



# Older People's Providers Network

**Time:** 2.30 pm to 4.30 pm, Tuesday 9 April 2019

**Venue:** The Reed centre, Octavia, 28 Convent Gardens W11 1NJ

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## Notes and feedback

### Case Study 1:

Mr M is a 58-year-old gay man with HIV who lives in the Ladbrooke Grove area of Kensington & Chelsea. He is presenting with many issues: homelessness, crystal Meth use, his benefits have all stopped, he had no food and we also discovered that he had stopped using HIV clinical services and was not taking anti-HIV medications.

- HIV patient with complex long-term conditions and many issues.
- First and most urgent is the food situation so he can be referred to a local Food bank.
- Find out more about his drug addictions and refer him onto drugs and alcohol services such as *Blenheim CDP*, *Turning point*. Also check his consent capacity.
- Get his consent to link him to homeless services such as *St Mungo's* and *Glass door* and find him a place to stay.
- GP can help with medication and referral to other services re HIV treatment options, such as *River House Trust* (previously Cara Trust).
- Social services would help also with Housing, benefits, food bank, etc. *Citizen's Advice* can help to navigate Adult social care requirement and give benefits advice.
- Art psychotherapy if help is needed with communication and safe expression.

### Case Study 2:

Mr S is suffering from various health complications such as Arthritis and heart issues and he has diabetes. He is not active but would like to be. He speaks very poor English but would like to meet more people.

- First thing is to establish what Mr S. wants.
- GP can help manage health issues, *My Care My Way (MCMW)* is a one stop shop and can include referral to other orgs such as *Open Age* or *Age UK* for activities. They can also liaise with Westway CT for help with transport to and from activities.
- Check benefits allowance and attendance.
- Interpreter if needed through Language Line, Silent Sounds.
- English language sessions maybe with ESOL.
- Find out what he wants, what are his hobbies, what does he like to do?

### Case Study 3:

Mrs A. is 70 years old revealed that she did not know what to do with herself. She is confused and has recently been suffering from insomnia and anxiety. She had seen a therapist before. "I lack focus" she confessed. She lives alone and is very isolated.

- Referral to GP. Find out if there are underlining reasons for her anxiety/dementia.
- Mental health and mental capacity assessment from GP referral
- Then through MCMW refer her to Open Age or Age UK activities.
- Assess for safeguarding and possible neglect in personal care.
- Then refer to different charities depending on diagnostic, i.e. [Dementia UK](#)

## Case Study 4:

Mrs F is 65 years old and English is not her first language. She is married with nine kids. The eldest is 42 and the youngest is 18. She was diagnosed with a personality disorder a few years ago. She has been on medication from quite some time. For four long years, she was completely isolated, she did not go out of her flat. She was considered mad and so her self-esteem was very low. She had suicidal thoughts.

- First point of access would be GP.
- Then Hestia and or Mind.
- Out In The Community is a specialist support group for personality disorder.
- Then once the user is stabilised, the Open Age Link up could be good.
- It is essential to include her children in the care plan.

## Case Study 5:

Mrs C. is 66 years old. Her main issue at the moment is her mobility. She has COPD and diabetes. She lives alone in a one bed flat and sleeps on a mattress in her living room as she finds it easier to access the kitchen from there. She is a member of several societies and likes to attend society events sometimes. Her vision is declining and she has a tremor in her hands that make it hard to write. She would like help to write letters and needs somebody or something to hold on to to walk.

- A number of organisations could help this user such as: [Breath easy](#), [Diabetes UK](#), [Blindaid](#).
- They could also benefit from an occupational therapy assessment and some befriending.
- Given her mobility issues, an escorting service would be good as well.
- There are local charities that could help her get a proper bed and a DIY project could assess her living conditions and help manage it.