Appendix: Feedback from Ageing Well Event Breakout Sessions, 19 January 2012, Havering Town Hall

Lifetime Housing & Health

Contributor's background	What is going well	What is not going well	Priority Areas
Individual	 Homes in Havering – tenants in need – contains service LA – reablement. Occupational Health Age Concern – partnership Libraries service re info Information – downsizing Referral to chemists Home blood tests Polyclinic Care at Queens Patient choice/ Service Provision 	 Dementia admission to hospital going into care homes and not home on discharge Lowest survival rate in first year of cancer Death rate 50% in falls Unavailability of NHS Dental Homes in Havering First point of contact (Housing and Health, customer services, training) Private sector – unsure where to access advice Declining membership at libraries amongst older people 	- Making sure voices are heard in the CCG - Discharge from hospital
Community and voluntary sector	 Homes in Havering – good partners Training Handyman service Always someone on end of a phone Gardening service Bowel cancer screening Day hospitals – full clinics Personal budget Age concern being totally independent 	 Cross-related working Removal of wardens from sheltered housing Poor communication between partners Apathy Outcome of consultation and foregone conclusion Major issue with discharge from hospital 	Homes in Havering work with older people
Organisation and agency	 Good liaison/communication with tenants Lunch clubs run by Age Concern Concessionary decoration 	 Homes in Havering in implementation GP commissioning – have a particular way of looking at things which may preclude other things 	 Homes in Havering issues Oversight of CCG's monitoring

 Handyman services (HiH) – gardening etc Health – emphasis on mental health – more awareness Good new initiatives 	 Housing provision is not fit for purpose – sheltered OAP's become isolated Reduction in in-patient beds Failure to diagnose serious illness early 	Dementia services, esp. in health service.
 Dementia liaison services Hospital training Housing transfer arrangements 	 Pailure to diagnose senous inness early enough GPs not aware of symptoms of dementia Wish Council would leave things alone if it is doing well 	

Remaining active & healthy

	What is going well	What is not going well	
Individual	 Parks/open spaces Adult gyms Walking section social 	 2nd largest borough in London cost of Dial-a-Ride prohibitive compared to B & D poorer service 	 Culture and Leisure Services Dial-a-Ride
	 Community/pensions clubs, dance clubs, active Culture Transport Facilities for DIP second to none - everything you need Use of allotment sites 	 need to pay for audio books Transport Safety in public Not enough social activities in Romford 	
Community and voluntary sector	 Libraries/churches Caring Parks Lots of open spaces Concessionary swimming classes Well being classes at centres Walking clubs Informed voluntary group (friends of Parks) Volunteers are 50+ 	 Cost to health of stopping free swimming Poor communication of activities Integration of Services People falling through the gaps 	 Cost of Dial-a-Ride and poor service Leisure activities for over 50s

Organisation and agency	 referrals from GPs to Hornchurch Sports Centre rehabilitation service Freedom Pass – keeps people active Good leisure facilities Good integration between services Good CQC interventions and transformations 	 Lack of coordination between agencies regarding preventative work Transport access to Queens/St Francis Hospice Gaps in bus provision (accessing care provision) Subway access in Romford market Fear of crime Nil increase in community support Sports co-ordinators lost 	 Transport issues Fear of crime amongst over 50s
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Financial security & social inclusion

	What is going well	What is not going well	
Individual	 Age Concern NELFT integrating social care/health Community nurses Willingness to engage with commissioners IT training – access to Financial Services Greater Choice 	 Insurance provision and awareness (home/travel etc) Increase in suicide rate and dementia Mental health and separation of services Parcels of high relative deprivation (unseen poverty) Poor pension planning Lack of access/understanding of what benefits and support are available Power of attorney – lack of awareness Misunderstanding of LPA Dementia – putting people back in own homes Right to choice where to live Data Protection 	 Financial awareness and social accessibility Role played by putting a charge on housing for people who access services Mental health services for older people
Community and voluntary sector	 Borough looking at financial inclusion Work of Age Concern Banking protocol Advisory/signposting Services of Age Concern. 	 People not necessarily aware of rights Cannot access cash 	

Organisation and agency	Super neighbourhood team	Safeguarding – care homes in the borough	Safeguarding
	 Safeguarding Restructure of Dementia services Community engagement and awareness from London Fire Brigade Community provisions at Queens 	Relatives abusing parents to retain control	

Independent Living

	What is going well	What is not going well	
Individual	 Specialist Dementia Teams in hospitals Staying longer in own home and not forced to leave Home shopping delivery 	 Lack of personal responsibility Lack of ICT literacy (impact of demographic changes) Change of family set up No dementia phone Susbsidy to people and children – need to look after yourselves 	Domiciliary care
Community and voluntary sector	 Lots of volunteers in Age Concern Aware of people with Dementia Good local shops and facilities Provision of ICT support from various sectors 	 Risk to local shops/community facilities Lack of recognition and broader awareness Lack of practical support for over 65's Support for carers – not individuals with dementia Gaps not aware of No one for single persons 	Role of carers
Organisation and agency	 Provision of ICT classes at Libraries Re-ablement Services 	 automation of services (telephones) old equipment used by reablement services, not possible to recycle cutting funding for Advocacy Project at Age Concern 	Reablement service

Care & community issues

	What is going well	What is not going well	
Individual	 Emphasis of keeping people in their own homes LINk HUBB and LA very good Churches in the Community CQC value the person Good to have standards thresholds 	 Demise of extended family Isolation of many individuals Feelings of vulnerability (media driven) Services of St Francis Hospice not reaching everybody – focus on education and lifelong learning Need intergenerational demographic cohesion 	
Community and voluntary sector	 Work of the Hospice Low level of crime Reablement service is very good Providing improvement in the home Involvement of Older People (over 50s forum) 	 Quality of Home Care variable Home care – plenty of it Crimes get missed because of lack of resources Lack of neighbourliness (public awareness) Emphasis of Safeguarding Lots of work goes unseen in the voluntary sector Churches/ religious groups not being included in some events 	 Domiciliary care – quality issues Safeguarding work Hard to reach groups
Organisation and agency	 Voluntary sector provides excellent service People's Housing Choices are respected 	 Unrecorded crime Lack of referrals to Hospice from GP's (no consistency) Are there enough people to help the elderly stay at home. Churches to be involved in all aspects of work Need to consult with voluntary/ community sector when designing new services (LA/NHS) Unaware of CQC legal powers 	 Role of GPs Role of churches & community groups