



**“Somewhere  
to go and  
something  
to do”**

**Active and Healthy Ageing:  
An Action Plan for Scotland**

**2014 - 2016**

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# Foreword

Our vision is for all older people in Scotland to enjoy full and positive lives – happy and healthy at home or in a homely setting. This positive vision values older people and their contribution to society and empowers them to be active partners in the way support and services are planned and delivered. Older people are an asset because they offer life experience, special and sometimes forgotten talents and skills, accumulated wisdom and a unique perspective.

Improving the health and wellbeing of older people is not just the responsibility of health and social care services. We all have a role to play - families, neighbours and communities; providers of services like housing, transport, leisure, community safety, education and arts; and also shops, banks and other commercial enterprises. Older people as empowered consumers and active participants of societies and labour markets bring value to the economy and prosperity to local communities.

Community Planning Partnerships (CPPs) are expected to focus on six key priorities to deliver better outcomes for communities through their Single Outcome Agreements. One priority is to increase physical activity and promote early intervention and preventative approaches in reducing health inequalities. A second priority is to improve outcomes for older people.

These challenges apply to most developed countries. In 2012, the European Commission launched its flagship Innovation Partnership (EIP) for Active and Healthy Ageing. This is a Europe wide response to the societal challenges from an ageing population, a reducing workforce, and the need to redesign and sustain

services for people with multiple long term conditions. The EIP aims to increase healthy life-years by an average of two years by 2020 and to deliver a Triple Win for Europe:

- improving the health and quality of life of citizens, with a focus on older people
- supporting long term sustainability and efficiency of health and social care systems
- enhancing competitiveness by growth and expansion of new markets

Scotland is a Reference Site in the EIP, in recognition of our pursuit of technological, social and organisational innovation. This Action Plan delivers on one of our EIP commitments. It is principally a call to action for national organisations and community planning partnerships in Scotland but the actions are transferable to other European regions.

In 2012, Glasgow hosted the World Congress on Active Ageing - bringing experts from around the world to the city and creating a unique opportunity for older people in Scotland to discover the joy of physical activity in a variety of settings from care homes to the great outdoors.

This Action Plan is a key part of our 2014 Commonwealth Games legacy. Implementing the actions will help Scotland create a society in which we can all age healthily. Now we must all work together, and with older people and local communities, to make that a reality.

**Dr Margaret Whoriskey**  
**Director**  
**Joint Improvement Team**

# 1. Joint Action for Active and Healthy Ageing

The Joint Improvement Team (JIT) and the Health and Social Care Alliance (the ALLIANCE) hosted a national learning event at the Scottish Parliament in April 2012 to celebrate Active and Healthy Ageing. This event was a catalyst to inspire professionals, volunteers, carers and families to see ageing as an opportunity. The messages and case studies published by the ALLIANCE in *Our PATH to Active Ageing*, have been shared widely across Scotland and beyond.

To build on the momentum from the 2012 Year of Active Ageing, a collaboration of NHS Health Scotland, the Joint Improvement Team (JIT) and the Scottish Government worked closely with partners from health, social care, housing, Third sector, Care Inspectorate, and the Scottish Older People's Assembly (SOPA) to develop a plan for Active and Healthy Ageing in Scotland. Membership of the working group and cross sector Reference group is listed in Appendix 1 and the older people who contributed through the SOPA are listed in Appendix 2.

This action plan builds on good work already underway and on many existing strategies and plans to improve the health and wellbeing of older people in Scotland. These include:

- Reshaping Care for Older People: a programme for change (2011-2021)
- Age, home and community: A strategy for housing for Scotland's Older people (2012)
- The Mental Health Strategy for Scotland (2012)
- The National Delivery Plan for the Allied Health Professionals in Scotland (2012)
- Caring together: The Carers Strategy for Scotland (2010-2015)

- Scotland's National Dementia Strategy (2010)
- Long Term Conditions Action Plan (2009)
- Gaun Yersel: the Self-Management Strategy for Scotland (2008)
- All our futures: planning for a Scotland with an ageing population (2007)
- The National Transport Strategy (2006)
- Let's Make Scotland More Active (2003-2023)
- National Physical Activity Implementation Plan (2014-2024)
- A National Telehealth and Telecare Delivery Plan for Scotland to 2015

The Scottish Public Health Network published a summary of this policy landscape and a wider suite of documents on health and social care needs of older people: [http://www.scotphn.net/pdf/2013\\_04\\_24\\_Final\\_Older\\_People\\_Policy\\_Landscape.pdf](http://www.scotphn.net/pdf/2013_04_24_Final_Older_People_Policy_Landscape.pdf)

[http://www.scotphn.net/projects/previous\\_projects/health\\_and\\_social\\_care\\_needs\\_assessment\\_of\\_older\\_people\\_reports](http://www.scotphn.net/projects/previous_projects/health_and_social_care_needs_assessment_of_older_people_reports)

Improving outcomes for older people is a key driver for Public Service Reform in Scotland. The Public Bodies (Joint Working) (Scotland) Bill sets out the framework within which NHS Boards and Local Authorities, working with their partners in the third and independent sectors and with patients, service users, carers and families, will be required to integrate adult health and social care from April 2015. The aim of integration is to improve health and wellbeing outcomes, particularly for older people and adults with care and support needs.

# 1. Joint Action for Active and Healthy Ageing



740,000  
aged 75 and  
over by 2035

## A new paradigm of ageing

The number of people **aged 60 and over** in Scotland is projected to rise to more than 1.7 million by 2035 - a **46% increase** on 2010. The number of people **aged 75 and over** is projected to rise to almost 740,000 by 2035 - an **82% increase** on 2010 (General Register Office for Scotland). We need to take action to improve and support the health and wellbeing of this population as they move into and through later life.

Health and wellbeing is influenced by an individual's entire life experience. Factors that arise in earlier life can have a profound influence on people years later. The Early Years Framework (2009) states *"What happens to children in their earliest years says much about our society and is key to outcomes in adult life"*. At the heart

of the Early Years Framework is recognition of the right of all young children to high quality relationships, environments and services which offer a holistic approach to meeting their needs. The principles and values inherent in our approach to early years apply to all stages of our lives.

In addition, the cumulative impact of deprivation, disadvantage, discrimination on the grounds of, for example, ethnicity, disability, faith, gender or sexual orientation and lack of opportunity throughout life is likely to have a negative effect on health and wellbeing in later life. It is imperative that preparation for health and wellbeing in later life and actions to promote active and healthy ageing for all begin in the early years and continue throughout life.

# 1. Joint Action for Active and Healthy Ageing

## Definitions

### Active and Healthy Ageing

The WHO (2002) policy framework regards active ageing as “a lifelong process shaped by several factors that, alone and acting together, favour health, participation and security in older adult life”. Sir Michael Marmot believes “active and healthy ageing depends on a number of determinants that surround individuals, families and nations. They include material conditions as well as social factors that affect individual types of behaviour and feelings” (Marmot, M, Health in an unequal world, The Harveian Oration, 2006). All these factors, and the interaction between them, play an important role in how well individuals age.

Active ageing also means maintaining autonomy and independence in later life.

The European Innovation Partnership on Active and Healthy Ageing defines active and healthy ageing as the process of maximising opportunities for health, participation and security to enhance quality of life as people age. It applies to both individuals and population groups. ‘Healthy’ refers to physical, mental and social wellbeing. ‘Active’ refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not simply physical activity or participation in the labour force. Active ageing also means maintaining autonomy and independence in later life.



### Older People

There are many ways to define ‘older people’. The Foresight project report ‘Mental capital through life: future challenges’ (2008, p.20) noted that there is no clear consensus about when ‘old age’ begins. People generally think that old age begins about 15 years beyond their current age! The definition of old age is irrelevant to this plan as a life course approach has been adopted. This encourages us to look beyond the individual and consider how the complex interplay of biology, behaviour, psychology, environment, social risk and protective factors all contribute to health and wellbeing throughout life.

### Health inequalities

Health inequalities are the unjust differences in health which occur between groups occupying different positions in society. Health inequalities rapidly increased in Scotland from the 1980s onwards as a result of increased socioeconomic inequality. The whole of the UK experienced this increase. Scotland (and Glasgow in particular) experienced disproportionate health inequalities – greater than the rest of western and central Europe. As health inequalities accumulate, the impact may be even greater for older people.

## 2. Principles, Outcomes and Actions

Five principles underpin how we developed this action plan:

- **Meaningful involvement of older people**

We took into account at all times the diversity of the older population, and promoted the principles of fairness, respect, equality and dignity.

- **Focus on outcomes that matter to older people**

We prioritised the actions that older people seek and value, informed by views from members of the Scottish Older People's Assembly and through participation in their summit meeting held in November 2012.

- **Be ambitious but focus on the practical and achievable**

We prioritised actions that are innovative and do good, do no harm and are achievable within three years.

- **Address inequalities**

We reflected the specific needs of inequalities groups.

- **Build on available evidence and experience**

We used evidence of effectiveness where it was available, and plausible theory where evidence was limited. We drew on evidence and experience from the national and international events on Active and Healthy Ageing held in Scotland during 2012.

We took into account at all times the diversity of the older population, and promoted the principles of fairness, respect, equality and dignity.



# 2. Principles, Outcomes and Actions

## Outcomes framework

This Action Plan aligns with national work to develop an outcomes framework to support the delivery of National Outcomes for older people. This is a 'big picture map' that can be translated to local context to help partnerships to plan, monitor and understand the contribution to outcomes from their joint commissioning investment decisions.

Health Analytical Services Division and the JIT will use the outcomes framework as a basis for sharing learning and improvement across Scotland.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

1. **Healthier living** - more people live in good health for longer with reduced health inequalities.
2. **Independent living** - people are able to live as independently as reasonably practicable in their community.
3. **Positive experiences and outcomes** of health and social care services
4. **Carers** able to maintain their own health and wellbeing, including having a life alongside caring.
5. **Safety and dignity** - people using health and social care services are safeguarded from harm and have their dignity respected.
6. **Workforce** are positive about their role, and supported to continuously improve the information, support, care and treatment they provide.
7. **Resources** - used effectively within health and social care, without waste or unnecessary variation.

The Outcomes Framework for Older People will support:

- **Scottish Government (SG) and national partners** – to clarify the inter-relationship between outcomes, engage stakeholders in planning together to design the support required for older people in the future, and connect up policy areas relevant to older people and prevention.
- **Community Planning Partnerships** – to deliver progress on the older people priority in the Single Outcome Agreements in line with the published guidance.
- **Health, Social Care and housing partnerships along with their partners from Third and Independent sectors** – to identify the contribution of specific programmes and interventions to achieving outcomes; to inform joint commissioning investment decisions and strengthen collective capacity to plan, monitor progress and evaluate impact from use of the Older People's Change Fund.

The Outcomes Framework for older people is now informing work to develop the suite of outcomes that authorities integration will be expected to deliver for all adult care groups.

## 2. Principles, Outcomes and Actions

### The actions

This plan will help community planning partnerships and the developing integrated Health and Social Care Partnerships to support older people to be active and to achieve better outcomes.



Are designed to help national partners and organisations create the conditions to promote active and healthy ageing in Scotland

Identify collaborators where possible

Will enhance and accelerate local actions being delivered in CPPs and by health and care partnerships

Build on examples of work underway

Cluster around the themes identified by older people as priorities to help them age well



## 3. Themes

The four themes that older people told us are important to them are:

“I want to have fun and enjoy myself”

“I wish to remain connected to my friends”

“I wish to be able to contribute to society for as long as I want”

“Don’t talk about me without me, and respect my beliefs and values”



### 3.1 “I want to have fun and enjoy myself”

Many older people told us that the dialogue about support for older people often focuses on pensions and care costs. Whilst they are reassured to know that the right supports will be there should they need them, they saw other aspects of their life as equally important. High on the list is the opportunity to have fun and enjoy life in all communities and settings. This section highlights actions that organisations, staff and communities can take to make that possible.

The Golden Games in Aberdeen city won the 2013 UK Award for Health & Wellbeing at the Association of Public Service Excellence. Over 350 bookings were made for 23 events held over 3 days in 7 venues. Participants included teams from nursing homes and carers. Older people now regularly take part in Active Ageing opportunities, such as Table Tennis or Ten Pin Bowling. These activities are financially self-sustaining.

## 3. Themes

### 3.1.1 Go for Gold

The 'Go for Gold Challenge', established in 2012, is a partnership between the British Heart Foundation's (BHF) National Centre and the Care Inspectorate. It enables older people who are cared for to take part in individual and group activities. There are five key challenges - the Games Challenge, Dance With Me Challenge, Walk With Me Challenge, Triathlon Challenge and Creating Your Own Challenge.

The programme was rated very highly by older people and their care staff. They felt that the activities should be available all year round rather than just in one week. From 2013 the programme will be extended throughout the year and will include housing with care and day care settings. A new resource pack will support care home staff to help older people to be active on a daily basis.

Action	Outcome
Extend the 'Go for Gold' programme year on year for the next three years to more care homes, and supported living settings	<p>People in supported living settings have more opportunities to be active on a daily basis</p> <p>Participants in the programme have improved physical and mental wellbeing</p>
Develop a resource pack (called 'Care .... about physical activity') for staff and managers in care homes to encourage and promote physical activity	<p>Staff and managers have the knowledge and resources about how to increase physical activity opportunities in care home settings</p> <p>Management is committed to increasing physical activity opportunities for staff and residents</p>
All health and social care partnerships develop joint commissioning plans for older people to deliver a year on year increase in physical activity within all supported living settings	<p>Joint commissioning plans reflect a stronger commitment to deliver an increase in physical activity</p> <p>Physical activity opportunities are available within all supported living settings</p>

### 3. Themes

#### 3.1.2 Physical Activity

A 10 year National Physical Activity Implementation plan was launched in February 2014 by the Scottish Government. It builds on Let's Make Scotland More Active and is based on the Toronto Charter and Scottish Charters for Physical Activity. The plan sets out a range of milestones around five delivery themes; Environment, NHS & Care, Education, Workplace and Sport & Recreation. A key Games Legacy, the plan describes actions on communication, learning and workforce development, and improvement. Ministers will oversee progress on delivery. The plan will take account of age and other key determinants of physical activity.

Year 1 milestones (to March 2015) include

- **the launch in February 2014 and uptake of Fit in 14**, a workplace based programme to encourage employers to support more physical activity before, during and after work.
- **the publication of a new National Walking Strategy in late spring 2014** to provide safe, enjoyable and attractive walkways and physical and social environments that support older people to remain active outdoors every day.

In July 2011 the four UK Chief Medical Officers (CMOs) published new physical activity guidelines 'Start Active, Stay Active' covering early years; children and young people; adults; and older adults. Building on existing resources such as British Heart Foundation's Active for Later Life, new resources will promote physical activity by older people and support implementation of the new guidelines. These include *Get Active... your way every day* (NHS Health Scotland) and *Walk your way to better strength and balance* (Paths for All).

Older people frequently consult with healthcare professionals. In these interactions in primary care and hospital settings, a new Scottish Physical Activity Pathway and Screening Questionnaire (SCOT-PASQ) will encourage discussion of physical activity during routine consultations. The case studies and tools that support the Health Promoting Health Service highlight ways hospital staff can encourage patients of all ages to be more active.

Encouraging people of all ages to be more active



'GO FOR GOLD' CHALLENGE

### 3. Themes



*"I've not kicked a ball in many a year, but it's amazing how the touch comes back!"*

Steel Game FC was formed after a taster session set up by Motherwell Football Club Community Trust. Participants play to the rules of the normal game but aren't allowed to run.

*"Everyone is clearly bursting with passion for the beautiful game".*

*"I've not kicked a ball in many a year, but it's amazing how the touch comes back!"*

*"The whole team are in their element. You can tell by the camaraderie and banter on the park".*

Action	Outcome
Raise awareness within CPPs of the databases that store information about physical activity for older people (eg PAHA, Active Scotland, MILO, ALISS etc)	Increased knowledge of existing physical activity databases
Ensure that messages about the importance of physical activity are available for people at key transition phases (e.g. retirement, the onset of long term conditions)	Increased awareness across life stages about the importance of physical activity in maintaining health and independence
Embed existing training and education materials (e.g. 'Raising the issue of physical activity') within workforce training and development frameworks for health, social care and housing staff working with older people	Increased awareness and knowledge about the importance of physical activity for older people

### 3. Themes



Considerable gains can be achieved if older people are supported to enjoy a healthy lifestyle.



#### 3.1.3 Healthy Lifestyle

A healthy lifestyle lowers mortality risk, enhances people’s perception of their own health in later life, and improves physical, psychological, cognitive and social functioning. (Final Report of the HALE Project, Healthy Ageing: A Longitudinal Study in Europe (2005). Report 260853003. Netherlands, Bilthoven).

Considerable gains can be achieved if older people are supported to enjoy a healthy lifestyle. It is important that the messages and support for a healthy lifestyle are tailored for all older people.

Action	Outcome
Extend the Health Promoting Health Services CEL guidance to community hospitals and teams	Community hospitals and teams have increased support and opportunities to improve health and reduce health inequalities
Embed existing health promotion training and education materials (e.g. 'health behaviour change training') within training and development frameworks for all sectors	Increased awareness and knowledge about the importance of healthy behaviours for older people (including alcohol and sexual health)
Build health promotion capability in the Third sector through specific development support for interface and community capacity building leads	Increased capacity and skills through awareness and knowledge about the importance of healthy behaviours for older people

### 3. Themes



Creativity has no barriers

#### 3.1.4 Arts and Cultural Activities

People of all ages benefit from the joy of creativity, artistic expression and entertainment offered by participation in the Arts and cultural activities. This affirms our identity and enriches our life in many dimensions: physical and mental wellbeing; personal relationships and societal connections. Ireland’s Age and Opportunity guide describes the benefits as personal fulfilment; the creation of meaning; lifelong learning; social linkages; celebration; communication; dignity and self-esteem; empowerment; and maintaining and improving health.

Luminate/Age Scotland, launched in 2012, is an annual festival to increase the number of older people enjoying high quality arts activities as artists, performers, participants or consumers. Supported by Creative Scotland, the Baring Foundation and Age Scotland, it includes a public programme of new work, collaborations and international projects as well as independently-run projects led by a wide range of cultural and community organisations. It also includes a programme of outreach activities in care homes, sheltered housing and local communities groups across the country. Luminate/Age Scotland’s message is that creativity has no age barriers.

**Action**

Promote local and national arts festivals and cultural activities to older people

**Outcome**

Older people in all settings have the opportunity to participate in arts and cultural activities

### 3. Themes

#### 3.2 “I wish to remain connected to my community and friends”

Social isolation is common in later life and associated with poor physical health, increased mortality, mental ill health, depression, suicide and dementia (Lliffe et al, 2007 cited in Promoting health and well being in later life, MRC). Preventing social isolation has been a World Health Organisation priority for many years. Low frequency of social contact is a risk factor for functional decline in older people (Stuck et al, 1999, cited in Promoting health and well being in later life, MRC).

There are many examples of initiatives that support older people to stay connected and involved and reduce their sense of isolation. These build connectedness through activities (e.g. walking programmes and exercise classes), community groups (housing associations, schools and faith groups) and places that support older people to gather and participate (e.g. lunch clubs, day centres and dementia friendly neighbourhoods).

The ‘Make Every Moment Count’ resource, developed by the Care Inspectorate, is an information leaflet and DVD which highlights how making the most of every moment can make a real difference to a person’s quality of life in simple and meaningful ways. The guide helps people working in care services to connect with and enhance the experience of the older people they work with.



**‘Men’s Shed’** is an approach that is taking root across the world to engage men of all ages. They provide men, who might otherwise become isolated from important work, family and community networks, a place to gather, to participate in a variety of activities and support each other. Scotland’s first Men’s Shed opened in Westhill, Aberdeenshire in February 2013.

Age Scotland’s Chief Executive Brian Sloan said: “*There is so much potential and diversity in Men’s Sheds; some offer cookery lessons specifically for men living alone, others run projects that benefit the community, or help people overseas by, for example, fixing tools for use in Africa. We’re particularly excited by the scope for intergenerational work based at Men’s Sheds.*”

## 3. Themes

### 3.2.1 Falls Prevention

One in three people aged over 65 falls every year. Many of these falls can be prevented with the right advice and interventions, avoiding further falls. As well as a major impact on health and social care services, the emotional and psychological costs of falls to the individual and their family are significant. Many older people who have fallen lose their confidence to go out alone and to travel by public transport – worsening their isolation. Preventing falls and the consequences of falling is a vital element of active and healthy ageing.

Older people in Argyll and Bute, Argyll Voluntary Action and the falls prevention service, have jointly developed a falls prevention 'lunchbox' resource. Volunteers will be trained to deliver it to their peers to raise awareness of modifiable falls risks across Argyll and Bute.

Action	Outcome
Update national falls prevention materials so the advice and format is current and accessible	Older people understand the key messages and actions that will reduce the likeliness of falling
Embed prevention of falls in workforce development frameworks for staff and volunteers working with older people in all settings	Paid staff and volunteers working with older people are aware of falls prevention messages
Develop a 'Place Standard', which can be used to assist in delivering quality sustainable places	There are clear guidelines which can be used to assist in delivering quality sustainable places
Develop a consistent approach to the creation and maintenance of environments as a result of implementing the New Walking Strategy	The number of adults and older people enjoying safe walking routes is increased

## 3. Themes

### 3.2.2 Intergenerational approaches

While we know that social contact and relationships enhance an individual's health and wellbeing, there appears to be fewer opportunities for older and younger people to meet and exchange ideas in modern societies (European Union, 2012). Almost two thirds (64 %) of the EU-27 population (aged 15 and above) questioned in March 2009 agreed that there were not enough opportunities for older and younger people to meet and work together in associations and local community initiatives.

There are a number of definitions for Intergenerational practice. The most commonly used is:

'Intergenerational practice aims to bring people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities. Intergenerational practice is inclusive, building on the positive resources that the young and older have to offer each other and those around them.'

(Centre for Intergenerational Practice: Beth Johnson Foundation, 2009)

This acknowledges the vital importance of bringing younger and older people together and sets this in the context of a community of different generations.



A community of different generations, older and younger people to meet and exchange ideas.

### 3. Themes



*'You get a good laugh!'  
 'I enjoy it, I look forward to it'  
 'It's brilliant! I'm delighted to have volunteers in'.*

The STRIVE Intergenerational Befriending project in East Lothian trains young people as befrienders visiting local Care Homes or Hospitals in a small group accompanied by an experienced volunteer to take part in activities and conversations with older residents.

Residents said: *'You get a good laugh!', 'I enjoy it, I look forward to it', 'It's brilliant! I'm delighted to have volunteers in. They bring different things in'. Staff have reported that 'Interestingly, some residents who wouldn't normally join in activities have attended and participated in a variety of activities. Both the volunteering and the opportunity to present their work, has been a fantastic experience for these girls and has really boosted their self-esteem'.*

Action	Outcome
Develop and share an evidence briefing paper, including case study examples of the positive impact on health, wellbeing and resilience by adopting intergenerational approaches	Professionals have increased awareness of intergenerational practice (IP) and know where to look for support
Explore the use of social media and digital technology as a catalyst to connect generations.	Local communities are more digitally connected
Engage with local faith communities around their support for older people	Faith communities are engaged in the Reshaping Care for Older People programme and supported by local third sector interfaces

### 3. Themes

#### 3.3 “I wish to be able to contribute to society for as long as I want”

Older people in Britain currently contribute substantial tax revenues of around **£45 billion** per annum. Taking into account demographic and economic trends, reinforced by government policy initiatives such as deferred retirement age, the net economic contribution by older people will increase markedly over the next two decades.

The Royal Voluntary Service in their report ‘Gold Age Pensioners’ (March 2011) estimate that the economic contribution of older people will increase to around **£82 billion** by 2030, representing an **82%** increase in real terms between 2010 and 2030.

Most older people make a valuable contribution to society through a variety of other routes:

- Spending power of over 65s is currently **£76 billion**, to grow to **£127 billion** by 2030
- Provision of social care by older people is **£34 billion**, growing to **£52 billion** by 2030
- Hidden value of older people’s volunteering reaches **£10 billion** per annum
- Annual contribution of **£10 billion** through charity and family donations.

Older people make numerous vital contributions to their communities and neighbourhoods – financial, provision of social care, volunteering and what could be called ‘social glue’.

The Gold Age Pensions report cites research that shows older people are more likely than younger adults to volunteer, be involved with community-based organisations, participate in democratic institutions and vote. They are often lynchpins of local clubs, societies and faith groups; leaders in local groups; contribute to community safety; look out for neighbours; and speak up for others in their community.



Older people are more likely to volunteer and be involved with community-based organisations.

## 3. Themes

### 3.3.1 Employment

Many older people want or need to work for longer (Managing a healthy ageing workforce; a national business imperative, 2012). CIPD (2010b) highlighted that more than 50% of workers aged over 55 plan to work beyond the state retirement age. Yet, many employers are not responding to the changing demographics. Organisations that do respond appropriately will gain significant competitive advantage through recruiting and retaining the experience and talents of older workers, bringing on the younger workforce and supporting the health and wellbeing of all their employees.

Innovative and flexible working practices, the promotion of healthy workplace approaches such as active travel, the use of enabling technology and support for managing long

term conditions all contribute to extending the productive employment period.

Equally important is support for older people as they approach retirement. The Scottish Centre for Healthy Working Lives (SCHWL) recently published a report called 'Mental health in later life: a review of effective interventions to support mentally healthy retirement (2011)' and also produced Mentally Healthy Retirement Guidance for HR and Employers which offers guidance for various stages of working life:

<http://www.healthscotland.com/uploads/documents/20909-HWLRetirementReportFinal.pdf>

Action	Outcome
Share with public service employers the evidence base and good practice examples from all sectors on supporting older people in the workplace	Public service employers are aware of the evidence base relating to good practice for supporting older people in the workplace
Identify and share good practice in pre-retirement support	Employers adopt good practice guidelines for pre-retirement support
Promote activities in the workplace that increase physical activity (e.g. active travel) and reduce the amount of sedentary behaviour	Employers are aware of the importance of physical activity in the workplace and take steps to promote it

## 3. Themes

### 3.3.2 Volunteering

Older people are the mainstay of volunteering in Scotland. They make a huge contribution through their commitment and accumulated experience.

Data from the 2008-9 Citizenship Survey found that 30% of those aged 65-74 do some formal volunteering. Similarly some 20% of those aged over 75 do some formal volunteering.

RVS published a UK wide report detailing the economic and societal contribution older people make through volunteering (The impact of volunteering on well-being in later life: A report to WRVS, (2012), Nazroo, J and Matthews, K). Within that report Van Willigen (2000) states that volunteers aged 60 and older experience greater increases in life

satisfaction and sense of wellbeing as a result of volunteering than do the younger volunteers, although the effects were significant for both groups.

Twoz Company Befriending run by Voluntary Action South Ayrshire (VASA) was established by VASA with Change Fund resources, to support isolated older people. Referral can be from primary care, social work, third sector and self-referral. People are matched with trained local volunteer befrienders who offer support and friendship.

Action	Outcome
CPPs promote the Investors in Volunteers award as a quality standard	Older people have a positive experience of volunteering in a range of settings
Public service organisations that recruit volunteers target older people including those traditionally less likely to volunteer	Older people, particularly those less likely to volunteer, are supported to volunteer in public service organisations
Health, social care and housing providers explore the scope to involve older people as volunteers in the design and delivery of care services.	Older people are encouraged to contribute to the design and delivery of care services as volunteers

## 3. Themes

### 3.4. “Don’t talk about me without me, and respect my values and beliefs”

We live in a society where older people are often discriminated against simply because of their age. They are talked about in a disrespectful manner that can undermine their self-esteem, confidence and independence. This discrimination is wide ranging, from lack of opportunities for work or flexible working to restricted access to financial services. Older people are not a homogenous group.

To provide good support and services, we need to listen to the views, needs and aspirations of each older person and recognise the enormous contribution that they make to society. Yet, some people still see older people as a ‘burden’. For society to change its views about older people, we all need to be strong advocates and promote older people as assets through positive images and portrayals.



We need to listen to the views, needs and aspirations of each older person and recognise the enormous contribution that they make to society.

### 3. Themes

#### 3.4.1 Inclusion and engagement of older people

Ensuring that older people have 'Somewhere to go, something to do and somebody to do it with' is at the heart of improving participation by older people and enhancing their mental health and resilience. The report *All Our Futures* notes the positive impacts this has for individuals, communities and society.

Opportunities for participation include volunteering and paid work as well as those created through education, leisure, social and cultural activities. This requires a supportive infrastructure in communities - the provision of safe environments, good public transport, suitable human, economic and technological support for those with physical or psychological disabilities, appropriate education, volunteering, employment and pre-retirement opportunities and a diverse range of interesting, engaging and accessible local amenities and activities.

The particular needs of people in later life who face barriers to participation through, for example, educational, communication, physical or discriminatory issues must be reflected in action at local and national level.

In Dundee City, the Third sector Interface deploys three Community Engagement Workers to extend co-production by working with local people to identify needs and to create new community activities aimed at keeping older people safe and well in their own homes. Such an activity is 'Mind yer Heid' mental health awareness training where community members and local service providers will be trained to deliver mental health awareness training.

Action	Outcome
Fully engage older people in co-producing local services by maximising the powers of the forthcoming community empowerment legislation in 2014.	Public service organisations ensure that older people have a strong voice, speak out on their behalf when appropriate, and include older people who are particularly marginalised
Promote the contribution that older people make to society by highlighting this within data sources and resources	The contribution that older people make to society is reflected within research reports and media

### 3. Themes



A more open approach to death, dying and bereavement improves health and well-being.

#### 3.4.2 Death, dying and grief

We are all affected by death, dying and grieving at some time. But as we age, it becomes more common. Many people have specific wishes for their care at the end of life but starting the conversation is difficult. There is increasing evidence that a more open approach to death, dying and bereavement improves health and well-being.

The *Good Life, Good Death, Good Grief* national alliance aims to make Scotland more open about death, dying and bereavement and prepare and equip people to support each other through these difficult times.

Action	Outcome
Promote the messages of the Good Life, Good Death, Good Grief alliance and disseminate support materials to those working with older people	People living in Scotland feel more able to talk openly about death, dying and bereavement
Promote the free support available to those living on low incomes to write wills and appoint Power of attorney	Older people in Scotland know how to access free support to write Wills and appoint Power of Attorney

### 4. Making It Happen



Poor physical health affects people's abilities to maintain relationships and take part in meaningful activity.

This action plan aims to create a society in which we can all age healthily.

It brings together many conversations and discussions with a wide variety of professionals and older people.

There is no single, simple solution.

We all need to collaborate in ensuring that active and healthy ageing is a national priority and a focus for local action.

Energy and imagination need to be put into co-ordinating our collective efforts in Scotland.

Decision makers at all levels should give priority to initiatives to improve health and wellbeing in later life.

Some matters require national actions or national media campaigns.

But most of the changes that older people identify as important to their health and wellbeing are best addressed within local

communities by older people with their local authority, NHS, voluntary organisations, businesses, faith and other community groups.

Appendix 3 sets out the actions, the target populations, anticipated outcomes and the agencies charged with taking forward the actions.

Whilst each action has a lead agency identified, many others have a role to play as the issues are often complex and overlapping. Discrimination, for example, limits opportunities to participate in activities that would improve physical health, extend social contacts or improve income through employment. Poverty limits the opportunities for older people to join in social activities, follow a healthy diet and maintain self-esteem. Poor physical health affects people's abilities to maintain relationships and take part in meaningful activity.

## 4. Making It Happen



### Supporting and Challenging Progress

Implementation of this Action Plan will be overseen by the Reshaping Care and Integration Improvement and Support Group (ISG), reporting to the Health and Community Care Delivery Group.

NHS Health Scotland, JIT and the ALLIANCE will lead a subgroup of ISG to provide support and challenge to local partnerships as they take forward these actions.

The table in Appendix 3 includes potential indicators of success that partnerships may find useful to drive local improvement and to benchmark spread of good practice across Scotland.

Community Planning Partnerships may consider using some of these indicators to report progress against the Older People and Physical Activity priorities in their Single Outcome Agreements.

### 4. Making It Happen

#### Appendix 1: Membership of the reference group

Mary Allison	Sport Scotland
Fiona Borrowman	NHS Health Scotland
Christine Calder	Seniors Together, South Lanarkshire
Susanne Cameron-Nielsen	Age Scotland
Alison Clyde	Generations Working Together
Fiona Collie	Carers Scotland
Norma Greenwood	NHS Scotland Health Promotion Managers Group
Jim Hayton	Association of Local Authority Chief Housing Officers
Anne Hendry	Joint Improvement Team
Jenny Kerr	NHS Health Scotland
Graham Kramer	Self Management Lead, Scottish Government
Ken Laidlaw	University of Edinburgh
Edith Macintosh	Allied Health Professions Consultant, Care Inspectorate
Phil Mackie	Scottish Public Health Network (SCOTPHN)
Gloria McLoughlin	Scottish Care
Lucy McTernan	Scottish Council for Voluntary Organisations
Gillian Mead	Edinburgh University
Ann Murray	National Falls Programme Manager
Andrew Murray	Physical Activity Champion, Scottish Government
Nanette Mutrie	University of Strathclyde
Irene Oldfather	The Alliance
Helen Ryall	NHS Health Scotland
Dawn Skelton	Glasgow Caledonian University
Glenda Watt	City of Edinburgh Council
David White	Physical Activity Champion, Scottish Government

## 4. Making It Happen

### Appendix 2: Contributors from the Scottish Older People's Assembly

Brid Cullen

Ann Elliott

Cathy Leech

Bashir Malik

Peter McColl

Agnes McGroarty

Liz O'Neill

Alan Sidaway

John Storey

Joan Turner

Glenda Watt

John White

Questionnaires distributed at the November 2012 Scottish Older Peoples Assembly invited views on a number of issues relevant to this plan.

54 questionnaires were returned with 41% from males and 59% from females between the ages of 54 and 85. The largest number were from those in the 65-69 age category (38.5%).

The responses informed the development of the Action Plan.

## 4. Making It Happen

### Appendix 3 Priority Themes and Actions

*"I want to have fun and enjoy myself"*

Action	Reach	Outcome	Indicator of Success	Lead
1.1 Extend the 'Go for Gold' programme year on year for the next three years to more care homes, and supported living settings	Supported living and care home providers  Residents	People in supported living settings have more opportunities to be active on a daily basis  Participants in the programme have improved physical and mental wellbeing	Number of people participating in programme  Uptake of opportunities	<ul style="list-style-type: none"> <li>• BHFCare</li> <li>• Inspectorate</li> <li>• Housing Associations</li> <li>• Scottish Care</li> </ul>
1.2 Develop a resource pack (called 'Care .... about physical activity') for staff and managers in care homes to encourage and promote physical activity	Staff and managers in care homes	Staff and managers have the knowledge and resources about how to increase physical activity opportunities in care home settings  Management is committed to increasing physical activity opportunities for staff and residents	Knowledge and awareness of staff  Range of opportunities to be active promoted within supported living settings to all	<ul style="list-style-type: none"> <li>• BHFCare</li> <li>• Inspectorate</li> <li>• Scottish Care</li> </ul>
1.3 All health and social care partnerships develop joint commissioning plans for older people to deliver a year on year increase in physical activity in supported living settings	Reshaping Care Partnerships	Joint commissioning plans commit to delivering an increase in physical activity  Physical activity opportunities are available in supported living settings	Number of joint commissioning plans that include actions to promote physical activity in supported living settings	<ul style="list-style-type: none"> <li>• JIT with Health and Social Care Partnerships</li> <li>• Housing Associations</li> <li>• Scottish Care</li> </ul>
1.4 Raise awareness within CPPs of the databases that store information about physical activity for older people (eg PAHA, Active Scotland, MILO, ALISS etc)	Reshaping Care Partnerships	Increase knowledge of existing physical activity databases	Database usage Knowledge of databases	<ul style="list-style-type: none"> <li>• JIT with CPPs</li> <li>• NHS SHS</li> <li>• SCVO</li> <li>• The Alliance</li> </ul>

## 4. Making It Happen

Action	Reach	Outcome	Indicator of Success	Lead
1.5 Ensure messages on the importance of physical activity are available at key transition stages (e.g. retirement, new carers, onset of long term conditions)	People about to retire People with LTC Carers	Increased awareness about the importance of physical activity in maintaining health and independence	Knowledge of the benefits of physical activity Reach of message at key transition points	<ul style="list-style-type: none"> <li>NHSHS</li> <li>SportsScotland</li> <li>The Alliance</li> <li>SCHWL</li> <li>Health and Social Care Partnerships</li> </ul>
1.6 Embed existing educational materials (e.g. 'Raising the issue of physical activity') within workforce training and development frameworks for health, social care and housing staff working with older people	Health, social care and housing staff	Increased awareness and knowledge about the importance of physical activity for older people	Number of staff promoting benefits of physical activity for older people in their work	<ul style="list-style-type: none"> <li>NHSHS</li> <li>NES</li> <li>SSSC</li> <li>Health and Social Care Partnerships</li> </ul>
1.7 Extend the Health Promoting Health Services CEL guidance to community hospitals and teams	Community hospitals and teams	Community hospitals and teams have increased support and opportunities to improve health and reduce health inequalities	Range and number of opportunities to improve health in community hospitals	<ul style="list-style-type: none"> <li>Health and Social Care Partnerships</li> <li>Community Hospitals Improvement Network</li> </ul>
1.8 Embed existing health promotion training and education materials (e.g. 'health behaviour change training') within training and development frameworks	Health, social care and housing staff working with older people	Increased awareness and knowledge about the importance of healthy behaviours for older people (including alcohol and sexual health)	Awareness of health messages  Number of clients engaged in conversation about healthy behaviour	<ul style="list-style-type: none"> <li>NHSHS</li> <li>NES</li> <li>SSSC</li> <li>Health and Social Care Partnerships</li> </ul>
1.9 Build health promotion capability in the Third sector through specific development support for interface and community capacity building leads	Third sector staff	Increased capacity and skills through awareness and knowledge about the importance of healthy behaviours for older people	Number of staff skilled in health promotion in Third sector	<ul style="list-style-type: none"> <li>The ALLIANCE</li> <li>NHSHS</li> <li>VAS</li> <li>CPPs</li> </ul>
1.10 Promote local and national arts festivals and cultural activities to older people	Community capacity building leads	Older people in all settings have the opportunity to participate in arts and cultural activities	Accessible information in all settings Number of older people attending or participating in events	<ul style="list-style-type: none"> <li>Luminate</li> <li>Age Scotland</li> <li>Health and Social Care Partnerships</li> </ul>

## 4. Making It Happen

*"I wish to remain connected to my community and friends"*

Action	Reach	Outcome	Indicator of Success	Lead
2.1 Update national falls prevention materials so the advice and format is current and accessible	Older people who have fallen and those at risk of falling Younger adults at risk of falling	Older people understand the key messages and actions that will reduce the likelihood of falling	Fewer older people are conveyed to hospital as a result of a fall Greater awareness of key falls prevention messages	<ul style="list-style-type: none"> <li>NHS Health Scotland</li> <li>Age Scotland</li> <li>National Falls Programme</li> <li>NHS Inform</li> </ul>
2.2 Embed prevention of falls in development frameworks for staff and volunteers working with older people in all settings	Paid staff and volunteers who work with older people	Paid staff and volunteers working with older people are aware of falls prevention messages	Evidence of falls prevention in workforce development frameworks	<ul style="list-style-type: none"> <li>NES</li> <li>SSSC</li> <li>Health and Social Care Partnerships</li> </ul>
2.3 Develop a 'Place Standard', which can be used to assist in delivering quality sustainable places	Older adults Communities	There are clear guidelines which can be used to assist in delivering quality sustainable places	The risk of falling is reduced in the external environment Older adults feel confident in being physically active outside the home	<ul style="list-style-type: none"> <li>SG (Dir for the Built Environment)</li> <li>NHSHS</li> <li>Architecture &amp; Design Scotland</li> </ul>
2.4 Develop a consistent approach to the creation and maintenance of environments as a result of implementing the New Walking Strategy	Older people	The number of adults and older people enjoying safe walking routes is increased	Increase in number of older people walking as evidenced in Scottish Health Survey and Scottish Household Survey	<ul style="list-style-type: none"> <li>Scottish Government</li> </ul>
2.5 Develop and share a briefing paper with evidence and case study examples of the positive impact on health, wellbeing and resilience by adopting intergenerational approaches	Professionals working with older people in the voluntary, health, social care and housing sectors.	Professionals have increased awareness of intergenerational practice (IP) and know where to look for support	Awareness of intergenerational practices (IP) Uptake of IP training courses Improved evidence of IP for health and wellbeing	<ul style="list-style-type: none"> <li>Generations Working Together</li> <li>NHS Health Scotland</li> </ul>
2.6 Explore the use of social media and digital technology as a catalyst to connect generations.	Older people, carers and those who support them	Local communities are more digitally connected	Number of older people using technology	<ul style="list-style-type: none"> <li>SCTT</li> <li>Generations Working Together</li> </ul>
2.7 Engage with local faith communities around their support for older people	Faith communities across Scotland	Faith communities are engaged in Reshaping Care and supported by local third sector interfaces	Number of joint commissioning plans that engage with local faith communities	<ul style="list-style-type: none"> <li>JIT</li> <li>Faith in Older people</li> </ul>

## 4. Making It Happen

*“I wish to be able to contribute to society for as long as I want”*

Action	Reach	Outcome	Indicator of Success	Lead
3.1 Share evidence base and good practice examples for supporting older people in the workplace from all sectors with public service employers	Public service employers (including housing associations)	Public service employers are aware of the evidence base relating to good practice for supporting older people in the workplace	Public service employers are aware of good practice Positive feedback from surveys of older workers	<ul style="list-style-type: none"> <li>• Scottish Centre for Healthy Working Lives (SCHWL)</li> </ul>
3.2 Identify and share good practice in pre-retirement support	Employers	Employers adopt good practice guidelines for pre-retirement support	Number and range of employers offering pre-retirement support	<ul style="list-style-type: none"> <li>• SCHWL</li> <li>• Scottish Pre-Retirement Council</li> </ul>
3.3 Promote activities in the workplace that increase physical activity (e.g. active travel) and reduce the amount of sedentary behaviour	Employers	Employers are aware of the importance of physical activity in the workplace and take steps to promote it	Number of employees cycling/walking to work Feedback from employees	<ul style="list-style-type: none"> <li>• SCHWL</li> <li>• Community Planning Partnerships</li> </ul>
3.4 Community planning partnerships promote the Investors in Volunteers award as a quality standard	Employers	Older people have a positive experience of volunteering in a range of settings	Positive feedback from surveys of older people Number of employers with Investors in Volunteers kite mark	<ul style="list-style-type: none"> <li>• VDS</li> <li>• Community Planning Partnerships</li> </ul>
3.5 Public service organisations that recruit volunteers target older people including those traditionally less likely to volunteer	Public service organisations Older people	Older people, particularly those less likely to volunteer, are supported to volunteer in public service organisations	Number of older people volunteering Diversity of older people volunteering	<ul style="list-style-type: none"> <li>• Public service organisations</li> <li>• VDS</li> <li>• SCVO</li> </ul>
3.6 Health, social care and housing providers explore the scope to involve older people as volunteers in the design and delivery of care services.	Older people Health, social care and housing providers	Older people are encouraged to contribute to the design and delivery of care services as volunteers	Number of local services that engage older volunteers as full partners in the delivery of care and support	<ul style="list-style-type: none"> <li>• National Forum on Older Volunteering</li> </ul>

## 4. Making It Happen

*“Don’t talk about me without me, and respect my values and beliefs”*

Action	Reach	Outcome	Indicator of Success	Lead
4.1 Fully engage older people in co-producing local services by maximising the powers of the forthcoming community empowerment legislation in 2014.	Older people Marginalised older people	Public service organisations ensure that older people have a strong voice, speak out on their behalf when appropriate, and include older people who are particularly marginalised	Number of Joint Commissioning Plans that evidence good arrangements to support local involvement of older people Positive feedback from local surveys of older people	<ul style="list-style-type: none"> <li>JIT</li> <li>Health and Social Care Partnerships</li> </ul>
4.2 FPromote the contribution that older people make to society by highlighting this within data sources and resources	Researchers Academics Communication officers	The contribution that older people make to society is reflected within research reports and media	Accurate reflections about older people are seen in the media	<ul style="list-style-type: none"> <li>Age Scotland</li> <li>Higher Education Institutions</li> <li>Health and Social Care Partnerships</li> </ul>
4.3 FPromote the messages of the Good Life, Good Death, Good Grief Alliance and disseminate support materials to those working with older people	Professionals working with older people Older people	People living in Scotland feel more able to talk openly about death, dying and bereavement	Awareness of Good Life, Good Death, Good Grief Professionals able to access materials and support to help them discuss dying and bereavement with patients and clients	<ul style="list-style-type: none"> <li>Scottish Partnership for Palliative Care</li> <li>Care sector</li> <li>Health and Social Care Partnerships</li> </ul>
4.4 FPromote the free support available to those living on low incomes to write Wills and appoint Power of attorney	Older people living on low incomes	Older people in Scotland know how to access free support to write Wills and appoint Power of Attorney	Number of older people who die with a Will Promotional materials are visible	<ul style="list-style-type: none"> <li>Age Scotland</li> <li>Citizens Advice Scotland</li> <li>Scottish Older People’s Solicitors Network</li> </ul>

# 4. Making It Happen

## Abbreviations explained

ALISS	A Local Information System for Scotland
CEL	Chief Executives Letter
ISD	Information Services Division
CPP's	Community Planning Partnerships
JIT	Joint Improvement Team
MILO	Managing Intelligence Database
NES	NHS Education for Scotland
PAHA	Physical Activity and Health Alliance
QuEST	Quality and Efficiency Support Team
RCOP	Reshaping Care for Older People
SCHWL	Scottish Centre for Healthy Working Lives
SCTT	Scottish Centre for Telehealth and Telecare
SCVO	Scottish Council for Voluntary Organisations
SG	Scottish Government
SSSC	Scottish Social Services Council
VAS	Voluntary Action Scotland
VDS	Volunteer Development Scotland
WHO	World Health Organisation

# Active and Healthy Ageing: An Action Plan for Scotland

**2014 - 2016**

For further information about JIT check our website on [www.jitScotland.org.uk](http://www.jitScotland.org.uk)  
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<http://www.healthscotland.com/topics/stages/healthy-ageing/index.aspx>

JIT is a strategic improvement partnership between the Scottish Government, NHS Scotland, CoSLA, the Third Sector, the Independent Sector, and the Housing Sector.