

PREDICTED HEALTH CARE PROVISION FOR THE YEAR 2025

Introduction

An increase in population from 8,500 to 15,000 by the year 2025 does not necessarily mean a doubling in the number of health services provided. We need to look at the possible changes in demography and possible discoveries and developments in health science.

A Healthier Population

In 1974 there were geriatric wards for people over the age of 65 years, at that time people in their sixties were classed as being old. Today, a person in their late sixties is classed as being relatively young and serious and complex surgical procedures for people in their seventies are classed as not being unusual. We are undoubtedly healthier at a later age than our parents and grandparents and there is no reason why our children should not be healthier than we are. Activity levels at an older age will probably increase. Therefore whilst we can expect to see an older population in the year 2025, we may not need to provide a comparably greater number of services for that population.

Advances in Medical Science

In the past twenty-five years there have been many advances in medical science. An example might be that of hernia repair. This used to require admission to hospital and a stay of up to five days, now a person will go in and have this repair done as a day case, possibly at a Community Hospital or even GP surgery. Even heart disease requires a shorter stay in many cases. In some instances but not all, paramedic or GP given thrombolysis will resolve a heart attack caused by a clot, and when it does not primary angioplasty and stenting will generally solve the problem. Currently angiography takes place both as an inpatient and as a day case procedure, whilst follow up care is increasingly carried out in the community. Much the same is happening in other fields of medical science, with the General Practitioner starting to play a part, the importance of which has not been seen since the time of Hippocrates. Acute District General Hospitals then, will play a much lesser role than they do today, receiving only the most urgent and staff consuming cases.

We are also seeing a link between Community Hospitals, Paramedics and General Practitioners via information technology. Consultant Physicians can and will continue to be able to give advice on patients' conditions in local hospitals and surgeries without moving from their offices in District General Hospitals.

It is also probable that some complimentary therapies will be taken into routine health care. We have already seen this with acupuncture, whilst greater notice is being taken of hypnotherapy and aromatherapy.

Also of importance is preventive medicine, this is not new indeed any research into the history of health care will show that it is very nearly as old as the art itself. It is unlikely that preventive medicine will play a lesser role in the future and new advances should play a role in reducing the number of health care interventions.

Conclusion

Although, it is anticipated that the age of the population will continue to rise at a greater rate than the size of the population, this does not necessarily mean that the volume of

health care provision will need to increase in the same way. It is highly probable that there will be a healthier older population than there is now. Significant advances in medical science might mean that procedures currently carried out at District General Hospitals will be carried out either in General Practitioner Surgeries or in Community Hospitals. For these reasons, it is estimated that health care provision will need to double in size, but this provision will need to deal with cases and procedures that it does not currently cater for. Community Hospitals may then, become hubs for GP surgeries, linked to them, laboratories and District General Hospitals via up to date information technology.

But there is a problem that will grow unless provision is made. This is to do with the traditionally low salaries of Health Care workers. People on such salaries may not be able to afford to live in areas such as Cornwall and Devon. There will then be a lack of much needed experienced staff.

“Healthy communities – healthy people”

1.Introduction

1.1 The group interpreted the brief as broadly as possible. ‘Health’ can be interpreted broadly in 2 ways

- The provision of specific health and social care services e.g. dentistry, orthopaedics, general practice etc which people use when they have an identified health problem.
- A broader public health approach which is essentially preventative. This emphasises the wider influences that have an effect on health and wellbeing. The concept is “Health communities ; healthy people”

1.2 This wider approach to health and wellbeing means that the brief of the group connects to the findings of several of the other working groups. The connections which appear clearest are

- Transport
- the local economy ; crucially food production and consumption
- Housing – including the planning and design of new housing as Liskeard expands to meet the probable housing targets.
- Population growth and change ; looking forward the issue is not just about how many people will live in the Liskeard of the future, important though that may **be**. Also important is the mix and makeup of that population - population structure is important in terms of age balance, and in terms of incoming skills, resources and expertise. There may be aspects of itself that Liskeard should proactively develop and promote in order to attract the ‘right’ people, however that is defined, to the area.

All of these issues have an impact on health outcomes for the population. The detail of these themes will be picked up within the report.

1.3 Cutting across all of this are 4 important themes

- *poverty* (a wide definition which is not only about money, but includes lack of opportunity, poor access and take-up of essential services, and social exclusion). Poor health outcomes have been shown to correlate with poverty. Services are often least well provided in an accessible way to those populations who most need them.
- community cohesion and supportiveness. The supportiveness of families and local community (neighbours), and the strength of people’s social networks have all been shown to improve the way that individuals cope with illness, disability, and family and individual problems
- Young people and their needs also require specific attention. The local survey indicates that many young people plan to leave Liskeard and never return. Provision does need to be made for them, in terms of housing and local facilities Cornwall has one of the biggest gaps in the UK between wage levels and house prices.
- Social exclusion and inclusion need to be considered in all of the proposals. Specific attention should be paid to gender issues - access to services, including maternity services, childcare provision and employment. The ability of the Liskeard community to welcome incoming

minority ethnic groups needs to be systematically considered. Many community development programmes around the world have rightly identified the involvement of women as being the key success factor .

2 Predicting the future

2.1 The working group believes that a number of factors will have a bearing on the future of Liskeard that need to be properly and systematically taken into account.

- rising energy prices, and shortages of key fuels (oil) that may affect the mobility of people, goods, and services. Planning for health services should therefore take into account the need to create local services, that can easily be reached with the minimum of need for transport. Where travel to specialist facilities is essential (because they cannot be provided locally), thought should **be** given to creating efficient and user friendly public transport systems to these specialist facilities. Rising energy prices, and increasing awareness of the need to reduce carbon emissions, will impact on all sectors – leisure, travel, distribution of goods.
- Global warming – the Mediterranean climate is advancing north by 1 kilometre per year. This trend may accelerate **as** many of the predictions about climate change have proved to be conservative. By 2030 the maximum summer temperature will be ? This may bring direct health problems such as excess mortality of the elderly during spells of high temperature. There may also be indirect effects as Mediterranean and North African disease patterns and disease vectors move into the UK.
- Climate change (increasing **sea** levels and climate instability), coupled with conflicts in many parts of the world, will inevitably mean that global migration will increase. It may therefore mean that there is inward diverse migration into Liskeard, which will require adaptations of local culture. Liskeard needs to ensure that it is able to **be** welcoming to incomers, particularly visible minorities.

2.2 It is not possible to forecast with confidence health and community needs 25 years into the future, and so the working group that produced this report decided to indicate the broad direction that Liskeard should take, together with some major trends that are likely to have an impact on Liskeard in that 25 year period. The group felt that it would be a mistake to simply multiply up current provision, without considering how services need to change to effectively meet needs. It is impossible to predict the developments in medical care that may occur, nor to predict how health care will be provided, or who will provide it. It is unclear whether the **ever** rising demands on health **services**, and the increasing costs that flow from new medical technology and techniques, will **be** sustained over that 25 year period. It is therefore unclear whether by the end of the 25 year period health services will remain at the same level, will have grown, or will have shrunk.

- Provision does however need to **be** made for an ageing population, with the specific health and social care needs that accompany older age.
- The group have also assumed a widening role for primary care that are locally based across Liskeard ; not only GP's but the teams that work with them, including specialist liaison workers that connect to specialist services for all groups in the population. We have assumed that primary care services would need to be scaled up over time to meet the needs of a bigger Liskeard population.

2.3 In the data available to the group there was nothing to indicate that Liskeard's pattern of need for health and social care services contained anything that was truly exceptional or unique. (reference can be supplied for this)

3 The Liskeard of the future

Liskeard has choices to make in adapting to this unknown and unknowable future, and could be at the forefront of the necessary changes. It is said that there are three kinds of people, and similarly there may be three kinds of towns. There are the people who make things happen. There are the people who watch things happen. And there are the people who say ‘what happened?’ Hopefully Liskeard will not be shaking its collective head in 25 years, and wondering how it failed to plan for the changes in society that occurred.

4 Community cohesion and supportiveness

In times of rapid social change, including the rapid population expansion that Liskeard may be faced with, it cannot be guaranteed that strong and cohesive communities will develop of their own accord. There is likely to be a need to use community development methods and resources to achieve this. Community development techniques can be applied to develop community strengths and resources by encouraging and supporting participation and cooperation, and to impact on identified issues such as crime, health, facilities for young and old. The participation of women is crucial and often meets opposition. The town plan should consider identifying and obtaining the necessary financial resources to support a coherent community development strategy for the town. The need to do this should not be seen as negative or a sign of failure and deterioration in the life of the town –but be seen as a positive way of responding to the needs of a growing town and the problems that will arise.

- Community development resources should be very locally based (i.e. within individual estates and neighbourhoods in Liskeard) and should consist of physical resources (meeting and activity spaces), and appropriately skilled staff.
- Community development stresses individual and collective empowerment, and inclusiveness of all sections of the community. These values are especially appropriate in times of change and uncertainty.

5 PREVENTING ILL-HEALTH, and promoting good health

- **Good Food**, including:

More allotments and other facilities for small scale food growing ; As oil prices continue to rise, people are becoming more aware of ‘food miles’, i.e. the cost involved in transporting foodstuff, including vegetables. There could be an increased demand for more allotments so that people can start to ‘grow their own’. This should be encouraged. As well as growing and eating a diet of healthier foods, especially beneficial for those on lower incomes, it will also promote healthy living through exercise. Facilities, such as this, need to be accessible and affordable for people of all ages. Increased allotment provision should be made when new housing estates are being planned – allotment provision should be integral

- Healthy eating in schools
- School and hospital food locally sourced and produced on site
- Local orchards and much more locally sustainable agriculture / horticulture
- Town Market where everyone just takes along any surplus items they have grown
- Sustainable food network, supported by local authorities, farmers, business and individuals

Minimise / End Fuel Poverty:

- Fuel poverty will increase as energy prices increase, unless there are dramatic downward changes in energy consumption. (household are in fuel poverty when more than 10% of their income is spent on fuel ; gas, electric, coal etc) Locally produced power from a bank of photovoltaic panels, wind generators, and heat produced from the water-treatment works, from community composting, and from water circulating in pipes below the surface.
- Individual houses, or groups of houses, could have small wind generators,
- Street lighting could be run in this way
- Larger establishments (schools, the hospital, council buildings etc) to generate as much of their own power as possible and act as demonstration projects to encourage and inspire others

Local academic links - Developing the role of Liskeard Community School who have a specialist focus on engineering to be involved in many of the above ideas. To link in, too, with Cornwall University who could be encouraged to set up a ‘green engineering’ campus in Liskeard to develop a model self-sustaining community of the future, not so dependent on expensive oil and imported energy and food. Green engineering could focus on energy generation and consumption, transport and agriculture. Such an approach should help to keep young people in the town, and as a flagship project would attract others for positive reasons to Liskeard.

More community re-cycling of resources – exchange centre for all re-usable items, community composting.

Best practice house builds - to incorporate the most energy efficient designs and practice, and buildings situated in layouts that are shown to prevent isolation from neighbours, shops, transport, and facilities, that minimise crime, and that encourage interaction – common areas and seating for people of all ages and play areas for children.

- Design (of houses, estates, transport systems, and community facilities) will not of itself bring about the behavioural change that promote health, but poor design or no design will make them impossible. We should look at inspirational examples of design from other places and cultures and adapt them to the local context.
- Exercise – encourage walking, cycling, sport etc. Facilities such as gyms, tennis courts, fitness suites, etc. need to be factored in to the overall plans for the growth of the town. The use of these facilities by the public should be taken as granted. Again, this must mean that the facilities are available to those on low incomes. Perhaps those who are claiming benefits, are on housing benefits, council tax benefit and those who claim pension credits, could be given free or reduced cost passes to gyms and fitness suites. This would help towards promoting healthy living for those who can least afford the cost of such initiatives. With reports in the media about growing childhood obesity and the health consequences for such children, it could help encourage the younger members of our community to take fitness seriously.
- Many of the design solutions that will promote ‘health’ also address crime and crime prevention.
- **Prevent cultural and community events from leaving the town**
- **Good quality appropriate housing** - with relevant support for particularly vulnerable groups, e.g., elderly people, people with learning disabilities, or those with recovering mental ill health. The roles and responsibilities of carers to be more widely recognised

- **Jobs and projects** - so that people feel included in the life of the local community. This would also include those more vulnerable groups so that they feel they have more meaningful roles. This would also include a well-run LETS scheme.
- **An holistic approach to health issues** – the hospital might offer an opportunity to the Peninsular Medical School to develop ideas of best practice in this area.

6 Services for people with specific health issues

Regardless of any measures put in place to reduce ill-health, there will always be people who have health problems and health needs. This is especially true of elderly people who will generally need more and more care as they grow older. This will come at a time when they are least able to access health care because of mobility or financial problems. In a rural area like Liskeard public transport is limited and expensive.

The group felt that health services should be available, for all age groups, in or near the town. However, this was not an inward-looking view as it was felt that access to services should still be available through other means. Video conferencing and internet communication with specialists based in large hospitals would mean less travel for patients. A specialist coming to the local hospital would cost less overall than many patients travelling to a central hospital.

Health professionals could look at alternative, less expensive and inconvenient ways of providing healthcare. This would require lateral thinking rather than the traditional medical model. This could involve financial help for individuals, alternative care packages such as sport, massage, walking clubs, support groups etc.

Support

- Mental health – a more holistic approach, getting different professionals involved in a case so that many issues can be dealt with early to encourage the healing process. Many users of mental health services when consulted about their needs feel that ‘talking treatments’ combined with social integration are preferable to drug treatment alone. Involving a non-statutory organisation such as MIND ?
- Maternity services, and supportive services for families with young children. Providing home birth as an option for those who chose it.
- Appropriate help and housing for people with learning and physical disabilities
- Appropriate housing for older people with accessible support available for a wide range of problems. Key services felt to be missing or difficult to access include chiropody and routine dressings. Key services such as these could be provided in a user friendly, informal setting which serve a social function as well, providing meals, company, information and stimulation for those receiving services. It would be beneficial to attract in a credible non-statutory service provider such as Age Concern to help create the right environment in which these services could be provided. There is also a perceived need for more OT and physiotherapy. Problems dealt with at an early stage they are less likely to escalate. Loneliness, isolation and difficult access to services will lead to more severe intervention later. This applies to the above.
- Families
- Aftercare, may need a lot of support at first, quicker recovery and less support needed later
- Drugs and alcohol ; The use of drugs and alcohol seems to have grown over the years and has not levelled off. There does not appear to be much help for people within the town who suffer from such addictions or wish to be rehabilitated. Comish drug and alcohol services are concentrated in the centre of the county, and Plymouth services do not come across the Tamar. It seems likely that as the town grows, so could our drug problems. The town needs to be aware that problems do not go away if they are simply ignored. The problems caused by drug and alcohol addiction needs to be addressed. There must be proper support and education put in place either through

charitable and/or public means. There will also be a need for more 'half-way' housing for those who are addressing their addictions. The need for increased provision should be brought to the attention of the Cornwall Drug and Alcohol Action Team who are responsible for the planning and commissioning of substance misuse services.

- The role of the voluntary sector – there is a need for more voluntary sector input in Liskeard into all aspects of health and social care. Some examples relating to mental health and the needs of the elderly have been given above. The same principles should apply for instance to substance misuse, disability and learning disability. There is also a lack of refuge provision for the victims of domestic violence, and of counselling for people with relationship difficulties. (Similarly there is no Sure Start programme in Liskeard or district) .

Access

- Knowledge of services available
- Cheap, local transport around the town to reach services
- Keeping services as local as possible, less advanced but with links to experts

Information

- Very confusing at the moment, more health professionals need to be involved in providing sources of information. At present the Liskeard CAB, which is often a starting point for people seeking to address a problem, is under-funded by any objective criteria. A more fully resourced CAB could play an expanded role as an information provider.
- Self help

Stress

- Many of the other issues discussed may relieve stress, such as good housing with access to services and energy efficient buildings, access to advice and information, support systems, community support, feeling part of a community, access to leisure and recreational facilities.

7 Crime and Anti-social Behaviour

Anti-social behaviour has been and will, no doubt, always be part of the life of the town.

It is not confined to one particular age group and can include such things as dropping litter, cigarette ends and chewing gum to damaging and disfiguring property. It is important that young people are not 'demonised', even though a minority may cause a disproportionate amount of problems. Anti-social behaviour includes both parking on pavements or the behaviour of boy racers. For some, a group of young people gathering in and about the town, particularly at the weekends, is regarded as anti-social. The noise and size of such groups can make other people feel threatened.

What measures could be put in place now to restore a sense of civic pride in the town? Ensure that there are adequate and affordable activities for the young, e.g.:

- A purpose built youth club with out-reach workers;
- Facilities for sport and leisure;
- A cinema and coffee / soda bar;
- Introduce regular consultation with representatives of the town's youth groups in order to involve them and canvass their ideas as to their needs;
- Town councillors need to get involved with local schools to promote good citizenship and carry such debate to the wider public;
- Better use of the town's CCTV to monitor illegal parking and low-level crimes;
- Litter bins
- The introduction of community police support officers.

Transport

The amount of traffic passing through the town is already a concern. With more and more housing planned, the town centre will be unable to cope with more cars and the air pollution they will cause. Not only will this affect people's health but it will stop the town's centre, e.g. The *Parade*, from being used as a pleasant place for young and old to meet and socialise. It would seem sensible to start a debate now to explore how the damage caused by cars and traffic could be minimised. From a health perspective Liskeard should take steps to promote walking and cycling (a comprehensive network of pedestrian and cycle routes) as part of everyday life for those who are able to, while providing appropriate access and assistance for those with mobility difficulties.