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Living well in later life- DH contribution to the Ageing Strategy

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Introduction

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This presentation will discuss:

- Challenges of the demographic success story
- Why prevention and why lifelong
- Key policy drivers
- Implementing best practice
- Tailored health and social care services
- Effective prevention and delivery
- Better diagnosis of age related issues
- Self-care
- Healthy ageing and working longer

Changes in an ageing population

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- Since yesterday, life expectancy has risen 5 hours
- 1948, >65s were less that 10% of the population. Now 16%
- The increase in life expectancy has come in phases
  - More children surviving to adults
  - More adults surviving to retirement and beyond
  - Older people living longer
- Today's 65y man can expect to live to 81y: a woman to 84y
- People born in 2009 can expect to live to 100!
- There are now more pensioners than children

This demographic change represents a huge opportunity – but failure to adjust may present difficult challenges

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Opportunity

Increased longevity matched by healthier, wealthier, more active and fulfilling later lives will have profound implications for individual well-being, economic productivity, prosperity and social progress

Changes to later life

The renewed strategy must set out how society can successfully position itself to make the most of the opportunities and minimise the risks that an ageing society represents

Risk

Longer years lived in ill health, financial insecurity or poverty and a failure to capitalise on the human and social capital represented by 40% of the population have significant costs for the individual, society and the economy

Healthy life expectancy is lagging behind longevity

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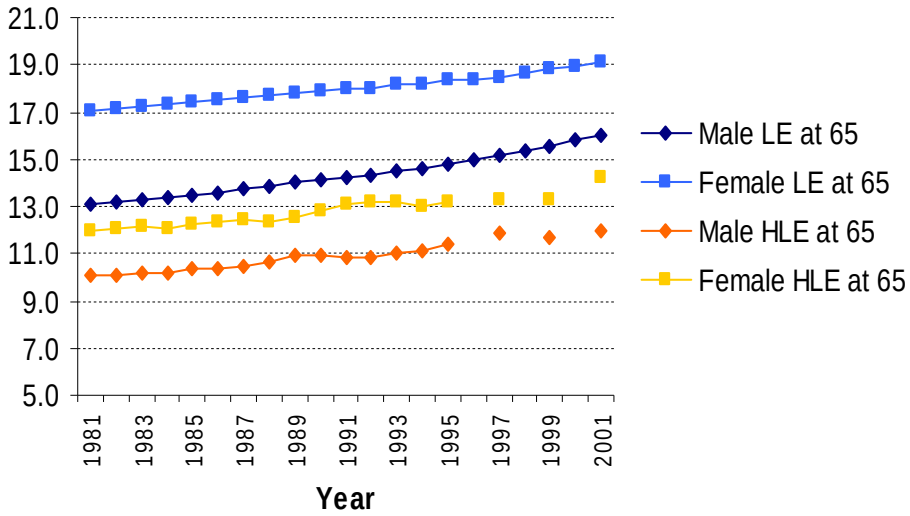
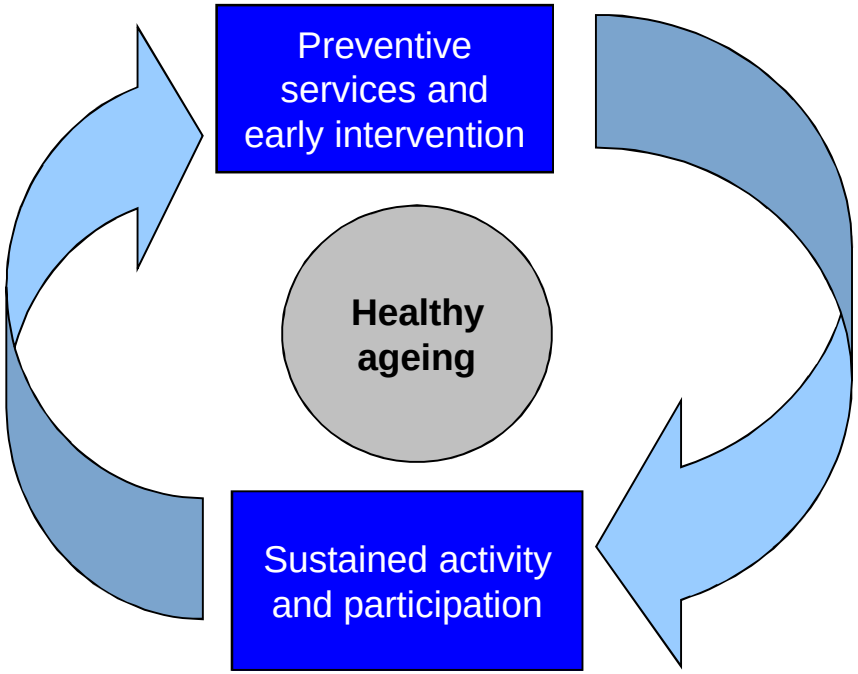
Life expectancy and healthy life expectancy at 65, England[1]



An increased focus on prevention and active ageing could reduce this risk



This means that:

There may be longer periods of ill health

Therefore more need of social and healthcare

Promoting active, healthy ageing is one way in which individuals (and government) can offset against the potential health cost (personal and financial) of ageing

1) Opportunity Age Indicators Update 2008

The history of prevention

- **The issue of preventative healthcare is not new**
- **The most profound improvements in health of the 19th & early 20th century were led by public health initiatives – water, sewage, safety, food**
- **When the NHS was set up, the aspiration was not only to treat ill health, but also stretched well beyond diagnosis & treatment into promoting a healthier population**
- **Universal free primary care and community nursing have been the key foundation of health prevention providing infant health, immunisation, health screening, and newer technology**
- **But we need to go further and broaden the approach**

Prevention is a life long issue

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- **Maternal and child health impacts timing and incidence of "late life" disabling conditions**
- **Health inequalities accrue throughout the lifespan**
- **Health mid life habits can mitigate a misspent youth!**
- **Society factors are key in mediating the impact of disease factors on disability and quality of life**

Hence our current focus on

- **Society as well as individuals**
- **Long term conditions in the new middle age**
- **Prevention and early intervention**

Key policy drivers and levers

- **The Next Stage Review sets the vision for the future of the NHS & Social Care**

- **This vision builds on a number of key policy drivers**
  - Transforming Adult Social Care – Putting People First
  - Green Paper on Care & Support
  - Partnerships for Older People (POPP) – evidence base
  - The National Dementia Strategy
  - Building a Society for all Ages – Ageing Strategy
    - The Prevention Package for Older People

- **These are underpinned by a series of enabling levers/support mechanisims**
  - PSA Targets - Vital Signs & National Indicator Sets
  - Operating Framework
  - Integrated working across health & social care
  - JSNA
  - Commissioning Framework
  - Care Quality Commission

Our Health, Our Care, Our Say

White Paper
(January 2006)

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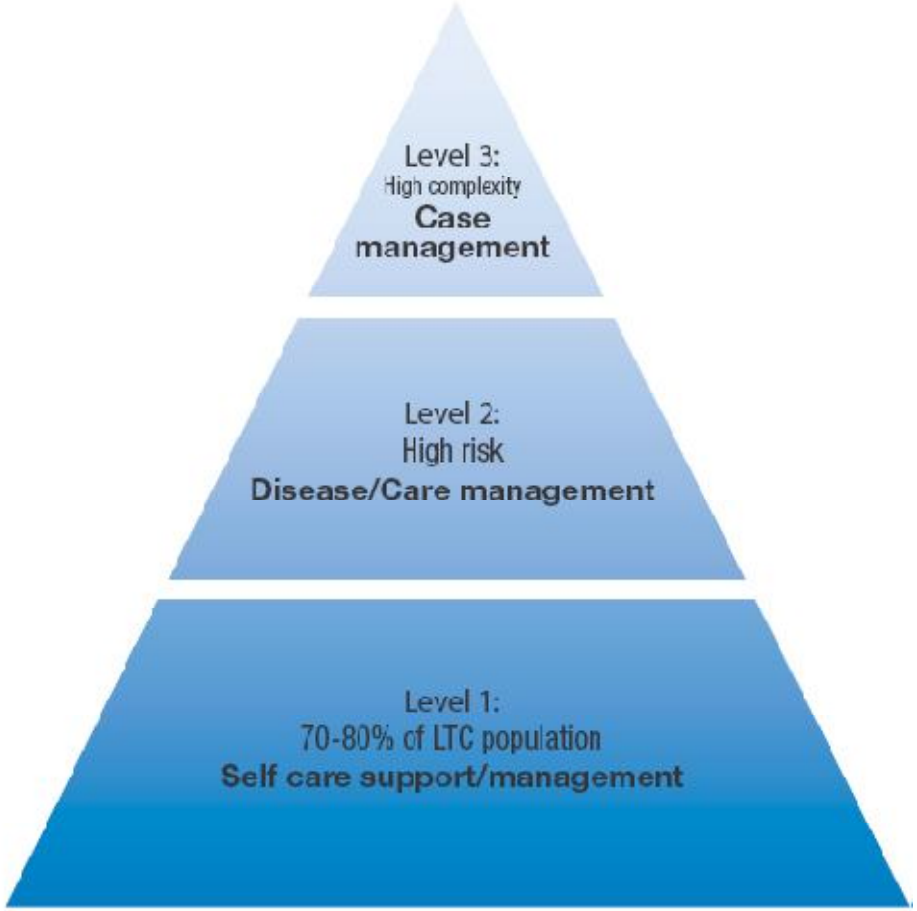
DH committed to:

- **Do more to support people with long term conditions to self care**
- **Promote well-being and community engagement**
- **Focus more on prevention and early intervention**
- **Design services around the individual rather than forcing their needs to fit around the service**

Delivery System for treating long term conditions

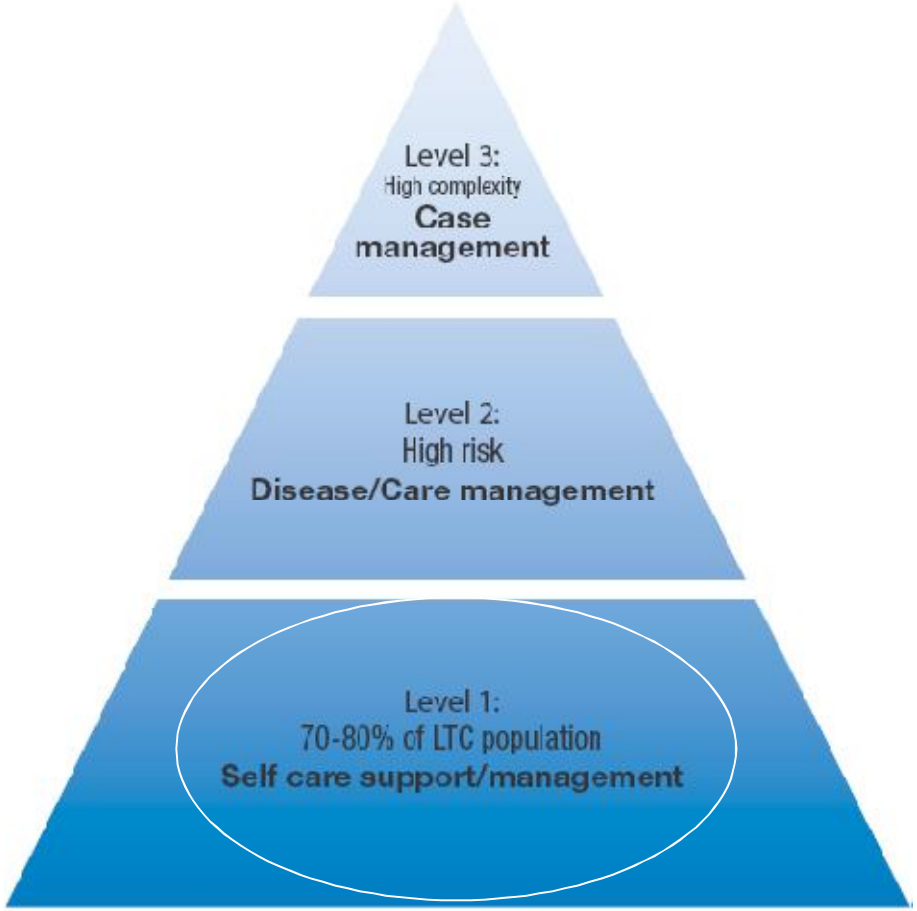


Level 3: Case Management- very high intensity users of unplanned secondary care. Case management approach.

Level 2: Disease specific case management- multi disciplinary teams and disease specific protocols.

Level 1: Supported self care- helping individuals and their carers to to care for themselves.

Delivery System for treating long term conditions



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Self Care

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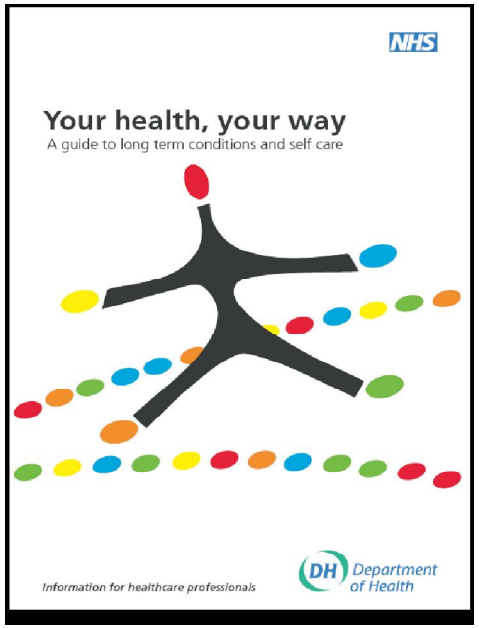
- **Self Care week 9th-15th November 2009**
- Individuals taking responsibility for their own health and wellbeing, with support from the people involved in their care
- Staying fit mentally and physically, preventing illness or accidents, caring for minor ailments effectively, taking medicines properly, and managing long term conditions.
- Self care does not mean sole care
- Self care and personalised care planning is about partnership – between professionals and patients

Guidance to health and social care professionals to support self care 2009



Five areas of self care have been identified as being key to achieving these aims:

1. Information
2. Skills and knowledge training
3. Tools and self-monitoring devices
4. Healthy lifestyle choices
5. Support networks

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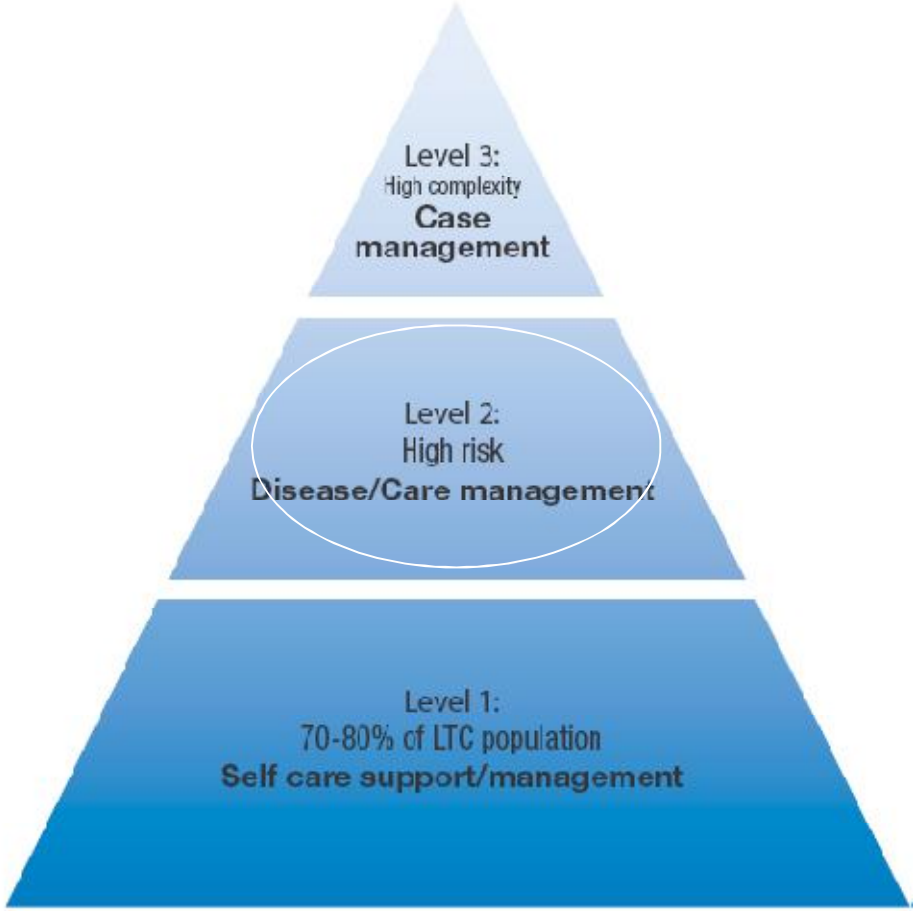

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Prevention Package 2009

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Implementing best practice in key areas

- flu vaccination, cancer screening, sight tests
- Falls and fractures toolkit for commissioners
  - Falls are responsible for 2 million hospital bed days per yr
  - major cause of admissions to care homes
  - A women of 50 is more likely to have a hip fracture than breast cancer
- Updated intermediate care guidance to complement social care re-ablement
- Spread the lessons from the Telecare pilot sites
- Promote good practice in provision of Foot care and Audiology services

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Keep on the road for longer

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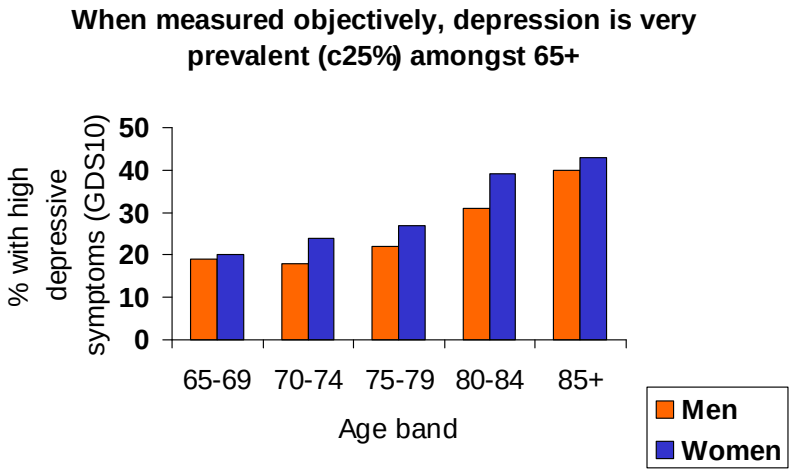
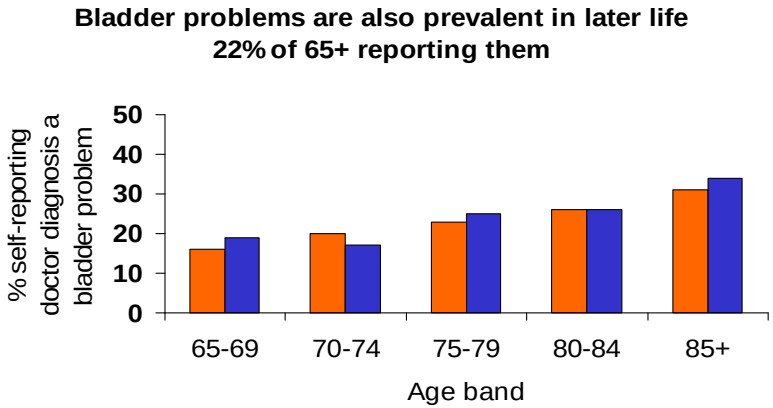
AGE Concern

HELP THE AGED WE WILL

Next stages of Prevention Package

- **Age proof mainstream services ; end discrimination**
- **Address continence care, depression and arthritis**





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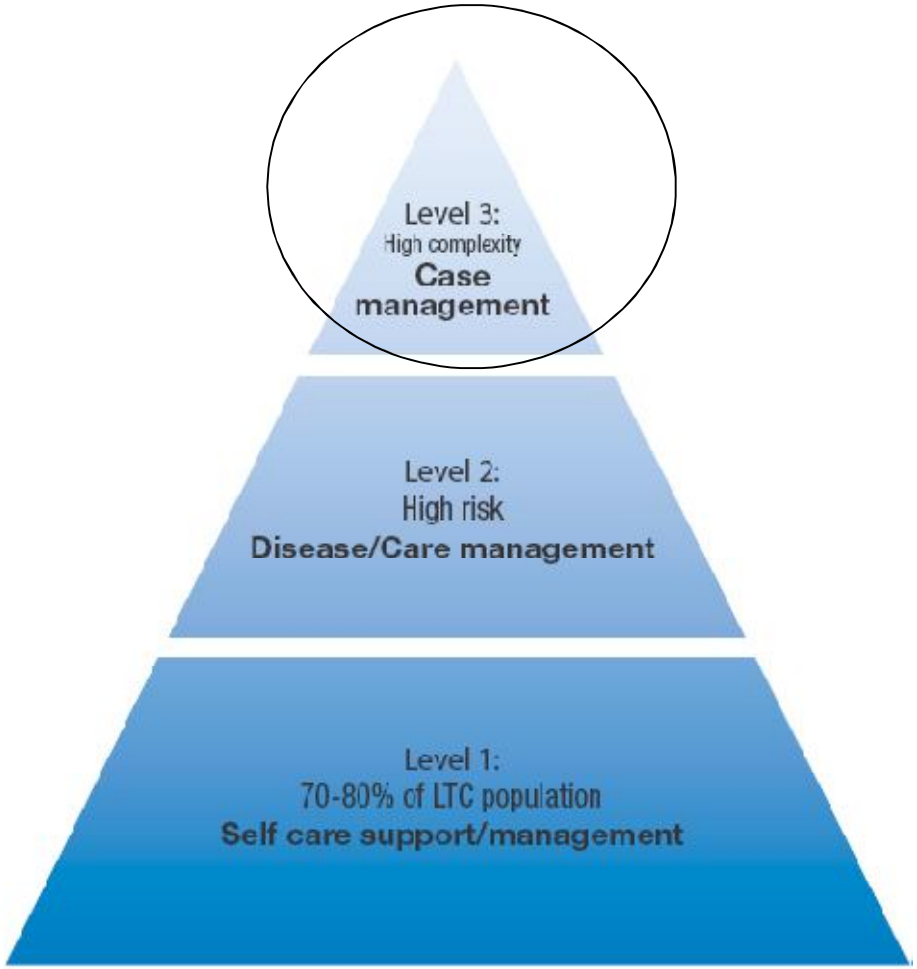

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Next stages of Prevention Package

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- Age proof mainstream services ; end discrimination
- Address continence care, depression and arthritis
- **Predictive risk case finding and case co-ordination**
- **Joint health and social care community support for LTC/complex needs**
- **Build on the POPP work (later)**
  - **You will hear later about the benefits to older people, communities and to health and social care providers**

Conclusions

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- Ageing population presents challenges and opportunities
- Very high cost of doing nothing
- It’s an issue for all society
- Prevention needs a life-course approach
- Co-ordinated health and social care action helps both
- DH can set out direction of travel
- Local commissioning is a key step
- Organisations have to work together