

Older People Strategy 2007-2011

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Foreword

Southend Borough Council and the local NHS Primary Care Trust have worked together successfully over the years to develop a range of effective services that are enhancing the health and well-being of Southend's growing older population.

This Older People Strategy builds on this foundation of excellent joint work by the direct participation of older people and carers, combined with a full range of partners in the statutory, independent and voluntary sectors.

We are committed to listening to our older residents and developing new ways of consulting with them to ensure that the services we provide, and our vision and aspirations for service improvement, reflect the real needs and views of our diverse communities.

This resultant Strategy with its 7 key aims and 57 priorities for action to be addressed over the next three years involved the careful recording and coordination of evidence about individual, group and community need by the Scrutiny in-depth independence and well-being project. The methods included facilitating a large-scale questionnaire survey, witness statements from various stakeholders and workshops with older people and carer focus groups.

The strategy also took into account of connections to other important strategies that currently guide the planning and delivery of services by the Council and its key partners. In particular, it links with the strategies covering public health, community safety and crime reduction, housing, leisure and culture, transport and adult education. Underpinning this strategy must be the continuation and strengthening of the close links between Council services, GP practices, independent providers and the voluntary sector, and the creative use of allied preventative services (sports, leisure, libraries, day centres etc) to address Southend's priorities and make a real difference to older people's lives.

We extend our joint thanks to all who participated for their views and ideas which have guided the Older People Strategy and the delivery plan. We look forward to the continued active involvement and engagement of Southend's older citizens, service users and carers in helping us to achieve its aims and our ambitions.

Signed for Southend Borough Council Signed for SE Essex PCT

1. Why an Older People Strategy – Scope and Purpose

This strategy considers the needs, wishes and expectations of Southend’s “older people”. It aims to show that the needs of Southend’s older residents are being addressed in every service area across the borough. It sets out key facts about what we have found as the most important concerns and requirements of Southend’s older people and what we propose to do about meeting these priorities.

The approach taken in preparing this strategy presumes that:

- Meeting the wide ranging needs of older people must go beyond health and social care to embrace all services such as housing, transport and community safety
- The voluntary and community sector are recognised as significant contributors to borough-wide partnerships to meet these needs
- Older people and carers are themselves a major contributor to the community.

The term “older person” is difficult to define and is a highly subjective term – hence the expression “you are only as old as you feel”. For some, the process of becoming an older citizen is about looking towards the horizon of retirement and a more restful and sedentary phase in one’s life cycle. For others it represents more opportunities for reflection, for discovering new purpose and the continuing pursuit of life-long learning.

However for some, becoming an older person may be a start, or ongoing, struggle to live on a limited income and a battle against ageism and discrimination in further employment or occupation.

Some people, particularly those with mental health, physical or learning disabilities, may age prematurely and encounter some of the problems of becoming “old before their time” by enduring ill-health long before their contemporaries.



Old age therefore defies any clear chronological divide - the older person is “our future selves”. By taking care of our older people, we are looking forward, and looking after, ourselves.

In this context, Southend’s older person strategy, while having been prepared with the needs of those aged 65 years + foremost in mind, will be of general use to a wide range of the borough’s population. This especially includes the rising numbers of people who are 50 years+, many of whom care for their “older old” parents.

The overall vision of the older people strategy is framed by the Council’s aspirations to achieve a healthier, safer, cleaner and prosperous Southend and an excellent Council. In this context, our vision is that:

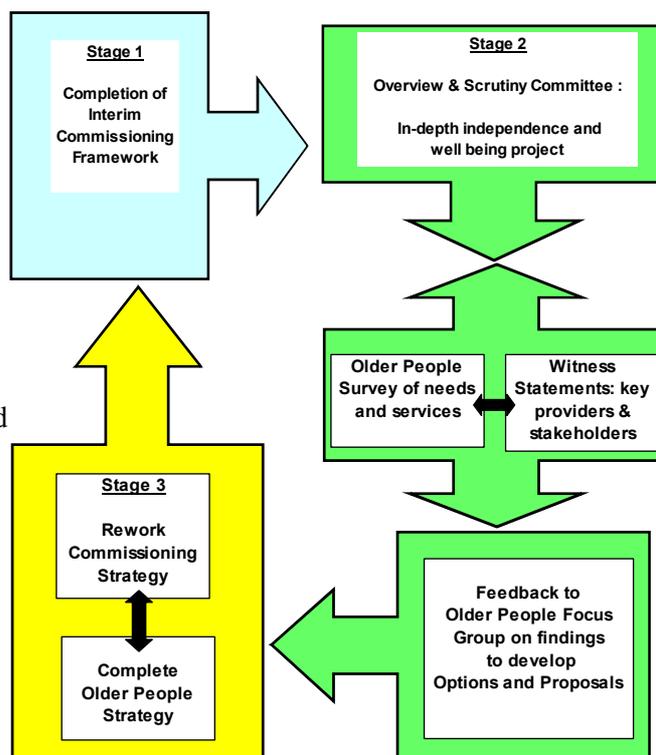
“Older people in Southend will be supported to retain their independence and enjoy an active life, continuing to contribute to the growth of strong local communities and included in planning the future of the services that they need and value”.

2. How the Strategy was prepared

The older people strategy has developed through three stages of consultation and research into the needs of older people in Southend.

The first stage involved discussions between the Council and South East Essex Primary Care Trust and through consultation meetings with Southend GPs, Service Users, Carers, the Patient and Public Involvement Forum, Voluntary Organisations and South Essex Partnership Foundation NHS Trust which led to the preparation of an Older People Interim Commissioning Framework.

The Commissioning Framework provided a source of reference for the second and third stages in which SBC's Overview and Scrutiny Committee and the designated Older People Champion, Councillor Mrs Horrigan MBE, played an increasingly important role in conducting an in-depth project – to consider how well placed Southend is in relation to the independence and well being of older people.



The project gathered evidence in two stages –

- (1) a survey of older people's views on their needs and services and
- (2) witness statements from key providers of older people services and other stakeholders.

The survey, based on an Audit Commission gold standard, addressed the needs and views of 1,600 older people (most 70 years+ and most "unknown" as not receiving Council services and randomly taken from the electoral register). 751 completed survey questionnaires were received (a 47% response rate which was sufficient for us to be confident that the replies reflected the needs and views of the rest of Southend's older population. It is planned to repeat this type of local survey every three years.

The witness statements about the needs of older people in Southend were given by representatives of the Council's services, Health, Housing, Police and of a range of consultative forums (Carers' Forum, Ethnic Minority Forum) and voluntary organisations giving direct services to older people (Southend Association of Voluntary Services (SAVS), Southend Citizens Advice Bureaux, Anchor Housing Association/Home Improvement Agency) and the Department of Works and Pensions (DoWP).

The findings of this project and further discussions with older people representative groups have helped identify priorities and the changes required to the way services are provided. They have also assisted in making the Interim Commissioning Framework a broader Older People Strategy, beyond health and social care, and covering the wider needs of older people.

Southend's Older People Strategy is not cast in tablets of stone. Once agreed and published, the plan is to monitor progress in achieving improved outcomes for older people through the Health and Well-being Partnership Board and to review and revise the strategy in September 2008 and annually thereafter.

3. Our Ageing Challenge

The national picture

The overall numbers of older people will grow sharply. As a proportion of the total population, the increase in people living to over 75 will especially accelerate from 0.5% between 2001 and 2011, to 1.5% in the next decade, to 2.4% in the decade thereafter.



The burgeoning population of oldest olds will be one of the main demographic features of the coming decades. More and more people will live into their nineties and beyond. In 2001 there were around 6,000 centenarians in England and Wales. This could leap to 39,000 by 2036.

Healthier lifestyles should improve the life expectancy of the very old. However many people entering the 75-plus age group will have experienced significant health improvements compared with previous generations.

The income gap between rich and poor affects the life expectancy of the oldest old. As living standards rise and infectious diseases like measles reduce, other medical conditions become the most important risks to healthy life – such as cancers and degenerative disorders (like heart disease), which persist despite greater prosperity.

Medical advances are an important factor affecting life expectancy. Already advances in cancer and other treatments are doing much to prolong the lives of older people aged 75+. Significant further improvements in medical care are being promoted through National Service Frameworks within the NHS. These frameworks set out national standards for high quality, integrated service in key areas. In particular, they aim to cut health inequalities by improving access to care for those most in need and currently least likely to receive it. (see Section 3: Driving Up Our Standards)

Research shows that people from Black and Minority Ethnic Communities can suffer from inequalities in access to mental health services, in their experience of those services, and in the outcome of those services. For example, BME patients are significantly more likely to be detained compulsorily or diagnosed with schizophrenia.

Conservative estimates of mental health problems in older people suggest a prevalence of perhaps 40% of people attending their GP and 60% of care home residents. Two-thirds of NHS beds are taken by people age 65 or over and up to two-thirds of some inpatient groups either have mental health problems already or will develop them during their treatment.

Within the general community depression is present in around 15% of older people and dementia affects 5% of people over 65 years and 20% over 80 years. These mental health problems are of growing concern because in the next 10 years the number of people over 65 will increase by 15% and those over 80 by 27%.

Whereas in the general population around 5% of people between 60 and 69 develop dementia, there is a much higher prevalence in people with learning disabilities. According to the Foundation for People with Learning Disability and the Alzheimer's Society 54.5% of people with Down's syndrome will develop this condition. 15-20% of the learning disability population have Down's syndrome and it is estimated that 36% of people with Down's syndrome between 50 and 59 will have dementia.

Southend's overall picture

Overall, Southend is a healthy and vibrant place to live for older people. Its seven miles of foreshore stretches from Leigh-on-Sea to Shoeburyness. The coastline has some of the finest beaches of East England, including four International Blue Flag winners and six ENCAMs Seaside Awards.

For recreation and sport there are:

- the Southend Leisure and Tennis Centre
- Southend Marine Activities Centre
- 3 indoor swimming pools, 3 golf courses
- 2 horse-centres, 6 sailing clubs and
- 6 bowling greens.

In addition to museums and art galleries, the Cliffs Pavilion provides a 1,630 seat auditorium with a year-round programme of concerts, major ballet companies, touring West End musicals and famous pop and jazz artistes.



Southend has more than 300 places to eat including restaurants, pubs and wine bars, offering a range of cuisine to suit all tastes and pockets

Southend shares many of the characteristics of the UK's ageing population but also some local differences, which pose more unique challenges for the Council, its residents and communities:

- Within its pensioner population, Southend has a significantly higher proportion of older people aged over 65 than the average for England (19.2% compared to 15.9%).
- Southend's older population will increase consistently each year with an additional 2,800 people aged 65+ in 5 years' time (from 30,000 in 2007 to 32,800 in 2012).
- Within this increase, there is also a growing number of people with learning disabilities living longer. In 2001, there were 98 people with learning disabilities over 55. In 2003, that number had increased to 145. By 2012 this group will have grown to around 200.
- Life expectancy has therefore increased throughout Southend over the last 10 years. 
- Longevity, however, is still below that of the rest of Essex.
- The poorest health is concentrated in socially disadvantaged areas. The main focus of deprivation is the central wards of Southend.
- Residents living in these areas suffer disproportionately from poor health, higher levels of crime, poor quality environment, low employment, lower skills levels (to some extent) and other factors that affect their quality of life.



4. Driving up our standards

Between 2002-2007 a series of Government policy documents have underlined the needs and expectations of older people for better local services. These have required a commitment to sustained effort to improve the quality, value and co-ordination of health and social services but also all other services that contribute to community well-being including transport, education, leisure and housing. Six of the main policy documents, which help to shape Southend's Older People Strategy and to assess the impact of our actions to raise standards, are summarised below:

(a) National Service Framework (NSF) for Older People

The NSF for older people establishes a national framework for health care services that will drive up standards and reduce unacceptable variations in service delivery. Its aim is, through partnership working, to deliver person-centred care, the promotion of independent living, health and active life and increase user satisfaction through timely access to high quality services that meet people's needs. To achieve this the NSF sets the following eight standards:

- **Standard 1: Rooting out age discrimination** -to ensure that older people are never unfairly discriminated against in accessing NHS or social care services as a result of their age
- **Standard 2: Person-centred care** -to ensure that older people are treated as individuals and that they receive appropriate and timely packages of care that meet their needs as individuals, regardless of health and social services boundaries
- **Standard 3: Intermediate care** -to promote integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living
- **Standard 4: General hospital care** -to ensure that older people receive the specialist help they need in hospital and that they receive the maximum benefit from having been in hospital
- **Standard 5: Stroke** -to reduce incidence of stroke in the population and ensure that those who have had a stroke have prompt access to integrated stroke care services which co-ordinate prevention, hospital care and treatment, rehabilitation and ongoing support
- **Standard 6: Falls** -to reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen
- **Standard 7: Mental health in older people** -to promote good mental health in older people and to treat and support those older people with dementia and depression
- **Standard 8: The promotion of health and active life in older age** -to extend the health and active life of older people.

A separate section on medicines and older people aims to ensure that older people gain maximum benefit from their medication and do not suffer from problems of polypharmacy.

(b) Our Health, Our Care, Our Say

The main message of this White Paper is that health and social care services should be designed around the person rather than the needs of the older person being forced to fit around the service already provided. Many more services will be delivered in settings closer to people's home, giving real choices and resources will shift from hospitals to local GPs/primary and social care. The four main goals for health and social care are to:

- **Provide better preventative, early intervention** (strengthening links between GP practices/Primary Care Trusts and Council services, improving access to services –

especially GP surgeries though extended opening hours - and promoting “life checks” and life-style change)

- **Give people more choice and a louder voice** (including providing better information, more direct payments and individual budgets)
- **Do more to tackle health inequalities** (more joint local health and social care planning and commissioning with communities)
- **More support for people with long-term needs** (new assistive technology and joint health and social care services to improve people’s health, independence and quality of home life)

(c) Choosing Health

The “Choosing Health” White Paper highlights an increasing gap or inequality between the most and least healthy people as measured by mortality, the age to which people live and the quality of later life. Poverty and people’s lifestyle are crucial issues which account for this growing divide. The Government wants the Council in partnership with all other agencies to make it easier for people to choose healthy lives, particularly through the information provided locally and for poorer communities about ways of improving health.

The work and information communicated through the annual reports of the Director of Public Health, jointly appointed by the Southend Borough Council and the Primary Care Trust are very important in identifying local priorities and tackling major factors accounting for much in ill health for older people – smoking (lung and heart disease), poor diet and lack of exercise (obesity), drug and substance misuse and mental health problems.

(d) Mental Health “Everybody’s Business”

Under Standard 7 of the NSF for Older People, the Government required integrated community mental health services to be in place by April 2004. to improve the care and treatment, particularly of people at risk of suffering depression arising from social isolation and people with dementia. Everybody’s Business emphasises that an Older Persons Mental Health Service should ensure that:

- There is respect for those persons who come into contact with the services not only as consumers but also carers and friends.
- They provide comprehensive, person-centred care.
- There is recognition of the dignity of service users as individuals, respecting their diversity and acknowledging their significant role in planning and developing services.
- Practical advice and information is provided for service users and their carers.
- The service response is based on need not age and older persons within the “general system” have both their mental and physical health needs met
- A diagnosis of dementia or depression should not be a barrier to care or a basis for discrimination

(e) Opportunity Age – Meeting the Challenge of Ageing in the 21st century (Active Citizenship)

The strategy describes working with older people, rather than doing things to them. The broad proposals that Government considers to be priorities for action are achieving higher employment rates and greater flexibility for over-50s to continuing careers, managing health conditions and combining work with family (and other) commitments; enabling older people to play a full and active role in society with an adequate income and decent housing; and allowing us all to remain independent and keep control over our lives as we get older.

To these ends the outcomes set for local Councils and partners include:

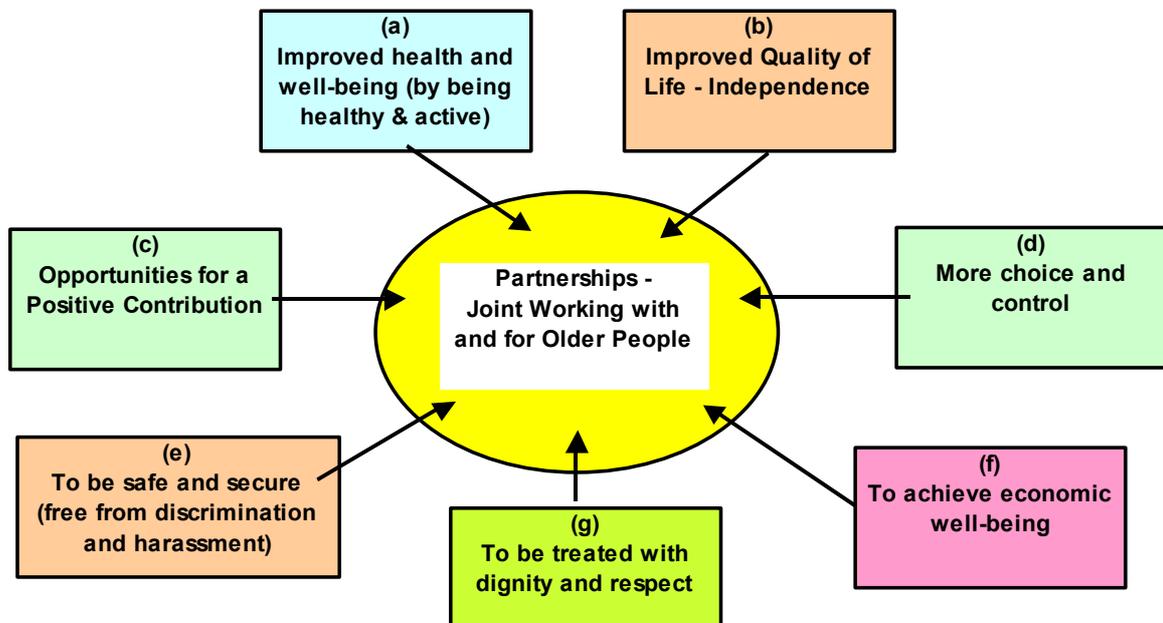
- improving access to information and services,
- challenging discrimination
- increasing access to income and resources – especially through debt and welfare benefits advice and financial literacy work
- offering opportunities for volunteering, and
- enabling using involvement in policy development through local social policy work.

(f) A Sure Start to later Life: Ending Inequalities for Older People

This report focuses on preventing exclusion and promoting well-being in later life by addressing poor health, poverty and social exclusion, with effective joined-up services at key times. This might involve, for example support with daily living skills which may be needed due to a change in circumstances such as loss of a partner. It is about increasing quality of life for all, including the most excluded to be achieved by creating a cycle of well-being through participation, leisure, education, improved health and ensuring older people are valued in families, the workplace and communities. Particular recognition is given to the important role played by adult learning and the positive impact which adult education has on older people’s mental health and well-being.

5. Our aims - Your Priorities and Outcomes

The strategy sets out a range of key facts related to what we know from current services and what you have told us. It also lists what we intend to do in the next year and over the following three years, subject to feedback from you on whether we have the right priorities and outcomes. The strategy is built around seven issues which are consistently raised by different groups of older people and the host of agencies providing services for them. The achievement of these priorities and outcomes will only be possible by well co-ordinated and well managed joint work by SBC, and its partners, particularly voluntary agencies and community groups.



(a) Improve your health and well-being (by being healthy and active)

Key facts – From our services and what you told us

The most impact in improving the health and well-being of older people, emphasised in the White Paper “Choosing Health” will be by helping to change lifestyles – changes in diet, exercise, reduced smoking, drug and alcohol consumption and approaches to mental health - rather than medical advancements.

The GP providing a witness statement confirmed that drugs are not the answer to the susceptibility of some older people to phases of depression. Contact with families including grandchildren as well as neighbours should try to keep the older person active.

Mental stimulation through adult education can make a big difference in the promotion of overall health. The Adult Community College is based at Southchurch and Leigh and all the facilities are accessible to people of all ages.

- Approximately 14,000 people enrol of which 25% are 60+, with 77% of those students being female.
- The 60+ students favour courses in Languages, Arts and Crafts and Horticulture but IT courses are also undertaken.



The library services are also an important community resource for older people, offering both mental stimulation and social contact:

- The Home Library Service currently provides a service to 250 Older People in the Borough and is free of charge. Volunteers who bring and take books from older people in their home run this service.
- The Mobile Library serves 107 facilities including residential homes, hospices and Southend Hospital Trust.
- Talking books are also popular with old people who have a visual impairment
- Specialist Older People or mixed reading groups are organised and regular events held for older people where Dial A Ride transports them to the event at the Library

Spiritual care by Faith based organisations can also aid recovery from depression and supplement the multi-disciplinary care following an older person’s discharge from hospital.

Half of all respondents to the older people survey engaged in some form of leisure activity, the most popular being walking, meeting friends and family and eating out. However 50% did not participate in any form of leisure activity suggesting that there is significant scope for encouraging many older people to use either mainstream or specialist leisure provision. (This also emerged as a key issue by witnesses and the Scrutiny Committee – in terms of awareness of the borough’s ‘Advantage card’ concessionary card scheme and whether the right activities are included). In fact insufficient information or inability to access the right information easily was a consistent message from the survey results. More therefore can be done to promote the wide range of leisure services being supported by the Council such as:

- 7 independently managed Community Centres and Club 60 providing various activities for older people including Dance, Carpet Bowles, Exercise etc
- Dedicated Older people swimming sessions at swimming pools

- Southend’s 13 bowling greens
- Reduced fees for older people at all venues
- Various activities offered to older people at Sports & Leisure Centres
- The provision of 3,900 seats at local concerts provided by local artists
- Assistance with travel to leisure and cultural activities, for example Leigh Town Council provided 557 places on theatre trips for older and disabled people in 2006 (predominantly older people). This facility won the regional National Association of Local Council Community Empowerment Award for Older People and came 2nd in the national award.

Figures provided through the Sports England “Active People Survey” on sports and culture in Southend show that Sport and Leisure initiatives have a good foundation upon which to build in terms of older people’s capacity for healthier lifestyles. More older people than the national average take up moderate exercise each week.

	Older people aged 65+ participating in moderate exercise per week		
	At least 30 minutes on 3 days per week	Up to 30 minutes on 1 day per week	30 minutes of exercise 4 – 7 days per week
Southend	10%	78.9%	6.1%
National	8.2%	78.5%	5.8%

Regular, moderate physical activity is very important for older people. Physical activity can reduce pain in joints and muscles and improve mobility and balance. The benefits of exercise help reduce the risk of injuries from falling while providing important social outlets, and opportunities for company and friendships

Older people should talk to their GP before starting an exercise program that fits their level of ability and meets their needs. Some general tips about exercise:

- **Warm up first.** Always warm up before exercise with a slow, rhythmic activity, such as walking.



- **Stretch.** Gentle stretching exercises help keep joints flexible.
- **Strengthen bones with weight-bearing activities.** Climbing stairs, jogging, hiking, dancing, and other activities can help build bone strength and slow progression of the bone-thinning disease osteoporosis.

- Active pastimes improve health. Bicycling, tennis, gardening and other active pastimes can improve health and quality of life.

Access to GPs and medical/health checks

There is a link between flu, hospital admissions and deaths, so that ensuring older people have an annual flu jab as well as the pneumococcal vaccine has been a priority. Awareness of the availability of this preventative measure has increased locally and the national target for flu vaccination for older people has been consistently exceeded (since 2005 almost 80% of people over 65 have been inoculated annually against a 70% target).

People from the more disadvantaged areas of Southend are more likely to use pharmacy services. The provision of services is therefore being adjusted to take this into account. A “brown bag” medication review scheme has been introduced to complement the GP medical reviews of older people aged 75 years and over and encourage them to discuss their prescriptions with pharmacists. Such reviews have been shown to give older people a much better understanding of their medications, leading to increased confidence and an appreciation that a real interest is being taken in their health care. Each practice is being asked to perform brown bag reviews for all patients with more than 4 medications or for patients aged over 75 years.

The survey of Southend’s older people also collected information on their health needs, views and wishes about local health services:

- 98% were registered with a Southend GP.
- 71% had accessed some kind of hospital service (A&E, day surgery, day unit, outpatients, clinic) in the last 12 months Outpatients’ was the most frequently attended hospital service (28%) followed by ‘clinic’ (26%)
- 14% had problems accessing or getting appointments to see their GP.
- Of those who had a problem accessing their GP having to ‘make appointments on the day’ and ‘difficulty getting through to their GP’ to make an appointment were the main concerns
- 57% said they would use a “no appointment needed” drop-in clinic.

“You have to get through on the phone the day you want to go and if they are full up you have to try the following day, you can't book for the following day”

It would be wonderful if some or all of these services were under the one roof along with a nurse/Dr so the elderly could go for help with any problems that came along”

The services that most wanted in such a drop-in clinic were

- (1) Health screening/medical advice
- (2) Nutrition and dietary advice
- (3) Health and fitness services

In this context, work is continuing to enhance primary care services, for example, plans to develop a new GP practice in central Southend and a new Healthy Living Centre in St Luke’s Ward. The Healthy Living Centre will be run and supported by the community. The development is expected to combine a full range of health enhancing activities with primary care services such as indoor sports and dancing, adult mental health services, community café and library and increasing scope for intergenerational health initiatives.

What we will do to improve health and well-being

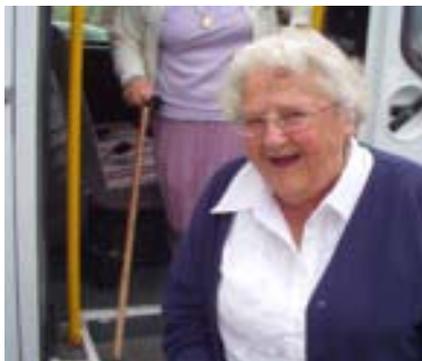
- Make our existing education, leisure and social activities more accessible for older people by actively promoting them, improving information about them, and enabling transport where necessary. This will include publishing an online and hard copy directory of information for older people signposting services and how to access them
- Develop more day-time opportunities for older people, in partnership with the PCT, housing and voluntary sector. This will include:

- Reviewing the number of the Councils existing day centers and supporting Club 60
- Running intergenerational activities for older people and children by working with Children's Centres and Extended Schools
- Increase the number of older people participating in adult education and learning, using libraries for day opportunities
- Identify and work with 'champions' in local communities from different cultures to help promote services like adult education
- Promote older peoples rights to have mainstream services which are inclusive and accessible, including healthy lifestyles, active walking and prescription for exercise
- Develop comprehensive health checks and lifestyle advice for older people targeted at older people at most risk in the most disadvantaged communities
- Seek to promote public health information and initiatives through consultations with pharmacists/local chemists
- Develop programmes with the PCT to motivate and support older people participate in exercise and services like smoking cessation, weight management and relaxation
- Explore with our partners the development of dementia services for older people
- Work with SE Essex Primary Care Trust to deliver more community based mental health services and detect mental health issues as early as possible.
- Explore with our health partners the feasibility of co-locating primary care and social care facilities through the local LIFT initiatives, including a drop-in health clinic (no appointment needed)

(b) Improve your Quality of life (by supporting their independence)

Key facts – From our services and what you told us

Feedback from Southend's older residents suggest that the essence of 'ageing well' is the ability to sustain relationships that meet the needs of intimacy, comfort, support, companionship and fun. Interdependence is vital. This includes a determination 'not to be a burden' on others, an emphasis on helping each other and the importance of being part of a community where people look out for each other.



“I attend adult education classes, keep my mind and body active, and see my friends & family regularly”

The large majority older people maintain their independence, and with appropriate advice, care and support can continue to live in their own homes, enjoying a wide range of health, social and leisure services even into very “older old age”

Isolation and loneliness, however, affect a significant number of older people, many of whom are having to cope with bereavement and loss of partners. 60% of respondents to the survey lived alone. The state of living alone relates to a number of other issues including the fact that those who live alone are also more likely to be those fearful of falls and accidents and unable to access immediate help.

Falls Prevention Service

Falls featured as a major concern to most older people responding to our survey:

- 53% of respondents believe they are at risk from falling;
- 33% of respondents had a fall in the last 12 months;
- 47% of believed the fall they had could have been avoided

Falls are the leading cause of fatal and nonfatal injuries to older people. Such incidents, even if the older person recovers physically, can have an unnerving effect on the person's resolve to continue living independently. They may lead to a change in living arrangements such as moving to a nursing home or assisted living facility. A hip fracture is one of the most devastating fall-related injuries, which often leads to long-term hospitalisation and even death. While falls can occur anytime, anyplace, and to anyone while doing everyday activities such as climbing stairs or getting out of a bathtub or shower, those most at risk from falls are:

- older women
- older people unable to stand on one leg for more than five seconds
- users of multiple prescription and over-the-counter drugs
- elderly people who live alone

Where do falls occur? Our survey suggests 60 % in the home, but they are not natural occurrences and many can be prevented.

Making the home safer

Falls often happen on slippery or wet surfaces or in areas with poor lighting or cluttered pathways. Be sure to wear low-heeled shoes with non-skid soles. Also, remove tripping hazards on stairs and steps, and in bathrooms, bedrooms, living areas and kitchen. A few practical suggestions for fall-proofing each room in the house include:

- **Use good lighting.** Put light switches at the top and bottom of every staircase
- **Use grab rails.** Install handrails around the bath and toilet areas
- **Use a normal height bed.** Sleep on a bed that is easy to get into and out of - avoid beds that are too low or high
- **Secure loose carpets and rugs.** Fasten loose area rugs with double-faced tape or slip-resistant backing.
- **Clean floor surfaces.** Clean up spills, dropped food, etc. from floors immediately.



Transport

Bus passes allow any resident of Southend who is over 60 to travel free on any scheduled service operating in Essex after 9am until midnight, Monday to Friday and anytime at weekend and Bank Holidays. While 65% of older people responding to the survey felt able to travel around Southend, 35% found this beyond their ability. The witness sessions also raised the issue of transport needing to be more flexible e.g. ‘hop on’ ‘hop off’ buses. Transport problems exacerbate disability and isolation while effective transport services promote social inclusion by making education, leisure, social activities and health services available to older people with very restricted, if not totally housebound lives.



Many older people are impeded by their disabilities from travelling around the borough. South East Essex **Dial-a-Ride** provides door-to-door transport service for people with a permanent or long-term disability or health problem who are unable, or virtually unable to use ordinary public transport. It can be used for all sorts of journeys such as shopping, visiting friends, and attending meetings or doctors or dentists appointments. It is used mainly for short distance transport within Southend and Castle Point so that more journeys can be made for more people and

allowing the modern, well-equipped 8 seat vehicles to be shared by other users, following a similar route. Fares are charged, but they are not expensive, and are broadly comparable to bus fares for local journeys.

30% of falls occur in the community. Older people also identified issues of safety when using buses (i.e. not merely a logistical, routing issue for various forms of public transport). Our survey found that travelling on buses and hurried bus driving posed particular problems.

“I was on the bus and the driver started the bus before I had sat down!”



"I drive a mobility scooter and many places are inaccessible"



Walking on uneven, or congested pavements with parked cars, deep drains, drop down curbs and jarring potholes also posed particular hazards for vulnerable older people



Home Care

About 1,500 older people are being supported by the home care service at any one time. Help is given with personal care tasks such as washing, dressing, bathing, using the toilet, getting in and out of bed and other essential activities of daily living, including domestic care, for example cleaning, laundry and shopping. The home care service is in many respects "the eyes and ears" of the Council's social services, in that the home care assistants are often the first to spot a change in the level of vulnerability and risk for an older person and bring in additional help as appropriate to prevent deterioration. They may play a crucial role, for example, in identifying possible malnutrition and ensuring the right nutrition levels and support in helping the older person cook their own food.

More hours of help are being provided to fewer households. During the past five years, the amount of home care in hours has increased but the number of households receiving that care has reduced (both by about 7%). Paid home care is tending to be concentrated on those most in need, while relatives and friends are meeting less severe needs. Many very elderly people are being cared for by their sons & daughters who are themselves pensioners as shown in the national census data for Southend (73% of carers are aged 55 years+).

The home care satisfaction survey conducted in February 2006, showed many strengths of the existing services (89% reporting fairly to extremely satisfied and 88% stating their care worker always/almost always do the things they want done). However, comments made by older people receiving home care also revealed areas for improvement. These particularly involved issues of agreed hours not always being kept and sometimes irregular cover. Moreover 23% of older people responding to the survey stated that they either did not know how to complain or did know but felt they could not. Such feedback is being used to improve how we ensure the consistent high quality and reliability of the home care services and that the right care is being provided. Older people will be fully involved in planning and agreeing the statement of service requirement for the home care service in advance of the retendering of the home care contracts in 2008.

Integrated Community Equipment Service (ICES) and Support on Leaving Hospital

Southend Equipment Service (joined also with the wheelchair service) is based at the Southend Integrated Resource Centre. It provides an Equipment and Adaptation service for Southend's residents. The service has been substantially improved during the last 3 years:

- Introduction of modernised cleaning equipment and refurbishment processes
- The creation of modern warehouse storage facilities using fork lift trucks and order pickers

- The use of an award winning Online Catalogue enabling professionals to see which items are stocked
- Capacity for more minor adaptations to homes, for example installing concrete steps and other access solutions, to be undertaken “in house” instead of relying on external contractors

Over 3,800 people, most over 65 years, were provided with community equipment to help them retain their independence. Almost half of these were receiving the service for the first time. Supporting the timely Discharge from Hospital is a high priority for the service with 96.53% of some 1,900 equipment orders for people transferring from hospital completed within 7 working days (average 2 working days). Overall 89% of the equipment items are being delivered within 7 working days.

Government policy on “Transforming Community Equipment Services” will require a comprehensive review of the service to ensure it continues to meet customer needs and expectations. As part of the commitment to sustained improvement, the ICES will deliver and install Assistive Technology (Telecare) products from June 2007 and introduce online equipment ordering for staff across the Council, the PCT and Hospital Trust.

The community equipment provision supports a network of preventative and early intervention services. This network includes the work of the rapid response team, the collaborative care team (staffed by health and social staff offering up to six weeks support in the older person’s own home following hospital discharge, or to prevent admission to hospital) and community matrons.

Our survey identified that the highest level of post discharge service came from equipment & adaptations. As well as being a positive indication of the use and worth of this service, this finding raised the questions of whether:

- The timely issue of this equipment could have prevented the hospital treatment in the first place;
- Information on equipment services should be more accessible before the need for hospital treatment, for example an on-line catalogue of equipment;
- A self-assessment process should to be considered for minor equipment and signposting to where this maybe obtained/purchased.

Housing

The great majority (80%) of people aged 65-85 own their own homes with just 12% renting from social landlords and 8% renting privately. The high level of home ownership indicates in some cases, that older people are asset rich but cash poor. This problem can be compounded by the fact that many will be living alone and experiencing an increasing mismatch between their accommodation/home life and their needs. Hence there may be need for reputable professional advice about scaling down, different housing options including equity release schemes.

There is some evidence of both over-supply and a requirement for more variety in models of supported, sheltered accommodation for older people, particularly older people with dementia. In reviewing the future of sheltered housing, the issue is about bringing them into line with people’s expectations and recognising that most people want to remain safe and secure in their own homes for as long as they are able.

The established emergency services such as Care Line which connects the older person to a special control centre, provides help 24 hours a day, 365 days a year. This enabled 1,780 older people to feel safer at home (over 50% of whom are aged 85 years+). District nurses, however, still estimate that 10-20% of the older people on their caseload are not coping in their housing, suggesting that as many as 800 older people may benefit from

strengthened community based services, including sheltered housing and floating support workers.

Although Southend's population is predominantly White British (95.5%), the number of older residents from an ethnic minority background (3%) is increasing and there is an ageing population. It is important for the longer-term future, therefore, to consider specific housing services for older people from Southend's BME communities.

What we will do to improve your quality of life and independence

- Continue to develop the falls prevention service with our partners including training and awareness raising
- Work with the Council's Highways, Enterprise, Tourism and Environment Departments to address hazards such as poor lighting, uneven pavements, potholes etc which can contribute to the rate of falls.
- Support more older people at home, including:
 - develop the collaborative care (rehabilitation) service, linking with the intermediate care services, and led by the Community Occupational Therapy Service.
 - reshape our homecare services and establish a Home Care Stabilising Team to provide time-limited, intensive personal care following hospital discharge.
- Maximise ability to provide community equipment to people in their own home within existing resources and continue to improve the delivery time
- Develop and implement an Older People's Accommodation Strategy
- As part of the OP accommodation strategy, explore a network of mixed tenure extra-care housing schemes in partnership with the Primary Care Trust, the Supporting People Service, Housing and include:
 - Working towards a reduction in the number of residential care home placements
 - re-focusing a number of existing sheltered housing schemes
 - identifying sites – and capital funding - for new extra care schemes
 - reducing in the medium/long term the number of residential and nursing home placements commissioned
- Commission Assistive Technology Service, providing telecare facilities to enable vulnerable older people to continue to live independently in their own homes, and making sure the services available are responsive and appropriate to people from all cultures.
- Link with Community Matrons to deliver prevention support and advice, and identify people who may be at risk of losing their independence early (community matrons are senior nurses who provide 1-to-1 support to people with long-term conditions – they can act as a single point of contact for care, support and advice)
- Develop a Community Transport Strategy to enable older people from all communities and cultures to access day and evening activities, as well as education and leisure opportunities
- Raise awareness of bus drivers of the safety needs of older people when using buses
- Explore how the roles of scheme managers of sheltered housing settings can be revised in order to assist in the early identification of potentially vulnerable older people, both within their schemes and the surrounding community.
- Increase and actively promote services for minor repairs like 'handyperson' or small repair schemes (including Anchor Staying Put/Home Improvement Agency).

(c) Encourage you to make a positive contribution (by ensuring you are consulted and listened to)

Key facts – From our services and what you told us

Many older people are already making a huge contribution to their families and communities by caring for others. The national census survey indicated that 10% of Southend's population are carers and that among those aged 60-65 years 13% are carers, rising to more than 20% of older people aged 65-70 years. A Carers' Strategy sets out the services available to support them, particularly through a separate assessment of the carer's needs and help for example to have necessary breaks and relief from the stresses of the caring role. Many carer services are being provided through Southend's 145 voluntary agencies, which are also largely supported and resourced by older people themselves, prepared to give time to helping others.

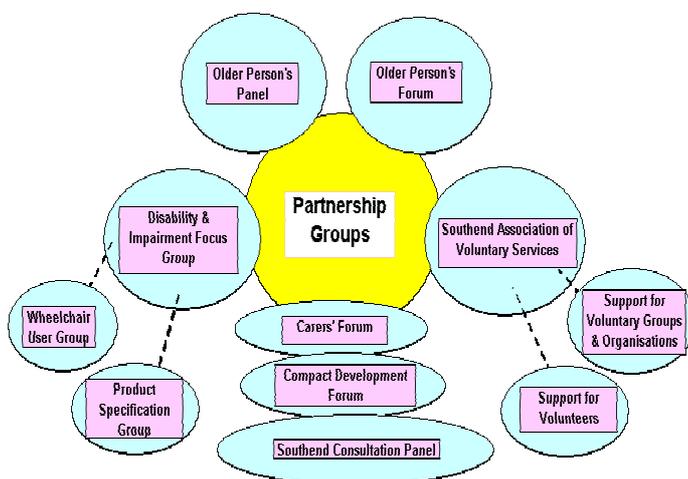
Southend's diverse voluntary sector depends on the multifarious skills, commitment and goodwill of older people as volunteers. Southend branch of Citizens' Advice Bureaux, for example, has 81 volunteers of which 42 are over the age of 65.

Public services also need volunteers. Southend university hospital foundation trust for example, fully supports and actively encourages volunteers who offer services from a few hours a day up to a few days each week. They make a highly valued contribution through their great diversity of skills, experience and enthusiasm. While there is no such thing as a 'typical' volunteer, there is a higher representation of older female volunteers.



There is trend towards people working longer and consequently changes later in life are more profound. Whilst this group have been self sufficient for such a long time, they require intensive support services immediately upon retirement.

Voluntary occupation and community involvement can be immensely beneficial both in managing the transition to retirement but for continued long-term occupation, social stimulation and sense of personal worth. 42% (320) of older people responding to the survey registered their interest in further engagement with the council on issues arising from the survey. Southend has a range of forums and consultation groups which aim to give older people "a voice" in how the borough and its communities are being developed and improved.



Older people are represented on the Southend Consultation Panel whose membership of over 1,600 people meets four times a year to identify and debate priorities for the borough.

The Council uses SAVS as a channel for consulting older people on progress in service developments and promoting volunteering throughout the voluntary sector.

Various forums exist specifically for older people. The multi-agency Health and Well-being Partnership, the Older Person's Panel and Older People's Forum receive feedback on service plans and proposals and help identify gaps as well as what is working well.

The Disability and Impairment Focus Group meets monthly to discuss current issues affecting them. For example as a direct result of such discussions, guidelines for the use of electric scooters were drawn up. This also included the development of user information leaflets. The outcome has been increased influence of service users in service planning and performance.

A Product Specification Group develops written specifications on all products provided by the occupational therapy and integrated community equipment service to ensure that the best products are supplied and that these meet the needs of service users. User involvement on the group ensures a user perspective is included in all decisions around choice and standards and that consistently high standards are maintained with selection and provision of new equipment products.

A Wheelchair Service User Group also meets quarterly to improve communication and involvement in service developments between users, carers, and a range of service providers including the voluntary and private sector.

Even though these opportunities exist for involving older people in decisions about the future of Southend or about specific services, the focus group showed:

- Some had no idea where to go if they were interested in volunteering - some people had not heard of SAVS
- More could be done to encourage volunteering by young people and their contact with older people
- Opportunities may exist for older people to go into schools and give talks on various subjects

What we will do to enable you to make a positive contribution

- Engage with Carers at a 'strategy day' or conference to improve services
- Set up a representative body of older citizens to enable regular and constructive exchange of views between citizens and politicians and officers of local strategic partners. e.g. Older Persons' Parliament.
- Set up regular older people's focus groups or panels to act as sounding boards for new service models and allow the views of older people to inform and contribute to service redesign and service specifications
- Ensure that the membership of both of the above groups reflects the ethnic and cultural profile of our population of older people
- Work in partnership with other agencies to promote volunteering, including the use of volunteers in home visiting services for vulnerable Older People
- Undertake service user experience and all citizen surveys and provide a feedback newsheet online and hard copy. This will include making sure people who speak different languages or with visual impairment can access the surveys and the newsheet in an appropriate format as required.
- Establish a clear policy for financial support to users and carers when contributing to council business, and ensure this is widely communicated.
- Co-ordinate our surveys so that consultations are dealt with through one central point thereby avoiding duplication and consultation fatigue.

(d) Help you to exercise choice and control over your life and care

Key facts – From our services and what you told us

Direct Payments

Just over half of the older people responding to the survey, 51% (300), said they would use access money to enable them to buy a service. Direct payments put the service user in control by directly purchasing services that are flexible and more closely fitted to their personal needs and wishes. Such services might include employing their own personal assistants, organising their own respite or day care or paying for the means to get out more and enjoy life.

Those who said ‘yes’ to direct payments identified types of services which would improve the quality of their life, including practical tasks like gardening. Those with a disability identified housework and putting out rubbish as activities that caused the most problems.

However, encouragement and support are needed for older people to make the most of direct payments and to ensure they are not being put at risk.

“It’s not just the money, it’s the difficulty of finding a trustworthy person”

The Expert Patient Programme

The Expert Patient Programme 'provides group-based, generic training and is delivered by a network of trainers and volunteer tutors all living with long term conditions themselves. It promotes a more general approach, in which an average of 11 people with a variety of conditions - ranging from HIV AIDS, Parkinson's Disease, Arthritis and Polio, through to back-pain, ME, to irritable bowel syndrome - meet up for two-and-a-half hours per week over the course of six weeks. At these meetings a group will cover a range of topics, ranging from fatigue and fitness to nutrition, depression and relaxation, with an action plan agreed for every individual at each session. More information is available on the website of SE Essex Primary Care Trust



A trebling of investment in Expert Patient Programme (from 12,000 courses per year to 100,000 places by 2012) is proposed in the White Paper “Our health, our care, our say”. Together with the requirement for integrated networks and teams, it is an important part of the measures to give people with long-term conditions more control of their health and care services.

What we will do to enable you to exercise more choice and control over your life and care

- Improve the co-ordination of advice and information in easily accessible formats to enable older people to access the full range of community-based leisure, and lifelong learning opportunities
- Increase the number of older people in receipt of direct payments by:
 - making direct payments a ‘first choice’ option for all social care service users
 - actively promoting direct payments to the public, and ensure all social workers are appropriately trained in how direct payments work.
 - work with faith forums to actively promote direct payments and individual budgets for older people from BME communities

- make more use of the voluntary sector to ‘champion’ and advocate for direct payments
- Incorporate access to those services which contribute to well-being (e.g. leisure, culture and lifelong learning) into our social care assessment process
- Commission an Independent Advocacy Service and expand and more actively promote advocacy services for older people to increase the number of people receiving advocacy
- Actively promote expert patient programmes with Health colleagues.
- Explore the potential of developing ‘brokers’ for mainstream services (brokers look at an individuals needs and what they want to do, source or identify possible options and help the person to access them – for example if you like to go on countryside walks, the broker would identify where you could do this in your community, what transport there is to get you there, how much it would cost and if there are any subsidies, and help you make arrangements to participate)
- Develop and improve our translation and interpreting services in conveying information to older people within BME communities, and make more use of local champions and faith forums to raise awareness
- Increase training in equality and cultural competency for all staff

(e) Ensure your safety and security where you live (and enjoy freedom from discrimination and harassment)

Key facts – From our services and what you told us

Almost 80% of older people responding to the OP survey felt that Southend was a safe place for them to live. Nevertheless, 6% (55) felt ‘very’ or ‘fairly unsafe’ living in Southend. Although this seems a relatively low number, older people (through their comments) raised the issue of feeling unsafe when going out in Southend at night;

“I had a good response from Police and advice about break-in and fee help in making my house more secure”

“Generally I feel safe, but would like to see more Police walking around”

Crime rates against people aged 65+ (between April – December 2006) showed:

- About 8.2% of crime against this age group
- 40.2% of the crime was committed against them in their home or residential premises
- 14.6% of older people were repeat victims of crime
- the most common type of crime against older people was criminal damage



However, in comparison to national figures, Southend has a slightly lower level of crime which suggests that there is a need to reduce the perception and fear of crime; an increase in fear of crime will likely relate to other issues such as isolation, depression and lack of confidence. Crime issues in Southend also relate to the need for improved information and awareness on crime prevention

The Index of Multiple Deprivation (2005) figures at localised levels also suggest a link between crime and health of older people.

For the focus group of older people most concern was raised about vandalism to property, especially to cars and about occasional rowdy or over boisterous behaviour by groups of young people. Such groups of young people milling around could be somewhat menacing even though this was unintended. It was generally regarded that many young people coming to Southend for entertainment affects community safety and that the sea front after dark and other zones become “no go” areas. While increased surveillance through CCTV may help deter anti-social behaviour it was not considered a substitute for the physical, visible presence of local neighbourhood police “on the streets”.

There were some examples of excellent community policing teams working in Southend. Building on such good practice, the anti-social behaviour strategy prepared by the Southend Crime and Disorder Reduction Partnership proposes that residents are given up-to-date information and contact details for their Neighbourhood Specialist Officers and Police Community Support Officers; that regular local surgeries are held by Neighbourhood Specialist Officers to encourage the reporting of any anti-social behaviour; and for more practical support to be extended to victims and vulnerable people, notably through Home security improvements carried out through Handy Van scheme and South Essex Homes.

What we will do to improve your personal safety and security.

- Work with local Police to ensure that the particular needs of older people in Southend are recognised and introduce crime awareness and prevention campaign specifically for older and vulnerable residents
- Include crime related contacts and issues within an Southend Older People A-Z information Guide, especially where should older people go for extra security and advice
- Improve first point of contact for advice and information in personal safety and security, and ensuring this is appropriate and responsive for people from all cultures
- Identify profile and target the most vulnerable geographical areas in Southend and review links with local neighbourhood police officers
- Through the appointed Older Persons' Champion at Cabinet Level seek to raise the profile of older people across the borough and ensure that the Council actively addresses the needs of all older people including possible resistance to report things for fear of consequences.
- Deliver a co-ordinated older peoples community safety programme. This will include:
 - Working with partners to deliver home safety checks for both health and personal safety
 - Link Assistive Technology (Telecare) development with community safety wherever possible
 - Ensure advice, information and guidance about community safety is incorporated into initial assessments of social services clients
 - Developing more road safety awareness raising for older people, particularly around the use of prescribed medication and driving
 - Work with the Community Safety and Crime Reduction Partnerships to achieve the targets set out in the LAA to ensure older people feel safe and secure in their local communities.
- Deliver more joint home and personal safety checks with Health, the Fire Service and the Police.

(f) Safeguard the economic well-being of Southend's older people

Key facts – From our services and what you told us

Increased emphasis is given in the White Paper “Our Health, Our Care, Our Say” to the new responsibilities of councils for planning for the whole population, including self-funders and those who are able to pay privately for their health and social care services. Sound information and advice to assist the older person in making the right decisions about such services and any associated costs and benefits should be available Irrespective of the financial position of the individual.

The replies of the majority of older people (70%) answering our survey indicated that they had few financial worries. However, poverty continues to be a significant concern for some older people. Older pensioners, especially women, tend to have lower incomes than younger ones, and so are more likely to be poor. Many of the very old who are just above the poverty line struggle to make ends meet. Holidays, trips to the hairdresser, going to the cinema or a football match are often out of the question. Survival strategies include heating one room rather than the whole house, buying food on the sell-by date and searching out second-hand clothes.

Financial worries, as noted by the focus group, may especially surface following bereavement when the surviving spouse has to manage all the household running costs, in some cases for the first time because the deceased spouse had previously taken care of all the bills.

From our survey we found:

- 30% of older people stated they did not have sufficient money for their daily needs.
- Over a third of respondents hadn't heard of Attendance Allowance

Fuel poverty is also a concern for older people. A high proportion of preventable illness and deaths in the UK is caused by people living in damp and cold housing. Heating costs are therefore a big issue and many are not aware of the grants available to help with bills. This raises the importance of ensuring that that older people have access to energy efficiency assessments of their homes and access, through the Primary Care Trust, to grants such as Warm Front grants.

The witness statements from the provider organisations and the views of older people from the focus group also indicated a reluctance on the part of a significant number to secure benefits to which they are entitled. Reasons for this reluctance included:

- They do not know about available benefits
- They do not think they qualify, so why bother
- The forms are too complicated and the bureaucracy too complex
- Much of the information on grants and benefits and application for them is “on-line” and many still fear using the Internet and disclosing personal details
- If declined once, they do not try again even if their situation worsens
- Pride and stoicism - many feel they are receiving charity and they do not wish to be seen or feel like “scroungers”

Anchor's Staying Put, Home Improvement Agency provides in addition to providing information and advice on grants for housing improvements, adaptations and repairs to meet changing needs is able to undertake benefit checks and

application assistance. In so doing, it complements the work and home visiting service of the Department of Works and Pensions.

Some agencies also only provide on-line applications which can exclude older people who either are not IT literate or choose not to apply on line as paper forms/downloads are not always available.

CAB have found that although some older people understand how to use computers, they are often concerned over the information that is requested by on-line services.



Although assistance with benefits, discounts and grants is available from a range of services, the focus group expressed a need for a contracted independent financial advice service that could help older people with form filling and perhaps worked from a neutral place (such as the library).

What we will do to improve your economic well-being.

- Through the Carers Strategy, actively support carers to have opportunity to re-enter education, training or employment, and have benefits advice and support. This will include improved access to information, advice and guidance
- Support older people and carers to take up statutory and non-statutory benefits and grants by introducing new ways in collaboration with voluntary agencies and the DoWP of accessing information.
 - Introduce a campaign to raise awareness and use of attendance allowance and other benefits to fund homecare etc;
 - Use voluntary organisations to carry out regular take up campaigns and make use of leaflets that already exist (e.g. Age Concern, DoWP);
 - Profile and target areas and people who consider themselves not to have enough money for their daily needs and activities.
- Implement awareness raising and policy changes needed following the new Age Discrimination Act, to include reviewing all HR policies and systems (e.g. the way job descriptions are written and the way posts are evaluated and advertised) to ensure older people are not discriminated against by the council as a major employer in SE Essex
- Develop an Older Persons Benefit and Grants check list

(g) Ensure the personal dignity of Southend's older people

Each year the Council prepares a long-term Care Charter – Better Care/Higher Standards. This sets out the standards for our main local health, housing and social services. It therefore provides up-to-date information about how services aim to meet the needs of adults and older people and what Southend's residents should expect of these services.

These are the values, set out in our long-term Care Charter “Better care/Higher Standards” which cover all services for older people in health and community services Southend.

- We will treat you with courtesy, honesty and respect your dignity
- We will help you to achieve and keep the maximum possible independence
- We will work in partnership with you to provide the services you need
- We will involve you in decisions, giving enough information to make informed choices
- We will try to ensure that key information about the service you require is available to you in a format that suits you, for example translated or large print, taped information, signers or interpreters.
- We will try to explain why we are asking for information, how we use it and in what circumstances. We will maintain the confidentiality of information you give us. If we need to give confidential information about you to someone else, we will explain why and ask for your consent. We only share information on a ‘need to know’ basis and even then, only as much information as is necessary or appropriate.
- We will give you information about your rights to access information that we hold about you and how to complain if you are unhappy about our use of that information.
- We will help you to give your views by providing you with contact details for advocacy and other representative organisations.
- We will treat you fairly on the basis of need. We will not discriminate against you on the basis of age, gender, race, religion, disability or sexual orientation.
- We will make sure that you feel able to complain about the standard of service you receive and that the standards of your service are not reduced, prejudiced or made worse if you complain.

Sexual needs, which involve the need for companionship, friendship, and being able to relax intimately with someone continue throughout life and old age. For many older adults, the loss of a partner can mean losing all this, yet sexual feelings may well still be there even if their partner has died. The older person may find great difficulty in discussing such issues but efforts can be made to arrange for a worker of the same sex to counsel the older person if this is requested.

The need to have privacy and dignity respected is especially acute when an older person, unable to continue living independently, relinquishes their own home and accepts a place in a residential care home. In such situations, ensuring choice in the type of home according to their needs and wishes and the availability of their own bedroom, are primary concerns.

A particular priority has been the development of local multi-agency approach to identify and combat abuse of older people. Fortunately, actual physical abuse of older people in their homes is not common. For example, of 1,082 recorded domestic violence crimes in the borough between April 2006 to March 2007, only 16 involved people aged 65+. However, abuse may take different forms such as physical, emotional or sexual abuse, neglect of physical or emotional needs, financial exploitation or racial abuse. The Protection of Vulnerable Adults Service (POVA) has been strengthened by the appointment of a dedicated POVA co-ordinator to raise awareness, expand training across agencies and ensure all the safeguards are in place for Southend's older people.

What we will do to ensure your personal dignity.

We will:

- Ensure customer care by applying the core values agreed between health, housing and social care services as communicated through the long-term Care Charter
- Improve first point of contact for advice and information, and ensuring this is appropriate and responsive for people from all cultures
- Ensure our buildings are appropriate to the needs of older people with disabilities
- Ensure choice for an older person in residential or nursing home placements according to their needs and wishes and the availability of their own bedroom
- Deal with complaints in a timely, appropriate and sensitive way
- Continue to develop the joint strategy for the Protection of Vulnerable Adults with partners
- Reinforce core values of Better Care/Higher Standards through continued induction training and other in-house programmes



6. How you can contribute to the Strategy – Tell us what you think

Contact and consultation with older people, with service users, carers and partner agencies have been essential in helping us to identify the needs of Southend's senior citizens and the areas where action is needed to improve the quality of their life.

Your views continue to be invaluable to us in our efforts to improve our services for older people. For some services and standards, our only way of knowing how we are doing is from feedback from you. We therefore welcome your comments on this, the first Older People Strategy for Southend.



Have we covered your needs and priorities sufficiently in this strategy or have we missed out anything that should have been included?

Comment

**Is there more information that you would like to receive about services mentioned?
Please list**

Comment

Would you like to receive information about joining any the forums or groups mentioned in this strategy?

Comment

Would be interested in voluntary work? If so what areas?

Comment

Please use the box below to make any other comments about this strategy

Comment

Contact Details

Name:
Address

Tel. No.

Please send this page to:

**Southend Policy and Performance Team
Department,
FREEPOST**

