



Future of an Ageing Population Project: Evening Seminar – University of Kent

13 November 2014

Context

As part of the evidence gathering for the Foresight Future of an Ageing Population Project, Sir Mark Walport and the Project's advisory Lead Expert Group undertook a programme of visits around the United Kingdom. The second of these visits was to Kent on the 12th and 13th of November 2014. This seminar was organised in partnership with the University of Kent.

Seminar

The seminar consisted of an informal panel discussion with people from the local community and representatives from academia, private and voluntary sector organisations to discuss the Future of Ageing Project and to consider the future of social care.

The seminar was chaired by Professor Dame Julia Goodfellow (University of Kent), with three guest speakers: Professor Sarah Harper, Peter Dale and Professor Julien Forder.

A summary of the key points from the three speakers and the audience discussion are summarised below.

Professor Sarah Harper, Director of the Oxford Institute of Population Ageing and Chair of the Future of Ageing Project's Lead Expert Group

- Life expectancy has drastically increased in the last few decades; however this is not matched by an equal increase in healthy life expectancy, leaving people living longer with disability and frailty.
- The life course needs to be reconsidered in line with the fact that people are living much longer than in the past; working for 30 years followed by 30 years of retirement is unlikely to be economically viable.
- People are increasingly receiving inheritance later in life than has traditionally been the case. There will also be wide ranging impacts regarding older individuals providing care for elderly parents or partners.

Peter Dale, Chair of the South East England Forum on Ageing

- More considered and clearer language is needed around the older population; everyone from 50 – 100 years of age cannot all be classified under the single terminology of an 'older person'. Older people are also often stereotyped and feel undervalued by society.
- The external world will consistently change due to development of new technologies and societal shifts in attitudes towards ageing and older people. The time lag between developing an idea and implementing an idea in the social care field therefore needs to be reduced to meet this continual change.

Life course and generations

- Different generations of older people will have a variable appetite to making choices regarding healthcare and social care options, as well as varying levels of dependence on parents depending on family structure.



- The entire life course contributes to conditions in later life and so the impact of interventions throughout the life course needs to be understood. Individuals' chronological, biological and social age are increasingly different.

Personal Budgets

- Personal Budgets can be beneficial by allowing people individual control of their own care and needs, which often only they can best understand. There is evidence to suggest there is variation in the way younger adults manage their budgets, compared with people at other life stages.
- Providing an infrastructure of support to navigate the system of information is essential. Often, a peer that has already been through the process and successfully managed a personal budget can provide trusted support.

Cost of Social Care

- It is important to ensure that the introduction of a competitive market does not impact negatively on quality. Regulatory measures are essential in ensuring consistent quality.
- Much of the expenditure in social care in the last century has been on residential care choices. More choice and flexibility of options is needed in the social care market. There may be potential benefits in increased piloting of new initiatives.

Health and Social Care

- Social care is often a consequence of a health condition. However, although essential to an individual's well-being, some people may find the system difficult to navigate, and it is important that there is support around means-tested access. Social care should be considered on par with health care, rather than as a subsidiary of health care. The management of both health and social care would benefit from joint ownership and governance – and therefore responsibility.