Policy Implication 6.1

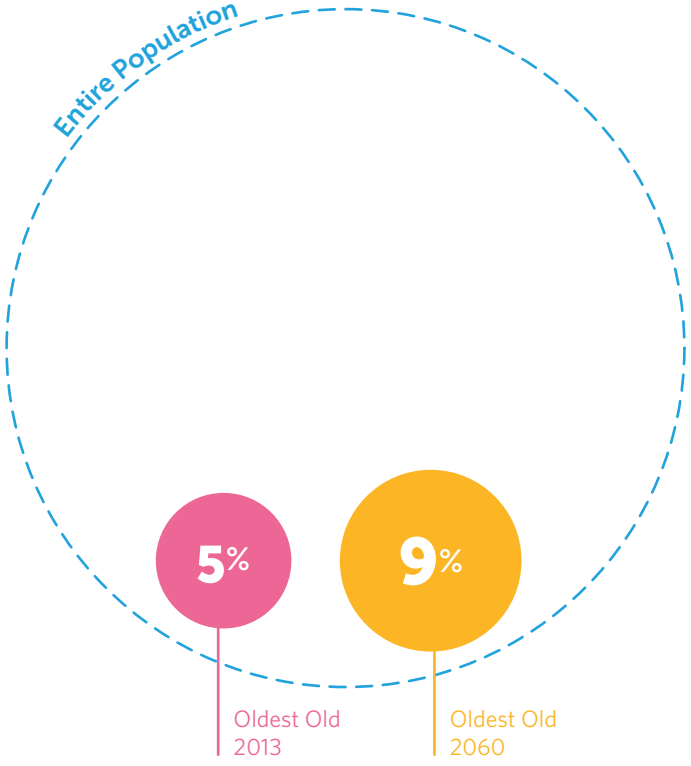
An increasing number of people with long-term disability, chronic conditions and multiple health conditions will increase the need for care, and change the nature of the demand.

This will put pressure on health and care systems to adapt to meet these changing demands.

Government Office for Science

Foresight

The 'oldest old' (80+ years), who have a substantial risk of requiring long-term care, is the fastest growing age group in the UK.



Source: European Commission (2014) The 2015 Ageing Report: Underlying Assumptions and Projection Methodologies

Frailty is associated with a number of adverse outcomes including disability, admissions to hospitals or care homes and mortality.

Source: Robinson, L. (2015) Foresight evidence review

An ageing population will mean an increasing prevalence of chronic and age related illness, and increasing costs.

Rate per 1,000 people reporting long-standing condition groups, by age

Condition	16-44	45-64	65-74	75+
Musculoskeletal system	51	182	261	304
Heart & Circulatory system	17	114	254	316
Respiratory system	45	62	88	78
Endocrine and metabolic	24	79	118	134
Digestive system	16	31	37	48

Source: ONS (2013) General Lifestyle Survey Overview – a report on the 2011 General Lifestyle Survey

The number of disabled older people is increasing.

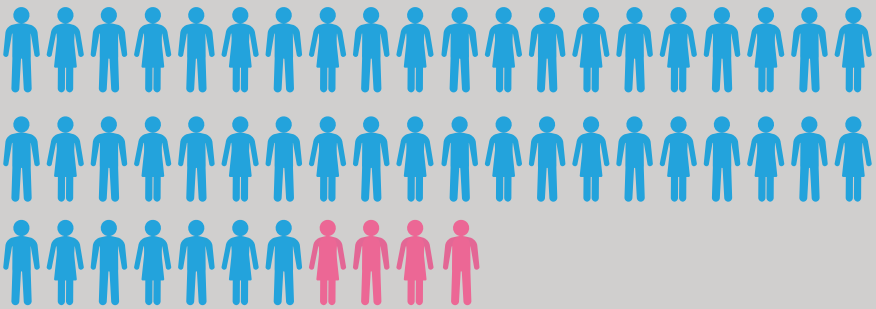
2002/3

From
4.7 Million

to
5.1 Million

2011/12

an increase of
400,000



Source: ONS (2014) Disability prevalence estimates 2011/12

Government Office for Science

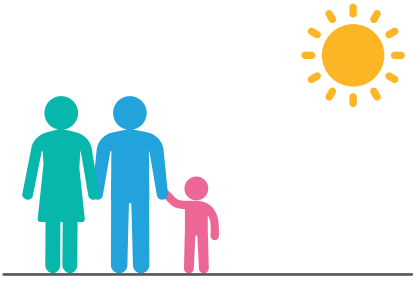
Foresight

Social isolation is a risk to health, and increasing.

Loneliness is as big a risk to health and mortality as vascular risk factors.

Social isolation is also associated with higher rates of emergency admissions, a drastic increase in rehospitalisation and earlier entry into care homes.

Social isolation amongst older adults is estimated to be between **7% and 17%**, and increasing.

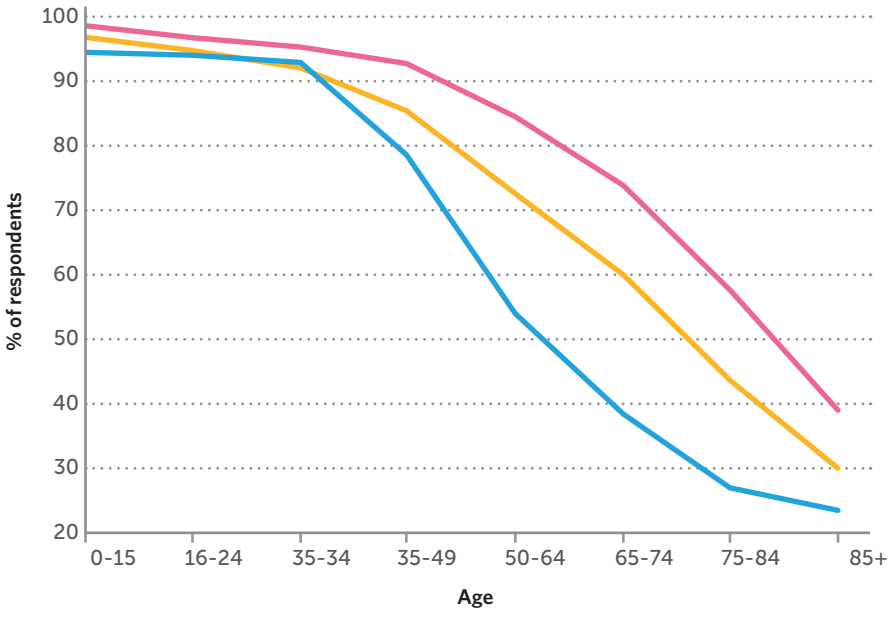


There is a **50% reduction** in likelihood of mortality for individuals with strong social relationships.

Source: Robinson, L. (2015) Foresight evidence review

There are significant regional variations in life expectancy and good health. This variation is more acute in older populations.

Prevalence of 'good' health by age group, % respondents



Source: ONS (2013) Local Authority Variations in Self-assessed General Health for Males and Females, England and Wales, 2011

Users of publicly funded home care services will grow by 86% to 393,300 in 2035.

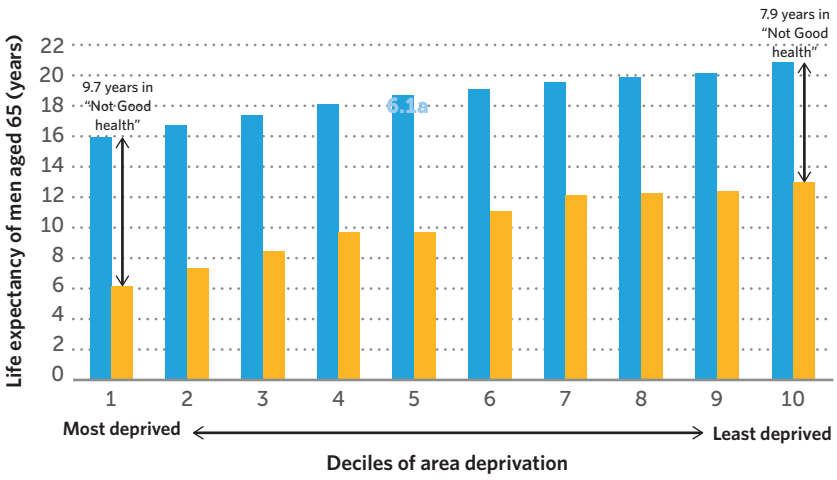
Past and projected numbers (and percentage change) of people aged 65+ using social care, by type of care and funding source in England, 2015 and 2035

	Number of people (thousands)		
	2015	2035	Percentage Growth (%)
Direct payment users (funded by local council)	45.5	74.4	63
Home care users (publicly funded)	211.3	393.7	86
Home care users (privately funded)	93.9	139.5	49
Care home residents (publicly funded)	172.1	257.1	49
Care home residents (privately funded)	157.1	330.4	110

Source: Wittenberg, R. and Hu, B. (2015) Projections of Demand for and Costs of Social Care for Older People and Younger Adults in England, 2015 to 2035

Those living in the most deprived areas of England have nearly two more years of 'not good health' after 65 than those in the least deprived areas.

Healthy life expectancy (HLE) and life expectancy (LE) for men at age 65 by national deciles of area deprivation in England, 2012-2014



Type of life expectancy: Life expectancy (LE) Healthy life expectancy (HLE)

Source: ONS (2016) Healthy life expectancy at birth and age 65 by upper tier local authority and area deprivation

There are over 800,000 people with dementia in the UK, each of them costing society £ 28,750 per year.

Projections forecast an increase in dementia patient numbers

to

1.6 Million+ by 2040

Although recent evidence suggests that the dementia prevalence is declining due to reduced risk factors

Expenditure on long-term care for dementia patients is projected to rise

from

0.6%

of GDP in 2002

to

0.82–0.96%

of GDP in 2031

Source: DH (2015) 2010 to 2015 government policy: dementia | Comas-Herrera, A. et al. (2011) Disability, dementia and the future costs of long-term care International Psychogeriatrics 23 20-30

An ageing population means long term care provision expenses have increased and are projected to continue rising, unless more gains are made with Healthy Life Expectancy.

Source: Wittenburg, R. et al. (2001) Demand for long-term care for older people in England to 2031 Health Statistics Quarterly 12 5-17

Policy Implication 6.2

Without improvements in healthy life expectancy or in the productivity of the health service, the UK's health and care costs will increase as the population ages.

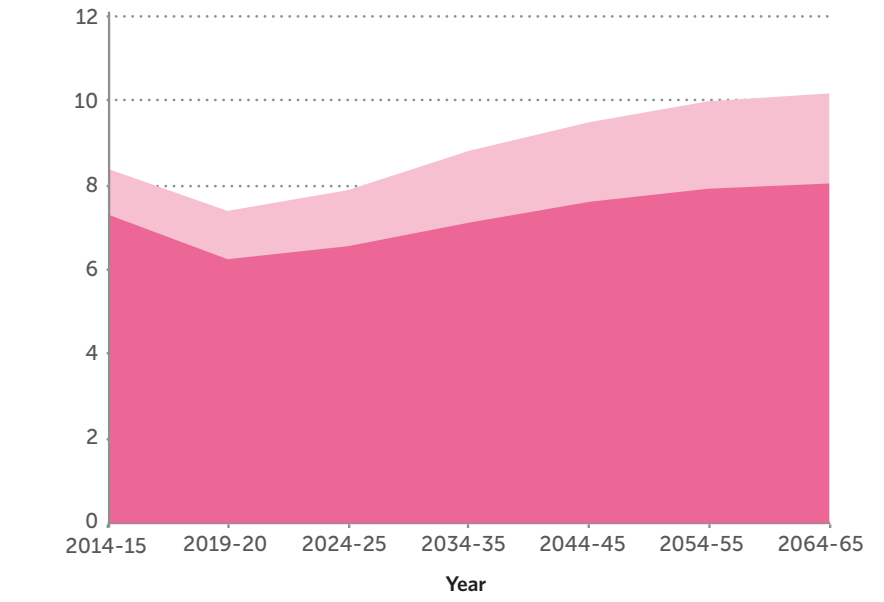
Interventions throughout a person's lifetime, such as those promoting healthy living and decreasing social isolation, have significant potential to affect their health in old age.

Government
Office for Science

Foresight

Health and long-term care are two of the main drivers of the increase in non-interest spending, due mainly to the ageing population.

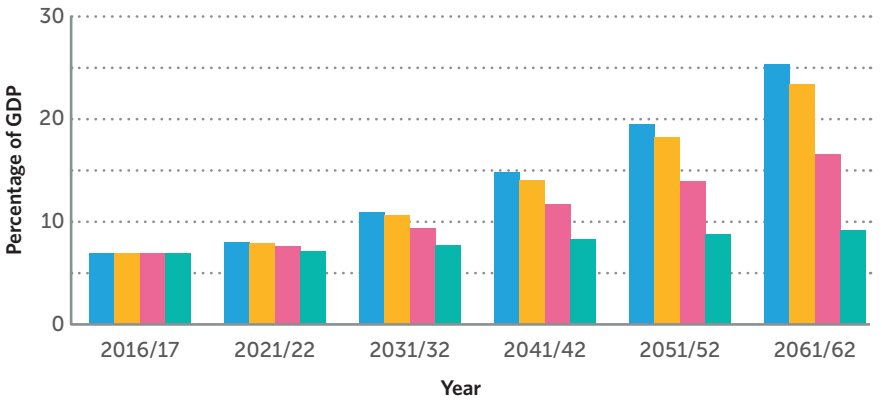
Projected public expenditure on health and long-term care from 2014/15 to 2064/65 as a percentage of UK GDP



Source: OBR (2015) Fiscal Sustainability Report - June 2015

In order to avoid a significant increase in public expenditure on health, it will be necessary to improve the productivity of the health system at a faster pace than historically achieved.

Projected Health Spending



Source: Office for Budget Responsibility (2012) Fiscal sustainability report

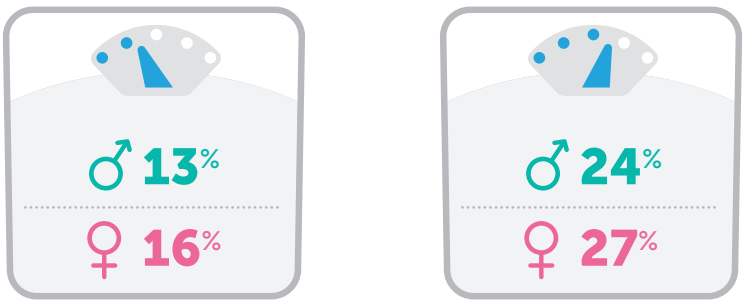
Healthcare systems will need to continue adapting and move towards more prevention and management of long term health conditions.

Source: The King's Fund (2012) Transforming the Delivery of Health and Social Care: The case for fundamental change

There is a growing body of evidence for the benefits of healthy lifestyles on ageing.

However there is much less evidence of how health behaviours impact Disability Free Life Expectancy or Healthy Life Expectancy. It does appear that eliminating smoking would compress morbidity and that obesity has a greater impact on DFLE than LE. While reductions have been observed in smoking and alcohol consumption, there has been an increase in physical inactivity in the UK.

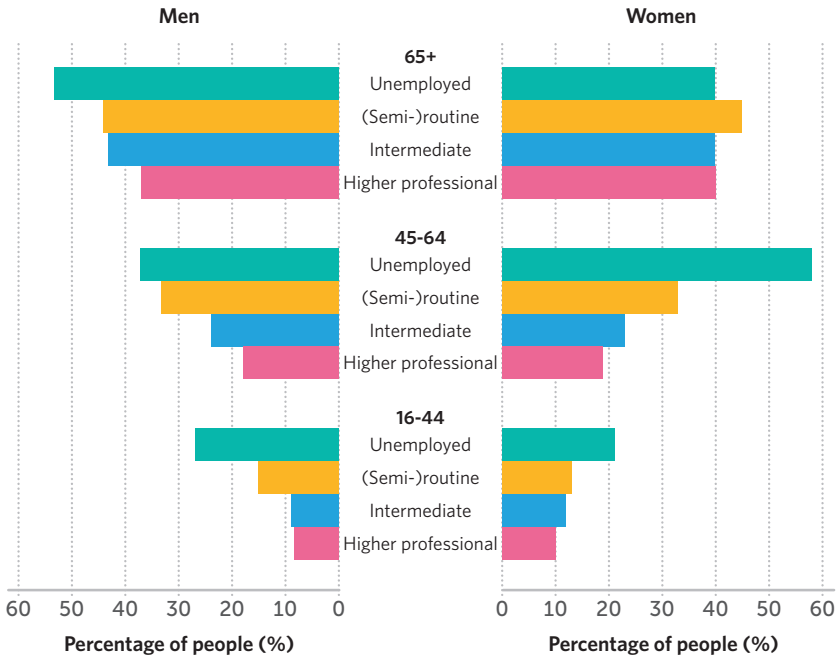
In contrast there have been marked increases in obesity between 1993 and 2014



Source: Jagger, C. (2015) Foresight evidence review | Health & Social Care Information Centre (2014) Health Survey for England

In those aged 65 and over, lower socio-economic status is associated with more physical, psychological, cognitive and overall frailty.

Percentage of the UK population with limiting long-term illness by age and socio-economic classification of household reference person, 2011



Source: ONS (2011) General Lifestyle Survey 2011

Policy Implication 6.3

Demand for people to provide care for family and friends will increase.

Supporting these carers, and addressing the health and employment outcomes associated with providing unpaid care, will be critical to ensuring this demand is met sustainably.

Government Office for Science

Foresight

There has been a major transfer of chronic disease management from secondary to primary care.

Most older people now receive the majority of their care from their GP and community services.

Source: Robinson, L. (2014) Foresight evidence review

GP recruitment is falling short of government targets and not keeping pace with the growth in the older population.

Despite a **target of training 3,250 GPs per annum, recruitment has remained at 2,700** for the last four years.

Between the years 2006-2013:

4% GP numbers grew by just 4%

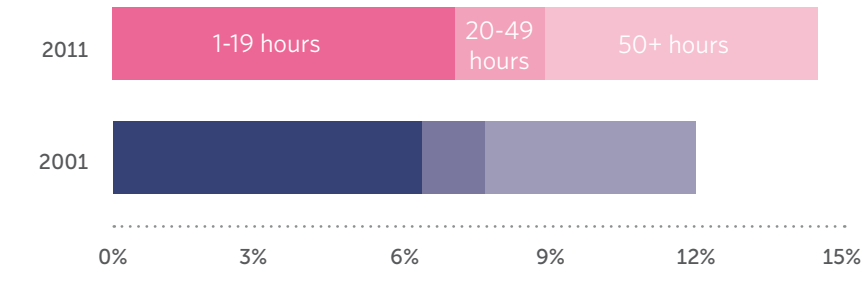
27% Consultants in hospital and community services grew by 27%

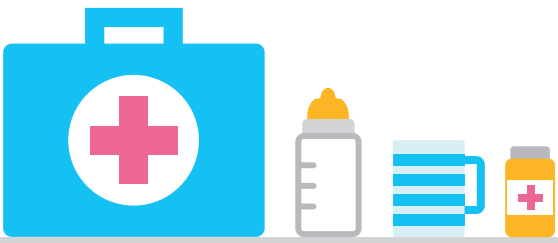
3.8% In 2013/2014 spending on GP services fell by 3.8% compared to the spending recorded by primary care trusts in the previous year

Source: The Nuffield Trust, Is General Practice in Crisis?

As the population ages, there will be increasing demands for care – whether for partners, elderly parents, or provision of childcare for grandchildren.

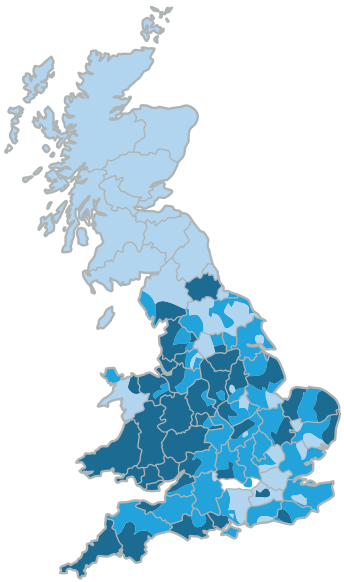
Proportion of 65+ providing unpaid care, by number of hours, 2001 and 2011





Source: ONS What Does the 2011 Census Tell Us About Older People?

There is regional variation in the provision of unpaid care, which is generally more common in socio-economically deprived areas: a reflection of both greater need and greater availability of informal care-givers.



Proportion of population aged 65 and over providing unpaid care, 2011

- 14.2% - 18.1%
- 13.4% - 14.1%
- 8.4% - 13.3%

Source: Stockton, J. and Duke-Williams, O. (2016) Analysis of 2011 census data

Families and communities play an important role in the provision of care, when the demand for unpaid care is rising and expected to continue rising.

Between 2015 and 2035, the number of people aged 65 and over who require unpaid care will grow by

1,000,000

Source: Wittenberg, R. and Hu, B. (2015) Projections of Demand for and Costs of Social Care for Older People and Younger Adults in England, 2015 to 2035

The changing age balance in the UK will increase dependency ratios.

This will reduce availability of younger family members to provide informal care and workers available to the care sector. This will also shift the generational distribution of the costs of financing health care.

Dependents per 1,000 persons of working age

	2012	2017	2022	2027	2032	2037
Under 16	304	304	306	305	303	294
			3% decrease			
Pensionable Age	311	304	295	324	362	365
			17% increase			
Total	615	607	602	630	665	659
			7% increase			

Source: ONS (2014) Population and Migration

Family carers can experience detrimental effects on their health, especially when there is little support available.

Informal carers are **2.5 times more likely** to experience psychological stress than non-carers

Working carers are **2-3 times more likely** to suffer poor health than those without care giving responsibilities.

Working carers experience a range of difficulties including lack of time, excessive stress and resulting health problems, and financial pressures – making work difficult.

Source: Hoff, A. (2015) Foresight evidence review Current and future challenges of family care in the UK

Policy Implication 6.4

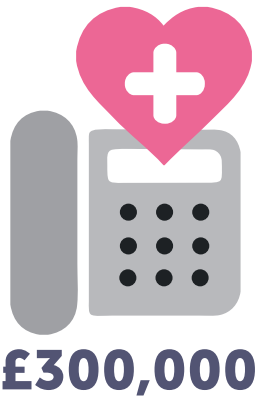
New and emerging technologies have the potential to change care in the home and community. Capitalising on the opportunity this offers will mean addressing barriers and being sensitive to public concerns around privacy.

Government Office for Science

Foresight

There are cost implications for many of the technologies which are likely to affect uptake and access.

For example, telecare to improve social and health care for vulnerable people was estimated to costs **10 times the usual accepted level** for a cost-effective intervention, costing nearly **£300,000 for each quality-adjusted life-year** (QALY) gained compared with the £30,000 threshold that the NHS is usually willing to pay. Is the cost of installation and maintenance to be borne by the individual or through health or social care budgets?



£300,000

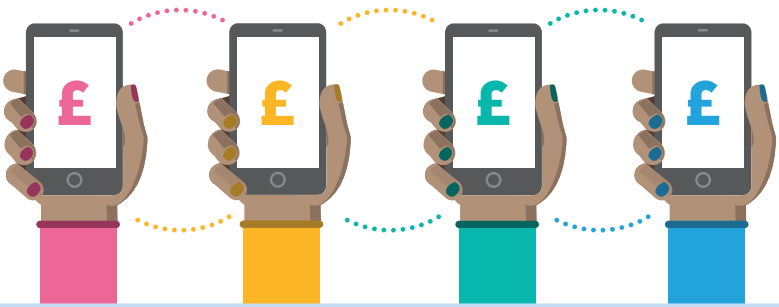
£30,000

Source: Henderson, C. et al. (2014) Cost-effectiveness of telecare for people with social care needs: the Whole Systems Demonstrator cluster randomised trial Age and Ageing 43 794-800

Current business models derived from, for example, the pharmaceuticals sector, do not necessarily fit the kinds of technology that is implied in tackling demographic challenges.

Current business models

Future business models



Source: Foresight Technology Event

Wearables could provide considerable cost efficiencies for remote care and services tailored to individual circumstances.

Source: Damodaran, L and Olphert, W (2015) Foresight Evidence Review | Mountain, G, Gomersall, T and Taylor, J (2015) Foresight Evidence Review