

Report on Healthy Ageing 2.0 Key Challenges

High Level Review of the Scottish Context

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Introduction

Healthy Ageing is defined by the World Health Organisation as “the process of developing and maintaining functional ability that enables wellbeing in older age”¹. Scotland has an ageing population. It is estimated that in 2035 Scotland’s population aged over 75 will increase by 82%, i.e. from 8% of the total population to 13%². There will be approximately 1.5 million people aged over 65, of which around half will be aged over 75. Moreover it is expected that there will be around 7,600 people aged over 100².

Currently in Scotland, half of the people that are aged 70 and over have a long-term illness or disability ³. There is an increased risk of experiencing common conditions such as cancer, heart disease, stroke, mobility problems, chronic pain, diabetes and cognitive difficulties as people age. Older adults in Scotland are also likely to experience mental health challenges such as anxiety and depression. Co-morbidities or multimorbidities have a high prevalence amongst older adults as well³. All these facts highlight significant opportunities to help improve people’s quality of life as they age and enhance independent and healthy living.

A summary of the key challenges of healthy ageing have been identified in the Aging 2.0 Grand Challenges report ⁴ . This is a global initiative to drive collaboration around the biggest challenges and opportunities in Aging. The 8 key challenges were identified as: Brain Health, Daily Living and Lifestyle, Care Coordination, Caregiving, Engagement and Purpose, Mobility and Movement, Financial Wellness and End of Life. The aim of this report is to provide facts and figures relating to the Scottish context for these 8 key challenges in order to better inform opportunities and approaches to innovative and collaborative digital health and care solutions which are being explored by the Scottish Healthy Ageing Innovation Cluster.

Figure 1 considers the eight Ageing 2.0 healthy ageing challenges against the seven UK themes published by the Centre for Ageing Better (2019) ⁵ .

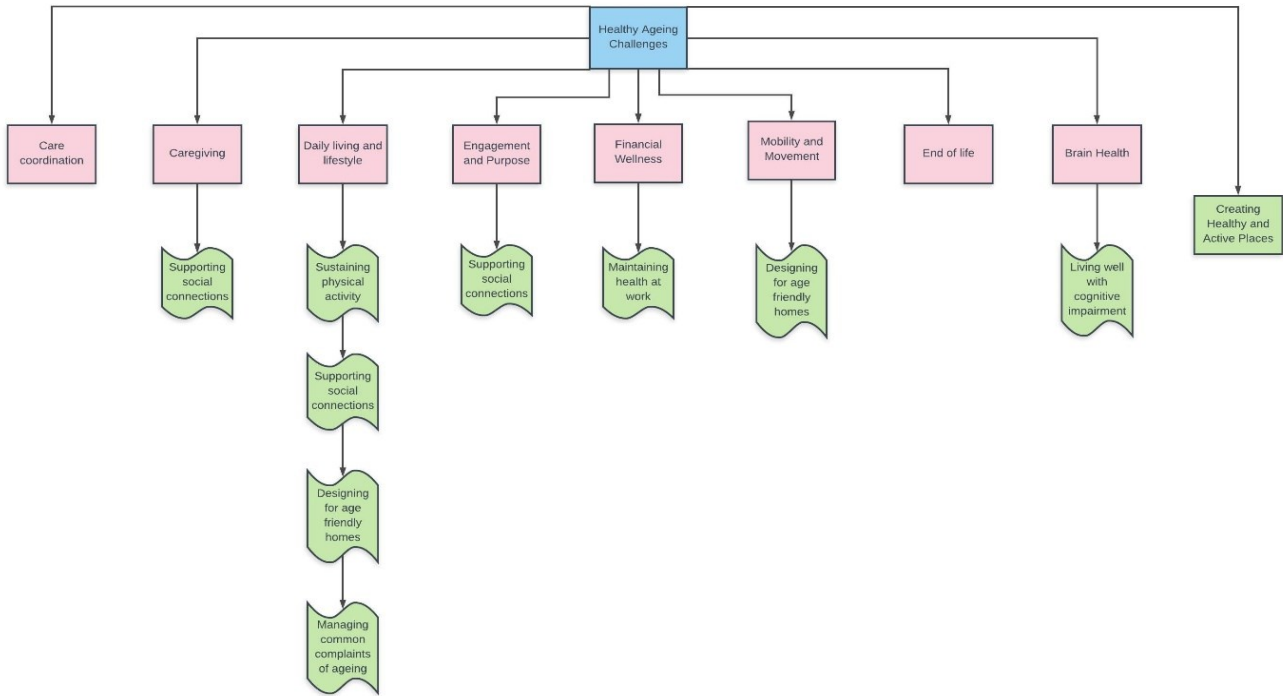


Figure 1. Mapping of the Aging 2.0 Grand Challenges against the 7 Centre for Ageing Better themes

Figure 1 demonstrates that the majority of the seven Centre for Ageing Better themes in the UK overlap with the eight Aging 2.0 Grand Challenges, suggesting consistency in the key themes which need to be addressed to support healthy ageing. However, the CAB theme of creating Healthy and Active Places seemed to sit a bit outside the Aging 2.0 themes, and may be worth further consideration by the Scottish Healthy Ageing Innovation Cluster.

The Aging 2.0 Healthy Ageing Challenges in the Scottish Context

BRAIN HEALTH



Maximizing cognitive ability and brain health is increasingly a priority for aging societies as the number of people with cognitive limitations and mental health issues continues to rise. New approaches, tools, and services are needed to increase awareness, reduce stigma, improve prediction, speed diagnosis, enhance treatment and support caregivers ⁴.

Scottish Facts:

- Cognition refers to the mental processes that happen in the brain to support daily activities such as thinking, learning, understanding, remembering, planning, attention and behaviour ⁶.
- Impairments of cognition can affect the ability to make informed decisions about life, activity, health and wellbeing and have a significant impact in one's life ⁶.
- “Dementia is a term used to refer to a variety of illnesses and conditions which result in a global impairment of brain function and a decline in intellectual functioning, personality changes and behaviour problems which disrupt independent living skills and social relationships” ⁷.
- The prevalence of dementia in Scotland in 2015 was 90,000 people, in 2017 it was 93,282 people (32,326 males, 60,956 females) and in 2036 the prevalence is anticipated to be 164,000 people.

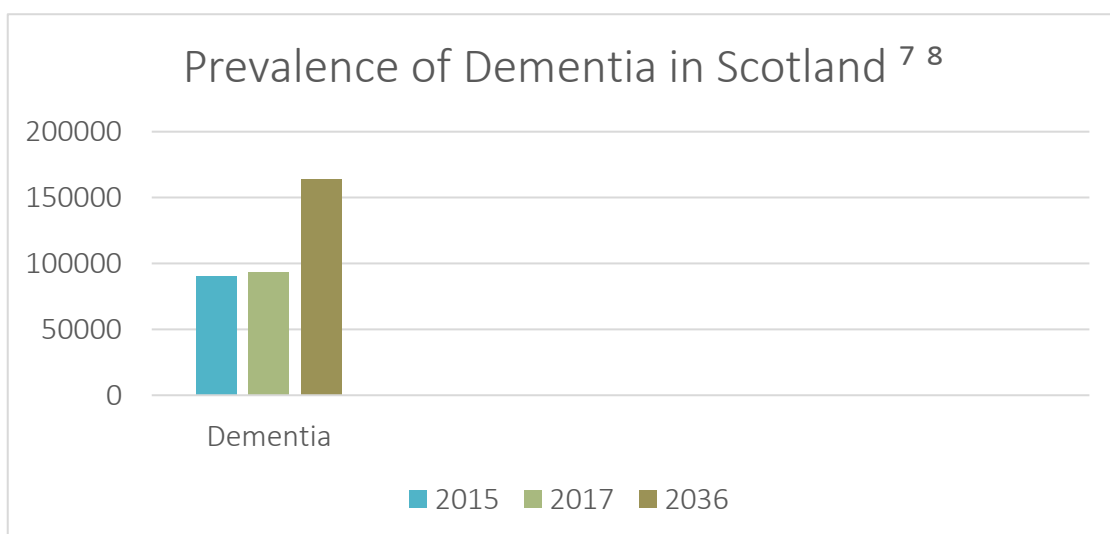


Figure 2. Prevalence of Dementia in Scotland for years 2015, 2017 and 2016.

Gender based dementia prevalence in Scotland (2017) across different age groups ⁴

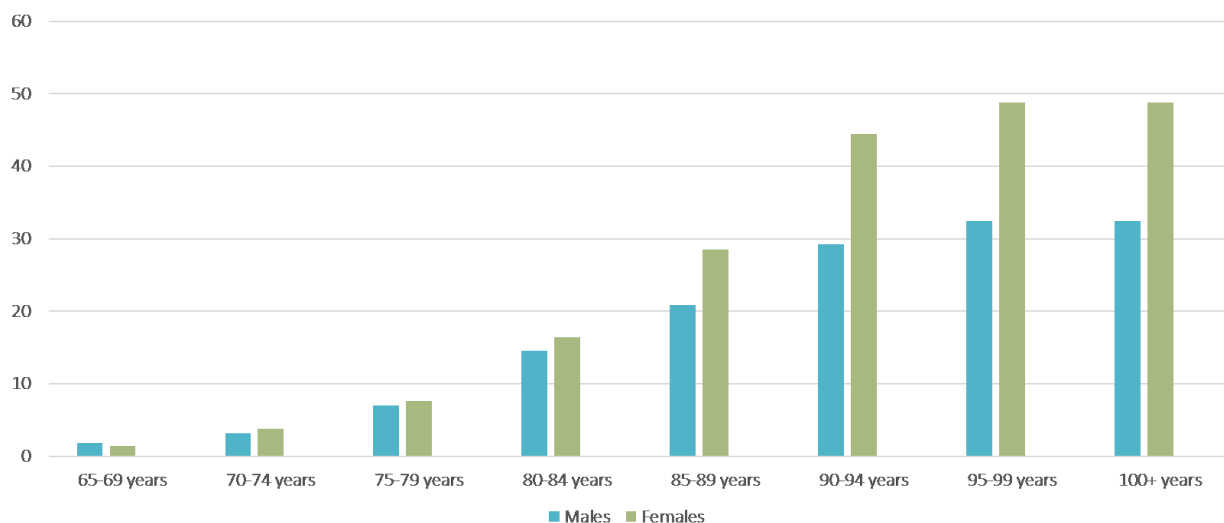


Figure 3. Prevalence of Dementia in Scotland based on gender and different age groups.

- Dementia is more prevalent in females than males ^{8 9} .
- Most prevalent above the age of 65 ^{8 9} .
- As of January 2019, around 68% of over 65s estimated to have dementia had been diagnosed ⁵ .

DAILY LIVING AND LIFESTYLE



Despite the majority of older adults stating a preference to “age in place,” one third of people over the age of 65 need assistance with at least one activity of daily living (e.g. eating, bathing, dressing). Products and services are needed to not only support older adults basic daily activities, but also to foster and support their ability to thrive, pursue their passions and engage with their chosen lifestyles⁴.

Scottish Facts:

- Between 2011 and 2016, the UK’s average annual life expectancy improvement was lower than the EU average ^{10 2 11 12} .
- Older people residing in disadvantaged areas are more likely to die from Coronary Heart Disease than those in more affluent areas ¹⁰ .
- Over half of single pensioner households and nearly half of pensioner couples in Scotland live in fuel poverty ¹⁰ .
- 15% of pensioners were living in relative poverty in 2013-2014 ¹⁰ .

- Female pensioners are more likely to live in poverty than male pensioners due to less years of employment and more caring responsibilities ¹⁰ .
- Type 2 diabetes is associated with obesity, linked with lower socioeconomic status ¹⁰ .
- Over 80% of those aged over 85 have multimorbidities ² .
- There are over a quarter of a million annual emergency admissions of older people to hospitals ² .
- 90% of the occupied bed days for people aged over 75 are a result of unplanned admissions ² .
- More money is spent on unplanned hospital admissions (£1.4bn) than on social care (£1.2bn)² .

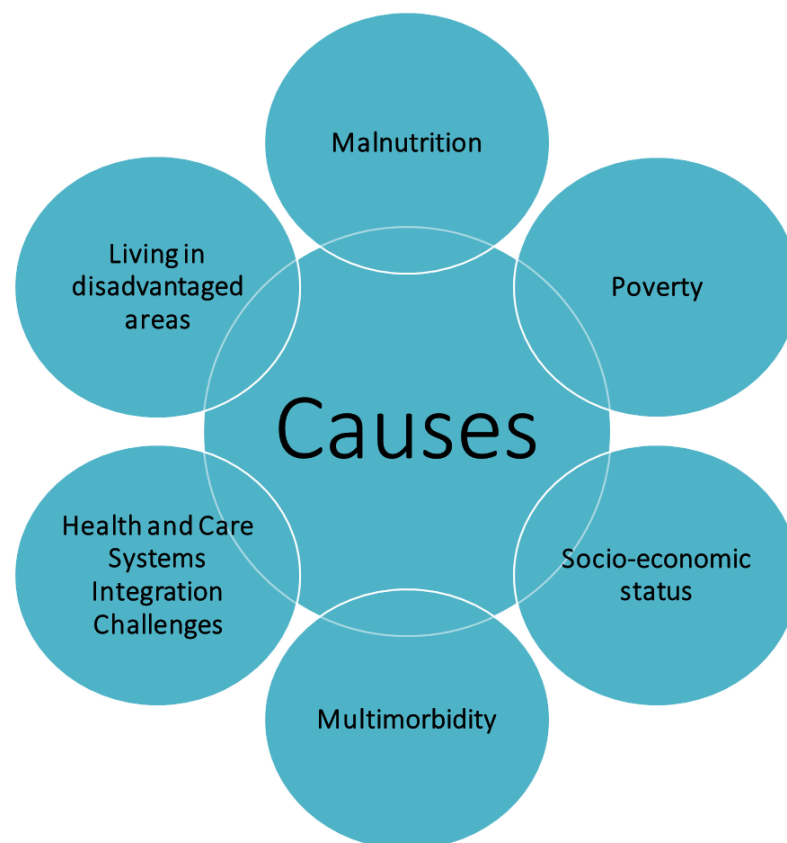


Figure 4. Common causes of poor daily living

CARE CO-ORDINATION



The healthcare journey can be particularly complex and fragmented for older adults, two-thirds of whom have at least two chronic conditions. With three-quarters of global healthcare spending going to chronic care management, families and payers are aligned in their desire to care for people in the least restrictive, most cost-effective setting possible. Families and providers need new tools and care models to support care transitions, clinical collaboration, medication management, population health management and remote care delivery ⁴.

Scottish Facts:

- The Public Bodies (Joint Working) (Scotland) Act, 2014 provides legislation for Health and Social Care to become part of a single, integrated system ¹³.
- The aim of this reform is to shift resources to community-based and preventative care at home, in order to meet the challenges of Scotland's ageing population.
- The reforms affect everyone who receives, delivers and plans health and care services in Scotland.
- To achieve this the Act requires Local Councils and NHS boards to work collaboratively to form new partnerships, known as Integration Authorities (IAs).
- The ultimate goal of this is to ensure services are well integrated and that people receive the care they need at the right time, and in the right place.
- Due to unavailability of resources for care coordinating issues a policy and strategic consideration is presented.

Features ¹³

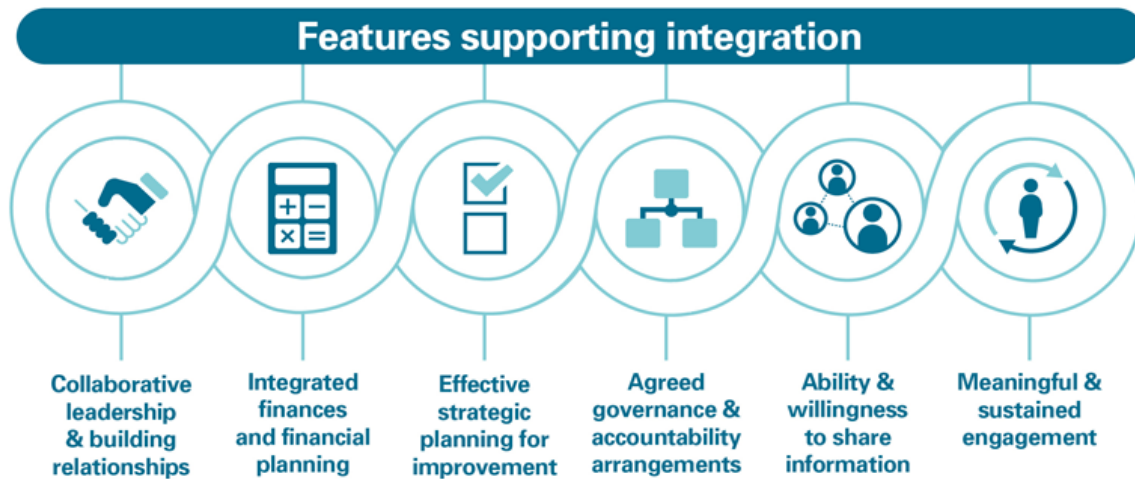
- "A lack of collaborative leadership and cultural differences are affecting the pace of change.
- Integration Authorities have limited capacity to make change happen in some areas.
- Good strategic planning is key to integrating and improving health and social care services.
- Housing needs to have a more central role in integration.
- It is critical that governance and accountability arrangements are made to work locally.
- IAs are using data to varying degrees to help plan and implement changes to services, but there are still gaps in key areas.
- An inability or unwillingness to share information, data governance issues and lack of infrastructure are thought to slow down the pace of integration.

- Meaningful and sustained engagement will inform service planning and ensure impact can be measured”.

Exhibit 7

Features central to the success of integration

Six areas must be addressed if integration is to make a meaningful difference to the people of Scotland.



Source: Audit Scotland

Figure 5. Features supporting successful care integration.

CAREGIVING



Care for older adults is provided by informal (unpaid) and formal (paid) caregivers, both of which increasingly care for people with higher levels of acuity and complex conditions. Family caregivers—who are often juggling other family and work responsibilities while living remotely from the care recipient—need better support, training, resources and tools to support their loved ones and themselves. On the professional side, staff shortages and quality concerns require new solutions to help attract, train, develop and leverage scarce human capital⁴.

Scottish Facts:

- There are around 759,000 caregivers aged 16+ in Scotland - 17% of the adult population ¹⁴ .
- 3 in 5 people are expected to be caregivers at some point in their life in the UK ¹⁴ .
- Women are more commonly caregivers than men.
- It is estimated that there will be 40% more caregivers needed by 2037 in the UK ¹⁵ .
- Although caring for someone can be hugely rewarding, there is a large body of research which highlights carer burden, unmet needs and negative consequences for the health and wellbeing of caregivers ^{16 17} .

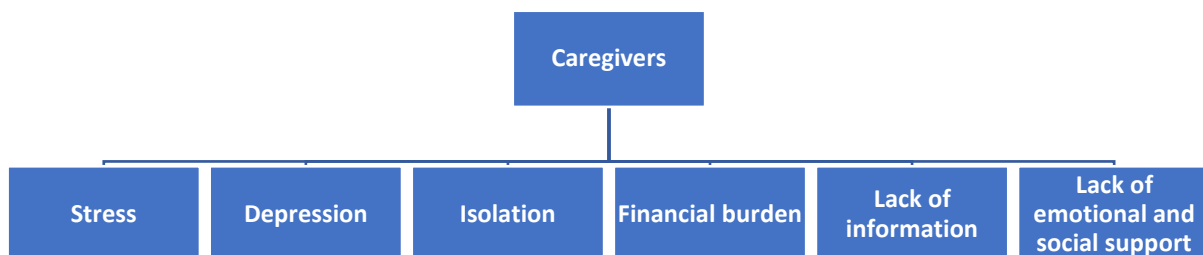


Figure 6. Negative consequences in the health and wellbeing of caregivers

ENGAGEMENT AND PURPOSE



Ageism and outdated social norms have led many older adults in both rural and urban communities to feel isolated and marginalised. Helping older adults get and stay meaningfully engaged is critical for their health and the health of our communities. New and creative ways are needed to not only tap into their wisdom but also provide opportunities for lifelong learning and meaningful engagement across the lifespan⁴.

Scottish Facts:

- Older people who are lonely are thought to be more likely to experience depression and develop clinical dementia ¹¹.
- The World Health Organization recommends that all adults should engage in at least 30 minutes of moderate activity on most days of the week. However, in Scotland only 23% of men and 16% of women aged 65 – 74 years are thought to achieve this level of activity.
- “Shall We Dance?” is an example of an evaluation of a dance program for older adults in Edinburgh, Glasgow and Livingston for two years (2010-2012). Benefits after engaging with the programme: Participants were found to have improved their physical fitness, mental stimulation, sense of belonging and being part of a group, reduced feelings of loneliness and isolation and enhanced feelings of engagement and purpose¹⁸ .
- Volunteering is thought to increase social and civil participation, empower communities, and reduce loneliness and isolation. It can enhance mental and physical health as well as foster a greater sense of belonging ¹¹.
- Volunteering also largely contributes to the Scottish economy – the annual value of volunteering in Scotland is estimated to be £2.26 billion ¹¹.
- 48% of all volunteering is undertaken by those aged 50 and over in Scotland ²⁰ .

MOBILITY AND MOVEMENT



Everyday objects, homes and communities, not originally designed with longevity in mind, often become obstacles to movement, safety, independence and socialising. With safety and mobility continuing to be top priorities for older adults, there is a need for products, programmes and services that enable people to maximise their safety, strength, balance, fitness, independence and mobility as they age ⁴.

Scottish Facts:

- One in five women and one in six men aged 65+ in the UK will suffer from physical disability and frailty by 2047 ¹².
- Basic mobility aids are available through NHS in Scotland free of charge or through private mobility providers.
- One in three older people experience difficulties getting around, particularly if they do not use a car or find public transport challenging ²³.
- Transportation: The government can provide a 'blue badge' to any eligible older person who drives to park in disabled bays and other advantageous places.
- For older adults that do not drive there are other options such as:
 1. A discounted bus/rail travel, dial-a-ride (door-to-door service for people with long-term disabilities)
 2. British Red Cross services (transport home from hospital, door-to-door transport for essential health-care journeys, help with everyday tasks (for example, picking up prescriptions and shopping), companionship, rebuilding confidence, help arranging for bills to be paid, short-term use of a wheelchair and toilet aids).
 3. Royal Voluntary service (provides community transport to help older people get out and about more independently, to stay active and social and to get to where they need to be).

FINANCIAL WELLNESS



People are living longer, and traditional models of work and retirement have not kept pace. To finance this increasing longevity, we need to provide new opportunities for later-life employment, new models for planning for and financing care, as well as better ways of preventing scams and fraud ⁴.

Scottish Facts:

- Over half of single pensioner households and nearly half of pensioner couples in Scotland live in fuel poverty¹⁰ .
- 15% of pensioners living in relative poverty in 2013-2014¹⁰ .
- Many older people in Scotland do not receive the benefits they are entitled to – including 1/3 of the people who are entitled to Pension Credit because they have a low income³.
- The number of people living in poverty has increased in Scotland. Between 2014-2017 the top 10% of the population in Scotland had 24% more income than the bottom 40%²¹.
- Over half of workers over state pension age (65+) in Scotland said they had not yet retired because they were not ready to stop working, whereas 11.2% said that they had to remain to work to pay for essential items ¹⁹ .

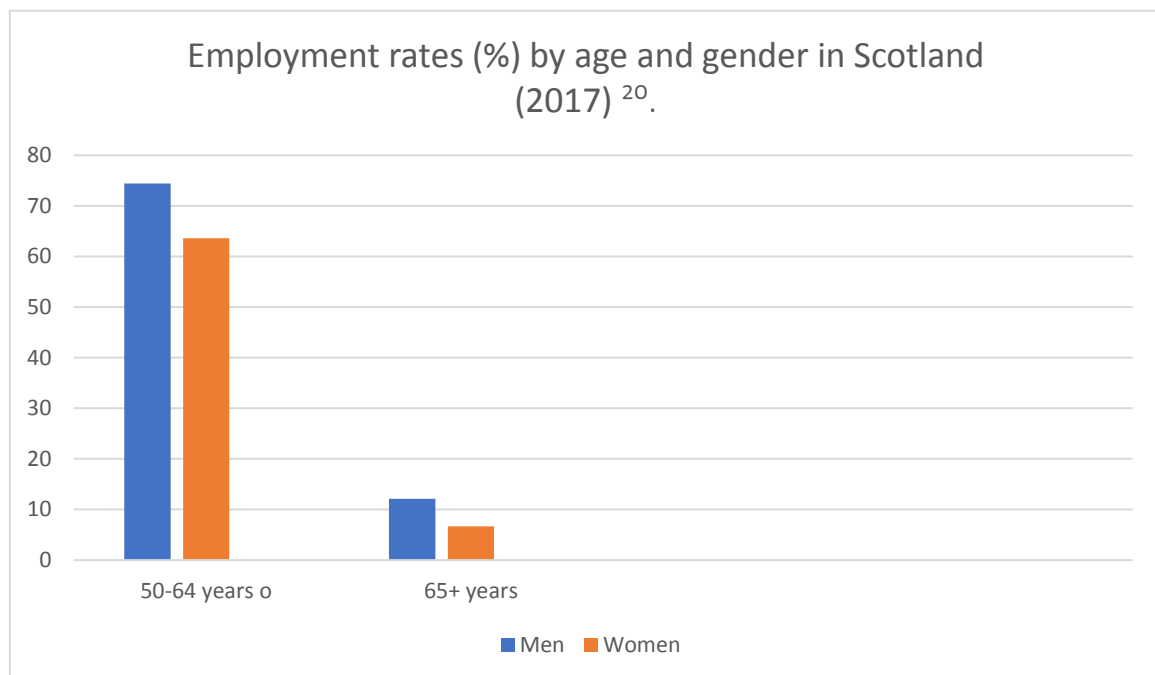


Figure 7. Gender based employment rates of older adults in Scotland.

END OF LIFE



Death is inevitable, but that doesn't seem to make it any easier to talk about or prepare for. Far too often, the way people experience the end of life fails to honour how they have lived their lives. Better health outcomes, high quality and cost-responsible care—can and should exist in tandem. By leveraging emergent technologies and encouraging collaborations, we can expand the range of possibilities for the end of life experience ⁴.

Scottish Facts:

- In 2018/19, there were 53,168 deaths in Scotland (excluding those where an external cause such as unintentional injury was recorded).
- For these individuals, 89.2% of their last six months of life was spent either at home or in a community setting, with the remaining 9.8% spent in hospital ²².
- The Scottish Government has published a Strategic Framework for Action on Palliative and End of Life Care aiming to ensure that everyone who needs palliative care gets it by the end of 2021.
- The aim is to ensure that everyone has good quality end of life care regardless of characteristics such as age, diagnosis, socio-economic background or place of residence ²⁴.

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