



Future of an Ageing Population stakeholder event

University of Stirling
9th March 2016

Attendees

Professor Martin Knapp - Professor of Social Policy, London School of Economics (Chair)

Professor David Bell - Professor of Economics, University of Stirling (Host)

Professor Alison Bowes - Head of School of Applied Social Science, University of Stirling

Dr Elaine Douglas - Economics Department, University of Stirling

Elizabeth Lemmon - Economics Department, University of Stirling

Tina Livingston - Director of TwoBridge Consultancy

Christine McGregor - Economic Adviser, Health and Social Care Analytics, Scottish Government

Professor Charlie Wood - European Policies Research Centre, University of Strathclyde

Dr Rebecca Jones - Project Leader, Foresight Future of an Ageing Population

Henry Green – Foresight Future of an Ageing Population

Introduction

This stakeholder event was organised by Foresight and hosted by the University of Stirling. Its aim was to discuss the findings of Foresight's Future of an Ageing Population project, and the ageing population in Scotland and Scottish initiatives in response to it.

Substantive discussion points

- There are differences in Scotland's **demographic**. After long periods of decline, the population started to increase in the early 2000s. Fertility, life expectancy and net migration are all marginally lower than in the rest of the UK. As a result, the Scottish population will age faster than the rest of the UK. There has been a big increase in **employment of older people** since the recession, and there is less of a generational difference in asset wealth than the rest of the UK
- Scotland has a reputation for using **technology to support care**. The '[Living It Up](#)' project, which has had investment from local authorities and health boards across Scotland, is a good example of this (although it's impact has yet to be fully evaluated).
- This project came about as a result of **cross-departmental co-ordination** in the Scottish government. Scale is the main factor that benefits cross-government collaboration in the Scottish government.
- One of the lessons learnt from Scotland's use of technology to support care is to not treat telecare as distinct from other forms of technology. Carers may get more mileage out of 'low-tech' or commonly available tools, such as iPads.

- Local initiatives include a project to support digital access in 'peripheral' locations in Scotland. It has shown that introducing technologies such as iPads has considerable benefit to carers.
- There is also a [project](#) looking at the ethical and social issues that arise from using technology in this area.
- **Housing** is a significant area of difference between Scotland and England. Apart from small areas in Glasgow and Edinburgh, house prices are much lower in Scotland than in England and there is less inequality in asset wealth across the population. Scotland has ~10% higher spending on disability benefits but spends ~15% less on housing benefits. Scotland also has a much higher proportion of council housing. However people do still face difficulties getting on the housing market.
- In West Lothian, they partially moved from care homes to **specialised housing**. The intention was that people would stay in their homes for longer. The success of this is not fully understood.
- A particular challenge in parts of Scotland where people are spread out is how to provide care.
- Scotland has **free personal care** for people aged 65 and over, if they meet certain local authority criteria for need. This initially led to a rapid increase in public spending on personal care which levelled off after 5 years. There has been no increase in the number of care homes – this may be a result of the improved care at home provision which is allowing people to live a home for a longer time period.
- A study comparing unpaid care before and after the introduction of free social care found that relatives' commitment to providing care has not significantly changed. This suggests that people may now be spending their time on other caring activities such as dealing with lawyers or researching their relatives' online needs instead.
- There are challenges getting professional carers into the workforce. Funds have been made available to increase wages in an attempt to entice more people into the industry.
- **Health data** is collected differently in Scotland. Scotland collects a wide range of health data at individual level, and is able to link this more easily with other administrative data. This leads to sophisticated information about individuals' risk of hospital admission. It also supports a wide range of evaluations.
- **Privacy** has not been a major issue, despite individual data being recorded. The bigger issue has been how to make sense of it all. One of the challenges is a **lack of statisticians**.
- Scotland is very involved **clinically** with dementia.

The meeting concluded that there are four broad themes to emerge from the discussion:

- There are differences in needs, preferences and circumstances between Scotland and England/the rest of the UK.
- There are also important differences in assets, with implications for the response to the ageing population.

- Scotland has many interesting examples of local experimentation of new solutions to respond to the ageing population.
- There is a real opportunity for the rest of the UK to examine Scotland's policies, for example free social care, and consider data on the impact of these policies. Despite differences between Scotland and the rest of the UK, the similarities are strong enough to make this a worthwhile activity.