



# The Association of Directors of Public Health

## Response to the LGA's green paper for social care and wellbeing

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

### Summary

ADPH welcomes the opportunity to respond to the LGA's green paper for social care and wellbeing. *The lives we want to lead* is a timely contribution to a much-needed conversation about reforming social care services and takes a refreshingly wide view of the multiplicity of related policy areas – not least public health – which we support wholeheartedly.

Adult social care services in England are facing huge funding pressures, with a funding gap of £3.56 billion by 2025. This is partly due to the nature of our ageing population but also because of a failure to invest sufficiently in tackling the root causes of unhealthy ageing.

Reforming the model of the social care funding system is extremely important for older people's wellbeing and dignity now. By acting decisively on the behavioural determinants of unhealthy ageing such as smoking, excessive alcohol consumption, poor diet and lack of physical activity we can increase healthy life expectancy and delay the onset of long term conditions, which will help create sustainable social care services.

We would like to see more investment in the services that help people to live healthy lives, which will help reduce pressure on social care services in a long-term and sustainable way. Complex care needs and long-term conditions will always require significant social care spending, but we can and must focus on improving population health to reduce the pressure on these budgets in the future.

### Recommendations

- **Effective integration of health and social care services and a whole system, place-based approach should be adopted to improve older people's health and wellbeing outcomes.**
- **A more strategic approach is needed by Governments across the four nations to deliver appropriate housing provision for our ageing population.**
- **Local authorities, healthcare professionals and social workers should use Making Every Contact Count and opportunistic interventions to engage with older people around health and**

wellbeing.

- **Governments and local authorities across the four nations should look at future proofing transport systems and ensuring they are appropriate for our ageing population.**
- **NHS England needs to ensure that prevention forms a key, mandatory and funded part of all Sustainability and Transformation Partnership and Integrated Care System plans to deliver good health across the life-course and reduce long-term conditions in old age.**
- **Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health needs.**
- **Reforming the design of the social care funding system – including additional investment, with a focus on prevention, should be a national priority to deliver the essential care and support older people deserve.**

The following answer addresses two questions:

- **Question 1: What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?**
- **Question 21: What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?**

1.1 Local government currently plays – and should continue to play – a key role in improving health and wellbeing, in respect of both preventing illness through public health interventions and providing support services in the form of social care. Local councils have the ability and democratic legitimacy to bring together a range of public sector and community organisations from the health service to housing providers to the police.

1.2 ADPH advocates for a whole system approach to supporting older adults through joint working between local authorities, health and community partners. Public health needs to work towards improvements to the wider environment and across the social determinants of health (including transport, housing and employment) to support healthy ageing. There is a need to shift away from the view of ageing as a burden on resources towards seeing older people as assets in society.

1.3 At a strategic level, a place-based approach for healthy ageing requires a clear vision, the involvement of older people in developing the vision and priorities, strong leadership, a medium and longer-term perspective, consideration of the full range of assets which can support older people and co-ordination of the commissioning and delivery of services.<sup>1</sup>

1.4 Interventions to reduce health inequality need to take place at national, regional and local levels. It is vital that primary, secondary and tertiary prevention are all focused on and invested in. As health inequality is often cyclical and intergenerational, a life-course approach is key. Systemic action to reduce inequality in society is also key to improve health inequality – this must include structural measures to balance the inequality of both wealth and power, as deprivation and powerlessness are key causes of health inequalities.

- 1.5 Primary, secondary and tertiary prevention should be embedded throughout the life course to maximise the opportunity for independent healthy ageing and to reduce inequalities in later life. At the primary prevention level this means supporting health promoting behaviors starting with pre-birth and the early years and continuing throughout the life-course. At the secondary and tertiary levels, it means delivering initiatives to ensure older people are supported to make healthy choices, are connected to their communities and can access services including screening, immunisation and health checks. Sustainability and Transformation Partnerships and Integrated Care Systems should embed prevention in their plans. Undertaking physical activity is important for older people's health and it is recommended that older adults undertake both aerobic activity and strength exercises each week.<sup>2</sup> Making Every Contact Count provides health professionals in the NHS and local government with the opportunity to have these conversations. Also, preventative action is needed to reduce falls, for example through group exercise programmes.
- 1.6 Creating and maintaining healthy communities – which help make healthy choices easy choices - also requires action across a range of local government services including: planning, leisure and recreation, housing and transport. The following points address these areas.
- 1.7 Social isolation is a significant issue amongst older adults and should be recognised as part of the healthy ageing agenda. Over one million older people report that they always or often feel lonely, and nearly half of older people say that television or pets are their main form of company.<sup>3</sup> Social isolation results in higher likelihood of mortality; the increased likelihood of death is 26% for reported loneliness, 29% for social isolation and 32% for living alone.<sup>4</sup> Action is needed to identify the root causes of isolation in older communities such as digital exclusion, access to public transport and ageism. Older adults should be supported to maintain their independence by working closely with stakeholders such as the voluntary and community sector and social services.
- 1.8 Inequalities in later life can be the product of cumulative disadvantage over time and socioeconomic status in early life has a strong bearing on future health outcomes.<sup>5</sup> Men living in deprived areas can expect to spend 19 fewer years in good health compared with the least deprived areas, and women living in deprived areas can expect to spend 20.2 fewer years in good health.<sup>6</sup> Poor older adults have significantly higher frailty levels than non-poor older adults.<sup>7</sup> Research has shown that people with the least wealth have a much higher chance of reporting angina, diabetes, depression, osteoarthritis and cataracts than those with the most wealth.<sup>8</sup> Older people living in socially disadvantaged communities have poorer physical and mental health than the more advantaged; higher education and wealth are also associated with better social connections and leisure activity in later life, both of which contribute to good health.<sup>9</sup>
- 1.9 Appropriate housing is extremely important for older people, particularly given that it has been estimated that over-65s spend an average of 80% of their time in their home.<sup>10</sup> 93% of older people live in mainstream housing and 1.2 million (21%) of households aged 65 or older lived in a home that failed to meet the Decent Homes Standard in 2012. The cost to the NHS

of poor housing among older households is £624 million.<sup>11</sup> More advice and guidance should be provided to older people on their housing options. Older people's housing needs to be within easy reach of local services, amenities and public transport links and designed so that it is fit for purpose and meets Lifetime Homes Standards. Fall hazards within the home also need to be addressed. Around a third of people aged 65 or over fall each year, increasing to half for those aged 80 or over. Half of all women and 20% of men will experience a fracture after the age of 50.<sup>12 13</sup> Unaddressed fall hazards in the home are estimated to cost the NHS in England £435 million.<sup>14</sup>

1.10 Travel can have a range of positive outcomes for older people and for the wider community and economy. However, Age UK has found that older people find public transport inconvenient and older people in rural areas don't have enough access to public transport. 32% of those aged 65 and older never use public transport.<sup>15</sup> More needs to be done to design transport networks that cater for the needs of older people. Encouraging older people to undertake more active travel could deliver positive outcomes for health as well as higher levels of personal mobility. Only eight percent of men over 65 and three percent of women over 65 ever cycle, which is low compared to the rates of cycling in other European countries.<sup>16</sup>

**Recommendation: Effective integration of health and social care services and a whole system, place-based approach should be adopted to improve older people's health and wellbeing outcomes.**

**Recommendation: A more strategic approach is needed by Governments across the four nations to deliver appropriate housing provision for our ageing population.**

**Recommendation: Local authorities, healthcare professionals and social workers should use Making Every Contact Count and opportunistic interventions to engage with older people around health and wellbeing.**

**Recommendation: Governments and local authorities across the four nations should look at future proofing transport systems and ensuring they are appropriate for our ageing population.**

**Recommendation: NHS England needs to ensure that prevention forms a key, mandatory and funded part of all Sustainability and Transformation Partnership and Integrated Care System plans to deliver good health across the life-course and reduce long-term conditions in old age.**

**Question 2: In what ways, if any, is adult social care and support important?**

2.1 Social care is essential to delivering the wellbeing, independence and dignity older people deserve. Achieving these aims is more challenging when funding – and consequently services – are reduced, restricted or cut.

2.2 In 2016, 18% of the UK population (11.8 million people) were aged 65 years and above. Of these, 1.58 million were aged 85 years and above. It is projected that by 2049 the total population will have increased to 76.3 million. However, the proportion of people aged 65 years and above will have increased to 24.7% (18.9 million people).<sup>17</sup>

- 2.3 It has been estimated that 36% of people aged 65-74 and 47% of those aged over 75 in the UK have a limiting longstanding illness.<sup>18</sup> In England, 14% of people over 60 are affected by frailty (65% of those over 90). Frailty is a loss of resilience that makes it more difficult to recover after a physical or mental illness or after a stressful event due to a loss of biological reserves across organ systems.<sup>19</sup>
- 2.4 Older people are also more vulnerable to mental health problems. In England, depression affects around 22% of men and 28% of women aged 65 or older and it is estimated that 85% of older people with depression receive no help from the NHS.<sup>20</sup> 7.1% of all people over the age of 65 across the UK have dementia.<sup>21</sup> Six million people aged 65 and over in the UK have a musculoskeletal condition.<sup>22</sup>
- 2.5 Older adults have significant skills and experience to contribute to society. It was estimated that older adults contributed £61 billion to the UK economy in 2014 through activities such as informal caring, child care provision and voluntary work.<sup>23</sup> By 2030, the positive net contribution of over 65's to the UK economy is projected to be £77 billion.<sup>24</sup>
- 2.6 However, older people can face challenges that may limit their market participation such as ageism, lack of access to training and development opportunities and lack of adjustment for health needs to enable older adults to meaningfully participate at work.<sup>25</sup> 76% of older people believe that the UK fails to make effective use of the skills and talents of older people.<sup>26</sup>
- 2.7 Social care matters because it can support older people to live as independent and as healthy lives as possible, for as long as possible.

**The following answer addresses two questions:**

**Question 6: What, if anything, has been the impact of funding challenges on local government's efforts to improve social care?**

**Question 7: What, if anything, are you most concerned about if adult social care and support continues to be underfunded?**

- 2.1 The social care system is currently under a tremendous amount of financial pressure. Between 2010 and 2017, adult social care has had to make savings and reductions worth £6 billion as part of wider council efforts to balance the books. But the service continues to be protected relative to other services. The Association of Directors of Adult Social Services (ADASS) 2018 budget survey shows that adult social care accounts for a growing total of councils' overall budgets, up from 36.9 per cent in 2017/18 to 37.8 per cent in 2018/19.<sup>27</sup> As a result, by 2019/20, 38p of every £1 of council tax will go towards funding adult social care.
- 2.2 A reduction in social care funding has resulted in reduced ability to deliver preventative services. However, investing in prevention is critical to prolonging independence and quality of life and reducing the cost of expensive social care intervention. Spending on prevention is again set to reduce in 2018/19, it forms 8% of budgets this year: this represents a decrease as a proportion of budget and a decrease in cash terms from the previous year. This is extremely worrying.

- 2.3 In addition, public health funding in England will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut in 2015/16.<sup>28</sup> Although DsPH have been acting to manage these cuts without detriment to outcomes they have reached the limit of available efficiencies. This may negatively impact on services to improve outcomes for older people, for example, those aimed at reducing loneliness or encouraging older people's physical activity. Reductions in general local authority funding also have the potential to impact negatively on older people's outcomes, for example, through reductions to social care provision and grants to voluntary and community sector organisations providing services to older people.
- 2.4 Age UK estimates that around 1.2 million people above 65 had some level of unmet care in 2016-17, an increase of 200,000 from 2015-16.<sup>29</sup> Between August 2010 and July 2016, the number of days delay in being discharged from hospital because of waits for home care had increased by 181%.<sup>30</sup>
- 2.5 Sustainable funding of adult social care is vital for ensuring the health and wellbeing of older people now and into the future. However, investing in upstream public health interventions is extremely important for reducing pressure on the adult health and social care system. Many of those in receipt of social care have long-term conditions and comorbidities; reducing this through investment in public health and tackling the behavioural determinants of health is vital if the system is to be sustainable in the long-term.
- 2.6 By the time they reach their early eighties six in seven people will have a long-term condition and by the age of 85, 80% will have at least two long term conditions. This correlates with the need for care; by their late eighties, more than one in three people have difficulties undertaking five or more tasks of daily living unaided.<sup>31</sup>
- 2.7 Tackling the root cause of healthy ageing is closely linked with narrowing the health inequality gap. There are socio-economic differences in disability free life expectancy at 65. The most recent data show that the gap in disability-free life expectancy at birth between local authorities exceeds 16 years for males and 19 years for females. Males and females in Wokingham can expect to live 87.8% and 84.4% of their lives disability-free compared with males and females living in Tower Hamlets (70.6% and 63.9%, respectively).<sup>32</sup>
- 2.8 The prevalence of multi-morbidity increases substantially with age and is present in most people aged 65 years or older. However, the age at which you begin to live with multiple conditions is closely intertwined with health inequality. One study showed that the onset of multi-morbidity in Scotland occurred 10-15 years earlier in people living in the most deprived areas compared with the most affluent, with socioeconomic deprivation associated with multi-morbidity that included mental health disorders.<sup>33</sup>
- 2.9 A lack of investment in tackling the behavioural determinants of health will continue to put pressure on social care budgets. For example, the charity Action on Smoking and Health (ASH) have carried out analysis examining how much tobacco use costs the adult social care system. They have concluded that current and ex-smokers who require care in later life because of

smoking-related illnesses cost society an additional £1.4bn each year across England. This represents £757.3m in costs to local authorities.<sup>34</sup>

2.10 It is important to note that ‘fair funding’ for social care is often interpreted as equal funding per capita or equal funding that is adjusted for age structure. However, it is not age that is driving demand, it is morbidity, which is inequitably spread. Any funding system should be equitable and adjusted for need rather than age to mitigate the risk of exacerbating inequalities.

**Recommendation: Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health needs.**

**Recommendation: Reforming the design of the social care funding system – including additional investment, with a focus on prevention, should be a national priority to deliver the care and support older people need and deserve.**

**Question 20: In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?**

2.11 In pulling together this green paper, the different political groups represented through the LGA have shown that consensus is possible – certainly in respect of making the case for the importance of social care, the urgent need for reform and the urgency to find a sustainable funding settlement. We would like to see this approach mirrored by national politicians, with a new willingness to seek common ground – especially when it comes to prevention and public health.

**Association of Directors of Public Health  
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<sup>1</sup> LGA, *Ageing Well: A Whole System Approach* (2012)

<sup>2</sup> NHS Choices, *Physical activity guidelines for older adults* [https://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-older-adults.aspx] accessed 1 May 2018

<sup>3</sup> Age UK, *Evidence Review: Loneliness in Later Life* (2015)

<sup>4</sup> J. Holt-Lunstad, T. B. Smith, M. Baker, T. Harris and D. Stephenson, ‘Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review’, *Perspectives on Psychological Science*, 2015 Vol.10 (2) 227 – 237

<sup>5</sup> Centre for Ageing Better, *Inequalities in later life* (December 2017)

<sup>6</sup> Office for National Statistics, *Statistical bulletin: Healthy life expectancy at birth and age 65 by upper tier local authority and area deprivation: England, 2012 to 2014* (2016)

<sup>7</sup> Stolz E, Mayerl H, Waxenegger A, Freidl W, ‘Explaining the impact of poverty on old-age frailty in Europe: material, psychosocial and behavioural factors’, *European Journal of Public Health*, Vol. 27, No. 6, 1003-1009

<sup>8</sup> Steel N, Hardcastle AC, Bachmann MO, et al. ‘Economic inequalities in burden of illness, diagnosis and treatment of five long-term conditions in England: panel study’, *BMJ Open* 2014;4:e005530. doi:10.1136/bmjopen-2014005530

<sup>9</sup> Centre for Ageing Better, *Inequalities in later life* (December 2017)

<sup>10</sup> Older People, Decent Homes and Fuel Poverty, Help the Aged, 2006

<sup>11</sup> Care and Repair England, *Off the Radar: Housing disrepair and health impact in later life* (2016)

<sup>12</sup> NICE, *Falls in older people: assessing risk and prevention* (2013)

<sup>13</sup> National Osteoporosis Society, *Effective Secondary Prevention of Fragility Fractures: Clinical Standards for Fracture Liaison Services* (2015)

<sup>14</sup> BRE Trust, *The cost of poor housing to the NHS* (2016)

<sup>15</sup> Age UK, *The Future of Transport in an Ageing Society*

<sup>16</sup> Age UK, *The Future of Transport in an Ageing Society*

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- <sup>17</sup> Office of National Statistics, *Overview of the UK population: July 2017* (2017)
- <sup>18</sup> Age UK, *Later Life in the United Kingdom* (January 2018)
- <sup>19</sup> NHS England, 'Older people living with frailty' [<https://www.england.nhs.uk/ourwork/lrc-op-eolc/older-people/frailty/>] accessed 22 February 2018
- <sup>20</sup> Mental Health Foundation, Mental health statistics: older people [<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-older-people>] accessed 22 February 2018
- <sup>21</sup> Alzheimer's Research UK, 'Dementia Statistics Hub' [<https://www.dementiastatistics.org/statistics/prevalence-by-age-in-the-uk/>] accessed 23 February 2018
- <sup>22</sup> Arthritis Research UK, *State of Musculoskeletal Health* (2018)
- <sup>23</sup> Age UK, *Age UK Chief Economist's Report* (2014)
- <sup>24</sup> Royal Voluntary Service, *Gold age pensioners: valuing the socio-economic contribution of older people in the UK* (2011)
- <sup>25</sup> Department for Business, Innovation and Skills, *Economic Opportunities and Challenges of Ageing* (2011)
- <sup>26</sup> Age Concern and Help the Aged, *One Voice: Shaping our ageing society* (2009)
- <sup>27</sup> ADASS 2018 Budget Survey [<https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf>]
- <sup>28</sup> Local Government Association, *Public health funding in 2016/17 and 2017/18* (2016)
- <sup>29</sup> Age UK, *Health and Care of Older People in England 2017* (2017)
- <sup>30</sup> Age UK, *Health and Care of Older People in England 2017* (2017)
- <sup>31</sup> Age UK, *Health and Care of Older People in England 2017* (2017)
- <sup>32</sup> Office for National Statistics, *Disability-Free Life Expectancy by Upper Tier Local Authority: England 2012 to 2014* (2016)
- <sup>33</sup> Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B, 'Epidemiology of multi-morbidity and implications for health care, research and medical education: a cross-sectional study', *Lancet*. 2012 Jul 7;380(9836):37-43. doi: 10.1016/S0140-6736(12)60240-2. Epub 2012 May 10.
- <sup>34</sup> Action on Smoking and Health Ready Reckoner Tool, updated 2017, available here: <http://ash.org.uk/category/information-and-resources/local-resources/>