



Devon Senior Voice

In Partnership with 



Issue No 28

Autumn 2015

Everyone's Tomorrow

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 Devon Senior Voice quarterly magazine.

Devon County Council have asked for our assistance in getting a Community Survey out to as many of you as possible so along with papers for our own AGM on the 4th December you will find a questionnaire and Freepost envelope to return it in. Please take the time to complete the questionnaire. John Hart, Leader of Devon County Council will be opening our AGM and discussing the latest round of cuts that Devon County Council will have to make in the next financial year and the focus of the meeting will be Integration of Health and Social Care in Devon. Thank you to all those who have opted to receive their newsletter electronically and we look forward to more of you signing up to this. We can arrange hard copies to be distributed at branch meetings. The next newsletter is due out in the Spring, so please let me have any news or articles by the 1st February for that edition. Many thanks to all our contributors.

Sally Lougher, Editor

A message from our Chairman, Ann McClements



SUSTAINABILITY –that is the key to the future of Devon Senior Voice. All voluntary organisations are struggling –we are all chasing diminishing financial resources and the same pool of active volunteers. How can we help? DSV have started a new Marketing Group who are looking at as many ways as possible of presenting brand DSV, and raising small amounts of income to boost our dwindling finances. Remember the old saying “ every little helps” – well that is the case at the moment. Please join “Easy Funding” – details from Sally Lougher. We are launching the 100 (or the “any number”) Club at the AGM. Cut down on Branch expenses by giving a small donation at your meetings. Recruit some new members, who are keen and active. I’m sure you can all think of other ways of raising funds for DSV, BUT REMEMBER “every little helps”.

Ann McClements, Chairman

Our Achievements since July 2015

SINCE April 2015 Devon Senior Voice has :

- Continued Working to Engage People through Memory Cafes and listen to their stories
- Established a Marketing Group to develop a Sustainability Strategy for Devon Senior Voice
- Worked in Partnership with the Alice Cross Centre and Volunteering in Health Teignmouth to launch Teignmouth and area as Dementia-friendly (See P. 4)
- Participated in 8 Healthwatch Gateway requests
- Launched Exmouth as a Dementia-Friendly town on the 26th June
- Held the third Crediton Dementia Awareness Day on 16th September (See P. 2)
- Updated the Memory Cafes in Devon Booklet in September
- Celebrated Older People’s Day on October 1st with a sun-filled Information Fair, Entertainment and fun on Exeter Cathedral Green (See P. 7)

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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.



Crediton and Area Branch

MANY in the audience at the Crediton Dementia Awareness Day and Information Fair, organised by the Crediton Branch of Devon Senior Voice were moved to tears by a speaker's account of her own experience of dementia. Former GP Dr Jennifer Bute, who developed dementia in her fifties, has dedicated her life to understanding the disease from an insider's perspective, and communicating her findings to the wider public. Paula Kovacs, a co-organiser of the event at the Boniface Centre on Wednesday, said: 'One would be hard put to find a more courageous woman than Dr Bute. She demystified the experience of dementia by outlining the many ways it can affect one's normal waking consciousness, and offered support and comfort. Many of us were moved to tears, feeling it a privilege to witness her presentation.'

Dr Bute was one of a team of speakers who spoke to some 80 members of the public, voluntary workers and health professionals on the day, who all offered various insights into the condition and the new approaches to supporting those with dementia and their carers.

Brian Shillingford, chair of Crediton Dementia Action Alliance (CDAA) and Marion Pollinger, a volunteer Alzheimer's Society and Dementia Friends Champion, spoke of the work of CDAA to improve the lives of people with dementia, and their carers, in Crediton. Wendy Weidner talked of the practical and emotional support offered by the specialist dementia nursing service Admiral Nurses. Graham Pilsbury, of law firm Gilbert Stephens, explained the important legal issues thrown up by dementia, par-

ticularly the role of people with Lasting Power of Attorney speaking on behalf of those with dementia. Jacky Forbes spoke of how brain activity and communication could be improved by singing, and Alex Mucha talked of how dementia support workers could ease problems of those with dementia and their carers.

Also at the event were 14 information stands staffed by representatives of organisations that work in the field of dementia support and caring.

The day was organised by the Crediton & District Branch of Devon Senior Voice, the voluntary forum for older people in the county.



Dr Jennifer Bute—Keynote Speaker Crediton Dementia Awareness Day



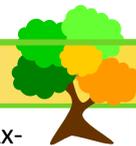
'If life gives you lemons - make lemonade!' so the saying goes, encouraging us to turn a negative life situation into something positive, by finding the gift hidden within. On discovering she had developed dementia in her fifties, this is precisely what retired GP, Dr Jennifer Bute decided to do. Not for her a stance of helplessness or sur-

render in the wake of her diagnosis. The opposite, in fact. Summoning her courage and determination, she decided to find her own way through this illness, brandishing her intellect and medical knowledge like a sword cutting a swathe through the dense thicket of fear, ignorance and misinformation that surrounds this disease.

She has embraced her diagnosis as a 'glorious opportunity' – a chance to understand the disease from an insider's perspective, and communicate her findings to the larger community. Listening to her presentation, part of the Dementia Awareness Day, I was struck by her diminutive physical appearance. Standing only five foot tall and dwarfed by the large expanse of the Boniface Centre, she doesn't look like the stereotypical warrior heroine – but a more courageous women one would be hard put to find. She demystifies the experience of dementia by outlining the many ways it can affect one's normal waking consciousness (i.e. aural and visual hallucinations), and offers support and comfort by explaining the ways carers can diffuse difficult situations by suggesting helpful ways to deal with various previously misunderstood behaviour and so reduce confusion and aggression.

Her quest is to bring insight and inspire hope, and many of us at the Boniface Centre, Crediton on September 16th, were moved to tears, feeling it a privilege to witness her presentation. For more information visit her website at www.gloriousopportunity.org

Paula Kovacs. Secretary. Crediton Branch



Honiton Branch

'We continue to be active on a range of issues including hospitals, libraries, social care and dementia awareness and have made front page news several times. The latest banner headline - '**Senior Voice: We told you so**' (Pulmans 8th Sept) - refers to the failings in the NSL non emergency patient transport contract. It makes a powerful point but gives us little pleasure; we warned health chiefs and our MP about this two years ago. We note the latter did not respond to a press request for comment. Let us hope lessons have been learned and South West Ambulance may bid on a level field.

At our **Annual General Meeting** our hard working committee were unanimously re-elected. Deputy Mayor Jackie Wadsworth spoke passionately to us on Honiton's new 55+ Centre which replaces the former council run day centre. It deserves to succeed. Our new funding strategy was launched after passing a resolution to ensure that we take reasonable step to only apply to equal opportunity bodies (i.e. no 'secret societies'). Our **Posh Table Top Sale** and Coffee Morning is **at Mackarness Hall on November 7th**. Please contact me if you can help in any way (Tel: 01404 548228)

Our second Open Meeting on the future of Devon public library system features the Chair of the new **mutual Library company** Julie Dent and cabinet member Cllr Roger Croad at 2pm at **Honiton Methodist Chapel on Thurs 22nd October**. Note 'library system' -not just Honiton or any particular library; libraries are interdependent and the book fund and back office support are both under pre-

sure. We hosted a meeting with supporters of Axminster library who are very concerned about under funding, cuts in hours and book fund.

Our meetings with other East Devon branches, hosted by **Seaton Chair Roger Trapani** continues to act on many topical issues of concern. Devon Senior Voice chair Ann McClements was present to share our concerns **cut backs in community hospitals** including Axminster and Ottery and the impact of the coming winter on vulnerable older people who face local bed shortages and a **crisis in social care** (see article).

We recently supported a successful **Dementia Friendly Fayre** held by **Honiton Dementia Action Alliance**. This involved 23 local groups- including Honiton Memory Cafe (which we helped found) at our excellent Beehive Centre along with stalls, training sessions, launching of a new web site and an innovative dance theatre group. **Dementia Friendly Champion Heather Penwarden** presented each group with a special sticker following a morning training session. It was particularly good to see young people taking part and the head of Honiton Community College Sixth Form. We again took part in **Honiton Charter Day** which dates back to 1257.

Our pre - Christmas Coffee Morning and Social with mince pies will be held at Honiton Methodist Hall on Wednesday December 2nd. It is also an opportunity for members to tell us what you want from Senior Voice. Our Secretary is Elaine Mumford Tel 01404 44316.

Tony Simpson, Publicity Officer

Exmouth Branch

Exmouth Branch still suffers from a lack of active members but the small committee continue to meet and send out information to members (about 100) with occasional feedback on various matters. The main thrust of its activity was to agree to make Exmouth and surrounding area a dementia friendly community. Following talks with Exmouth memory cafe, singing for the brain, a local day care centre and with the blessing of the town mayor an official launch was made at the Imperial Hotel.

At the same time Budleigh Salterton were in talks with Sidmouth (neither of which have DSV branch) so our branch chairman formed up with them and they decided to push forward and register as a Dementia Action Alli-

ance. We asked Seaton to join and become East Devon Coastal Towns DAA, which we now are. The work now starts to raise the awareness of memory loss related problems.

A small group has been formed but if anyone in Exmouth or surrounding area would like to be involved please get in touch.

Sadly our long standing Secretary has indicated her intention to stand down because of health problems so if you would like to keep the branch active please come and join the committee.

Tony Siddall, Chairman, Exmouth

Crediton and Area Branch

Editor's Comment

It is with great shock and sadness that I have to announce the passing of Crediton's Chairman and ex-Board member Pauline Thomas, who died peacefully at home during the weekend of the 10th/11th October. Pauline was an extremely active member who organised the raffle and participated in the Steering Group of our recent Older People's Day Event on the 1st October and really put Crediton on the map by her many and varied volunteering services to the Community. She will be sorely missed by the Board, staff, Crediton Branch and all who knew her at Devon Senior Voice. Pauline's funeral will take place in Cheriton Fitzpaine parish church on 6th November at 11am

Teignmouth Shaldon and Bishopsteignton Branch



The Teignmouth, Shaldon & Bishopsteignton branch of Devon Senior Voice has been involved in a successful partnership – with the Alice Cross Centre and Volunteering in Health in co-operation with the Coastal Locality Commissioning Group – to launch a scheme that aims to improve the lives of people with dementia, and their carers, in Teignmouth and Dawlish, Shaldon and Bishopsteignton, and the surrounding villages.

More than 100 members of the public, voluntary workers and health professionals attended the successful Coastal District Dementia Friendly Event & Information Fair at Teignmouth Community School on Saturday 19 September to discover how the area intends to become more dementia friendly.

After the opening by the Mayor of Teignmouth, Cllr Jacqui Orme – with the Mayor of Dawlish, Cllr Howard Almond, at her side – a team of speakers offered various insights into the condition and the new approaches to supporting those with dementia and their carers. Dr Oleg Anichtchik of Plymouth University spoke about the work being done by his research group on the molecular mechanisms of dementias associated with protein aggregation.

Dr Matthew Fox, of Barton Surgery, Dawlish, and joint clinical lead for the Coastal Locality Commissioning Group, talked about the various types of dementia and their likely effects on Devon's ageing population and our local health services. Dr Patricia Allen, a partner at Teignmouth Medical Practice, gave a very personal account of providing better care for her mother, who has dementia, by moving

her in with her teenage family. Norman 'Norms' McNamara, of Torquay, who was diagnosed with dementia eight years ago at the age of 50, spoke enterprisingly of living with the condition, and inspired his audience with talk of his work with Purple Angel, a now-global organisation that he founded to develop awareness of dementia and promote the concept of dementia friendliness. The conference also heard from care-home owner George Coxon – an ex-commissioner in the NHS and an active registered mental nurse – on how, when the time is right, one can still live well with dementia in 24/7 care.

At the information fair staff from some 15 local organisations that work in the field of support and care for older people were able to showcase their services and offer advice to those interested. Following a Question & Answer session the event was rounded off with the formal launch of the Coastal Locality as dementia friendly by Anne Marie Morris, MP for Newton Abbot.

Event co-organiser Jim Corben, of DSV, said: 'The day was a great success, as we achieved our aim of raising the awareness of dementia, de-stigmatising it and to make our area a safer and friendlier place for all those with dementia. It was also a great example of effective partnership work with our organisations, each making good use of one another's strengths and their contacts.'



Seaton Memory Cafe Update

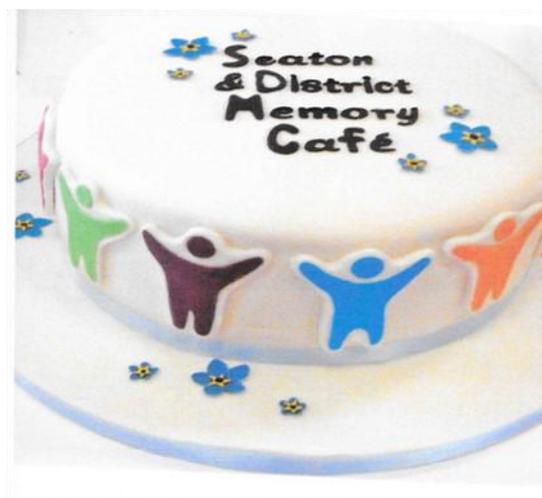
On the 29th June Seaton Memory ~Cafe members had a Tram Ride to Colyton where a wonderful cream tea was laid on for over thirty Seaton members (half and half carers and cared for). The weather was good and the Tram Driver was excellent providing us with a step by step report of where we were passing throwing in a couple of jokes for good measure.

Our July meeting was attended by 20 people and we had a raffle, a sing along with refreshments and home-made cakes produced by our excellent volunteers.

Our August meeting was held to celebrate our 1st Birthday with the wonderful cake below. We held a quiz and a sing along and all went home very happy. The September meeting was an action-packed one with a demonstration by a frozen food company who provided samples of the food when it was cooked - to everyone's delight!

We have now obtained a regular pianist who just is amazing playing tune after tune to entertain us all.

Our regular monthly meetings are always well-attended by 30 or more members.
*Bob Buskin,
Seaton*



Seaton Area Branch



The latest thing keeping me busy has been the setting up of a "Seaton Locality Health and Care Forum".

The idea is to capture health and care service issues that are important to local people and pursue these with the Clinical Commissioning Group (CCG) and other providers. Forums already exist in Axminster, Honiton, Ottery St Mary and Sidmouth and together we will form the Wakely Locality Forum and take forward matters of common interest to the CCG and/or other Health or Care providers.

Setting up the Seaton Locality Forum has been quite a task as all the other Forums had been in existence previously with the name of "Locality Teams" so it was more a question of re-starting whereas I was starting from scratch.

However, the inaugural meeting on the 4th of September was very encouraging. Although we were only small in number, everyone present contributed and took actions away with them.

I managed to get an article in the local paper about the

first meeting and through that and the efforts of members since the meeting, the numbers are growing and include health professionals, pharmacists, councillors and representatives of community groups, together with other interested parties.

The Chairs of each locality Forum will meet between the local meetings to decide on work that needs to be done together but each will also be independent and can act locally where appropriate.

Elli Pang, Chair of the Ottery St Mary Forum (and lay member on the Wakely locality CCG) was asked to begin this process. I was then asked by her to set up the Seaton Locality Forum. I was only intended to be "acting Chair" until the Forum was up and running but at the first meeting agreed to be Chair until we are fully operational.

Tina Trapani, Secretary, Devon Senior Voice – Seaton Area

Barnstaple and Area Branch AGM—October 2015

At a meeting last week of the Barnstaple Branch Devon Senior Voice, the invited speakers were officers from the North Devon Healthcare Trust, Nellie Guttman, the Engagement and Involvement Officer and Stella Doble, who is Assistant Director for Health and Social care. They told us the results of the recent consultation for the allocation of Community Hospital Beds in North Devon.

They told us that Health Care should now try to focus on 'Well-ness' rather than 'Sickness'. Keeping more people in their homes, with help and support, makes for a quicker recovery, and better outcomes. Well over 1000 people attended the Consultations and they told how important the Community Hospitals were in rural areas, how valued local treatment was, close to Home, Family, Friends Neighbours.

Stella Noble said, 'The people gave us their opinions and we listened' The decision to reduce 74 Community Hospital Beds to 40 was based on the need to bridge an £11 million gap in funding, and to finance the move to treat

more people in their own homes.

The result of the Consultation was that Holsworthy and South Molton Community Hospitals, retain their In-patient beds, and the Stroke Unit at Bideford Community Hospital will remain. The Community Hospital beds at Ilfracombe will not re-open.

WE were told that if somebody needed a Hospital Bed, one would ALWAYS be available. Stella Doble told us that the Health care provided would be 'The Right Care at the Right Time'. NDDH can provide teams to look after patients, in their home, Rapid Reponse, Care Direct, Pathfinder Teams, Therapists, Community Nurses and Domiciliary Care. The Health Services would support people while they were ill, but after 4-6 weeks, if people with long term conditions needed extra care, they would then need the help of Social Services, which is means tested.

Carol McCormack, Director

Ivybridge and Area Branch

The branch continues to meet on the first Wednesday of the month at The Sportsman's Inn at 10.30 am.

Speakers over the last three months have included Fiona Webb from the Kingsbridge Chiropractic Centre who gave an excellent presentation on 'Move Well, Live Well' and tips on how to improve and maintain mobility by focussing on regular exercise, a fresh and healthy diet, good posture, a healthy digestive system and how to prevent falls.

In September, Mark Heveron from the Devon Fire and Rescue Service gave another very interesting presentation which included the offer of a free home fire safety visit which is available to all older people as detailed in the following article. Several members have already taken advantage of this service and I would strongly recommend that others do so too.

Sally Lougher, Editor

Home Fire Safety Visit



Every year thousands of people within the UK experience a fire in the home. Tragically, many of these result in injury or even death.

Home Safety Visit

The damage caused by fire in the home can have devastating consequences and a large number of fires could have been prevented if potential hazards in the home were identified and eliminated and the residents had a plan in case of an emergency.

To assist with this, Devon and Somerset Fire & Rescue Service offer a programme of 'Home Fire Safety Checks'. The check takes no longer than five minutes after which you may be offered a home fire safety visit.

Home Fire Safety Visits can sound daunting to many people, especially the elderly, they involve a DSFRS employee visiting your home at a time convenient to yourself to give advice and guidance in respect to fire and home safety needs. They will also assist you with the development of an escape plan so you would know how to get out of your house if there was a fire.

All homes have different requirements but a Home Fire Safety Visit should take no longer than 45 minutes.

What is the cost to residents?

DSFRS are working to develop a safer community & this is a completely FREE service that's offered to people and places where we know there is a higher risk of fire. This includes high risk individuals such as older people, especially those living alone, those with mobility, vision and hearing impairment, mental health services users and those liable to intoxication through alcohol/drug use.

A combination of these factors will significantly increase the risk from fire; you may also qualify to have a FREE smoke alarm fitted in your house. You will not be sold anything.

If you are concerned that your home may be at risk of fire or know someone who you think needs our help then please arrange a visit by calling.

0800 0502 999

All Fire and Rescue personnel who visit your home will carry photo identification. Please ensure you ask to see it.



Social Care: Paying for Care Home Places and Domiciliary Care

From April 2015, new rules apply in respect of those who either reside in a care home, or receive domiciliary care (i.e. care at home) and are in need of care and support from their local authority. The rules are set out in the Department of Health's [Care and Support Statutory Guidance](#).

In summary:

everyone whose needs are met by the local authority must have a personal budget detailing how much support they are entitled to;

there is a means-test applied to determine if someone is eligible for local authority financial support towards the cost of their care and support costs;

where someone is receiving such support, they are expected to contribute their income (except exempt income); however, they should have a specified amount leftover each week for personal spending;

for someone in a care home, if they meet the eligibility criteria or if the local authority, at its discretion, allows, a person can defer paying for their care and support costs through, in effect, a loan although they may be charged interest (a "deferred payments arrangement");

a care home resident's local authority funding can be "topped-up" to allow them to live in a more expensive care home,

although in most cases such top-ups can only be made by a third-party (i.e. not the care home resident).

This note applies to England only.

Further information on the current social care funding system can be found in:

Social Care: Direct Payments from a local authority (England) (SN03735)

NHS Continuing Healthcare in England (SN06128)

It had been planned that a more generous means-test and a cap limiting the amount a person had to contribute during their lifetime to their social care funding would be introduced in April 2016; these were postponed in an announcement made by the Government in July 2015. Further information can be found in the following Library briefing papers:

Social care: background to planned funding reforms (including the "Dilnot Commission") (SN06391); and

[Social care: announcement delaying introduction of funding reform \(including the cap\) and other changes until April 2020 \(England\) \(SN07265\)](#)

James Bradley, Director

DSV celebrates Older Peoples' Day 1st October 2015



Sun shines on Older People's Day in Exeter



Organisers' prayers were answered when fine and sunny weather brought out the crowds to enjoy the celebration of the UN International Day of Older

Persons in the historic setting of Exeter's Cathedral Green on Thursday 1 October.

A Devon Senior Voice (DSV) team of members from Crediton, Exeter and Okehampton, under the leadership of Ken and Ann Crawford, had worked tirelessly over the previous six months to set up the free event that



combined crafts, entertainment and information.

It is estimated that some 5,000 people of all ages mingled over the day in a

lively and friendly atmosphere to browse and enjoy what was on offer, from singing and eastern dancing to stalls offering crafts and therapies, homemade cakes and plants, and a raffle.

Some 50 organisations were present at stands providing a range of help and advice on everything from promoting healthy lifestyles, giving opportunities to combat loneliness, and encouraging volunteering and sharing skills with different generations.

The Dean and staff of Exeter Cathedral supported the occasion, and Age UK, Bluebird Care, Our Local Expert and Morgan & Pope gave generous sponsorship.

DSV chair Ann McClements, who toured the event with Exeter's Deputy Lord Mayor Cllr Lesley Robson, said: 'I want to thank everyone involved who helped to make the day such a resounding success. It was brilliant!'



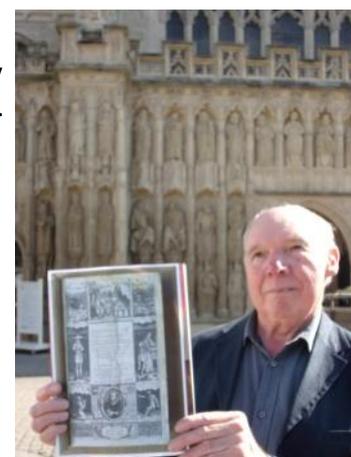
Anatomy of Melancholy—Tony Simpson makes a discovery on Older Peoples Day

Where did our understanding of mental illness, and the language we use to describe it, come from? We could go back to Freud, or much further to the Greeks. I took a break from Older Person's Day on Exeter Cathedral Green and found an answer. I headed deep into the Cathedral in search of what has been called 'the Book to End All Books'. Not the Bible but Robert Burton's almost 400 year old **'The Anatomy of Melancholy'** published in 1621. The Cathedral has a 1632 chained version of Burton's famous book 'through which all human emotion and thought can be scrutinised'.

It is surprising how far one can travel with a high viz (yellow) jacket. I passed through various doors then below stairs to the archives and library where, on pressing the bell, a kindly archivist found me what I was looking for. Burton's 'The Anatomy of Melancholy' is confidently subtitled *'What it is. With all the Kinds, Causes, Symptomes, Prognostickes and Several Cures of it'*. His 900 page text promises cures for 'perturbations of the mind...which cause anguish, heaviness and vexation of spirit'. Would any modern clinician offer, not one, but several, cures for what used to be called melancholia and in the 20th century became depression? Mental conditions were known about in Greek medicine; the Greek word for lunacy is 'lunaticus'; there are still those who believe in the effect of changes in the lunar cycle (moon) while 19th C mental hospitals were called lunatic asylums.

It was worth my visit to see Le Blon's etchings for the frontispiece of Burton's book. These show natural 'cures' such as the plants borage and (black) hellebores still in use by modern witches. They also illustrate people beset by various mental afflictions. There is a poor, ragged person, chained up, suffering 'maniacus' (Latin, late 15th C). A well dressed wealthy man, clearly worried about his health is 'hypocondriacus' (Latin 16th C); an obsessed individual on his knees is 'superstitious' while another is shown entering a wilderness of strange animals in a state of 'solitude' (Latin solus).

I made my way up the Cathedral stairs through the pews of older people sitting quietly - perhaps their way of seeking inner peace - into the bright Autumn sunshine passing an NHS stand from which a kindly volunteer offered me a leaflet. It was headed 'Stressed, anxious, depressed? - we can help'



North Devon Hospital Bed Closures could be 'Dangerous'



The debate about the closure of beds in community hospitals in Devon has continued to rumble on, with more than 20 Devon GPs in September warning that plans to close hospital beds 'could prove dangerous'. In a letter to the Northern Devon Healthcare NHS Trust they said the proposals to close more than 30 community beds in north Devon caused 'grave concern over patient safety'. They called on the trust to rethink a continuing consultation on the plans.

The trust said it hoped to reassure GPs the proposals were safe, at a meeting that has already been organised. It said the commissioners, NEW Devon Clinical Commissioning Group, agreed in May that the number of community beds in northern Devon would be reduced from 74 to 40, as £5m needs to be saved from the trust's community services budget across North and East Devon in this financial year.

The GPs' letter said: 'We, the undersigned GPs, would like to register our grave concerns over patient safety regarding the forthcoming plans of Northern Devon Healthcare NHS Trust (NDHT) to close community beds.' It went on: 'We are concerned that the untried, untested closures of so many community hospital beds in this area

could prove dangerous for a significant population of patients who might need to rely on community beds.'

The GPs described the consultation process over the possible bed closures, which concluded at the end of September, as a 'hasty cost improvement process'. They raised particular concerns over the safety of the proposals 'in the absence of concrete plans for bolstering and investing in safe staffing levels of the existing very stretched community nursing service'.

A spokesman for NDHT said it had responded to the letter 'encouraging the GPs in northern Devon to attend the second meeting we have organised for them on 29 September to discuss the consultation'.

He said the trust wanted 'to reassure them that the model of care which replaces the beds is safe'.

The spokesman said the trust disputed that the model of care was untried and untested, saying: 'There is a growing body of local evidence which demonstrates that the home-facing model of care (without beds) provides better patient care and better system resilience during peaks in demand.'

Challenge of Devon Ageing Population is 'Unprecedented'

Devon is facing an 'unprecedented' challenge owing to a 'disproportionate' increase in the number of over-65s, according to a report.

The numbers are expected to increase by 20 per cent within the next 10 years, a report to Devon County Council said.

The cost to the county's health and social care system could rise by more than £275m over the next five years.

The council said investment in disease prevention was needed 'to reduce the financial burden'.

The number of over-85s is expected to grow by 37 per

cent over the next 10 years, according to the report. Cllr Andrea Davis, cabinet member responsible for improving health and wellbeing, said: 'We should celebrate that we are living longer.

'But there's no point in living longer if we are not very well. It's when you are in your 40s, 50s, 60s or 70s that you can make a difference to those very late years of your life.'

The report is available on:

<http://www.devon.gov.uk/loadtrimdocument?url=&filename=PH/15/26.CMR&rn=15/>

To make you smile....



The CARE ACT UPDATE - The Care Cap



Since the last update in the summer edition the Department of Health notified the Local Government Association (LGA) on 17 July 2015 of plans to defer the cap on care costs and other phase 2 changes until 2020, including the ability for self funders to request the local authority to arrange residential care on their behalf. Devon County Council welcomes the opportunity the deferment brings to review these elements of the Care Act.

For further detail of the delay refer to this webpage:

http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/7413383/ARTICLE

published by the Local Government Association (LGA) or contact Sally who will send you a hard copy.

Following this announcement DCC is reviewing its implementation of the Care Act and making adjustments as necessary. Other aspects of the Care Act, such as those that became active in April 2015, still apply.

Sally Lougher, Editor

The Secret Silver Engine

'Gran and grandad hours are the secret silver engine of the UK economy, powering the the country with unpaid childcare, unplanned babysitting, summer holiday sleep-overs and a bottomless supply of toffees. There are benefits to all that can't be measured in money...Recognising the contribution grandparents make to society is a good first step.

'Alice Jones, I independent 7 October.

Life Shouldn't be so Sweet

For the first time since the 1980s, scientists have recently updated guidelines on the maximum amount of sugar we should eat and drink each day, halving the current recommended limit. The guidelines suggest that no more than 5 per cent of daily calories should come from added sugar – about seven teaspoons or 28g for children and adults over the age of 11.

All age groups are currently consuming at least twice this amount, with children currently consuming three times this amount. The guidelines do not count naturally occurring sugar, found in whole fruit and milk, but fruit juice is limited to 150ml a day. Public Health England have endorsed the recommendations and are calling on parents to replace all sugary drinks in their children's diets, which currently make up around of a third of their daily sugar intake, saying: 'Sugary drinks have no place in a child's daily diet'.

Warning of Huge Housing Shortage

A chronic shortage in house building could mean children in the West Country may never be able to have their own home. According to research from the National Housing Federation (NHF), in the four years up to the end of 2014, there was a massive shortfall in creating new homes.

In the South West alone, targets have fallen short by 9,969 houses, or 32 per cent.

Gill Payne, director of policy and external affairs for the federation said there were real dangers for society in failing to build enough new homes.

'We haven't built enough homes in this country for decades, and if the gap between the number of households forming and the number of new homes being built continues to grow, we are in danger of not being able to house our children,' she said.

The scale of the housing shortage was revealed by a BBC Inside Out investigation. The NHF says that 974,000 homes were needed nationally between 2011 and 2014, but figures covering 326 local authorities show only 457,490 were built – a shortfall of 53 per cent.

At 57 per cent, West Devon had the biggest gap between new housing needs and actual completed bricks and mortar. According to the NHF, the need over four years was 1,414 houses and

the shortfall was 804.

In Torridge there was a 50 per cent shortfall and in Mid Devon it was 46 per cent. In Exeter the shortfall was 10 per cent and in Plymouth, a shortfall of 11 new homes represented 11 per cent. Sarah Lee, head of policy at the Countryside Alliance, called for urgent action.

'These figures make sobering reading. Prices of rural homes are already increasing at such a rate that young single people and families are effectively excluded from living there.

'This lack of affordable homes creates a vicious cycle which, if not halted, leads to the break-up of communities, a loss of services and results in villages that have no long-term future.

'Local authorities need to act now to promote the sensible development of housing to meet the need in the countryside, otherwise our towns and villages will become the preserve only of the rich and the retired.'

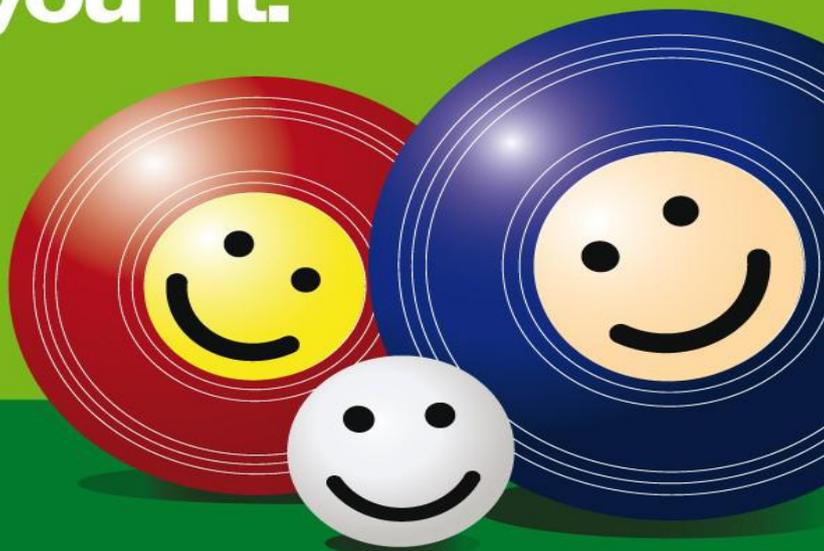
Housing minister Brandon Lewis said the government aims to build a million new homes across England by 2020.



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Family-based support in your local community

Short breaks, day services and long term arrangements - accommodation, care and support from Shared Lives South West

Shared Lives services are for people aged over 18 who would like to live or stay in an ordinary family home with built-in care and support.

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Unused prescription medicines cost the NHS in South Devon and Torbay £1.56million every year.

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This project is being delivered by the medicines optimisation team of NHS South Devon and Torbay Clinical Commissioning Group

your voice counts

Have your say on health and social care in Devon

Keeping Patients in the Picture

Take Part in our Survey

If someone wants to provide feedback or raise concerns about a local healthcare service, they should be able to do so simply, quickly and feel reassured that their feedback has been heard.

If you have provided feedback, raised a concern or made a complaint within the last year or so about an NHS service, we would like to hear from you.

Take part at: healthwatchdevon.co.uk/patientsinthepicture
Alternatively, scan the QR code or call for free on **0800 520 0640**.

The survey will close on 27th November 2015.



healthwatch Devon



healthwatch Devon

Two years ago, a report called "Putting patients back in the picture" called for a major overhaul of NHS complaints systems.

The report was led by Ann Clwyd MP, whose husband had died in hospital. In an interview on BBC Radio, Clwyd described the "coldness and indifference" of some of the nurses who were supposed to be caring for her dying husband.

The good news is that here in Devon, NHS Trusts are actively working on ways to improve their feedback and complaints systems. They recognise that they don't always get things right. But they also know that dedicated staff often pull out all the stops to give patients the best possible care.

Either way, they want to hear from you so they can learn what works and what doesn't.

Healthwatch Devon is conducting a survey to find out people's recent experiences of giving feedback to local health services. Have you raised a concern with a hospital or GP? Have you tried to suggest how things could work better? Have you wanted to offer praise for a member of staff?

We'd like to know whether you found it easy to do so, and whether you felt you were being listened to.



To take part, please call us on 0800 520 0640 or visit healthwatchdevon.co.uk/patientsinthepicture

**Freephone
0800 520 0640**

News from Torbay and South Devon CCG

As part of an NHS self-care policy for South Devon and Torbay, patients are being urged to buy low-cost medicines and supplies from high street outlets rather than get them on prescription.

The aim of this is to reduce the £500,000 spent on medicines and supplies for minor ailments last year. This money, spent on medicines readily available through other means at a lower cost to patients, could have been better spent on treating more serious conditions such as cancer and heart disease.

As part of the self-care policy, all GPs in South Devon and Torbay now have a leaflet that lists for patients the range of conditions and supplies not now provided on prescription – such as cold remedies, antihistamines, decongestants, hair-removing creams, and treatments for constipation, diarrhoea and haemorrhoids.

A new report by NHS England shows that one in four GP appointments are potentially avoidable, and that about one in 18 people could be treated by self-care or seen by their community pharmacist.

Pharmacies can help with a range of common conditions and minor injuries, including aches and pains, cystitis, colds and skin rashes. Any consultation you have with a pharmacist is confidential, and an appointment is not necessary to see a pharmacist, who is often available in the evenings and at weekends.



Understanding your Clinical Commissioning Group

When I meet with members of the public or community groups, I am often asked; 'What is a Clinical Commissioning group (CCG)? And what do they do? CCGs are NHS organisations led by GPs to 'do' commissioning. As to what commissioning is, the simple answer is that it is buying healthcare services for people in a particular area, in this case for people living in Northern, Eastern and Western Devon. We are responsible for buying healthcare services on your behalf and have a budget of £1.1bn. The more detailed answer is that as healthcare commissioners, we work to identify what services are needed, who is best placed to deliver them, where the services are best delivered, and in some cases, how the service is delivered. And, of course, we also monitor the services we commission to ensure that what is being delivered is what we have asked for.

It's not all about monitoring to ensure delivery though. As public servants, we have a responsibility to ensure that you get value for money. This means that a large part of our work involves looking at services to see how we can improve the Quality, ensure Innovative approaches to care, make sure that services are Productive and that they help to Prevent ill health. This is the part of our work we refer to as QIPP.

NHS NEW Devon CCG - where we are now

Most people will be aware that the demand for healthcare services in the UK is growing and that the amount of money Clinical Commissioning Groups are given to commission healthcare services is fairly static. You might also be aware that NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NHS NEW Devon CCG) is one of a number of CCGs receiving help under NHS England's Success Regime initiative to ensure that it is able to commission quality services that make best use of innovation, are productive and effectively help to prevent people becoming ill, or helps them to recover when they

are.

For a while now, the CCG has been working to 'turnaround' its financial position. The way in which this turnaround is being achieved is through our QIPP programme. This programme focusses on areas where we feel there is an opportunity to make improvements and consists of a number of projects aimed to put those improvements in place. Some of these projects are just about how we work with the providers of services and some look at changes to the way we commission services.

Right Care

At NHS NEW Devon CCG, we are introducing a programme of work known as Right Care. Right Care is a methodology that has been developed nationally to define and select areas of commissioning where there are opportunities for improvement in quality and value for money. These areas are found by looking at information that shows us where healthcare in the CCG varies from healthcare in comparable areas of the country. Right Care uses national and local data to look at existing healthcare pathways and where appropriate, to redesign them to improve care and increase value for money.

Reflecting on this year's AGM

On 30 September 2015 the CCG held its second annual general meeting. Members of the public, patients and key stakeholders were invited to hear about the work of the CCG and our performance in the last financial year, with a question and answers round at the end of the meeting for the CCG to listen to the public's views and concerns. Dr Tim Burke chaired the event and formally accepted the annual report and accounts for 2014/15 on behalf of the Governing Body.

The event was a success and the turnout was even better than expected, with almost 80 people taking part. We have received very positive feedback about the exhibition and event, so would like to extend a big thank you to everyone who attended to support the CCG.

Sally Parker

Named GP contact

This is a contractual requirement and builds on the 2014-2015 agreement to provide a named and accountable GP for over 75s. The named GP requirement has now been extended to all patients.

By 31 March 2016 all practices will need to include on their website reference to the fact that all patients, including children have been allocated a named, accountable GP by the 30 June 2015, or within 21 days if aged 75 or over, or newly registered.

For all patients (excluding patients aged 75 and over and those on the AUA register who have been informed under 14/15 provisions or within 21 days), practices have until 31 March 2016 to notify individual patients as appropriate.

There is no requirement to write to any patients regarding their named GP. Practices are required to inform patients of their named GP at the next appropriate interaction and it is for practices to decide what is appropriate.

By the end of March 2016, the practice must confirm on their website that every patient has a named GP. If a practice already operates a personal list and patients are familiar with having a personal GP, there is no need to inform patients again. However it will still be necessary to ensure that confirmation is provided on the website as outlined above."

James Bradley. Director

Prostate Cancer Support in Devon



Worried about Prostate Cancer, newly diagnosed or completed/undergoing treatment and want to put something back into the "system"? You don't have to be a member to contact us or come to our meetings and there is no charge.

The North and East Devon Prostate Support Association was formed in 2003 and shortly thereafter was registered as a Charity. Since that time it has established itself as a source of help and support for men who have been diagnosed with prostate cancer. This support is also extended to their wives, partners, friends and family. Our aims are twofold:

- To create awareness of the disease and of the necessity for early diagnosis.
- Secondly we provide non-medical support to men, and their families who are worried about Prostate cancer or have the disease.

We meet as an Association 4 times a year in Exeter with top quality speakers on subjects relating to prostate

cancer and associated medical matters. We also have local area groups in Sidmouth, Budleigh Salterton, Exmouth, Torridge; Tiverton, Cullompton, Honiton, Barnstaple and Exeter.

One of our most useful features is the in-house telephone directory of members who are willing to discuss the treatments that they themselves have undergone or are currently receiving. This is particularly useful to men who may be concerned about the great variety of treatments available to them or who simply want to compare notes on their progress with other men in similar circumstances. A telephone call to one of our primary contacts can put you in touch with someone who has been through the treatment recommended for you. Alternatively, if you have already completed or are undergoing treatment and would like to pass on your experience by joining our telephone directory, please get in touch.

For further details please call Tony Lowe on 01598 740331

NHS Spending on Agency Nurses in Devon Raises Concerns

Health trusts in Devon spent more on agency nurses in the first half of 2015 than they did throughout 2014, figures show.

Hospitals and other NHS health trusts spent £18.8m from January to June and £17.5m in 2014. The figures came from a Freedom of Information request by the Royal College of Nursing (RCN).

Trusts, which have been ordered to reduce agency-staff spending, blamed a national shortage in full-time nurses. Jeannett Martin, South West regional director for the RCN, said: 'The RCN has been highlighting the increasing agency spend for several years, yet we continue to see costs rise year after year. NHS trusts are trying to plug the vacancy gap, to ensure that patients get the care they need, by relying on agencies to supply temporary staff but this is not a sustainable approach.'

Northern Devon Healthcare NHS Trust spent £5.7m on agency nurses in the first six months of 2015 compared with £4.1m last year.

Darryn Allcorn, director of workforce and development, said: 'Our number one priority is to provide safe, high-quality care for our patients and we work hard to ensure

safe staffing levels are maintained at all times.

'Our priority is to redeploy our own staff, use overtime or call on NHS bank staff, but when none of these options is available we will look to use agency cover as a last resort. 'We constantly review our use of agency staff and are one of nine NHS organisations in the South West who are working together closely to better manage the supply chain and reduce our spending.'

Plymouth Hospitals NHS Trust spent £3.1m in the first six months of 2015 on agency nurses compared with £2.43m in the whole of last year.

Professor Greg Dix, director of nursing, said: 'We have worked really hard to recruit nurses. The number of staff in post has increased by 163 additional nurses and health-care assistants over the past three years. We have a further 135 new nurses starting with us between now and December.

'But there is a national shortage of nurses and despite everything despite everything we are doing, we still have an 11 per cent vacancy rate amongst our nursing and mid-wifery staff.'

Tackling Smoking in North Devon and Torridge

Councils and health organisations have joined together in a bid to tackle smoking in the North Devon and Torridge districts, by signing up to the Local Government Declaration on Tobacco Control. North Devon Council, Torridge District Council and Northern Devon Health Trust say they will do all they can to help reduce smoking rates among their communities as well as highlighting the harm smoking causes. These latest signatories joins others across Devon and nationally, in taking comprehensive action to address the matter. This could include work to prevent people from starting smoking in the first place, early diagnosis of smoking-related diseases and providing people with advice and support to quit.

LASTING POWERS OF ATTORNEY



Editor's Note: DSV has always recommended to members that they set up a Lasting Power of Attorney before they need it. Graham Pilsbury recently presented at our Crediton Dementia Awareness Day and offered to write an article for our magazine explaining the process:

The documents are in two parts dealing with financial matters and health and welfare issues.

ATTORNEYS

These are the people you choose to make decisions for you. They should be someone that you know well and trust. You can have more than one but four is the maximum who can act together. Replacement attorneys can act if your first choices are no longer able to do so. Attorneys must be at least 18 years old, have mental capacity and not be bankrupt or subject to a debt relief order. Professional attorneys can be appointed to deal with financial matters.

Jointly and severally

This is the most common way of appointing someone to act on your behalf where there is more than one attorney. It means they can act together or separately.

Jointly

Attorneys must agree unanimously over every decision, big or small. If one attorney dies or can no longer act then all your attorneys become unable to act unless you have appointed a replacement attorney.

Jointly for some decisions / jointly and severally for other decisions

You must list the decisions your attorneys should make jointly and agree unanimously. Any other decisions they could act together or separately.

REPLACEMENT ATTORNEYS

If one of your original attorneys dies, loses capacity, becomes bankrupt, subject to a debt relief order or is no longer your partner, it is sensible to have a replacement attorney or attorneys nominated.

WHEN CAN ATTORNEYS MAKE DECISIONS

As soon as your Lasting Power of Attorney has been registered.

They can only act when you no longer have mental capac-

ity and you could request that this is verified by a medical practitioner before the document is activated.

If you still have mental capacity you will be in control of all decisions affecting your finances and health and welfare, unless you allow your attorneys to act on your behalf.

Whilst you have capacity they are responsible to you for any decisions you let them make and they must always act in your best interests, otherwise they could leave themselves open to prosecution.

CERTIFICATE PROVIDER

The certificate provider is an important part of the process. This person signs to confirm that they have discussed the Lasting Power of Attorney document with you and that you understood the document, what you are doing and that nobody is forcing you to do it. The certificate provider should be either:-

someone who has known you personally for at least two years such as a friend, neighbour, colleague or former colleague; or

someone with relevant professional skills such as your GP, a healthcare professional or a solicitor.

A certificate provider must NOT be:-

an attorney or replacement attorney named in the LPA or any other LPA or Enduring Power of Attorney for you;

a member of the person's family or one of the attorney's family including husbands, wives, civil partners, in laws and step relatives;

an unmarried partner, boyfriend or girlfriend of the person making the Power of Attorney or one of the attorneys; a business partner of the person making the document or the attorneys;

an employee of the person making the document or the attorneys;

an owner, manager, director or employee of the care home where the person making the Power of Attorney lives.

It is important to note that a Power of Attorney ceases on the death of the donor.

If you would like more information contact:

Graham Pilsbury at Gilbert Stephens Solicitors, Manor Office, North Street, Crediton EX17 2BR (tel. 01363

E-Bikes' for Hire in Exeter

Exeter is to get 22 new electric bikes that will be available for cyclists to hire at railway stations and business parks. The scheme, which is due to come into effect by next March, is part of a £700,000 Department for Transport initiative to place 234 electric bikes at 10 locations across the country.

The 'e-bikes' are battery-assisted to make pedalling easier. The government hopes they will encourage bike use by people who don't cycle regularly or live in hilly areas.

Transport minister Andrew Jones said it was part of a drive to double the number of UK journeys made by bicycle.

'Electric bikes are a great way to encourage new people to get into cycling,' he said. 'Cycling helps cut congestion and is a healthy, affordable transport option.'

Plymouth and the surrounding area will add 20 electric bikes to an existing hire fleet of 60 aimed at tourists and local commuters.

Proposed Redevelopment of Exeter Bus Station Update



The DSV Transport Group recently met the Exeter City Council Officer dealing with the planning applications for the current bus station site. Also at the meeting were two Stagecoach Directors. There was a lively exchange of views and further information regarding the proposals set out in the outline planning application were explored and explained.

The size for the proposed new bus station is based on current usage with no allowance for expansion. It was felt this was not sensible given the increase in the number of new homes being built in and around Exeter let alone elsewhere in the county. Stagecoach is looking to increase the number of passengers, so if there was no room to expand, the new facilities would quickly become over crowded.

It also appeared passengers from outside the city itself may be required to walk further to reach the High Street even from the site already proposed. DSV members quickly pointed out this would be a retrograde step. The benefit which ALL passengers bring to the city will be equal whether or not they live within the city boundary.

A lengthy discussion ensued on the position and facilities of the proposed bays for National Express and Megabus coach services. The outline plan has stops for these in Bampfylde Street. It was agreed this would be acceptable IF the link to the bus station was via a covered way. It was also considered that provision of pick up and drop off bays and a taxi rank will be essential.

The DSV Transport Group will be looking, in detail, at the full planning application when it has been submitted to Exeter City Council, probably in the Spring, and will update members further in next edition.

Roma Patten

*Vice Chairman
DSV Transport Group*



Historic Great Western Railway Name is Reborn

In September the train operating company First Great Western (owned by FirstGroup) that runs many services in Devon was rebranded as the Great Western Railway (GWR) in a conscious nod to a great railway tradition. By re-adopting the historical name, the company hopes to 'rediscover the spirit' of the company that pioneered railways in the West Country.

Three of its trains have already been decked out in green, but it is estimated it will take until 2018 to repaint all of the company's trains. The rebrand is part of a £7.5bn programme, which involves the electrification of the line to South Wales (but not south-west of Bristol), the modernisation of stations and the introduction of new trains.

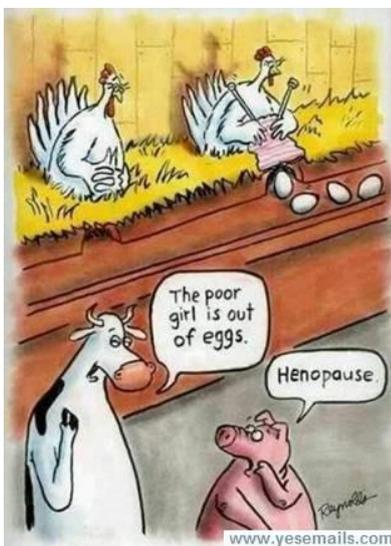
Tim O'Toole, chief executive of FirstGroup, called it a 'railway steeped in years of tradition'.

'The franchise will see new or refurbished trains on every part of the network, resulting in more frequent and faster journeys and an increase in the number of seats, keeping people moving and communities prospering,' he said.

The new-look company said it had no plans to increase its fares, but the changes have resulted in disputes with the Rail, Maritime and Transport union, which fears guards and buffet cars will be disposed of.

However, GWR has insisted it will increase the number of on-board staff across the company by 100.

To make you smile....again



Readers Contributions - Crisis in care – who cares?



I think I know why refugees are risking their lives to come here and it isn't to pick fruit and live in a caravan. It's to work in our ramshackle care industry which would probably collapse without them.

While there are many good examples of care the care industry is in crisis and is among the most important concerns of older people. 400,000 of them are in care homes and over 800,000 rely on support in their own homes, sometimes from the same companies. The industry is increasingly occupied by larger private equity providers resulting in a separation of care from ownership and risk of large scale collapse such as Southern Cross in 2011. While most care homes are properly run there have been a series of scandals at care homes such as Purbeck, Hillcroft, The Orchid, the Old Deanery etc with headlines such as 'harrowing' 'cruel' and 'shocking'. A BBC Panorama investigation claimed these aroused fears of abuse and neglect among half of older people.

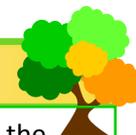
The average cost of weekly residential care in Devon, where the County Council has divested itself of its 40 or so care homes is now £653, that for home care is £147. While the Prime Minister regularly reminds us that the health service budget is protected he does not mention social care which has suffered a double whammy. First, a crucial election promise to raise the cap on residential care costs from £23,250 to £72,000, which does not include accommodation or food, has been scrapped until at least 2020 because councils, having suffered severe cuts in their budgets, cannot afford it. Has there been an outcry over this? Hardly, even though for another five years older people needing care with assets over £23,250 must continue to draw on their remaining savings.

Secondly, over £1.1 billion has been cut from adult social care budgets since 2010, a third in real terms. Over 800,000 older people depend on the care of relatives and the burgeoning home care industry. Though the numbers needing care support have grown, 400,000 fewer people received support. A further £1 billion government cuts for the next year were announced after the election despite the fact that the living wage will cost a further £753 millions to implement. Leonard Cheshire Foundation said 'the only choices that the councils at the frontline have to offer is less care for fewer people'. Almost two million pensioners who rely on Britain's state pension, one of the worst among advanced countries, live below the poverty line. Further blows to many family carers are the withdrawal of tax credits, the loss of over 60% of day care places and the reduction of beds in local hospitals such as Axminster and Ottery St Mary. Senior Voice members have complained there does not seem to be any 'joined up' thinking. The Kings Fund says social care is at the crossroads and is at risk of becoming a residual service. The care industry employs over 500,000 mostly low paid workers, over 6% of the workforce. Most local papers regularly carry job adverts for 'care workers' who are no longer employed by local councils or the NHS but by 'struggling' private companies and charities? This is not my word. BBC News reports that 'adult social carers are struggling to hire, retain and train staff as a result of cuts to council budgets.' Maintaining profit margins for the burgeoning private care sector means strict control of pay rates. A straw poll of care company adverts in Devon suggests

only a minority of companies advertises their pay rates, perhaps because in many cases care workers are paid little better than the minimum wage. The care industry says it is 'at serious risk of catastrophic collapse' if the 'living wage' of £7.85p is introduced since margins could fall. Increasingly job adverts say care work requires 'flexibility'; a growing number of workers are on zero hours contracts or covering for colleagues who are absent, on holidays or sick. There is a high (20%) turnover so some adverts mention a 'loyalty scheme' for workers who stay. Devon care worker Caroline Barlow sued her former employer MiHomecare, the fourth largest home care company – part of Mitie whose low paid car park wardens in Camden recently went on strike – allegedly for not paying her for travel and overtime. She claimed she could work a 12-hour day but was only paid for seven hours, which worked out at less than the minimum wage. The Independent claims half of Mitie's staff are on zero hours contracts and the company posted a 5.8% rise in revenue to £2.26 billions' (Independent August 12). 'Let's not hide from the reality of what this means...disabled ex-soldiers coping all day with one flying homecare visit and a thermos' said Clare Pelham of the Cheshire Foundation. As for care qualifications it is unusual to see a care company requiring these; some adverts even state 'experience preferred but not essential'. In fairness some companies also say 'training will be given' - assuming you stay long enough. Care workers may wonder why they should rush around assisting frail, elderly people with eating, washing, dressing and other tasks when they can earn the same serving in a pub chain like Wetherspoons which provide both training schemes and career ladders.

Low pay and lack of qualifications may not save the care industry. Directors of Adult Social Services have expressed concerns that after scandals over low pay and high staff turnover local care providers could collapse. The government claims some funding has been diverted by the very councils who complain. The GMB union has called for ringfencing 'a bold new programme of investment...which must include money for training'. Much now depends on the Chancellor's spending review announcement on November 25, The Directors say 'short changing social care is short-sighted and short term. It is vitally important these care and support services are protected'. Where would the money come from? The Chancellor is currently collecting £32 billion from the sale of bank shares. That would be a start. Strange how we can afford foreign wars and another £80 billions for renewing Trident nuclear weapons but not for caring for our most vulnerable citizens.

Tony Simpson, Publicity, Honiton



What's happening to our public services?

Ear wax is the latest item to be privatised. Our Senior Voice group was recently told we must now purchase ear drops and if these do not work your GP may refer you to a private practitioner. They will charge you £30 for something called 'electronic ear irrigation'. All for something that used to be sorted by a kindly nurse or a few drops of warm olive oil - not, as one gent mistakenly heard Castrol oil; he was soon motoring.

Perhaps ear wax is symptomatic of what is happening to our 'taken for granted' public services. Our council is no longer the 'provider' of care homes, home helps, day centres, youth clubs, public libraries, etc. This is despite the fact we, the hard pressed council tax payers, pay ever more for these services and continue to pay over £1million allowances to Devon councillors to deliver them. We also pay more for our police service though we have fewer police officers and our local police officer no longer opens the door at our local police station, which has lost its 'front desk'. Our taxes pay for local hospitals which in Axminster and Ottery, are closing their doors to in-patients. Many public services are being handed over to private companies, charitable trusts or so 'mutuals'. It is suggested this may 'protect' services like libraries. If experience is any



guide companies like Serco (GP out of hours) and NSL (hospital transport) have fallen well short of the standards we used to enjoy. Wigan 'Trust' library contract

had to be re-possessed by the Council. The fold up of local charities like Sidmouth Help Link (which served over 1,000 people) and national charities like Kids Company and the British Association for Adoption and Fostering suggests survival is not guaranteed, even for children's charities.

'Privatisation of public assets' has accelerated following

the bank bailout which since 2009 has resulted in the Treasury transferring a staggering total of £456.33 billions of loans, share purchases and guarantees to the banking industry as follows: RBS (£45.8bn), Lloyds (£20.54bn), Northern Rock (£22.9bn) Bradford and Bingley (£8.5bn), others (£26.5bn). Incredibly we are told that without this public money most High Street banks would have collapsed (what kind of banks expect us, the customers, to save them?) while continued asset stripping (e.g. Lloyds) suggests the full public costs of the crash will never be recovered from banks.* It is no coincidence that the present crises in health and social care followed this and the disastrous Health and Social Care Act 2014. The British Medical Association describes the Act as 'an expensive and unnecessary re-organisation...an abject failure to address underlying pressures on NHS services'. Pressures only become real to patients when they have to wait longer to see a GP, when there are no beds at the local hospital or when they are refused treatment such as ear syringing or because they are overweight or smokers.

How many know that their local health provider - NEW.Devon C.C.G (do they even know what the letters stand for?) has suffered a catastrophic £430million meltdown and 'regime failure'? Everyone's Tomorrow referred to a 'success regime', presumably based on government spin. Similar problems have beset CCG's in Essex and Cumbria.

It is understandable that we sometimes feel rather helpless asking the question 'what can we do?' By the time a service is lost formal 'consultations' may have little meaning. This is why Devon Senior Voice - whether it becomes a charity or not - must hold fast to its original purpose and ensure with bodies like Healthwatch that we explain what is going on, hold public bodies accountable and ensure older people have a strong voice.

Tony Simpson, Honiton

What about Disabled-Friendly Towns and Communities?

Dear Editor,
Following the example of many localities there is a move afoot to make Dawlish, along with Teignmouth, Shaldon and Bishop's Teignton, DEMENTIA FRIENDLY TOWNS. However, those with Dementia are by no means the only ones with problems. The DEAF are often shouted at instead of having a written conversation. The BLIND frequently find obstacles in their way. Those using WHEELCHAIRS find otherwise adequate aisles in stores blocked by displays. Indeed many shops find excuses not to build

access ramps, forcing shoppers to be served in the street not, infrequently in the rain. Institutions of various kinds similarly deny access so that wheelchair users are denied membership or participation.

So we at the Dawlish Branch think we can do better by making Dawlish, and indeed other towns, by making them not only Dementia Friendly Towns but DISABLED FRIENDLY TOWNS

*Peter Spackman,
Chairman, Dawlish Branch,*

How do I use my mobile phone?...



Dear Editor

Since 2009 the nature of mobile telephones has changed. No longer do they just make/receive calls and text messages.

Instead one has a screen of icons and is expected to process them intelligently. Unlike computers, the new generation telephones seem not to have a convenient help-file and if they do the jargon seems alien. Thus I have a basic question.

"How do people learn how to use modern mobile telephones?"

Are there books such as "Mobiles for Dummies" or courses run at local adult education institutes? Where can one discover answers to things like "What is a widget?" (Instruction manuals seem to assume that one knows this!).

Recently I lost my old device (held since 2007) and so was eligible for a free "upgrade". Now I have a device that runs out of power within a few hours (old one lasted over a week) and where it is a complete lottery (seemingly) as to what appears on screen. At times things can be "swiped" away but

often they just swing back into place. Sometimes pressing an icon activates something and at other times nothing changes - except the blood pressure in one's finger! At one time my device started to photograph all in its sight but I had no clue as to how to stop it doing so. Then it decided to record the time as ten days and thirty minutes before the actual time - and to stay that way for several days.

Other people seem able to use these devices for hours without needing to recharge them but mine loses 10% charge in around ten minutes (without doing anything that I perceive as useful). As for "apps", I understand the theory but practice (?) is something else altogether. I am no fan of Microsoft but at least I can make use of a Windows-7 computer to do some useful work.

I am now asking for a "down grade" to a SIMPLE device but I may be able to retain my new one if any of your readers have advice on how to learn how to control these devices (in the absence of grandchildren!)?

Alan Rayner, Bideford



Happy Birthday, Yvonne!

One of our longest-standing and most active members and former Chairman of the Board and of the Exmouth Branch, Yvonne Wardrop has recently celebrated a very important birthday. She spent a fantastic three days of diverse celebrations with all her family and with local friends. Her children, David and Vivienne organised the occasion and friends in Exmouth accommodated her family from all parts of the UK.

She knew nothing about the plans!

One of the highlights of the three day celebrations was a trip in a glider over Devon's beautiful coastline and countryside which was an experience that anyone who knows her, would realise that she would love - a new action-packed and exciting adventure! She had a video camera

strapped around her head whilst in the glider so that she could record the adrenaline-filled flight and now has an edited CD record. The photograph shows her being strapped in before take-off!

Sally Lougher



We'll die soon or won't remember who cut our benefits – really?

Ministers should waste no time to make unpopular cuts to winter fuel payments, free bus passes, TV licence, Christmas bonus and other pensioner benefits which are a 'big problem' said Alex Wild Research Director of the Taxpayers Alliance at the Conservatives Conference at Manchester. Mr Wild said there were two practical reasons why pensioner benefits must be cut:

'The first sounds a little bit morbid – some of the people won't be around to vote against you in the next election....'

The other point is they might have forgotten by then. If you did it now chances are that in 2020 someone who has had their winter fuel cut might be thinking, 'Oh I can't remember, was it this government or was it the last one? I'm not sure'.

(BBC Online, 5 October)

Dot Gibson, General Secretary of National Pensioners Convention said Mr Wild's comments represented 'some of the most awful ageist nonsense I have heard in long time. Shadow Minister for Older People Barbara Keeley said Mr Wild's comments were disgraceful 'We should be celebrating the fact that people are living longer and we should be helping people feel secure in older age'.

Tony Simpson, Honiton

Fun/Useful Websites

Devon Senior Voice Diary Dates



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 2015/16
every 3rd Friday of the month at 10.30
at Devon Communities Together
Offices, Marsh Barton

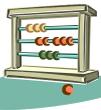
Health and Social Care Meeting TBC

Transport Group Meeting
10th February and 25th May 2016
at 1.30 pm at Exeter CVS, Wat Tyler House

Branch Chairmen's Meeting
(Venue Devon Communities Together as above)
13th November

AGM, Isca Centre on December
4th at 10.30am
To be opened by John Hart, Leader,
Devon County Council

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).

1	x	3	+	8	11
x		+		x	
5	-	4	x	9	9
-		÷		+	
2	+	7	-	6	3
3		1		78	

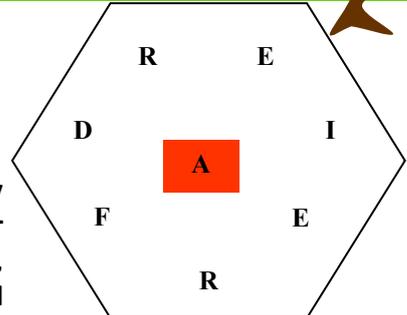
FOOL

SAGE



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) 9, 4, 3, 8, 5, 7, 2, (B) (Score more than 30—Excellent!) aerie, affire, aide, arid, airer, dare, dear, dear, rarefied (C) POOL, POLL, POLE, PALE, PAGE