

Workshop – How to increase support for older people in Eye

13th December 2016

Present:

Adrian Beatty – Eye Directory

Tricia Brown – Elderflower Club

Julia Skekleton – Dove Project Luncheon Club

Rob Taylor – Befriending Service

David Grimmer – Suffolk Family Carers

Chris Grater – Eye Stroke Support Club

Sally Grater – ditto

Peggy Messer – ditto

Gill Watson – Eye Volunteer Centre

Gareth Moir – Suffolk County Council Locality Officer

Andy Robinson – Facilitator – Eye Town Council Project Co-ordinator

What already works well?

A strong and diverse range of community led groups supporting local people

Good infrastructure – shops, accessibility.

Good public transport and volunteer car scheme

Referrals via word or mouth

Good communications including the Directory and Eye to Eye

Community spirit and willingness to volunteer

Local surgery and Hertismere.

What gets in the way?

A lack of information about what is going on – the Eye Directory is great but information in it is not necessarily getting to the public services and to larger voluntary sector organisations not based in Eye. Also Eye based organisations find it difficult to find out about services available from non Eye based organisations but delivered in Eye or available to Eye residents. This hasn't been helped by the closure of public sector offices or the reduced funding for VCS Infrastructure – CAS is now more strategic. The lack of information sometimes leads to clashes of events.

Lack of a central local holding/co-ordination function to help timetable activity, spread information, be the place identified need is reported to (enabling every contact to count), pass on those needs to relevant groups and also be a physical drop in place.

There is no holding place for intelligence about needs which are or aren't being met – no feedback mechanism.

Difficulties of working across boundaries – County border re County Councils, CCGs and health providers.

General public sector funding reductions - withdrawal of public sector services and funding for VCS organisations to deliver services.

Not enough volunteers for future needs – constant need to refresh as people drop out.

Lack of respite care is a problem.

GP role could be more proactive (?)

Too much regulation.

A social divide in Eye and between the influential and non influential?

What actions would improve things?

1. Hold events/make arrangements for the support groups in Eye to work together better.
2. Social events for people who are getting/need support – partly to make them aware of what else is available.
3. A timetable of activities being held in Eye
4. Information about the services being provided in Eye by organisations based outside.
5. Getting information about services being provided within Eye to organisations based outside it.
6. Introducing a social prescribing scheme
7. Introducing a good neighbour scheme or developing one from existing support groups
8. A hub to co-ordinate information and support
9. A form for GPs to complete having gained agreement from a patient to be referred to a community support group identifying what support is needed
10. A hub to allow GPs to secure support for hospitalised people to allow them to be released thereby reducing bed blocking.
11. More formal arrangements to hand over support from one organisation to another
12. Recruiting more volunteers
13. Providing health education to exiting support organisations and volunteers e.g. so they can spot danger signs earlier.
14. More affordable respite care.
15. More services at Hertismere.

Andy Robinson 13/12/16