

NORTH SOMERSET PARTNERSHIP EVENT 2009 TABLECLOTH IDEAS

HEALTH & WELLBEING

SCS Aim: Meet the health and social needs of older people

Summary of issues:

- Transport issues – restricted mobility, accessibility, public and community transport
- Access to local services – particularly, but not only, for rural/isolated communities
- Better coordination between services e.g. social services and health services
- Better coordination of discharge to home processes and hospital transport and appointment processes
- Communication is key – publicise services and other activities for older people more, signpost at time of diagnosis, target communication
- Encourage use of ICT
- Recognise and identify needs of carers of all ages – training, support and funding – especially young carers, male carers
- Development of voluntary support and community led support – village agents
- Intergenerational work
- Encourage men to access appropriate groups
- Variety of opportunities for social activities and to become more active in community
- Local centres and activities
- Encourage sensible eating/diet and activity
- Increase support for independent living including increase funding for care and repair services to keep people in own homes, technology to support people living at home
- Allow more choice in accommodation
- Increase involvement/commissioning of VCS to support older people
- Maintain support of VCS working with older people
- At what age do people become older people? Does 'older' mean 'sicker'?
- Ensure participation of clients in making decisions and choices
- Early interventions

Transport

- Transport issues – accessibility, especially those with restrictive mobility (not fully able or wheelchair users)
- Inability to drive or travel long distances
- No one could drive my car – only help if I got into their car (no insurance)
- More community transport for older people
- Provision of transport to facilitate access to H&S matters
- Voluntary transport and voluntary support clubs and organisations for older people
- Critical issues with public transport – what part can community transport play?
- Support the development and expansion of community transport in providing 'answers' better 'publicity' for the service
- Volunteers: transport – insurance/fees?
- Review community transport – access, can't use diamond card, expensive
- Services provided on public transport routes
- Independent living requires transport infrastructure at an affordable price, or services to be deliverable to residents within their own homes
- Accessible transport links to activities and social inclusion
- Good transport for elderly to visit doctors, hospitals and social activities

Access

- Working to address needs of rural/isolated communities
- Rural areas – accessibility and wider range of services
- Prevent the loss of rural services for the elderly
- Remove isolation
- Giving those concerned a voice and letting them direct the support which is provided
- Access to local services
- Easier access to services – is care connect for health as well as social services?
- Coordination between services – social services, NHS, Housing etc
- Extend services in the community
- Coordination – identify access points and services – tailor services
- Make it easier for the older person to access the services available – complex forms (need to know right words)
- Make the older person feel they have a right to access the services available
- Target older people with basic free services such as community alarms for the over 85's Mental health – access to advice would help

Availability/flexibility of care

- Understand where people live and be more flexible i.e. allocation to GP, hospitals
- Note discharge issues
- Smoothing of transition from hospital to home
- Working into hospital – provide services focussed on exit where appropriate
- Think about small things of personal need, not just big things
- Major concerns on practical nursing, need to reduce paperwork and bureaucracy, sister must know the patients
- Toe-nail cutting services locally/in-home aids independent living and wellbeing
- Prevention, easing into service
- Hospitals need 'joined up thinking' for appointments and transport (inefficiencies)
- The services didn't meet my needs – because of time
- Joining up local services in order to improve efficiency and reduce costs
- Specialist agency working – district nurse, health visitors, PCT, community matron
- Agency working to specialise in areas of expertise i.e. Dementia palliative care
- Social Needs
 - Security/ASBs
 - Odd jobs for widowers service
 - Voluntary organisation events
 - Home building to meet social housing needs
 - Home release – singles in 3 or 4 bed properties, incentivise
- Identify the needy, who don't come forward through normal channels
- Wide range of services – when, how, medium, high

Communication

- Communication is the key
- Education/communication
- Targeted communication receipt
- Communication is vital – listen to what is wanted/needed. Tell them what can be done. Manage expectations but communicate.
- More publicity for services available
- Provide signposting for support services at the point of diagnosis
- Better publicity and access to/for local services
- Focus – 1-2-1 point of contact to support carer and older person (listener – volunteer)
- Directory of services/groups for older people

- Education via access points e.g. GP community centres, make use of shops
- Increase the information available i.e. activities for older people e.g. keep fit, dances
- More information about transport available and how to access that
- Communicate the issues that surround caring for older people to educate the wider community to promote better understanding.
- Promote ICT facilities amongst older people to reduce isolation and provide targeted support

Carers Needs

- Recognise carers more
- Identify carers needs
- Carers should have more help and contact
- Better support for carers of not only older but also not so old
- Carers – particularly young carers
- Support for carers, especially young carers
- Note carers are of all ages in community – need to recognise their stress/isolation
- Recognise their possible isolation – may be rural
- Support groups for male carers
- Support for older carers with invalid partners, days/activity days for partner and carer
- Really caring for carers – carers of very old people may be older people themselves
- Need quicker answers to carers needs and questions
- Funding for carers – believed to be at risk
- Training, support and funding for carers.
- Involve carers and users in planning/decisions

Community Support

- Community led support and engagement
- Development of 'families' and supporting infrastructure to aid health and social needs/demands
- Increasing voluntary networks or support in the community
- Greater support (mutual) to older persons to maintain health and provide social contact
- Networks – good idea, could be a focus for information and use of older people to volunteer
- Village Agents – a new idea from the fire service
- 'Village agents scheme'. Website. Glos example support carers by ensuring adequate
- Village agents
- Community cafes
- NS Life, parish notice boards
- Facilities for respite care
- Community liaison officer
- Intergenerational work
- Intergenerational activities – linking elders with schools etc

Social Activities

- Not everyone is social so alternatives for those who do not want to attend group activities
- Social group awareness
- Encourage men to access appropriate groups
- Create greater opportunity for older persons to engage in 'social' contact
- Social gathering – clubs in local centres
- Clinics in senior clubs? Bit like child health clinics
- We have children's centres – could it be shared with seniors? For health?
- Village halls ok for social gatherings

- Encourage people to become more active in their local community
- But – older people need to be encouraged/ helped to meet, mix and interact, therefore they need service centres within communities
- Use of children's centres to provide seniors clinic e.g. soup lunches, eating to cope with isolation within rural communities, encourage community transport within rural communities
- Use of village halls, church halls etc for above
- Combat isolation – develop community cohesion – safeguarding, inclusion, support in local activities
- Community projects
- Cycling/walking clubs, dog walking clubs
- Greater access to social and hobby groups within communities
- Encourage all people (especially older people) to keep to a sensible diet and take as much exercise as appropriate so that funds available can be directed to the more needy health wise. In my experience the medical professions appear to focus on younger people

Housing/support to remain at home

- Increasing funding for care and repair services to keep people in their own homes for longer
- Specialist housing appropriate for their needs
- Appropriate and affordable housing work with private developers and housing associations to deliver
- Choice – Increase sheltered accommodation and larger rooms – too cramped some residents feel that it is more like an institution
- Focus on home safety and the living environment
- Increase opportunities to access services to support independent living. Cross tenure available and accessible throughout North Somerset
- Support elderly people to be independent and remain in their own homes when normally they would be taken into care
- Use technology such as tele-health/assistive technologies to keep people safe at home
- Design new communities and facilities so people can walk/cycle to satisfy their daily needs
- Keep people at home
- Prevention
- Emphasise healthy living
- Education in healthy living
- Independent living

Role of Voluntary & Community Sector

- Voluntary sector support/capacity building
- Encourage more involvement in CVS environment
- Recognise the economic value of the voluntary sector
- Increase the commissioning of services to the third sector
- Maintain support to voluntary and community organisations who work with socially isolated older people
- Fund grass roots organisations that understand the issues first hand and that have a good track record in delivery
- Support for the voluntary sector to provide activities for social inclusion/ peer support etc. to promote improved mental health and well being
- Less red tape which inhibits people offering 'voluntary' help to their neighbours trying to re-instate the era of looking out for the people around you

- Better use of 3rd sector/ Develop/support 3rd sector opportunities
- Use 3rd sector/voluntary organisations in a more diverse way – they have knowledge of who to contact, best practice and how to get best value
- Encourage local organisations to participate more in caring
- Set up voluntary caring systems similar to NHW and LAT

Other health initiatives

- Free membership of local leisure centres – means tested??
- Health trails in woods, fitness trails
- Walking, cycling etc can be very cheap and worthwhile
- Play equipment for the elderly
- Educate on the benefits of exercise

Other

- Definition of older people
- Who are older people? What is the definition as the needs for different ages will be different. We need a starting point
- At what age do you become old? At what age do carers become old?
- 'Re-label' older 50+? - 60 to 65? Have in-between age group leading to older?
- Promoting understanding about good value for money
- Increase re-ablement/rehab services to promote independence and lessen dependency on future savings (social return on investment)
- Cost issues
- Transfer funds from drug related services to assist older people
- Holistic working – don't get caught up in where funding is sourced (health and social care) – outcome base
- Recognise the financial advantages to all
- Coping in recession – increased worries
- Cleanliness
- Go4Life success?
- Hospitals and nursing homes reduce the ability of older people to walk and restrict their fitness opportunities
- Greater working to reduce the gap between health and social care
- Promoting good practice – good ideas that lead to proven good results
- Support people to stay well physically and mentally – independent living
- Why pressure that 'older' means 'sicker'?
- Increasing number of older people in North Somerset – living longer but are they living healthier lives or staying healthy
- Teach people how to better manage their long-term condition/self management
- More appropriate use of partnership working
- Patient/individual priorities over service provider priorities
- Ensure choice/client driver
- Participate in making choices
- Train health and social care staff on supporting people to self-care
- Good care service that is efficient
- Improve hospital/social services coordination at discharge
- Identify areas of duplication – or indeed absence i.e. shuffling dementia from organisation to agency
- Early intervention
- Encourage parish plans

HEALTH & WELLBEING

SCS Aim: Increase supply and access to affordable housing

Summary of Issues:

- Rural housing strategy
- Appropriate rural housing
- All new homes built to highest standards
- Infill – use small pockets of public sector land to meet needs
- More affordable housing within all developments
- Different solutions for different client groups
- Ensure range of affordable housing in mixed tenure developments with local facilities e.g. school, shops, GP, employment
- Joined-up town designs – work, shops, housing, transport
- Engage planning (local and national) early
- Persuade MOD to release RAF Locking for affordable housing development
- Tax empty properties to provide incentives to renovate, tighten rules
- Make affordable housing, shared ownership more acceptable, more mainstream
- Help for housing ‘deposits’ – easy access, easy repayment amounts
- Landlords to ensure properties fit for purpose
- Supply and demand – is demand local? Increase supply by reducing costs and using innovative designs or reduce demand by cultural change tenant vs home ownership
- Use of compulsory purchase powers
- Bring existing stock back into use

Rural Housing

- Rural housing – unblock the jam – rural housing strategy
- Ensure rural has flats and starter homes (like Churchill development)

Building Standards

- Make sure homes (social) are built to high BREEM standards = cheap to run
- Integration and privacy – private units of accommodation, community hub of support services central to environment
- Empty property – town centre space designed for integration and privacy

New Builds

- Requirement for 900 affordable homes per year
- Supply according to demand
- Small infill developments
- Use public sector owned land to make development more economical even small areas of land for one or two units often meet a particular need
- More social houses 30% in private developments
- More affordable housing units within developed areas
- Maximise % on each development
- % of affordable housing on each development
- Ensure a range of affordable housing options are available on new developments
- Affordable housing within development plans more mixed tenure communities but need to create communities not housing estates
- Build in range of housing including high value (to reward developers) and entry level to meet need
- Cost comparisons of updating old properties and providing new, new houses easier to maintain
- Access to finance

Wider facilities

- Develop communities with suitable facilities alongside building houses
- Housing and workplace together
- Community infrastructure
- Access to resources e.g. schools, health, employment
- Single person units with community space for young people
- Designed to meet individual and community needs, not building first
- Joined up town designs (full plan, work, shops, housing) built around transport network
- Location of schools and services within new developments
- Maybe council could offer incentives e.g. reduced planning costs, link to social care/GP etc
- Stimulate the supply of land for housing development
- Economic led building – provide jobs which will lead onto housing need and improve investment for area
- Traffic infrastructure needs improving – local railways – Portishead?

Regulation

- Reduce S106 thresholds for infrastructure payments
- Parish plans – community land trusts
- Local housing allowance – press government to change back to previous system
- Planning system that works
- Engage planning (local and national) at an early stage of our consideration to identify brakes and/or restrictions on proposals to meet the objective (reality check)
- Work to persuade MOD to release RAF Locking for affordable housing development
- Ensure all new developments have some element of affordable housing within (could be as much as 50%)
- Tax empty properties and give financial incentives to renovation work done on them – particularly if being considered as affordable housing
- Empty properties – change/relax planning law, subsidies to landlords, tighten up rules on void properties and consider taking owners to court

Education/communication/publicity

- Raise awareness of what 'affordable housing' is, change perceptions 'NIMBY'
- Make shared ownership more mainstream

Tenant support

- Help for 'deposits' on housing – easy scheme to access and pay back in small, affordable amounts
- Checking landlords are taking proper care of tenants – ensuring they are keeping properties safe and fit for living in and listening to tenants, not just taking money off them
- Turn up the heat on private developers to become more socially minded
- Consider NSHousing and social housing sell offs – grants etc

Other Issues

- Determine the need – local? Or pressure from outside areas to provide housing
- Bring existing stock back into use
- Need to tackle issue of supply and demand – either increase supply by reducing costs of materials, land and labour, and using innovative designs such as prefabrication /technologies or, reduce demand through cultural change tenants vs home ownership
- Affordability
- Buy-up half finished properties (or planned developments) from private sector where work has ceased in current economic climate
- Greater use of existing empty properties

- Compulsory purchase of redundant properties
- Potential compulsory purchase of empty properties
- Provide a range of different solutions for different client groups
- Clear focus on owner occupation routes for affordable housing
- Homebuy
- Don't sell out to supermarkets