Appendix 1

Stockton Borough Council

Strategy for Older People

December 2007

EXECUTIVE SUMMARY FOR OLDER PEOPLE STRATEGY

Our Aims

Stockton Borough Council has developed a strategy for older people. The strategy covers the period from 2007 to 2025, to ensure that longer term changes affecting the population of Stockton and its older people in particular are taken into account by those designing and providing services. It is an important document as it sets out how we want to make Stockton one of the best places in the country to live as an older person.

We have focused on 4 key areas of priority:

- Older people will be at the heart of community leadership and community development
- Older people will be an important part of local, welcoming communities that provide a safe, positive environment for people of all ages
- Older people will have real choice about the services they use, and control over how they use them, and services will be accessible equitably by all
- Older people will have opportunities, all the time, to improve their personal well-being.

This is not something that Stockton can do on its own so we have identified a number of organisations within our Local Strategic Partnership who will help address the necessary actions to make our vision real. At the heart of our plans will be older people who will influence, direct and lead this change.

Key Facts about Older People in Stockton

- The population of older people in Stockton is set to rise significantly.
- One in five adults will be over 65 by 2025
- There will be 2,800 more people aged 65+ living alone
- There will be 500 more people aged 65+ who are carers for someone else
- There will be 1,800 more people aged 65+ who can't manage everyday household tasks without help.

Planning for the Future

With this information we have been able to consider some of the potential implications for strategic planning and have attempted to predict what this might mean for services. In order to simplify this process (but not exclude issues that are an important) we have used the Audit Commission’s tool called the Seven Dimensions of Independence as a way to collate the issues.

They cover:

- Housing and the home
- Neighbourhoods
- Social Activities, social networks and keeping busy
- Getting out and about
- Income
- Information
- Health and healthy living

Our strategy considers the national and local intelligence for all of these areas and makes an assessment of the potential implications for our plans.

Throughout the development of this strategy we have worked with older people to influence our approach and agree the priorities set out within this plan. They have been an integral part of the planning process and will continue to influence the next steps.

The three year action plan provides an assessment of what needs to be done to make progress on the Older People Strategy and to make a difference to services in Stockton. We will monitor our progress and will be held to account on our actions by the Local Strategic Partnership and older people themselves.

We look forward to making a difference to our services for the benefit of older people within Stockton.

Contents Page

1. ABOUT THIS DOCUMENT

This document sets out Stockton Borough Council's strategy for developing services used by older people.

The strategy covers the period from 2007 to 2025, to ensure that longer term changes affecting the population of Stockton and its older people in particular are taken into account by those designing and providing services.

The strategy is based around the 'seven dimensions of independence' originally developed by the Audit Commission in 2004 (see section 2.1 below), which have been adopted by a wide range of policy-makers and local agencies. These identify the key themes which should be addressed by local agencies in planning and delivering services.

1.1 What do we mean by 'older people'?

There is no one agreed definition of 'older people' used across all public services. Each organisation tends to define its own age range which it considers to define 'older people'.

In this strategy, we have included a range of facts and figures, which look at the older end of the age range of Stockton's population. However, they do not all look at exactly the same age range. For example, in projections of older people's health care needs in future, data is produced for those aged 65+: however, in some of the maps showing deprivation levels, age groups from 45 upwards are included. This reflects the information that is available, but also the need to look ahead to the future, and to try to understand how the older population may change both in numbers and in character.

As discussed below, setting an age boundary for what is, and is not, an 'older person' is unlikely to be a helpful way of thinking about how services should be delivered and developed: although it is recognised that there may be issues, for example of eligibility for particular benefits, that are defined by age and which may have an impact on the Council's own service planning.

This strategy, therefore, is not designed only to refer to particular age groups. It is focused on the current and future needs and preferences of those at the upper end of the age spectrum, but without setting a prescriptive age boundary outside which the priorities for the future are assumed not to apply.

1.2 Why have a strategy for older people?

If we are not defining particular age groups as 'older people', then why is it necessary to have a strategy for older people's services at all?

Nationally, there has been a great deal of debate on older people's services, and the extent to which these should be considered separately from mainstream, all-age service planned and delivered by public agencies. (Some of the main directions in policy are discussed in section 2 below).

Simple age limits are not likely to provide the most helpful 'lines of demarcation' between older people and the rest of the population. Older people themselves tend to see themselves, not as just 'older people', but as people in a particular stage of life: examples would be:

- people who have retired from work
- people who work flexibly or part time
- people who have been bereaved
- people who live alone
- people who need long term residential care
- people who use the Internet to communicate
- people who have mobility difficulties
- people who enjoy a particular leisure activity
- people who care for a family member

and so on

All of these groups are likely to include people across the age range. However, as people grow older they are more likely to experience life changes such as retirement, widowhood, or long term health conditions, and thus some of these 'lifestage groups' are likely to be older in profile than others.

At the same time, however, as people age their support needs are likely to change, so that for example they may become more reliant on public transport, users of a wider range of health and social care services, and at higher risk of social isolation.

Thus, while age per se should not be a barrier to accessing services and support, the changing needs of people as they age will mean that different approaches are likely to be needed by those who provide services, to ensure equity of access across the age range.

In planning and delivering services in future, this strategy suggests that agencies should think in terms of the 'lifestage groups' which will be supported by services, understanding the current and future age profile of each group and developing solutions that meet the needs of the whole group, whatever their age. This moves away from the concept of services for older people only, to a system where services are provided that are relevant to people with particular needs – some of which may be most prevalent in older age groups, and some of which may apply to all ages with people able to access them equitably, whatever their age.

In summary, this is not a strategy for "older people's services". It is a strategy focusing on the current and future needs of older people. It aims to ensure that all services have considered the needs of older people, and that older people can access, on an equitable basis with the rest of the Stockton population, services that meet their needs.

2. POLICY DIRECTIONS FOR OLDER PEOPLE'S STRATEGIC PLANNING

There is no shortage of recent work from a wide variety of sources on national policy for older people's services, and on how local agencies should turn this into locally relevant strategic plans for improving services in their area.

The sections below describe a number of key pieces of information or guidance which are widely cited in other work, and which are emerging as the main building blocks for strategic planning.

2.1 Seven Dimensions of Independence

The Audit Commission and the Better Government for Older People (BGOP) partnership's 2004 study, ***Seven Dimensions of Independence***, reported the factors that older people themselves had identified as having most impact on their daily lives. These seven dimensions have subsequently been used as the foundation for a number of other policy developments and by local planning agencies as the framework for their local older people's strategies. Other reports have developed different sets of dimensions, but all can be related back to this set.

The information in this report is split into sections for each of the seven dimensions, which are:

- Housing and the home
- Neighbourhoods
- Social activities, social networks and keeping busy
- Getting out and about
- Income
- Information
- Health and healthy living

(Source: Older People - A Changing Approach: **Independence and Well-being 1, Audit Commission/ BGOP, 2004, www.audit-commission.gov.uk)**

2.2 The triangle of care

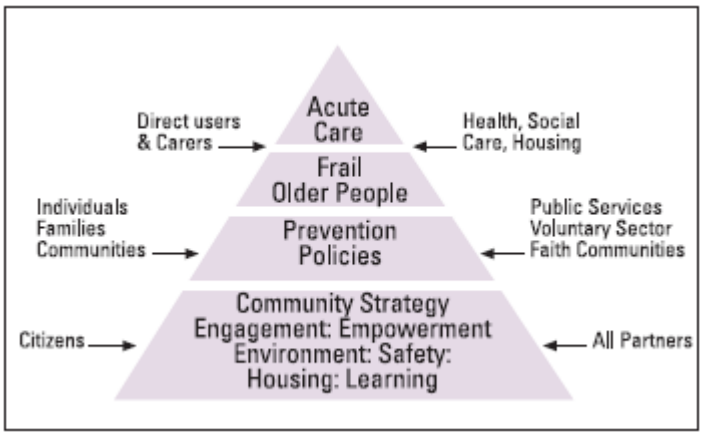
Alongside the seven dimensions of independence, there has been a move at national and local levels towards highlighting the importance of prevention and of community engagement across the whole older population in developing strategies for future services, rather than, as in the past, by focusing on the small proportion of people who are existing users of specialist services, particularly in health and social care.

This was encapsulated in the 2003 report by the Association of Directors of Social Services (ADSS), ***All Our Tomorrows***, as a move to reverse the 'triangle of care' so that the starting point for service planning and development is community-based engagement and empowerment, and the involvement of all partners delivering generic services across the age ranges.

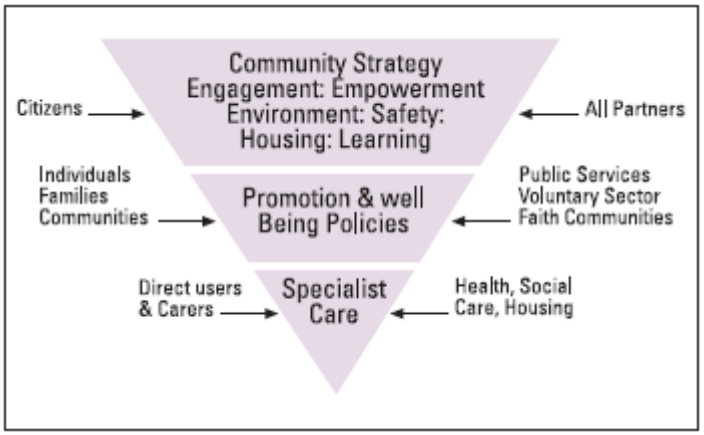
Chart 1 below shows this in graphical form.

Chart 1: the triangle of care (source: All our Tomorrows, ADSS, 2003, www.adss.org.uk)

Support for older people today



Support for older people tomorrow



2.3 Improving Older People's Quality of Life

The Improvement & Development Agency (IDeA) has led on a wide range of work into strategic development of older people's services. In particular, the reports produced by the ***Older People Action Learning Sets*** in 2006 contain a number of key messages for policymakers, which build on the earlier drives towards prevention and supporting independence by setting out the case for strategies rooted in community leadership.

These key messages are:

1. **We need to think differently about older age**
   - There must be a clear strategic focus on older people
   - To address the challenges, we must think differently
2. **Public services need to develop a more coherent strategic approach based on a community leadership model**
   - We must widen the focus and role of public services
3. **To deliver these changes we must engage better with older people – but to do this we need to rethink what 'engagement' means**
   - Engagement covers a spectrum of activities
   - Informal engagement matters and must be supported
   - Participation by older people in policy formation, governance and service delivery needs to improve
4. **Whole systems working is key, but is typically too exclusively focused on only one part of the system – health and social care. Strong leadership is needed to change this**
   - Part systems working marginalises
   - There isn't one definitive, strategic approach to whole systems working, but strong leadership is always critical
5. **Successful partnerships rest on a clear vision and a strong sense of purpose that are driven by a shared understanding of what matters – and what counts – for older people**
6. **'Domains of quality of life' provide a powerful framework for developing a whole systems strategic approach**
7. **Current performance measures distort the focus and behaviour of the system. We need to approach measurement differently.**

Source: Summary of key messages from the Older People Action Learning Sets (IDeA, 2006, www.idea.gov.uk)

The IDeA work contains a wealth of ideas and good practice examples on how these ideals can be realised in practice, and especially on new ways of engaging and empowering older people to make a real change at local level.

2.4 Service-specific policy development

There have also been a number of key policy documents for specific service areas, including:

- ***Opportunity Age*** (DWP, 2005), looking across all public services but with a particular focus on older people's employment and income
- ***Our health, our care, our say*** (DH, 2006) on community services for all adults including older people

- ***Outcome focused services for older people*** (SCIE, 2006) on developing social care services around the needs of the individual
- The ***National Service Framework for Older People*** (March 2001) which set service standards for NHS services, followed by ***A new ambition for old age: next steps in implementing the NSF for Older People*** (April 2006). This later document set out three priorities for future development of NHS services used by older people: Dignity in Care, Joined-up Care, and Healthy Ageing
- The ***National Strategy for Housing in an Ageing Society: pre-strategy*** (DCLG, May 2007) launching a debate on how housing can contribute to improved quality of life for older people

2.5 The key messages for strategic planning

What this work, and other emerging research and policy shares is three key values:

- A drive to improve overall quality of life (the seven dimensions of independence, or a similar framework)
- A focus on the need for a broad-based, community development approach (inverting the triangle of care)
- A need to improve engagement of older people with public services, and a need to rethink how that is done

Local service planners and development partnerships are increasingly using these values to shape their local strategies and to rethink services as the older population, and their needs and aspirations, grows and evolves.

3. OLDER PEOPLE IN STOCKTON ON TEES: CURRENT AND FUTURE POPULATION

3.1 Population size and profile

In the 2001 census, the total population of Stockton-on-Tees was 178,405.

Of this total, the numbers and percentages of the population in older age groups was as shown in Table 1 below, compared to the percentages for England as a whole.

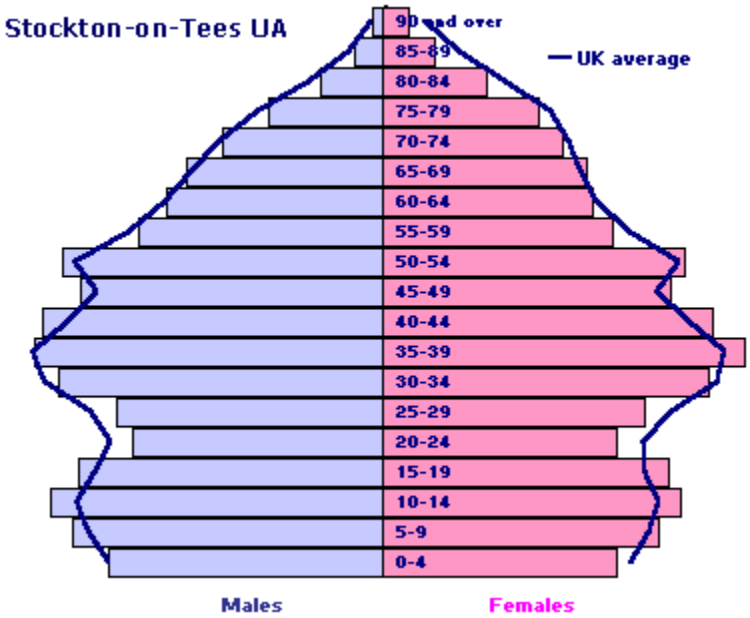
Table 1: numbers and percentages of older people in Stockton in 2001 compared to England totals (source: www.statistics.gov.uk)

Age group	Number	% of total population (Stockton)	% of total population (England)
50+	57442	32.2%	33.3%
65+	26493	14.8%	15.9%
75+	11355	6.4%	7.5%
85+	2446	1.4%	1.9%

This shows that Stockton has a younger population profile than England as a whole, with the gap widening towards the top of the age range. This reflects overall lower life expectancy and the legacy of the area's industrial past, and has long been identified as a key issue for local services.

Chart 2 shows the complete 2001 age profile for the borough, by gender, which also demonstrates the variation from national averages (the chart shows UK, not England, totals).

Chart 2: age profile for Stockton (shown in bars) compared to UK average (shown as line) in 2001 census (source: www.statistics.gov.uk)



The length of the bars in the pyramid represent the proportion of 'all males' (to the left) and the proportion of 'all females' (to the right) that are in that age group.

3.2 Gender

While the numbers of men and women in their 50s is roughly equal, in older age groups there are more women than men, and the difference becomes more marked with age. In the oldest age groups, over 80 years, there are 2 to 3 times more women than men.

However, the proportion of men in the older age groups is higher in Stockton than the national average:

- 46.5% of Stockton residents aged over 50 are men, compared to 45.9% for England
- 30% of Stockton residents aged over 85 are men, compared to 27.8% for England.

3.3 Ethnicity

In 2001, Stockton had a relatively small proportion of black and minority ethnic older people (0.8% of over 65s, compared to 2.9% for England). However this is growing (1.2% of 55-65 year olds in 2001 were from BME groups) as the BME population, which is younger in profile than the total for the borough, starts to enter older age groups in more significant numbers.

The largest ethnic group amongst older people in Stockton is the Asian/ Asian British group, with 281 people over 55 (approximately 0.5% of the total) in 2001.

3.4 Population projections – size and profile

Looking ahead, the total population of Stockton is projected to increase as shown in Table 2:

Table 2: Total population change over time (source: www.statistics.gov.uk / Projecting Older People's Information System (POPPI) www.poppi.org.uk)

Date	Population (Stockton)	Change on 2001	England average change
2008	190000	+6.4%	+4.2%
2015	195700	+9.7%	+7.9%
2025	202600	+13.6%	+13.1%

Both the actual numbers and the proportion of people in older age groups is projected to grow, as shown in Table 3 and Charts 3 and 4:

Table 3: older people in Stockton: population change over time by age group (source: www.statistics.gov.uk / POPPI)

Date	2001	2008	2015	2025
Number (%) aged 65+	26493 (14.8%)	29100 (15.3%)	34800 (17.8%)	42500 (21.0%)
Number (%) aged 75+	11355 (6.4%)	13500 (7.1%)	15700 (8.0%)	20900 (10.3%)
Number (%) aged 85+	2446 (1.4%)	3300 (1.7%)	4200 (2.1%)	6000 (3.0%)

Chart 3 shows this graphically: the pie charts show the total population of Stockton by age group, showing the increase over time of each of the older age groups as a proportion of the whole.

Chart 3: Older people in Stockton: older age groups over time as a proportion of total population (source: www.statistics.gov.uk / POPPI)

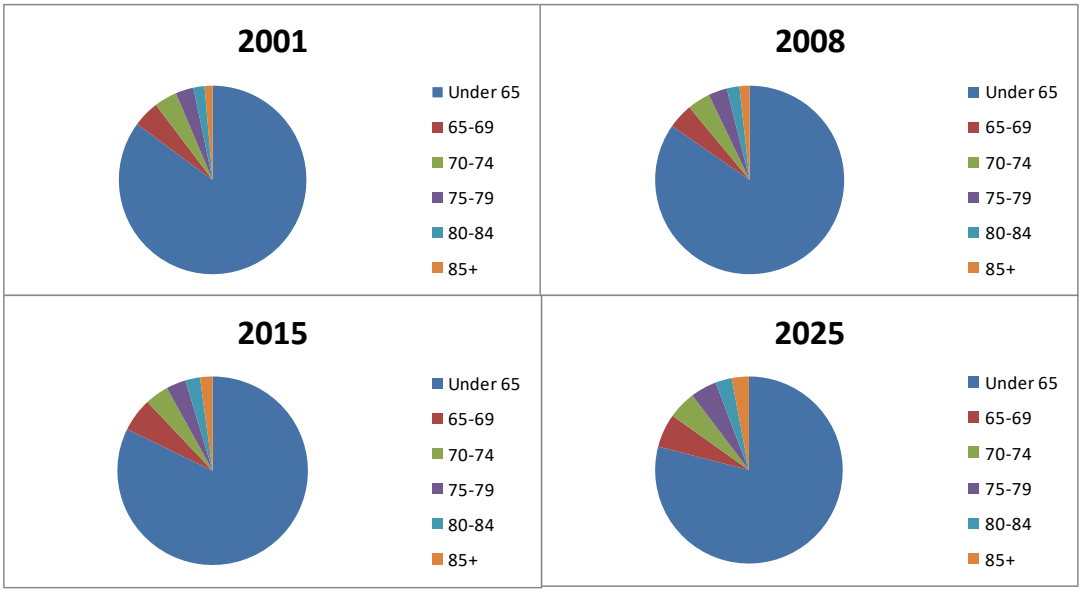
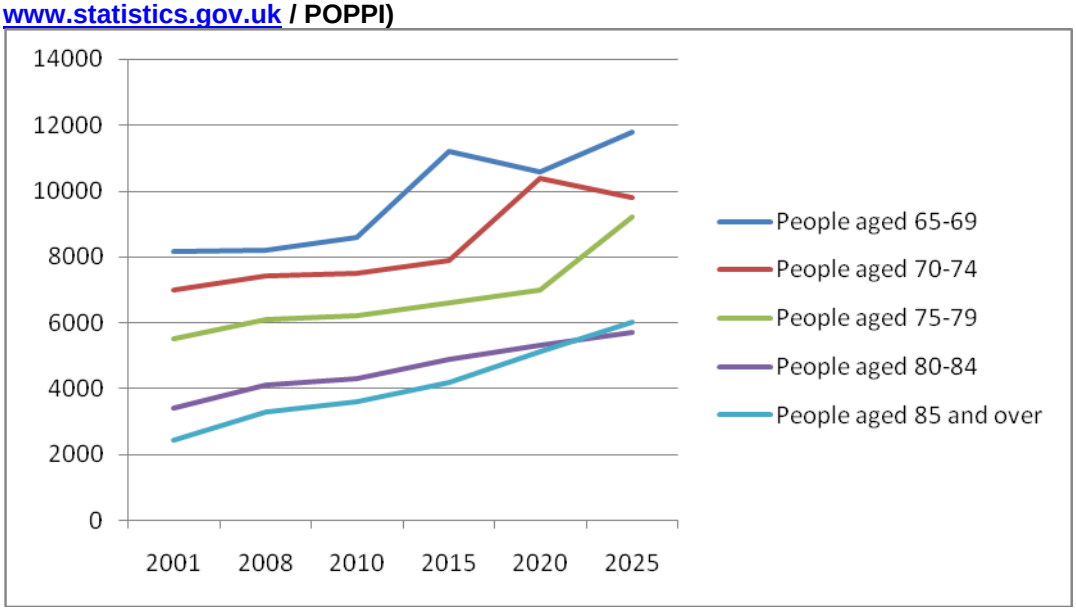


Chart 4: Older people in Stockton: population change over time by age group (source: www.statistics.gov.uk / POPPI)



By 2025, it is projected that, for the first time, the proportion of people aged 65+ in Stockton will be greater than that in England as a whole. The 85+ age group will still be smaller than for England, but the gap will be narrower than at any time in the preceding 25 years.

The projected increases within each age group over time provide a powerful indication of the way in which Stockton's population is changing: **by 2025, there will be 60% more over-65s than in 2001, and almost two and a half times more over-85s.**

Table 4: Older people in Stockton: growth in population over time by age group (source: www.statistics.gov.uk / POPPI)

Date	2001	2008 growth on 2001	2015 growth on 2001	2025 growth on 2001
Number (%) aged 65+	-	+9.8%	+31.4%	+60.4%
Number (%) aged 75+	-	+18.9%	+38.3%	+84.1%
Number (%) aged 85+	-	+34.9%	+71.7%	+145.3%

3.5 Population projections - gender

Within the overall increases in the numbers and proportions of older people described in section 3.4 above, the balance between men and women is also projected to change, reflecting the relatively larger increases in life expectancy for men compared to those for women.

Charts 5 and 6 show the projected changes in the gender balance for over 65s, and for over 85s where the change is projected to be more marked than for younger age groups.

Chart 5: Older people in Stockton: gender balance over time for over 65 age groups (source: POPPI)

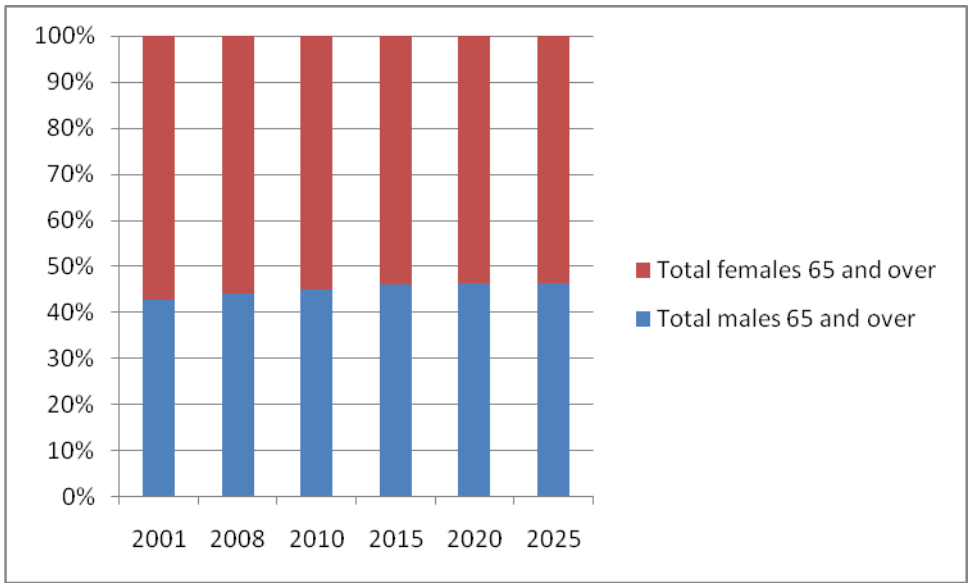
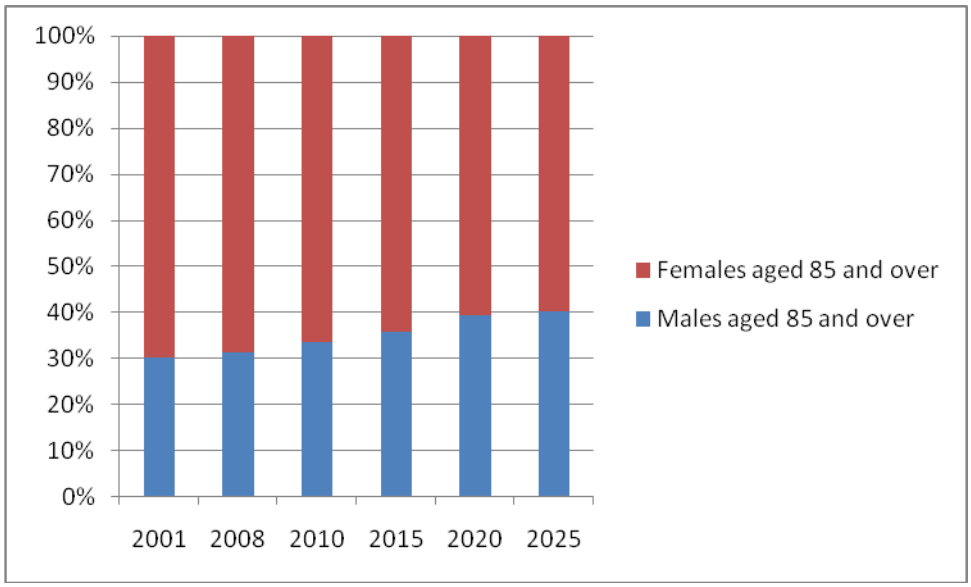


Chart 6: Older people in Stockton: gender balance over time for over 85 age groups (source: POPPI)



3.6 Population projections - ethnicity

Detailed forecasting for what will continue to be relatively small communities within the Stockton population is not currently possible, but the overall trend towards a more diverse older population, with a growing proportion of BME people, and with a greater range of ethnicities reflecting, for example, more recent inward migration from Eastern Europe, is clear.

3.7 Current and future population; potential implications for strategic planning

- **Older people will be a growing proportion of the total population of Stockton in the period to 2025: projections show that one in five adults will be over 65 by 2025.**
- **Stockton is growing older, faster than the England average – but it is starting from a younger base, so that it will not have more than the average proportion of over 65s in the population until the 2020s**
- **The oldest age groups will grow fastest in this period, and this group tends to have the highest level of need for specialist services for older people – but it will still not have caught up with the England average by 2025**
- **In the next 10 years, the over 65 population will become older, more male (although women will still outnumber men by about 2.5 to 1 during this time), and more ethnically diverse**

4. OLDER PEOPLE IN STOCKTON ON TEES: SEVEN DIMENSIONS OF INDEPENDENCE

The sections that follow set out key national and local data and trends relevant to each of the seven dimensions, together with some comments on the potential implications of these for the future strategic development of services for older people.

4.1 Housing and the home

Household size

2001 census data showed that 35.0% of Stockton residents aged over 65 lived alone (this rose to 46.4%% of those aged over 75). Given the expected population growth, this would translate into an additional 2000 over 65s living alone by 2015 (compared to 2001) and a further 2800 by 2025 (compared to 2015), with the increase most pronounced in the oldest age groups.

These trends are supported by the 2006 Local Housing Assessment research in Stockton which found that 55.6% of respondents over 75 were living alone, compared to 29.3% of 55-74 year olds.

Tenure

Although over 65s in Stockton in 2001 were less likely to own their own homes than the England average, the reverse is true for the 'younger older' age group with 82.4% of 55-64 year olds owning their home compared to 80.4% in England. This, together with the differences in distribution of the 55-65 age group seen in Maps 1 and 2 below, suggest that there is likely to be long term change in the housing status and housing needs of older people in future, possibly at a faster rate than that seen in other areas.

This also raises the potential issue of growing numbers of 'asset rich, cash poor' people in larger houses with relatively limited income, who may not be identified as at risk through traditional assessment or service planning routes.

Although the proportion of older people living in their own home does decrease with age (as, for example, people move into sheltered accommodation more suited to their needs) it may be that this reduction becomes less steep, given the policy directions to maintain people in their own homes for as long as possible through domiciliary care and support.

Housing quality

As an indication of housing quality, census data includes information on accommodation without central heating. In 2001, 4.69% of the Stockton over 65 population lived in accommodation without central heating (compared to 9.78% in England). Future projections based on this figure would not be reliable, given the changes nationally and locally to tackle poor housing conditions and fuel poverty.

In the Local Housing Assessment 2006, 8.6% of those responding, in a household with at least one resident over 55, felt that their house was not suitable for their needs: in most cases, either because it was too large or because it was not suitable for people with a disability.

Housing and the home: potential implications for strategic planning

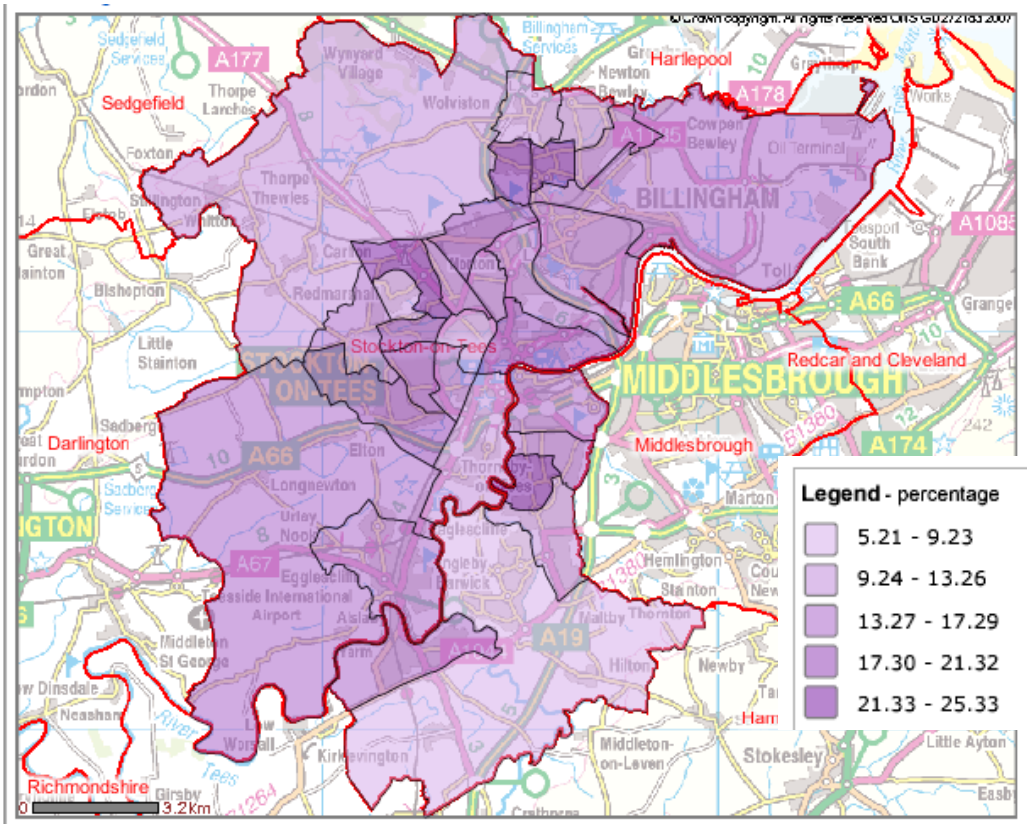
- **More single older person households (especially amongst the oldest), leading to increased demands for support services, need for more proactive communications to reach single older people, fewer older people providing care to others**
- **Increased demand for suitable housing for older people**
- **Increased demand for home adaptations/ home equipment to continue living at home**
- **Increases in the numbers entitled to housing benefits and changes in the type and level of benefits**

4.2 Neighbourhoods

Local distribution

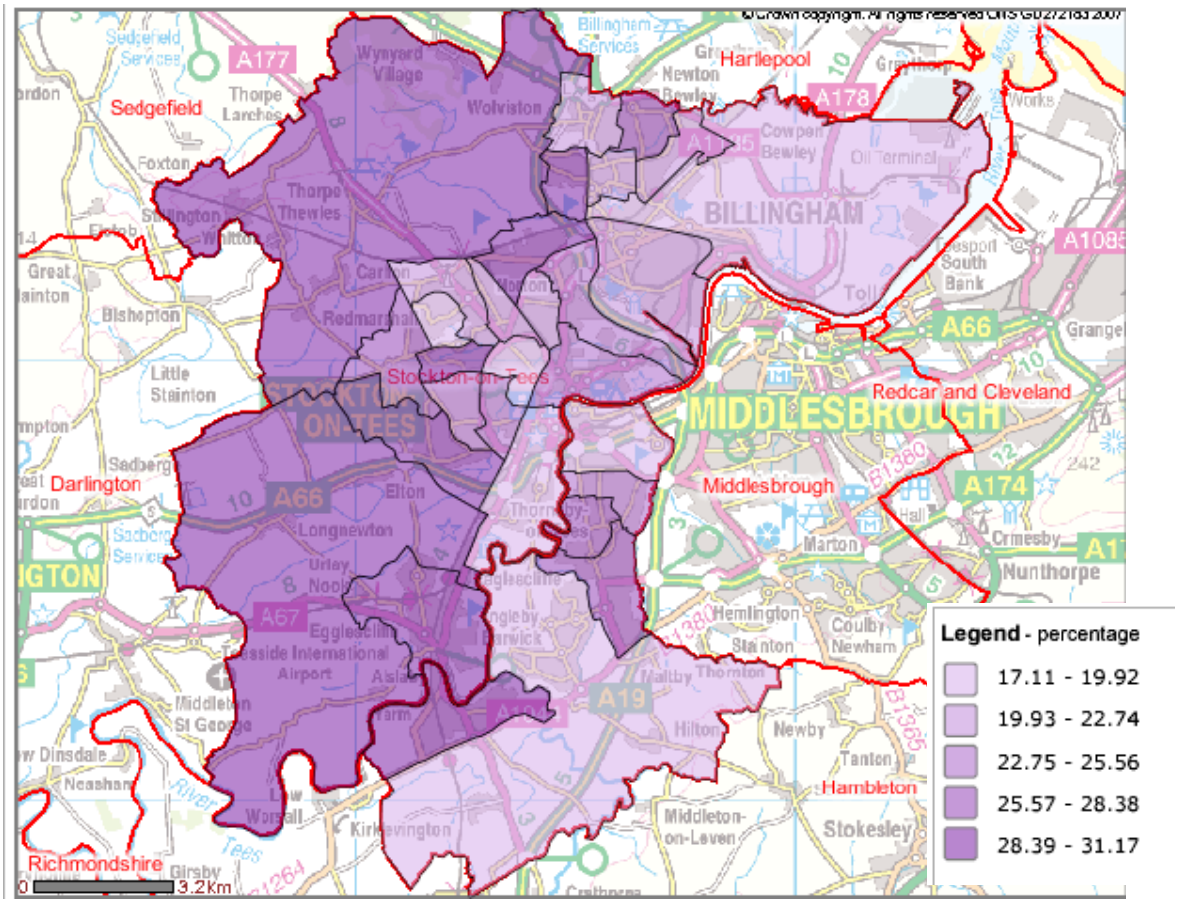
The distribution of older people across the borough is not uniform. Map 1 below shows the proportion of people aged 65+ in 2001 in each ward in Stockton. The proportion varies from as little as 5.2% in areas with high levels of new build housing, such as Ingleby Barwick, to around 30% in areas such as Northfield, St Aidans and Mile House.

Map 1: proportion of over 65 year olds in Stockton in 2001 by ward (Source: www.statistics.gov.uk)



Map 2 below shows the proportion of the population aged 45-64 in 2001 by ward, providing a visual indicator of the distribution of 'younger older people', including those that will reach normal retirement age by 2025.

Map 2: proportion of 45-64 year olds in Stockton in 2001 by ward (Source: www.statistics.gov.uk)



This highlights a very different pattern of wards with higher proportions of 'approaching 65' people. For example, although Ingleby Barwick is still amongst the wards with the lowest proportions of people in this age group, others with relatively low rates of 45-64 year olds include Hardwick and Newtown. The areas of relatively high population in this group include several of the outer, more rural areas such as Glebe, Hartburn and Yarm wards.

This suggests that during the lifetime of this strategy service commissioners and providers will need to review assumptions about the geographical focus of services for older people, if they are to remain close to home for those in the relevant age groups. Planning and service delivery for older people may, in future, need to take more account of rural factors than has been the case up to now: alternatively, there may be potential economies of scale in delivering services to older people in these areas in future, compared to the small populations now (the over 65 population is proportionately highest in urban areas, as seen in Map 1).

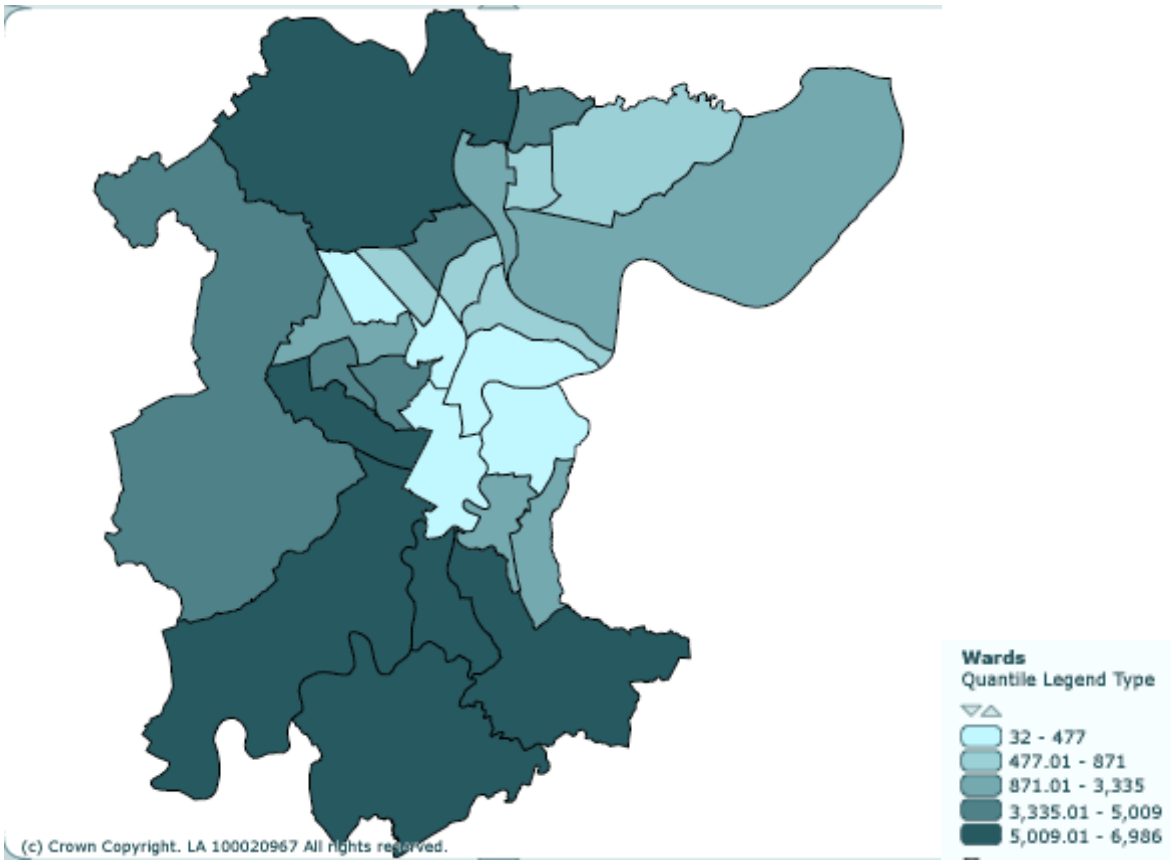
The likelihood of people choosing to move to particular areas within the borough with more appropriate housing as they grow older, or the impact of the location of residential and nursing homes for older people on the overall picture, for example, needs to be factored into any consideration of the future

distribution of the older population. However, it does appear that the current distribution of older age groups is likely to change quite significantly in the period to 2025.

General deprivation

Map 3 below shows overall deprivation indices by ward for 2004 (note changes in ward boundaries compared to the 2001 data shown in Maps 1 and 2). The lighter colour areas are those wards with greater levels of overall deprivation.

Map 3: Index of multiple deprivation 2004 – overall deprivation by ward (source: Tees Valley Joint Strategy Unit)



Comparing this map to the population distributions shown in Maps 1 and 2, those areas experiencing greatest deprivation are also amongst those with higher proportions of over 65s in 2001. However, those areas with the largest concentrations of 45-64 year olds tend to be amongst the least deprived overall.

Neighbourhood safety and environment

Nationally, the risk of older people becoming the victim of a household or personal crime is lower than for other age groups. However, the fear of crime is significant for older people and is typically highlighted in research as a

major source of worry. The fear of crime presents a potential risk for older people of increased isolation and reduced activity outside the home.

Accessibility

The physical environment of a neighbourhood can have a significant impact on older people in several ways: through the level of risk of physical harm or injury (for example through trip hazards), through the actual or perceived risk of crime in poorly lit or poorly-monitored areas, or through the accessibility of neighbourhood resources.

As regeneration and redevelopment of formerly deprived areas becomes more widespread across Stockton, the improvements in physical environment should have positive impact on the choices available to older people. Depending on the area and the planned future use, there will need to be varying levels of proactive planning to meet the needs of an ageing population with changing lifestyles.

Neighbourhoods: potential implications for strategic planning

- **Likelihood of shifts over time in the geographic distribution of older people overall from urban areas to the more rural outlying areas of the borough**
- **Different population distributions for 'younger older' and very old age groups**
- **The very old will be most likely to live in deprived areas, traditionally the focus of much neighbourhood and service development work, but 'younger older' people are relatively less likely to do so. Delivering equitable services across the borough will require an effective response to changing population distributions**
- **Increased risk of deprivation amongst 'younger older' people in terms of geographic access to services**

4.3 Social activities, social networks and keeping busy

Although the importance of effective social networks and social activity is widely recognised in policy and research as a key determinant of well-being, there is little hard data available on older people's involvement in social activities. However, older people are more likely than people of working age to be involved in voluntary work and to be volunteers.

At the same time, a national study includes the finding that 7% of older people report loneliness, with more doing so in deprived areas, and around 30% of people aged 65+ do not see any friends at least once a week: this needs to be considered in light of the growing number of single older person households discussed in 3.1 above *(SEU interim report March 2005)*

Many of the other changes relevant to older people, and discussed in other sections of this document, will affect people's ability to access social networks and activities, and the likelihood that they will choose to do so.

Although local neighbourhoods are likely to continue to play an important part in the lives of many older people, the social and demographic changes taking place may mean that people are part of many different social networks, not all of them geographically based in their immediate locality. 'Communities of interest' may not be geographically based at all, given the rise in Internet accessibility and use amongst older people.

Social activities, social networks and keeping busy: potential implications for strategic planning

- **An increase in the potential pool of volunteers?**
- **Increasing numbers of single older people may risk growing levels of loneliness, with implications for mental and physical health, social isolation and reduced engagement with services and the local community**
- **Increased engagement with 'communities of interest' rather then locally based networks may decrease older people's reliance on traditional sources of information and support services – but provides opportunities to target people in new ways and to encourage engagement in a wider range of activities**

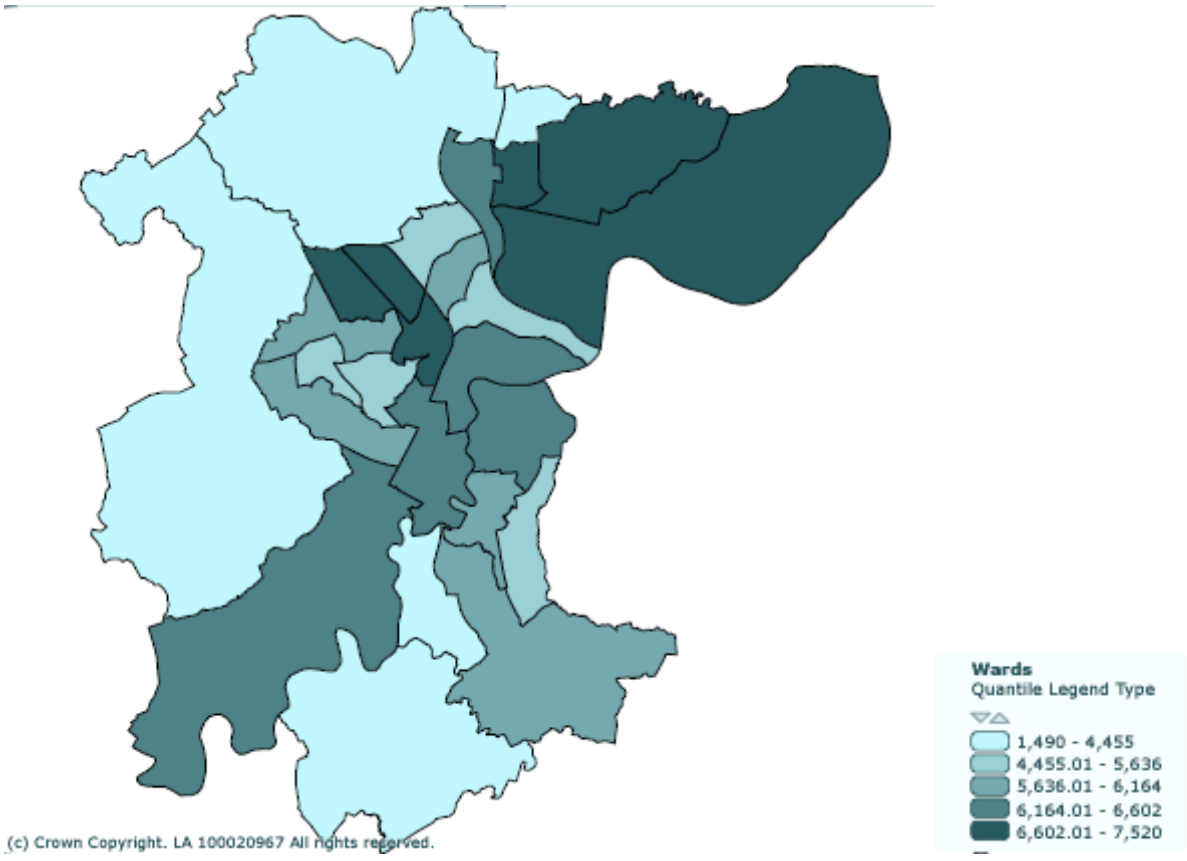
4.4 Getting out and about

The rate of access to a car or van in Stockton, for all ages, is lower than the England average but higher than the rest of the North East.

Nationally, access to a car is rising amongst older people. Over 2 million people aged 70 or over held a driving licence in 2005 and by 2015 4.5 million will do so *(SEU interim report March 2005*). However actual car ownership tends to decline with age and 91% of single pensioners/ 53% of pensioner couples do not own a car and depend on public transport.

Map 4 below shows deprivation in terms of geographical access to services – access to both private and public transport are factored into this index, together with the location of key services.

Map 4: Index of multiple deprivation 2004 – deprivation in geographical access to services by ward (source: Tees Valley Joint Strategy Unit)



Here, the areas with greatest levels of deprivation are, as might be expected, the outlying more rural wards, where the 45-64 group forms a larger part of the 2001 population than the average for the borough. Assuming that the 'younger older' population continues to live in these areas in greater numbers than existing older age groups, planning for transport solutions that are relevant to older people will need to take into account the relatively high levels

of deprivation with regard to access experienced by the new generation of older people.

Local transport plans include objectives to increase accessibility of transport systems through improvements both to the road network, and to the public transport system. Both will have an impact on transport used by older people, with changes in public transport (and particularly the introduction of free bus travel for pensioners) having a disproportionate impact on older age groups as the largest users of these services.

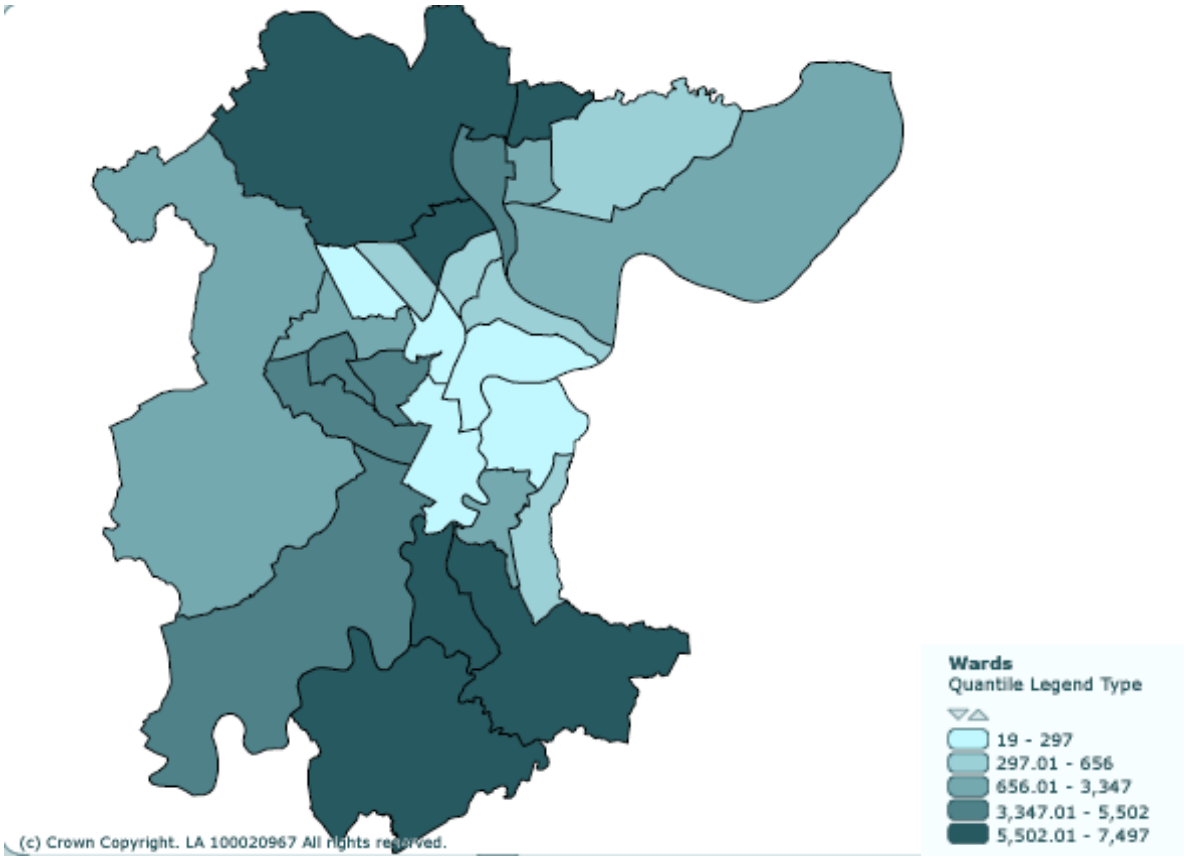
Getting out and about: potential implications for strategic planning

- **Increased numbers of older people overall entitled to free public transport**
- **Increased car ownership and use amongst the 'younger older' increases their personal mobility but may have implications for the demand for public transport and older age groups more reliant on it**

4.5 Income

Map 5 below shows levels of income deprivation by ward in 2004 – lighter coloured areas are the most deprived. As with overall deprivation, areas (such as the town centre) with higher proportions of older people are also amongst those with high levels of income deprivation, making it a key issue for many existing older people in Stockton.

Map 5: Index of multiple deprivation 2004 – deprivation in income by ward (source: Tees Valley Joint Strategy Unit)



Nationally, 21% of those aged 65+ are on low incomes, of whom two thirds are women. 28% of 50-65 year olds are not employed or actively looking for work, although this will not correlate directly with income deprivation. *(SEU interim report March 2005)*

People aged 50 and over are seen nationally as a priority for efforts to increase employment, both because of the impact of employment as a key determinant of well-being, and also because of current and future demographic trends (declining numbers of 16-65 year olds) requiring greater numbers of older people to remain in work to meet projected demand.

Take-up of benefits by older people has long been an issue in tackling low incomes and in 2002/03 between £1.7 billion and £2.9 billion of benefits was unclaimed by older people nationally.

Income: potential implications for strategic planning

- **Older people may remain economically active for longer given trends in the labour market**
- **Increases in relatively affluent 'younger older' people and also in relatively poor very old people suggests a potential polarisation in terms of income distribution**
- **Increased demands for income based benefits, and particularly high rises in the number of very old people with complex needs and entitlements**
- **Take-up of benefits will be key to addressing income deprivation in a growing proportion of the overall population**

4.6 Information

Information, both for older people who currently use public services, and for the general population of older people, needs to be accessible, relevant and usable.

While access to new forms of information is rising (20% of people aged 65+ use the Internet at home – *Ofcom*), and will continue to do so in future, there is still a large proportion of older people reliant on traditional routes for information about the services relevant to them. Locally, surveys have identified libraries as key sources of information (including that provided by staff face to face).

National research has identified that older people do not necessarily define themselves by age but by their stage of life and their support needs. Information targeted at 'older people' per se may not be seen as relevant, compared to information presented as relevant to someone of any age who has a particular need.

Information: potential implications for strategic planning

- **Both traditional sources of information and new media will be needed to ensure that older people have access to information relevant to them**
- **Information targeted at 'older people' per se may risk being ignored by, or alienating, growing proportions of the target group, who are less likely to define themselves by age. Information for these people is seen as more relevant if it is targeted at those of any age with particular needs**

4.7 Health and healthy living

General health

The population of Stockton, in general, has poorer health than the national average, with lower overall life expectancy and higher mortality rates from the major national killers such as cancer and heart disease.

Older people are more likely to describe their health as poor than others (just over 10% of the total population said they had poor health in the 2001 census).

However, nationally only around 15% of older people nationally are users of personal health or social care services at any one time *(IDeA 2006)*. The figure is likely to be higher in Stockton, given the relatively high levels of morbidity, but even so the majority of older people will not be accessing specialist services now or in the future, and given the central importance of prevention in national health and social care policy there is a risk that focusing attention on service users misses out the vast majority of the older population who can benefit from preventative approaches and population-based work to improve health and well-being.

Limiting long term illnesses and disabilities

Older people are also more likely to suffer from a limiting long term illness (LLTI): over 51% of those in Stockton aged 65+ reported one or more LLTI, compared to 47% in England as a whole and 20% for all ages in Stockton. As would be expected, the proportion of people reporting LLTIs increased with age from 47% of the 65-74 age group to 74% of the 85+ group

If this proportion is sustained in future, by 2015 there would be an additional 4200 people reporting one or more limiting long term illness: while this does not indicate actual numbers receiving services, it is likely that this group represents a large proportion of the demand for ongoing health and social care support at present and thus significant resources will be required in future, either to meet the increased demand or to increase prevention and reduce the actual illness experienced.

A number of factors will be relevant to whether the increase is proportionate to the rise in older people generally: while it can be argued that the population as a whole is becoming healthier and thus older age groups will be less likely to suffer from long term conditions, the rise in overall life expectancy may mean that more people survive into extreme old age where they are increasingly likely to have at least one chronic condition.

The potential rise in the older population is also likely to result in increased rates of disability. Table 5 shows some projections, for example of mobility problems, assuming no change in the 'average' health state compared to 2001. For learning disabilities, information is scarce but areas such as London which have attempted forward projections tend to expect a small rise in the numbers of older people with a learning disability in the next 10 years,

including older people with a learning disability and dementia. This reflects increased life expectancy (but not yet reflecting relatively recent increases in neonatal survival rates for those born with more severe disabilities).

Obesity

The rise in obesity in the general population will be reflected in the older population as the demographic profile changes. Nationally, the Department of Health has projected changes in obesity levels by age group. Amongst those 75+, obesity rates between 2003 and 2010 are predicted to stay level or fall slightly (from 21% to 22% for men, and from 26% to 23% for women). However, amongst the 55-74 year age group, while the rate of obesity in women is predicted to remain steady (29% to 28%) that for men is predicted to rise from 28% to 35%. Given that there will be a rise in the actual numbers of men in this age group, this would result in significant increases in obesity in the older age groups, with the associated increased risks to health.

Health and care needs projections

Other causes of illness, and need for health and social care support in older people currently will also become more frequent as the numbers and proportions of older people in the population rises, unless they can be successfully prevented.

Examples of these projections for older people in Stockton are shown in Table 5:

Table 5: projected incidence of high priority health and social care needs in older people in Stockton (source: POPPI)

Need	2008	2015	2025
People aged 65+ with depression	2910-4365	3480-5220	4250-6375
People aged 65+ with dementia	2020	2443	3181
People aged 65+ with a long term health condition caused by heart attack	2017	2447	2991
People aged 65+ with a long term condition caused by stroke	736	889	1138
People aged 65+ attending A&E after a fall	1784	2097	2675
People aged 65+ with incontinence	2509-4510	3010-5380	3662-6540
People aged 65+ with mobility problems	4488	4296	6744
People aged 65+ needing help with self care	9372	11110	13948

Note: these projections assume no change in incidence rates compared to 2001: in other words, it assumes that the changes shown are due to changes in the total number of people in the age group, the same proportion of whom will experience the health/ social care need as did in 2001

Carers

Many older people provide unpaid care to a partner, relative or friend, and the 2001 census asked whether people regarded themselves as a carer, and how much care they provided.

Overall, the rate in Stockton is about the same as the England average. The proportion of older people providing care decreases with age, with 5% of the 85+ age group currently providing care compared to 15% of 65-75 year olds (source; POPPI).

Health and healthy living; potential implications for strategic planning

- **The vast majority of older people will continue to live outside the world of specialist health and social care services: planning to improve health and well-being needs to recognise their needs and/or lifestyle choices**
- **At the same time, there will be more older people with health needs of all kinds, and the increase will be most marked in the oldest groups with the most complex needs**
- **More people will be living with chronic conditions and/ or impairments that will affect their ability to manage at home**
- **More older people will be acting as a carer for others (although there will also be more older people living alone who are less likely to give or receive unpaid care) and services will need to take account of the needs both of carers and those for whom they care, in terms not just of targeted carer support but in terms of the ability of those providing care to access other mainstream services and support, given their role and the time devoted to it.**

5. LOCAL CONSULTATION AND LOCAL PLANS

5.1 Local consultation

Stockton has a successful record of public engagement, with older people involved in service planning and evaluation in many different service areas.

However, much of the consultation that has taken place has focused on particular services or areas for development (such as health and social care, housing, etc) rather than on the strategic development of services relevant to older people.

In May 2007 some initial small-scale survey work was carried out with local people, looking at the 'seven dimensions of independence' and asking respondents to identify the most important issues for them.

The headline messages included:

- The local neighbourhood is crucial to well-being – its physical environment, perceived and actual safety, local amenities and its 'community spirit'
- Effective transport links are key for participation and independence
- Equitable access to services (compared to people in other localities, and people of other ages) is crucial but must be supported by information on what services are available, delivered in a proactive way so that people do not 'fall through the net'
- People want choice: in the services they use, in the activities they undertake, in the people they meet and interact with
- People want to be treated as an adult

Clearly, this work is at early stages but supports the findings of other projects, notably the IDeA's ***Older People Action Learning Sets*** in 2006, discussed in section 2.3 above.

This strategy suggests a direction of travel away from thinking about older people's services in isolation from those for the rest of the local community, and towards a 'whole system' view with older people as users of services alongside the rest of the community, with particular factors influencing hw they use them.

This means that developing an understanding of the needs, preferences and choices of older people should be seen as part of a wider community development approach to service strategy and planning. However, ensuring that older people's voices are heard as equal members of the community does require a recognition of the potential or actual barriers to their participation, and creative approaches to engagement and participation. This is highlighted as a strategic priority in section 6.2.1 below.

5.2 Local plans

Locally, there a number of existing and developing key local plans for future service development and delivery. This strategy sets out key priorities for older people, which can be used as cross-cutting themes within overall planning and development work to ensure that the needs and preferences of older people are embedded in future local services. This is in line with the philosophy, set out in section 1 above, that services should be developed, where possible, without rigid age criteria, but should be informed by the particular characteristics of older people in relation to their need for and use of those services.

These key plans include:

- The Stockton Community Strategy, *Generations to Come*, currently the subject of consultation, where 'older people' is potentially a cross-cutting theme across all service areas.
- The Local Area Agreement, which sets out a 3 year programme with targets for delivery by the Council and its partners
- The Vision for Adults, which sets out strategic aims for health and social care for adults (of all ages) to 2011

Where existing plans have set targets relevant to the priorities identified in this strategy, they will form part of the integrated action plan for delivering this strategy, alongside new targets focusing on improving co-ordination across service commissioning and delivery. This will be taken forward in the next stage of work, described in more detail in section 7 below.

6. STRATEGIC PRIORITIES

6.1 Vision

Our overall vision for older people in Stockton is:

> **By 2025, Stockton will be one of the best places in the country to live as an older person.**
>
> **Every older person will be a valued part of their local community, alongside people of every age. They will have access to services that help them improve their quality of life and their individual well-being. They will be able to contribute to their local community and to how Stockton develops services for its local people in future.**

In order to provide a framework for working towards this vision, four strategic priorities have been identified. These are wide-ranging, aspirational objectives that in turn will encourage services, agencies and individuals working in Stockton to plan for improving services and a more integrated approach to services used by older people.

6.2 Strategic priorities

- **Older people will be at the heart of community leadership and community development**
- **Older people will be an important part of local, welcoming communities that provide a safe, positive environment for people of all ages**
- **Older people will have real choice about the services they use, and control over how they use them, and services will be accessible equitably by all**
- **Older people will have opportunities, all the time, to improve their personal well-being**

6.2.1 Community leadership and development

In order to deliver our vision, we will need to engage more effectively with older people, to increase their participation in planning and delivery of services and to ensure that their needs and aspirations are effectively addressed across the seven dimensions of independence.

This will mean developing a new approach to community leadership and community engagement as a whole, involving older people (and the rest of the community) in thinking about the 'whole system', and not just on individual service developments one by one.

This in turn will require new ways of working on engagement and support, from the formal community-based forums that are already working

successfully in Stockton to informal engagement and the development of older people themselves as effective community leaders.

Evaluation and performance management is a key part of ongoing development and the community leadership approach should also include ways in which older people are able to evaluate the success of public services in meeting the needs they have identified.

6.2.2 The welcoming community

The local neighbourhood environment is identified by older people themselves as one of the most important determinants of their overall well-being. Ensuring that every neighbourhood is a 'welcoming community' requires effective co-ordination of many different services and agencies spanning:

- The physical environment – housing, streets, parks and gardens, roads etc
- Safety in the community – crime prevention, policing, protection of vulnerable adults (POVA), etc
- Lifestyles – locally based amenities and activities, and the 'community spirit'

Developing and sustaining the 'welcoming community' will have a positive impact on people of all ages, but it is particularly important for older people who are likely to see their local community as a more significant part of their lives: in the MORI survey in 2006, around 70% of people aged 65+ identified themselves strongly as belonging to their local neighbourhood, compared to around 55% of those aged under 65.

6.3.3 Real choice, control, and equitable access

Choice and access are high priorities for all ages and expanding choice and access has been a cornerstone of much policy and service development both locally and nationally.

'Equitable access' is here intended to cover:

- ***Age-related equity***: ensuring that older people are not disadvantaged by virtue of their age from accessing particular services – although there may be cases where external factors such as age-related eligibility criteria make this impossible
- ***Geographical equity***: ensuring that older people are able to access services equitably wherever they live
- ***Individual-related equity***: ensuring that particular groups, such as ethnic minorities, are not excluded from services
- ***Physical access***: ensuring that there are no physical barriers to accessing services for people with disabilities or other impairments

However, older people experience particular barriers to access and choice and overcoming these will again require co-ordinated action across agencies in areas including:

- Transport, and in particular increased reliance on public transport compared to younger people

- A greater likelihood of physical disability or other impairments causing difficulties with mobility
- A greater likelihood of living alone and a greater risk of experiencing social isolation compared to younger people
- Different – and changing - patterns of media consumption with a reliance on personal communications contrasted with growing Internet use

Developing individual choice and control will mean new relationships between service commissioners, service providers and service users. For example, increasing the use of direct payments to older people for social care (and potentially other services) will mean supporting service users in the selection of providers – who may not fit the traditional models commissioned centrally – and in evaluating performance and managing the contract on an ongoing basis.

6.3.4 Improving personal well-being

The seven dimensions of independence discussed in section 2.1 above all have the potential to contribute to the individual's overall sense of well-being. The 'welcoming community' is a shared environment which can have a positive impact on every member of the community. At the level of the individual, lifestyle choices and personal services also have a significant impact.

Public services have the potential to impact on individual's well-being in many different ways, not just in the services that are delivered but in the way in which individuals are supported to make choices for themselves.

Ensuring that every older person has opportunities to improve their personal well-being will again span traditional service areas and there will be opportunities to improve co-ordination and support, so that individuals are able to develop their own integrated package to improve their well-being, including for example:

- Employment opportunities (whether traditional paid employment or alternative occupational models)
- Health improvement (diet, exercise, smoking cessation, management of long term conditions, treatment of acute conditions and so on)
- Social care
- Education and lifelong learning
- Leisure and cultural activities

We need also to develop better ways of assessing performance, to take into account the impact of particular approaches on community and personal well-being, not just on their output compared to quantitative targets: this would include an assessment of value for money in terms of delivering improvements in well-being.

7. ACTION PLANNING

7.1 Action Planning Approach

In order to turn this strategic vision and four priorities into real achievement in improving services for older people in Stockton, commissioners and providers have developed a planned programme of action with identified deliverables, measurable targets and ongoing engagement with older people as leaders in the development of their own local communities.

Action planning for this strategy has included:

- Bringing together existing work and plans which will address the four strategic priorities in order to :
  - ***Collect*** information on what is planned, by whom, and what the objectives are:
  - ***Communicate*** this information across services to enable cross-fertilisation for ideas, and provide opportunities for services to build on existing work to deliver better co-ordinated services to older people
  - ***Celebrate*** success in delivering improvements in service, and ensure that all agencies are aware of what has been achieved and how they and the people using their services can gain the maximum benefit
- Identifying new actions to address the priorities, working across service areas and organisations to develop SMART objectives for service developments
- Identifying how progress will be measured: either through existing performance management systems and indicators, or by developing new measures (including the work that will be required to improve engagement of older people in community development and planning through continuous feedback and evaluation).

7.2 Action Plan

STRATEGIC PRIORITY: COMMUNITY LEADERSHIP & DEVELOPMENT		
COMMUNITY STRATEGY THEME/S: OLDER ADULTS. STRONGER COMMUNITIES. **OUR HEALTH, OUR CARE, OUR SAY:** MAKING A POSITIVE CONTRIBUTION		
OUTCOMES ▪ Older people feel equal and valued members of their local community. ▪ Older people have opportunities to contribute to their local communities. ▪ Older people are satisfied with the opportunities they have to be involved in decision making. **SUCCESS CRITERIA** ▪ Improved satisfaction ratings from surveys ▪ Older people are represented on all Area Partnerships/ Thematic groups ▪ Evidence of engagement in intergenerational projects ▪ Evidence of engagement from 'hard to reach' groups in the Older People Forum. ▪ Civic participation in the local area ▪ % of older people who feel they can influence decisions in their locality		
KEY ACTIVITY AREAS	**Milestones / timescales**	**Who is responsible**
Development of Community Empowerment Network.	Network established by Spring 2008	Renaissance
Compact with Third Sector and the development of Catalyst	Compact is in place and operational by Spring 2008	Renaissance
Development of LINkS	LINkS operational by 1/04/08	Health and Well Being Partnership
Are you being served? Events/ newsletters developed further	Annual Event planned for October each year and 3 newsletters produced per annum Action plan developed and reported on annually	Health and Well Being Partnership
Development of the Over 50s Assembly, to include representation of hard to reach groups and BME communities	Agreed Terms of Reference, action plan and areas of focus developed by March 2008	Health and Well Being Partnership

	Equality Impact Assessment Action Plan monitored and reviewed annually	
BME Health strategy implemented	Actions as per strategy	Health and Well Being Partnership
Enhance family learning activities and intergenerational programmes	Baseline assessment to review level of intergenerational programmes and what can be done to further support undertaken by 2009	Health and Well Being Partnership/ Children's Trust board

STRATEGIC PRIORITY: THE WELCOMING COMMUNITY

COMMUNITY STRATEGY THEME/S: OLDER ADULTS. STRONGER COMMUNITIES, SAFER COMMUNITIES, ENVIRONMENT & HOUSING, ECONOMIC REGENERATION & TRANSPORT, ARTS LEISURE & CULTURE.
OUR HEALTH, OUR CARE, OUR SAY: TACKLE INEQUALITIES AND IMPROVE ACCESS TO COMMUNITY SERVICES

OUTCOMES

- Older people have an improved physical environment.
- Older people stay safe and feel safe.
- Older people are satisfied with police and services around crime prevention.
- Older people have opportunities to access services.

SUCCESS CRITERIA

- Decent Homes standard met
- Support in place to enable older people to remain in their own homes
- Increase in the provision and range of older peoples accommodation across Supporting People, Extra Care and Housing Stock
- Older people treated with dignity
- % of older people who feel that they belong to their neighbourhood
- Understanding of local concerns about anti-social behaviour and crime by the local council and police

KEY ACTIVITY AREAS	Milestones / timescales	Who is responsible
Investment and improvement of social housing stock Secure NAHP funding to improve the provision of quality older persons accommodation	Decent Homes standard met by March 2010 NAHP funding secured during 2008-11	Housing and Neighbourhood Partnership
Development of Home Improvement Agency (HIA) to support older people (vulnerable homeowners or private sector tenants) through advice and information including financial assessment, links to grants and benefit advice on repairs, improvements, adaptations and maintenance of properties	HIA in place for 2008/9	Housing and Neighbourhood Partnership
Equipment and Adaptations to homes	Increase the % of items delivered in 7 working days to 85% Improve the waiting time for major adaptations to 23 weeks	Health and Well Being Partnership
Improve the take up of home fire and general safety checks	Increase the number of checks by 5%	Health and Well Being

	year on year	Partnership
Develop the range and quality of services offered by Supporting People for Older people including those for people living in sheltered housing and receiving community alarm services	Increase the number of services in line with the 4 year strategy Improve Supporting People quality outcomes for older people services	Health and Well Being Partnership
Further develop extra care services	Increase the number of extra care units to 120 by 2010	Housing and Neighbourhood Partnership
Improve POVA awareness and ensure dignity standards are met with contracted services Develop multi agency strategies to safeguard older people from neglect and abuse	Maintain the number of vulnerable adult referrals for older people at >100 in 2007/8	Health and Well Being Partnership Safer Stockton Partnership
Prevent people being the victims of commercial crime in their own home	Assess the effectiveness of pilot no cold calling schemes by Dec 2007 Review plan for roll out across Stockton Jan 2008	Safer Stockton Partnership
Develop the Community Safety Plan 2008-2011 addressing the needs of older people including focusing on anti social behaviour, drug related offending and diverting young people from offending	Reduce the fear of crime Improve the rating for older people in addressing fear of walking alone outside (MORI survey) by 2008	Safer Stockton Partnership
Develop an understanding of the range of services/ activities in place within communities and support their development	Baseline assessment to review and what can be done to further support undertaken by 2009	Health and Well Being Partnership
To take forward the recommendations coming from the Local Housing Assessment, specifically on key issues for older people	Assessment information available Spring 2008 and action plan will be developed following this	Housing and Neighbourhood Partnership

STRATEGIC PRIORITY: REAL CHOICE, CONTROL AND EQUITABLE ACCESS

COMMUNITY STRATEGY THEME/S: OLDER ADULTS. STRONGER COMMUNITIES, ECONOMIC REGENERATION & TRANSPORT.
OUR HEALTH, OUR CARE, OUR SAY: CHOICE & CONTROL

OUTCOMES

- Older people feel that they have equitable access to services within Stockton.
- Older people feel satisfied with the information they are given to make choices.
- Older people feel that they have a choice of services to access.
- Older people are able to get out and about.

SUCCESS CRITERIA

- Level 3 Equality Standard
- Older People have improved access to support such as direct payments, telecare and reduced reliance on nursing and residential care
- Improved perception of Older People to transport
- People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently.

KEY ACTIVITY AREAS	Milestones / timescales	Who is responsible
Equality Impact Assessments undertaken on all strategic documents and policies	Level 3 equality standard	Stockton Borough Council
Improve the range of services to support decision making in a range of formats for older people including advocacy services	Publication of Golden Guide by 2009 Development of Integrated Service Areas by 2008-9	Health and Well Being Partnership
Increase the uptake of free bus passes Improve public transport information	Increase bus pass uptake from 24,000 to 28,000 by March 2008 New bus travel guides and improved shelters on specific routes by June 2008	Economic Regeneration and Transport Partnership
Support and improve access to Community Transport Service	Increase the Number of Non-Statutory Journeys carried by the Community Transport Service in line with trajectory (by 2011)	Economic Regeneration and Transport Partnership
Use accessibility planning software to monitor older people's level of access to key services by public transport.	Establish baseline level of accessibility to key services by March 2008. Maintain 2007/08 baseline accessibility level over the period up	Economic Regeneration and Transport Partnership

	to and including 2010/11.	
Estates Review of Council buildings in line with the Disability Discrimination Act	Council buildings enable physical access to key reception areas or provide alternative accessible routes by 2010	Stockton Borough Council
Improve the uptake of Direct Payments for Older people and develop In Control/ Independent Budgets	Increase to >150 per 100,000 older people in receipt of Direct Payments by 2008 Develop a strategy for In Control by 2009	Health and Well Being Partnership
Develop telecare services and improve the range of community alarm services to support older people in their own homes	Increase to 300 the number of new people provided with telecare items by 2008/09 Strategic review of Community Alarm review completed by Summer 2008	Health and Well Being Partnership
Reduce reliance on nursing and residential care sector for admissions	Reduce to less than 95 per 100,000 the number of people (over 65) permanently admitted to residential/ nursing care by 2008 Reduce the number permanently admitted age 18-64 to less than 1.5 per 10,000	Health and Well Being Partnership
Consider the option to develop a “one stop shop” approach and single gateway to accessing information and advice about services for older people	Undertake consultation with organisations providing service for vulnerable people	Health and Well Being Partnership

STRATEGIC PRIORITY: IMPROVING PERSONAL WELL BEING

COMMUNITY STRATEGY THEME/S: OLDER ADULTS, HEALTHIER COMMUNITIES AND ADULTS, STRONGER COMMUNITIES,
OUR HEALTH, OUR CARE, OUR SAY: INEQUALITIES AND LOCAL ACCESS

OUTCOMES

- Older people have improved health and well being.
- Older people have opportunities to access employment.
- Older people have opportunities to engage in a range of activities within their community.
- Older people feel that they have the right support from social care.

SUCCESS CRITERIA

- Reduced health inequalities
- Older people self report an improved measure of health and well being
- Older people are maintained economically active via employment
- Measures of our social care performance are in the top quartile
- Evidence of Older People accessing services
- Increase in the number of Older People accessing community weight management programmes/ physical activity sessions
- Increase the number of Older People maximising their benefits

KEY ACTIVITY AREAS	Milestones / timescales	Who is responsible
Support older people in to employment and enterprise, targeting over 50s as part of the Government's New Deal programmes and other area based initiatives for employability.	Maintain Employment rate for people over 50 at above the Regional and Tees Valley rates. Baseline 2005 Stockton 33.2%, Tees Valley 31.2%, North East 31.7% (NOMIS APS)	Economic Regeneration and Transport Partnership
Support Long Term Conditions work Develop local Falls and Stroke services in line with National Service Frameworks Develop end of life strategy	Reduction in emergency admissions by 10% by 2008-9 Increase the number of community matrons to 12 by 2008 Maintain the rate of 3.3 per 1,000 population for delayed transfers of care	Health and Well Being Partnership
Address health inequalities via Smoking cessation programmes, Exercise, Diet and health programmes, screening and life checks.	Reductions in all age all cause mortality rates	Health and Well Being Partnership

	Improvements in life expectancy rates Reductions in under 75 death rates for heart disease and cancer	
Support people to remain independent in their own home	Increase the number of older people helped to live at home to 102 per 1,000 by 2008	Health and Well Being Partnership
Support a range of activities to enhance active ageing	Gain a baseline of activities available for older people by 2009	Health and Well Being Partnership
Financial inclusion plans developed Work with pension service to improve the uptake of benefits	Focus group to understand the specific issues affecting older people by Summer 2008 Increase the number of older people accessing benefit advice and support year on year	Health and Well Being Partnership
Improving access and signposting to health and social care teams	Integrated Service Areas development for Adults by 2008-9	Health and Well Being Partnership
Development of Carers Strategy and support for respite and carer breaks	Carers strategy developed by 2008 Increase to 10% services for carers by 2008	Health and Well Being Partnership

7.3 Next Steps

We need to ensure that we deliver on the actions identified within this plan. However, Renaissance will ensure that the action plan is reviewed on a regular basis and action taken.

We will develop an easy read version that can be widely circulated to our stakeholders, partners and older people themselves as a means to disseminate the information within this strategy. We will also ensure the continuing involvement from older people in identifying new issues which need to be included in subsequent Strategy updates.

If you wish to be involved in the next steps we would welcome your contribution. There are a number of ways you can become involved. If you are an older resident you can become a member of the "Over 50's Assembly" which meets on a monthly basis or contribute to our annual "Are you Being Served Well" event held in October or as a contributor to the regularly published "Are You Being Served Newsletter". If so please contact:

Peter Smith
Strategic Commissioner - Independent Living
Adult Strategy Team
1st Floor, Tithebarn House
High Newham Court
Hardwick
Stockton-on-Tees TS19 8RH

Tel: 01642 528462
Email: p.smith@stockton.gov.uk

Finally, if you wish to discuss any aspect of this Strategy you can contact:

Ruth Hill
Head of Adult Strategy
Stockton Borough Council
Municipal Buildings
PO Box 228
Church Rd
Stockton on Tees
TS18 1XE

Tel: 01642 527055
Email: ruth.hill@stockton.gov.uk