HOUSE OF LORDS

Science and Technology Committee

1st Report of Session 2006–07

Ageing: Scientific Aspects Second Follow-up Report

Report with Evidence

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Science and Technology Committee

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Contacts for the Science and Technology Committee

All correspondence should be addressed to:
The Clerk of the Science and Technology Committee
Committee Office
House of Lords
London
SW1A 0PW

The telephone number for general enquiries is 020 7219 6075.
The Committee's email address is hlscience@parliament.uk.

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THE COMMITTEE'S COMMENTARY ON THE SECOND GOVERNMENT RESPONSE

1. In June 2004 we appointed a Sub-Committee to examine the scientific aspects of ageing. Our report was published on 21 July 2005.[1]

2. On 4 November 2005 we received the Government's response. It was signed, rather to our surprise, by the then Minister of State for Pensions Reform in the Department for Work and Pensions (DWP), a department which had declined to give evidence to our original inquiry. We subsequently sent the response to some of our original witnesses for their views, who without exception shared our disappointment and frustration at the negative attitude of the Government to our recommendations. On 22 March 2006 we published a follow-up report explaining our views. The Government response, and the comments of the witnesses upon it, were appended to the report.[2]

3. The report and follow-up report were debated in Grand Committee on 5 June 2006.[3] In the course of his reply to the debate Lord Hunt of Kings Heath, the Parliamentary Under-Secretary of State at the DWP, said:

   "I hear the disappointment with the Government's response to the Committee's report. My noble friend Lord Turnberg described it as defensive; it was not intended to be. It was intended as a positive contribution to the committee and the debate. I assure the Select Committee that the Government take this work seriously. I want to encourage further dialogue between the Government and the Select Committee in this area. I will ensure that we produce a further response to the Select Committee in the light of our discussion today, specifically commenting on the points raised by members of the Committee in the debate and bringing in any other issues that are relevant."[4]

4. In fulfilment of that undertaking, Lord Hunt sent a further response under cover of a letter of 25 July 2006. In that letter he said:

   "I hope this further paper conveys more effectively the Government's commitment to increasing our understanding of the issues facing an ageing society, and our desire to maintain and develop dialogue between ourselves and the Committee."

5. This second Government response is printed in the Appendix to this report. We say at once that we welcome it. The Government seem for the first time to be taking the scientific aspects of ageing seriously; they have looked, not just at our recommendations, but at the evidence and the reasoning which

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1 *Ageing: Scientific Aspects*, First report, Session 2005–06, HL Paper 20 (hereafter "HL Paper 20").

2 *Ageing: Scientific Aspects—Follow-up*, Sixth Report, Session 2005–06, HL Paper 146 (hereafter "HL Paper 146").

3 HL Deb., 5 June 2006, cols. GC289–328.

4 *Ibid.*, col. GC320.

led us to make them; and they respond positively to some of them, and to some of the points made in the debate. We can only regret that this was not the response they initially made over a year ago.

6. We comment below on some aspects of this response, including matters highlighted in our first follow-up report.

Healthy Life Expectancy

7. We explained in our original report,[5] and in the first follow-up report,[6] that we doubted whether self-assessment of health was the best way of estimating whether there was in fact an increase in unhealthy life expectancy, and that such self-assessment was made more difficult by the lack of harmonised criteria for measuring healthy life expectancy. We are therefore pleased to see that DWP intend to "explore work with international organisations … to help develop harmonised measures of healthy life expectancy".[7]

8. We also recommended that funds should be made available to the Office for National Statistics to enable it to conduct surveys to assess disability-free life expectancy.[8] DWP say that they will "look to progress" this recommendation.[9] If this means that funds will in fact be made available, this too is welcome.

Stroke

9. Our report underlined that the speed of diagnosis of stroke was an area where major improvements could be made at relatively small cost; it was even suggested to us that there might be a net saving in cost to the public purse, given the likely reductions in the demand for long-term health care as a result of faster initial diagnosis. The National Audit Office (NAO) report, published on 16 November 2005,[10] which we mentioned both in our report[11] and in our first follow-up report,[12] confirms this. It refers to a study which found that "it would cost about £9.9 million a year to provide thrombolysis[13] for [nine per cent of stroke] patients, but would save around £26.4 million a year in care costs, a net saving of more than £16 million a year".[14] The Government plainly have every incentive to take this work forward quickly.

10. The latest response makes the point that access to scanners alone is not enough; the right expertise needs to be available round the clock to interpret the scans. We are told that "all A&E departments have rapid access to [scanners] already, with 217 new and replacement CT scanners installed in

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5 HL Paper 20, paragraphs 2.23 to 2.24.

6 HL Paper 146, paragraph 11.

7 Appendix, paragraph 41.

8 HL Paper 20, paragraph 2.30.

9 Appendix, paragraph 41.

10 *Reducing Brain Damage: Faster access to better health care*, Report by the Comptroller and Auditor General, Session 2005–06, HC 452: http://www.nao.org.uk/pn/05-06/0506452.htm. See in particular paragraphs 1.16 to 1.22.

11 HL Paper 20, paragraph 4.13.

12 HL Paper 146, paragraph 15.

13 Thrombolysis is a clot-busting treatment which, if administered to ischaemic stroke patients within three hours of onset, can clear the blockage causing the damage to the brain. In some patients the impact of this can be to reverse most or all of the damage, sometimes with complete recovery.

14 NAO, paragraph 1.21.

the NHS since April 2000". But the statistics from the NAO report, which we quoted in our first follow-up report, and which fully supported the evidence we ourselves received, bear repetition:

"Only 22 per cent of stroke patients in the Sentinel Audit received a scan on the same day as their stroke. Most waited two or more days. For patients who were registered as requiring an urgent CT scan (within 30 minutes), only 30 per cent actually got the scan on the same day."[15]

11. Plainly what is lacking is the expertise to read and interpret these scans, and the Government are right to be looking at training for this. We are encouraged to learn that, from next year, the Picture Archiving and Communication System will enable scans to be read remotely. The NAO report draws attention to a hospital in Melbourne where access by consultants at home to digital scans has contributed to 41 per cent of thrombolysed patients fully recovering from their strokes.[16] We urge the Government to press ahead with this work.

12. We have mentioned the savings in care costs that could be made by improvements in the scanning of strokes. In our report we looked at the cost-effectiveness of treatment;[17] we pointed out that a person or body had little incentive to incur expenditure if the corresponding saving was to accrue to another institution; and we recommended supervision to ensure that only the overall cost to the taxpayer was considered. We are glad to see from the response[18] that steps are being taken to ensure that "those who commission and pay for the community services required as a consequence of a stroke … will be the same people who are commissioning services from hospital Trusts". This should effectively meet our point, but only in the specific context of stroke. Our point was a wider one, and we should be glad to see the principle of reviewing potential overall cost savings, which may result from new preventive initiatives, adopted in a properly co-ordinated way.

Older Drivers

13. Our report considered the possibility that older drivers, rather than having to make an application for their licence to be renewed when they reach the age of 70, should be allowed to decide for themselves at what age they should cease to drive. We pointed to evidence showing that requirements for health and on-road assessment did not necessarily lead to better safety for older drivers.[19] While stopping short of recommending self-regulation, we encouraged DVLA to consider this option.

14. The Government have now explained[20] that an independent review was carried out by a company, Risk Solutions, which was given a copy of our report. DWP officials have explained that the recommendations put forward by Risk Solutions include:

"Change licensing arrangements for older drivers by extending expiry of a car licence to 75 and issuing 5 year licences thereafter. This is on the basis that

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15 NAO, paragraph 1.18.

16 NAO, Case Study 4.

17 HL Paper 20, paragraphs 7.22–7.29.

18 Appendix, paragraphs 48–51.

19 HL Paper 20, paragraphs 5.17–5.23.

20 Appendix, paragraphs 60–61.

the occasions on which drivers are asked to make a declaration about their health are increased and that the eyesight and office-based cognitive tests are undertaken at licence renewal."

Cross-departmental groups have been working to prepare a consultation document taking this recommendation into account. We look forward to reading this consultation document when it is issued.

Co-ordination of research

15. Our main recommendation for improving the output of ageing-related research without a major injection of new resources centred on the co-ordination of this research. Here a comparison between the two Government responses gives grounds for cautious optimism.

16. The Government rely, as before, on the Funders' Forum for Research on Ageing and Older People as the body to improve the co-ordination of research. Our report was as critical of the Funders' Forum as of the other initiatives for the co-ordination of ageing research, and we called for the setting up of a new body with the membership, constitution, powers and funding necessary to provide the strategic oversight and direction of ageing research.[21] The Government's first response was to the effect that a new body was not necessary, but that the Funders' Forum had been "revitalised", and would be adequate for the task.[22] As we said in our first follow-up report, this would have been perfectly acceptable if the Funders' Forum was indeed being changed into something resembling the body we recommended; but neither we nor our witnesses could detect any evidence of this.[23]

17. Paragraph 17 of the second Government response states:

"While the Government accepts the criticisms of the past performance of the Forum, we remain of the view that it can be transformed into a body resembling that recommended by the Committee."

We have accordingly looked at this response to see if there are any indications that the Funders' Forum not only can be, but is being, transformed into such a body.

18. The Chairman of the Forum, Michael Lake, is the Director-General of Help the Aged. This organisation, through its Head of Research, was one of the most vociferous critics of the Forum in its original guise. Help the Aged now provides the administrative home of the Forum, which for the first time has "a full-time research programme manager, funded for three years in the first instance, to help develop and support the work of the Forum".[24] The Head of Research manages the programme manager, and the post is funded by some of the larger funding bodies involved in the Forum.

19. Previously, the Forum met so infrequently that it scarcely justified its name.[25] Now the main group is to meet twice yearly, with a smaller business planning group to meet on at least another two occasions. We welcome this. Meetings of the main group, consisting of all organisations funding ageing-related

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21 Paragraphs 8.40–8.58, 8.70–8.89.

22 HL Paper 146, pages 27–28

23 HL Paper 146, paragraphs 22–24.

24 Appendix, paragraph 19.

25 On 24 February 2006 it met for the first time since June 2003.

research who wish to join the group, should provide the right strategic direction, while "membership of the smaller business group will be designed to ensure more active participation, especially on the part of the larger funding bodies".[26] The structure of the revitalised Forum seems to us to have the potential ultimately to deliver the active co-ordination of research which all interested parties believe to be so vital.

20. The Government "feel that the Forum should be given the opportunity and support to establish its authority in the ageing-related field, with its achievements being subject to formal assessment after the initial three-year period of investment".[27] We agree. We hope to see the Government providing the Forum and its Chairman with the support they need and deserve for the effective performance of their exacting task. We will be closely monitoring the progress of this urgent work, and hope soon to be hearing from the interested parties that progress is actually being made towards the achievement of the goal of fully co-ordinated research.

21. As evidence that the Forum has "set about [its] task with energy and vigour", the response notes that it has been "collaborating in the launch of the cross-Council New Dynamics of Ageing [NDA] research programme in the autumn".[28] That launch took place in London on 1 November 2006.[29]

22. The only other reference in the response to the NDA is to say that the Government is investing "£3.5 million for a new joint research council initiative on the New Dynamics of Ageing".[30] We are puzzled by the description of the NDA as a "new" initiative, and concerned that these are the only references to it in the response. The NDA was announced in 2004. It is a seven year[31] initiative by five of the UK Research Councils[32] to promote co-ordinated ageing research. At the time our report was published we were highly critical of the serious delays involved in getting this programme off the ground.[33] Now, nearly 18 months later, it appears that out of the many first round applications only two received awards in spring 2006. Eleven preparatory network grants were announced in October 2006, sharing £250,000 of funding; applications for research programme grants are currently invited, with final decisions to be made only in June 2007.

23. It is for the research councils to assess applications for research funding, and to decide which are likely to make best use of funding grants. The Government are not and should not be involved in this. But they should be concerned at the delay in putting taxpayers' money to the use for which it is

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26 Appendix, paragraph 22.

27 Appendix, paragraph 26.

28 Appendix, paragraph 25.

29 Lord Sutherland of Houndwood, the Chairman of our inquiry, was one of the co-chairmen of the launch conference; Professor Tom Kirkwood, the specialist adviser to the inquiry, was one of the speakers.

30 Appendix, paragraph 11.

31 The NDA's own website http://www.newdynamics.group.shef.ac.uk says that the NDA is "a five year multidisciplinary research initiative". For details, reference is made to the ESRC website, which states that the NDA is "a seven year multidisciplinary research programme". It may be that the five years run from the launch on 1 November 2006, while the seven years run from when the launch was announced in 2004.

32 The NDA was originally announced as an initiative of the Economic and Social Research Council (ESRC) with the support of the Engineering and Physical Sciences Research Council (EPSRC), the Biotechnology and Biological Sciences Research Council (BBSRC) and the Medical Research Council (MRC). To these has since been added the Arts and Humanities Research Council (AHRC).

33 HL Paper 20, paragraphs 8.50 to 8.53.

intended. What seems to us to be missing is the momentum to allow the best research projects without delay to receive the grants which will actually enable them to start their vital work. It is the responsibility of the Government to supervise the research councils. We hope they will be looking to see if the NDA justifies the word "dynamic" in its title.

Conclusion

24. We are grateful to the Minister, and to the Government, for providing us with this further response. In many respects it is a definite step in the right direction. The challenges and opportunities presented by an ageing population require a major Government commitment on many fronts. We believe that the scientific front is one of the most important, and we are glad to see signs that the Government are beginning to recognise this.

APPENDIX 1: GOVERNMENT RESPONSE TO THE HOUSE OF LORDS DEBATE ON THE SCIENTIFIC ASPECTS OF AGEING

Introduction

1. The recent House of Lords debate on the scientific aspects of ageing raised a number of particular issues associated with the ageing process, and the important role that research can play in developing an understanding of the ageing process. This drew on the thorough and systematic analysis in the first House of Lords report, *Ageing: scientific aspects*, which clarified areas for improvement and highlighted complex issues for further work. The debate provided very welcome contributions to the development of Government's strategy and polices. This note sets out the Government's response to the main issues raised during the debate.

The Government's Ageing Strategy

2. The Department for Work and Pensions (DWP) is responsible for the co-ordination of the Government's ageing strategy, and as such is concerned with the whole multifaceted nature of the ageing process. The strategy—Opportunity Age—was published in March 2005 and sets out the first steps in the development of the Government's approach to tackling the issues raised by demographic change. It aims to end the perception of older people as dependent; to ensure that longer life is healthy and fulfilling; and that older people can participate fully in society.

3. This substantial government programme is intended to give a lead to a wide range of players whose support is needed to effect real change in society as a whole. We have set out a framework for engaging with them to carry it forward and to secure the wider cultural changes necessary to transform challenges into opportunities.

4. Although the strategy is a cross-government one, the DWP leads on taking it forward. The Secretary of State for Work and Pensions is the Government's Champion for Older People and the Minister for Pensions supports him. They are both members of the DA(AP) Cabinet sub-committee on older people and ageing, and are advised by a "Partnership Group" made up of key stakeholder organisations and older people themselves.

5. The effect of central and local Government strategies on the lives of today's and tomorrow's older people will be measured using a suite of indicators of older people's independence and well-being. Opportunity Age indicators are designed to be the first stage in developing a balanced national assessment of quality of life for older people. They were published in the Pension Reform White Paper, "Security in retirement: towards a new pensions system", published 25 May 2006.

Research co-ordination

6. There was much discussion during the debate regarding the need for research on ageing to be co-ordinated, during which it was noted that the findings from ageing-related research would not just benefit older people, as ageing is a process that affects everyone all of the time.

7. The Government agrees with the Committee that ageing research should take a holistic approach to ageing, with greater cross-fertilisation between the medical, biological and social sciences. We also recognise the contribution that generic

research on the process of ageing can make to a wide range of scientific fields of inquiry.

8. To see what more we need to do in this area, we are in discussion with the Council for Science and Technology, which is an advisory committee to the Prime Minister, chaired by Sir David King and Professor Sir Keith Peters, Regius Professor of Physic at Cambridge University. We will ensure that the comments of the Select Committee and of its members in the debate will be fed into those discussions.

9. There is a growing volume of research and analysis into the implications of an ageing society from universities, independent think-tanks, international bodies such as the Organisation for Economic Co-operation and Development (OECD) and through the activities of local networks. The Government-supported English Longitudinal Study of Ageing is breaking new ground by showing us how economic, social and health factors over time interact to affect the quality of our later life. And wider-ranging research programmes are being supported by the Research Councils. Awareness and application of this work can help us take better and more timely decisions. We recognise that there is more to do, both in developing new knowledge and in ensuring that existing knowledge on ageing issues is shared across government and made available more widely to inform plans and decisions, challenge stereotypes and change attitudes.

10. Regarding resources for longitudinal studies, half of the budget for the English Longitudinal Study of Ageing (ELSA) comes from government departments involved in areas related to the ageing process, including the Department of Health (DH), the DWP, Department of Trade and Industry (DTI), Department for Education and Skills (DfES), and the Office for National Statistics (ONS). The other half of the funding for ELSA is provided by the National Institute on Aging (NIA) in the US. Both UK governments and the NIA have a keen interest in understanding the multifactorial ageing process and cross-Atlantic comparisons will bring a deeper understanding to this field.

11. We are investing £4.7 million over 5 years in ELSA, and £3.5 million for a new joint research council initiative on the New Dynamics of Ageing. Both will enhance understanding of the changing meaning and experience of ageing and the complex interplay of factors (biological, social medical, technological and economic) that affect the ageing process.

12. The Government accepts that the present level of co-ordination between research councils falls short of the desired level. The DWP recognises the importance of research co-ordination and is determined to take the responsibilities of its leadership role seriously. It will work collaboratively with DH, DTI and the OSI to ensure that we produce a cohesive approach. Discussions have been had with the Government's Chief Scientific Officer, the DH National Director for Older People and the DWP's Chief Scientific Advisor, subsequent to the Committees' report, about the best arrangements for strengthening and sustaining active cross-government liaison on ageing-related research.

An Observatory and an Office for Ageing

13. In addition, we are taking a number of strategic approaches to achieving better co-ordination and identifying future priorities. One of these is to consider the role that an Observatory on Ageing or an Office for Ageing could play, as part of arrangements which better integrate research into government for older people.

14. The DWP has carried out a limited informal consultation with a range of potential users and information and research specialists within and outside government and drawn some interim conclusions about a possible Observatory on ageing. The scope of an Observatory covering medical, technological, social and economic aspects of ageing would be enormous—yet diffusing information across and between disciplines would be one of its most useful functions. The key role for an Observatory, therefore, whether inside or outside Government, would be to provide a synthesis and publicity function or portal to existing information repositories, rather than seeking to duplicate existing bodies. It could also potentially provide the raw material for the Funders' Forum to consider strategic priorities for research.

15. The potential role and structure of an Observatory cannot be considered in isolation from the question of a possible Office for Ageing and Older People. It could form part of that Office, be separate from it, or form part of an alternative approach. We therefore propose to consider further the question of how best to disseminate information and good practice as part of our review of the potential need for an Office of Ageing and Older People, reporting later this year.

16. Complementing our increased investment in science funding, we have a range of initiatives improving coordination of research and identifying future priorities. We intend to re-examine Research Council priorities in the Spending Review, informed by consultation with a wide range of stakeholders. We will also look at the role of scientific research in helping address ageing issues, through the Grand Challenge in DTI's five year strategy and potentially through a Foresight project.

Funders' Forum

17. Central to this activity, and more effective co-ordination, is the Funders' Forum for Research on Ageing and Older People. While the government accepts the criticisms of the past performance of the Forum, we remain of the view that it can be transformed into a body resembling that recommended by the Committee. The Forum has met on several occasions since the publication of the Committee's report and its members have expressed a clear determination to address the shortcomings identified and work more proactively to provide effective oversight and strategic direction of ageing-related research.

18. The Funders' Forum for Research on Ageing and Older People (FFRAOP) was established in 2001 to bring together all of the major funding bodies in order to plan and promote the development of a co-ordinated approach to research on ageing. Members include the research councils, government departments and representatives from the independent sector.

19. Following the Committee's report, changes have been made to the constitution and operation of the Forum. The Chair of the Forum and its administrative home will now be provided by an independent body—Help the Aged—which will also manage a full-time research programme manager, funded for three years in the first instance, to help develop and support the work of the Forum.

20. All relevant UK Departments are represented on the Forum and particular efforts will be made to establish a strong working relationship between the Forum and the cross-government ageing-science group under the lead of the DWP's Chief Scientific Officer. In addition to direct reporting links between the Forum and the OSI. Research Council members may also report formally to the OSI/RCUK Joint Strategy Group, chaired by the Director General of Science and

Innovation. DWP members will also ensure the Forum is closely linked to the strategic work of the Government's Champion for Older People. By providing in this way an effective bridge between the 'science' and 'policy' agendas, the Forum will be well placed to make a distinctive contribution to the development of a more coherent and integrated approach across government.

21. One concern of those providing evidence to the Committee was that the Forum's recommendations are not binding on the funding or strategy decisions of its members. This would be difficult, given the diverse nature of the organisations involved and their differing lines of governance and accountability. However, it has been agreed that the assumption of membership will carry with it a responsibility to ensure that the advice and recommendations of the Funders' Forum are fed directly into relevant strategic discussions within their own organisations.

22. The Forum has also agreed to meet more frequently and regularly. The main group will meet twice yearly, with the smaller 'business planning group' meeting on at least another two occasions. In order to ensure transparency, one of the two yearly meetings of the main Forum will be held in public. The need to achieve a balance between the desire to be inclusive and guarding against being too large and unwieldy is recognised. Membership will thus be confined to organisations funding ageing-related research, but open to all who do so. Membership of the smaller business group will be designed to ensure more active participation, especially on the part of the larger funding bodies.

23. Progress has also been made in clarifying the distinctive role of the Forum. The ageing-related research field is extremely broad, encompassing many bodies or groups with long established expertise. In such a context, it is important that the Forum supplements and reinforces, rather than duplicates, the work of others. In particular:

- the strategic policy work of the DA(AP) Cabinet sub-committee and the operation of the proposed Observatory;
- the scientific input to the Grand Challenge of population ageing;
- the research programmes supported by the Research Councils and other funders;
- the capacity-building and research support activities of the UKCRC and its condition-specific research networks;
- the learned societies, and the scientific communities they represent, via the British Council on Ageing;
- other bodies involved in the better co-ordination of research activity, such as the Co-ordination of Research and Analysis Group (CRAG) and the Longitudinal Studies Advisory Group;
- the ERA-AGE network, funded by the EU 6th Framework Programme and its work, amongst other things, on a virtual European Institute for Ageing-related research;
- and perhaps most importantly, the voices of older people themselves, and/or the organisations that aim to represent them (only a minority of which are currently represented on the Forum).

24. The distinctive role of the Funders' Forum will be to facilitate information-exchange, and collaboration where relevant, with and between these and other

stakeholders, consulting with them about gaps and opportunities and formulating recommendations about the overall direction of ageing research.

25. The Forum has already set about this task with energy and vigour, holding an international seminar for leading scientists in the field, designed to help set the research agenda and shape the Forum's 'vision', and collaborating in the launch of the cross-Council New Dynamics of Ageing research programme in the autumn.

26. We feel that the Forum should be given the opportunity and support to establish its authority in the ageing-related field, with its achievements being subject to formal assessment after the initial three-year period of investment.

Cooksey

27. The Chancellor's announcement of a single jointly held health research fund will obviously have an impact on ageing research. The aim of this fund is to maximise the impact of the MRC's funded medical research and the DH's R&D on health outcomes. It will build on the UK's world class medical science base and recent developments such as the development of the UK Clinical Research Collaboration (UKCRC) and the Government's new strategy for R&D in England "Best Research for best Health". It has enormous potential.

28. Sir David Cooksey is leading the review which will advise Government on the best way to take this forward. As part of his review he launched a consultation on 4 May—details of the consultation can be found on Treasury's website—this will no doubt stimulate what is already a hotly debated issue in the medical/clinical research communities.

Involving Older People in research

29. The Committee has made a number of very positive recommendations about ensuring that older people are actively involved in research, both as participants (subjects) and as stakeholders. The Government is pleased to report good progress in this respect. The DH's new research strategy 'Best Research for Best Health' stresses the importance of placing patients and the public at the heart of research. Increasingly DH Programmes are involving service users/carers, or the organisations that represent them, in every stage of the research process. Older people are actively involved for example, in the advisory group for the Partnerships for Older People Pilots (POPPs) evaluation, taking an active part in the commissioning process and overseeing the progress of the research. We recognise that such involvement helps to ensure the relevance of research to the lives of those involved.

30. In addition, we acknowledge the importance of the Committee's concern that older people are not unnecessarily excluded from research populations. Best Research for Best Health sets out a general determination to increase the number of people who enter multi-centre trials, via a network of clinical trials units. This is underlined by the Department's Research Governance Framework which states that efforts must be made in research design to reflect the full diversity of human society, including factors such as age, sex and race. One of the impacts of the Mental Capacity Act has been to clarify the situations under which those without the capacity to consent, including frail elderly people, may nevertheless have their needs and experiences included in research studies.

31. We hope this gives a strong indication of the Government's commitment to supporting high quality research, and to harnessing the outputs of that research to underpin effective policy development.

Assistive technology

32. The Committee commented on the role that technology can play in improving the quality of life of older people and the assistance it can provide in supporting the mobility of older people and enabling them to remain in their own home for longer. The Government recognises that the benefits of research in this area will not merely affect older people, but will affect other groups, such as disabled people. Regarding older people and technology, it is also interesting to note that the proportion of older households who have access to the internet at home has doubled since 2000 and that 73 percent of older households now have a mobile phone.

33. Prior to the publication in January of the White Paper "Our Health, our care, our say", DH undertook a strategic review of assistive technology (AT) in consultation with key stakeholders. The White Paper outlined pilots covering one million people, testing and monitoring safety and security in the home, remote physiology and activity monitoring, and providing care-related information, for example by telephone and digital TV.

34. The White Paper "Our health, our care, our say: a new direction for community services" sets a new strategic direction for health and social care. It directs organisations towards providing better prevention services, earlier intervention, and more support for people with long-term needs and strongly promotes a "whole system" approach to care that enables people to live more independently in their own homes.

35. It also highlights the need for more support for people with long-term conditions to help them manage their conditions. People with long-term conditions, particularly those who have multiple conditions, have specialist health and daily living needs. Many people with a long-standing medical condition also have other complex needs leading to disabilities that often require care from other sources, especially social care.

36. There is emerging evidence that targeting these individuals, putting their needs at the centre of service delivery, can both improve health outcomes and reduce costs. This can be achieved by supporting them with improved care co-ordination (through collaboration and new ways of working across health and social care) combined with the use of new assistive technologies, adding value for the individual and the system.

37. For people with complex health and social care needs the White Paper sets out a plan to bring together knowledge of what works internationally, with a commitment to new assistive technologies to demonstrate major improvements in care. This will include:

- a strong emphasis on patient education and empowerment
- comprehensive and integrated packages of personalised health and social care services
- joint health and social care teams
- good local community health and care facilities

38. The National Service Framework for Older People includes a commitment to "Developing an approach to telecare investment to support the promotion of independence of older people through assistive technologies." This aims to increase the use of assistive technology to promote independence.

39. The Department of Health has recently announced a Call for a jointly-funded initiative between DH, DTI, EPSRC and MRC to pilot Healthcare Technology Co-operatives (HTCs), a recommendation of the Healthcare Industries Taskforce (HITF) in their Report 'Better healthcare through partnership: A programme for action', published in November 2004.

Healthy life expectancy

40. The Government accepts the Committee's point that the measurement of healthy life expectancy is complex territory and that the reliance on self-assessed health as the basis for measuring healthy life expectancy leads to questions as to whether an increase in the number of years spent in ill-health reflects a true increase in ill-health.

41. We will:

- explore work with international organisations, including Eurostat and the World Health Organisation to help develop harmonised measures of health life expectancy;
- look to progress the Committee's recommendation that the ONS undertakes further work on the relative merits of different measures;
- and we will continue to support research to understand trends and causes.

42. ELSA provides externally assessed biomedical measures of health status, which will enable comparison with subjective perceptions of health and well-being and, in time, improve our understanding of the realities of healthy life expectancy. The earliest that ELSA on its own can provide reliable trend information, using externally assessed measures, is after wave 6 has been completed and analysed (approx 2013). However, ELSA draws its sample from the Health Survey of England (HSE), and there is a possibility of linking ELSA data with HSE data. If this was done trend information about externally assessed health could be provided after the completion of ELSA wave 4 (2008/09).

Stroke

43. The Government recognises the importance of making clear progress in improving the treatment of strokes.

44. The National Service Framework for Older People, which covers stroke, is linked with DH's PSA targets. The specific PSA target covering stroke falls under objective 1: Health of the Population:

a) Substantially reduce mortality rates by 2010; from heart disease and stroke and related diseases by at least 40 percent in people under 75, with a 40 percent reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole;

45. Following publication of the National Audit Office report on stroke in November 2005, Ministers at the Department of Health announced that an eighteen-month work programme would commence to produce a new national stroke strategy to modernise service provision and deliver the newest treatments, once their safety is proven. One of the strands of that strategy will be working with expert groups to develop a consensus about how best to deliver urgent scanning nationally.

46. As was highlighted during the debate, delivering urgent scanning for stroke patients is not simply a question of the physical scanners—all A&E departments have rapid access to these already, with 217 new and replacement CT scanners installed in the NHS since April 2000. Rather, it is about ensuring the right expertise is available round the clock to interpret scans. From next year, the new Picture Archiving and Communication System will enable scans to be read remotely, greatly aiding urgent diagnosis. But work on the stroke strategy will need to go further to develop a consensus about how best to deliver urgent scanning nationally. DH has already begun discussing with the relevant professional bodies training and organisation of services to facilitate urgent access to interpreting the scans.

47. DH is funding a new £20 million Stroke Research Network (SRN) to improve our understanding of what works and to drive forward further service improvements. The SRN will have the central objective of providing a world-class health service infrastructure to support stroke research, remove barriers to its conduct and increase participation of people who have had a stroke, their carers and health professionals in stroke research.

48. The Committee made reference to a comment by the Stroke Research Network, which suggested that investments in stroke units and treatments is undermined by the fact that the benefits are accrued in community services, but the costs fall on hospital Trusts.

49. Stroke has significant long-term effects, including the financial burden of rehabilitation and care, which largely falls to community and social services. The DH recently published a white paper, *Our Health, Our Care, Our Say: a new direction for community services,* which sets out a number of proposals to ensure more joined-up care across health and social services, and shift more services from the acute to the community setting. The implementation of this white paper will help ensure the right incentives are in place for all parts of the health and care system.

50. The programme of system reform currently underway across the NHS will strengthen commissioning of services. DH has published a Commissioning Framework to set out more detailed guidance. As part of this, the development of Practice Based Commissioning will bring commissioning decisions closer to local needs which will ensure services are better integrated across the whole of the patient journey. Later in the year, DH will publish further guidance to strengthen joint commissioning arrangements between Primary Care Trusts (PCTs) and local government. Increasingly, these developments will mean that those who commission and pay for the community services required as a consequence of a stroke, or a stroke that has not been treated in the most effective way, will be the same people who are commissioning services from hospital Trusts. This means that the benefits and the financial costs of improving acute stroke services will fall to the same organisation. We will also be publishing a stroke commissioning guide later in the year to set out how this should work for stroke services.

51. Interventions in the acute sector can also produce demonstrable benefits to hospital trusts. DH has published a toolkit that enables Trusts to quantify the impact of making several key improvements to stroke care in terms of better patient outcomes, reduced lengths of stay and reduced costs for the Trust itself. The improvements modelled in the toolkit are stroke units, immediate scanning and thrombolysis, rapid referral to carotid surgery via a one-stop TIA clinic, and early supported discharge teams.

52. DH is currently developing a similar toolkit for PCTs and other commissioners to demonstrate the benefits of ensuring that the stroke services commissioned and provided are of the highest quality. The aim is to ensure that all parts of the system are working together to meet the common goal of improving the service that stroke patients receive.

53. Further information on the work that DH has underway on stroke—including the toolkit for hospitals and a new Strategy currently under development—is available at www.dh.gov.uk/stroke.

54. The Public Accounts Committee published its report on stroke services on 11th July. DH will be responding to the report through a Treasury Minute.

Age discrimination

55. The Government recognises that there remains work to be done to ensure that older people are treated with dignity and respect. In recognition of this, the NHS's National Service Framework for Older People includes a commitment to "seek to challenge deep-seated negative cultural attitudes towards older people, the root cause of failure to treat older people with respect for their dignity and human rights."

56. The importance that the Government places upon tackling ageism is demonstrated by the progress that has been made in introducing legislation on age discrimination in the workplace. This is having a positive impact on attitudes towards older people, with statistics showing that almost 40 percent of jobs created over the past year have been filled by those over state pension age.

57. Regarding age inequality in the provision of goods and services, the recently published indicators of older people's well-being[34] that are to be used in measuring progress on the Opportunity Age commitments includes a section on this area. This is a complex subject area which the Government is committed to investigating further, with the intention of adding suitable indicators on this area to the suite of indicators covering older people's well-being in the future.

Driving

58. Points were made in the debate in support of self-regulation in recertification for driving. Following the debate in the House of Lords, a letter was sent from Lord Hunt to the Department for Transport (DfT) on 21 June, reiterating the points raised.

59. The Government recognises that mobility and transport are crucial in enabling older people to maintain active and healthy lives and mobility is often described as the key to independence. The Government also recognises that international research into the development of screening tools to aid licensing authorities in making decisions about medical fitness to drive has produced inconsistent results.

60. In 2005, the DVLA commissioned an independent review of the medical driver licensing system and the Government provided copies of the Committee's first report to the company carrying out the review (Risk Solutions). The preliminary findings of the review were announced at a conference organised by the Parliamentary Advisory Council on Transport Safety in February 2006.

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[34] Published in the White Paper on Pensions Reform, "Security in retirement: towards a new pensions system"

61. Following this, DVLA is now co-ordinating a Health and Driver Licensing Review which aims to identify options for change to be included in a public consultation later this year. This process will take account of the recommendations put forward by Risk Solutions. A number of cross-departmental working groups have recently met to consider specific aspects of the current medical licensing process. Their work to prepare a consultation document will continue over the summer.

Home quality

62. The Committee again indicated their desire for there to be a regulation in relation to lifetime housing. However, we feel that the most immediate way to tackle the issue is through a code for sustainable homes. The code gives developers a non-regulatory means of improving the sustainability of buildings and aims to become a single national standard that all developers subscribe to and consumers demand. A code fits very well with better regulation, and we see it as a faster way of getting the standard out to developers than making it part of the building regulations, which was the original recommendation of the Select Committee.

63. The Government continues to place great importance on tackling fuel poverty among vulnerable houses. The 2005 Pre-Budget Report provided an additional £300 million across the UK—a move which was warmly welcomed by the Fuel Poverty Advisory Committee. In England this will be primarily through Warm Front—providing packages of heating and insulation measures to vulnerable households. In 2005–08, more than £800 million will be spent on the scheme. This complements Winter Fuel Payments, now worth £200 per household for those aged 60 to 79 and £300 for those aged 80 or over. And through the Energy Review and Comprehensive Spending Review we will continue exploring further options to support progress towards our targets.

Active ageing

64. The Government welcomes the Committee's comments on active ageing. Healthy ageing is embodied in the National Service Framework for Older People and the Department of Health's healthy ageing programme is the vehicle for delivering the older people's component of the delivery of the White Paper Choosing health.

65. This will be a key component in the delivery of the cross-government strategy for older people described in Opportunity Age, which includes a focus on healthy active living.

66. The emphasis here is not just providing services that increase a person's activity and health but that by promoting healthy activity we can decrease the pressure on services and families by reducing impairments and disability in older people. 50 pluses are one of the age groups targeted by the new NHS "Life checks". This will help people adopt healthy lifestyles before they reach old age, setting a pattern they will hopefully continue in retirement.

Conclusion

67. The House of Lords Science and Technology Committee raised a number of very significant issues, both in their reports and in the subsequent debate. This response seeks to address these issues, as a starting point for ongoing discussion, and to demonstrate the Government's commitment to address the challenges facing an ageing society. Continuing debate is particularly important given the

complexity and importance of issues such as the measurement of healthy life expectancy, the provision of stroke services and the co-ordination of research.

68. The Government acknowledges the magnitude of the task that faces us. While there is a large body of work already underway in Government looking at making improvements in a significant number of areas, we accept that much remains to be done. We are wholly committed to ensuring that progress continues to be made in tackling the issues. In particular, the DWP will work collaboratively with other government departments in working to increase our understanding of the scientific aspects of ageing. In so doing, the Government is keen to retain and develop its dialogue with the Committee as we tackle these critical issues.

RECENT REPORTS FROM THE HOUSE OF LORDS SCIENCE AND TECHNOLOGY COMMITTEE

Information about the Science and Technology Committee is available on **www.parliament.uk/hlscience/**, which also provides access to the texts of Reports.

General Parliamentary information is available on **www.parliament.uk**.

Session 2001–02

1st Report Managing Radioactive Waste: the Government's consultation *(follow-up to 3rd Report 1998–99)*

2nd Report Science in Schools: Government Responses

3rd Report What on Earth? The threat to the science underpinning conservation *(follow-up to 1st Report 1991–92)*

Session 2002–03

1st Report Managing Radioactive Waste: Government Response

2nd Report Chips for Everything: Britain's opportunities in a key global market

3rd Report What on Earth? The threat to the science underpinning conservation: The Government's response and the Committee's commentary

4thReport Fighting Infection

5th Report Science and the RDAs: SETting the Regional Agenda

Session 2003–04

1st Report Chips for Everything: follow-up

2nd Report Science and the RDAs: follow-up

3rd Report Science and Treaties

4th Report Renewable Energy: Practicalities

5th Report Radioactive Waste Management *(follow-up to 3rd Report 1998–99 and 1st Report 2001–02)*

Session 2004–05

1st Report Science and Treaties: follow-up

2nd Report Radioactive Waste Management: Government Response

Session 2005–06

1st Report Ageing: Scientific Aspects

2nd Report Energy Efficiency

3rd Report Renewable Energy: Practicalities and Energy Efficiency: Government Responses

4th Report Pandemic Influenza

5th Report Annual Report for 2005

6th Report Ageing: Scientific Aspects—Follow-up

7th Report Energy: Meeting with Malcolm Wicks MP

8th Report Water Management

9th Report Science and Heritage

10th Report Science Teaching in Schools