

City and County of Swansea

Swansea Local Service Board & Healthy City Board Ageing Well and Strategy for Older People Action Plan

2015 - 2019

Mae'r ddogfen hefyd ar gael yn Gymraeg.
This document is also available in Welsh.



City and County of Swansea Local Service Board & Healthy City Board Ageing Well and Strategy for Older People Action Plan 2015 - 2019

1. Background

1.1 The City & County of Swansea with its partners have been implementing the Strategy for Older People since 2003/4. Work has commenced on implementing the third phase of the Strategy (Living Longer Living Better 2013-23) with the vision that:

- *people in Wales feel valued and supported, whatever their age.*
- *all older people in Wales have the social, environmental and financial resources they need to deal with the opportunities and challenges they face.*

<http://gov.wales/topics/health/publications/socialcare/strategies/older/?skip=1&lang=en>

The strategy priorities and outcomes have been mapped to this ageing well action plan.

As part of engagement work on the third phase older people in the City & County of Swansea through Network 50+ determined the following as key priorities:

- Health and support
- Finance
- Getting out and about and social activity.

1.2 The Older People's Commissioner for Wales' office, supported by the Welsh Government, WLGA, NHS Wales, etc. has led the development of the Ageing Well in Wales Programme.

<http://www.ageingwellinwales.com/en/about-us>

The overall aim of the programme is to ensure that there is an improvement in the wellbeing of people aged 50+ in Wales and it has the following priority areas:

- Age Friendly Communities
- Dementia Supportive Communities
- Falls Prevention
- Opportunities for Learning and Employment
- Loneliness and Isolation.

These areas support the implementation and achievement of the outcomes of the third phase of the Strategy for Older People.

As part of engagement work on the third phase in the City & County of Swansea, older people, through Network 50+ determined the top ageing well priorities for those aged over 50 were:

1. Feeling safe at home and in the community
2. Being treated fairly with dignity and respect
3. An adequate pension provision or adequate income
4. Having support to remain independent and live in own home
5. Maintaining relationships with family and friends
6. Support to maintain a good level of health.

1.3 In February 2014 the Council's Cabinet signed the Dublin Declaration on age-friendly cities and communities in Europe. In September 2014 the Council resolved to work towards making Swansea a Dementia Supportive Community.

2. Data and Assessment

2.1 Key data

- 90,100 or 37.3% of the population of the City & County of Swansea are aged over 50
- Between 2003 and 2013 in the City & County of Swansea:
 - the total population (all ages) has increased by 14,000
 - in the 45-54 age group there has been an increase of 2,800 (+9.7%)
 - those aged 60-69 have increased by 4,400 (+19.1%)
 - those aged over 85 are estimated to have increased by 1,200 (25%) to around 6,100 people in 2013.
- There are now five wards where over 50% of the population is aged 50+ (Newton, Bishopston, Mayals, Pennard and Killay South).

2.2 Trends

The One Swansea Plan Needs Assessment indicates that:

- A large variance in healthy life expectancy with a gap of nearly 23 years for males and 15 years for females between the most and least deprived areas.
- A lower proportion of adults aged 50-64 are without qualifications than UK
- 38.0% of those aged 50-64 in Swansea are workless which are above the rates for Wales (35.8%) and the UK (32.5%)

- A lower percentage of the male population survive until the age of 75 compared to the averages for Wales and England. For females, the Swansea figure is higher than Wales but lower than England.
- The rates of premature mortality for:
 - males are around three times higher in the 20% most deprived areas of Swansea compared to the 20% least deprived areas.
 - females are twice as high in the 20% most deprived areas of Swansea compared to the 20% least deprived areas
- the life expectancy gap for:
 - males has increased between 2001-2005 and 2005-2009 from 10.9 years to 12.2 years
 - females has also increased over this time period from 7.3 years in 2001-2005 to 7.4 years in 2005-2009.

3. One Swansea Plan

3.1 The One Swansea Plan and Needs Assessment has:

- An overarching vision for all
- Population outcomes and challenges - the outcome *People are Healthy, Safe and Independent* includes Older People's Independence
- Other challenges within the plan also have a relevance to older people including for example, economic inactivity, personal debt, adult qualifications, life expectancy, public transport and housing quality.
<http://www.swansea.gov.uk/oneswansea>

3.2 At its meeting in July 2014 the LSB decided to develop and agree an overarching strategy and plan for older people with the aims of:

- creating coherence across organisations with older people at the centre of decision making.
- building on existing strategic developments such as Age-Friendly City, Dementia Supportive City, the Welsh Government's Older People's Strategy and the Ageing Well in Wales Programme.

3.3 The work developing this plan has been overseen by the LSB Older People's Strategy Partnership Group which is chaired by the Director of People at the City & County of Swansea with representatives from Network 50+ and relevant LSB partners. Four planning groups covering the priorities have led the development of the plan which has been considered by the Swansea Local Service Board and Healthy City Board with input from older people through Network 50+. The plan is based on the Ageing Well in Wales Programme.

4. Involvement of Older People

4.1 Older people's views and issues have been represented and considered in the planning work in the following ways:

- Three members of the Network 50+ Reference Group represent the interests of older people on the LSB Older People's Strategy Partnership Group
- Members of the Network 50+ Reference Group have represented the interests of older people on each of the four planning groups and are informed by engagement work undertaken:
 - At a city centre drop in event on ageing well held on 27th March attended by 60 older people and a number of our partnership organisations.
 - In an online survey covering each of the five ageing well priorities (with 73 respondents).
 - Two forums considered the draft actions and outcome statements in July (with 35 participants).
 - A forum for representatives of BME communities held in August (20 participants).

4.2 The outcomes of the engagement have been made available to each of the planning groups and Appendix 1 highlights some of the key areas raised under each of the priorities which have been used to inform the plan.

5. Current work & gaps - summary

Significant activity already takes place in relation to each of the priorities. The following summarises some current work, gaps and challenges for each of the priorities:

Age Friendly Communities (AFC)

A range of work is already occurring that contributes to the development of age friendly communities, e.g., community connectors, services offered by libraries (39,832 registered library customers are 50+ which is 16% of the total population [and around 44% of those aged over 50] and 32% of current registered library customers), community centres, museums & galleries, Community First, Third Sector provision including specific services, e.g., from Age Cymru Swansea Bay, Swansea Care & Repair, Swansea Carers' Centre and community provision through groups and formal and informal volunteering. The importance of transport is recognised. Further planned work or possible opportunities that would support AFC include local area coordination, planning and work on the Local Development Plan (LDP), Western Bay access audit and Get Swansea Online.

Gaps & challenges include work with schools and the involvement of younger people including more intergenerational work, support & information to, and involvement of, local businesses, measures to support people who are below critical need, information & awareness-raising to support individuals to maintain independence, further digital inclusion work, shared spaces for professionals and organisations.

Dementia Supportive Communities

Some work is already being undertaken that contributes towards the development of dementia supportive communities, e.g., support for the Swansea Dementia Supportive Community Forum (and Gala), Dementia Friends initiative, on line dementia awareness training and dementia champions. There is also provision within the Third Sector, e.g., by Swansea Alzheimer's Society and community provision, e.g., Forget Me Not Clubs. Some partners are raising the awareness of their staff, e.g., around 7,000 staff in ABMUHB have undertaken dementia awareness training. Further planned work include a pilot with the Ambulance Service to identify people who need to be referred and an information leaflet for GPs. Possible opportunities include that Local Area Coordination (LAC) and Community Connectors could potentially offer support post-diagnosis.

Gaps & challenges include a lack of support between GP referral and scan, information & training for different groups of workers, e.g., front line staff, taxi drivers, retail workers, etc. and the need to map the provisions of the Welsh Government Dementia Plan.

Falls Prevention

Work undertaken or in place includes, e.g., Falls Prevention Guide developed and distributed to all GP practices, home safety checks, healthy home check, community based exercise classes, over 85s medication review, national exercise referral scheme, disability facilities grant, mobile wardens, assistive technology, welcome home from hospital service, healthy eating and staying warm advice.

Gaps & challenges include further resources would allow wider distribution of the falls prevention guide, identification of key messages and positive co-ordination. Further resources would also allow for more personnel to have training around falls prevention.

Opportunities for Learning and Employment

A range of opportunities for learning and employment are already available through the Swansea Learning Partnership with a programme of vocational and non-vocational classes delivered across a range of subjects (mainly in Community First areas). Structured evaluation and data gathering processes are in place, e.g., on completion and learner satisfaction. Opportunities are also delivered, e.g., in libraries, community centres, museums and galleries as well as Third Sector provision, e.g., University of the Third Age (U3A) and Menter Iaith Abertawe/Swansea Welsh Language Initiative. Planned work or possible opportunities include Get Swansea Online, LIFT pilot project in Penlan (long term unemployed), work by Gower College and Shaw Trust (long term unemployed disabled people) and learning opportunities for Swansea Alzheimer's Society users.

Gaps & challenges include a key issue is the reduction of Welsh Government and European funding to Adult Community Learning and Family Learning, Further Education and Third Sector provision and thus the sustainability of current provision. Funding for work-based learning has been reduced with a re-focus of the programme on those aged under 25. ACL does not currently deliver in rural areas or Swansea West.

Loneliness and Isolation

A range of opportunities and activities are available that support addressing loneliness and isolation including, e.g., community clubs and groups, activity in community centres and senior citizen pavilions, libraries (including housebound service), work of community connectors, adult learning classes, community first projects, sensory impairment groups, Third Sector broker and provision, e.g., Age Cymru Swansea Bay befriending service. Welfare Rights Team promotes financial inclusion and maximising income. Further planned work or possible opportunities include local area coordination, RNIB & Action on Hearing Loss support groups.

Gaps & challenges include – training for front line staff on loneliness & isolation and where to signpost people, accessible community transport and transport for people to be able to participate, retention of community facilities and services, e.g., libraries and community centres at a time of budget reduction, provision that meets the needs of differing generations of older people, meeting the needs and experiences of different communities, e.g., members of BME groups could be isolated due to language/cultural barriers and the lack of provision of interpreters.

6. Review Process:

6.1 Each action will have a process for evaluation and during 2015-16 the LSB will review progress on the plan at every meeting and consider any barriers to implementation.

6.2 As this is a 3 to 4 year plan actions will be reviewed on an annual basis and revised or changed as required and reported to the LSB. The review will include work with members of Swansea Network 50+ every June/July with outcomes included in the annual review report to the LSB.

7. Action Plan

7.1 The following action plan draws out key joint actions from the planning process and engagement with older people.

7.2 In undertaking the work the following has been considered:

- i. All public bodies are facing unprecedented challenges in relation to budgets and demands on services therefore possible opportunities have been identified where increased co-operation will potentially produce more efficient working and improved outcomes within current resources
- ii. While acknowledging the challenging context there is also recognition that there are opportunities for attaining further coherence in actions and outcomes across partners as a basis for seeking improved results for, and with, older people and to meet organisations' aims and priorities through further joint working
- iii. It is positive that we are living longer and we want to:
 - recognise the contribution older people make to all walks of life
 - support this contribution throughout the ageing process
 - recognise that older people can support organisations with change, service design, etc. and the need to facilitate this through effective engagement and involvement.
- iv. The need to focus on prevention and early intervention recognises that:
 - this meets the wishes and needs of older people – to be able to remain independent, contribute and take responsibility for as long as possible
 - supporting independence reduces, or delays the need for intensive services
- v. Meeting the needs of diverse communities, groups, carers and paying due regard to the provisions of the Equality Act, Welsh Language Measure and older people's statement of rights.
- vi. A focus on the age of 50 and over recognises this as a point when age can start to impact on our lives in terms of, e.g., employment, health, etc.
- vii. The ageing well plan could form an initial basis for the well-being plan that will be required of the new Public Service Board (PSB) and therefore has relevance for people of all ages.

7.3 Therefore, in developing the plan the following areas, which work across the five priorities, have emerged as a focus for the LSB:

i). **Participation and involvement** of older people in all areas of this work and the need to value and expect the active involvement of older people when organisations are developing or changing policy, services, etc.

- ii). The need to attempt **a coordinated approach** to identifying, and responding to, older people's contribution and needs when our organisations are in contact with older people - with a clear focus on **prevention** (across the functions of all partners).
- iii). Where possible to jointly develop and deliver **training and awareness** raising provision.
- iv). Ensure clarity, timeliness and sufficiency of **information** provided to, and with, older people across organisations.

City and County of Swansea Local Service Board (LSB) & Healthy City Ageing Well and Strategy for Older People Action Plan 2015-19

Ageing Well Aim	Ageing Well Outcome	LSB Action	Outcome Statement(s)	Quantitative Outcome(s)	Responsibility/Lead organisation	Timeline (with actions reviewed annually)	Resource Requirements	Strategy for Older People priority/outcome supported
<p>1. Age Friendly Communities:</p> <p>To make Wales a Nation of Age-Friendly Communities</p>	<p>1.1. Support the creation of Age-Friendly Communities across Wales.</p>	<p>Using national guidance and indicators being developed LSB partners sign up to, and implement, the key provisions and principles of an age friendly City & County of Swansea across the following domains:</p> <ul style="list-style-type: none"> • Outdoor spaces and buildings • Transportation • Housing • Social participation • Respect and social inclusion • Civic participation and employment • Communication and information • Community support and health services <p>LSB to promote the initiative through joint publicity, press releases and sharing good practice.</p>	<p>1. Outdoor spaces and buildings I have a social life, can be with the people that I choose and can get to, and into, the places that are important to me. I feel safe in my home and when going out. I like living in my home and community.</p> <p>2. Transportation I have a social life, can be with the people that I choose and can get to, and into, the places that are important to me. I can plan my journeys with confidence.</p> <p>3. Housing I have suitable living accommodation that meets my needs and get the support to continue to be independent. I like/enjoy living in my home and community.</p> <p>4. Social participation I can do the things that matter to me. I can participate in cultural, sporting/exercise and leisure activities and my linguistic needs are met. I can visit, or am visited by, family, friends, neighbours and if I want to spend celebratory days (religious, birthdays, public holidays, etc.) with them. I have a social life, can be with the people that I choose and can get to, and into, the places that are important to me. I can engage and participate including using new technologies if I wish and through the medium of Welsh. I like/enjoy living in my home and community. I have safe and healthy relationships.</p> <p>5. Respect and social inclusion I feel valued and accepted in my community. I can continue to make a contribution to my community, group and family. My individual circumstances are</p>	<p>World Health Organisation indicators (to measure how age friendly communities are) being adapted to a Welsh context</p>	<p>All partners.</p>	<p>June 2016 with detailed plan developed by implementation group.</p>	<p>Coordination. Responsibility of each partner to implement through implementation/ task&finish group</p>	<p>1.1 Social participation Older people enjoy a better quality of life, have active social lives (if desired), and loneliness and unwanted isolation is minimised. Older people are not subjected to abuse.</p> <p>1.2 Diversity Older people are not discriminated against because of their age, and do not experience multiple discrimination on account of gender, ethnicity, disability, religion and belief, or sexual orientation, in addition to their age.</p> <p>1.3 Information and advice Older people have access to information and advice about services and opportunities.</p> <p>1.4 Learning and activities Older people have opportunities to be engaged in lifelong learning and other appropriate social activities.</p> <p>1.5 Healthy Ageing Older people enjoy good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their</p>

			<p>considered and my rights are respected.</p> <p>6. Civic participation and employment I have an adequate income to meet my needs including to heat my home. I can continue to learn and develop to my full potential. I can engage and participate including using new technologies if I wish and through the medium of Welsh.</p> <p>7. Communication and information I have information about how to age well and healthily, to make choices if I need care and support in the future including for end of life care or know where to get this information. I can engage and participate including using new technologies if I wish and through the medium of Welsh. I am supported and encouraged to use the Welsh language and my linguistic needs are met.</p> <p>8. Community and health services I am happy and as healthy as I can be - my health needs are being met. I have information about how to age well and healthily, to make choices if I need care and support in the future including for end of life care or know where to get this information. I receive services through the medium of Welsh. I am positive about the future.</p>					<p>communities.</p> <p>2.1 Shared spaces Older people find public places welcoming, safe and accessible.</p> <p>2.2 Living in the community Older people are able to participate and contribute in their communities and access services and amenities.</p> <p>2.3 Transport Older people can access affordable and appropriate transport which assists them to play a full part in family, social and community life.</p> <p>2.4 Housing Older People have access to housing and services that supports their needs and promote independence.</p> <p>3.1 Pensions and other income Older people have an adequate standard of income and are receiving all the financial benefits to which they are entitled</p> <p>3.2 Energy Older people live in energy efficient homes and can afford to heat their homes to the temperature required to protect health.</p>
	1.2. Define what is meant by an Age-Friendly Community in the Welsh context and to formalise the recognition process communities, cities and counties/county boroughs need to follow in order to be officially	Implement checklist of essential features/domains of age-friendly cities as part of work on the development of the city centre.	As above.	World Health Organisation indicators (to measure how age friendly communities are) being adapted to a Welsh context.	CCS lead (planning) with partners.	As projects are implemented over the next 3 years.	Older People's involvement in planning, design, etc.	As above.

	recognised as being Age-Friendly.							
	2.1. Actively promote the inclusion of all generations in discussions about their community, with particular reference to groups sharing protected characteristics.	Undertake engagement with Children and Young People through the Big Conversation and include outcomes in the work on ageing well. This would include dialogue between younger and older people on the key components of age friendly communities. Continue to support older people's participation in this work through Network 50+ and through other means, e.g., use of social media.	As above.		Network 50+. CCS Children and Young People Participation.	March 2016	Coordination. CCS Children and Young People Participation involvement.	1.2 Diversity Older people are not discriminated against because of their age, and do not experience multiple discrimination on account of gender, ethnicity, disability, religion and belief, or sexual orientation, in addition to their age.
	1.3. Establish Age-Friendly Champions in local communities. 2.1. Actively promote the inclusion of all generations in discussions about their community, with particular reference to groups sharing protected characteristics. 2.2. Facilitate the development of shared public spaces (both physical and social) as an integral element of an Age-Friendly Community. 2.3. Support and encourage communities to identify and realise the assets (actual and potential) that contribute towards an Age-Friendly Community.	Pilot an age friendly audit using national guidance & indicators within two contrasting communities to determine what the strengths and weaknesses are for older people (in partnership with the Older People's Commissioner's Office). This will be to establish baseline evidence and outcomes for co-ordinated service delivery, community volunteering and involvement of older people in ageing well. The pilot will include identifying, defining the role and supporting Ageing Well Champions within the community and organisations as well as the use of technology and digital inclusion.	As above.	World Health Organisation indicators (to measure how age friendly communities are) being adapted to a Welsh context. Use the outcomes of the OPC pilot in Fishguard.	All partners. Network 50+.	Detailed plan to be developed by the implementation group and include: Year 1: Establish pilot in conjunction with OPC office and local work on Local Area Coordination. Year 2 Implement pilot and evaluate.	CCS lead with implementation/ task&finish group Coordination	As for Outcome 1.1
	3.1. For Age-Friendly Communities to	LSB to: - review this Ageing Well Plan at its meetings during 2015/16.	As above.	As for Outcome 1.1	All partners. Network 50+.	LSB to receive an update on plan progress and issues	Coordination. Input from older people.	As for Outcome 1.1

	feature in key strategic planning documents in all Local Service Boards.	<ul style="list-style-type: none"> - as part of its annual review process assess the One Swansea Plan to ensure it reflects the principles of, and supports the development of, age friendly communities - ensure that the principles of age-friendly communities are included in: <ul style="list-style-type: none"> • any joint work on implementing the Social Services & Well Being Act • work developing the PSB as well as considering this ageing well plan as one basis for the PSB Well Being Plan. - make use of the analysis and scoping of information provided from consultation/engagement with older people across partners. 				<p>requiring action:</p> <ul style="list-style-type: none"> - November 2015: Age-Friendly and Dementia Supportive Communities. - January 2016: Falls Prevention. - March 2016: Opportunities for Learning and Employment. - May 2016: Loneliness and Isolation. - July 2016: Annual Review of plan outcomes with feedback from engagement with older people. 		
	3.2. Develop information packs, training and development resources and learning networks for professionals, to embed the understanding and practice of Age-Friendly approaches in strategic planning and implementation.	Develop, in partnership with older people, joint e-learning and training resources on the ageing process, ageing well (covering the five priorities) and age-friendly communities.	As above.	As for Outcome 1.1	All partners. Network 50+.	June 2016 as part of detailed implementation plan	Partner leads through implementation/ Task & finish group. Coordination.	As for Outcome 1.1
	3.3. Establish Age-Friendly Advocates within Local Authority planning, housing, transport and education departments. (Across LSB partners)	<p>First Point of Contact initiative/pilot</p> <ul style="list-style-type: none"> - if a staff member from any of the LSB partner organisations visits an older person at home (or is in touch/visited by an older person) they: <ul style="list-style-type: none"> • complete a checklist/questionnaire with the individual covering the five priorities to find out if the older person has any particular needs • or if the individual does not wish to fill in the questionnaire to provide the individual with concise information on available support services for the five priorities. <p>Responses to the</p>	As for Outcome 1.1.	As for Outcome 1.1	All partners. Third Sector Organisations Network 50+.	<p>As part of detailed implementation plan including:</p> <ul style="list-style-type: none"> • Year 1: Establish pilot: <ul style="list-style-type: none"> - consider focus on and role of Local Area Coordination, e.g. as possible point of contact - establish evidence base, e.g., through discussing experience with Nottinghamshire including benefits of the scheme and work with older people to determine the key 	CCS lead with implementation/ Task & finish group. Coordination. Central point of contact.	<p>1.3 Information and advice</p> <p>Older people have access to information and advice about services and opportunities.</p>

		<p>checklist/questionnaire fed back to an agreed coordinated central point of contact where appropriate referrals are made to partner organisations.</p> <p>Participating LSB organisations to undertake joint promotion and awareness raising of the service.</p>				<p>domains.</p> <p>- include in work on SSWB "citizen's pathway".</p> <ul style="list-style-type: none"> • Year 2: roll out across all participating organisations. 		
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Ageing Well Aim	Ageing Well Outcome	LSB Action	Outcome Statement(s)	Quantitative Outcome	Responsibility/Lead organisation	Timeline (with actions reviewed annually)	Resource Requirements	Strategy for Older People priority/outcome supported
<p>2. Dementia Supportive Communities:</p> <p>To make Wales a dementia supportive nation by building and promoting dementia supportive communities</p>	<p>1.1. Engage with people affected by dementia to identify what constitutes a 'dementia supportive community' and disseminate best practice examples.</p>	<p>Engage with, and involve, people living with dementia and their carers to determine the key elements that make a dementia supportive community (including the use of technology) and include in the work on the Age Friendly Community audit.</p> <p>Develop a dementia forum to meet quarterly. 50% of the forum will be people living with dementia and/or their carers and 50% will be representatives from organisations that offer support or services. A range of ways to engage with people living with dementia who cannot, for whatever reason, be a member of the forum will be developed.</p>	<ul style="list-style-type: none"> • I have a social life, can be with the people that I choose and can get to, and into, the places that are important to me. • I can do the things that matter to me. • I have suitable living accommodation that meets my needs and get the support to continue to be independent. • I have an adequate income to meet my needs including to heat my home adequately. • I can engage and participate including using new technologies if I wish and in the Welsh language. • I am happy and as healthy as I can be - my health needs are being met. • I can participate in cultural, sporting/exercise and leisure activities and my linguistic needs are met. • I like/enjoy living in my home and community. • I have safe and healthy relationships and am protected from abuse and neglect. • I can speak for myself or have someone who can do it for me. • I receive services through the medium of Welsh. • I feel in control of my life. 	<ul style="list-style-type: none"> - % of older people reporting that their neighbourhood is liveable and safe. - % of older people participating in public health programmes (e.g. immunisations, falls prevention). - % of older people participating in sporting activity on a weekly basis. - % of people who walk (or other similar forms of exercise) recommended distance on a weekly basis. - % of volunteers who have engaged in volunteer work more than once in the last 12 months. 	CCS Lead – with partner leads	March 2016 as part of detailed implementation plan	<p>Staff time. Engagement with older people living with dementia and carers. Involvement of Swansea Dementia Supportive Community Forum.</p>	<p>1.1 Social participation Older people enjoy a better quality of life, have active social lives (if desired), and loneliness and unwanted isolation is minimised. Older people are not subjected to abuse.</p> <p>1.2 Diversity Older people are not discriminated against because of their age, and do not experience multiple discrimination on account of gender, ethnicity, disability, religion and belief, or sexual orientation, in addition to their age.</p> <p>1.3 Information and advice Older people have access to information and advice about services and opportunities.</p> <p>1.4 Learning and activities Older people have opportunities to be engaged in lifelong learning and other appropriate social activities.</p> <p>1.5 Healthy Ageing Older people enjoy good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.</p> <p>2.1 Shared spaces</p>

								<p>Older people find public places welcoming, safe and accessible.</p> <p>2.2 Living in the community Older people are able to participate and contribute in their communities and access services and amenities.</p> <p>2.3 Transport Older people can access affordable and appropriate transport which assists them to play a full part in family, social and community life.</p> <p>2.4 Housing Older People have access to housing and services that supports their needs and promote independence.</p> <p>3.1 Pensions and other income Older people have an adequate standard of income and are receiving all the financial benefits to which they are entitled</p> <p>3.2 Energy Older people live in energy efficient homes and can afford to heat their homes to the temperature required to protect health.</p>
	<p>1.2. Work with partners to further develop and adopt a national recognition process for 'Dementia Friendly' community and commercial businesses and organisations.</p> <p>1.3. Establish a compendium of organisations,</p>	<p>Each LSB partner to sign up to, and promote, the national accreditation scheme (Dementia Friendly Communities Recognition process) organised by the Alzheimer's Society.</p> <p>LSB to promote the initiative through joint publicity, press releases and sharing good practice.</p>	As above.	As above.	All partners.	June 2016 as part of detailed implementation plan.	Coordination. Responsibility of each partner to implement with process determined and facilitated through the implementation/ task&finish group.	As above.

	dementia action alliances and communities in Wales that are working towards being recognised as dementia supportive/friendly.	Support to, and involvement of, the Swansea Dementia Supportive Community Forum.						
	2.1. Work with professional bodies, organisations and community groups to improve assessment, diagnosis and care.	This outcome will be addressed by the implementation group as part of developing the detailed implementation plan.	As above.	- % of older people participating in public health programmes (e.g. immunisations, falls prevention). - % of hospital inpatients in Wales aged 65 and 85 or over. - % of older people receiving home nad community based services. - % of unpaid carers reporting access to respite services within a realistic timeframe.	All partners	Implementation group to develop detailed plan.	Partner leads and coordination	1.5 Healthy Ageing Older people enjoy good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.
	2.2. Identify current support available to people affected by dementia, as well as gaps in provision.	Develop, and distribute, concise information on available support services and referral points for use by front line staff and the public across LSB partners. Engage with Swansea Bay Regional Equality Council to address the needs of people living with dementia from BAME communities. Engage with the Lesbian, Gay, bisexual and transgender forum to address the needs of people living with dementia from LGBT communities.	As above.	-% of older people participating in public health programmes (e.g. immunisations, falls prevention). - % of older people receiving home nad community based services. - % of unpaid carers reporting access to respite services within a realistic timeframe.	CCS with LSB partners.	As part of detailed implementation plan: Year 1: develop, set evaluation parameters and pilot. Year 2: roll out with all partners. Year 3: Roll out and evaluate.	Coordination and named lead officer from each LSB member to implement through implementation/ task&finish group.	1.2 Diversity Older people are not discriminated against because of their age, and do not experience multiple discrimination on account of gender, ethnicity, disability, religion and belief, or sexual orientation, in addition to their age. 1.3 Information and advice Older people have access to information and advice about services and opportunities.
	2.3. Identify and promote current and future opportunities	Implementation Group to link to work being undertaken as part of the Council's Prevention Strategy	As above.	As 1.1 and 2.1	CCS with LSB leads. CCS Poverty	LSB leads in implementation group.	Coordination and implementation	1.5 Healthy Ageing Older people enjoy good physical, mental and

	for prevention.	including increasing understanding of assistive technology and identifying areas where its use can be promoted.			& Prevention Service Area.	Coordination.	through implementation/ task&finish group.	emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.
	3.1. Promote positive images of people affected by dementia to drive attitudinal change.	This outcome will be supported through work undertaken for outcomes 1.1/1.2/1.3. Any national developments or initiatives in this area will be supported locally.	As for outcomes 1.1/1.2/1.3	As for outcomes 1.1/1.2/1.3	As for outcomes 1.1/1.2/1.3	As for outcomes 1.1/1.2/1.3	As for outcomes 1.1/1.2/1.3	As for outcomes 1.1/1.2/1.3
	3.2. Ensure engagement of public services, such as housing and transport, with the dementia agenda.	Each LSB partner to commit to providing Dementia Training (<i>awareness; front line; specialist</i>) for staff within their organisation (different levels of training according to need) including City Centre businesses (through Business Improvement District, Swansea Economic Regeneration Partnership and Swansea Dementia Supportive Community Forum). Promote the use of "This Is Me" document as part of the training and awareness.	As above.	As for Outcomes 1.1 and 2.1	All partners.	As part of detailed implementation plan: Year 1: share common training framework and content and pilot including evaluation parameters. Year 2: full roll out.	Coordination and named lead officer from each LSB member. Responsibility of each partner to implement through implementation/ task&finish group.	As for Outcomes 1.1 and 2.1.
	3.3. Promote awareness and understanding of dementia and the issues people affected by dementia face in their daily lives.	LSB to support the provision of Dementia Awareness Training for, and with: <ul style="list-style-type: none"> key people/services and groups within communities schools & colleges (e.g., as part of input to citizenship and community element within the Welsh Baccalaureate). Promote the use of "This Is Me" document as part of the training and awareness.	As above.	As above.	All partners.	As above.	Coordination and named lead officer from each LSB member. Responsibility of each partner to implement through implementation/ task&finish group.	As above.

Ageing Well Aim	Ageing Well Outcome	LSB Action	Outcome Statement(s)	Quantitative Outcome	Responsibility/Lead organisation	Timeline (with actions reviewed annually)	Resource Requirements	Strategy for Older People priority/outcome supported
<p>3. Falls Prevention</p> <p>To support older people to reduce their risk of falling, reducing the number of falls amongst older people in Wales.</p>	<p>1.1. Work with older people and their carers to develop a comprehensive national online information resource to raise awareness of falls, and promote the value of early intervention and prevention to reduce the risk of falling.</p>	<p>Through the Falls Prevention Group explore possibilities of wider distribution, and developing a short summary, of the Falls Prevention Guide as a basis for disseminating the key messages to staff and for raising public awareness. This would include, for example, with family and carers, cyclists and the public (e.g., if witness older person falling in the street). Test messages and outcomes through Network 50+.</p>	<ul style="list-style-type: none"> • I have suitable living accommodation that meets my needs and get the support to continue to be independent. • I have an adequate income to meet my needs including to heat my home adequately. • My individual circumstances are considered and my rights are respected. • I can participate in cultural, sporting/exercise and leisure activities and my linguistic needs are met. • I get the help I need, when I need it, in the way I want it (as an individual and as a carer). • I have safe and healthy relationships and am protected from abuse and neglect. 	<ul style="list-style-type: none"> • % of older people participating in public health programmes (e.g. immunisations, falls prevention). • % of hospital inpatients in Wales aged 65 or over. • % of hospital inpatients in Wales aged 85 or over. • % of older people prevented from falling. 	<p>ABMUHB lead and Falls Prevention Group.</p>	<p>As part of detailed implementation plan March 2016</p>	<p>Publication and dissemination costs. Coordination. Implementation through Falls Prevention Group.</p>	<p>1.1 Social participation Older people enjoy a better quality of life, have active social lives (if desired), and loneliness and unwanted isolation is minimised. Older people are not subjected to abuse.</p> <p>1.3 Information and advice Older people have access to information and advice about services and opportunities.</p> <p>1.5 Healthy Ageing Older people enjoy good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.</p>
	<p>1.2. Work with health and social care professionals, third sector partners, carers and others to develop a brief intervention that can be delivered by professionals and volunteers to raise awareness of falls risk and preventive measures with</p>	<p>Each relevant LSB partner to commit to being members of the Falls Prevention Group which will:</p> <ul style="list-style-type: none"> • Research good practice examples in relation to falls prevention work, e.g., through Healthy City Network. • Support development of the initiative outlined under outcome 2.1 below. <p>Include key elements that support the prevention of falls within the general environment in the work on the Age Friendly Community audit</p>	<p>As above.</p>	<p>As above.</p>	<p>ABMUHB lead and identified lead from each LSB partner.</p>	<p>October 2015.</p>	<p>Coordination. Implementation through Falls Prevention Group.</p>	<p>As above.</p>

	individual older people and their carers.	(and raise awareness with those responsible for the public environment).						
	(1.3. Pilot and evaluate the interventions from 1.1 and 1.2 to inform future work in this area.)							
	2.1. Develop an agreed understanding of the core operational components of the National Institute for Health and Social Care Excellence (NICE) guidelines ¹⁷ in relation to a.) early identification of risk, b.) multifactorial risk assessment, and c.) multi-factorial preventive interventions in all settings. Preventive interventions include: evidence-based falls prevention exercise classes, home safety checks, installations and modifications, medication reviews, low vision assessments and sight tests, and foot care.	LSB, through the Falls Prevention Group, to commit to widening the services that can assess for, and/or give information about, fall hazards (e.g., whoever in the organisation goes into the home or is giving advice) and include as part of Age Friendly Community outcome on First Point of Contact.	As above.	As above.	ABMUHB lead with LSB partner leads.	March 2016	Coordination. Implementation through Falls Prevention Group.	As above.
	2.2. Support local audit/mapping of local services against these three areas, using a standardised format.	The Falls Prevention Group will consider this outcome (including the use of technology) as part of implementing outcome 2.1.	As outcome 2.1.	As outcome 2.1.	As outcome 2.1.	As outcome 2.1.	As outcome 2.1.	As outcome 2.1.
	2.3. Identify barriers to the availability of interventions outlined in 2.1 and work with partners to seek solutions	The Falls Prevention Group will consider this outcome (including the use of technology) as part of implementing outcome 2.1.	As outcome 2.1.	As outcome 2.1.	As outcome 2.1.	As outcome 2.1.	As outcome 2.1.	As outcome 2.1.

	and increase provision, ensuring that interventions are evidence based and evaluated.							
	3.1. Collaborate with other national and local programmes such as those on frailty, dementia, concussion and chronic conditions, to develop complementary/integrated approaches and protocols in relation to risk assessments and interventions.	A pathfinder project (vulnerable people) on Western Bay to be taken forward in conjunction with a Swansea network. Through Falls Prevention Group explore falls prevention linkages with carers' measure action plan & agenda and identify areas of potential joint working.	As above.	As above.	ABMUHB lead with Falls Prevention Group.	March 2016	Resources from ABMU Implementation through Falls Prevention Group.	As above.
	3.2. Promote access to and strengthening of community based opportunities, such as Ageing Well clubs, to support healthy ageing and as key exit routes for maintaining and improving health and strength after discharge from formal falls services.	Through Falls Prevention Group evaluate community based exercise classes.	As above.	As above.	ABMUHB lead with Falls Prevention Group	June 2016	Implementation through Falls Prevention Group.	As above.
	3.3. Work with the providers of community healthy ageing clubs, classes and events to support the development of evidence based activities.	Through Falls Prevention Group create a falls awareness day programme of activities including promoting national initiatives – Steady On and Timed Up and Go test.	As above.	As above.	ABMUHB lead with Falls Prevention Group.	June 2016	Implementation through Falls Prevention Group.	As above.

Ageing Well Aim	Ageing Well Outcome	LSB Action	Outcome Statement(s)	Quantitative Outcome	Responsibility/ Lead organisation	Timeline (with actions reviewed annually)	Resource Requirements	Strategy for Older People priority/outcome supported
<p>4.Opportunities for Learning and Employment</p> <p>To ensure the experience of older people in Wales is optimised through continued learning and employment</p>	<p>1.1. Increase the number of older people who volunteer.</p>	<p>Work with Third Sector and partners to identify further opportunities to:</p> <ul style="list-style-type: none"> promote and raise awareness of volunteering with older people (e.g., at key life transition points) as a basis of community participation. reduce the barriers to volunteering experienced by older people, e.g., may want to volunteer but cannot get to where the opportunities are (limited transport if living in rural areas) highlight the importance and value of community volunteering and its impact on wellbeing promote community transport schemes & volunteering and how it improves quality of life. <p>These areas will be included in work on:</p> <ul style="list-style-type: none"> age friendly and dementia supportive communities pilot first point of contact information for signposting and support to reduce loneliness and isolation digital inclusion. <p>LSB partners as employers to commit to promoting volunteering within their organisations and as part of preparation for retirement.</p>	<ul style="list-style-type: none"> I can continue to learn and develop to my full potential. I am supported to work if I want to. I can do the things that matter to me. I can engage and participate including using new technologies if I wish and through the medium of Welsh. I feel valued and accepted in my community. I have a social life, can be with the people that I choose and can get to, and into, the places that are important to me. I can continue to make a contribution to my community, group and family. I belong to and am asked to contribute to interest groups, community groups, associations, etc. I do not spend money only on essentials. I am supported and encouraged to use the Welsh language and my linguistic needs are met. 	<p>- % of older people who give up time for volunteer work.</p>	<p>SCVS. All partners through implementation group</p>	<p>June 2016</p>	<p>Coordination. Implementation Group.</p>	<p>1.1 Social participation Older people enjoy a better quality of life, have active social lives (if desired), and loneliness and unwanted isolation is minimised. Older people are not subjected to abuse.</p> <p>2.2 Living in the community Older people are able to participate and contribute in their communities and access services and amenities.</p>
	<p>1.2. Increase the number of older people continuing their learning and skill development before and after retirement.</p> <p>2.3. Increase the number of people aged 50+ who are accessing</p>	<p>Swansea Learning Partnership to further promote and raise awareness of the range of learning programmes of vocational and non-vocational classes it will continue to deliver across a range of subjects (including using new technology) in the context of reducing resources.</p> <p>LSB partners as employers</p>	<ul style="list-style-type: none"> I can continue to learn and develop to my full potential. I can do the things that matter to me. I can engage and participate including using new technologies if I wish. I can participate in cultural, sporting/exercise and 	<p>- % of older people who were enrolled in education or training, either formal or non-formal, in the past year.</p> <p>- % of over 60s attending classes for personal and/or leisure purposes only.</p> <p>- % of older people accessing training.</p> <p>- % of older people with regular internet access.</p>	<p>Swansea Learning Partnership (SLP).</p>	<p>June 2016</p>	<p>Resources: Financial. Suitable Accommodation Access to IT.</p> <p>Coordination and named lead</p>	<p>1.4 Learning and activities Older people have opportunities to be engaged in lifelong learning and other appropriate social activities.</p> <p>1.5 Healthy Ageing Older people enjoy good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to</p>

	education and training.	commit to auditing the number of older people in their workforce who continue learning and skill development before retirement and use the outcomes to target and promote learning opportunities available pre and post-retirement to older workers. LSB partners to share the outcomes of this work as part of reviewing this plan in order to share good practice and benefits across organisations.	leisure activities and my linguistic needs are met. <ul style="list-style-type: none"> I am supported to work if I want to. 	- % of older people in work. - % of older people who continue learning and skill development before and after retirement.	LSB partner leads.	June 2016	officer from each LSB member. Responsibility of each partner to implement through implementation group.	work and participate in their communities. 2.2 Living in the community Older people are able to participate and contribute in their communities and access services and amenities. 3.4 Employment Older people who want to work are able to do so and can access help with re-skilling and retraining.
	1.3. Identify and share successful community models for older people's participation.	Continue to support student led groups. Encourage a sustainable approach as part of an exit strategy for classes using learners to create a cooperative so they can buy in tutors and /or materials as required.	As above.	As above.	SLP.	June 2016	Resources: suitable premises.	As above.
	2.1. Increase the numbers of people aged 50+ in Wales who are economically active.	LSB partners as employers commit to: <ul style="list-style-type: none"> - reviewing/auditing their employment policies in relation to caring responsibilities, dementia and ageing well. - consider supporting the national Age Positive scheme. - promoting digital inclusion. 	<ul style="list-style-type: none"> I can continue to learn and develop to my full potential. I am supported to work if I want to. I can do the things that matter to me. I can engage and participate including using new technologies if I wish. 	- % of older people in work. - % of older people who continue learning and skill development before and after retirement.	All partners.	June 2016	Coordination and named lead officer from each LSB member. Responsibility of each partner to implement through implementation group.	3.4 Employment Older people who want to work are able to do so and can access help with re-skilling and retraining.
	2.2. Develop and improve older people's financial inclusion schemes.	As part of detailed plan implementation group to link to work covered by the Council's Poverty Strategy.	<ul style="list-style-type: none"> I have an adequate income to meet my needs including to heat my home adequately. I can continue to learn and develop to my full potential. I am supported to work if I want to. I can do the things that matter to me. I can engage and participate including using new technologies if I wish. 	- % of older people involved/using financial inclusion schemes.	All partners.	June 2016	Coordination and named lead officer from each LSB member. Responsibility of each partner to implement through implementation group.	3.1 Pensions and other income Older people have an adequate standard of income and are receiving all the financial benefits to which they are entitled. 3.3 Financial inclusion Older people can access appropriate financial advice and services, and are not over-indebted.
	3.1. Raise awareness amongst older people of current governmental and other advice and	This outcome will be undertaken as part of the following work: <ul style="list-style-type: none"> - First Point of Contact. - Dementia awareness information. - Information to address 	As above.	- % of older people who spend 30% or more of their before-tax household income on housing. - % living in fuel poverty	All partners.	June 2016	Coordination and named lead officer from each LSB member. Responsibility of	3.1 Pensions and other income –older people have an adequate standard of income and are receiving all the financial benefits to which they are entitled

	information schemes to assist in building their financial resilience.	loneliness and isolation. - Promoting digital inclusion.		and extreme fuel poverty. - % of older people living in households below 60% of median income. - % of older people who claim all entitlements.			each partner to implement through implementation group.	
	3.2. Develop a live compendium of current provision.	Maintain detailed mapping of learning provision available publically on the Regional Learning Partnership portal.	As 1.2	As 1.2	SLP	June 2016	Resources: staff resources.	3.2 Energy Older people live in energy efficient homes and can afford to heat their homes to the temperature required to protect health.
	3.3. Work with partners to run a pilot programme to support older people through economic transitions.	As part of detailed plan implementation group to link to work covered by the Council's Poverty Strategy and locally support any national work on this area (including inclusion).	As 2.2	As 2.2	As 2.2	As 2.2	As 2.2	3.3 Financial inclusion Older people can access appropriate financial advice and services, and are not over-indebted.

Ageing Well Aim	Ageing Well Outcome	LSB Action	Outcome Statement(s)	Quantitative Outcome	Responsibility/Lead organisation	Timeline (with actions reviewed annually)	Resource Requirements	Strategy for Older People priority/outcome supported
5.Loneliness and Isolation To reduce levels of Loneliness and Isolation and their negative impact on health and wellbeing as experienced by older people in Wales.	1.1. Raise the profiles of loneliness and isolation as public health issues	LSB partners to develop and train front line staff on loneliness and isolation (how to recognise it) and where to signpost for support (as part of Age Friendly Community Outcome 3.3 to raise awareness of social isolation). Include information on local service provision that can help combat loneliness and isolation and how to access this, e.g., Third Sector broker, Community Connectors, Local Area Coordination, use of technology and digital inclusion (as determined in outcome 1.2 below).	<ul style="list-style-type: none"> I have a social life, can be with the people that I choose and can get to, and into, the places that are important to me. I have an adequate income to meet my needs including to heat my home adequately. I do not feel lonely or isolated. I can continue to make a contribution to my community, group and family. I can visit, or am visited by, family, friends, neighbours and if I want spend celebratory days (religious, birthdays, public holidays, etc.) with them. I have information about how to age well and healthily, to make choices if I need care and support in the future including for end of life care or know where to get this information. I feel safe in my home and when going out. I can participate in cultural, sporting/exercise and leisure activities and my linguistic needs are met. I am positive about the future. 	<ul style="list-style-type: none"> % of older people who state that television/pet are their main form of company. number of times per week that older people visit family and friends. number of times per week that older people are visited by family and friends. % of older people whose nearest child lives more than an hour's drive away. % of older people who routinely spend celebratory occasions alone (Christmas, birthdays etc.). % of older people participating in public health programmes (e.g. immunisations, falls prevention). % of hospital inpatients in Wales aged 65 and 85 or over. % of older people who give up time for volunteer work. 	SCVS and all partners	Detailed implementation plan to be developed including: Year 1: develop and pilot training including evaluation requirements. Include in work on Local Area Coordination. Review July 2016 Year 2: Rollout across all partners.	Coordination and named lead officer from each LSB member. Responsibility of each partner to implement through implementation/task&finish group	1.1 Social participation Older people enjoy a better quality of life, have active social lives (if desired), and loneliness and unwanted isolation is minimised. Older people are not subjected to abuse. 1.5 Healthy Ageing Older people enjoy good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities. 2.2 Living in the community Older people are able to participate and contribute in their communities and access services and amenities.
	1.2. To ensure that health and social care information and advice services address the impact of loneliness	Develop and widely distribute information on where signposting and support can be accessed (Third Sector Broker>Community Connectors>Local Area Coordination)	As above.	As above.	SCVS and all partners.	December 2015 as part of detailed implementation plan.	Coordination and named lead officer from each LSB member. Responsibility of each	1.5 Healthy Ageing Older people enjoy good physical, mental and emotional health and well-being with the aim of being

	and isolation on older people's wellbeing. 1.3. Empower older people to be aware of the risks of loneliness and isolation to their wellbeing.	including at key life change points including: <ul style="list-style-type: none"> • Retirement, • Bereavement • Children leaving home • Accidents • Divorce • Health issues & changes 					partner to implement through implementation/ task&finish group. Include in work on Local Area Coordination.	able to live independently for longer, with a better quality of life and continue to work and participate in their communities.
	2.1. Identify the key causes of loneliness and isolation amongst older people. 2.2. Identify the impact loneliness and isolation has on the individual, the community and the economy.	Use national survey of loneliness and isolation and distribute widely to older people (including in different formats and a range of languages to reach those with sensory loss and BME groups) using agreed definitions of loneliness and isolation. Use survey with key service provision points (across the LSB) to assess level of contact with, and usage by, people whose primary reasons for using the service include being lonely or isolated. Use outcomes to inform work identified for 1.1 and 1.2 above to understand the extent of loneliness and isolation within the community.	As above.	As above.	SCVS and all partners.	June 2016	Coordination and named lead officer from each LSB member through implementation/ task&finish group. Include in work on Local Area Coordination.	1.5 Healthy Ageing Older people enjoy good physical, mental and emotional health and well-being with the aim of being able to live independently for longer, with a better quality of life and continue to work and participate in their communities.
	2.3. Identify and develop current and potential interventions that could successfully reduce loneliness and isolation amongst the emerging older generation.	Commit to co-ordinating information that partners across the LSB hold on older people who live alone and, where appropriate, provide with information that could help reduce loneliness & isolation (including the use of technology and digital inclusion).	As above.	As above.	All partners (named leads).	December 2015	Coordination and named lead officer from each LSB member through implementation/ task&finish group. Include in work on LAC.	As outcome 1.1.
	3.1. Ensure older people are properly and meaningfully consulted regarding public transport provision.	Inclusion of older people in the consultation on the Active Travel Act.	<ul style="list-style-type: none"> • I can engage and participate including using new technologies if I wish and in the Welsh language. 	As above.	CCS Transport	December 2015	Coordination. Involvement of older people.	2.3 Transport Older people can access affordable and appropriate transport which assists them to play a full part in family, social and community life.
	3.2. Ensure older people have the financial means to participate in social activities.	In work outlined for outcome 1.2 above make information available on where benefits checks and financial advice can be obtained e.g. via signposting to third sector.	As outcome 1.2	As outcome 1.2	As outcome 1.2	As outcome 1.2	As outcome 1.2	3.1 Pensions and other income older people have an adequate standard of income and are receiving all the financial benefits to which they are entitled.
	3.3. Older people are aware of, and have access to, housing schemes that promote social interaction and inclusion.	In work outlined for outcome 1.2 above provide information on specific schemes and developments that target loneliness and isolation in older people.	As outcome 1.2	As outcome 1.2	As outcome 1.2	As outcome 1.2	As outcome 1.2	2.4 Housing Older People have access to housing and services that supports their needs and promote independence.

Appendix 1

Summary of engagement outcomes (Qualitative evidence – based on 133 responses from a drop-in event and online survey & follow up forums with 55 participants)

Age Friendly Communities

What makes and age-friendly community? Responses included:

Information - the importance of having information which is easy to understand and offered in a variety of formats.

Individual responsibility - the need for good citizenship, e.g., simple courtesy with people being patient, kind, caring, neighbourly, considerate and respectful towards older people.

Accessibility - accessible services and venues that everyone can use were highlighted as important including even pavements, well lit, safe walkways, seats to sit on and accessible toilets.

Safety - feeling safe inside and outside the home including safe road crossings and Police & Community Services Officers available for security.

Participation - opportunities to take as full a part in society as possible are needed with suitable social activities on offer or simply somewhere to go for a chat and not be patronised.

Housing - choice of housing options. Some respondents wished to live in retirement developments with on - site activities and services whilst others wished to live in an area which had a good mix of people of all ages.

Shared spaces - communal areas/play areas and green spaces to grow vegetables together.

Transport - good and affordable transport including an adequate and reliable bus service was seen as fundamental to an Age Friendly Community and particularly important in rural areas of the county.

Health services - free prescriptions were valued as were a good GP service/surgery. The availability of individual doctors was seen to be important.

Community services - services that really support people are needed, e.g., Post Office, Libraries, age friendly smaller & accessible shops, delivery services, age friendly media services, coffee mornings and community centres.

Dementia Supportive Communities

What makes a Dementia-Supportive Community? Responses included:

Awareness - the most important factor is where people are aware of dementia and have an understanding of its impact on those who live with dementia.

Acceptance - having places that are accepting of people living with dementia and their families and do not treat mental health issues as something to be ignored or stigmatised.

Advice and information - access to good advice and people and agencies that can help, advise and offer support.

How can we help someone living with dementia continue to live in, and contribute to, their community? Responses included:

Support - offering sufficient high quality support to allow independent living as far as possible.

Belonging/participation - make people living with dementia feel part of the community and enable to continue to do what they enjoy. Offer opportunities for socialisation and encouragement to join community groups.

Involvement/relationships - regular home visits and opportunities for friendship.

Care homes - that offer good quality holistic care.

Health - have early medical diagnosis and intervention.

How can public awareness and understanding of living with dementia be increased? Responses included:

Education, training and awareness raising:

- Formal and informal training, media awareness raising campaigns, publicity and personal stories in the press.
- Public education through libraries, GP surgeries, Dementia Friends, public sector bodies.
- School initiatives and college programmes.

Falls Prevention

What increases our risk to falling as we grow older? Responses included:

1. **Health related issues** included: failing eyesight, poorer balance, general frailty, side effects of medication, lack of confidence, reduced mobility.

2. **Unsafe environments:**

- **In the home**, e.g. mats and trip hazards, poor house lighting, lack of handrails.
 - **Outside the home**, e.g., potholes, uneven pavements, poor street lighting, lack of resting places, lack of handrails, slippery floors in shops.
3. **Individual behaviour:** e.g., carelessness, inadequate slippers or shoes, cluttered living environment, not looking where we are going.

What could help reduce the risk of falling amongst older people?

Responses included:

1. **Health related issues** – for example:

- Better self-care and management of medical conditions (and any medication taken).
- Checking eyesight and wearing glasses when needed
- Healthy diet, keep active classes, using walking poles and sticks, support to attend exercise classes. Taking up Yoga/Tai Chi to improve muscle strength and balance.

2. **Unsafe Environment** – for example:

Help to declutter home, home visits and home safety checks, better pavements, better lighting, education about footwear and hazards, seating available in public areas. Safety of shared spaces/cycle paths and walkways.

3. **Individual Behaviour** – for example, taking extra care, using grab rails, removing trip hazards, being aware of the ageing process, seeking and accepting help, learn to walk slower.

Opportunities for Learning & Employment

What barriers are there to older people learning and developing new skills? Responses included:

Finance:

For many respondents, financial issues were the main barrier as they could not afford the course fees. There was a feeling that courses should be free for senior citizens in order to keep minds active.

Access:

For some, physical access to venues was difficult due to mobility and travel distance or lack of transport. A lack of courses for the over 50s was mentioned.

Personal responsibility:

Several respondents suggested that “where there’s a will there’s a way” and that sometimes it is people’s own reticence which may be the barrier as there are plenty of opportunities out there for all.

Information:

Some people felt there was a lack of publicity and information about the existence of opportunities.

Health:

Health issues, lack of confidence, fear of the unknown and previous educational limitations were also a barrier.

What learning opportunities can you currently access? Responses included:

A lengthy list of current opportunities emerged (with 9 responders accessing the University of the Third Age). The opportunities in libraries are also accessed by a large number of respondents including computer courses, writing circles, sewing and knitting groups. Others attended gyms, courses at sheltered housing, walking groups, Bridge Clubs, Welsh Centre courses, evening classes and dance.

What barriers are there to older people volunteering? Responses included:

Many of the barriers to volunteering were the same as those for accessing learning previously. Cost, travel issues, accessibility, health issues, lack of confidence and a lack of information all featured as barriers. There was also a feeling that not all organisations/groups welcomed older workers and that there was an element of discrimination against age.

Loneliness & Isolation

What are the main causes of loneliness and isolation amongst older people? Responses included:

Life changes including:

- loss of a loved one/bereavement
- children leaving home
- family moving away from the area
- accidents
- divorce
- retirement
- changes in health (including, e.g., becoming a carer).

Health issues.

Individual circumstances and responsibility – e.g., poor self-esteem was also a barrier although some felt that people do not, at times, necessarily help themselves.

Income and transport - a lack of income and transport are barriers for some respondents to getting out and about.

Changing life patterns - people generally, and neighbours in particular, are very busy out at work all day and this was highlighted as a barrier. Family living away and no one calling by is an issue for those who do not get out and about.

New media - an inability to use social media.

Social care - care services that offer 15 minute calls do not help those who live alone.

What could help reduce loneliness and isolation amongst older people? Responses included:

It was felt that there is **no easy solution** to this. Suggestions included:

- enabling people to believe they can do things for themselves.
- having community meeting places on site or near people’s homes and making use of all community buildings including pubs
- holding nostalgic events, involving families and making sure that events are in touch with the interests of different generations of older people e.g., some like the WHO and are ex mods and rockers.
- a more supportive society is needed with encouragement to all ages to come together.
- more day services with transport provided.
- care visits to older people.