



the care forum  
voluntary sector service

## Bristol and South Glos Older People Network Meeting

**3 October 2011**

### **Attended:**

Martin Green, Age UK South Gloucestershire; Derek Dominey, Alzheimer's Society; Dawn Lloyd, Bristol City Council; Ian Popperwell, Bristol City Council; Jon Rogers, Bristol City Council; Ruth Williams, Bristol City Council; Lyn Mitchell, Bristol LINK; Gillian Seward, Bristol LINK; Pat Roberts, Bristol Older People's Forum; Peter Crocker, British Red Cross; Christina Rees, Brunelcare; Sam Taylor, Brunelcare; Sarah Gregory, Care and Repair Bristol; Judy Simmons, Care and Repair Bristol; Azmeena Haq, Dhek Bhal; Janice Vincent, Independent Complaints Advocacy Service (ICAS); Jan Gresham, Milestones Trust; Martin Colley, NHS South Gloucestershire; James Gregory, Rightsteps Bristol; Mervyn and Sheila Monks, South Gloucestershire Senior Citizen's Forum; Dale Cranshaw, The Carers' Support Centre; Jill Meehan, The Carers' Support Centre; Dick Whittington, West of England Rural Network

### **Apologies:**

Tess Green, Bristol City Council; Gus Hoyt, Bristol City Council; Philip Bird, Bristol Community Transport (BCT); Jan Jones, Bristol Community Transport (BCT); Don Jones, Bristol LINK; Geoff Loydon, Bristol LINK; Judith Brown, Bristol Older People's Forum (BOPF); Catherine Robinson, British Red Cross; Lizzie Woodall, Developing Health And Independence (DHI) Bristol; Francis Gichamba, Flega Care Solutions; Amanda Robbins, Housing 21; Meryl Gaskell, Living; Mel Akers, Milestones Trust; Ahmed Awale, Somali Disability and Elderly Association; Louise Wearne, The Care Forum

### **Extra Care Housing – options for older people:**

Gillian Turner, The Care Forum: In services for older people a key priority is to ensure that older people can live as independently as possible and housing services are obviously a big component in this. The Department of Health describes Extra Care Housing as a type of specialised housing that provides independence and choice to adults with varying care needs and enables most of them to remain in their own home for the remainder their life, regardless of changes in their care needs. Some of our members have asked for clarification on exactly how this works.

### **Presentation:**

**Peter Sherrad-Smith, Extra Care Programme Officer, South Glos**

Contact [Peter.Sherrard-Smith@southglos.gov.uk](mailto:Peter.Sherrard-Smith@southglos.gov.uk)

Our aim under the programme is to provide 700 units. Housing 21, Merlin, Hanover are all providers. Some are shared ownership schemes and some are rented to reflect the demographics of South Glos. It is a vital component of improving housing services. An interesting element of extra care is that it is driven by care and support needs. To qualify older people must:

- Have a Care and support assessment
- Be over 65
- Be resident or have a local connection

Schemes are targeted towards those already receiving care and support. A second tier targeted are those that might need care and support in the future.

Where new schemes come on board applications can be done by direct referral e.g. through a social worker or One-Stop-Shop.

Second tier applications are currently done through the bidding process. The person registers an interest, the panel matches the person with an outgoing resident to match support needs. The panel considers applications. We try and retain a balance of support need within schemes, for example, Badminton Court has 60 units. Ideally would have: 20 low level care and support needs; 20 medium level care and support needs; 20 high level care and support.

High level = 10+ hours of care and support per week.

One aim is to maintain inclusiveness and vibrancy in the local community. Care and support on site is being provided 24 hrs a day. There is a range of communal facilities on-site, for example, lounges, health and well being suites (alternative therapies, standard health facilities) access to hobbies. Contractual arrangements with providers stipulate providing facilities and activities. Individuals have choice. Buildings are brand new. May provide facilities/aids, for example, wet room with the aim to maintain residents' mobility and storage facilities for equipment. Care and support is to maintain independence and it is all about enablement.

The issues of having a life time home can be fraught with difficulties and many older people remain in the family home even though it is no longer suitable for their care and support needs. There may be care needs not provided for, but extra care is about maintaining someone independently as long as possible. Extra care housing can't be the only means of housing provision for older people. We are aiming for good quality care and support and with accommodation provided to a high standard. So far, there are schemes in:

1. Downend
2. Yate
3. Kingswood
4. Remodelled Merlin House
5. Another remodelled scheme is coming on board early in the new year

We want to develop more private sector sites. All the financial constraints upon us mean we need to look carefully at provision. There will be different partnership arrangements with providers from 1 October. Six providers are on the panel and with them we hope to develop new sites.

## **Presentation:**

**Extra Care housing in Bristol – Dawn Lloyd, Joint Commissioning Manager, Extra-care housing Lead Bristol**

☎ 0117 9037661 [dawn.lloyd@bristol.gov.uk](mailto:dawn.lloyd@bristol.gov.uk)

Providing a community facility with individual flats and providing vibrancy is crucial and residents can join in with activities as much as possible, or not if they choose. In Bristol, we have 10 extra care housing sites. One in Stockwood is due to open in the summer. Once opened, Bristol will have 600 units that were planned for in the original strategy. Will have met the aim of the partnership when set up.

Additionally, in Bristol we have had too many people in care homes. One unanticipated effect of extra care is that it can actually decrease care needs and reduce dependency levels, which is good news for service users and relatives. It wasn't envisaged, but is a good outcome. It is not a block of flats. Often when people enter care homes they leave family at home, but with extra care, there is the option of couples/carers staying together. Where couples have moved together, it has worked well. They used to have neighbourhood nominations, but now one hundred percent health and social care. Schemes have care going in – care budgets finance care need. Support needs are financed through Supporting People budgets.

Each scheme has a block of support and care hours. In future, this means of care and support won't work well because of personalisation. So individual people will have the choice of where they get their care package from. The city council is looking at private provision. Anecdotally, there is evidence of older people living in large family homes that are no longer suitable. They are cash poor, asset rich. For them, they can get care/support and retain the asset by purchasing the extra-care property in a better environment and this can be provided through private extra-care housing. It is another avenue that we are looking at.

Living Well at Home is a government document

[http://www.housinglin.org.uk/library/Resources/Housing/Support\\_materials/Other\\_reports\\_and\\_guidance/living-well-at-home.pdf](http://www.housinglin.org.uk/library/Resources/Housing/Support_materials/Other_reports_and_guidance/living-well-at-home.pdf)

Useful document emphasizes that one size does not fit all. The role of housing in wellbeing must be recognised.

Q: A lot of clients love the idea, but because of the waiting list, it is very difficult to advise people of their options as can't they can't access this housing.

A: (Dawn) Neighbourhoods are looking at developing more schemes. Once Stockwood is taking referrals and once they have provided 600 the situation may improve.

Q: Once full it's full.

A: (Dawn) Will keep analysing housing needs as it is important to respond to changing housing needs.

Q: It is enormously encouraging. I live in North Somerset and frequently drive past St Monica's in Sandford. In terms of need to cater for care and support needs might want to cater for a much greater number in the future.

A: (Cllr Jon Rogers) I think you are right. There are a number of development sites around the city which are currently struggling to be funded in the current financial situation. 60% of older people are owner occupiers and may be looking to use their equity to support suitable long term housing. They don't have to be dependency level 3. Often those home owners have spare rooms in family home and are living in unsuitable accommodation. Extra Care Housing is wonderfully flexible, People can have their needs met and remain independent. The council must identify sites. We need to review our care home provision as more people choose to live in their own home (There are over 140 care homes in Bristol, but it is likely that we won't need that number in the future ). People are living actively and for longer and housing stock is woefully inadequate to meet the changing demographic. We are not ready. Need to get more push and it is a good start that we are now calling it Extra Care Housing (in line with other areas). Good for getting economy going to build extra units. Home owners can sell house for £400k and buy unit for £200k and still have an asset to pass on.

Q: Could I go to extra care with my existing staff who provide care in S Glos?

A: (Pete)Not in South Glos. Situation must be recognised regarding personalised budget, but have to receive care and support from staff site at the moment.

A: (Dawn)In Bristol, you could take existing support package with you.

Q: Some for sale/some for rent. Can you see a situation in the future where some will revert to sale.

A: Difficulty in changing tenure. Have to get permission for public grant funding. When some of these sites were being developed it was right at the outset of this downward turn, so considered importance of rented accommodation. We can provide care needs, but developers held back because of risk. Developers have gone for retirement flats instead because considered less of a risk. One factor was the issue of social housing. St Monicas, Brunel Care, Housing 21 have combined package of rent and for sale. In the future, now looking at providing 80% for sale.

Q: Any facilities for residents to go to theatres/out for day trips?

A: (Dawn) Very much encouraged in Bristol schemes. Opportunity to get involved or because residents have their own flat they can be private too.

Q: What is the attitude to people with pets?

A: (Pete) In South Glos, Housing 21 and Hannover schemes permit pets but it is down to individual discussion. Depends on registered social landlord.

A: (Dawn) In Bristol, some providers have the same policy. (Cllr Jon Rogers): Has to be sensitive to individual needs. (Pete): South Glos produces a magazine

<http://www.southglos.gov.uk/NR/exeres/B5CFCE05-16D0-4CF4-8239-A25BC28DA359>

Q: What provision is there for people of BME communities. How would you meet needs?

A: In Bristol, all schemes had particular emphasis, for example, in Fishponds they have developed a scheme catering for the Chinese community. With the move to personalisation, people can provide their own, culturally sensitive, support package. In South Glos, it is done on an individual basis.

Q: In Bristol, they have some sheltered housing for BME communities, but oversubscribed, need more provision.

### **Living with Dementia. Draft dementia strategy for Bristol:**

**Ian Popperwell, Commissioning Manager, Health and Social Care, Bristol City Council**

☎ 0117 903 7598, [ian.popperwell@bristol.gov.uk](mailto:ian.popperwell@bristol.gov.uk)

I am very new to this role and to Bristol's Dementia strategy. The Strategy has been jointly developed with NHS Bristol. There has been a period of consultation (including events and consultation with particular groups). Friday 30 October was the formal close of the [consultation](#) period but I am very happy to take back any comments from today. There will be a meeting later in the week to integrate the comments received so far into the draft. The strategy will be presented to both Bristol City Council Cabinet and NHS Bristol Board later in the year before becoming finalised.

There are a whole range of issues recognised nationally and locally in relation to dementia. Key themes are:

- Partnership. Notion of partnership working at the heart of the strategy. City Council's Health and Social Care, NHS Bristol, families, communities, voluntary and community sector organisations and independent sector all have an important role in the care pathway.
- 'Mainstreaming' services and skills. Staff better trained and skilled in care homes, health services etc. to recognise dementia and support people and carers more effectively out of specialist provision.
- Early diagnosis and support. The aim is that people are not left too long without a diagnosis and appropriate support. There should be a 'care pathway' that provides support from early diagnosis through end of life care.
- Examples of Services. More services need to be developed that enhance quality of life and increase diagnosis and early support e.g. memory services.

- Prevention Services. A need to prevent people staying in secondary care, residential and extended services, preventing long stays in hospital, supporting carers to care longer at home.
- Enabling families to stay together for longer. Advantages for people and their families as well as achieving savings in these difficult financial times.
- Sustainable Services. Need sustainable services for the long term.

Q: Somali community in Bristol. They don't know about dementia. How can you involve them to get awareness. People say they don't know what you mean when you talk about dementia.

A: Good question. You're speaking about the Somali community, but it is true of other communities too. We need to get recognition of different cultures, understand language issues and barriers, develop culturally appropriate services. We need to get better at understanding the needs of different communities.

Q: I did participate in the dementia workshop. But many Somalis don't have any idea of what dementia is. In future, how will you provide services? Ten per cent of Somalis are suffering from dementia? Not sure who is in touch with the community.

A: Not sure how much this is a question and how much is a challenge to us that we need to go to the community and ensure services are shaped to meet needs in the future.

Q: Maybe Alzheimer's Society need to provide links with the Somali community.

A: We need to commission services that build equality from the start. Bristol is a diverse, vibrant community and commissioned services must reflect that.

## **Claire Littlejohn, Bristol LINK Development Worker Events for People living with Dementia and/or carers**

Contact Living well with Dementia events, Kris Leaworthy (Alzheimers Society) ☎ 0117 9672975 or E: [kristian.leaworthy@alzheimers.org.uk](mailto:kristian.leaworthy@alzheimers.org.uk) or Claire Littlejohn (LINK Development Worker) ☎ 0117 958 9325.

LINK is all about collecting information issues, concerns, information around health and social care services. It is a volunteer-led organisation. My role is an outreach role to enable seldom heard groups to get their view across. The LINK was approached by the Alzheimers Society and we have jointly organised events specifically for people living with dementia and/or carers about their experience of services. There are four workshop days; the first two in Patchway and the second two in Lawrence Hill. The aim is to find out issues, concerns and experiences of living with dementia. There are four themes: diagnosis, support in the community, hospital services, living well with dementia. We are getting people to talk about their experiences and how experiences can be improved. We will write a report arising from the meetings and have been assured by Liz Sutton that the views will feed into the draft dementia strategy and used by Alzheimers Society as they develop services and so help to inform the commissioning and service provision. People can attend one or all four sessions.

Your views could help improve services. They are holding the following sessions:

Tuesday 4 October, 11am- 2pm Coniston Centre, Coniston Road, Patchway, Bristol, BS34 5LP  
- Your experience of diagnosis

Tuesday 8 November, 11am-2pm Coniston Centre -Your experience of support at home or in the community

Tuesday 6 December, 11am- to 2pm Salvation Army, Hassell Drive, Lawrence Hill, Bristol, BS2 0AN - Your experience of hospital treatment

Tuesday 10 January 2012, 11am-2pm Salvation Army, - Living well with dementia

You are welcome to attend as many sessions as you like. Lunch will be provided. For further information or to book contact Kris Leaworthy 0117 9672975 or E:

[kristian.leaworthy@alzheimers.org.uk](mailto:kristian.leaworthy@alzheimers.org.uk)

Q: There are a very high number of Somali older people in Lawrence Hill. What provision do you have in terms of language support?

A: Support will be based on individual demand. People can contact us in advance.

Q: Can we talk directly to Kris (from Alzheimers)? Dhek Bhal as an organisation could talk about unmet need in the Somali community?

A: Yes I am sure Kris would be happy to hear from you.

## **Hospital Discharge**

Gillian Turner, The Care Forum: The last meeting looked at hospital discharge and how the voluntary and community sector could work more closely with the NHS to make this work better so it is very timely that the British Red Cross have extended their home from hospital service into South Glos

## **Peter Crocker, British Red Cross, Home from Hospital Service**

**N.B. Peter Crocker has left the Red Cross.** The contact now is Catherine Robinson Service Manager - Health & Social Care Wiltshire, Avon and Gloucestershire, British Red Cross, Tel: 0117 9550213, Email [hfhbristol@redcross.org.uk](mailto:hfhbristol@redcross.org.uk)

The service is commissioned by Bristol and South Glos. The aim of the service is to ensure smooth transition from hospital to home for people living alone or with someone who can't meet their needs. It is for anyone aged 18 or over. There is a coordinator working with a group of trained volunteers. They aim to:

- Ensure a smooth transition from hospital to home
- Assist in reducing the amount of bed blocking within the hospital
- Promote independence and help rebuild confidence
- Signpost to other agencies/support
- Offer practical and emotional support
- Act as a safety net for those leaving hospital

The aim is to promote independence and provide support. If we identify that they will need support for longer than six weeks and that they need other services, we will signpost to appropriate support. The service also provides emotional and practical support. Most referrals are from older people, but also from younger people who cannot access shops and other important services.

Volunteers can visit once or twice a week for six weeks following the patient's return home. We will also maintain regular telephone contact if required. In these visits we can:

- Provide company
- Do the shopping
- Collect prescriptions
- Help with light domestic tasks
- Offer practical help and advice
- Ensure the service user is in a safe environment
- Liaise with other agencies and organisations where appropriate

Referrals can be made up to two weeks after discharge to accommodate people who find they can't cope at home once they have got there. We also look at organisations that might be able to help with activities to combat isolation and provide longer term befriending.

Usually the agreed format with PCTs is up to six weeks support with 2-4 hours support per week. There is some flexibility around the length of time we can offer support. As we approach the end of the support package we will monitor what other support needs must be met long term and liaise with agencies.

We can't administer or supervise medication, get involved with legal documents e.g. wills, or have access to banks or building societies. Checks are in place to safeguard all parties when dealing with people's money.

We are always on look out for volunteers. So if you know anyone who might be interested in volunteering please put them in touch. In addition we are looking for more referrals in South Glos so please considering referring your clients/service users or let people/carers know about our service. People can refer themselves.

Q: Any costs to users?

A: No. It is funded by South Glos and Bristol PCT.

Q: You say people can self refer, but how will people know that?

A: That is the information we are trying to get out. We are making the effort to inform GP surgeries, ensure discharge coordinators have information for different community groups. Hospitals are aware and should be passing information on.

Q: Will it be included in the information for patients on discharge?

A: Yes, we want to ensure it is included in discharge plans and packs.

Q: We wondered what the capacity is? Feels quite intensive. Do you have ongoing funding or three month rollover?

A: In certain areas we struggle to find volunteers, so volunteer departments do a big search for us. Have interviewed 12 and hoping more will come up, but there are waiting lists for service in some areas. Hope contact details will be included in notes, so do contact me direct.

## **Voluntary and community sector report**

### **Dale Cranshaw – Rep on South Glos Older People's Programme Group**

Contact: Dale Cranshaw - Carer Development Officer, Tel: 0117 9589904, 07825330301. E: [dalec@carerssupportcentre.org.uk](mailto:dalec@carerssupportcentre.org.uk)

Dale reported from the last meeting:

**Department of Health Caring for our future Shared ambitions for care and support consultation.** Runs until December. Consultation identifies six areas to make improvements to the care and support system:

- Quality: how could we improve the quality of care and how could we develop the future workforce to do this?
- Personalisation: how could we give people more choice and control over the care and support they use, and help them to make informed decisions?
- Shaping local care services: how could we ensure there is a wide range of organisations that provide innovative and responsive care services and that respond to people's needs and choices?
- Prevention: how could we support more effective prevention and early intervention to keep people independent and in good health for as long as possible?

- Integration (in partnership with the NHS Future Forum): how could we build better connections locally between the NHS and other care services?
- The role of the financial services: what role could the financial services sector play in supporting care users, carers and their families?

I would urge people to respond. Web link:

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_129923](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129923)

### **Home Improvement Agencies Consultation,**

This is a local consultation which is looking to commission West of England home improvement services. <http://www.citizenspace.com/bristol/neighbourhoods/west-of-england-home-improvement-agency>

### **Telecare Services**

A new monitoring service for telecare has been successfully procured through Eldercare – they will be monitoring alarms from 1 December 2011. Prices are under those of six regional competitors. Available to anyone not just people assessed under Fair Access to Care Services (FACS). They will take over responsibility for Carers Emergency Card

### **Reablement Project Update**

Is piloting home from hospital, encouraging people to manage physical independence. Provider will be paid for full six weeks. Organising conference to look at sources of funding and projects. 5 Services users a week from 16th January from older people respiratory wards at Southmead Hospital. The provider of the service will be selected in November  
Care management will still assess and sign off after reablement period to ensure it is not perverted by the incentive.

### **Health Watch Update**

Joint Bristol and South Glos Pathfinder is in place

Council is looking for feedback on effectiveness of LINK and are exploring other options. The consultation is on the website.

<https://consultations.southglos.gov.uk/gf2.ti/f/271042/6028677.1/pdf/-/local%20healthwatch%20questionnaire%20rev2.pdf>

### **Local Implementation of the Dementia Strategy**

A need to improve diagnosis rates

Improve residential Care and acute hospital care are some of the priority areas

NB. Since this meeting Dale's full report with accompanying papers has been sent to all members of the network.

Gill Turner: Reps can only be as good as the views they have from the sector they represent. So please do contact Dale and the other reps and share your issues/concerns.

Jan Gresham, Milestones Trust, the South Glos rep on the Safeguarding Adults Board is also here. E: [JanG@milestonetrust.org.uk](mailto:JanG@milestonetrust.org.uk)

### **Update on responses to MPs' letters and the network**

**Gill Turner , Voluntary Sector Coordinator, The Care Forum:**

Following our meetings last year and in March the network asked The Care Forum to write on its behalf highlighting the risks to older people's services with the current cuts. I wrote to all Bristol and South Glos MPs and you will have all have had the letter and issues page that was agreed by this meeting. The message from the Bristol and South Gloucestershire Older People's Voluntary Sector Services Network is that we cannot afford not to invest in the type of

services the voluntary and community sector provides. We said that the cost of cutting such services will only be transferred to the health service and to statutory social care services and will be magnified in the process.

We also said that the network would like MPs to see this letter as the beginning of a dialogue about maintaining services for older people in this area and that some of our members would like to come and talk to MPs about their services and the role they play and that in South Glos we would like to work towards possibly holding a meeting later on in the year.

In South Glos I have only had a reply from Steve Webb, MP for Thornbury and Yate. Steve Webb has said he is happy to meet with us. I will write again to the other two MPs. I have spoken to CVS South Glos about organising a joint meeting with all South Glos MPs on the voluntary sector and will keep you informed.

**Louise Hudson, Voluntary Sector Coordinator, Bristol** read out the responses from Bristol MPs, Kerry McCarthy MP and Dawn Primarolo, to letters sent on behalf of the Older People's Network. The letters had expressed concerns around the impact of cuts on services to older people. Both MPs had responded in detail and had been open to meeting with groups. Charlotte Leslie MP had also arranged to meet with groups (later cancelled due to ill health). If groups are interested in meeting with any of these MPs or seeing copies of the letters please contact Louise Hudson email [louisehudson@thecareforum.org.uk](mailto:louisehudson@thecareforum.org.uk) Tel: 0117 958 9337.

## Evaluation:

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

- More information on hospital to home service and extra care housing was useful
- Information about extra care housing over and above what I already knew
- Information on extra care housing
- Very positive message. Info on extra care housing. Opportunity to do more
- More knowledge about extra care and information regarding red cross

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

- More leisure activity for older people
- HealthWatch development. Implications on NHS restructuring
- A list of other network meetings and how to be included. Organisations update, working together, partnerships

### Are there any other comments you would like to make?

- Couldn't really hear 'dementia' item - perhaps a handout would have been useful? Thinner bread please!
- Need space (under item 2 for each speaker)
- Very good networking system

Content	Average mark (out of 5)
Understanding of subject at start	3.1
Understanding of subject at end	4.0
<b>Sessions</b>	
Speakers	3.9
Other elements	3.8
Organisation	

Pre-event information	4.0
Facilitation	4.3
Organisation on day	4.3
<b>Venue</b>	
Access	4.7
Refreshments	4.4
Standard of room	4.4