Wood
Jean Tulloch
D MacDonald
Jemima Garden
Mabel Massie
Mary Wallace
Sheena Esson
Kathleen McKenzie Forbes
James & Iris Robertson
Linda Padgett
Councillor John Duncan
Agnes Stephen
M Wilson
Thelma McIntosh
Pat Fraser
Jane Urquhart
Allan & Mary Stewart
Beatrice Darnell
Mr & Mrs Thompson
June Ogg
Jennifer Walls
Lorraine Moore
Ann Ross
Millie Begg
Dean Fisher

Vivienne Robertson
Mary Michie
Isobel Moir
Dorothy Price
Grace Taylor
Mr & Mrs Reagan
Brenda Potts
Jess Horne
Mavis Milne
Agnes Anderson
James Flett
Bunty Anderson
Mabel Watt Runcie
Helen Sangster
Isobel Dow
Ann Currie
Elizabeth Still
Kathleen Downie
Allan Robertson
Della & Robert Russell
James Brown
Irish French
Margaret Watson
Helen Davies
Gladys Cruickshank
Wilma Mitchell
Mr Gittins
Elizabeth Donald
Shirley Christie
Jean Sutherland
Joan M Robb

List of Supporting Attendees

Reita Vilar, NHS Grampian
Val Milne, Aberdeenshire Council, Housing & Social Work
Fiona Murray, NHS Grampian
John Huston, Grampian Police
Joan Anglim, Speech & Language Therapy
Louise Campbell, Grampian CareData
Rosie Leavitt, Age Concern
Marion Aitken, Aberdeenshire Council, Housing & Social Work
Morag Hutchison, Speech and Language Therapy
Diane Noble, NHS Grampian
Ed Garrett, Voluntary Sector
Marion Mackay, Aberdeenshire Council, Transportation & Infrastructure
Beth Wilson, NHS Grampian
Deanna Cruickshank, Aberdeenshire Council, Housing & Social Work
Susan MacLeod, NHS Grampian
Dave Calvert, Grampian Police
Elif Hector, Aberdeenshire Council, Housing & Social Work
Jill Sowden, Aberdeenshire Council, Community Planning
Shona Strachan, NHS Grampian
Bill Stokoe, Aberdeenshire Council, Housing & Social Work
Audrey Douglas, Aberdeenshire Council, Community Education
Edna Mathew
Alison Todd, Grampian Police
Liz McKay, Aberdeenshire Council, Education, Learning & Leisure
Linda MacKay, NHS Grampian
Elaine Robertson, Aberdeenshire Council, Housing & Social Work
Sheena Swinhoe, Aberdeenshire Council, Housing & Social Work
Sandra Hewett, Grampian Police
Mercy Yaor, Aberdeenshire Council, Chief Executive Service
Ann Currie, NHS Grampian
Cameron Mathew, NHS Grampian
Elizabeth McAtarsney, Aberdeenshire Council
Lindsey Patterson, Grampian CareData
Roseann Fyfe-Johnson, Aberdeenshire Council, Housing & Social Work
Ann Stewart, NHS Grampian
Sam Gordon, Aberdeenshire Council, Housing & Social Work
Audrey Findlay, ex-Councillor, Westhill Resident
Gurudeo Saluja, Councillor and Chair of Housing & Social Work Committee