

# Ageing Well in Devon

A statement of health and wellbeing strategy



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## **Ageing Well in Devon**

A Statement of Health and Wellbeing Strategy.

**Ageing Well in Devon** sets out our strategic intentions to improve wellbeing for older people. Older people have been involved in the development of this statement through county-wide listening events. We want to use this statement to start a continuous dialogue with older people so we can develop creative ways to achieve our joint goals to implement it, and to improve the statement over time. The Senior Council for Devon is helping us do this.

A message from **Dr Kevin Snee**, Chief Executive of Devon Primary Care Trust and **David Johnstone**, Director of Adult & Community Services Devon County Council:

“Ageing in Devon is an important issue. There are over 300,000 people aged over 50 in the county. People over 65 make up more than 20 per cent of our population. More than 16 per cent of Devon households consist of pensioners living alone. Almost 12 per cent of people aged 65 and over in the county are providing unpaid care, and they need proper support. The very elderly are an expanding group, and these trends will increase over the next ten years and more.

Respect and equality for older people are key issues to ensuring our well-being in later life. As a Local Authority and as a Primary Care Trust we are committed to fully complying with existing equality requirements, and are preparing for the new duties regarding age equality in goods and services.

Over the last two years older people have been actively involved in telling us about their views and priorities, through existing arrangements, for example Senior Voice in Exeter and through Link Age Plus and joint health and social care listening events.

The comments and suggestions we got from these have fed into:

- *The Way Ahead*, a joint strategic framework for health and social care
- The Local Area Agreement priorities
- This document.

In October 2007 the Conference ‘Everyone’s Tomorrow’ confirmed older people’s priority aims and outcomes for their lives, and we promised to publish a strategy for older people. This document fulfils that promise. It sets out current strategy in a way that is intended to enable older people to influence plans for the future.

We have asked the Senior Council to encourage an exchange of ideas with older people between August and October this year, to use in our next planning cycle which starts each October. After this, we intend that the dialogue should be continuous, influencing how things are for older people in each successive year.

In this document, we focus on some of the more challenging tasks before us, but we also refer to the interests and needs of people aged 50 to 65, because these years are very important for wellbeing in later life.

We look forward to receiving comments through the Senior Council on this strategic statement and to a continuing and deepening partnership with older people in the county.



**David Johnstone**



**Kevin Snee**

## **Who is this document for?**

If you live in Devon and are over 50, or care for someone who is, this is for you – whatever your background or other circumstances.

(However, this document does not cover Plymouth or Torbay, which are not part of Devon County Council.)

## **What difference will my views make?**

This strategic statement is published as part of a continuous joint planning process. It brings together and sets out the strategic intentions of Devon County Council and Devon Primary Care Trust (PCT) as they currently stand, so that we can improve dialogue with the citizens of Devon about ageing in the county.

The government sets out many things that the County Council and the PCT have to do, and like all public authorities we have to base our work on evidence, about need and about what works. We also have to achieve value for public money.

Within this framework, Devon citizens have already influenced this document. The listening events which were held leading up to the publication of *The Way Ahead* – the health and social care joint strategy published in 2008, and the Link Age Plus events held in 2006-8 have all helped shape it.

We want to improve dialogue with Devon citizens about ageing in the county. We also want to encourage local people to help find innovative ways of making life better for everyone.

You can see a diagram of the annual joint planning cycle on page 42.

## **So how can I have my say on it?**

Initially, the County Council and the PCT are asking local groups of the new Senior Council for Devon (SCfD) to support discussions on this document with older people in their home communities, and to report back at the end of October 2008.

To send your comments direct to the Senior Council write to:

Senior Council for Devon  
PO Box 210  
Harberton  
Totnes  
TQ9 9DA.

Telephone: 01803 732678

Email : [info@scfd.org.uk](mailto:info@scfd.org.uk)

You may also send comments to:

Judy Tennant  
Public Information & Communications Team  
First Floor, The Annexe  
County Hall  
Topsham Road  
Exeter  
EX2 4QR

Or email Judy at [judy.tennant@devon.gov.uk](mailto:judy.tennant@devon.gov.uk)

Please let us have your comments by **31st October** so we can be sure to take them into account this year; comments after this date may need to be used later.

You can use the reply slip on page 46 to send in your written response if you wish.

## **How will I know what you have done?**

We will report the comments and suggestions (feedback) we receive to the Health and Wellbeing Board which has overall responsibility for planning for older people. The Board will agree an action plan and feed back through the Senior Council.

That will not be the end of the process but the beginning; in each successive year we will seek opinions and take them into account in our planning.

We will review this statement annually using the feedback we have received, and publish this.

The outcomes will be a matter of public record. The Board of the Senior Council will be fully briefed on them and will help us feed back the results more widely.

## **What we want to know**

Our questions are:

1. Can you suggest ways we can work together to achieve our shared goals?
2. Can you suggest ways we can work together over time to improve what we do?
3. It is difficult to find funding for some goals. Can you suggest ways in which statutory organisations and older people in the community can work together to address these?

Remember, you can use the reply slip on page 46 to send in your written response if you wish.

# Key themes

## National direction

The government has outlined clear guidelines for addressing local priorities. For example, seven national outcomes for social care have been established, based on the views of older people about what is important for a good life. We have to demonstrate to the government what we do in relation to these seven outcomes, so we are going to use them in this statement, and refer to them as the national outcomes for wellbeing:

1. Improving health and emotional wellbeing
2. Improved quality of life
3. Making a positive contribution
4. Exercising choice and control
5. Freedom from discrimination
6. Attaining economic wellbeing
7. Experiencing personal dignity

Other government guidelines for example are – reducing dependence on residential care, reducing hospital admissions, and increasing community alternatives that promote independence instead. There is a stress on modernising the ways we work to be more effective, on personalising services (so services fit people, not the other way round) and on integration between health and social care at all levels.

These national approaches are the government's response to the evidence about what helps people keep their independence, and what older people have told them is important. Local planning responds to these by assessing local needs, how local services respond to them and comply with the national guidelines, and how change can bring the intended benefits to local people.

The government also gives guidance on how services are to be commissioned and procured (decided on, designed and provided or bought). These stress:

- The evidence base for decisions, for example about effectiveness
- The influence of people who are to use the services, and of the people closest to the need to be addressed – for example GPs through “Practice Based Commissioning” for health care – in partnerships that make informed choices on local priorities
- Cost and performance, so that available resources are used as well as possible.

## Local Priorities

We have used the following important local documents to write this statement:

- The County Council's Strategic Plan ([www.devon.gov.uk/strategicplan](http://www.devon.gov.uk/strategicplan))
- *The Way Ahead* – a joint statement of strategy for health and Social Care by Devon County Council and the Devon PCT. ([www.devon.gov.uk/haveyoursay](http://www.devon.gov.uk/haveyoursay))
- Statement of Devon older people's priority aims and outcomes ([www.devon.gov.uk/everyone\\_s\\_tomorrow\\_-2.pdf](http://www.devon.gov.uk/everyone_s_tomorrow_-2.pdf) page 8)
- The Local Area Agreement ([www.devonlaa.org.uk](http://www.devonlaa.org.uk) )

All of these have themes in common with each other, being based on the views of local people, as well as on the national government guidelines. For example **The Way Ahead** established six core aims for health and social care in Devon:

1. Health as good as it can be – prevention and early intervention
2. Care as local as possible – and as specialised as necessary
3. The best possible treatment – that is continuously improving
4. The right support for people with complex needs
5. The most effective use of all our resources – for maximum impact
6. A say and an influence – promoting partnerships in care.

We also draw on the published Business Plans for the Adult & Community Services Directorate (ACS) ([www.devon.gov.uk/ourplans](http://www.devon.gov.uk/ourplans)).

You will find a consistent theme throughout all these documents - our intentions and plans to join up health and social care in the county, to refocus our work on improving health, and on helping people retain independence and control.

## Local Needs

We have a responsibility to work with local communities to understand local needs, and here the role of the Senior Council is going to be very important. We need to look together at data, for example on health, to examine it and plan together.

For example we will be looking for ways to work with the Senior Council to reduce inequalities in health. These are patterns of ill health and differences in life expectancy which vary geographically. Addressing these will mean adjusting services so they focus more on areas where people's health is worse and life expectancy is lower.

Our assessment of needs relating to health and social care is published in the *Joint Strategic Needs Assessment* and available on the internet at three levels:

- Town level – each of the 28 coastal and market towns with their surrounding areas, and the city of Exeter.
- Locality level – northern, southern and eastern level, mirroring the way health and social care services are managed.
- County level (excluding Plymouth and Torbay).

**You can find important information about these and other aspects of local needs in these documents:**

Annual Public Health report by Devon Primary Care Trust  
<http://www.devonpct.nhs.uk/default.asp?pg=150>

Devon Health Profiles for 2008  
<http://www.devonpct.nhs.uk/default.asp?pg=141>

Devon Town Profiles (Joint Strategic Needs Assessment)  
<http://www.devon.gov.uk/index/socialcare/have-your-say/haveyoursay/jsnaprofiles.htm>

Devon Town Profiles (general):  
<http://www.devon.gov.uk/index/democracymunities/neighbourhoods-villages/devontownprofiles.htm>

## **Devon Older People's Priorities**

Older people in Devon have told us their priority aims are:

**Aim 1** Making a positive contribution

**Aim 2** Making the Third Age a positive opportunity

**Aim 3** Having financial stability and security

**Aim 4** Having an accessible environment and good accessibility to all aspects of community life

**Aim 5** Physical, mental and emotional health and wellbeing

Each of these aims has a statement of priority outcomes related to it. These are set out in full in appendix 1.

## Structure of this Statement

In appendix 2 we have set out the national outcomes and related them to the Devon older people's priorities. In the main body of this statement, section by section we take each of the national outcomes with the related Devon older people's priorities in turn.

In each section you will find:

- the national outcome with its related objectives,
- the corresponding parts of the Devon older people's priorities
- the challenges we face
- our response

These are followed by **examples** of how we believe things can be. Some of these are drawn from actual events that have already happened, and some show how we want things to be in the future. Please note that we have not used anyone's real names or initials, and any similarity is purely coincidental.

Finally, after the sections on the national outcomes, there is a summary of performance targets – how we will be judged.

## 1. Improving health and emotional wellbeing

### National outcome 1 - Improving health and emotional well-being

Including:

- good physical and mental health (including protection from abuse)
- access to treatment and support for long term conditions
- opportunities for physical activity

### Devon older people's priorities:

- honest and accurate information advice and advocacy to support decision making
- a range of affordable good quality health and care services
- a range of practical and preventive services that promote independence and wellbeing.

### Key challenges

- To find ways of supporting people and their families to find ways of staying independent, well and safe.
- To provide fair and easy access to services, including to practical and preventive services.
- Too many older people are still admitted to hospital or care homes when they would prefer to remain at home.
- Falls and hip fractures cause personal distress and cost £7 million in hospital costs alone each year. There is a national target to reduce falls and hip fractures by 15 per cent by 2010.
- The South Devon Area Stroke Service has won awards for its model of stroke care. However, this standard of care is not yet available county-wide.
- One in 20 people over 65, and one in five over 80, are likely to be affected by dementia. However we are not in touch with many people whom we could help.
- To develop the range of services that promote independence and wellbeing.
- Getting social care is unnecessarily complicated, and we need to do more to make this simpler.

## Our response

- We are shifting the emphasis of everything we do to promote control and independence for people who use our services.
- CareDirect, part of the My Devon Customer Service Centre, will continue to deliver accurate, high quality information to enquiries by telephone and textphone, SMS text, email, fax or via online enquiries and access is also be available to the same information on the internet. (You can enquire about any of the services mentioned in this document via CareDirect – just telephone 0845 155 1007)
- We are commissioning innovative preventive services such as simple foot care – toenail cutting, and the community mentoring service for people who are socially isolated, allowing them to remain active and independent while boosting their confidence.
- We will review the provision of social day care to give people better opportunities to control the care they need closer to home.
- ‘CareDirect Plus’ will make some services, available over the telephone by Adult & Community Services staff – until now this was only available after a visit by a care worker.
- ‘Complex Care Teams’ will bring together health and social care, together with a representative of the voluntary sector to make sure that people with complex needs can receive the care they need. These will be based on ‘clusters’ of GP surgeries to ensure everyone who needs them can get them.
- We will develop our community hospitals as joined up health and wellbeing services to promote healthy ageing, to help people look after themselves, and to provide advice, clinical assessment and treatment.
- We will make the most of new technologies to support people to remain at home – ‘Telecare’.
- We will ensure a range of appropriate housing options is available to older people by concluding a review of sheltered housing in Devon, developing extra-care housing in key market towns and developing housing support services tailored to individual needs – ‘floating support’.
- We will pay close attention to the needs of carers, recognising that they themselves need care and support. We will make sure that carers’ emergency plans are in place so they know what will happen to the person they care for should they themselves fall ill. We are also testing new ways to get information and healthcare support to carers including through their GPs.
- We will continue to carry out our strategy for older people’s mental health, developed in 2005 by the Sainsbury Centre for Mental Health which promotes: greater integration and coordination of care; earlier detection of dementia and support in primary care; a shift in spending towards effectively-supported home care and less reliance on residential and hospital care.
- We will commission effective and high quality care for falls and strokes. We aim to raise the level all stroke services in the county to the current best.
- We will develop rapid response services that prevent unnecessary admissions to hospital, and reablement services that enable older people to remain at home for longer.
- We will look for opportunities to enable communities themselves to arrange things affordably and simply.

## How it can be:

### **Case example 1:** My Devon Customer Service Centre (CareDirect) and Direct Payments

Direct Payments are payments made to individuals by the County Council's Adult and Community Services to enable them to buy services that they have been assessed as needing. Providing money instead of social care services gives people greater choice and control over their lives. It enables them to make their own decisions about how their care is delivered.

A quick decision: one caller to the My Devon Customer Service Centre requested an increase to their Direct Payments. Payment was agreed and the process completed via links to the Council's Direct Payments team. The caller had his response within the hour, where otherwise it could have taken at least 2 days to complete.

### **Case example 2:** Complex Care Team (CCT)

Mr S was referred to his local Complex Care Team. He had been admitted to hospital six times over six months. His primary health problem was Chronic Obstructive Pulmonary Disease (COPD). He was also a frequent visitor to his local surgery and suffered depression.

Mr S was dependent upon his wife for assistance with personal care, and he did not want other people caring for him.

The Community Matron from the complex care team discussed with the couple a care programme that met both their needs and respected their wish to be self reliant. An assessment of Mr S's health ruled out some of his fears about his condition. The Community Matron also helped him understand the importance of self care and exercise. The Community Matron also assessed his wife's needs.

The Occupational Therapist visited and ordered specialist equipment for his home, including for example additional banister rails, a raised toilet seat and chair raisers to improve his independence.

A Community Pharmacist also visited to give Mr S advice on his medication. Family members were able to give Mrs S some much needed time from her caring role. The volunteer co-ordinator found a 'befriender' for Mr S who enjoyed the same interests as him.

10 months later Mr S has gained weight. He exercises daily and completes an exercise log. Pain he had previously in his shoulders, thighs and stomach are now gone, leaving just minimal pain in his knees. He takes care of his own personal needs. He is able to help his wife with some household chores, and gardening. He has not required a hospital admission during this period and no longer needs to see his GP so frequently.

Mr S joined the Expert Patient Programme and this helped to build up his confidence and improve his management of his condition.

### **Case example 3: Community Mentoring Service**

Mr C is in his late 60s and suffers from Multiple Sclerosis (MS). He shakes and is very self-conscious. The Community Mentoring Service enabled him to attend a gym to build his upper body strength and gain confidence. He has started attending the gym on his own and doing some part time voluntary work.

### **Case example 4: Housing Support ('floating support')**

Neighbours became worried about Mr and Mrs R when the outside of their house appeared neglected. Concern grew when the front door to their house was left open for over 48 hours, and a local voluntary sector organisation was contacted to enquire if all was well, who sent a visitor. The couple (in their 80s) had clearly not been coping with finances for some time, and there were numerous unpaid bills. Determined and independent, the couple eventually confided to the visitor their worry that if the full nature of their needs became known, they'd be separated, and placed into care homes.

Local Health & Social Care commissioners agreed that the organisation could use the staff funded by their 'floating support' contract to help the couple.

The organisation won the trust of Mr and Mrs R through short but regular visits, during which it was made clear their only aim was to help them continue living independently in their home. Mr and Mrs R allowed the organisation to negotiate on their behalf with their gas and electricity providers, and a number of issues became resolved. As trust increased, the organisation brokered arrangements for the couple to allow some of their long term health conditions to be reviewed and treated by community based health practitioners.

### **Case example 5: Joint Finance and Benefits (FAB) team:**

The joint (DCC/Citizens Advice Bureau) FAB team visits people who need to pay for social care services and maximises their benefits to improve their incomes and the affordability of services to them. Between April 2007 – March 2008 an estimated £1,093,983 total additional benefits were awarded to Devon residents as a result of a visit from an officer of the joint Finance and Benefits (FAB) Team.

Mrs D, a lady with disabilities in her late 70s, living alone in Teignbridge and receiving domiciliary care services. During her finance and benefits (FAB) assessment visit, the visiting officer realised that despite having received notification of an award of Attendance Allowance several years previously, there was no evidence of payment having been made on Mrs D's bank statements. The outcome was an £11,000 backdated award of Attendance Allowance and increased weekly income of over £50 per week.

Mr and Mrs P, a pension age couple living in South Hams were very anxious at the time of the visiting FAB officer's initial contact as Mr P was in respite care and his benefits had not been sorted out. He was facing having to return home prematurely. The visiting FAB officer was able to arrange payment of the correct benefits to the residential care home and so alleviate the stress caused to the family. The visiting FAB officer also assisted the wife to claim Attendance Allowance and Pension Credit which amounted to an increase in weekly income of £117 and entitlement to full Council Tax Benefit.

### **Case example 5 (continued)**

Mr and Mrs F, a couple of pension age, both with long term health problems and living in South Hams with their adult daughter with learning disabilities and adult son with mental health problems, were assisted by the visiting FAB officer to claim additional attendance Allowance, Pension Credit and Council Tax Benefit for themselves. Also, the daughter was assisted to claim Disability Living Allowance and the son's Disability Living Allowance was increased. In total, the additional benefit income secured for this family was over £200 per week.

## 2. Improved Quality of Life

### National outcome 2 - Improved quality of life

Including:

- access to leisure, social activities, life-long learning and universal, public and commercial services
- security at home
- access to transport and confidence in safety outside

### Devon Older People's Priorities:

- a range of affordable leisure arts and learning opportunities
- good social networks
- can get out and about easily and access affordable transport
- have affordable, decent and appropriate accommodation and tenure choices
- have an accessible environment in older people friendly neighbourhoods

### Challenges

- Equal access to universal, public and commercially provided services is a challenge for the whole of society, recognised by the Government who are proposing a change in the law to outlaw discrimination in the provision of goods and services on the grounds of age.
- Getting information to people about what is available, especially when they are very busy caring, and good signposting when they need something, is a huge challenge.
- The rural nature of Devon and public transport issues both present particular access issues.
- National policies in these areas can override local approaches – for example the national bus pass scheme is now in place of the previous Devon wide scheme.
- Some of these issues can only be addressed by partnerships with wide ranging membership.
- Choice in housing, including ownership or tenancy rights, requires capital investment on a large scale.

## Our response

- We will continue to use CareDirect (part of the My Devon Customer Services Centre) to provide information and advice about universal services.
- We will use the Community Mentoring Service to enable isolated older people to decide on the social and leisure opportunities they want, and to access them.
- We will enable carers to have better access to leisure and other activities by:
  - improving information and signposting, including through their GPs
  - improving access to local flexible short breaks to support both service users and their carers
  - working with employers to develop carer friendly employment policies.
- We will help people to feel safe in their own home by:
  - investing in technology to enable remote assistance and monitoring
  - working with the Fire Service to make more home alarm systems available
  - changing investment patterns to support more extra care accommodation.
- We will continue to provide 'Driving Safer for Longer' to enable people to remain confident in their driving and judge for themselves when the time is right to stop driving.
- In our Local Area Agreement, we have committed ourselves to addressing access to services and facilities through coordination of transport services, and have set a target for reducing the number of people in Devon who do not have daily access to a town centre by public transport by 15.7 per cent by 2010/11.
- We will work with the Senior Council and wider partnerships to explore:
  - how better access to public transport can be achieved
  - how access to learning and leisure opportunities can be improved
  - what gaps there are in housing choices and how these can be addressed
  - what issues there are about accessible environments and older people friendly neighbourhoods.
- In addition, the Policy and Resources Overview and Scrutiny Committee heard the views of the Senior Council on transport issues in the county and agreed to ask the Environment, Economy and Culture Overview/Scrutiny Committee to consider them.

### **Case example 6: Extra care housing**

During her recovery in hospital from a stroke and serious fall, 79 year old Mrs D made the decision not to return to her two-bedroom house on the outskirts of Newton Abbot. The house was becoming increasingly expensive to maintain, and quite a few of the local shops had closed recently. Getting in and out of town on public transport to do basic shopping was not always something she felt up to doing.

In the meantime, her son and two daughters agreed with her that it would make sense for her to move to residential care to properly recover, in a situation where there was 24-hour nursing care readily available.

After four months of residential care, she had recovered well, but was becoming increasingly concerned about the loss of her independence. On the advice of a friend she visited an 'extra care' scheme with her son to look at a vacant flat. She subsequently moved out of residential care, into the flat, which she furnished with favourite items from her Newton Abbot house. The flat is near to local shops and amenities, and she uses these regularly.

Although Mrs D had another mild stroke recently and had to spend a few days in hospital, the Doctors felt fine about her being quickly discharged back to her flat, because it was immediately agreed that the care and support staff based the scheme could spend an extra five hours per week helping her wash and keep house. A few months later she was doing everything for herself again, with the staff going back to providing just her original two hours of care and support per week.

Although Mrs D's flat has one bedroom, there's a fold down bed in her sitting room. Recently one of Mrs D's daughters came to stay for three days over her 80<sup>th</sup> Birthday.

### **Case example 7: Local Transport**

The Axminster Senior Council group are working on getting a town bus in place. They have carried out a survey of over 1,000 households and have had 287 questionnaires returned to date. They devised the survey with advice from the transport section of DCC about information required and how to go about evidencing the need for a town bus. Following discussions with Stagecoach, DCC and First Bus at the local 'intergenerational event' in Exeter, Axminster Senior Council members now feel empowered to know how to go about trying to get a new town bus in place. They have mapped out three routes and also invited the local TRIP Community Transport Association organiser to last Senior Council meeting (having met at a local Link Age Plus meeting) to give advice about costing and further information.

### **Case example 8: Driving safer for longer**

Mr B was born in 1922 and learnt to drive in 1942 during his time in the Royal Air Force. He lives with his disabled wife in a small town in South Devon. His wife would be housebound if he gave up driving.

Mr B heard about Driving Safer for longer when he was one of 1000 people who received an information pack in the post. He found the pack to be informative and it reminded him about his driving and things he may have forgotten. He returned the feedback form that accompanied the pack and won a place at a Safe Driving Workshop.

Mr B found the workshop gave him excellent advice and made him more confident on the road. It gave him additional skills and also reduced the stress of driving, particularly with the advice given to him with dealing with 'tailgaters'.

Following the workshop he was invited to take a Practical Driving Skills assessment. He found that after the assessment he had learnt several new things and had re-visited a lot of skills he had not considered for a long time. The most important of these was entering and exiting a dual carriageway. He felt it was a great benefit to be with a professionally trained driver.

Mr B felt that even after 66 years of driving he had gained a great deal of confidence from the whole project. Whilst he had also become much more aware of the effects of aging and the problems it brings, he felt he could continue to drive much more safely having had the benefit of Driving Safer for Longer. He also felt very strongly that the whole project should be encouraged as much as possible for all older drivers.

### **Case example 9: Education**

The Axminster Senior Council group has also started a dialogue with Adult Education, having invited a speaker to their group from DCC who is keen to work with them to identify gaps in adult education. The next step is the local group evidencing local demand and providing DCC Adult Education Department with this information.

This and the previous case example have shown that by having the knowledge and knowing where to go for advice is a great benefit.

We have turned what may have been negative grumbles in the past – about a lack of services – into positive action. The last Senior Council meeting was buzzing with ideas and enthusiasm and it was well able to function on its own now as a local association of the Senior Council for Devon.

### **Case example 10: Exeter 'Linking Voices Community Choir'**

The Linking Voices community choir is part of the Community Mentoring service in Exeter, Link2. It is for anyone over 50 who would like to join a friendly fun group of people who enjoy singing together. It also helps people who are isolated in some way, through bereavement or ill health, for example, or simply by virtue of them not knowing other people locally.

Over 30 people now attend the singing group, which meets on Monday afternoons. The atmosphere is relaxed and friendly, and members sing a mixture of traditional and popular music, learning new tunes and different rhythms from around the world, every week.

For some of the regulars, the choir has simply changed their lives:

One attendee said:

“No matter what problems or difficulties you have, you can sing and it gives you confidence. There is no fear to make a mistake. It has got me through the winter. It's made a difference for me. It is nice to go somewhere and have good company.”

A member of the Link 2 Project Team facilitates the choir and supports anyone who may feel a little anxious about attending. She said:

“We have many groups that we run for older people in Exeter and the singing group is just one of them. The groups are aimed at older people who for different reasons want to extend their social network and learn new skills. Very simply it is giving people a reason to get out of the house and hopefully an opportunity to meet new friends. For many their confidence may have hit rock bottom and so attending a group like this one is an achievement for them.”

The community choir has been running for five months and feedback from the group has been very positive. Some have said that it is the highlight of their week; others say it is great fun; and even people who have never sung in a group before have really enjoyed the experience.

For some also, attending the choir has made a real difference to their quality of life. One lady described now feeling less alone, and that she has made new friends through the choir.

Community Mentoring is also running in the rest of the County, provided by the Time for Life consortium of voluntary organisations.

### 3. Making a Positive Contribution

#### National outcome 3 - Making a positive contribution

Including:

- being part of the community through employment or voluntary opportunities
- being involved in local activities, policy development and decision-making

#### Devon older people's priorities:

- fully part of the decision making process
- working with younger people promoting understanding and communication between and quality of life for all
- opportunities to work
- playing a positive environmental protection role and having local access to re-cycling.

#### Challenges

- Improving access to work is the most difficult part of this agenda for local public authorities to address.

#### Our response

- We will promote and support the involvement of the Senior Council as the preferred partner of the County Council and of the Devon PCT– by talking with Devon citizens, by strategic and service development, and by improvement at county and local levels.
- We will continue to support the development of the Senior Council to enable older people to influence services and opportunities where they live.
- We will increase opportunities for older people to be involved in planning, developing and scrutinising services through new Devon Local Involvement Networks (Devon LINKs), and will support the Senior Council as a voice for older people.
- We will provide opportunities, where appropriate, for people in voluntary work or community schemes by:
  - increasing supported employment, vocational rehabilitation and community support services to people with mental health problems
  - working in partnership with the voluntary and independent organisations to develop opportunities for voluntary work
  - assisting carers who wish to return to paid work.
- We will promote and support joint work between the Senior Council and Youth Parliament aimed at improving understanding and joint work between generations.

- We will explore with the Senior Council and wider strategic partnerships:
  - what barriers might exist to older people playing a full role in environmental protection and recycling

**Case example 11: Senior Council and Youth Parliament Day, 25 May 2008.**

### **Working across generations**

Sixty members of the Senior Council, youth representatives and councillors met together for an exciting day planned by youth and Senior Council members called 'Forward to the Future'. This was the second time a day had been held at County Hall and where members discussed actions around the priorities previously identified in common - health, age discrimination, transport and the environment. There was a drama workshop highlighting an example of a scene on a bus where attitudes can get in the way and cause discrimination and negative behaviour. A forum theatre style enabled participants to produce a 'before and after' version to the managing directors of First Bus and Stagecoach and Devon County Council representatives – which made quite an impact. Afterwards there was a question and answer session with the panel about transport. This will now be the beginning of an ongoing dialogue with the bus companies, young people and the Senior Council.

A very interactive workshop on the environment and climate change also raised lots of issues about what both generations can do about making a difference to the local environment which members will be taking back to their local groups. The third workshop was on health and the new LINKs – it provided the first opportunity for both generations to discuss how LINKs needs to work to include both groups and identified some of the current health issues.

### **Action and next steps from the event:**

- Joint media campaign on attitudes and discrimination towards young and older people
- Ongoing dialogue with bus companies and local action about transport needs with knowledge and empowerment about how to move issues forward
- Direct input into the new LINKs group to influence NHS and social care services
- Personal changes as a result of the environment workshop on climate change with knowledge to take back to local groups.

### **Case example 12: Shelter Box Fundraising – Community Mentor Service**

Members of the Linking Voices Community Choir sang and other volunteers sold cakes and scones made by the Link2 Cake Baking Group in aid of Shelter Box. Members were delighted to find that they had raised in the region of £200 for the charity.

## 4. Exercising choice and control

### National outcome 4 - Exercising choice and control

Including:

- Maximum independence and access to information
- Ability to choose and control services
- Ability to manage risk in personal life

### Devon older people's priorities:

- Information and advice in different formats about opportunities and services
- Flexibility and support in preparing for retirement
- Ability to positively manage life after retirement

### Challenges

- Personalising health and social care services so that people who need to use them retain the maximum control over their lives.
- Enabling people on low incomes to have more control and choices.

### Our response

- We will personalise health and social care:
  - Provide better information and support to people who use social and health care services to enable them to manage their own services.
  - Promote access to technology to support independence at home
  - Promote access to advocacy services.
  - Promote Direct Payments and Self Directed Support and Individual Budgets to improve opportunities for flexible personalised services, providing support and guidance when it is needed.
  - Provide faster access for service users and more control and choice over service provision.
- For Carers we will introduce Carers Emergency Cards to improve their confidence that their cared for person will be looked after in an emergency, and pilot new ways of providing information and health services.
- We will continue to provide information in formats which are requested.
- We will continue to support the work of the South West Pound to provide good value small loans to assist with budgeting and regular savings opportunities through credit unions.
- We will work with strategic partners and the Senior Council to explore the issues and potential solutions in relation to preparing for and managing life in retirement.

**Case example 13: Managing finances**

Since the start of South West Pound in October 2006, 310 people aged over 50 have been supported. Loans were provided by the Credit Union to 115 people totalling £52,726. If those people had borrowed from a well known doorstep lender they would have repaid an additional £44,528 in interest. For older people borrowing we have successfully helped to retain and recycle almost £100,000 in Devon's economy.

In addition for those 310 people, £313 was committed each week to regular savings which means that an additional £16,000 is potentially being saved with Credit Unions each year by older people helping individuals to plan better and make contingency arrangements.

## 5 Freedom from discrimination

### National outcome 5 - Freedom from discrimination

Including:

- Equal access to services
- Freedom from harassment

### Devon older people's priority

- To be valued, respected and free from discrimination

### Challenges

- Achieving true equality is a challenging and complex task.

### Our response:

- Devon County Council's 'Fair for All Programme' confirms our ongoing commitment to equality to Devon's people and communities, including older people. Equality brings quality for everyone. Our vision of fairness and equality is:
  - there is public influence over decision making, planning, policy and service delivery
  - Devon is a stronger, safer and inclusive community
  - across all levels, our workforce is supported and reflects the community
  - everyone can use or access our services, facilities or information
  - people have trust and confidence in us
  - people achieve their own potential and a good quality of life.
- We will achieve Level 3 of the Local Government Equalities Standard in 2008/9:
  - Our corporate approach to Equality Impact and Needs Assessment is in place and we are embedding these considerations in procurement work.
  - Our Acceptable Behaviour Advisors are in place to investigate, report and advise on incidents of discrimination.
  - Our Equality Reference Group is in place to act as a challenge and advice resource.
  - Our work on equality is published and can be scrutinised.
- We will:
  - Contribute to improving access to mainstream services for vulnerable people:
  - Work with Devon PCT and GPs to increase the numbers of carers registered with a GP.
  - Increase the support and advice available to people with mental health problems in primary care and community settings.

- Work with older people in Black and Minority Ethnic (BME) communities to identify their specific needs and improve services by promoting their membership of the Senior Council.
- Work with the Hikmat Centre to develop and deliver community mentor services for older people from BME communities in rural as well as town areas.
- Our objectives include:
  - Ensure involvement and community engagement activities are inclusive, for example of people from minority ethnic communities, people with disabilities.
  - Develop a stronger understanding of older people's experience of age discrimination and inequalities.
  - Address issues of extreme isolation and loneliness in rural areas for older and disabled people.
- We will:
  - Contribute to improving access to mainstream services for vulnerable people:
  - Work with Devon PCT and GPs to increase the numbers of carers registered with a GP.
  - Increase the support and advice available to people with mental health problems in primary care and community settings.
  - Work with older people Black and Minority Ethnic (BME) communities to identify their specific needs and improve services by promoting their membership of the Senior Council.
  - Work with the Hikmat Centre to develop and deliver community mentor services for older people from BME communities in rural as well as town areas.
- To improve how we safeguard adults we will:
  - Coordinate the implementation of the Mental Capacity Act (including Deprivation of Liberty Safeguards) across all health and social care organisations in Devon.
  - Ensure we can act effectively to reduce the risk of abuse to vulnerable adults in Devon.
  - Ensure that instances, or risks, of abuse are identified, correctly reported and that appropriate action is identified and taken.
  - Confirm that measures are in place to minimise the risk of abuse taking place within commissioned and provided services.
  - Work to ensure greater equity in access to services and funding across Devon.

**Devon Primary Care Trust** is equally committed to fairness in its involvement of older people, and their full Equality Strategy can be found on their website at::

<http://www.devonpct.nhs.uk/>

**Case example 14:** Hikmat, Chinese and South Asian Elders and the Senior Council.

The Hikmat Black and Minority Ethnic (BME) Elders Centre in Exeter have worked with Chinese and South Asian people who use their services to enable them to have their say as part of the LinkAge Plus programme of listening events which took place in 2007.

Now a number of Chinese and South Asian elders from Exeter have decided to join the Senior Council, and Hikmat workers are enabling them to find their way in this new organisation.

Meanwhile, the Sahara BME mentor project is reaching out to communities in North Devon to explore their needs for a more fulfilled life. Already Sahara has discovered that some BME elders find it more difficult to get their bus passes. The Sahara project workers have helped a group through the process, and now they are building new friendships and exploring Devon by bus.

## 6. Attaining economic well-being

### National outcome 6 - Attaining economic well-being

Including:

- Access to income and resources sufficient for a good diet, accommodation and participation in family and community life
- Ability to meet costs arising from specific individual needs

### Devon older people's priority:

- Adequate income

### Challenges

- Low lifetime earnings are linked to low incomes in retirement.
- Employment levels in Devon are high but wage levels are below the national average.
- While some parts of the county are relatively affluent, others are amongst the 25 per cent most deprived areas of the country and pockets of disadvantage are evident in many rural areas.
- Over 10 per cent of people of working age in Devon are currently in receipt of benefits and we need to do more to promote employment opportunities for those people.
- Increasing numbers of people are falling into fuel poverty (spending more than 10 per cent of income on fuel) and debt.
- Lack of affordable housing is a key constraint.

### Our response

- We will promote higher lifetime earnings and therefore higher retirement incomes by:
  - Promoting a strong positive image for Devon as a dynamic and sustainable place to live, work, learn and visit.
  - Unlocking the economic potential of disadvantaged communities.
  - Increasing the take-up of entitlements to benefits such as Attendance Allowance, Pension Credit and Council Tax Benefit.
  - Supporting the growth of businesses in targeted sectors and through access to technology.
  - Helping Devon's workforce develop the skills employers need.

- Procure goods and services in a more sustainable way.
- Help local businesses to adopt more environmentally friendly practices.
- Increase the market resilience and self containment of local communities.
- Support the sustainable growth of greener businesses linked to Devon's natural assets.
- We will support users of social care services who wish to work by:
  - Encouraging employers in Devon to sign up as 'Mindful Employers<sup>®</sup>' who will provide the right support to enable people with mental health issues to stay in work.
  - Seeking to procure services within the local community wherever possible.
  - Providing employment advice to carers.
  - Ensuring service users, their families and carers access benefits that they are eligible to receive by:
    - Sharing good practice across Adult & Community Services to increase the take up of Independent Living Fund (ILF)
    - Providing advice and support regarding available benefits and other financial entitlements and increasing access to affordable financial products and services through Credit Unions and South West Pound.
    - Target support to people to address fuel poverty and to ensure that homes are warm through the 'Warm Zones' programme
    - Changing the way the allocation of housing support funds takes place, by developing new processes for commissioning future services
    - Reviewing the provision for homelessness.

#### **Case example 15: Benefits health check**

Mr and Mrs L telephoned CareDirect for a free benefits check. They were advised that they had not been claiming a severe disability premium, which they had been entitled to for a number of years, as well as a carer's premium.

CareDirect traced the problem back to the couple's original claim, resulting in a back payment of £25,000, and an additional income of £124 per week.

Mr L said:

"Prior to the increase in benefit payments we were barely living. We never complained, as we are the 'Old School', and assumed that everything was in order.

"My wife is disabled and partially sighted and this increase has made a vast difference to our day to day living and not having to worry about finances. However, we have had many sleepless nights as we have never had this amount of money.

"We are grateful to CareDirect and the visiting officers who have helped, and would encourage everyone to have their benefits checked."

**Case example 16: Attendance Allowance check**

Mr and Mrs G applied for Attendance Allowance to the Department of Work and Pensions (DWP), but the application was turned down. CareDirect advised Mr G to ask that the application be reconsidered, but the DWP again turned down the application.

CareDirect were convinced that the couple had a strong case, and arranged for help to complete the appeal forms. Attendance Allowance was finally accepted and arrears of £6,272 were awarded, as well as an increase in income of £167 per week.

Mr G said:

"We're really pleased we had the advice and support from CareDirect without whom we would not, I'm sure, have had a successful outcome.

"Older people should not give up when trying to claim benefits if they are knocked back the first time.

"The form-filling and information gathering can be complicated, so to have expert advice to hand was so welcome."

## 7. Experiencing personal dignity

### National outcome 7 - Experiencing personal dignity

Including:

- Enjoying a decent home environment
- Availability of appropriate personal care

### Devon older people's priorities:

- Valued respected and free from discrimination
- Have affordable, decent and appropriate accommodation and tenure choices
- a range of affordable good quality health and care services

### Our response:

- We will provide a less intrusive, proportionate response to requests for services by:
  - Ensuring that our services are as accessible as possible by making full use of the Care Direct (from the My Devon Customer Service Centre) and other routes for public information and general access to our services
  - Rolling out Care Direct Plus to give easy access to services for people with social care needs which are not complex.
  - Ensuring that all staff receive training to reinforce the need to treat all people with respect and dignity.
  - Working to ensure that contracted for services, for example home care, also treat everyone with respect and dignity.
- We will provide high quality, cost effective, housing support services to older people irrespective of the type of housing agreement in which they live by:
  - Remodelling services to help service users to sustain their current accommodation
  - Enabling moves to suitable alternative accommodation where needed
  - Preventing the need for high care residential or health services by working in close partnership with other agencies.

# How we will be judged: targets and performance

## The Performance Assessment Framework (PAF)

The Commission for Social Care Inspection (CSCI) has a responsibility to monitor the performance of councils in providing social care services to adults. The way they do this is set out in the Performance Assessment Framework (PAF). PAF measures performance by looking at how good a council is at doing certain tasks and achieving some specific results. These are called outcomes. They also look at two other areas; 'leadership' and how good the council is at commissioning and the use of resources. How well we measure up against these helps to determine our Star Ratings.

(See the Commission for Social Care Inspection website [www.csci.org.uk](http://www.csci.org.uk))

## The National Indicator Set (NIS)

The new national indicator set for local authorities and local authority partnerships was announced as part of the Chancellor's Comprehensive Spending Review on Tuesday 9 October 2007. The new national indicators will be the only means of measuring national priorities that have been agreed by Government. The Local Government White Paper *Strong and Prosperous Communities* committed to a smaller more focussed set of priorities as well as radically reduce the number of national indicators.

The number of national indicators has been radically reduced, from the around 1200 that local authorities and their partners report on at present, to 198. (including replacing PAF, although this will still be monitored at a local level for the time-being). The new indicators will strengthen the incentives for closer partnership working to deliver joined-up outcomes because they will apply (where relevant) to other local partners - such as Primary Care Trusts and police.

(See the Communities and Local Government website at [www.communities.gov.uk](http://www.communities.gov.uk))

## The Local Area Agreement

The Local Area Agreement (LAA) contains a set of local targets related to national priorities which are agreed with the government. (See the LAA at [www.devonlaa.org.uk](http://www.devonlaa.org.uk) )

## Our key targets

1. A reduction in emergency admissions to hospital for older people, (adjusted for population growth) to achieve:
  - 30 per cent fewer emergency admissions to hospital caused by falls by 2010
  - A reduction in all admissions to hospital for older people by 10 per cent by 2010
  - No delayed discharges from NHS hospital beds for non-clinical reasons by 2013.
2. A reduction in the use of residential care for older people by 2013 (PAF C72 'Older People admitted on a permanent basis to residential or nursing care', a rate per 10,000 of population aged 65+)
  - Our target for 2008/09 is for fewer than 65 per 10,000 people aged 65 and over to be in permanent residential or nursing care.
3. Improved access to care for people with dementia, with earlier diagnosis and more care at home or in the community, so that we will:
  - Narrow the gap between the recorded and the currently estimated prevalence of dementia by at least 25 per cent in the next five years
  - Increase by 10 per cent the number of people with moderate to severe dementia who are helped to remain at home by 2013.
4. Evidence of a change in approach to admissions to hospital:
  - in the next two years at least 15 per cent more people who require hospital care are admitted directly to a community hospital and complete their treatment there.
5. An increase in the number of carers receiving needs assessment or review and a specific carer's service, or advice and information (*National Indicator: 135*, also LAA Health & Well-being Target measured as a per cent of clients receiving community-based services)
  - Baseline 2006/07 29.1 per cent
  - Targets:
    - 2008/09 33 per cent
    - 2009/10 35.5 per cent
    - 2010/11 38 per cent.
6. Senior Council for Devon (operational by 30 June 2008).
  - Establishing a baseline for the level of citizen involvement in planning from which future improvements can be measured.

7. An increase in social care service users receiving self directed support (*National Indicator: 130* also local LAA Health & Wellbeing Target Measured as a rate per 100,000 population aged 18+ )<sup>1</sup>
  - Baseline 2007/08 147.4
  - 2008/09 151.1
  - 2009/10 156.3
  - 2010/11 165.3.
8. An improvement in service users experiencing an acceptable waiting time for assessment for clients aged 18 and over (*National Indicator: 132* also LAA Health & Wellbeing Target measured as per cent of clients who waited 4 weeks or less from first contact to completion of assessment)
  - Baseline 2007/08 65.3 per cent
  - Targets:
    - 2008/09 75 per cent
    - 2009/10 80 per cent
    - 2010/11 85 per cent.
9. Maintaining our performance as one of the top 20 authorities for acceptable waiting times for social care services (*National Indicator: 133*, per cent of clients who waited 4 weeks or less from completion of assessment to receiving services).
10. The proportion of people from BME backgrounds receiving services reflects the overall population of Devon ((PAF E48 for Older People)
  - Target for 2008/09 = 1 (proportion is in line with BME population).
11. Our services comply with the requirements of the Disability Discrimination Act.
12. Implementing the Mental Capacity Act Deprivation of Liberty Safeguards duties by 1 April 2009, having addressed capacity issues for safeguarding adults by April 2009.
13. Increase incomes for older people by helping them to claim an extra £15 million of additional benefits between 2008-09 and 2010/11 (LAA).
14. Undertaking a survey to establish a baseline for service user perceptions of respect, dignity and fair treatment from which future action can be agreed.
15. Reducing the number of people in Devon who do not have daily access to a town centre by public transport by 15.7 per cent by 2010/11. (LAA)

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<sup>1</sup> Note: based on Direct Payments volumes only at present, does not reflect potential Individual Budget volumes.

**Vision:** To improve the Quality of Life for Older People and the wider population; and to promote sustainable communities which are healthy, active and which celebrate diversity.

<p><b>Aim 1</b> Making a positive contribution</p>	<p><b>Aim 2</b> Making the Third Age a Positive Opportunity</p>	<p><b>Aim 3</b> Having financial stability and security</p>	<p><b>Aim 4</b> Having an accessible environment and good accessibility to all aspects of community life</p>	<p><b>Aim 5</b> Physical, mental and emotional health and well-being</p>
<p><b>Outcome 1a</b> Older citizens are engaged in decision making as real partners <b>Outcome 1b</b> Older people are valued, respected and free from discrimination <b>Outcome 1c</b> Older people are engaged with younger people and promote understanding <b>and communication</b> between and quality of life for all generations <b>Outcome 1d</b> Older people are sharing skills, having the opportunity to volunteer and contributing to community life</p>	<p><b>Outcome 2a</b> Older people have access to information and advice in different formats (including new technology) about opportunities and services in older age <b>Outcome 2b</b> Older people will be able to access a range of <b>affordable</b> leisure, arts and learning opportunities <b>Outcome 2c</b> Older people will have good social networks to combat social isolation</p>	<p><b>Outcome 3a</b> Older people have an adequate income <b>Outcome 3b</b> Older people have the opportunity to work <b>Outcome 3c</b> Older people have flexibility <b>and support</b> in preparing for retirement <b>Outcome 3d</b> Older people will be able to positively manage their lives after retirement</p>	<p><b>Outcome 4a</b> Older people can get out and about easily and access affordable transport <b>Outcome 4b</b> Older people will have <b>affordable, decent, and appropriate accommodation and tenure</b> choices and feel safe in their homes and communities <b>Outcome 4c</b> Older people will have an accessible environment in older person friendly neighbourhoods <b>Outcome 4d</b> Older people will be able to play a positive environmental protection role and have local access to re-cycling</p>	<p><b>Outcome 5a</b> Older people and family members and carers have access to <b>honest and accurate</b> advice and advocacy to provide information and support decision making <b>Outcome 5b</b> Older people and carers can access a range of affordable, good quality health and care services <b>Outcome 5c</b> Older people and carers can access a range of practical and preventative services that promote independence and physical, mental and emotional well-being</p>

### **Principles to underpin delivery of the strategy**

- Having a positive approach to life and older age, promoting the active involvement of older people as citizens in contributing to the life of their local community, **and recognising and retaining the skills of older people**
- Enabling older people to have control and make informed choices over the way they live their lives
- Ensuring mainstream services meet the needs and aspirations of older people
- Valuing the diversity of older people and addressing discrimination to ensure individual older people are treated with respect and have equality of opportunity
- Being concerned about quality of life across the board, not just about older people – seeking inter-generational **understanding and mutual respect** and not setting older people and other population groups such as young people apart
- Promoting ideas and solutions rather than just identifying problems
- Encouraging a voluntary ethos, but not as something that takes over statutory responsibilities
- Ensuring participation by older people in all that we do to deliver on the vision, aims and objectives
- Effective leadership to communicate, promote and deliver on the strategy

National outcomes for wellbeing	Devon Older People's Priorities				
	Aim 1 - Making a positive contribution	Aim 2 - Having a positive opportunity	Aim 3 - Financial stability and security	Aim 4 - An accessible environment and community life	Aim 5 - Physical mental and emotional well-being
<p><b>National Outcome 1<sup>2</sup></b>  <b>Improving health and emotional well-being</b></p> <p>1.1 Good physical and mental health (including protection from abuse)</p> <p>1.2 Access to treatment and support for long term conditions</p> <p>1.3 Opportunities for physical activity</p>		<p>A range of affordable leisure arts and learning opportunities (1.3)</p>	<p>Ability to positively manage life after retirement * (1.1, 1.2, 1.3)</p>	<p>Have an accessible environment in older people friendly neighbourhoods (1.1, 1.3)</p>	<p>Honest and accurate information advice and advocacy to support decision making * (1.1, 1.2)</p> <p>A range of affordable good quality health and care services (1.2)</p> <p>A range of</p>

<sup>2</sup> Please note that sub-headings have been drawn from the Adult and Community Services 08/09 Business Plan

National outcomes for wellbeing	Devon Older People's Priorities				
					practical and preventive services that promote independence and wellbeing. (1.1, 1.3)
<p><b>National Outcome 2 Improved quality of life</b></p> <p>2.1 Access to leisure, social activities, life-long learning and universal, public and commercial services</p> <p>2.2 Security at home</p> <p>2.3 Access to transport and confidence in safety outside</p>	<p>Valued respected and free from discrimination (2.1 – access to services))</p>	<p>A range of affordable leisure arts and learning opportunities (2.1)</p> <p>Good social networks * (2.1, 2.3)</p>		<p>Can get out and about easily and access affordable transport (2.3)</p> <p>Have affordable, decent and appropriate accommodation and tenure choices (2.2)</p> <p>Have an accessible environment in older people friendly neighbourhoods (2.3)</p>	<p>A range of practical and preventive services that promote independence and wellbeing. (2.1)</p>

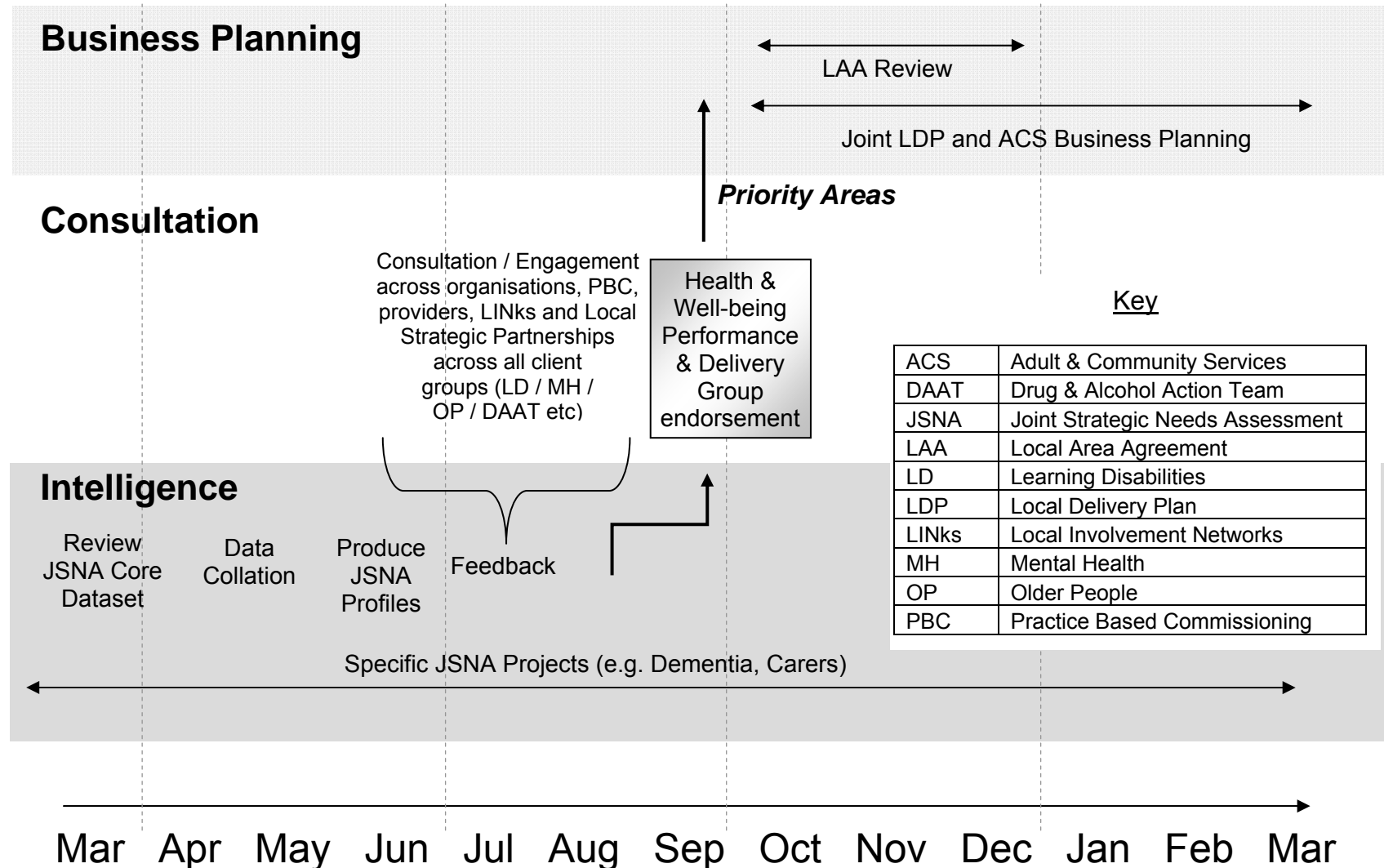
<p><b>National Outcome 3 Making a positive contribution</b></p> <p>3.1 Being part of the community through employment or voluntary opportunities</p> <p>3.2 Being involved in local activities, policy development and decision-making</p>	<p>Engaged with younger people promoting understanding and communication between and quality of life for all (3.1)</p> <p>Fully engaged in decision making (3.2)</p>		<p>Opportunity to work (3.1)</p>	<p>Have an accessible environment in older people friendly neighbourhoods * (3.1)</p> <p>Can play a positive environmental protection role and have local access to re-cycling. * (3.1, 3.2)</p>	
<p><b>National Outcome 4 Exercising choice and control</b></p> <p>4.1 Maximum independence and access to information</p> <p>4.2 Ability to choose and control services</p> <p>4.3 Ability to manage risk in personal life</p>		<p>Information and advice in different formats about opportunities and services (4.1)</p>	<p>Flexibility and support in preparing for retirement * (4.1)</p> <p>Ability to positively manage life after retirement * (4.1, 4.2, 4.3)</p>	<p>Have affordable, decent and appropriate accommodation and tenure choices * (4.1, 4.2, 4.3)</p>	<p>Honest and accurate information advice and advocacy to support decision making (4.1, 4.2, 4.3)</p> <p>A range of affordable good quality health and care services (4.2)</p>

<p><b>National Outcome 5 Freedom from discrimination</b></p> <p>5.1 Equal access to services</p> <p>5.2 Freedom from harassment</p>	<p>Valued respected and free from discrimination (5.1, 5.2)</p>		<p>Ability to positively manage life after retirement * (5.1, 5.2)</p>	<p>Have affordable, decent and appropriate accommodation and tenure choices (5.1, 5.2)</p>	
<p><b>National Outcome 6 Attaining economic wellbeing</b></p> <p>6.1 Access to income and resources sufficient for a good diet, accommodation and participation in family and community life</p> <p>6.2 Ability to meet costs arising from specific individual needs</p>		<p>A range of affordable leisure arts and learning opportunities (6.1)</p>	<p>Adequate income (6.1)</p> <p>Ability to positively manage life after retirement * (6.2)</p>	<p>Have affordable, decent and appropriate accommodation and tenure choices (6.1, 6.2)</p>	<p>A range of affordable good quality health and care services (6.2)</p>
<p><b>National Outcome 7 Experiencing personal dignity</b></p> <p>7.1 Enjoying a decent home environment</p> <p>7.2 Availability of appropriate personal care</p>	<p>Valued respected and free from discrimination (7.1, 7.2)</p>			<p>Have affordable, decent and appropriate accommodation and tenure choices (7.1)</p>	<p>A range of affordable good quality health and care services (7.2)</p>

# Joint Strategic Needs Assessment Annual Cycle

Appendix 3

## Iterative Quality Improvement Cycle



# Senior Council for Devon



## Devon's Senior Council is now formally constituted

The Senior Council for Devon has officially become a constituted body, announcing its new Chairman and Board of Directors. Its first meeting held on 19th March 08 in Exeter was attended by representatives from 26 of Devon's market and coastal towns that now form the countywide Senior Council. Collectively the 60 representatives from local groups make up the Senior Council's Assembly.

Addressing the Assembly for the first time as Chairman, Bill Jordan, said:

"We have an excellent opportunity to make an impact in decision making with respect of local public services. Issues of particular interest to us include health and caring services, the environment and local transport. Although we are focusing very much on issues relating to people over the age of 50, we see our work within the context of improving the quality of life of the whole community. Our Members are already working alongside Devon's Youth Parliament to identify issues of mutual concern to young and older people, so that we address them with the right authorities."

Devon County Council's Executive Member for Health and Social Affairs, Cllr Sally Morgan, and Jenny McNeill, Assistant Director of Devon Primary Care Trust, both welcomed the new Chairman and Board of Directors. Both authorities support the Senior Council for Devon and have pledged funding to help its development.

Cllr Morgan said:

"The Senior Council has the potential to make a great deal of difference to public services for people over 50. Because it is truly independent, it will be acting in the best interests of people in that age group. Devon already has a high percentage of people over 50, and that figure is set to rise. That is why it is so essential that there is a strong body in the Senior Council who can actively represent and help develop vital public services. The County Council is very pleased to support the Senior Council for Devon and look forward to a close working relationship with it in the future."

Jenny McNeill of Devon PCT said:

"On behalf of Devon PCT, I welcome the new Chairman and Board of Directors of the Senior Council for Devon. The PCT works closely with a range of public groups to help develop our services based upon people's experiences. The Senior Council will help us build that relationship in communities at a very local and meaningful level."

Also elected today are:

- Clifford Bell, Vice Chairman, from Barnstaple.
- John Stedman, Treasurer, from Tiverton.
- Ken Crawford, Secretary, from Okehampton
- Graham Bowen, Director, from Great Torrington
- Janet Crocker, Director, from Exeter
- Malcolm Froude, Director, from Newton Abbot/Kingsteignton
- Toni Hamilton, Director, from South Molton
- Derek Pedder, Director, from Sidmouth
- Graham Rogers, Director, from Ivybridge

The Senior Council for Devon will operate as a Company Limited by Guarantee.

The Senior Council itself is a self governing, non party political and fully independent body, and it will use its position to influence, lobby and be part of local policy making to provide better local services for people over 50. Already it has got involved at local levels with authorities including the County Council and PCT to shape how those authorities deliver local services.

Issues such as local transport, health and discrimination all register high as local priorities for young and old people. Other issues, raised at a county wide conference last October attended by older people and staff from a range of organisations, included information, transport, adequate income, housing, accessible environments, environmental protection, and availability of and access to practical services.

Devon County Council provided the funding with the Department of Work and Pensions to undertake the development work and public meetings to help get the Senior Council off the ground.

To contact the Senior Council:

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Totnes  
TQ9 9DA.

Telephone: 01803 732678

Email : [info@scfd.org.uk](mailto:info@scfd.org.uk)

**or visit the website at: <http://www.seniorcouncildevon.org.uk/>**



**Please feel free to use this page to send us your response to the strategy. The questions that we posed (on page 5) are:**

1. Can you suggest ways we can work together to achieve our shared goals?	
2. Can you suggest ways we can work together over time to improve what we do?	
3. It is difficult to find funding for some goals. Can you suggest ways in which statutory organisations and older people in the community can work together to address these?	
Please use this space for anything else you would like to tell us regarding the strategy statement.	

**Please send your response to:**

**Senior Council for Devon – your local branch or**

Senior Council for Devon  
 PO Box 210  
 Harberton  
 Totnes  
 TQ9 9DA.  
 Telephone: 01803 732678  
 Email: [info@scfd.org.uk](mailto:info@scfd.org.uk)

Please give your contact details below, and indicate if responding personally, or on behalf of an organisation or group:

Name/Group:

Address:

Tel/email:

**OR**

Judy Tennant  
 Public Information & Communications Team  
 First Floor, The Annexe  
 County Hall  
 Topsham Road  
 Exeter  
 EX2 4QR  
 or email [judy.tennant@devon.gov.uk](mailto:judy.tennant@devon.gov.uk)

Please let us have your comments by **31st October** so we can be sure to take them into account this year; comments after this date may need to be used later.



# Ageing Well in Devon

A statement of health and wellbeing strategy



Further copies of this document can be obtained from:

Judy Tennant

Tel: 01392 383503

Email: [judy.tennant@devon.gov.uk](mailto:judy.tennant@devon.gov.uk)

For a copy of this document in another format such as large print, or in a different language, please ring 0845 155 1015 or email: [customer@devon.gov.uk](mailto:customer@devon.gov.uk)