



**European Committee
of the Regions**

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OPINION

Active and healthy ageing

Rapporteur: **Birgitta Sacrédeus (SE/EPP)**
Member of Dalarna County Council

THE EUROPEAN COMMITTEE OF THE REGIONS

- calls for a strong public health programme and for the budgetary prioritisation of health promotion, disease prevention and reduction of health inequalities in the EU's post-2020 research programme
- notes that local and regional authorities define, deliver and manage a whole range of services than can make a positive difference and influence how people age in their communities and play a pivotal role in designing and scaling up innovations that make life easier for older people
- calls on the Member States and their regions to reflect together with doctors' and nurses' organisations on how to make the health profession more attractive, on training and retraining modules in order to deal with staff shortages
- argues that, after 2020, the European Innovation Partnership on Active and Health Ageing must be firmly embedded in the Union's policy priorities and have strong ties with the Digital Single Market, the European Pillar of Social Rights and the Sustainable Development Goals in the field of health

Rapporteur

Birgitta Sacrédeus (SE/EPP), Member of Dalarna County Council

Opinion of the European Committee of the Regions – Active and healthy ageing

THE EUROPEAN COMMITTEE OF THE REGIONS

Political priorities

1. calls for a strong public health programme and for the budgetary prioritisation of health promotion, disease prevention and reduction of health inequalities in the EU's post-2020 research programme, including Horizon Europe;
2. expresses its support for the European Innovation Partnership on Active and Healthy Ageing and hopes that the European Commission will continue supporting this initiative. Innovation in assistive technologies is an important incentive in helping older people to lead an active and healthy life, and the European Committee of the Regions therefore supports research and development in this field;
3. calls on all local and regional authorities to embrace the opportunities of e-Health and digitalisation as tools and to step up their efforts to modernise health services for all ages, using digital innovation to reduce health inequalities and improve access to care, especially in sparsely populated areas;
4. suggests that local and regional governments should include the development of age-friendly environments, independent living, community-based care and accessibility in spatial planning;
5. is convinced that ageing is a hidden opportunity and supports the actions in the European Silver Economy Strategy, as increased longevity creates a market for new affordable products and services supporting active and healthy ageing;
6. stresses that one of the key factors in the successful development and innovation of new sustainable and innovative solutions is for European industry to work in close partnership with local and regional representatives;
7. considers that the challenges of demographic change will require research and an active European industry in order to modernise, design and produce new innovative solutions for an ageing population, be they everyday products, infrastructure, technology or software; sees this as an opportunity for the EU to position itself as a market leader in the Silver Economy, creating local jobs, generating wealth and exporting ground-breaking innovations abroad;
8. highlights its institutional cooperation with the World Health Organization (WHO) Regional Office for Europe and encourages local and regional politicians to explore the possibilities offered by the CoR-WHO Memorandum of Understanding and by the WHO affiliated networks: Healthy Cities and Regions for Health;
9. stresses that an increase in healthy life years is one of the main goals of the EU's health policy, as it would not only improve the situation of individuals but would also lead to lower public

healthcare expenditure and a likely increase in people's ability to continue to work until later in their life;

10. agrees with the WHO's assessment¹ that active and healthy ageing is determined by (1) health and social service systems, (2) behavioural determinants, (3) personal factors, (4) physical environment, (5) social environment and (6) economic determinants, and emphasises that policy intervention across all these dimensions can make a positive contribution to the development of the European silver economy market;
11. also highlights the important role of the social partners in ensuring active and healthy ageing and refers in this respect to the framework agreement on active ageing and an inter-generational approach adopted by the European social partners in 2017. The framework agreement provides for the implementation of measures to make it easier for older workers to work actively and remain in the labour market until retirement age, something that contributes to healthy and active ageing;

Statistical background

12. notes that, on 1 January 2017, the EU-28 had an estimated population of 511.5 million. Young people (aged 0-14) made up 15.6% of the EU-28's population, while people deemed to be of working age (aged 15-64) accounted for 64.9%. Older people (aged 65 and above) made up 19.4% of the population, an increase of 2.4 percentage points in 10 years.

The European Innovation Partnership (EIP) on Active and Healthy Ageing and the Communication on the digital transformation of health and care

13. notes that the Commission undertook a mid-term review of its Digital Single Market Strategy in May 2017, and in April 2018 published a communication² on enabling the digital transformation of health and care in the Digital Single Market³. The communication highlighted three priority areas for the digital transformation of health and care:
 - secure access to, and the possibility of sharing, health data across borders;
 - better data to advance research, disease prevention and personalised health and care;
 - digital tools for citizen empowerment and person-centred care;
14. draws attention to the fact that the EIP has contributed to the large-scale introduction of cross-border digital health and care solutions;

¹ https://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf;jsessionid=F15F61D4E71955EDF2E37D4E8CFE8698?sequence=1

² <https://ec.europa.eu/digital-single-market/en/news/communication-enabling-digital-transformation-health-and-care-digital-single-market-empowering>

³ The CoR responded to this communication with an opinion on the digitalisation of health.

Local and regional relevance/importance for the CoR

15. notes that regional authorities in 20 of the 28 Member States are – at least partly – responsible for health (and often social) systems. Their budgets bear the responsibility of chronic diseases and the rising costs of long-term care.
16. notes that, at the same time, local and regional authorities define, deliver and manage a whole range of services than can make a positive difference and influence how people age in their communities. Through smart health and social care prevention, healthy lifestyle promotion, awareness raising and targeted information campaigns, local and regional authorities can reach all people and help them to sustain and prolong healthy life expectancy. These authorities can also develop innovative cooperation across jurisdictional boundaries in order to provide greater support for person-centred care solutions using integrated healthcare arrangements;
17. stresses that local and regional authorities play a pivotal role in designing and scaling up innovations that make life easier for older people. By investing in the silver economy sector, supporting innovative assisted living solutions, and promoting self-care and digital health expansion, local and regional authorities across the Union can thus turn the "demographic tsunami" into a real opportunity to improve services to their citizens while also stimulating new jobs opportunities;

Subsidiarity and proportionality analysis

Fiscal stability and age-related spending

18. reiterates the ECOFIN Council's conclusions⁴ calling on the Member States to implement the European Semester recommendations related to the sustainability of public finances, as well as apply the three-pronged strategy for addressing the economic and budgetary consequences of ageing by reducing government debt, raising employment rates and productivity, and reforming pension, health care and long-term care systems;

Long-term care and socio-medical personnel

19. wishes to draw attention to a sobering report⁵ on long-term care commissioned by the Directorate-General for Employment, Social Affairs and Inclusion in 2018, and to its findings: (1) home care services and community-based care remain underdeveloped and difficult to access; (2) informal care is on the rise due to a lack of affordable alternatives, adversely affecting women and their labour market performance; (3) there is a severe shortage of qualified professionals in long-term care sector; and (4) social and health care are becoming increasingly fragmented, impacting sustainability in the long run;

⁴ <https://www.consilium.europa.eu/en/press/press-releases/2018/05/25/public-finances-conclusions-on-age-related-spending/>

⁵ <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8128&furtherPubs=yes>

20. is aware that shortcomings in social care and cooperation with primary care can lead to inappropriate use of healthcare services, in the form of ambulance services, emergency hospital visits, and disproportionately long hospital stays for older people. This can be due to a lack of coordination and coherence between the hospital and care sectors;
21. calls for a new discussion on the integration of social and health care services to ensure that patients are discharged in good time and that the flow of information is not obstructed by jurisdictional boundaries, and to facilitate coordinated and integrated care solutions; also calls in this respect for better coordination between the hospital and care sectors to ensure that treatment and care are streamlined. This will ensure that the flow of information is not obstructed by jurisdictional boundaries, and will lead to integrated care solutions, which will benefit patients;
22. points out that with the number of older people in need of care on the rise across Europe, there is a shortage of suitably qualified workers in the field of social and health care. Additional recruitment is therefore needed in the care sector, partly to avoid relatives being left with responsibility for care; also notes that women often bear a disproportionately high burden in the informal care sector, and calls for more support for informal carers;

Digitalisation offers unprecedented opportunities for health and care

23. recalls the findings of the EU consultation⁶ highlighting that most Europeans do not currently have access to digital health services, and echoes the recommendation made in the CoR's opinion on digitalisation in the health sector that the Commission should promote the convergence between European, national and regional digital plans, strategies and funding that is necessary in order to complete the large-scale rollout of integrated, digital and person-centred healthcare services;
24. emphasises that eHealth services, digitalisation and the electronic exchange of data between patients and their carers and healthcare providers facilitate patient-centred care and the transition from institutional to community-based care, and at the same time give individuals more opportunities to make informed choices and decisions on their own care;
25. suggests that the rapid developments taking place in the field of digitalisation, including artificial intelligence, should be monitored more attentively in order to enable future innovative solutions in the interests of better informed individuals and patients, of staff's ability to take preventive action, and of the development and economic viability of health care providers;
26. is aware of the size of the European market for domestic robots and other devices for assisting older people and reiterates the recommendations of the 2018 report on the Silver Economy⁷ that the robotics market should be developed to help reduce the burden on caregivers and assist older and frailer people;

⁶ https://ec.europa.eu/health/sites/health/files/ehealth/docs/2018_consultation_dsm_en.pdf

⁷ <https://ec.europa.eu/digital-single-market/en/news/silver-economy-study-how-stimulate-economy-hundreds-millions-euros-year>

Accessibility

27. welcomes the adoption by the co-legislators of the European Accessibility Act⁸;
28. recognises that the Act will bring about improvements in access to ICT, payment terminals, e-books and e-readers, e-commerce websites and mobile apps, and ticket machines;

Geriatric medicine

29. is concerned about the shortage of geriatric doctors and nurses across Europe and calls on the Member States and their regions to reflect – together with doctors' and nurses' organisations – on how to make the profession more attractive, on training and retraining modules, and on attractive remuneration schemes for these practitioners so that more doctors decide to choose geriatrics as their specialty and less of them decide to abandon it, and to consider the possibility of re-employing retired staff;
30. is convinced of the value of mutual learning, and recommends fostering mobility for medical practitioners, including geriatricians, in the spirit of the Erasmus Plus scheme;
31. shares the concerns of the European Union Geriatric Medicine Society regarding the expertise requirements for doctors to work in care homes, and believes that, while each Member State is free to make its own policy choices, some specialised training may be useful both for care practitioners and for ensuring the best possible care solutions for residents;

Connecting the dots

32. recognises that an active ageing policy is a social challenge that requires a broad spectrum of knowledge and methodological tools, ranging from medical science through psychology, sociology and social gerontology to technology, urban planning and economics;
33. observes that many cities and regions are developing active ageing policies, providing good opportunities to exchange ideas, and encourages municipalities and regions not yet involved in transnational cooperation and local partnerships to consider the benefits of mutual learning and explore the possibilities offered by many EU initiatives, including the EIP on active and healthy ageing, Interreg, Urbact⁹ and many others;
34. shares the concerns of the public concerning the unavailability of certain medicine on the market and asks the Commission to investigate the reasons for rising difficulties of access to vaccines and medicines across the Union; points out that older patients typically use more medicinal products and that their health can be severely compromised if they cannot receive their prescribed medicines in a timely manner;

⁸ <http://www.europarl.europa.eu/legislative-train/theme-deeper-and-fairer-internal-market-with-a-strengthened-industrial-base-labour/file-jd-european-accessibility-act>

⁹ <https://urbact.eu/>

35. recalls that access to safe, effective, quality and affordable essential medicines is a priority for Europeans and a key commitment of the EU under the United Nations Sustainable Development Goals (SDGs) and the European Pillar of Social Rights; remains convinced that the European pharmaceutical industry can deliver these products and further boost its role in innovation and world industrial leadership;
36. recommends reading the WHO's Global Age-Friendly Cities Guide¹⁰, and particularly highly recommends its tool for local policy-makers and planners on "Creating age-friendly environments in Europe"¹¹. The Committee firmly believes that safe, barrier-free physical environments for people with disabilities can benefit the entire population, and calls on local and regional authorities to promote the construction of barrier-free housing, to modernise existing infrastructure, and to remove obstacles to mobility and access to public transport and facilities;
37. reiterates the recommendations it made in its opinion on health in cities encouraging local communities "to frame policies that ensure healthy and active ageing in good physical and mental wellbeing, social life and relationships and encourage involvement in the city's leisure activities and intergenerational programmes, not least to combat loneliness and isolation";
38. refers to its opinion on health systems and its recommendation that "EU Member States should strengthen their primary care systems to meet the needs of ageing populations, create better chains of care and to better rationalise the use of hospital care";
39. is convinced that the foundations for active and healthy ageing are laid early in life and therefore recommends, in line with its opinion on local and regional incentives to promote healthy and sustainable diets, making efforts to "promote healthy eating habits and [...] guide the younger generation towards more sustainable dietary choices in the form of unprocessed fresh, local and seasonal products of plant origin";
40. calls for the results of the European projects focusing on healthy and active ageing and promoting integrated care, which are funded under various EU programmes, to be used more effectively and disseminated more broadly;
41. observes that physical activity is still regarded as something for children and adolescents, and not for adults (28% of whom never exercise¹²); points out that physical activity is a key element in healthy ageing and calls on local and regional authorities to engage with local stakeholders (sports facilities, NGOs, seniors' organisations, etc.) to increase the accessibility of sports venues, gyms and physical activities and to expand walking and cycling path networks;

¹⁰ https://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

¹¹ http://www.euro.who.int/_data/assets/pdf_file/0018/333702/AFEE-tool.pdf?ua=1

¹² <https://www.euronews.com/2019/03/28/over-a-quarter-of-europeans-do-not-exercise-at-all-eurostat>

42. finds it reassuring that research¹³ confirms that the prevention of diseases that increase disability is necessary at every age, and therefore calls on decision-makers to increase the proportion (currently 3% on average) of health budgets allocated to prevention;

Future of the European Innovation Partnership on Active and Healthy Ageing

43. argues that, after 2020, the EIP must be firmly embedded in the Union's policy priorities and have strong ties with the Digital Single Market, the European Pillar of Social Rights and the Sustainable Development Goals in the field of health; recommends pursuing contact and cooperation with whichever member of the new Commission after the 2019 elections is most directly responsible for the policy area of active and healthy ageing, in order to develop a new innovative partnership;
44. argues that, after 2020, the Union must make the EIP one of its top work priorities and build strong ties with the Digital Single Market, the European Pillar of Social Rights and the Sustainable Development Goals in the field of health in the 2030 Agenda; moreover, is convinced that the future EIP also needs a stronger link with the cross-border healthcare directive and its policy and practice developments, such as e-prescriptions and interoperability of electronic health records; recommends, therefore, that the Commission set up a steering committee to coordinate the activities of the future EIP stemming from its various directorates-general;
45. is convinced that the future EIP also needs a stronger link with the cross-border healthcare directive and its policy and practice developments, such as e-prescriptions and interoperability of electronic health records;
46. expects the future EIP to look into cross-regional procurement opportunities, identify obstacles and enable faster deployment and scaling-up of innovative electronic health and care solutions;

¹³ <https://www.sciencedirect.com/science/article/pii/S1878764916300699>

47. notes that one of the key challenges facing Europe in the field of active and healthy ageing is to implement and scale up cross-border innovative solutions, and therefore supports the EIP on AHA initiative "Innovation to Market" which aims to improve the match between the supply side (companies, start-ups and researchers) and the demand side (care providers, policy makers and insurers); is convinced that dialogue between the two can make digital innovations more useful and strengthen business and academic communities, which will benefit end users.

Brussels, 8 October 2019

The President
of the European Committee of the Regions

Karl-Heinz Lambertz

The Secretary-General ad interim
of the European Committee of the Regions

Pedro Cervilla

PROCEDURE

Title	Active and healthy ageing
Reference(s)	
Legal basis	Article 307, fourth paragraph
Procedural basis	Rule 41(b)(ii) of the Rules of Procedure
Date of Council/EP referral/Date of Commission letter	
Date of Bureau/President's decision	4/12/2019
Commission responsible	Commission for Natural Resources
Rapporteur	Birgitta Sacrédeus (SE/EPP)
Analysis	12/04/2019
Discussed in commission	17/06/2019
Date adopted by commission	17/06/2019
Result of the vote in commission (majority, unanimity)	Majority
Date adopted in plenary	8/10/2019
Previous Committee opinions	CdR 56(2012) – Active Ageing: Innovation – Smart Health – Better Lives CdR 40(2016) – The EU response to the demographic challenge CdR 5496(2016) – Integration, cooperation and performance of health systems CdR 6620(2016) – Health in cities CdR 435(2018) – Local and regional incentives to promote healthy and sustainable diets
Date of subsidiarity monitoring consultation	No particular subsidiarity or proportionality issues – own-initiative opinion