

CoR INTERREGIONAL GROUP ON HEALTH & WELL-BEING

Topic – “Active and Healthy Ageing”

Monday 17 June 9h00 – 10h00

Room JDE 3253, European Committee of the Regions

Minutes

9.00 Welcome and introduction by the Chair, Birgitta Sacrédeus

The chair, Birgitta Sacrédeus welcomed all the participants and introduced the topic of the meeting: “Active and Healthy Ageing”. Ms Sacrédeus spoke about the demographic changes occurring at all levels of the European society, and highlighted that the increasingly ageing population requires being more active and having more private-public partnerships to help develop technology for the good of the elderly.

1. Turning Demographic Ageing in Europe into Opportunities

Mr Silas Olsson, Director of HealthAccess, Sweden

Mr Olsson first stressed that although the initiatives and specific issues differ from country to country and region to region, there is the overarching issue of Europe’s ageing society that must be confronted. Mr Olsson also made the point that this problem can also be found in almost all other industrialized nations. The number of chronic conditions increase as one ages so, although longer lives are a success, there are still problems with longer lives.

Mr Olsson gave some context on ICT Health & Care, beginning with the 1980s, which is around the time when the ageing population began to become a problem and was recognized. In the 1980s, there was a technology drive to try and address the problems posed and although there were many pilots, there was almost no implementation. This was partially due to a bad connection between the supply and demand sides of the equation. In the 2010s, with the rise of digitalisation, society began to change. This is also the time when the demographic ageing agenda and policy start. Some of the issues raised by an ageing population are the issue of financing long-term care for older people and the lack of staff to take care of

them. Therefore, it is imperative to find new ways to address the issues, and to do that, both innovation and policy support are needed.

Mr Olsson then spoke about initiatives that are trying to address these issues. In Sweden, a program called Health 2028 is focused on less fragmentation in health and care, more integrated care, patients as a resource and a centre of care, and a break with barriers. There was also a communication from the European Commission on April 25, 2018 about enabling the digital transformation of health and care. Mr Olsson emphasized that it focused on health promotion, disease prevention, and wellbeing. Other initiatives mentioned were the European Innovation on Active and Healthy Ageing, which is mandated until 2020, and Horizon Europe. There is also the push to create a digital single market, which was one of President of the European Commission Jean-Claude Juncker's 10 priorities.

In the context of Healthy and Active Ageing, the main Directorate-Generals are DG connect, DG RTD, and DG Sante. Mr Olsson also proposed that support for a Committee of Regions initiative could perhaps come from policy support, Horizon Europe or structural funds, and recommended establishing an EU competence centre, supporting market development, internationalizing the program, connecting the supply and demand sides of the issue, and creating an advisory committee comprised of patients, clients, and informal care-takers. Mr Olsson stressed the need for political initiative in regions about leadership and coordination of work.

2. Presentation of the opinion on "Active and Healthy Ageing" (CDR 15/2019)

Ms Birgitta Sacrédeus, EPP CoR

Ms Sacrédeus began by making the point that care for the elderly has to do with people's collective attitudes towards them. As politicians, it is imperative to think about the elderly, especially when planning cities. When speaking about digital technologies, it can especially be geared towards prevention, and new technology towards that end should be possible. There is, indeed, a need for public-private partnerships to develop new technology. There is another issue raised because the workforce is not large enough, and so some countries have begun bringing in caretakers from other countries.

Ms Sacrédeus brought up the issue of a difference in health care systems and the way countries and cultures take care of their old. In Sweden, for example many elderly end up in old-people homes, while in the south, it is more common to have informal care provided for the elderly. In such cases, it is often women who end up being these informal caretakers, which can lead to a loss of income or an inability to work at all or to work full time. Furthermore, many elderly are from low or middle income countries, and so it can be difficult for the countries or the families to support the ageing population. Ms

Sacrédeus suggested trying to get new programs in the health sector, and reminded participants about shared practices and the issue of cross-border health care.

Q&A/Discussion

After the two speakers, there was a general question and answer/discussion session, which all participants could take part in. A participant pointed out that demographic change is already here, and that although digital supports are important, “soft supports” (attitudes and making sure people stay active) should also be taken into consideration. Furthermore, there should also be focus on the environment, not just disease, and the Committee of Regions should stress the number of regions participating in the reference cycle. This could be helpful to bring up concerns and allow knowledge of what is happening on the ground to be shared. There was also a suggestion for a few focus groups or committees, perhaps one about women, who often have the burden of care and who also age and tend to live longer than men, or about people with disabilities. Digitalization was mentioned as a support for autonomy, with an emphasis on purposeful design and accessibility for all. There is also a need to be aware of health inequalities. Finally, the topic of health care personnel was raised, with a participant observing that health care personnel may have to be imported from elsewhere. However, they also spoke about a societal change in the way health care personnel are treated, including pay and the way those jobs are seen, which would be necessary when try to attract people from elsewhere to work as health care personnel.

Close of meeting

The Chair thanked the Committee of the Regions for hosting the meeting and the speaker, as well as the participants.

The next meeting of the CoR Interregional Group on Health and Well-being will be a formal meeting on “Healthcare in Cross-Border Regions”, which will take place on 26 June.

10.00 Close of meeting