

**National Forum on Ageing
Enabling Independent Healthy Ageing - November 2009
Panel Discussion**

Panel Members: Gregor Rae
John Storey
Gail Mountain
Duncan Macniven
David Bell

Chaired by: Professor Paul Boyle

Summary of the themes from questions generated by the discussion groups:

- 1) Understanding the figures
- 2) Enabling independence/self-help
- 3) Government Spending
- 4) Lifelong Learning
- 5) Service Provision
- 6)'Free' questions from the floor

1) Understanding the figures

Q) In terms of the population projections, what are the contingencies in the figures for different scenarios which could impact (i.e. new governments, pandemics)?

Duncan Macniven explained that certain scenarios are factored in, to the extent that they happened in the past. In addition to the principal projection, there are a range of variants that are calculated – i.e. if Scotland is considered unattractive to potential immigrants and experiences zero net migration, there is a projection for this. There is also an 'optimistic' scenario based on a steady influx of migrants. It was also noted that there are wide confidence intervals for the different projections and acknowledged that doing this precisely is difficult. Check the website for different projections. <http://www.gro-scotland.gov.uk/statistics/publications-and-data/popproj/index.html>

2) Enabling Self-help and independence

Q) How much personal responsibility should people have for their health throughout the ageing process?

John Storey noted that due to technological advances and use of the internet, people are much more likely to access information about certain health conditions and to play a greater part in the management of their health.

Duncan Macniven spoke about the gains that have been made in terms of tackling and eradicating some of the big childhood diseases of the past (TB, Scarlet fever etc.). It was argued that there are likely to be some key technological and

pharmaceutical advances to be made in terms of tackling certain types of cancer etc. However, it is argued that there has been an increase in diseases which are related to personal choice, such as the level of diet and exercise, smoking habits etc. Other initiatives, in line with the smoking ban, such as minimum pricing for alcohol, are likely to be met with a degree of resistance.

It was noted that the question of how much intervention should come from the state, and the degree to which people themselves are responsible is key to understanding the whole debate.

John Storey noted that the number of deaths from alcohol related disease increased from 1996, after the relaxation of the licensing law. It is argued that there are positive interventions that can be made by government.

Q) How can self-help/independence be encouraged among older people?

Gail Mountain argued that older people should be thought of in a more equal way and that services for older people need to be re-thought.

Gregor Rae said that information was key, and the more information that is provided, the more people will be empowered to make positive choices.

Paul Boyle asked for more specific examples, and cited research studies which are intended to make people more active (i.e. tailored advice, people given pedometers etc.), having excellent results, but that activity levels tend to fall again to their original levels, after the initiative is finished.

Gail Mountain urged new ways of thinking about this, and said that a goal of being physically active in, and as of itself is a red herring. She argued that research shows that if people are more socially connected then they will naturally become more active, that the issue is engaging people in purposeful activity.

Duncan Macniven said that it is not just physical activity that counts, that it is incumbent on us all to make information available, to identify where the problem areas are and to tackle these. It was noted that the media are interested in this dilemma and are good at providing a 'human face' to these problems.

Gail Mountain spoke of how until relatively recently, it has been considered 'normal' to sit in a chair and take it easy in old age, and that the recent emphasis on physical activity and messages around this may take time to become embedded. Again it was stressed that if people have things to do and people to meet, then they will naturally become more active.

John Storey highlighted the recent 'see the person, not the age' campaigns to reduce prejudice towards older people. He also noted that debates around personal freedoms and liberties and state intervention are ongoing.

3) Government Spending

Q) What is the government's strategy for providing resources to older people?

John Storey noted that roughly 40% of the NHS budget is spent on older people, and that the NHS is predominantly used by older people. It was also noted that large proportions of money are spent on older people's services in Scotland, with programmes such as concessionary travel and free personal care. Since 1997 new policies have involved 'turning on the taps' of government spending. However, there is some uncertainty as to what will be available in the next few years, in the new funding environment.

David Bell spoke of how, although the last few years have seen some substantial increases in spending for older people, it is unlikely that these increases will continue, and the next few years are likely to present some difficult choices. He argued that there is a need for radical thinking around the way that care is resourced.

Duncan Macniven observed that increasing proportions of older people are going to be in the older age groups and that by 2033, 1 in 8 of all voters will be 'older'. As older people tend to use their vote more frequently, they are likely to have a stronger voice and to exercise their views and rights. He also argued that the increase in the pensionable age, means that the government is sharing in the increased life expectancy. He also noted that there seems to be a recognition that raising the pension age is necessary and fair.

Q) Should the considerable variation in healthy life expectancy among different socio-economic groups mean that the retirement age should vary across different socio-economic groups?

David Bell responded by saying that manual workers typically retire earlier, as do those who have sufficient wealth (tied up in housing etc.). However, it is recognised as being more expensive to fund pensions privately. He contended that there is perhaps a case for manual workers to retire earlier. He also discussed the variation in retirement rates among different European countries and the problem of people underestimating the level of income needed to support themselves in old age.

Duncan Macniven talked about the variation in life expectancy across different wards, one in Glasgow where the average life expectancy was actually less than 60. He recognised the vast disparity in different wards in Glasgow and the difficulties therefore with a block raising of the retirement age.

Q) How can we commission joint working without joint budgets to provide health and social care for older people?

It was noted that joint budgets have their advantages and disadvantages, and that they can't be the 'be all and end all' to care problems.

4) Lifelong Learning

Q) How can we make lifelong learning for older people in government/local authorities a priority?

Gail Mountain argued that there are issues around access and around vision, and that there is work to be done in terms of making opportunities available.

John Storey - There has been a fall off of older people accessing lifelong learning in England, although this is not the case in Scotland. Individual Learning Accounts (ILAs) have been successful. Lifelong learning and volunteering are positive activities that should be recognised.

5) Service Provision

Q) How do we reduce stigma and make benefits more accessible?

David Bell – Of all the different groups older people have the highest incidence of non-claims. In the university of East Anglia they have done some work exploring what causes people not to claim their benefits in relation to attendance allowance etc. The proportion of those claiming disability living allowance among older people is rapidly growing.

John Storey – At previous stakeholder events it was found that benefits which were claimed automatically (rather than having to take action to make claims) seemed to be the best way in which to alleviate poverty. Those which involved positive action to receive benefits had a much lower take up rate. He also spoke of some work around Macmillan nurses helping people to claim benefits.

Paul Boyle spoke about the national register system (like in Scandinavia), which helps maximise receipt of benefits.

6) 'Free' Questions from the floor

Q) If you found yourself in a lift with the Cabinet Secretary, what single message would you give?

Duncan Macniven – To keep going! What the Scottish government is doing is digging in the right direction and there is evidence of the effectiveness of interventions such as those around smoking, alcohol and AIDs campaigns.

Gregor Rae – To make sure that there is more than one minister in the lift, as it is more than just a health issue. Private sector organisations can also have an impact.

Q) Pensions linked to earnings have been deferred to 2018, why is this the case? Originally this was planned for 2012?

Duncan Macniven noted that this was perhaps a question for UK government to answer, and that they didn't have the right knowledge and expertise to answer this

Q) Are there debates around how different types of technology are being used (i.e. monitoring people by having 'tracking devices' placed in clothing etc).

Gail Mountain – There hasn't been a particularly big debate about this, although it has been touched on in relation to dementia.

John Storey noted that this is a rather anxious view of the use of technologies to aid older people, and that work in West Lothian around telecare has been successful, and the technology generally well-received by users. There is the impression that this is not a huge issue (in terms of being intrusive) and that people welcome the help and reassurance that they get from having the technology.

Gregor Rae argued that in the future, monitoring in the home will more closely resemble the kind of monitoring that goes on in driving (messages telling you that your handbrake is on, that the lights are still on etc.). It was suggested that there is likely to be a seamless gradation of functions in the home which will become gradually accepted as normal.

Gail Mountain suggested that there should be further debate around the use of these technologies, and their impact.