



## **ALL OUR FUTURES: HOW SHOULD WE RESPOND TO AN AGEING POPULATION?**

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Rt Hon Paul Burstow MP, former Care Services Minister

### **CHECK AGAINST DELIVERY**

#### **INTRODUCTION**

Good evening and welcome.

Demos are 20 years old, two decades of thought leadership, helping to shape public debate and public policy.

Nowhere more so than in stimulating debate about how we prepare to become an older society.

This is not something we can opt out of. As Demos said in its 2003 report *The New Old*, “the baby boomers have transformed every station they have passed through and show no sign of stopping in old age.”

It was a good analysis of the opportunities and challenges of ageing in 2003 and a decade later it has stood the test of time.

It warned against making assumptions about the future based on out of date ideas of ageing.

I want to spend some time setting out what has been learnt since that report and what it means for public policy.

#### **A QUIET REVOLUTION**

A revolution is taking place in this country; a quiet revolution that will remake our society, our economy and our public services.

As a species we are getting better and better at surviving.

This is a triumph of human ingenuity; a product of our determination to do battle with the grim reaper.

Thanks to public health engineering, to education, to antibiotics, to vaccination programmes, and to our NHS we have seen dramatic reductions in premature death, and a rise in life expectancy.

In fact every hour that passes life expectancy increases by 20 minutes.

So, we have willed the means of our increased longevity we are ill-prepared for the transformation it is bringing about.

We need to be age proofing the UK now.

Recently a House of Lords Select Committee took a look at how prepared the UK is for ageing. In the respectful tone of their Lordships it was none too complimentary.

We are, in a nutshell, nowhere near ready for the quiet revolution of living in an ageing society.

Changes have been made - such as the pension reforms being steered through Parliament by my colleague Steve Webb and the care reforms that I helped to craft.

These are good liberal reforms, but they are not sufficient to protect us from the consequences of being ill-prepared.

There is, as yet no effort by Government to comprehend and put in place an Age Proofing Strategy.

## **AGEISM**

The debate about ageing all too often casts older people as the villains, burdens on society hoarding assets, hogging resources.

Councils draw graphs of doom showing how their social services will soon consume more than their whole budget,.

Just last week the Office for Budget responsibility published its new forecasts identifying ageing as a significant driver of health and care costs. This sparked a fresh round of headlines about demographic timebombs.

We may have banished ageism from our laws. But ageism is alive and kicking in our daily conversations.

It colours the attitudes of health and care professionals, of politicians, their advisers and their officials, of business and it finds its voice in the media too.

While I was Health Minister I took the decision that no aspect of the NHS or social care should be exempt from the age duty of the Equality Act.

My reason was simple. Decisions about healthcare should be objective, based on evidence.

And our growing understanding of life science has exposed chronological age as a poor proxy for our biological age. There is no such thing as a typical older person.

I believe that the law can help change the way we see things. But we still have a long way to go to banish negative stereotypes of ageing from the way we think and behave.

Tackling ageism would be an essential part of any Age Proofing Strategy.

Just think. We use the label older people to cover a population from 60 to 100.

A span of forty years.

It makes no sense.

Deep down we know the stereotypes don't ring true.

Research by the Royal Volunteer Service puts the economic contribution of people over 65 at £175 billion a year. That is set to rise to £291 billion by 2030.

RVS describe older people as the social glue in our communities. As an MP with a strong local voluntary sector in my constituency I can testify to the fact that older people are the backbone of voluntary service – and by no means a drain on society.

A successful Age Proofing Strategy would challenge the prejudice and seek to unlock the full potential of the contribution of older people.

### **LEARNING ABOUT THE OVER 80s**

The NHS marked its 65<sup>th</sup> birthday a few weeks ago. The celebration was accompanied by a fresh round of reports about how the NHS was buckling under the weight of an aged population.

Again this fuels ageist attitudes.

Truth is we know very little about the over 85s – the fastest growing portion of our society.

There have been very few studies.

In place of evidence assumptions are made.

So let us look at the evidence.

In Newcastle the Institute for Ageing led by Professor Tom Kirkwood has been studying a representative group of people born in 1928.

It has been revealing.

The researchers found that eight out of ten over 85s are living independently with little or no help.

While most of them are living with a mixture of ailments they report a good quality of life.

Not the picture of misery, disease, dependency and death so often painted. Research like this flies in the face of the fear of growing old.

Of course that does leave two out of ten who do need help every day, some 24 hours a day.

According to the forecasts by the Newcastle Team this means by 2030 there will be around 925,000 people over 80 either in need of daily help throughout the day or who require 24/7 care.

When I wrote the Care and Support White Paper last year I wanted to move from a system that only stutters into life once the crisis has happened to one based on proactive prevention.

I argued for the return of public health to local government because for me tackling the causes of the causes of ill health requires a new paradigm based on wellness and wellbeing.

The home, our schools and our workplaces are at the heart of this shift.

Our goal over the next decade must be to do everything that we can to bend the demand curve.

Measures that tackle loneliness and promote social connectedness will be crucial. Again Demos has helped to highlight the evidence for making tackling social isolation a public health priority with its report Ageing Sociably which looked at the role businesses can play. It recommended that local authorities engage with businesses and the voluntary sector through their Health and Wellbeing Boards to develop local plans to deliver “healthy ageing”.

As I worked on the White Paper two things became increasingly clear to me.

First, that housing has a huge contribution to make to the prevention agenda.

Second, that residential care had been left out in the cold, seen as part of the problem. I came to believe that residential care can and must have a future if we are to seriously engage with this quiet revolution.

### **HOME IS WHERE THE HEART IS**

It is often said that people want to remain in their own homes. The emotional investment, the local connections, the fear of the unknown are all given as reasons for staying put.

Yet is this really a choice?

No. It's a mirage.

There's a chronic shortage of both adaptable general needs housing and purpose built accommodation. For older owner occupiers and they are the majority in this market, there is very little choice.

Too much attention is paid to first time buyers when the real opportunities lie in growing the market of 'last-time' buyers.

At present around 50,000 older people move each year. For some this will be a conscientious decision, for others it will be triggered by a crisis.

In 2010 a survey by YouGov found that as many as six million older people would consider moving to purpose built accommodation.

There is a market, but it needs to be stimulated.

The impact on the supply of housing for first time buyers could be profound, freeing up family homes, stimulating new investment in renovation.

The preventative affect of moving to warmer, more affordable, more accessible housing of a 'last-time' buyers market need to be calculated. But the potential is huge.

The Government has a part to play in harnessing this potential.

In the Care Bill it can make housing advice an integral part of proactive prevention and care services.

It can build on the decision in this year's spending review to switch the funding responsibility for the Disability Facilities Grant to the Department of Health.

Policy responsibility for DFG should become an integral part of the Department's role too. And this should include the Government's relationship with local Home Improvement Agencies. Something else to add to a future Age Proofing Strategy.

## **RESIDENTIAL CARE**

They say home is where the heart is. Home is more than bricks and mortar.

The goal must be to give people a real housing choice in later life, rather than a fire sale if things fall apart. Adaptations and staying put yes. But moving as a genuine choice too.

And that leads me to residential care.

In 1985 Dame Gillian Wagner persuaded the Government to commissioner her to conduct a review of residential care. Her committee produced a remarkable report in 1988, calling for reforms with the aim of making residential care a positive choice rather than a last resort.

Almost unnoticed beyond the sector her recommendations have influenced much of the reform of the past two decades.

But residential care is still not seen as a positive choice.

Rather for many the thought of residential care is a source of dread, an unwelcome last resort. Media reporting of care has fuelled the negative stereotype.

Yet care homes can be places of light and laughter, a home from home. You find good care where the focus is on relationships. Those connections are crucial to how we see the world.

That's why I am a great fan of the My Home Life programme. It is all about relationships and the leadership role of registered managers.

It puts people – residents, their family and friends, staff and the local community – at the very heart of its work and makes a reality of personalised care.

### **THE COMMISSION**

I believe that residential care has a part to play in the future of care.

The rapid rise in the numbers of oldest old and the fall in the number of family carers over the next 20 years can either be seen as a threat or an opportunity.

The opportunity is to create a new model of residential care. The care home as a community hub, part of its community, an integral part of the integrated system every Political Party now says they want.

But how do we get from here to there? Can we agree the destination?

Are there new forms of ownership?

What impact will personalisation and personal budgets have?

What role does technology have to play?

How do we ensure access to good primary and community care?

Can residential care be made part of a continuum of care linked to planned housing moves rather than fire sales?

And given that by 2030 there will be an extra 239,000 people over 85 needing 24/7 care, how do we build enough in time?

These questions need answers.

I suspect that it is not generally known that there are more than three times the number of beds in care homes compared with the NHS.

Would we respect care homes more if we realised the major contribution they are making?

There needs to be a reappraisal of the role of residential care, a realisation that it is part of the solution, rehabilitation of its reputation and a valued place in our care system. But to meet the expectations of the baby boomers it will have to change.

To answer those questions, and offer a positive vision of residential care I am delighted to be able to announce tonight that over the next twelve months I will be leading a Commission on the future of residential care.

Demos will bring their wealth of experience to supporting the Commission's work.

And the Commission will benefit from the expertise of some of the sector's finest minds.

Private and voluntary sector providers.

Academics.

A former Adult Social Care Director.

Today the Commission met for the first time and Demos are publishing the our call for evidence this week. I hope many of you will contribute your ideas.

## **CONCLUSIONS**

So in conclusion.

Our society is changing.

We are living longer and healthier lives.

Being older is fast becoming the new norm.

When the NHS celebrates its 100<sup>th</sup> Birthday in 2048 there will be over 100,000 centenarians.

As a nation we are ill prepared for this quiet revolution.

We are running out of time to formulate an Age Proofing Strategy, to bend the demand curve, to increase the prospects of more people enjoying a healthy old age.

And residential care has a part to play in that strategy.

At the heart of communities, a resource, a place of respite; open and outward looking, part of a continuum of care.

This is part of the solution. Thank you.