



Devon Senior Voice Everyone's Tomorrow



Issue No 32
Spring 2017

The Newsletter of Devon Senior Voice
The organisation keeping older people informed and involved in having a say about services and service delivery in the county

Keep writing to us!



Everyone's Tomorrow is the magazine for members of Devon Senior Voice. As reported in the last edition in November, 'Times They are a-changing' at Devon Senior Voice. Having completely lost our funding from 1st April 2017, with Devon County Council's re-organization of the Engagement Contract, the Board have taken the very brave decision to carry on for as long as we possibly can, taking up issues of importance and being the voice of older people in the county. I often receive calls from both members and non-members asking for advice and assistance in taking up issues which dramatically effect their quality of life—an example of which occurred only last week and is documented on P.17 of this edition. Long may Devon Senior Voice continue!
Sally Lougher, Editor

A message from our Chairman, Carol McCormack



Devon Senior Voice is changing, has to change, but we are all the parts that are important to us, and the people that depend on us. This is a time of sustainability and transformation. A time to look at what we are, what we stand for, and how to move forward. There are challenges, in all of our areas, in all of our Branches, whether we have an active group or whether we communicate with our members by e-

we must work in different ways, collaborate with other organisations, bid for funds to finance projects, bid for support from local councils, local charities, local and national organisations. In our communities we are respected for our name and our reputation. We are recognised by all the work we do, now we must promote ourselves even more. In order to hold events, hold memory cafes, attend consultations, run information fairs, support our members in all the ways we do, we have to create new ways to become sustainable.

mail. We are valuable within our communities as a champion for elderly people, and we must try to carry on with all that we stand for, only things have to change. In the past we were funded through the Engagement Contract from Devon County Council and health service Clinical Commissioning Groups. This has ended. From now on

We are desperately sad that due to lack of money we cannot afford to continue to employ Sally on her current contract from 1st April. However, we are lucky to have very limited funds that will allow us to re-employ her on a reduced contract two days/week as she is our back-bone and our strength We shall still have the Magazine, the Web-site, management of the membership database, a way to answer enquiries and e-mails, and the day to day two way communication that is Senior Voice going for-

Our Achievements since March 2016

- Since November 2016 Devon Senior Voice has:
- Further updated the Memory Cafes in Devon Booklet in December
- Delivered information on Big Energy Savings and Smart meter rollout across the county (See P.6 and 15)
- Continued to campaign on a new Exeter Bus Station fit for purpose for Worked in partnership with Drink Wise, Age Well to hold a second Ageing Well Event in Exmouth on 10th November (P.2)
- Alerted and engaged with members to participate in the consultations on 'Your Future Care' (NEW Devon CCG area) and 'Into the Future' (South Devon & Torbay CCG) (P.4)
- Held an Information Fair in St Stephen's Church in of Exeter on 13th December
- Organised a Conference on 'Transport—Current and Future' in Devon on 10th February (See P. 14)

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Editor's note: The views expressed in these articles and letters in this publication are the opinions of the writers and should in no way be attributed to Devon Senior Voice Board or staff members.

Chairman's Message.....contd



ward into the new financial year.

We must keep the Board of Trustees because we are a Company, governed by the Company's Act. We are setting up an 'Operational Group' which will direct the organisation on a day to day basis. This group will extend beyond the Board and Chairmen and include representatives from the localities. We will construct Terms of Reference to direct the group. We will continue to represent our members, locally and across Devon, and in all the strategic forums that we attend in order to influence decision making. We must look at how we work, how we continue to make our voice heard and our opinion recognised. With limited funds we have to find other funding streams, local councils, local charities, local grants. We will continue to collaborate with Devon Communities Together and work in conjunction with them in projects when we can. We will continue to network with the organisations in our localities for the benefit of older people.

Carol McCormack, Chairman

DSV Update—New Membership Arrangements

As you are no doubt already aware, Devon Senior Voice will lose the funding it has received from Devon County Council via Healthwatch from 1 April this year and currently has no source of funding other than a small amount raised through the 100 Club, plus any funds raised locally by Branches. We are looking for alternative sources of funding but it is extremely difficult to raise money in the current climate for the kind of engagement work that Devon Senior Voice does.

As a result we are having to find ways of reducing our expenditure, and have regretfully decided that we can no longer afford to employ Sally on the current basis and she has therefore been given notice of redundancy. We are in active discussions regarding future admin support after 1 April and expect to have suitable arrangements in place by then.

There are two things which the Board considers essential to our future survival, one is our website, and the other is the newsletter, as these are our main means of communication with our members. The board has therefore commissioned a new website with a more modern look and which will be easier to keep up to date. The newsletter is key, but it costs a substantial amount to produce, and postage costs are high. If members are willing to pay to have the newsletter delivered this will help to defray the cost and contribute towards keeping DSV going.

We are therefore asking you to support us by paying an annual sum of £12.00 to join DSV as Full Members. This will entitle you to receive a printed copy of the newsletter in the post. Only those who join as Full Members will be able to serve on the Board or other committees, or to vote at meetings.

Membership of DSV has always been free and this has

been no problem while funding was available, and we very much regret having to start charging for membership. We appreciate that many of you are already supporting our work by joining the 100 Club. We understand that some of our members may not want or be able to pay a membership fee but we do not want to lose touch with our existing wide network of members. Therefore all those on our current membership list who have not returned their application forms by 1 April 2017 will automatically become Associate Members. Associate Members will be entitled to receive communications electronically, including the newsletter, and will be able to attend meetings and participate in activities. In order to be able to keep in contact with you, it is important that you let us have an up to date e-mail address. Newsletters will still be distributed to libraries and other places and it will be possible to pick up printed copies from these places.

At the AGM on 5 December 2016, the motion was passed to change the membership arrangements and introduce a new class of paid membership. As a result of this it will be necessary to make some changes to our Articles of Association. To give effect to these changes, a special General Meeting needs to be held to approve the form of wording of the Articles. This is purely a formality to meet the requirements of the Companies Acts and you will find details of the meeting in a separate letter and proxy form enclosed with this newsletter.

The new membership arrangements will take effect on 1 April 2017. An application form for membership is enclosed with this newsletter. We very much hope that you will choose to join us and help to support our work.

Jose Kimber, Director

Exmouth Ageing Well Event

On 10th November Tony Siddall and Carol McCormack from Devon Senior Voice, joined forces with Drink Wise, Age Well to put on a free Ageing Well Event to which the public were invited to hear about how our health and care providers can work with the voluntary sector. Topics were as wide-ranging as NEW Devon CCG's Communications Officer, Sally Parker, introducing the 'Your Future Care' consultation to Community Transport and the development of the Budleigh Salterton Hub. Over 180 people attended the event which also included an exercise session and a free lunch!



Honiton Branch



We ended 2016 year as we began; raising the voice of Honiton seniors against injustice, the latest being the threatened withdrawal of

72 beds from East Devon local hospitals, including every bed from Honiton. We initiated a campaign, lobbied, marched and packed the biggest hall. A local Steering Committee presented a petition signed by 3,500 people. Through freedom of information questions we uncovered what appears to be a conflict of interest by the **Independent Chair** who owns a consultancy.

The result of the highly contested consultation process which ended on January 6 is expected in April when we intend to hold a public meeting with our **MP Neil Parish** and other speakers.

We hosted useful discussions on the future of DSV/Board with **Chair Carol McCormack and Sally** at a meeting of East Devon reps. We resolved that whatever happens to DSV and its' board during 2017 HSV aims to continue the work we began almost ten years ago, hopefully working

with remaining branches. As we told Carol and **Honiton Town Council** if there was no Senior Voice it would have to be invented.

Seven years ago, on 6 January 2010, we hosted a meeting to address dementia issues with representatives of our Council and local interested groups. It led to the setting up of the highly successful **Honiton Memory Cafe** led by former nursing staff **Heather Penwarden and Min Reynolds**, which has gone from strength to strength and led to the successful **Honiton Dementia Action Alliance**. We congratulate HDAA on winning the Alzheimer's Society award for **Dementia Friendly Rural Community of the Year**. Chief Executive Jeremy Hughes said what was remarkable was 'the way they used imagination, energy and enthusiasm to inspire others'. Well done all concerned. Honiton Senior Voice have timetabled monthly branch meetings from Jan 26th (4th and on Thursday each month at Methodist Church during 2017. We are planning a meeting on the impact of Article 50- Brexit – on our community especially seniors. Green representative **Molly Scott Cato** has already agreed to join us on April 21st. Watch for announcements in press, library, etc.

Tony Simpson, Publicity

Crediton Branch



Dr Paul Cleave, a researcher at the University of Exeter, joined the Crediton and Area branch of Devon Senior Voice to give the first talk of the New Year. Dr Cleave, who lives in Crediton, is

known locally for his involvement in Sustainable Crediton's food group and also for the seasonal recipes he regularly submits to The Courier. His academic interest is not only in researching the history of food, but also, supported by Professor Gareth Shaw, 'Active Ageing and

Wellbeing' - specifically, the evolving history of tourism and leisure post- retirement. His work in the UK is part of a joint piece of European research, shared by Poland, Portugal, Belgium and Malta. DSV Chair, Carole Towler, thanked Paul for his interesting insight into this topic, and invited the group to break for refreshments prior to the monthly committee meeting. The next meeting will be held at 2pm on Wednesday February 8th, at the Meadow Suite, Lords Meadow Leisure Centre, and the speaker will be Cyril Chudley talking about the Crediton Digital Photography Club. All welcome and entry is free, with an invitation to make a voluntary donation towards room hire and refreshments. For further information call 01363 775502

Paula Kovacs, Secretary

Teignmouth Branch

It is with great sadness that we report the passing of another Devon Senior Voice founding member—Jim Corben. Jim was taken ill in the summer of 2016 and battled cancer for the last few months of his life.

He was an extremely active member of DSV and also of his local community in Teignmouth and will be sadly missed by us all.

The photograph of Jim and his wife Bobby was taken at his 90th Birthday Party In 2014.



Healthwatch Gateway Requests— 1. Your Future Care



Devon Senior Voice members have been extremely active since November participating in the two most recent Gateway Requests via Healthwatch Devon.

The first of these was in the Autumn and was reported on in the last magazine getting members involved in the Sustainability and Transformation Plan (STP) consultation by both NEW Devon and South Devon and Torbay Clinical Commissioning Groups where it is proposed that the whole way services are delivered in the County will change and a number of Community hospital beds will close. Though obvious to most of us that the government is underfunding health and social care throughout the country and the idea put forward by Theresa May and Simon Stevens that the projected £24 billion deficit by 2021 can be covered by these reforms alone, is ridiculous. The issue for Devon Senior Voice is that the quality of care for the elderly is decreasing at a dramatic rate, as reported in other articles in this magazine, and while the

organisation is helping to promote the independence of older people in their own homes for as long as possible, it is also up to us to raise the concerns of those who cannot make their voices heard either because they have become too frail already or they are alone and unsupported.

Devon Senior Voice members have been active across the county, attending public meetings, scribing at these meetings and even arranging public meetings. Members spoke to the frail elderly about how changes would directly affect them and helped to feed back their views.



Sally Lougher, Editor

2. Promoting Independence

The second Gateway request came from Devon County Council in January. Several members of DSV attended a presentation and focus group recently in order to discuss the 'Promoting Independence Policy'. The aim of the discussion was to examine the way that DCC promote independence, whether the policy document is user-friendly and understandable, and how the promotion of future engagement can be carried out

Losing independence is one of people's greatest fears. The longer a person can remain independent and at home, the better is his /her well-being. S/He is more confident, more resourceful, more able to maintain relationships, less likely to be emotionally stressed, more able to manage his/her physical health and well being.

The Care Act introduced regimes for helping people to stay fit, connected, interested in their environment, social, able to gain knowledge, expand their interests. The policy statement outlines ways to promote independence by....

*helping people to focus on their strengths, successes, resources. Encourage them to use their own abilities, build resilience.

*Support people to develop rewarding social and family relationships.

*Enable people to connect with local groups, facilities, clubs, churches, interest groups.

* Develop communities to support people. This equates to helping people to help themselves. The Policy states that communities that are connected, resilient, able to support individuals, are in a good position to contribute to the health and well-being of their local elderly.

Devon County Council, as part of the 'Independence Policy', states that it will:

* Work with people to enable them to use commu-

nity and social support, universal services, and the other resources to help people to meet their needs. When support is needed from Social Services, DCC aim to make good quality information and advice accessible. [Stakeholders at this meeting outlined how difficult it can be for people to gain access to information, and to know which department can advise. The use of on-line advice or use of technology can confuse and inhibit elderly people from gaining some support at an early stage. Small interventions, early on, prevent a problem from becoming a major barrier for independence later on.

It was reported that a man aged 90, who lived independently and was still able to drive his car, but needed to park directly outside of his home as walking was difficult, waited two years for a parking bay that he requested. DCC and Transport services referred his request back and forth between departments and countless requests were sent by his neighbours and family....all he needed were a few white lines painted on the road. He received the parking bay, two years later, when he was 92, but a few months later he died. The meeting asked whether these small interventions could be prioritised in order that independence for elderly people, managing their own lives, could be better supported.

*DCC states that it will work with communities and service providers to promote independence. [It was stated at this meeting that the loss of a Bus Service can become a



Promoting Independence.... Contd



this meeting that the loss of a Bus Service can become a great challenge to independence. There are places in Devon where a local Bus service no longer travels to places where people can stay connected. By removing the means to access shops, dentists, bookshops, post-offices, chemists, GPs....those places cease to exist to an individual, and greatly restricts their independence] DCC in it's Social Care responsibilities, is having to re-think the resources they can afford to provide. They will target people with the greatest need and will have to consider the role of families, friends, social networks and voluntary organisations. There are additional discussion opportunities on the policy at events being held across our region on the following dates:

Wednesday 15 March, Tumbling Weir Hotel, Ottery St Mary

Facilitated event: 3pm-4.30pm

Drop-in discussion opportunity: 5-6pm

Facilitated event: 6.30-8.30pm

Thursday 16 March, Civic Hall, Totnes

Facilitated event: 3pm-4.30pm

Drop-in discussion opportunity: 5-6pm

Facilitated event: 6.30-8.30pm

Wednesday 22 March, Exeter City Football Club

Facilitated event: 3pm-4.30pm

Drop-in discussion opportunity: 5-6pm

Facilitated event: 6.30-8.30pm

Thursday 23 March, Town Hall, South Molton

Facilitated event: 3pm-4.30pm

Drop-in discussion opportunity: 5-6pm

Facilitated event: 6.30-8.30pm

ONLINE ENGAGEMENT

DCC are sending this invitation message out now to give stakeholders as much notice as possible, they will soon be following this message with a website link which will enable you to comment on our promoting independence principles.

Carol McCormack, Chairman

Thousands Could be Forced into Care Homes

Thousands of pensioners could be forced into care homes against their will under secret NHS cost cutting plans. More than 13,000 elderly people are expected to be effectively evicted as health authorities refuse to fund care in their own homes.

Charities expressed alarm, describing the new measures as "outrageous."

This is extremely worrying. It is horrible to think that an older person who wants to stay at home could now be forced to go into a care home At least 37 Clinical Commissioning Groups (CCGs) have drawn up new restrictions governing care for elderly and disabled patients, Freedom of Information disclosures reveal.

The responses - from 122 of the country's 209 CCGs - show that authorities have ruled that they would not pay for help at home if it was cheaper to send pensioners to a care home.

Caroline Abrahams, Charity Director at Age UK said: "This is extremely worrying. It is horrible to think that an older person who wants to stay at home could now be forced to go into a care home.

"Not only does this go against Government policy of keeping people in their own homes, it ignores the fact that in certain areas there is already a grave shortage of care home beds."

Most people go into care homes at short notice

Simon Bottery, from charity Independent Age, said: "It is frankly outrageous that older people could be made to move into residential care when they are able to live independently in their own home."

The investigation by *Health Service Journal* and cam-

aigners Disability United examined NHS policies on Continuing Healthcare - a fund which pays for care of those whose needs are primarily medical.

Around 19 of the 37 CCGs in question have banned paying for care at home if the cost exceeds that of residential homes by more than 10 per cent. Another seven said they had set the threshold at 20, 25 or 40 per cent above care home fees.

Several said they might be open to accusations that the restrictions breached human rights, but believed they could justify the decisions on cost grounds.

Former care minister and Lib Dem MP Norman Lamb said it was "scandalous". He said: "If someone is able to live independently forcing them to live in a care home is outrageous.

"It treats people as second class citizens."

A Department of Health spokeswoman said: "It does not fall to us to approve an individual CCG's policy." Around 300,000 pensioners in England and Wales are living in a care home at any given time, a clear majority of them over the age of 85.



Help to Switch and Save Money



BIG ENERGY SAVING NETWORK

Sally is still offering the switching service to members and the general public until the end of March.

As we have heard in the press, many of the big 6 are putting up their prices in March, so don't leave it too late—there are still significant savings to be made..

Scottish Power has become the third of the big six suppliers to announce price hikes this year following EDF and Npower, hiking its standard prices by a whopping 7.8%. And even though British Gas is freezing its standard prices, the message is still simple...

If you're on a supplier's standard tariff, you're massively overpaying. The top deals are £100s/yr cheaper and because they're fixed they'll protect you from these price hikes.. You can still save a possible £300+/yr.

Get in touch with me with the information below which is easily found on a bill or your annual statement and I shall find you the best deal which you can switch to, whether or not you have access to the internet as most companies also offer a telephone service.

Sally Lougher. Editor

Energy Switching

Members will hopefully be aware of the current campaign promoted by the Big Energy Saving Network (BESN) and National Energy Action (NEA).

The information required in order to obtain a switching estimate is as follows:

1. Has your meter/s recently been changed? If so, when?
2. Name of current provider
3. Name of Current Tariff
4. Payment method
5. Do you have Warm Home Discount
6. Cost of Energy over the last year
7. Usage in kWh over last year

8. Postcode

You will need to provide this information for both gas and electricity supplies (even if you are already on dual fuel All this information, except the first item, can be found on your annual statement

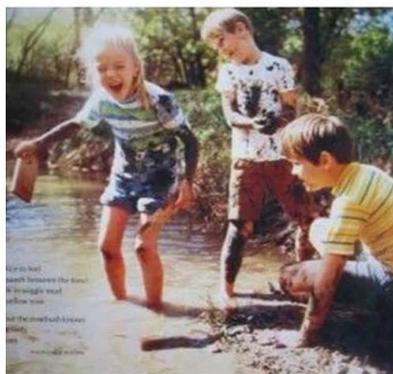
Telephone this to Sally on 01803 732678 or email info@devonseniorvoice.org

And Sally will do all the work for you.

Ron Cuthbertson, Crediton

To make you smile....again

SO GLAD I GREW UP



DOING THIS



NOT THIS

THE OLD ONES ARE STILL THE BEST. OLD JEANS, OLD BOOTS, OLD FRIENDS, OLD MOVIES, OLD TUNES, AND OLD TIMES.

100 Club Report



It does not seem all that long to me but we are rapidly approaching the first anniversary of the first 100 club draw in May 2017. I have already received some of the renewals from members who decided to support the Devon Senior Voice using a banker's order. However I must remind all those who paid their membership using a cheque or bank transfer before May 2016 that it is important that I receive their renewal by the end of April or their entries will not be in the May 2017 draw.

I regret that it is just not practical to issue individual receipts and reminders by post because that would cause an additional administrative burden and the costs would reduce the money that goes to the DSV funds. I will however try to send everyone who has given me an email address a reminder by email one month before their subscription expires. Any members who would like to check when their subscription requires renewing are welcome to contact me by phone 01884 252460 (please leave a message) or email to ianksoulsurfer@gmail.com.

By the end of the first year of operation the draw will have raised £1300.00 to support the continuation of the Devon Senior Voice.

November, December and January prize winners were:-

	November	December	January	February
1	Alan Grove £46	Jim Corben £46	Carole Smyth £46	Frances Canning £47
2	Paul Narramore £23	Margaret Breeding £23	Jackie Day £23	MP Houston £23
2	Miriam Brown £23	Joy Robinson £23	Edward Greenbury £23	EA Mount £23
3	KW & RM Sole £12	Mollie Jenkinson £12	Joan E Carn £12	Bob Buskin £12
3	David Snelling £12	Bob Buskin £12	DGU & CE Lee £12	Jacqui Avery £12

Ian Kimber, Tiverton

You Can Input into Health and Social Care Research!

Are you over 80 and want to make a contribution to health and social care research? Would you like to meet other people who enjoy discussions and sharing experiences of services, being a patient, or a carer?

The Peninsula Collaboration for Applied Health Research and Care (PenCLAHRC) is set up to do research that is important and relevant to local services. For this reason we are keen to connect with people who know what it's like to use services: People who have waited for appointments, negotiated treatments, learnt about the system or felt chaperoned around. Whatever your experience – good or bad - we want to do research that is relevant to patients and carers, and to do that we need to speak with patients and carers themselves.

At the beginning of a study researchers like to meet with people who can give a patient or carer perspective to the research they have planned. You would not be interviewed

or tested. Instead, you and other patients/carers are invited to a meeting with researchers. They explain their research idea, and you tell them what you think about it. Together we come up with research that is relevant to services, important to patients and possible to do.

Many meetings are held at the universities. Sometimes meetings are organised outside of these organisations so as to make it easier for people to attend.

Send us an email (piexeter@exeter.ac.uk) or give us a ring on 01392 722756. We can give you more detailed information on the work we do. We can discuss with you how you would prefer to be involved and how you would like us to contact you for relevant studies. For all research meetings we pay for your time (£25 for shorter and £50 for longer meetings) and we also reimburse reasonable travel costs.

Patient Led Assessment of the Care Environment (PLACE)

PLACE assessments is a national annual process that provides a patient's perspective of the various hospital areas (including tasting either a lunch or supper) in regard to specified criteria that the assessor (and team) grades. The RD&E have been advised that the next round of visits are planned after the 20th March and possibly during April, May or June. They are looking for volunteers who are prepared to carry out this role (accompanied by Trust personnel) and if so, wish to take part in the refresher/new train-

ing that will be provided beforehand.

If you have an interest in participation, would you let Sally know, either by e-mail or phone on 01803 732678 as soon as possible. Should you want to discuss this before expressing an interest, do contact me on 07734 052583.

James Bradley, Director.

Pop-up New/Old Design Exhibition



FROM THIS..

Not before time an unusual and innovative exhibition is now in progress at the Design Museum in London showcasing futuristic designs to help our ageing population lead fuller, healthier and more rewarding lives.

Design for older people might conjure images of clunky beige mobility aids,

kitchen gadgets with oversized rubbery grips and those glamorous unisex Velcro shoes long advertised in the back of Sunday supplements. Now all this is changing, we hope, as this is no longer acceptable to the "new old" who are tech savvy, mobile, often still in work, and simply won't put up with clumsy plastic loo seats and excessively padded shoes any more. "This is the rock'n'roll generation, They know about design and they're demanding more."

The future of ageing is more likely to involve robotic underwear, sentient digital companions and fridges that stock themselves, if a new generation of inventors has their way.

As our population ages rapidly the exhibition asks the question: how can designers meet the challenge of a rapidly ageing society? From robotic clothing to driverless cars, this exhibition rethinks design approaches to ageing. Curated by Jeremy Myerson, Helen Hamlyn Professor of Design at the Royal College of Art, and sponsored by the

Helen Hamlyn Trust and AXA PPP healthcare, the exhibition is organised into six sections - Ageing, Identity, Home, Community, Working and Mobility. Each section features a special design commission by a leading designer or design team, creating new solutions for demographic change as well as addressing the challenges of ages. New projects by Yves Béhar /fuseproject, Konstantin Grcic, Future Facility, Special Projects, IDEO and Priestman Goode feature in the show. NEW OLD examines how innovation and design can re-imagine how we live the later stages of our lives. From clever responsive insoles to help people who have problems keeping a steady gait to a genius new three-wheeled mobility scooter by corporate giant PriestmanGoode. The love child of a kid's microscooter and a granny's wheelie shopping trolley, its Scooter for Life combines active mobility with storage and compact efficiency.

Sally Lougher, Editor



TO THIS!!!

Is Introducing a 'Slow Lane' in supermarkets a Good Idea?

Supermarkets across the UK are being encouraged to introduce 'slow checkout lanes' to benefit older people living in isolated areas by giving them a chance to experience the 'social aspect' of shopping. Researchers at University of Hertfordshire have also called for shops to provide more seating areas and to use special offers to encourage people aged 60 and over to shop at quieter times of the week.

Wendy Wills, professor of food and public health at University of Hertfordshire, believes older people are at an increased risk of social isolation from well-intentioned efforts to get them to shop online.

She said: "Our research shows older people are more likely to have a wide range of factors working against them when it comes to sourcing, buying and preparing food.



"Industry and policymakers have a real opportunity to introduce practical and cost-effective measures that support older people to enjoy a healthy, affordable and safe diet, and to develop, or continue with, a positive relationship with food.

"Failure to act could result in older people's food security, and therefore their health and well-being, declining at a faster rate, placing greater pressure on the NHS and care providers."

Researchers at University of Hertfordshire conducted a nine-month study, looking at the shopping habits of people aged between 60 and 93-years-old within 25 households.

They found that the tradition of a trip to the local shops or supermarket was being 'threatened' by the increasing popularity of online shopping.

Some shoppers also revealed how they felt 'disenfranchised' by buy-one-get-one-free offers that are targeted at families buying in bulk, or money-off offers which appeal more to higher spenders.

Researchers suggest encouraging older people to shop at quieter times of the week – by introducing special offers for the 'over 60s' during specific time periods – could make the supermarket a less stressful and more enjoyable shopping experience.

Business Champion for Older Workers announces new initiative



Employers should increase the number of older people in the UK workforce by one million over the next five years to combat age bias, the Government's Business Champion for Older Workers,

Andy Briggs announces.

To address the widening skills gap, tackle age bias in work and enable people to stay in work longer, every UK employer should increase the number of workers aged 50-69 in the UK by 12% by 2022. The target is aimed at supporting older people who want the same range of options and opportunities as younger colleagues, and to be recognised for their experience and expertise. In recognising the skills older people bring to the workplace, employers will benefit from the breadth and depth of their knowledge.

The Government appointed Andy Briggs, who is CEO of Aviva UK Life, as its Business Champion for Older Workers alongside the Business in the Community Age at Work Leadership Team of which he is chair. As Business Champion, Briggs and Business in the Community are tasked with supporting businesses to retain, retrain and recruit older workers.

Briggs commented, "One million more older people in work by 2022 is an ambitious yet necessary target. There are 15 million people of this age group in the labour market, yet only nine million are in work. We want to get this to 10 million by 2022.

"This target is achievable if employers commit to taking an honest and sustained approach to understanding age bias in their organisations. Older people can be written off by their employers, but we are asking employers to consider carefully the overwhelming benefits of having a diverse and representative workforce, and then to act on it. We live in an ageing society so it is critical that people are able to work for as long as they need and want to and there are overwhelming benefits for both employers and employees.

"Many people aged over 50 want to continue to develop their careers, learn new skills, try new things and also share their broad knowledge and experience. This is good for everyone, and particularly for employers and their businesses who will benefit from drawing on the talent, creativity and experience of all of their employees, regard-

less of their age."

The employment rate for people aged 50-69 is 59% and the Business Champion for Older Workers says this must increase to 66% by 2022 if the UK is to start addressing its skills gap. By 2022, 14.5m more jobs will be created but only 7 million younger workers will enter the workforce – leaving 7.5m roles unfilled.

UK home improvement firm B&Q is pretty much synonymous with employing older workers, with more than a quarter of its 30,000 or so employees over 50. Back in 1989, its Macclesfield store was staffed entirely with over 50s, and these days its apprenticeship scheme has no age requirements.



Peter had been retired 17 years before deciding he wanted to get back to work, becoming a customer advisor at B&Q

in Bristol. "I enjoy the team spirit here. The guys and girls around me have become a new group of friends – albeit, mostly a lot younger than myself."

And it's not just a 'nice to have'. B&Q deliberately wants to reflect the local community at a particular store, whether that's in the ethnicity or age of its staff. It also means a bigger talent pool – with no age limit, it widens the opportunity for picking the best.

And the DIY firm isn't the only one among the retail giants; Sainsbury's is another age-positive employer, with 25 per cent of staff over 50, and their eldest colleague is 92. The supermarket provides more opportunities for learning and development for older colleagues, who have a wealth of experience under their belt.

Clearly, retirement is changing and subsequently, so is the workplace. Older workers have plenty to offer – from reduced turnover to the transfer of knowl-

edge – so the best thing is to embrace it. "It feels very good and very right to have them be part of the team,"



And to illustrate the above...

'Bored' Paignton pensioner: Did you follow the story of the 89 year old who advertised for a job then worked in a cafe? For several days he was the darling of the press - for example Martin Freeman (Western Morning News) urged readers to 'raise a glass to Joe' who could even 'change our perceptions of retired people'. Wasn't this egging the story a bit? I did notice that Joe said he was 'dying of

boredom' and 'wants a purpose to go out' so wondered about opportunities for voluntary work in Paignton, charity shops, local groups, health and care centres, etc where a lovely chap like Joe would not feel so bored and could make a contribution. Good luck to him. What do you think?

New AGE UK Report on the State of Health and Social Care



Another report released by AGE UK during the middle of February states:

Social care is facing "disaster" if it doesn't get more funding, a report today warns.

The grim analysis by the charity Age UK says hundreds of thousands of over 65s are not getting the essential help they need. And it warns the situation will get worse because of a lack of funding coupled with an ageing population.

Age UK says that social care in England is living on "borrowed time" and without an emergency injection of funds in next month's Budget faces "disaster."

It warns that over the next two decades the number of over 65s will rise by nearly 50% from 9.7million to 14.75million and the number aged 80 and over will leap by 113.9% from 1.3million today to 2.8million.

One in three people aged 80 and over will suffer poor health and will need help with either dressing, getting up, eating, going to the toilet or washing.

The latest figures show the number not getting the care they need has risen by 48% since 2010 to 1.2million and includes 700,000 elderly who do not get any help with daily care needs and a further 487,000 who get some help but not enough to meet all their requirements.

Age UK says that funding for social care has fallen under this government from £8.45billion to £8.3billion a year despite the pressures from an ageing population.

One in three over-80s need help with everyday activities like dressing. The charity says it needs an immediate £1.65billion a year more now and at least £16billion a year by 2020 to keep pace with demand.

And they dismiss suggestions made by the care minister David Mowat that families should do more to look after their elderly relatives.

The charity says the number of people providing unpaid care has risen to almost one in five of the population. This includes

two million carers aged over 65 and 417,000 aged 80 and older.

The report also highlights how councils are struggling to provide care places.

In the last year 77 local authorities saw at least one care home close in their area and 31 councils said a provider had handed back the contract because it was not profitable.

Age UK says many **care homes** are changing their policies to only take self-funding residents as these are more profitable. This means local authorities are finding it harder to find **places for the elderly** which in turn means they are waiting longer in hospital to be discharged.

At the same time the number of community nurses has fallen from 38,409 to 33,177 and the number of mental health nurses is down from 40,275 to 35,998 in the last five years.

Age UK's Caroline Abrahams said: "Our new report makes for frightening reading because it shows just how fragile older people's social care now is.

Age UK says many care homes are changing their policies to only take self-funding residents (Photo: Getty)

"Even worse, unless something changes the crisis will certainly deepen this year and next, and we think there is now a real risk of a complete collapse of social care in the worst affected areas. "If this happened it would be a disaster that would threaten the health and even the lives of the older people affected.

"Some older people and their families are already telling us that they simply cannot find any carers where they live and we are also hearing of vulnerable older people receiving council-funded care whose help has been significantly reduced, leaving them to manage alone for many hours at a time."

"This is an incredibly serious situation that demands an immediate Government response. We urge the Government to make an emergency injection of funds into social care in the Spring Budget to stave off the risk of complete collapse.

The First Dementia-Friendly Supermarket Check-out

A Chester branch of Tesco became the first known supermarket to implement a 'dementia-friendly' checkout. The Frodsham Street store has a clutter-free checkout which features clear images representing coins and their value. 'Dementia-friendly' staff also manage the checkouts to ensure the shopping experience is made easier for those living with dementia.

Hayley Sale, the store's compliance manager, said: "We're always looking for ways to improve the shopping trip for our customers and to support our local community. We knew that helping people with dementia would be hugely beneficial and are very happy to have installed the first clutter-free checkout, clear coin recognition signs along with dementia trained members of staff."

Dementia Drug Fails - But Progress is Undiminished

The much publicised new drug for treating dementia known as solanezumab - the first drug since 2003 - has failed early clinical trials. Initial feedback that the new antibody drug would slow progression was hopeful but results have so far been disappointing. Almost 12% of deaths (over 60,000) are from dementia. Even so US data suggests dementia rates in people over 65 are falling by

up to 25% due to improved health education and heart preventive approaches which both impact on brain function. Work on other drugs is proving hopeful and the Alzheimers Society says 'dementia can and will be beaten'.



Sanctuary Care

'Keeping kindness at the heart of our care'

Fernihurst Nursing Home

 *Nursing Dementia* 

"Staff are compassionate and supportive, giving excellent care and attention to my aunt."

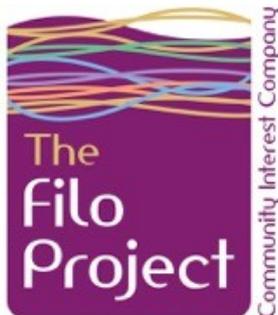
Niece of resident

Our dedicated team is highly trained to provide specialist nursing care to people living in the later stages of dementia.



19 Douglas Avenue, Exmouth, Devon EX8 2HA **Tel: 01395 224 112**

www.sanctuary-care.co.uk



A different kind of day care

The Filo Project is a not-for-profit organisation offering high quality, small group, adult day care. Our service supports elderly individuals who are socially and intellectually isolated, most of whom are experiencing symptoms associated with moderate dementia. The day starts with

each client being picked up by a host and being taken back to the host's own home where they spend the day. We liken our day to spending a day with friends, everyone can hear and engage with the others. The focus is on clients' capacities and capabilities. We are looking to employ more hosts in and around Teignbridge/ South Hams and Exeter. To find out more call 0333 929 8225 or visit:

www.thefiloproject.co.uk



If you are interested in advertising in the Devon Senior Voice magazine, please contact Sally on 01803 732678 or email info@devonseniorvoice.org



As you may know **Devon's Acute Services Review (ASR)** was announced on 4 November 2016, when the final draft of the five-year Wider-Devon Sustainability and Transformation Plan was published. The detailed case for change is set out on the websites of [NHS NEW Devon CCG](#) and [South Devon and Torbay CCG](#).

This Plan sets out why we need to transform health and care services across Devon. It has seven main priorities, one of which is to secure clinically and financially sustainable acute hospital services across Devon.

Acute services are currently provided for the people of Devon by our four major hospitals (in Barnstaple, Exeter, Plymouth and Torbay). The review will have three parts:

1. Examine the gaps in our current acute services and/or whether we are fully meeting the national clinical standards to achieve 'best care for Devon'.
2. Identify those acute services that are vulnerable because of workforce shortages, or other challenges and which are at risk of becoming unsustainable in the near future.
3. Engage our staff, stakeholders and the public on what they consider to be most important about the acute services within the Review and the criteria for decision-making

Across Devon, staff are working hard to deliver a good standard of care to patients. But we know we are not consistently delivering care in line with national best practice and we are doing this at too high a cost: Devon's hospitals are currently spending £50 million more per year than they receive in funding. A large proportion of this overspend is on agency and locum clinical staff, which is a good indicator that services are becoming unsustainable. If we do nothing, this overspend on acute hospital services will increase to £305 million by 2021.

The aim of the review is to make sure Devon's acute hospital services are fit for the future and provide the best possi-

ble care for our patients.

Because this is such an important issue for Devon, it will rightly involve months of collaboration, discussion and planning within, between and outside of our hospitals to come up with proposals to ensure we achieve our shared goal of sustainable acute and specialist service provision across Devon.

Which acute services are being reviewed?

High priority acute services

- Stroke services, including hyper-acute and stroke rehabilitation (clinician workshops taking place between December 2016 and March 2017)
- Maternity and paediatrics (clinician workshops taking place between January 2017 and March 2017)
- Urgent and emergency care. (clinician workshops taking place between January 2017 and March 2017)

It is important to note that there are no specific proposals for service change at this stage.

The workshops provide a forum where clinicians from across Devon representing each of these services meet to discuss the current service standards, the best practice service standards (national clinical guidelines) and any issues affecting the quality and sustainability of the existing services. Each of the three reviews will include a number of patient representatives (recruited by Healthwatch) who have lived experience of the service being reviewed. This will ensure that the patient perspective informs the discussions of the group.

Vulnerable acute services

In parallel, work is underway to discuss a range of vulnerable services that may require collaboration and different ways of working across our hospitals and clinical teams.

Each of these services has particular challenges and we cannot resolve them with the current model of service delivery. This work is ongoing and will follow a similar process to that of the high priority acute services.

New Unit Opens at the R D & E

A unit, specifically to cope with winter pressures and our ageing population has opened at the R,D & E at the end of January. It is based on the hospital's Acute Medical Unit (AMU) and provides 14 beds for frail older people who are clinically stable but have complex health and social care needs.

The intention is to ensure that all the needs of the patient are met as quickly as possible to prevent lengthy hospital admissions.

It is anticipated that patients on the unit will be treated and discharged from hospital, where appropriate, within 72 hours, due to the focused attention and specialist knowledge of the ACE team.

The unit is led by a consultant geriatrician who can facilitate timely assessment, diagnostics and treatment interventions. The team also includes specialist nurses, thera-

pists, social care staff, older people's mental health and voluntary sector.

James Mulcahy, lead clinician, healthcare for older people, said: "Through the ACE Unit we hope to provide focused, patient-centred care for older people to ensure they can get quick access to the assessment and treatment they need.

"The dedicated team aims to prevent these patients being in hospital longer than they need to be and reduce the risk of any unintended harm that a lengthy hospital stay might bring.

"It is still early days, but so far the unit is going very well. We will be monitoring its progress on a monthly basis."

Will NHS Transformation Plans Kill or Cure the Health Service?



Debate about the role of Sustainability and Transformation Plans (STP) has become dangerously polarised. STPs are an opportunity to deliver reforms, but the NHS will struggle to seize these opportunities without key changes.

“Secret plans to change our NHS”: This is the allegation levelled at STPs – the government’s latest NHS reform initiative – by campaigning group 38 Degrees. Some politicians seem to agree, with former shadow health secretary Diane Abbott calling them “a dagger pointed at the heart of the NHS”.

Simon Stevens, the chief executive of NHS England, sees it differently: “Now is quite obviously the time to confront ... the big local choices needed to improve health and care across England.” For him, STPs are a way of delivering the reforms he set out in the NHS Five Year Forward View and the £22bn of efficiency savings he promised to the government, while maintaining or improving the quality of care.

As details of the STPs have been made public and the extent of the winter crisis in the NHS has become apparent, the debate about their role in the health service has become dangerously polarised. Campaigning groups have raced to uncover “secret” plans to close local hospitals, arguing that these changes are evidence of the government’s deceit. And, they are right to highlight that these changes are afoot.

Not all the planned changes are justified, some are likely to be driven by the need to cut costs but perhaps some are

not and should end up improving health outcomes over the coming years. For example new “community care hubs”, which will bring together GPs, mental health services and social care at a local level will possibly bring about a truly seven-day health service . What is extremely apparent is the government must recognise that the health and care system needs more funding to manage the immediate pressures. A good start would be a rise in national insurance. This could raise up to a further £16bn over the next five years, dramatically closing the funding gap.

What do you think and what are your experiences of health and social care in Devon recently?

We have been contacted by a number of people concerned about:

- The poor quality of domiciliary care in peoples’ homes—even when the older person has relatives living in the same property
- The POOR treatment of loved ones nearing end of life
- The lack of available, affordable residential beds for loved ones living with dementia

Devon Senior Voice is determined that these issues should be highlighted and that the quality of care of our older people is paramount.

Privatisation of our National Health?

Three years ago Professor Allyson Pollock gave a TEDex talk in Exeter on what she sees as the privatisation of the NHS. These words have proven to be of some consequence. Allyson is Professor of Public Health Research & Policy at Queen Mary, University of London and one of the UK’s leading medical intellectuals, and undertakes research and teaching intended to assist the realisation of the principles of social justice and public health, with a particular emphasis on health systems research, trade, and pharmaceuticals.

Also trained in medicine the video of her talk can still be viewed by copying this into your browser:

<http://tedxexeter.com/category/people/a/allyson-pollock/>

Multiple Medication-taking Associated with Frailty in Older People

As reported in the last magazine another new study reveals that polypharmacy (taking several different medicines) can lead to increased frailty in older people.

Researchers at the German Cancer Research Centre, the University of Heidelberg, and other institutions conducted a study involving 3,058 community-dwelling adults aged 57 to 84 years in Saarland (Germany) to investigate the relationship between polypharmacy and frailty. Polypharmacy and hyper-polypharmacy were defined as the concomitant use of five or more and 10 or more drugs, respectively.

The results revealed that people who were at risk for frailty,

as well as those who were already frail, were more likely to be in the polypharmacy or hyper-polypharmacy groups compared with people who were not.

Frailty is theoretically defined as a clinically recognizable state of increased vulnerability and defined as meeting three out of five phenotypic criteria: low grip strength, low energy, slowed waking speed, low physical activity, and/or unintentional weight loss.

Don’t forget to request a regular medication review from your GP or pharmacist every six months to check you still need to be taking them, if this applies to you.

Transport in Devon -Current and Future Conference



South West Seniors Network is an organisation that brings together forums from our region and takes our views on to the national stage. They won funding to put on

4 events around the region and Devon was given the third one on transport. Torbay Unitary Authority dropped out leaving Devon Senior Voice to put on the event at Exeter Football Club.

DCC provided most of the speakers, giving us a good picture of the current structure and future plans for our Transport System.

The speakers included Damien Jones who gave a very interesting talk on Transport Coordination in Devon. This includes supporting local bus services, rail, community transport, national bus passes, school college transport, social care transport, fleet management and external partners. The budget is nearly £40 million with education taking the biggest chunk of over £21 million, followed by £9 million going to the National Bus Pass scheme. They are under great pressure to maintain services with continued cutbacks, including a proposal to cut £1.7 million from the transport budget over the next 2 years. Statutory services cannot be cut which means that the discretionary areas such as bus subsidiaries are hardest hit. More people are using public transport, both road and rail. A new bus services bill going through parliament is aiming to provide a

toolkit for improving services.

Devon's Total Transport Plan will extend Devon's approach to integration by bringing together providers and transport budgets. An ambitious plan for the future, hopefully including working more closely with the NHS. A joined up service should give longer term benefits to help make the best of these difficult times.

David Whitton explained how DCC strives to cope with maintaining our roads with a decreasing budget, with the country lanes inevitably suffering the most.

Cllr. Andrew Leadbetter Chairman of the Peninsula Rail Task Force, cheered us all up by telling us about the plans that were taken up to Parliament with proposals for the development of our railways, including the Tarka line to north Devon and the main line down through Devon and Cornwall. There are also plans for upgrading the A303 and the Link Road (See below). If it all comes to fruition it will greatly improve access to our part of the world.

Steven Aughton, Sue Musyoki and Marilyn Lant from Living Options gave a very interesting and enlightening talk on the challenges of travelling on public transport. Very thought provoking.

All together a very enjoyable and informative day!



Margaret Coles, Director

Council proposes preferred route to government for A30 improvements



Devon County Council's Cabinet on Wednesday 14 December agreed to propose a preferred route to government for a £180 million improvement scheme for the A30.

Councillors approved recommendations to put

the "Orange Route", as modified through consultation, to the Secretary of State as the preferred route, for his view and potential implementation.

It follows a public consultation throughout August and September during which the County Council presented three route options (Orange Route, Blue North and Blue South), to improve the A30 between Honiton and Devonshire Inn. More than 880 responses were received during the public consultation, in which 53% of respondents agreed that there was a need for improvements

The government confirmed in the Autumn Statement in 2014 that the full A303 corridor, together with the A358 from the Ilminster roundabout to Taunton, will be upgraded in addition

to "smaller scale improvements" to the A30/A303 between Honiton and Southfields. It followed economic studies commissioned by Devon and Somerset County Councils to highlight the benefits of improvements. Hundreds of businesses and visitors were also surveyed which showed widespread support for improving the A30/A358/A303 route from the South West to the South East.

Research found improvements to the whole route could provide 21,400 jobs, a £41.6 billion boost to the economy and £1.9 billion in transport benefits from reduced journey times. An upgrade could also prevent more than 1,800 fatal or serious injuries over 60 years and reduce carbon emissions by 9%. Although the section of the A303/A30 between Honiton to Ilminster was not included in the government's Road Investment Strategy 2015-2020, the government recognised that some improvements were necessary.

Councillor Andrew Leadbetter, Devon County Council Cabinet Member for Economy and Growth, spoke at DSV's Transport Conference in Mid-February (which will be reported in the next edition) said: "There has to be a second strategic route into the South West to improve safety and give us resilience for economic reasons.

Report on DSV Smart Meter Project



Together with my merry band of volunteers 10 of us travelled far and wide across the county to spread the word about Smart Meters to an unsuspecting Devon public. We

attended meetings at Childrens' Centres, Seniors Lunch Clubs, Flu Clinics, U3A meetings, Libraries, Branch meetings, Drive and Dine Clubs, Tea and Chat afternoons, Older peoples Residences, Memory Cafes and even The Canal-Zoners group of ex-servicemen who served in the Suez Canal Conflict. In partnership with Natali Purdy-Guevara, the temporary Project Manager employed by Devon Communities Together who worked in partnership with us, we were able to reach a large number of hard-to reach

people and present them with all the information about Smart Meters so they could decide whether or not to get one installed at no extra cost to themselves. We had many displays of information in public places, in parish magazines and other newsletters, information fairs and Ageing Well events as well direct presentations to groups and the distribution of our Frequently Asked Questions Booklet which is still available for anyone who would like a copy. Just send me a stamped addressed envelope and I shall put one in the post to you.



Sally Lougher, Editor

Readers' Contributions.... Smart Meters – been here before?

Listening to 'our Sally' promoting the benefits of 'smart' meters and renewable energy I realised I had been here before. Like many fellow seniors I grew up at a time when open fires and oil lamps were not uncommon; but then this was the Brecon Beacons. The old lady living next door to my grandmother refused electricity until her dying day because she believed it both dangerous and costly. When playing in local woods we sometimes encountered her gathering winter fuel.

Nature's bounty was all around us. Hedgerows provided berries and nuts, fields provided fungi and mushrooms. Forests provided an ample supply of kindling and logs for our fires. Sustainable energy is nothing new. Our terraced house was owned by an ingenious garage proprietor, one of the first young electrical engineers in Britain, who my father worked for as a service mechanic on returning from the war. Mr Elston was well ahead of the energy game. Since the 1920's his garage had tapped into hydro electric power from the river Honddu providing electricity for our street, local business and even the lights of

Brecon Cathedral.

The Honddu river, where I learned to swim, had long provided power for several mills in the vicinity along with a nearby brewery and a woollen factory.. Having a grandmother and six aunts occupying nearby cottages meant there was never a shortage of coins or candles – social care came free too. While Elston's electricity was highly prized by my extended family, long before smart meters they were frugal feeding 'bobs' into the slot meter Grandmother moved her favourite seat beneath the window and demanded the 'lectric light remain off until twilight. A favourite pastime was sitting by her open fire with grandchildren - toasting crumpets before story telling or singing while playing her accordion. None of this required lights or electricity. Mum too would sing while doing her housework. A good tune and a good story along with the frugal turning off of lights are traditions I seem to have inherited.

Tony Simpson

Are you a Mortgage Lender?



According to the Centre for Economics and Business 'British parents will have given their grown up children £5 billion by the end of the year in order to help them take the first step on the housing ladder. The average contribution is £17,500 (typically a

gift rather than a loan) making parents among the top ten mortgage lenders'. The average house price is £218,000 and the average first time buyer's deposit is £33,690 double what it was in 2007; probably many times what most Senior Voice members would have had to pay. And how many members can afford to make such generous gifts to their children?



Tony Simpson, Honiton

My Own 'Twin Peaks' Saga! Over The Pyrenees To Replace A 'Pair O'knees'



Little would I have expected in July 1975 to be told by a nurse at Kingsbridge Hospital that my father had died of Pancreatic Cancer-“ Nothing could have been done to save him “ she said! That was until 1997, three years prior to the Millennium which *kneed* celebrating !

A trek of some 2000 kilometres sprang to mind - U.K. coastal paths-boring! Why not the 9th Century Pilgrims' (they're used to kneeling!), route from the middle of France ,over the Pyrenees to Santiago de Compostela with a Hinny acting as a pack animal named 'Henry' ?

Four months of gruelling terrain, weather conditions, wear and tear on my knees stimulated the osteo-arthritic condition recognised as a symptom of degeneration which steadily grew worse over the years until the pain could no longer be endured! Whilst triggering the image of my conversation with the nurse which put things into perspective really! Something had to be done!

First, in 2001 the establishment of a nationally Registered Charity - 'The Operation Henry Trust' to look after those and their families who have been diagnosed and affected by this 'Cinderella ' of Cancers which has a 3% survival rate over 5 years!

Secondly, in February 2016 a visit to the local G.P. complaining of an ever increasing pain in both knees. A referral to the X-ray Dept: associated with Plymouth Hospitals NHS Trust was made resulting to an assessment by a Mr James Brown – Orthopaedic Surgeon/Consultant of the Peninsula Care NHS 'private' hospital - two total knee replacement operations required, left one first as in poorer condition to be operated on the 15th June 2016, then the other one which will be operated on the planned date of 17th October 2016 - Happy days!

Since 2014, having been on 'active surveillance' 3 monthly blood testing for PSA prostate condition,

Gleeson stage 9 Aggressive Tumour, satisfactory readings, CAT ,MRI scans and Nuclear Bone scan, all fine until July 2016 when raised to 28.9 PSA triggered Hormone Therapy (Chemical Castration)- PSA down to 0.36!! Registered Alto trainee Ivybridge Choir!

By the end of August my left knee, following total replacement procedure, was healing well and could bear weight- Planned October operation for similar procedure for right knee was cancelled at the Peninsula Hospital as their contract with the NHS states that patients undergoing additional therapy for unrelated medical condition cannot be patients for major surgery.

Following 'one-to-one' discussion with the medical director of Peninsula Hospital in November, I was discharged from their care and referred back to my G.P who referred me to Nuffield Hospital for my right knee operation which was similarly refused by a Mr Mark Williams, Orthopaedic Surgeon/ Consultant under the same clause of their contract - Not Happy Days!

BUT! Mr Mark Williams has a secondary patient list for whom operations may be carried out under the NHS direct at Derriford Hospital - Happy days! I am placed on the list and checked waiting times at Derriford for orthopaedic operations and told 5 months! End of March, perhaps!!.....Now ,how does this affect our planned holiday to Cyprus to have the company of our great friends Sue & Alan Dimond? Not happy days!

Insistence that the right knee has to be replaced before

Christmas was emphasised. Difficulties are there to overcome. Reference to our association with Derriford Hospital's Mustard Tree Macmillan Cancer Dept: as Operation Henry receives referrals to help patients may have helped to have a special unplanned vacancy for the operation on the 13th December! Happy Days! - **CYPRUS – HERE WE COME !**

Rising at 5.30 am on the 13th December Gill and I prepare to arrive with necessary 3 night stay (as previous at Peninsula hospital) clothes, stick, crutches, etc for 7.00am pre-op appointment in 'Postbridge' Ward thence to 'Fal' Ward for preparation prior to operation planned for 4.00pm thence to 'Stannon 'Ward for recovery-operation a success - Happy Days! By end of February right knee should be able to bear weight!

CYPRUS – HERE WE COME !

.....The Tuesday 14th December, having had a restless night, at 7.00am found me in intense intestinal discomfort awaiting to explode with unenviable loose motions in the bed unless extreme attention is paid to my pleas for help! Eventual assistance arrives by way of a commode on which I am transported to the wet room/toilet in the ward corridor. Two Nursing assistants lifted me onto the raised toilet seat loosely attached to a frame that goes over the bowl. I perform with gusto! Now with one leg horizontal well bandaged, the other stiff but flexible and intermittent urinating (weak bladder re: H/ Treatment) onto already damp floor, toilet seat frame slips as I attempt to wipe myself and I fall smashing my left leg kneecap! Not Happy Days !

The left knee previously replaced now started to swell into a well formed 'W' shape not unlike twin peaks of a mountain range steadily growing a deep purple ! The red pull cord-emergency alarm – (“ call us if you need any help) Was taugt accompanying my screams for help which eventually arrived 2 minutes later. Hoisted and transported onto my bed I was then whipped down to the X-ray Dept; where it was confirmed that I had fractured my Patella and it needed an immediate operation to wire it together opening up my previously healed scar! At 2.00pm I am in recovery – Both knees B.....! **WHERE IS CYPRUS NOW!** Not Happy Days!

Nine days later, with both knees repairing, I am transported to South Hams Hospital, Kingsbridge for recovery and rehabilitation - still without a single drop of wine to experience a most unenviable Christmas period where, in the wards, the mobile bedside cabinets are used to keep horizontally kept full urine bottles awaiting replacement but ready to spill their contents at the slightest nudge causing a risk of falling – just what I didn't need! Not Happy Days!

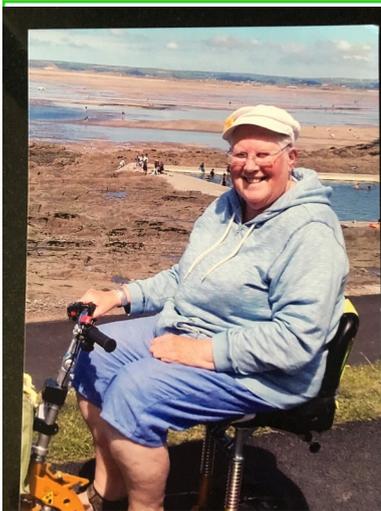
Following Physiotherapy and a very compliant Occupational therapist my progress is positive having gone through crutches, now sticks and home improvements – with a raised toilet seat PERMANENTLY ATTACHED TO THE BOWL! Stair hand-rail and raised lounge seats; I write from my office next to my bedroom to which I was brought after 27 days of hospitalisation!

I am told that I should be without walking aids by the end of February and on the golf course in April.

Naturally we are going to have a wonderful time with our friends in Cyprus overcoming my experience of the NHS. (details of which are currently with my solicitor!) **CYPRUS, HERE WE COME!**

David Snelling, Ivybridge

A Problem with my Supa Scoota



Last week I had a call from a lady in North Devon who is a regular user of Stagecoach buses in the area. She suffers from diabetes and has a rare side-effect - Motor Neuropathy and sciatic nerve pain affecting and causing pain to her thigh muscles, but SHE does not let this disability interfere with her living a full and active life. Last year she bought herself a Supa Scoota in order that

she may continue to look after herself at home and visit her daughter in a care home some distance away (a £60.00 taxi fare away) by being able to take the scooter onto local Stagecoach buses, for which she was very gratefully given a pass in June last year.

As can be seen in the photo, Miriam does not let the grass grow under her feet and, she tells me that in the summer she swims regularly in the outdoor pool in the photograph.

For nearly a year Miriam has been able to make the journey to visit her daughter by taking the scooter onto the bus and then sitting with it in the disabled seat.

All good until recently.....Apparently Stagecoach have introduced a new rule that if you take a scooter onto the bus you have to remain seated on it for the duration of the journey. Miriam bought the Supa Scoota because it is very robust, light and can fit into small spaces but it is not designed to be sat upon for long periods of time (for example the 1.5 hour journey to visit her daughter). Miriam really appreciates the total freedom she enjoys by being able to use the buses but is concerned about her own health and safety sitting on her scooter for long journeys.

She googled where she might get assistance with this problem and Devon Senior Voice was one of the options which came up. Hence her telephone call to me and my follow-up with our amazing Transport Group who are now pursuing the issue on Miriam's behalf. She recognises that her Motor Neuropathy is going to continue to get worse and is desperate to make the most of her time until then by getting out and about and continuing her weekly visits to her daughter.

We all look forward to the best possible outcome for Miriam and her continued ability to live an independent and fulfilled life. I shall report back on developments in the next magazine.

Sally Lougher, Editor

Good Read—Long Overdue...

Are you familiar with Robert Louis Stephenson: 'Travels with a donkey in The Cevennes'? A senior in her seventies, who borrowed the book in 1953, has just returned it to a library. That is sixty years longer than it took to do the

journey in the book; clearly a gripping read if you like that sort of thing!

State pensions only safe until 2020?

The Chancellors Autumn statement – the first since Brexit



– indicated many problems ahead. The £ was down, wages were down, growth was down, investment was down. The debt target was up. Not a word was said about the NHS and social care, both of which are in financial crisis. Stephen Dalton, Chief Executive of the NHS Federation seemed gobsmacked and described this as 'an

economic deception'. The Chancellor refused to guarantee the Triple Lock (a government guarantee to increase state pension by the highest of wages, inflation or 2.5%) beyond 2020. However the triple lock has only improved the worth of pensions on one occasion more than the previous system. Also note Phillip Hammond's phrase 'the challenge of rising longevity' - a variation on the usual theme 'we can't afford pensioners'. Will Devon Senior Voice still be around to raise our voice?

Tony Simpson, Honiton





Fuel Poverty – When are We Going to Eliminate it?

Wenceslas



Gathering winter fuel

Last winter 30,000 older people died because their homes were too cold, another 30,000 will probably die this coming winter; young parents are sending their children to school with no hot breakfast not even a warm drink: people are living, sleeping and eating in one room because fuel costs are too high. **Is this what we want for our society?**

In 2003 the National Office for Statistics started to record Fuel Poverty, there were 2.4 million households classified as fuel poor; all political parties agreed to eliminate fuel poverty by 2016. Despite the reclassification of fuel poor, the 2016 Annual Fuel Poverty Report recorded 2.3 million households. This is in spite of the millions spent by the government initiatives to insulate homes, the savings from this are simply negated by the escalating costs of fuel, which since 2003 has risen by 270% against a background of wages, benefits and retail prices rising by only 35%.

One in seven households in Devon are classified as fuel poor with West Devon and Torridge being the worst with one in six, solid walls and no gas supply being the main cause.

Olive, 77, is no longer considered fuel poor in the official statistics. She has moved her bed into the living room because she can only afford to heat one room of her bungalow. Because Olive lives alone and receives the full state pension, under the government's new definition her income is too high for her to be classed as someone in fuel poverty. The government says the new measure was introduced following an independent

review and extensive consultation. It says the definition is more accurate and helps support those most in need. **But does it?**

Thirteen-year-old Ava lives in a privately rented home with her parents Hayley and Dan, cold houses aren't just uncomfortable to live in. Low temperatures in your home make you more prone to illnesses. It's a constant physical stress on everyone but there's also a hidden emotional drain. "The kids getting ill is one of my biggest worries. The situation has had me in tears several times," says Hayley. The emotional stress is also affecting Ava. "I worry that I'm going to wake up one



day and my mum's not going to be here because she's really ill and she's going to be in hospital. That's why every time I go to bed I want her to go to bed with me so I know that she's in bed."

Wenceslas will be launched in the spring of 2017 and will provide support for those in fuel poverty by using materials currently going into landfill to create biomass products, ultimately Wenceslas will generate its own electricity. If you would like to be kept up to date with the progress of Wenceslas and developments in fuel poverty or would be interested in a volunteering role contact us at wenceslas.cic@virginmedia.com or visit our website www.wenceslas.com

Ken Crawford

Winter Deaths from Cold

As freezing weather recently descended the Office for National Statistics reported that last winter over 24,000 deaths occurred to older people from cold-linked illnesses, 53% being women. As energy prices rose the Na-

tional Pensioners Convention has 'called on the government to tackle high energy bills'.

Tony Simpson, Honiton

What all this fuss about needing ID for NHS treatment?

I am not sure I agree. But in any case it seems to have been overlooked that many of us have a plastic card for European Health Insurance which can easily be scanned. Actually some of us veterans still have our original NHS Identity card and NHS number following the launch of the NHS in 1948. Like our family membership card for the local hospital services before the NHS it is a piece of cardboard. But unlike my NHS membership the private insurance card has a long list of conditions not covered including long term illnesses, maternity and mental illness! Despite paying

every month my mother was still charged £6 in 1946 for my X-ray when my father's wage was only £5/4/6d. Since I suffered with rheumatoid arthritis mum blessed Nye Bevan for providing free X rays under the NHS. I dare not think how many I and fellow seniors have cost in our lifetime but perhaps now and then we should do so - and thank the good old NHS and Nye.

Tony Simpson, Honiton



Dementia strikes fear into people's hearts, with good reason. The disease now accounts for 11.6 per cent of deaths in this country, overtaking heart disease as Britain's biggest killer (Office for National Statistics). There is no cure. Current treatments alleviate symptoms temporarily at best. "Caring for someone who has dementia is stressful, physically and emotionally draining as well as very

expensive". James Woodward, Principal of Sarum College Salisbury, writing in the Times, goes on to explain some of the challenges we shall have to face, which I will try to address later on in this article.

It is difficult to get advice from GP's at our health centres in regard to dementia and I have spoken to friends who have been advised by their GP to refer to the Alzheimers Web Site for advice. It can also be very difficult to get the disease identified. Devon Partnership Trust OPMH Team (NHS Trust) play an important role in this process and take great care in assessing the individual behaviour pattern of a patient before making an identification of dementia. After a consideration of an overview of time rather than a snapshot decision, they will make an assessment of what type of care is required. It may be package of Care at Home, or care in a Residential Care Home or a Nursing Care Home depending on the amount and depth of dementia care the patient needs.

Carers must then seek advice from Social Services to assess whether the patient is in a position for Self Funding (i.e. the patient has more than £23250 in capital), or not. If they identify that the patient can Self Fund, then the Carer is very much on their own and will be responsible for the organisation of their care. Little knowledge is likely to be available from Social Services or any other organisation as to what level of exact dementia care the patient should receive or where/which Care at Home or Care Home can provide what the patient requires. It is likely to be dependent on the level of local help that you receive from your GP, or can obtain from other carers.

If the patient requires a Care home, it can take time to identify, telephone call and visit various residential/ nursing homes in your area in order to gain this knowledge and try to find out what is available and which the patient can afford. Having identified a Care Home that is suitable, it is likely that there will be a waiting list with little hope of an early admittance. Fees in South Devon ranging from £660 – £1050 per week. Carers, when at home or in a Care Home with their loved ones, will find that it is very difficult to cope with the patients fluctuating condition. Often not always recognising their loved ones or direct family relationship. After so many years of care which the Carer will have endeavoured to provide, they are likely to find that the steady progression of memory loss to be very difficult to cope with and which we are all advised is so common a symptom of the disease.

As James Woodward states in the Times, "the fear that surrounds dementia is bound up with our inability to engage with

ageing in ourselves and others. The whole of society, government, charities, churches and employers need to work together to offer support and information. Dementia is a disease that needs to be embraced, talked about and reflected upon."

I firmly agree and believe with James when he writes that when we talk to people with dementia that they are held unconditionally within the love of God and even if they don't remember Him, he remembers them. Somewhere within the confusion is the spirit of the person who we know and love, and although our visit may be quickly forgotten, the good feelings that are generated will remain. There is ample evidence that people continue to respond to feelings long after they no longer seem to understand them.

Whatever our Christian beliefs are, there is little doubt that regular visits are beneficial to the patient.

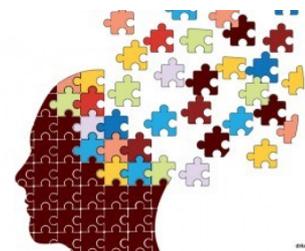
The Way Forward

Devon Senior Voice has always and should continue to give strong support to all societies and organisations that work and care with people with dementia. We must encourage the NHS to co-ordinate with Social Care Services and not as, in many instances, work as separate organisations. The lack of social care and funding available not only in Care Homes and Care at Home is affecting our hospitals. We can't and should not continue to rely on them to look after our elderly on hospital wards instead of in a Care Home or Care at home. The closing of Community Hospitals before adequate support, both financial and trained staff, is in place and be seen to be in place, can the South Devon and Torbay Clinical Commissioning Group (and indeed NEW Devon CCG also) expect some understanding by the general public of their proposed actions.

The crisis is not in the future as often stated in the press, it is now and we all need some more help particularly at a local level. We must lobby the General Medical Council to stress the importance for GP doctors to give greater support to patients and their carers in understanding dementia and the pressure it creates on our daily lives.

We must mitigate against dementia, not only by example, but give our time to support and encourage our society to concentrate on ways of avoiding the disease.

Dr. Thomas Bak, an expert on brain health and bilingualism at the University of Edinburgh, states that there are many things that we can do to help ourselves. - make small talk with people who subscribe to radical left-wing newspapers and learning a foreign language is another very effective way, with studies suggesting that it can delay the onset of dementia by 5 years. In retirement take up again the interests from your youth or add new challenges- travel /exploration - anything that stimulates a new creative mental exercise. Learn to play Chess or Scrabble. Finally, common sense suggests -physical exercise, walking (get a dog), keep your weight under control, avoid fast foods, stop smoking and make new friendships or do some voluntary work.





Websites for 50s+

www.healthwatchdevon.org

www.life-over-50.com

www.silversurfers.net

www.saga.co.uk

www.moneysavingexpert.com

www.tasstavistock.org.uk

www.ageuk.org.uk

www.u3a.org.uk

Devon Community Directory :

www.directory.devon.gov.uk

The Devonshire Association (notably Folklore & Dialect) - www.devonassoc.org.uk

The Association of Retired Professional and Business Personnel www.ukprobus.org

Care Direct www.devon.gov.uk/caredirect.html

Age Concern Exmouth

www.ageconcernexmouth.co.uk

www.growingbolder.com

Don't forget to have a look at our website at home or in the library

www.devonseniorvoice.org

Board Meetings 2017
17th March and
every 3rd Friday of the month at
Devon Communities Together
Offices, Marsh Barton, EX2 8PW

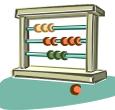
Transport Group Meeting
15th March 2017
at 1.30 pm at St Sidwell's Centre, Sidwell Street
Exeter EX4 6NN

General Meeting
23rd March at 11am at the Mill on the Exe, Exeter

Marketing Meeting—TBC

AGM—TBC

And finally - Use it or lose it!



A) All digits between 1-9 are used once in this grid. Can you work out where so that the sums work? (BODMAS does not apply).

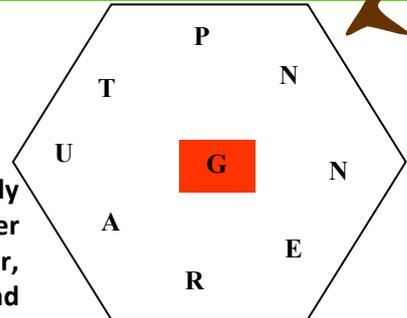
2	+		-		7
x		x		x	
	+		+		13
+		+		+	
	÷	3	x		8
20		43		13	

TYPE

CAST

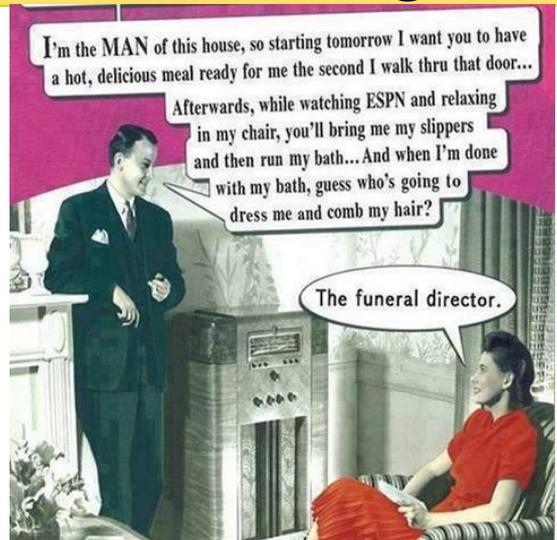
C) WORD LADDER

Convert the word at the top of the ladder into the word at the bottom of it. Only one letter can change in each of the steps and a valid word must be created in each step.



B) Using the letters in the hexagon only once make as many 4 or more letter words always using the central letter, within 10 minutes. See if you can find the 9-letter anagram.

The Last Laugh ...



(A) (From top left to right) 8,9,7,5,1,6,4 (B) (Score more than 27—Excellent!) GATE, GAUNT, TRUG, PUNGENT, GRANT, GRATE, GREAT, GEAR, GUNNER, GENT, PREGNANT, GANT, PANG, PRANG, GAPE, TANG, GRUNT, GRAPE, GRAN, RUNG, GANNET, GRUNT, PURGE, NUAGE, GARNET, GUNNER, RANG, PRANG, (C) HYPE, HOPE, COPE, CAPE,