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THE PUBLICATION OF THE GREATER LONDON FORUM FOR OLDER PEOPLE

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### Message from the GLF Chair

#### **Asoke Dutta**

Spring has arrived, and the weather is getting warmer. However, the cost of living, inflation, and energy prices have remained unchanged since our last edition.

Those of us who attended Prof. Alan Walker's talk were greatly impressed by his arguments about aging. It is a privilege to have his speech in print.

Vaccine boosters for Covid are in full swing. It is highly recommended that you get the vaccine since it is likely that new strains of Covid will continue to appear, despite the World Health Organization (WHO) informing us that Covid has been eradicated.



Many people still rely on landlines, and it will be interesting to observe how the changes in technology affect older individuals.

Care for older people has been declining for over a decade. Local authorities have very limited resources to allocate to non-statutory care. Unfortunately, councils impose strict conditions and eligibility criteria for older people's care.

Planning for old age care should begin at a younger age. However, the younger generation is also struggling with similar economic conditions as older people, in addition to raising their own families.

The GLF has been concerned about the digital divide. Many authorities now send vital information online, putting those who are not digitally literate at a significant disadvantage. We have been advocating for information to be sent both digitally and through traditional channels.

Several forums have initiated digital training programs for their members. The Greater London Authority (GLA) and Age UK in London are also actively involved in this training initiative.

#### **Contents:**

- Who Cares about Ageing?
- Planning Future Care
- Covid -19 Vaccine
- Investment Fraud

# Who Cares About Ageing?

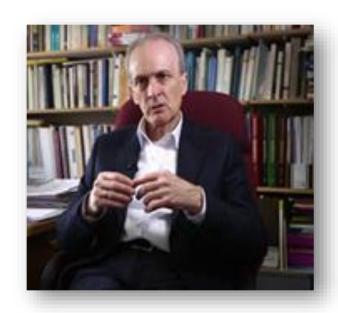
By Alan Walker, Professor of Social Policy & Social Gerontology. Co-Director of the Healthy Lifespan Institute, Sheffield University

No-one it seems. While there is a lot of public debate about older people, especially around pensions and social care, that concerns old age, not ageing, which is a lifelong process. The neglect of ageing is important because many of the chronic health problems that blight older people's lives have their origins earlier in the life course, including childhood. Forward planning for pensions is taken for granted as a government responsibility, but health in old age is left entirely up to individuals.

Because of the neglect of ageing, healthy life expectancy (HLE: the average years of healthy life after 65) is falling in the UK, in contrast to the major EU countries. HLE expectancy for men aged 65 is 10 years and for women it is 11 years. Hidden beneath those averages are big inequalities. For example, men in Newham have just 6 years of healthy life after 65, compared to 15 years in Westminster. Women in Brent can expect 5 more years of healthy life than those in Islington.

The key factor in declining HLE is the rapid increase in chronic conditions, such as diabetes, heart disease, arthritis, stroke, cancer, and dementia. These conditions are all most common in later life, and over half of those aged 65 and over have two or more of these conditions. It is wrongly assumed, however, that they are an inevitable aspect of old age.

Ageing is inevitable (if we are lucky) but its impact varies widely. Moreover, we can influence how people age. This brings me to the question of who cares about ageing?



The major determinant of poor health in old age is not genetics but a range of social and economic risk factors: poor diet, lack of exercise, deprivation, air pollution, poor housing, and unhealthy work.

Caring about how people age means <u>preventing</u> chronic health problems, by eliminating the risk factors, and they are all preventable. For example, physical exercise is a proven way to prevent poor health in later life, and to improve functioning when people are already frail.

Combating the current rapid rise in chronic health conditions should be a national priority. The Swedish Government did so and now 65-year-old women there have 8 more healthy life years on average than British women. That is why we should care about ageing.

## Landline Telephone Services are Changing

The UK's telephone network is changing. The technology used to provide traditional landline voice calls is no longer fit for the future. The telephone providers are upgrading the landline network, also known as the PSTN (Public Switched Telephone Network) from analogue to digital or IP (Internet Protocol), which means that in the future voice telephone calls will be carried in the same way as data over a broadband connection.

The current telephone network will close at the end of 2025. Between now and then the telephone providers will be moving their customers over to the new system. To prepare for this, from September 2023, in most cases you won't be able to order new landlines as they exist today.

The change is led by broadband and phone companies. Government and the communications regulator, Ofcom, are supporting efforts to improve the UK's telecoms infrastructure and are working with industry to help ensure they deliver a smooth transition. Ofcom has published a statement about the changes that are taking place, the roles and responsibilities of different organisations and its expectations of telecoms providers.

The change from analogue to digital will benefit everyone and aligns with the Government's ambition that everyone in the UK will have access to full fibre or gigabit-capable broadband by 2025.

#### **FACT SHEET**

- In most cases you can keep your telephone number using the switching process.
   However, if you move address then you may not be able to. It is always better to check with your landline provider.
- You may need to change your phone if it is a very old one and not compatible with the new system, for example, if it has an older style plug where it connects to the wall. You should check with your landline provider.
- You may not need a new broadband account but check this your landline provider.
- If your landline and broadband are with different providers, you will have a choice. Your providers will contact you about options available. You will also have a choice to switch to another completely different provider.
- Your phone connection will not necessarily be over fibre. Your broadband may still be over a copper wire but your phone will use IP technology to make and receive phone calls over your broadband connection.
- Many services that rely on the PSTN will be affected. For example, traffic lights, telemetry devices, burglar alarms, telecare alarms and pendants, dialysis machines, monitoring devices, phones in lifts, fax machines, payment terminals and ATMs.

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- The text relay service and text phones will also be affected. Text relay is also available via the free Relay UK app which offers additional features and is unaffected by the move to IP. The app can be used on any connected device (smartphone, tablet, laptop or PC).
- Several models of textphone have been tested at the BT Digital Services lab. This testing showed that it is possible to make both textphone-to-textphone and text relay calls on IP networks, although the quality of the call can be affected by packet loss or other data loading on the line.
- Most modern devices should be compatible. If you do use one of these devices such as telecare alarm, it's really important that you check with the company that supplied the equipment to you.

The new system will be powered by your home electricity so if there is a power cut it will mean that you will not be able to make or receive landline calls. It is similar to how the current DECT (cordless) home phones work today. If you have a mobile phone this can be used in the event of a power cut.

Let your home phone provider know if you are about to move to the new service and you have no alternative method of calling the emergency services.

#### For example:

- If you live somewhere where there is no mobile coverage
- you don't have a mobile phone; or
- you depend on your landline (e.g., for disability or accessibility requirements).

In these cases, your provider should offer you a solution to allow you to call the emergency services, at the very least, during a power cut.

If other equipment you use needs to be plugged into your phone socket, for example, text relay equipment, fax machines, care alarms, burglar alarms and security systems, these will not work over the phone line in a power cut. So, it's really important that you tell both your phone provider and the company that supplies you with the special equipment.

Many countries in Europe and across the world are also in the process of upgrading their landline networks to IP.

Source: Future of Voice

# How to get your COVID-19 vaccine from the NHS if you're eligible this spring

This spring, individuals aged 75 years or older, those with a weakened immune system, or individuals residing in a care home for older adults are being offered a COVID-19 vaccination by 30 June. Protection against the virus diminishes over time, making these groups particularly vulnerable to severe COVID-19. Therefore, individuals in these categories are being encouraged to enhance their immunity by receiving a spring COVID-19 vaccination. If you or a family member falls into these groups, you can book a free appointment for an NHS vaccination.

Regarding your question about family members receiving the COVID-19 vaccine, it is important to note that most individuals under 75 years of age are not eligible for the seasonal vaccination. However, if they have only received one dose so far or have not been vaccinated against COVID-19 at all, it is not too late for them to receive a dose. By doing so, they can help protect those around them, as well as themselves, as even healthy individuals could unknowingly transmit the virus.

If you are uncertain about whether you have a weakened immune system, there are various factors that can contribute to this condition. Some of these factors include having a blood cancer such as leukaemia, lymphoma, or myeloma, undergoing an organ, bone marrow, or stem cell transplant, having a genetic disorder affecting the immune system, receiving treatments like steroid medicine, biological therapy, chemotherapy, or radiotherapy, taking certain medications that increase the risk of infection (such as azathioprine, dexamethasone, prednisolone, ciclosporin, or mycophenolate, depending on the dosage), or undergoing long-term immunosuppressive treatment for conditions such as lupus, rheumatoid arthritis, inflammatory bowel disease, scleroderma, and psoriasis.

There may be other health conditions and treatments that can result in a weakened immune system, which are not covered in this information. If you are unsure, it is advisable to consult a pharmacist, GP, or your specialist for advice.





Now, let's address the question about why older people are vaccinated against specific illnesses. As we age, our immune protection tends to decline more rapidly compared to younger individuals. This makes us more susceptible to certain diseases and increases the likelihood of severe illness. By receiving the COVID-19 vaccination now, you can significantly reduce the risk of hospitalization and potentially recover faster if you contract COVID-19 during the spring or summer. This is particularly crucial if you reside in a care home, as proximity to others, interactions with staff, health professionals, and visitors can facilitate the rapid spread of viral illnesses. Vaccination plays a vital role in lowering the chances of COVID-19 transmission among care home residents and staff. Consequently, the NHS is currently offering COVID-19 vaccinations to all individuals living in care homes for older adults to prevent further spread.

To book your COVID-19 vaccination, you can visit the NHS website, use the NHS App, or call 119 if you are eligible due to being 75 years or above (at any time before 30 June this year) or if you have a weakened immune system.

If you have only received one dose of the COVID-19 vaccine or have not been vaccinated at all, it is not too late. You can schedule an appointment now to protect yourself and other vulnerable individuals throughout the spring and summer.

For further information, please visit the COVID-19 vaccination section on the NHS website.

# What are the risks of not planning future care for seniors Failing to plan for your future care can have several significant risks.



- Lack of suitable care: Without proper planning, seniors may not be able to access the appropriate care and support they need as they age. This can lead to a decline in their physical and mental health, reduced quality of life, and increased reliance on family members or emergency services.
- Financial hardship: The cost of long-term care can be expensive, and without proper planning, seniors may not have enough savings or insurance to cover the costs. This can lead to financial hardship, including the need to sell assets, reliance on family members, or even poverty.
- 3. Increased burden on family members: Without a plan in place, family members may have to step in and provide care for their elderly loved ones, which can be challenging and time-consuming. This can lead to increased stress and a reduced quality of life for both the senior and their family members.
- 4. Delayed access to care: Waiting until a crisis occurs before planning for care can lead to delayed access to care and

- support services. This can make it more difficult to manage health conditions, and in some cases, can even lead to hospitalization.
- Limited choice: Without a plan in place, seniors may have limited choice in the type of care they receive or where they receive it. This can lead to a reduced quality of life and decreased autonomy.

The GLF advocates future care planning to help overcome significant risks for both the senior and their family members.

It's essential to plan ahead to ensure that seniors can access the appropriate care and support they need as they age, maintain their independence and quality of life, and avoid financial hardship or burdening their loved ones.

We would like to see the NHS and government focus on the development of support services that are accessible and fully comprehensive. Too many people are aware of the need but find accessing information and support a challenge.



Investing in stocks and shares or any other commodity can be a successful way of making money.

However, it can also lead to people losing their entire life savings. Fraudsters will persuade you to invest in all kinds of products. They will offer you high rates of return, particularly over longer periods of time, which often do not exist.

Common products that will be offered include binary options, virtual currency, carbon credits, wine, rare metals, gemstones, land and alternative energy. Often, initial investments will yield small returns as an incentive to invest further funds. However, larger investments or cashing out will be met with excuses or a penalty charge. Eventually contact with the fraudster will be impossible and all funds and bogus returns lost.

Fraudsters are organised and they may have details of previous investments you have made or shares you have purchased. Knowing this information does not mean they are genuine.

Criminals may direct you to well-presented websites or send you glossy marketing material. These resources do not prove they are a genuine company. Many fraudulent companies have a polished customer image to cover their illegal activities.

It is relatively easy to register a company with Companies House. This does not confirm or endorse that they can provide genuine investments. Indeed, emerging investment markets may be unregulated, making these open to abuse.

Compaħies may be registered at prestigious addresses, for example Canary Wharf or Mayfair. This does not mean they operate from there. It is an accepted business practice to rent such a virtual office to enhance a business's status. However, fraudsters are also aware of this and exploit it. The fraudster may put pressure on you by offering a 'once in a lifetime opportunity' or claim the deal has to be done quickly to maximise profit. In addition - be wary of companies that offer to 'recover' any funds you have lost to any sort of investment scam. They may be linked to the company who initially defrauded you in the first place and may be targeting you again. This is known as 'Recovery Fraud'.

#### How to protect yourself

- There are no get rich quick schemes. If it sounds too good to be true, it probably is.
- Genuine investment companies will not cold call you. Be extremely wary of anyone who does.
- Research both what you have been offered, and the investment company. Speak to Trading Standards if you have concerns.
- Before investing, check the Financial Conduct Authority register to see if the firm or individual you are dealing with is authorised (https://register.fca.org.uk/)
- Check the FCA Warning List of firms to avoid