FINANCE COMMITTEE

DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY

SUBMISSION FROM NHS GREATER GLASGOW AND CLYDE

General

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 and (b) housing services and (c) public pensions and the labour force? What public services will individuals increasingly call on and in what way?

Our comments are restricted to part (a) of the question.

1. There is a significant relationship between age and demand / need for health and social care services. Local analysis shows that if rates of service use are mapped to the future population (assuming use of services at the same age as now) then there would be steeply rising emergency admissions, demand for home care and long term care.

2. We would note however that demographic change is not the only driver of health service use. A number of additional factors will influence future demand for services and sustainability of funding, including:

- Epidemiology (new or changing patterns of diseases).
- Technology.
- Treatment.
- Patterns/models of care.
- Demand/public expectation.

3. In terms of demographic change, we note the strong correlation between deprivation and need for services as well as the impact of changes in terms of migration and ethnic composition of the population (Glasgow has the most ethnically diverse population in Scotland). We would also note the changing household composition and growth in single person households which is particularly stark in Greater Glasgow and Clyde and which will have implications for service delivery and support at home. We also note that the number of births and number of children (0-14) is projected to rise in some parts of NHSGGC which will impact on future service requirements for young people.

4. The following issues will impact on the types of services which people will require in future:

- both age and deprivation are associated with multiple long term conditions. This both increases demand and also influences the type of services which will be needed in future.
- age and deprivation are the major drivers of demand within primary care (for GPs and the wider practice team).

- rising rates of dementia will impact both on the need for specialist dementia services and treatment/care options for physical health needs.
- Alcohol, poor mental health and obesity are significant drivers of service use across a range of health services.

5. These points suggest that age alone is not a sufficient indicator of likely need or demand for services. In fact, figures on healthy life expectancy demonstrate that the areas with the longest life expectancy (usually also those with the highest numbers/proportions of older people) also have the longest *healthy* life expectancy and therefore the shortest time in need of health services. The table below illustrates this for males within NHSGGC:

	Life Expectancy	**Healthy Life Expectancy**	**Expected period 'not healthy'**
East Dunbartonshire	76.7	70.8	5.9
East Renfrewshire	75.9	70.5	5.5
Renfrewshire	71.5	64.3	7.2
West Dunbartonshire	70.9	62.8	8.1
South East Glasgow	70.3	60.9	9.4
Inverclyde	70.1	62.4	7.7
West Glasgow	70.0	60.3	9.7
South West Glasgow	69.3	59.1	10.2
North Glasgow	67.3	56.4	10.9
East Glasgow	67.2	56.0	11.2

6. In terms of impact on costs and sustainability of funding, we would note the following article which suggests an approach to modelling future healthcare costs taking account of the links between life expectancy and healthy life expectancy, although we would also note the significant variation linked to deprivation as set out above. (*Estimating the future healthcare costs of an aging population in the UK: expansion of morbidity and the need for preventative care* (Caley, Sidhu 2010) http://jpubhealth.oxfordjournals.org/content/33/1/117.full)

7. As well as the direct impact on service use, a further potential risk is that the immediate pressures of demographic change will make it difficult to fund and support other priority areas with longer term benefit, in particular preventative spend and a focus on early years interventions and support for vulnerable children and families. A key aspect of Government policy for reducing health inequalities is to focus on the early years of life through health visiting, intensive home support, parenting and promotion of attachment. By responding to demographic changes by extending current models of health care to more older people with long term conditions it is

unlikely we can realise aspirations to shift resource to preventive spend and early years.

Further, what planning is being done, or should be done, to address this?

8. The planning process within NHSGGC aims to take account of population and health changes and their implications for service use and future requirements. NHSGGC's Corporate Plan for 2013-16 has recently been developed and will guide the development of plans across all parts of our system, including joint planning with partners.

9. We also refer to our submission to the finance committee's enquiry into preventative spend on the long term planning required to improve future health.

10. Future planning needs to be better connected across the public services, and address the determinants of health including poverty and employment.

What weight should be given during the annual budget process to demographic trends and projections?

11. The annual budget process and methods for resource allocation should take account of the wide range of factors which influence need for health and social care services, as described above. We would caution against any approach which leads to significant annual fluctuation in budgets as this would be destabilising. Demographic change occurs over a relatively long timescale, and should influence longer term planning and budget setting rather than just the annual budget setting process. The full range of influences of need for health and social care services should be taken into account, not just numbers and age of the population, and other priorities including preventative spend and early years. Future planning should also be mindful of the risks around demographic projections since these may not be accurate, particularly for urban areas with a high degree of mobility and migration.

12. The annual budget process should also give due regard to other policy priorities, including early years and preventative spend, which may have more significant long term benefits and are essential to the future sustainability and affordability of services.

13. NHS GGC is currently working with NRS through TAGRA to analyse the most accurate measure of population numbers to inform resource allocation.

What data is collected (and what should be collected) with respect to (a) health and social care and (b) housing services and (c) public pensions and the labour force, and what use is made of this (or should be made) to forecast what funding will be needed?

14. Large amounts of data are currently collected within individual agencies which enable analysis by age of service use and provision. However, these are not well linked and it is difficult to assess patterns of use across public sector agencies particularly health and social care: this would improve both operational decision

making and service provision, and longer term service planning. There are some key gaps, including information on activity in general practice. Better information building on existing platforms such as the CHI number could help with this, for example better linkage to primary care systems would enable the development of age specific prevalence rates for particular conditions.

15. Data on inequalities groups and use of services still needs to be much more routinely available; age, gender and deprivation (based on postcode) information is widely available, but information on ethnicity, religion, sexual orientation and disability remains poor and not well linked across systems.

Health and social care

To what extent are preventative policies such as the Change Fund key to addressing demographic pressures on the provision of health and social care?

16. The Change Fund is the financial mechanism to act as a catalyst for change, rather than a preventative policy in its own right. It sits within the broader 'Reshaping Care for Older People' policy. Whilst helpful, it focuses specifically on older people's services rather than on the overall impact of the ageing population on all services and also largely addresses service provision rather than wider social circumstance and determinants of health. It has to be focused on reducing demand for acute care. Evidence on the key components and costs of a whole system model which reduces reliance on long term care and acute hospital care is still emerging.

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?

17. The division between these two is artificial as these other health challenges will directly impact on the health of older people and the extent to which additional life expectancy is accompanied by additional healthy life expectancy, or additional years of ill health and need for health and social care services. Disadvantage and poverty have profound impacts on health needs and people living in deprived areas have a higher need for health services throughout life.

18. We would particularly wish to highlight the impact of:

- alcohol consumption
- obesity
- poor mental health (including its correlation with poor physical healthy)
- smoking

19. For many people, the behaviours, choices and life circumstances which influence these issues are established very early in life and will not be addressed by focusing just on treatment or behaviour change for adults and older people, but need to be one of the long term goals of improved early years support.

Housing

What is likely to be the main pressures on both the public and private housing stock arising from demographic change and what action should government and other public bodies be taking now to address this?

What adaptations will be required to the existing housing stock to provide long-term care and to what extent should the design of new builds take into account the possibility that the home may be used for care purposes in the future?

20. Future changes to the housing stock should take account of both the direct care and mobility needs of older people and also the wider community infrastructure needed to support people at home. Design of new builds should aim to keep people at home and independent for as long as possible rather than necessarily be designed for 'care purposes'. This means both taking account of structural changes such as accessible doorways and bathrooms and potential for future telecare/telehealth enablement, but also a range of other issues which may support individuals to stay at home and address determinants of health such as poverty. This might include:

- accessibility of local services
- greenspace and exercise facilities
- security
- support for maintenance of houses and gardens
- energy efficiency to protect against fuel poverty
- development of neighbourhoods and communities

21. Recent evidence from the telehealth projects in England do not yet provide definitive evidence of cost-effectiveness and it will be important to understand the results of this large study before wider implementation of telehealth.

22. The Housing our Ageing Population (Panel for Innovation) report makes a series of recommendations on how the future housing requirements of older people could be addressed: http://www.homesandcommunities.co.uk/sites/default/files/happi_final_report_-_031209.pdf

Pensions and labour force

What is the likely impact on the public finances within Scotland of demographic change on public sector pension schemes and what action is required by the Scottish Government and other public bodies to address this?

What should be the balance within public policy of support for older people who wish to remain in employment versus creating opportunities for youth employment?

23. Public policy needs to aim to strike a balance between these two groups because of the strong connection between work and health. For older people, work can enable them to stay healthier for longer and also offset poverty in old age. For

young people, getting into work is essential to enable them to build skills in the labour market and for their own health and the health of their future children. Young people's employment must have a higher priority than keeping older people working for longer given the financial climate and the lifelong implications of unemployment in early adulthood. The role of unpaid work and its relationship to the labour market should also be considered, both in the context of the need to support the health and financial wellbeing of carers, and also to acknowledge the role of older family members in enabling young people with children to work. Policy on employment and economic growth should consider the potential for flexibility of employment options and the current barriers to work