

**ETON EKPENYONG DUKE**

**1818179**

**LECTURER NAME: DIOLA BIJIHOUT**

**ASSESSMENT 2**

**LIVING WITH CARE: THE OLDER PERSON**

**BMHP6009**

**AUGUST, 2022.**

" Ageing societies pose challenges for health and social care systems?"

With reference to WHO (2021) biologically, aging is a resultant factor from the impact of the accumulation of numerous varieties of cellular as well as molecular changes over a given period of time. This (aging) leads to a slowly progressive decline in mental and physical capacities, accompanied by a steadily growing risk of different diseases and ultimately death. The changes associated with aging are usually neither linear nor consistent and are generally slightly associated with an individual's actual age in years. Besides the biological changes accompanying this phenomenon, aging is often times associated with other life changes such as relocation to more appropriate locations or housing, retirement or/and the demise of family, partners, and friends.

The stipulation according to WHO (2021) established that by 2030, statistically the population of individuals aged 60 and above would equal 1 in every 6 people, which means that the aged population will increase from 1 billion registered in 2020 to 1.4 billion. This population is also said to be double (2.8 billion) by 2050. On the other hand, the population of people aged 80 or above is suspected to be triple its estimation between 2020 and 2050 and is to reach 426 million. Lastly, as stated by my colleague and with reference from WHO (2022) the fast-ageing populace presents set of challenges, such as shifting the burden of disease, employees' shortages, long-term care spending, increased healthcare etc. All these affirms that there can be no eradication of the aged populace at any time or century in the world history, hereby age group pose challenges to UK's social and health care system.

Points lifted by my opponents includes:

**AI system:**

He said that the health and social care sector do not feel the impact of the aging population because one can stay at home and call for a physician and get all aids needed. This could be backed up by Bush J (2018) who established that Artificial Intelligence could be used for individuals' data and can handle numerous data at the same time, he also established that diagnosis and treatment of diseases has been a primary focus of the Artificial Intelligent system since the 1970s and that this system has

been developed to diagnose blood-borne bacterial infections. I choose to oppose this fact because it is well established that older patient have multiple diseases and to handle this, the individual need to report to a particular clinician and health status has to be managed by person and not by some artificial system, moreover, handing over patient care to artificial intelligence goes against the principle of person-centered care, because person-centered is all about focusing care on the actual needs of individual, and ensures that people's needs, preferences, and values guide clinical decisions, and offering care that is regarding of and responsive to them NHS (2021) and all this cannot be handled by AI.

### **Availability of health workers and volunteers:**

One of the opponents did mention that there is availability of health workers as well as volunteers in the UK health care system, and that this should minimize the impact of the aging population on the health and social care system and it has been established by Lucina R, Billy P (2019) that the NHS in England employs the services of 1.5 million people. I love to oppose this because the same Lucina R, Billy P (2019) established that a previous survey from 2019 found that about two-thirds of senior trainee doctors (63%) and two-in-five consultants (40%) said that there are daily or weekly gaps in hospital medical cover, this is coupled with the fact that those in the aged population retire daily and little or no replacement is accounted for. Furthermore, it is established in my argument that the number of older persons in the UK doubles per year and by truth this population would never match the number of health workers available in the UK health and social care sector and this will lead to stress on the workers

Here are strong back points:

### **Disability and life expectancy**

The increase in the aging population is expected to result in an increase in the absolute number of people with disabilities. This is majorly because there are more people in the older age groups and disabilities becomes more common as one advances in age.

According to Nilamadhab N (2015), older individuals have a wider range of care needs that goes beyond the basic and health needs for daily individual living and wellbeing. As one ages, the care needs widen and includes social care, safety and security, companionship, love and respect and with all these comes a burden upon the individual, the person's they relate with, (Children, loved ones, friends and family), the society and the health care sector.

From this review, it can be established that the aged population are more prone to disabilities, compared to the younger population and the constant assistance they required is a challenge to social care.

### **Changing health profiles and complexities of health and social care needs**

According to French et al. (2012), a major difficulty for the health care system with regards to dealing with the aging/aged populace is the question of how best the health need of the individual can be met and most specifically, how the multiplied or increasing effect of the different chronic diseases can be managed. The occurrence of different health related conditions is increased in older aged individuals and this poses a unique challenge to the health care sector as different diseases/infections may be occurring at the same time, thereby making the choice and utilization of treatment methods extremely challenging and tedious.

This is backed up by points explained by my colleague who stated that the different care needs for the elderly becomes complex, giving instances that an older individual living with both a heart disease and diabetes will need assessment of the heart state, blood pressures and the level of sugar periodically Yarnall A et al., (2017), all these requiring a high level of collectiveness and coordination between the social and health care professionals which often times is challenging.

### **Increasing demand for health and social care services**

The general demand for health care services is influenced by numerous factors, however, the older population are highest known users of these services compared to the young and infant population, therefore the demand is stipulated to increase with the

ageing population and accompanying this is an increased cost for funding the health care centers for the aged populace.

According to Age UK (2019), there is a reduction in local authority funding in the UK and this has resulted in an almost total reliance on the means-tested client contributions and fundings from the National Health Scheme. It was accounted that total funds spent on adult social care in 2017/18 was at £21.7 billion, which was way above the initially established cost for adult social care in 2010/11 which was £500 million, taking into consideration that the population of aged persons increases per year, one can establish that the total amount to be spent on adult social care will be ten times more than the years mentioned above, thereby posing great burden to the country's economy.

According to Cracknell, in 2010 the UK health and social care fundings and spending covered/exhausted almost half of the UK Government's estimated and agreed expenditure and most of this spending was focused on older individuals (people aged 65 and above). It is important to put out a quick note that the estimated figure here was just an average as providing health care services for age 85 is three times the cost for providing health care for individuals aged 65 years. It is predicted according to DESA, (2013) that due to the frequency of non-communicable diseases and disability potentially and the fact that these increases with age, there will be a measurable impact of this upon the way social and health care is administered in the future.

### **Dementia:**

According to Woods et al, (2013); WHO, (2012) dementia is a long-term condition that negatively and steadily affects a person's emotional, social, and behavioural functioning. These functional changes are beyond and above what might be expected from usual aging. The prevalence of dementia is increased with increase in age and this leaves the aged population at more risks.

According to WHO, 2012 and Alzheimer's Society, 2014, the current prevalence of dementia across all ages in the UK is; 1.0% of people aged 60–64, 1.4% aged 65–69, 3.4% aged 70–74, 5.9% aged 75–79, 12.4% aged 80–84, and 24.7% for people aged 85 and above. Additionally, the number of people with dementia is foreseen to get

doubled by 2030 and potentially tripled by 2050. The occurrence rates of dementia accompanied by co-morbidity have declined in cases of underlying treatable or manageable vascular disorders and is increased in cases of individuals with Parkinson's disease, learning disabilities, as well as those who have had a stroke (Alzheimer's Society, 2014, Woods et al., 2013). Universally, it is established that dementia is one of the primary causes of disorders in aged adult and it is having a measurable and drastic social and economic impact. This can also be said of other diseases like diabetes.

With these points I am establishing that the aging population can never be eradicated, and at same time, thereby poses great challenge to the health and social care sectors but most importantly if measures are put on ground, these challenges can be immensely managed.

## REFERENCES

Alison J Yarnall, Avan A Sayer, Andrew Clegg, Kenneth Rockwood, Stuart Parker, John V Hindle, New horizons in multimorbidity in older adults, *Age and Ageing*, Volume 46, Issue 6, November 2017, Pages 882–888, <https://doi.org/10.1093/ageing/afx150>

Age UK. 2019. Briefing: Health and Care of Older People in England 2019, p.12, 13, Available at: [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health%20wellbeing/age\\_uk\\_briefing\\_state\\_of\\_health\\_and\\_care\\_of\\_older\\_people\\_july2019.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health%20wellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2019.pdf). [Accessed 3 July 2022].

Alzheimer's Society (2014) Dementia 2014: Opportunity for change. London: Alzheimer's Society.

Bush J. (2018). How AI is taking the scut work out of health care. Harvard Business Review. Available at: <https://hbr.org/2018/03/how-ai-is-taking-the-scut-work-out-of-health-care>. [Accessed 3 July 2022].

Cracknell, R. (2010) 'The aging population' in Mellows-Facer, A. (Editor) (2010) Key Issues for the New Parliament 2010: House of Commons Library Research. London: House of Commons Library.

Department of Economic and Social Affairs (DESA). (2013) World Population Ageing 2013. New York: United Nations.

French D, Browning C, Kendig H, Luszcz M, Saito Y, Sargent-Cox K et al. 2012. A simple measure with complex determinants: investigation of the correlates of self-rated health in older men and women from three continents. BMC Public Health 12:649

Kar, Nilamadhab. (2015). Care needs of older persons. Journal of Geriatric Care and Research. 2. 1-2.

Lucina R, Billy P (2019). The NHS workforce in numbers: Facts on staffing and staff shortages in England. [Online]. Available at: <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers>. Bush J. (2018). How AI is taking the scut work out of health care. Harvard Business Review. Available

at: <https://hbr.org/2018/03/how-ai-is-taking-the-scut-work-out-of-health-care>. [Accessed 3 July 2022].

National Health Service (2021). Improving care for older people. Available at: <<https://www.england.nhs.uk/ourwork/clinical-policy/older-people/improving-care-for-older-people/>>. [Accessed 3 July 2022].

National Health Service (2021). Person-centred care. [Online]. Available at: <https://www.england.nhs.uk/ourwork/patient-participation/> [Accessed 3 July 2022].

Woods, L., Smith, G., Pendleton, J. & Parker, D. (2013) Innovate Dementia Baseline Report: Shaping the future for people living with dementia. Liverpool: Liverpool John Moores University.

World Health Organization (WHO). (2012) Dementia: A public health priority. Geneva: World Health Organization.

World Health Organization 2021. Aging and health. Available at: <<https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>>. [Accessed 3 July 2022].