

All our futures

A Strategy for Later Life in Darlington

2008-2021

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1. Foreword

Britain's population is ageing. Evidence indicates that there are 35,000 people currently living in Darlington today who are aged 50 or over. This figure is set to increase to over 40,000 by 2021.

Nationally and locally we have a responsibility to recognise this trend and to address the increasing role of older people in our communities. We have the opportunity now to develop policies and services in order to reflect the changing needs of our society. Addressing these issues is high on the Government's agenda and it is high on ours too. We need to raise the profile of older people, ensuring that they are a priority in the community

This strategy is designed to ensure that the council and its partners pursue policies and modify services that take account of, and respond to, the specific needs of older people. In partnership we will look to develop policies and services that older people have asked for and want to see formalised. This strategy has had the input of the people it is designed to work with - older people have contributed to its development from the start and have played a key role in shaping the future agenda.

As the Leader of the Council and Chair of the Darlington Local Strategic Partnership, residents of Darlington and aged over 50, we are committed to ensuring the support and services that older people require are provided within our communities.

By recognising the shift in population trends and by working in partnership we can ensure progress. We have an opportunity to adapt services and policies to address the real life issues that older people face and we are committed to making this happen.

Bryan Thistlethwaite
Cabinet member for adult Services

Alasdair MacConachie
Chairman – Darlington Partnership

2. Vision

“To promote well being amongst older people by ensuring they have lifestyle choices and control over their own lives”

This vision statement is based on a belief that all older people should be able to look forward to an enjoyable, healthy and as trouble free life as possible. The vision makes a strong statement about what the strategy wants to achieve. In effect it provides both a starting point and a goal, which all people can agree to and contribute towards. It also provides a reference point against which progress can be judged. The time frame for the strategy is aligned to the new vision for Darlington, 2008-2011 and the delivery of the Sustainable Community Strategy, 2008-2011.

Older People – a definition

The definition often used is that older people are those aged 50 and over, and Darlington has adopted this definition as the starting point for our strategy. However, we have to be careful that we do not put all people over 50 years in the same group. **All have individual aspirations and these are as diverse and complex as the group as a whole.**

Generally however we can identify three broad stages:

Entering old age - These are people who may be nearing completion of their career in paid employment. As the average age for having children increases, this group may have seen their children grow and leave home, but will more commonly still be raising their families. This is a socially constructed definition of old age, which, in Darlington is 50. This group is active and independent and may remain so into late old age. They want and expect an extended, healthy, active life, and to reduce morbidity - the period of life spent in frailty and dependency. It is predicted that this group will grow as demographics and flexible retirement age changes.

Transitional phase - This group of older people is in transition between healthy, active life and frailty. The transition often occurs in the seventh or eighth decades, but can occur at any stage of older age. It is at this stage that issues of transport and mobility, social isolation and exclusion and health and social care may come to the fore. It is vital that emerging problems and issues are identified prior to crisis, to ensure that effective responses can be put in place to reduce long-term dependency. Early provision of low level support providing social contact has a positive effect on health and well-being.

Frail older people – Older people in this group are vulnerable as a result of health problems (such as stroke or dementia), social care needs or a combination of both. There will be service demands on areas such as housing, health and social care and the accessibility of services in general. Frailty is often experienced only in late old age, so services for older people

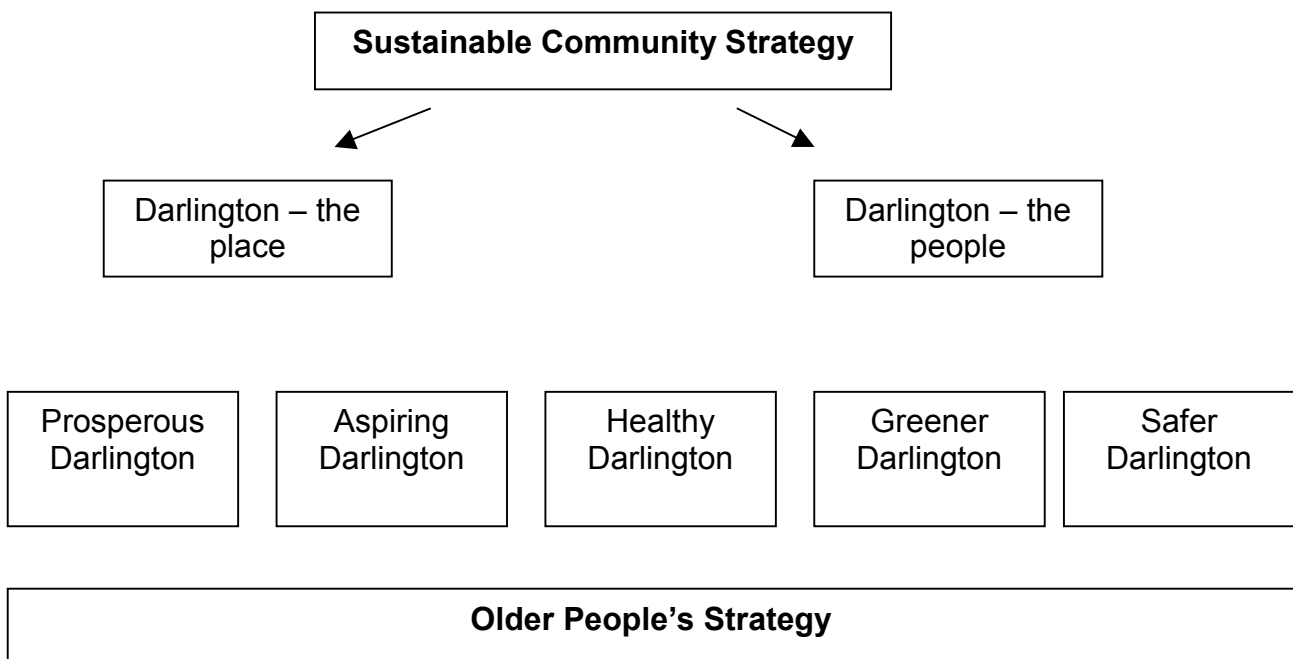
should be designed with those needs in mind while still taking into account those who may become frail or vulnerable at an earlier stage.

3. The purpose and challenge of the strategy

The purpose of this strategy is to:

- **Effect cultural change by increasing understanding of the ageing process, consequences of ageing and the involvement of older people in the process**
- **Develop a joint programme of work for all organisations in Darlington that provide services for older people**
- **Engage with all organisations involved with older people and those who advocate on their behalf on a broader programme.**

Darlington’s emerging Sustainable Community Strategy contains two key priorities, one around Darlington as a Place, and one around the people of Darlington, which we have called ‘One Darlington’. This specifically aims to ensure that the gap between health, life expectancy, opportunities, prosperity, etc. is narrowed. Older people are a key stakeholder group. Therefore there must be clear linkage between the Older People’s Strategy and the Sustainable Community Strategy and its emerging themes.



4. The national context

In recent years there has been a shift in national policy and prioritisation towards older people, recognising that older people are a valuable asset in their communities.

National policies are set from a range of government departments and they set out the national standards Darlington Borough Council and partners aim to achieve.

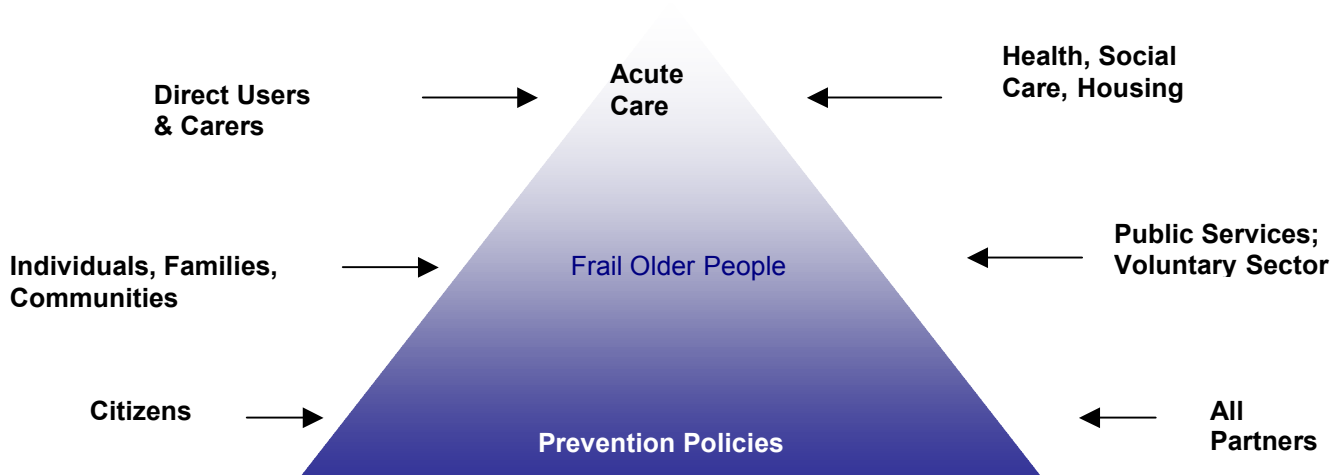
National policy has broadened out from a focus on older people as intensive users of health and social care services to an approach that addresses quality of life and well-being of the whole population of older people.

From a wide range of national policy statements, key themes to have emerged are:

- A clear focus on **tackling and preventing ageism**, whilst promoting wellbeing;
- Developing a **strategic approach to older people** reflective of all aspects of the lives of older people, which tackles age discrimination and promotes social inclusion;
- Ensuring the modernisation of social care through **a focus on prevention, promoting independence and personalisation**;
- Promoting the **integration of health and social care**;
- Ensuring that health and social care services effectively **link with housing** and relevant support services.

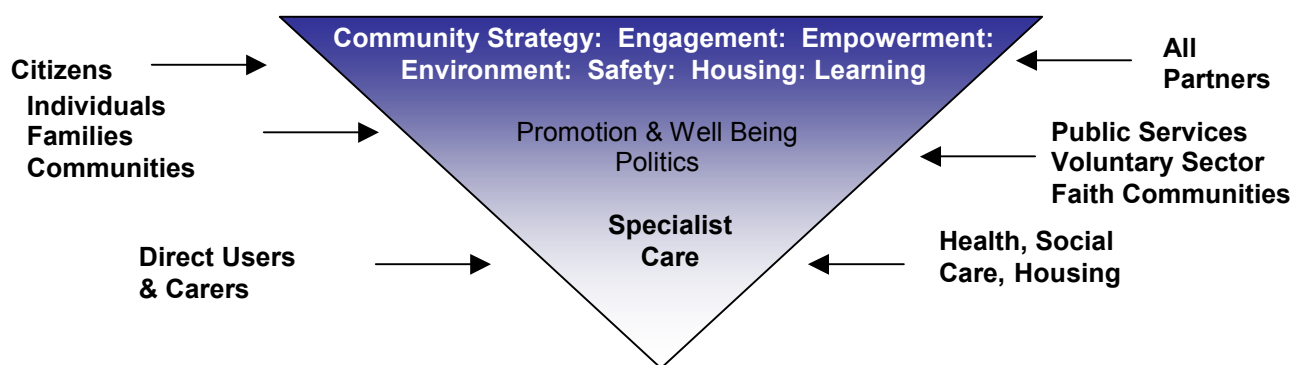
For example, currently, we focus most resources on those older people with the most severe need. In other words, as in figure 1 below, statutory services concentrate resource on acute care and the frailest older people, emphasised even more by the drive to reduce delayed discharges from hospital.

Figure one: Current focus of service provision for older people



Future services need to reverse this trend by inverting the triangle so that the community strategy and promotion of well-being of older people is at the top of the triangle and the extension of universal services for all older people is seen as crucial to all agencies.

Figure two: Vision for the future: inverting the triangle of care



Source: All our tomorrows (2003)

To enable this approach, community members, including older people, and agencies working together, will need to take collective responsibility for promoting the well-being of older people and setting priorities. Agencies will need to focus jointly on what needs to be achieved and how each will contribute to this, for example by setting joint priorities and sharing joint visions set out in Sustainable Community Strategies, Joint Strategic Needs Assessments (JSNAs), etc. Universal services will be needed to enable people to be supported in the community more safely and for longer, whilst information, advice and other resource will need to be made available to empower older people to access the services they need when they need it.

The local context

Darlington's population is ageing. The population is approximately 99,177, with an age profile as follows:

| Age group | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85+ | Total |
|-----------|-------|-------|-------|-------|-------|-------|-------|-----|-------|
| 2006 | 6.5 | 6.8 | 5.0 | 4.8 | 4.0 | 3.5 | 2.6 | 2.0 | 35.2 |

However, projections for Darlington give the following assessment in 2017:

| Age group | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75-79 | 80-84 | 85+ | Total |
|-----------|-------|-------|-------|-------|-------|-------|-------|-----|-------|
| 2017 | 7.5 | 6.9 | 6.1 | 6.3 | 4.8 | 4.0 | 2.7 | 2.3 | 40.6 |

(Figs in 000s – Information supplied by JSU 2006)

Health and social care budgets are facing pressures that are connected to increases in demand. Furthermore, the national agenda is driving changes to local ways of working, for example integration between the Primary Care Trust and Social Care services. Organisations are sharing agendas, through the emerging Sustainable Community Strategy and working together on a Joint Strategic Needs Assessment (JSNA).

5. An inclusive approach

Older people through consultation have told us their issues, either as part of the Community Survey or via one of the following agencies in Darlington, Growing Older Living in Darlington (GOLD), Darlington Ageing Disability (DAD), MIND, Age Concern etc. This strategy is the result of wide and varied engagement and involvement with key stakeholders.

To gain maximum exposure, the February 2007 Darlington Partnership Assembly was specifically based around the theme of older people. The Assembly brought together older people and those from the voluntary, public, private and independent sector. Participants were consulted on most important issues facing older people today and it is these outcomes, with the ongoing engagement that have helped shape the drivers behind the strategy.

The overarching vision of the Strategy for Later Life in Darlington is to promote well being amongst older people by ensuring they have opportunities, lifestyle choices and access to services that give control over their lives and promote health and well being. The strategy needs to:

- Take a broad view of the outcomes older people want;
- Make sure its membership and its work are broad enough to deliver improved outcomes;
- Shift the emphasis of work towards prevention and the promotion of well being;
- Give a stronger voice to older people;
- Keep strategic - the strategy needs to provide a solid steer to all its partners and the other partnerships about what they could build into their work to improve the lives of older people;
- Add value - the strategy will only be successful if it does more than its partners can do on their own and is not duplicating work that is happening elsewhere;

To achieve this, we have listened to our stakeholders and focused on six key overarching priorities for improvement which reflect the issues raised:

- **Valuing Older People**
- **Improving Access to Information**
- **Improving Health and Well-Being**
- **A safer environment**
- **Economic stability**
- **Lifelong Learning, including leisure activity**

Community members, including older people and agencies working together will need to take collective responsibility for promoting the well-being of older people and setting priorities.

In the next section, we explore in greater detail what the six areas for improvement mean for Darlington and for older people.

6. Priorities for Improvement

6.1 Priority for improvement 1 - Valuing Older People

What do we mean by Valuing Older People?

By valuing older people, we want a Darlington with opportunities and no barriers to full participation at all levels in society, where older people are asked their opinion on the services that affect them and the services are tailored to the needs of the older person.

Context

Why is this a priority?

Older people have told us that sometimes they feel there is a negative perception of older people. Whilst there is an abundance of publicity featuring young people, there is a perception that older people can be seen as victims of crime, recipients of health and social care, etc. Older people want to make more of a contribution, but importantly they want the mechanisms to be in place to enable them to do so.

Making a Contribution

Many people make an individual contribution alongside agencies which have an older people's focus.

The GOLD strategy developed in 2002 set the context for how the partners of GOLD, Darlington Adult Social Care and Health and Darlington PCT wanted to engage with older people in setting priorities for service provision. GOLD has monthly meetings on transport, community safety, health, positive images, leisure & learning and economy & environment. In 2006/07 32 consultations were conducted with a variety of organisations.

Age Concern Darlington are in contact with approximately 7000 older people at least once a year. Age Concern Darlington's (ACD) strategy for 2007 – 2010 renews its commitment to promote social inclusion for all older people; to promote an active lifestyle and healthy living, leading to increased well-being and improved quality of life.

Highlights

The Youth Service with partners has recently completed an intergenerational project of a video and resource pack, which highlights the different attitudes of young and old in relation to each other. This work has been used as a tool in youth clubs and schools.

The GOLD Positive Images group takes an active role in liaising with local media and has links into the Communication Team of Darlington Borough Council. The group has promoted positive images in a variety of ways, e.g. bag packs, publicity events and 'Positive Health Day'.

The Local Strategic Partnership has older people co-opted onto its themed groups. The older members feed back information to GOLD and take forward issues that older people feel are important.

Age Concern Darlington and Darlington YMCA are delivering a successful intergenerational opportunity for young people to mentor older people in IT learning.

The extended schools network is a collaboration of schools, Older People's groups, Youth Service, etc. and works towards providing a framework in which all sections of the community are valued. The network meets on a regular basis with input from older people and focuses on bringing down barriers between different age groups.

Issues

There is a recognition that older people are not feeling valued within Darlington. They want to ensure that all departments within the Council, as well as all other organisations in Darlington that have contact with older people in whatever context, e.g. leisure, housing, transport, etc. ensure that any new strategies, policies and decisions are "proofed" against ageism to ensure lifestyle choices are available to all.

Negative media stories and stereotyping of older people as victims of crime or venerated for their age only leads to a misconception that people over 50 are receivers of services, rather than contributors. This needs to be challenged on a regular basis by working closer with local media to ensure correct and factually accurate messages are given.

Actions

Create opportunities for older people to participate actively in the development of policies, services and facilities which affect them.

Tackle age discrimination by promoting positive images of ageing and challenging discrimination across all services and activities.

Ensure that engagement planning with older people is developed within the framework of the Sustainable Community Engagement Strategy

Outcome

The actions will ensure that the positive contribution of older people to Darlington's well-being is recognised and valued and that steps are taken to counter negative perceptions and discrimination. It also ensures commitment to ensuring that all older people in Darlington are able to have their say in matters which affect them

6.2 Priority for improvement 2 – Improving Access to information

What do we mean by Improving Access?

A Darlington where information is easily available and accessible in a range of formats and styles at various locations.

Context

Why is this a priority?

Older people consistently tell us that they have to go to a number of places for information. Information is often not 'user-friendly', complex and there are often many different telephone numbers to ring. They want to see or speak to just one person, and want to be able to access information from a single point on a local basis. The focus in this section of the strategy is on access to information rather than advice or advocacy.

By working in partnership with other organisations and agencies the information given to the over 50s should be of a consistent standard.

Highlights

Darlington has an Information Outreach Group, which is a collection of agencies and organisations, both voluntary and statutory, meeting on a regular basis to ensure that information is freely available to the public, but to people over 50 in particular. The members of this group form a network for sharing and passing on information at any event attended, and whenever it is requested.

A leaflet has been produced with details of 13 partners in the group, giving some information and a contact telephone number for each organisation or agency.

A Readers' Group was established comprising of members who worked on Standard 1 of the NSF (Age Discrimination).

The Review Group continues to check information from a variety of sources and a number of organisations have requested the members' expertise and advice. The PCT, Supporting People, Home Care and Housing Benefits section are some of the services that have received members help.

“Healthclick.me.uk”. is a year long pilot scheme which commenced in June 2007 and gives anyone diagnosed with a long-term illness the chance to obtain approved information about that condition and how it can be self-managed. This scheme involves joint working with agencies and organisations who will act as Community Access Points to assist people who need help to obtain their information. Initially the scheme covers seven long term illnesses but will roll out to more after the pilot scheme.

Older people are involved on other boards such as the Tenants’ Board ensuring information about Housing is accessible.

Issues

Older people feel that very often there is insufficient information on issues of great importance to them. They feel that it is often given in the wrong size font, colour and that too much jargon is used.

It is also felt that many people over 50 do not know where to obtain information and that a single point of access should be explored. To provide such an access point will require joint working from all those whose work involves people over 50. It will also require widespread publicity to raise awareness of the service and where it can be accessed. In the first instance identifying or badging information points would improve access to information for older people.

There is a need to ensure that information is updated regularly and that older people are an integral part of developing any new information systems.

Actions

Improve access to information for older people, Increase the range, type of format and availability of accurate, timely information i.e. providing them with the information they need to make informed choices.

Outcome

Darlington will have information for all older people in a format and style that is accessible. This information will be available where older people live and work and will be available in a variety of formats.

6.3 Priority for improvement 3– Improving Health and Well-Being

What do we mean by improving health and well-being?

Ensuring older people live longer and healthier lives, keeping active and independent with access to health and social care services when needed.

Context

Why is this a priority?

Clearly, people want responsive, culturally appropriate services and care, and health and social care provision remains a priority at the point when it is required. Reflecting on the three broad stages of ageing described on page 4, improving health and well being amongst younger generations builds capacity to preserve activity and independence.

Health remains a key concern for people over the age of 50, although needs are not considered solely in terms of physical health, as quality of life encompasses feeling well and many other things. As the general population ages, Darlington needs to plan for this and acknowledge the pressures it will put on not only health and social care services, but also leisure and arts provision, transport, housing and social networks.

For those who need it, the provision of appropriate and adequate health and social care services that are specific to peoples needs is crucial in enabling people to stay within their own homes and within their communities. Appropriate low-level services can do much to enable older people to retain their independence and to be active and productive members of their communities. Yet the majority of older people living in Darlington do not access these services, and the aim should be to delay the need for such services for as long as possible. Succeeding in the delay of intervention services increases the need for social networks and support.

Highlights

The Primary Care Trust consults on many of its initiatives, services and developments. *The Choosing Health* agenda with its aims of challenging obesity, reducing smoking, improving exercise take up, better mental health and more awareness of alcohol aims to make choosing a healthier lifestyle easier.

Age Concern Darlington in conjunction with the PCT offer specific stop smoking groups for the over 50s. Get Everyone Motivated (GEM) is a gentle exercise scheme for the over 50s started in sheltered accommodation but has now spread throughout Darlington offering sessions in a wide variety of settings. GOLD has a health event every year highlighting positive therapies for maintaining a healthy lifestyle.

Darlington Adult Social Care and Health regularly consult via GOLD on many issues such as the Single Assessment Process and Extra Care Housing. Adult Services also provide social care and deal with issues such as blue badges, providing aids and equipment, etc. The Intermediate Care scheme's key aim is to rehabilitate people to preserve independence.

The GOLD Health Group provides a forum for people over 50 to share information about services directly from the people who provide them. The group takes up issues and asks questions of service providers. Members have been able to impact on services such as signage at the Podiatry Clinic and information about basic foot care.

Issues

There is a need to recognise the impact of the ageing population. Older people are concerned that services can seem fragmented and non-responsive. There is a need to further develop preventative services and lessen the need for interventions long term home care and residential care.

There is an opportunity to promote workplace health as the population works longer.

Improve the health of the over 50s by offering advice and intervention at an early stage.

Strategies to promote mental health, physical activity and other workplace based interventions.

There may also be specific health issues which may require special consideration by employers.

Actions

Promote healthy ageing across all areas of Darlington through preventive strategies and policies which promote health.

Develop community based services to increase the number of older people supported to live as independently as possible in a safe environment.

Establish a project plan for assistive technology with health and housing partners. Support people with long term conditions and improve the patient and user experience. Support older people to live at home preventing admission to hospital and long term care.

Reduce the number of unplanned (i.e. emergency bed days) hospital admissions and length of stay in hospital through joint planning with local NHS services.

Outcome

As a consequence of providing preventative services based around older people's needs they are able to take control of their lives, are supported in their wellbeing and able to lead independent and fulfilling lives.

This will lead to a healthier Darlington where older people have improved opportunities and lifestyle choices. They would also have access to a service that is the right service, in the right place at the right time.

6.4 Priority for improvement 4– A Safe Environment

What do we mean by a safe environment?

Older people want to live in a safe and secure environment, which enhances quality of life. This incorporates personal safety, housing, transport, community safety and environment.

Context

Why is this a priority?

In the 2006 Community Survey, 42.4% of people over 50 told us that they do not feel safe after dark, as opposed to 32.8% of those under 50. They wanted improved street lighting, improved transport links and more safety programmes like Neighbourhood Watch, CCTV, etc. A safe environment in its widest context includes improved access, cleaner streets and houses fit for the community. Additionally, older people have told us that transport needs to be responsive and integrated to their needs.

Crime, and the fear of crime, can have a massive impact on people over 50. Age Concern England's *Fear of Crime* Report states: 'Whilst a majority of older people enjoy living in their neighbourhoods and know and trust their neighbours, many are also concerned about the level of safety and security of the area they live in'. They wish to socialise and travel safely as well as live in their local communities without the fear of crime. They want to feel assured that there is adequate and that the Police are taking their fears seriously.

Highlights

Darlington has an active Crime and Disorder Reduction Partnership (CDRP) that brings agencies together to develop initiatives to tackle crime. A GOLD Representative sits on the CDRP Board to enable communication between that Board and the GOLD Community Safety Group (and hence GOLD members).

Open spaces provide a valuable resource and focus for local activity. They provide a respite from the built environment or an opportunity for recreation. Many older people volunteer in local natural places or as "friends" of parks. Access to these areas can present problems for some older people due to design or management of access.

Nationally, older people are generally the best recyclers according to a recycling survey by Hippowaste, a waste management organisation. It is vital that the services available for recycling and protection of the environment are relevant and appropriate for the needs of the whole population, and that readily understandable information is available.

There is an Older People's Housing Strategy in Darlington, which aims to ensure good high quality housing for older people. Three extra care schemes have been developed, and there is a particular emphasis on the use of assistive technology in one of these schemes.

A Housing Listening and Learning Event was held in March 2007, whereby stakeholders from various organisations came together and engaged with older people to inform service delivery.

The new Pedestrian Heart is the focal point for the town.

Issues

Crime remains an important priority for older people and the perception is that anti-social behaviour rates and incidents of crime are increasing. Members of the GOLD Community Safety Group needs access to a forum for wider dissemination of reports.

The issue of personal safety includes safety on the streets, home security and health and safety in the home.

Actions

Ensure that crime, and the fear of crime is reduced, supported by the identified priorities and activities led by the Darlington Crime and Disorder Reduction Partnership.

Improve the environment e.g. increased cleanliness, extend recycling and support older people to maintain their gardens.

Accessible, safe and reliable public transport empowers older people to engage in social activity and maintain independence. Further develop transport plans to achieve an increase in the use of public transport by older people.

Outcome

Older people feel safe and connected to their communities.

A well maintained and accessible environment that is safe, clean and appropriate to needs, which is flexible to changes in lifestyle.

Transport choices which are accessible.

6.5 Priority for improvement 5 – Economic Stability

What do we mean by economic stability?

As people age, there is a growing concern about financial security. People in Darlington should be able to afford a good quality of life, as they get older. Many older people would like to work but encounter difficulties. Barriers to financial security for older people are many, such as actual or perceived age discrimination and lack of information about opportunities to help older people back into work.

The community of Darlington benefits from the economic regeneration resulting from older people continuing in paid employment.

Context

Why is this a priority?

Older people have expressed concern over the difficulty in completing detailed forms including Housing and Council Tax benefit forms. They need to be easy to read, in an accessible format with help available to complete them where appropriate. Additionally, older people want schemes where they can access employment, in terms of retraining to ensure they are contributing and are perceived as being a valuable group.

The Government's aspirations, outlined in its consultation paper *Opportunity Age* are for an extra million older people to be in work by 2050. It plans to achieve this by helping older people who want to, stay in, or get back into work by legislating against age discrimination and reforming Incapacity Benefit to support people going back into work.

Highlights

Darlington is working towards a better economic environment for older people. The Council is working with GOLD to engage with older people. It is taking an active role in consulting about Darlington Gateway, the planning process for the economy in Darlington.

Darlington takes an active part in Town Twinning with its links to Amiens, France and Mülheim an der Ruhr, Germany. Links have been made to older people's groups and action is being taken to strengthen these.

Darlington Town Centre provides support to both existing and inward investors, and works to maintain and develop the environment in which a vibrant and successful Town Centre can thrive.

The Council through the Economic Regeneration and Tourism Section directly provides a range of Business Support Services to attract new business, help existing businesses to expand, and promote with private and public sector partners, Darlington as a business location. The

Business Support Team works closely with other partners and agencies to support businesses within Darlington and those wishing to relocate to the town. There should be a focus on retraining older employees.

Information and advice on all Welfare Benefit and Tax Credit issues is provided by Darlington Borough Council, Citizens Advice Bureau, Age Concern in partnership with each other. Support is provided both in developing financial capability (e.g. opening a bank account) and financial literacy (e.g. understanding of pensions).

Issues

Older people have knowledge and experience that can be passed on through knowledge transfer schemes. These can be on a wide range of areas from education to business. In the 2006 Community Survey, 31.7% of the over 50s felt improving the local economy was important.

Older people want to have the same employment options as everybody else with recognition that training has an important role to play. They want the chance to start up business and have support in doing this. Older people recognise the heritage and history of Darlington and can play an active part in the promotion of Darlington as a tourist destination.

There needs to be work with employers in Darlington to promote the investment in employing the over 50s.

There is a need to ensure that older people take up their share of benefits and are assisted in doing this.

Actions

Economic security for older people is essential for having control over many lifestyle choices. Darlington Borough Council and partners will promote the uptake of benefit entitlements to maximise income.

Individuals to be supported in developing their financial capability and financial literacy.

Work with employers, local businesses and relevant agencies e.g. Business Link to promote the economic and social benefits of employing older people

Outcome

This will lead to good economic security for older people, whether working or retired. It will ensure a good take up of benefits and better employment for the over 50s.

6.6 Priority for improvement 6 – Lifelong Learning

What do we mean by Lifelong Learning?

Appropriate provision for older people to engage in different types of learning and extend their knowledge and experience of available education opportunities in Darlington.

Unaccredited Learning is also regarded as a valuable leisure pursuit i.e. stimulating social networks.

Context

Why is this a priority?

Older people want access not only to adult education, but to a range of skills and courses in venues accessible to them. This includes access to IT equipment in libraries, relevant courses in venues close to their homes and more day time courses.

Darlington has a wealth of both formal and informal educational and learning opportunities that are available to people of all ages. Older people can join mainstream college courses that run at the Queen Elizabeth 6th Form College and Darlington College, take part in a wide variety of locally run community education sessions and join informal classes in schools and local community centres.

Highlights

Darlington has a tradition of adult learning proceeding.

The Libraries and Community Learning Service offer a wealth of lifelong learning opportunities for adults including older people, examples including open learning days, access to computers and low-cost IT courses, locally run book clubs, community learning courses and the popular 'Fridays for Libraries' information sessions.

Further funding sources are sought to keep costs as low as possible for disadvantaged groups and people entitled to price concessions.

Darlington takes part in "Silver Surfers" where the over-50s are offered lessons in surfing the Internet proceeding access to information.

Issues

Funding pressures have affected the provision of Community Education courses and older people prefer to attend classes that are close to their home in community centres and local schools. The demand for courses remains high but class sizes are often small and less viable.

An issue in Darlington is the lack of aspiration among some older people in maintaining lifelong learning

Actions

Promote the benefit of certificated and uncertificated learning at all ages and provide learning opportunities for older people promoting the leisure and social benefits.

Outcome

An open and older people led approach to lifelong learning with local access and more accessible opportunities. Darlington will benefit from better opportunities for older people to learn and share their knowledge.

7. Indicators of Particular Relevance to Older People from the National Outcome and Indicator Set

| National Indicator Number | National Indicator |
|--|--|
| Valuing Older People | |
| 4 | % of people who feel they can influence decisions in their locality |
| 6 | Participation in regular volunteering |
| 23 | Perceptions that people in the area treat one another with respect and dignity |
| 127 | Self reported experience of social care users |
| 128 | User reported measure of respect and dignity in their treatment |
| 138 | Satisfaction of people over 65 with both home and neighbourhood |
| 160 | 160 Local Authority tenants' satisfaction with landlord services |
| Improving Access | |
| 131 | Delayed transfers of care from hospitals |
| 132 | Timeliness of social care assessment |
| 133 | 133 timeliness of social care packages |
| 135 | Carers receiving needs assessment or review and a specific carer's service, or advice and information |
| 136 | People supported to live independently through social services (all ages) |
| Improving Health and Well-being | |
| 8 | Adult participation in sport |
| 11 | Engagement in the arts |
| 120 | All age all cause mortality rate |
| 121 | Mortality rate from all circulatory diseases at ages under 75 |
| 122 | Mortality from all cancers at ages under 75 |
| 124 | People with a long term condition supported to be independent and in control of their condition |
| 125 | Achieving independence for older people through rehabilitation/intermediate care |
| 119 | End of life access to palliative care enabling people to choose to die at home |
| 129 | Self reported measure of people's overall health and wellbeing |
| 137 | Healthy life expectancy at age 65 |
| Providing a Safe Environment | |
| 2 | % of people who feel that they belong to their neighbourhood |
| 3 | Civic participation in the local area |
| 5 | Overall/general satisfaction with local area |
| 21 | Dealing with local concerns about anti-social behaviour and crime by the local council and police |
| 24 | Satisfaction with the way the police and local council dealt with anti-social behaviour |
| 139 | People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently |
| 154 | Net additional homes provided |

| | |
|-------------------------------------|--|
| 156 | Number of households living in Temporary Accommodation |
| 158 | % decent council homes |
| Providing Economic Stability | |
| 130 | Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets) |
| 139 | People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently |
| 151 | The overall employment rate |
| 153 | Working age people claiming out of work benefits in the worst performing neighbourhoods |
| 155 | Number of affordable homes delivered (gross) |
| Lifelong Learning | |
| 9 | Use of public libraries |
| 10 | Visits to museums or galleries |

Department for Work and Pensions, Older People and Ageing Society

The above performance indicators will be monitored by different local partners in Darlington.

The Older People's Partnership Board and supporting structures will performance manage the delivery of the strategy.

ACTION PLAN 2008-2011

The Action Plan below outlines those actions that are in hand and planned (up to 2011) that will deliver the strategic actions described in the six key areas of the strategy. All thematic groups within the Darlington Partnership have a role to deliver elements of the strategy whilst the co-ordinating and monitoring of progress will be through the Older People Partnership Board.

The seven outcomes from *Our Health, Our Care, Our Say (2006)* are included in the Action Plan as they focus on improving the overall quality of the lives of older adults.

| | | | | | |
|-----------------|--|--|----------------------------------|------------------------------------|--|
| <p>1</p> | <p>Valuing Older People</p> <p>Create opportunities for older people to participate actively in the development of policies services and facilities which affect them.</p> <p>Tackle age discrimination by promoting positive images of ageing and challenging discrimination across all services and activities.</p> <p>Make sure that all engagement planning with older people is developed within the framework of the Sustainable Community Engagement Strategy.</p> | | | | |
| | <p>Action</p> | <p>“Our Health Our Care Our Say” Seven Outcomes</p> | <p>Resources</p> | <p>Lead</p> | <p>When/Target Date</p> |
| <p>1.1</p> | <p>Ensure that any policy or strategy development takes into account the impact on older people i.e. “age proofing” developments.</p> | <p>Increased choice and control</p> | <p>Within existing resources</p> | <p>Policy leads in each agency</p> | <p>Ongoing with an audit of strategy/policies in 2009 and 2011</p> |

| | Action | <i>“Our Health Our Care Our Say” Seven Outcomes</i> | Resources | Lead | When/Target Date |
|-----|--|--|---|--------------------------------|---|
| 1.2 | Redevelop the Older People Partnership Board and Local Implementation Team to provide effective leadership and cross-sectoral cohesion. | Increased choice and control | Resource required to identify Joint Commissioning Lead for Older People | DBC and PCT Lead with Partners | Review progress May 2008 |
| 1.3 | Develop an intergenerational network to ensure a clear direction in work and focus | Making a positive contribution | Funding to support network required | Age Concern, Darlington | Identify intergenerational projects by October 2008 to share information and learning |
| 1.4 | Ensure that any agency’s engagement planning is developed within the framework of the Community Engagement Strategy. Develop an Older People’s Forum to act as a wider consultation group. | Increased choice and control | Support from existing DBC Community Engagement Team and GOLD | Older People Partnership Board | Commencing March 2008 and ongoing |
| 1.5 | Develop a Darlington Positive Images Group for older people. | Freedom from discrimination and harassment | Use existing partners media links to raise awareness | Older People Partnership Board | Review action plan October 2008 and October 2009 |

| | Action | <i>“Our Health Our Care Our Say” Seven Outcomes</i> | Resources | Lead | When/Target Date |
|----------|--|---|--|--|--|
| 1.6 | Create opportunities isolated or housebound older people to socialise linked to promoting volunteering amongst older people. | Improved quality of life and making a positive contribution | Identify funding to deliver a “befriending” scheme to build social networks | Older People Partnership Board | OPPB to assess project proposal By May 2008 |
| 1.7 | The Older People’s Champion will contribute to raising the profile of older people’s issues. | Making a positive contribution | Within existing resources | Councillor Bryan Thistlethwaite | Review January 2009 |
| 1.8 | Review advocacy provision in light of the Mental Health Act | Maintaining personal dignity and respect | Review capacity of advocacy services for people including light of Mental Health Act | Joint Commissioner Lead Older People/Mental Health | Review completed by October 2008 |
| 2 | <p>Improving Access to Information</p> <p>Older people feel that often there is insufficient information and advice on issues of great importance to them. They feel that it is often given in the wrong size font, colour and that too much jargon is used.</p> <p>It is also felt that many people over 50 do not know where to obtain information and that a single point of access should be explored. Identifying or bading information points would improve access to information for older people. information accessibility and delivery should form part of a broader communications strategy.</p> | | | | |

| | Action | <i>“Our Health Our Care Our Say” Seven Outcomes</i> | Resources | Lead | When/Target Date |
|-----|--|--|--|--------------------------------|--|
| 2.1 | Ensure that information is updated regularly and that older people are an integral part of developing any new information systems. | Increased choice and control | Within existing resources | Older People LIT | Review March 2009 |
| 2.2 | Explore the development of a single point of access to services commencing with badging information points to improve ability of older people to make informed choices | Increased choice and control | Within existing resources or via a pilot site | DBC Adult Services/PCT via LIT | Review progress October 2008 |
| 2.3 | Continue and extend the present network of facilities for internet experiential learning, the provision of internet facilities for the housebound, and join with private sector in recycling hardware. | Increased choice and control | Identify resources to extend internet facilities | OPLIT | Funding requirements established October 2008 Review March 2009 |

| | Action | <i>“Our Health Our Care Our Say” Seven Outcomes</i> | Resources | Lead | When/Target Date |
|----------|---|--|---------------------------------|---------------------------------|----------------------------------|
| 2.4 | Improve choice and support for older people via the Darlington Community Advice Network (DCAN) | Increased choice and control | Establish resource implications | LIT and DCAN | Review January 2009 |
| 3 | <p>Improving Health and Well-Being</p> <p>Promote healthy ageing across all areas of Darlington through preventative strategies and policies which promote health</p> <p>Develop community based services to increase the number of older people supported to live as independently as possible in a safe environment.</p> <p>Establish a project plan for assistive technology with health and housing partners. Support people with long term conditions and improve the patient and user experience. Support older people to live at home preventing admission to hospital and long term care</p> | | | | |
| 3.1 | Reduce the number of unplanned (i.e. emergency bed days) hospital admissions and length of stay in hospital through joint planning with local NHS services | Improved health | Existing resources | “Length of Stay” Strategy Group | Report to OPP Board January 2009 |

| | Action | <i>“Our Health Our Care Our Say” Seven Outcomes</i> | Resources | Lead | When/Target Date |
|-----|---|--|---|---|--|
| 3.2 | Develop better consultation about service redesign and development by using local engagement structures | Making a positive contribution | Via the Engagement Strategy and contributions from partners | Relevant Service Leads in agencies and GOLD | Evaluation of engagement strategy 2009 |
| 3.3 | Develop preventative strategies which promote healthy lifestyle choices. Promote volunteer networks (see 1.6) | Improved health | Existing resources in Tobacco Control, Physical Activity, Healthy Eating, Accident Prevention | PHI Leads | Monitored as part of Health Improvement Strategy review – March 2009 |
| 3.4 | Promote healthy ageing programmes, an overarching term for a range of programmes delivered by agencies who work with older people. | Increased choice and control | Existing resources where new programmes are commissioned resources to be identified. | OPLIT via Older People’s Forum | Monitored and reviewed March 2009 |
| 3.5 | Develop more responsive and accessible services for older people with mental health problems. Implement national guidance on dementia | Improved health | Adult Social Services Plan 2007/08 i.e. statutory provision alongside community based solutions | DBC Adult Services and NHS, Mental Health | Report October 2008 |

| | Action | “Our Health Our Care Our Say” Seven Outcomes | Resources | Lead | When/Target Date |
|------|--|---|---|---|---|
| 3.6 | Develop well being on prescription e.g. Darlington One Life and other forms of social prescribing | Improved health | Maintain current programmes and identify funding for social prescribing | PCT, Primary Care and LA partners, voluntary and community services | Report October 2008 |
| 3.7 | Utilise assistive technology in maintaining independence supporting older people to live safely and securely at home | Improved quality of life | Funding via Assistive Technology grant available until 2009 | Housing and Health Leads. | Project Plan evaluated January 2009 |
| 3.8 | Develop a Workplace Health Award recognising the contributions employees make and responsibility of employers | Improved health | Frontline staff capacity to be identified | HISIG | Workplace Award Work Plan reviewed October 2008 |
| 3.9 | Conduct a joint audit of local services in light of <i>Our Health, Our Care, Our Say</i> (2006) | Increased choice and control | Within existing resources, gaps identified | DBC Adult Service and PCT Commissioning | Audit report completed summer 2008 |
| 3.10 | Continue the implementation of NSF for Older People and subsequent guidance e.g. national stroke strategy | Improved health | Gaps in funding to be identified | OPP Board | Report October 2008 |

| | Action | “Our Health Our Care Our Say” Seven Outcomes | Resources | Lead | When/Target Date |
|----------|---|---|----------------------------------|---|--|
| 3.11 | Audit medication reviews for all patients over 70 years in GP practices in high priority wards | Improved health | Within existing resource | PCT Primary Care | Audit report March 2009 |
| 3.12 | Identify extent of support needed for older people with alcohol and drug problems. Seek innovative ways of finding the “hard to reach” | Improved health | Gap in resource to be quantified | DAAT, Community and voluntary organisations | Report on service needs to DAAT Board October 2008. Explore capacity of local volunteer networks |
| 3.13 | Achieving good quality end of life care | Maintaining personal dignity and respect | Funding to be identified | NHS Services, LA and voluntary sector | Update report March 2009 |
| 4 | <p>A Safe Environment</p> <p>Ensure that crime, and the fear of crime is reduced, supported by the identified priorities and activities led by the Darlington Crime and Disorder Reduction Partnership</p> <p>Improve the environment e.g. increased cleanliness, extension of recycling and support older people to maintain their gardens.</p> <p>Accessible, safe and reliable public transport empowers older people to engage in social activity and maintain independence. Further develop transport plans to achieve an increase in the use of public transport by older people</p> | | | | |

| | Action | <i>“Our Health Our Care Our Say” Seven Outcomes</i> | Resources | Lead | When/Target Date |
|-----|---|--|---|---------------------------------|--|
| 4.1 | Review the requirement for a “House for Life” project | Economic well being | Links to fuel poverty and winter warmth programmes identify resources | Housing | Review conducted by October 2008 |
| 4.2 | Promote increased take up of Neighbourhood Watch and other community safety programmes to address fear of crime and home security via community safety activities | Freedom from discrimination and harassment | Awareness raising within existing resources | CDRP | Community Safety reports |
| 4.3 | Ensure CDRP takes into account needs of older people. GOLD Community Safety Group need access to a forum for wide dissemination of reports. | Freedom from discrimination and harassment | Within existing resources | Community Safety Team/CDRP GOLD | Include engagement in CDRP reports ongoing |
| 4.4 | Develop better links to transport providers e.g. bus companies and disabled taxis | Improved quality of life | Communication with transport providers including bus companies and taxis for disabled use with existing resources | OPP Board | Review links March 2009 |
| 4.5 | Make the links to “Rights of Way” improvement plan and increased access to open spaces | Improved health | Within existing resources | OPP Board | Review links March 2009 |

| | Action | <i>“Our Health Our Care Our Say” Seven Outcomes</i> | Resources | Lead | When/Target Date |
|----------|--|--|--|------------------------------|---|
| 4.6 | Explore “Befriending” scheme to deliver personal and home safety support via a volunteering programme | Improved quality of life | Business case made for “befriending” model | OPP, Age Concern, Darlington | Model costed and Business Case developed, summer 2008 |
| 5 | <p>Economic Stability</p> <p>Economic security for older people is essential for having control over many lifestyle choices. Darlington Borough Council will promote the uptake of benefit entitlements to maximise income.</p> <p>Individuals to be supported in developing their financial capability and financial literacy.</p> <p>Work with employers, local businesses and relevant agencies e.g. Business Link to promote the economic and social benefits of employing older people</p> | | | | |
| 5.1 | Promote the take up of benefits by raising staff awareness in Health and Social Care services and other public sector services | Economic well-being | Within existing workforce training is required | Training providers in house | Training plans to reflect staff awareness training – October 2008, October 2009 |
| 5.2 | Develop and promote information on advantages on employing the over 50s e.g. via Business Link | Economic well being | Within existing resources | DBC, Business Link | Healthy Workplace Prospectus – October 2008 |

| | Action | “Our Health Our Care Our Say” Seven Outcomes | Resources | Lead | When/Target Date |
|----------|---|---|--|---------------------------|---|
| 5.3 | Provide information about schemes operated by Job Centre Plus and training schemes via LSC | Economic well being | Within existing resources | DBC, Job Centre Plus, LSC | Ongoing, review March 2009 |
| 5.4 | Utilise the knowledge of people over 50 when developing tourist information e.g. by liaising with Age Concern Darlington and GOLD | Making a positive contribution | Within existing resources and networks | DBC/Age Concern, GOLD | Review available information March 2009 |
| 5.5 | Promote the development of Direct Payments and Individual Budgets supporting people to be in control of their own care | Increased choice and control | Within existing resources | DBC, Age Concern, CAB | Take up of payment rate |
| 6 | Lifelong Learning | | | | |
| | Promote the benefit of certificated and uncertificated learning at all ages and provide learning opportunities for older people, promoting the leisure and social benefits. | | | | |
| 6.1 | Extend the “Silver Surfers” scheme | Making a positive contribution | Identify cost of extending programme | Adult Learning | Review March 2009 |
| 6.2 | Ensure information about adult education courses are available | Making a positive contribution | Within existing resources | Libraries | Ongoing |
| 6.3 | Signpost older learners to appropriate organisations | Making a positive contribution | Within existing resources | CAB WEA | Ongoing |

| | Action | <i>“Our Health Our Care Our Say” Seven Outcomes</i> | Resources | Lead | When/Target Date |
|-----|--|--|---|--|--|
| 6.4 | Develop intergenerational projects in partnership with Age Concern | Making a positive contribution | Identify funding | DBC Children’s Services and Age Concern | Review March 2009 |
| 6.5 | Pilot the development of community based trainers to be advisors. Link to social networks and volunteering schemes | Making a positive contribution | Identify funding. Develop a pilot programme | OPLIT Community and voluntary organisations e.g. Age Concern | Review March 2009 |
| 6.6 | Identify current provision of pre-retirement courses and ensure links are made to relevant services. | Making a positive contribution | Within existing resources 2008, additional capacity via Workplace Health 2009 | OPLIT, Business Link, Age Concern | Current provision summarised June 2008 Links made October 2008 |

DEMOGRAPHY

In June 2005 the Tees Valley Joint Strategy Unit published population and household projections for the Tees Valley and individual boroughs up to 2021. The report is available on the JSU website at <http://www.teesvalley-jsu.gov.uk/old/tvstats/index.htm>. It uses the ONS mid-2003 estimates as the base. The numbers of those projected within the age bands retired (aged 60 or 65) to 74 and 75 and over is shown in Table 1. The retirement age is as above however from 2010 this will begin to change for women. As with all population projections caution must be exercised in their interpretation and use because the assumptions on which they are based can change and specific events can also have an impact.

The figures indicate that over the period 2003 to 2021 the projected changes for Darlington are:

- **Total population** – a small increase (1%) from 98,200 in 2003 to 99,300 in 2021
- **Older People (retirement +)** – an increase of 29% from 19,300 to 24,900 by 2021
- **Number of households** – a rise of 15% from 43,200 to 49,600

Table 1: Population projections for the elderly in Darlington 2006 - 2021

| Year | Total population | Number aged from retirement to 74 | % of total population | Number aged 75 and over | % of total population |
|------|------------------|-----------------------------------|-----------------------|-------------------------|-----------------------|
| 2006 | 99,800 | 11,700 | 11.72% | 8,000 | 8.02% |
| 2011 | 100,300 | 13,100 | 13.06% | 8,200 | 8.18% |
| 2016 | 100,100 | 14,200 | 14.19% | 8,900 | 8.89% |
| 2021 | 99,300 | 15,000 | 15.11% | 9,900 | 9.97% |

Table 1 indicates that the number of elderly in the population is projected to increase from nearly 20% in 2006 to 25% in 2021, which equates to an additional 5,200 people aged over 60/65 of which 37% are projected to be aged 75 or over. The increase in the numbers of elderly aged 75 is significant as this age group tend to require enhanced levels of service. Therefore in order to simply retain the current level of service to this section of the community the total provision of services would have to increase substantially.

Table 2: Projected number of households in Darlington

| Year | Number of households | of | Household population | Average household size |
|------|----------------------|----|----------------------|------------------------|
| 2006 | 45,100 | | 98,100 | 2.18 |
| 2011 | 47,400 | | 98,600 | 2.08 |
| 2016 | 48,600 | | 98,300 | 2.02 |
| 2021 | 49,600 | | 97,300 | 1.96 |

Table 2 shows the projected number of households for Darlington. This is projected to increase by 4,500 up to 2021. The reasons are primarily due to the increase in numbers of people living on their own and this includes an increasing number of elderly people.

Population Projections, working age, and retired groups, 1996 - 2028

