

The ageing society and its potential impact on health and social care provision

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It has been suggested that the UK is underprepared for the challenge of an increasingly ageing population. In the Guardian on the 21st July 2015 a commentary under the following headline was published;

'How can politicians face up to the challenge of the ageing population?'

In terms of being underprepared this headline was a follow on from another Guardian headline (14th March 2013) which references the Lords Select Committee on Public Service and Demographic Change Report (2013);

'Britain 'woefully' under-prepared for rising number of elderly people'

If we accept that the wider society is underprepared, how does this impact upon future health and social care delivery? To address this wide reaching question in a more manageable way it useful to first consider the challenges an ageing population could pose to future health and social care delivery and secondly to explore potential solutions.

Globally the population is ageing, it is predicted by 2050 people aged over 60 years old will account for 21% of the world's population, compared to the current figure of 9.2% (DESA, 2013). The number of people aged over 80 years is also predicted to increase from 14% to 19% by 2050. In the UK in 2010 over 10 million people were over 65 years old, it is projected by 2020 the figure will have risen to nearly 16 million and by 2050 nearly 20 million (Cracknell, 2010). The number of people aged 80 is projected to increase from 3 million in 2010 to 6 million in 2013 and 8 million by 2050 (Cracknell, 2010).

Currently in the UK (2010 figures) health and social welfare spending accounted for almost half of the UK Government's expenditure with most of this spending focussed on people aged 65 years and older (Cracknell, 2010). Within these figures it is important to acknowledge that as an estimate, the average cost of providing health care for a *'person aged 85 years is around three times greater than for a person aged 65'* (Cracknell, 2010: 44). It is predicted due to the prevalence of non-communicable diseases and disability potentially increasing as the population ages this will significantly impact upon the way health and social care is delivered in the future (DESA, 2013).

According to the NHS five year forward plan (2014) the NHS is already responding to these predicted changes by recognising that future health and social care delivery has to be more efficient (NHS England, 2014). Over the last five years efficiency changes have started to take effect which are highlighted in the 'five year forward plan' as; better outcomes for cancer and cardiac problems, reduced waiting times, and improved patient satisfaction (NHS England, 2014). It is acknowledged that there is more work to be done including; ensuring that the quality of care across services does not differ; embedding health promotion and prevention work throughout the service; improving care delivery for people diagnosed with mental health conditions; and also improving care for frail older adults wherever they reside (NHS England, 2014).

What does all this change mean for the 'front-line' health and social care practitioner? There will have to be a recognition that older adults within developed countries are increasingly living on their own or with just one other person, they are financially and socially independent with the expectation that they will 'age in place'; living at home until the end of life (DESA, 2013). Older adults are also increasingly using technology, smart devices and the internet, there is also the expectation that health and social care practitioners will be 'able to support those who are unable or unwilling to use new technologies' (NHS, 2014: 33). This will mean that health and social care practitioners will have to be technologically smart, using more assistive technologies, they will also have to deliver

more complex care within the home-setting (NHS, 2014).

To consider how these changes will work in practice let us explore a condition that is quite rightly gaining more media attention, however sometimes that attention can be quite negative (DH, 2009; Woods et al., 2013). As the ageing population in the UK increases it is predicted that the number of people with dementia will significantly increase (Woods et al., 2013).

Within the UK:

“There are 835,000 people living with dementia in the UK in 2014, and by 2015 that figure will be 850,000. It is the most feared health condition for people over the age of 55, but touches people of all ages. Over 21 million people know close friends or family affected by the condition.”

(Alzheimer’s Society 2014 - Foreword).

Dementia is a long term condition that adversely and progressively impacts upon a person’s cognitive, emotional, behavioural, and social functioning, these changes to functioning are above and beyond what might be expected from normal aging (Woods et al., 2013). Estimating prevalence rates for dementia are based on the premise that the risk of dementia increases with age, taking this into account the view is that ageing populations will have increasingly higher rates of dementia (Woods et al, 2013; WHO, 2012). Currently within the UK the prevalence of dementia across all ages is; 0.9% of people aged 60–64, 1.3% aged 65–69, 3.3% aged 70–74, 5.8% aged 75–79, 12.3% aged 80–84, and 24.6% for people aged 85 and above (WHO, 2012; Alzheimer’s Society, 2014). In addition the number of people with dementia is expected to double by 2030 and potentially more than triple by 2050 (Alzheimer’s Society, 2014; WHO, 2012; Woods et al., 2013). Prevalence rates of dementia where there is co-morbidity have decreased in the case of underlying treatable vascular problems and have increased in the case of people with learning disabilities, Parkinson’s disease, and those who have had a stroke (Alzheimer’s Society, 2014, Woods et al., 2013).

Globally it is recognised that dementia is one of the main causes of disability in the older adult and that it is having a significant social and economic impact (Woods et al., 2013; United Nations, 2011). On this basis there is a global drive to improve the situation:

“Dementia is overwhelming not only for the people who have it, but also for their caregivers and families. It is one of the major causes of disability and dependency among older people worldwide. There is lack of awareness and understanding of dementia, at some level, in most countries, resulting in stigmatization, barriers to diagnosis and care, and impacting caregivers, families and societies physically, psychologically and economically. Dementia can no longer be neglected but should be considered a part of the public health agenda in all countries.”

(WHO, 2012: 2)

Within the UK:

“Dementia costs the UK economy over £26 billion per year – higher than cancer, heart disease or stroke.”

(Alzheimer’s Society 2014 - Foreword).

As diagnosis rates increase the challenge for health and social care practitioners, both now and in the future, is to ensure the care they deliver is fit for purpose with an emphasis on improving the quality of life and wellbeing of people living with dementia (Woods et al., WHO, 2012; European Commission, 2009). With the right support in place, living well with dementia can be an achievable aspiration:

“... dementia is now a public and political priority in a way that it has never been before. Starting with England in 2009 and followed by Wales and Northern Ireland in 2011, national plans on dementia were launched in each country increasing the political attention across the nations. In England, the strategy on dementia was supported by the Prime Minister’s challenge on dementia, which promised ‘to push further and faster on major improvements in care and research by 2015’ (Department of Health, 2012a).”

(Alzheimer’s Society, 2014: 3)

To achieve this aspiration the practitioner has to deliver care that is enabling, person-centred, holistic, and compassionate (Kitwood, 1997; Mast, 2014; Francis, 2013). In addition practitioners working in new ways will have to continue to place people living with dementia at the heart of the care process, in a way that values them as equal partners (Kitwood, 1997; Richardson & Cotton, 2011; Woods et al., 2013). For example if we accept that most people with dementia would like to ‘age in place’ while at the same time feeling safe and secure, then practitioners not only have to be dementia aware, they also have to understand the therapeutic value of a well-designed environment which could potentially

(Woods et al., 2013; Smith, 2014; Chaudhury & Cooke, 2014):

- Compensate for reduced sensory, cognitive and motor function
- Reduce agitation and dependence
- Promote social contact

To effectively support a person with dementia to create this type of environment, the practitioner has to first listen and understand what it is like to live with dementia (Chaudhury & Cooke, 2014; Lawton, 2001). By listening the practitioner will be able to answer the following questions (Woods et al., 2013):

- How is a person's condition impacting upon their ability to function?
- Is the environment too challenging and difficult to negotiate?
- Is the environment safe?
- Are outdoor and indoor spaces safely and easily accessible?
- Does the environment enhance social interaction?
- Does the environment provide easy ways for a person to find their way around

Assistive technology also has an important role to play in the process of enabling a person to stay at home longer, this includes providing simple solutions to the everyday challenges of living with dementia (Woods et al., 2013; Manthorpe, 2009). These solutions include (Woods et al., 2013; Dewsbury & Linskell, 2011):

- Improved lighting
- Bath aids
- Memory prompts
- Alarms

The emphasis of these solutions which includes more technological solutions such as apps should be to assist the person to be as independent as possible (Kitwood, 1997; Parker, 2012). Assistive technology does have its limitations, devices have a more positive impact when the person with dementia and/or carer user has specific training, devices can only compensate for some impairment not all, and also devices have to be integrated within a person's care package (Woods et al., 2013; DH, 2009; Olsson et al., 2012).

As a final point addressing the 'ageing population problem' requires all partners involved in the care delivery process to develop innovative ways of working and to share examples of good practice (Woods et al., 2013; DH, 2014). Otherwise innovative solutions will not be sustainable in the long-term and they will not fit the real needs of service users and carers (Woods et al., 2013, DH, 2009).

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