How can we make our services work for an ageing population?

(And how today might help?)

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King’s Fund Innovations in Services for Older People June 18th 2014
When NHS founded, 48% died before 65, now its c 14%. LE at was c 71 for women and 66 for men. Now its c 83 for women and 79 for men.

Swedes – 81 and 85

Distribution of death England 1841 - 2006

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By 2030 men aged 65 will live on average to 88 and women to 91

By 2030 51% more over 65, 101% more over 85

Implications for retirement, pensions, workforce and unpaid carers

Let’s stop catastrophising and using words like “timebomb” or “tsunami”

- Ageing is a victory for modern healthcare
- And for wider societal prevention
- Gives us all a better chance for long and flourishing life
- Most over-75s self rate health as “good” or better
- Many don’t report life limiting LTC
- Overall health in old age may be improving
- Most aren’t “lonely” or “isolated”
- Self-reported happiness is higher than most ages
- Older people make active contribution to economy through paid work, spending, volunteering, as unpaid carers or grandparents

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Ideas that change health care
Need focus on prevention (primary, secondary), wellbeing, inequalities and active ageing. Both in "life course" and "mature life course"
Figure 4  Burden of disease among people aged 60 and over

- Tobacco use 15.5%
- High blood pressure 12.3%
- Overweight/obesity 8.7%
- High blood glucose 6.6%
- Physical inactivity 5.3%
- Low fruit/vegetables 1.7%
- High cholesterol 4.2%
- Other causes 45.7%

Source: World Health Organization 2011b
What ageing means for health & services?

- **Focus of today unashamedly on older people who are living with worsening health and who do need support from services**
- **Multiple** Long Term Conditions
- Including common age-related ones
- Move to person-centred not (single) disease centred model
- Polypharmacy
- Frailty syndrome and the way people with frailty present to services
  - e.g. falls, immobility, delirium, “failure to thrive”
- Dementia
- Worsening mobility (esp. after acute illness or injury)
- Sensory impairment
- Role of family caregivers
- Workforce skills, knowledge, values, attitudes, planning, deployment
- Care towards end of life
We can’t solve our financial challenges if we don’t focus on care for older people.

**Figure 1** Annual cost* by age and service area for Torbay (population 145,000), 2010/11

*Costs of primary care and prescribing are not included

Source: Torbay Care Trust (reproduced with permission)
Older people and the integration & care co-ordination agenda

- Older people with complex needs
- Most likely to use multiple services
- See multiple professionals
- Experience multiple transitions and “hand offs”
- Be most bewildered by them
- And be let down by the system
- Even when the professionals concerned are all caring and well-intentioned...
A story of how care can go wrong

› From my work on HSJ Commission on care for frail older people
› Thanks and a twitter “shout out” to @HSJEditor, @HSJnews and @HPIAndyCowper
› While we are tweeting – also to @GeriSoc and “fit for frailty” #fitforfrailty
› Please respond to HSJ Commission and look up “fit for frailty”
› During the animation, please watch actively
› Please reflect:
 › “at every single stage, what could we have done differently to help support Mrs Andrews and her family?”

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Ideas that change health care
Animation. Mrs Andrews’ Story
Published 6/3/14 2014: Basis for today

› Free at

› Free slideset at

Blog
  http://www.kingsfund.org.uk/blog/2014/03/time-has-come-make-health-and-care-services-work-our-ageing-population
Structure of paper

› Intensely practical
› Aimed at those leading local services
› 10 sections
› For each:
  – Goal
  – Current situation
  – “what we know can work”
  – Key references and resources
  – Good practice examples *(many are here today)*
› Field tested/reviewed with many service leaders

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Back to Mrs Andrews....

- The components set out in the paper can help you reflect
- And have been used to structure today’s good practice examples (nearly 100 in all)
And if Mrs Andrews was the older person in the middle?
How to use the paper as a framework

- By ‘walking the journey of care’ from prevention right through to the end of life.
- By agreeing an overarching vision and some key standards that all agencies can sign up to.
- By involving older people and their carers in service redesign from the outset and by looking at all the interfaces, transitions, duplications and interdependencies between the care components.
- By agreeing some outcome measures that define the performance of individual services but, more importantly, whole systems of care for older people.
- By building in outcomes that measure what older service users most value.
- By implementing best practice or ‘what good looks like’ in every component of care.
Some reflections on today’s event

› We already have ample evidence on
  – What’s going wrong?
  – Why?
  – How to fix it and “what good looks like”?

› Need to shift from “innovation”
› From “serial pilotitis” and “parallel projectitis”
› Instead focus on implementing the good stuff at scale and pace J.F.D.I.
› Get better at learning from other sites and sharing our knowledge
› “Brag and steal”
› No-one else will do it for us so we need a community of practice with strong clinical/practitioner leadership
› Join up various national initiatives
All examples will be on web
Finally...
Need to move on from being divided by a common language?
Enjoy today and the challenge beyond. Thank you

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David Oliver Slides for closing remarks
QUALITY CARE FOR OLDER PEOPLE WITH URGENT & EMERGENCY CARE NEEDS

National Dementia Declaration for England

DAA Dementia Action Alliance
www.dementiaaction.org.uk

The King’s Fund Ideas that change health care

National Hip Fracture Database National report 2013
Time to harness momentum in similar fashion – lots of people want to get this right – time for one social movement for change?

› HSJ Commission on care of frail older people
› BGS “Frailsafe”, “Fit for Frailty, “Care Home Commissioning Guidance”
› RCGP “Coalition for Collaborative Care”
› RCP Future Hospitals Commission
› RCN work on Dementia Care and Safe Staffing Levels
› Work of King’s Fund and Nuffield Trust
› NHS England
› Regulation
› Patients association and other advocacy groups
› GSG Group

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