



Ideas for the NHS long-term plan from the Centre for Ageing Better

Centre for Ageing Better

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Introduction

The Prime Minister declared one of the most significant ambitions for better health in our society in her recent announcement of the government's mission 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'. To do so will require a comprehensive strategy and collective action across government, public services, the private sector and communities. The Centre for Ageing Better looks forward to working with government and others over the next ten years to realise this ambition.

Many governments have increased funding for the NHS which is commendable, however, succeeding in increasing healthy life expectancy (HLE) across society would be truly remarkable. It has been common for social commentators to note that we have only ever had a 'National Illness Service'. The Prime Minister's HLE goal seeks to change this and will require the NHS to promote good health and not just treat ill health. We suggest that this ambition to improve the health of the nation must be central to the NHS's role in the future and to the government's expectations of it.

The Prime Minister's announcement to give the NHS a long-term funding plan creates an historic opportunity for the NHS to make a significant shift in its approach to the ageing population. We believe the NHS should take a comprehensive and strategic approach to healthy ageing with a focus on prevention and maintaining independence as opposed to seeing older people as a collection of diseases and viewing old age as a time of frailty and decline.

This paper sets out the case for why NHS England should make some bold commitments to healthy ageing in its long-term plan and suggests some ideas for actions it could take and some areas for action with others.

Why healthy ageing matters

Our increased longevity represents a huge success in public health and medical advances. However, despite this achievement in increased life expectancy, a significant proportion of those extra years are spent in poor health. Today, men aged 65 can expect to live another 19 years, but only ten of those will be spent in good health. Women aged 65 can expect to live another 21 years, but only 11 will be spent in good health (ONS, 2017). In addition, there are significant inequalities in healthy life expectancy, with people in lower socio-economic groups spending a larger proportion of their later life in poor health.

We know that having good health as we age is fundamental to our quality of life. Good health allows us to remain independent, to work or get involved in our local community, to maintain our social connections and family life and to do many other things that give us meaning and purpose in life. There are huge opportunities to support healthy ageing and enable more people to keep well, actively contribute to society and reduce demand for health and social care.

This goal is also essential for the sustainability of the NHS. Unless we succeed as a society in increasing the number of years lived in good health and free of disability, it will be difficult to support the increases in expenditure (public and private) on health and social care. If nothing changes, the IFS and the Health Foundation have estimated that healthcare spending will have to increase by 3.3% and social care spending by 3.9% every year for the next 15 years, just to meet increased demand (Charlesworth & Johnson, 2018). In particular, as the baby boomers cohort (those born 1946-1965) enter later life, the country is about to face a significant uptick in the number of people needing more health and social care. In 15 years we will have 1.2 million more people aged 85 than today (ONS projections, 2017). Current pressure on the NHS and social care will only get worse unless more urgent action is taken to support this cohort and those currently in mid-life to stay healthier for longer.

NHS England has a key role to play both in helping to stop or slow declines in individuals' health and capacity as well as, for those who have already experienced decline, supporting and enabling them to maintain their functional ability so they can continue to participate in society and do the things they value.

Prevention

NHSE's Five Year Forward View's call for the country to get 'serious about prevention' sent a strong signal that the country needs to prioritise stopping or delaying the number of people who develop avoidable long-term conditions, disability and frailty. Primary prevention and early intervention should be a top priority in any long-term NHS plan. It will require a shift of attitudes, activities and resources by the NHS. An NHS that prioritises promoting good health would look very different to the NHS of today.

1. Focus on healthy ageing across the life course as a key population health outcome

- There needs to be a stronger responsibility on the NHS, both nationally and locally, to improve population health. Newly integrated care systems and partnerships should include healthy ageing indicators as part of their framework for measuring outcomes.

2. Take a bolder approach to regulatory prevention measures

- NHSE should be bold in using its independent voice to hold the government and industry to account for its role in creating the conditions that lead to the diseases that the NHS has to treat. NHSE should use its voice to help the public understand how much health is dependent on factors outside of the NHS and how long-term sustainability for the NHS can only be achieved with a much greater focus on the wider social determinants of health. For example, NHSE could call for stronger measures that would tackle obesity, such as restricting junk food marketing, banning promotions and displays of unhealthy food, introducing mandatory targets for sugar and saturated fat reduction in our food and making healthy food available to both patients and staff in all hospitals.

3. Take action to promote healthy behaviours

- The NHS can play an essential role in helping people to stop smoking, be more active, reduce their alcohol consumption and improve their diet. The transfer of the commissioning of preventive services, including NHS Health Checks, means they are poorly integrated with the NHS. The end of the ring fence in local authorities means critical services, such as smoking cessation and drug and alcohol services, are underfunded. While not reversing the statutory responsibility for public health on local authorities (where many of the wider determinants of health sit), the NHS should take back the commissioning of preventive services.

- The NHS should promote healthy behaviours across the life course by linking NHS Health Checks to social marketing campaigns, such as PHE's Change4Life and One You campaigns.
- The NHS should improve targeting and uptake of NHS Health Checks by high risk individuals in mid-life by making better use of GP data and ensure better integration with intensive behaviour change support.
- The NHS could support pilots of Mid-life MOTs that offer mid-life career reviews, financial advice and health advice and understand how these could be integrated with NHS Health Checks.
- The NHS should work to increase levels of physical activity among those aged 50 and over by partnering or co-funding with national organisations such as Sport England.
- The NHS should promote updated CMO guidelines on physical activity to health care professionals and ensure they are advising and signposting individuals to appropriate exercise and fitness programmes.
- The NHS should improve provision and commissioning of targeted strength and balance programmes locally and ensure they are fully embedded into falls prevention programmes.

Ageing Better has funded a review of the evidence on the type and extent of muscle and bone strengthening and balance activity that makes the most difference, which will inform the CMO's updated guidelines on physical activity. We support the National Falls Prevention Coordination Group and are working with local areas across England to improve provision and referral pathways and increase uptake of strength and balance programmes. We are also supporting the redesign of whole system local approaches to strength and balance and falls prevention.

Supporting people managing long-term conditions and living with disabilities

A key part of healthy ageing is enabling individuals to maintain their functional ability, even if they are living with a long-term condition or disability or after they experience declines in capacity.

For individuals living with long-term conditions or disabilities, there are significant opportunities to enable them to maintain their functional abilities so that they can continue to be productive members of society. Health services must take a holistic approach that manages complex needs of older people in a coordinated and integrated way rather than reacting to specific diseases individually.

For individuals who experience an event that leads to a sudden fall in capacity, hospital admissions can result in escalating care needs and can increase risk of readmission to hospital. NHS services need to provide better access to rehabilitation that enables optimal recovery. Interventions are needed to ensure individuals retain functional skills during a hospital stay. Support received upon hospital discharge and at home are also important factors determining an individual's long-term recovery and independence.

1. Focus on functional ability as an outcome of care

- There is a drastic shortage in intermediate care that needs urgent investment and there is insufficient focus on and investment in rehabilitation and reablement.
- Where people are undergoing treatment, there are opportunities to focus on preventing an individual's functional decline and maintaining their functional skills especially while in hospital.

2. Take care and support planning seriously

- Delivering personalised, co-ordinated care that is focused on both the health and social outcomes that people want to achieve requires investment and a change in delivery models, particularly in primary and community care but also how hospital care for people with multiple conditions is coordinated and managed.

3. Tackle ageist attitudes among health professionals

- Health professionals should be trained to overcome the ageist attitudes that lead some to believe functional decline is a natural part of ageing. This misconception inhibits many health professionals from more effectively rehabilitating older people, enabling them to make an optimal recovery and in many cases continue to live autonomously and contribute to society.

Work and health

Many individuals spend the majority of their time during mid-life at work – often more than half of total waking hours. Yet workplaces are often a cause of ill health. Health is one of the main reasons people leave the labour market before reaching state pension age (Marvell & Cox, 2017). A quarter of workers aged 55 and over with a health condition are considering stopping work because of their poor health – this compares to just 8% of those aged 25-34 (Centre for Ageing Better, 2018). This makes the workplace an important and under-exploited site for interventions to help individuals manage their health.

There is an important role for the NHS to support health at work and to support those who have fallen out of work due to poor health or disability to return to work. The health system currently pays limited attention to rehabilitation, prevention and management of health conditions at work.

1. Adopt age-friendly workplace practices that support the recruitment and retention of older workers in the NHS

- As an employer, the NHS should better support its own staff to manage health conditions at work, reduce sickness absences and improve retention. The NHS should adopt age-friendly employer practices and support to staff as they approach retirement.

Ageing Better has reviewed the evidence and is producing guidance for age-friendly employers.

Ageing Better has funded and evaluated pre-retirement support that is more holistic and focused on wider wellbeing and is in discussions with NHS Improvement about spreading this intervention across the NHS.

2. Providing access to early and independent support for individuals at risk of leaving work

- The NHS could trial innovative approaches to improve recognition of work as a health outcome and to integrate work and health support across the health pathway. This could include occupational health training for primary care professionals and the trialling of holistic assessment of health and functional capability, such as the WorkAbility approach used in Scandinavia.

- The NHS should explore ways to extend coverage of occupational health and wellbeing support to smaller employers and self-employed people, for example through an NHS-led support offer or new insurance products/co-financing models.

Ageing Better supported the joint Work & Health Unit to convene a range of providers and experts to help them think through age-related aspects of the Work & Health Green Paper and carried out research with people managing health conditions at work to inform the design of Greater Manchester's Working Well Early Help programme.

Housing and health

People in later life spend more time in their homes and immediate neighbourhood than any other age group. Good quality housing and age-friendly environments help people to stay warm, safe and healthy and enable them to do the things that are important to them. Unsuitable housing not only impacts individual wellbeing, it is also estimated to cost the NHS £624 million for first year treatment costs, largely due to excess cold hazards and falls (Garret & Burris, 2015). Ageing Better carried out an evidence review on the role of home adaptations in improving later life that found that making small changes to older people's homes, such as installing handrails, ramps and level-access showers could play a significant role in relieving pressure on the NHS and social care and reduce costs by millions of pounds each year (Centre for Ageing Better, 2017).

NHS services have an important role to play in providing care that reaches people where they live, ensuring that care is integrated with housing and social care services. A lack of joined up services is already putting pressure on local health and social care services: in 2015, 1.15 million bed days were lost due to delayed transfers of care, which are costing the NHS an estimated £820 million per year (National Audit Office, 2015).

The partnership between health, social care and housing needs to move beyond warm words in an MOU and into hard action and national commitments.

1. Ensure current housing is safe, warm and adapted to prevent falls, enable faster discharge from hospital, reduce need for social care and prevent or delay care home admission

- The NHS should develop a shared objective of helping people to live independently in a home that is suited to their needs as they age. This objective should be embedded within planning policy frameworks, STPs, JSNAs and NHS plans.
- The NHS should work with housing authorities, housing providers (including both social and private landlords) and social care to assess what is needed to adapt homes more quickly and enable faster discharge.
- The NHS should launch a national programme of 'home checks' where people identified at risk are given a comprehensive 'home health check' for the safety and quality of their home environment, building on the lessons from the Safe and Well checks carried out by the Fire Service.

Ageing Better has launched a call for practice to gather practical evidence of how local areas can organise services more effectively to deliver home adaptations. Ageing Better will feed this into DHSC's Disabled Facilities Grant review.

2. Ensure new housing developments are accessible and promote activity and social inclusion

- The NHS should explore opportunities to embed, expand and spread learning of Healthy New Towns demonstrator sites as an example to enable place-based healthy ageing.

Ageing Better is working alongside those building new houses (including with NHS Healthy New Towns) to support them in applying the evidence of what works and gather evidence about how new developments can best meet people's priorities.

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The Centre for Ageing Better received £50 million from the Big Lottery Fund in January 2015 in the form of an endowment to enable it to identify what works in the ageing sector by bridging the gap between research, evidence and practice.