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Foreword

We are all ageing. As many of us live longer, it will be in our best interests to do as much as we can to ensure we maintain as good a quality of life as possible.

At present, Portsmouth has a population of approximately 200,000, of which 31,858 are aged 65 and above. By 2015, this number is expected to reach 34,500, and all electoral wards in the city are predicted to see an increase in the number of people aged 65 and over. It is also expected that there will be a 14% increase in the number of people aged 85 and over.

This strategy pulls together the initiatives that the council and its partners are already doing to help ensure we are fully prepared, not just for today’s older population, but for older people in the future. It looks in more detail at some of the challenges that will face the council and its partners in relation to an ageing population, and highlights some of the ways in which we will tackle these challenges. The strategy focuses on four themes, which look at the “life-cycle” of older people, and the needs they will have at different stages of their lives: creating an age friendly city; preparing well for later life; living well in later life, and stronger support and protection.

It is important now and in the future that older people can easily access services, facilities, and travel easily around the city through a range of transport options. We need to focus on making sure the environment is safe, and that there are facilities designed to be age friendly. Age discrimination is another challenge, not only through employment, but the services that older people interact with.

We need to put greater emphasis on preparing people for later life. Many people in their 40s now are unaware of the potential challenges they could face as they grow older, especially life changes such as retirement, continuing to live independently and health-related problems such as deteriorating mobility and incontinence. We need to ensure that younger people today are aware of these challenges, and we need to understand the needs and expectations of future generations, so we can plan for the right services at the right time.

Living well in later life is something that all people want to benefit from. Whether it be from remaining healthy, being able to get involved in the local community, or having the opportunity to continue learning, working or volunteering. We need to ensure that firstly we are supporting those services, and secondly that we are raising awareness of what is available to ensure that as many older people as possible have a decent quality of life.

For some older people, living independently can become more difficult, and many require extra help and support to continue living in their own homes. It is important that the support services are there to meet those needs, and that we are supporting and helping people to live independently.

A reduced income after retirement can also create additional challenges. Some older people are asset rich but cash poor, and the challenge of maintaining a home or paying to keep warm in these circumstances is a serious one. We need to seek to reduce the number of pensioners who live in poverty in the city.

I would like to thank all those who have been involved in the development of this strategy, particularly Dr Alan Burnett, and all the people that we consulted with.

Leo Madden
Councillor Leo Madden
Portfolio holder for Health and Social Care
1. **Executive summary and recommendations**

1.1 This strategy looks at the needs of older people in Portsmouth from 2010 until the year 2020. As numbers of older people in the city increase, it will be more important than ever that their needs are catered for, and their contribution to society is valued.

1.2 Older people in the city have been widely and intensively consulted in the course of the preparation of this strategy. They are generally appreciative of their situation as residents of Portsmouth, but they are also not uncritical of some of the actions and services on offer.

1.3 In the next decade, demographic trends suggest that there will be a larger number of people aged 65+ living in the city of Portsmouth, particularly those aged over 85, but the growing needs of this age group are currently not fully recognised.

1.4 There is evidence that locally, middle aged people are often ill prepared for retirement and life in their later years. Their diet, lifestyle and household finances may make for problems in later life.

1.5 There is enormous social and geographical diversity amongst older people in terms of life expectancy, income and wealth, health, family status and housing situation, lifestyle and wellbeing, which create challenges in ensuring the needs of all older people, are met.

1.6 The vast majority of older people in the city live at home (between 90% and 95%), and when asked, most people value their independence, and want to retain it for as long as possible. This raises challenges around ensuring housing needs of the older population are met, to allow a greater number of older people to live independently at home.

1.7 The City Council and its partners already have a range of initiatives, policies and services that are provided both for the minority of older people who need social care provision, as well as for the majority who live independent, reasonably healthy lives and enjoy all that the city has to offer. More however needs to be done to ensure that as we age, we retain our health and wellbeing for as long as possible. Not only does this improve their quality of life but it keeps the costs of care and health as low as possible.

**Recommendations**

- Establish an Ageing Population Strategy Board, comprising key officers of PCC and partner agencies. The Board will oversee the implementation of the strategy and associated action plan. A six-monthly report will be produced, setting out progress against action plans. In 2015 a full review of the strategy will be undertaken and a ‘refreshed’ strategy report produced. It is recommended that the membership of the Prevention and Wellbeing Network is reviewed, with a view to them taking on this role.
- Local businesses in the city as well as the third sector have a vital role to play in catering for the growing number of older people and their needs, which may well differ from those of their predecessors. It will be important that these sectors are included in service provision for older people in the future. It will also be important that cross-sector support is sought for this strategy.
2. Delivering an ageing population strategy

2.1 This strategy is based on the evidence that is available on future changes in the demography of ageing in the city. The projected population growth over the next 20 years is largely accounted for by an increase in the older population. Present and future generations of older people should be included in the planning process, thus the initiative concerns not only those aged 60 and over of pensionable age, but all adults in a position to act now to improve their quality of life later.

2.2 The strategy is designed to act as a pragmatic framework to guide present and future plans, policies and practices, initiatives, decisions and actions of Portsmouth City Council and its partners. It is a set of achievements and aspirations rather than a budgetary commitment. It aims to provide signposts to help both statutory and voluntary organisations in Portsmouth to plan for today’s and tomorrow’s older people, and improve their quality of lives, particularly the minority who have the highest level of need.

2.3 It is a local response to the opportunities and challenges of an ageing society, and suggests how to respond to the growing and changing needs of older people and making proposals/programmes of work in the short, medium and longer term. Based on the Age UK’s Later Life 2010 agenda, it also aims to enhance and utilise the opportunities presented by volunteers and community groups in working with the most vulnerable and isolated.

2.4 This strategy focuses on four key areas: creating an age friendly city through infrastructure, transport and the environment; preparing younger people for older life; helping older people to live well in later life, and stronger support and protection for vulnerable older people.

2.5 The proposals outlined in the action plan (appendix 1) cover measures that could be introduced fairly quickly and at a relatively low cost, as well as proposals that involve a longer time scale, and require resources.

2.6 The Strategy also responds to the recommendations of the ‘Joint Inspection of Services for Older People in Portsmouth’ report (2005). The development of an Ageing Population Strategy is also in the Council's Improvement Plan.

2.7 Many older people are active as volunteers and want to be involved in issues and decisions that affect them. Their experiences, needs, and views will need to be sought in the course of implementing the strategy.

2.8 This strategy will be communicated to a wide range of stakeholders, including the people who have been consulted with throughout the development of the strategy. It will be important that the city council and its partners continue to promote and raise awareness of the services available to people as they grow older.
3. The aims of the strategy

In order to fully support the full range of ages covered in this strategy, it has been important to look at the "life-cycle" of older people, and the needs they will have at different stages of their lives. Therefore, the strategic aims fall broadly into these four "life-cycle" stages:

3.1 Creating an age-friendly city

We need to ensure that plans are made to improve the city’s built and physical environment for future generations, as well as today’s older people. While surveys reveal that Portsmouth is seen by many as a good place to live as an older person, there are initiatives which could further improve the everyday amenity and accessibility of neighbourhoods in which older people spend their time.

Within this, we will:-

- Improve accessibility to services such as transport
- Maintain the environment and ensure new facilities are age friendly
- Examine how safe older people feel in the city
- Ensure that services are not discriminatory of age

3.2 Preparing for later life

This part of the report will cover the needs of, and provision for, the cohorts of Portsmouth’s population that will be reaching older age in the next two decades. The assumption is made that the basis of having a good quality of life as an older person can be laid in the years preceding retirement.

Within this, we will:-

- Try to understand the future expectations of today's younger people
- Try to ensure their future needs are anticipated and managed
- Raise awareness and provide education on “growing older”
- Look at how we can reduce worklessness and unemployment
- Encourage greater accessibility to early interventions which are known to reduce problems in later life
3.3 Living well in later life

It is important that the growing number of older people who are fit, active and independent are encouraged and assisted to enjoy a good quality of life. This section looks at how barriers can be removed and opportunities created to improve the health and wellbeing of those aged over 60, through opportunities such as cycling and walking.

Within this, we will:-

- Provide better opportunities to develop through volunteering, training and employment
- Look at how we can improve the quality of life that older people experience
- Encourage healthy lifestyle choices to promote physical, emotional and mental wellbeing

3.4 Stronger support and protection

This section of the strategy will focus primarily on the minority, but growing, number of ‘vulnerable’ older people – many in the 85+ age group - who have physical and cognitive impairments, and who are likely to have high support needs. It will also include suggestions as to how the majority of older people who lead independent lives at home can be helped to continue to do so for as long as possible.

Within this, we will:-

- Support people to remain as independent as possible
- Ensure we provide the right services for our most vulnerable older residents
- Reduce social isolation by encouraging community involvement
- Reduce pensioner poverty to our most vulnerable residents
4. Principles of an ageing population strategy

The strategy is based on the premise that at all times older people, like others in the community should be treated with dignity, respect, and should have choice and control over their lives. We are aspiring to become an ‘age friendly’ city in the services we offer, the built environment available, and how older people are regarded and treated in all aspects of their lives.

Fundamentally, the strategy aims to recognise and celebrate the contribution of older people in the past, at present and in the future, by giving voice, choice and control in the everyday lives of older people in the city.

There are a number of principles that the Ageing Population Strategy for Portsmouth will need to have regard to and these are detailed below.

Principles of an ageing population strategy

1. Enabling local leadership
2. Building on what works
3. Age-proofing services and embedding equality and equity
4. Recognising the impact of demographic change in an urban context
5. Planning for the changing needs of tomorrow’s older people, as well as today’s
6. Valuing the economic and social contribution made to their families and neighbourhoods
7. Recognising the diversity of older people in terms of characteristics, circumstances and needs
8. Appreciating the financial constraints that are likely to apply in the next decade
9. Supporting a positive approach to ageing
10. Promoting joint working and joint commissioning
11. Fostering understanding and respect between generations

Source: Building a Society for all Ages – guiding principles

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1 The World Health Organisation (WHO) describes an age friendly city as one that promotes active ageing, that is, to live in security, enjoy good health and continue taking part. An age friendly city recognises the diversity among older people, respects their decisions, and responds to age –related needs.
5. Contributions to other priorities and strategies

There are a number of plans, policies and initiatives that are already being undertaken by the council and its partners, and these will be used to help shape the context of the Ageing Population Strategy.

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### The Vision for Portsmouth

The strategy incorporates elements of the Vision for Portsmouth, with particular reference to:

- Improving opportunity and achievement in lifelong learning
- Making the city one where everyone feels safe and is safe
- Encouraging and enabling healthy choices and providing appropriate health care and support
- Working to provide an inclusive city
- Protecting and supporting our more vulnerable residents by shaping public services to meet their needs

### Anti-Poverty Strategy 2009

The Anti-Poverty Strategy identified older people on fixed incomes as one of nine key groups most at risk of poverty in Portsmouth. Consequently, this strategy runs parallel with and contributes to the Ageing Population Strategy in a number of areas. The Anti-Poverty Strategy identifies:

- Particular factors that contribute to poverty amongst older people e.g. geography, ethnicity, health, fuel poverty
- What is already being done to tackle this poverty
- Ways to alleviate it including benefit take-up and improved coordination and access to older people’s services available to support older people

The newly appointed Anti- Poverty Co-ordinator will look at ensuring a co-ordinated approach to tackling pensioner poverty and maximising the resources available to deliver the actions.

### Joint Commissioning Strategy (Draft 2008-11)

This strategy is of significant relevance to this strategy. A new model of service provision was explored, and commissioning priorities and a plan up to 2011 were included. The sections on mental health are also of importance. The draft strategy provides a useful insight into strategic planning for older people in need, particularly as the increased demand from older age groups will be of particular significance for the strategic planning of services, as older adults are more likely to rely on public funding for supported accommodation and out of home residential support. The strategy also suggests that more work will need to be done to understand the implications to service demand with regard to the needs of older people with learning disabilities.

### Joint Strategic Needs Assessment 2010

This looks at the health and wellbeing characteristics and needs of Portsmouth’s population both today and in the future. Information available includes:

- Variations in life expectancy, population change, long term illness, deprivation. Older people living alone without central heating. Falls, older people living independently at home, and substance abuse by older people.
- This work shows that any strategy aimed at meeting the needs of older people must consider existing social and spatial variations in health and wellbeing in the city.
- One of the challenges will be to ensure that investment/provision is equally distributed, whilst ensuring that specific initiatives and benefit take-up schemes are targeted at those areas of the city for which older people are more at risk.
Joint Accommodation Strategy for Older People 2006-2016

This strategy looks at how the projected population growth and increase in the number of older people could lead to greater demand for accommodation needs for older people. It is still in the draft stages; however a number of useful points were raised:

- Support/accommodation options could include: prevention services, domiciliary care, respite care, sheltered housing, intermediate and extra care, and residential nursing homes.
- An assessment of future demand for care home places was done. Analysis of the gaps between current provision and future need was looked at.
- The strategy concludes that within Portsmouth there is a need now and in the future for a variety of accommodation/care options for people aged 65+, especially those aged 85+.

Anticipating Future Needs, Care Services Efficiency Delivery/IPC, 2007

This national project asked people in late middle age and older people what their growing needs and expectations were. Key results included:

- Younger older people are concerned about the affordability of care, and a majority of those over 80 consider their own financial needs first. There was some resentment over having to pay for care. Many expect living adaptations to be funded.
- Where people were asked to think 15-20 years ahead and consider their financial, health, and social circumstances, downsizing and extra care settings were viewed with ambiguity.
- There needs to be more befriending schemes; services that offer care are too complex; preventative services such as podiatry need to be developed; and independent and quality advice is required for those who possess housing equity.

Joint Strategy for health and social care of older people in Portsmouth City 2005-2008

The vision of this strategy is to promote well-being and help people to remain independent in their home, by preventing unnecessary admission to hospital and people going into long term care. Where admission to hospital was necessary, the aim was for a facilitated, safe and early discharge. The strategy was to be measured against achievement of the following outcomes: reduced number of avoidable hospital admissions; safe and timely discharge from hospital; increased numbers of people supported to stay in their own home for longer; increased number of people entering extra care/sheltered accommodation as an alternative to residential or nursing home placements; and increased number of services provided closer to people’s own homes.

This strategy also needs to run parallel to, and makes links with, a number of developing strategies:

- Regeneration Strategy
- Dementia Strategy
- Carers Strategy
- Parks and Open Spaces Strategy
- Seafront Strategy
- Local Transport Plan 3
6. Future challenges

6.1 The demographic challenge

At present there are 20.5 million people aged 50 years and over in the UK (a third of the UK’s total population), and this is expected to increase. By 2030, the percentage of over 65s is expected to rise from 16% to 21%, and the number of people aged 60+ is expected to reach around 20 million. In the same time period, the number of people in the UK aged over 85 will have increased by two thirds.

Current life expectancy at age 65 is 84.7 for women and 81.9 for men, but projections for 2025 show that at 65, life expectancy will increase by approximately 3-4 years. This will have profound effects on not only the type of care that is needed for those aged 85+, but will also increase the population total. Add into this that 90% of people in the UK aged 60 and over has grandchildren2 and the population figures could increase further still.

Although there will be a greater proportion of the “older” group, males born in 2005/07 can expect to live 81% of their lives without a disability and 89% in good health. Females can expect to live 78% of their lives disability-free and 87% in good health. Although life expectancy rates are increasing, the number of women experiencing loneliness rises from about 35% in the 50-59 age group to over 50% among the 80+ age group3.

In Portsmouth, the general trend towards an increasingly older population is the same. At present, Portsmouth has a population of approximately 200,000, of which 31,858 are aged 65 and above. There are over 16,000 (8%) people aged over 75, and in 2009 the percentage of the population at state pensionable age (60 and 65) was approximately 9%. By 2015, the number of people in Portsmouth aged 65 and over will reach 34,500, of which approximately 6,000 will be over the age of 854. All electoral wards in the city are predicted to see an

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2 IPPR (2009) page 7
3 Banks, J, 2004, the 2004 English longitudinal study of Ageing
4 Hampshire County Environment Department’s Small Area Population Forecasts, 2009
increase in the number of people aged 65 and over, varying from a 12.5% increase in the Nelson ward to a 5.3% increase in the St Thomas ward.

Projections for Portsmouth suggest that there may be nearly 96,000 households in the city by 2026, an increase of 22% since 2001\(^5\) and older people will account for almost half of the increase in the total number of households.

The distribution of older people in the city is spatially and demographically varied. Currently, there are almost 20% more women over 50 in the city than men, and there are over 40% more women over 80 than men. Outside of Portsea Island, the largest proportion of over 60s is in Drayton and Farlington, where over 20% of the population are within this age bracket. On the island, the highest percentages of the over 60s are in Charles Dickens, St Jude, St Thomas, and Eastney & Craneswater.

**An older population poses a number of challenges to respond to:**

Living in an urban environment can increase low level depression amongst older people, as a result of poor housing quality, the amount of traffic, persistent noise, litter and graffiti, lack of green space and clean air, and few social contacts within the neighbourhood\(^6\). Cities and homes have been designed largely for the able bodied, but many of us will become less able as we get older. As a result of both these factors, we need to be able to make places “age friendly,” by adapting the city’s structures and services to be accessible to the whole population, and inclusive of older people with varying needs and capacities.

Neighbourhood environments have a greater effect on the health and wellbeing of older people because they may live longer in such places; the vulnerability of some older people make them more susceptible to poor conditions, and older people tend to be more reliant on the immediate area in which they live because of reduced mobility\(^7\). Evidence also suggests

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5 Joint Strategic Needs Assessment (2009), page 35  
6 Allen (2008)  
7 Kawachi and Berkman, 2003
that interventions that target the wider environment can have a greater impact than those that target (older) individuals\textsuperscript{8}.

In order to assess the extent to which Portsmouth is delivering the right services, we need to look at the healthy life expectancy of people aged 65, the satisfaction of people over 65 with both their homes and their neighbourhoods, and the extent to which older people receive the support they need to live independently at home.

The challenge for policymakers continues to be how to respond to variations in need and diversity in older people’s circumstances, whilst at the same time controlling expenditure on long-term care services\textsuperscript{9}. For councils, the biggest financial implication of an ageing population concerns social care costs, yet these costs relate to services for a minority of the older population\textsuperscript{10}.

6.2 Financial constraints of an ageing population strategy

It is expected that in the coming years all public sector organisations will be subject to 25-30\% cuts in their finances, creating greater challenges over which priorities will need to be the focus in the short-term. The voluntary and community sector’s ability to meet increased demand could also be impacted, as the public sector has less available resource to help finance the sector.

Needing to respond to an ageing population will be just one of a number of competing priorities, and therefore councils will need to be more innovative in the way they respond to an ageing population. However, services that improve things for older people will benefit the wider population. E.g. accessibility to buses through measures such as super-low floor buses and raised kerbs and space on buses for child buggies, will improve accessibility for older people’s wheelchairs and walkers.

One of the dangers of greater spending restraints is that the preventative approach could become less of a priority, as local authorities focus resource on catering for the needs of the most vulnerable, and struggle to evidence the direct benefits of investing in preventative work. This not only leaves councils relying on reactive intervention, which is unsustainable, but could put a greater burden on finances for local authorities. The preventative approach, as outlined in section 13, has been shown to be more effective, save money for the NHS, and help to reduce financial pressures in the long-term.

It will be important that the council and its partners embrace new approaches to support older people, whilst meeting efficiency savings.

\textsuperscript{8} Lawton, 1980
\textsuperscript{9} School of Policy Studies, University of Bristol, 2003
\textsuperscript{10} Audit Commission, 2009
7. Myths and outdated assumptions of older people in Portsmouth

- That people as they age lose interest in civic life and do not want to be involved in making decisions that affect them. All evidence shows that older people generally like to be involved in making decisions that affect them. The majority of people attending neighbourhood watch and neighbourhood forum meetings are aged 60 and above.

- That living alone, isolation and loneliness are the same, and are predominantly to be found amongst the less well off. While some 40% of older people live alone, around 15% are isolated and 7% said they are lonely. There is no evidence that the problems of isolation and loneliness amongst older people are

- That seniors are a 'burden on society'. They haven't paid for health and other public services through their taxes and national insurance in the past and are generally contributing little to the economy. People over 50 currently account for 80% of national wealth and nearly 40% of UK annual consumer spending, known as the Grey Market. (Age Concern, 2008). 11% of those of pensionable age are employed.

- That a relatively large number of older people live in residential and nursing homes. Only about 4% of those aged 60 and over do so, with another 5% in sheltered housing. 90% of older people nationally and in Portsmouth live in their own homes 'in the community.'

- That inequalities at earlier stages of life are not evident in present inequalities between older people. In fact poverty and hardship in early years make sickness and disability much more likely in old age. The pathways and patterns of deprivation in the city are linked to the social geography of old age impairment.

- That the number of older people is growing at an unprecedented rate. In fact nationally, the number of 60+ year olds rose by 110% between 1901 and 1951, but by only 30% in the last 50. It is the proportion of ‘older’ old people that is growing particularly quickly.

- That the elderly always welcome and are grateful for things being done for them or on their behalf. When asked about concessions older people distinguished between publicly funded ‘necessary’ concessions such as the bus pass, free prescriptions, winter fuel payments, and private sector discounts such as cinema and retail discounts which were seen as ‘nice to have’.

- That those over 60 see themselves as old and identify with others of the same age. Older people tend to think of elderly people as applying to those older than themselves. Older people in their 50s and 60s do not wish to be pigeonholed as ‘old’, and wish to be seen as citizens, workers, learners, volunteers.

- That older people are a uniform group in terms of characteristics, abilities, needs, anxieties and perceptions. There are significant differences amongst older people. Recent evidence suggests that there is great spatial variation between how well off older people in the UK are - 10% own less than £28,000 in total assets and 10% over £1.3m millions.

- That as individuals age they naturally 'progress' from independence to dependence, mobility to immobility, good health to impairment, feeling that life is good to seeing existence as a struggle. For many older people advancing years does not mean growing dependence. The view of later life is most negative amongst 45-54 year olds, which may reflect this group's experience of caring for older relatives.

50% of the public believe there is a stigma attached to dementia, which prevents people from seeking help and support around memory problems.
8. Creating an age friendly Portsmouth

Our aspiration is to make Portsmouth an age friendly city by 2020, with a vision to:

1. Make it easier for older people to move around the city, through a range of travel choices
2. Make all services we offer to older people “age friendly”
3. Ensure all people, including older people, feel safe in the city
4. Provide the right facilities and leisure services to older residents and older tourists visiting the city

The World Health Organisation (WHO) describes an age friendly city as one that promotes active ageing, that is, to live in security, enjoy good health and continue taking part. An age friendly city recognises the diversity among older people, respects their decisions, and responds to age –related needs. Age friendly services not only benefit older people, but makes services, facilities and products accessible to the whole population. The following sections discuss in more detail how we are tackling the issues and barriers to achieving our aspirations.

8.1 Infrastructure

Infrastructure, that is, the basic facilities and services needed for a community to function, and the services that fit within that infrastructure, are important to consider when making Portsmouth “age friendly”. For example, transportation and communications systems, housing, post offices, and hospitals. Many of the improvements that can be made to infrastructure not only benefit older people, but the wider population, especially when making local services more readily available. The following sections look in more detail at some of these facilities and functions.

8.1.1 Transport and accessibility

Transport continues to come out as a top priority in local surveys, which emphasises the importance of improving areas such as transport within the city. The ability to travel to local amenities is important for all, but particularly so for older people, not just because for many it can become increasingly difficult to move around easily, but because having the ability to access services, functions, or even friends, helps to prevent many older people from feeling isolated.

The city has the infrastructure to offer a range of transport options for all, which reduces the reliance on the private car to travel – recent figures in Portsmouth suggest that there has been a rise in the number of older car drivers who give up driving annually due to medical reasons. It is important that the city offers travel options that support alternatives to the car, because in Portsmouth, the number of households with no access to a car or van is projected to increase
from 28,766 in 2008, to 29,894 in 2011, and 30,091 in 2013, with the highest rate of non car
ownership in Charles Dickens, Nelson and St Thomas wards\(^\text{13}\).

There are a number of schemes, plans and priorities in place to assist older people to help
them improve their accessibility to services, and to give them flexibility in travelling around the
city. The biggest offer is the provision of free bus passes, as well as travel tokens or seafront
parking vouchers for those aged 60 and over. The city has a number of drop kerbs to make it
easier for crossing pavements, and the provision of mobility scooters from a range of outlets
continue to help people with mobility impairments travel easily around the city. There is a good
provision of community transport and shop mobility programmes such as dial-a-ride. The
council continues to look at making bus stops fully accessible, and there is a planned
programme of making bus stops fully accessible for all users with better timetable information
and bus shelters.

For a number of older residents, more sustainable modes of travelling around the city provide
the continued opportunity to access facilities. Cycling and walking are popular ways of
travelling around the city, due to the flat and compact nature of the city. In 2008, a study found
that Portsmouth has the 8\(^{\text{th}}\) best cycling potential in the UK\(^\text{14}\). Through the ‘Access 2 Cycling’
project, as part of the Healthy Pompey Programme, a variety of help throughout the city will be
available, including bike riding skills, safer cycling, route planning and basic bike maintenance.

Walking around the city has been made more accessible through having well located
pedestrian crossings, which are equipped with visual and audio cues, and adequate crossing
times. The recent implementation of 20mph limits within the majority of residential streets
within the City has also helped to improve feelings of quality of life, and has helped to
encourage increased levels of walking and cycling.

8.1.2 Housing

The ability to provide a range of housing options for older people, that are adapted to their
personal needs, particularly in allowing easy accessibility to move around the home, as well
as being near to local amenities, is an important part of making Portsmouth “age-friendly”.

It is important that the current provision of suitable housing, including the provision of
supported housing, is reviewed. PCC’s Regeneration and Community Housing service also
has a target to deliver 990 new affordable (private sector) homes between 2008 and 2011\(^\text{15}\),
and there are also a number of supported housing schemes throughout the city and in Leigh
Park. However, it is clear that the need of elderly residents is changing, and the demand for
supported housing and other housing is shifting. It will be important to look at this demand,
and explore opportunities for remodelling some of the stock.

All new buildings have to be built under relevant building regulations, so locally, we would like
to see lifetime home requirements incorporated into planning and building regulations. At
present, there is a mismatch between the availability of specialist accommodation and lifetime
homes, and we would like to see more flexibility in the housing that we as the council provide,
whilst being able to manage the risk of keeping older people in their own homes. This includes
the difficulty of elderly people in accessing specialist care within their homes. Fundamentally,
in order for us to provide appropriate housing to elderly residents, we need to ensure that we

\(^{13}\) Joint Strategic Needs Assessment, 2009
\(^{14}\) Cycling Potential Index, Steer Davies Gleave (2009)
\(^{15}\) Community Housing and Regeneration service level business plan (2009)
manage the risks effectively, through ensuring social workers assess the risk to the individual, and mitigate through personal alarms, for example. However, the quality of life that people receive from continuing to live independently, far outweigh the associated risks. As outlined in more detail in the section below, it is also important to that older people, as well as the wider population, feel safe in their homes. The council will therefore continue to ensure that all new housing has regard to the “designing out crime” supplementary planning documents.

8.1.3 Feeling safe

Safety is an important aspect of making a city age friendly, and benefits all members of the community. There are a number of ongoing schemes including neighbourhood watch schemes and neighbourhood forums, which provide a regular mechanism to listen to the concerns of local residents and provide feedback to public agencies. These forums are well attended by older residents.

There is a process for maintaining street lighting and reporting on defective lamps and residents can participate in housing services to improve the services offered. A newsletter from the Police is being developed at the beat level on the theme of “You said, we did,” and anti-social training for local residents is being organised to develop local “Champions”.

However, the results from our consultation on this strategy suggest that older people still feel unsafe in the city and neighbourhood, whether it is as a result of anti-social behaviour or people cycling on pavements. Many feel there needs to be a greater visual presence of local policing services or community wardens, and therefore it will be important to continue monitoring this in the future.

Local transport services continue to ensure that people feel safe when travelling by all modes of transport, and will continue to look at incidences of abuse or violence on public transport, or when driving, cycling or walking. Our consultation suggests that some older people feel unsafe when travelling around as a result of traffic, for example when crossing the road, and it will be important that measures are put in place to address this. Other issues include not feeling safe when walking due to concerns over getting hit by cyclists or mobility scooters when they use pavements.

8.2 Environment and facilities

Every year, the city attracts around 7.6 million visits, a proportion of which will be taken by older people, who have a higher propensity to travel, including short breaks taken by ‘better-off empty nesters’ (over 45s). 42% of visitors to the city are aged 55 and above, and therefore it is important that we provide the right tourist and leisure facilities for the proportion of older people who visit the city. However, it is not just visitors and tourists that the city needs to cater for, but the older people who choose to continue living in the city, or those who choose to move to the city from other parts of the country.

In order to ensure that the city continues to attract older visitors and tourists, the quality and maintenance of the public realm is being improved, particularly in de-cluttering areas to ensure there are fewer obstacles to contend with. Pavements in the city continue to be regularly maintained and cleaned, and there is a provision of well maintained and accessible toilets, despite the challenging financial climate. To assist in this, an ongoing project with the University of Portsmouth’s Faculty of Science entitled, ‘Peopple Project – Putting Evidence for Older People into Practice in Living Environment,’ is investigating the unmet needs of older

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16 Portsmouth Destination Benchmarking Visitor Survey, 2008
people living in the local community, seeking the best evidence to meet those needs, and working to implement and evaluate the evidence in practice. The information generated by this work will be used to inform future policies and services.

Visitors to the city tend to be satisfied with the general cleanliness and upkeep of the city, and the general atmosphere and feeling of welcome and safety. However, the general image of the city is perceived as being less inviting than it could be, and it has been reported that in some areas, the city is quite difficult to navigate, which makes it more difficult for visitors to find their way around. There are also a limited number of areas designed specifically for older people in parks and open spaces. In part this could be due to the perception that older people may be overlooked in regeneration projects and proposals, as well as the attitude of planning services to older people. Nationally, 52% of people aged 65+ believe that Planning services do not pay enough attention to older people\textsuperscript{17}.

8.3 Tackling discrimination

As it becomes increasingly likely that the new coalition government looks set to abolish the default retirement age, it will be more important than ever that all services from both the public and private sector prevent age discrimination in the workplace, against those older people who wish to continue working. Nationally, 60% of people aged 65+ believe age discrimination still exists in the workplace and in everyday life\textsuperscript{18}, and a survey in 2010 showed that 40% of those surveyed felt they had been disadvantaged in a work situation for appearing too old – most notably, relating to job applications and promotions\textsuperscript{19}. Only 14% of those interviewed felt their organisation was very well prepared to cope with the issues caused by an ageing workforce, and many managers seemed ill-informed about their organisation’s retirement policies. For some older people, working for longer is necessary to ensure financial security, whilst for others it is an opportunity to continue feeling included as they age. In the future, flexible working patterns and part-time hours will allow a greater number of older people to continue working into retirement, should they wish to.

Portsmouth City Council has a range of age-friendly employment policies, particularly with regard to older people continuing to work in later life. At present, the authority does not have a set retirement age, allowing employees to work beyond the set retirement age nationally. To make it easier for people to continue working flexibly when they reach retirement, there are opportunities to work on reduced hours, and claim a proportion of their pensions. For those who find they have caring responsibilities, there is a flexible approach to working hours, and in terms of recruitment of managers, age is not asked as part of the recruitment process. The city council will look to work with other employers across the city, to promote age friendly policies, and encourage older people to continue working, should they wish to.

\textsuperscript{17} Age Concern and Help the Aged, One Voice (2009)
\textsuperscript{18} Age Concern and Help the Aged, One Voice (2009)
\textsuperscript{19} Chartered Institute of Personnel and Development (2010)
With regard to other types of discrimination, in the past, the Health Improvement and Development Service have worked closely with the Chinese, Bangladeshi and Vietnamese Community in Portsmouth because these communities have a high percentage of elderly people and therefore particular social and health needs. However, looking at the growing diversity in the city (the number of different nationalities in the city is estimated to have developed from 40 just three years ago to 80 at present), we want to make our services accessible to as many different communities as possible. Many elderly people do not speak English, and they rely on family assistance heavily due to the tradition that children look after their parents when they get old. For some older people, coping with a new life, new culture and learning English is much harder, and many continue to face language barriers.

Portsmouth City Council has duties under the new Equalities Act 2010 to consider race, gender, age, disability, sexual orientation, religion and gender reassignment. It will also place a duty on local authorities to consider age discrimination, and we will be required to consider the needs of these diverse groups when designing and delivering services.

The council is working with services to identify and remove unintentional barriers to accessing our services, and there are a number of strategies being developed which will help to remove discrimination and improve accessibility. The Access strategy, which aims to improve customer contact and communications for everyone that accesses our services; the New People Management strategy (Workforce Matters 2010 – 2013), which looks at work to improve the diversity of the workforce by making PCC more attractive and accessible, and the Corporate Complaints strategy, which monitors complaints, harassment and discrimination by all equality strands.

8.4 What will we do?

We will continue to build on the existing and exemplary work that Portsmouth is already doing to make Portsmouth age friendly by proposing to:

- Investigate the possibility of a smart card which could be used on different forms of transport and leisure services
- Training programme with transport operators to respond to older people’s needs
- Investigate community car pools or refresher courses for older drivers
- Review accessibility arrangements at QA for public and private transport
- All new housing to have regard to the “designing out crime” planning guidance
- Make all shopping centres accessible and attractive to all sectors of the community
- Continue to encourage older people to participate in guiding and developing the core strategy through the consultation process
- Explore setting up an “Age OK” accreditation mark with businesses
9. Preparing for later life

Our aspiration by 2020 is that younger people are better prepared for later life. Our vision is that:

- People will plan for later life much earlier, and services will be managing their needs earlier
- More people will be employed, and this will help to contribute to a better quality of life when they grow older
- More people will choose to prioritise their health and have fewer health related problems
- There will be a wide range of accessible options and resources to help people better understand and choose what they need, and shape what is on offer, as they grow older

The following sections discuss in more detail how we are tackling the issues and barriers to achieving our aspirations.

9.1 Understanding future expectations and managing future needs

The approach of public policy and society in general is to view life as a series of stages. Taking the example of employment and skills, the conventional view has been that skills are developed through formal education roughly between the ages of 5 and 21; this is followed by work until the early sixties, after which people enter the retirement stage. A much more inclusive and flexible approach is required if we want the implications of an ageing population to be taken seriously. It is possible to study and develop skills when you are 55, take a career break at 36, start to think about your retirement at 25 and be an entrepreneur at 70.20

Expectations, preferences and needs are not static across the older age groups, nor does a "one size fits all" approach work as a result. The expectations of ‘younger’ older people in terms of services, opportunities, challenges, and concerns will differ to those of the older age group, and similarly, preferences in terms of housing type, size and internal amenities will also differ.

At present, 55% of people aged 18-64 nationally expect to be living independently when they are 80 years old,21 which puts greater pressure on services to ensure that as many people as possible can continue living at home independently. In order to support this, and allow services to be fully prepared to meet the expectations and needs of older people in the future, it will be important that all partners work together. This will allow all elements of future people’s needs to be fully addressed, and will encourage organisations to join up their approach, which ultimately helps to save money.

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21 Age Concern and Help the Aged, One Voice (2009)
9.2 Worklessness and employment

Almost one person in three between the ages of 50 and the state pension age is currently out of work and the cost of this situation is currently running at £70 billion per annum (nationally). If nothing is done in the labour market for this group, there will be an increase in worklessness nationally from the current 3 million to potentially as high a number as 4 million by 2026\textsuperscript{22}. Unemployment can be as a result of a number of factors including a lack of skills, being unable to work due to a long-term limiting illness, or a lack of jobs. In June 2010, 1130 people aged 40-49 were unemployed, 23% of whom had been unemployed for a year or longer. This figure is similar for those aged 50+, where 770 people were unemployed, and 24% of these had been unemployed for a year or longer.

Locally, figures show a variation in the number of people that are out of work, based on the number of people claiming particular benefits. In August 2009, 2.9% of the total population aged 16-64 were claiming Jobseekers allowance, and 3.5% were claiming incapacity benefit. Of the total working age population in the city (aged 16-64) over 19,000 people (11%) were claiming and receiving key benefits.

Long-term unemployment has a number of impacts. Not only does it raise issues related to the economy, but it also results in health related issues for individuals who are out of work, such as feeling more isolated in their community. Data from Portsmouth’s 2009 Residents’ Survey showed that 20% of respondents had felt ‘isolated’ from their local community because of a lack of money. In addition, 30% of respondents said that they could not afford to save regularly for ‘rainy days or retirement’. This leaves younger people more vulnerable to requiring extra support as they grow older, and making it more difficult to remain independent in old age.

Locally, the city council is working with partners such as the Jobcentre Plus, and local employers to help more people back into work. Schemes include opportunities to revisit English and maths skills, help with finding the right job and careers services, and offering opportunities to retrain in a new career or taking on a mature apprenticeship.

9.3 Health and wellbeing

Being healthy and living well are important factors in allowing people to enjoy a good quality of life as they get older. At present among the 55-64 age group, 76% of men and 68% of women nationally are obese or overweight, and there are a number of problems that people aged 50-60 are at risk of suffering from. These include: foot problems and mobility impairments, oral health, sight and hearing problems; as well as arthritis and incontinence. The number of people aged 50-60 who are obese and smoke are also high in the city.

There are midlife interventions available to help people in this age group to improve their health and wellbeing, for example podiatry; dentistry, incontinence services, and early health interventions, but accessibility to these needs to be improved, as many younger people are unaware of them.

The importance of maintaining a healthy lifestyle and making the right lifestyle choices can lead to fewer health-related problems in later life. Smoking, drinking and obesity are all linked to further complications in later life such as an increased risk of strokes, heart and lung-related illnesses, and other vascular related health problems, including dementia. At present, in 50% of dementia cases, there is a vascular related element. The message is that what is good for

\textsuperscript{22} Department for Business, Innovation and Skills (2010)
the heart is good for the mind, and leading a healthy lifestyle – eating fruit and vegetables, drinking less and smoking less, all help to contribute to healthier outcomes in later life.

Local services such as the Health Improvement and Development Service aim to encourage healthy lifestyle choices through direct service provision such as the Healthy Walks programme, and encouraging the development of self-sustained community-based physical activity such as tai chi, swimming and line dancing. HIDS also aims to develop the workforce to encourage people to make healthy lifestyle choices through access to training opportunities such as armchair exercise training and behaviour change training. Developments will either focus on the most vulnerable, or areas of deprivation and geographical areas with higher older populations.

Current engagement is limited to a small proportion of the target population, and so there is the opportunity to initiate further schemes and seek earlier engagement, as it is recognised that early adoption of healthy lifestyle choices will lead to wellbeing in later life. Portsmouth also obtained Healthy city status in 2008, and work has been aimed at a whole community cultural shift around active travel, healthy weight and growing your own food.

Information related to health and wellbeing services and opportunities have also been developed, including the fit2eat, fit4life and Healthy Pompey websites. The local authority and NHS Portsmouth have worked in partnership to promote the uptake of flu immunisation and have exceeded targets; the aim is to sustain this achievement. In the future, improving health and wellbeing to help people prepare well for later life must be linked in to the commissioning role by local GPs, who play a pivotal role in not only advising and assisting individual residents about health, but will determine the shape and effectiveness of local health services.

9.4 Education and awareness

Transitions, like retirement, divorce, redundancy, bereavement, and moving house are traumatic for anyone, and become more so as people age. One key transition is retirement. Pre-retirement education, where it exists, is generally provided to those employed by large organisations with substantial human resources, and often concentrates mainly on financial issues. Many people would benefit from an opportunity for guided reflection on their aspirations and needs. They will include consideration of such issues including health, finance, where to live, constructive activity, managing caring responsibilities (which face many people in their 50s and 60s caring first for their parents and then later for partners)\(^{23}\). Offering pre-retirement education would support people in seeing retirement as a possible journey, and therefore encouraging them to identify their future needs much earlier.

At present, Portsmouth City Council operates free (one day) pre-retirement workshops to employees who are planning for retirement. Partners are also invited to join the course, which includes managing change, creating a new future, maintaining health, pensions and benefits, finance management, legal issues and thinking about the future. However it recognised that courses like this are not available to many other people employed in the city and it would be helpful for the wider population to be able to access courses such as these. It is also recognised that planning for older age amongst younger people would be advantageous to future public sector services. Promoting financial preparedness and encouraging the uptake of pensions and encouraging healthy lifestyle choices needs to be thoroughly explored and considered. At present, the role of libraries in raising awareness and providing information is being explored. As well as a place for community involvement and informal learning, libraries

\(^{23}\) Department for Business, Innovation and Skills, 2010
also provide the opportunity to raise awareness of healthy lifestyles, and problems associated with later life, such as dementia.

9.5 What will we do?

We will continue to build on the existing and exemplary work that Portsmouth is already doing to help people better prepare for later life, by proposing to:

- **Continue the work to target groups at high risk of poor health across the city**
- **Raise awareness to those approaching 50 and above to make the most of employment opportunities such as further training and re-skilling**
- **Look at the benefits of intervening early in respect of podiatry, incontinence and stroke care**
- **Continue to support mini health checks at local pharmacies, including the 6 Healthy Living Pharmacies**
- **Continue to provide vascular checks for people aged 40 and above at GP surgeries, and explore whether pharmacies could deliver universal health checks**
- **Continue to collaborate with Portsmouth Football Club to improve men’s health**
- **Continue to promote regular visits to dentists**

Mike Arnold is in his late sixties, and formerly worked in the dockyard before working at the University of Portsmouth's Business School. He knows as well as anyone that preparing for life as we get older is vitally important if we are to live well in later life.

We all have needs, and the needs for those who are younger will differ to the needs of those who are older, but Mike stresses that we all need to start thinking about what we will do when we grow older – where will we live, how will we pay for everyday necessities when we retire, and how will we make sure we have all the services, facilities and help we need? Mike feels that retiring from the workplace is a particular challenge, and the transition from using your knowledge and skills, and seeing colleagues’ everyday is a difficult one to make. His advice is, “don’t wait until you retire and then start getting involved - get planning a few years earlier so that retirement enables you immediately to switch your energies”.

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10. Living well in later life

By 2020, our aspiration is that older people are living well in later life. Our vision is that:

- There are more opportunities for older people to continue to develop through learning new skills, volunteering and greater employment opportunities
- Many more older people will enjoy a good quality of life, will have the support to remain independent and have houses that are adapted to their needs
- Many more older people will continue to have a good quality of life through improved access to facilities and advice from services

The following sections discuss in more detail how we are tackling the issues and barriers to achieving our aspirations.

10.1 Opportunities to develop

Employment in later life is often an important aspect for many older people, as well as the opportunities to volunteer. Currently, 49% of people aged 65 and above participate in formal volunteering once a month, but many people in this age group (75%) feel that the country fails to make good use of their skills and talents\(^\text{24}\), and this is shown through the relatively high proportion of people aged 50+ who are unemployed.

Although older people would like to continue to use their skills, and offer their services, many of them feel ill-equipped to contribute in this way. Currently, 36% of older people feel out of touch with the pace of modern life and 70% of over 65's have never used the internet, which in a world of technology, puts them at risk of becoming digitally excluded. However, two thirds of those who are digitally excluded say that they would use technology if the benefits were explained and they had the right training and support\(^\text{25}\).

Although a proportion of older people show an interest in continuing with employment, figures suggest that employment rates amongst those leading up to and of pensionable age are decreasing. For those who do continue to work, 60% of people aged 65+ believe that age discrimination still exists in the workplace and in everyday life. Nationally, there is a lack of discounted non-vocational educational courses, and in the last four years, the number of state funded learners aged 60 and over has fallen by 36%\(^\text{26}\).

At a local level, we are helping older people to develop new skills by providing a range of opportunities in different learning settings. The North End Adult Learning Centre (NEAL Centre) has been redeveloped into a purpose-built learning facility for the whole community, known as The Learning Place. This centre demonstrates the commitment to lifelong learning and provides a permanent venue for residents to access information, advice and guidance on learning opportunities and find out more about other services. At present, 21% of people enrolled on a community learning course are aged 60 and over\(^\text{27}\), and the Adult and Family

\(^{24}\) Age Concern and Help the Aged, One Voice (2009)
\(^{25}\) Age Concern and Help the Aged, One Voice (2009)
\(^{26}\) Age Concern and Help the Aged (2009)
\(^{27}\) Enrolment trends, MIS figures (2009)
Learning service at Portsmouth City Council continues to provide a range of opportunities for participatory learning, particularly in helping older people to be “connected” through improved ICT and digital skills.

The benefits of being involved in a community learning course are wide-ranging, and are not exclusive of the younger old, but provide opportunities for those entering the “fourth age”. Continued learning into older age allows older people to engage and interact socially with other people and therefore helps to reduce social isolation and promote independence. Learning helps older people to “re-skill” which allows them to acquire the right skills for employment and volunteering opportunities, and in turn helps older people to continue feeling valued and contribute to society. More of these benefits and how we are taking forward lifelong learning can be found in the Older Learners’ Strategy. In the future, opportunities are being explored to integrate learning into the provision of services, and how learning could be further extended in care settings, such as the activities already seen at Brunel Court.

10.2 Maintaining quality of life

There are a number of areas which have an effect on the quality of an older person’s life, in particular:

10.2.1 Accessibility to services

Between 2004 and 2008 a total of 517 people aged 60 and over in Portsmouth surrendered their driving licences on the grounds of disability or age-related impairments.

<table>
<thead>
<tr>
<th>Year of surrender</th>
<th>Postal Area</th>
<th>Totals</th>
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<tr>
<td></td>
<td>PO1</td>
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<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
<td>102</td>
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</tbody>
</table>

Source: FOI request (DVLA): “number of people aged 60 and over giving up driving on grounds of disability and/or age-related impairments, in postcode areas PO1 – PO6 between 1 Jan 2004 and 31 December 2008”

To help make it easier for older people, events held at the Guildhall and on the seafront are accessible and easily reached by public transport, whilst scooter storage facilities are available in sheltered housing schemes. In the future, there need to be more projects such as consultant clinics that are run in the community rather than in a hospital, to make it easier for older people to access these services. More information on accessibility can be found in section 8.1.

10.2.2 Housing

37% of privately owned homes in Portsmouth fail the Decent Homes Standard, mostly due to lack of thermal comfort, which for those in the population who are older, the ill-health effects caused could be greater. Although there are a number of initiatives to improve the condition of
housing, older homeowners who have bought their post war houses from the council face large bills to bring them up to standard. PCC’s Regeneration and Community Housing service has a target to assist 500 households to improve their homes through the in-house home improvement agency, and the council’s housing renewal team have made numerous efforts over the years to promote home improvements, particularly in relation to energy efficiency. There is however, still about 1 in 4 households of people aged 65+ who have no central heating. It has proved difficult to encourage take up of the support available, but more needs to be done about this. Approximately 140 deaths each year are attributable to cold conditions, and numerous other health conditions are aggravated by low temperatures. In terms of fuel poverty, in 2001, 25.8% of persons aged 65+ lived in accommodation without central heating.

Older households are also overrepresented in poorer private sector accommodation. The Home Improvement service offers a wide range of ‘home improvement’ grants, interest free and equity loans and services for householders mainly in the private sector. Those eligible include householders aged over 70 who are just above the usual benefits thresholds. These will assist older people in making minor adaptations to their homes, in order to make living independently easier. Independent living in the home is also supported by emerging telecare technology, which enables people to live at home more safely and for longer.

10.2.3 Community involvement

There are currently over 15,000 council housing units within the city and in the Borough of Havant, many of which are occupied by older people. Many of the tenants are engaged on a continuous and multi-faceted and innovative basis, including the ‘Residents Consortium’, ‘Gazebo Days’, Residents’ participation teams, and newsletters, to name but a few. It will be important that we consider how to involve those people who are not currently engaged with other services. That first involvement with them can be a trigger for other services to become involved.

10.3 Health and wellbeing/mental and emotional wellbeing

It is important that older people are able to access and choose different types of exercise and lead healthy lifestyles in order to live well in later life. However, only 25% of those aged 65 and over are currently getting the recommended level of exercise. To help improve this figure in Portsmouth, people aged over 60 are encouraged to participate in leading healthy lifestyles, through schemes such as a 25% discount for those over 60 who wish to have an allotment.

More people are being made aware of the risks of smoking, which include an increased risk of vascular issues such as vascular dementia, strokes and other heart and lung-related diseases. These conditions can add further complications and susceptibility to illnesses such as pneumonia, leading to longer stays in hospital. There is also a network of community centres with courses and activities designed for older people, and a number of intergenerational projects under the Generations Together programme, which aim to encourage involvement and promote activity. In 2010, and hopefully future years, there was also the annual "Over 60s festival," which local older people’s groups such as Pompey Pensioners Association were consulted on. During the week, special activities were organised within the city and promoted to older people.

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28 Housing Conditions Survey, Portsmouth City Council (2009)
29 Age Concern and Help the Aged (2009)
Another example of involving older people was a project undertaken in Paulsgrove and Wymering. It included a consultation exercise, provided taster sessions, and created sustainable activities. The project attempted to overcome barriers to working with groups who may not find existing services accessible. Activities that were organised after local consultation included walking, Tai chi, bowling, swimming, line dancing and ‘stretch and tone,’ and satisfaction rates were high. Participants reported feeling healthier and happier, sleeping and eating better. Participants also recorded experiencing weight loss and increased agility, being more relaxed and having a sense of community involvement. Early GP commissioning could also play a greater role in helping older people to be more healthy and active, by encouraging people to lead healthy lifestyles.

Promoting walking and cycling in the city is also important in helping not just older people to remain active, but the wider population too. Statistics shows that cycling adds over 2 years to life expectancy, and allows people who ride to have the general fitness and health of someone 10 years younger. The financial benefits of cycling or walking in the city are also felt – where the average cost of maintaining a car per year is £3,000, the figure for maintaining a bike sits at just £0-£150. The city council and other organisations will continue to promote these modes of travel, because of the health benefits of doing so, and the contribution it makes to the general wellbeing of Portsmouth’s older population.

10.4 What will we do?

We will continue to build on the existing and exemplary work that Portsmouth is already doing to help people live well in later life by proposing to:

- Continue to encourage lifelong learning opportunities for older people
- Continue to support the telephone befriending scheme run by the Salvation Army
- Develop Homecheck and the handyperson scheme to meet more needs
- Examine the wider benefits of Telecare, and work with all to increase take up
- Ensure the housing needs of older people are met, through home improvements
- Increase the frequency of services offered by libraries
- Continue to support intergenerational work

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Rory McMullan, Cycling to Work
11. Stronger support and protection

By 2020, our aspiration is to provide stronger support and protection to our most vulnerable residents. Our vision is:

1. To ensure that we continuously improve support and services to vulnerable older people, tailored to their needs
2. That all people with care needs are supported to retain their independence as long as is possible, and those who need nursing care, have appropriate access to it
3. All older people are supported by a network of neighbours and friends that they are able to turn to. There is a sense of community involvement between young and old alike
4. Everyone, including the older population, will have access to support against the effects of poverty

The following sections discuss in more detail how we are tackling the issues and barriers to achieving our aspirations.

11.1 Support and services

The proportion of the local population who are aged 85 and over is expected to increase by 14% in the next ten years. Predominantly, this is the group who will require social care services to continue to live in their homes independently. At present the nursing homes in the city tend to be located in older housing stock. It has not been possible to adapt to modern nursing home standards, and there is a need to develop additional nursing care provision within the city for both frail elderly people and those with dementia. Whilst it is possible this ‘gap’ could be met through extra-care housing, this is less likely for those with high care needs, and so the development of newer, purpose-built nursing homes is being encouraged.

The growing need for care beds could be met by increased intensive home-care and extra-care housing. The Joint Accommodation Strategy for Older People looks at the provision of sheltered accommodation; flats and bungalows for older people, and intermediate and residential care provision. There is a requirement now and in the future for a variety of accommodation and care options for those over the age of 85.

Satisfaction with support and care services is varied, and 25% of people nationally who have a long term medical problem said that they had not received any support from local services and organisations. In 2008, three in five people reported that there was not appropriate continuity of care for older patients accessing health and social care, and those receiving home care are often dissatisfied with the volume and quality of care. Some of the national policy developments of growing importance include patient choice, payment by results, direct payments, and the use of independent sector providers.

The number of carers in the city is likely to increase, particularly carers who are older themselves, but there are currently less than 1,000 people getting Carer’s Credit. The

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31 National survey of local health services, Care Quality Commission (2008)
32 Survey of members’ views of care of the elderly, BMA (2008)
33 Q is for Quality
Government and Carers UK are calling for people to help identify hidden carers and encourage more people to ensure they are claiming all they are entitled to. Locally, we now have a Carers Centre, where carers of family and friends receive information, advice and support. A new initiative known as the Carers Pathway has also been set up by NHS Portsmouth, to inform and involve carers, and a 'Take Care' magazine is distributed, which provides information for carers in the city. We are also preparing a Carers Strategy, which will look in more detail at meeting their needs.

11.2 Supporting independence

By the age of 75, 54% of the population nationally receives help with one or other activity of daily living\textsuperscript{34} and there is likely to be an increase in the proportion of older people supported intensively at home. Portsmouth also has higher than average rates for falls, fracture, strokes, and winter morbidity in the older population. Falls alone affect more than 11,000 older people in Portsmouth every year, and with an ageing population this problem is likely to get worse. It is predicted that by 2025 the number of persons aged 65+ who attend A&E departments as a result of a fall will increase by 26%.

At present, 67% of people 85 or over in the UK have a disability or long term limiting illness\textsuperscript{35}, and it is estimated that in the future, 25% of over 85s will have some form of dementia. The national cost of dementia is £17 billion every year\textsuperscript{36} and this figure is expected to increase to £50 billion by 2040\textsuperscript{37}. At present, between 10-15% of the 65+ population is estimated to suffer from depression, and by 2025 it is expected that this will increase to between 3,440 and 5,160 people\textsuperscript{38}.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{number_of_people_with_disability.png}
\caption{Number of people aged 65+ registered with a disability (2009)}
\end{figure}

\textbf{Source: POPPI and Joint Commissioning Strategy (2008)}

Residents over 65 who have experienced ill health consistently report that one of their main fears is that they might lose their independence and may, if they have to go to a hospital, be unable to return home. Care services locally have responded to this concern, by re-shaping services such as the “in-house” home care service to become the Independent Living Service, which offers up to 6 weeks free personal care to people leaving hospital and to others needing some form of rehabilitation or re-ablement. This free care is offered through a combination of care staff and occupational therapy staff, who help the individual to improve their capacity to help themselves, and to reach a state of health in which they can retain as much control as possible over their own lives, in their own homes.

\textsuperscript{34} Gill Gilbert (2007/8)
\textsuperscript{35} Office of National Statistics (2008)
\textsuperscript{37} Comas-Herrera et al (2007).
\textsuperscript{38} POPPI, quoted in the Joint Strategic Needs Assessment (2009)
There are a number of grants available to assist people to continue living in their own homes. The Supporting People programme offers older residents a subsidy to provide housing support to help maintain their independent living, and 1500 residents share almost £1m in funding to help achieve these aims. This support has helped to reduce the costs to Social Care and Health. The Disability Facility Grant is a grant offered to disabled residents to help them meet the costs of adapting their homes, allow people to retain independence, and help prevent falls. Approximately 90% of the people who apply are older.

Extra Care homes have been developed in the city too. This development has taken place through the private sector, but has also been encouraged at a more affordable level by the City Council, through Brunel Court and Milton Village. More extra care is needed and planned for the future. At the same time, the demand for residential care is reducing and it is no longer viewed as the best option for later life. Thus, standard residential care homes are being decommissioned, although there is a recognised need to retain residential care provision for people with dementia. Care services in the city are moving towards a more personalised approach to care provision, in which a person’s needs have been assessed and agreed with them, and a budget is allocated to meet these needs. The individual then has more control over how that budget is spent in order to meet the needs identified.

11.3 Social isolation

Older people who are ‘housebound’ are at risk of becoming isolated and Help the Aged reported that 5% of the population aged 65 and over had said that they leave their houses once a week or less. Being alone and isolated puts them at greater risk of burglary - the average age for victims of distraction burglary in England and Wales is 82 years of age\(^{39}\).

They are also more vulnerable to abuse. Although the incidences of elder abuse are not fully documented since many cases are not reported, in 2007 research indicated that every year an estimated 340,000 older people living in the community are affected by abuse. The Adult Social Care Safeguarding Service has a team of ten specialist staff, and NHS Portsmouth has taken on a consultant practitioner for safeguarding adults, and training programmes for PCC and NHS staff are planned.

We are also developing a neighbourhood focus to independent living that allows older people with high support needs to stay living at home and connected with the local community. This has been aided by Telecare services, thus facilitating a sense of independence and safety at home.

There are strong partnerships between the local authority and the voluntary sector in service delivery to support independence, and the local authority commission a variety of services that support independence and combat social isolation. These include the Good Neighbour befriending service, Help in the Home, day activities, Meals on Wheels, a sitting service, home from hospital and a home shopper service. HIDS also directly provide an assisted shopping service, older person’s activity groups and carers’ services. Forums such as the Prevention and Wellbeing Network and Community First’s Older Person’s Network help information to be shared and allow development opportunities to be explored.

There are other opportunities for older people in the community. For example, older people are

often interested in working as School Crossing Patrols, which not only benefits them financially, but gets them out of the house and into the community. Other opportunities include litter picking, dog walking and social services drivers.

11.4 Pensioner poverty

Of the 78,719 households in the city, 15.4% are households with a pensioner living alone. By the year 2015 there will be approximately 1300 more people aged 65+ living alone in the city compared to 2009. Based on the 2007 Indices of Deprivation, 7,044 older people in Portsmouth are experiencing income deprivation (which equates to 19.3% of the population aged 60 and over). As can be seen in the map in appendix one, older people experiencing income deprivation are living in areas where deprivation tends to be higher across the board— in one part of Somerstown, 52% of older people are experiencing income deprivation, which places it in the worst 2% in England.

Some of the issues associated with growing older and living alone include deprivation and fuel poverty. In 2001, 25.8% of persons aged 65+ lived in accommodation without central heating. Although direct payments and individual care budgets can help to improve this situation, they have not been widely adopted by older care service users, despite best efforts to increase take-up. For those who are more at risk of fuel poverty, this could result in more winter deaths. More information on this issue is available in section 10.2.

As a result of cognitive impairment, older people may have difficulty in using cash machines, pin based pension and bank accounts. These difficulties are likely to result in older people paying a “poverty premium” (whereby essential goods and services cost a low-income household more than an average-income household largely due to the consequences of financial exclusion), which will further fuel pensioner poverty. Additionally, evidence suggests that the greater risk of living in poverty faced by BME communities throughout their lives is further increased as its members grow older.

11.5 What will we do?

We will continue to build on the existing and exemplary work that Portsmouth is already doing to provide support and protection to our vulnerable residents, by proposing to:

♦ Encourage the development of sufficient extra-care homes in the city and of modern fit-for-purpose nursing provision
♦ Seek to always improve support for people to retain their independence when reviewing existing services for older people
♦ Continue joining-up work between health and social care in ways that improve access to the most appropriate support for local people
♦ Look at current and future pensioners who live on low income, and/or do not claim benefits to which they are entitled
♦ Explore the expansion of the ‘Good Neighbour Scheme’ in all localities
♦ Support to unpaid carers through the Carers Strategy

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40 Joint Strategic Needs Assessment (2009)
12. Communication, consultation and involvement

The key aspirations and objectives of this strategy will rely on how well the council and its partners communicate with the older population in the city.

Older people living, working and visiting the city need to know what services, facilities and courses are available to them. Throughout our consultation process for developing this strategy, you told us...

- There isn’t enough information available on older people’s services
- Information needs to be widely publicised, on not just PCC services but VCS services too
- There needs to be more space given to Flagship on older people’s issues
- It would be helpful to have a directory of services
- There needs to be a variety of communication options available e.g. for those with hearing/visual impairments
- The council and its partners need to coordinate the information they send out to older people

In response to that, we will....

Make sure that information on the events, facilities and services available to older people are properly publicised and easily accessible

- Continue to give local publicity to schemes designed specifically for older people
- Make sure that the new adult social care information hub is up-to-date with the right information and reflects the services you need
- Ensure the contents of Flagship reflect the composition of the population of the city, and continue to allocate space to issues affecting older people
- Proactively target benefits advice to older people using a range of location such as GPs, community centres.
- Continue to provide a range of communication options, including the face to face communication offered by the City Helpdesk

We will continue to ensure that we involve older people in the development of services that are designed specifically for them. We will also continue to work with our partners to deliver services that meet the needs of our older population. The next couple of years will require us to work better together with our partners, as we look at ways to save money but provide better services. It will be important that all partners across the city seek ways to coordinate services and activities for older people, and reach those most in need.

Some of our partners include:

- Hampshire Police and Fire and Rescue Services
- University of Portsmouth (PEOPPLE project)
- Highbury College, University of Portsmouth, University of the Third Age, Portsmouth College Voluntary and private sectors, including Age UK, Community First for Portsmouth and Portsmouth Community Network
- NHS Portsmouth
- Older persons group of the ‘Community Network’, and ‘INSPIRE’ volunteer bureau
- The Providers’ Network and the Prevention and Wellbeing Network
13. Costs and efficiency

The Audit Commission’s ‘Under Pressure’ report provides a timely reminder of the likely financial pressure that councils will come under in the next few years. The fall-out from the banking crisis, higher spending on servicing public debt and efficiency savings in the public sector all provide the backcloth to meeting the challenges and potential costs of an ageing population.

The Audit Commission’s advice on ways of controlling costs includes:

- Not spending public money by preventing need, encouraging self-support, increasing charges, and tightening eligibility criteria
- Reducing spending by delaying need, supporting carers, and supporting active ageing and community development
- Preventing waste by improving service commissioning, removing duplication and maximising income recovery
- Achieving better outcomes for the same or fewer resource inputs by collaboration, targeting spending on what older people value most and developing community resources

Bournemouth, Poole and Dorset – Total Place

The Total Place pilot for Bournemouth, Poole and Dorset looked at how they could improve the services delivered to older people at a lower cost. It showed there were significant levels of duplication that if reduced would save money. The pilot showed that costs are high for secondary care (e.g. being in hospital), and evidence suggests a significant number of older people who are admitted to hospital in an un-planned way are “avoidably admitted.” The interim report concluded that the key to securing improved services for older people at less cost is a shift in investment from the provision of “acute” care for older people to community services and prevention. Work is underway as part of the Total Place pilot to develop a similar evidence base in relation to intensive social care.

The high level count suggested that in 2008/09 the three councils with responsibility for adult social care spent a total of £132m on older people, of which around £61m was spent on care home placements (without nursing) (Gross). The pattern of spend across the three councils is summarised below:

- Bournemouth Borough Council spend significantly more on care home placements (with and without nursing);
- Dorset County Council has historically been a low spender on both care home placements (with and without nursing) and community services for older people;
- Poole spends proportionately less than either Bournemouth or Dorset on care home placements (with and without nursing)

The proposition from the Total Place pilot is that other actions are needed in order to support the PCTs’ ambition to achieve a 15% shift. They include:

- Local government’s contribution to enhanced community services, including re-ablement
- A targeted programme of preventative activity;
- Locality and neighbourhood working putting GPs at the heart of an integrated approach;
- The long term impact of the development of universal services and social capital
14. Best practice

Early Investment

The case of Tameside illustrates how local impacts can differ and strategies moulded to local circumstances. The premise made is that primary intervention – built up with local partnerships, health services and the voluntary and community sector, is key to reducing or delaying demand for (expensive) care services.

One instance from the Linkage Plus pilots, identified savings (from fewer hip fractures) of £4.29 per Tai Chi class per person. This is an example of investing in one service, and saving in another.

Preventative measures

The Bournemouth, Poole and Dorset total place pilot presents a ‘how investment in prevention’ model, and the background factors contributing to social care need are outlined as: poor or inappropriate housing and environment, health, mobility and rehabilitation; lack or breakdown of informal care and social reasons – loneliness, fear of crime, and abuse. The effectiveness of preventative measures is illustrated through:

- Flexi-care housing in Hertfordshire
- Hartlepool GP leisure referral scheme
- Smart cards in Bolton
- Cost analysis of services for older people (total £33,548,332 in 2008/09 of which £31,122,000 comprised social care for the 65+ age group)

Age OK Initiative

The Age OK accreditation mark, launched in April 2009 by the Engage Network, is awarded to specific products and services that an expert panel has judged to be sufficiently ‘age-friendly’.

In order to win the accreditation, the product or service will go through a rigorous selection process that seeks to ensure that it has been designed inclusively, factoring in the needs that might pertain to an older person.

The specially-designed Sky accessible remote control is the first product to be awarded the Age OK accreditation mark.

Preventative measures

Age friendly policies

The Nottingham office of Domestic & General, a leading UK specialist provider of protection plans for repairing domestic appliances, is renowned for its retention of older workers. This is because of its age positive practices and for the numerous training programmes and opportunities for progression that it offers.

They have included a telephone interview into its recruitment strategy. There are two main benefits – telephone interviews reduce the risk of any possible age discrimination and allow the individual's phone skills to be tested, as the bulk of recruitment is for call centre staff.

In 2008, the firm launched its ‘Route to Success’ programme, which offers staff various ‘junctions’ of training, giving them greater business awareness, and making sure they are geared up for opportunities when they arrive.
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<tbody>
<tr>
<td>1</td>
<td>Training programme in association with transport operators as to how public transport workers can respond to older people's needs</td>
<td>Dec-12</td>
<td>All bus drivers required by law to obtain NVQ 2 in Road Passenger Transport. The council will facilitate a meeting between older groups with bus operators to allow the opportunity to highlight concerns regarding their needs</td>
<td>Simon Moon</td>
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<td>2</td>
<td>Investigate the possibility of a smart card which could be used for leisure services and on different forms of transport.</td>
<td>Ongoing</td>
<td>PCC is currently working with Southampton City Council (SCC) and Hampshire County Council to develop smartcards, &amp; build on the existing Solent TravelCard. The work continues to progress, but the original programme has been delayed pending further information regarding budgets. A study is due to be undertaken over the next few months on the possibility of a smartcard with leisure/tourist “add-ons” specifically for Portsmouth.</td>
<td>Simon Moon &amp; Stephen Baily</td>
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<td>3</td>
<td>All new housing to have regard to the &quot;designing out crime&quot; supplementary planning documents to ensure that housing is safe and secure</td>
<td></td>
<td>Consult with the crime prevention design adviser on all major housing developments</td>
<td>John Slater</td>
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<td>4</td>
<td>Pilot a project in a chosen neighbourhood or ward, which identifies potential avenues for auditing certain features for their &quot;age friendliness.&quot; Review the outcomes of the pilot, with a view to feeding it into the revised role of neighbourhood forums.</td>
<td>2011</td>
<td>The ward and selection criteria agreed by x (2011). The audit to be completed and results fed back to the relevant group by spring 2011.</td>
<td>James Sandy</td>
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<tr>
<td>5</td>
<td>Explore the feasibility of setting up an &quot;Age OK&quot; accreditation mark with businesses in the city and promoting this to businesses</td>
<td></td>
<td>Establish the accreditation mark as a recognised aim for Portsmouth firms, the local business support organisations.</td>
<td>Roger Harrison</td>
</tr>
<tr>
<td>6</td>
<td>Initiate a study of accessibility to Q A hospital by public transport and parking for private vehicles</td>
<td>Single deckers: 31/12/15 Double deckers:</td>
<td>Work will be carried to increase the number of fully accessible buses (SLF) from a baseline of 65% of buses (March 08). % SLF buses operating in Portsmouth: 80% by March 11; 85% by March 12; 90% by March</td>
<td>Simon Moon</td>
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<td></td>
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<td>31/12/16</td>
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<td>13; 95% by March 14; 100% by Jan 16.</td>
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<th>April 2011</th>
<th>Ongoing</th>
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<td></td>
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<td>Express bus services by First Hampshire &amp; Dorset and Stagecoach (South) Ltd provide a service every 15 minutes to the hospital from the Hard Interchange. Further work will be undertaken to investigate the possibility of enhancing the P&amp;R, including QA.</td>
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<th>310: 3/11 390 3/12 470 3/13 550 3/14 630 1/16</th>
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<td>A great deal of work has been carried providing bus stops with raised kerbs to increase the number of fully accessible bus stops from a baseline of 70 (March 2008). This has been achieved in partnership with bus operators and Colas. Currently the build programme is on target.</td>
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<th>Oct-10</th>
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<td></td>
<td></td>
<td>A new bus shelter is being put in on the north side of the hospital main entrance. All bus stops within hospital site will have high quality bus shelters &amp; raised kerbs.</td>
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<th></th>
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<th>Dec 2010 (if funding)</th>
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<td></td>
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<td>To enable the hospital main entrance to be served by the 1, 1C and 5 services, a turning circle will be put outside main entrance.</td>
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<th></th>
<th></th>
<th>Not applicable</th>
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<td></td>
<td></td>
<td>Hospital car-parking provision is the responsibility of the hospital as this is private land. The number of disabled parking bays is unknown, however based on the Department for Transport recommendation there should be 24 disabled bays.</td>
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<td>7</td>
<td></td>
<td>Investigate community car pools for older drivers or schemes where older drivers could sell their car and be provided with door to door services to the same value</td>
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<td></td>
<td></td>
<td>Mar-11</td>
<td>Simon Moon</td>
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<td></td>
<td></td>
<td>Being investigated as a part of the wider ranging review of car pool/volunteer driver schemes</td>
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<td>Make all shopping centres accessible and attractive to all sectors of the community, including older people</td>
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<td></td>
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<td>Continue to improve the connectivity of shopping areas such as Commercial Road through appropriate Area Action Plans and ensure that the master-planning of new shopping centres takes account of these issues</td>
<td>John Slater</td>
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<tr>
<td>9</td>
<td><strong>Publication of ‘How will you get around when you stop driving’ leaflet</strong></td>
<td>Summer 2011</td>
<td>Refresh and produce the Getting About Guide. Travel information for older and disabled people. Provide passenger information through the comprehensive timetable book, Public Transport Map, Buses to Portsmouth Hospital leaflet and ensure it is available to all communities</td>
</tr>
<tr>
<td>10</td>
<td>Continue to encourage the participation of older people in guiding and developing the core strategy and supporting documents, through the consultation process</td>
<td>Ongoing</td>
<td>Work with Portsmouth Pensioners Association to promote the opportunities of consulting on the core strategy</td>
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### Theme Two - Preparing well for later life

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<tbody>
<tr>
<td>1</td>
<td>Analyse evidence and see whether we could change the service model related to promoting earlier interventions in respect of podiatry, incontinence and stroke care.</td>
<td>tbc</td>
<td>Widespread awareness of mini health checks provided by pharmacies.</td>
<td>PCC/ PCT</td>
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<tr>
<td>2</td>
<td>Continue to support and raise awareness of the mini health checks provided by pharmacies, including the 6 Healthy Living Pharmacies and ten technicians trained as health champions.</td>
<td>Ongoing</td>
<td>Widespread awareness of mini health checks provided by pharmacies.</td>
<td>Susie Waller and PEJ</td>
</tr>
<tr>
<td>3</td>
<td>Raise awareness to those who are approaching 50 and above to make the most of employment opportunities such as further training and re-skilling, and work with partners to provide support to those on incapacity benefits.</td>
<td>Ongoing</td>
<td>Targets set out in the Working Skills Plan.</td>
<td>Denise Vine</td>
</tr>
<tr>
<td>4</td>
<td>Continue to provide vascular checks for 40-74 year olds at GP surgeries, and explore the feasibility of piloting whether pharmacies can deliver universal health checks.</td>
<td>Ongoing</td>
<td>A number of pharmacies offer universal health checks.</td>
<td>PEJ</td>
</tr>
<tr>
<td>5</td>
<td>Continue to promote regular visits to dentists</td>
<td>Ongoing</td>
<td>Increased % of people regularly attending the dentist.</td>
<td>SW &amp; PEJ</td>
</tr>
<tr>
<td>6</td>
<td>Ensure a coordinated approach when continuing the work in targeting high risk groups across the city in terms of health.</td>
<td>Ongoing</td>
<td>Reduce the numbers of people in the city at risk of poor health.</td>
<td>SW &amp; PEJ</td>
</tr>
<tr>
<td>7</td>
<td>Continue to collaborate with Portsmouth Football Club to improve men’s health &amp; fitness</td>
<td>Ongoing</td>
<td>Health indicators in men are improved e.g. lower blood pressure.</td>
<td>SW &amp; PEJ</td>
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<tr>
<td>9</td>
<td>Continue to develop and promote community based self-sustaining physical activity opportunities for people who currently do not undertake physical activity.</td>
<td>Ongoing</td>
<td>More people are actively involved in community based physical activity, and undertake on a regular basis</td>
<td>HIDs</td>
</tr>
<tr>
<td>10</td>
<td>Promote the principles of the “Positive Age” campaign (Newcastle University) which looks at the positive contribution older people make, and explore ways of integrating the research findings into what we do locally.</td>
<td>Ongoing</td>
<td>Explore and highlight the principles of this work. These principles are embedded as part of the work we do with customers.</td>
<td>ALL</td>
</tr>
<tr>
<td>11</td>
<td>Continue to monitor the NHS ‘Mid-life Life check’ scheme as it is introduced, (This is an online health/lifestyle assessment for people aged 45-60), and use the findings to influence commissioning and service provision</td>
<td>Ongoing</td>
<td>Service provision takes into account the results of the NHS mid-life health check.</td>
<td>Susie Waller &amp; PEJ</td>
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**Theme Three - Living well in later life**

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<tr>
<td>Develop the services offered by Homecheck and the Handyperson scheme, to meet a wider range of needs, such as keeping homes warm, safe and maintained, in order to support independence.</td>
<td>Spring 2011</td>
<td>Homecheck offers a wider range of information, and supports a wider range of needs. This could be measured through customer feedback.</td>
<td>Alan Cufley</td>
</tr>
<tr>
<td>Examine the wider benefits of offering Telecare, and work in partnership with other service providers to increase take-up</td>
<td>Spring 2011</td>
<td>Take-up of Telecare has increased</td>
<td>All</td>
</tr>
<tr>
<td>Continue to encourage lifelong learning opportunities for older people, look at opportunities to provide joint service delivery, and continue to offer fee concessions for adult learning</td>
<td>Ongoing</td>
<td>More people over the age of 60 are enrolled on a community learning (or similar) course</td>
<td>Steve Glennon</td>
</tr>
<tr>
<td>Ensure that the needs of older people in maintaining their homes are still met, through home improvements</td>
<td>Ongoing</td>
<td>Continue to seek investment/widen the source of investment</td>
<td>Alan Cufley</td>
</tr>
<tr>
<td>Explore opportunities with colleagues in the public, private and voluntary sector to create a network of “Take-up Champions” who could give advice on benefits, discounts and how to access services.</td>
<td>End of 2011</td>
<td>A network of take-up champions, who work within neighbourhoods and offer a range of advice, has been set up.</td>
<td>All</td>
</tr>
<tr>
<td>Regularly review each resident’s support plan in sheltered housing to ensure that services are designed to meet their changing needs</td>
<td>Ongoing</td>
<td>Resident supports plans reviewed at least every 6 months</td>
<td>Owen Buckwell</td>
</tr>
<tr>
<td>Ensure there is a supply of specialist accommodation for the elderly, including a proportion of which that is affordable</td>
<td></td>
<td>Continue to recognise the role of specialist retirement dwellings in housing developments by referring developers to the</td>
<td>John Slater</td>
</tr>
<tr>
<td></td>
<td>Working with the Portsmouth Pensioners Association, explore the possibility of establishing a database of volunteers in their 50s who would be able and willing to be involved in older people’s issues in the public, business and third sector</td>
<td>Spring 2011</td>
<td>Alan Burnett</td>
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</tr>
<tr>
<td>8</td>
<td><strong>Increase the frequency of services offered by libraries such as reading groups, including those with visual impairments, At Home library services for those who cannot get to a library independently and IT support sessions for Vision Impaired and 1:2:1 sessions; by promoting and targeting at vulnerable groups. Look at the feasibility of offering new services such as coffee mornings in libraries; transport services to enable less mobile to attend library activities and events and increase the intergenerational offer through downloads, IT support and reading/writing groups.</strong></td>
<td>Ongoing</td>
<td>Stephen Baily</td>
</tr>
<tr>
<td>9</td>
<td><strong>Increase engagement with groups currently underrepresented in library membership for this age range, i.e. men, women from Asian cultural groups, deaf community and all target age range in Fratton, Paulsgrove and Portsea.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Continue to support and help to improve the telephone befriending service offered by the Salvation Army, which contacts vulnerable older people</td>
<td>Increase the number of referrals to the service from social care services</td>
<td>Dru Moody</td>
</tr>
<tr>
<td>11</td>
<td>Continue to consult with older people about the content of the 60+ festival week.</td>
<td>Ongoing</td>
<td>Steve Baily/ Susie Waller</td>
</tr>
<tr>
<td>12</td>
<td>Raise awareness of the &quot;Fit Points&quot; installed on the seafront to improve health and fitness amongst older people, and encourage older people to use other facilities such as those found in parks across the city, which have no age limit</td>
<td>Positive progress on national indicator 137 to improve healthy life expectancy of the over 65s. Examine whether participation in sport decreases with age and gender.</td>
<td></td>
</tr>
<tr>
<td>Ref</td>
<td>Action</td>
<td>Timescale</td>
<td>Measures</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------------------------------</td>
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<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Encourage the development of sufficient extra-care homes in the city and of modern fit-for-purpose nursing provision</td>
<td>Ongoing</td>
<td>The number of extra-care homes meets the demand</td>
</tr>
<tr>
<td>2</td>
<td>Seek to always improve support for people to retain their independence when reviewing existing services for older people</td>
<td>Ongoing</td>
<td>We are currently measured by CQC on the number of people helped to live independently</td>
</tr>
<tr>
<td>3</td>
<td>Continue to encourage the take-up of direct payments and individual care budgets amongst existing and new care service users.</td>
<td>Immediate</td>
<td>All new service users are offered DP’s and Personal Budgets. Existing service users will be given the opportunity for changing to Direct Payments at review. Target for PB's by March 2011 is 30%</td>
</tr>
<tr>
<td>4</td>
<td>In conjunction with the Anti-Poverty Coordinator, work with current and future pensioners who live on low income and/or do not claim benefits to which they are entitled</td>
<td>Spring 2011</td>
<td>Increase in the number of older people who are claiming the benefits they are entitled to</td>
</tr>
<tr>
<td>5</td>
<td>Continue to facilitate and support the administration of the Disabled Facility Grant (DFG) in conjunction with other services</td>
<td>Ongoing</td>
<td>Increase the number of people who have access to the Disabled Facility Grant</td>
</tr>
<tr>
<td>6</td>
<td>Continue to work with Adult Social Care and Portsmouth Hospitals NHS Trust to keep hospital discharge arrangements under review to ensure that older persons can return to their sheltered home as soon as possible by providing the right support at the right time.</td>
<td>Ongoing</td>
<td>Reduce the amount of time that older people are kept in hospital, to ensure they return home as soon as possible</td>
</tr>
<tr>
<td>7</td>
<td>Work with the voluntary sector to explore the feasibility of expanding the Good Neighbour Scheme to establish a system of &quot;good neighbours&quot; in all localities, to provide support to older people, particularly the most vulnerable</td>
<td>Spring 2011</td>
<td>The Good Neighbour Scheme works across a greater number of localities</td>
</tr>
<tr>
<td>8</td>
<td>Use this strategy as a method for supporting the aims of the Carers Strategy</td>
<td>End 2010</td>
<td>The aims of both strategies are in synergy and promote the same messages</td>
</tr>
<tr>
<td>9</td>
<td>Continue to inform those in receipt of care services &amp; those about to use them of the latest quality rating of agencies and homes which they are considering using.</td>
<td>Ongoing</td>
<td>CQC publicise ratings on their website and in the publication 'Guide to Residential Care'. Teams are reminded to share this information with anyone who will be in receipt of a care service.</td>
</tr>
<tr>
<td></td>
<td>Action Description</td>
<td>Timeframe</td>
<td>Progress</td>
</tr>
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<td>---</td>
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<tr>
<td>10</td>
<td>Work with partners, including Hampshire Fire and Rescue, and PCC’s Trading Standards service to organise an awareness raising road show/workshop for residents looking at how to &quot;keep safe&quot;</td>
<td>Spring 2011</td>
<td>A greater number of older people feel more informed on how to keep safe.</td>
</tr>
<tr>
<td>11</td>
<td>Improve coordination and accessibility to informal counselling to older residents who have been victim to a range of problems</td>
<td>tbc</td>
<td>There is an increase in the number of older people who are referred, and take-up informal counselling (where appropriate)</td>
</tr>
<tr>
<td>12</td>
<td>Represent relatives on res. Home management groups</td>
<td>tbc</td>
<td>There is a relative represented on each management group of residential homes</td>
</tr>
</tbody>
</table>
Appendix two – maps for reference

15. Appendices

Health inequalities in the city (2001)

Long-term limiting illness (2001)
Appendix two – maps for reference

Income deprivation affecting older people (2007)

Estimated % of people aged 50-59 in Portsmouth, 2015

% of people aged 50-59 in Portsmouth 2010


Source: Hampshire CC Small Area Population Forecasts (2020 update)


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Appendix two – maps for reference

Persons aged 60 and over (2001)

State pension recipients (2008)
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