



European Partnership for
Supervisory Organisations
in Health Services and Social Care

Document to prepare for the FRIDAY afternoon discussion on Active Ageing with the EPSO Members and Ms Kartika Liotard and Mr Bart Staes (MEP's)



Questions on ACTIVE AGEING from the EPSO perspective

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Active Aging



1.1. Introduction

The delegates of the national and regional health inspectorates (supervisory bodies on healthcare and social care in EPSO member states and regions) as gathered in Brussels on the 15th EPSO meeting, April the 19th 2013 constitute an informal network of European inspectors.

In this capacity they form a network that aims at collaboration and exchange of knowledge in the field of safety and quality of healthcare and social care in Europe. They seek to promote best practise and quality improvement in their own countries and regions by learning from each other and discussing opportunities for improvement within the EPSO context .

As such, they are especially interested in the new developments around the theme of Active Ageing insofar as it concerns their own powers and possibilities.

The discussion on Active Ageing will therefore concentrate on the topics that have a relationship with the supervisory activities of the EPSO members in their national countries or regions.

The new Active Ageing policy has led to a motion for a resolution of the European Parliament. In this motion is a large number of topics in a very broad perspective (from housing to health to working conditions and discriminations on gender) are mentioned.

From this motion a selection is made of the topics that are related to Supervision of Health and Social Care (see below under 1.4 and 1.5). This selection on health and social care can be used as a basis for the start of the new EPSO working group focusing on Supervisory activities on Active Ageing in Health and Social Care .

Supervisory organisations are national or regional authorities related to their national governments and have mostly -more or less- independent supervisory tasks in relation to the national performance in public or private hospitals and or care institutions effectuating healthcare and social care.

Their powers differ as do their methods of inspection and supervision but the topic of supervision is in almost all countries healthcare and social care and the aim is in almost all cases to safeguard in one way or another at least minimum standards of health and social care.

In these supervisory tasks/ activities the supervisory bodies can - within their powers - oversee the actual implementation of policy instruments and measures on specific national topics in healthcare and social care. If the national government would decide to implement Active Ageing policies, the supervisory bodies could be in the position to control and inspect the national policies. This means that they are in a position to see whether the governance and implementation of the Active Ageing policy is effective.

In some member states the national supervisory bodies are also in a position to give advice to the national government on topics related to healthcare and social care.

Some supervisory bodies have the power to take measures to prevent incidents and bad situations. Other supervisory bodies do not take measures but report and monitor the actual situation and do the fact-finding and control in the country/ region concerned.

From this perspective the delegates will discuss the new Active Ageing policy of the EU and explore the possibility to contribute to the promotion, implementation, monitoring or enforcement of the new Active Ageing policy in Europe.

They will see if they are interested and willing to form a new EPSO working group on Active Ageing and therefore select one or more topics from the list of topics below to focus on.

1.2. Questions

From this perspective the following questions are raised:

1. Active Ageing what is the idea ?
2. What are the topics related to health and social care inspectorates / supervisory bodies and what topics might be of special interest for EPSO members ?
3. What are possibilities for EPSO members to support the Active Ageing policy of the EP and the Commission on Active Ageing in health supervision.
4. Is it advisable for supervisory bodies to promote active Ageing at their national level?
5. Is it advisable to promote Active Ageing cooperation at the EPSO level for instance by forming a new EPSO working group on Active Ageing?
6. If so, which countries which countries are interested to join the new EPSO working group on Active Ageing?
7. Are there specific topics that might have priority
8. Are there special ideas on how to work on cross border cooperation between supervisory bodies? Such as possibly:
 - Develop a common scheme for EPSO members / inspectorates to monitor / inspect/ control the implementation of active Ageing measures?
 - Develop a set of best practises to supervise active Ageing policy in health andm social care?

1.3. Some Answers

Some of these questions can be answered by selecting the main health and social care topics from **the motion for a European Parliament resolution (as adopted)** that contains a number of relevant and interesting points for health and social care supervisory bodies to focus on. See below a selection of topics that might be relevant for an EPSO working group on Active Ageing

1. Active Ageing what is the idea ?

The idea of Active Ageing in a nutshell: The EP welcomes the Commission's proposal to **promote a new paradigm viewing ageing as an opportunity for the future rather than a burden on society**

2. **What are the topics related to health and social care** inspectorates / supervisory bodies and **what topics might be of special interest for EPSO members?** See below under 1.4 and 1.5. a list of selected topics for discussion Friday afternoon.

1.4. Selected Topics (see footnote¹) related to **Health and Social care inspectorates / supervisory bodies** that might be relevant for an EPSO working group on Active Ageing

Participation of the elderly in general

- **Promotion and formally recognising the role of older people, and the value of their experience;**
- **The need to listen to elderly** people in terms of providing companionship through social programmes through which young people would engage with elderly people and receive in return their values and experience; believes that civil society support for the European Innovation Partnership on Active and Healthy Ageing (EIP) is necessary in terms of **offering a more significant level of care through different foundations and associations**
- **Participation on equal terms** is also a fundamental right of older members of society;

Definition of Active Ageing

- **EP adopts the definition of active and healthy ageing as formulated by the WHO** and emphasises that **active and healthy ageing encompasses the entire lifespan** and
- that the particularities of the EU context should be part of the definition, including, more specifically, the **EU priorities** regarding **healthy and ecologically sustainable environmental conditions, health awareness, health prevention and early screening followed by appropriate diagnosis and effective treatment, health literacy, e-Health, physical exercise, food safety and adequate nutrition, gender equality, social security systems (including healthcare and health insurance), and social protection schemes;** and
- notes that old age is not linked to disease and illness by default, and is therefore not to be associated or equated with dependence and handicap;

National Regional and Local actors in Health and Social Care Services

- **Important role of local and regional actors in modernising, improving and rationalising the delivery of health and social care services** with a view to producing models that achieve better results for individuals on the labour market;

¹ (selected from the EP motion on Active Ageing also included in the conference booklet)

- The Commission **involves national governments, local authorities, the WHO and the highest possible number of stakeholders** in implementing awareness-raising measures on this issue;
- **Adequate funding at local, regional, national and EU level**
- The **take-up and continuation of projects promoting the interoperability and exchange of knowledge, data and best practice;**

Health and Social Care

- Proposal to **increase the average number of HLY (Healthy Life Years)** by two years as part of the objectives of Horizon 2020 and to increase life expectancy
- **Access to prevention and primary care should be prioritised**
- **Appropriate mechanisms should be developed to tackle the detrimental impact of chronic disease on active and healthy ageing over the entire life span;**
- **Consider health as a horizontal issue, by incorporating health issues into all relevant EU policies, including social security and social protection, employment and economic policy, gender equality, and antidiscrimination and non-discrimination policies;**

Monitoring Health and Social Care

- **Commission is invited to monitor and provide evidence-based, complete, and open access data on the incidence and prevalence of illness and (chronic) disease, and to incorporate those data into strategies and guidelines regarding best practice on active and healthy ageing;**
- **Member States are urged to develop efficient trajectories to assess and monitor elder abuse as well as its impact on victims' health and well-being, and to develop accessible procedures to assist and protect victims;**
- **Data on the incidence and prevalence of illness and (chronic) disease,**

Support and Care for elderly as fastest growing age group in Europe

- **Elderly people need different forms of support, and care** and that services and solutions must therefore always be people-oriented and demand-driven;
- **To develop, as quickly as possible, infrastructure, services and instruments that respond to the social transition that elderly are the fastest-growing age group in Europe;**

ICT solutions user friendly for elderly

- **ICT solutions should be user-friendly as well as end-user-oriented particularly towards older persons;**

Development of comparable indicators bottom up

- **Develop indicators that can provide data on chronic diseases and ageing which are comparable, comprehensive and easy to access, in order to develop more**

effective strategies and enable the **sharing of best practice at both EU and national level;**

- **Information and data collected at local level and through a bottom-up participatory approach** will provide policy-makers with the knowledge required to formulate policies that are acceptable and appropriate to local communities;
- The **use of a bottom-up participatory research approach-** as a requirement -, **well as the further development of relevant indicators and indexes,** in order to map out and monitor the current needs for effective policies, programmes and services;

Health in European Union Policies

- **Health issues are to be integrated into all European Union policies including social security and social protection,**

Funding, savings and cuts

- The **restrictions and limitations in regard to healthcare, care services, social protection and social security should in no way interfere with or negatively affect basic human needs and dignity;** savings and cuts, unless combined with carefully considered, patient-oriented reforms, may aggravate health and social inequalities and lead to social exclusion; such savings and cuts will aggravate overall health outcomes, health inequalities, social inequalities and social exclusion, consequently putting at risk inter- and intra-generational solidarity.
- Member States should develop a **Generation Pact including a clear and unambiguous strategy to safeguard social cohesion, improve overall health outcomes and tackle health inequalities;** EP emphasises that such a strategy should aim for optimal affordability, availability and accessibility of health and social care schemes, Involvement of national and local authorities .

1.5. In addition the motion mentions 3 pillars and one section of horizontal activities.

Pillar 1 and 2 are related to health and social care (Pillar 1: prevention screening and early diagnoses; Pillar 2 Care and Cure),

Pillar 3 is mainly related to social care (Pillar 3 : Active Ageing and Independent living) and the **horizontal issues** are mainly important for the supportive initiatives that are to be taken by the commission, the member states including inspectorates/ supervisory organisations and other partners like private partners in this field of Active Ageing.

Pillar 1: prevention screening and early diagnoses

Main topics from the supervisory EPSO (supervision of health and social care) perspective:

- apply a **holistic approach in regard to prevention;**
- Tackle structural issues, including **health illiteracy**
- Address **socio-economic inequalities (which lead to health inequalities);**

- Provide the necessary **funding for further research into the role local communities** can play in dealing with these inequalities;
- **Acknowledge, promote and fund all forms of prevention**, i.e. the promotion of a **healthy lifestyle**,
- Regular **screening for illnesses**,
- **Early intervention** to delay or reverse the progression of disease in the early stages, and development of **preventive measures** aimed at **slowing down deterioration for patients affected with chronic diseases**;
- **Intellectual mobility** can be increased by access to lifelong learning (LLL) in later life also, thereby helping to **combat dementia**;
- **Health promotion through evidence-based integrated programmes**; appropriate approach in regard to issues that are not (entirely or directly) linked to individual behaviour, such as environmental conditions (air quality, water quality, noise reduction, waste management), health and safety at work (age management) and consumer protection (marketing and advertising standards, food safety, consumer rights);
- **Increasing physical activity levels of the population** in order to improve active and healthy ageing, recalling that lack of regular exercise gives rise to a number of health problems which, according to the WHO, constitute the fourth most common risk factor causing death; is concerned that most EU citizens fall short of the recommended daily amount of exercise;
- **The closer linking of healthy ageing with a broader take-up of physical exercise within education programmes**; the importance of daily choices (physical exercise, diet, etc.) in preventing health problems; **take action to encourage people of all age to take more physical exercise as a means of improving their individual health** which will translate into an increased number of years spent in good health, as well as into considerable benefits for society in the form of overall public health and financial outcomes;
- **the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing**, and especially its **focus on cooperation** between the Commission, the Member States, industry and business, **public and private stakeholders, health and care professionals**, and organisations representing older people and patients,
- The **exchange and transfer of good ideas and best practice** (e.g. the digitally-based 'Marketplace' platform), and on the optimisation of existing funding instruments;
- The **need to view ageing as an opportunity rather than a burden**, and to recognise and promote the value of older people, their experiences and their on-going contribution to society;
- the Commission's approach, which is clearly geared to **promoting the vitality and dignity of older people in Europe** by means of innovations of relevance to them, reinforcing a 'culture of active ageing' in a generation-friendly Europe and guiding this process jointly with recognised partners in the world of research and in civil society;
- The **fuller recognition of older workers' informal and non-formal education, notably where obtained through voluntary work or informal care**;
- **Priority to factors that may influence how people in Europe age, such as high rates of alcohol and tobacco consumption.**

Pilar 2 Care and Cure

Main topics from the supervisory EPSO (supervision of health and social care) perspective:

- Develop **integrated care and cure systems**; taking into account the appropriateness of existing, preferred and future care and cure systems in relation to their further development and having due regard to the subsidiarity principle in the field of public health.
- Develop national, regional and local care and cure systems that incorporate a **holistic and integrated approach to the management of age-related diseases**;
- Use of the **European Medicines Agency's to integrate it in order to improve access to safe and adequate medicines for older patients**;
- Implement **individual case management schemes and care plans**;
- the Commission's ambition in **regard to e-Health**, in terms of making it a significant and substantial aspect of future care and cure systems ;believe that e-Health technology should not diminish the trusting relationship between older people and healthcare professionals;
- the Commission's intention to **contribute to making care and cure systems more cost-efficient**; emphasises, however, that the continuous increase in overall healthcare and social support costs cannot be attributed to an ageing population alone; healthcare costs is increasingly borne by the individual this is likely to create a vicious circle whereby people's health and wellbeing are put at risk as they might be compelled to reallocate their often limited resources or when they have to postpone, abandon or even refrain from treatment, assistance and adequate nutrition, which in turn might lead to ever greater healthcare and social support costs both to the individual and to the society;
- the Commission's objective of dealing with legal and regulatory uncertainties and market fragmentation, should take into account the importance of **keeping healthcare affordable for citizens**,
- increasing **prevalence of chronic diseases play a substantial role in rising healthcare and social support costs**,
- the **competences of national and regional governments and local authorities with regard to health and social protection should be recognised, respected and complied with**, without compromising the need to invest in community-based care schemes;
- Carry out an **overall analysis of Europe's healthcare potential** in relation to the national potential in the Member States, in view of the severe shortage of healthcare workers in some Member States owing to the fact that working conditions are more attractive in other European countries;
- Draw up a strategy aimed at achieving equal opportunities for all European citizens in the field of healthcare, in order to **create a system of cooperation between European countries** which are losing large numbers of healthcare workers and those benefiting from their services;

Pilar 3 Active Ageing and independent living

Main topics from the supervisory EPSO (supervision of health and social care) perspective:

- The role and **importance of 'place in ageing'**
- Elderly citizens are an asset to our societies, and it is essential to benefit from their knowledge and experience in all walks of life and support them in **living independently as long as possible**;
- **Encourage older people to live independently in their own homes for as long as is viable**, if they wish to so in order to reduce disturbance of their normal routine in both physical and mental terms;
- The solution is **not just old people's homes**, but also inter- generationally and comprehensively active neighbourhoods; , o promote accessible and affordable physical surroundings and the adaptation of elderly people's homes with a view to facilitating their independence;
- **home conversion** is the best means of preventing domestic accidents which can cause serious disability, resulting in heavy costs to public services and families and making it harder to ensure active ageing in good health; encourages Member States to ensure that older people are eligible for funding for home conversion;
- it is crucial **to fight information isolation among the older generation**, and that access to and use of new technologies constitute one of the essential tools for active and healthy ageing and the social inclusion of seniors; The need for balance between rural and urban areas in terms of care for elderly persons; believes that technological innovations through ICTs should address the challenges of mobility faced by older people living in rural areas;
- Many people still live in the countryside, where innovative solutions are also required; need to pay **special attention to the inclusion of ageing people living in remote areas** or with multiple disadvantages;
- **Creating age-friendly environments**, so as to avoid older people's potential and (remaining) capacities being hindered by their surroundings and help them retain their physical and cognitive capabilities for as long as possible, and live in familiar and safe environments while also preventing social isolation;
- The importance of **adapting the indoor environment of older people's homes** in order to better **prevent domestic accidents and falls and prolong independent living**;
- **The creation of 'design for all' environments**, and stresses that these environments should be understood in a broad context, not only incorporating the built urban and rural environment with comfortable, safe and accessible houses, pavements, cities, etc, but also the social, psychological, ecological, cultural and natural environment, offering various forms of activity and giving each individual opportunities for personal fulfilment and shared motivation; urban environment should guarantee older persons greater accessibility to the benefits of living in a densely populated area by virtue of easier access to vital amenities,
- **create age-friendly environments to ensure that the potential (and residual) capacities of older people are not obstructed by their environment**; stresses that these environments must be seen in a broad context, relating not only to the built environment but also to the social, psychological, cultural and natural environment;

encourages the Commission, in this context, also to propose a European Accessibility Law;

- Measures that will **avoid the isolation of older and/or home-bound people** and break the stigma associated with diseases, age-related or not;
- **Review available solutions and best practice** relating to a new approach to active ageing and to the creation of a comprehensive and compatible active ageing system in all Member States.

Horizontal issues

Main topics from the supervisory EPSO (supervision of health and social care) perspective:

- the Commission's approach in regard to **funding instruments, standardisation processes, repository development, synergies and co-operation facilitation and the sharing of best practices** among Member States;
- Policies, programmes and services are to be **evidence-based and backed up by representative assessment and regular monitoring,**
- The development of standardised assessment and monitoring tools to provide the necessary data with regard to **evidence-based policy recommendations, programme development and (health/care) service provision;**
- Supports the Commission's approach with regard to **age-friendly innovations;** ensure that these innovations are user-oriented and user-friendly **develop a methodology through which the current and future needs of older people can be evaluated, and to further involve end-users in its policies and funding programmes;**
- **Better co-ordination between the different levels involved in developing solutions for active and healthy ageing** is necessary, and highlights the need for multilevel governance in this area; believes that regional and local authorities should not be seen as merely implementing authorities, but should be involved in the entire decision making and assessment process;
- The important role of **local and regional actors in modernising, improving and rationalising the delivery of health and social care services,** with a view to producing models that achieve better results for individuals on the labour market;
- Offering informal training to members of younger generations with a view to providing common forms of **service care for elderly people;** The need to establish support systems for **family carers;**
- Promoting the creation of **age friendly environments, the latter to be understood as a crucial contributor to active and healthy ageing across the entire lifespan;** merely promoting the creation of age-friendly environments will not be sufficient to ensure an actual improvement with regard to issues such as people's mobility, neighbourhoods' walkability or communities' social participation facilities, as well as access to qualitative and affordable health and care services and to appropriate and affordable housing;
- The importance of **ensuring health and safety at work as a prerequisite for a sustainable working life and for active ageing,** notably for workers with disabilities or chronic conditions; points out that ICT and machines could play a key role by easing physical tasks for our ageing workforce;

- **Prevention also plays a key role at work, by improving occupational health and consequently, reducing pressure on health and long-term care systems;**
- Welcomes **the current initiatives in the field of standardisation**, such as the mandates on 'Design for All' and accessibility of ICT and the built environment; notes the commitment made by the Commission to launch similar initiatives for European standards on e-Health and independent living;
- calls on the Commission and the standardisation bodies to **further involve users in these initiatives in order to address their needs properly;**
- **Older people need to have adequate access to all health, social and cultural services, and strong social networks in order to enhance their quality of life.**
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1.6. Remaining questions for the Friday afternoon session of the EPSO Conference April 19th 2013 , Brussels

4. What are possibilities for EPSO members to support the Active Ageing policy of the EP and the Commission on Active Ageing in health supervision.
5. Is it advisable for supervisory bodies to promote active Ageing at their national level?
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1.7. Proposal for further Action

Further steps:

- a. EPSO members who are interested in this topic will form a new EPSO working group on Active Ageing ; The group consists active and interested EPSO members, who are supported by the EPSO secretariat (virtual working group mainly working by phone and online);
- b. Find common priorities to focus on in the field of Active Ageing;
- c. Develop a common working method to discuss , promote and possibly implement Active Ageing policies and priorities in the supervisory practise in the various EPSO countries;
- d. Develop supervisory best practise to share and discuss with EPSO Members in Europe;
- e. Get support and backing of interested countries/ regions:
- f. Get third parties interested in assisting the working group:
- g. Get involved in the EU action plans on Active Ageing if possible and workable;
- h. Formulate goal and time schedule.