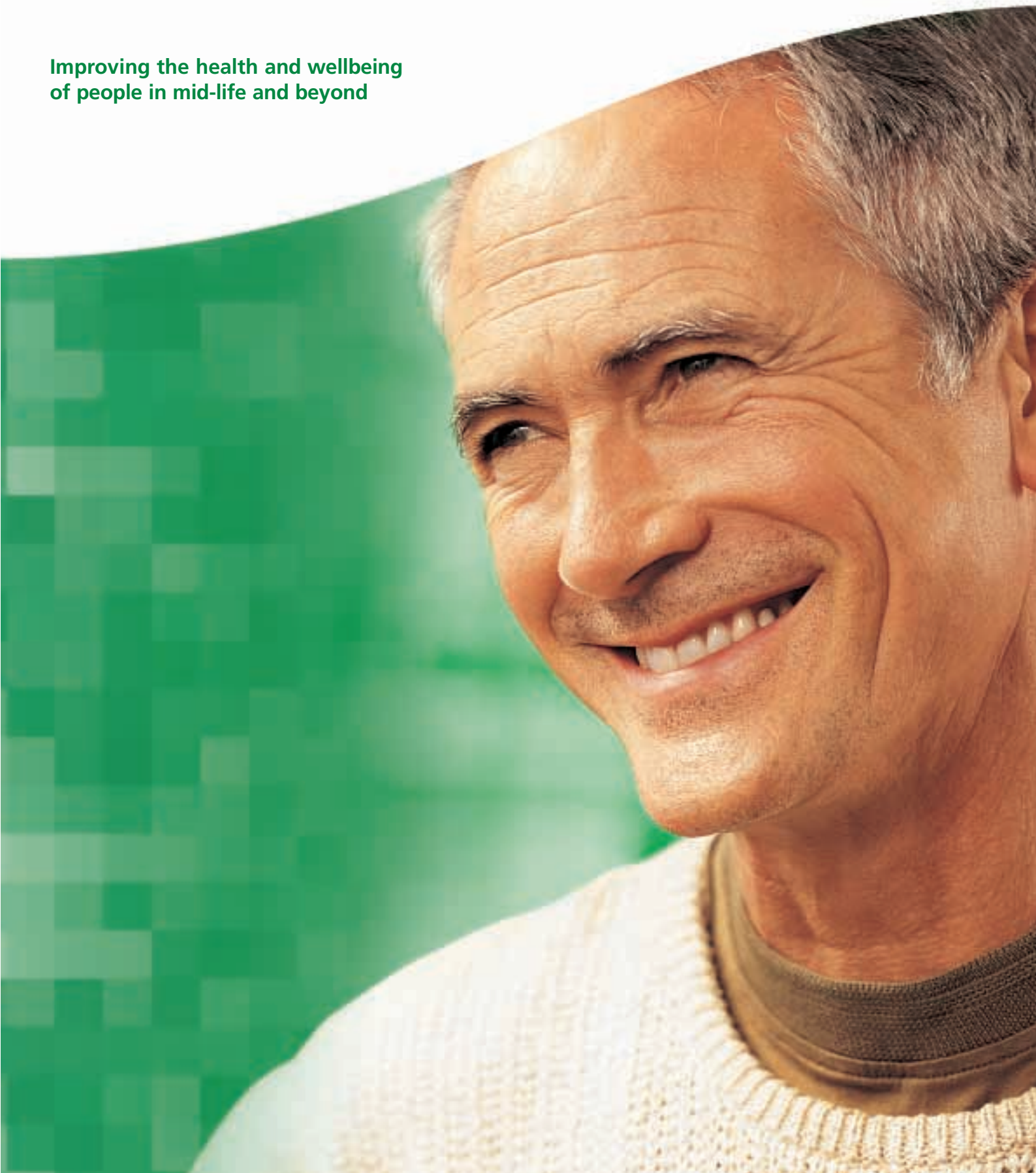
NHS
Health Development Agency

Taking action

Improving the health and wellbeing of people in mid-life and beyond



Taking action

Summary

Aim

This publication aims to support people in using the evidence from a pilot initiative to change practice and influence policy at subregional, regional and national levels.

It is intended for use in conjunction with a previous publication, *Making the case: improving the health and wellbeing of people in mid-life and beyond* (HDA, 2003a). *Making the case* is a tool to encourage people to work with partners and build support for a joined-up approach to improving health and wellbeing, and reducing inequalities, during mid-life and into older age. It contains three separate briefing papers – for the NHS, for local authorities, and for the voluntary and community sectors. It lays the foundations for the next stage of work – taking practical action. Copies can be obtained from the Health Development Agency (tel: 0870 121 4194) or downloaded from the HDA website (www.hda.nhs.uk).

Who is *Taking action* for?

This publication is for those who wish to take forward work focusing on people in mid-life and beyond as part of a strategic and project planning framework. It is aimed at policy makers and practitioners at local, subregional and regional levels, and indicates a direction for national policy. For example, it is useful for:

- Local authority officers working on local plans
- Members of local strategic partnerships
- Primary care trusts' directors of public health
- Public health teams in government offices
- Voluntary sector agencies wishing to develop work with this age group
- Health inequality leads in NHS organisations and local authorities
- Professional leads and older people's champions implementing the preventive aspects of the *National Service Framework for Older People* (DH, 2001) at local and subregional levels
- Those influencing demographic ageing strategies at regional level, such as regional development agencies and regional assemblies.

'There comes a time that you realise that you are getting older'

Taking action

The evidence

'It's a bit of a panic this retirement age coming on. Information I know is there but I don't know exactly what to do because I'm not sure what I want and what I should go for'

The evidence presented is a synthesis of innovative practice carried out at eight pilot sites between September 2001 and September 2003 – it comes from current practice rather than from the published literature. The full evidence is contained in the report of a national evaluation focusing on improving health for people in mid-life (50–65 years): *The gap years: rediscovering mid-life as the route to healthy active ageing* (Bowers et al., 2003). The report's authors conclude that this style of evaluation is important for evaluating policies that seek to enlighten practitioners and policy makers about how they could use the lessons from successful pilot initiatives. The report sets out a strategic framework that needs to be adopted at regional, subregional and local levels, supported by a clear and cross-government policy on active ageing that takes a life-course approach. It focuses on targeting the needs and circumstances of people in mid-life that will contribute to improving health and wellbeing, while reducing inequalities in health and improving opportunities for an active older age. Available on the HDA website (www.hda.nhs.uk), the report is a useful resource to support *Taking action*.

Using the evidence

Taking action provides:

- A rationale as to why this work is so important, and how it connects with current trends
- The evidence: a description of the type of evidence, headline findings, and where the evidence has not told us enough
- The best chance of success: central messages from the evidence
- Suggestions for developing evidence-based practice through strategic planning
- Practical suggestions from the evidence to develop local action.

Although this publication stands alone and will enable a range of practitioners and policy makers to develop action plans, it is also intended to be used interactively, supporting people in creating their own solutions to using the evidence in their own environments.

Next steps

The HDA is planning a third resource in this series: *Measuring impact: improving the health and wellbeing of people in mid-life and beyond.* This will explore how the impacts of actions to improve health and reduce inequalities for people in this age group may be measured.

Taking action

The rationale: why is it important to develop evidence-based practice around people in mid-life?

'I've found that I do have a voice and that people are prepared to sit and listen to me and I'm also able to listen to other people as well… So my mental health has really improved a great deal'

The implications of the changing age balance of the population, and a need to focus on the increasing numbers of people in mid-life, are becoming better recognised. A focus on quality of life and promoting independence in older people is moving the agenda away from the traditional emphasis on the frailties and dependency of old age, involving the health and social care services, and towards the development of a whole-system, citizens' approach. This involves all sectors and disciplines, and mid-life and older people themselves, in developing opportunities and services to meet their particular needs and preferences. There are increasing examples of local authorities developing strategies for older people (eg *The quality of life for Camden's older citizens*, 2002, www.camden.gov.uk).

Other recent developments include:

- A series of reports by the Audit Commission and Better Government for Older People (2004) on the challenge for public services in promoting independence and wellbeing for older people
- Wistow et al. (2003) *Living well in later life: from prevention to promotion*
- The Association of Directors of Social Services and the Local Government Association have produced a joint discussion document on future services for older people, *All our tomorrows: inverting the triangle of care* (2003), www.lga.gov.uk

A number of organisations across different sectors are recognising the connections between improving the health and wellbeing of the older population, and current national policy directions. For example, an update on the Wanless report (Wanless, 2002; 2004) was published in February 2004, and makes the financial case for long-term investment in public health. The changing age structure and its implications for the cost of the NHS are significant factors in this analysis. The cross-government strategy to address health inequalities acknowledges the importance of improving the health of people in their fifties, and of managing chronic diseases, if the gap in life expectancy is to be reduced in the next 10 years. The Department of Work and Pensions is keen to address the transition from full-time work to full retirement; the green paper 'Simplicity, security and choice' is one of those measures, as well as a Third Age development programme to support joined-up access to core services.

On the regional agenda, the programme 'Regions for All Ages' (www.ageconcern.org.uk/regionsforallages) aims to ensure that the nature of demographic ageing in the English regions is fully understood, and that appropriate public policy responses are developed. 'Regions for All Ages' is jointly sponsored by Age Concern England and the English Regions Network, the coordinating body for the regional assemblies in England. It is designed as an inclusive programme, involving a wide range of organisations interested in regional policy.

For more information on the rationale, please refer to *Making the case* (HDA, 2003a).

Taking action

About the evidence

The evidence presented here is a synthesis of innovative practice carried out at eight pilot sites between September 2001 and September 2003; therefore it comes from current practice rather than from systematic reviews of the published literature. The mechanism used to collect the information was a combination of realistic evaluation and theories of change. This process tests the assumptions of practitioners as to why a particular approach is taken, and specifically identifies which interventions and approaches work, for which client group, in which situations, and why. This means the evidence obtained is particularly relevant for practitioners and policy makers about ways in which they can use the lessons from successful pilot initiatives.

Headline findings

- The cohort (or group) of men and women currently aged around 50–65 years consider themselves a distinct generation, with particular preferences and needs that have not been recognised in the delivery of public services. They do not identify themselves with services for 'older people', and feel ignored by generic adult services.
- People want the opportunity to reflect and consider their future and plan what they will need for a healthy and fulfilling older age. They want to take control of their own health and wellbeing, and to have available a range of opportunities that allow them to do this effectively.
- People in their fifties are experiencing multiple changes and transitions, such as decisions about work and employment, illness and death of older parents, children becoming more independent and grandparenthood. As with all times of change, this presents opportunities for reflection and taking stock of where they are and where they wish to go in the future. The awareness of growing older means that people in mid-life are receptive to health improvement messages that can lead to a more independent, healthier old age.
- A strategic, whole-system approach to delivery is required at local, subregional, regional and national levels. There is no one service to meet the needs of this diverse age group, so local authorities, health services, business and the voluntary and community sectors, along with mid-life people themselves, should plan together a range of services and opportunities to meet a variety of needs. In this way multiple methods and approaches can be developed in imaginative partnerships and in a number of different settings.

Where the evidence is less clear

Inevitably when gathering evidence from practice sites, some areas are less well understood and provide insufficient evidence. In this initiative we identified five areas where more information is required for informing policy and practice development:

- How to increase the engagement and active participation of people from black and minority ethnic groups in this age group
- How to identify, and find ways to address, the concerns of unemployed people in this age group who may wish to return to the labour market
- How to deliver clinically oriented services in appropriate settings for men and for those living in deprived areas
- Whether similar health benefits to those achieved for women in deprived communities through group work and social activities are achievable with men
- Exploring the potential benefits for providing access to IT, and the training required to use it, for people unlikely to have Internet access at home or at work.

Taking action

Ensuring the best chance of success: central messages from the evidence

A number of messages have been developed from the evidence to help ensure success. Their purpose is to act as a menu from which a range of practitioners and policy makers, across public, private and voluntary sectors, can shape and develop activities or services to meet the different requirements of people in mid-life.

Engagement – what are the hooks and motivators?

- A welcoming atmosphere created by staff is crucial for engagement
- A free health check is a strong motivator
- Opportunities for independent and appropriate financial information and advice, including pensions, employment and benefits, are widely taken up
- Location and timing of services must suit the characteristics and diversity of the age group, eg city rock clubs and football supporters' clubs attract participants in this cohort
- Staff require well developed interpersonal and communication skills such as active listening, enabling and supporting
- Information may be drawn from a wide variety of places – if from known and valued sources it is more likely to be seen as valid and relevant, eg National Farmers' Union for farmers in East Devon
- A range of services can be tailored to individual needs, eg group planning courses in the workplace can offer the opportunity for individual health checks.

Extending engagement – signposting to services and activities

- Gateway services are those that provide the initial point of contact, such as through a health check or financial advice, and should signpost people to other activities and services – this gives people in mid-life the opportunity to look after their own health
- Provision of financial information and advice alongside provision of health checks is an effective combination of resources, and more likely to engage people in health-promoting activities than the separate and dislocated provision of different kinds of information
- Women will extend their engagement to other agencies after taking up a targeted service, eg women attending a health check in a primary care setting were enthusiastic to attend health fairs to meet other service providers involved in improving health and wellbeing
- When women are alerted to previously undiagnosed conditions they will extend their engagement to other health services, eg high blood pressure found at a health check resulted in an appointment with a GP.

Service settings – places for engagement

- The workplace is viewed as an appropriate setting for engaging men in full-time employment, either in large organisations such as local authorities, or through negotiation with small and medium-sized enterprises such as a textile factory
- The use of community settings where people naturally come together (eg post office, community centre); which can be easily accessed (eg local supermarket, church hall); and with which local people identify (eg local public house, farmers' market) is an effective way of reaching people who are outside the workplace and who would not attend a clinical setting
- Primary care is an appropriate setting for delivering clinically oriented services to women in relatively affluent areas – evidence suggests that men in this age group, or people living in disadvantaged areas, do attend clinical settings for health improvement information and advice.

'A lot falls on the shoulders of the middle aged at both ends of the spectrum, from the young and the old'

Gaining knowledge to enable change

- Knowledge gain is significantly beneficial in certain contexts:
  - introducing information about new issues, eg financial planning (of which this age group has very little knowledge), using the Internet
  - detecting previously undiagnosed conditions, eg empowering women to engage in informed dialogue with health professionals
  - introducing people to unknown agencies, eg employment agencies that focus on mature people
- Reinforcing and validating existing knowledge, in line with adult education principles, leads to an increased sense of individual control and is more likely to lead to behaviour change.

Tackling health inequalities

- In relatively deprived localities, mental ill health and social isolation associated with deprivation may create specific needs that will motivate local people to engage in health-promoting activities
- Reaching groups in neighbourhoods, or groups of interest, which professionals traditionally find hard to engage can be enhanced by involving them in identifying needs, shaping services and enhancing their personal contributions (eg meeting with local healthy living centre to discuss types of activity for this age group)
- Social interaction is a potent mechanism for generating a sense of empowerment in women living in deprived neighbourhoods, particularly when coupled with reinforcement of their pre-existing health knowledge (eg producing a video about how a focus group has improved their health)
- Providing opportunities for women living in deprived neighbourhoods to engage in social activities with their peers can directly, and indirectly, lead to improvement in mental health and wellbeing (eg Asian women participating in an exercise programme in the workplace).

Partnerships and partnership arrangements

- Partners who are engaged at the beginning in the planning and development of activities for this age group can assist local agencies in overcoming traditional barriers between service sectors
- Partners add value through connecting to the wider system, promoting services and signposting current (and potential) service users
- A balance is essential between clear purpose, goals and parameters for the partnership – but with flexibility to ensure adaptability to meet changing local and organisational circumstances
- Partnerships are central to project activities and an important vehicle for sustaining and mainstreaming services.

For further information on partnerships see *The working partnership* (HDA, 2003b).

Taking action

Developing evidence-based practice through strategic planning

'It (finishing work) was as though you'd just been flung on the scrap heap – that's how it felt'

In part four of *The gap years* (Bowers et al., 2003) there is a detailed strategic framework, with proposed actions, for promoting health and improving wellbeing in mid-life. This is useful reference material for guiding the planning process at different levels.

The main features of the framework are summarised in the box below.

Principles underlying health improvement strategies for people in mid-life
- Maximising engagement through providing a spectrum of services
- Adopting empowerment strategies and approaches
- Increasing and improving opportunities for social interaction
- Building and sustaining relevant and effective partnerships

Elements to assist strategic planning

Five elements are suggested in order to embed these principles in policy and practice:
- Planning and scoping to develop intelligence on the demographic and socio-economic context of the mid-life group in the locality (health needs assessment is a useful tool: see the Health Development Agency Health Action site for more information, www.healthaction.nhs.uk)
- Designing and laying foundations by building and securing partnerships – local strategic partnerships are central to this
- Investing, developing and commissioning require agreement between partner agencies on a broad spectrum of services and activities
- Delivering and participating involve a number of practical tasks to ensure provision of a suite of services through locally determined mechanisms
- Evaluation and feedback require a multi-strand approach to provide evidence of effectiveness and knowledge for replication

Actions and responsibilities for various stakeholder groups at national, regional/subregional and local levels

National direction, leadership and guidance
- Developing joint targets and performance management arrangements
- Guidance on investment and development strategies and access to resources

Regional/subregional actions
- Planning and scoping
- Designing and laying foundations

Local actions
- Investing, developing and commissioning
- Delivering and participating
- Evaluation and giving feedback

'I've joined one of the walking projects. Now I don't bus if I can walk … I've just basically changed the way I eat and I walk a lot more and I do feel better at the end of the day for it'

Checklist for strategic planning or service implementation

Developing local knowledge and understanding	• Local knowledge about needs and preferences of this age group is essential before embarking on service development • Needs assessments must address the target group's context – historical, social, economic and biographical – as well as specific health concerns • When a needs assessment actively involves members of the target group, eg in focus groups or carrying out surveys, engagement of the target group is facilitated
Developing a portfolio of services, activities and interventions	• One model, approach, intervention or activity will not suit all requirements of all target groups across different localities • A range of services is required encompassing information, advice, specific interventions, physical and social activities, opportunities for learning and education • Practical help needs to be provided for individuals to plan and develop personal strategies for understanding and managing change • People in mid-life want information and advice not just about retirement, but about their whole stage of life – decisions on work and income are dominant but are not the only issues that occupy and challenge people from day to day
Importance and nature of evaluation	• Monitoring to check required progress, and evaluation to assess whether desired outcomes are being achieved, must be integrated from the outset • Evaluation is more likely to support success when it involves a constant feedback loop • A theory-based evaluation, in which initial assumptions and expectations about how the service might work are made explicit, is required to understand how and why success (or not) has occurred • Assessment of impact is more effective when robust pre- and post-assessments are used and mixed quantitative and qualitative methods are adopted • Multiple stakeholders need to commit to developing criteria for effectiveness and assessing impact

'I think that it's not just physical health, but mental health and emotional health. If you don't look after it between 50 and 60 I think it can have serious impact on what happens once you reach 60 and get older. I think it is really important that you look after yourself at this age'

Taking action

Practical suggestions from the evidence to develop local action

Learning from the pilot initiatives should be integrated into the development of mainstream services so they can take account of the needs and preferences of this population group. This could mean re-allocation of mainstream services, reshaping services to reflect local needs, or joining up services, programmes and targets. It is not about setting up a new set of services.

Some practical examples follow as to how the evidence can be used at the local level.

Mechanisms for engagement

- Use the primary care trust database to personally invite people in a certain age group to attend a health check at their local GP practice; include signposting people to a range of other services, eg Citizens Advice Bureau, Jobcentre Plus
- Make links with a local employment agency (eg Wise Owls or equivalents, www.wiseowls.co.uk) focusing on mature adults returning to work, and work together to reach groups of unemployed men and women
- Create opportunities in local community settings such as rural public houses where local people gather, supermarkets, farmers' markets, community halls and football supporters' clubs to find people in mid-life
- Use networks and local intelligence to find intermediaries to introduce the idea to local employers, eg Chamber of Commerce, local trade union organisations

Working with healthy living centres

- Coordinators of healthy living centres or networks are well placed to recruit local volunteers, train them to engage with this age group and create opportunities for people to reflect on their future needs (www.hda.nhs.uk/html/improving/preretirement.html)
- Set up sessions offering group or individual opportunities to reflect and plan for the future and to receive information on health-enhancing activities, employment and training opportunities (for details of volunteer training pack, contact the Beth Johnson Foundation, alanhy@bjf.org.uk)
- Consider forming a focus group for women from black and ethnic minority communities
- Link in with other activities in the centre or network, eg physical activity sessions, and encourage the leaders of those activities to consider targeting people in their fifties
- Healthy living centres can provide a useful signposting function for local services, eg careers and guidance, employment agencies, training organisations, volunteering opportunities and healthy lifestyle activities

Public sector organisations

- Work in partnership with human resource departments in NHS trusts and local authorities to set up short courses for people in their early fifties to plan their futures
- Explore working with NHS Plus (www.nhsplus.nhs.uk), a network of occupational health services based in NHS hospitals, which also sells services to the private sector
- Target staff groups in lower-paid occupations, eg porters, cleaners and care staff – the evidence on health inequalities suggests they are more likely to experience poorer health
- Make connections with the Improving Working Lives Standard (www.doh.gov.uk/iwl); NHS organisations will have a named person responsible for this policy

Taking action

Practical suggestions from the evidence to develop local action (continued)

Small and medium-sized enterprises

Small businesses are important because they employ the majority of workers.

- Find a person/organisation that is trusted by the business to enable access to the workplace and employees – the local Chamber of Commerce can be a helpful link for gaining access to small businesses (www.chamberonline.co.uk), also try the Small Business Service (www.sbs.gov.uk)
- Train individuals in the workforce who are trusted by their peers, eg trade union representative or team leaders, to create opportunities for people to think about their future needs and to signpost them to appropriate information sources
- Offer to run short courses on life planning and health improvement with employees aged 50–60 years – this could be offered to the whole workforce as long as the different needs of each age cohort are recognised (www.hda.nhs.uk/html/improving/preretirement.html)
- Organise an event with a geographic cluster of businesses, eg on an industrial park, which focuses health and wellbeing for workers in their fifties; use of an intermediary would be necessary in the planning stages

Community activities

- Initiate, facilitate or tap into groups of women in deprived neighbourhoods in order to support them in identifying their needs and influencing services to meet those needs
- Work with a variety of local clubs/organisations/settings to find ways to engage with men in mid-life, eg the Young Farmers' Association is a possible route to reaching the mid-life generation; Women's Institute members can pass information to other family members
- Make links with employment agencies (www.jobcentreplus.gov.uk) to find people who are outside employment, and in particular people in mid-life who are on incapacity benefit

Staff development

- Train staff working in a range of disciplines, eg community development staff, health professionals, National Service Framework leads for coronary heart disease, diabetes, cancer and mental health, to recognise the particular benefits of engaging this age group and the importance of understanding their characteristics
- A 'training the trainers' approach will allow widespread cascading of the skills needed when working with people in mid-life

Further information

To find out more about these practical suggestions and where to access information, please contact Gillian Granville at the Health Development Agency (email: gillian.granville@hda-online.org.uk).

'A lot falls on the shoulders of the middle aged at both ends of the spectrum, from the young and the old'

‘She’s very friendly, makes you feel very much at ease. I think she is the sort of person that, even if she didn’t ask you a specific question, you would feel you could just talk to her about things’

Taking action

References

ADSS/LGA (2003)
All our tomorrows: inverting the triangle of care
London: Association of Directors of Social Services/Local Government Association.
www.lga.gov.uk

Audit Commission/Better Government for Older People (2004)
Older people – independence and well-being: The challenge for public services
London: Audit Commission. www. audit-commission.gov.uk

Bowers, H., Secker, J., Llanes, M. and Webb, D. (2003)
The gap years: rediscovering mid-life as the route to healthy active ageing
London: Health Development Agency. www.hda.nhs.uk

Camden Council et al. (2002)
Quality of life strategy for Camden's older citizens
www.camden.gov.uk/living/pdf/qoL_strategy.pdf

Department of Health. (2001)
National Service Framework for Older People
London: Department of Health. www.doh.gov.uk/nsf/olderpeople/index.htm

HDA (2003a)
Making the case: improving the health and wellbeing of people in mid-life and beyond
London: Health Development Agency. www.hda.nhs.uk

HDA (2003b)
The working partnership
London: Health Development Agency. www.hda.nhs.uk

Wanless, D. (2002)
Securing our Future Health: Taking a Long-Term View
London: HM Treasury. www.hm-treasury.gov.uk

Wanless, D. (2004)
Securing Good Health for the Whole Population: Final Report
Norwich: The Stationery Office. www.hm-treasury.gov.uk

Wistow, G., Waddington, E. and Godfrey, M. (2003)
Living well in later life: from prevention to promotion
Leeds: Nuffield Institute for Health. www.nuffield.leeds.ac.uk

'I was very shocked at how much it (the pension) was going to be and that's when I made the decision that I'm going to have to work longer'

'From the business or organisational benefit, I could see that we were being perceived as providing real class development experience for these people who are at the end of their working time but we still consider them valuable enough to provide that training' (employer)

Health Development Agency

Holborn Gate
330 High Holborn
London, WC1V 7BA

Tel +44 (0)20 7430 0850

Fax +44 (0)20 7061 3390

Website www.hda.nhs.uk

Email communications@hda-online.org.uk

'I think at my age (55 years) you're in a group of the forgotten really, you know they do an awful lot for younger people and children and once you get over a certain age as a pensioner, then you get a lot more support. But I think for my age group there's not a lot going on you know, we're sort of forgotten really'

ISBN: 1-84279-249-0