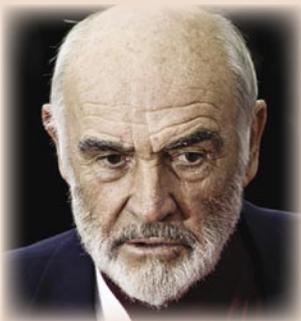


# Health News



JANUARY/FEBRUARY 2012



**Question:**

**Who do you see?**

**Answer: Nine interesting Scots with a wonderful history**



**Question:**

# Now who do you see?

**Answer:** Nine interesting Scots with a wonderful history

# Why we should see the individual, not their age

EVERY older adult is a unique and special person – advanced age should not bring with it a loss of individuality.

Pages one and two of this special edition of Health News are not a pictorial gimmick - the fact is that it doesn't matter whether you are an "elder statesman" celebrity or a retired tradesman or a great grandmother, you should be seen as WHO you are and not by your age.

All too often older adults feel they have lost their individual identity in the eyes of others. Being seen as an "old lady" or "old man" rather than the individual you are is an uncomfortable and desperately compromising position for anyone to find themselves in.

When it comes to healthcare – when people are generally at their most vulnerable – it is essential that older patients are given the respect, dignity and personal and compassionate care they deserve.



**CHAIRMAN ANDREW ROBERTSON**

NHS Greater Glasgow and Clyde has set a top priority to work more closely with our older patients as we move forward to develop and improve services and the way they are delivered.

We are focused on ensuring our

healthcare professionals in the community and in our hospitals are fully engaged directly with the views of older patients and believe that together we can make a real difference and drive up the quality of care for older people right across our communities.

NHSGGC Board Chairman Andrew Robertson is passionate about this agenda and has the full backing of the Board's senior management, clinical teams and support staff.

Andrew said: "Patients have told us that sometimes they feel they suffer age discrimination – that on occasions their age is what is seen rather than the individual and that as a result they are not treated for their individual symptoms but for the symptoms of old age.

"I am determined to help re-focus healthcare on individual care and respect – on dignity, quality and compassion. So much of the care  
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## Seeing the individual, not their age

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delivered by NHSGGC staff is of the highest quality but we certainly have areas where we can improve... because our older patient representatives have told us this.

“Our Board has launched a long-term initiative that is the driver for a more united way of working between patients and healthcare professionals. We have named it Facing The Future Together and it is being embedded into the core of everything we do within NHSGGC. It involves all our staff sharing best practice and ideas for improving effectiveness and patient centred care. Crucially it involves you – our patients – in working with our staff directly to influence change.

“This edition of Health News puts the spotlight on services for older people and how they are delivered. It explains how we are going about working with our patients to deliver real improvements and deals with related issues as they apply specifically to the growing population of older people in our community.”

## Remember, old fogeys are just experienced young people

By **Andy Cameron**  
comedian and actor

WHEN I was twenty years old I learned a valuable lesson - that no matter how old you were you still had one thing that twenty year olds could only hope to achieve – experience. You can’t buy it, you can’t borrow it, you can only live it.

Nowadays it’s more evident than ever and something happened to me recently which brought it home with a bang.

The bang happened to a friend of mine when he fell coming out of his back door on an icy morning in the middle of winter. He landed on his head, so there was no chance of any damage being done except to the garden path where he fell! Now Bobby unfortunately dislocated his collarbone in the fall and as he had a paper shop to run he needed help with a few things.

Enter the Auld Yins Inc. A couple of us took over the things which Bobby took



ANDY CAMERON

for granted that he wouldn’t need any help with in normal circumstances. You see Bobby is only 29 years of age and still in his prime and the three of us who were about to help run his shop were all in our late 60s. To say that Bobby was doubtful wouldn’t be true, he was positively insistent that we couldn’t do it!

Well, I took over organising the paper runs in the morning and George took over the

deliveries when they came to the shop while Big Alec filled shelves and did all the other things that Bobby couldn’t manage with the injured shoulder. The whole shebang lasted about a fortnight and at the end of it we were exhilarated and Bobby was flabbergasted.

We all felt good about being useful and still able to contribute to life in general and it gave us a real lift.

I never realised that newspapers were so heavy and Big Alec had aches in places where he’d forgotten he had places! And Bobby? Well he cannae wait to get to his late sixties so that he can be a volunteer with more energy than he has at 29.

It all ended with a laugh when Bobby took us to the golf club to buy us a drink for our efforts... he didn’t think that we’d want one each!

Reminder to the auld yins. Keep right on till the end of the road.

ON FRIDAY 16<sup>th</sup> December we invited patients and carers to a major event in Glasgow to listen to their views on our services for older people. There were very many compliments and good suggestions of things that could be better. Over the next few pages we present a selection of what some of our service users had to say at the event.

We thank them and everyone who attended for their constructive comments.

Later in Health News you can read how we plan to use this feedback to help improve the quality of care we provide to older people.

# Home truths from folk in the know

## Tommy Whitelaw

MY mum suffers from dementia and when she was diagnosed I found that many people labelled her as a 'wee woman with dementia' but did not consider what went before – her life as a mother, a neighbour, a friend, a woman who held down two jobs.

I've had the best of support in my role as mum's carer but I've also had some very poor experiences which have left me feeling very upset.

You need that point of contact with care professionals to be right, because as a carer, it is often the only contact with the outside world that you will get.

Small gestures like holding mum's hand and reassuring me that I am doing things right for my mum go a long way. They help me to cope and make me feel that I can continue to care for my mum.



## Agnes McGroarty

When in hospital it was hard to know who was in charge of the ward. No-one introduces themselves and people come and go and you don't know who they are. I think someone should be in overall charge of the ward, including the doctors.



**Alastair Moss**

When faced with being told of their medical condition, an older person particularly expects to be dealt with by NHS staff with compassion and with patience but as quickly as possible.



**Ann Lamb**

I think one of the main things that should happen is to cut a lot of staff at the top and have far more money ploughed into nursing and into the wards and have waiting lists very much shorter for older patients.



**Mick Cawley**

I would like to talk about the food in hospital. Some of the time you don't get the right food, you get someone else's dinner and they get your dinner and you get confused.



**Gill Maclean**

There needs to be better co-ordination between the GPs, the caring services, the home helps, the charities and the churches. They must co-ordinate better so that older people can be encouraged to meet others and to participate in activities which will improve the quality of their lives.



**Jack Studders**

I have had an outstanding service from the health service. I can't praise it highly enough. I would like to highlight the waste I've noticed in pharmacy. When you tell them you don't need any further medication at this particular time, they won't listen.



**Mary Yortsen**

There's a great deal being done to keep people in their homes in familiar surroundings. People come in and take care of their meals and take care of their physical difficulties and go away again. Nobody takes time to have a cup of tea and a chat.



**Marjory Percy**

There's one thing I would like to see improved for older people in NHS Greater Glasgow and Clyde and it is that when people go for an appointment at one of the hospitals they be taken at the time given and not made to sit for well over an hour in a clinical gown with a needle stuck in their arm.



**Roy Greatorix**

Alzheimer's and dementia sufferers should not be treated in general hospitals or care homes, but in a specialised ward.



**Moira Davidson**

There's one thing I would like to see improve for older people and it is to be able to access information about help for those who, like myself, are less mobile than they used to be. I have tried to get information but keep getting passed from one department to another.



**Shaheeda Zafar**

The way the budget is at the moment, it puts people in little boxes. For health services, they have to go to a particular department and for social services they need to go somewhere else. And sometimes it just doesn't fit neatly into any box.



**Margaret Martin**

I think the nurses have got an awful lot of paperwork to do. It's not their fault but sometimes they're not as quick as elderly people need them right away and it means that they end up soiling their beds and making double work for the nurses.



**Ruby Smith**

People who live in isolation, who live on their own, never hear of the facilities that could be available to them. I feel it is down to GPs and practice nurses, who have a full record of all their patients, to be able to pick these people out and inform them of what's available in their area.

## As NHSGGC hosts major event on care for older people, Nurse Director Rosslyn Crocket recalls a poignant moment in her early career...



More than 100 patients, carers, NHS staff and directors attended the Facing the Future Together event in Glasgow in December.



ROSSLYN CROCKET

# 'The senior nurse took me aside and told me that the person in the bed could be my own grandmother'

ROSSLYN Crocket is the Board Nurse Director for NHS Greater Glasgow and Clyde and delivered a passionate talk to a gathering of more than 100 patients and

healthcare professionals at a recent event in Glasgow under the banner of Facing The Future Together – Improving Care for Older People.

Rosslyn opened with this statement: "When I was just seventeen-and-a-half years old I reported for my first day of work in  
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a geriatric unit. I remember thinking how old everyone appeared... even the nurse who was placed in charge of me!

“I also remember thinking I was unsure what I had got myself into. It was then that the senior nurse in charge took me to one side and told me that I should always remember that the person in the bed waiting for me to care for them could be my grandmother or my grandfather, that they could be a dear uncle or aunt and that I should put a smile on my face and give them the very best care I possibly could. She told me that I must never forget that one day I would be their age too.

“I have never forgotten those words and the effect they had on me as I went forward to learn how to be a nurse.”

So how do we know what is working



Rosslyn Crocket chats to George McEwan at the event.

**“ We can only drive up the quality of care if we all work together to share and learn, respect and care**

**- BOARD NURSE DIRECTOR ROSSLYN CROCKET**

well and where things can be improved within our wards and community care settings? We rely on patient opinions and feedback but crucially we need to ensure that the comments and suggestions from patients are acted

upon – raised to the right level – and that any learning and changes that result are shared across the whole of the healthcare system and not just applied to one specific ward or setting.

As Nurse Director Rosslyn is central to

ensuring that lessons learned are lessons shared. To this end your Health Board has been a very active participant in a programme known as “Better Together” which involves random sampling of patient experiences both within our acute

hospitals and in the community via a GP survey.

Thousands of patients who have experienced first hand NHS healthcare are offered the chance to tell us what worked well and what could be improved via an independent questionnaire sent to their home address following treatment.

This is just another way in which we can gather valuable direct “customer satisfaction” reports from our patients. Regarding the views of older patients they are generally very positive – more positive than the views expressed by younger patients.

Older patients gave us positive views on cleanliness, pain control and satisfaction that nurses listen to them.

But they had less positive views on the amount of time they were given with medical staff and their awareness of who was in charge

– and noise from other patients.

Other views expressed by some of you include concerns about the provision of personal care and being cared for with dignity, compassion and respect and how we involve you and your families in your care.

Rosslyn adds: “It is clear that we get it right a lot of the time – but not every time. Our commitment going forward is to work more closely with our patients and, in particular those older adults on our patient panels and other groups who represent the interests of older patients to find the best solutions to address these concerns raised and drive up the quality of care for all our older patients.

“We can only do this if all of our staff and all of our patients work together to share and learn – and respect and care.”



More than 100 patients, carers, NHS staff and directors attended the Facing the Future Together event in Glasgow in December.

# Listening and leading

ROBERT Calderwood, Chief Executive of NHS Greater Glasgow and Clyde, stood before a gathering of patients representing older people - and some of his staff who work in frontline services caring for older patients - and said:



ROBERT CALDERWOOD

“We are all ageing. The greater population in our community will soon be the over 65s.

“That in itself is a tremendous success story. People are living longer and more productive lives and much of that success is down to the healthcare provided by NHS

services in this country. It is in all our interests to ensure that the care of older patients is the very best it can be.”

No-one disagreed. The challenge though, as the boss of the largest single healthcare organisation in the country, is to deliver improved patient-

centred care at a time of compelling and competing challenges. Yet he remains upbeat about the possibilities.

He said there was never a better time to listen to patients and their views and allow those views to help shape the services of the future. It’s also a

time to involve staff directly with patients’ views and to enable change to be driven from the best ideas that come out of those conversations.

“Yes, I know that many people voice concern over what they perceive to be too many ‘fat cats’  
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# We are listening and leading

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 and managers within the NHS. We are restructuring management and are committed to reducing management by some 16 per cent to enable more core NHS funding to go into front line care.

“We are listening and we are leading. We are moving toward more and more integrated health and social care to streamline the patient pathway and the delivery of various services to the older patients in our community. Being able to commission a completely integrated care package will help us meet your needs and expectations... and importantly deliver better value for money for the NHS, ensuring resources are used to their maximum benefit.”

Mr Calderwood went on to talk about how the services we have today are far better than anything that has been able to be offered in the past, and how clinical outcomes are vastly improved, with unprecedented treatments and drug options on offer. But he emphasised that the NHS also must not lose track of the personal touch as it continues to strive for better clinical outcomes.

“We need to promote further and enhance the culture of care, compassion and dignity and implement the practical solutions that can make so much of a difference to patients and their families when times of need and vulnerability arise,” he added.



Robert Calderwood addresses the event.

“Standards are always being driven up and we must ensure we continue to do so. It seems a lifetime ago when everyone in a ward would be woken up at 5.30am in order for staff to organise washing and breakfasts to fit in with the change over to the next staff shift of nurses at 7.30am! It just doesn’t

happen like that any more because we organise our services around the patients’ needs and not the patients around our staff structures and management arrangements. There remains more to be done in this area and we are determined to deliver what flexibility we can to wrap services around the patients individual needs.”

But improvement and modernisation is not always seen simply as a step in the right direction for everyone. Mr Calderwood cited the example of the move to single rooms for patients. This will deliver improvements in infection control and reduce the issues raised by so many patients about noise in shared rooms from other patients and staff activity.

“Yet,” adds Mr Calderwood, “although this is to be the new standard in our new hospital being built at the Southern General I have noted the comments from some older patients that they enjoy the company of other patients and feel isolated when in a single room without the level of human contact in a shared patient area.”

The journey to improve care for older people will be a shared journey and it will be an ongoing journey. As Chief Executive of NHSGGC, Mr Calderwood pledged that Facing The Future Together would be a continuous journey with real and meaningful partnership between frontline staff, patients, carers and NHS management.

## How to get involved

WE want your views on older people’s services, whether it be your own or a family member’s experience or your thoughts on how we can improve things for our older patients. You can do this via the web address - [www.nhsggc.org.uk/ftft](http://www.nhsggc.org.uk/ftft) Or write to us at: Facing The Future Together, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH

# Reshaping care of the elderly is a joint effort

SCOTS have never enjoyed overall better health than they do now.

Older Scots are no different. We are living longer, healthier lives, looking after ourselves and each other and staying active in our communities.

By 2016, the population in Scotland of those aged 65 and over is expected to have increased by 21 per cent and by 2031 it will be 62 per cent bigger.

Whilst older people are increasingly living independently and remaining active in life, many older people will need some help.

Within the next six years, 25 per cent more older Scots will need some form of care. In order to cope with these demands, we need to change the way we

provide services for older people.

The Scottish Government, the NHS and Scotland's local authorities have now joined together to design and build a care system that will make sure all of us can get the support we need to enjoy our later years.

The aim is to move away from the traditional focus on hospital and institutional care to a new model of care that helps to support people to stay safely in their homes and communities.

This approach is aimed at helping older people do as much for themselves as possible rather than undermining confidence by doing things 'to' people rather than 'with' them.

The Scottish Government has

allocated £70million for 2011-2012, £80million for 2012-2013, £80million for 2013-2014 and £70million for 2014-2015 within the NHS Budget to a Change Fund for NHS Boards and partner local authorities to redesign services to support the delivery of these new approaches.

Part of this change fund will be used to tackle the issue of high levels of emergency admissions and delayed discharges from city hospitals. This presents a significant challenge in the care of older people but through the combined efforts of partners and with the support of the Change Fund, headway is being made in this area.

David Walker, south sector Director, Glasgow Community Health Partnership said: "The CONTINUED ON NEXT PAGE



## Reshaping care of the elderly is a joint effort

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ambition within the NHS is to work together with our partners to deliver a service that enables and supports older people to remain in their own home as independently as possible for as long as possible.

“When this is not possible we believe that people should be cared for in a setting that is as homely as possible with less reliance on hospital institutions. This ambition is shared by all our partners and we are committed to making this vision a reality for older people.”

Glasgow City Council is one of six local authorities working with NHSGGC on the programme. Councillor Matt Kerr said: “Our aim is to protect the wellbeing of older people and to help them remain independent for as long as possible. Above all, we want to make sure people get the right outcome by providing the right support at the right time.

“To do this, we need to plan our services differently, working closely with NHS Greater Glasgow and Clyde and other partners. Our work on “Reshaping care for older people” provides a real opportunity to make a difference in the care of older people. Together, we can deliver the best possible support, now and in the future.”

But NHS Boards and local councils will not be able to do this alone. The voluntary sector and independent care sector play a crucial role in the care of older people and they are equal partners in this process. Other critical partners include the housing sector and our own frontline staff.

Liz McEntee, GCVS said: “A large number of voluntary organisations and charities in Glasgow work with older people, supporting them to lead full and active lives. Such work ranges

### The figures at a glance

- In Scotland approximately 90,000 older people are cared for now – if we continue as we are, a further 23,000 people will need care by 2016
- Glasgow city’s population is to increase by just 1.3% by 2033 – in contrast, the older population is expected to increase by 44% (65-74 year olds) , and by 28% in the 75 years + group
- One in eight people are carers
- It is estimated that there are 67,000 carers in Glasgow alone

### Who thinks they’re old?

**THE meaning of age is created by our cultures, relationships and personal values. In 2010 the UK Department of Work and Pensions asked a large sample of 60 to 64 year-old adults to describe what stage of life they considered themselves to be at. Rather than say “old”, 45% considered themselves to be in “middle adulthood”.**

from direct care, including support for specialist health conditions that affect older people, to campaigning, advice and advocacy for older people and their carers; and from sheltered and supported housing to befriending initiatives, lunch clubs and fitness groups (to name but a few).

“Often it’s small scale, local activities that are most effective at keeping older people well – the things that address social isolation in particular – and these are frequently delivered by volunteers (many of whom are older, retired people themselves), voluntary groups and charitable organisations. Our work will be to raise the visibility of this work in Glasgow and to demonstrate the vital role it plays in contributing to older people’s long term health and wellbeing.”

Ranald Mair of Scottish Care added: “On behalf of care service providers, Scottish Care welcomes the Scottish Government’s Reshaping Care programme and the development of a partnership across the statutory, third and independent sectors. It is only by working more closely together that we will be able to deliver improved care and better outcomes for older people.”

Acting as unpaid carers, child minders and volunteers, people over 65 years deliver more care than they receive so their views will be vital in helping us shape services for the future.

A key aspect of the programme will be to work with carers and older people to find out what they think of services currently and how services should be provided in the future.

To find out more, or have your say, visit [www.scotland.gov.uk/Topics/Health/care/reshaping](http://www.scotland.gov.uk/Topics/Health/care/reshaping)

WITHIN the Greater Glasgow and Clyde area, the partner agencies have already begun to introduce schemes that will support the shift from traditional models of care to the new 'enabling' approach that we aspire to.

Here we highlight just one of these schemes – **Reablement** – that is currently being rolled out across Glasgow.

## New **Reablement** home care service is ready to help

A NEW approach to home care that helps people live more independently is set to transform the way Glaswegians are cared for.

Reablement helps people to do the things they can and want to do for themselves at home and is provided by Glasgow City Council's Social Work Services, in partnership with NHS Greater Glasgow and Clyde and Cordia.

Through Reablement, people who would normally have care tasks completed for them by carers, such as getting washed and dressed, preparing a meal or making a cup of tea, are supported by a dedicated team to set goals and do more of these tasks for themselves.

The service launched in October 2011 in the north east of the city and is already helping many residents feel more confident about doing more for themselves at home.

Councillor Matt Kerr, the council's Executive

Member for Social Care, said: "We know that people want to live independently in their own homes for as long as possible. However the current way of working can sometimes undermine the potential for independence.

"The focus of Reablement is very firmly on people's abilities and what they can and want to achieve, which helps to give them back control over their lives. We have compelling evidence that Reablement will deliver better outcomes for residents and the council as a whole."

Anne Harkness, Director of Rehabilitation and Assessment for NHS Greater Glasgow and Clyde, added: "Being discharged from hospital is often an anxious time for older people and this new service will allow them to feel supported while they quickly get back to their normal daily routines."

Frances McMeeking, Cordia's Head of Care Services, said: "The way we deliver home



care in Glasgow is changing. Reablement will allow our dedicated home carers to work with clients rather than just do tasks for them.

"It will give our clients a sense of empowerment, allowing them to adopt a healthier, more positive mindset and develop a better understanding of their needs.

Reablement will be rolled out in the south of the city from March 2012 and the north-west from August 2012.

# Director of Public Health's report for 2012-2014 puts the spotlight on caring for older people

**OVER** the next few pages **Health News** highlights many of the issues from the latest DPH Report "Keeping Health in Mind" produced by **Linda de Caestaker (right), Director of Public Health, NHS Greater Glasgow and Clyde, as they affect older people. She writes:**

THERE is no fixed point at which people stop being 'adults' and suddenly become 'older adults', but there is no doubt that the process of ageing presents particular issues that need to be addressed.

Many factors can either build or erode mental health and physical wellbeing at different stages of life.

The many experiences people face throughout their lives, the circumstances they find themselves in and the various behaviours they develop all add up over the decades.



Some of these, however, can be seen as "coming home to roost" in later adult life, when people frequently face new types of challenges, such as declining physical health and confidence, financial insecurity, threats to independence, bereavement and facing life alone, perhaps for the first time.

Helping them to cope with these challenges and contribute effectively to society is critical, but it is a process

## IT'S A FACT

THE percentage of the UK population over 60 is expected to expand from its present level of 22%, to around 29% by 2033, and 31% by 2058.

People over 60 now outnumber the under-16s for the first time and the number of over-85s has increased five-fold since 1951.

that needs to begin decades earlier than at the onset of "old age".

We live in a rapidly changing, relatively turbulent world. Globalisation, the current fiscal and economic crisis, the pace of demographic change, the changing nature of work and new structures in society all represent significant challenges to human wellbeing, particularly for older people.

If we are to make effective

and sustainable progress in this rapidly evolving environment, it is vital that we take action now.

We must:

- Understand and evaluate future population changes to plan an effective strategy for the future
- Encourage lifestyle changes at an earlier age to promote better health in later life
- Change negative stereotypes and decisively create a new mindset about older age to tackle the stigma it unfairly attracts
- Encourage awareness among staff, carers and the wider population
- Value the considerable resources of older people for the benefit of all members of society and increase opportunities for them to participate actively in day-to-day life
- Improve the care of older people, particularly those with mental health issues

# Confidence, choice and control

The key factors to help promote healthy old age

THE key challenge to the health and wellbeing of older people is the need to adapt successfully to the physical, social, interpersonal and psychological transitions that accompany ageing.

The ability to adapt to these challenges varies considerably from person to person - older people who are able to adapt well tend to do better overall. However, the resources and opportunities available to them are shaped by the social context within which they live, which we can directly influence through public health actions.

We are increasingly clear about what a mentally healthy old age looks like - and the factors that either impede or support it. But what are the right kinds of practical actions and strategies that will move us most effectively and efficiently to this position?

Coordinated action is needed at several levels.



## Individual level

ONE of the most basic but often neglected human needs is reciprocity - the ability to give something in return for receiving. There is strengthening evidence suggesting that reciprocity is a particularly important means of

improving health and wellbeing in frail elderly people.

We must use all contacts with older people to promote confidence, choice and control and give support that does not diminish self esteem and allows the patient to give back. We must provide information about

opportunities for promoting self-reliance and independence and help older people to link into networks and activities.

Regular physical activity is one of the most effective and cost-effective interventions available for enhancing physical, CONTINUED ON NEXT PAGE

## Confidence, choice and control

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mental and social wellbeing. There is abundant evidence that most adults are not sufficiently active for optimal health.

NHSGGC co-delivers a wide range of physical activity programmes, suitable for people with different physical abilities and medical conditions, such as Live Active, Vitality and Glasgow Health Walks.

### Community level

WE must increase social inclusion and intergenerational participation, improve neighbourhood environments, including community safety measures and strengthen support networks.

The reduction of structural barriers to positive mental health involves large-scale policy initiatives to tackle discrimination, promote educational and employment opportunities and ensure availability of appropriate housing, services and support for older adults.

This can be achieved through changing employment practice to allow employers to benefit from the skills of older people, matching work and working environments to the needs and capabilities of older adults and improving the design of homes and towns to meet the needs of older people, using older people as a key resource for advice.

### Recommended action

1. NHSGGC should consider systematic development and mainstreaming of The World Health Organisation's Global Age-friendly Cities' framework, to ensure the right physical and social environment for an ageing population, recognising the importance of digital inclusion.
2. Regular physical activity is the single most effective and cost-effective intervention available for enhancing physical, mental and social wellbeing in older adults. An action plan for increasing physical activity in older adults should be established across all NHSGGC localities.
3. The NHS must demonstrate leadership in encouraging the active participation of older adults in planning our services, treating all older adults as individuals and challenging negative stereotyping where it exists.



## Greater Glasgow and Clyde NHS Board Member Appointments

NHS Greater Glasgow and Clyde is looking for two new members to join its Board. If you are interested in a challenging and rewarding role which will have a lasting impact on the delivery of healthcare to the people served by NHS Greater Glasgow and Clyde, we would like to hear from you.

For an application pack and full details on this and other public appointments, please visit the dedicated public appointments website: [www.appointed-for-scotland.org](http://www.appointed-for-scotland.org)

Alternatively application packs can be obtained by e-mail, post, telephone and fax. You should provide your name, address and the appointment that you are interested in, to the Scottish Government, HR Public Appointments Centre of Expertise, Saughton House (E1 spur), Broomhouse Drive, Edinburgh EH11 3XD, by calling (Freephone) 0800 015 8449 (Fax) 0131 244 3833, or by emailing [paapplicationsmailbox@scotland.gsi.gov.uk](mailto:paapplicationsmailbox@scotland.gsi.gov.uk)

Completed applications must be received on or before **Friday 3rd February 2012**.

Appointments to Greater Glasgow and Clyde NHS Board are regulated by the Public Appointments Commissioner for Scotland.

Appointed on merit; committed to diversity and equality.

# Big Apple's initiative bears fruit

BUILDING the foundations of better mental health and physical wellbeing involves a number of key components.

They include:

- Reduced discrimination
- Increased participation
- Secure and supportive relationships
- Promotion of physical health
- Supportive environments
- Reduced poverty

While these key factors lie at the heart of good health throughout life, there are some that assume much greater significance in older adults.

It is therefore vital that we all understand and respond to these through a distinctive older adult lens.

The World Health Organisation's (WHO) Global Age-friendly Cities movement has spawned many innovative projects to translate this aspiration into practical action. Although a number of successful healthy ageing initiatives operate in the NHSGGC area, we would benefit from concerted action on several fronts.

The Age-Friendly New York City Initiative is an outstanding example of what the 'Global Age-friendly Cities' framework can achieve.



**IN August 2012, the World Active Ageing Congress will be held in Glasgow. This offers an opportunity to explore and debate the scientific evidence on active ageing and ultimately to create the type of physical and social environments which promote active participation in society by older adults in NHSGGC.**

The Initiative began in late 2007 with a comprehensive assessment of the age-friendliness of New York City, mainly through dialogue with older New Yorkers, culminating in development of a series of initiatives grouped into four main areas - community and civic participation; housing; public spaces and transportation; and health and social services.

We could deliver a similar collective vision for NHSGGC. As a starting point, we should build on the following examples of good practice in local areas, moving towards a position

where:

- Older people are active participants, valued for their experience and knowledge, with the whole community benefiting from their participation in volunteer or paid work.

- Older people are valued for their connections between our past, present and future.

For example, the SPARR project in South Glasgow mapped the history and shipbuilding heritage of Govan in the 20th century. Young people took the lead as researchers, graphic designers, filmmakers

and interviewers, engaging with older people in the community, particularly former shipyard workers.

Achieving these aspirations will need substantial and sustained efforts at all levels, from local communities to local and national government, supported by visionary political leadership.

The Director of Public Health plays a key role in articulating this vision and advocating for the action we need to deliver, predominantly through partnerships fostered by CH(C)Ps with planning leads, local housing associations, social work teams, local private and voluntary sector organisations, education providers, employability services – but most importantly - with older adults themselves.

# Ageing population is a growing challenge

WE live in an ageing society.

Understanding the current and future age profiles of the population is the crucial first step in ensuring that all of our public planning activities promote active ageing, maximise all opportunities for health and foster community participation and security.

In NHSGGC, an Ageing Population Planning Group was established to plan a system-wide response to the rapid demographic changes we are likely to see in the near future.

In NHSGGC, 18% of our current population of 1,203,870 is of pensionable age, slightly less than the 20% proportion for Scotland as a whole.

The number of NHSGGC residents over 65 has been stable for the last decade, but is expected to rise steeply in the near future, mainly because overall life expectancy is improving.

The current age profile of our local neighbourhoods in NHSGGC varies immensely. Older people account for almost a third of all residents in some localities, but less than one in ten in others.



Reasons for these variations include historical patterns of housing, employment and population growth. Local economic and social circumstances also play a major role because of their strong association with life expectancy.

In NHSGGC's most profoundly deprived communities the average life expectancy is up to 10 years shorter than in the most affluent areas, due to disproportionately high numbers of premature deaths from preventable conditions.

## Why we must change negative attitudes

SOCIETY'S attitudes to old age are among the major factors in the way older people experience life.

Unfortunately, current popular representations of older people as a group are often stereotypical and generally negative, underpinned by three common erroneous assumptions:

- Older people are all the same
- Old age brings inevitable decline
- Older people are dependent or a burden on society

These negative stereotypes have serious consequences. Not only do they directly interfere with older people's enjoyment

of life, but they also reduce their confidence and expectations of themselves, impair their will to live and shorten survival.

Such negative stereotypes also have a powerful effect on service providers, making them less likely to treat older people as individuals and more likely to discriminate actively against them.

On the other hand, holding positive views of ageing may have very powerful positive effects.

A recent study involving 660 individuals aged over 50 found that older individuals with more positive self-perceptions of ageing lived over seven years longer than those with less positive perceptions.

**READ THE FULL DPH REPORT - KEEPING HEALTH IN MIND - AT [WWW.NHSGGC.ORG.UK](http://WWW.NHSGGC.ORG.UK)**

DPH Report points to growing number of dementia sufferers as key challenge

# A lifetime of exercise for the mind and body will help stem the tide

AGE is the key risk factor in the development of dementia. As the average age of the population increases so will the numbers who develop dementia.

Among those aged 80 plus, the prevalence is around 20% while the figure for people living in nursing homes rises to 70% in some cases.

Over the next 30 years, the number of people with dementia in the NHSGGC is expected to increase by around 64%, to 23,000 by 2033, exerting major impacts on NHS care systems, patients, their families and carers.

There is much potential for prevention, which must start early in life, rather than addressing the issue of cognitive (thinking) decline when it first occurs in older adulthood.

Encouraging physical activity in young and middle-aged adults to promote a healthy cardiovascular system, continuing education and learning throughout life and promotion of safe levels of drinking are key to maintaining cognitive (thinking) reserve.

Effective dementia care is critically dependent on effectively integrated services

## Recommended action

**GIVEN** the projected increase in numbers of older people with dementia in NHSGGC, integrated planning should be supported and embedded consistently across all parts of the system, ensuring implementation of the Dementia Convention's recommendations for universally high quality care.

This should be supported by an integrated care pathway and clear models of best practice for dementia care, development of a "best practice" site, clear actions to increase public awareness and intensified learning and development/training for all staff.

across the primary, secondary and social care systems, genuinely placing the older person at the centre of service planning.

Improving the care of people with dementia in acute settings, reducing the use of antipsychotic medication for care home residents with dementia and ensuring  
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## A lifetime of exercise for the mind and body will help stem the tide

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consistency of good quality care for patients with dementia are key priorities.

NHSGGC held a Dementia Convention in March 2011, which has now resulted in a set of wide-ranging practical recommendations to take forward the Scottish Government's National Dementia Strategy.

These include implementation of agreed pathways and models, new learning and development programmes, and awareness raising among staff, carers and the wider population.

Examples of positive

action to support individuals with early dementia include use of Alzheimers Scotland Dementia Pack for Schools and awareness raising materials such as 'Changed Days', which support the psychological needs of older patients with dementia and their carers.

In the North West Glasgow Keep Well area, a specific anticipatory care intervention is being piloted to identify and meet the preventive healthcare needs of carers, in order to optimise their own health and support their ability to fulfil a caring role.



**WHILST** most people remain fit and well into old age, significant numbers will experience some form of mental ill-health.

Depression is the commonest type of mental ill-health in older adults, affecting 10-15% of people over 65. Surveys suggest that the prevalence of depression amongst those in care settings is much higher, at around 40%.

However, we need more systematic age-specific outcome data on the extent to which the needs of older people with depression are met fully in NHSGGC.

Given the interaction between mental health and long-term conditions, it is essential that our clinical care systems for all types of illness systematically look for and respond to the psychological needs of patients and their carers.

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