



Devon Senior Voice

In Partnership with 



Issue No 30

Summer 2016

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 magazine for members of Devon Senior Voice. The Board of Directors have been working tirelessly over the last few months to secure a future for the organization which, again has been further curtailed by cuts in funding. In April we suffered a further cut in our main funding of 67% and if we are unable to find an alternative will have to close in the next 12 months. Anne McClements, our Vice Chairman will update you all on the current situation on P.7 and we hope you will all complete the questionnaires enclosed. Thank all of you who joined the 100 Club. The first draw was held at the recent Assembly in May and the second will be taking place this month. Winners have already been notified and appear on P. 16 of the magazine. Any other members interested in joining the 100Club and helping to keep DSV going, please fill in the form which came with your magazine. You will also find two questionnaires in the envelope—please complete and return to me, freepost.

Sally Lougher, Editor

A message from our Chairman, Carol McCormack



It was very clear to everyone who came to the recent Assembly that things have to change. We are victims of the austerity measures that have found their way into every aspect of the services we have previously felt secure about. The engagement contract that directed the way that Devon Senior Voice conducted our task of supporting, facilitating, informing and challenging the services delivered by Devon County Council and The Clinical Commissioning Groups has come to an end. There is no more funding to do our work, we have to reconsider our position, we have to find other ways to continue the very important work that we do. We will survive, we can overcome this situation, we must find ways to serve our members and make our voice heard. The Board have been exploring ways to work in collaboration with other organisations. Devon Communities Together are enthusiastic about working with us. They truly see our worth, and have discussed many valuable ideas with us. We need your ideas, your suggestions, we need to think outside of the box, and we need to work together. Recently, the Barnstaple Branch worked in collaboration with Drink Wise Age Well, to arrange an event to celebrate the way we experience ageing well, staying as

Our Achievements since March 2016

Since March 2016 Devon Senior Voice has :

- Held Hustings in Honiton for the Police and Crime Commissioner Candidates (see P6)
- Further updated the Memory Cafes in Devon Booklet in March
- Updated our Care Act information in the light of recent changes
- Launched the 100 Club (See P. 16)
- Continued to campaigned with others on behalf of the people of Devon to ensure a new Exeter Bus Station fit for purpose for today and the next 50 years (See P. 16)
- Worked in partnership with Drink Wise, Age Well to hold an Ageing Well Event in Barnstaple (See P.5)
- Were due to hold an In/Out Referendum with advocates from both sides in Honiton
- Are planning our 4th Dementia Day in Crediton in partnership with CDDA
- Are planning our 2nd Older People's Day Celebration on 1st Oct on Cathedral Green

Senior Voice

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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.



Message from our Chairman....Contd

healthy and as active as we can for as long as we can. We had speakers from Health and Social Care Services and many groups from the Voluntary Sector. They were able to network, start conversations, share ideas, and see how the statutory services can benefit from the valuable work caring out by caring folk in our community. It was a joined-up effort and added value in connecting two dedicated

organisations.

We must join up our thinking, pool our energies, and continue the conversations toward reaching out to new ways of working, new ways to continue.....Because we're worth it..!!!

Carol McCormack, Chairman

Crediton and Area Branch



Roger Buxton, a police volunteer for the Senior Council Liaison Team, (SCLT), visited the Crediton and Area Branch of Devon Senior Voice, to give a talk about how

from the less able and those unused to walking (who walk for maybe twenty minutes) up to the advanced walkers who can walk for up to two hours. Chair, Carol Towler, thanked both speakers warmly for their presentations. The next meeting will be on Wednesday July 13th at 2pm at the Meadow Suite, Lords Meadow Leisure. The speaker will be local jazz musician and craftsperson, Andrew Vaccari, who will be talking about the papier mache coffins he makes. All welcome. Free entry - donations invited towards refreshments etc. Call 01363 775502 for further information.

Paula Kovacs, Secretary, Photos and Text

to avoid being taken in by scammers, either on the internet, at your front door or by phone. The Bristol based charity, SCLT, was set up to address the fact that large numbers in society are now over 60yrs, and there is a corresponding rise in all types of scams – many of which target this vulnerable age group. After his presentation, Mr Buxton stayed on for some light refreshments whilst he answered questions from individual members. Asked why someone that had signed up for the Telephone Preference Service (TPS) still received the occasional cold sell by phone, he suggested one needs to re-register annually. Chair, Carole Towler, thanked him for his very informative talk. She then reminded members that there would be two speakers at our next meeting on Wednesday 8th June, at the Meadow Suite, Lords Meadow Leisure Centre between 2pm - 4pm. Both speakers would be talking about different 'Walking for Health.

Members of the Crediton and Area branch of Devon Senior Voice welcomed two speakers to their June meeting - both talking about the benefits of walking. Louis Bartlett, local osteopath working at the Crediton Complementary Health Centre, gave a presentation about Nordic Walking Poles. Louis first started to recommend them after training as a Nordic Walking teacher. With a background in osteopathy, he knew the poles could take pressure off knees and hips and also give the body a more overall toning by involving the arms and shoulders in the walking process. He hopes to resume his Nordic Walking Pole trainings at Shobrook Park on Saturday mornings. His talk was followed by Wendy Eames, a member of the local senior voice group, who has been a volunteer Walk and Talk guide for many years. Her presentation outlined the benefits - both social and physical - of walking in small groups on a regular basis. Walk and talk offer three levels of walks



Crediton & Area Branch
of
Devon Senior Voice

Dementia Awareness Day

"You live with dementia, you don't suffer from it"

Speakers & Information Stands
Wednesday 7 September 2016

9.45am – 2pm
Boniface Centre 
Crediton EX17 2AH

(Doors open 09:15 for 09:45 start)

A **FREE** event, with buffet lunch £3.50 and refreshments provided, with donations appreciated. Please book for the day by

Friday 2 September
Call Ron: 01363 775502 or
Email: crediton@devonseniorvoice.org



Honiton Branch

Senior Voice has established itself in Honiton as the hustings organiser *par excellence*. See **'Blowing a Trumpet'** for what this involved at recent elections for PCC, Euro Referendum and a Public Meeting on our Crown Post Office all of which were well reported. We have been approached by town councillors to organise a hustings for a vacancy that has arisen on **East Devon District**; a first for us and for Honiton and good for local democracy.

We shall be once again raising the Senior Voice banner on **Honiton Charter Day on Saturday July 23**. We welcome volunteers or items for our fund raising stall which will probably be situated in Northcote Lane.

Another first for us is our **Members Cream Tea from 3pm on 28th July** at Honiton Methodist Hall. We hope as many as possible will join us for this lovely Devon cream get together and social afternoon. It is also a chance to tell us what you think about the future of Devon Senior Voice and what you want from your local branch. Another treat is an **exhibition called 'Honiton in our Day'** compiled by Tony Simpson and a group of members.

Talking of which our dedicated member **Carole Smythe** (who works for TRIP and is also a volunteer at Thelma Hulbert Gallery) is our representative on the local **Neighbourhood Plan** group with Honiton Town Council. We and Carole would like to know your views on what you would like to see in Honiton in the future.

Hence, Our Autumn programme begins with an **Open Meeting on September 22 at Methodist Hall**. The invited speaker is coming from Honiton Neighbourhood Plan. We are keen that Senior Voice members should use this opportunity to put forward their ideas for the future of our town. A further **Open Meeting is planned for Thursday, October 27th** (awaiting confirmation of speaker). Please watch for our posters and local press notices and news of Honiton Senior Voice. Contact details: Tel 01404 44316 email: honitonseniorvoice@outlook.com

Tony Simpson, Publicity Officer

Blowing A Trumpet

As DSV members will know Honiton Senior Voice is no shrinking violet when it comes to publicity. For many years our public meetings have tackled issues affecting older people, drawing in key speakers and crowds; if we have not had our meetings trailed and reported in the press we have failed. A hall full of people engaging is good, but it's even better if we also get our Voice heard by thousands of others in the local and regional media; we even achieved brief coverage in the national press.

Both local papers recently ran stories on our **Police Commissioner hustings**. 'PCC hustings event at Methodist Hall' said one; 'Candidates set to be quizzed' said another, which brought in a full house of candidates and punters with candidates posing in front of banners for an ITV camera team. When, after the Alison Hernandez expenses scandal broke, ITV West Country began running pictures of our hustings – and our banner- we were pleased. But when out-takes of our meeting appeared on ITV News we knew we had hit gold.

Next we took on the **Post Office** or rather WHS taking over our Post Office. We had previously been in a front page photo-shoot protesting outside against privatisation of Royal Mail and the Post Office. 'Don't worry' we were told 'Honiton Post office is safe...it's a Crown'. Of course it isn't safe. In April the Post Office announced plans to franchise it to a WHS store on the other side of our busy High Street. 'SENIOR VOICE CALL MEETING ON POST OFFICE MOVE' ran large print headlines on Pulmans front page. Not to be outdone Archant's Mid Week Herald blasted back with inch high headlines on its front page 'POST OFFICE MOVE ; MEETINGS PLANNED' which trailed our public meeting before a so called 'customer forum' held by Post Office Ltd. Days later another Capita front page headline

trumpeted **POST OFFICE PLANS SLAMMED**, a report of our meeting and a hard hitting attack on the franchise by Communication Workers Union rep Chris Roche.

Why stop at mundane issues like the PCC and Post Office? They both affect the lives of seniors but the big one, and the one that really challenges us according to Mature Times, is the **EU Referendum**. So we threw down the gauntlet to both the Remain and Leave campaigns. This was not to be the normal two hour meeting but a four hour **'Peoples Parliament'** so that students, workers and other groups could join us. It was even suggested we could attempt a Guinness World Record for a long running debate, until we found the record was held by the University Of Ireland, Galway who talked solidly for 28 days in 1995 on the subject of 'all the time in the world'. That's a bit much even for us.

Postscript from the Editor:

Unfortunately, the Honiton **Peoples Parliament** could not take place on the 17th. However, Tony Simpson, put together an excellent display, both for members and for young people at Honiton Community College which apparently generated a great deal of interest and encouraged young people to participate in the vote.



Teignmouth Shaldon and Bishopsteignton Branch



Devon Senior Voice together with other county voluntary organisations, which currently receive core funding via Devon County Council annually for their engagement with the County Council on health & wellbeing issues will no longer receive funding from this source from 1 April 2017. This proposal means that within the next few months DSV Board, with the support of its Branches, will have to take urgent decisions about its future structure, purpose and funding, which, in turn, will have implications for all of us. So Teignmouth Shaldon & Bishopsteignton Branch now finds itself at a cross-roads: Should we continue on our own, or amalgamate with other Teignbridge branches and/or work more closely in partnership with other organisations in the district with similar aims as ourselves? Can or should we continue to function as a branch successfully without the support of our central administrative staff and Board of Trustees? How can we as a Branch help to secure the existence of our vital central core, administration, publicity and central phone number? You have already begun to help us find answers to some of these questions. In a recent telephone and internet survey, we conducted, you voted almost unanimously that we should continue as a branch researching & voicing the needs of the over 50's in the district, running our monthly

Friday Forums on issues of concern & interest to our members & actively participating in local & national consultations on health & wellbeing issues. As a result, we now have over 170 members and our numbers are still steadily rising, but sadly, at the moment, only an active committee of 5 of whom 3 are expected to retire soon due to personal & family illness. So we need urgently need your full & active participation in the decisions we have to make now! So we hope to see many of you at the Branch AGM, rescheduled for 6.30 p.m. on Wed 29 JUNE at The ALICE CROSS CENTRE to help us with these decisions & the management of our future programme of work although the magazine will be too late going out to non-Teignmouth members to generate interest from other Branches.

Our next Friday Forum afternoons at The Heritage Centre at 2 p.m. feature a very interesting discussion on a topic which will surely focus attention on issues likely to be in the forefront of any programme of work we decide for the future :

Friday 15 July: Trevor Shaw, Teignbridge DC Senior Spatial Planning & Development Officer: 'The Brunswick Street Development'.

Jim Corben, Chairman

Seaton Area Branch—Seaton Stroke Group

Some of you will have read before about the Stroke Group that our Branch supports. The main aim of the group is "peer support" and, although the numbers attending have remained small, there is always something that comes from each of the monthly coffee mornings to benefit someone in the group.

Last time I wrote I mentioned a "mirror box" which one of the carers had spoken about. She is the wife of one of the stroke survivors and used to be an Occupational Therapist herself. She felt that Lisa, who still has difficulty with one arm in particular, might benefit from this.

We have been able to take this forward and the Physiotherapist from Seaton Hospital has now seen Lisa 3 times after obtaining a mirror box. The most important outcome being that Lisa feels this is really making a difference. This is a great result.

At the April Stroke Group Tim Ayres, the Senior Stroke Nurse for our area, attended to listen to stroke survivors and their carers in order for their views and experiences to influence the "Stroke Pathway" which is currently under review. This is another great outcome for the group. Additionally, Briony Falkingham from the Stroke Associa-

tion is bidding for funds to set up seated and higher ability exercise classes for post stroke patients in East Devon. Roger is one of a small group which includes Tim Ayres and Lisa Butler (Clinical Specialist in Neurology) who are informing the bids and will help with the implementation if the bid is successful.

Roger and Tina Trapani, Seaton Area Branch



In Memory of Bob

It is with great sadness that I report the passing of dear Bob Buskin, a stalwart member of DSV from day 1 who established both the Seaton Branch (with Roger Trapani), and the Seaton Memory Cafe. He was a greatly respected Board member and, as a DSV colleague has said—'Bob cared—that is worth a great deal in our modern world'. Thank you Bob for all you gave to us—you will be sorely missed.

Barnstaple Branch— Ageing Well



Grosvenor Church Hall, in Barnstaple, used to be a railway station. The Victorian Overhangs of the roof are still in evidence, but the Hall has been beautifully refurb-

ished, in red and grey carpets, with comfortable seating and a huge, well equipped kitchen. For a venue, it is ideal with loads of parking and right in the centre of Barnstaple. We were able to collect together people who provide our Health and Social Services, and a good selection of Voluntary Organisations. It was a celebration of Collaboration, an opportunity for the statutory services to connect with the people who work hard every day to help us to age-well. So many groups here in North Devon help to keep us interested, sociable, active, and connected. We gave them an opportunity to talk about their groups and clubs, and how they help each other to enjoy the third age.

We had Dr. Simon Jones and Brian Greenslade [North Devon Council] telling us how they hope for 'One Barnstaple'. The Services can be joined up, offering a richer, seamless, experience, without having boundaries for Health and Social Care. Kerry Burton, a CCG Commissioner, told of Place Based Hubs, bringing Services closer to home, working within a community to help people to receive services, that are important to them, and in a place that is right.

Suzie Sinden told of how the people of Lynton have developed services that cater for the community.. Exmoor Care is Staffed by people who live in Lynton, providing domiciliary care, befriending services, and end of life care, close to their homes and their friends.

Paul Giblin told us how new arrangements are in place for people who need Care within their homes, one provider for each area to ensure that domiciliary care is available for elderly people who need it. Dr. Andy Moore told how social connectedness keeps us well. He said that doctors need to treat the whole person, society works together with the integrated systems of health care so that we keep as healthy as we can for as long as we can. Yvette Denham from Devon Partnership Trust came with a team of Physio-therapists who showed us

how to keep ourselves active, whilst sitting. This team helps people in hospital to move, and shake their bodies, lift their legs, twist their necks....and they showed us this day how to do these gentle exercises.

The voluntary sector told the Hall about 'The Filo Project', The Barnstaple Dementia Alliance, the many groups of the University of the Third Age, Walking Groups, Skittle Groups, Bridge Clubs, Bowling Groups. David Yeadell told of how he started with a group of 10 who came together to produce art. Now there are two classes who meet twice a week and receive such satisfaction and produce lovely work.

The Devon and Cornwall Fire Service told how they offer a service to inspect homes for escape routes, and check appliances. North Devon Homes manage a help scheme in peoples' houses to offer domiciliary support, and an alarm system to keep people safe. Nerys told us services that are available in pharmacies, and you should ask your pharmacy first, you may find that you can manage your own medication. Wiltshire Farm Foods brought a selection of their great foods, delivered to your door and a great help if you cannot cook easily. Valley Mobility Services brought a selection of Scooters, Walkers, and recliners.

The AGEING WELL day was a collaboration between Drink-Wise, Age-well and Devon Senior Voice. Both of our Organisations Presented our aims and our missions. We showed how people are helped to live healthily, how we work together, how we help each other. It was an opportunity to network, ask questions, and celebrate the rich experiences that the folk gathered here today offer in North Devon. We hope to repeat this AGEING WELL event right across Devon for the benefit of our members from the other branches.....

Carol McCormack-Hole



Exeter Branch

Our next members meeting will be the AGM with speakers at Whipton Hall, Pinhoe Road, on Tuesday 6th September at 2.30pm. Refreshment will be served. The notice for this meeting will also contain a Questionnaire to Exeter Members on various questions relating to "Older

People".

The Exeter Branch are also planning an information day at St. Stephens Church, High Street – subject to availability and date to be confirmed.

Tony Langmead, Secretary and Treasurer

Another Healthy Exercise In Democracy



In another of its popular 'healthy exercises in democracy', Honiton Senior Voice (HSV) held a hugely successful open hustings attended by the six candidates for the job of Police and Crime Commissioner (PCC) for Devon and Cornwall.

Honiton and district residents packed in to the town's Methodist church hall on 18 April to hear and question the candidates' priorities for overseeing the Devon & Cornwall police force if they were elected on 5 May. The candidates were: Gareth Derrick (Labour), Alison Hernandez (Conservative), William Morris (Independent), Jonathan Smith (UKIP), Bob Spencer (Independent) and Richard Younger-Ross (Liberal Democrat).

Amongst the key themes raised by questioners were fears about the low visibility of the police on the streets, as a result of the closure of police stations and fewer bobbies on the beat; the impact of austerity on public services and the community's erosion of trust and confidence in the police; firearms control, the accountability of the PCC and the chief constable, and the role of growing inequality and poverty on crime.

The meeting's chairperson June Brown said: 'Given the reported scepticism about the PCC role we were very pleased that the hall was again full for our event for an animated debate for almost two hours.'

HSV spokesperson Tony Simpson added: 'From the feedback we think the hustings was another healthy exercise in democracy giving Honiton voters the chance to make up their minds on an important issue.'

POSTSCRIPT

The PCC election was subsequently won by Alison Hernandez with 91,036 votes, so we are highlighting her answers to questions at the Honiton hustings.

Ms Hernandez's experience

'I'm a former businesswoman, elected councillor and community campaigner, and have been regional crime reduction officer for the Home Office – tackling poverty, fighting crime and regenerating communities. I've worked with the police on Community Watch, and managed them in my team, working with a range of officers.'

The role of the PCC—'The Police and Crime Commissioner represents the public not the police. I would work with the community across the county, ensuring that we got the best out of the police – with people, support and tools. I also recognise that there are many new challenges to the police today, such as modern slavery and cybercrime – parents are often frightened for their children.'

What should the PCC do about the lack of police visibility on the streets, leading to lower reporting figures and less intelligence coming in? 'The police are backward in using new technology to help them in their role, and they should be much more proactive about it. The emergency

services should also work far more closely together, and we should bring the headquarters of the Devon & Somerset Fire & Rescue Service to the Devon & Cornwall police headquarters at Middlemoor. This is starting to happen at local level – in Hayle, for example, there is already one officer who is both a first responder and a Police Community Support Officer (PCSO). PCSOs have been the main face of the force for years.'

How can we believe you're doing your job properly?

What if the chief constable were doing something criminal? 'The monitoring officer in the PCC's office would investigate any complaint against the chief constable. That would be first port of call.' There is growing inequality in society, and when poverty increases, crime increases. What do you feel about this Government's austerity policy?

'As a Conservative I believe in protecting our security, promoting opportunities and taking personal responsibility. The Government has had very big challenges, and no matter who was in power it would be the same. As for benefit reform – we need to encourage people in the belief that they have the right to a better life. It's not just about more money, it's about getting work and being involved in society. As PCC I could commission services, such as probation, in areas to prevent people going down that road.'

Note

After her election Ms Hernandez faced criticism for swearing the oath of office for the post of PCC while subject to an investigation of allegations that she had failed to declare expenses as election agent for Conservative candidate Kevin Foster in Torbay in the 2015 General Election. At an emergency meeting, the Devon and Cornwall Police and Crime Panel said she was still able to discharge the functions required of her role, but it would continue to scrutinise decisions made by Ms Hernandez.

AT THE HONITON HUSTINGS: Chairperson June Brown with the six candidates for the post of Police and Crime Commissioner for Devon and Cornwall (Copyright Lesley Anderson)



“To Be Or Not To Be? – That Is The Question”



DSV is no longer a “going concern” – in that our income does not cover our current rate of expenditure. As such the Board is under a legal obligation to do something **BEFORE** our cash reserves are depleted.

In April 2016 the Board considered a paper “the Appetite for Change” setting out our options for the future. This was subsequently shared with Branch Chairpersons. It examined 5 key areas:

The current status of Devon Senior Voice as a Company Ltd by guarantee, with a Board of Directors and currently 8 active Branches as well as a membership all over Devon. The corporate identity of DSV and the services that the central core offers via the Executive Administrator (Sally Lougher) and the Board .

What has changed since 2008 when the Senior Council for Devon was formed. Essentially – our funding (from Devon County Council and the Clinical Commissioning Groups) has been removed, and the focus of potential funders is now on services to alleviate poverty, isolation and in the older population , to the frail and pre frail. The political scene has changed to focus upon communities taking responsibility for local services and volunteers being used to fulfil many of the roles previously undertaken by DCC or the District Councils.

We looked at a number of Options open to DSV for the future and these were distilled down to 4.

Finally, identifying whether there exists a desire amongst the membership to make changes.

An Assembly was held at the ISCA Centre on May 31st , and these areas were discussed by those present in the form of small workshops .A full report of this Assembly is available from Sally Lougher but for the purpose of this article the main questions and findings are detailed here.

How important are the core functions to you as an individual and as a member of a branch? - from 11

functions identified the top 5 were :

- DSV identity, logo, vision and ethos
- The magazine – “Everyone’s Tomorrow”
- DSV representation on County-wide committees, DCC and CCGs
- The central phone number so that there is a person to contact
- Insurance cover for activities

What do you think about the 4 Options for change?

It had been explained to the Assembly that the Board was not looking for a final decision but that we needed to have a “direction of travel” so that the Board could continue to work towards a solution to the problems that DSV have regarding funding for the future.

The choice has become stark.

EITHER -DSV closes down completely on March 31st 2017.

This would be a legal process involving the distribution of assets (in the main any money left) and the protection of the membership in regard to data held, particularly in the

case of any branches who may wish to continue to meet.

OR – we merge with another organisation, protecting our identity and assets and if we can show that we have a viable business plan. Mergers can take a number of forms and again there would be a legal process to protect the interests of both parties and the DSV membership. The Assembly felt very strongly that DSV should not close. The Assembly thought that a Merger option that allowed DSV to retain as much as possible of its role and functions, would be the best option and the Board feel that they have a mandate to continue to explore this option.

What has been done so far?

Many of you will know that DSV have been using the meeting rooms at Devon Communities Together for 4 years. At a previous Assembly two of their employees facilitated workshops on “ The future of DSV” During the latter part of 2015, knowing that our future was in jeopardy we accepted an offer from Devon Communities Together(DCT) to act as a critical friend , when we submitted funding bids. They have looked at a suggested new submission to the Charity Commission which they still felt needed a lot of work. They approved two other bids we made for funding but these sadly failed. This led to more informal working on two bids that DCT are submitting where the knowledge and expertise of DSV will be able to help deliver the bids.

Devon Communities Together (DCT) are a Devon-wide independent charitable company founded in 1961. Their strap line is “helping communities help themselves”. They have a strong focus on the development of rural communities, coastal and market towns, their needs and aspirations. In recent years they have run projects relating to community enterprise, health services, women’s business development, climate change (including fuel poverty). One of their member organisations is DALC – the Devon Association of Local Councils (i.e. representation of Town and Parish Councils across Devon).

DCT would be very interested in some form of Merger with DSV as they recognise the invaluable work we have done in representing the voice of older people especially in the field of Health and Social Care but, as yet, there has been no detail discussion as to what form such merger could/would take.

The Assembly asked **“HAVE the Board considered other organisations?”**

The answer is “YES”. We thought about Age UK. The disadvantage being that they are not represented across the whole of Devon, they are under the umbrella of a National organisation. they are very commercially focussed and gain most of their funding from delivering/ selling services. DSV might be complementary but has a very different focus. Finding a ‘fit’ with another organisation which is Devon-

Contd on P. 8

“To Be Or Not To Be? – That Is The Question”...contd



wide in its approach, has a similar ethos to DSV, and recognises and is willing to accommodate our identity, would take time - if indeed such an organisation exists. DSV is out of TIME (given that a solution MUST be found before becoming out of cash)!

DCT know us and want to work with us. Preliminary conversations have taken place and we have been able to be open and honest about both of our organisations. A small working group have been meeting with DCT and have drawn up these Key Aims of Collaboration.

- Save DSV name and identity
- Preserve (and add to?) existing DSV membership
- Preserve the DSV branches and their strengths
- Retain a DSV management committee
- Need to retain DSV ability to communicate with Members and Branches through newsletters and email.
- Ensure a DSV continuing service is coordinated by a dedicated individual

- DSV and DCT to target provision of specialist
- support in community health & well being
- Ensure that day to day DCT business is not unduly disrupted
- DSV grant funding (from Devon County Council) to be replaced by alternative fund raising initiatives

Can we adapt and change ?

Only **YOU**, our members can answer that question.

However, any solution must be identified and agreed by December 2016. The Board will be calling an EGM during the autumn for formal ratification but the questionnaire enclosed with your copy of Everyone's Tomorrow is your opportunity to guide the Board in negotiating the best solution to accord with the wishes of the DSV membership.

It would be preferable if you could respond by e-mail and so, if you can, email Sally your comments at info@devonseniorvoice.org but paper copies are welcome

Join Easysearch and EasyFundraising and Raise Money for DSV

Almost £100 has been raised by the few people who have already joined Easysearch and Easyfundraising and elected to give their donations to Devon Senior Voice. As long as you use a computer and the internet, you too can raise money for us and it **costs nothing and is completely safe!**

You can collect free donations for Devon Senior Voice every time you buy anything online - from your weekly shop to your annual holiday with easyfundraising.org.uk Because I've invited you Devon Senior Voice will earn an extra £1 the first time you shop, there are nearly 3,000 retailers on board ready to make a donation, including Amazon, John Lewis, Aviva, thetrainline and Sainsbury's! It's really simple, all you have to do is:

1. **To Join Copy this link into your browser:**

<http://www.easyfundraising.org.uk/invite/2QZ14T/>

Get the donation reminder, it's in the dropdown box

under “Earn Extra Donations”, this will sit on your toolbar and remind you when you access a site that supports DSV

2. **Shop**— Every time you shop online, go to [easyfundraising](http://easyfundraising.org.uk) first, pick the retailer you want and start shopping

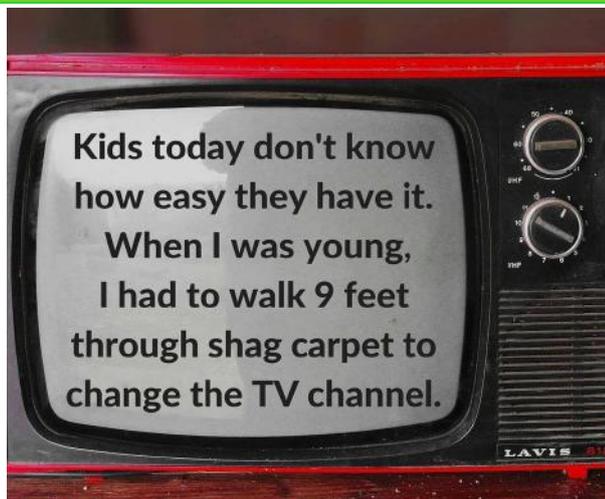
3. **Raise**— After you've checked out, that retailer will make a donation to your good cause for no extra cost whatsoever!

There are no catches or hidden charges and Devon Senior Voice will be really grateful for your donations.

4. **You can also raise free donations for Devon Senior Voice by setting easysearch as your home page** by copying this link into your browser <http://devonseniorvoice.easysearch.org.uk/>. Every time you use this DSV will receive 1p.

If you haven't already—please join up.

To make you smile....How times have changed!



Buying cigarettes at the bedside
1950s.

Devon County Council Charging for Care Consultation



During February and March Devon County Council carried out a consultation about how they charge for adult social care services people receive in their own home. The council has now published its response to the consultation. Currently there is uncertainty about possible changes to national disability benefits that may be made by the Government. In light of this uncertainty the council has decided to postpone any further consideration of the changes proposed in the consultation until a time when the national situation

regarding disability benefits becomes clearer. You can find a copy of the council's response and a copy of the Healthwatch Devon report about the consultation's findings online at:

<https://new.devon.gov.uk/haveyoursay/consultations/social-care-charges/>

To request a paper copy of either please contact Care Direct on 0345 155 1012 or e-mail csc.caredirect@devon.gov.uk

MPs examining the funding available for adult social care

In June a committee of MPs launched an inquiry into the financial sustainability of local-authority adult social care and the quality of care provided. The Communities and Local Government Committee is examining whether the funding available for adult social care is sufficient for local authorities to fulfil their statutory obligations to assess and meet the needs of people requiring care and support. This includes looking at the impact of policies such as the National Living Wage and the 2% council-tax precept. The inquiry is exploring the role of carers and looks at alternative funding models for financing and providing care. It covers all adult social care provided or commissioned by local authorities and not just the support given to elderly care users.

The committee is inviting local authorities, care providers and Government ministers to give evidence at public sessions. It also plans to hear from organisations representing carers and care users.

The committee will look at the impact of the 2015 Spending Review and Local Government Finance Settlement, including the 2% council-tax precept, the Better Care Fund, and the National Living Wage, on whether the funding available for social care is sufficient to enable local authorities to fulfil their duties under the Care Act 2014 to assess and meet the needs of people in need of care and

support.

The MPs are examining the effect of local-authority adult-social-care commissioning practices and market-oversight functions on their local social-care markets. Also under the spotlight will be innovative approaches to the design and delivery of adult social care – for example, the use of digital technology – and the progress made by local authorities and health services to deliver integrated health and social care by 2020, and the expected outcomes.

The role of individual carers in providing adult social care is not being overlooked, along with the relationship between local authorities and carers and whether the funding available is sufficient for local authorities to assess and meet their needs.

The committee is welcoming written submissions from individuals by Friday 19 August 2016, using the link <http://www.parliament.uk/business/committees/committees-a-z/commons-select/communities-and-local-government-committee/inquiries/parliament-2015/adult-social-care-16-17/commons-written-submission-form/>

Before making a submission make sure it addresses the committee's terms of reference and also read the Guidance on written submissions (both of which can be found on the website above).

New Organisation Now Running Devon's Libraries

Libraries Unlimited, the independent community-owned social enterprise set up by Devon County Council to run the county's 50 libraries on its behalf, was officially launched in April.

The new service will continue to offer free access to books and information, and will support health and wellbeing in communities, as well as offering a welcome to a range of community activities.

[Cllr Roger Croad](#), the council cabinet member with responsibility for the service, said: 'An immense amount of hard work has gone in to getting this far, and I am proud that

we have delivered a strong and sustainable model for the future of Devon's library service that has professional staff and communities at its heart.

'We have not closed a single library in Devon, despite significant reductions in government funding. Nor have we replaced our professional staff with volunteers. The new service gives libraries the opportunity for greater community involvement, more flexibility, focus and opportunity to work collaboratively with customers, communities and partners to deliver a service that meets local need.'



Are you drinking more than you should?

A letter in the last edition of Devon Senior Voice highlighted for us the confusion around one simple question for older readers who drink: How much can I drink? One day we can read about the so-called health 'benefits' of wine and then the next day about how much harm it can do us.

Drink Wise, Age Well thinks it is important to give people the facts about the unwanted effects of alcohol and growing older – so they can make their own minds up.

The vast majority of people have enjoyed a drink without it becoming a problem. However, for around 1 in 4 of us over 50 - there is an increasing risk of unwanted effects caused by alcohol. Why is this? As we live longer lives, the unwanted effects of alcohol can build over time. Additionally, as we get older our bodies take longer to process alcohol. This can put us an increased risk of unwanted effects. Some of these might even be noticeable day-to-day.

Regularly drinking alcohol can:

Cause memory problems 	Mean a poor night's sleep 	Make you depressed or anxious 	Put you over the drink driving limit 
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And as we get older, alcohol affects us differently and can start causing us problems. It can:

Interact negatively with medications 	Increase blood pressure 	Increase the risk of injury or falls 	Make health problems worse i.e. Diabetes 
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There are very simple things that people can do to decrease the risk of unwanted harms from alcohol, while still being able to enjoy a drink.

Lower your risk - Stay within the recommended guidelines of 14 units per week and spread these out over a few days.

Keep track - Use smaller glasses or a unit measure. It's easy to pour yourself larger drinks at home. Checking how much you pour can help you keep track and cut back.

Give your body a break- Have at least 2-3 alcohol free days each week.

Eat something- Have a meal when you are drinking or eat something beforehand.

Keep hydrated- Have a non-alcoholic drink or water with or after each alcoholic drink. Sometimes we don't feel the effects right away and drink a little too quickly.

More to Life - Getting older has its positives, such as more time to do things we enjoy. Focus on hobbies, interests and socialising without alcohol. In Devon we run a wide range of classes, and fun activities for anyone over 50 which include: **IT classes, car maintenance basics for women, singing and exercise groups. We also have volunteering opportunities.**

And if you're worried about someone over 50 you know who you think might need some help, then we can also help with advice, free training or just a bit of support.

To find information you can trust visit www.drinkwiseagewell.org.uk. You can call us to find out more about our events, or just speak to someone on **0800 304 7034**

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For more information on our Devon care homes, please contact us:

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Providing dementia nursing care Tel: 01395 224 112

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Older People's Day Celebration—1st October 2016

1st October 2016 is Older Peoples Day and Devon Senior Voice is celebrating this with an Information Fair on Cathedral Green, Exeter. Last year's event was considered extremely successful and it was estimated 5,000 people passed through.

There will be Stalls to offer help and advice, a Therapy Tent, Public Information Tents and Interest Tents. There will also be entertainment for you to sit and enjoy should you feel weary. There will be a DSV Hospitality Tent so that you can meet other members. Purchase your refreshments from outlets around the Green and come and socialise. To help with our funds there will be a Raffle.

If you can help at all with prizes, physical help to set up, putting up the gazebos, selling Raffle Tickets contact me:

Ann R. Crawford,
[01837 840 562, \[arc.southtawton@virgin.net\]\(mailto:arc.southtawton@virgin.net\)](mailto:arc.southtawton@virgin.net)

Older People's Day
Celebrating Older People
Cathedral Green
Exeter
Saturday 1st October 2016
10am until 4pm
Information, entertainment and much more!
Find out what is available for older people in Devon

For more details
Email: arc.southtawton@virgin.net
Telephone: Ann Crawford 01837 840562

Can type-2 diabetes be reversed? (Empower Yourself!)



A sage once said there are only two certainties in life: death and taxes (although perhaps he hadn't heard of tax havens). But there are other things that are near-certainties, including the high risk of boring other people by telling them the finer details of your diet!

So here I go then, about to run that risk, all with the high-minded motive of promoting better public health. I am 63, and after nine years of being an overweight, underexercised type 2 diabetic on medication, at the time of writing I am in the fourth week of being on Dr Michael Mosley's (he of TV celebrity) the 8-week blood sugar diet. The aim is to lose weight fast and 'reprogramme' my body in an attempt to reverse my diabetes and eventually come off my tablets.

I am following Mosley's recommendations strictly (apart from allowing myself 900 calories daily rather than 800): a low-calorie (including no alcohol), low-carbohydrate diet that is at the same time highly delicious. My wife and I have also stepped up our brisk daily half-hour walks through our nearby hilly woods. My target weight loss is 31lbs (14kg), the equivalent of 62 x ½ lb or 56 x 250g packs of butter!

I have already lost 18lbs (8kg) and my blood-sugar levels have returned to a healthy normal, while still on tablets. Indeed, one morning early last week I tested my blood several hours after forgetting to take my medication, and the sugars were still normal. I spent a further five days without meds but went back to them after a couple of high-ish evening readings. The levels are normal again, but I intend to experiment carefully with reducing my medication.

Now if that all sounds insufferably smug, I certainly don't mean it to be. An office worker all my adult life, I had reached my mid-fifties with no apparent ill-effects from years of enjoying food and drink, with not too much strenuous exercise, and in that I'm probably like millions of others. To my mind, eating and drinking were not just means of survival but were inextricably linked to my idea of the good life – one of pleasure and conviviality. My working definition of an alcohol problem was being deprived of it!

That delusion about my health was rudely shattered one day when I learned the results of a blood test following an infection. There was an excessive amount of glucose in my blood, and I was diagnosed as a type 2 diabetic, one of the 3.9 million people liv-

ing with diabetes in the UK, 90% of whom have type 2 diabetes. Uncontrolled, diabetes can lead to loss of vision and blindness, kidney failure, lower-limb amputation and cardiovascular disease.

My GP prescribed me various tablets to help control my blood sugar, and although it has been successful at times, the dosages have had to increase, roughly in line with my weight, with insulin probably the next step. I knew that I should lose weight through diet and increased exercise, but apart from a couple of short-lived periods when I succeeded in doing that, I was living in denial.

The real trick, of course, is to develop new habits that will control my diabetes more effectively. So what is different about this diet? How can I say that I won't repeat my earlier mistakes? I don't know for sure but I somehow feel different, and I am determined to give it my best shot, and my family has been brilliant in their support. One thing that I know has changed is that I am now aware that in the past I would often eat when I was bored, restless or just plain fed up. Now I eat – wait for it – when I am hungry! I thought I'd be climbing the wall with frustration on this diet, but I'm not, which feels almost weird! I feel better about how I look and I'm enjoying the meals. Of course there are occasions when I'm tested – the end of the working day, social occasions etc – but the results so far are encouraging.

After I've finished the eight-week diet, I'll be sharing the results with my GP and practice nurse, and as a 'maintenance' diet I intend to follow what Mosley calls the M Plan, a modified Mediterranean diet, widely recognized to have significant health benefits. I'll also continue to monitor my weight and blood sugars much more closely, taking immediate remedial action when required. I'll let you know if I have been successful in this ambitious project!

If you are a type 2 diabetic on medication you are advised to consult your GP before embarking on the 8-week blood sugar diet.

Postscript

I completed the diet, losing 30lbs (13.6kg) in 8 weeks, and my GP has reduced my medication significantly.

Tim Hall, Publications and Development Officer

Social Care Related Bed-blocking

Social care related 'bed blocking' - delayed hospital discharge - is up by a massive 37% compared with last year. According to Matthew Swindell Director of NHS England Commissioning this is 'further proof that increasing pressures in social care are spilling over into the NHS'. A record 655,000 of days in hospital were lost by delayed hospital discharges in the first 4 months of 2016. Janet Morris, Chief Executive of independent Age said it is abundantly clear that chronic under investment in social care was

sending the figures rocketing (Western Morning News 10 June). Behind the figures is a human story of mainly older patients who have no wish to remain in hospital but are prevented from returning home and to the community. It is certainly not their fault that a bed is 'blocked' for another patient. That all these patients must wait in NHS beds for no good reason for over 600,000 days is a public scandal of epic proportions

A Shocking Statistic—From Macmillan Cancer Support

'Macmillan Cancer Support say that almost 1.5 million people now care for someone with cancer in the UK compared to just over a million five years ago. They say that one in five of those surveyed spends more than 35 hours a week caring, the same as a full

time job. Carers are also having to take on more responsibility which carer Stephen Smith describes as 'all consuming'. Macmillan describe this as 'shocking' (Independent 23 May).

3000 Community Pharmacies 'AT Risk'



Government plans to cut £170m in funding for community pharmacies have sparked widespread fears that up to 3,000 local chemists in England will close, leaving many sick and elderly people without a lifeline and placing added pressure on overstretched GPs. A petition with more than a million signatures protesting against the cuts planned for October 2016 was handed into Downing Street at the end of May.

The proposals by Health Secretary Jeremy Hunt would reduce the £2.8bn community pharmacy budget in England by 6 per cent in 2016/17, as part of the Department of Health's drive to save £22bn by 2020. The average pharmacy receives in the region of £220,000 in NHS funding a year.

In October 2015, NHS England announced an increase in the budget for a three-year pilot to test the role of clinical pharmacists working in GP surgeries from £15m to £31m. This will part-fund 403 new 'clinical pharmacist' posts across 73 sites, covering 698 practices in England, supporting over 7 million patients.

Dr Keith Ridge, chief pharmaceutical officer for NHS England, said the idea was to better integrate pharmacy into the NHS, and make greater use of the skills of pharmacists in GP surgeries, A&E, care homes and other settings.

'We also have a responsibility to ensure we get the best use from our resources and 40 per cent of pharmacies are in clusters of three or more within 10 minutes of each other, each supported by NHS funds,' added Dr Ridge. 'These proposals will ensure we have a modern, efficient pharmacy sector which gives patients the support of pharmacy services when and where they need it.' Health minister Alistair Burt has told the All-Party Pharmacy Group that up to 3,000 pharmacies, about a quarter of the total, could close as a result. He also warned that smaller independent pharmacies might be most at risk. The cuts come as Mr Hunt and health officials urge people to make better use of pharmacies instead of seeing their doctor.

[continues]

Robert Darracott, chief executive of Pharmacy Voice, the

organisation behind the petition, said: 'At a time when people trying to get a GP appointment are having to wait days or even weeks and there are continuing concerns about the pressure on our A&E departments, to threaten a network of 11,000 primary-care providers across England in neighbourhoods close to where people live, work and shop, that are there providing an outlet to people and their immediate health concerns, seems to make little sense.'

'We know that up to eight per cent of people who go to A&E departments could be managed by their community pharmacies and there are in excess of 50 million GP appointments taken by people with issues that could perfectly well be managed by their community pharmacy.'

The Local Government Association (LGA) – which represents more than 370 councils with responsibility for public health – wants to see High Street chemists expanded to provide public-health services like health checks and immunisations, as well as dispensing and selling medicines.

Cllr Izzi Seccombe, LGA Community Wellbeing spokesperson, said: 'Maintaining community pharmacies is crucial to keeping older and frail people independent. They need to be at the heart of communities, close to where people shop, work and go about their daily lives, rather than the heart of the NHS.'

'Vulnerable and elderly people should never be forced to travel potentially long distances to pick up vital medicines and receive health advice. Community pharmacies should actually play a bigger role in providing public-health services, alongside their important existing roles of supplying medicines.'

'Additional investment in community pharmacies could improve the prevention of disease and access to health services. They can also help contribute to thriving high streets. Being at the heart of communities means pharmacies see people in every state of health and are ideally placed to play a central role in the prevention of illness, which can reduce costs and pressures on the NHS and adult social care.'

First Stop for Healthcare: Your Community Pharmacist

Nerys Cadvan-Jones, our local Pharmacist at Boots in Roundswell, North Devon, recently told a group of Canal Zoners, veteran soldiers, about how we can all benefit from the services offered at our local Pharmacies. For advice from highly trained clinicians, on many health matters, a visit to our pharmacy is easily possible, even on a Sunday and without having to make an appointment. This could save a visit to the A and E department, or a wait to see our G.P. It can give us reassurance and help us to treat ourselves.

We were told that Pharmacists can treat many minor ailments such as conjunctivitis, impetigo and urinary tract infections. They can recommend medicines and give us expert self care advice. We can be confident of getting quick, expert advice and relieve the pressure on crowded urgent and emergency services. Nerys told us, 'Speak to us first'. Pharmacy services can help us take prevention seriously. With advice we can prevent becoming unwell, or we can be supported to stay healthier longer. Nerys reiterated, 'Giv-

ing patients the gift of knowledge is the most powerful intervention' We all want to remain as well as we can for as long as we can, and our pharmacies are there to advise us. They can explain medicines that are prescribed, recommend treatments and put the patient in a position of control.

The Pharmacist told us that millions of pounds are wasted every year from medicines that are not needed and not used. All this money could be used to our benefit, on knee and hip replacements, on operations to save our sight, help us to hear, or prevent long term conditions. Talk to your Pharmacist about your repeat prescriptions and only order the medicines that you intend to take.

Our local Pharmacists are a real benefit to the community and we must all utilise their knowledge and skills to relieve pressure on other frontline services and also to empower ourselves.

Carol McCormack, Chairman

'Bed-blocking' delays may continue 'up to five years'



Bed-blocking in numbers

1.15m

"bed days" lost to delayed transfers of care in acute hospitals in 2015

31%

increase on 2013

£820m cost of older patients in beds with no more need for treatment

5% loss of muscle strength per day for older person in hospital bed

62% hospital bed days occupied by people aged 65 and over in 2014-15

Source: National Audit Office



Delays in releasing elderly patients from hospital in England could continue for up to five years, NHS England boss Simon Stevens warned in June.

So-called bed-blocking is estimated to cost the NHS about £820m a year, and occurs when a patient is deemed medically well enough to be released from hospital, but something else delays their discharge.

A recent report by the National Audit Office said delays in discharging patients from hospitals in England had risen by nearly a third over two years. More than a million days of bed occupancy were lost to other patients last year. The Royal Devon & Exeter is the sixth worst-affected hospital in England for delayed transfers of care per 100 beds.

There is a 5% loss of muscle strength per day for an older person in a hospital bed.

Mr Stevens told MPs on the Public Accounts Committee that the number of blocked beds may not reach zero soon because of social-care pressures. The main reasons were delays in getting a home-care package or nursing-home placement.

A senior Department of Health official also told the committee there was an unacceptable variation in performance, but that more than 40% of local authorities providing social care had reduced delays. The department has previously said the issue would be tackled as councils get £3.5bn more for adult care by 2020.

Devon Success Regime is Moving too Slowly, says Jeremy Hunt

A Government initiative designed to tackle the £440m debt of the body responsible for commissioning NHS services in a large area of Devon – at the same time as 'protecting and promoting health and care services for patients' – is moving too slowly, said health secretary Jeremy Hunt in June.

Speaking to the *Western Morning News* Mr Hunt stated that the Success Regime – made up of local health and care organisations working together under the supervision of NHS England – in charge of the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) had made 'progress' but he would like to see it moving 'faster'. He also admitted that the Government 'could do better' in areas like mental health – but argued that overall NHS services were 'bearing up well'.

At the time of writing this article the Success Regime was expected to decide on a strategy by the end of June, following the publication of its initial assessment in February. But NEW Devon CCG has stated there is no fixed time-limit on the Success Regime as it looks to make sure all 'necessary' improvements are made. The chief executive of Northern Devon Healthcare NHS Trust has already made it clear there will be 'no red lines' in their efforts to make savings in the face of growing demand.

Mr Hunt also acknowledged that it would not be 'easy' for

hospitals and GPs in the area to deliver proposals for seven-day-a-week services, while also making savings. But asked whether it was a realistic expectation for the area, he argued that the route to cutting healthcare costs in the county 'is the same as the path to safer care'.

'If you don't have enough nurses in the hospital at the weekend and someone has a fall, they will in hospital for about three days longer... which will cost the NHS about £1,200,' said Mr Hunt. 'In healthcare, one of the most expensive things you can do is not care for someone properly.'

He also suggested that seven-day care combined with greater integration could be the key to [reducing the rate of cancelled operations](#) in the region. Currently [Derriford Hospital](#) in Plymouth (and the Royal Cornwall Hospital NHS Trust) are in the top ten for last-minute cancellations. Responding to concerns about the [potential closure of services in North Devon District Hospital](#) in Barnstaple, Mr Hunt stressed that the Success Regime would 'focus on what is the right thing for patients'. 'I think people understand that you can't have every hospital specialising in every service,' he said. 'It is not always the right thing to go to your nearest hospital...the quality of care you receive when you get to the hospital also really matters.'

New Telephone Numbers for Devon Patient Transport



From 29 May 2016, all bookings for non-emergency transport in Devon (not including Plymouth) will be taken by a new central booking service – the Patient Transport Advice Service (PTAS) on 0345 155 1009.

PTAS will take bookings from patients and NHS staff between 7.00am – 6.00pm, Monday to Friday (except bank holidays). The service will be provided by Devon County Council.

Patients are still encouraged to make their own way to NHS appointments wherever possible. However, if they are too unwell to travel by car, taxi, public transport, or community transport, they can contact the Devon Patient Transport Advice Service (PTAS) to see if they are eligible for non-emergency patient transport. Those who normally use the service and have already been assessed should also use this number. Eligibility is based on clinical need, not affordability.

Non-emergency patient transport is funded by NHS Northern, Eastern and Western Devon Clinical Commissioning Group for patients with a medical need for non-urgent, planned transportation to and from secondary healthcare services such as hospital appointments (not primary care services, such as GP appointments). Patients who are not eligible for non-emergency transport will continue to receive support and information about local community transport services, which are there to assist local people to get to health and social care services. Community transport services provide support for patients who need less assistance to travel to appointments.

Information leaflets for patients with the new contact details will be available locally in GP practices, hospitals, pharmacies and other health care settings.

If patients have any queries or concerns about the new service they should contact the Patient Advice and Liaison Service on pals.devon@nhs.net or 0300 123 1672.

The area covered by the PTAS service is Devon, but not including Plymouth or South Devon, and the new provider for non-emergency transport service in Devon from 29 May 2016 is First Care Ambulance.

Information leaflets and FAQs for patients can be found on the CCG website [here](#).

Non-emergency transport is a transport service for patients who currently can't travel safely any other way to NHS secondary-care appointments and admissions, or following discharge from hospital. Journeys to GPs, dentists or opticians are not included.

Non-emergency transport vehicles deliver pre-planned journeys e.g. outpatient appointments and non-urgent 'on the day' journeys e.g. discharges not planned in advance, where there are clinical reasons the patient can't travel by everyday means.

The frequent attender car service will be managed by the Patient Transport and Advice Service at Devon County Council.

Non-emergency transport will continue to be provided by ERS Medical for the Plymouth area. The Torbay and South Devon NHS Foundation Trust continues to provide journeys for the South Devon and Torbay area.

The existing booking services in Plymouth and Torbay/South Devon will continue as before.

Plymouth 01752 431954

Torbay, Teignbridge and South Devon: 01803 656777

MPs in talks over future of Devon's community hospitals

Health secretary Jeremy Hunt agreed in May to meet Devon MPs to discuss the future of the county's threatened community hospitals.

Responding to concerns about controversial closure proposals in Devon, Mr Hunt assured MPs that community hospitals have an 'important long-term future' in the NHS. But he stressed the 'inevitable' need for some changes to local services, and agreed to discuss the matter further in person.

The comments from the health secretary come at a time of growing uncertainty about the future of Devon's community hospitals. In May South Devon and Torbay Clinical Commissioning Group (CCG) began a 12-week public consultation period about its controversial plans to eventually close hospitals in Paignton, Ashburton & Buckfastleigh, Bovey Tracey and Dartmouth with the loss of 60 beds. The stated aim is to 'change NHS resources from bed-based hospital care to health and wellbeing teams that support

people within their local communities, as close to their homes as possible.'

Meanwhile, campaigners are continuing their long-running campaign to reopen the in-patient ward at Torrington Community Hospital.

Totnes MP and chair of the Commons' select committee on health Dr Sarah Wollaston has said that she would not support plans that 'just involve cuts to services and beds', and stressed the 'immense value' of community hospitals. North Devon MP Peter Heaton-Jones has also questioned ministers about the future of services at North Devon District Hospital (NDDH) in Barnstaple. Residents and local councillors have expressed fears that the Success Regime running the financially stricken Northern, Eastern and Western (NEW) Devon CCG could decide to close A&E, maternity and stroke units at the hospital.

Editor: We shall keep you updated with any developments in this report in the next edition.

Launch of The 100 Club



The DSV 100 club is now up and running. The first draw included 173 numbers and was held at the Assembly on the 31st May. You can join in at any time and buy as many numbers as you like. Each number in the draw costs £12 and covers 12 monthly £1 entries. The draws are planned to take place about the middle of the month. And the prize fund is about 50% of the draw entry money per month. Prizes will be paid as cheques in units to the nearest pound, with one top prize of 20% of the draw entry money, two second prizes of 10% and two third

prizes of 5%. This means that as more people join the prizes will get bigger.



Eleanor Atfield (left) receiving her winnings

The results were as follows:

May Results:

1st Prize	£35.00	Ros Stollard	No: 39
2nd Prizes	£17.00	J Carn	No: 129
	£17.00	J Mumford	No: 82
3rd Prizes	£9.00	J Merrifield	No: 35
	£9.00	J Avery	No: 137

June Results:

1st Prize	£35.00	Eleanor Atfield	No: 41
2nd Prizes	£18.00	Pat Regardsoe	No: 56
	£18.00	R B Colwell	No: 96
3rd Prizes	£9.00	PR Flick	No: 165
	£9.00	Alexander Ovens	No: 142

If you would like to join in, please return the form included with your magazine.

Rise in Devon car-parking tariffs to reduce congestion

Devon drivers parking in places for an hour or more are being urged to help tackle congestion by choosing district-council car parks in preference to Devon County Council's (DCC) on-street parking bays.

From early May increased tariffs began to be rolled out across the county, following concerns that many drivers contribute towards congestion by preferring to 'circle' the roads looking for vacant DCC bays that are slightly cheaper than district, city or borough-council parking facilities.

However, the charges will not affect residents and visitors stopping off for less than one hour at local shops to buy goods or services or those making deliveries as there will be no change to short-term (less than one hour) tariff rates. The idea is that DCC's on-street bays should not be more attractive than the nearest district-council car park, which are clearly signed and generally do not bring drivers through the busiest central streets. The increases will vary slightly across Devon as the

county's eight district authorities (including Exeter) levy slightly different tariffs in different areas. The changes are:

- A 10 per cent increase in all one-hour tariff rates (rounded up to the nearest 10p)
 - 10 per cent above equivalent off-street charge on all long-stay tariffs (greater than one hour) OR 10 per cent increase on existing rate where there is no off-street parking
 - No increase to be greater than 50 per cent (subject to coin size)
 - No change to short term (30 minutes or less) tariff rates
- Controlling parking provision within residential areas near town centres, ensuring a consistent approach to charging across the county and reducing long-stay on-street parking within town centres are part of DCC's Local Transport Plan strategy to reduce congestion.

Devon Helps to keep Bus Services on The Road

Devon County Council (DCC) has stepped in to secure the continuation of two bus services in East Devon. Service 688, a Dorset-based service, which serves Hawkchurch in Devon on its way to and from Axminster every Thursday, had its subsidy withdrawn by Dorset County Council in April. The service will be able to continue thanks to a new arrangement between DCC and Dorset Community Transport.

Service 20 from Seaton to Taunton via Honiton will undergo minor changes to its route from Monday 25 July. Following Somerset County Council's withdrawal of its share of the subsidy for Service 20, DCC has provided an additional £18,700 to keep the modified service running. The service, which is operated by Stagecoach, will no longer stop at West Buckland and the last bus of the day will terminate at Culmstock rather than Taunton.

Letter to the Editor of the Independent

Your story on the 'invisible army of older carers saving £6bn a year' (18 May) is only part of a much larger picture. If our Seniors group is any guide many grandparents also provide a proportion of child care; the latest estimate is 60% and rising. When they are not doing that they are volunteering for a variety of good causes along

with providing unpaid help to charity shops and helping to run local organisations. Politicians talk of the 'burden of care' whilst not acknowledge older people's contribution both to our society and our economy. George Osborne and Mark Carney would soon face budget problems if older people went on strike. *Tony Simpson*

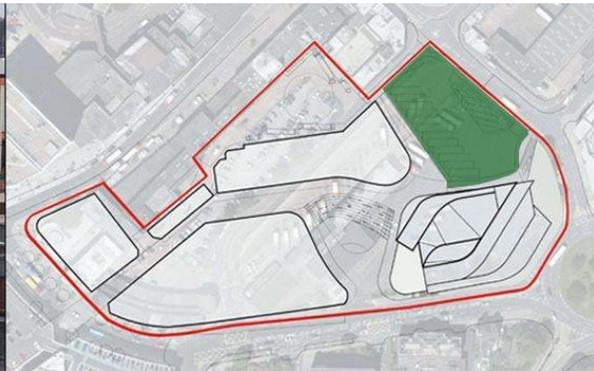
Proposed Redevelopment of Exeter Bus Station Update



The bus scene in Devon is fast moving with action around the redevelopment of the Exeter bus station site and the closure of the bus station in Exmouth.

Since becoming involved with the Exeter & District Bus Users Group (EBUG) I have had the opportunity of becoming immersed in many meetings on behalf of DSV members.

Exeter The site for the redeveloped Exeter bus station is fixed along with the number of bays (12) and it has been made clear that neither can be changed. This means we need to try and achieve the best possible outcome for passengers within the constraints of the plan. Many of you will have attended the second public consultation and this is encouraging. Overall twice the number attended than the one in March. There was only generalised information for the most part at the second consultation although the consultants were willing to delve



deeper into questions if asked. I discovered, for example, that no-one had an accurate number of passengers using the present bus station: astounding! I could find no flow charts, or similar device, for showing how passengers and the public – the new bus station is also being designated a public right of way – are expected to “move” through and use the facility.

The City Council is funding this redevelopment and money is tight. Compromises have been made in that there is no room for National Express and Mega Bus services. I understand National Express is comfortable with the arrangements being made for them so I assume Stagecoach is too. Another compromise is the removal of the second floor intended to accommodate staff. The result is that the width of the passenger concourse is considerably narrower than initially envisaged to provide office accommodation. Although increased once, following comments by Stagecoach, the number of toilets is still, in my opinion, woefully insufficient. The number of toilets needed is based on British Standard 6465. The 2+2 for gentlemen, 5 cubicles for ladies and a disabled toilet is above the standard we have been told. Any bus journey over 37 minutes also forms part of the calculation

and this surely will apply to all buses using the bus station. I continue to ask – how do you know the number of toilets is correct if the number of passengers using the bus station is not accurately known?

Other points which continue to be discussed are: relocating an electrical sub-station away from the planned toilets to allow for additional facilities; to remove the proposed transverse seating, which it is felt by many to impede movement through the concourse; reposition the seating along the back wall and between the entrances to the bus stands; use overhead real time information rather than the vertical display against a wall as present in the current bus station (at busy times it is impossible to see information through the throng); for the benefit of blind people an audio real time system is needed. With the new bus station being of the “fully enclosed” type what will happen at night as

usually a public right of way cannot be closed and how will Stagecoach manage the peak time “pinch points” already identified. This list is not exhaustive and EBUG is continuing to work on passengers behalf.

Exmouth The Exmouth bus station is due to close before the middle of July. Passengers using services 56, 95 and 157 which begin and terminate currently at the bus station, will find temporary bus stops in the vicinity of the Leisure Centre.

Post script On the 28th June the Exeter City Council’s Leisure Complex & Bus Station Programme Board were given two presentations by the Consultants. The more important of the two were details of the interim arrangements for buses during the construction of the new bus station. **In essence this will be that services from and to the north of the county will use Sidwell Street and all other bus services Paris Street.** By this time the top end of Paris Street will be closed. Temporary bus shelters will be provided but there has been no mention of toilets. I will ask EBUG to bring this to the attention of the Council. There will be alternative arrangements for coaches with details yet to be finalised. A public consultation on these proposals will be on display at the St Sidwell Centre on the 6th July between 6 & 8.30 pm. The Board will meet again on the 12th July.

Roma Patten, Vice Chairman, DSV Transport Group

EU Referendum—Postal Vote Mistakes after reading Mature Times?

'Were you, like the Deputy Editor of MATURE TIMES Tina Foster 'heartily sick' of the EU referendum? In May Tina told readers of her SENIOR MOMENT column she 'didn't really want to vote on something I do not understand, didn't have the time' to study and 'have no idea how any of this will affect my family and me'. Tina's despair and confusion may have been transferred to the paper's EU advice feature. In June her column began with a large 'APOLOGIES' for a 'serious error in the articles about the

EU Referendum. We got our Stay and Leave headers mixed up...sorry for the confusion'. Well Tina we can all make mistakes. But what about those of us who sent off our postal vote without seeing the correction and may have voted THE WRONG WAY? Oh dear...and that's not all. In the same column Tina mentioned another mistake. It sounded, well, quite serious because she said 'Please excuse us also for the misinformation on the toilet map'. The mind boggles....

Tony Simpson, Honiton



Silver Surfers—Not all of us by any means



According to the Office for National Statistics almost 88% of adults have used the internet in first three months of 2016 . Of course that means that at least 12% have not. Among certain groups of the population the number of those not using the

internet is much higher; 25% of disabled people have never been online. Neither have 66% of women over 75. These figures are not surprising. As one gets older there is a tendency to resist change. Learning to log online and type may seem quite daunting, though with the right advice it can be done surprisingly quickly (less than an hour). Then there are the costs of acquiring a laptop, tablet, or whatever. Plus the costs of an internet connection. Most important is the time and motivation to learn a new way of communicating and using one's brain. For me the real 'spark' was support; Devon Senior Voice, library and others which has given new life to research, letter writing, etc .

Why bother to change? I would never persuade any older person to do so, though I would point out some possible advantages. When one has learned the basics there is the magical experience of almost instant communication, One can contact family, friends business almost anywhere - and no stationary, stamps or journeys to the post box!. Similarly instant access to information from the worldwide web, as hobbyists will know. Last, but not least, there may be bread and butter advantages such as lifestyle improvements and best buys. In fairness there may be a downside. People you would prefer not to, communicating with you; and occasionally things may go wrong, usually small but irritating technical glitches.

In the first three months of 2016 there were more than 5 million new users of the internet. Many of these were older people, especially women. Indeed women over 75 were the largest group of new internet users. Good for you ladies and well done! This also proves we humans are natural communicators. Finally, it is never too late to learn. Happy surfing. *Tony Simpson, Honiton*

A Visit to My GP

It was a beautiful day and apart from an extremely painful big toe, which mad putting on my sock, a contortion unsuitable for one of advanced years. My wife, a lovely lady and always most sympathetic to my many complaints, suggested that my big toe might need a little closer inspection, so an appointment was made to see our local GP, a man of vast knowledge and a keen surfer.

Protected by our blue card we found a parking spot just under a mile from the surgery, which was not ideal but was within hobbling distance. We arrived in good time, climbed the stairs to the waiting room and settled down. We sat directly opposite a large screen on the wall, which informed patients of an assortment of ailments for which one could get advice or treatment such as Depression, Rheumatism, Asthma, Diarrhoea and Gout. Gout was described as an extremely painful condition affecting mainly the big toe...'the big toe!'. My attention was immediately focused as it listed the probable causes....alcohol, smoking, eating red meat, seafood, offal, plus sugary drinks and many others - none of which applied to me as I don't smoke, drink alcohol and I'm vegetarian.....In fact when I list what I don't do my wife was probably right when she said 'You are a miserable old git sometimes' Anyway my little grey cells creaked into action and I drew her attention from the National Geographic magazine to the list of causes on the TV screen, she with her usual insight said 'Stop looking at the wretched TV, or you'll imagine your also pregnant!', which I thought was a little uncalled for. On the dot I was called in to see my GP, the man of vast knowledge and a surfer. I removed my shoe , expecting

any moment to hear the dreaded word 'Gout' but he turned from his computer, took one look at my big toe, photographed it, and pronounced 'ingrowing toe nail' and returned to his computer in order to type out my prescription. 'Take this to the chemist Philip and take a couple of painkillers tonight and come back if you are still worried'. I thanked him, wished him happy surfing and collected my clever wife. As we descended the stairs I assured her that, contrary to her prediction, I was not pregnant and more to the point did not have the dreaded Gout. We limped the mile back to the car feeling decidedly more cheerful, though my wife spoiled it a little by saying that if I had been a more normal chap we could have celebrated with lunch and a bottle of wine!!

Philip Darling, Aged 92, Barnstaple



'Who wants to live forever?'



At 90 Queen, the monarch, has lived twice as long as Queen, the singer. Freddie Mercury died at 45. Elvis Presley died at 41. Prince recently died at 57. Even our lovely Victoria Wood only just lived to collect her pension dying at only 62. So, despite what some believe, even the

biggest, richest celebrities will not live forever. There are big myths about recent increases in life span.

In 1800 the average life span was 40 years. Today it is 77 for men and 82 for women, so for the fair sex it has more than doubled. The biggest factor in increasing life span had nothing to do with health care. It had everything to do with engineering i.e. clean water and sewers followed by improvements in housing. Then came improvements in working conditions. Then the development of vaccines and antibiotics and last, but not least, improvements in health and nutrition. It is no coincidence that our longer living older generation grew up in the time of the NHS, full employment and relatively lean diets after the war.

Will life span continue to increase? Perhaps but we should not believe the big myth. For a start we are not all living to a ripe old age; a certain group of us are. Researchers at City University of London suggest the lifespan gap has in fact been widening between rich and poor since the 1990's. Put simply, if you are a better off person with a good start in life your chances of living longer have been improved as a result of improved income, better living conditions, food, holidays, etc. But if you were born poor and stayed poor your chances of dying younger are much greater. 5% of the better off reached an average age of 96 for men and 98 for women. But 10% of the poorer group only reached 62 for men and 67 for women. So there is huge gap – over 30 years - between the lifespan of the poorest and the richest in the same generation. There also seems to be a correlation between income inequalities and lifestyle factors such as diet, exercise, smoking and drinking. Then there is a lifespan gap related to where you live. For example the steel town of Port Talbot is the

most polluted place in Britain with many early deaths from lung related conditions. Those who live in the South East tend to live longer than those in former industrial areas such as the South Wales valleys or North of England. Annie Meston of Brixham, Devon last year died at 111. Researchers say much of the progress in longevity took place before 1990. Dr Lynne Cox of Oxford University says 'I think we shall see some slowing down of the lifespan rise relatively soon'. This may be because health and nutrition are doubled edged. They may improve or they may produce new health threats. Whoever would have thought miracle cures like penicillin and anti-biotics would stop working? Who could have foreseen Aids or the Zika virus? And, what would the wartime generation make of so many people now dying younger from literally eating too much food? Or even of people eating too much sugar? Conditions like obesity and diabetes threaten to scythe through lifespan expectations.

The biggest killer is, of course, age itself. Age does not come alone but carries with it a host of conditions. I used to recover quickly from a cold but at 75 years of age it may take weeks, presumably because my immune system is weakening. While Alzheimers and similar conditions may affect younger people they more often accompany the ageing process. Previously undiagnosed age-related conditions now impact on lifespan figures. Baroness Sally Greengross said: 'Poverty, inequalities, ill health and disability must be a priority for policy action'.

Freddie Mercury sang 'What is this thing that builds our dreams yet slips away from us?' We literally do not know what lies ahead.

Tony Simpson, Honiton



DSV Barbers?



'On Honiton Market Day I saw a large sign with the words 'DSV - now open' It pointed down a lane which I discovered led to **DSV Barbers**. Surely a marvellous new community engagement and funding initiative by Devon Senior

Voice? Being summertime the door was open...one could hear snip, snip, snip and murmurs of business. Was that a DSV board member saying 'that'll be £6.50 sir...would sir like something for the weekend?' Mr Sweeney finished snipping with a flourish of linen then gestured toward me - 'I can do you now, Sir' he said. '...I was just looking...perhaps another time' sez I skulking away.



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 2016
every 3rd Friday of the month at
Devon Communities Together
Offices, Marsh Barton

Transport Group Meeting
7TH September
at 1.30 pm at Exeter CVS, Wat Tyler House

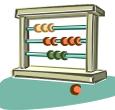
Crediton Dementia Action Alliance
Annual Conference 7th September 2016, Boniface Centre 10am

Branch Chairmen's Meeting
(Venue Devon Communities Together as above)
1st July 2016

Older Peoples' Day Celebration,
Exeter Cathedral Green
Saturday 1st October

AGM Isca Centre, Exeter tbc
November 2016 10.30am

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).

	x	9	-		20
x		+		x	
	+		÷	1	11
x		x		+	
	+		-		10
120		216		5	

SOUP

STEW

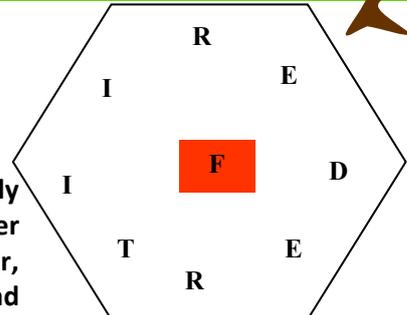
C) WORD LADDER

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

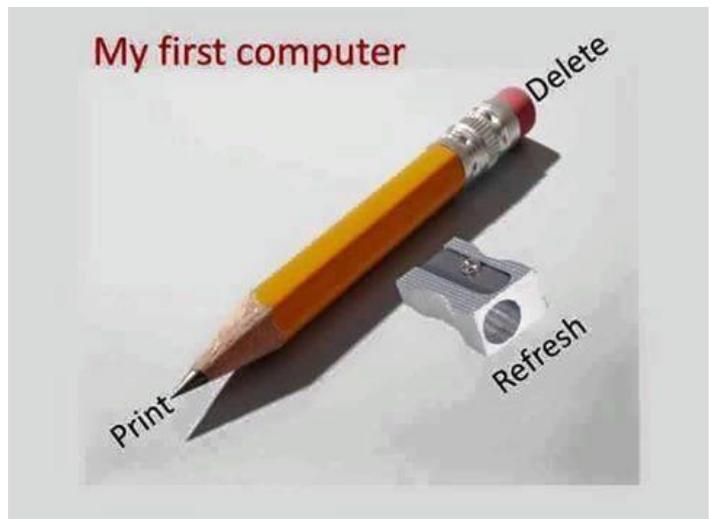


B)

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



The Last Laugh ...



(A) (From top left to right) 3,7,5,6,1,8,4,2 (B) (Score more than 30—Excellent!) DEFT, FEED, FETE, FIRE, FREE, REFT, RIFE, FRIT, RIFT, TREE, REEF, DEFER, DRIFT, FETED, FIRER, FRIED, FRIER, REFER, REFT, DEFIER, DEFTER, DRIFTER, FERRET, FETID, TRIED, RIFTED, REIFIED, TERIFIED (C) SOUR, SPUR, SPUD, SPED, SPEW, DEFT, FEED, FETE, FIRE, FREE, REFT, RIFE, FRIT, RIFT, TREE, REEF, DEFER, DRIFT, FETED, FIRER, FRIED, FRIER, REFER, REFT, DEFIER, DEFTER, DRIFTER, FERRET, FETID, TRIED, RIFTED, REIFIED, TERIFIED (C) SOUR, SPUR, SPUD, SPED, SPEW,