Old age: an acute problem for us all[1]

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My only qualification for writing this is that, at age 77, I will soon be old.

By 2065 there will be much greater awareness than now of the challenge that the number of old people poses for the economy, particularly for health and social services. In our region, life expectancy at birth has been increasing by more than 5 hours a day. If this rise continues it will have reached over 90 years by 2065. Some 8% of the UK population today is over 75 and already by 2037 this is projected to rise to 13%.

It may well be that by 2065 more than one person in 5 will be over 75. According to present trends, perhaps a sixth of them will suffer from dementia. By then there should be an integrated model of dementia care, to overcome the fragmentation within the range of healthcare providers and between the NHS, social care and other agencies. It is now being recognised that the spend on dementia research is far too little[2]. Cambridge is an important centre for this research, and is providing new opportunities to involve people with different expertise, and so by 2065 the condition may be less of a problem. Medicine is able progressively to manage more and more conditions, so that as people get older their health issues become more complex because they may be living with a multitude of different conditions. A proper balance will need to be struck between prolonging life and maintaining its quality.

In 2015, three quarters of over 65s have a medical condition. People need from early in life to eat less and more healthily, drink less alcohol, smoke not at all, and take exercise, so that they remain as active as possible in later life. The direct cost of mental ill-health, dementias, obesity, physical inactivity, diabetes, loneliness and cardio-vascular disease (including strokes) is already estimated to be £60 billion each year. There is an urgent need to reduce the burden on the NHS – 40% of people in hospital beds ought not to be there. An important initiative in Cambridgeshire has begun to improve this, by providing better integration of health and social care services for over-65s.

People are usually happier, and it is much cheaper, if they are not in hospital. Cambridge is fortunate to have a hospice that provides end-of-life care, often in a patient's home. By 2065 people's condition will be monitored automatically in their homes and as they go about their lives, so that they can be given help when they need it. The technology is already available, though there are serious issues about how to handle the data. Self-management by those with long-term conditions will need to become the norm; this will require research, organisation and investment, cultural change and education.

The loneliness of older people is a present-day scandal. Over half of over-75s live alone, many with television their main company. This puts an unnecessary burden on the NHS: social isolation is a major determinant of health, and lonely people worry more about their condition, so that they even visit their GP just to have someone to talk to. The old-people's bus pass is a good investment, as it helps to avoid this. It is important to make it easier for people to go out, by ensuring the good design of residential areas, with cafes, seats, green spaces etc. For those who cannot go out, easy-to-use technology will make help them to stay in close touch with family members and others. Communities need to be age-friendly and do much more to ensure that nobody who wants help is neglected. The third sector will play a vital role in this change and we need to research the best ways of helping com-

1 Paper for Cambridge Foresight '2065 Visions'

2 £50 million per year, less than 10 times that on cancer, even though the cost to the economy is twice as much

munities develop so they become self-sustainable and less reliant on health and care services.[3]

Perhaps most useful is getting older people engaged in voluntary activities. A main benefit is to themselves. They can also play an important role in helping local facilities to continue that are not commercially viable – pubs, shops, libraries etc. More generally, there is a need to develop new employment models to enable older people to work purposefully and enjoyably. Even if paid work is no longer open to them, they need to think how to contribute to society in other ways.

In 2015 the NHS already faces a crisis, caused partly by the increase in the number of older people. Measures are being taken, but they need to be pursued with much more vigour. For example, while more than 90% of older people live in mainstream housing, there is a reluctance among developers to build in simple and cheap measures to make things easier for people when they become frail or disabled. And more thought needs giving to the provision of housing that can accommodate several generations of a family – if they want it.

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3 A WHO initiative offers access to a global network of ageing and civil society experts