



# Devon Senior Voice

In Partnership with **healthwatch**  
Devon



**Issue No 23**

**Summer 2014**

## 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 (DSV) quarterly magazine. At last it has finally stopped raining, the South West is now again connected by rail to the rest of the country and the sun is shining! The shows and events season has started, with teams of our volunteers travelling around the county publicising Devon Senior Voice and Healthwatch Devon at all the major events. Our Sustainability Group has been launched to look at the way forward for the organisation, and DSV members have been active taking part in consultations and focus groups providing a voice for older people in Devon. The next newsletter is due out in the autumn, so please let me have any news or articles by 1 September for our Autumn edition. Many thanks to all our contributors.

*Sally Lougher, Editor*

### A Message from our Chairman Ann McClements

CHANGE, CHOICE and now CHALLENGE! What faces Devon Senior Voice in 2014–15? The major challenge is sustainability. We need to diversify our funding so that we are not reliant on one source. We started the process at the EGM by making changes to the Objectives of DSV, and this will enable us to apply again for charity status. At Branch level we need to be innovative in both saving and raising money.

Sustainability isn't just about funding, though. The challenge is to recruit new members who have the skills to offer in leadership, organisation, finance, fund raising, communication and who have a passion for improving the quality of life for all older people in Devon. No one person needs to be superhuman and offer all these, but we do need a good mix within DSV and especially on the Board.

Following the last Assembly meeting a Sustainability Group was formed, and it has already made progress in re-stating the Vision, Mission and Aims of DSV (see page 3).

*Continued on page 2*



### Achievements since March 2014

SINCE March 2014 Devon Senior Voice has:

- Organised 12 volunteers to carry out PLACE assessments of local hospitals in Exeter and South Devon (PLACE: Patient-led assessments of the care environment)  
Held a successful 'Staying Alive!' event at Green Lanes, Barnstaple (see page 4)
- Worked in partnership to arrange Okehampton's Dementia Awareness Day and launch of the Dementia Friendly Okehampton campaign (see page 7)
- Worked in partnership to organise 'Credton: the Dementia Action Alliance 1 year on' event on 19 September
- Participated in seven Gateway requests and had representation on three focus groups
- Representatives on 90% of the Patient Representation Groups in the county
- A representative on the RD&E Patients and Carers Experience Group
- Been successful in securing funding from DCC for the Older Peoples' representation on the Equalities Reference Group

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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.*

Issue No 23

## A Message from our Chairman Ann McClements... Cont'd



Effective communication is a challenge. We have established DSV as an engagement partner with DCC and the CCGs, and impressive work has been done by local Branches to establish networks and working partnerships with other agencies.

The challenge now is to establish a corporate image that is instantly recognisable. The Publicity Group has worked hard on this and we shall see examples on the display boards at the many shows and events we will be attending over the summer months.

Using a website and social media is a challenge for

many of us born in the 30s and 40s, so we are currently looking for an intern who could oversee, update and bring our website into the 21st Century!

Finally, the challenge is to make your voice heard. Take every opportunity you can to improve our quality of life. Ask questions, fill in surveys, and challenge decisions if the evidence for them is faulty or unclear.

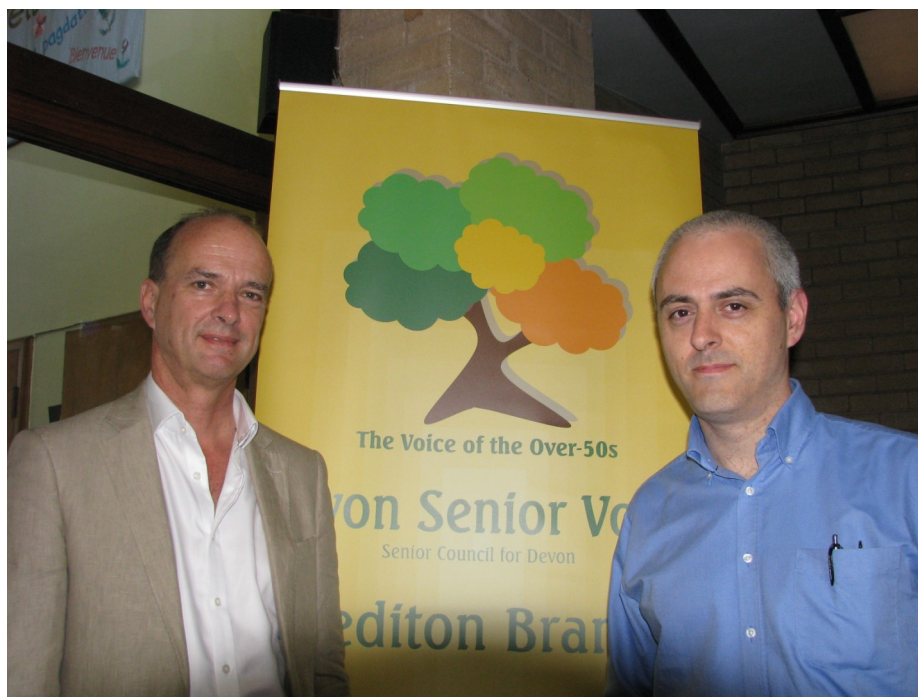
If you want a part to play, then play your part through Devon Senior Voice . Accept the CHALLENGE.

*Ann McClements, Chairman*

## Crediton and Area Senior Voice

The Crediton and Area Branch of Devon Senior Voice hosted a well-attended meeting to discuss the future of Crediton Hospital. Speakers included Dr David Jenner and Dr Joe Mays, both part-time GPs and members of the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG); Dr Christopher Maycock, a retired GP; and John Kelly, Chair, Torrington Hospital League of Friends. Drs Jenner and Mays set out the NEW Devon CCG vision of an enhanced outpatient service, if the present overnight beds are decommissioned. Whilst acknowledging the hard financial facts of the situation, they emphasised that no decisions had been made yet and they were very keen to work with the local community to design a service 'fit for purpose'. Dr Maycock suggested, among other things, to

bring an 'alternative logic' to the discussion, which was to increase the beds at Crediton Hospital. Mr Kelly outlined the process of consultation they had been through to save their hospital in Torrington and urged those present to continue their campaign. A lively and impassioned question-and-answer session followed, in which those present, representing a wide selection of local interest groups and organisations, expressed their views. These ranged from personal accounts of the pivotal role the hospital had played in the care of loved ones, the lack of trust in the efficacy of 'care in the community', the suggestion of providing some diagnostic equipment at the hospital i.e. x-ray machine or scanner, and the role co-housing and extra-care housing might play in the future. Comments from those who couldn't attend were also read out. The meeting ended positively with a suggestion that a working party be formed to engage with the NEW Devon CCG and take the process forward. This suggestion was warmly welcomed by Dr Jenner and Dr Mays. Thanks were given to the presenters, and all who had attended. Devon Senior Voice are inviting those who would like to be involved in this working party to contact Pauline Thomas on 01363 866776 or p.thomas53@btinternet.com



**Dr David Jenner and Dr Joe Mays**

*Paula Kovacs, Crediton*

## Exmouth Branch

Despite the encouraging AGM held in March, where new members were recruited to both the role of Chairman and to the Executive Committee, the Exmouth group is now in desperate need of new and committed members to carry forward the good work of the branch over the

last few years. Diana Budgen remains as the very committed secretary to the branch and there are several other active members of the Executive Committee. If any readers from the Exmouth area are interested in joining the Executive, please contact Sally (details on the front).



# Dawlish Branch



On 2 May we held an Information Fair with tables devoted to facilities available in Dawlish for the over-50s, although of course carers and indeed anyone interested were very welcome.

Healthwatch Devon had a display, as did Devon Senior Voice and Devon Disability Network with Living Options—at all of which a great deal of Healthwatch information was provided, and visitors took away much of this material.

Age Concern had many useful booklets dealing with the various problems that the elderly have. The Citizens Advice Bureau was able to publicise that they are returning to Dawlish for two mornings a week. Devon Carers explained how they were able to give respite breaks for carers themselves and emergency help for those in care.

Two local Police Community Support Officers looked in for as long as they could. Action on Hearing Loss offered free tests for deafness. The University of the Third Age has just started in Dawlish and were there with information on the courses offered. Also represented was the Open DAW, a drop-in centre based at Dawlish Methodist Church, which also acts as a contact point for community services. Space forbids mentioning all groups present,

except perhaps to say that I manned a stall by the entrance to welcome visitors and publicise our branch of DSV and also our local Probus Club.

The event was FREE to both table holders and visitors, in the spirit of the way things were when the (then) Senior Council for Devon was set up. Free drinks and refreshments were available, which were kindly both donated and dispensed by Margaret and Derek Woolacott. Indeed it is from the number of drinks served that we have the best idea of the number of visitors that came in – a rough figure of ‘well over a hundred’.

So we did a lot better than last year when the Strand Centre was still being refurbished and the pavement outside had been dug up. This year there were no hiccups. The Strand Centre provided a very good venue with excellent kitchen facilities. Both table-holders and visitors expressed the wish that we would do it again next year – so we certainly have it in mind to do so.

Meanwhile the Dawlish Branch will itself have a stall at St Gregory’s Annual Church Fair on Thursday 31 July on Dawlish Lawn.

*Peter Spackman – Chairman of Dawlish Branch*



## The Sustainability Group

At the last Assembly meeting in March, 60 DSV members were joined by the development team of the Community Council of Devon to begin looking at the future sustainability of Devon Senior Voice. As a result, a group of interested members subsequently formed a Sustainability Group to carry forward the ideas generated that day.

The group has met once and refreshed DSV’s Vision, Mission Statement and Aims:

**Vision:** For older people to have a valued voice in society in order to achieve their full potential and wellbeing.

**Mission:** Our mission is to improve the quality of life for older people in Devon.

### Aims:

- To raise awareness of the issues faced by older people, especially those less able to speak for themselves
- To be a voice for older people and to influence decision makers and society at large
- To provide information and opportunities for older people to improve their quality of life
- To liaise and work with other organisations to achieve our vision
- To maximise the use of skills and experience of older people in the wider community

## Barnstaple Branch: 'Staying Alive!' event, Friday 11 April



More than 1,000 people stopped to seek advice or to sign up or to take a leaflet away – or just started to tap their feet at this lively and vibrant occasion, run by the Barnstaple DSV branch at the Market Square in the popular Green Lanes shopping centre to show that 'being well isn't just about not being ill'.

Organiser Carol McCormack-Hole wanted to show that the key to staying 'Staying Alive!' was to be active, to become part of a group, to join in, to have a go, to be ready to try new activities...or in other words, to live life to the full!

Enthusiastic bee keepers brought live bees ('in specially sealed cases, thank goodness,' said Carol), members of the Barnstaple Bridge Club played a trick or two and the ladies of the Tomlin WI showed people how to 'knit and natter', without dropping a stitch.

The Barnstaple Keyboard Club played great music all day, recruiting quite a few new members, Steve Shax demonstrated tai chi, and when the Zumba dancing began about fifty people from the crowd stopped their shopping to join in.

The Strength and Balance group, who work in the physiotherapy department at North Devon District Hospital, had many people touching their toes to the beat of the music. The local First Choice Mobility shop brought scooters and wheelchairs for people to try riding around the market to see how easy they were to manage – in fact, once DSV administrator Sally got on her scooter Carol

could not get her off.

The Alzheimer's Society had many people interested in becoming 'befrienders', while the See-Hear group had more than 100 people looking at their new equipment. The Patient Advice and Liaison Service (PALS) listened to problems from people concerned about their healthcare, and Diabetes UK and the Red Cross had dozens of people alerted to the work they did and asking about joining.

The Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) told many groups about 'Care Closer to Home', and Barnstaple DSV gave out Speak Out! forms from Healthwatch Devon, while telling people how to become involved in the provision of their local health and social care.

Carol said: 'We had so many people there, from young carers to Army and RAF veterans, but the stars of the show had to be the two sets of dancing groups. The busy crowds of shoppers stopped to look on in amazement as we were treated to ballroom dancing equal to anything you would see on *Strictly Come Dancing*. The three couples, all seniors, swirled around the market and were watched by more than 100 people...magnificent!

'Then we had a group of Scottish dancers, not one of them less than 70 years young. They whooped and skipped, twisted and turned. They had a crowd clapping their hands to the music, and asking how they could join in. It was a Fun Day, but there was a serious message.'



## Honiton Senior Voice: Euro Hustings, Friday 25 April

The following report by Anders Larsson appears by courtesy of *Pulman's View from Honiton*:

'It was a full house in Honiton's Methodist Hall, when five EU Parliament hopefuls fished for votes. Formally named the Euro Hustings, the event was organised by Honiton Senior Voice (HSV). Five election candidates for the South West England constituency of the European Parliament – Kay Barnard (Liberal Democrats), Georgina Butler (Conservatives), Tony McIntyre (UKIP), Emily McIvor (Green Party) and Clare Moody (Labour) – had accepted an invitation to attend. HSV had billed the event

as its "most ambitious exercise in democracy" ever, and there was a clear demand for the showpiece. Organisers had prepared about 50 seats in the hall, which were quickly snapped up. Another 20 or so were hastily arranged but some latecomers still missed out and had to stand. Each candidate was given five minutes of "hard sell" before members of the public put questions to them.'

HSV publicity officer Tony Simpson added that several candidates said it was the best event that they had attended.



## Ivybridge and District Branch



Ivybridge DSV continues to hold monthly meetings at the Sportsmans Inn in Ivybridge on the third Wednesday of the month. Speakers this year have included South Hams CVS, Citizens Advice Bureaux and the Mayor talking about the town plan. Future speakers and events include:

16 July (at the Rugby Club) —Driving Safer for Longer  
20 August—Councillor Roger Croad  
17 September— TBC  
24 October (at the Watermark) — Gary Streeter Question Time

The group has also been proactive in advertising the activities of the group and spreading the word about

Healthwatch Devon at four showcase sessions outside the Co-op in the town during May. We urge Ivybridge members to come along and find out what is going on in the town and support the group. Our members represent you on the Patient Reference Groups, the Town Planning Group and consultations of importance.



## Teignmouth Branch

### Insight into a Fascinating World

At the most recent meeting of the Teignmouth branch in May, we were lucky enough to be given an insight into the fascinating world of that well-travelled explorer Norman Maudsley, whose talk was entitled 'Trekking in the footsteps of Lawrence of Arabia, 1888—1935'.

Arriving in Amman, his first day took him back into early Christian times visiting Mount Nebo where it is said that Moses brought the seven tribes of Israel to their promised land. After a five-hour drive south to Wadi Rum, Norman then started five days trekking in the footsteps of Lawrence of Arabia, staying on the first night in a Bedouin camp and the next three nights sleeping wild in the desert.

Sometimes the way involved trekking in soft sand, then climbing sandstone and granite rock faces to reach the iconic Natural Bridges with far-reaching views. Next Norman moved northwest to Wadi Mussa to explore Petra, named in 2007 as

one of the seven 'New Wonders of the World'. He visited this capital of the ancient Nabatean kingdom by night and day, and saw where they had carved facades for their temples, treasure chambers, houses and tombs into the rose-red rock. Moving forward in time, he saw the Roman influence where a possible invasion and massacre was avoided by the ever-friendly people of this region, who handed over land to invaders and befriended them.

Lawrence had finally moved back to the UK, ending his life's journey in Dorset. Norman's presentation was brought very much alive by his wearing colourful Bedouin headwear and a fascinating slide show.

The Teignmouth group also kick-started DSV's show season by taking the Healthwatch gazebo and information to the Teignmouth Fun Day on a cold blustery May day!

*Pam Martin, Executive Member*

## Okehampton Branch

After a short break Okehampton Senior Voice recommenced its monthly meetings in June, when we looked at what was happening about the proposed closure of Wardhayes Care Home/Poppy Day Centre and the reduction in services at the Puzzle Tree/Lyric House.

Wardhayes caters for elderly residents, and has a secure dementia wing; it also has a respite unit and day care running three days a week. Puzzle Tree caters for more able people with all disabilities, Lyric House for those with more demanding needs.

We heard how they each operated and their value to the community. There was concern that other than the respite unit, there had been no referrals to any of the services, although there were six families wanting their relative to go to Wardhayes and more than 20 wanting to use the facilities at Puzzle Tree and Lyric House.

After a lively discussion we agreed that we would not wish to see these residential and day services disappear and we would back any moves to retain them. On

Tuesday 17 June Devon County Council took the decision that it would no longer be running care homes and the future of the 20 are up for debate. Many day services would close, including Wardhayes and Puzzle Tree.

Now Devon County Council has made its decision we will look at ways we can counter the effects. Just because DCC will not be running the homes and centres does not necessarily mean closure — rather we have to find a different way. A meeting has now been arranged by our local CVS with all the local voluntary service providers to map out the future.

A small steering group has been set up to move Okehampton forward, and our next meeting is on Tuesday 8 July, where we will look at how we can save Wardhayes and Puzzle Tree. In August we are planning a BBQ (contact 01837 840562 or [okehampton.dsv.secretary@gmail.com](mailto:okehampton.dsv.secretary@gmail.com) for more details).

## Exeter Branch



On 3 April, Exeter had its open General Meeting. We had arranged to devote it to the topic of dementia, in view of the fact that we are hoping, in the near future, to host a Dementia Awareness Day, including an information fair, similar to other events held by Devon Senior Voice around the county over the last five years.

Our first speaker was Dr Joseph Butchart, who is the specialist at the Royal Devon & Exeter Hospital in the health and care of the elder person. He was very clear in his explanation of the causes of dementia and the treatment people are able to receive at the hospital.

Dr Butchart said it was important to have a diagnosis because the symptoms of dementia were so similar to those caused by a lack of vitamin B12. Where medication has been given for this deficiency problem,

there has been a great improvement.

The second speaker was Mark McGlade, from Home Instead Senior Care. It is comforting to know there is specialist home care available for the increasingly common condition of dementia.

One in 20 people at the age of 65 suffer from some form of it, and one in five at 80 years old. The problem will not go away, because as people live longer, these figures will increase.

After listening to these two speakers a cup of tea and a bite to eat was very refreshing! I hope you all enjoyed the afternoon and will see you again soon.

*Jean Daley, Exeter Executive*

## Seaton and Area Branch

### THE GOOD NEWS CONTINUES

Thanks to the efforts of Bob Buskin, the Seaton Memory Cafe will be launched on Monday 30 June, and the Town Mayor has been invited. This is like a phoenix arising from the ashes, as we previously had set up a memory cafe that was very popular with residents from care homes and their carers but it was closed down because it was not reaching isolated people.

The new memory cafe has a strong Chair, Publicity person and steering group as well as support from Devon Senior Voice members and others who have expressed their willingness to be helpers.

The 'Heads Up' Stroke Group has received a boost, by way of help from the Stroke Association, in reaching further stroke survivors with information about these coffee mornings which are held at the Town Hall. The Townsend House Surgery has agreed to include information about the group in their mailings to new stroke patients. Three new couples attended the May morning. Even when the group is very small, there is

enormous value by way of peer support to those who come. An extra benefit is that many of the speakers we arrange have information that applies to all carers, and we make every effort to cascade this via our bi-monthly general meetings as well as by our Summary Reports and Information for Members Sheets.

The latest version of the Seaton and Area Activities Booklet, which gives details of more than a hundred local groups and organisations and includes useful telephone numbers, has now been completed, printed, entered on several websites including our own and hard copies distributed. This is all thanks to Joyce West, one of our Executive members, for all the she hard work put into this. It is an incredibly popular booklet and one of the big successes of our Branch. A grant from the Town Council almost paid for the printing and Steve's Print in Seaton accepted less than was due to ensure we did not have to use Branch funds.

*Tina Trapani, Secretary, Seaton & Area Branch*

## Respect Festival, Exeter

Devon Senior Voice's show season kicked off with the annual Respect Festival, which was held over the weekend of 31 May/ 1 June.

The weather was kind to us, and Belmont Park resonated with the sound of live music, the aroma of food from around the world, a great variety of stalls and the buzz of families enjoying a day out.

We were based in the Health sector, situated in the sensory garden, so were fortunately not in the thick of all the action! The picture shows Tavistock branch chair Martin Taylor doing a great job, busily selling the merits of the Healthwatch Devon Speak Out! forms.



## Celebrating the 90th Birthday of DSV's Oldest Chairman!



In April several members of Teignmouth Senior Voice, the Funding Group, staff and Board members met to celebrate the 90th birthday of one of our stalwart founding members and Chairman of the Teignmouth Branch, Jim Corben.

Jim has worked tirelessly, both in his local area working in partnership with other local organisations and county-wide for our Funding and Intergenerational groups, since the organisation was set up in 2008.

Congratulations, Jim and we all look forward to working with you for another six years!

## TIVERTON AND DISTRICT HOSPITAL: NEW CONTRACT FOR THE MINOR INJURIES UNIT

The League of Friends of Tiverton & District Hospital organised a successful public survey whose results highlighted some concerns over the current service provision, which were considered to need improvement.

Following the survey, a public meeting was organised which was attended by approximately 50 people. A number of individuals and representatives of local organisations were willing to be part of a wider reference group, and around 20 volunteers from this group agreed to form a consultation group who would represent the public in working with the NHS on proposed service provision at the hospital. Out of this meeting the Tiverton and District Health Service Choice Group (Choice) was formed. I represent Tiverton Senior Voice and am Vice Chairman of Choice.

One area of particular concern identified by the consultation exercise was the Minor Injuries Unit (MIU). It was clear that the community was dissatisfied with the level of service provided by the incumbent provider, Northern Devon Healthcare NHS Trust. So Choice carried out a public consultation in conjunction with the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) to confirm the kind of service the community wanted for the MIU.

As a result of this, it was agreed with the CCG that a doctor-led service during the hours of 8am to 10pm, 7 days per week would be provided. NEW Devon CCG then commenced a procurement exercise for the new service. Subsequently four representatives of Choice, of which I was one, were invited by the CCG to participate in the procurement and bid evaluation process. We were given full access

to the procurement system and all the bids, and we also attended several meetings with the procurement team, and a meeting with each of the three bidders. We then submitted our individual evaluation responses for each of the bids.

We considered that the process was very fair and we were given every opportunity to ask questions, and our views appear to have been taken seriously by the CCG. Following this exercise, our preferred bidder, South Western Ambulance Service NHS Foundation Trust (SWASFT) has been named as Preferred Bidder by the CCG, and the new contract is expected to commence in July.

Choice has now been asked by SWASFT to participate in consultations with them on an ongoing basis to monitor the service and its future direction. Choice also expects that having established an excellent relationship with NEW Devon CCG, it will continue to be a key consultee in respect of Tiverton Hospital, particularly regarding the forthcoming exercise on Transforming Community Services.

This exercise clearly shows how public involvement can help to ensure adequate services are provided, and how Devon Senior Voice is able to use its power to influence decision making. We intend, through our membership of Choice and the Patients Panel group, to continue to hold the NHS to account and to seek to ensure the best possible services for the people of Tiverton and District.

If anyone is interested in taking a more active role in Tiverton Senior Voice, please contact me, Jose Kimber, at [tivertonvoice@gmail.com](mailto:tivertonvoice@gmail.com) or phone me on 01884 252460.

## Okehampton Dementia Awareness Day, Friday 11 July

Members of the Okehampton Branch of Devon Senior Voice are working in partnership with Rotary, the Town Council and staff and pupils of Okehampton College to organise the 8<sup>th</sup> Dementia Awareness Day on Friday 11 July 2014 in the Charter Hall in Okehampton. Principally this will follow the usual practice used for previous such events, but the inclusion of the College will make it unique and also part of our Intergenerational work. The College runs a very successful memory cafe and now has a large group of

trained Dementia Ambassadors. The Dementia Awareness Day will also see the launch of the campaign to help make Okehampton a Dementia Friendly Community. If you have ever wanted to be part of a Pom Pom Team, become a Dementia Friend, or know how to cope with the challenge of dementia, then why not book in and come along and join us?

*Ann Crawford: 01837 840562 / [arc.southtawton@virgin.net](mailto:arc.southtawton@virgin.net)*





### Healthwatch Devon launches inquiry into hospital discharge

'Tens of thousands of people are potentially being sent home without proper support when they leave hospital or a care home,' says Healthwatch England.

The national health watchdog is concerned about individual cases that are being highlighted across the country. This has led to a national inquiry into how people are being discharged from hospitals and care facilities.

In contrast to standard public inquiries, this investigation is being led by people with direct experiences of recent discharges from health and care facilities.

Locally, Healthwatch Devon is appealing to members of the public to share their experiences.

Healthwatch believes that people have the right to a safe, dignified and quality service. When people are leaving hospital or care, this means that they should have somewhere safe to go, with transport, if necessary, to help them get there. And they – together with any relatives or carers, should feel that they have adequate support for their ongoing care.

We want to ensure that Devon residents get their voices heard in this national debate.

We are gathering feedback from as many people as possible so we can understand what does and doesn't work in the discharge system. By getting feedback on your experiences we can see what is working well and what needs to be improved, and we can share that feedback with health service managers in Devon.

Healthwatch Devon is interested in hearing from anyone who has been discharged from a hospital, care home or mental health facility within the last 18 months. No matter what you were treated for, or how long you were there, your experience will make a valuable contribution to the inquiry.

Share your experiences by taking part in our online survey by visiting [www.healthwatchdevon.co.uk/discharge-inquiry](http://www.healthwatchdevon.co.uk/discharge-inquiry) or call 0800 520 0640 by Friday 11 July 2014

Alternatively, take to Twitter to share your views using #thenwhat2014.

## Freephone

# 0800 520 0640

## Bored!

*Q: Grandma, what do you mean that you sit on a board? What do you do ?*

*A:* Well there are eight of us who meet once a month for five to six hours to talk about how to keep Devon Senior Voice (DSV) running smoothly, in line with our Mission Statement 'to improve the quality of life for older people in Devon'.

We have to keep up our profile with Devon County Council (DCC), the two Clinical Commissioning Groups (CCGs), Devon Partnership Trust (DPT) and all our partners like Healthwatch Devon (HWD), the Community Council of Devon (CCD), Citizen's Advice Bureau (CAB), Living Options and many others across the county. We report back from meetings that we have attended on behalf of DSV: the Operational Management Group (all our partners), the Joint Engagement Board (JEB), the Equalities Reference Group, Devon Dementia Care Support Partnership, Devon Adult Safeguarding Board sub-group, the Chief Officers Network Group, and we ensure that there are people all over Devon representing

DSV at countless other meetings and conferences.

Since February we have spent time reading all the papers and making amendments so that the two Service Level Agreements (SLAs) could be signed with Healthwatch Devon, and we have prepared and successfully won the tender for the DCC Equalities Reference Group. Thus we have secured funding for three years from 2014/15. We are in the process of re-applying to the Charity Commission to gain charity status.

We have a number of sub-groups that enable us to talk with a wider group of DSV members and they report back to the Board on key issues which are discussed and voted upon. A new group is the Branch Chairmen's group, who bring to the Board the branch news and exchange news with one another. The Human Resources Group looks after the employment of Sally and Tim, does yearly appraisals and is currently reviewing all the DSV policies e.g. Complaints Procedures, Safeguarding, Equalities and several more! The Health and Social Care Group has much to do with the closure of DCC's care homes, day



## Cont'd....



centres and the NEW Devon CCG report, just published, as well as dementia, PLACE assessments at hospitals and much, much more. The Publicity Group has been working on our corporate image, including the website and shows and events for 2014. The Funding Group continues to seek out new funding streams, and to explore ideas that would bring in more money. Following the last Assembly the Board has been pleased that there is now a Sustainability Group working on a viable future for DSV. We also receive

reports about Transport, Housing and Intergenerational work. Finally we have an Administration Group that looks after the small but important decisions that are made, but not implemented because nobody makes it a priority to follow it through!

So you see Grandma and her colleagues sitting on the Board are very busy.

*Q: Mmmm! Can we play Rummikub now?*

*Ann McClements, Chairman*

## Classified Advertisements

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## Exeter Municipal Charity

**Exeter Municipal Charity** provides Almshouse accommodation for people who feel unable to remain in their own homes because of reduced circumstances. The Charity is run by volunteer Trustees in accordance with the Charity Commission. To date we have 146 homes in eight locations within easy reach of Exeter city centre.

We would very much like to hear from people who would be interested in unfurnished accommodation, are over the age of 55 and live or have lived in Exeter or within a ten-mile radius and are able to prove a financial need. If you would like further information or an application pack, please contact us on 01392 421162 or [info@exetermunicipalcharity.org.uk](mailto:info@exetermunicipalcharity.org.uk)



**Artist's Impression of new Almshouses in Exeter**



## Introducing Shared Lives South West

### What is Shared Lives?

Shared Lives is a unique way of providing adult social care and support on a long- or short-term basis. Our services are provided by Shared Lives carers who are paid to provide care and support within their own home. They are recruited, assessed and trained to national standards and supported within local schemes. In Cornwall and Devon (including Plymouth and Torbay) the scheme is run by Shared Lives South West, an independent charity set up in 2004.

*In a nutshell, Shared Lives means living together as a family, in a home-from-home environment.*

### Who is it for?

Shared Lives is for any adult who needs care and support in a home environment. Services can be on a long- or short-term basis and are for people who:

*Have a physical and/or learning disability*

*Have dementia or memory problems*

*Need help after being discharged from hospital*

*Are being cared for at home by a family member who needs a break*

*Need to move on from living at home and become more independent*

### Who are Shared Lives carers?

Shared Lives carers come from all walks of life but must have some previous care experience – perhaps for a member of their own family or in a paid capacity. People who want to provide Shared Lives services are carefully assessed and receive specialist training (including dementia care) and support. They (and their household) have to meet strict criteria as the scheme is regulated and regularly inspected by the Care Quality Commission.

*Shared Lives Carers are extraordinary, ordinary people who share their homes and lives to provide a unique, personal care and support service.*

### How much does it cost and how is it funded?

People can be referred to us by Social Services or can approach us directly. We then assess the level of support and type of placement that is needed. The cost depends on how much support a person needs, and for how long and is funded by a mix of welfare benefits, social services funding (including Direct Payments) and self-funding.

Our specialist Funding and Benefits (FAB!) team do a thorough assessment to make sure that the person who needs the service can afford it and is receiving all the money to which they are entitled. For people using our service on a long-term basis, our FAB team can do all the paperwork and deal direct with agencies on their behalf.

*Shared Lives SW is a charity so does not make any profit, although we do receive a management fee to cover running costs. Because of how our services are run and funded they are often more cost-effective than the alternatives.*

### How you can help

We really need more people to know about Shared Lives so please help us spread the word. Although we already support more than 300 people we know there are many more that could benefit. And of course, we are always looking to recruit more Shared Lives carers to provide the service.

*We have a ready supply of leaflets and printed information available on request from our office, and we also welcome invitations to give talks and presentations.*

### Get in touch and find out more

Please visit our website [www.sharedlivesw.org.uk](http://www.sharedlivesw.org.uk) where you'll find some wonderful films where the people who use and deliver our services explain exactly what makes Shared Lives so special.

You can also telephone us on 01626 360170 if you have any questions or would like to speak to someone about our services.



If you are interested in advertising in the Senior Voice magazine, please contact Sally on 01803 732678 or email [info@scfd.org.uk](mailto:info@scfd.org.uk)

# Call24

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Now you can help yourself be installing Call24 in your own home. Call24 provides round the clock response in the event of any urgent need. An elderly gentleman living in a remote area of West Devon was living alone and had fallen at home. His family and neighbours became concerned about his safety and well-being because they found it very difficult to check on him during the day as they were out working. Call24 were able to provide a portable pendant that allowed him to raise an alarm, from anywhere within his home or garden at any time of the day or night. Peace of mind for less than the cost of a pint of milk a day!

"Now I have Call24 in my home I feel much more confident and secure. Just having the alarm gives me and my family extra reassurance, enabling me to live more safely in my own home."

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Email: [enquiries@call24hour.com](mailto:enquiries@call24hour.com)

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# What is a Living Will?



As part of our most recent Exeter Senior Voice questionnaire we asked members how many of them had a Living Will and were surprised that well under 50% of respondents had one. Several members were unclear about what a living will is and asked for further information so in this article I shall attempt to summarise the information.

A living will is a document that sets out a patient's wishes regarding health care and how they want to be treated if they become seriously ill and unable to make or communicate their own choices. Living wills are also called *active declarations* or *Advance Decisions*.

Such a document may be helpful to relatives and to medical professionals in the case of a seriously ill and incapacitated patient. Living wills are a part of planning what to do in the event of serious illness or disability. The phrase has been used as a handy media label to such an extent that many people focus on the document itself, rather than the actual process of advance care planning. It may well be that:

A living will is not an instrument of euthanasia, but a request in advance to doctors not to give certain medical treatments. In fact, a living will need not block treatment, but could specify that doctors must continue treatment until the patient is dead, regardless of pain or suffering.

## When to make one

People in good health find it hard to imagine the whole range of situations that might happen to them, so it may be more effective for living wills to be compiled in the early stages of a disease or disability, as this will allow doctors to give realistic guidance about possible future situations.

## Advantages of living wills:

1. They respect the patient's human rights, and in particular their right to reject medical treatment
2. Creating them encourages full discussion about end-of-life decisions
3. Knowing what the patient want means that doctors are more likely to give appropriate treatment
4. They help medical professionals in taking difficult decisions
5. A patient's family and friends don't have to take the difficult decisions

## Disadvantages of living wills:

1. People may find writing them very depressing
2. It can be difficult for a healthy person to imagine what they would really want in the situations where a living will would take effect
3. It may be hard to translate the words of the living will into actual medical action
4. Patients may change their minds but not change their living wills

5. They're no use if they can't be found quickly when needed

## Contents of a living will:

The document would offer a set of particular medical scenarios :

- Vegetative state
- Coma
- Brain damage and terminal
- Brain damage not terminal
- Chronic and incurable
- Serious but treatable

It would allow the patient to specify the goals of their medical care in each scenario from a list:

- Prolong life; treat everything
- Attempt to cure, but re-evaluate often
- Limit to less-invasive and less-burdensome interventions
- Provide comfort care only
- Other (please specify)

It would also allow the patient to say what their wishes were in respect of specific medical interventions in the case of each of the scenarios above. They could say for each intervention:

- I want this treatment
- I want this treatment tried, but stopped if there is no clear improvement
- I don't want this treatment
- I am undecided about this treatment

## Medical Power of Attorney

An alternative to the living will is to draw up a Medical Power of Attorney.

This lets a person delegate to someone else the authority to make medical decisions on their behalf if they become unable to make or communicate such decisions. Unlike a living will, a MPOA allows the principal to have a wide array of health care decisions made by their agent, not just those directed towards death.

The MPOA only takes effect when a doctor has certified that the patient can no longer take or communicate their own decisions. Before taking any decision, the chosen agent is expected to discuss things with the patient's doctors, and to take into account their knowledge of the patient's wishes, including their religious and moral beliefs.

*Sally Lougher, Editor*

# GP Online Services



Many GPs offer online services to their patients. There are currently four transactional services available:

- Booking appointments — allowing you to view, book or cancel appointments
- Repeat prescriptions — allowing you to order your repeat prescriptions online, select the items you require and send the request to your practice
- Access to medical records — enabling you to view your personal medical records online
- Test results — allowing you view your test results online

To see if your GP offers online services, simply look up your GP using NHS Choices website ([www.nhs.uk](http://www.nhs.uk)) "Services near you". Each available service is listed under 'Online facilities' This displays on the 'Overview' and 'Facilities' pages of the GP profile. You can log into online services directly from NHS Choices.

## How do I register with/for a service?

GP online services are provided by different providers. This means the online interface may vary depending on which one your GP has chosen.

All online services are open to registered users only. Registration for online services is separate from registration with a GP practice. To register, you have to speak to your GP practice in person and request a registration letter which will enable you to set up a full account. Enter the details from the letter into the online registration form. This registration method ensures that your identity can be verified by your GP practice and that your personal details cannot be accessed by others.

Some GPs have already started to send out registration letters to their patients. If you haven't received a letter and your GP offers these services then you should speak directly to the practice about how you can register.

# NEW Devon CCG: Your Views on Community Services Framework

NHS healthcare commissioners in Devon want to hear from the public after they published a proposed framework to ensure services are right for the future.

The publication of the report *Integrated, personal and sustainable: community services for the 21st century* comes after 12 months of discussions with public, clinical and professional communities about what patients really need.

It was produced by the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) and offers proposals to change the way community hospitals, community nursing and urgent care services are delivered — to continue to improve quality for patients against a backdrop of rising demand, demographic change and economic austerity.

The framework is based upon six recurrent themes from discussions with the public and other stakeholders, namely that future community services should:

- Help people to stay well
- Move towards prevention, self-management and early help

## Integrate care

Coordinate and integrate care to remove organisational barriers

## Personalise support

Give people more choice and control over areas such as personal health budgets

## Coordinate care pathways

Get the patient flows right and include responses to crises and ongoing care

## Think carer, think family

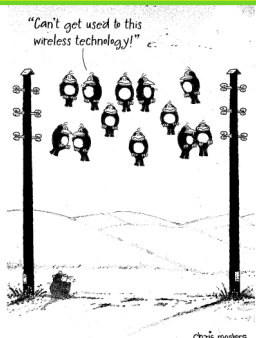
Create mainstream services that are much more 'carer aware'

## Home as the first choice

Greater emphasis on more personalised and responsive care packages at home.

Devon Senior Voice's Health and Social Care Group will be responding to the proposed framework and urge all members to have their say before the 8<sup>th</sup> July. <http://www.newdevonccg.nhs.uk/involve/community-services/101039>

# To make you smile.....



## The Cuts: 250,000 Older People Have No State Care



Devon Senior Voice is very concerned about a recent report by the Nuffield Trust and the Health Foundation, which says that four years of cuts to local authority funding have forced councils to ration social-care services tightly.

A quarter-of-a-million older people have lost their state-funded help with carrying out everyday activities — such as bathing, dressing and eating— in the past four years as council budgets have been slashed and services rationed.

The number of vulnerable older people receiving the "meals on wheels" services has dropped by over half, while care services carried out in the home or in day centres were cut by a fifth.

The report also warns that there is no way of assessing the *true* impact that social-care cuts are having on vulnerable older people.

The analysis of the impact of the reduced budgets estimates that a third of women and a fifth of men over the age of 65 needed social-care help with a range of basic daily living activities such as bathing, climbing the stairs, taking medicine or using the toilet. However, the report reveals that many are unable to get this help, putting huge pressures on friends and family carers, and leading to unnecessary hospital admissions.

Holly Holder, a co-author of the report at the Nuffield Trust, said:

'Our analysis paints a picture of increased rationing of social care by hard-pressed local authorities in response to deep cuts from central government, despite the growing numbers of older people in the population.

'It is highly likely that this is having a negative effect on older people's health and wellbeing and that of their carers, but without adequate data to assess this impact, the NHS and government are flying blind when it comes to managing demand and planning for the future.'

Norman Lamb, the Care and Support Minister, said the government would address social care challenges by ensuring health and care services worked together more efficiently and cost-effectively.

DSV's Health and Social Care Group is interested in hearing from members and branches about examples in cuts which are impacting on individuals and families together with the effects of rising costs of home care and other services to older people.

## UK 'too busy for elderly', says Esther Rantzen

Britain has become 'too busy' to find time for older people, TV star Esther Rantzen has claimed, as she revealed that more than 100,000 calls have been received by a helpline for the elderly she launched six months ago.

The former *That's Life* presenter said the Silver Line Helpline – set up as a 'Childline' for older people – was already having a 'transformational' effect on the lives of thousands of elderly, and had revealed a 'huge and unmet need'.

Many callers live alone and more than half, 53%, said they had no-one else to speak to other than the helpline. Research into 100 callers showed nearly half, or 48%, often spent more than a day without speaking to anyone, and 11%, or a little over one in 10, often spent more than a week without having a conversation.

One in five, or 20%, said they were not in touch with their family or had no family. More than two-thirds, or 68%, said they were reluctant to ask their own families for help because they did not want to be a 'burden'.

Ms Rantzen, the founder of Childline, launched the Silver Line in November 2013 after previously revealing her own loneliness after her husband died.

'The shocking fact is that Britain has become too busy to find time for our older people,' Ms Rantzen said. 'Even our doctors, our carers, our high streets and our families fail to recognise that what older people need is time to talk, time to listen to them, time to value them.'

'Silver Line callers say that being encouraged to ring the Silver Line made all the difference.'

Sophie Andrews, chief executive of the Silver Line, said: 'In six short months 100,000 calls to the Silver Line have proved that our helpline is a crucial service for Britain's lonely older people.'

**Freephone 0800 470**

**The Silver Line**  
helpline for older people



# Planning and Growth: the Facts



## Planning

'It's easy to blame planning for not delivering the numbers of houses this country needs — but in reality these complaints duck the big issue,' states the Local Government Association (LGA), in a recently published report.

Since the Second World War, only twice has the private sector built more than 200,000 houses a year, most recently in 1968. Over the last 40 years, the private sector has built an average of 130,000 homes a year. Evidence shows that the private-house building numbers are driven by the state of the economy, house prices and the access homebuyers and house builders have to finance. The planning system has been reformed

## How can we achieve a significant increase in house building?

Perhaps one approach is to give more responsibility to the local councils by reintroducing conditions that allow councils to build. This means removing the Council House Revenue Account borrowing cap and allowing councils to run housing as a business. The Treasury still has a long way to go, although there has been a slight move to encourage councils to invest a bit more.

Early engagement and partnership working between developers, councils and communities could help to speed the process and would ensure better-quality schemes and improved outcomes for the community.

Councils need to be able to resource their planning services in order to deliver faster and more effective service. Cutting staff under budget-reduction directives will not help.

## Planning strategically for housing across boundaries

Some areas face high demand for housing, with tightly drawn boundaries and a lack of land. There needs to be more discussion on how benefits can be delivered for communities who can accept development whilst meeting the needs of those where land is restricted.

Perhaps the critical issue is that public acceptance for new housing cannot be secured without accountable local decision making.

## New Local Plans

Are councils without a new local plan in place standing in the way of development? The fact is just the opposite — it is much more difficult for a council to refuse development.

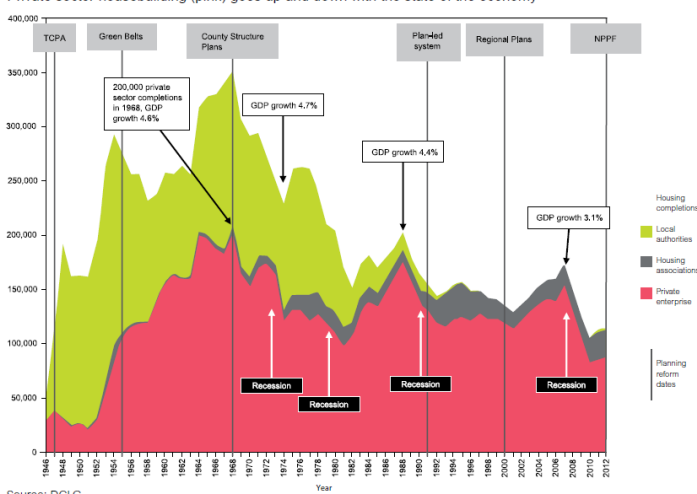
If the council does not have a plan in place, including a five-year land supply, it no longer has reason to refuse applications and developers can insist that the National Planning Policy Framework applies directly. Together with financial incentives from Government this puts strong pressure on councils to say 'yes' to development.

## The Way Ahead

More co-operation is needed between the public and local authorities in order to speed up the preparation of the New Local Plans and/or Neighbourhood Plans. The result would be better communities with a higher quality of life in an ageing population with housing 'fit for purpose' and social-wellbeing community facilities protected.

*Graham Rogers, Housing Advisory Lead*

Private sector housebuilding (pink) goes up and down with the state of the economy



five times since the Second World War, but this has had little effect on house building. (see graph above).

## Local Plans

The current system of planning based on local plans is slowly being implemented across the country. In order to accord with the National Planning Policy Framework and Localism Act, the NEW LOCAL PLANS plan must be sustainable and include details of a five-year supply of deliverable building sites. If the local authorities do not produce the new local plans, then developers can take advantage of the national rules to get schemes accepted. However, there is no need, or demand, to uproot the current planning approach (LGA).

Within Devon there are significant differences in the performance rates of the planning authorities in the production of the new Local plans. Teignbridge adopted their local plan in May 2014, whilst South Hams and West Devon have only just published their first consultation document entitled 'Our Plan'. These plans are not expected to go to public examination until March 2015. Adoption could then take another 9/12 months.

## Readers' Views: Respite – Our Life's Highlight



We're not quite the standard issue,  
We may be past our prime.  
But we're still blood and tissue,  
We need a special place to pass our time.

Don't judge our visible imperfection  
Of work and duty, we've paid our share  
Of the real us there is no reflection,  
To be deprived – it's just not fair!

The young need education

And funds for worthy causes required  
We don't deserve this degradation  
There's a better way 'til we're expired

A day of familiarity, we look forward  
Activities, gossip and a meal,  
Dedicated staff paid by too small a reward  
This our extended family the council must not steal!

Rosebank and Oasis to council cuts succumbing  
Please, please let that day be never coming.

## General Election, 7 May 2015

The extraordinary results of the local elections held on 22 May, as distinct from the Euro elections held on the same day, were not all down to Nigel Farage and UKIP: far from it. The country's 12–13 million pensioners had a massive hand in this as well.

Revenge is a dish best served cold and that is exactly what the elderly presented on a plate with added relish to all politicians.

They did it as a warning to the mainstream political parties as to what could happen next May unless they really did change their ways immediately and began treating pensioners far better than they have been doing for the past twelve years. The lower a UK election's turnout the more significant the OAP vote is and the local election turnout on 22 May was a dismal 36%. Political strategists needed reminding that old people actually go out and vote, whereas most of the young do not. Also on 22 May usually dependable middle-aged party supporters had a different priority and elected to stay glued to their computer screens in order to change their eBay passwords. Politics vs eBay—no contest!!

Successive British governments have been clobbering old people for years. It started in earnest in 2002 when New Labour reneged on the British Government's agreement given at the European Laeken summit in December 2001 to regularise our state retirement pension at 40% of average male earnings (*British Pensioner*, Winter 2008) Since then every administration has chipped away at the real value of the state pension and the

few OAP benefits, using whatever trickery HM Treasury could devise to keep pensioners firmly in their place

Shifty devices like using the less-favourable CPI instead of RPI as one of the pension's key determinants; by reducing the Winter Fuel Allowance; and by putting a freeze on pensioners' tax allowances while increasing them for everyone else.

The rantings of the virulent anti-pensioner brigade led by former Cabinet Secretary, Lord O'Donnell (*Daily Express*, 24 October 2013) and the disgraced ex-cabinet minister and ex-MEP Chris Huhne (*Mail on Sunday*, 18 May 2014) angered many impoverished OAPs, especially women, who suffered badly as a result of Tony Blair's and Gordon Brown's scuppering of Britain's 2001 Laeken undertaking.

In an attempt to win back the support of Britain's working population Ed Miliband has pledged that a future Labour government will establish immediately a permanent link between a statutory minimum living wage and median earnings.

If the Labour Party wishes to enjoy the support of the nation's disaffected OAPs then it will need to make good the severe damage inflicted on the elderly by New Labour in 2002. It will need to unequivocally promise to immediately set the state retirement pension at 40% of the national average annual wage and to update it at least once a year.

Colin Hadley, Exeter

## The Future of Crediton Community Hospital

In the Courier's letters page of May 23<sup>rd</sup>, Devon Senior Voice member, John Higgs, calls for someone to come forward to steer the debate about the future of Crediton Hospital. Despite a lively, well attended meeting on May 8<sup>th</sup> to discuss this important topic (which would have been even better attended had there been more parking spaces) with excellent contributions from speakers, those who attended, and in their absence, letters from others, it failed in one key respect. This was, as John Higgs suggests, to form a working party. The aim of this working party would be to liaise closely with the North, East and West Devon Clinical Commissioning Group (New Devon CCG) to ensure that the future service Crediton Hospital provides is not only 'fit for purpose', but also reflects the needs of

the community it will be serving. Ideally, the working party would consist of a range of local voluntary groups and organisations to take the debate forward, with representation from Mid Devon District Council and the two Rotary groups felt to be particularly advantageous. With less than two months left to submit our creative solutions, as a community, to the NEW Devon CCG proposals to close the overnight beds at our hospital, we would urge anyone interested in forming this working party to contact the Chair of the Crediton Area branch of Devon Senior Voice, Pauline Thomas, as soon as possible. Call Pauline on 01363 866776 or email [p.thomas53@btinternet.com](mailto:p.thomas53@btinternet.com) with your name and contact details.

# Recycling!



For those keen on making use and reuse of the product of human evolution, then perhaps disposal of your body might be worthy of consideration and a final act of productivity!

Such has been the outcome of recent enquiries I have made of Bristol University Medical School, or to quote its acronym, BUMS!

Did you know that the cornea of your eyes can be reused and that your brain and spinal fluid can be used for research into the various forms of Dementia? If I've whetted your appetite to go take this final journey, then do please contact the following two sources.

Centre for Comparative and Clinical Anatomy  
Bequest Office  
Southwell Street  
Bristol

BS2 8EJ.  
Tel: 0117 954 6203  
email: [anat-bequestoffice@bristol.ac.uk](mailto:anat-bequestoffice@bristol.ac.uk)

Laura Palmer  
Southwest Dementia Brain Bank  
University of Bristol  
Level 1  
Learning & Research  
Southmead Hospital  
Bristol  
BS10 5NB  
Tel: 0117 414 7821  
[laura.e.pamer@bristol.ac.uk](mailto:laura.e.pamer@bristol.ac.uk)

Bon voyage

Ron Cuthbertson

## The Economics of Dementia

A woman walks into a bank to deposit a cheque, an inheritance from her aunt's will. She forgets what she came for. She walks out and misplaces the cheque. Who loses? Much of our discussion of dementia is (rightly) about the human costs of the disease. But what of the economic costs? Time magazine\* points out that the worldwide costs of dementia is a staggering \$604 billions – and this is before the loss of items like cheques. 'If dementia care were a country' says the 2013 World Alzheimer Report 'it would be the world's 18<sup>th</sup> largest economy'. If the disease is not reversed it is expected that 135million people worldwide will be affected by 2050.

It says something that the G8 group of the world's richest countries recently held a special summit in London on dementia. In the US dementia leads to the death of one in three of those with the disease. Little wonder that G8 agreed to 'significantly increase' funding for research. But much more needs to be done. Dementia and significant memory loss needs the same urgency as aids or cancer. The UK has 800,000 people with dementia and spends £23 billion a year on them. Imagine what this money could do for our NHS or education system. But the cost of dementia is not confined to those with it - or even their carers or families – and the number count will rise to over a million by 2020. So it is vital we take the right decisions. This means a major investment in care and research but also in 'normalising' the experience of those

who suffer memory loss. Prevention is not yet possible - simple and practical changes can be made now. Everything from the design of buildings, better clearer signage and mobilising our communities - every town, business and organisation to (like the bank mentioned) to become 'dementia friendly'. We do not need to wait for science to minimise the impact of memory loss and ensure those affected can play a fuller part in society. Vic Bowsher, Chairman of Honiton Senior Voice points out (Mid Week Herald) that it makes little sense to allocate more funding for research and dementia clinics whilst cutting the funding for local services. We appreciated that services like social care, transport, day care centres, meals on wheels, mobile libraries and bus passes cost money. But such services are often essential lifelines for older people including those with memory loss and their carers. The economic and social costs of not providing such services will ultimately prove greater for those affected and for society. It is a good reason to oppose such cuts.

*Tony Simpson, Honiton*

**\*Gentle into that Good Night** Lisa Abend/Weesp  
Time magazine March 3 2014



## Burrow House Ilfracombe



### Open letter on the future of Burrow House, Ilfracombe

I speak on behalf of the people that stand to lose the truly remarkable Burrow House in Ilfracombe, some of whom have been coming to the day centre there regularly. It has become a real part of their lives, and its closure could have a massive impact on them.

And what about the elderly people that live there? It has become their home. It would be so wrong to take that away – think about the effect on their health, not to mention the staff who work there.

There is already too much sadness in the world. Burrow House needs to stay open. My mum Betty has been going on Tuesdays and Thursdays for nearly two years to the day centre. She even has a little job washing the dishes and laying tables, and she would be so devastated if this place closed.

So many people rely on these services at Burrow House. Don't take them away. Think about the future of these people, their friends and the home. Think about the staff, who do a fantastic job. How will they support their families with no job?

Please keep Burrow House open. It will mean so much to all who go there. Let it be good news. How would you all

feel if this happened to you? Not a nice feeling is it? There are so many caring people out there. I ask this panel to think from their hearts, and save this so-needed house in Ilfracombe.

Thank you for listening.

*Mrs Barbara Marlow  
Braunton*



## Closure of Beds in Community Hospitals

Whereas many patients can manage successfully to transfer from hospital direct to "hospital at home", there are some who cannot. What provision is there for them? Until they are ready to make such a transfer they must remain in hospital thus creating a bed-block; unless a place can be found in a care home.

Ever since the policy of closing convalescent homes many years ago, difficulties have multiplied. Care homes do not have a reservoir of spare beds, nor should we expect it of them. So where is the "plan B" solution?

It would seem that care of patients is again of less importance than achieving financial targets. I wonder, has the NHS got its priorities well balanced?

I recall that more than a year ago Exmouth branch hosted a meeting asking the question "Will hospital at home result in the closure of community hospitals?" We were assured this would not happen. Now there is a major sea change and I ask is it for the better?

*Yvonne Wardrop, Exmouth*

## Future Use of Statins

To my mind the news about the recommendation of NICE to give Statins to healthy people for life as a precautionary measure raises far-reaching questions. These relate to the responsible use of medication and its cost to the NHS. Fundamentally it underlines the tendency of the general public to become a pill-popping society. Apart from prescribed pills, there are the huge over the counter sales that must have the pharmaceutical firms laughing all the way to the bank.

Many people are willing to take more and more pills as symptoms/complaints increase: but how many of them

query the possible serious interactions between the different medications? It is unfair to rely on your busy GP to check.

It is the responsibility of all patients/carers to check with the pharmacist if there is any risk of adverse interaction. This is in addition to reading the tiny print on the leaflet supplied with medication about possible side effects. Have a magnifying glass handy!!

Good luck!

*Yvonne Wardrop, Exmouth*

## Rubber-Necking at the 'Roadshow'



O.K. - I admit I dislike the whole idea of Antiques Roadshow, though I recently appeared on it. While many older folk seem dispensable, dreadful old objects are held in high esteem. During the slave trade no one wanted the older slaves, they were often thrown overboard. Noble Eskimos put their seniors on the ice to die alone. In Dickens time, families who could no longer feed their older relatives parked them in the workhouse to eat gruel and crush old bones. Out of sight, out of mind. It's a great British habit we still haven't lost.

Sorry if you blinked and missed my 22 second appearance on AR. As the weather turned damp on Exeter's Cathedral Green I noted punters clutching their ancient bric-a-brac far more affectionately than they would their old mums and dads. Thinning hair and grey pallor are for antique dolls not their human owners. Patina, wrinkles and other signs of age are best confined to objects; punters happily queued for hours to ask a complete stranger about a horrid looking old jug or an ancient knob on a walking stick. I suspect they might show less patience if great aunt Mable needed to be lifted off the commode.

'So' you ask, 'what was I doing there?' I did wonder especially as no one seemed interested in Mussolini's fascist ring which dad captured in North Africa in 1943. Fortunately, my wife Edna was cheered after chatting with Fiona Bruce, especially when Fiona borrowed an umbrella then put her autograph on our BBC programme notes. As long queues snaked around the ancient Cathedral I found myself peering into a BBC camera lens. I suppressed the urge to act out my teenage side and shame my grandchildren by waving to them.

'Saw you on Antiques Roadshow' said the



first of several phone calls and emails, when we reached home. Someone even suggested we could sell the signed 'Fiona' programme on ebay, proving everything on AR has its price! Desperate to get rid of the fascist ring I hurried along to Mrs Chilcotts auction room in Honiton where someone, somewhere paid £60 for it. I hope the old person who has been released from modern day slavery will never learn it came from Mussolini, the original 'fat controller'.

*Tony Simpson, Honiton Executive*

## Bob Williams: 'Capturing the decisive moment'



**Honiton Chair Vic Bowsher MBE** says 'members of Senior Voice have many hidden talents and occasionally they burst into view'. This is especially true of **Bob Williams** who is currently exhibiting his black and white photographs of 'Ottery Tar Barrels' at Chard Library\*. A tribute to Bob appears in the Vale magazine Marshwood by former Dillington Hall lecturer Ron Frampton who says 'Bob is the only person known to me who can capture the 'decisive moment' and achieve such fine prints of this

challenging subject'. Unbeknown to fellow members Bob graduated in photography with distinction gaining the Associateship of the Royal Photographic Society. As well as exhibiting his photographs at meetings of Honiton Senior Voice Bob has exhibited at Dillington Hall and recently took a portfolio of photographs for 'Viva Juanita' the biography of Honiton's famous suffragette Mayor. Taking the photographs of Ottery tar barrels proved challenging. Bob told Marshwood 'I wanted to record everyone's excitement, the tarry smell of smoke and fire; the unpredictable and unexpected situations. The streets are narrow and the crowds are large. I would get jostled about'. Ron Frampton says 'Ottery tar barrels could become a thing of the past'. But the photographs by Bob Williams will ensure a notable long lasting record of an ancient tradition which has already endured more than four centuries. Vic Bowsher told ET 'Well done Bob; we are very proud of you'.

**Chard Library Exhibition 'Ottery Tar Barrels' by Bob Williams is on view 27 May – 12 July (closed Wednesdays)**

# Fun/Useful Websites

# Devon Senior Voice Diary Dates



## Websites for 50s+

[www.healthwatchdevon.org](http://www.healthwatchdevon.org)  
[www.life-over-50.com](http://www.life-over-50.com)  
[www.silversurfers.net](http://www.silversurfers.net)  
[www.saga.co.uk](http://www.saga.co.uk)  
[www.moneysavingexpert.com](http://www.moneysavingexpert.com)  
[www.tasstavistock.org.uk](http://www.tasstavistock.org.uk)  
[www.ageuk.org.uk](http://www.ageuk.org.uk)  
[www.u3a.org.uk](http://www.u3a.org.uk)  
 Devon Community Directory :  
[www.directory.devon.gov.uk](http://www.directory.devon.gov.uk)  
 The Devonshire Association (notably Folklore & Dialect) - [www.devonassoc.org.uk](http://www.devonassoc.org.uk)  
 The Association of Retired Professional and Business Personnel [www.ukprobus.org](http://www.ukprobus.org)  
 Care Direct [www.devon.gov.uk/caredirect.html](http://www.devon.gov.uk/caredirect.html)

**Don't forget to have a look at our website at home or in the library**  
[www.devonseniorvoice.org](http://www.devonseniorvoice.org)

**Board Meetings 2014**  
 25<sup>th</sup> July,  
 29<sup>th</sup> August, 26<sup>th</sup> September, 24<sup>th</sup> October,  
 28<sup>th</sup> November.

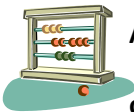
**Okehampton Dementia Awareness Day and Launch of the Dementia Friendly Town 11th July 2014**  
 Okehampton Charter Hall 10am-4pm

**Branch Chairmen's Meeting**  
 4th September, 10 am

**DSV Crediton and The Crediton Dementia Alliance**  
 —one year on—19th September 2014

**Assembly Meetings**  
 July 2nd at Cullompton Community Centre  
 AGM—October 14th 2014, Isca Centre Exeter

# And finally - Use it or lose it!

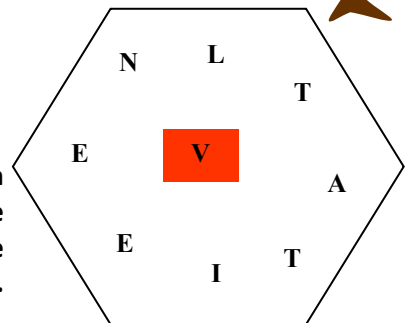


A) Can you solve these brain teasers in your head. Start with the bold figure on the left and apply each operation in turn.

<b>31</b>	+14	-29	$\times \frac{1}{2}$	$\div 4$	+21	
<b>28</b>	$\times \frac{1}{4}$	<b>+56</b>	$\times \frac{2}{3}$	$\div 2$	+26	
<b>120</b>	$\times 5/6$	-80%	+61	-46	+20%	



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 ...



*"I still turn him on ... but at our age it's only his hearing aid."*

## WORD

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## FALL

## 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.

(A) 23, 47, 42 (B) (Score more than 30—Excellent!) vine, vital, even, event, alive, anvil, vile, vial, vent, venal, venial, vein, veil, vernal, vane, valet, vain, vail, valine, naive, native, nave, navel, neve, live, liven, levin, levitate, leviant, leaven, leave, lave, evil, elate, VENTILATE (C) wore, wire, fire, file, fill