



the care forum
voluntary sector service

B&NES Older People Network Meeting

1 October 2010

Attended:

Sue Bradley, Bath Mind; Melina Buckling, Mendip Care And Repair; Katherine Coney, Bath & Nes Council - Social & Housing Services; Phyllis Cooke, Keynsham South Forum; Rena Cottis, Alzheimers Society - Bath & North East Somerset; Janet Dabbs, Age Concern - Bath And North East Somerset; Graham Dove, Banes Council - Strategic Planning; Corinne Edwards, Nhs Bath & North East Somerset; Diane Ferris, Keynsham South Forum; Sue Galpin, B&Nes And Mendip Care And Repair; Clare Gray, Shaw Trust; Jan Grenfell, M & J Care Homes; Linda Holley, The Grove Residential Home For The Elderly; Mary Ivey, Action For Pensioners; Joyce Jones, Bloomfield Care Home; Tim Rowland Jones, Bluebird Care; Hana Kende, Bath Mind; Jennifer Kerridge, The Care Forum; Jeremy Manners, Bath & North East Somerset Council; Tracy McFall, Arthritis Care; Isla Meek, Four Seasons Health Care; David Melling, Deaf Plus; Paul Pennycook, Bath And North East Somerset Council; Lucino Pinto, Somer Community Housing Trust; Vic Pritchard, Banes Council - Councillors; Naomi Rutter, Intermediate Care; Sarah Shatwell, Banes Council; Libbie Sheppard, Royal National Institute For Deaf People -(Rnid); Christian Slade, Somer Community Housing Trust; Paul Smith, Avon & Wiltshire Mental Health Partnership Nhs Trust (Awp); Helen Storey, Crossroads - Care Wessex; Joan Travis, Action For Pensioners; Sue Watkins, Keynsham South Forum; Tom Watson, Dhi - Developing Health & Independence; Karen Webb, Four Seasons Health Care; Patricia Webb, Nhs Bath & North East Somerset; Dick Whittington, South West Acre Network (Swan); Simon Wilkinson, Department For Work & Pensions

Apologies:

Ena Caddy, Salvation Army; Natalie Candy, Bath And North East Somerset Council; Brenda Clayton, Banes Older Learners Forum; Stella Doble, Nhs Bath & North East Somerset; Myra Dow, St John's Hospital & Bath Municipal Charities; David Ford, Somer Community Housing Trust; Iona Gibbons, B&Nes Council; Ellie Gleeson, Dhi (Developing Health And Independence); Diana Hall, B&Nes Link; Melanie Hodgson, Banes Council; David Hughesdon, Support For People With Alzheimers; Lesley Hutchinson, Bath And North East Somerset Council; Karen John, Age Concern - Bath & North East Somerset; Claire Kerlake, Bath And North East Somerset Council; Anna Ladhams, Stroke Association; Alex Machin, Deaf Plus; Patricia Mawhood, Banes Link; Veronica Parker, B&Nes Link; Denise Perrin, Village Agent Project Co-Ordinator; Faye Pink, Action For Pensioners; Jane Pye, Banes Equality; Pat Roberts, Bristol Older People'S Forum; Bud Sandbrook, Bath & Nes Council; Nicolette Vos, Avon & Wiltshire Mental Health Partnership Nhs Trust (Awp)

Presentation: Simon Wilkinson

Later Life Performance Support Team, Older People & Ageing Society Division,
Department for Work & Pensions

http://www.thecareforum.org/publication_uploads/BANES%20National%20Perspective%20on%20Ageing%2001%2010%2010%20%20ppt.pdf

2600 events registered on full of life website, whereas last year there were 900 and this year, there's no financial support available for organisations to put on an event. Getting and staying active in later life is the theme this year.

A couple of years ago, people over 65 outnumbered children. One in four children born today will live to be one hundred. We need to change attitudes and adapt services. Councils and communities will have a leading role and early intervention will play a vital part. We are waiting for the announcement on the comprehensive spending review on 20 October, when the issues will become clear. DWP are looking for innovative ways to support individuals and communities, so older people no longer seen as recipient of social care. In 2012, eight hundred thousand people will turn 65. In twenty years, the number of people over 85 will have doubled. We need to move away from the long outdated stereotype of later life being about dependency and keeping apart from society. Realistic images in the media are also needed. This government will phase in the removal of the retirement age from next April. The Direct Gov website has a page on planning your future and get set for retirement. It is very encouraging that UKAFA is continuing. It is quite a powerful group where good practice from the locality is shared. We all need to challenge ageism/inequality.

Q: Losing your hearing as you get older is not interesting. Please bear in mind that half of all people over 60 have hearing loss. Please take that on board, otherwise people can be excluded. As people lose their hearing, they do not contribute to their locality. Please make sure that all the events that you are involved in are accessible to people losing their hearing.

Q: It is barmy to define the over 50s as old. The definition is changing all the time which makes the statistics confusing.

A: I agree with you, but government departments tend to use 50 as the time of life that things start to change.

Sarah: From a health and social care perspective, around the age of 50 is a pivotal stage in people's lives and helps prepare us for an older age.

Janet Dabbs, Chief Executive, Age Concern B&NES

How local planning works, the Older People's Strategic Partnership Group and the Older People Network

Janet is the voluntary sector representative on the older people strategic partnership. The strategic partnership has only been going since November 2008 and they are great team of people to be working with. Pauline Swaby Wallace from BEMSCA and Myra Dow from St John's Hospital are also representatives. Being there has been a great opportunity for me, but I also want to take forward news of other groups in Bath and North East Somerset. It is very important to be able to feed in at this stage. The voluntary sector is increasing its voice at the moment. We would like to set up, with the help of Ronnie and possibly Corinne, how the voluntary sector representatives can get your views in to the strategic plan. We need to ensure that services are ever better and fit for purpose. We need to know what is happening with voluntary groups in B&NES, such as lunch clubs and how the voluntary sector reps can represent the views of older people through the voluntary sector. We need to come together to have a voice for older people. There are a lot of isolated older people in B&NES. We decided that the priority should be equalities. It is all of our responsibilities to respect what older people can offer to our community. I would like to thank all the older people who are volunteers in B&NES and who have given us so much.

Corinne Edwards and Sarah Shatwell

What are the strategic outcomes for local older people's services in the draft Older People's Strategy?

http://www.thecareforum.org/publication_uploads/OP%20Day%20Presentation%20011010.pdf

The strategic partnership has drawn up together a strategic plan for older people. There is fantastic representation on the group which meets bi-monthly. We are launching the strategy

today. We have tried to pull the strategy together by looking at all the issues that affect older people. This is the first draft. Some of the challenges are there throughout the developed world. In the audit commission report in 2008, the south west was found to be the least prepared for an ageing population. It is good that so many people have turned up today and we have such diversity which is fundamentally what we are trying to achieve with this strategy.

Q: How will you be taking this forward? We are seeking comments and views until the end of October. The draft is available on the PCT and council website and will be circulated through The Care Forum. It will come back to the Health and Well Being Partnership Board and the PCT Board in November.

Corinne: We have heard that transport is an issue. Adrian Clark couldn't be here today, but is very keen to have views and comments on the local transport plan consultation. The closing date is 4 October.

Q: We don't know what the cuts will be until 20 October and probably won't know what the implications are until December. Every department in the council will be exposed to cuts. Most vulnerable operations will be shielded to an extent some things will probably have to stop. Prioritisation is important.

Workshop 1

Objective 1 Tackling age discrimination and inequality

- Housing – need to let people know how to access services – tackling exclusion issues.
- Alzheimers – need to tackle race discrimination as well – “very white middle class”
- MIND – BME advocate – race plus age = really difficult. Age discrimination is less of an issue.
- Somer – hard to reach out to BME communities.
- Alzheimers – myths about race discrimination.
- Intermediate Care – need to be culturally aware.
- Somer – rural areas – no awareness of BME issues – different in centre of Bath.
- MIND – mainstream but doing it sensitively.
- Alzheimers – more staff and volunteers from BME communities.
- Intermediate Care – access issues in rural communities – cover from agencies is poorer. Physical access.
- External equalities audit? MIND do it nationally.
- Housing – most organisations do EIAs but we don't share them. Collate and share EIAs.

Objective 2 Building capacity and partnership working

- AWP – less reproduction of assessments.
- Intermediate Care – shared access to health and social information and assessments.
- IT issues – central records system.

Objective 3 Improved involvement of older people

- Alzheimers – existing networks/fora are too formal to engage in – not relaxing. Could use opportunities better to engage people “where they are” e.g at a memory cafe.
- MIND – issues may have “passed” by the time a forum comes up. Need immediacy.
- AWP – could use prepaid cards to send in e.g. by PALS.

Objective 4 Improved choice and control

- Housing – need to draw everything together – all services – people might be interested in range of other services
- AWP – confusion where to go? E.g. social services.
- Information and signposting to inform choices.
- MIND – PBs no good for some people. Especially for older people.

Objective 5 Improved health & wellbeing and independence

- C&R – promoting independence is mantra. Home safety checks etc geared to safety in the home. Prevention is key.
- MIND – publicity about preventative services – information in early stages.
- Bluebird – re-enablement culture is growing “ a bit of a help”. “How much will it cost me?”. Awareness of financial assistance is also key to uptake of services.
- Intermediate care – people want free or low cost services, small tasks.
- MIND – earlier diagnosis of dementia is key.
- Intermediate Care – integration of OP services with mental health is good!
- C&R support for carers – really important – resources for carers.

Objective 6 Reduced social isolation

- C&R – Transport. Active minds and weak bodies – taxis are too expensive.
- Bluebird – not everyone wants to go to “day care”
- Befriending services are really good – peer support if people could be brought together.
- Small ways to support local networks.
- Alzheimers – sharing info about people to help “join them up”
- Housing – electric blanket testing – good opportunity for networking around an issue and socialise. Transport.

Objective 7 Improved workforce competences and skills

- C&R – spend a day in another worker’s shoes. Fresh eyes. Leads to helpful questions about roles.
- MIND – critical friends.
- AWP – cares and service users come to talk to staff – real life perspective.
- Alzheimers – training for care home staff on dementia – needs to be ongoing.
- Int Care - skill sharing support by multidisciplinary team – not a move to all generic – need to maintain specialisms.
- C&R what about mental health and wellbeing – issue for older people
- MIND – focus on loss of confidence due to lack of ability to cope. Stigma about mental health.
- More emphasis throughout all objectives on mental and emotional health. Link to access activity involvement in craft GAPS.

Overall priority

Age discrimination should be given and is supported by law therefore not priority 1.
Preventative services = priorities. 100% support from group.

VCO and partner role

- Communication is still a challenge to engagement and contribution to strategy. Could be a hindrance to input.
- Small input into commissioning decisions. Providers want to be part of commissioning decisions.

Workshop 2

1 Agree objectives and priorities

Building capacity and partnership working

- All these issues can only be solved by communities
- Big Society coming together. S Glos: good neighbourhood strategy.
- Accessibility e.g. steps
 - Care home has a minibus that's not used at weekends
 - Communication about this needs to be supported
 - Audit of available equipment and resources to see what can be shared
 - Support networking
- Rural transport – what is lacking is genuine community transport. Groups that are self organised MSN and Radstock group runs an accessible minibus: work a lot of lunch clubs. The issue they have is average age of vols is 70. Far more people needed to come to it.
- Lots of people don't understand the need is there.
 - Someone needed to organise that
 - Needs to be resourced
 - Lots of people don't like joining groups
 - Some people end up doing it all
 - People join up but not motivated to help out
 - Sense of community has deteriorated
 - Have to invest in communities and give them resources to do things around long term development.
- Driving snow last year many people pulled together to support others in the village.
- People don't necessarily commit long term. If people are depending on that it leaves a gap. Big society a dangerous concept in that regard.
- If expecting people to "step up to do this" can't rely on that when people have a limited amount of funding e.g. may not be working.
- Increase in number of fit older people.
- There is a lot of waste and duplication within statutory services. Do need to see that things are operating more efficiently.
- What about unemployed people doing more in relation to volunteering? Needs to be looked at and does have restrictions.
 - Employers would have to be clear that wasn't replacing paid work. Dangerous precedent.
 - In 70s manpower services commission was looking at this building capacity in VCS and promoting volunteering
- Benefits affected by volunteering and this really needs to be looked into.
- Investment of time and resources needed for Big Society to work effectively.
- (General discussion around people who legitimately on benefit)

Improved choice and control

- Money key issue
- Fluid process – when situation changes people need to be able to change their minds.
- Sad to see people only go into health and social care placements when they need to do so - should be about making a choice to be there too.
- From health perspective about keeping people in own homes as long as possible. Maybe not the best. Good to be in a home earlier – QOL issues. Not necessarily the right thing for all. - Must have both.
- So much information out there – very confusing and lots of duplication. Needs to be streamlined. People don't know where to start.
- Didn't realise how much help there is – until you know its there. Hard to find/not sure where to look.
- People given information but didn't take it up.
- Need for handholding/intermediaries.

Improved health & wellbeing and independence

- Transport/access to groups a key factor. Affordable and accessible.
- Extra care housing scheme is bees knees.
- Are people automatically contacted at a certain age e.g. by Age Concern? Is potentially an element of intrusion around this approach.
- Most people say they want to remain independent while they are OK. Have a number of constituents: resistant to support so taken to brink of need. Live in a rural area, so transport an issue.
- Dial a ride

Improved workforce competences and skills

- Massive recession: workers having to work twice as hard.

General Comments / Observations

- Lots of the headings cut across all areas.
- If people returning when they are older what is the impact of that?
- People much older when coming into care. Their dependents are also that much older.
- Purchasing – needs to be done more efficiently.
- Radical rethinking needed.
- Managing expectations realistically – outcomes within strategy need to be more realistic and specific.
- Want strategy to look more realistic.

Most important things/considerations

- Health/ maintaining good health vital
- Defending services for minority groups
- Collaboration vital: don't work in silos – work effectively together. True partnership.
- Isolation – vital to address
- Transport
- Funding comes from broad range of services. VCS very good at accessing varied funding sources.

Workshop 3

- Prevention is very important
- Early diagnosis, of dementia
- Reducing stigma of dementia
- Learning is not a word that is necessarily helpful
- Tackling age discrimination and inequality. Need to tease out the positive aspects of being older. Need to challenge negative images of older people.
- Positive contribution to community and society.
- Social marketing is a means to influence.
- Community projects funded by local business. Potential representation on the partnership group or need a strategic link with the business community.
- Working with young people to change attitudes – intergenerational. Role modelling of older people.
- Use of digital technology, particularly intergenerational.
- Awareness raising of hearing and sight loss.
- Befriending services are really important for people on their own.

Evaluation

Content	Average mark (out of 5)
Understanding of subject at start	2.9
Understanding of subject at end	4.1
Sessions	
Speakers	4.3
Other elements	4.3
Organisation	
Pre-event information	4.2
Facilitation	4.5
Organisation on day	4.6
Venue	
Access	4.4
Refreshments	3.9
Standard of room	4.1

What was the most significant outcome of the event for you?

- Contacts with other people
- Workshop discussion
- Learnt things that didn't know were going on
- Knowing there was a strategy in place networking, discussing issues relating to elderly
- To take part in the discussions regarding the strategy, I feel "our" opinions are very important as we are out there working with the people you wish to support
- Opportunity to contribute to strategy
- Networking and meeting other teams and organisations
- To hear the comments made by the focus group and to share ideas and think about new issues
- A greater understanding of the strategy and how it applies in B&NES
- Other people's views and problems
- Update of current situation, networking with others
- Communication with other interested parties
- The workshop discussion
- See the draft copy of 'living life to the full' and given the opportunity to comment on it
- Good networking

Do you have any suggestions regarding topics/speakers for future meetings?

- Impact of cuts and working in partnership
- Post 20 Oct - discussion within context of actual spending cuts

- Transport for elderly and less mobile to attend events and activities
- Different models of care
- Making it easier or informing people how they can access care and how to fund it
- Improving communication between agencies/organisations.
- At some point it would be good to hear what other focus groups said as this was a great way to discuss issues.
- Collaboration/funding decisions/commissioning influences
- Communication between different service providers
- Additional needs/disability in older people
- More focus on community based solutions

Are there any other comments you would like to make?

- Networking for service providers
- Well organised and learned a lot
- Excellent morning
- I hope the views/opinions given today actually become part of the strategy
- Hopefully the words spoken today will be able to make a difference to a better future for ageing well against a backdrop of difficult economic levels
- A very good and useful morning
- More say after 20/10 - further discussions to set priorities
- Very good morning and well organised
- More funding for village agents will save £££s in long run