



**COUNCIL OF
THE EUROPEAN UNION**

Brussels, 26 October 2009

14996/09

**SOC 623
SAN 281**

NOTE

from :	The Working Party on Social Questions
to :	Permanent Representatives Committee (Part I) / Council (EPSCO)
Subject :	Healthy and dignified Ageing = Draft Council Conclusions

Delegations will find attached draft Council conclusions as finalised by the Working Party on Social Questions at its meeting on 19 October 2009.

All delegations have maintained linguistic reservations pending availability of the texts in their own language versions.

Draft Council Conclusions
Healthy and Dignified ageing

The Council of the European Union,

RECALLING

1. that, according to Article 137 of the EC Treaty, the Council may adopt measures designed to encourage cooperation between the Member States in order to promote social protection, excluding any harmonization of the laws and regulations of the Member States;
2. that, according to Article 152 of the EC Treaty, the Community shall encourage cooperation between the Member States in the areas of Public Health and, if necessary, lend support to their action, while fully respecting the responsibilities of the Member States for the organisation and delivery of health services and medical care;
3. the common values and principles in EU health systems adopted by the Council on 2nd June 2006, and particularly the overarching values of universality, access to good quality care, equity and solidarity;
4. the Council Resolution on "opportunities and challenges of demographic change in Europe: the contribution of older people to economic and social development" (2007), which emphasized the need to increase the possibilities of active participation by older people;

5. the outcomes of the European Commission's conference on Protecting the Dignity of Older Persons on 17 March 2008 which acknowledged that protecting the dignity of the frail elderly is becoming a major challenge for European societies and identified healthy, active and dignified aging as an important topic of further discussions, exchange of experience and good practices at European level for the coming years;
6. the pilot project funded by the European Union on preventing elder abuse following an initiative from the European Parliament (2009), which shall identify possible ways for monitoring elder abuse across the EU through public health and long-term care systems and identifying examples of good practice;
7. the outcomes of the conference "Together for Mental health and Well-being" held during the Slovenian Presidency on 12-13 June 2008, which launched the European Pact for Mental Health and Well-being;
8. the outcomes of the conference "Europe against Alzheimer disease", held during the French Presidency on 30-31 October 2008, which proposed a European commitment to tackle the scientific, health and social dimensions of the disease;
9. the Council conclusions on Public Health Strategies to combat neurodegenerative diseases and, in particular Alzheimer's disease, as adopted by the Council on 17 December 2008;
10. the outcomes of the conference on "the Dignity and Hazard of the Elderly" held during the Czech Presidency on 25-26 May 2009 according to which frailty in old age should be recognized in terms of a combination of medical, psychological and social factors and where it was stressed that health and social services should actively strengthen dignity and that coordination between health and social sectors and integrated policies should be improved;

11. the Council conclusions on "Equal Opportunities for Women and Men: Active and Dignified Ageing", as adopted by the Council on 8 June 2009;
12. the Council conclusions on "Social Services as a tool for active inclusion, strengthening social cohesion and an area for job opportunities", as adopted by Council on 8 June 2009;
13. the outcomes of the conference on "Healthy and Dignified Ageing" held during the Swedish Presidency on 15-16 September 2009 according to which the Member States have a lot to learn from each other and an enhanced cooperation between the health and social sectors is needed at the EU-level as well as between and within the Member States in order to promote a healthy and dignified ageing in the European Union.

TAKING INTO ACCOUNT

14. the report from the European Cooperation Project "Healthy Ageing": "Healthy Ageing – A challenge for Europe" (2007);
15. the Commission White Paper "Together for health: a strategic approach for the EU 2008-2013"¹ stressing the need to promote good health throughout a person's life cycle in an ageing Europe;
16. the Commission communication "Dealing with the impact of an ageing population in the EU (2009 ageing report)"²;
17. the Commission communication on "Alzheimer's disease and other dementias" setting out actions to help minimize the burden of these conditions in our ageing societies;

¹ Doc. 14689/07 SAN 193 - COM(2007) 630 final.

² Doc. 9200/09 ECOFIN 324 SOC 286 BUDGET 27 STATIS 56 - COM(2009) 180 final.

18. the cooperation carried out within the framework of the Open Method of Coordination (OMC) involving exchange of experiences and best practices in the field of elderly care aiming notably at ensuring the social inclusion of all and an access for all to high quality and sustainable health and long term care, and the voluntary Quality Framework for social services which is to be developed within the Social Protection Committee with the support of the Commission.

ACKNOWLEDGES THAT

19. Member States face common challenges when it comes to organizing and financing elderly care. The Open Method of Coordination has proven to be a useful tool for the exchange of good experiences and mutual learning in order to promote policy development in the Member States;
20. the fact that life expectancy has increased in the Member States is a positive result of the major economic, social, public health and medical progress which has been experienced by our societies. Nevertheless, in late life, ageing results in an increasing risk of physical, sensorial or mental diseases, including depression, frailty and disabilities, leading to an increased need for the support by relatives, friends and professionals. In this respect, the European Year on Voluntary Activities Promoting Active Citizenship (2011) and the European Pact for Mental Health and Well-being are to be welcomed;
21. The increasing life expectancy may lead to new policies for preventing poverty and increasing labour market participation of the elderly, which can contribute to improved active ageing;
22. an ageing population represents a challenge to sustainable public finances, and in particular to sustainable financing of healthcare and of long-term care since the costs in all EU Member States are expected to rise in line with the growing number of older persons in our societies;

23. the demographic development and the increasing needs and complexity in the life situations of frail older persons call for the development of new methods, where appropriate, and of an enhanced cooperation both within and between Member States involving stakeholders such as representatives of the Civil Society, as well as the persons concerned, in order to meet the forthcoming needs in a dignified way. This will be all the more important in times of economic slowdown and increased budgetary constraints;
24. it is likely that demographic developments could result in shortages of staff with adequate skills for the care sector in many Member States in the coming years. Around Europe there are good examples on how working methods, including new technologies, that focus on dignity and include cooperation across professional boundaries can make work in the care sector more attractive. With continuous professional learning and training and capacity building, together with professional leadership, ensuring the high quality of services, such working methods will enhance the quality of life for persons who benefit from such care and make the care more efficient;
25. the cooperation and interaction between the health and social sectors in care services need to be further developed to contribute to an improved quality of life for individuals and substantial gains for society;
26. Civil Society is an important actor and partner in the work to promote a healthy and dignified ageing.

EMPHASISES THAT

27. while respecting the competence of the Member States, improved cooperation between the social and health sectors between Member States and at EU level, would maintain and enhance dignity in elderly care in the European Union, including the need to prevent elderly abuse and neglect;

28. dignity in elderly care means that the needs of the individual are in focus. This requires coordination and cooperation between care providers, the persons concerned and their families, organisations and central and local authorities;
29. many diseases, in particular Alzheimer's and other neuro-degenerative diseases, affect the individual as well as relatives and friends. In this respect, dignity in care and quality of life for those who are among the most vulnerable require special attention. Therefore, there is an increased need to develop the support to informal or family carers;
30. the growing proportion of older people in Europe makes it more important than ever to promote a healthier ageing as well as efficiency and quality in services. Leading an active and social life with physical activity and proper nutrition from younger ages is an important prerequisite for healthy ageing with gains for the individual and society through delayed illness and disability. Healthier ageing and more efficient and accessible services, including preventive measures, will lead to reduced costs for care that could partially offset the financial impact of demography in the health and social sectors;
31. it is necessary to exchange views, experiences and good practices at Community, national and local levels on policies to promote healthy and dignified ageing in order to improve the efficiency and quality of elderly care and to identify obstacles and facilitators in achieving that objective;
32. assessment methods, including making use of indicators could be useful at Community, national and regional levels, in order to monitor developments in the Member States with respect to policies aimed at maintaining a proper health condition until old age and developing appropriate quality care. These should allow developing new pathways, if appropriate, in order to improve quality and dignity in elderly care. Good examples and experiences can inspire Member States in stepping up the development of elderly care and extend the range of available analytical tools in this field;

33. a healthy and dignified ageing has to include a gender dimension taking into account the specific needs of both women and men and particularly the care responsibilities that mainly fall on women, and the relatively higher exposure of women to poverty in old age. In this respect it is also important to take into account the situation of single elderly women.

INVITES THE MEMBER STATES

34. to make, or continue to make, the issue of healthy and dignified ageing one of the priorities for the coming years;
35. to adopt an approach that shifts the focus towards preventive measures as a strategy to improve quality of life and reduce the burden of chronic diseases, frailty and disability;
36. to address the potential workforce shortages in the health and social services sectors, and the ageing of this workforce, through lifelong learning, the development of professional skills and the implementation of policies and working methods, including human resource management and increased efforts concerning vocational training, that make work in the care sector more attractive. Such measures could also contribute to attracting more men to work in the care sector;
37. to pay attention to health and safety at work in order to improve sustainable employability and work ability during the whole working life, where appropriate in cooperation with social partners and the occupational health sector.

INVITES THE COMMISSION

38. to review ongoing activities in the field of healthy and dignified ageing, including existing work on benchmarks and indicators, and if appropriate, come forward with an action plan for further activities in 2011, which will promote dignity, health and quality of life for older persons;

39. to support future actions to promote healthy and dignified ageing at Community, national and local levels, while respecting the competence of the Member States;
40. to develop awareness-raising activities to promote active ageing, including a possible European Year on Active Ageing and Intergenerational Solidarity in 2012.

INVITES THE MEMBER STATES AND THE COMMISSION

41. to consider how to deepen the cooperation within the European Union to promote a healthy and dignified ageing, taking into account the rights of people in need of care and assistance, by using the potential and instruments offered by the Open Method of Coordination on social protection and social inclusion, which is particularly useful to ensure cross-sector cooperation between experts both in the health and social sectors, as well as, where appropriate, in the research and economic fields; to include the results of these considerations in the design of the work programme of the Social Protection Committee for 2010 and subsequent years;
42. to pursue the implementation of the Health Strategy and its objective of fostering good health in an ageing Europe while applying a cross-sectoral approach, involving the social and health sectors with the support of the Working Party on Public Health at Senior Level and in cooperation with the Social Protection Committee;
43. to pay attention to the issue of healthy and dignified ageing in the Joint Reports on Social Protection and Social Inclusion starting with the 2011 Joint Report.