

Since 2010 it has become clear that public policy must do much more to address the opportunities and challenges of an ageing society and to address the significant health inequalities. More robust preventive action is required to meet this challenge, and in the process, help limit the future growth of healthcare costs.

An ageing society



How has public policy responded?



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The 2020 Public Services Commission briefly discussed how demographic changes might affect public services. We did not have time to explore this, but it stimulated me to do so. I lobbied in the Lords to set up a Select Committee to consider the impact of an ageing society on public services, was appointed its Chair, and our report, *Ready for Ageing?*, 2013, showing we were “woefully unprepared” made a significant impact in the media and in Whitehall. I was then appointed Chair of the new Centre for Ageing Better and set it up, securing its £50 million endowment.

In December 2018, after five years, I stood down as Chair and was then free to be more active. Since then I have worked on a key issue of an ageing society through the APPG on Longevity, that many people get prematurely ill with avoidable illnesses and so risk degrading their longer lives. Our report, *The Health of the Nation: A strategy for healthier longer lives* was published in February 2020 and we are now promoting its recommendations. So, personally and in policy I have been ageing, stimulated by those early discussions from the 2020 PSC!

There are two fundamental issues for public policy and public services from an ageing society:

- 1 the increase in demand for services from a larger population of older people and the fiscal challenges from this; and
- 2 the opportunities available to individuals and society due to our longer lives and how to make it possible for everyone to benefit from them.

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The demand and fiscal challenge

The dominant policy discourse about an ageing society is that a larger older population will increase the demand and costs of public services – state pensions, health and social care. This is true as over the period 2010–30 there will be 51% more people aged 65+ and 101% more people aged 85 and over.

We have very good advanced notice of how many older people there will be in the future in our society, they are alive already; so, there is no excuse for not assessing the implications and planning for them. DWP recognised the large increase there would be in the costs of state pensions in the future from a larger population of older people and from longer lives. They acted with foresight via the *Adair Turner Review* to identify the issue and build a cross-party consensus for change.

This led to the correct decision to raise the state pension age in the future. DWP also recognised that many people needed to save more for a longer life and successfully introduced auto-enrolment, which has meant more people are now starting to build a personal pension. DWP also recognised the need for people to be able to stay in the labour market to save for a longer life. They developed their *Fuller Working Lives* policy to promote this, but far too many people still drop out of work in their 50s from ill health or age prejudice.

If DWP have been reasonably successful in facing up to the demand and funding issues of an ageing society the same is not true of the Department of Health. Our *Ready for Ageing* report and a later Lords Select Committee were shocked to discover that the Department of Health did not undertake demand projections for health. Yet there are impressive academic models that assess the increases in demand for health and care from an increasing older population, see Carol Jagger’s PACSIM model. These project that in 2035 there will be 16 million cases of dementia, arthritis, type 2 diabetes and cancers in people aged 65 and over – twice as many as in 2015.

Yet the government and the Department of Health have not developed any plan to address these inevitable increases. There has been nothing like the *Adair Turner Report* to set out the trends, needs, and choices required by society and government for the substantially increased demand and cost for health and social care driven, in part, by a growing older population. Instead, we have had regular short-term funding crises for the NHS.

Social care policy and planning has been even worse than health. There has been a failure across all governments and parties to develop a stable funding basis for social care. Instead, we have had decades of delay plus large cuts in central government support for social care – while demand has been rising and will rise even more over the next decade. Part of the funding solution to this must be to use some of the windfall capital gains from the inflated values of homes. Yet political parties are still ducking this, not making the case, not explaining that the alternatives are worse and are unfair – less social care for poor people or more taxes for younger people.

So, despite the predictability of more demand and more cost from an ageing society, governments have failed to make the case for the increased funding and taxes that a larger population of older people will require – and the benefits of doing so.

The opportunities of longer lives

Living ten years longer than their parents' generation is one of our greatest successes. We know what makes for a happier longer life – enough income, health and social relationships. Many people already benefit greatly from this extra time, but there is a serious social gradient in wellbeing in later life. This is the key public policy challenge. Many well-off people live wonderful longer lives; many poor people get ill shockingly early and face poverty and social isolation. So how can government respond to enable all in our society to benefit from a longer life?

Government has two fundamental roles to play, first to help people avoid having a serious fall in their living standards as they live longer – by adequate savings and pensions, as discussed earlier. Second, the government needs to ensure that people can live for as long as possible in reasonable health and avoid premature ill-health. There is a shocking problem – many people get prematurely ill with illnesses that could have been avoided. The richest live on average 20 years longer in good health than the poorest.¹ Preventable poor health is worst for the poorest people and places – women in these places get their first serious long-term illness on average when they are only 47 years old and live in ill health for 20 years longer than the rich.

16m

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More hospitals will not solve this; they only delay the consequences of poor health. Yet policy and practice still focus overwhelmingly on illness mitigation, not prevention. The NHS spends less than 5% of its budget to prevent or delay diseases.

So, it is excellent that the Conservative government set a great goal, “for everyone to have five extra years of healthy, independent life by 2035 and to narrow the gap between the richest and the poorest.” They set this goal nearly two years ago but unfortunately we have not seen a strategy to make it happen.

To address this void, we worked for nine months to develop a strategy to set out what needs to be done to make this happen. We published this report, *The Health of the Nation: A Strategy for Healthier Longer Lives* and it sets out why this is important, why it is possible and where to start. As the Chief Medical Officer has advised, we could prevent up to 75% of new cases of heart disease, stroke and type 2 diabetes, 40% of cancer incidence and reduce dementia risks if we cut smoking, unhealthy diet, harmful consumption of alcohol and insufficient physical activity.

The global coronavirus pandemic is now transforming our societies, our economies and our politics. There is both an age and a social gradient in who dies from the disease. Older people are more likely to die as are people with prior serious health conditions. As the poorest in the UK have a much higher incidence of serious premature long-term illnesses proportionately more of them will be vulnerable and will die. So, as well as seeking to immunize and treat we also need to do much more to avoid premature preventable illnesses.

Strong persistent action across society led by central government to increase how long we can live in good health, will generate great benefits for many people. It will also help manage the increasing demand for health and social care. The goal, to increase healthy life expectancy by five years and reduce inequalities, is in the Conservative Manifesto, so we can now hope to see action by the government. ●

¹ See *The Health of the Nation: A Strategy for Healthier Longer Lives*. APPG for Longevity February 2020 for fuller data and sources.