

Life After Blair public lecture series

# The Ageing Society: challenges, opportunities and unnecessary scares

Lord Adair Turner LSE and CASS Business School

Professor John Hills LSE, Chair

### Male cohort life expectancy at 65



Source: GAD, UK

### Male cohort life expectancy at 65



Source: GAD, UK

### Male cohort life expectancy at 65



Source: GAD and Pensions Commission estimates, UK

### The long-run evolution of the general fertility rate



# Comparison of total period fertility rate and completed family size measures of fertility



### **From Pyramids to Columns**



# Impact of the 1940s-1960s Baby Boom on the old-age dependency ratio



# Challenges of an ageing population

- Pensions
- Healthcare
- Productivity, dynamism, innovation?

### **Demographic challenges to funded pension systems**

Increased longevity (if no increase in pension age)

Lower birth rate

Increased savings rate to secure adequate income for longer retirement ≻ K/L up

Return on capital down

Generation 1 has to sell accumulated savings to smaller Generation 2  Asset prices fall (relative to higher birth rate alternative)

### Percentage of adult male life spent after SPA\*

	2005	
State Pension Age	65	68
Life expectancy after SPA (years)	19.4	20.9
% of adult life (18+) after SPA	29.2	29.5

\* State Pension Age

## Health status of US over 65 population



Source: National Long Term Care Surveys, 1982-1999, US. Manton and Gu (2001)

## **Productivity and innovation**

- Older people less productive?
- Older people less entrepreneurial?
- Older people less innovative?

### **Employment rates for men and women aged 50-SPA**



### **Employment rates for men and women aged 65-75**



### **Policy levers to support increased participation**

- Age discrimination legislation
  current "back-stop" 65
- National Insurance
  - No employees' NI above SPA

- Shift to SPA+5 years?
- Remove or reduce employers NI? (on a slice of income)

### Share of UK GDP devoted to state pensions

Assuming state pensions rising in line with earnings



Source: Pensions Commission

### Old-age, youth and total dependency ratios



Source: GAD 2002-based principal population projection ONS Population estimates

# Low birth rates & retirement provision: offsetting impacts

#### **Macro Perspective**

Higher tax / contribution rate required to support PAYG system

But offset by lower need for investment in new housing stock

### **Individual Perspective**

Higher tax / contribution rate to support PAYG system

But inheritance of a greater share of housing either

Reduces need for house purchase

#### OR

Delivers assets available for consumption in retirement and thus reduces the need for private pension saving

### Health expenditure as % of GDP

	1980	1990	2003
France	7.0	8.4	10.4
UK	5.6	6.0	7.8
US	8.8	11.9	15.2

Source: OEID Healthcare Data 2006

### Ordinary and day case elective admissions by age



Source: Source: Department of Health, Hospital Episode Statistics

### Demographics and medical demand 1990 – 2000



### **Drivers of increased cost 2003 – 2013**

Total cost 2002 - 2003	Cost of implementing 5 NSFs*	Equivalent quality & access improvements in other disease areas	Reducing waiting times & 'clinical governance'	Demographic effects	Other	Real pay/price effect	2012 if no productivity increase	Productivity Gain	2012 Including Productivity

(\*) Cancer, mental health, renal, diabetes, CHD

Source: FSU analysis drawing on Wanless (2002)

### **Driving healthcare efficiency: what matters**

- Evidence based medicine
- Skill mix changes
- Process redesign
- Reconfiguration
- Information technology

### Hospital bed days – Kaiser & NHS



<sup>1</sup> Figures calculated from data on average length of stay and acute bed days per 1,000 population.

<sup>2</sup> 1996 latest OECD data

<sup>3</sup> age adjusted rate: Kaiser average of 270 bed days per 1,000 is made up of 193 days for those aged under 65 years and 1031 days for those aged over 65 years. The figure for the NHS is for all age groups. Feachem et at states that if Kaiser had the age distribution of the UK its acute bed days would be 327.

# Driving healthcare efficiency: the role of markets?

### **UK Approach**

Use contracting between primary and secondary care purchasers/providers to drive efficiency and innovation



Manage an integrated health system combining primary and secondary care

- without internal market contracting
- but facing external competition to the whole system

### Pensions and health: divergent government philosophy

#### **State Pensions**

- Means-testing to focus scarce resources
- Universalism unacceptably costly

### **Publicly funded Health**

- Means-testing (e.g. copayments) unacceptable
- Free at point of provision universalism a key principle

<sup>2</sup>hilosophy

as

- 6.25 →7.75% over 2007-2050
- After intense "affordability debate"

- 6.2 → 8.0% over 2002-2007
- After little debate

## **UK Population growth: principal projection**



Source: Government Actuaries Department