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OLDER PEOPLE/PEOPLE WITH DEMENTIA/ OLDER PEOPLE WITH MENTAL HEALTH DIFFICULTIES

“Sometimes families, friends and neighbours can get extremely anxious if they feel that an older person does not seem to be able to look after him/herself properly and is refusing to accept help. In these circumstances, wouldn’t the older person be better off in a nursing or residential home rather than trying to keep them in the community?”

Surveys of older people have overwhelmingly shown that the vast majority of older people wish to be supported in their own homes for as long as possible. Only in very extreme circumstances can professionals force people to leave home or accept help against their will. The Community Care Plan outlines a number of developments which will provide a wider range of ways of helping to ensure that people are able to remain safely in their own homes with appropriate support, e.g.

Care and Repair	Assisting people to maintain their homes to a safe and comfortable standard
SMART Technology	Monitoring possible risk situations, providing ways of avoiding dangers
Up and About	Providing intensive rehabilitation to help people regain their confidence and independence after an accident or acute illness
Rapid Response & North and South Ayr Speedy Action	Hospital and community based schemes to ensure that people get the right amount of support quickly in a crisis

“Resources should as far as possible go into front line services”

The above initiatives and the Council’s investment in training home care staff to undertake extended personal care tasks over a wider range of hours is indicative of our commitment to ensuring that resources are targeted at direct service delivery.

“Suitable housing, including readily available equipment and adaptations, are really important.”

The chapter on Physical Disability outlines a number of ways we are looking at to improve the speed with which people are able to get equipment and adaptations they need

- ***Self assessment***
- ***Joint equipment stores***
- ***Social work and health working together***
- ***Increased Occupational Therapy staffing and more targeted use of their time.***

“General standards of cleanliness as well as those absolutely necessary to health are important.”

“Older people see a need for practical services such as handyman schemes and help with shopping.”

Like other councils, South Ayrshire has had to look at how best to use its resources and has given priority to the most vulnerable people. In keeping with the recommendations of the Joint Futures Group, however, the Council is currently looking at how people who require a lower level of practical support might be assisted.

“Feeling safe in your own home and community is important. The way council housing is allocated and managed is an important factor in this.”

Housing is allocated according to the Allocations Policy which aims to house those in the greatest need whilst making the best use of the housing stock.

South Ayrshire Council operates decentralised housing management giving tenants access to a local office. These offices deal with a range of services to tenants including rent collection, housing repairs, allocations and neighbourhood disputes. They are aimed at providing a safe and secure environment for all. They carry out these duties in line with legal and policy requirements. The Council's allocation policy takes particular account of people with community care needs.

“The most important thing is speed of response in relation to services provided by all agencies.”

The Council's Review of Assessment and Care Management clearly seeks to reduce bureaucracy. We are also working with health and housing staff on how we can streamline the way we work together.

Thoughts on future consultation

Annual progress reports

Advertise consultation exercises through post offices, supermarkets etc.

Tell Ted! (Coughtrie - former Chairperson of Troon & District Elderly Forum).

LEARNING DISABILITIES

"Please don't use abbreviations"

Abbreviations in the Community Care Plan will only follow the full wording

"Plain English please - no professional speak"

We'll try but sometimes it is difficult to realise that we are using jargon! A Plain English summary of each of the chapters is being prepared.

"Nothing seems to be glaringly factually wrong."

"Sometimes communication of developments is not obvious to the carers and service users not directly affected. Minutes of all the Strategy Groups need to be shared amongst all the groups. Communication and co-ordination of activities/action planning needs to be more focussed. Poor communication between carers and sub groups, carers and day centres. Need to ensure that people know that change is happening."

An exercise is currently being undertaken to review how the strategy groups are working and how the groups communicate with each other, with carers and with the people who use services. It is hoped that this exercise will address the above issues.

"There should be clear eligibility criteria for involvement in 'Picture This'."

Eligibility criteria are :

People with Learning disabilities aged 16-65 whose Community Care Assessment indicates that they require support to engage in activities of their choice and to form supportive social relationships.

Priority will be given to people who currently use traditional day centre services who wish to explore alternatives to that provision. It will be important that carers of the people involved in Picture This are supportive of the move from traditional day services to more community based inclusive activities for the person they care for.

No one will be considered ineligible from the service as a result of the severity of their disability or as a result of having an associated physical disability or mental health problem.

People will be identified by day centre staff and care managers in consultation with carers and service users using the above criteria. The number of people involved will be determined by the funding available. In the financial year 2001-2002, the numbers are likely to be approximately 16 from across Girvan and Kyle Day Centres. The numbers involved over the life of this Community Care Plan will be identified year by year and will be dependent upon the amount of the budget being used by participants from previous years.

“Some carers are unhappy about the closure of continuing care beds”

This is a policy decision by the Scottish Executive. South Ayrshire will seek, together with the other 2 Ayrshire Councils and Health Services, to ensure that the closure programme is undertaken in a way that meet the assessed needs of those involved.

“Carers feel uncertain about the future. Carers worry about how their relative will be cared for in the longer term (especially after the carer’s death).”

Anyone with community care needs is entitled to a community care assessment. Anyone caring for someone with community care needs has a right to have their needs as a carer assessed. South Ayrshire Council is committed to meeting these statutory requirements and has also invested in providing staff with training in various person centred planning assessment tools to enable high quality assessments to be carried out. It will be our aim to work with carers and service users to create life plans which will hopefully ease some of the worry and uncertainty relatives experience about the future.

“Carers from the life planning group welcomed involvement in developing the social opportunities service with Turning Point.”

“Links with ‘People First’ were seen as likely to provide better self advocacy for service users.”

“Things are not happening quickly enough for people who are living with carers in our community. People who are living at home with their carers are not getting enough support. Need transport and more community based activities.”

In the 1998-2001 Community Care Plan clear priorities were seen as young people moving into adulthood, people effected by closure of institutions requiring to be resettled into the community, and families where there was a risk of breakdown. These priorities would continue to remain valid and the focus on people moving out of institutions has been intensified by the Scottish Executive. However, we do recognise the need to ensure that people who have always been supported by their families in the community also have their needs recognised. The stakeholders conferences were very much focused on people living in the community and the strategy groups arising from them should therefore be addressing these kinds of issues in relation to life planning, employment, education and training etc. This is a major exercise, however, and inevitably there will be frustrations.

“Complex needs - respite care is not catering for people with complex needs, there is no choice for people with complex needs. “I want my

daughter to have the same opportunities as everyone else and not be segregated or isolated. Now, not in 10 years time". Need support for people with complex needs to go to college. Need a good resource for respite for people with complex needs - health must be involved. Need a base for people with complex needs with dedicated trained staff and appropriate education staff."

The above would seem to indicate that perhaps one of the new strategy groups needs to be focused on people with complex needs. At least one person with complex needs will be included in the next 'Picture This' life planning group.

"People with learning disabilities should receive their health care in appropriate settings - it is not appropriate to have physiotherapy, occupational therapy etc. coming into day centres. Problems with bureaucracy in health services."

The Healthy Living Initiative project which is in the process of being set up has been established to support young people and adults with learning disabilities by:

- Promoting healthy lifestyles
- Helping people to access mainstream health services
- Providing training about positive health opportunities

It will be based in Kilmarnock and managed by East Ayrshire Council but will have a project worker specifically allocated to South Ayrshire.

"Council should facilitate training for voluntary organisations."

When the Council purchases services from voluntary organisations, part of what is being purchased is appropriate training by the provider of their staff. Having said that, places on council run training courses have on occasion been offered to voluntary organisations. The possibility of shared training is currently being looked at with home care providers and the results of that, if positive, may provide a pattern for the future.

"We feel it takes too long to get the house we would like. The housing plan is a start but there is a long way to go."

The right house, in the right place at the right time is rarely going to just fall into place but the Council is working on various ways to try and move things on. The new Allocations Policy for Council housing gives priority to people with community care needs. The Council has over 7000 people on the waiting list and has approximately 800 houses available for allocation per year. They are trying to assess people's housing needs as early as possible to allow, in some instances, new housing to be designed around people's individual needs. All new developments in the Council's area will have a small number of wheelchair and amenity housing provided. Where feasible, vacant houses have been adapted to

wheelchair standard.

The Council has had discussions with private landlords to look at opportunities for using suitable housing in the private rented sector. Discussions have been ongoing with the Disabled Persons Housing Service to investigate the setting up of this service on an Ayrshire wide basis. This would involve the setting up of a database of all adapted housing in both the rented and owner occupied sectors and then trying to match people to suitable housing.

“Training with carers is good. We like lifelong/training opportunities for people with learning disabilities. Some carers may be willing to be a resource for training.”

Two joint learning events for staff and carers have been set up with NDT. We will explore further developments of this kind in the life of the plan.

“There are issues around integrating people into college settings, supporting people in college and supporting people to move on from college. Where does all this sit with the Community Learning Strategy - lifelong learning?”

The education and training sub group has begun to look at these issues and will focus on them further in the coming months.

“There is a need to explore opportunities for finance, other than Social Work budgets and to maximise use of ILF/Direct Payments.”

We recognise that we are not always able to fund the level of service we would wish to make available. Lifeways is an example of this where demand has outstripped availability. We are keen to work with carers and other interested parties to look at how we might access additional funds - the Mental Health Chapter makes explicit reference to this. A small working group is being set up to look at this.

“Some carers feel strongly that they would like to see different kinds of provision ‘intentional communities’. Should services necessarily be “without walls” or is being ‘without boundaries’ the more important issue.”

The Council is committed to planning around individual people and seeking to meet their needs in ways that support them to enjoy the same kind of quality of life that we would all want. Sometimes that will involve doing things with other people who have learning disabilities with whom they have made friendships. What we would want to avoid is the kind of situation where people end up being together solely because the one thing they have in common is having a learning disability.

“Need to improve transition experience. People should have travel training before leaving school.”

These issues are being addressed by the transition sub-group who have produced a workbook to support young people through the transition phase.

“Employment - possible loss of benefits, place within resource centre if things don’t work out. Employment needs to be seen as a corporate responsibility.”

These issues will be taken forward by the employment sub-group. In ‘The Same as You’ it is noted that the Scottish Executive will “set up” a specific group to “talk to Benefit Agencies”. The Pan Ayrshire Partnership in Planning document also says employment by Councils as a whole and other agencies across Ayrshire needs to be looked at.

Thoughts on future consultation

Paperwork on Community Care Plan has not been circulated widely enough - only 1 in 6 in a group received a copy.

Copies of the draft chapters were sent out to chairs of various service user and carer groups. The assumption was that they would circulate copies to their members. On reflection, this did not work because 1) we did not make our assumption clear to people; 2) it was not always practicable for people to do this if they did not have ready access to photocopiers etc. In future will send out more copies of more summarised paperwork.

The meetings which discuss the Community Care Plan and Learning Disability Strategy need to be at a time that suits carers.

- Extra meetings were arranged to allow carers to attend.
- Need to communicate one to one as well as generally.
- There needs to be a clear implementation plan.
- Clear targets
- Progress reports
- Shared responsibility sub groups = task groups for action
- Newsletter and IT may be good ways of communication.

MENTAL HEALTH

“Information needs to be provided more clearly and widely, e.g. no information re HOTS team in GP surgeries, need for information leaflet on “returning to work” rules and therapeutic work, advocacy services not in yellow pages.”

Referrals to the Home Options Team is through the Community Mental Health Teams. Leaflets WK1, WK2, WK3 and WK4 give advice on return to work and therapeutic work. These are available from the Employment Service or Benefits Agency (NB the therapeutic work rules are about to change). We would recommend that people who are considering returning to work have a “better off calculation” done and the Welfare Rights Staff at Kyle Street (tel. 01292 281993) would be happy to do this. Advocacy services have tended to publicise their service where potential service users are most likely to be.

“Can non-professionals, i.e. people not employed by statutory agencies be ‘Appropriate Adults’?”

The Appropriate Adult service is currently funded by health and social care agencies effectively meeting the cost of their staff undertaking this role. No additional funding has been provided to allow this to develop outwith these settings.

Thoughts on future consultation

Can we further strengthen service user input, going beyond focus groups and stakeholder conferences and actually have service users at the table when we plan/write the community care plan?

PHYSICAL DISABILITY INCLUDING BLOOD BORNE VIRUSES AND ACQUIRED BRAIN INJURY

“Terminology - explain in English - drop the jargon!!”

‘Plain English’ versions of the chapters have been commissioned. We will also undertake an exercise looking at how we can improve our awareness of jargon and make all our communication as ‘plain’ as possible.

“Staff training on disability awareness is essential”

We will raise this issue with the Council’s Equalities Officer as something that should be look at throughout the Council.

“Disability Resource Centre is not easily accessible and not cost effective. It does have a good potential but isn’t user friendly.”

We acknowledge that external access is not ideal but are not in a position to look at resiting the DRC at present. Helen Cameron, Head Occupational Therapist, would welcome any suggestions as to ways to make the DRC more user friendly and any concerns re access should be raised with Helen.

“Need to ensure consultation takes place and involves the service user.”

This document and the consultation plan it contains should ensure that ongoing consultation does take place.

“An Occupational Therapist to work for the Housing Department is essential. There is a waiting list for property suitability assessment, i.e. mainstream and sheltered, especially adapted housing. This would be more cost effective through avoiding loss of rent.”

Additional Occupational Therapy staffing and more targeted use of their time should help to address some of these issues.

“Community Care services need to be client need/choice-led rather than resource-led, e.g. choice of bed, meal time etc. Bring back traditional home help service or provide more availability of direct payment/ILF. Home help staff should be used for traditional duties and nursing or nursing auxiliary staff should carry out tasks like dressing wounds and bathing. Is the housework/shopping/home maintenance the old home help service in disguise?”

Home care staff who undertaken more personal care tasks have been provided with appropriate training and have been assessed as competent by District Nursing staff. Home care staff only undertake tasks which have been clearly agreed with health agencies as being suitable for them to undertake.

“Integrated Services - a commitment needs to be established to prove that Occupational Therapy, Social Work Services are moving this idea into practice : when? who? where?”

The implementation plan for the Community Care Plan will seek to address these issues.

“Communication - feedback on the whole process is essential at regular intervals - need to keep all service users informed. All service users - especially the housebound should be consulted and kept informed.”

The consultation plan contained in this document will seek to ensure that feedback takes place. We are working with Age Concern to look at how housebound older people might be enabled to have a voice in service development. Lessons learned from that exercise should enable us to address this issue for other service user groups.

“Every service user should have access to a questionnaire evaluating the service they receive.”

We have in place systems for monitoring contracts and evaluating services provided by independent providers. These processes include obtaining the views of a sample of service users. To include all service users in such a process would be expensive and time consuming and would probably not make the quality of information any better than we can get from an appropriate sample. All service users should however be able to access the Council's complaints procedures “Help us to get it right”. Perhaps the most immediate way of raising any concerns you have if you don't want to speak to the actual service provider is to speak to your care manager (the member of staff who arranged the service for you in the first place)

“Clarification required of each service's role in relation to the service user's needs.”

To some extent this should become less of an issue as more integrated services come into being. The need for information as to what assistance is available is one that will need to be addressed on an ongoing basis. The work planned to be undertaken by the DRC in relation to assisting people to access information will have a part to play in this.

“What is the role of the Occupational Therapist as opposed to a Social Worker or Welfare Rights Officer?”

One of the results of the move to integrated working will be a deliberate blurring of roles so that service users do not have to deal with a succession of people each looking at a particular part of their overall needs. However, Occupational Therapists do have specific knowledge and training in relation to disability and it is hoped that by freeing up their time from activities that do not require that level of expertise they will be able to focus more effectively on situations that do require it.

“Need to be pro-active not reactive.”

We hope that the Community Care Plan will attempt to be pro-active. Feedback from service users as we implement the plan will indicate whether we have achieved this or not.

SENSORY IMPAIRMENT

“Lipreading and rehabilitation for deafened adults should be provided as ongoing support.” It was generally felt this was a Health Board responsibility and Ayrshire & Arran Health Board should employ a hearing therapist.

Lipreading tuition will be provided by the Ayr Hospital for the year 2001-2002, it is hoped discussion between South Ayrshire Council and Ayrshire & Arran Health Board will address the need for permanent funding. The Trust has two qualified lipreading teachers, who are also audiologists, providing rehabilitation for hearing aid users.

Following discussion concerning service user consultation the group felt that this should be fully explained and a consumer consultation with BSL users is required.

During the life of the Plan service user consultation will be explored and expanded. A visually impaired consultation group has been formed and plans are ongoing for consultation with hearing impaired service users.

Proposals for information services being developed were acceptable but consultation with service users advisable.

Information services continue to be developed concerning DRC and Audiology services. Plans to further develop information to visually impaired people continue and information will be available in Braille and tape form.

Assessment for equipment etc - procedures and waiting time etc. were thought to be good and ‘should not be changed’.

It was felt services to sensory impaired should be split into two teams - visually and hearing impaired - as needs were quite separate. Some service users agreed with this although others felt the service was acceptable in current presentation. All service users agreed that a Pan Ayrshire service would be of benefit, bearing in mind the differing levels of service throughout Ayrshire, it was felt that a pooling of resources and skills would provide better services.

The comments of the group consultation will be noted at the next Pan Ayrshire service meeting. However, it is likely that South Ayrshire will continue to provide services from Sensory Impaired Team at the Disability Resource Centre.

The need for ongoing community care assessment of registered visually impaired people was also discussed and was felt to be a subject that should be addressed during the life of the current Plan.

The need for ongoing assessment of registered visually impaired will be considered during the life of the Plan.

“What’s happening about interpreting services?”

Although South Ayrshire does not provide a direct interpreting service, communication support is available from the Sensory Impaired Team at the Disability Resource Centre. The Acute Trust provides interpreters as required. It is planned to have further discussion with the Health Board and other agencies concerning interpreting service.

“What about people with dual sensory impairment?”

South Ayrshire Sensory Impaired Team will work jointly with DeafBlind Scotland in identifying people with a dual sensory impairment. It is hoped that once dual sensory impaired service users are identified a guide/ communicator service will be established.

DRUGS AND ALCOHOL

“This problem is vast and growing and potentially impacts on all our futures.”

“People are unlikely to attend consultation events and take part in sub groups on drugs and alcohol because of the stigma attached. It would be better to have a question on drugs and alcohol in all the sub groups, thus allowing it to be looked at from different perspectives.”

These comments have been noted and will be addressed in future consultation exercises.

CARERS

“Not enough copies circulated in advance. Volume contained with the plan difficult to read through, carers need to be able to focus on particular issues.”

Copies of the draft chapters were sent out to chairs of various service user and carer groups. The assumption was that they would circulate copies to their members. On reflection, this did not work because 1) we did not make our assumption clear to people; 2) it was not always practicable for people to do this if they did not have ready access to photocopiers etc. In future will send out more copies of more summarised paperwork.

“Does anyone listen? Is it real consultation?”

Hopefully this document and the process that will follow on from it will demonstrate that the Council is serious about this.

“Recognition and appreciation of carers and the role they provide, both individually and as representatives, missing from the Plan.”

We hope this point is picked up in the plain English summary - sorry, if it has not been explicit, most community care is provided by relations and friends, it could not exist without them.

“There is a need for carers concerns and issues to be highlighted in service user group chapters. Carers chapter needs more context, crossover, links with service user group chapters.”

We will produce an addendum to the Carers chapter which does this cross referencing.

“Need to link with Housing and Education for the transitional phase in a young person’s life.”

Work being undertaken to refocus the learning disability strategy subgroups should ensure that this happens.

“The Community Care Plan has to be a living document and has to change to meet changing needs.”

The Implementation Plan and ongoing consultation should ensure that this happens.

“We liked the opportunity to be involved in planning the spend.”

“We like the introduction of training standards”

“The profile of carers needs to be raised and priority given to work with young carers and rural carers.”

The planned research should help to achieve this.

“Transport is a big issue.”

Transport is an issue that has come up in nearly all the service user groups. This is not an issue that Social Work, Housing and Health has direct control over. However, given its importance across the board we will include liaising with other relevant bodies on transport in the implementation plan.

“Advocacy for carers is missing from the Plan.”

There is certainly no specific mention of advocacy. Do people feel a need for advocacy that is not met by the Carers Centre or the various forums? Perhaps this is an area that could be looked at in the research exercise.

Thoughts on future consultation

Meetings are helpful in connecting carers, sharing info etc.

Good only if people being consulted are listened to.

Need to recognise the expertise of carers

Recognise the time given by carers to attend consultation exercises.

Meetings like this should be held 3 times a year, ensures living document aspect.

PROVIDERS

Learning Disability

- ***The plan is clear, easy to read, positive and forward thinking.***
- ***It is recognised that developments can only take place when money is available.***
- ***Providers would welcome the opportunity to meet with the Council on training and development and keeping the ethos alive.***
- ***Sometimes service users feel pigeonholed. There is a tension between people getting sufficiently specialised support and leading normal lives.***
- ***Direct payments are likely to be a major issue of the next few years.***
- ***Day services need to move to full social integration.***
- ***Service user involvement is essential.***
- ***People who have a dual diagnosis are not always appropriately catered for.***
- ***There are issues around transition stages in people's lives.***

These are all issues that the Council acknowledges and will seek to address, during the lifetime of the Plan, in its work with providers.

Older People/Mental Health

- ***How does the Council intend to address the provision of more practical services to older people as included in the Joint Future Group Report.***

A working group is looking at this at present. It is unlikely, however, that the Council will directly provide this kind of service in-house in the long term or commission it on the basis that it currently commissions home care. Funding is likely to be a major issue.

- ***The lack of opportunity for reconfiguration of mental health services is noted.***

How will the action plans be taken forward?

The action plans will form the basis of a more detailed implementation plan.

- ***How can (especially small) providers ensure that they have enough information about national trends and developments.***

Larger providers tend to be on mailing lists regarding major developments in national policy. Locally the development of the Providers' forum may assist in keeping people informed.

- ***There are major issues regarding transition housing benefit and Supporting People.***

The Council is currently working on this and will shortly be appointing an officer specifically to address these issues.

Carers

- ***“The Plan was well written - a genuine endeavour to communicate - however, for the ‘man in the street’ not so understandable, does not hit the mark, needs to be simple straightforward ‘plain English’.”***

‘Plain English’ summary of all the chapters have been commissioned. We are also looking at ways of ensuring that all documents we produce are ‘plain English’.

- ***“Need for further funding for Crossroads to enable them to meet the waiting list.”***

The level of funding for Crossroads will be reviewed in the light of the excellent evaluation of this service.

- ***“Would have liked to have seen a willingness from the Council to be facilitators of training.”***

When the Council purchases services from voluntary organisations, part of what is being purchased is appropriate training by the provider of their staff. Having said that, places on council run training courses have on occasion been offered to voluntary organisations. The possibility of shared training is currently being looked at with home care providers and the results of that, if positive, may provide a pattern for the future.

HOW WILL THE COUNCIL TAKE CONSULTATION FORWARD

- ***We will produce a short, easy to read progress report every nine months. The first of these will be sent out in March 2002.***
- ***The progress reports will summarise the work that has been done to put the plan into action. Putting the plan into action will in any case require ongoing involvement of all those with an interest in developing services for particular groups of people.***
- ***We will invite a wide range of people to a consultation event in April 2002 to discuss the progress report.***
- ***When people are invited they will be asked to indicate any particular support they require including support to allow carers to attend the event.***
- ***The consultation event will take place in a venue which is suitable for people with a range of disabilities and appropriate support will be in place.***
- ***The issue of drugs and alcohol can affect everybody in a variety of ways and will be looked at across the board.***