

Pwyllgor Rhanbarth Gorllewin De Cymru

Cofnodion (PRhGDC(2)-01-07)

Dyddiad: Dydd Gwener 2 Mawrth 2007

Amser: 9:30am tan 12:30pm

Lleoliad: Canolfan Gymunedol Gogledd Corneli, Gogledd Corneli, Pen-y-bont ar Ogwr

Aelodau Cynulliad yn Bresennol

Aelod Cynulliad	Etholaeth
Janet Davies	Gorllewin De Cymru
Brian Gibbons	Aberafan
Janice Gregory(Cadeirydd)	Ogwr
Carwyn Jones	Pen-y-bont ar Ogwr
Dai Lloyd	Gorllewin De Cymru

Yn Bresennol

Enw	Yn cynrychioli (pan fo'n berthnasol)
Neil Williams	Swyddog Rhanbarth, Gofal a Thrwsio Cymru
Tony Garthwaite	Cyfarwyddwr Gweithredol, Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr
Christine Court	SHOUT
Sue Richards	Cyfarwyddwr, Age Concern Abertawe
Charlotte Walker	Cyfarwyddwr Cynorthwyol, Age Concern Abertawe
Barbara Locke	Rheolwr Datblygu Cenedlaethol (CSV-RSVP) Cymru

Gwasanaeth Pwyllgor yn Bresennol

Enw	Teitl swydd
Jane Westlake	Clerc y Pwyllgor
Sara Mansour	Dirprwy Glerc y Pwyllgor

Derbyniwyd ymddiheuriadau oddi wrth:

Aelod Cynulliad	Etholaeth
Andrew Davies	Gorllewin Abertawe
Edwina Hart	Gwyr
Val Lloyd	Dwyrain Abertawe
Gwenda Thomas	Castell-nedd

Eitem 1: Croeso a chyflwyno.

1.1 Croesawodd y Cadeirydd Aelodau'r Pwyllgor ac aelodau'r cyhoedd.

1.2 Yn ystod y cyfarfod datganodd Dr Brian Gibbons ei fod yn aelod o Gymdeithas Feddygol Prydain. Ni chafwyd datganiad arall.

Eitem 2: Cynnal lechyd, Lles ac Annibyniaeth Pobl Hyn

2.1 Atodir nodiadau anerchiadau'r siaradwyr i'r cofnodion.

2.2 Derbyniodd y Pwyllgor gyflwyniadau oddi wrth:

Neil Williams, Swyddog Rhanbarth, Gofal a Thrwsio Cymru;

Tony Garthwaite, Cyfarwyddwr Gweithredol Cymunedol, Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr; a

Christine Court, SHOUT

Trafodaeth a Chwestiynau

2.3 Dywedodd Dai Lloyd AC fod yr adroddiad "Byth yn rhy Hen' yn datgan bod 17.7% o boblogaeth Pen-y-bont ar Ogwr yn dioddef o salwch cyfyngus hirdymor, ac mae hyn yn uwch na'r cyfartaledd

ying Nghymru ac yn uwch o lawer na chyfartaledd y DU. Gofynnodd beth oedd yn cael ei wneud i sicrhau bod pobl yn gallu hawlio budd-daliadau a gallu cyrchu Gofal a Thrwsio. Gofynnodd hefyd ynghylch cwrdd ag anghenion pobl sydd â'r clefyd Alzheimer, a derbyn bod un ymhob pedwar o bobl sydd dros 80 oed yn dioddef o'r clefyd.

2.4 Dywedodd Tony Garthwaite fod Cyngor Sir Pen-y-bont ar Ogwr yn cyflogi cynghorwyr budd-daliadau lles ac mae cynnydd trawiadol wedi bod yn nifer y bobl sydd yn hawlio budd-daliadau lles. Mae sicrhau eu bod yn gallu cyrchu'r system fudd-daliadau'n rhan hanfodol o alluogi pobl i fwynhau bywyd annibynnol. Wrth drafod y clefyd Alzheimer dywedodd fod peth dryswch ynghylch ai o dan wasanaethau Pobl Hyn neu wasanaethau ar gyfer Henoed Eiddil eu Meddwl yr oedd hyn yn dod, ond ceir gwirfoddolwyr sydd yn targedu dioddefwyr Alzheimer ac yn darparu gofal safon uchel yn unol â strategaeth y gofalwr.

2.5 Cyfeiriodd Janet Davies AC at yr anhawster a geir wrth ddefnyddio cludiant cyhoeddus o Gwm Ogwr a Chwm Garw, yn enwedig i gyrraedd Ysbyty Port Talbot. Ni cheir cysylltiadau da o gwbl. Mae teithio o Gastell-nedd i Ysbyty Treforys hefyd yn broblem.

2.6 Wrth ateb cwestiwn gan Brian Williams, aelod o'r cyhoedd, atebodd Neil Williams fod Gofal a Thrwsio yn cefnogi cleientiaid hyn sy'n byw yn eu cartrefi'u hunain ac sydd dros 60 oed a chleientiaid iau sydd ag anabledd drwy'r Grantiau Cyfleusterau i'r Anabl. Mae pob sir yn darparu gwasanaeth gwahanol. Mewn ardaloedd lle ceir darpariaeth fewnol gynhwysfawr gan yr awdurdod lleol, swyddogaeth yr Asiantaeth Gofal a Thrwsio fyddai cyflwyno pobl i'r broses Grantiau. Mewn ardaloedd eraill gellid cael cymorth mwy amlochrog drwy'r broses Grantiau Cyfleusterau i'r Anabl dan ofal Gofal a Thrwsio.

2.7 Wrth ateb cwestiwn gan Hugh Nicholas, aelod o'r cyhoedd, ynghylch cyfle cyfartal, dywedodd Carwyn Jones AC fod Llywodraeth Cynulliad Cymru ac awdurdodau lleol yn cynnig cyfleoedd gwaith i bobl hyn. Atgoffodd y cyfarfod ei bod hi bellach yn anghyfreithlon i gyflogwyr wahaniaethu yn erbyn gweithwyr ar sail oedran.

2.8 Derbyniodd y Pwyllgor gyflwyniadau wedyn gan:

Barbara Locke, Rheolwr Datblygu Cenedlaethol, Rhaglen Wirfoddoli'r Rhai sydd wedi Ymddeol a Phobl Hyn; a

Sue Richards, Cyfarwyddwr a Charlotte Walker, Cyfarwyddwr Cynorthwyol, Age Concern Abertawe.

Trafodaeth a chwestiynau

2.9 Gofynnodd Hilary Griffiths o Gyngor Pobl Hyn Castell-nedd Port Talbot pam mai 60 yw'r oedran penodedig ar gyfer derbyn gwasanaethau gan y Comisiynydd Pobl Hyn. Eglurodd Brian Gibbons AC y rationale fel hyn – o ddewis 50 neu 55 fel yr oedran penodedig, byddai cylch gorchwyl y Comisiynydd yn rhy eang. Effaith hyn fyddai bod y Comisiynydd yn ymdrin â materion pobl iau nad oeddent o reidrwydd yn gysylltiedig â henaint. Ystyriwyd trothwy arall sef 65. Daethpwyd i'r casgliad mai 60 oedd y dewis mwyaf addas ac mae hyn yn unol â chynlluniau fel nofio a chludiant

am ddim.

2.10 Gofynnodd Ann Collins o Age Concern Castell-nedd Port Talbot ynghylch cynlluniau'r Cynulliad ar gyllido craidd ar gyfer Age Concern sirol – mater oedd heb ei ddatrys. Dywedodd Brian Gibbons AC fod llywodraeth Cynulliad Cymru'n cefnogi sefydliadau gwirfoddol ar lefel genedlaethol. Ar lefel sirol, yr awdurdod lleol neu'r bwrdd iechyd lleol ddylai fod yn gyfrifol, a gallai'r rhain sicrhau bod y sefydliad yn ymateb i anghenion lleol a pholisi strategol. Pe gwelid Llywodraeth y Cynulliad fel prif ffynhonnell cyllid sefydliadau lleol byddai hynny'n groes i ddemocratiaeth leol.

2.11 Fel aelod o'r cyhoedd, 'roedd Mr Granville yn pryderu am bobl hyn sydd yn gorfod gwerthu'u cartrefi er mwyn talu costau derbyn gofal preswyl.

Dywedodd Brian Gibbons AC nad oedd unrhyw orfodaeth gyfreithiol ar berchennog i werthu'i gartref. Pan na fydd perchennog yn dymuno gwneud hynny caiff drafod â'i awdurdod lleol y posibilrwydd bod y cyngor yn goruchwyllo'r eiddo. Byddai'r awdurdod lleol wedyn yn cyllido'r gofal mewn cartref gofal ac yn y pen draw yn cael yr arian drwy werthu'r ystâd. Dywedodd fod rhwng 45 a 55 y cant o bobl yn gymwys i gael gofal yn rhad ac am ddim. Pan fydd gan unigolion hyd at £17,500 maent yn gymwys i dderbyn gofal am ddim. Pan fydd ganddynt rhwng £17,500 a £22,000 cânt dderbyn cyfraniad at y costau ar raddfa symudol. Byddai'n costio rhwng £70 a £90 miliwn i gyflwyno gwasanaeth gofal personol am ddim, a byddai hynny ar draul gwasanaethau eraill.

2.12 Mynegodd aelod o'r cyhoedd bryder ynghylch y prawf moddion. Atebodd Brian Gibbons AC, y dylid darparu gwasanaeth cyffredinol lle bynnag y byddai hynny'n bosibl, a chyfeiriodd at y tocynnau bws am ddim a'r nofio am ddim i bawb sy' hyn a brechwast yn yr ysgol am ddim i blant ifainc. Mae gan bob ysgol yr hawl i wneud cais am hyn. Fodd bynnag, lle mae'r adnoddau'n brin, mae hi'n iawn targedu'r rhai sydd â'r angen mwyaf, yn enwedig pan fo'r gwasanaeth yn un costus. Os mai'r prawf moddion yw'r unig ffordd o gyflwyno'r gwasanaeth i'r rhai hynny sydd â'r angen mwyaf mae hynny'n well na darparu gwasanaeth gwaelach i bawb.

2.13 Roedd Cliff Croft o Grwp Mynediad Gastell-nedd Port Talbot yn pryderu am gyfleusterau cyhoeddus a pham nad oedd pob awdurdod lleol yn darparu'r rhain. Dywedodd Carwyn Jones AC, fod trafodaethau wedi'u cynnal ynghylch posibilrwydd deddfu er mwyn ei gwneud hi'n ddyletswydd ar awdurdodau lleol i ddarparu toiledau. Byddai'r pwerau angenrheidiol gan y Cynulliad ar ôl etholiadau mis Mai.

2.14 Gofynnodd y Cynghorydd BL Rose pam mae'n rhaid dychwelyd llyfr pensiwn anabledd o fewn wythnos ar ôl marw perchennog y llyfr. Dylid caniatáu cyfnod hirach er lles eu plant. Dywedodd y Cadeirydd nad oedd pensiynau'n fater a ddatganolwyd i'r Cynulliad, ond dywedodd ei bod hi'n aelod o grwp hollbleidiol yn y Cynulliad sydd yn edrych ar brofedigaeth ac y byddai hi'n tynnu sylw'r grwp at y mater.

2.15 Roedd Mr Phillip W Jenkins, aelod o'r cyhoedd yn pryderu am y gwasanaeth iechyd sylfaenol y tu allan i oriau a ddarperid ar gyfer pobl hyn ym Mhen-y-bont ar Ogwr gan Prime Care. Awgrymodd y dylid gofyn i Gymdeithas Feddygol Prydain ddarparu'r gwasanaeth unwaith eto drwy feddygon

teulu. Dywedodd y Cadeirydd fod Prime Care yn effeithiol mewn llawer ardal yn y rhanbarth. Dywedodd Brian Gibbons AC fod meddygon teulu yn y gorffennol wedi gweithio 50 i 70 awr yr wythnos er mwyn darparu gwasanaeth y tu allan i oriau. Ni ellid gofyn iddynt weithio'r fath oriau a gallai disgwyl iddynt wneud felly amharu ar y broses recriwtio. Merched yw mwyafrif y meddygon teulu bellach ac mae llawer ohonynt â chyfrifoldebau teuluol.

2.16 Roedd y Cynghorydd Richard Granville yn pryderu ynghylch y ffaith bod y gwasanaethau hyn yn anodd eu cyrchu a sut yr oedd unigolyn heb gar i fod i deithio.

2.17 Dywedodd Brian Gibbons AC, fod Cynllun Gofodol Cymru'n mynnu na roddid cymeradwyaeth i unrhyw ddatblygiad mawr oni bai'r cynigion yn mynd i'r afael â chysylltiadau cludiant a gwasanaethau eraill. 'Roedd yn cydnabod bod problem hanesyddol ynghylch lleoliad rhai o'r ysbytai hyn. Ceir meini prawf newydd fydd yn caniatáu i fwy o bobl ddefnyddio'r cludiant a ddarperir gan y gwasanaeth ambiwlans pan na fydd dewis arall sy'n addas. Mae pobl ar incwm isel yn gallu gwneud cais am gymorth gyda chostau teithio i'r ysbyty. Gellid gwneud hyn ymlaen llaw neu ar ôl gwneud y daith.

2.18 Holodd William Howard Lewis o Grwp Cynghorol Pobl Hyn (OPAG) ynghylch tloidi treth gyngor. Dywedodd Brian Gibbons AC fod rhwng 40 a 50 y cant o bobl fyddai'n gymwys am fudd-dal treth gyngor heb ei hawlio. Mae'r ffurflen budd-dal treth yn hir ac yn gymhleth, ond dylai pobl ddyfalbarhau a gyrru'r ffurflen i mewn.

2.19 Awgrymodd Dai Lloyd AC y dylid dileu'r dreth gyngor ac yn lle honno godi treth incwm leol fydd yn adlewyrchiad teg o allu pobl i dalu. Nid yw eiddo'n adlewyrchiad teg o gyfoeth. Nid yw bod yn berchen ar gartref mawr yn golygu bod y perchennog yn derbyn incwm uchel. Mae astudiaeth wedi dangos bod 20 y cant o'r bobl gyfoethocaf yn talu 1.6 y cant o'u hincwm ar y dreth gyngor o'u cymharu ag 20 y cant o'r rhai tlotaf sy'n talu 4.6 y cant.

Gweithredu: Anfonir cofnodion y cyfarfod at John Griffiths AC, y Dirprwy Weinidog â chyfrifoldeb dros Bobl Hyn.

Eitem 3: Adroddiad y Pwyllgor am y cyfnod Mai 2005 hyd Fawrth 2007.

3.1 Cytunodd y Pwyllgor i'r adroddiad fel y'i drafftiodd.

Eitem 4: Cofnodion

4.1 Cytunwyd cofnodion y cyfarfod a gynhaliwyd ar 20 Hydref.

Eitem 5: U. F. A.

5.1 Cyhoeddodd y Cadeirydd mai hwn oedd cyfarfod olaf y Pwyllgor yn yr ail Gynulliad. Bydd darpariaethau Deddf Llywodraeth Cymru 2006 yn dod i rym ar ôl yr etholiadau ym mis Mai. Mae'r Rheolau Sefydlog ar gyfer y trydydd Cynulliad yn darparu ar gyfer sefydlu Pwyllgor Rhanbarth pan fydd mwyafrif yr aelodau yn y rhanbarth o blaid gwneud felly, a'r cynnig yn derbyn cymeradwyaeth

y Cynulliad llawn.

5.2 Mynegodd y Cadeirydd werthfawrogiad y Pwyllgor i staff Canolfan Gymunedol Gogledd Corneli.

**Gwasanaeth y Pwyllgorau
Mawrth 2007**

Atodiad

1. Bridgend County Borough Council

1.1 Inconceivable not to do presentation in partnership. Christine Court's agreement to represent SHOUT an indication of how we address the issues.

1.2 Aim is to convince Committee members that:-

- Health, Wellbeing and Independence not the domain of any one agency;
- Can only be properly achieved via partnership.

1.3 Health & Wellbeing – NHS treatment episodic, therefore we can't rely on NHS for our health. It is about so much more, not least LG services.

1.4 Independence – not living alone. Being at home but if, for example, hospital bed discharge arrangements aren't managed properly, being at home can increase vulnerability. Has to be coupled with choice, dignity.

1.5 "Never too old" - 2002 Mature, pioneering strategy. It complements National Strategy (but was before it). It brings it to life a brand that people recognise. It's much more than Social Care Strategy. Older people know best.

1.6 What do older people want?

- Wanted quality of life
- To be socially included
- Have information about services and access
- To be involved in planning
- Target at greatest need
- Support for carers and families
- Flexible services based on partnership
- Increased choice
- More locally accessible services
- Focus on prevention and rehabilitation

1.7 SOME FEATURES OF OUTCOMES

- A charter for older people
- Commitment, standard, measured
- Independent advocacy service
- Age Concern
- Help with employment and retirement
- Prime Cymru
- Independent living initiatives
- Stair lifts – 4 weeks now having been 3 – 9 months delay
- Virtual elimination of OT assessment waiting times
- Delay transfers low
- SHOUT

1.8 Social Care – Timely To Talk 10 Year Strategy

- Direction of travel / joint review outcomes
- Raise eligibility thresholds
- Move away from low level packages of care
- Outsource significant proportions of services such as home care
- Increase expenditure to tackle demographic time bomb
- Rising DTOC levels
- Bridgend – bucking the trend!!
- Eligibility still low (1of 2 LA's in Wales)
- Significant numbers of low packages of home care
- 95% in house home care (2nd highest in Wales)
- Reduced expenditure – was high now 19th in league table
- Sustainable low levels of DTOC

1.9 Warning

- Pressures now building – budget
- Remember – budget block grant / competing pressures between LG services.
- Additional funding is welcomed.
- Also – stop saying resource neutral – Vulnerable Adults work a good example of it not being cost neutral
- Re-ablement still only in 50% of the County Borough

2. SHOUT

2.1 Good partnerships are very important. Organisations work in collaboration with each other to achieve the highest possible standards. SHOUT is for people over 50 years of age. Older people through SHOUT have a collective voice and the organisation is involved in number of things such as transport, regeneration, leisure, health and wellbeing.

2.2 SHOUT are due to produce their first news letter in a few days. It is hoped that this will enable

more people to get involved and out their views across. Other organisations will be able to submit what services they have available.

2.3 Transport is a major concern for older people. Bus passes are only available to people over 60 year of age. This is good but it could be improved. People over 50 years of age make over 45% of the Borough.

2.4 SHOUT need further funding and they wish to widen people's involvement. Statutory voluntary sectors support SHOUT but they need more support to continue their strong development and be involved in local and national consultation and scrutiny.

3. Care & Repair Cymru

Mission

3.1 To provide comprehensive advice, support and practical services that allow older and vulnerable, who live in their own homes or live in privately rented accommodation, to remain independently in their homes, in comfort, warmth, safety and security.

3.2 Welsh Assembly Government Core Service

- Difference is a service that talks and listens to older people.
- Care & Repair is a home visiting service.
- Assessment made of the property in terms of the home environment.
- Solutions and choices are offered based on the person not the property, i.e. what's right for the home and not just the house.
- Advice on energy efficiency, improvements to heating and fuel poverty.
- Welfare Benefit checks and support in Welfare Benefit claims as income generation.
- Home Safety and Healthy Home assessments.
- Local Authority Housing Grant solutions.
- Private works and Technical advice.
- Approved contractors list.
- Charitable and Hardship funding.
- A hand – holding service, including eligibility checks and form filling.
- Site supervision and quality of works.

3.3 Local Partnerships

- Statutory – Housing, Social Services and Health.
- Voluntary sector – Age Concern, Alzheimer's, Carers, CVS, etc.

3.4 Welsh Assembly Government Rapid Response Adaptations Programme (RRAP)

- Small adaptation, maximum £350.
- Within 15 working days.

- For eligible client group.
- To secure early release from hospital back to the home.
- Or, to prevent hospital admissions.
- Through partnership referral.
- Offer of a full Care & Repair service.

3.5 Local Solutions

- Handyperson services for small adaptations and small repairs.
- Assistive technology and Dementia projects (primarily Bridgend) .
- Fast-track minor adaptations grants. (Swansea's CSS Grant and Minor Adaptations Grant; Neath Port Talbot's Fast- Track RRAP; Bridgend's Stair lift and Bathing Grant schemes)
- Fire Safety assessment and adaptation.
- Home Security assessment and adaptation.
- Safety at Home Schemes (primarily Bridgend) .
- Emergency Pressures initiatives (primarily Bridgend) .
- Minor maintenance, gardening and decorating (primarily Neath Port Talbot) .

3.6 Future Plans

- Telecare
- Home maintenance insurance
- Annual Home Assessment
- Scheduling service.

4. Community Service Volunteers – Retired and Senior Volunteer Programme (CSV-RSVP) Cymru

4.1 Only 2 things to remember about us

- Everything we do involves volunteers
- Everything we do involves older people

4.2 Three Messages

i. As today is about maintaining the health, well-being and independence of older people the first message is:-

- volunteering Is good for older people
 - Research & anecdotal evidence exists to support this.
 - Local examples from schools and knitting re well-being.
 - Local volunteers with mental health issues

- supported back to work through volunteering;
- Bereaved describe volunteering as ‘a lifeline’ life-changing;
- Our Impact assessment – give stats

and

- older people are good for volunteering.

Some statistics about the people we help

- – Reading project: 6,000 children helped over 3 years & Cars 4 Carers helps 300 carers with 25-30 drivers and over 1,000 journeys per year
- Older volunteers stick with the job
- They have life skills and experience
- They are great mentors because they’ve seen life’s problems come and go
- They know how to chill!
- Feeling useful & valued is a great support to maintaining independence

ii. Following that theme of maintaining independence and keeping older people engaged in communities the second message is:-

- older people are not a thing of the past!

- They are growing in numbers in Wales
- Living longer
- Staying active longer
- They care about the state of the world (Greening the Grey)
- They care about their own communities
- They care about more than pensions and the local health service
- Give examples of volunteers who run projects, get involved in local issues and do international volunteering
- Vale of Glamorgan run by volunteers with 128 active volunteers
- Swansea with 148 members run by four volunteers
- Many RSVP members sit on Older Persons Fora – One Swansea volunteer supports a school in Ghana and was made a Tribal Chief in recognition of his work!

iii. And because – in spite of recent legislation and the Age Discrimination Act - in spite of the Older Persons Strategy in Wales – age discrimination is still the most common form of discrimination in this country the third message is

- older people are up for a challenge.

- RSVP sets out to break the mould of older volunteering
- Our volunteers are our ‘think-tank’ our management team and our policy-shapers

- They are also involved in the kind of volunteering which most people would not imagine they would be involved in or successful at
- Give examples – Parc Prison – RSVP volunteers work in the Juvenile Remand Unit; work with the single & homeless in Pembrokeshire; work with people with learning disabilities in Ty Penybont.
- Older volunteers are life-skilled, they are ‘chilled’, they are tenacious and they refute stereotypes because they know what it is to be labelled. (eg assumed dementia, deafness, often treated as children because they are old.)

4.3. To summarise – older people who already volunteer are a great force in Wales for maintaining their own health, well-being and independence and as volunteers they make a great contribution to the health, well-being of others from all generations. Older volunteers are up for the challenge to do more in Wales. RSVP do not set out to be providers of health and social services but our volunteers are ready, willing and able to become cost-effective supporters and enhancers of any local service where their talents can be used.

4.4 Let me leave you with some statistics about our work in Wales:-

- 2,700 volunteers in Wales
- 8.2 staff
- Ratio of 329 volunteers to every member of staff
- Last year NAFW & LA funding totalled £150, 00 – ie 55p per volunteer per year
- This year our NAFW & LA funding has been cut to £85, 000 – ie 31p per volunteer

4.5 Probably just as well that older volunteers are up for a challenge but if you are an older person who can support us with your time – become a volunteer and if you represent a local authority which doesn’t already benefit from our volunteers to enhance local services please consider strengthening your partnership with older people through RSVP Cymru.

(CSV-RSVP) Cymru Impact Assessment In Wales 2006

- 2, 640 Volunteers
- 174 core questionnaires returned
- 59 in depth questionnaires returned
- 6 focus groups held by RSVP development staff
- 83 Schools Project volunteers
- Schools Volunteers
- Although 50+ - 52% are in 65 – 74 age bracket 9% are 75+
- 12% are disabled
- 99% give a day or more every week
- 48% said they had increased confidence & self esteem - 13% greatly
- 59% said they had increased skills – 12% greatly
- 29% identified actual health/ well-being gains – 11% improved greatly
- 60% access to new contacts
- 49% improved relationships with others

- 51% improved participation in social activities – 10% greatly
- 20% improved understanding of other people's cultures.
- All 83 would recommend volunteering to others.

5. Age Concern Swansea

5.1 Tuesday morning 10.30am and Mrs Jones is £120.00 per week better off, she has had assistance to fill in the forms to go on the housing list of two local housing providers, she has been referred to the handy person scheme to help her access a hand rail to help her until she moves. Mrs Jones is one of 8500 Older People helped to maintain themselves in their home by Age Concern Swansea each year.

5.2 Every day we use the commonly spoken words of health, well-being and independence when we are talking about older people's needs. These vital words are what actually enable older people to stay in their home the place where we all want to be. Older people have to be enabled to be empowered this means a need to address peoples rights as well as needs.

5.3 The Welsh Assembly Government role is to set the frame work and ensure the under pinning policies and enforcement are in place, an example of this is that the Older Persons Commissioner needs to have teeth and not be a tokenistic older person representative, Care and Repair must continue to get funded to provide disability adaptations, core funding to enable the voluntary sector to effectively deliver it's services. Age Concern Swansea is very pleased at the success of the Older Persons' Strategy in our county which is strategically and operationally meeting the real needs of our residents. It is a demonstration of true partnership working which is both proactive and amounts to real outcomes, an excellent model really delivering what is needed.

5.4 So what do the words maintaining health, well-being and independence actually mean to older people? To live safely in their own home, access to information, good income, a social life to enjoy, good housing, access to health accessibility of getting to appointments, and good nutrition.

5.5 Seamless services that are reactive to their ever changing needs and delivered recognising the link to the "Making the Connections and the Beecham Review" where the citizen is at the centre of the services particularly advice and information and promoting independence. Resulting in making the documents worth while and with positive and real life enhancing outcomes.

5.6 Maintenance is the most important word as nothing works without regular support and input, similar to a car with a breakdown insurance that is there when you need it.

5.7 Support that if not in place often results in expensive health and social care intervention and often a need for the person to leave their home. It therefore makes sense to make the best possible use of every contact with an older person and work holistically to meet their needs to live comfortably and safely.

5.8 Age Concern Swansea is a local independent charity who have for the last 17 years worked to deliver living at home support enabling and addressing well know issues that affect the over-50's in

Swansea. We are aware that to assist older people to the best standard we can not work in isolation and therefore we work with more than 35 partners to help to fill the gap of needs for older people.

5.9 We now have 712 over - 50's per month asking us for help. There has been a dramatic year on year increase with a notable change from April 06 - to Dec 06 with an average increase of 250 calls for assistance each month. This has had a huge impact on the Charity as everyone now sees us as main service delivers and not as extra assistance.

5.10 We currently run 9 services which aim to include and enable older people to stay physically and emotionally well in their own homes for as long as possible.

5.11 A hospital discharge scheme which supports people for 6 weeks post admission to hospital, helping with shopping basic cleaning and essential tasks to allow them to be discharged from hospital. We have a multi Disciplinary team which includes 2 senior nurses, a social worker, benefits officer, volunteers and visiting staff and daily we demonstrate the benefits of working in partnership knitting together staff from the NHS, social services, and the voluntary sector. Providing a unique service preventing delayed discharge and minimising the time older people have to remain in hospital.

5.12 Supporting People Project supporting 200 Older People to remain on their own homes with weekly home visits providing essential intervention and on going support. The project has been running for 3 years and works with paid staff and 70 volunteers all encouraging integration in the community, accessibility for up to date accurate information and advocacy, a direct link to other services and partners and also timely intervention when situations change as situations can quickly deteriorate leading to loss of independence or ill health. Reading and understanding your mail a task that we all take for granted but essential in managing and maintaining you, for many we are the eyes and ears of the outside world. The Supporting People Project is an essential model of a service which addresses the health social care and well being agenda and has made life changing differences to individuals who would otherwise have gone into a care home or lived in poverty due to poor income. It is vital that Supporting People services are continued to be supported by the Welsh Assembly Government as they meet all the agendas linked to health, well being and independence and as 36.6% of the population of Swansea is currently over-50, the increase for need for assistance will continue to raise due to our ageing population.

5.13 Well being and independence is strongly affected by the amount of money a person has to live. Last year Age Concern Swansea gained over 1.2 million in extra income for older people and this year we estimate it will be nearer 2 and half million. Money that enables people to pay for services to help them live comfortably, independently with enough money to pay their bills and even have some spare to enjoy social activities.

5.14 Accessible advice, information and advocacy is paramount to our activities for the older residents of Swansea so in order to assist individuals and professionals alike we have recently developed a directory of services listing more than 300 agencies who can assist older people, the directory is available to download off the Age Concern Swansea website and also available in hard copies as we are very aware that not everybody has access to a computer. In planning the directory it was essential that we built in systems for regular updates as Information must be accurate for the time

it's needed.

5.16 We know that the services we deliver are in response to local issues and needs as we record and evaluate all the contacts we make with older people which last year was 8500.

5.17 So what can the Welsh Assembly Government do next for older people? All the issues have been researched endlessly evidenced are now stored in vast quantities.

5.18 Actions speak louder than words so please

- No more documents or strategies - call a one year amnesty and a commitment from politicians to make changes happen;
- Implementation of existing knowledge e.g. National Services Framework;
- Resources to enable voluntary sector to have the capacity to play the new expanded role of the 3rd sector.

5.19 These issues are not going to go away so let's make a positive change on how we help Older people remain independent, whilst addressing their Health and Well being.