

## **FINANCE COMMITTEE**

### **DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY**

#### **SUBMISSION FROM NHS AYRSHIRE AND ARRAN**

1. Changing demographics will lead to increases in the absolute number and the proportion of older people in the population. A proportion of older people utilise health and social care services and this increases as they age and is more prevalent in those from multiply deprived communities. The consequence is that current service models will not be sustainable as demand outstrips supply and this is likely to affect all services. For instance if hospitals continue to admit over 75 year olds at current rates we will need twice as many hospital beds in twenty years time. The demand for intensive housing support and provision will increase. Turning to pensions, the cost of state pension provision will increase. An increase in pension ages will mean people will work longer leaving fewer job opportunities for younger people depending on economic growth.

2. Public sector agencies are engaging with the voluntary and private sectors in reshaping care for older people. Use is being made of the Change Fund to help redesign services. As part of moves to support closer integration of services, joint strategic commissioning processes will be put in place. As part of the national review of Community Planning, the opportunity should be taken to ensure the full engagement of all partners. There will also be a need to mainstream co-production models which will underpin more effective partnership between services, users and local communities. Key policy issues such as the Scottish response to Dilnot will require to be addressed.

3. The NRAC (NHS Scotland Resource Allocation Committee) formula for allocating funding takes population into account. The risk is that whilst this helps determine relative “fair shares” between NHS boards, the overall size of funding available does not grow in line with demographic changes.

4. Easier access to the number of people with long term conditions is required and possibly the development of a “ready reckoner” which would allow estimates to be made and take into account levels of deprivation which would allow better targeting of services. More accurate local data on the number of people who are well and who have a long term condition will allow calculation of dependency ratios.

5. Preventative policies are the key to sustainable public services. They must be combined with a decisive shift towards a more co productive model. This should help to take demand out of the system.

6. Age is not an indicator of poor health in itself although older people may be more susceptible to infectious and environmental hazards. Interventions aimed at age based risk groups (such as flu immunisation) will face greater demands with a rising older population. In the Older people’s needs assessment, we have noted a rising trend in obesity, with higher weight cohorts ageing and retaining higher obesity

levels into older age. Obesity has been linked to an increased risk of coronary heart disease, diabetes, cancer, kidney failure, arthritis, back pain and psychological damage, and decreased life expectancy. As a result, obese people are more likely to be hospitalised, and more generally in contact with health care services, than non-overweight people (Scottish Public Health Observatory. *Obesity in Scotland: An Epidemiology Briefing*. 2007).

7. Our older people's needs assessment confirms that the majority of older people live in owner occupied homes, with the highest rate being 66% in North Ayrshire. This may reflect the transfer of social housing into the private market through right to buy, but also means that older people may be in homes that are not best suited to their needs (too large, upstairs bedrooms and bathrooms etc). There will be a greater need to make housing adaptable and owing to the high rates of home ownership, this will be more costly in the future unless Councils charge for this work.

8. New builds need to be able to conform to a set of standards that take into account the needs of older, frail residents. This needs to reflect needs in terms of access and mobility, local transport orientation/configuration, obstacle free space, potential for technological support (eg broadband as core) etc.

9. Given that benefits to members are funded by current contributions, the government will have to plan for the consequences of more pensioners being funded from potentially fewer contributors.

10. Older people should be supported to remain in employment but this should not be at the expense of the creation of youth employment opportunities. The relative balance is less important than the overall success of public policy in creating economic growth and employment opportunities.