

# Independence and Wellbeing

## Public views on local needs

*Your health, your care, your say - October 2005*

### What works well?

- GP services
- Meals on Wheels
- CareLine
- Provision of budgets for service users to purchase their own care. Direct payments were thought to make a big difference and really increase flexibility; however the amount of paperwork and administration involved is an issue.
- NHS Direct
- District Nurses
- Care Management
- Standard of care
- Level of specialist care
- Having a free NHS
- Advice from pharmacists
- The service you receive once in the system
- Individual teams

### How can people look after themselves?

- Prevention is better than cure.
- People would benefit from learning about healthy living, and having health improvement measures as part of their healthcare package.
- Certain populations should be specially targeted.
- Self-assessment can be dangerous, as many people will under assess.
- It is important to educate people to understand their own responsibilities in relation to their health. Nurses at GP surgeries could play a role in this. It may however be difficult to change how people live their lives.
- Pharmacists could increase the range of services they offer, for example they could take blood pressure, as pharmacists are so widely available. However, there are drawbacks such as lack of privacy and physical access.
- Not all people do have contact with health professionals so this would not be advantageous for all. Having more providers may make services more confusing.
- Tackling the things that cause ill health and disadvantage is top priority, liked the idea of having a one-stop shop in doctors surgeries. This would reduce overlapping of services, and make it easier for people to access a range of services.

- GP practices have a key role in helping people and signposting them to services. It was suggested that GP practices could include other service providers e.g. Citizen's Advice Bureau,
- information should be available on hygiene and exercise/diet regimes via GP practices
- Consider 2 one-stop shops – one for social care and one for health care. Identifying problems at an early stage makes them easier to resolve, and is less expensive.
- Integrated health and social care one-stop shops
- Uncertainty about how the DH could address issues of poverty and poor housing.
- Fee charges for older people's support services mean some do not claim treatment as they wish to preserve their savings and financial privacy.
- Better communication about healthcare.
- Systems in place to help people who are less able to take responsibility for their own health.
- Clear succinct messages published in a variety of formats to reach more people.
- Frequent GP check ups to identify more illnesses earlier on.
- NHS funded alternative health provision should be explored.
- Labelling and design of medication should take the needs of disabled and older people into account e.g. blister pack pills are difficult for people with arthritis to use
- Having to fill out complicated forms to access services can exclude people.
- People would rather stay in their own homes. To do this, they need timely and appropriate assistance and practical help.
- School nurses in schools should do regular health checks for children.
- More affordable exercise facilities.

### **How can we help you get the right services?**

- Providing joined up services was the top priority, because of the need to tackle social as well as medical causes of issues. A needs assessment was particularly seen as a priority for hard to reach groups. It is useful to have one person co-ordinating care services, who can give all the necessary information required.
- Carers have an important role. There should be more training available and more respite, however the respite care provider must be appropriate otherwise this can lead to more problems. The role of direct payments in improving carers' lives was seen as important.
- Useful to give carers basic medical care training, and training on how to be a carer.
- Better information about services available, perhaps in the form of a published guide. Information needs to be easy to understand; available in a variety of languages and formats, and the person providing information needs to be properly trained and fully aware of what is available. However, information would be less important if assessment procedures were robust.

- In terms of long-term care users, it was felt that the availability, quality and choice of services for long-term care users needs to be improved, with more alternative therapies available. It was also suggested that these people should not have to go on waiting lists, they should be provided with the care they need when they need it. For example, a 90 year-old should not have to go on a waiting list to attend a day centre.
- Care management should be more consistent.
- The role of voluntary support groups and funding for these was important.
- GPs' remits should be increased so they are educated in social care issues as well as medical ones.
- Users should be kept informed of changes to their care packages, including changes of care provider.
- There should be more promotion of services by alternative means, such as radio.

### **How services are provided**

- Should be able to pick and choose your service providers and also have choice in when you see them – a person centred care system. There is a need for health services nowadays to adapt more to people's busy lives. However, there must be some personal responsibility for people to fit in with services.
- Providing services through some form of one stop shop would be a good idea. People liked the idea of community based services. One group felt that the role of community hospitals could be extended. Another group felt that the choice of how care should be provided depends on the problem. One group felt that walk in centres were a good idea, however positioning them near a station was not.
- Black and minority ethnic people often get a rough deal. More culturally sensitive services such as same sex doctors and interpreting services should be provided.
- Very important for people to have choice and control over services at the end of their life.

### **Choosing Health Stakeholder Conference, November 2005**

- Inequalities, Sexual health and Obesity emerged as very strong themes
- Improve access to coordinated and relevant advice and information
- Improve access to primary and secondary care, especially to disadvantaged groups, using outreach to local communities
- Improve access to sexual health services and range of services available
- Tackle social isolation through the development of intergenerational projects
- Train front line workers for early identification of mental health problems
- Employment support for people with mental health problems

- Maintain and expand Stop Smoking Service to provide specialised counselling and support as well as nicotine replacement therapy to smokers wanting to quit
- Continue walking for health programme by providing community based free exercise opportunities
- Coordinate approach to alcohol issues across the borough
- Raise awareness of drug and alcohol misuse issues among front line workers and in school and youth settings
- Promote and support active lifestyles and mental wellbeing in older people

### **Health Scrutiny – August 2006 (advocacy) and during 2005 (vulnerable groups)**

- Increased access to advocacy services, especially for those from BME groups who do not have English as their first language
- Staff trained to understand diverse cultural needs
- Basic information available in translated form, on request
- Increased access to interpreting services
- Better support, information and advice for carers and families of people with mental health and substance misuse problems
- Better access to housing support for those leaving detox and rehab services and for those trying to sustain their housing arrangement during a chaotic episode or a period of hospitalisation
- Better signposting and coordination between services

### **Consultation on targeting of adult social care services - 2007**

*The consultation process raised a number of themes and issues in relation to the possible changes to the eligibility criteria:*

- The impact on existing users
- The equality impact on carers and female carers who make up the majority of carers
- The transition from Children's Services to Adult Services
- The balance between services accessed through a Care Management assessment and services that can be accessible directly by people themselves
- The need to develop preventative measures to stop/delay people's needs becoming 'critical' or 'substantial'
- The need to build voluntary sector services' capacity to develop preventative services
- The impact on people with fluctuating conditions, and therefore needs, such as Multiple Sclerosis
- The need to promote independent living
- The need for information, advice and signposting services
- The need for staff guidance and support to promote fair and consistent assessments

- The need to develop monitoring and review systems to track the impact of any changes on people who do not qualify for support

## **Consultation with Older People Event – September 2007**

### Transport

- accessible and reliable
- more information about travel options – knowledge of eligibility is poor
- to enable more trips and activities
- supported transport for housebound people
- reduced cost
- bus shelters, absent or no seats

### Financial advice/support

- awareness of entitlement to benefits
- accurate, regular and timely information about entitlements
- managing finances to maximise social opportunities
- more knowledge re lasting power of attorney – process, costs and function

### Activities

- affordable exercise classes/arrangements, current options too expensive
- assisted access to activities, due to nervousness about activities, reluctance to take part
- more activities in sheltered accommodation
- reduced/free alternative therapies
- Adult education – afternoon classes at modest price would be used, evening classes too late and too expensive
- Targeted exercise classes specifically for older people

### Social isolation

- increased use of outreach to those most severely restricted in their mobility
- advice re how to avoid being housebound, isolated or lonely
- publicity about groups and how to access them
- people value social support settings – good to have more comfort and space for activities

### Families

- help with difficulties with living in families
- maintaining independent thought and activity in family surroundings
- understanding entitlements when living within family
- understanding how to be able to live independently (e.g. sheltered)
- choice re who cares for people – not having to just rely on family

### Equipment

- knowing what is available and where to get help

- information about bathing and walking aids to remain independent

#### Communication

- referral letters for hospital appointments in accessible formats (large print, tape, Braille, graphics, non-English languages)
- increased awareness of entitlement to interpreter – among providers and users

#### Crime

- knowing where to go for routine advice or queries re crime, racial incidents or problems with neighbours
- more professional advice needed re how to stay safe
- Concern re cold callers
- Increased awareness of police cover and contact details, especially for those most at risk

#### Carers Views

- informal/structured support e.g. at evenings and weekends
- carers need support to be carers
- information and advice – re benefits and allowances, services and support available

#### Home

- gardening support
- more easy to understand information about grants for the home
- trustworthy handyperson
- more responsive approach by Council to major repairs
- clarity re entitlement for CareLine
- cost of domiciliary care

#### Self-management

- easier system for dispensing medication, especially blister packs
- access to medicines, increased awareness of pharmacy deliveries
- synchronisation of medication is important