

# Unequal lives, unjust deaths

## Health inequalities and Later Life

13 October 2014



## Contents

Unequal Lives, Unjust Deaths Programme .....	2
Later life – 13 October 2014 .....	3
Presentations .....	5
Group Discussions .....	6
Contacts .....	11

## Unequal Lives, Unjust Deaths Programme

Scotland's health is improving. However, the gap in health outcomes between the most and least advantaged groups in society is widening. People who are disadvantaged, have a lower level of income or a lower level of education, are more likely to have greater health problems, be sicker for longer and die at a younger age than more advantaged groups.

These inequalities are apparent from the earliest stage in life, and their impact can build throughout a person's life. However, the good news is that they are not inevitable; they can be prevented, reduced and reversed.

These inequalities are caused by a complex combination of factors, which cannot be solved by health agencies alone. A number of factors, such as housing, education and employment all impact on people's life chances and help shape individual opportunities and responses. All agencies across all sectors need to work together to eliminate a social injustice that is unacceptable in 21<sup>st</sup> century Scotland.

### **One goal. Many Sectors. Unlimited potential**

In May 2014, Voluntary Health Scotland launched a programme of events to examine these inequalities, and their impact on people's health, across the life course:

- Children and the early years
- Transitions from youth to adulthood
- Vulnerable adults
- Later Life

Each event will support voluntary health organisations gain a better understanding of health inequalities, to share learning and experience about the interventions that make a difference, and to encourage and support collaboration and partnership between public and voluntary sectors.

## Later life – 13 October 2014

On 13 October 2014, Voluntary Health Scotland and Age Scotland jointly delivered the last seminar in the Unequal Lives, Unjust Deaths series of events to consider health inequalities and later life.

The event focused on health inequalities and later life, examining later life poverty and low income, social isolation, and health and social support. It also looked at the third sector contribution to preventing, reducing and undoing these health inequalities.

The Herald published a Voluntary Health Scotland agenda piece on the day of the event which outlined some of the main themes discussed on the day.

### The forgotten dimension in health inequalities

The world is changing, and with it, so too is the nature of health and social care. The NHS was formed in 1948, in a post-war era of austerity and resilience; a time when people came together for the greater good and access to basic healthcare seen as a human right.

But today, people are experiencing very different and inconsistent conditions to those in 1948. Local and global environmental, social and economic changes have resulted in major transitions in the health of populations. As such, we now find very different outcomes and experiences of health between different groups of people; the gap in health outcomes between the most and least advantaged groups in society is widening. This is what we mean by the term, health inequalities; a phenomenon that has significantly grown over the decades.

Evidence shows that these inequalities begin in the earliest stage in life, and their impact builds throughout a person's life. In Scotland, we have a range of policies and strategies in place to address these inequalities starting, quite rightly, at an early age.

However, it is increasingly apparent that later life is the forgotten dimension in health inequalities. Research from the University of Glasgow shows that after 60, the health inequalities gap narrows, and by 75 the gap no longer exists. This isn't because older people represent a more equal and just part of society, it is down to something called selected mortality; in short, disadvantaged people die younger. In Glasgow, a man living at Jordanhill can live 76 years, but a man living in Bridgeton is only expected to live 62 years. This is due, in part, to factors such as poverty and fuel poverty, poor housing, social isolation and services that may not be properly equipped to meet the needs of ageing people.

Over the next 20 years the most elderly sections of the Scottish population are set to increase dramatically, with those aged 75 and over, increasing by 82% by 2035. A

population that has a larger percentage of older people will have more people with multiple health conditions and multi-morbidity and a greater need for health services.

What happens when we add inequality and socio-economic deprivation to this picture? People living in very deprived areas reach the same level of ill health at age 66 that people living in affluent areas reach at the age of 83. Which means, as the older population increases, more people in deprived areas will die younger. We need to stop this pattern from happening, we need to prevent, reduce and undo these health inequalities.

Tackling health inequalities needs to focus on the multiple challenges older people face in terms of mental, physical, social dimensions to health. We need to: ensure services are inclusive and appropriate; tackle poverty and low income; help people to stay healthy and active; and tackle social isolation, promoting social connectedness and encouraging community participation.

The preventative agenda is fundamental for older people. Essential services need to be in place to prevent hospitalisation and help people to live longer healthier lives at home. Yet it can be hard to invest in preventative services that have an impact in the future when critical services are under pressure now. Integrated working between NHS and local authorities will go a long way to ensure there is greater investment in prevention.

But bringing agencies together isn't enough, there needs to be a committed focus on working with older people and communities to make a real difference. There are still a lot of vulnerable older people with high support needs, with limited evidence about what they want and value, and a large proportion who aren't empowered to participate in society or decisions that affect their lives. We need to make sure that our older people's voices are heard.

We need to make sure that the rapidly growing population of older people are not forgotten, and we need to keep significant focus on improving people's lives now, before it is too late.

### **Working together**

We, the voluntary and statutory sectors, have the power and skills to address the causes of inequalities and, working together, we can repair the damage. With the help of keynote presentations, we set out to explore these concepts in relation to later life. Through table discussions, we identified how and why the voluntary sector is a key partner in helping public agencies prevent, reduce and reverse the health inequalities facing people.

## Presentations

The seminar received presentations from the following speakers:



**Daryll Archibald** – Daryll spoke about the evidence base for tackling health inequalities in later life. He specifically examined what health inequalities are, issues around health inequalities in later life and the importance of social networks.

**Richard Lyall, Scottish Government** – Richard spoke about current and emerging policy and legislation surrounding health inequalities. This included looking at recommendations from the Christie Commission, examining the Reshaping Care for Older People Programme and considering health and social care integration as defined by the Public Bodies (Joint Working) (Scotland) Act 2014.

**Nigel Sargent, Volunteer Centre Borders** – The concept of Men's Sheds began in Australia 12 years ago as a community based version of the shed at the bottom of the garden; a place where men with time to spare can share their skills and interests, work on projects together, have a laugh and a cuppa amongst friends. Nigel spoke about the development of Men's Sheds in the UK and specifically the setting up and achievements of the Galashiels Shed.



**Anne Grindley, Contact the Elderly** – Anne spoke about the work of Contact the Elderly in tackling loneliness and isolation. In particular, she spoke about the connecting Sunday afternoon tea parties for people aged 75 and over, who live alone with little or no support from friends, family or statutory services and the older people's arts groups. Anne also showed a video of the effect of this work on older people.

**Aidan Collins, HIV Scotland** – Aidan spoke about the challenges of multiple conditions and multi-morbidities and whether current health and social care services are meeting people's complex needs. He spoke about the layered complexities and co morbidities arising from increased life expectancy, discussed how the interaction between HIV and ageing presents highly complex clinical challenges and highlighted the lack of specialised services for older people.

Presentations from the day are available to view on the Voluntary Health Scotland website – <http://www.vhscotland.org.uk/unequal-lives-later-life/>

## Main themes

The day highlighted a really complex picture in relation to tackling health inequalities in later life - and a number of themes for action emerged.

Tackling inequality is about more than just health, health inequalities manifest as a result of wider inequalities in society. These inequalities are caused by a complex combination of social, economic, political and environmental factors; these all impact on people's life chances and help shape individual opportunities and responses. There is a real need to address inequalities in general, along with their underlying causes of inequalities – money, power and resources – through upstream intervention.

However, this seminar has also reflected a real need to focus on the complex picture of the individual, the multiple factors that shape their lives on a basic level, and the effect this has on people's health. We need more integrated care and support across and between sectors and we need to be able to create the conditions to enable and empower people to be able to take care of their own health and wellbeing.

Going forward, we need a real focus on collaboration and partnerships - including ensuring that service users, carers and third sector organisations can engage with health and social care work and the integration of services. But we also need to ensure that people have the capacity to be able to do so and that begins with increasing social capital and working with the isolated and disconnected.



## Group Discussions

Following the presentations, the session split into smaller discussion groups to discuss third sector work that reduces health inequalities for later life, as well as challenges and opportunities and further support required to reduce health inequalities.

The discussions centred on:

- working with people in a holistic, flexible and personalised manner
- linking and connecting people to activities, and
- designing and producing services and activities co-productively – increasing community capacity and preventative work.

## Third Sector work

### **What work is currently being done by the third sector to contribute to reduce health inequalities for vulnerable adults?**

The discussion highlighted a wide variety of work in the third sector including connecting communities, intergenerational work, partnership working and connecting across sectors. We heard excellent examples of organisations and projects working directly with older adults to reduce health inequalities. Examples included:

**Carr Gomm Community Compass** – A link programme to enable social prescribing in the Craigmillar area of Edinburgh. The 2 year project provides assistance to staff in Craigmillar Medical Centre to identify local support in their area and match that support to the needs of specific patients to help people improve their health, change their lifestyle, and deal with debt and other issues.

**Scottish Borders Housing Association Tenant Participation** - SBHA was “Created by Tenants for Tenants” and is totally committed to Tenant Participation in its decision making processes. Tenant Participation is about SBHA Tenants getting involved in reviewing how SBHA operates and having a say on key issues that affect the services SBHA provides.

**Healthy and Happy Community Development Trust Re-Connect South Lanarkshire** – The re-connect project is all about supporting local older people to connect with their community. It matches volunteers with older people to visit them in their home and encourage individuals to link into local support, feel part of their communities and gain independence.

**Generations Working Together** - They provide information, deliver support and encourage involvement that benefits all of Scotland’s generations, by working,

learning, volunteering and living together. They successfully work in partnership with NHS Health Scotland, Education Scotland, Local Authorities and Third Sector interfaces.

**Eric Liddell Centre** – The centre is dedicated to inspiring, empowering, and supporting people of all ages, cultures and abilities. It operates a range of quality caring services, including specialist registered day care services for people with a diagnosis of dementia, a Ca(I)re Programme for carers that provides free educational, social and health based courses across the city, a carer befriending service, and a day breaks service for carers and the people they care for.

**ASH Scotland Tobacco Awareness Raising Sessions** – They deliver free training to staff and volunteers working with older adults to raise awareness of harms caused by tobacco and links between tobacco and dementia.

**Royal Voluntary Service** - They support older people by giving time and practical help to help them get the best from life. They focus on the recognition that everyone's needs are different and that everyone will have different ideas about what will make life happier or easier and their team of volunteers aim to provide the kinds of support an older person might need at home, in their neighbourhoods and also in hospitals.





## Challenges

We asked delegates what the main challenges are that the third sector faces when addressing health inequalities in later life. The discussion was divided between:

- structural issues affecting the whole sector, such as funding, partnership working and how to evidence impact of services, and
- issues relating to people and services, specific to the older population, such as isolation, multiple conditions and multi-morbidity.

It was agreed that these were all complex issues that were interrelated. However, one of the main considerations focused on the disconnection between needs and services for older people. This cuts across both of these categories, for example, people experiencing health inequalities in later life are more likely to have multiple conditions and worries that affect their lives. However, funding and statutory services are often separate and people described them as working in silos. This provision is inadequate when trying to view the needs and priorities of people.



## Opportunities

We then asked delegates to identify what opportunities there were to help tackle these challenges. Many delegates spoke about the work of their organisations and projects, as highlighted earlier in this report, but also identified specific responses to the challenges identified. Responses too were broken down into four main areas: policy reform, funding and services, embracing communities, and organisational connectedness.

Each of these areas of opportunity links to different ways of working that put people at the heart of decisions that affect their care. We need to be focusing on outcomes for people and the services and structures that are meant to support that should help to facilitate that process. For example, funding structures should be responsive and adaptive to how they will help organisations improve outcomes and policies and partnerships should focus on empowering people and put them at the heart of decision-making.



## Contacts

### Voluntary Health Scotland

If you would like further information on the programme of events or the work of Voluntary Health Scotland to prevent, reduce and undo health inequalities, contact Susan Lowes, Policy and Engagement Officer [susan.lowes@vhscotland.org.uk](mailto:susan.lowes@vhscotland.org.uk)

Voluntary Health Scotland, Mansfield Traquair Centre, 15 Mansfield Place, Edinburgh, EH3 6BB. Tel: 0131 474 6189. [www.vhscotland.org.uk](http://www.vhscotland.org.uk)  
[mail@vhscotland.org.uk](mailto:mail@vhscotland.org.uk) VHS is supported by NHS Health Scotland and the Scottish Government. VHS is a company registered by guarantee. Registered in Scotland No. 267315 Charity No SCO3548

### Age Scotland

Age Scotland is the largest charity in Scotland dedicated to enabling everyone to make the most of later life. If you would like further information on the work of Age Scotland in relation to health inequalities, contact Derek Young, Policy Officer [Derek.Young@agescotland.org.uk](mailto:Derek.Young@agescotland.org.uk)

Age Scotland, Causewayside House, 160 Causewayside, Edinburgh EH9 1PR.  
Registered number 153343. Charity number SC010100. [www.ageuk.org.uk/scotland](http://www.ageuk.org.uk/scotland)