

FINANCE COMMITTEE

DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY

SUBMISSION FROM BRITISH DIETETIC ASSOCIATION

1. The British Dietetic Association welcomes the opportunity to respond to the Scottish Parliament finance committee inquiry:

'To identify the impacts which demographic change and an ageing population will have primarily on the public finances in respect of the provision of health and social care, housing, and pensions and the labour force, and the planning being undertaken by the Scottish Government and key public bodies to mitigate such impacts.'

2. We would like to comment in relation to the specific questions around health and social care:

What is your view of the effects of demographic change and an ageing population on the sustainability of funding for (a) health and social care...? What public services will individuals increasingly call on and in what way? To what extent are the pressures on health and social care a consequence of an ageing population as opposed to other health challenges such as obesity? To what extent are preventative policies such as the Change Fund key to addressing demographic pressures on the provision of health and social care?

3. Food and Nutrition have a key role to play in the health and wellbeing of an increasingly ageing population, with good nutrition providing both improved health outcomes and reduced costs. Dietitians, with their training and expertise in health and nutrition have an essential role to play at both a practical and a policy level.

Preventing ill health across the lifespan

4. While the focus is on demographic change and the growing number of older people, it is important that people live well throughout their lives so that they are able to live well in their later years and as such it is important to address the needs of our younger and very young population as well as across the lifespan as this could impact on a person's health in older age. Nutrition and therefore the role of dietitians is important in this, in reducing the risk of ill health and preventable conditions and the costs associated with this.

Preventing and Treating Malnutrition

5. The health and social care costs in the UK linked to malnutrition are over £13 billion per annum (based on 2007 prices). (BAPEN, 2010) There is a greater risk of malnutrition in the older and elderly population and with an increase in numbers of this population group the costs are likely to increase unless this is addressed. What is more, the incidence of malnutrition may worsen as a result of financial pressures and the current economic climate.

6. Malnutrition puts the older and elderly population at increased risk of falls, infections, low mood, reduced muscle strength, more difficulty keeping warm, slower wound healing, longer time needed to recover from illness, low mood, little interest in everyday activities and self-neglect etc and ultimately increased risk of hospital admissions, readmissions and increased length of stay. Greater use of healthcare and the costs associated with malnutrition mean:

- 65% more GP visits;
- 82% more hospital admissions;
- 30% longer hospital stay.

(The British Dietetic Association, May 2011)

7. Malnutrition however, is treatable and could result in significant cost savings as well as improved quality of care. Good nutrition has a positive impact on, and improves health by increasing immunity, wound healing, mobility and mental wellbeing. Dietitians have a key role in establishing partnership working with the multi professional teams to implement a whole systems approach to the management of malnutrition. The London procurement project has been gathering information on the treatment of malnutrition for the past two years in London. By instigating a sustained integrated approach which was dietetically led, expenditure was able to be reduced by 15% over 2 years. (The British Dietetic Association, May 2011)

8. With a policy direction that looks to shift the balance of care for people to remain in the community/their own homes and to avoid unnecessary admissions in to hospital, more and more older and elderly people are going to be remaining in their own homes. It is conservatively estimated that one million older people living in their own homes in the UK are suffering from malnutrition. In 2007 the British Association for Parenteral and Enteral Nutrition (BAPEN) established an annual survey to measure malnutrition in the UK. 28% of people surveyed on admission to hospital were classified as malnourished with the majority classified as at high risk. 93% of individuals at risk of malnutrition are estimated to live in the community. <http://www.mindthehungergap.com/about/background.html>

9. Malnutrition in the community is a public health issue that urgently needs attention. Further information can be found at <http://www.mindthehungergap.com/>, the website for the BDA 's UK campaign 'Mind the Hunger Gap' which aims to highlight malnutrition levels in older people living in their own homes and the key role of dietitians in tackling this.

Supporting Long Term Conditions

10. People in this age group are also likely to be living with one or more long term conditions for example, diabetes, cardiovascular disease and respiratory conditions which can be very costly. 10% of the NHS budget for example, is spent on diabetes with 15% of hospital beds occupied by someone with diabetes.(The BDA, December 2011) Nutrition is the cornerstone of the management of many long term conditions. Dietitians are actively involved in helping manage these and other conditions, preventing their development or slowing their progression whether this be directly or through their role training and educating other health and social care professions.

They play a key role in empowering people and supporting self-care for the people in Scotland through delivery of structured patient education programmes; working in partnership with multi-professional teams across all organisational boundaries to support a whole systems approach to healthy living and working across all areas of the care pathway from prevention and community health services through to specialist tertiary services.

11. A number of dietetic departments in Scotland are in receipt of Change Fund monies. In NHS Ayrshire and Arran, Change fund has been used to 1) deliver training to home carers, to develop their understanding of the importance of food and fluid for the health of older people and develop their knowledge to deliver adequate nutrition and hydration; 2) deliver training and basic practical cooking skills and techniques to support service users to be better nourished in their own homes. More information on these projects and outcomes can be found at the following link: <http://www.mindthehungergap.com/about/ChangeFundProjects120118.pdf>. The projects funded through the Change Fund are showing good results, however the money is temporary and sustained investment is recommended to develop sustainable results. In addition, good practice from this and other projects needs to be shared across Scotland.

12. The Scottish Government consultation on the integration of health and social care for adults currently out for comment details as its main focus at this stage, the services for older people. The key role of the Allied Health Professionals (AHP) in the integration of health and social care is clearly highlighted in the recently published Scottish Government AHP delivery plan and the importance of AHP expertise being fully utilised. (Scottish Government, 2012)