

# Shaping our futures

## 2009 - 2017

A strategy committing Gloucestershire County Council to work with people over 50 and its partner organisations to ensure that older people's contributions and needs are at the heart of delivering "Our Place: Our Future - the Gloucestershire Sustainable Community Strategy"



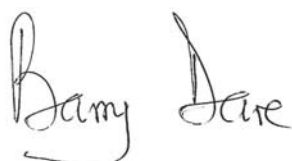
## Foreword

“Over the next 50 years, the UK and the rest of the developed world will experience an unprecedented change in the fabric of society. As life expectancy increases and birth rate remains low, the proportion of the population aged over 65 will increase dramatically. An ageing society is too often wrongly seen solely in terms of increasing dependence. But the reality is that as older people become an ever more significant proportion of the population, society will increasingly depend upon the contribution they can make.....One challenge is to unlock the potential for older people to play an even greater role. A second is to enable us all to prepare more effectively for new horizons in our later life. No one has a road map for a world where pensioners outnumber children and where for most people, more than a third of life is lived after age 50”<sup>1</sup>

That quotation from “Opportunity Age”, published in 2005, tells us all why we need a strategy for people over 50. The pattern of our families and communities is changing rapidly and we need to make sure that we make the most of the opportunities that change offers as well as facing up to the challenges it brings. Too often the image portrayed of older people is of frailty and dependence, when in fact many are active both in their own lives and in the life of their towns and villages, sustaining community relationships, resources and events. So we need to ensure we are listening to and learning from this group of people and recognising their place in the community.

Public authorities, as the Audit Commission found recently,<sup>2</sup> can too often assume that older people contacting them need care support, and shape their response accordingly. In fact their needs and interests are as diverse as any other person’s. So we need to make sure we don’t put people in the “needy and dependent” pigeonhole too soon, and that all our mainstream services are “age-proofed” – able to be used easily by people well into older age.

We recognise that we need to respond to these challenges. We should ensure that those aged 50+ (perhaps the “opportunity age” for preparing well for older age) can get the advice and information they need to make the choices that face them. We should also ensure that beyond 65 people are able to have “successful older age”. So this strategy is the Council’s commitment to work with people over 50 and with our partner organisations to agree the way Gloucestershire’s people and organisations will make the most of its older population, to their and our greater good.



Barry Dare  
*Leader, Gloucestershire County Council*



Peter Bungard  
*Chief Executive, Gloucestershire County Council*

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<sup>1</sup> *Opportunity Age: Meeting the Challenges of Ageing in the 21<sup>st</sup> Century*; Department of Work and Pensions 2005

<sup>2</sup> *Don't Stop Me Now: Preparing for an Ageing Population*; Audit Commission 2008

Check your stereotyping!! Are we working from facts or myths?

Myth	Fact
<p><b>“50-65 year olds have good incomes, good social lives and are in good health.....”</b></p>	<ul style="list-style-type: none"> <li>◆ The unemployment rate of those aged 50 to state pension age is higher than the rest of the working population</li> <li>◆ After age 50 annual average pay falls for the first time in working life</li> <li>◆ Just over 25% of 50-64 year olds reported a long term illness or disability</li> <li>◆ 25% of all women aged 50-54 are currently providing unpaid care for a family member, friend or neighbour</li> </ul>
<p><b>Over 65s are dependent, frail and disengaged.....”</b></p>	<ul style="list-style-type: none"> <li>◆ Only 15% of people over 65 receive social care</li> <li>◆ Only 3% of people over 65, 18% of people over 80 and 28% of people over 90 live in residential care</li> <li>◆ Only 20% of people over 80 suffer from dementia</li> <li>◆ 75% of people over 65 voted in the 2005 General election</li> </ul>
<p>Source: Audit Commission and additional sources 2008</p>	

# 1 Introduction

***“Age based assumptions and categorisation of people by age can inadvertently influence public service planning and delivery. .... Younger, more vulnerable over 50’s can slip through the net and miss out on assistance that could help them maintain their independence and well-being. Conversely, opportunities to maximise the potential in the over 65 group can be missed. .... The unprecedented demographic change brings with it both opportunities and challenges. Councils and their partners need to start planning now for larger, more diverse older populations.”<sup>3</sup>***

So the Audit Commission summed up in a recent publication the challenge that all local authorities and their partners have seen developing over recent years. The development of this strategy is Gloucestershire County Council’s response to this challenge and marks a sea change in the way that the council intends to work with, and plan for those residents of Gloucestershire who are over 50 years old. We recognise that the council has an important leadership role in shaping the future of Gloucestershire with our partner organisations and that the ageing profile of our population is a key element of that future.

“Our Place: Our Future”, the Sustainable Community Strategy for Gloucestershire, aims for the county to be a place:

- ◆ Where the future matters
- ◆ Where communities matter
- ◆ Where everyone matters
- ◆ Where people want to live
- ◆ That thrives

The challenge in developing this strategy is to bring this statement to life for those over 50: to provide for the needs of today’s older people and to plan for the aspirations of those of tomorrow - a very different generation. People between 50 and 65 often have a complex set of life changes to deal with. They will be planning to move out of work at some point, but may have increasingly dependent parents and also still have young adult children at home. We need to understand how both public and private sector organisations can support their planning and decision making in this phase: the “opportunity age” when the foundations can be laid for older age.

While 65 is used as a convenient marker point for older age, people’s perceptions and expectations of their later life are hugely varied. Through the strategy we aim to ensure that Gloucestershire organisations take the right approach to supporting people’s choices about how to live a “successful older age”. The strategy potentially completes a sequence of strategic statements which already covers children and young people, vulnerable groups of adults and the oldest and most dependent people.

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<sup>3</sup> “Don’t Stop me Now, preparing for an ageing population”; Audit Commission 2008

This strategy has been informed by national research and some previously existing local knowledge about the views of older people from them and from their representatives. In addition, a series of focus groups has been carried out in May and June 2009, engaging with a range of people over 50 to hear their current views and their responses to an earlier draft of this strategy.

This strategy was developed by a group of staff from across the County Council and the then Older People's Champion. (See Annex 1 for group membership.) Once the Council has approved the strategy in its current form, we will work with partner organisations across the statutory and voluntary sector, involving older people throughout, to complete a full action plan and finalise a joint strategy for sign off by the Gloucestershire Conference<sup>4</sup>.

## **2 Gloucestershire in facts and figures**

### **2.1 Population**

The population aged 75 and over is currently 8.8% of the county total compared to a national average of 7.7%. Although the total population is predicted to rise by 11% by 2026, the over 75 population will have grown by 69.6% in that same period to form 13.1% of the total population.

In the 2001 Census, 94.8% of local people described themselves as "White British". A further 2.4% classified themselves as white Irish and 'other' white. The county's Black & Minority Ethnic (BME) communities made up the remaining 2.8% of the population, but this was not evenly distributed across the county. Approximately half the BME population lives in the Gloucester District, where 7.5% of the overall population was from the BME community. The largest BME groups are Indian and Black Caribbean.

### **2.2 Health and Well-being**

Overall, Gloucestershire is a healthy place to live and work. Only 7.3% per cent of the population consider themselves "not in good health" compared to 9.2% for England and Wales. Average life expectancy is high, but health inequalities that still need to be tackled are shown in a difference of 2.9 years for men, and 2.1 for women in life expectancy between different parts of the County. For this reason Healthy Gloucestershire's <sup>5</sup> strategic aim is "To improve the overall health and wellbeing of people living in Gloucestershire and to narrow the gap in health outcomes between communities and groups living in our disadvantaged and more affluent areas."

### **2.3 Income and employment**

Gloucestershire is an affluent county. Generally local earnings exceed the national average, but relatively low average earnings in Gloucester and the Forest of Dean bring down the overall average. Until the recent recession started, the local economy has grown every year since 1991 and the county is highly self-contained for employment, with 87% of the working population employed within the county.

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<sup>4</sup> The Gloucestershire Conference is the County's Strategic Partnership

<sup>5</sup> The Health and Community Wellbeing Strategy for Gloucestershire

However there are real challenges. Around 11,000 residents live in localities that are amongst the most deprived 10% nationally. Five of these localities are in Gloucester and two are in Cheltenham. There are pockets of deprivation in our rural areas where isolation exacerbates the problems.

The county's unemployment rate has recently been two thirds of the national average with demand for labour being consistently higher than supply. On 2008 trends this discrepancy increases to around 26,000 more jobs than residents by 2015, but decreases sharply to 18,500 if planned additional houses are built in accordance to the Structure Plan Second Modifications and the Regional Spatial Strategy. The recession is clearly having an impact on the county, but the longer term effect is hard to predict at this stage.

30% of adults in the County are not in paid work, with the Forest of Dean having the highest levels. (Many of these people may however also be carers or volunteers.) Economic inactivity in all Districts is below the national level.

### **3 What do we know about our older population now?**

We already have a lot of information about our older population and the recent development of the Joint Strategic Needs Assessment (JSNA) will provide a more flexible and comprehensive single source of information to support the next stages of the development of this strategy.

#### **3.1 An Ageing Population**

- ◆ The latest projection is that the number of people aged 50+ will grow by 33% between 2008 and 2026 compared to 13% for the overall population.
- ◆ The number of people aged 50-64 will increase by 18,000 to a total of 132,000 in 2026, while the number of people aged 65+ will rise by 55,000 to reach 162,000 over the same period.
- ◆ The gender balance of older people shifts over time, with a fairly even balance in the 65 -74 age range, but with women comprising 72% of the over 85s, though over the last ten years the percentage of men in each age band has increased slightly.
- ◆ The demographic spread in various ethnic minority communities varies considerably. The White Irish and Black Caribbean communities have the same age profile as the White population. South Asian communities generally have a better balance between children, working age adults and older people, and mixed race groups have generally a younger profile.

#### **3.2 Impacts of the trend**

- ◆ The proportion of older people requiring care and support is increasing because those over 85 years of age tend to require by far the most care and the number remaining healthy is not growing as fast as the number living longer.
- ◆ The growth of the older population will present a long-term challenge to local service providers in particular in sustainable health and social care, housing services, public transport infrastructure and community safety

- ◆ It also opens up the opportunity to encourage economic participation among older people. Supported by life-long learning, this would maintain the competitiveness of the local economy when the local working age population is predicted to fall.
- ◆ There is also the need to harness the rising expectations among the increasingly sophisticated and more vocal older people by engaging them in civic matters and community and voluntary projects, which could benefit local democracy and communities and help combat ageism.

### **3.3 Older People Living On Their Own**

Changes in society generally are leading to an increase in the number of single person households and this will equally affect older people, particularly older women.

- ◆ The projected decline in marriages and re-marriages will increase the number of one-person households among people aged 50-64.
- ◆ The projection is that the number of people aged 50+ living on their own will increase from 51,000 to 79,000 between 2006 and 2026.
- ◆ 4 in 10 lone pensioners are predicted to be over 75.
- ◆ Adequate provision of transport services to facilitate access to services will be a key issue for lone pensioners as they are far more likely to be without a car than pensioner couples.
- ◆ The growing number of older people living on their own will also have an impact on the overall demand for support at home from outside the family.

### **3.4 Older people and the Workforce**

Older workers will be increasingly vital to the success of the local economy as the number of younger workforce is projected to reduce.

- ◆ By 2026, 37% of the local workforce will be aged 50-64, compared to the current 33%. This will have wide-ranging policy implications for local businesses in terms of recruitment, training support, retention and pension funding.
- ◆ Making full use of the employment potential of older workers will be essential to maintain the competitiveness of the local economy. Around a fifth of all unemployed claimants in the County are aged 50 or above, or around 1,000 people at any time, who are available and looking for work. The majority of these are between the age of 50 and 59.
- ◆ How to improve access to life-long learning among the older workforce would be a key issue to improve their employability, for instance. Older workers are known to be less likely to obtain training from employers than younger workers. Furthermore, nearly two-thirds of people aged 65-74 have no (known) qualifications.

### **3.5 Older People and Health**

There is a close correlation between age and increasing health problems. However, there is also a lot that people can do throughout their life to maintain their health and

fitness, and this is strongly promoted through public health policy. This can have both physical and social benefits, and so contribute to a healthy older age.

- ◆ 20% of people aged 50-64 have a disability/long-term illness. The proportion rises to 35% among people aged 65-74, further to 56% among the 75+.
- ◆ The overall population aged 50+ with a disability/long-term illness is projected to rise from 71,000 people to 86,000 between now and 2008, an increase of 20%.
- ◆ Rates of admission to hospital following accidents, often as a result of slips trips and falls, show an overall increasing trend. The rates vary across the Districts with Cheltenham and Cotswold higher than average and Tewkesbury, Gloucester and Forest of Dean lower.

### **3.5 Older People and deprivation**

- ◆ About 14% of all people of 60+ in the County, about 18,800 people, live in income deprivation. That is those adults 60 or over living in pension credit (guarantee) households as a proportion of all those 60 or over. The largest numbers are in Gloucester (3,900) and Stroud (3,600).
- ◆ There are 21 “hotspots” in the County ranked among the worst 20% of localities nationally for the proportion of older people in income deprivation.
- ◆ Fuel poverty<sup>6</sup> is another deprivation that is an increasingly urgent issue for older people as fuel costs continue to soar, with serious health implications. Currently there are no available data about fuel poverty among older people in the County, but applying the findings of research in the West Midlands would give a figure for Gloucestershire of 7,000 households of 60+ living in fuel poverty in 2003

### **3.6 Older People as Carers**

- ◆ Currently around 1,300 people aged 50+ in the County are in receipt of Carers Allowance. The real number of carers, however, is much higher as not all carers are eligible for the allowance or making claims.
- ◆ Census data suggest that in 2001, a total of 13,000 people aged 55-64 and 11,000 people aged 65+ in the County considered themselves as carers to their family
- ◆ Carers make the largest contribution to the care of vulnerable individuals, but this can be at cost to their own health, social contacts and employment opportunities

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<sup>6</sup> A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain a satisfactory heating regime. The number of households in fuel poverty is believed to have at least doubled since 2003 and is likely to increase with the recent rise in fuel prices.

- ◆ The number of older carers is likely to increase in the next 20 years when the population ages and more elderly people will need to care for their partner.

## 4 What do we know about older people's views?

The way that the council currently consults with older people is developing but is not yet consistent or well-co-ordinated with partner organisations. We have established some strong forums such as the Gloucestershire Older People's Assembly but we do not yet have a fully rounded picture of the views of the various groups in the county. We have used some of the feedback we do have to shape this strategy and have also conducted focus groups to test our thinking. The work on engagement proposed by this strategy will also be the basis for Gloucestershire's response to "*Empowering Engagement: a stronger voice for older people*" which is the latest thinking from government about national, regional and local engagement of older people in shaping policy and services.

### 4.1 National Research Findings

Evidence from national studies (see bibliography) of what people say about their preferences and needs in later life suggests five overarching factors which should inform all developments that have an impact on their lives.

- ◆ **Knowledge and experience** – Older people represent “an enormous resource in building ‘healthy’ communities” and their collective experience should be an essential component of strategy development. They want to be involved in decision-making and a range of opportunities for participation and engagement needs to be developed which recognises the changing and shifting pattern of older people's lives
- ◆ **Changing lives** – Older people view their lives as a time of transition characterised by contrasting feelings of loss and opportunity, change and adjustment.
- ◆ **See the whole life** – There is a clear inter-relationship between ill health, disability and restriction, the loss of social relationships and potential depression – all of which together can exacerbate functional decline. Support that focuses on the psychological, emotional, social and cultural impacts of ageing as well as primary physical impacts - is likely to be more effective.
- ◆ **Community before care** – Older people are keenly aware of “the intermeshing of their lives inside their houses with the worlds outside”, eg the effects of post office closures; decreases in public transport. Services on offer may deal poorly with this reality, offering care services and thereby risking overlooking what helps people maintain, or develop, full lives.
- ◆ Older people's opinions and views about well-being and its maintenance “do not arrive ‘suddenly’ on receipt of the pension”: the same anxieties,

values and preferences expressed by older people are also articulated by the ‘younger old’ anticipating (or dreading) their future.

The same factors are present in accounts of older people from all ethnic groups, even though the ways in which they are both explained and experienced may be influenced by ethnicity.

The research messages regarding what older people say have the most impact on their lives can be summarised as different “Ways to Wellbeing”.

- ◆ **housing and the home**, including having a safe, comfortable home which is kept in good order
- ◆ **neighbourhood**, being close to friends, shops and other amenities, in safe, well-designed towns and streets;
- ◆ **social activities, social networks and keeping busy**, including opportunities for learning, leisure and fun, and involvement in community activity;
- ◆ **getting out and about**, whether by car, bus or other forms of transport,
- ◆ **income**: having an adequate and reliable income helps make it possible to exercise choice and control
- ◆ **information**, to find out about the opportunities and services that are available;
- ◆ **health and healthy living**, including access to NHS services and advice on how to stay healthy and increase fitness<sup>7</sup>

## 4.2 Local Research

The following feedback about the views of older people about local services is taken from a BVPI satisfaction survey of 9,000 people in Gloucestershire which was undertaken in the winter of 2006/07. From a service perspective, older people generally tended to be more satisfied with council services than younger people. (Table 1)

**Table 1:** Satisfaction with Local Authority

	<b>18-26</b>	<b>27-34</b>	<b>35-49</b>	<b>50-64</b>	<b>65-74</b>	<b>75+</b>
% Satisfaction with Local area	52	53	53	57	67	69
% Dissatisfaction with Local area	13	11	12	11	7	6
% Satisfied with GCC*	51	46	42	47	54	55
Average % trust score (GCC)*	44	43	45	47	47	49

<sup>7</sup> These dimensions are the most useful to use for this strategy, being the most over-arching, but they also relate strongly to the outcomes for adults set out in “Our Health Our Care Our Say”, (DH 2006) is based, which are: Improved health and well-being; Improved quality of life; Making a positive contribution; Choice and control; Freedom from discrimination; Economic well-being; Personal dignity.

Service priorities of older people appear to change as they move through life. (Table 2)

**Table 2: Service Priorities by Age Group**

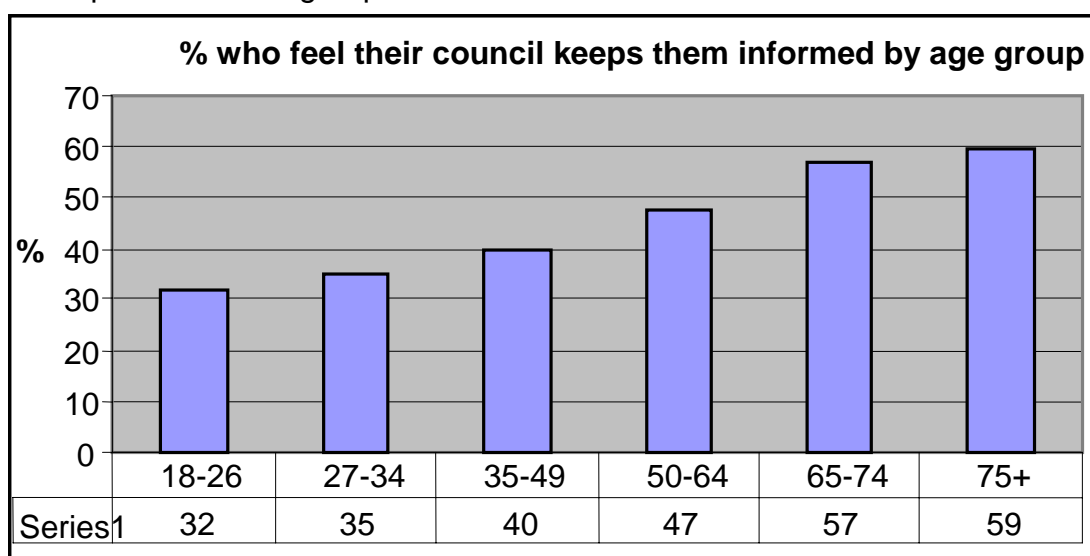
Priority in ranked order	50-64	65-74	75+
Priority 1	The level of crime	Health services	Health services
Priority 2	Health services	The level of crime	Road and pavement repairs
Priority 3	Affordable decent housing	Road and pavement repairs	The level of crime
Priority 4	The level of traffic congestion	Public transport	Public transport
Priority 5	Public transport	Affordable decent housing	Clean streets
Priority 6	Clean streets	Clean streets	Affordable decent housing and Shopping facilities

Some services which could improve the well being of people as age are not being taken up. (Table 3)

**Table 3: % of People who never or very rarely use the cultural/ recreational facilities**

	18-26	27-34	35-49	50-64	65-74	75+
Sports/leisure facilities and events	23	25	29	48	58	65
Libraries	49	41	37	41	36	39
Museums and galleries	66	58	54	51	52	57
Theatres / Concert halls	57	52	46	45	48	55
Parks and open spaces	10	7	10	16	18	30

In a local survey older people did however appear to feel well informed about GCC services compared to other groups.



### **4.3 Local Focus Groups**

Between May and July 2008 a series of focus group discussions was organised to support the work of a scrutiny task group looking at community support to older people. These highlighted the following key issues as most likely to be of importance to older people in Gloucestershire:

- ◆ Access to information
- ◆ Access to services
- ◆ Money
- ◆ Public transport
- ◆ Mental and physical well-being

A further series of focus groups has been carried out in May and June 2009 specifically to seek views on this strategy (in an earlier draft) and its proposals and the report on these groups is attached. The main conclusions of the work are summarised here. Early feedback had already influenced revision of the strategy and some of the points about the objectives are now picked up in this final version. The rest will be very helpful in the resultant development and action planning, and the Council is very grateful to all those who took the time to contribute to these discussions.

#### ***Seven Dimensions***

The groups agreed that the “seven dimensions of well being” (4.1.above) are the things that have the most impact on people’s lives. However they are all intrinsically linked, so need to be considered in that way. They thought there could be a better title than “The 7 dimensions of well-being’. “Ways to Well Being” has therefore been used as a potentially more user-friendly expression, pending further discussion.

The dimensions aren’t necessarily age specific, but do become more important as people become older and more vulnerable. Participants also identified gaps in the dimensions; mainly that there was no mention of carers and their needs and that personal safety and the police aren’t mentioned explicitly enough.

It was also identified that getting the right information at the right time and in the right format is vital.

#### ***Strategy Objectives***

The groups found these are hard to disagree with because they are so broad. Many participants commented that they need to be more clearly linked to the seven dimensions and more specific so that their impact can be measured.

#### ***Other issues***

These are issues that have come out through the groups that may not be specifically linked to the draft strategy, but have been identified as important:

1. Many felt that it was not the right approach to try and group people by age. A lot of the issues that were discussed were not age specific, and many felt that a geographic approach would be better.
2. Most participants pointed out that being 50 or over does not mean you should be labelled as being old.

3. It is important that we value the contribution that people can make as they get older. This point in life is often a time to try something new. As much as there are people, irrespective of age, that may need care and support there are also many people who can and want to contribute to their community.
4. It is vital that people are allowed the opportunity to make informed choices about their lives.
5. Confidence is a fundamental part of maintaining quality of life. However, it is very easy to lose and regain confidence. A trip or fall is a shock to anyone, but as people get older the impact can be a lot more significant.

#### **4.4 Applying the research**

Well-being in older age therefore requires understanding and action at many different levels:

- ◆ at the individual level, services and support which sustain 'healthy' ageing are those which open up opportunities for self-expression and engagement in social relationships and activities; provide practical, social and emotional support in coming to terms with and managing life changes; and offer assistance in dealing with the 'daily hassles' that constrain people's lives;
- ◆ at the neighbourhood or community level, securing well-being requires the creation of environments that are safe, secure and easily negotiated, as well as the integration of older people into decision-making structures and systems to effect positive change;
- ◆ At the societal level, it is about action to reduce inequalities and changes in attitudes and values that are discriminatory and that devalue ageing.
- ◆ With an emphasis on access to information and to services underpinning it all

### **5 What is already in place?**

There is already much to be proud of in Gloucestershire that aims to support older people at all these different levels, and that has grown from initiatives in communities, across the voluntary sector and through statutory organisations. It ranges from county wide schemes such as the nationally recognised Village Agent programme or the Warm and Well scheme promoting affordable warmth, through to a wide range of very local projects promoting physical activity, arts, music and other cultural opportunities.

It includes adapting existing facilities, such as replacing stiles on footpaths with gates to make for easier access, through to new preoccupations such as promoting IT skills in older age including "computer buddies" – one older person supporting the other's learning. People are supported to maintain their skills, for example through the Safer Driving with Age scheme, and to maintain their income through sources of financial advice.

We now need to sustain our successes and learn from our less good outcomes and from innovative actions in other areas. We need to identify, through our engagement with older people, the aspects where we have more to do and how we can achieve

that with them, and we need to work in a more co-ordinated way across all our developments.

## 6 Our vision for the future

This proposed strategy for an ageing population is a response to the changes taking place in Gloucestershire. Our vision is based on understanding the need for an holistic approach to older age which is demonstrated by research and by local feedback. We want Gloucestershire to be a place where:

***“Older people are empowered to live their lives in a way they choose and where their skills, knowledge and expertise are valued by all groups in society”***

Our 10 proposed key outcomes, based on the dimensions of well-being outlined above (section 4.1), are that older people:

- ◆ feel safe and comfortable in decent homes
- ◆ live in safe neighbourhoods in which they feel valued and in which their lifestyles are accommodated alongside those of others.
- ◆ have good social networks and participate in social activities according to choice
- ◆ have opportunities for learning
- ◆ contribute to community life and are engaged in decision-making
- ◆ can get out and about easily
- ◆ have an adequate and reliable income
- ◆ receive appropriate information and advice about finances, opportunities, choices and available services
- ◆ access a range of ‘healthy lifestyle’ facilities and services
- ◆ with their carers, have access to appropriate social care and health services

These reflect and build on commitments in existing partnership activities such as the Healthy Gloucestershire focus on Active and Healthy Ageing; Accessible, Healthy and Safe Housing; Improved Emotional Health and Wellbeing and Access to Services.

The Gloucestershire Conference network of thematic partnerships and local partnerships provides a structure through which this strategy and its objectives can be developed and finalised, drawing both on existing services and the potential for shared new initiatives.

**Our intention is that the joint strategy resulting from the objectives set out below will include a vision statement signed by all members of the Gloucestershire Conference.**

## **7 Our Objectives to drive change**

**We will work with older people and our partner organisations to achieve the following objectives. They will lead to more specific shared objectives, plans and timescales being agreed.**

### **Objective 1**

**Develop a strategic approach that:**

- ◆ **Tackles age discrimination in every sense; seeing older people's individuality and their lives in the round**
- ◆ **Mobilises the resources older people have to offer**
- ◆ **Addresses their priorities**
- ◆ **Involves mainstream services and businesses, not just those specifically concerned with health and care: putting "age-proofing" into action**

### **Initial actions:**

- ◆ We will work through the local and thematic partnerships of the Gloucestershire Conference to create a joint vision and strategy that addresses the Ways to Wellbeing and is based in engagement with older people
- ◆ The strategy will draw on partners' existing visions and activities and develop them collaboratively and will set clear shared targets and milestones for their delivery.
- ◆ Implementation plans will be developed in the form of one year Action Cards, with clear targets.
- ◆ We will build up an effective network of Older People's champions across all our organisations.

### **Objective 2**

**To engage older people and their representative groups in all aspects of the strategic approach and in commissioning, designing and delivering mainstream and targeted services.**

### **Initial actions:**

- ◆ We will work with Gloucestershire Older People's Assembly and other representative organisations to establish a method for engagement in the strategy development
- ◆ We will establish ongoing arrangements to engage with a range of older people to achieve this objective and those of the overall strategy.

- ◆ We will address through these discussions the feedback that “being 50 or over does not mean you should be labelled as being old” and what language should be used.

### **Objective 3**

**To deliver a comprehensive, co-ordinated range of information, advice and support to older people that enables independent lives**

#### **Initial actions:**

- ◆ Establish through engagement activity as above the right range of formats, routes and locations for co-ordinated information to be delivered.
- ◆ We will apply the “Ways to Well Being” to our action planning so that the full range of inter-related issues is addressed.

### **Objective 4**

**To work with our communities, building on the active contributions of people of all ages to the life of their towns and villages, so that older people’s health and well being is sustained and they have access to the services and facilities they need.**

#### **Initial Actions**

- ◆ We will develop Inter-generational approaches to increase understanding and respect between older people and younger people.
- ◆ We will build on existing initiatives in both rural and urban areas that aim to sustain and develop communities and older people’s place and contribution in them.
- ◆ We will raise awareness across communities of the everyday things that contribute to the “Ways to Well Being” for all community members, but particularly in older age.

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## 8. What Happens Next?

This outline will need to be further developed by the Steering Group and, as noted above, the strategy and actions will link to and draw on existing commitments and initiatives across the partnerships.

<b>Action</b>	<b>By Whom</b>	<b>Timescale</b>
Engagement process started.	Group Director C & AC and consultation teams.	August 2009
Strategy Steering Group set up.	Group Director C & AC	September 2009
Strategy presented and discussed at thematic partnerships and local strategic partnerships with feed back to Steering Group.	Group Directors at thematic partnerships; County Council representatives at LSPs.	September – December 2009
Full engagement arrangements in place	Steering Group and engagement partners	December 2009
Proposed joint vision and strategy developed from feedback.	Steering Group	November 2009 – January 2010
Partnerships and engagement groups review and finalise vision and strategy.	Group Directors and representatives as above.	January – March 2010
Action Cards for 2010 – 2011 produced	Partnerships and Steering Group	January – March 2010
Final vision and strategy published	Gloucestershire Conference	April 2010

## Annex 1

### Strategy Development Group Membership

Margaret Sheather	Group Director (Chair)
Cllr Deryck Nash	Older People's Champion to June 2009
Bee Maidlow	Community & Adult Care
Jo Hand	Libraries & Information Service
Rosie Callinan	Customer Services
Kay Patel	Customer Services
Louise Brady	Community Safety
Sara Gardner	Community Safety
Rob Hart	Environment
Nick Berry	Chief Executive's Support Unit

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