

## Older People Summit 2016



## **Introduction**

On Friday 7<sup>th</sup> October, Healthwatch Rotherham held an Older People's Summit at the New York Stadium.

The event formed part of Older People's month in Rotherham. This was the second of three events. Rotherham Older People's Forum held the first event on 1<sup>st</sup> October. The final event was held by Age UK on 28<sup>th</sup> October.

Leading up to the event an advert was placed in the Rotherham Advertiser for two consecutive weeks. A personal invitation was sent to Healthwatch Rotherham members. The event was advertised on the Healthwatch Rotherham social media outlets and by other organisations.

## **On the day**

62 people attended as participants in the listening table discussions.

22 people attended to host and be involved with the listening tables. A guest speaker was also in attendance from Age Friendly Manchester.

5 members of Healthwatch Rotherham staff were present along with 2 volunteers.

In total 92 people were present.

Refreshments were available during the event and a number of stalls were at the back of the room. The stalls present included Door2Door Community transport, CCG Waste Medicine campaign, Dementia Alliance, Healthwatch and Public Health.



The Agenda was:

9:30	Registration
10:00	Welcome from Councillor David Roche Chair of Rotherham Health and Wellbeing Board and Cabinet Member Adult Social Care and Health
10:05	Outline of today's event Tony Clabby – Healthwatch Rotherham CEO
10:20	Healthy Aging Framework Rebecca Atchinson – Public Health
10:25	Age Friendly Cities Paul McGarry – Strategic lead, Age Friendly Manchester
10:40	Questions for Speakers
10:50	Listening Tables (3 x 10 minute sessions) – choice of 10 tables
11:20	Tea / Coffee Break
11:30	Listening Table (7 x 10 minute sessions) – choice of 10 tables
12:45	Feedback
13:00	Lunch

#### Hosts of “Listening Tables”

- 1 The Rotherham Foundation Trust – Tracey McErlain-Burns – Chief Nurse
- 2 South Yorkshire Police – Glyn Shakespeare
- 3 RMBC – Sam Newton – Assistant Director Independent Living
- 4 Public Health – Terri Roche – Director
- 5 Safeguarding Adults – Jackie Scantlebury – Board Manager
- 6 Rotherham NHS Clinical Commissioning Group – Chris Edwards  
Chief Operating Officer
- 7 RDASH (Mental Health) – Kathryn Singh – CEO
- 8 Healthwatch Rotherham – Naveen Judah – Chair
- 9 Councillors – David Roche – Health & Wellbeing Board Chair
- 10 Age UK – Lesley Dabell – CEO

During the event the timetable was changed to suit the demands of the audience. The start was delayed for 5 minutes as people were still entering the building.

During the listening table stage it became clear that people had made the comments that they had wished to make to the relevant services so feedback and lunch was brought forward.

### **Listening tables Feedback**

The key themes from each table:

#### **The Rotherham Foundation Trust**

- Issues were raised about ophthalmic care. One attendee complained that a clinician placed a lens on his eye and as a consequence he suffered from corneal abrasions and pain. He comments that his follow-up care has been fantastic.
- There were concerns, amongst professional colleagues, regarding the staff's understanding of the impact of administering intravenous fluids when there are air bubbles in the IV line. He added that the nursing team within the hospital are all brilliant and lovely people. He went on to describe a sense of apathy from the people above the frontline service.
- A lady approached the table to ask about the Trust's plans to install piped oxygen at Breathing Space.
- There were concerns regarding the absence of sufficient detail in ENT outpatient appointment letters. The specifics relating to the concerns raised have been passed to the relevant department in The Rotherham NHS Foundation Trust.
- Another issue identified was cars being parked in the drop off area. It was specifically stated that everything else regarding the Trust was ok.

- Various questions were asked regarding the Trust's complaints process.
- A gentleman asked about the use of yellow cards within the Diabetes Service.
- A number of people complained about smoking in the main hospital entrance and asked questions about what the Trust was doing.
- One gentleman raised a concern regarding ophthalmology appointments and specifically repeated cancellations.
- There were a number of positive comments regarding the Trust. This included services such as orthopaedics, ENT, children's assessment unit and the sleep apnoea service.

#### South Yorkshire Police

Comments were of an individual nature.

#### RMBC – Adult Social Care

- Social Isolation / Loneliness.
- Connection to the community.
- Access and transport issues.
- Car parking in the town centre.
- Access to information and advice.
- Feeling bounced around by the system and only wanting to say the issue once.
- A need for better integration between health and social care.
- Carers need to be listened to.

- A number of individual issues were raised and they will be taken away and dealt with.

## Public Health




Key points:

- Need for a thermometer at home to help judge health/illness
- A complicated health care system which is not easy to navigate
- Knowledge of the Public Health grant

<b>Theme</b>	<b>Pink What prevents you from ageing well?</b>	<b>Green What helps you age well?</b>
Emotional wellbeing	Anxiety (general) about my health Worrying about the world	Happy family life Keeping active
	Need more responsive mental health services (crisis)	Keeping body and mind active Red wine Grandchildren Volunteering
	I feel less healthy when I'm unhappy	Watch TV for entertainment Routines
		Not letting age get you down Make yourself get up and go Small acts of kindness
Physical wellbeing	Not being able to do the things I enjoy!	Exercise – walking Active involvement in local football club / referee management
	Bad health – depression Joint pain causes mobility problems	Physical exercise Keep weight down Keep brain active Socialise regularly Keep up with current affairs
		Good diet Exercise Red wine Brain active – volunteering

Social wellbeing	Accessibility / Parking in the town centre – suggestion 2 hrs free for over 60s	Community spirit
	Worry about what is happening in the community - ASBs - Pressure on health services	Good health services
	Health relationships – GP practices Awareness that not all press is bad press	Lack of worry 1. Feeling safe 2. No money problems 3. Volunteering - support
	Loneliness – not going out or not being able to get out	Outlook on life Wanting to get on Stay well I get out everyday
	Transport challenges	
	Benefits advice accessible	
	Social isolation	
	Good clear communication	

### Safeguarding board

-  The majority of people were unaware of the Safeguarding team or the Board and didn't know what their function was. This only supports the need for a Safeguarding Awareness Event to promote the good work being done and to inform the public who we are and what we do.
-  The increasing problem with scams was raised by two people. I have agreed to work with Age UK and Older People Forum to find out more and ensure the board is aware of the growing problem and what is being done in the Borough to protect and help victims.
-  An issue was raised about the overpass beside Tesco. It was explained that this was a community safety matter and would be dealt with by

South Yorkshire Police, Street Pride and Safer Neighbourhood teams.

## Rotherham NHS CCG

### *TRFT issues*

- The outpatient letters don't say where we need to go - which reception? Need to ensure all hospital letters are quality checked.
- Various personal issues were raised around care and quality (August 2016). These were noted and logged, and the individual was directed to TRFT table. It should also be noted that these issues are currently being raised in the form of a formal complaint with the support of Healthwatch.
- Parking at TRFT was raised as an issue (and again following the feedback etc) – multi storey car park – noted that permission had not been given; noted additional spaces.

### *Prescription Issues*

- Repeat prescriptions - what if on holiday? Clear information needs to be available for GPs and patients.
- Costs of prescribing if less than £8 - particularly GP and pharmacist need to tell patients to buy it rather than pay the prescription charge.
- Personal issue raised regarding access to testing strips for Type 2 Diabetes – information given by pharmacy advisor.
- Issues around access to prescriptions and changes to the system – several comments made; referred to pharmacy advisor.
- Patients need to know the cost of drugs; suggested that we start to share clear messages around these costs.



## *Technology*

- More health apps. Suggested to work with libraries to help less confident users.
- Need to use technology to enable Health and Social care to communicate better and share information. (Note: Work is already underway with this)

## *Walk in centre / Community Health Centre / Emergency Centre*

- Several people queried about other services in the building – i.e. podiatry – noted that these will not change.
- A decision is yet to be made about how the space in the Community Health Centre will be used post moving the Walk In Centre.

## *Primary Care*

- District nurses should be linked to GP practices.
- Access issues – getting appointments in some practices.
- Access- even double appointments which are very hard to get might not be long enough for people with very complex care needs.
- Access to home visits when transport is an issue – GPs have differing responses to requests for home visits – should there be consistency. Are there alternative options? Skype/Telephone calls

## *Public Health*

- Is public health funding used in the right way? (individual directed to Public Health table)

### *Self-care*

- People should have a thermometer as part of their medicine cabinet - in reference to self-care leaflet.
- In reference to the above point, this advice will be added to the leaflet on the next re-print.

### *Whole System issues*

- Shingles; itchy and uncomfortable. He was prescribed a cream for this, his difficulty was in applying it – bear in mind this man is in his 80's, so he is not as flexible as he once was. He has at times asked a neighbour to help, as he has no family or partner, but there are a limited number of times that he felt able to do this. In desperation he called 111 for advice and was sent an ambulance. He ended up spending 5 hours in hospital.
- Several people expressed the view that GPs should push people into taking more responsibility for their own health (e.g. 'drug free doctor' – recent TV programme).
- Convalescent homes – would these be a cheaper option than hospital care?
- Concerns were expressed that nursing homes are for profit organisations. (Noted that the CCG commission intermediate care in nursing homes- 92 beds).

### *Transport*

- Lengthy discussion on transport issues. Patients can get transport to outpatients and hospital but not to GP, so could this drive people more towards secondary care? Volunteer drivers are no cheaper than taxis. Asked if people want scarce health resources used in this way? Noted that there is abuse of the system; people who have the

resources to pay for transport will access free transport if they can – how to target any resources? Do practices and patients explore alternatives where transport is an issue?

## RDASH

- Are there alternative treatment options to medication for physical and mental health?
- Raise more awareness around dementia and what signs to look for.
- What are services doing to engage with the Asian population demographic?
- Embrace and encourage the #hellomynameis initiative so that staff introduce themselves. Lanyards can be difficult to see.
- Earlier intervention for those with long term mental illness – one lady explained that in the past it has been difficult to get back into services when her mental health begins to deteriorate, “having to become more ill before being able to access services”, thus making services appear inaccessible. However she went on to explain that she has recently had a positive experience in relation to this when she was able to access services much quicker and received an appointment within a week.
- Hearing loss/Hearing impairment services – it was felt that having a CPN who works with the deaf is a really positive way forward. However a comment was made that this service doesn’t help all types of deafness, such as those who have lost their hearing but used speech throughout their lives rather than sign language.
- Hospice – issues for home carers who are unable to give people prescribed medication at home due to legalities.
- More public and patient engagement required in Rotherham i.e. Big Conversation. Some issues raised surrounding engagement included

inaccessibility to sites and decisions on where services are located – poor public transport links to services.

- Services to be accessible; physical premises and referrals

### Healthwatch Rotherham

- Services shouldn't use jargon.
- Public transport to and from services needs to be considered.
- Services need to look at a holistic approach.
- GPs need to look at alternative methods and not just look to give drugs all the time.
- Feel that when reaching a certain age services stop giving you the same level of care.
- Medication waste is an issue – people still have cupboards full, just in case.
- Feel the health MOTs are very good.
- When diagnosed you are not always given the information you want or told where to go for support. One of the examples given was Diabetes.
- The language and words Doctors use have to be understandable.
- GP referral process to other services. It is felt that this is long-winded and you are never updated/informed where you are in the process. It was suggested that a reference number should be given so that you can check online/call up.
- Dental treatment is excellent.

- Feel that if you have a mental health issue, that the mental illness is looked at and other illnesses are ignored.
- GPs seem reluctant to listen to GPs from other countries.
- Feel system does not allow GPs to spend quality time with patients.
- Feel night time transport is poor, so cannot attend night events which leads to social isolation.
- People live in villages and not towns, need to look at village health provisions.
- Signage is a big issues in services and in general.

### Councillors

- People are living longer and not in good health. Can't retire until 68. Solutions are social prescribing and community help.
- Hearing Aids. People need them, not damaged ones.
- Inclusion is a big issue – need community transport.
- Not a car friendly town. To go to your doctor you are depending on a car. Can older people have 2 hours free parking? Could older people have free bus passes?
- As getting older, it's becoming harder to access mental health services.
- Are carers able to give medication?

### AGE UK

- Cleaning service – importance of clear communication and flexible services.

- Charging policy for cancellations and impact on an elderly client.
- Need communications appropriate to needs of older people and explore use of text reminders and other technology.
- Need to be timely in responding to clients when they bring issues to you and do what you say.
- Staff at Rotherham Foundation Trust A&E have been fantastic.
- I'm 72 and teach scuba diving, still 35 really.
- Importance of benefits advice, support and good referral pathway.
- I'm 71 and I use my laptop to keep in touch with the world and watch Rotherham Council sessions online when I can.
- Planning committee should have a fireman, a builder and people with skills rather than councillors who seem to know little.

### **Event Feedback**

All attendees were asked to complete a feedback sheet to gather views on how the event went. 3 Questions were asked. Selected comments from the feedback are below.

*Did you find the event useful? If so what was most useful?*

- "Hearing from so many organisations. Having decision making people here"
- "Interaction with the public and providers"
- "Yes. It gave an insight into what is available for older people in Rotherham. A chance to talk on a one to one basis and also in different

groups. Put faces to names only seen on correspondence before.  
Working together for a better Rotherham.”

- “I did not know what to expect. It was brilliant. Lots of information and very nice people. Age UK was the most useful to us.”
- “Good that they are trying to address this issue. Not much mentioned about older people and disabilities. This needs addressing”

What did you think of the format of the event?

- “A good selection of table speakers”
- “Too early start time for use of public transport. Talks interesting. Would like to have known more about the event prior to attending. Information could have been emailed out.”
- “I think it may have been useful for the speakers/ facilitators to move from table to table”
- “Format ok but hope this does not prove to be yet another "consult and ignore" event - I've attended many! Action needed, not words please”
- “Agenda confusing”

*Any Comments?*

- “People were most helpful speaking about different things. I think it’s good that they have come to the grass roots about things and trying to sort it”
- “More events please. Events around the suburb’s please. Different venues e.g. Thrybergh Park Hall or similar.”
- “Some housekeeping issues. Improve PowerPoint display - turn the lights off when doing it. Have water on tables”

- “Layout of the event - no consideration given to access for wheelchair user and little space for wheelchair users between tables. No BSL interpreters, profoundly deaf people discriminated against”
- “Thank you very much and for the courtesy I enjoyed on arriving and leaving”
- “Another event yearly”
- “More of these”
- “Healthwatch very helpful and tremendous support over the last few years & months for me.”

### **Conclusion on all the feedback regarding the event**

Appetite for the event to take place again, but with a later start time and the layout of the room to be changed.

### **Actions Taken So Far**

#### **The Rotherham Foundation Trust**

- To review the content and if necessary, update the outpatient letter.
- Issues around specific items are passed on to the appropriate member of staff who will respond directly to the person.
- The contact details for Individual cases were asked for and The Rotherham NHS Foundation Trust’s Patient Experience Team will be making contact to pursue the complaints or concerns.



### Safeguarding Adults Board are going to:

- Look at a Safeguarding Awareness Event to promote the work taking place and the role of the Board.
- Work with Age UK and Rotherham Older People's Forum to look at scams and what can be done in the Borough to protect and help victims.

### RMBC

- Cllr Stuart Sansome has already responded on the community safety issue regarding the walkway at Old Tesco Site.

### Rotherham NHS CCG

- Issues around prescriptions and technology were passed to the medicines management team and communication team.
- Several people queried about services in the Walk In Centre building – i.e. podiatry – noted that these will not change. This is a message that needs to go out widely and repeatedly and passed on to the communication team.
- The Perfect locality pilot and transformation of community services is picking up the issue of district nurses linked to GPs. This work is ongoing.

### Public Health

- Public Health are building all the feedback that they have received into their Ageing Better Framework for Rotherham.

### Age UK

- Age UK will be building on the issues raised with them when they hold their event on the 28th October.

Healthwatch Rotherham would like to thank everyone who attended the summit and gave their time, expertise, experience and entered into the spirit of the event. We hope that there is the will to take this work forward and together we can all help make Rotherham an age friendly town!

