Older, wiser, healthier

PLANNING FOR A HEALTHY OLD AGE

CONTENTS

» 2–4 THE FIRST WORD/SNAPSHOTS
News and events round-up

» 5–6 MIND THE GAP
Q&A with Gerry McLaughlin on ‘A Fairer Healthier Scotland’

» 7–9 A LONG AND HEALTHY FUTURE
Preparing for our changing demographic

» 10 QUITTING TOGETHER
A new look at smoking cessation

» 11 I KNOW THIS MUCH
David Pattison
While it’s true that we’re all getting old at the same rate, our changing demographic means that, as a country, we’re getting collectively older. That we’re living longer than ever before is something to celebrate, but it also poses challenges around how we deliver services to ensure that older people continue to age healthily. We take a look at this issue in our cover feature.

Changes in the way we deliver services is also the focus of NHS Health Scotland’s new strategy, A Fairer Healthier Scotland, which aims to tackle Scotland’s inequality gap. To find out more about the strategy, turn to page 5 for an exclusive Q&A, with NHS Health Scotland CEO Gerry McLaughlin.

I hope you enjoy the magazine and, as always, if you have any feedback on any of the articles please do get in touch.

Peter Watson
Editor
May 2012 saw the launch of the latest Health Behaviour in School-aged Children (HBSC) International Report, entitled: ‘Social determinants of health and wellbeing among young people’. The report presents the latest data from over 40 countries, including Scotland, on a wide range of health and social indicators. The latest report focuses in particular on inequalities in health produced by social determinants, including gender, age, socioeconomic conditions and geography. The report also demonstrates how health inequalities emerge or worsen during adolescence, and examines how family, peers and schools can provide supportive environments for healthy development.

Professor Candace Currie, Director of CAHRU (The Child and Adolescent Health Research Unit) hosted the launch event, which focused on sharing international and Scottish highlights and held a comparative discussion on how Scotland is fairing. NHS Health Scotland funds the Scottish HBSC survey and is one of the main funding bodies for the international coordination of HBSC. Gerry McLaughlin, CEO of NHS Health Scotland, said, “Research studies like the HBSC survey are significant. They give us access to the true picture of the challenges faced by young people today. Persistent health inequalities are highlighted within the report, predominantly linked to family affluence, and therefore it is more important than ever that we continue to focus our efforts on creating a fairer, healthier Scotland.”

Research studies like the HBSC survey are significant. They give us access to the true picture of the challenges faced by young people today.

NHS Education for Scotland (NES) is currently developing a new online area for drugs and alcohol. Housed on the Social Services Knowledge Scotland (SSKS) website, which is already established as a valuable information gateway for the social services community, the new area will include more information and resources aimed specifically at the wider alcohol and drug workforce. Its aim is to enable practitioners and planners to locate crucial information – including key evidence summaries, e-learning materials, and information on organisations, training and education opportunities – quickly and easily. NHS Education for Scotland also provides online community facilities where users can interact on forums, work collaboratively, share resources and discuss topics of common interest.

Please follow this link to access information and guidance on a range of drugs and alcohol related topics. The site also contains a “Contact us” form, where comments and feedback can be left while this area is still under development.

Latest HBSC report out now
Social marketing – have you got the tools?

A new Scottish Social Marketing Hub for healthcare professionals in Scotland is now live and waiting to be explored.

Created as Scottish landing pages to the National Social Marketing Centre’s (NSMC) online toolkit, the pages feature everything healthcare professionals need to know about what’s happening with social marketing in Scotland, such as training opportunities, case studies, latest news, useful links and resources and video diaries. The NSMC’s toolkit, which outlines a six-step easy-to-follow social marketing process, is also just a click away.

The new Hub builds on the work delivered by NHS Tayside and the Scottish Government who developed the original Scottish social marketing toolkit in 2009/10. The Hub can be accessed [here](#).

If you would like more information on social marketing or have any questions, please [email us](#).

“You’re hired!”

NHS Health Scotland is delighted to welcome to its team its first modern apprentice, Ashley Riley. Ashley, whose chosen specialism is office administration, came to us as a result of a close working relationship with Young Scot. She’ll soon be joined by other young colleagues who will be working on projects around the organisation.

To find out more about the Modern Apprentice Scheme, contact Lesley Anderson at Young Scot on 0131 313 2488.

Dementia awards

The first ever ‘Scotland’s Dementia Awards’ provide an opportunity for professionals and communities who are committed to enhancing the health, wellbeing and experience of people with dementia and their families to have their work recognised and promoted. Launched to mark World Alzheimer’s Day, the awards are the result of a partnership between Alzheimer Scotland, NHS Education for Scotland, NHS Health Scotland and Scottish Social Services Council. The award scheme will help showcase the creativity, innovation and dedication that makes a real difference to the daily lives of people with dementia and their families. [Find out more](#).
Mind the gap

Our Chief Executive, Gerry McLaughlin, explains how NHS Health Scotland’s new strategy *A Fairer Healthier Scotland* will help to reduce health inequalities across Scotland.

**Q: What do you feel is unique about the work of NHS Health Scotland?**
**A:** For me it’s the package that we bring. We do a lot of work around evidence on what works in improving health, and we translate that into programmes, products and services that can actually make a difference. These may be around constructing a smoking cessation programme or a publication like *Ready Steady Baby!*, or it might be around designing a training programme for health visitors or GP practice staff. But our starting point is always: ‘What does the evidence tell us about the nature of the problem, and about how we can make a difference?’ The coherence of that package, from evidence through to delivery, is really important, and we do that on a national basis for Scotland.

**Q: Why are you bringing out a new strategy?**
**A:** A lot has happened in the world around us in the time since our previous corporate framework was written. The financial context has changed, for one, but we can also tell a very good story around how the average health of our population in Scotland has improved significantly over the last 10–15 years. Where we’re not able to tell the same positive story is for that group in Scotland that has done least well. The gap between their experience and that of people who have done well has, at best, remained constant and, at worst, actually got wider. It’s something that we have to change, and it’s that gap that *A Fairer Healthier Scotland* tries to focus on.

**Q: Does this mean the work of NHS Health Scotland is changing direction?**
**A:** *A Fairer Healthier Scotland* sets out a statement of strategic intent for the next five years. This is not all going to happen tomorrow, so, to a large extent, we will absolutely rely on what we know is tried and tested. In that sense, there will be a very significant level of continuity. But I do think we need to shift our emphasis – we need to be asking: ‘What is it that works to address that gap?’ rather than: ‘How do we improve the average?’ To do this, we will rely very much on the skills and experience that Health Scotland has built up over the history of the organisation. But we will also need to start using some of those skills and experience in different ways and picking up new areas of expertise.
Q: Why do you think people from less advantaged backgrounds are ‘harder to reach’ in terms of health advice and services?
A: Let me challenge you back on that – is it that those groups are hardest to reach for us, or that we, NHS Health Scotland, and sometimes those we work with, are harder to reach for those groups? Partly, we need to think about our proposition. Think about it in a marketing sense – would we say that this is a market that’s hard to reach? Or would we think that, actually, we need to look at our marketing?

Q: A Fairer Healthier Scotland mentions a strong emphasis on partnership working. Why is this important?
A: The sense of a joint endeavour across public services will be critical to our success in reducing the gap – no individual agency can make that difference on its own. Just look at history. Where do we see the biggest improvements in public health? For most developed countries, they’ve actually come out of civil engineering projects – getting clean water to cities, taking away slum housing – so it’s clear that actions in one field can have a huge knock-on effect in another. The classic orthodoxy around public health is that we need to look at what constitute the social determinants of health – and these are broad. They include issues around lack of income, quality of housing, employment, and so on. All these things contribute to the health and wellbeing of an individual, family or community. So having the levers for improved health simply sitting solely within the NHS is, I think, probably quite misplaced.

Q: What will success for A Fairer Healthier Scotland look like in ten years’ time?
A: When I look at a graph on life expectancy rates then, I will see a gentle increase in the Scottish average. When I look at the gap between those who are living longest and those who are living least long, where the two lines of that graph have been widening, I will see these stabilising and converge. That will tell me that the measures we’re undertaking are helping partners make better policy and changing practice.

Q: Are there any other ways it will be measured?
A: Clearly there are – because we can’t wait for ten years’ to know if we’re making a difference. So one of the things we do is to define the outcomes we expect to see from individual pieces of work. If you want to have a fairer, healthier Scotland, you need to track back and ask: ‘What would we do to make that difference?’ We need to drive better policy-making, and also to look at what makes a difference to the quality of practice and actual delivery. To improve that, we need to use evidence to inform our decision-making. So at every stage in our programmes we define the outcomes we want to see, and by doing that we get a line of sight towards the longer-term goal.

Q: Is there anything else you’d like to add?
A: The time is right to refresh our focus around the inequalities gap. I think that most Scots think it’s simply unacceptable to live with such a difference in health outcomes for those who do best and those who do worst. So that’s why we’re building an evidence base around what can make a difference. NHS Health Scotland has a very important role to play on the national stage in terms of making sure we focus on prevention and focus on what works.
A long and healthy future

How NHS Health Scotland is working with a broad range of partners to help develop a healthy ageing improvement plan for Scotland

Scotland is getting older. Increased longevity, coupled with the post-war ‘baby boom’, means that, since 2008, people of pensionable age have outnumbered those under 16. It’s an issue which has been much discussed in the national media – frequently accompanied by reactions of dismay, or even mild panic. One newspaper has described the UK’s ageing population as ‘a bigger economic threat than the financial crisis’. Others have voiced fears of a devastating ‘agequake’, while the expression ‘a burden on society’ has become a staple of the debate.

Yet the assumption that later life equates with inevitable decline and inactivity is being increasingly challenged. Older people are an asset and 2012, as the European Year of Active Ageing and Intergenerational Solidarity, offers a great opportunity to affirm and value older people in society, consider how we all view and prepare for later life, and how future services for older people should be designed and delivered.

A diverse landscape
One of the first challenges is to define what ‘later life’ means – for many people, the definition of ‘old’ is always at least a little bit older than they themselves are. But it isn’t just personal perspective which clouds the issue. As people live healthier for longer, perceptions about who constitutes the ‘older’ population have become less clear-cut: where does young, middle, and older age begin and end? And how do you take account of the different lifestyles, health, circumstances, needs and aspirations of two different 61-year-olds, for example?

Because older people make up an increasing, and diverse, section of the population, work is underway to develop a joined up approach to enable and support a healthy later life.

“When we look at ‘healthy ageing’, we’re really looking at a very broad definition, which encompasses areas such as employment, mental wellbeing, physical activity and participation in society and community across the life course,” explains Helen Ryall, NHS Health Scotland’s Programme Manager for Healthy Ageing. “Healthy ageing is affected by society’s attitudes, expectations, the environment, and having the opportunities to go and do what you want to do.”

Dr Anne Hendry is a practising geriatrician, national clinical lead

Healthy ageing is affected by societies attitudes, expectations, the environment, and having the opportunities to go and do what you want to do
for Quality, and an Associate with the Joint Improvement Team (JIT) – a national partnership between the Scottish Government, NHS Scotland and COSLA.

“The challenge is not really chronological ageing, but people living longer with a number of long term health conditions. Our aim is to help people to manage any long-term conditions they may have and to give them the right information and support to enable them to live well at home and to be more independent,” says Anne. “We’re keen to bring together some of the innovative work around mental wellbeing in later life, physical activity, co-production and community capacity building, so that we can increase our focus on preventative action.”

Anne adds: “There is so much happening, the challenge is really to bring some coherence to the landscape, and to help partnerships understand how to invest wisely in prevention and early intervention at a time when there is a lot of pressure around efficiency and sustainability.”

The JIT and NHS Health Scotland will be working together with a range of partners, including those from local government, the NHS, the third sector, the independent sector, academics and, of course, older people themselves.

One area which has been the focus of much debate is the impact of an ageing population on the workplace. The 2010 annual population survey revealed that 1 in 4 of the Scottish workforce is now 50 – 64 years of age, with the number of employees in the 65 plus group increasing in both the public and private sectors. To help employers respond to the changing demographic landscape, NHS Health Scotland’s Scottish Centre for Healthy Working Lives has worked in partnership with The Chartered Institute of Personnel and Development to produce Managing a healthy ageing workforce: a national business imperative – a practical guide on how these changes will impact on the workplace, and how they can adapt and benefit from an older workforce.

**Changing perceptions**

One of the biggest obstacles in adapting to our changing demographic are attitudes, perceptions and prejudices. Liz O’Neill chairs the NHS Health Scotland Mental Health and Wellbeing in Later Life Steering Group – a multidisciplinary group which includes a mix of practitioners, policy makers and older people.

“We all have assumptions about what ageing means and many of us may assume that as we get older we must, by the nature of things, become more ill and more frail. While some of those assumptions are valid, a lot of our thinking about ageing and older people isn’t. Much of it is attitudinal and social, and unfortunately many of those attitudes may be negative,” says Liz. Common beliefs about depression in older people, for example, illustrate this point. “One of the concerns of people in our group is that there is sometimes an assumption of ‘Well, they’re old, why wouldn’t they be depressed? Getting and being old is depressing.’ This kind of thinking can inhibit proper diagnosis and treatment. Similarly there are concerns about the access that older people have to psychological services, because there can be this idea, even among some responsible for delivering services, that older people don’t want to talk about issues that are troubling them. In fact, there is lots of evidence which suggests that talking therapies work very well with older people, and can have very positive effects, and also evidence, and a greater understanding, that being older can be a positive and fulfilling time in our lives.”

The need to encourage the participation of older people in meaningful activities, both physical and social is another important issue, highlighted in...
focus groups. The benefits are two-fold. Not only is there substantial evidence that physical activity and social interaction are essential to wellbeing, but such activities enable communities to benefit from the skills and experience of older people. “We need to move away from this perception of older people as always being the recipients of care and services, and to focus more on what they can bring to communities and society,” says Liz.

One thing which all those working in the field agree on is that there has never been a better time to focus on healthy ageing, nor a greater appetite for ambitious change. For Helen Ryall, the increased focus and momentum around services and care for older people resembles another major policy area.

“She adds: “I think the time is right now. The policy climate is right, the enthusiasm is right, and the fact that there are so many people living longer now is really making people sit up and think: ‘What are we going to do differently?’ And that’s really exciting.”

“Early years is an example of an area where we saw a real growth of interest. Through the development of the Early Years Framework, the work and focus became much more joined up and is now well-established as a key area of focus, for good reason. I think healthy ageing is now at that point, where we’re pulling it together, identifying gaps and really thinking about changes in lifestyle, attitudes, expectations and how services are provided and accessed,” Helen says.

Key themes of the scientific programme include ‘Wellbeing and quality of life’, ‘Balance and bone health’, ‘Neurological and musculoskeletal conditions’, and ‘Cardiovascular and respiratory conditions’.

The Congress will be held at the SECC, Glasgow, 13th -17th August 2012.

* According to figures made available by UK Parliament
Quitting together

An independent evaluation has shown that an innovative approach to smoking cessation is both effective and cost-effective in supporting people from deprived areas to quit smoking.

The quit4u programme was developed by NHS Tayside and launched in Dundee in March 2009 to help people from the least advantaged backgrounds kick the habit. “Evidence shows that smokers in deprived areas and communities are just as keen to give up as anyone else, but they seem to do less well with NHS smoking cessation services. They don’t engage as well, and when they do engage they don’t achieve the same level of quits as smokers in more affluent communities,” explains Andrew Radley, Consultant in Public Health (Pharmacy), NHS Tayside. “This programme was really an attempt to look again at that issue, to see if a different approach could be more successful.”

To design a more effective smoking cessation support programme, NHS Tayside used a combination of published research and community focus sessions to develop an innovative, multi-faceted approach. This included: behavioural support provided one-to-one through pharmacies or through on-going (rolling) support groups; the use of medication to abate nicotine cravings; the offer of a weekly payment of £12.50 per week, paid in grocery vouchers, for every ‘smoke free’ week for up to 12-weeks; and weekly carbon monoxide (CO) testing.

ScotCen, the Scottish Centre for Social Research, was commissioned by NHS Health Scotland to carry out an independent evaluation of the project. The evaluation found the programme beat its own target, with more than 2,000 smokers signing up between March 2009 – March 2011, and generated higher quit rates compared with the national average quit rates for similar populations.

Key to the programme’s success was the combination of the different elements – ‘the whole package’ – encouraging people not only to sign up to the scheme, but to remain engaged with the service.

In addition, targeting the intervention encouraged the development of informal peer support networks. “One of the striking things about quit4u was that around half of participants gave up smoking with a friendship or kinship group – either family members, or neighbours or friends – so they were coming forward in groups of three or four, rather than singly. Those who did this seemed to have more success in giving up than those who came independently,” says Andrew.

“A further striking feature was the high quality service delivered by our community pharmacies. Community pharmacies in Dundee supported smokers to achieve quit rates as high as those achieved by smoking cessation groups. I think this is the first time this has been shown on a population basis,” Andrew added.

Fiona Myers, Public Health Advisor, NHS Health Scotland, says the evaluation proves the value of adopting innovative approaches and can help to inform future practice around smoking cessation services.

“We need to think about how we improve on what we already know in terms of smoking cessation services, to support people who are harder to reach,” she says. “This evaluation is an important step in that process, providing evidence that using these many elements together can provide an effective package of intervention.”
I know this much:
David Pattison

David Pattison, Head of International Development at NHS Health Scotland, talks sex, drugs and... communication

Forget history and you are destined to repeat others’ mistakes
Those of us who have been around since Noah was a boy can sometimes be tempted to say: “Been there, done that and did not win a T-shirt, so no point in doing this.” But this isn’t necessarily true – just because we’ve tried something once and it wasn’t a success doesn’t mean it will fail the next time round. This is where ‘understanding’ history is important – be positive but relay experience in a way that can help improve the ‘new’ idea or approach.

This is not a dress rehearsal!
In our profession, we all try to improve the wellbeing of the people of Scotland. But you also need to develop a little bit of selfishness for you and those important to you. For those of us above a certain age, we know too many people who say, “Yes, I’ll have time when I retire,” and, sadly, do not get that time. So take the time now – have fun, laugh and scream, enjoy good food and companionship, play or listen to music, or do whatever it is that makes you feel good – because this is not a dress rehearsal.

Sex and drugs (with a bit of rock ‘n’ roll)
From about 1985 I began some work for residential social work staff in Strathclyde and found myself dealing with what we now know as HIV and the risk behaviours associated with it. So sex and drugs work became the professional focus for me for the best part of 22 years. (The rock and roll bit was carrying out prevention work in the pubs and clubs in my area.) The lesson I learnt over that time is to be non-judgemental. I never met a substance user or sex worker who enjoyed their lifestyle, or many young people in troubled circumstances who didn’t want things to change. You don’t need to condone someone else’s behaviour, but you do need to understand it – and don’t just tell people what you think they need to do.

And finally...
Many years ago I had the privilege of taking part in a training session run by a teacher who worked with young people with Cerebral Palsy. We were talking about communication. She spoke about one of her best pupils who was incredibly intelligent but who was having a problem with one part of a session. Despite both their efforts no progress was being made until he said: “I know what you are saying, but I don’t know what you mean” – a salutary lesson to us all.