

Health, care and the 100-year life

How policymakers can ensure health and fairness for all in an era of extreme longevity

Kathryn Petrie
James Kirkup



FIRST PUBLISHED BY

The Social Market Foundation, July 2019
11 Tufton Street, London SW1P 3QB
Copyright © The Social Market Foundation, 2019
ISBN: 978-1-910683-70-5

The moral right of the author(s) has been asserted. All rights reserved. Without limiting the rights under copyright reserved above, no part of this publication may be reproduced, stored or introduced into a retrieval system, or transmitted, in any form or by any means (electronic, mechanical, photocopying, recording, or otherwise), without the prior written permission of both the copyright owner and the publisher of this book.

THE SOCIAL MARKET FOUNDATION

The Foundation's main activity is to commission and publish original papers by independent academic and other experts on key topics in the economic and social fields, with a view to stimulating public discussion on the performance of markets and the social framework within which they operate. The Foundation is a registered charity and a company limited by guarantee. It is independent of any political party or group and is funded predominantly through sponsorship of research and public policy debates. The views expressed in this publication are those of the author, and these do not necessarily reflect the views of the sponsors or the Social Market Foundation.

CHAIR

Mary Ann Sieghart

DIRECTOR

James Kirkup

TRUSTEES

Baroness Grender MBE
Nicola Horlick
Tom Ebbutt
Rt Hon Nicky Morgan MP
Rt Hon Dame Margaret Hodge MP
Peter Readman
Melville Rodrigues
Trevor Phillips OBE
Professor Tim Bale

KINDLY SUPPORTED BY



CONTENTS

ACKNOWLEDGMENTS.....	3
ABOUT THE AUTHORS	3
EXECUTIVE SUMMARY.....	4
PART 1: INTRODUCTION.....	7
PART 2: HEALTH, CARE, MEDICINE AND INEQUALITY IN THE ERA OF THE 100-YEAR LIFE .	8
PART 3: PUBLIC EXPECTATIONS	15
PART 4: POLICY RECOMMENDATIONS.....	20
ENDNOTES	23

ACKNOWLEDGMENTS

The publication of this report has been made possible by the generous support of AIG Life. The views in the report do not necessarily reflect those of AIG Life. The Social Market Foundation retains full editorial independence with respect to its research.

The SMF would like to thank all those who attended the roundtable and helped contributed to the policy recommendations.

ABOUT THE AUTHORS

Kathryn Petrie

Kathryn is Chief Economist at the SMF. Since joining the SMF she has worked on several policy areas including education, social care and financial services. Prior to joining the SMF Kathryn worked at the National Employment Savings Trust (NEST) as a Strategy Analyst. She has a BSc in Economics from Brunel University and an MSc in Economics from the University of East Anglia.

James Kirkup

James Kirkup joined the SMF as Director in March 2017. He was previously a journalist, working as Political Editor of the Scotsman and the Daily Telegraph, and finally as Executive Editor – Politics for Telegraph Media Group. He has an MA in Politics from the University of Edinburgh.

FOREWORD

That so many of us will live a longer life is reason to celebrate. Yet it is also going to disrupt societies and challenge governments in unprecedented ways.

Awareness of the prospect of the “100 Year Life” is growing in the UK. However there is still too little recognition in policy debate of the way that longer lifespans will impact all aspects of public policy – healthcare, education, skills, finance and inclusion – placing new strains on government and making new demands of employers. Like climate change, but less visibly to many people, changing demographics will have a long-term transformative effect on this country.

At the same time, evidence shows that individuals in Britain are underestimating the age they will likely live to, and how healthy (or unhealthy) they are likely to be along the way. As a result, they are giving too little thought to how a longer life span will affect their working lives and family life, and too little thought to how those changes could easily lead them into financial insecurity.

AIG Life, as a major UK life insurer, is dedicated to helping individuals, families and businesses prepare for the health risks people face in life and we’re there to help when they need us most. So how quickly individuals, families, employers and policy-makers understand and adapt to the longevity revolution matters to us a great deal. As a leading insurance organisation active in more than 80 countries, we feel that AIG can bring unique insight and international perspective to the longevity debate, together with a willingness to help in the search for constructive approaches.

That is why we are delighted to be working with the highly-respected Social Market Foundation on this excellent series of research-based events. By bringing leading UK authorities together to discuss the issues, the SMF is making a valuable contribution to discussion on one of the most fundamental trends of our time, one that will shape this country’s future. Our hope is that these discussions and the published expert reports to follow will not only inform but also widen the debate.

Philip Willcock, Chief Executive Officer, AIG Life

EXECUTIVE SUMMARY

A child born today has a one in three chance of living to 100. Increased longevity should be celebrated. However, it will bring a range of challenges for society. This is the first in a series of reports focusing on how the 100-year life may affect Britain's society, economy and public services. This report focuses on health, care and medicine.

Health, care, medicine and life expectancy inequality

Increasing longevity raises a series of questions about the future of the health, care and medicine systems of the UK. Are these systems sustainable? What new challenges might these systems face? Will the 100-year life be beneficial to all members of society?

Financial pressures and funding

Health expenditure per individual is highly associated with age. Research by the OBR suggest that by 2067/68 health spending as a proportion of GDP will have doubled from 7% to 13.8%. Increased health expenditure could lead to trade-offs between other areas of public spending, such as education and welfare.

The UK's rising age dependency ratio may cause problems for a healthcare service that is funded through general taxation and therefore relies heavily on those of working age. Increasing longevity means by 2055, there will only be two people of working age for every individual over 65.

Access to medicines

In 2017/18, the NHS spent £18.2 billion of medicines prescribed in hospitals and the community, this is 39.6% higher than in 2010/11. This growth in spending is much greater than the increase in the NHS budget. As the population grows, ages and medicines advance there is a risk that the cost pressures faced by the NHS could lead to a situation whereby new and innovative medicines are not available to people relying on state healthcare. This could lead to a two-tier health system in the UK.

Inequality in life expectancy

There is much discussion about wealth and income inequality in the UK - but health inequality and life expectancy gaps often get overlooked. For women the gap between the areas with the highest and lowest life expectancy (Camden and Glasgow City) is more than 7 years. For men the gap is 10 years (between Glasgow City and Hart). Differences in overall life expectancy are only part of the issue - across the UK the gap in average healthy life expectancy at birth between the highest and lowest local authority is 15.8 years for men and 21.5 years for women.

Analysis of life expectancy data for the London borough of Kensington and Chelsea, one of the wealthiest areas in the country but one with deep socio-economic divides, shows a life expectancy gap of 12.9 years between the richest and poorest in the borough. Alarmingly the analysis shows that between 2011 and 2017, the most deprived men and women in society saw their healthy life expectancy reduce. If these trends continue our society will become increasingly unequal.

Public expectations

Based on polling conducted for the SMF – it is evident that people already doubt the ability of the NHS to continue to operate in its current form. More than half (57%) of respondents to the survey agreed or strongly agreed with the statement “the NHS is not set up to deal with the challenges of an aging population”. The figure was higher amongst the older population, which could be representative of their current experience of the NHS.

From the NHS to social care

Healthy life expectancy is not keeping pace with life expectancy - this is likely to contribute to increased demand for additional support in later life. The future funding arrangement for social care is unclear, but the analysis shows that amongst the public there is a clear preference for social care to be funded entirely from public money. More than half of people (60%) believe that social care should be paid for by the state – either through the NHS, the local authority or a combination of the two.

If there is a perception that the NHS will not be able to continue to provide the same universal service in the future individuals may turn to alternative arrangements, such as private provision and relying on friends and family. Younger age groups are more likely to state that they will use some form of private provision – with a third (33%) stating they will use private healthcare or a combination of NHS and the private sector.

Expectations of health and longevity

Whilst there is an openness to take personal or family responsibility for health and care, evidence shows that people significantly underestimate their life expectancy, whilst simultaneously overestimating the number of years they will spend in good health. In the survey people expected to spend 94% of their life in good health. People are overly confident that they will not be affected by a range of conditions and illnesses – only a fifth of people surveyed believe they will be affected by cancer, irrespective of the fact that most evidence points to a prevalence rate of one in two amongst those born after 1960.

Policy recommendations

To conclude, the report puts forward five policy recommendations to address the issues raised.

- **Public education on longer lives;** public awareness on the reality of longer lives and ageing must occur if people are to prepare for later life.
- **Incorporating “teachable moments” into the NHS;** people must be supported to make better decisions to improve their health. This is an essential component of the mission to reduce inequality in life expectancy across the UK.
- **Changes to medicine procurement;** the NHS and NICE must look beyond the standard methods of procurement to ensure that innovative medicines are not restricted or only available to those not reliant on the state.
- **Social prescribing of digital skills;** the government should expand the work of NHS Digital and the Good Things Foundation on social prescribing of digital skills. To ensure no member of society is left behind as health comes digitalised.
- **Improvements to rehabilitation;** the government should invest more into rehabilitation and reablement services for the elderly.

PART 1: INTRODUCTION

A child born today has a one in three chance of living to 100.¹ In 2066, more than half of all baby girls born in Britain will live to at least 100 years old.² Living beyond 100 is going to become the norm.

The UK's population has been growing steadily over recent decades, at the same time the population has been ageing. In 2017, the proportion of the population aged over 85 was 2.7 times greater than it was in 1971.³ Given the increase in the predicted likelihood of living to 100, there will be a substantial increase in the number of older old individuals living in the UK.

Increased longevity should be celebrated. However, it will bring a range of challenges for society and particularly the healthcare system. There are several questions that policymakers, healthcare providers, local government and the public need to address before the 100-year life becomes reality.

This is the first in a series of reports focusing on how the 100-year life may affect Britain's society, economy and public services. This report focuses on health, care and medicine.

This report rests on three elements:

- SMF research on demographic change and its impacts on health and care services
- Polling conducted by Opinium for AIG on public expectations about health and care services in future, and individual preparations for the future. A nationally representative poll of 3,000 adults was conducted from 22nd to 27th March 2019.
- A seminar hosted by the SMF and AIG which brought together senior figures from politics, the NHS, academia and business to discuss practical policy responses. The seminar was held under the Chatham House rule.

The report and seminar have been supported by AIG.

The paper follows that form and is split into three main parts:

- Part 2 focuses on the sustainability of the NHS and social care, the future of access to medicines and inequalities in life expectancy throughout the UK.
- Part 3 analyses public awareness with relevant findings from the polling.
- Part 4 suggests policies to address the challenges raised, based in part on the seminar discussion. For the avoidance of doubt, the proposals and suggestions made here are those of the authors of this paper and the Social Market Foundation and should not be attributed either to seminar participants or to AIG.

PART 2: HEALTH, CARE, MEDICINE AND INEQUALITY IN THE ERA OF THE 100-YEAR LIFE

Increasing longevity comes with implications for all of society, but particularly for our health and social care system. It raises the question of whether the NHS can continue to operate under the status quo or whether change needs to occur in the way it is funded and operated.

Demographic cost pressures

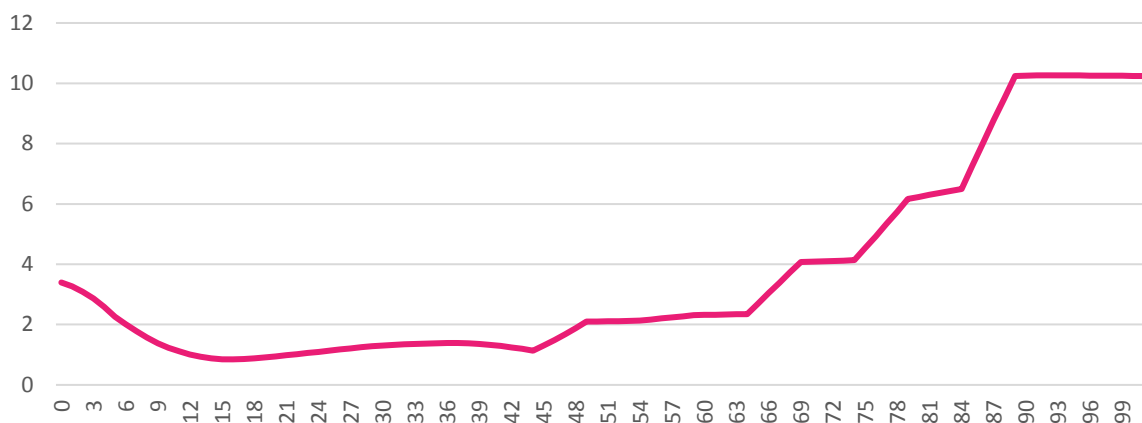
There are a range of factors that drive changes in health spending, these include demographic pressures, income effects and other cost pressures – this section of the report will focus on demographic pressures.

Research by the OBR has suggested that by 2067/68 health spending as a proportion of GDP will have doubled from the current 7% to 13.8%. This is based on an aging population and non-demographic pressures.⁴ In 2017, the Institute for Fiscal Studies and the Health Foundation found that 19% of all government spending and 30% of spending on public services¹ goes on health, 21% and 34% if you include adult social care spending.⁵ By 2065 it is predicted that health spending will account for 31% of total spending and 47% of age-related spending.

It is not surprising or new that as a country becomes richer it will spend a larger proportion of its GDP on health, however analysis suggests spending on health comes with trade-offs. Whilst we have seen increases in the NHS budget in both nominal and real terms over the last decade this is not true for other departments, including education.⁶

Demographic cost pressures will continue to build as the population ages. More is spent per head on those over the age of 65 than those under 65, with those over 65 receive three times as much as those under 65.⁷ The figure below shows the rapid increase in health spending per head once an individual turns 65.

Figure 1: Predicted health spending by age in 2021/22 (£ thousand per head)



Source: OBR (2017)

¹ Spending on public services is defined as public spending on everything other than debt interest and transfers through the social security system.

As the 100-year life becomes the norm there will be a substantial increase in the population aged over 65. By 2033/34 it is estimated that there will be 4.4 million more people aged over 65 and the population aged 85+ is likely to rise by 1.3 million – which is almost as much as the increase in the entire population aged under 65.⁸ The growth in the older old, particularly if these individuals are not aging healthily will bring significant pressures to the NHS and other local services.

The sustainability of the status quo

The NHS is funded through general taxation, relying heavily on the incomes of those under state pension age. In 2015, there were 31 people over the age of 65 for every 100 people 20 to 64 in the UK. Simply put, there was just over three people of working age for every individual aged beyond state pension. However, the growing longevity of individuals means by 2055, there will only be two people of working age for every individual over 65. By 2055, the state pension age is likely to have increased, however there are still important questions to be addressed on the sustainability of the funding model for the NHS.

Access to medicines

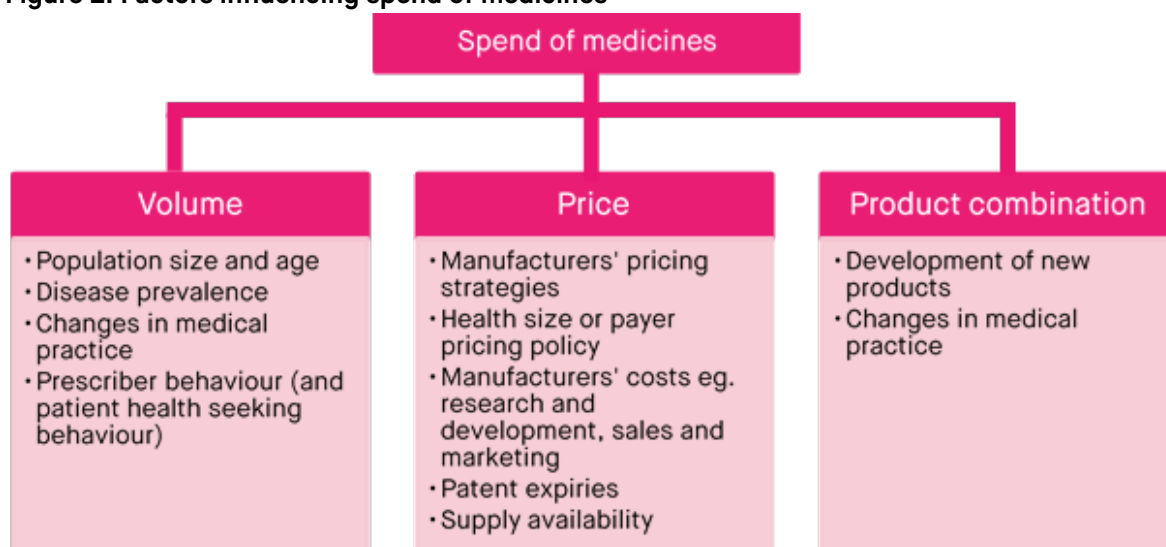
Developments in medicines and medical technology are two of the reasons for the great strides in improved life expectancy throughout the world. Medical advances and continuing life expectancy will bring a range of opportunities to the NHS but there is a risk that the NHS will not be able to afford to offer cutting-edge technology.

Growing expenditure

In 2017/18, the NHS spent £18.2 billion of medicines prescribed in hospitals and the community, this is 39.6% higher than medicine expenditure in 2010/11.⁹ This represents a significant increase in expenditure and is much higher than the increase in the overall NHS budget during the same period.

Expenditure on medicines is influenced by a range of factors, including the number of products prescribed, the price of the products and the combination of products used.¹⁰

Figure 2: Factors influencing spend of medicines



Source: *The King's Fund (2018) – adopted from Belloni et al 2016*

The 100-year life will increase the size and age of the population, older people are much more likely to have a range of long-term conditions. The combination of a larger more elderly population will contribute to an increased volume of prescribing and a likely increase in the NHS spend on medicines.

Evidence from primary care shows that whilst the average price of medicines has been falling over the last decade, the volume of medicine has been increasing. Part of this can be contributed to an increase in the population but there has also been an increase in the number of items dispensed per person, this suggests that age, disease prevalence and medical practice may also be contributing to the increase in the volume. Even as drugs come off patent and become less costly, substantial increases in the volume of drugs provided will continue to increase the cost to the NHS.

Access to new medicines

Our ageing society is increasing cost pressures on the NHS. At present, medicines must pass several tests before becoming available to patients in the UK, including being approved by the National Institute for Health and Care Excellence (NICE), this includes a test for cost effectiveness / value for money. NICE is constantly under scrutiny for not allowing patients access to medicines which could significantly improve their life expectancy, quality of life or cure illness.

As the population grows, ages and medicines advance there is a risk that new medicines will not be able to get market authorisation due to budget pressures.

One such example of technological innovation is personalised medicines. The move away from 'one size fits all' medicine will bring numerous benefits to patients, particularly those living with rare conditions. However, very little is known about the cost of such medicines or how the volume of prescriptions will change given the ability to prescribe personalised medicine to those with rare or untreatable conditions. Personalisation of medicine and healthcare has the capability of becoming a big challenge of the next 50 years for the NHS.

Case study: Orkambi

Orkambi is the second precision medicine to be licenced in the UK for use by people with cystic fibrosis. Cystic fibrosis is a genetic condition affecting more than 10,400 people in the UK. Orkambi has the potential to slow the decline in lung function – which is the main cause of death for people with cystic fibrosis.¹¹

Whilst the medicine has the potential the benefit 60% of those living with cystic fibrosis in the UK it is currently unavailable on the NHS due to failed negotiations between the NHS and the manufacturer. It has a set price of £105,000 per patient per year.

As of May 2019, the NHS have submitted a new offer for the drug.¹²

It is possible that the Orkambi example represents the NHS of the future. Without reform to the status quo technological advances may exacerbate the cost pressures faced by the NHS. This could lead to a situation whereby the NHS will not be able to offer new and innovate medicines to all patients. This could lead to a system in the UK where the richest in society are able to benefit from medical advances that are not available to those dependent on state provided healthcare. This could exacerbate further inequalities in society, particularly in relation to life expectancy.

Inequality

NHS England has a legal duty to ‘have regard to reduce health inequalities’, as required by the Health and Social Care Act 2012.¹³ The NHS’s record on health equality is measured through the NHS’s Outcomes Framework (NHS OF) – there are 10 indicators which are used to assess the current state of health inequality. In 2018, it was reported that inequality was increasing significantly across seven of the ten metrics.¹⁴

Average figures for life expectancy (LE) and healthy life expectancy (HLE) hide the stark inequalities, by region and socio-economic status in LE and HLE across the UK. Whilst income inequality has received significant attention from the media and politicians over the last decade, it has been on the decline – the same is not true for life expectancy inequality.

The geography of life expectancy

Overall life expectancy with UK is growing but the picture is not the same across all the nations of the UK. Life expectancy for males born in 2015-17 in the UK is 79.2 years – the lowest life expectancy for males is in Scotland (77 years) and highest in England (79.6). This represents a difference of 2.6 years between England and Scotland. For women born in 2015-17 the average UK life expectancy is 82.9 years, again it is lowest in Scotland (81.1 years) and highest in England (83.1), representing a difference of 2 years.

Figure 3: Female LE at birth 2015/17 by unitary authority

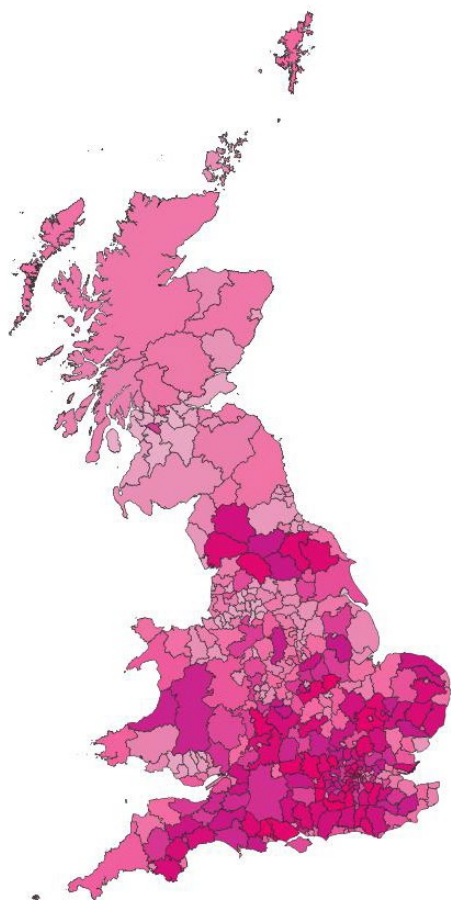
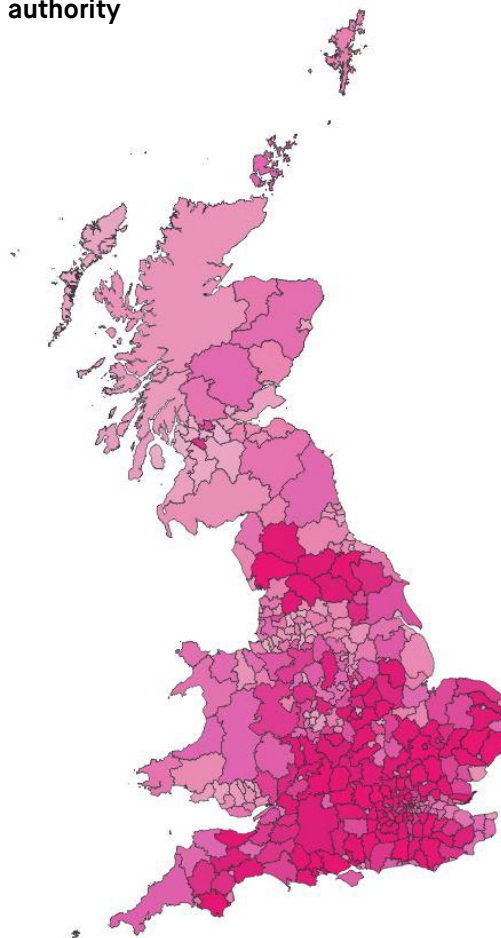


Figure 4: Male LE at birth 2015-17 by unitary authority



Source: SMF analysis of ONS data (2018)

Figure 3 and 4 show life expectancy at birth by unitary authority in England, Scotland and Wales.² The darker the area the higher the life expectancy. It is clear to see that the greatest life expectancy for men and women is concentrated in the South East of England. Whilst there is a gap in life expectancy of 2 or more years between England and Scotland – the gap between local areas is significantly larger. For women the gap in life expectancy between the highest (Camden) and lowest (Glasgow City) local areas is more than 7 years. For men the gap in life expectancy between Glasgow City and Hart in Hampshire is 10 years.

Differences in overall life expectancy are only part of the story. The number of years in ‘good health’ or healthy life expectancy is important for an individual’s quality of life. Across the UK the gap in average healthy life expectancy at birth between the highest and lowest local authority is 15.8 years for men and 21.5 years for women. Significant inequalities are also apparent when comparing healthy life expectancy at birth in the constituent countries of the UK. England has the largest healthy life expectancy gap across the four nations, with a gap of 18.1 years for women and 15.6 years for men.¹⁵

If increasing life expectancy and the 100-year life does not reduce the life expectancy and healthy life expectancy inequalities that are apparent in the UK, there may be a drastic increase in the number of older old living in the South East. This has a range of implications for policy makers, local authorities, planning authorities and health providers.

Certain long-term conditions and illnesses are highly correlated with age, such as dementia. Whilst evidence suggests the incidence rate of dementia is reducing due to a healthier society¹⁶, due to the number of older people in the population the number of people in the UK living with dementia is expected to rise. At present there are 850,000 people living with dementia in the UK, this is predicted to rise to 2 million by 2051.¹⁷ If those living with dementia are concentrated in areas with high life expectancy this could influence how local health providers plan and allocate resources.

Socio-economic differences

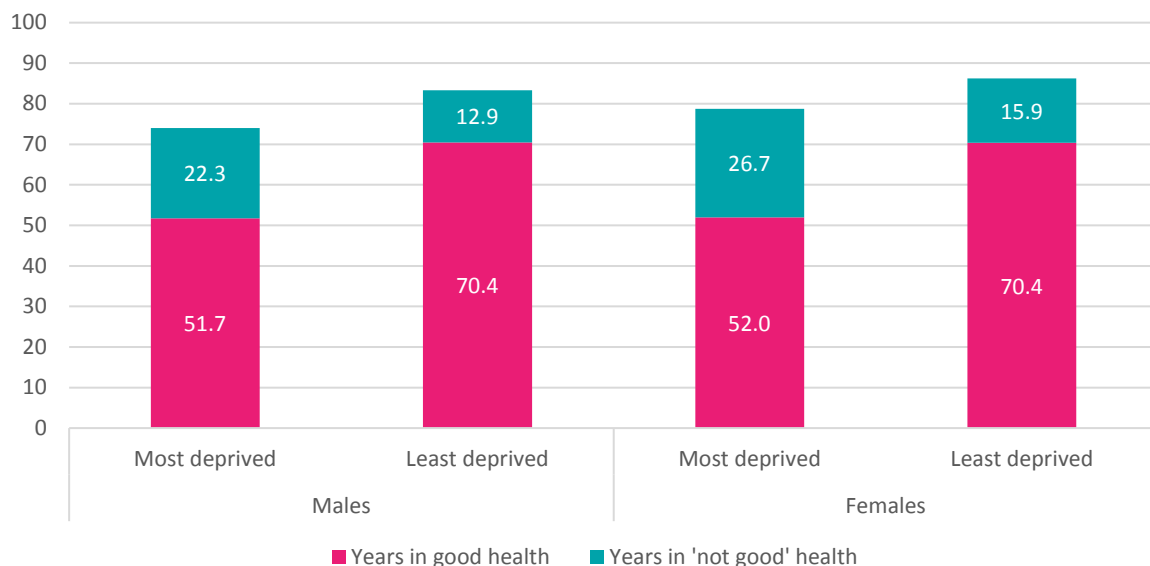
Differences between the local areas often signify differences in the life expectancy and healthy life expectancy of those from different socio-economic backgrounds. It is still true that an individual’s socio-economic status impacts the length of their life and the number of years that they will be spend in good health. For instance, analysis of life expectancy data for the London borough of Kensington and Chelsea, one of the wealthiest areas in the country but one with deep socio-economic divides, shows a life expectancy gap of 12.9 years between the richest and poorest in the borough.¹⁸

The chart below (figure 5) shows the difference in total life expectancy and healthy life expectancy by socio-economic status and gender. The differences between the genders are consistent with overall life expectancy differences.

² Data was not available for Northern Ireland

Men born in 2015/17 in the lowest socio-economic decile can expect to spend 51.7 years of their life in good health, this is 18.7 years less than men in the highest socio-economic decile. For women this gap stands at 18.4 years.

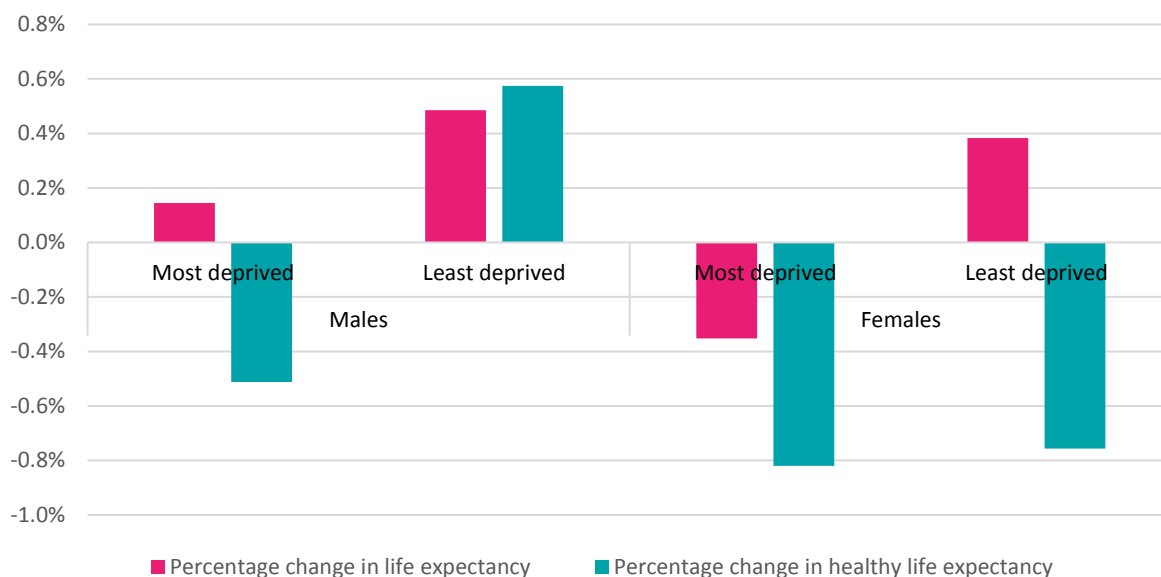
Figure 5: Life expectancy and healthy life expectancy at birth by index of multiple deprivation decile and gender, 2015-17



Source: ONS (2019)

Increasing longevity may bring hope that the differences in the UK society will be reduced, however if the current trend is a signal for the future then the picture is bleak. The figure below shows the percentage change in life expectancy and healthy life expectancy at birth in England between the cohorts born in 2011-13 and 2015-17 by socio-economic decile.

Figure 6: Percentage change (2011 to 2017) in LE and HLE by socio-economic decile (England)



Source: ONS (2017)

The least deprived men and women in England saw their life expectancy increase, the most deprived men saw an increase in life expectancy, but this change was very marginal. On the other hand, the most deprived women saw a reduction in their life expectancy over this period. When focusing on healthy life expectancy the only group to experience an increase were the least deprived men.

If these trends continue or fail to reverse, there is a chance that the benefits of the 100-year life will only be felt by the richest in society and the divides will continue to widen. Previous SMF research has highlighted how technological change within the NHS, such as the growth in wearables and the transition to digital interactions could leave the poorest and the digitally excluded behind and lead to unequal access to the benefits the NHS has to offer.¹⁹

Given the attention income and wealth inequalities receives in the UK, politicians should look to address the divides in life expectancy before they widen.

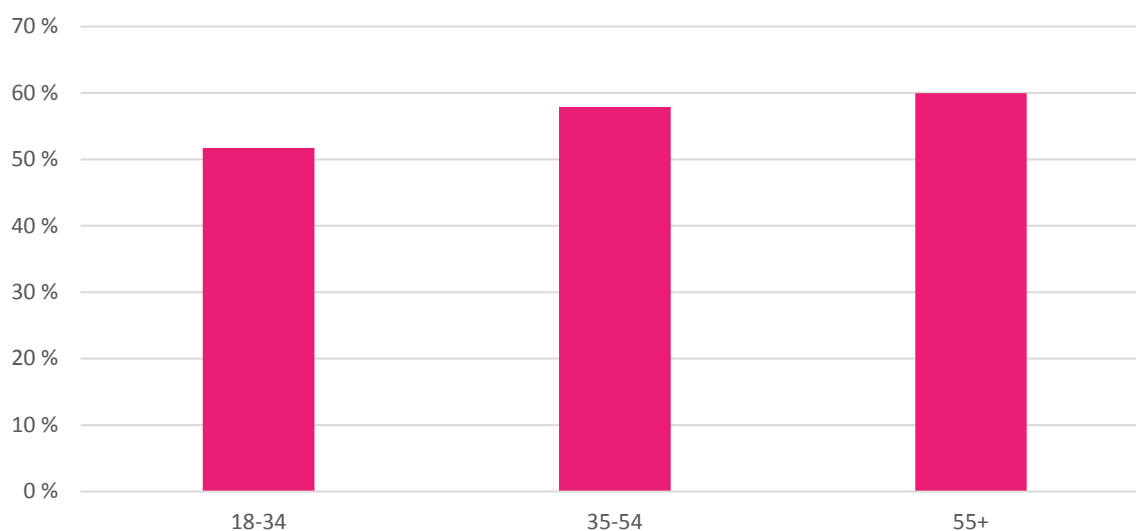
PART 3: PUBLIC EXPECTATIONS

Demographic change will put pressure on health and care services. What do the British public expect here?

A key finding of the polling is that significant numbers of people already doubt the ability of the NHS to continue to operate in its current form when faced with rising longevity and other cost pressures.

More than half (57%) of respondents to the survey agreed or strongly agreed with the statement “the NHS is not set up to deal with the challenges of an aging population”. Respondents aged 55+ were the most likely to agree with the statement (60% agree). Given older groups are more likely to need medical care, this is likely to reflect their own experience with the NHS.

Figure 7: Response to “The NHS is not set up to deal with the challenges of an ageing population” Net agree by age



Source: SMF analysis of Opinium polling

From the NHS to Social Care

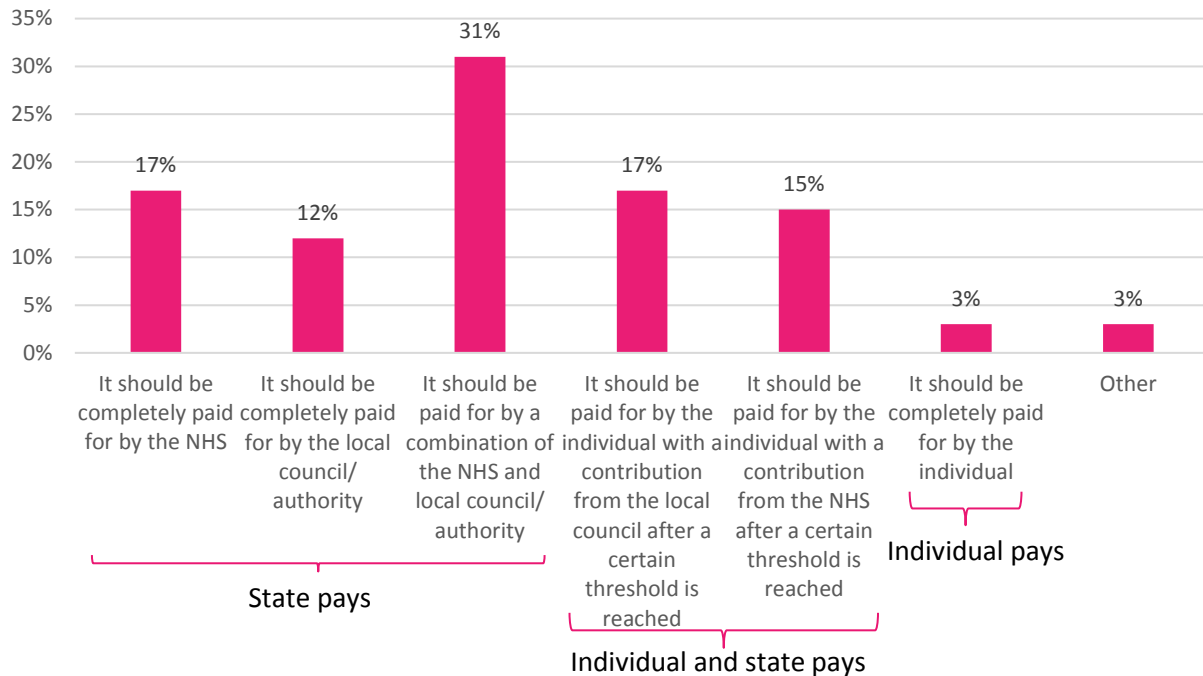
The UK is expected to experience rapid growth in the ‘older old’ population. In 2016, there were more than three million individuals over the age of 80 in the UK, this is expected to rise to almost seven million in 2046.²⁰

We know that how long people live is only part of the story, the period spent in ill-health towards the end of life can put significant pressures not only on the NHS but also on the social care system. Current evidence suggests that healthy life expectancy is not keeping pace with life expectancy - this is likely to contribute to increased demand for additional support in later life. Understanding the future demand for social care is not straightforward but it is clear that the current system is stretched and without change will continue to struggle to offer a service that meets the needs of society.

The government faces clear challenges on social care when faced with an ageing society - what level of protection against costs should individuals receive? And how should the

funds be raised to pay for this? The research suggests that there is a clear preference amongst the public for social care to be funded entirely from public money.

Figure 8: Responses to "How do you think social care for people as they get older should be paid for?"



Source: SMF analysis of Opinium polling

As is shown in figure 8, more than half of people (60%) of individuals believe that social care should be paid for by the state – either through the NHS, the local authority or a combination of the two. This is not to say that there is no preference for the individual to take some responsibility, 32% stated that the individual should pay up until a certain threshold when either the local authority or the NHS would step in. The difficulty is in setting this threshold: the research suggests that there is a feeling that the current threshold of £23,250 is too low.

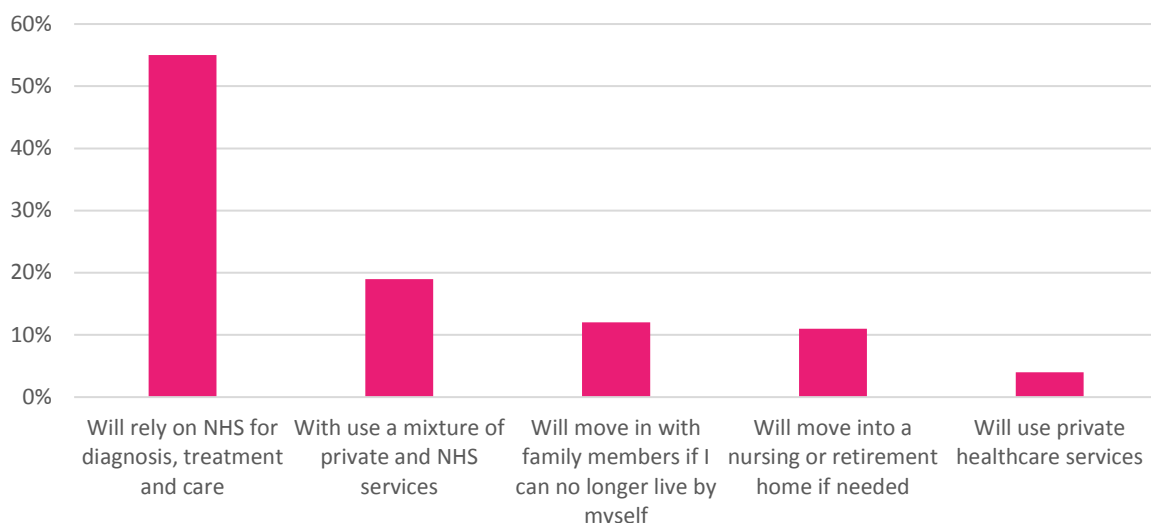
Another notable finding here is that a significant number of people do not expect to have direct experience of care: 15% of individuals surveyed believe they will never need state social care.

Turning to family and friends

If people perceive there to be a chance that the NHS will not be able to continue to provide the same universal service in the future, there could be an increase in the level of individual protection and steps taken to provide for future needs that may not be met by state provisions.

Evidence suggests that individuals are already prepared to use a combination of state and privately provided services to help them manage any illnesses or long-term conditions (LTC) they develop. Only 55% of people state that they will solely rely on the NHS if they develop an illness or LTC. Almost a quarter (23%) of all individuals state that they will use some form of private provision (19% NHS and private combination, 4% solely private).

Figure 9: Proportion responding to "How do you plan to manage any illnesses or long-term conditions you may develop in later life?"

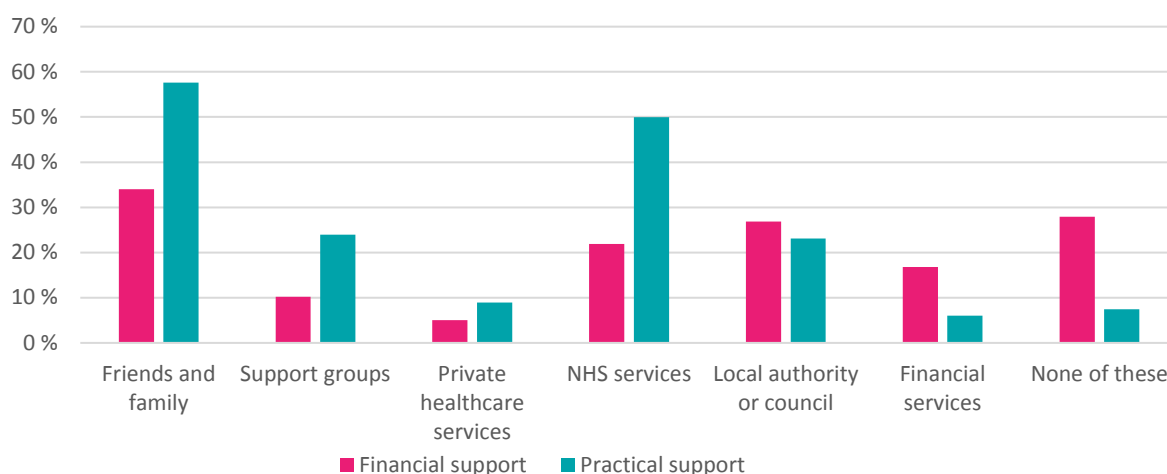


Source: SMF analysis of Opinium polling

Those in the younger age groups are more likely to state that they will use some form of private provision – with a third (33%) stating they will use private healthcare or a combination of NHS and the private sector. That may reflect a significant shift in overall public opinion around expectations about the division of responsibility for health and care between the state and the individual. Alternatively, some of those younger respondents who expect to use private sector provision may change their view as they age, especially if such provision proves to be beyond their means.

There is also an understanding or willingness amongst the population to believe they will rely on friends and family if they need support in later life. When asked who individuals will turn to for extra support if they develop an illness or condition in later life, these individuals believe they will be able to rely on friends and family. Surprisingly, the responses suggest that people are more likely to turn to their friends and family for practical support rather than to the NHS.

Figure 10: Responses to "Thinking about any illnesses or LTCs you may develop in later life, who will you turn to for extra support in the following areas if needed?"



Source: SMF analysis of Opinium polling

Turning to friends and family for support if affected by illness or LTCs in later life is not new – previous SMF research has concluded that in the UK there are 7.6 million unpaid family carers.²¹ These carers are providing significant physical, emotional and often financial support to their loved ones. The government may want the family to do more to support the ageing population and reduce pressure on the NHS and social care system, however society and policy needs to recognise the pressures that this puts on family members.

Some 9% of respondents are expecting to use private healthcare services. That is broadly in line with the proportion of the population with some degree of private health insurance²², but it is unlikely that all such insurance provision will cover LTCs; many are likely to be provided by employers and may not cover the policyholder after their retirement. Meanwhile, 6% will look to financial services firms for *practical* support in the event of illness.

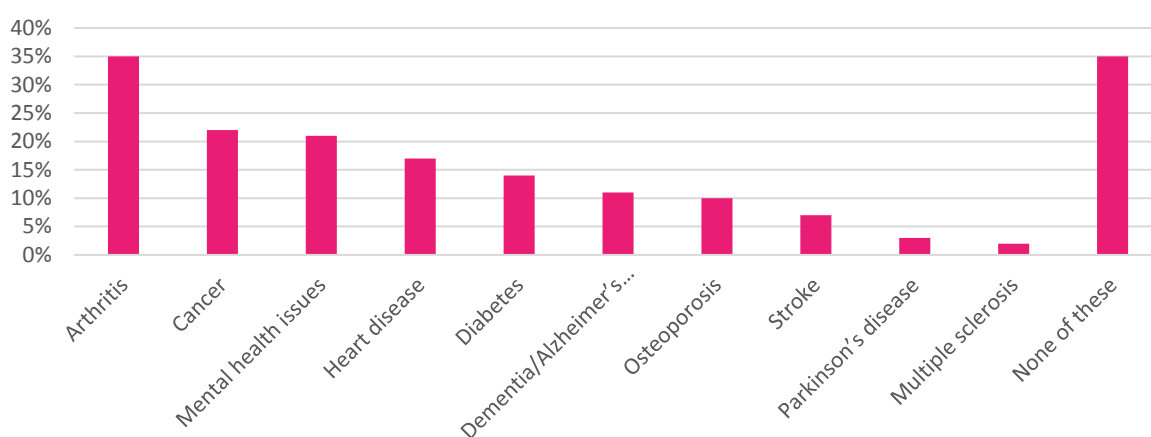
Expectations of health and longevity

The previous findings suggest a certain openness among some people to take personal or family responsibility for health and care in a country experiencing increased longevity: as well as relying on friends and family, non-trivial numbers of respondents are expecting to use private-sector companies to deliver health and care. This is especially true of younger people and may be indicative of future trends.

However, we also find that people underestimate the probability that they will experience conditions and circumstances that are associated with increased need for health and care services and support.

Age is associated with a variety of long-term conditions and illnesses and therefore an ageing society could be one with an increased likelihood of being affected by serious conditions. For those born after 1960, one in two are likely to be affected by cancer.²³ However, the research suggests that individuals significantly underestimate the likelihood that they will be affected by specific conditions. Just over one fifth (22%) of individuals believe they will be affected by cancer – and there is very little variation between the age groups.

Figure 11: Responses to "In your lifetime, do you expect to be affected by any of the following illnesses or conditions?"



Source: SMF analysis of Opinium polling

More than one third of individuals do not believe they will be impacted by any of the conditions mentioned above. If individuals continue to severely underestimate their likelihood of developing certain conditions, they may be unwilling to engage in unprompted prevention activities due to a lack of understanding regarding the likelihood of developing a specific condition or the role that prevention can play.

Not only are people likely to underestimate the likelihood of being affected by specific conditions, they underestimate the amount of time they are likely to spend in 'not good' health towards the later stages of their life. In the polling the average age respondents expected to live to was 81.8 and the average age at which individuals expected to lead a healthy and active life was 77.3. This translates into an expectation that individuals will be spending 94% of their life in good health – this is considerably higher than the actual proportion of life spent in good health.

It is particularly evident from the research that young people are likely to significantly underestimate their life expectancy, respondents aged 18-34 expected to live until 79.6 years of age, compared to those 55+ who reported an average life expectancy of 84.9. This group has the most amount of time to prepare for the realities of old age but due to their overly positive opinions are unlikely to be taking the necessary steps needed to ensure they are prepared and healthy in the later stages of their life.

If the population is unaware of their likelihood of being affected by LTCs and overestimates the amount of time they will spend in good health – there is a considerable risk that they will not take steps to prevent or prepare for periods of ill-health. We know that one in three of children born today will live to 100, if the growth in life expectancy comes with increasing periods of ill health this will put a strain on the NHS and social care system.

PART 4: POLICY RECOMMENDATIONS

The previous chapters have explored the implications and challenges that the 100-year life will bring to a range of areas in health.

The status quo cannot continue – with growing costs, an increasingly elderly population and growing inequalities in healthy lives across the UK, there is need for serious reform within the health and social care system.

The 100-year life raises difficult questions about the future of the NHS and whether it can continue to rely on general taxation to offer a universal service of the same quality. The constant delay to a Green paper on social care shows a clear lack of urgency from the government to address a problem which will only continue to grow as the population ages.

Regardless of the how the NHS is funded reform is needed to address the issues of rising costs and unequal lives.

The previous chapter described a population aware of the **system-level** challenges around health and care, and ready to look beyond state provision for support. But it also suggests that many people are still over-optimistic about their **individual-level** prospects.

Public education and information

The seminar discussion saw significant agreement between participants that the most important responses policymakers should offer to rising lifespans are rooted in **public education** and **personal responsibility**. Simply, policymakers should be doing more to inform people about the coming challenges they themselves may face and supporting them in preparing for and managing for those challenges. This public education could draw on the lessons of recent pensions policy, which rests on the (largely unspoken) presumption that the basic state pension is unlikely to provide an adequate retirement income meaning that individuals must also make private provision.

Recommendation 1: Public education on longer lives

Increase public awareness on the reality of longer lives and ageing. This is essential if people are to ensure they are prepared financially for the era of the 100-year life.

Equal lives and access

There are stark inequalities in life expectancy and healthy life expectancy across society. The government is commitment to increasing healthy life expectancy by an additional 5 years by 2035.

“This Mission is to ensure that people can enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest.”

Department for Health and Social Care

The commitment to reducing the experience of the richest and poorest in society is welcome but action needs to be taken.

Prevention has an important role to play in an ageing society and particularly when focusing on how to improve the number of years of healthy independent living in later life. Interventions need to occur at all stages of an individual's life and all moments of interaction between the individual and the NHS. The research found that people severely underestimate the likelihood of developing specific conditions and overestimate the number of years they will spend in good health. Therefore, increasing public awareness on the steps individuals can take to improve their own health is essential if gaps in life expectancy are to be reduced. Given the implications of the 100-year life on the NHS it is essential that individuals feel empowered to make the necessary steps to improve their own health.

Recommendation 2: Incorporating “teachable moments” into the NHS

People must be supported to make better decisions regarding their health. The NHS should focus on incorporating “teachable moments” into all interactions the public have with the health service. Ensuring people have the knowledge to improve their health is essential if we are to empower them to make better choices.

There is a danger that if trends continue inequality will grow and could even be exacerbated by further technological developments. The most innovative medicines are rationed or unavailable on the NHS, without reform there is a possibility that only the richest in society will be able to benefit from new medicines due to their ability to use non-state provided health care, this could lead to further health outcome inequalities.

Recommendation 3: Changes to medicine procurement

The NHS and NICE must look beyond the standard methods of medicine procurement and use innovative practices to ensure equal access to the best healthcare for all members of society. This could include payment by results/ outcomes-based reimbursement.

Helping the population to manage and improve their health

Helping individuals to manage their own health is one component which may allow the NHS to reduce its costs. Technology can play an important role in helping individuals manage their own health, particularly when in combination with targeted interventions. There are a range of tools available on the NHS that enable conditions to be managed and that target specific undesirable behaviours. However, more needs to be done to ensure these tools become widely used if there is hope that the population may start to take ownership of their own health.

However, older members of society are often not skilled or confident when using new technology and therefore the benefits may not be felt across all members of society. NHS Digital is running a range of pilot schemes to widen digital participation. One scheme being used in Sheffield includes the social prescribing of digital skills to ensure all members of the local area are able to benefit from the range of digital tools available.

Recommendation 4: Social prescribing of digital skills

The government should expand the work being conducted by NHS Digital and the Good Things Foundation on social prescribing of digital skills.

There is a need to look beyond technology alone as the solution to all problems and to look at how to combine technology with other interventions. In late 2017, the Department of Health and Social Care (DHSC) published a paper titled “Prevention is better than care: helping you to live well for longer”. This is a clear message that the department is committed to ensuring that prevention is at the heart of health and social care.

Every year delayed transfers of care or ‘bed blocking’ as it is better known hits the headlines, this is the scenario whereby a patient is ready to leave a hospital or similar care provider but is still occupying a bed.²⁴ This is often due to a failure to have a social care package in place, calculation by Age UK estimate that this costs the NHS £290 million per year.²⁵ Reducing the occurrence of unnecessary and lengthy hospital stays will enable the NHS to invest and spend money in other areas. Improvements to rehabilitation services could help to reduce the number of unnecessary hospital stays and stop repeated readmission due to falls.

Recommendation 5: Improve rehabilitation

The government should invest more into rehabilitation and reablement services for the elderly.

ENDNOTES

-
- ¹<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/articles/whatareyourchancesoflivingto100/2016-01-14>
- ² ONS, Past and projected data from the period and cohort life tables, 2016- based, UK, 1981 to 2066 (2017)
- ³<https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-1-population-change-and-trends-in-life-expectancy>
- ⁴ Office for Budget Responsibility, *Fiscal sustainability report* (2018)
- ⁵ IFS and Health Foundation, *Securing the future: funding health and social care to the 2030s* (2018)
- ⁶ IFS and Nuffield Foundation, *2018 Annual Report on Education Spending in England* (2018)
- ⁷ IFS and Health Foundation, *Securing the future: funding health and social care to the 2030s* (2018)
- ⁸ IFS and Health Foundation, *Securing the future: funding health and social care to the 2030s* (2018)
- ⁹ NHS Digital, *Prescribing costs in Hospitals and the Community* (2019)
- ¹⁰ The Kings Fund, *The rising cost of medicines to the NHS: what's the story?* (2018)
- ¹¹<https://www.cysticfibrosis.org.uk/the-work-we-do/campaigning-hard/life-saving-drugs/orkambi>
- ¹²<https://news.sky.com/story/orkambi-nhs-makes-new-offer-to-manufacturer-of-cystic-fibrosis-drug-11727156>
- ¹³ <https://www.england.nhs.uk/wp-content/uploads/2018/03/09-pb-29-03-2018-scene-setter-on-current-trends-health-inequalities.pdf>
- ¹⁴ NHS England, *NHS England board paper: "scene setter" on current trends in health inequalities* (2018)
- ¹⁵ ONS, *Health state life expectancies, UK: 2015 to 2017* (2018)
- ¹⁶ <https://www.alzheimersresearchuk.org/international-research-shows-dementia-rates-falling-by-15-per-decade-over-last-30-years/>
- ¹⁷ <https://www.alzheimers.org.uk/about-us/news-and-media/facts-media>
- ¹⁸<https://fingertips.phe.org.uk/profile/health-profiles/data#page/7/gid/1938132696/pat/6/par/E12000007/ati/102/are/E09000020>
- ¹⁹ Social Market Foundation, *National Health Servers* (2019)
- ²⁰ ONS, *Principle projection – UK population in age groups* (2017)
- ²¹ Social Market Foundation, *Caring for Carers: The lives of family carers in the UK* (2018)
- ²² Commission on the Future of Health and Social Care in England, *The UK private health market* (2014)
- ²³ <https://www.cancerresearchuk.org/about-us/cancer-news/press-release/2015-02-04-1-in-2-people-in-the-uk-will-get-cancer>
- ²⁴ <https://www.kingsfund.org.uk/publications/delayed-transfers-care-quick-guide>
- ²⁵ <https://www.ageuk.org.uk/latest-press/articles/2018/july-2018/new-analysis-shows-number-of-older-people-with-unmet-care-needs-soars-to-record-high/>