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TOMORROW'S WORLD: THE FUTURE OF AGEING IN THE UK

Planning tomorrow today

Lilly

THANKS

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SPEAKERS AT *THE FUTURE OF AGEING* CONFERENCE



Baroness Altmann
Minister for Pensions



Mario Ambrosi
Head of Communications
and Public Affairs, Anchor



Baroness Kay Andrews
Member of the House of
Lords Built Environment
Committee



Steven Baxter
Partner, Hymans
Robertson



Jim Boyd
Director of Corporate
Affairs, Partnership



Elaine Draper
Director, Accessibility
& Inclusion, Barclays



Professor Jane Elliott
Chief Executive,
Economic and Social
Research Council



Lord Filkin
Chair, Centre for Ageing
Better



Paul Johnson
Director, Institute,
Fiscal Studies



Professor Ian Philp
Deputy Medical Director
for Older People's Care,
Heart of England NHS
Foundation Trust



**Professor Sir Mark
Walport** Government Chief
Scientific Adviser [GCSA]
and Head of the Government
Office for Science



Lord Willetts
Executive Chair,
Resolution Foundation

EXECUTIVE SUMMARY

There is a degree of certainty about the impact of our ageing society over the next 10 years. The UK's demography is slow to change and therefore we can make some reasonable predictions and forecasts on how this may influence UK society over this period.

We predict that:

- Life expectancy will continue to increase over this time, resulting in greater numbers of older people than ever before
- Social class will impact on people's experience of ageing, with the wealthier among us continuing to live longer than those who are poorer
- People across all social classes will continue to underestimate their life expectancy
- Older people will die of different things to previous generations, as health education and medical advances lead to fewer cases of circulatory diseases and a growth in age related non-communicable diseases such as dementia
- Public spending on health and social care will increase as the care demands of our ageing population grow
- Gaps in the formal care workforce will increase as it is not growing in line with the increased needs of our ageing population. We will see greater pressures on informal care
- Average pensioner income will continue to grow due to a rising State Pension, a rise in private pensions, later retirement, and increased earnings

People across **all social classes** will continue to **underestimate** their **life expectancy**.



The silver pound is **likely to grow** as the baby boomers enter their twilight years.



However, there are a number of opportunities for change that will help to ensure that the future of ageing in the UK is a positive one.

- The current emphasis on building a more integrated health and social care system, as outlined in the Five Year Forward View, creates an opportunity for new, innovative approaches to be developed to provide better and more holistic care for older people, while generating cost savings by making services more efficient.
- The silver pound is likely to grow as the baby boomers enter their twilight years, and there will be an economic dividend for those companies that tap into this growing market. In addition, there is an opportunity for financial services providers to support the changing consumption needs of this cohort through innovation in financial products and services and through different methods of distribution and marketing. Those that make the effort to get it right can benefit from first-mover advantage, gaining an edge over competitors.
- An ageing population also creates an opportunity for employers to maintain an experienced workforce with a broad knowledge and skillset. Older workers can play a mentoring role to junior members of staff, which may lead to commercial gains being made. By offering flexible employment solutions and enabling people to scale back their careers over time, employers can also guard against workforce shortages.
- The UK's changing demographic also represents an opportunity for Government and developers to work together to create a housing stock that will meet the needs of people across the life course. This may lead to older people being able to stay in their homes for longer, reducing the pressure on social care services.

“(There is) a need for us, as a society, to be planning for the future to really understand the demographic shapes of our population and what that means for public policy.”¹

Professor Jane Elliott

But, without action to facilitate change, the future of ageing in the UK will be put at risk.

- Without action to better support more disadvantaged social groups and communities the gap in life expectancy between the wealthy and the poor will continue to increase.
- Without action to highlight how long people are likely to live, and the measures that they need to take to ensure financial security later in old age, even wealthier older adults may experience financial difficulties in later life.
- Without action to address the current funding and workforce shortages in health and social care the future needs of our ageing population are unlikely to be met. With social care already in crisis, expectations for care will shift to the already pressurised informal care sector.
- Without action to encourage and facilitate longer working lives we will see a future drop in the UK's employment rate and reductions in overall productivity.
- Without action to build more houses, and houses which are adapted to the needs of older people, the housing shortage will continue, with older adults potentially moving into care prematurely.

Without action to facilitate longer working lives we will see a future drop in the UK's employment rate.



The gap in life expectancy between the wealthy and the poor will continue to increase.



We have set out ten indicators of progress which we will explore at *Future of Ageing* conferences over the next few years to see what progress is being made. These are:

1. Health must find a way to be more responsive and preventative
2. Government must make progress in delivering a long term settlement to pay for social care
3. Savings levels for working age adults must increase
4. Average age of exit from the workforce should rise
5. The number and type of homes built should be increasingly appropriate for our ageing society
6. Government should make progress in facilitating greater risk sharing in accumulation and decumulation of retirement income
7. We must have a more informed older consumer
8. Our aspirations for retirement must be about much more than us spending more hours watching television
9. Businesses should better respond to ageing
10. We must strengthen the social contract between young and old

ABOUT THIS REPORT

ILC-UK held the first *Future of Ageing* conference on the 24th November 2015 at 20 Cavendish Square (see Appendix 1). During the conference, leaders from across a range of sectors, including Government, academia, private and not-for-profit, came together to help paint a picture of the future of ageing in the UK and explore the challenges and opportunities ahead. Through the ILC-UK's unique lifecourse focus we explored the potential impact of ageing not just on today's older population, but also on tomorrow's.

This report sets out some of the key themes which emerged from the *Future of Ageing* conference, namely:

1. The future population profile
2. The future of health and care in an ageing society
3. Individual and societal wealth in an ageing society
4. Work in an ageing society
5. Housing in an ageing society

The report explores a number of issues within each theme, highlighting first the views of the speakers at the *Future of Ageing* conference, before presenting further thoughts made up of analysis from ILC-UK reports, and information and analysis from guest blogs contributed for the ILC-UK website as part of the *Future of Ageing* initiative.

Looking ahead to the future is of course not an exact science and, where appropriate, we have highlighted issues whose effects on the future of ageing are still uncertain and will depend on the policy choices and scientific advancements made over the next few years.

The next chapter then presents a 'best' case scenario, which brings together all of the different themes discussed, highlighting what may happen if all of the challenges are met and the opportunities are taken. This is followed by a 'worst case' scenario which portrays what may happen if the status quo remains.

This is not intended to be an exhaustive look forward, as not every aspect of the future of ageing emerged during the conference, for example discussion on the role of families and the impact of the growing number of the 'oldest old' was limited. However, we hope to explore these themes and many others in more detail at *Future of Ageing* conferences to come.

If our society and economy are to respond to ageing we must ensure that we are taking steps forward. To conclude, we set out ten indicators of progress which we will explore at conferences over the next few years to get a better understanding of which opportunities have been taken, and the challenges that are still to be met to ensure a longer, healthier and wealthier life for us all.

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THE FUTURE OF AGEING IN THE UK

“An ageing society is two things; individuals living longer and there being more older people. They are separate but connected.”²

Lord Filkin

1. THE FUTURE POPULATION PROFILE

MORE OF US WILL BE OLDER

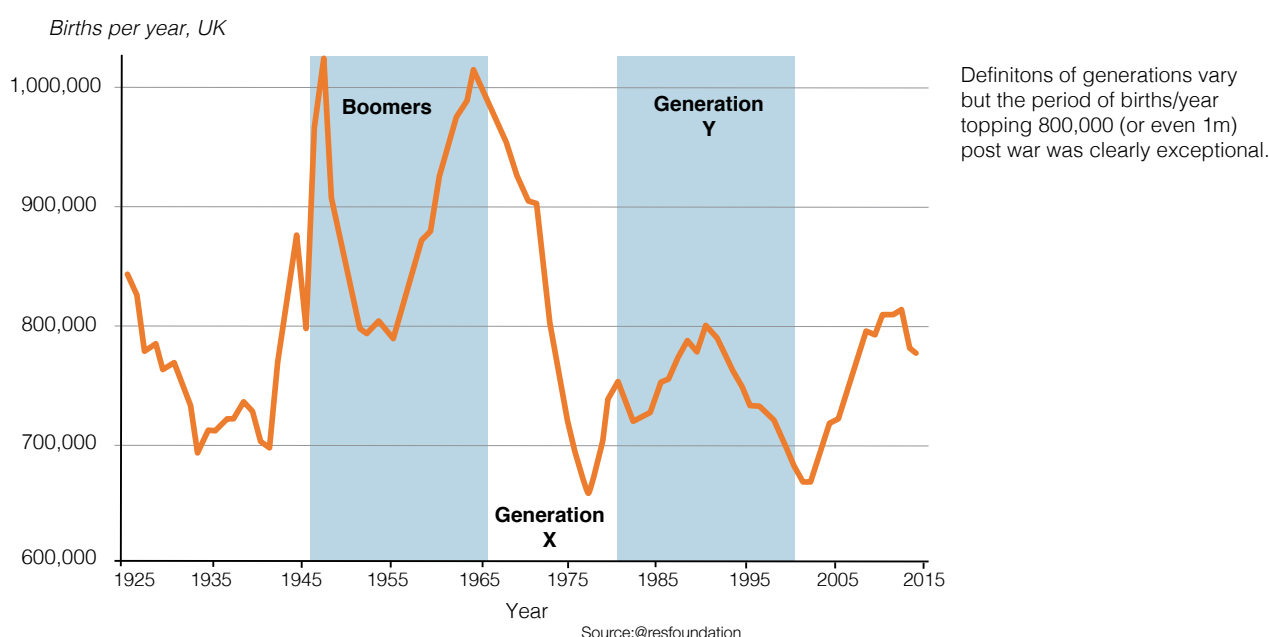
What the speakers told us

Speaking at the *Future of Ageing* conference, Lord Filkin highlighted that increases in life expectancy and the post war baby boom are resulting in greater numbers of older people than ever before, pointing to predicted increases in the next 10 years of 19% for people aged over 65 and 40% for people over 85.³ Lord Willets, also speaking at the conference, emphasised this point, outlining how two peaks in the numbers of babies born, in 1947 and 1964 (seen in the graph below), have further bolstered the current numbers. He also highlighted how a greater proportion of the population is now older, as this growth in numbers has occurred alongside a steadily declining birthrate.

In the next 10 years life expectancy is likely to increase by 19% for people aged over 65 and 40% for people over 85.

“We will see a growth in the number of us reaching our 80s and beyond, with the number of people aged 85+ in England growing by 17% by 2020 and 40% by 2025.”⁴ **Lord Filkin**

Figure 1: Britain has gone through baby boom and bust⁵



What the speakers told us

Steven Baxter highlighted that average life expectancy is expected to continue to increase over the next decade. He commented that the UK's rising life expectancy over the last 75 years has largely resulted from two transitions – the successful combatting of infectious disease, followed by a decline in circulatory diseases as a result of medical advances and behavioural change. Pointing to the figure below, Steven argued that people of all ages will profit from further medical advancements which may lead to them living for longer. He highlighted how the younger a person is, the longer they will benefit from future advances, and in consequence the greater their predicted life expectancy.

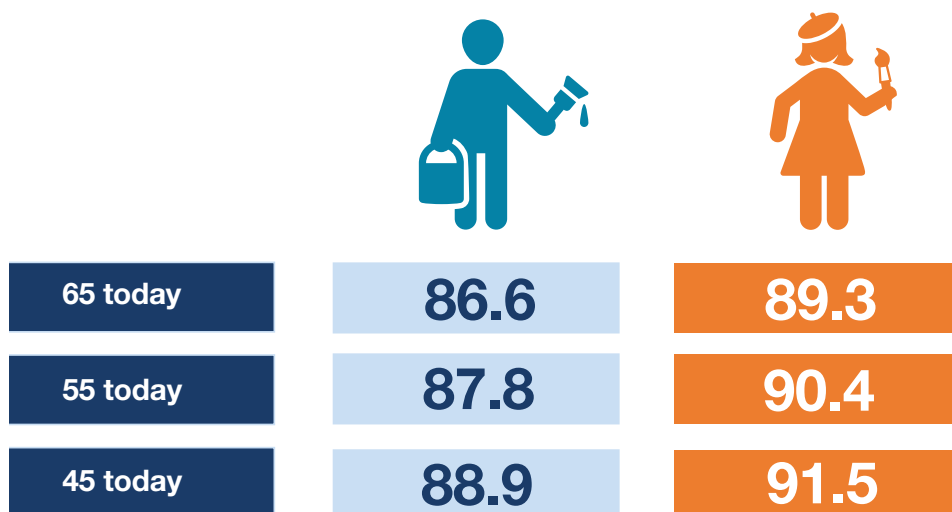
Other sources indicate that whilst women have traditionally outlived men, the gap between male and female life expectancy is also falling, and men could potentially catch women up by as early as 2030.⁷

“Nowadays death is concentrated amongst the older ages and indeed that is the paradigm that brought us here today.”⁶

Steven Baxter

The **gap** between male and female **life expectancy** is also falling, and **men could potentially catch women up by** as early **2030**.

Figure 2: How long will we live? (on average, and assuming we reach age 65)⁸



WHAT WE DON'T KNOW – HOW MUCH WILL LIFE EXPECTANCY INCREASE BY?

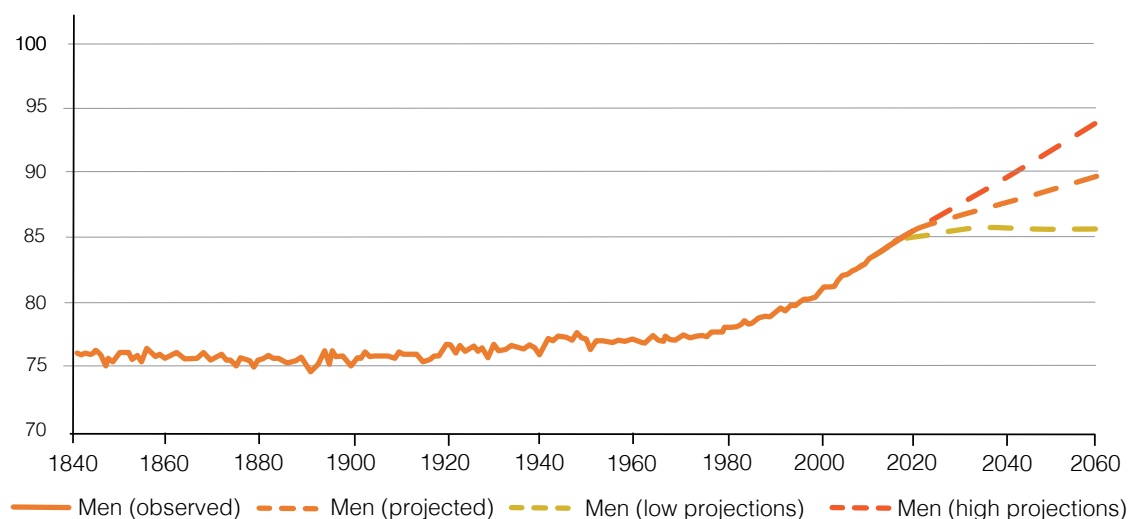
What the speakers told us

Steven Baxter argued that while life expectancy looks set to continue increasing, the amount it will increase by is open to debate as there is uncertainty on what medical breakthroughs will be achieved, and on the long term efficacy of recent medical developments. As a result, by 2050 there is a 10 year variation in life expectancy predictions as shown in the graph below.

“I should stress that there are a range of views on how long people live for. This is not a certainty...how long you could live for depends on how medical advances pan out..”⁹

Steven Baxter

Figure 3: Life expectancy of a 65 year old man ¹⁰



Source: Hymans Robertson, based upon ONS 2012 central, low life expectancy and high life expectancy projections.

By **2050** there is a **10 year variation in life expectancy** for a 65 year old man.



Our thoughts

Humanity has proven remarkably successful at increasing its own life expectancy. However, in the long term, there are significant risks that progress made in increasing longevity could be undermined. The threat of antimicrobial resistance is severe and without significant research progress, relatively simple medical interventions (let alone complex ones) could become risky.

‘Creating a Sustainable 21st Century Healthcare System’¹², a recent report by the ILC-UK, identifies several challenges which will influence the present and future climate for healthcare, and may negatively impact on future life expectancy. For example, it highlights how health care systems are traditionally reactive - people become sick, then visit medical services to be made better. If preventative policies that address the wider determinants of health (such as education, living conditions and employment) are not implemented, pressure from our ageing population on health services may become unsustainable, which could lead to a lower standard of care and a negative impact on life expectancy.

However, the report also highlights several opportunities that have the potential to help offset these challenges and lead to further life expectancy gains. For example, our ability to generate data has moved lightyears ahead of where it was only a few years ago, and scientists are beginning to link traditional health data to non-traditional data to improve health outcomes. This has included innovative projects such as environmental scientists capturing huge quantities of air quality data from polluted areas and attempting to match it with health care datasets for insights into respiratory disease. The use of ‘big data’ in this way has the potential to revolutionise healthcare.

“The challenge for future healthcare and social provision is that we do not know how these mortality hurdles will continue to shift, and if we make the wrong assumptions, like the period life expectancy assumption, we are likely to be investing far too little in healthcare and social care provision than we should have been.”¹¹

Dr Jon Minton (College of Social Sciences, University of Glasgow)

The use of ‘**big data**’ has the potential to **revolutionise healthcare.**



THE WEALTHIER AMONG US WILL LIVE LONGER THAN POORER

What the speakers told us

Steven Baxter argued that life expectancy today was significantly impacted by our health, wealth and lifestyle. During her presentation, Professor Jane Elliott highlighted that while male and female life expectancy had increased over the past two decades, it had increased less for those in the lowest social classes than for those in the highest social classes. Life expectancy at 65, according to the evidence presented by Elliott, was around 4 years higher on average for those in the highest social class than it was for those in the lowest social class.

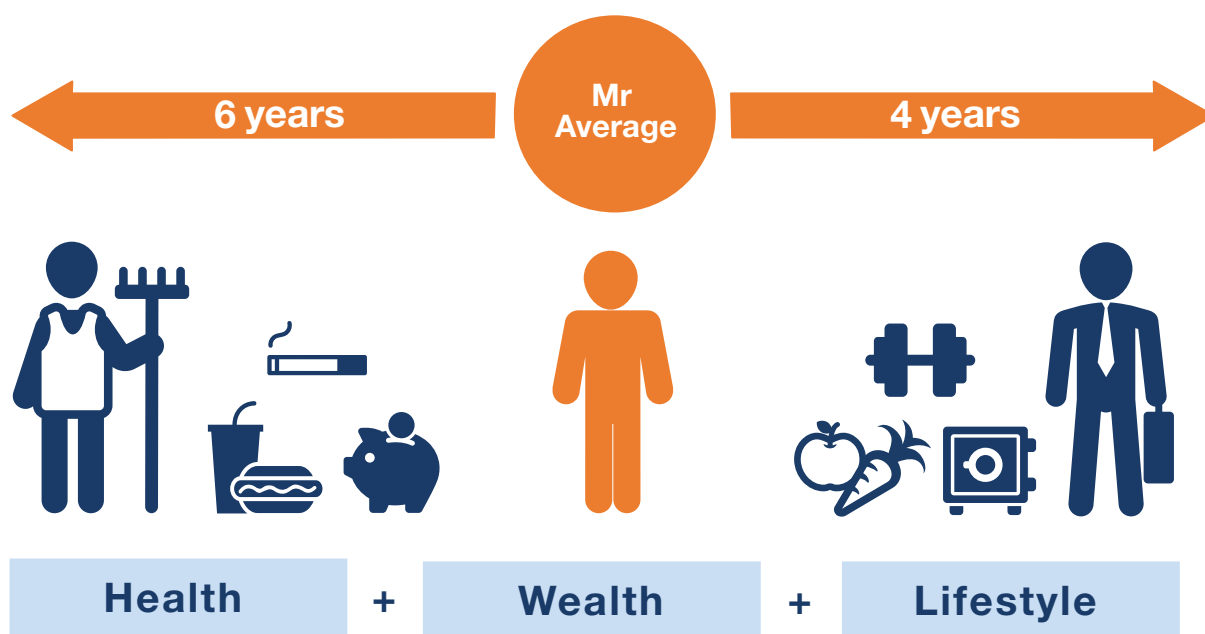
“(It is) important to be aware of the really stark inequalities...those who are least affluent are much more likely to have high frailty scores.”¹³

Professor Jane Elliott

“If we are the healthy, wealthy end (of the spectrum) we need to add four years to the average (life expectancy), if we are the unhealthy, less wealthy end of the spectrum, knock six years off.”¹⁴

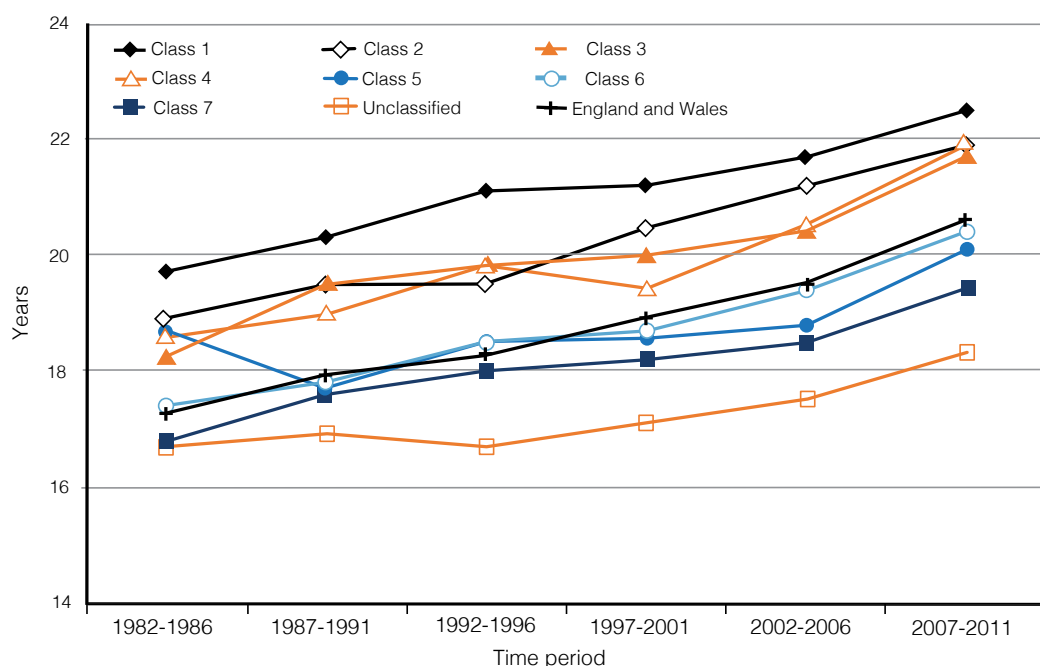
Steven Baxter

Figure 4: How long will we live? (on average, and assuming we reach age 65)¹⁵



Source: Club Vita

Figure 5: Female life expectancy at age 65¹⁶



Poverty not only **impacts on access** to healthier foods and lifestyles, it can also result in the **stress** that **leads to unhealthier** lifestyles.

“For those in the lower social economic graphic, they are not seeing the (same gains) in life expectancy.”¹⁷

Professor Jane Elliott

Our thoughts

Recent research highlights how deprivation plays a significant role in creating and maintaining life expectancy gaps between different areas of the UK¹⁸. Poverty not only impacts on access to healthier foods and lifestyles, it can also result in the stress that leads to unhealthier lifestyles. Deprived areas may also be more vulnerable to social stresses that impact on life expectancy such as poor job security, income security and low quality housing. Cuts to public spending on a range of social determinants of health over recent years therefore need to be applied with sensitivity to ensure that they do not exacerbate the life expectancy gap between social classes.

PEOPLE WILL UNDERESTIMATE THEIR LIFE EXPECTANCY

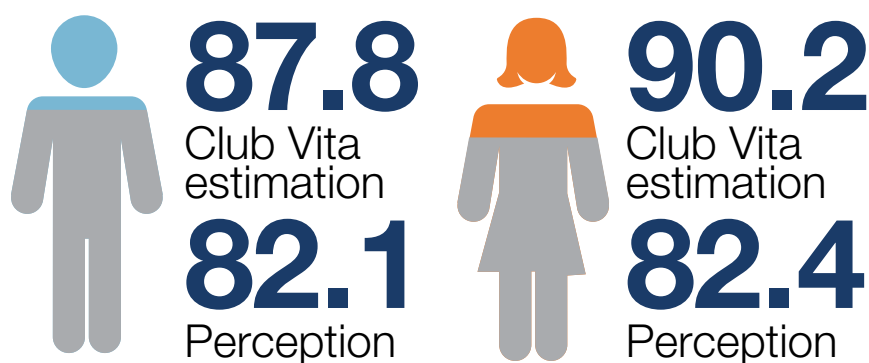
What the speakers told us

There has been increasing recognition that individuals underestimate their life expectancy. During the *Future of Ageing* conference Steven Baxter argued that people underestimate how long they might live for by between 5 to 8 years.

“Life expectancy is an average...if you take the average number, one in ten of us should budget living for 10 years longer.”¹⁹

Steven Baxter

Figure 6: Underestimation of life expectancy ²⁰



People underestimate how **long** they might live.



WHAT WE DON'T KNOW – WILL PEOPLE CONTINUE TO UNDERESTIMATE THEIR LIFE EXPECTANCY IN THE FUTURE?

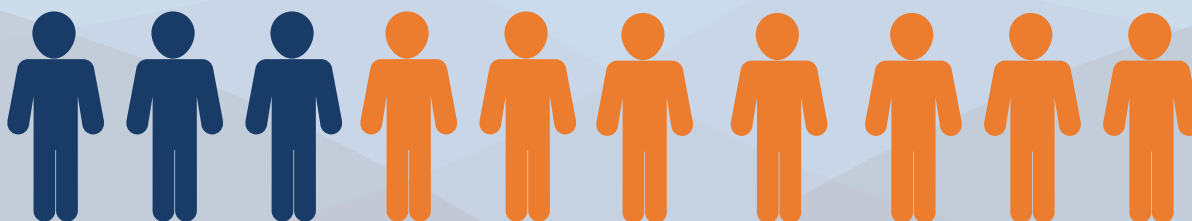
Our thoughts

There is a scarcity of data on why people choose a particular estimate for their own lifespan²¹. Many factors potentially come into play, such as the longevity of people's own parents. However, people's estimation of their own life expectancy can have significant repercussions later in life as it can change how they plan for their retirement and, if they exceed their expected life expectancy, lead to people not being able to meet their future financial needs.

ILC-UK's report 'Here today, gone tomorrow' highlights the potential danger of people continuing to underestimate their life expectancy now that they are no longer obligated to annuitise their pension pot²². One potentially common scenario modelled by the report - where people put all their defined contribution wealth into a low interest savings account - was found to result in just 3 in 10 people being able to secure an adequate income for the last four years of their life if they were to underestimate their life expectancy by the average amount. This could result in them cutting back on expenditure just at a time when they may need it most - i.e. to maintain basic living standards as well as paying for additional costs such as long-term care.

However, the recent pension changes could potentially lead to people being less likely to underestimate their life expectancy in the future. The move away from collective pensions to defined contribution schemes alongside the Government's decision not to force people to annuitise may mean that individuals will think more about how long they will need their pension pot to last. Alongside this, more sophisticated longevity calculators are likely to emerge, building on the simple life expectancy calculator released this March by the ONS, which may further increase awareness of how long people may live²³.

If people put all their defined contribution wealth into a low interest savings account, just 3 in 10 people would be able to secure an adequate income for the last four years of their life.



2. THE FUTURE OF HEALTH AND CARE IN AN AGEING SOCIETY

WE WILL DIE OF DIFFERENT THINGS TO PREVIOUS GENERATIONS

What the speakers told us

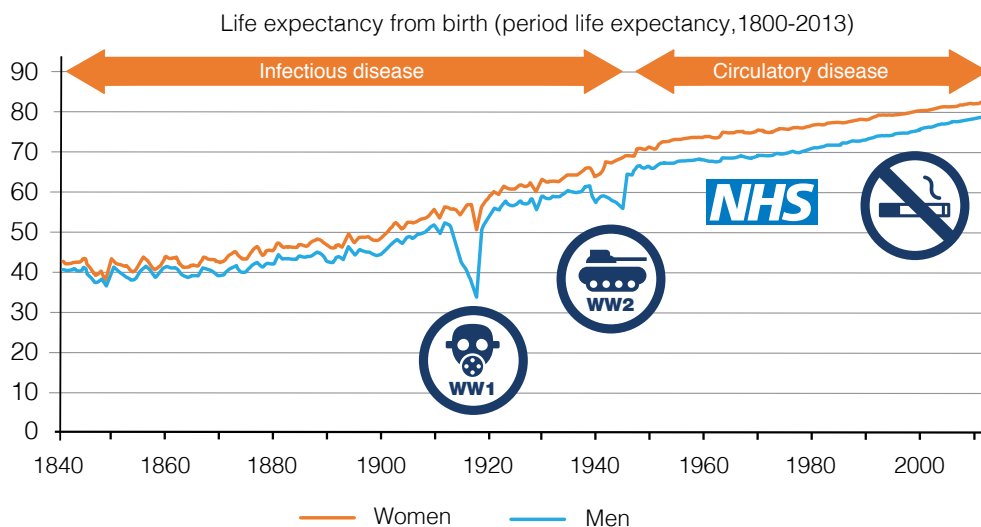
Steven Baxter highlighted that between the 1840s and 1940s the main cause of death was infectious disease. As a result most people died relatively young. The introduction of clean water alongside mass vaccination saw this pattern begin to change. As a result, the main cause of death after 1940 became circulatory disease²⁴.

Steven suggested however, that over recent decades a decline in smoking levels and medical advances has led to circulatory diseases diminishing. As a result, deaths from age related non-communicable diseases such as dementia are increasing in frequency.²⁶

“Medical research has been far more directed at the degenerative diseases of ageing.”²⁵

Steven Baxter

Figure 7: Rising life expectancy²⁷



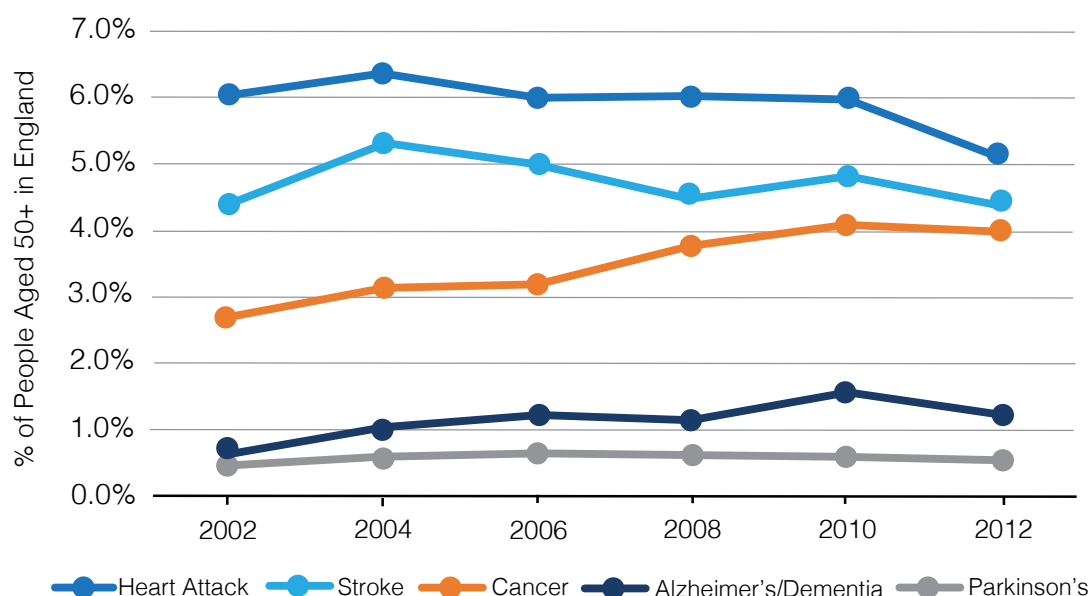
Source: Hyman Robertson, using data from ONS and Human Mortality Database.

Our thoughts

ILC-UK's recent work on serious illness confirmed this, finding that the proportion of older people reporting a cardiovascular event (heart attack or stroke) fell between 2002-2012 and that lower proportions of people in each age group from 50-79 experienced heart attacks in 2012 compared to 2002.

However, the report also highlights that the overall prevalence of older people living with cancer shows a notable upward trend from 2002 to 2012. Prevalence of dementia also increased over this period.

Figure 8: Prevalence of five serious illnesses among people aged 50+ in England, 2002-2012²⁸



Further work by the ILC-UK in 'Creating a Sustainable 21st Century Healthcare System'²⁹ highlights how the overall rise of non-communicable diseases will put an increasing pressure on our health and social care system. It highlights how the significant relationship between non-communicable diseases and old age, combined with a rapidly ageing population, means that our healthcare system will need to adapt- both to deal with the increasing numbers of people with these diseases and the percentage of those people who are over 65.

Our healthcare system will need to adapt - both to deal with the increasing numbers of people **with non-communicable diseases**, and the percentage of those people who are **over 65**.



WHAT WE DON'T KNOW – HOW PREVALENT IS DEMENTIA GOING TO BE IN THE FUTURE?

What the speakers told us

In her presentation, Professor Jane Elliott highlighted how recent research found that, despite a whole number of factors being strongly associated with the development of dementia, the most important predictive factor was age. She suggested that this correlation, combined with rising life expectancy, creates uncertainty about the future numbers of people with dementia. She suggested that, even in the presence of preventative programmes, the number of people dying with dementia may still increase in the future.

“A whole list of things predict dementia... (however) it is age that trumps everything else...this raises big questions if we are looking at increasing life expectancy. Just how much more prevalent is dementia going to be?”³⁰

Professor Jane Elliott

The most important **predictive** factor of **dementia** is **age**.



WE WILL PROBABLY BE SPENDING MORE ON HEALTH

What the speakers told us

Speaking at the *Future of Ageing* conference, Lord Filkin highlighted how the Barker Commission report, published in September 2014, argued that public spending on health and social care is likely to reach between 11% and 12% of GDP by 2025 (with the Commission stating that the Government would need to find a way of responding to this increased demand³²). He suggested that finding the money is not the major problem as the UK is a rich society, instead the difficulty lies in ensuring that the money is obtained in a way that is fair to all generations.

“The increase in long term conditions in the older population will drive big increases in demand and cost.”³¹

Lord Filkin

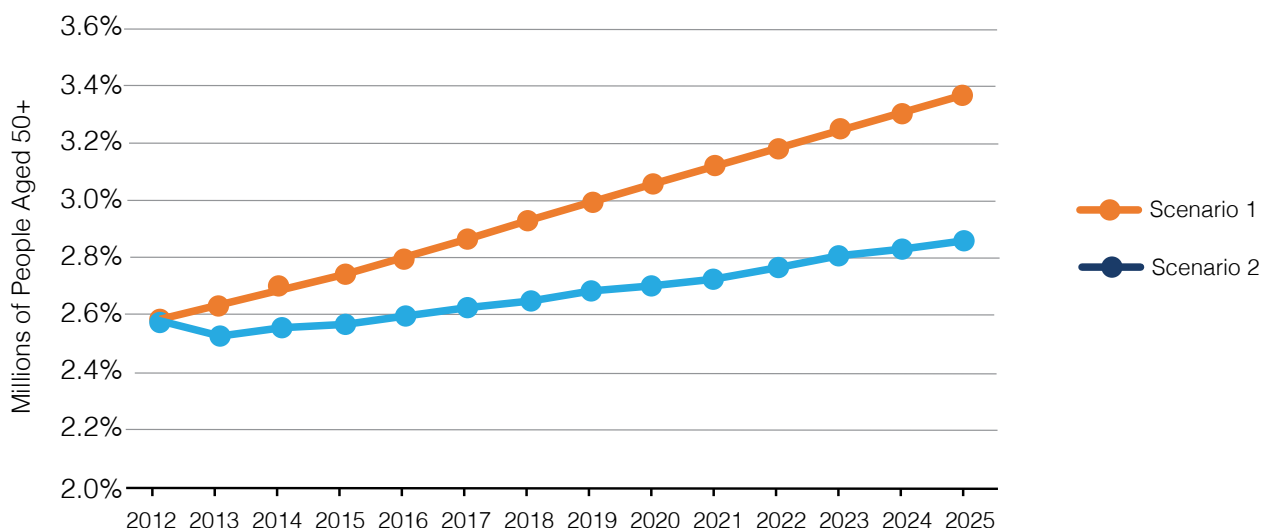
Our thoughts

ILC-UK research published earlier in 2015 ‘Serious Illness in the Over 50s’ highlights how much of the increased health and social care cost is likely to come from the increasing numbers of older people living with serious illness. The research found an estimated 2.6 million older people or one in eight of those aged 50+ (13.9%) were living with serious illness in England according to the analysis of the latest wave of the English Longitudinal Study on Ageing. ILC-UK predict this will increase to between 2.9 million and 3.4 million by 2025.

“The NHS Five Year Forward View last year made it absolutely clear. There are three key challenges: prevention; service configuration and innovation; and funding to support change.”³³

Lord Filkin

Figure 9: Projected figures of people aged 50+ with serious illness in England 2012-2025 ³⁴

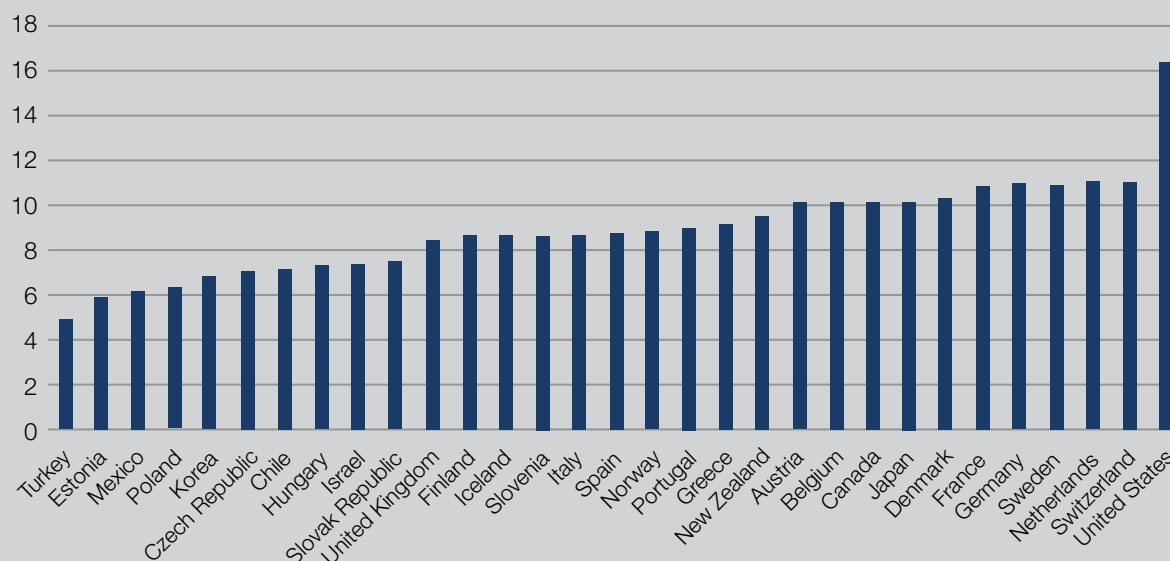


WHAT WE DON'T KNOW - WILL INCREASED HEALTH SPENDING BE ENOUGH?

Our thoughts

The UK currently spends less than the EU-15 average on healthcare³⁵. The increases announced in the Spending Review 2015 are unlikely to significantly push the UK up this league table. With an ageing society, spending on health is likely to need to increase.

Figure 10: Healthcare spending as % of GDP



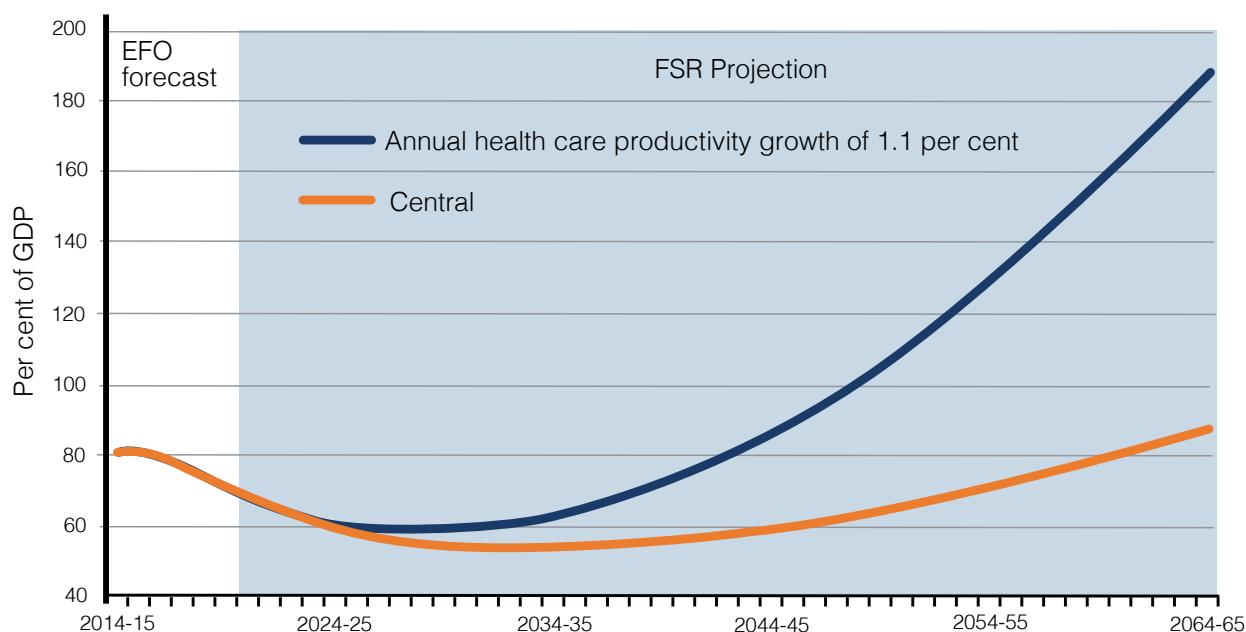
ILC-UK analysis has highlighted how assumptions about healthcare productivity may be wildly optimistic. If the productivity gains assumed are not met, the future cost of health as a result of ageing could be much more significant than anticipated. Without productivity improvements, health spending in 2063-64 might need to be 5.0 % of GDP higher than currently projected.³⁶

If productivity in healthcare increases by 2.2% per annum over the period, debt as a proportion of GDP would be just over 80% by 2060. But if health productivity rises in line with the long-run trend (1.1%), debt would rise to over 180% of GDP – a whopping great difference.

The **UK** currently **spends less than** the **EU-15** average on healthcare



Figure 11: Sensitivity of OBR net Government debt projections to health productivity assumptions³⁷



Source: OBCR

If the productivity gains assumed are **not met**, the future cost of health as a result of ageing could be **much more significant** than anticipated.



SOCIAL CARE IS ALREADY IN CRISIS. IN FIVE YEARS IT IS LIKELY TO BE WORSE

What the speakers told us

Speaking at the *Future of Ageing* conference, Lord Filkin suggested that social care is currently in crisis as public funding to this area has reduced at the same time that social care need has increased due to an ageing population.

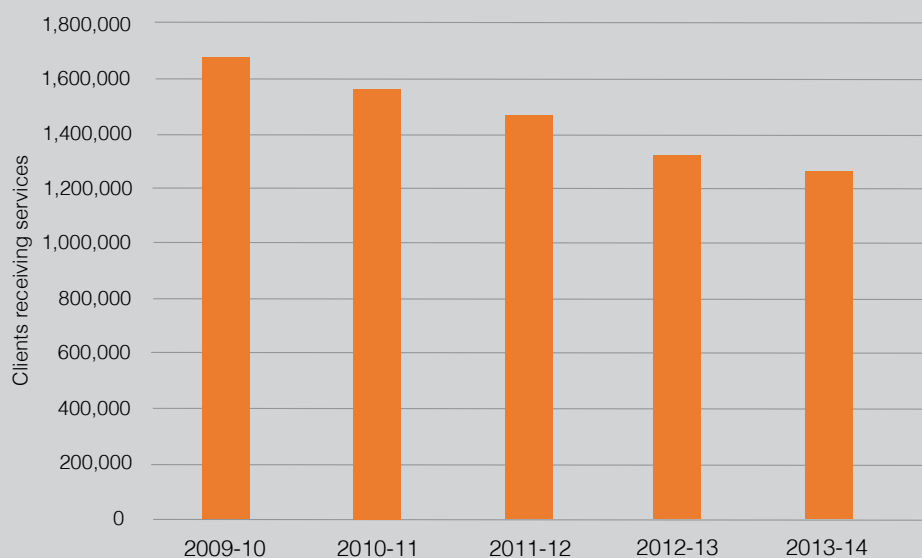
“It is hard to overstate what a bad place we are in. The system is crumbling now. Social care needs to have increased investment.”³⁸

Lord Filkin

Our thoughts

In 2014, research revealed that “nearly 900,000 (870,000) older people between 65 and 89 now have unmet needs for social care”³⁹. In fact, the number of people receiving adult social care services has declined despite there now being more older people. People with moderate or lower social care needs are also less likely to receive care.

Figure 12: Number of people receiving adult social care services⁴⁰



Nearly 900,000 (870,000) older people between 65 and 89 now have unmet needs for social care.



The November 2015 Spending Review did little to convince charities or the care sector that the future was more rosy. Increasing costs such as the national minimum wage are putting providers under increased financial pressure and fears are growing of market failure⁴¹.

ILC-UK's report, 'The Costs and Benefits of Paying All the Lowest-Paid Care Home Workers in the UK the Living Wage⁴²', which was a collaborative project with the Joseph Rowntree Foundation and the Work Foundation, found that the estimated cost of paying the living wage to all care home staff in 2014 would have been £830 million per annum, with the figure rising to almost £1 billion when National Insurance and pension contributions are factored in. While the costs of the new National Living Wage announced in the Summer 2015 budget are less, the report highlighted that it will still affect at least 50% of care home workers, and including National Insurance and pension contributions, it would cost £387 million per year. As such, while care homes with predominately self-funded residents may be able to afford higher wages, those dependent upon local authority funding are less likely to be able to, given that they often receive less money than the actual cost of care.

Growing costs, such as the national minimum wage, are putting providers under increased financial pressure and fears are growing of market failure. ⁴⁰



WE WILL WITNESS GROWING GAPS IN THE FORMAL CARE WORKFORCE

What the speakers told us

Lord Filkin suggested that the growth in the numbers of older people is increasing the need for adult social care workers, but there is no strategy to create this workforce, both in volume and skill, to meet this increased need.

“If we don’t build the (social care) workforce by some mechanism both in volume and skill we are in trouble.”⁴³

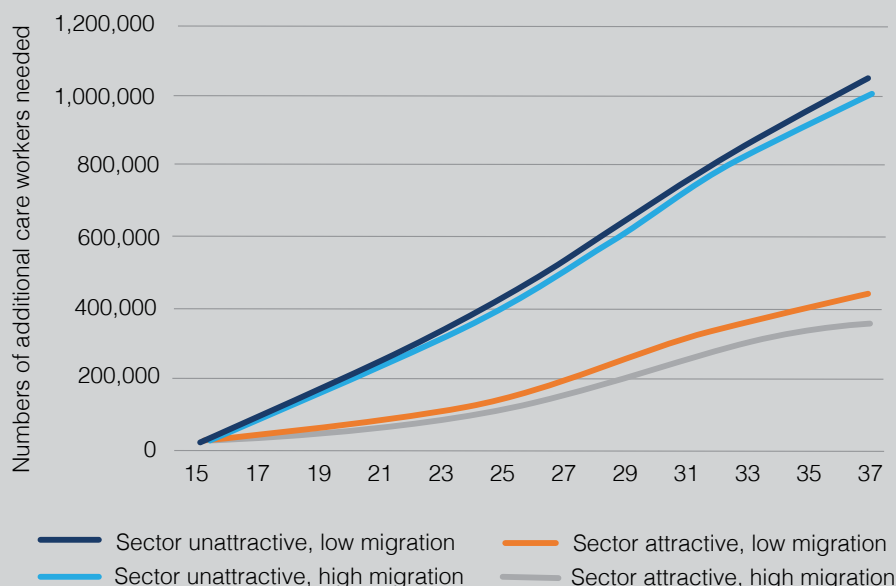
Lord Filkin

Our thoughts

ILC-UK research published in November 2015 found that the adult social care sector in England faces a gap of 200,000 care workers by the end of this Parliament because of restrictions on immigration and a failure to attract British workers.

In a future scenario with high migration where the care sector is attractive to this workforce there would be a labour supply gap of under 400,000 people. But in a scenario of low migration where the sector is unattractive the supply gap would be closer to 1 million people.⁴⁴

Figure 13: Workforce gaps across various scenarios 2015-2037⁴⁵



ILC-UK research published in November 2015 found that the **adult social care sector** in **England** faces a **gap of 200,000 care workers**.

As a result there may be more pressure on the informal care sector. Over recent months the Government has emphasised the importance of families playing a significant role in caring for relatives. In a recent speech to the Local Government Association Jeremy Hunt, Secretary of State for Health, said:

“Family planning must be as much about care for older generations as planning for younger ones. A wholesale repairing of the social contract so that children see their parents giving wonderful care to grandparents – and recognise that in time that will be their responsibility too”⁴⁶. These pressures are likely to increase, but as Hadley points out, not everyone is a parent. There may be over a million people aged 65 and over without children by 2030⁴⁷.

There may be over a **million people** aged **65 and over** without children by 2030.



“If you ask older people ‘what do you want from the health and care system’ they will say it’s not extension of life, it is being able to retain my independence”⁴⁸

Professor Ian Philp

3. INDIVIDUAL AND SOCIETAL WEALTH IN AN AGEING SOCIETY

AVERAGE PENSIONER INCOME IS LIKELY TO CONTINUE TO RISE

What the speakers told us

Paul Johnson highlighted how the annual real incomes of people above pension age have increased year on year from 2001 to 2014 (both before, during, and after the financial crisis), and average pensioner income is likely to continue to rise for the next decade.

He attributed these increases to ‘a rising State Pension, a rise in private pensions, later retirement, and increased earnings⁵⁰’. Lord Willetts also attributed increasing incomes to the pension triple lock, and observed that the 50-60 cohort command a large proportion of the nation’s housing wealth⁵¹.

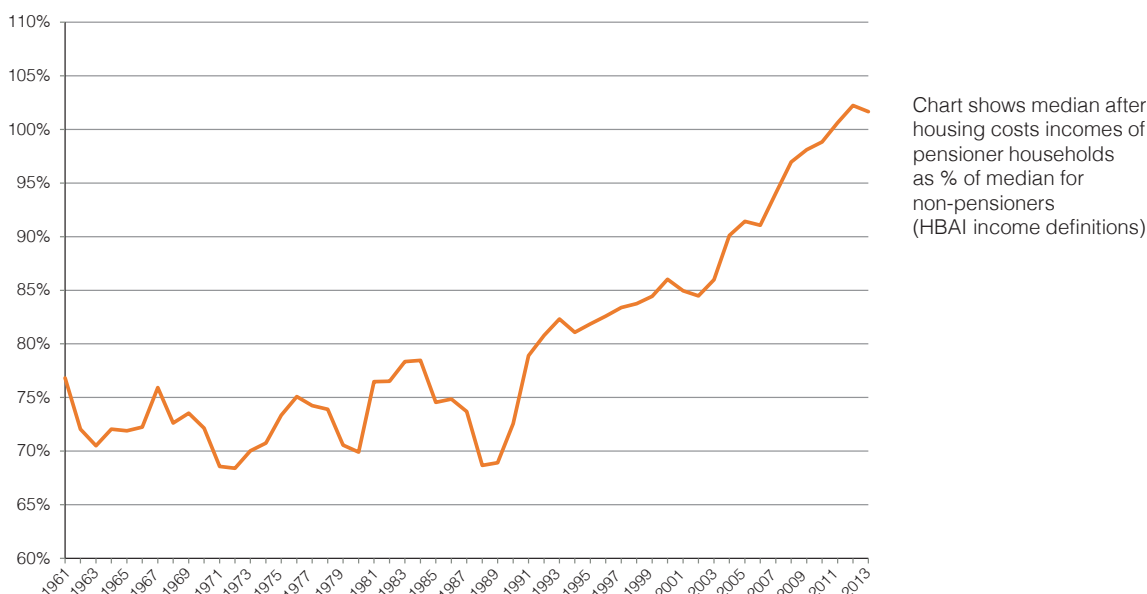
“On a cost measure, 2011 was a key year; it was the first time ever that median pensions rose above the incomes of non-pensioners on average, an astonishing change.”⁴⁹

Paul Johnson

“Property is massively concentrated in the 50-60s cohort, and that is where the wealth is.”⁵²

Lord Willetts

Figure 14: The remarkable catch-up in pensioner incomes⁵³

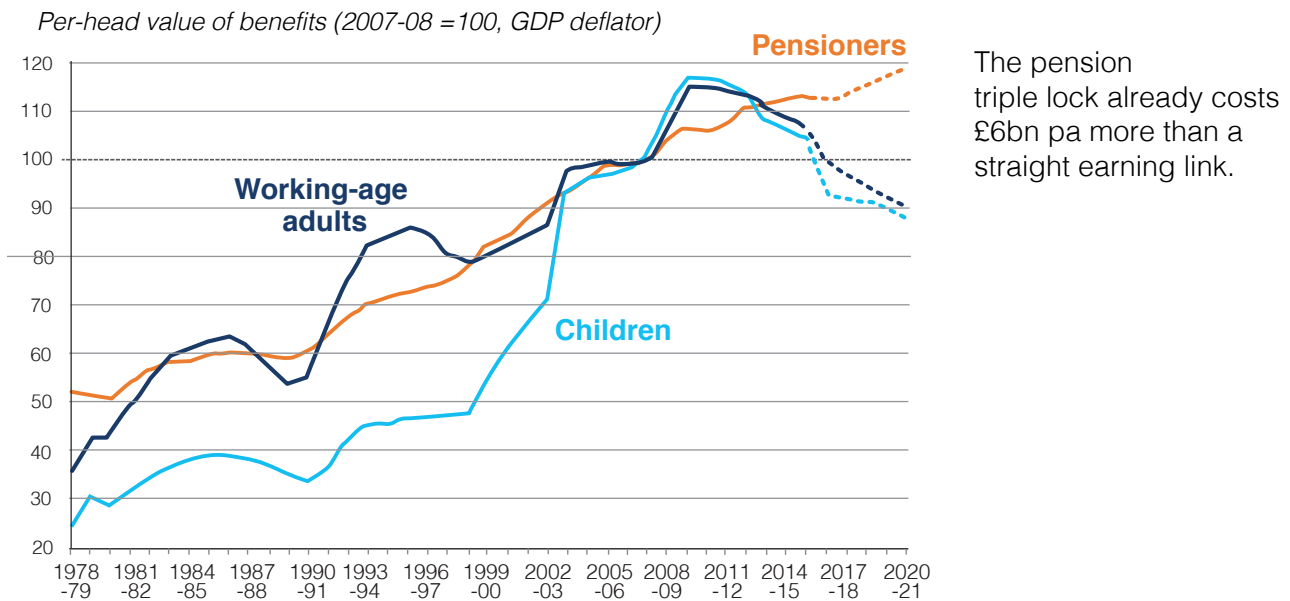


Source: Institute of Fiscal Studies

“It is a remarkable world in which the majority of people hitting pension age will have a higher standard of living after they stopped working than they did whilst they were in work.”⁵⁴

Paul Johnson

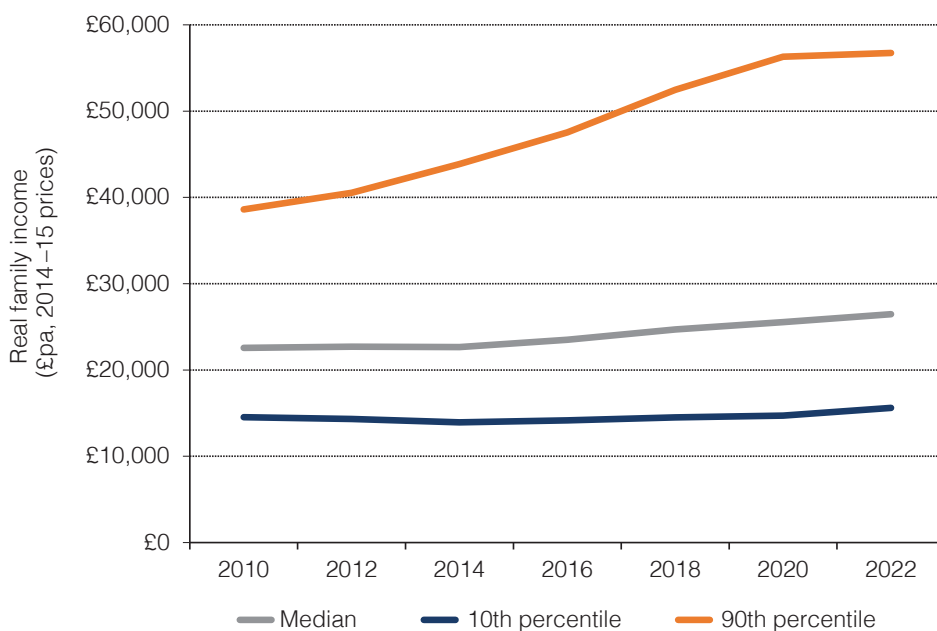
Figure 15: Pensioner benefits have been protected (and then some) while others' benefits have been cut⁵⁵



Source: David Willetts: Resolution Foundation

IFS projections suggest that pension age incomes will continue to gradually increase throughout the next decade (albeit with significant disparities between the lowest and highest percentiles), which means that for the next decade, *‘the majority of people hitting pension age will have a higher standard of living after they stopped working than they did whilst they were in work’*⁵⁶.

Figure 16: Equivalised family income projections: 65+ population⁵⁷



THE END OF THE 'GOLDEN ERA' FOR PENSIONERS

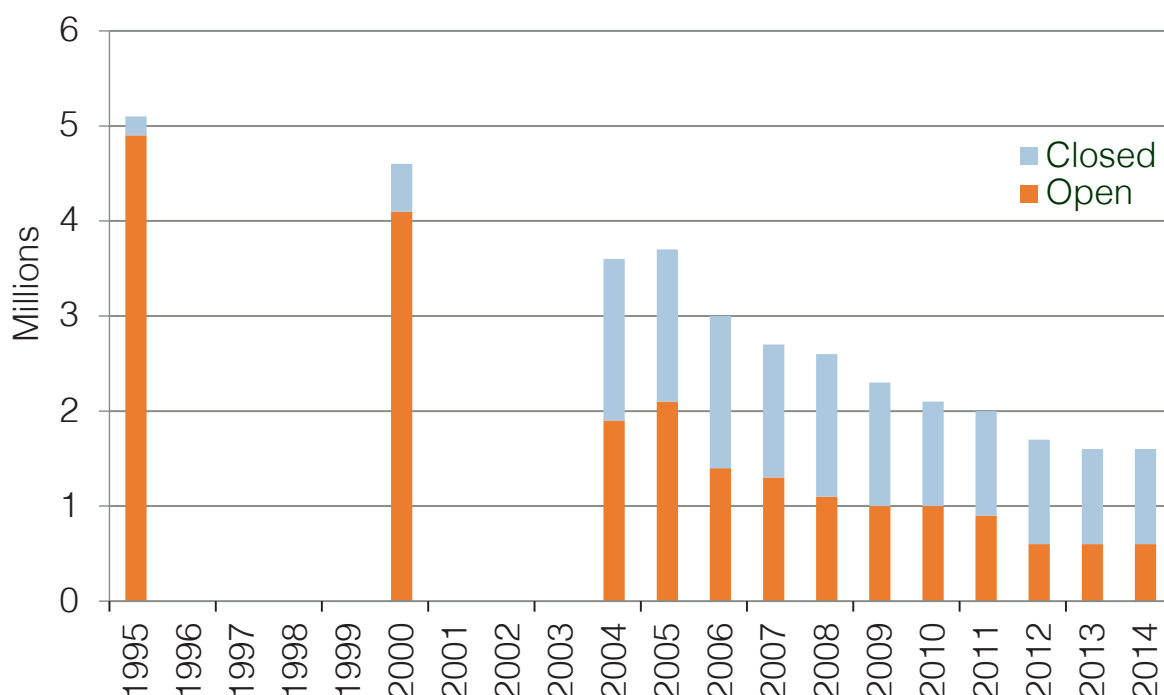
What the speakers told us

Whilst the incomes of those in retirement are projected to steadily increase over the next decade, the outlook for 2025 onwards is less optimistic. Active members of private sector Defined Benefit schemes are declining, and stand at a fraction of what they were in the mid-1990s.

“Further ahead, things look less rosy.”⁵⁸

Paul Johnson

Figure 17: Declining private sector Defined Benefit coverage⁵⁹



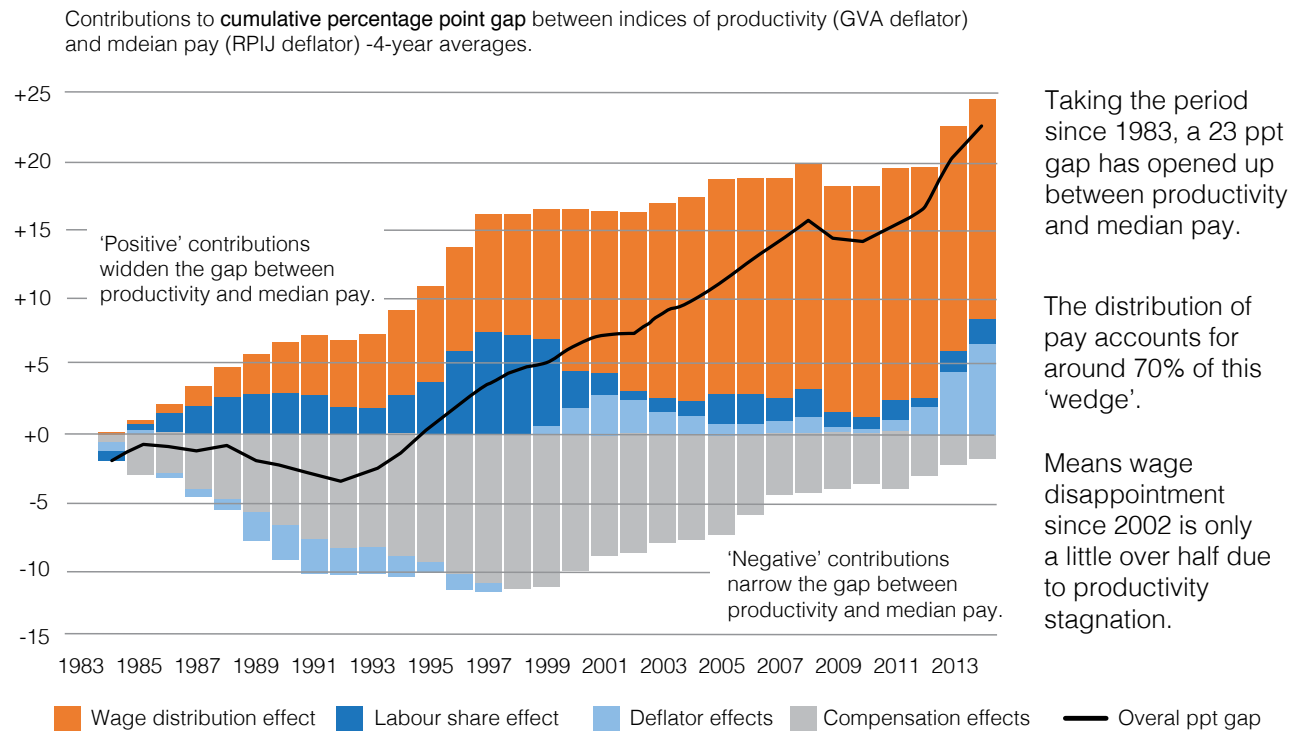
Source: Institute of Fiscal Studies

Defined Benefit scheme deficits are affecting current wages; Lord Willetts highlighted the 23% gap between productivity and median pay which has developed since 1983 as a result of these deficits.

Incomes of today's working age population overall are lower than those in previous cohorts.



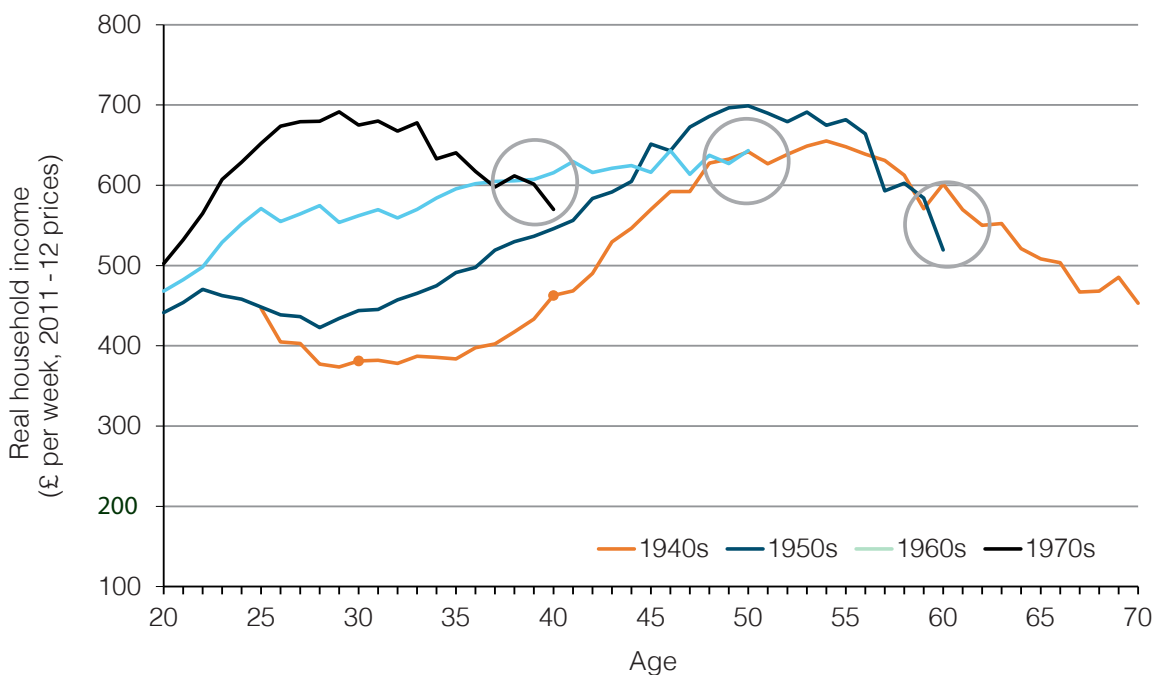
Figure 18: The DB pensions scheme deficits of yesterday's workers are weighing on the wages of today's⁶⁰



Source: David Willetts: Resolution Foundation

Paul Johnson also highlighted that the incomes of today's working age population overall are lower than those in previous cohorts, and that whilst auto-enrolment has led to more people saving, current levels are likely to be inadequate to address pensioner poverty.

Figure 19: Incomes are dipping⁶¹



Source: Institute of Fiscal Studies

Finally, delegates heard that 'the generosity of the single tier State Pension is less than before'⁶².

Our thoughts

'Understanding Retirement Journeys', an ILC-UK report published in December 2015 revealed that one of the five major retired consumer groups in the UK, labelled the 'Just Getting By' group, spend more than 45% of their total expenditure on housing and bills, and are unlikely to receive any income from private investments. The 'Myth of the Baby Boomer', a Ready for Ageing Alliance research report published in August 2015 revealed that almost 3 in 10 of Britain's 55-64 year olds do not have any pension savings at all (nearly 2 million people).

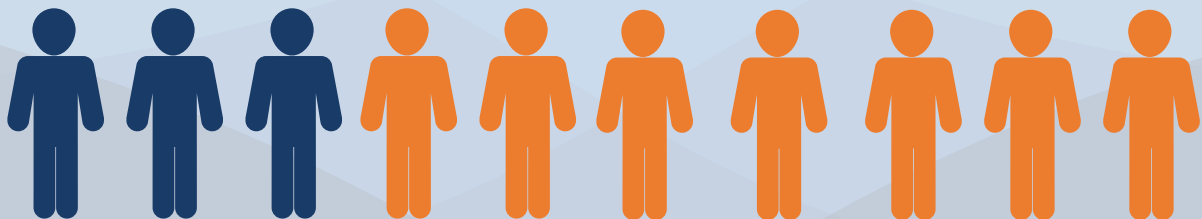
“Retirement as we know it, will die off with the Defined Benefit pensions that financed it.”⁶³

Steve Groves

“What does financial services do in this area? The first thing is reducing future dependency, and we reduce future dependency by helping the young save for retirement’.”⁶⁴

Jim Boyd, Partnership

Almost **3 in 10** of **Britain's 55-64 year olds** **do not have any pension** savings at all.



Our thoughts

Economic growth plays an important part in tackling poverty, increasing employment and increasing living standards. It also helps Governments reduce their debt levels and improve their fiscal sustainability. Yet the prospects for UK growth are far from clear in an uncertain and volatile world. Major Asian economies such as China are seeing their growth levels fall, and the Chinese working age population is set to fall by nearly 40% over the course of this century⁶⁵.

“The life-course perspective suggests that the effects of the crisis will not subside when the crisis ends. To the contrary, these effects will carry on into the future. Thus, the 2008 crisis may have already set the tracks for what older people in the future will be like”.⁶⁶

**Professor Kathrin Komp,
(Helsinki University)**

The Chinese working age population is set to fall by nearly 40% over the course of this century.



4. WORK IN AN AGEING SOCIETY

WE WILL BE WORKING LONGER

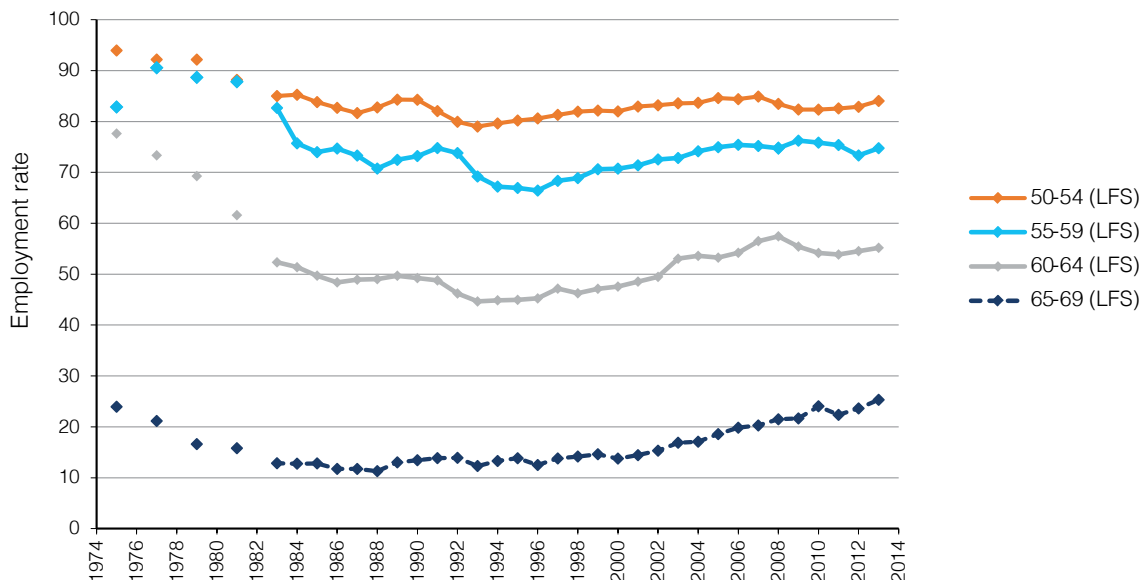
What the speakers told us

Paul Johnson illustrated how employment rates for men aged 65 to 69 are now finally matching those witnessed in the early 1970s. For the 60 to 64 age group, employment rates have now completely recovered, and have increased by about 2 and a half times relative to where we were in the early 1980s.

“One of the crucial things going forward is what happens to employment rates”.⁶⁷

Paul Johnson

Figure 20: Male employment rates slumped but have been rising for some time⁶⁸



Source: Institute of Fiscal Studies

Lord Willetts noted that the employment rate for older workers has witnessed the greatest relative increase of any age group, reaching a record high for the period from 1984-2014.

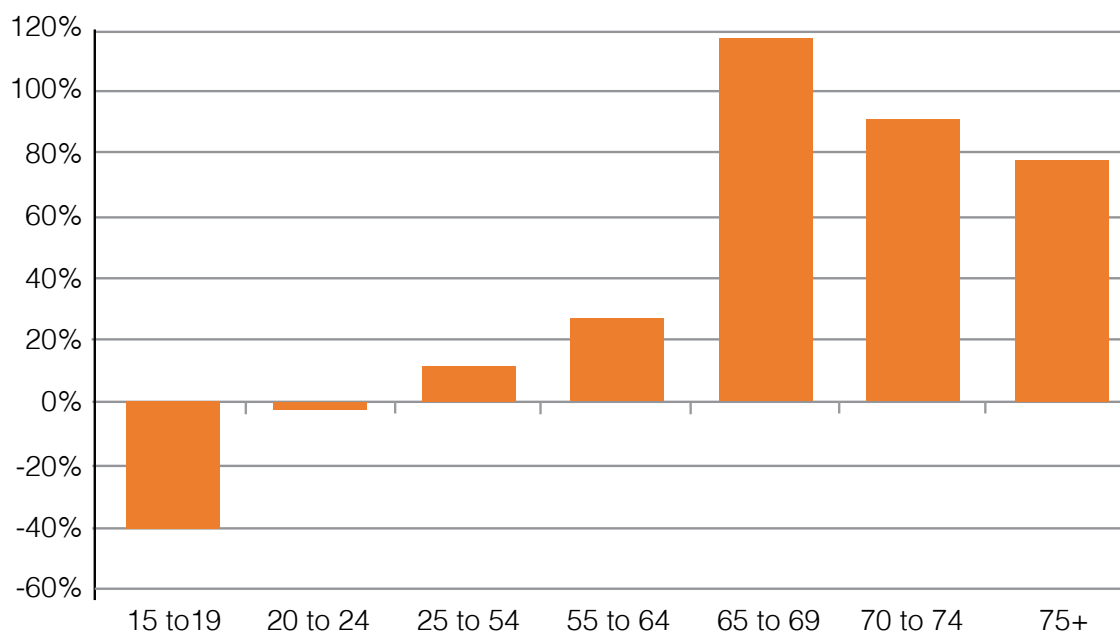
Lord Willetts also identified that older workers employment rates, as a total percentage change within an age group, had reached a record high for the period from 1984-2014.

State Pension expenditure
could increase by 2%,
or £40Bn by 2060.



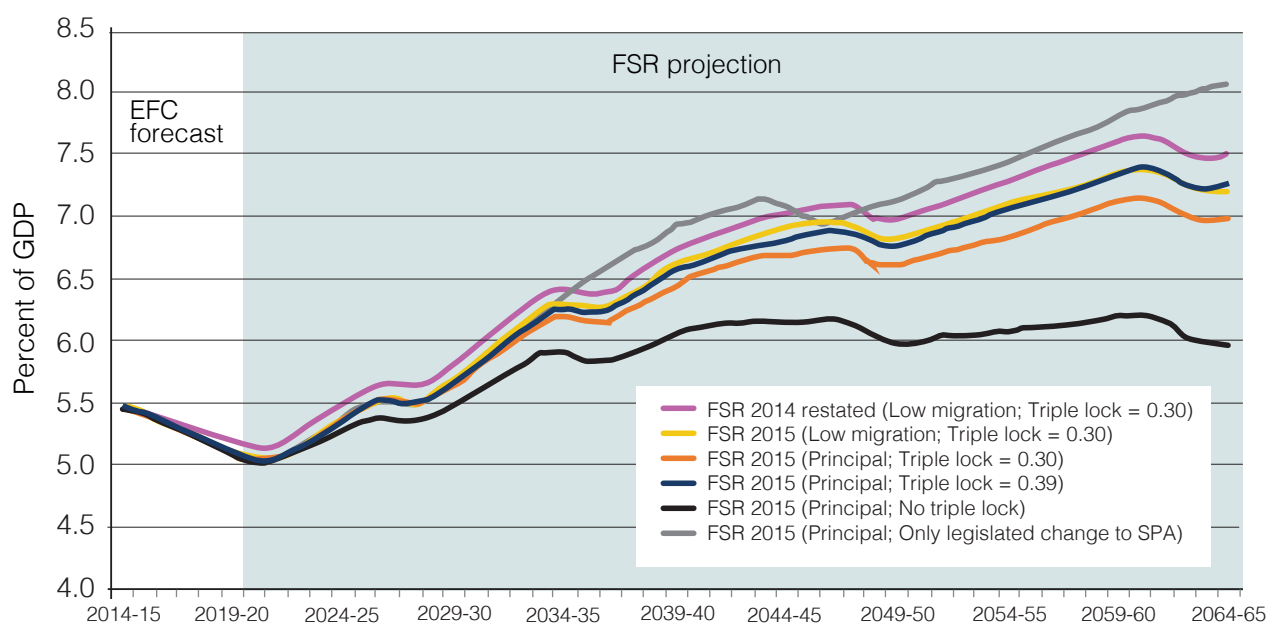
Figure 21: Employment of older workers has reached a record high and of under 25s a record low⁶⁹

Total percentage change in employment rate within age group, 1984-2014



However, Paul Johnson noted that employment rates for men over 60 were much higher in the 1950s, 1960s and early 1970s than current levels, claiming that this *'probably tells us something about what is possible'*⁷⁰ in the future. Paul highlighted that if the triple lock on pensions remains in place, and the State Pension age fails to rise in line with longevity, State Pension expenditure could increase by 2%, or £40Bn by 2060.

Figure 22: Effects of triple lock and pension age spending⁷¹



Our thoughts

‘Avoiding Demographic Crunch’, a June 2015 ILC-UK report into labour supply and the UK’s ageing workforce detailed how there are currently 9.4 million workers in the UK who are over the age of 50. It also noted that while the employment rate of older workers has increased significantly in recent years, there is still a 64% drop in the employment rate between the ages of 53 and 67.

ILC-UK’s report, ‘The Missing Million - Recommendations for Action’⁷², highlighted how, despite growth in the older workforce, more than a million people aged over 50 have been forced out of work involuntarily through a combination of redundancy, ill health or early retirement. It also highlighted that there are a number of barriers that need to be addressed to help more older people return to work, including age-related bias and poor understanding of the needs of older workers among employers. The report predicts that if we can enable more older people to stay in work for longer, UK GDP could potentially receive an £88 billion boost.

“The nature of work is changing... Technology + Demographic Change = Life As We Don’t Know It Yet. So the question becomes less about how much longer will I be working and more about what will I be able to do? Skill-needs are changing. Technology is replacing jobs.”⁷³

Yvonne Sonsino (Partner and Innovation Leader at Mercer)

There is still a **64% drop** in the **employment rate** between the ages of 53 and 67.



What the speakers told us

Elaine Draper, Director of Accessibility and Inclusion, Barclays, and Mario Ambrosi, Head of Public Affairs, Anchor gave a response on behalf of business to the challenges and opportunities of increased longevity and population change in the UK. Elaine Draper outlined the measures that Barclays have taken to ensure that their workforce can continue to share their expertise and contribute for longer by *'changing their working patterns as their needs change'*⁷⁴.

Mario Ambrosi also claimed that there are commercial benefits for businesses if they offer flexible employment solutions and enable people to scale back their careers over time. He elaborated that *'It's very valuable to have employees who can relate directly with our customers, but also the mentoring element is so hugely important. So when you have people coming into the care industry, it's their first job, first time in a role, to be able to be mentored and supported by somebody who is older, it pays huge dividends'*⁷⁶.

“We've also launched a return to work apprenticeship targeted at older people who have been out of work for at least two years. It was actually driven in a very large part by the research that ILC-UK did, highlighting the challenges of the over 50s getting back into work.”⁷⁵

Elaine Draper

Figure 23: Total numbers of people employed, by age and industry grouping⁷⁷

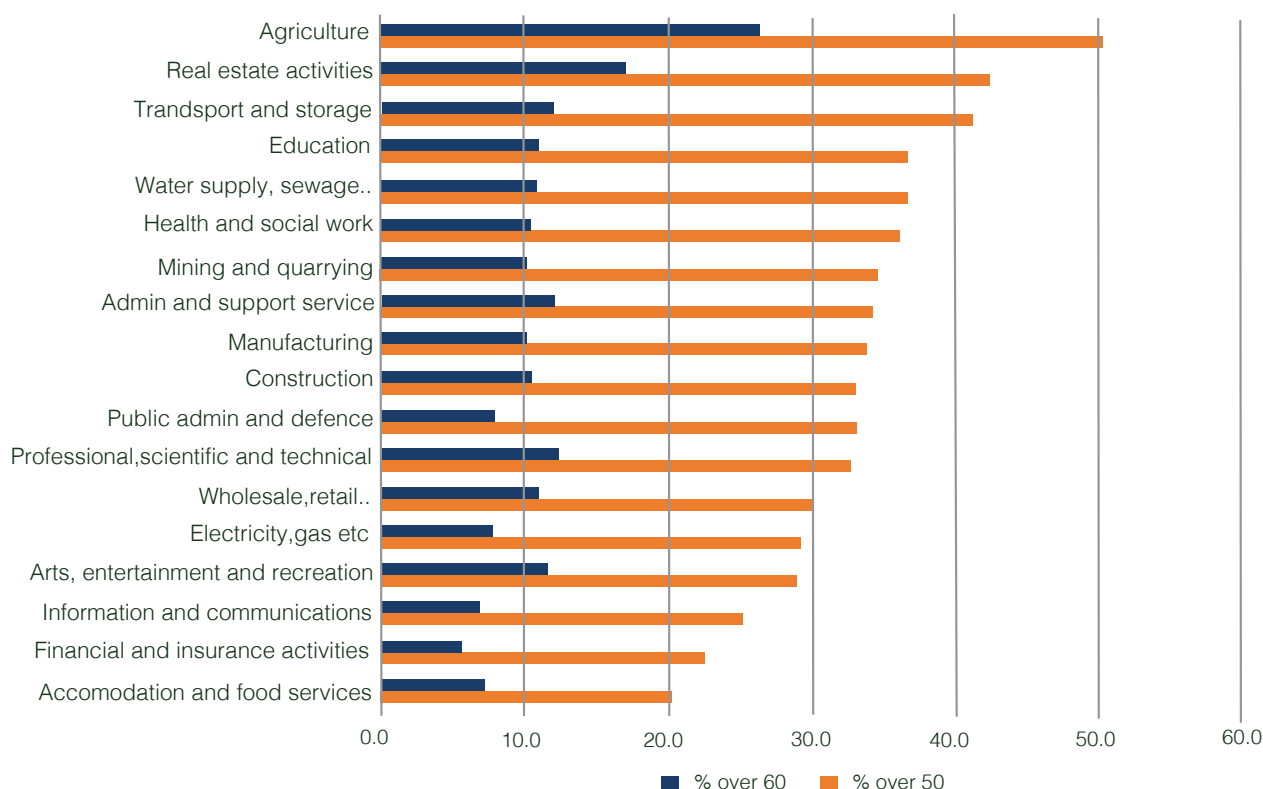


Figure 24: Key facts on older workers and the Labour Market⁷⁸



Employment

The 50+ age group accounts for 30% of total employment in the UK

There are 8.1 million people aged 50-64 employed in the UK and an additional 1.1 million people aged 65+ in employment.



Economically inactive (not looking for work)

3.4 million people aged 50-64 are economically inactive

This accounts for 41.5% of the total number of economically inactive people aged 18-64.



Unemployed (looking for work)

47.2% of people aged 50+ and unemployed have been out of work for 12 months or more

This is in contrast to 34.3% of all UK adults.



Self-employed

42.9% of all those self-employed in the UK are people aged 50+

14.3% of the entire UK workforce.
19.4% of workers aged 50-64.
40.8% of workers aged 65+.

Source: All figures from ONS reflects Q4 2014 unless otherwise noted

“Older workers are as effective, take less short-term sickness, are less likely to leave an organisation, and are more reliable than younger workers.”⁷⁹

Mario Ambrosi

“We have five generations working for us: the youngest apprentices are 16, and we have people in their mid-70s working in branches.”⁸⁰

Elaine Draper

There are **commercial benefits** for **businesses** if they offer **flexible employment solutions**.



WHAT DON'T WE KNOW – WILL OLDER PEOPLE WORK LONG ENOUGH?

What the speakers told us

Despite increases in working lives since the 1990s, Paul Johnson highlighted that on average men and women still leave the labour market earlier now than they did in the 1950s.

Our thoughts

ILC-UK research published in November 2014 found that across the Eurozone, unless a higher proportion of older people remain in the workforce, the total number in employment could fall by up to 17% over the next 35 years⁸¹.

Older workers have a significant role to play in helping increase growth levels. Based on reasonable assumptions regarding: 1) population change, 2) long-run workforce productivity and 3) age-related employment rates, ILC-UK projections showed that by 2050, higher participation rates amongst the over 50s (Eurozone) could deliver 12.6% more economic output per person (in real terms) than if participation rates by age remain constant⁸².

Employment could fall
by up to 17% over the
next 35 years.



5. HOUSING IN AN AGEING SOCIETY

OUR HOUSING STOCK WILL FAIL TO MEET THE NEEDS OF OLD AND YOUNGER PEOPLE

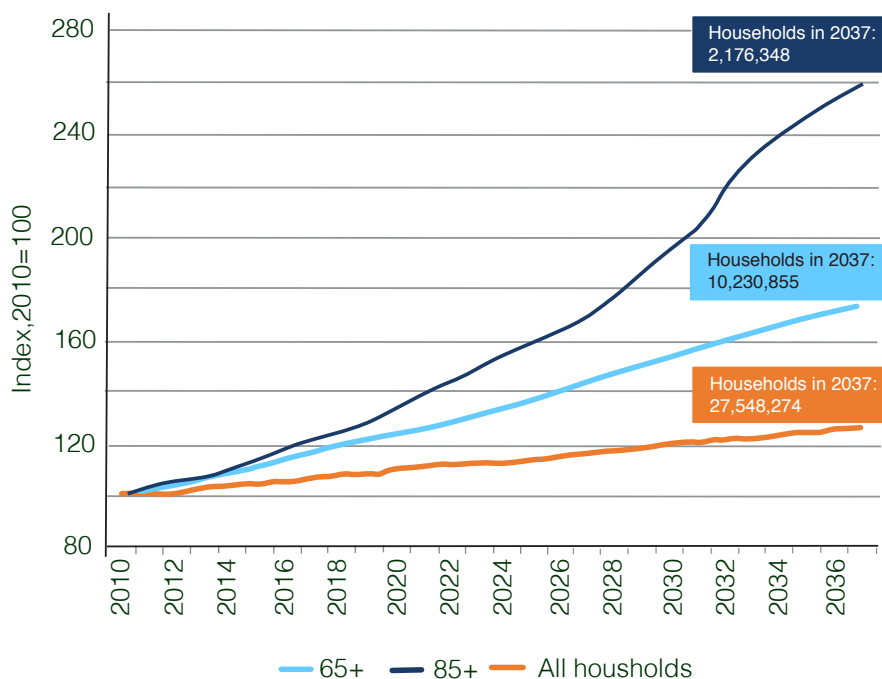
What the speakers told us

Sir Mark Walport, speaking at the *Future of Ageing* conference, highlighted that there is going to be a substantial increase in the number of older households over the next 20 years, with the largest projected percentage growth in those aged 85 and above. This is going to increase the number of single occupier homes and also the demand for specialised housing that meets the needs of older people.

“I think the recognition that we are not building enough houses is changing and this changes the political pressure on Councils.”⁸³

Lord Willetts

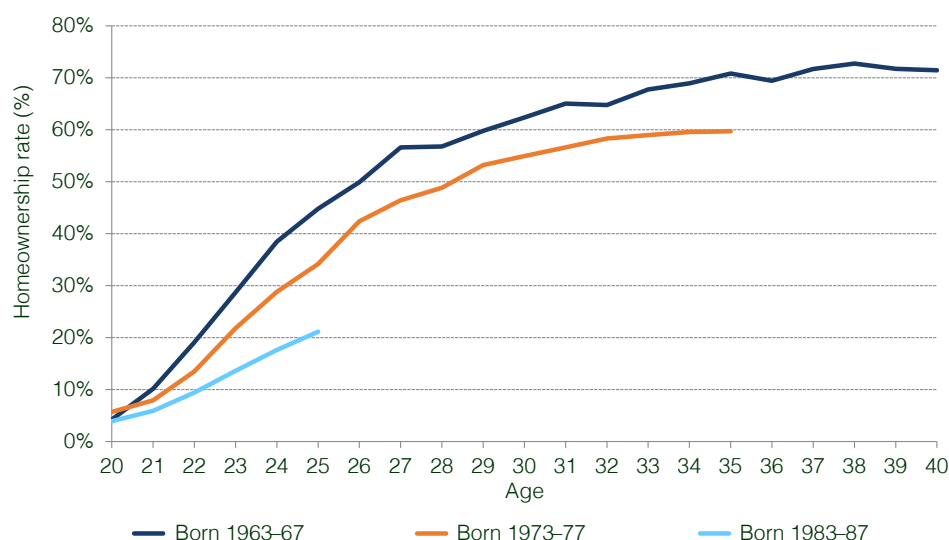
Figure 25: UK home ownership rates ⁸⁴



During his presentation, Paul Johnson highlighted how home ownership rates are declining, with people in their mid-twenties half as likely to have gone on to the home ownership ladder as people in their mid-twenties 20 years ago. He suggested that this will have significant effects on wealth and disposable income when these people reach retirement.

In the next 20 years, the largest projected percentage growth is in those aged 85 and above.

Figure 26: Recent cohorts are less likely to own a home⁸⁵



Source: Institute of Fiscal Studies

Our thoughts

McCarthy & Stone point out that just 128,000 retirement properties of all types have ever been built for ownership in the UK.⁸⁶ There are currently around 11 million older people, most of whom are homeowners. A Demos survey found 58% of over 60s were *'interested in moving but felt restricted by a lack of suitable housing or a fear of moving to an unfamiliar environment'*.⁸⁷

We have also not built enough new homes to cope with population growth over recent decades and house prices are increasing as a result.

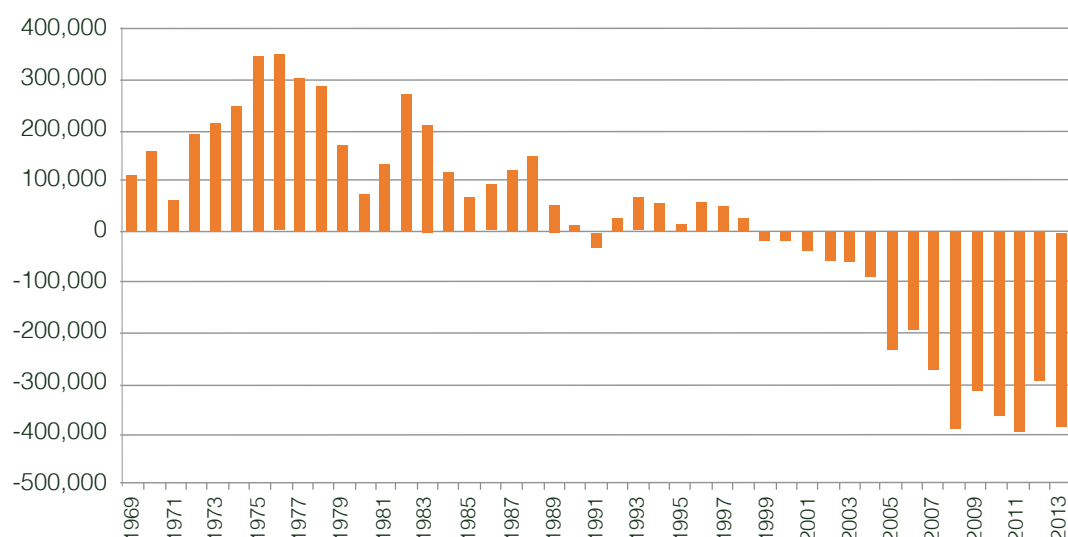
“We will need new, innovative forms of retirement housing and care services to respond to these trends. Good-quality retirement housing – with additional care and support available flexibly when needed – has huge potential to help people live healthier and longer lives. But there is too little appealing retirement housing on the market.”⁸⁸

Howard Nankivell (Anchor)

There are currently around
11 million older people, most of
whom **are homeowners**.



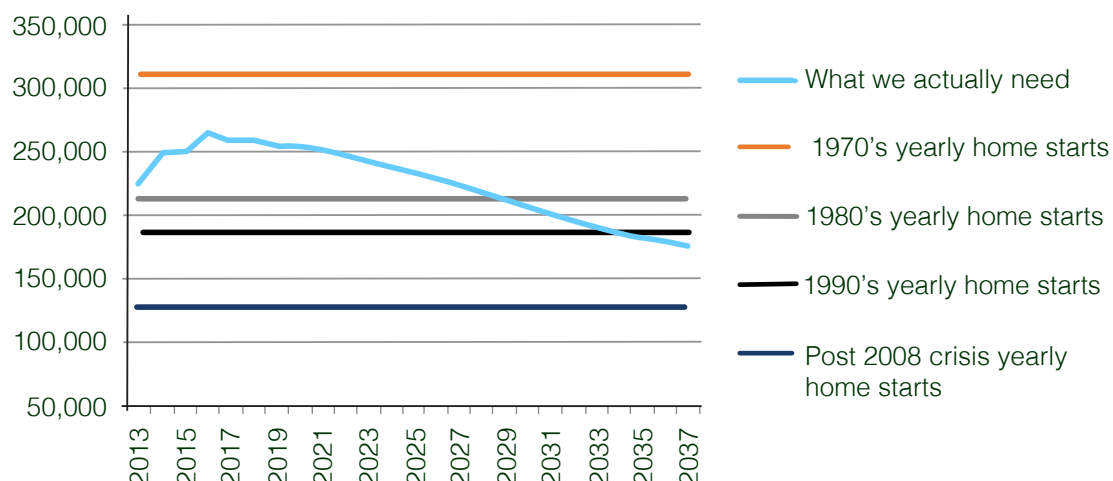
Figure 27: Recent cohorts are less likely to own a home⁸⁹



ILC-UK analysis has revealed that we will need well over 200,000 new home starts to support population growth up to 2030 yet this figure was only ever achieved in the 1970s. House starts remain slow however and prospects for significant increases in housebuilding in the short term do not look strong despite the Governments pledge to support the building of 200,000 starter homes and 135,000 shared ownership homes.⁹⁰ In 2014 just 118,760 new homes were completed.⁹²

“If new housing construction continues at its past rate and existing patterns of household formation and immigration remain constant, demand will outstrip supply by 750,000 houses by 2025.”⁹¹ **Baroness Andrews**

Figure 28: New homes required versus previous house building scenarios⁹³



“What is really determining and I would say distorting housing supply policy and driving housing to the heart of political choices, is the past and present failure to build enough houses, or to maintain a national housing stock.”⁹⁴ **Baroness Andrews**

WHAT MIGHT THE FUTURE OF AGEING LOOK LIKE?

Below we present two scenarios which bring together all of the different themes which have been discussed. The first presents a 'best' case scenario, which highlights what may happen if all of the challenges are met and the opportunities are taken. This is followed by a 'worst case' scenario which portrays what may happen if the status quo remains.

Longer, healthier and wealthier lives

It's 2037, and over 65s account for nearly 1 in 4 of the UK population; the number of over 85s has risen by more than 40% since 2015, and the historic difference between male and female life expectancy has greatly diminished. Health expenditure has reached upwards of 11% of GDP, but debt as a proportion of GDP is forecast to stand at 80% by 2060; 100% lower than projections based on pre-2015 trends due to a combination of preventative health measures and technological innovations.

Successive governments have prioritised a preventative health strategy of improving health literacy amongst the UK population. This has led to an overall healthier population which has reduced demand on the health service. These measures, coupled with the implementation of technological innovations have allowed the NHS to meet the 2.2% efficiency savings target set in the 2015 Five Year Forward View. Investment in dementia and cancer research has led to significant breakthroughs, which have reduced the prevalence of both diseases and thus further increased longevity. The integration of health and social care has also reduced the number of acute hospital admissions.

Governments have appreciated the need for greater levels of migration to reduce care workforce deficits, and efforts have been made to make a career in care more attractive to British workers. These measures, and a cross-party commitment to increase funding and offer measured tax cuts to the sector have mitigated the potential damage predicted in 2015. As such, more older people are able to stay in their homes for longer.

From 2015 to 2030, more than 200,000 homes were built annually, which resulted in house prices reducing and a greater proportion of the population becoming homeowners. Due to a life-course approach to planning policy a number of these new homes are specialist retirement properties, which better meet the varied needs of older people.

The vast majority of people have saved something ahead of retirement, which in addition to the state pension, means their standard of living remains relatively similar in retirement as it did before. And for those without private savings, the state pension will ensure people can still afford consumption on essential goods and services throughout retirement.

Aided by mass market financial advice, consumers are able to optimise their decumulation strategies – investing in retirement income products that meet their changing consumption needs. The implementation of the cap on long-term care costs and a new more generous means test, results in the development of insurance products which prevent individuals from racking up catastrophic costs in later life.

Workplaces have adapted to the needs of an ageing population, embracing flexible working arrangements and supporting the long-term health and wellbeing of their employees. They are effective at helping employees plan over the long term including managing the transition between work and retirement – which is less of a cliff-edge moment and more of a process that may

include new roles or a gradual reduction in hours worked over time. The skills and experience of older workers are fully harnessed and encouraged, and processes are put in place to ensure that the knowledge and skill base provided by older workers is not lost forever once they leave. For these reasons, more older people work for longer in jobs that are fulfilling and enjoyable and that allow them to combine work with other aspects of later life.

Too little for too many

It's 2037, and over 65s account for nearly 1 in 4 of the UK population; the number of over 85s has risen by more than 40% since 2015, and the historic difference between male and female life expectancy has greatly diminished. Health expenditure has reached upwards of 11% of GDP, and debt as a proportion of GDP is forecast to soar to 180% by 2060. Health productivity has also continued to rise at the historic rate of 1.1% per annum, not reaching the 2.2% target outlined in 2015's NHS Five Year Forward View.

Health funding has remained centred on reactive treatment, and has failed to provide sufficient support for preventative public health measures like educational campaigns. As such, cardiovascular diseases rates are still extremely high, which has put increasing pressure on both health and social care services. Increased longevity has also led to rising numbers of people with dementia, which remains the main cause of death for women. However a lack of funding for social care has resulted in these people not receiving the care they need in their own homes, and often ending up in hospital due to avoidable conditions. This has placed huge pressure on the NHS, and as such, despite massive increases in health expenditure, the health service is reaching breaking point.

Successive Governments have failed to appreciate the urgent need for greater levels of migration to reduce care workforce deficits, and pay and conditions have continued to deter British workers from pursuing a career in care. As such, more than 1 million additional care workers are required to meet demand, and inadequate levels of funding have made operating in the sector unfeasible for many care providers.

Since 2015, fewer than 200,000 homes have been built annually which has further inflated house prices. A larger proportion of the population are renting for longer, as people struggle to save for deposits on houses which simply aren't there. A short-sighted approach to planning policy has also failed to provide adequate levels of specialist retirement property for the varied needs of older people.

Millions have failed to save enough ahead of retirement, and a large number of those who have saved something have underestimated their life expectancy and depleted their pension pots too soon. Due to the lack of mass market financial advice, consumers have been unable to optimise their decumulation strategies, and have invested in unsuitable retirement income products.

Inflexible working arrangements have deterred people from remaining in work past State Pension age; as a result, GDP is negatively affected by workforce deficits. Due to a lack of adequate transition processes, the invaluable knowledge, skill base and experience of older workers is lost once they leave, and more workers retire at the earliest possible opportunity in order to provide informal care for loved ones.

PLANNING TOMORROW TODAY - WHAT DOES PROGRESS LOOK LIKE?

If our society and economy are to respond to ageing we must ensure that we are taking steps forward. We have set out ten indicators of progress which we will explore at conferences over the next few years to get a better understanding of the positive headway being made, and the challenges that still need to be met. Given the long term nature of these indicators, we do not think it appropriate to put specific targets.

- 1. Health must find a way to be more responsive and preventative**
- 2. Government must make progress in delivering a long term settlement to pay for social care**
- 3. Savings levels for working age adults must increase**
- 4. Average age of exit from the workforce should rise**
- 5. The number and type of homes built should be increasingly appropriate for our ageing society**
- 6. Government should make progress in facilitating greater risk sharing in accumulation and decumulation of retirement income**
- 7. We must have a more informed older consumer**
- 8. Our aspirations for retirement must be about much more than us spending more hours watching television**
- 9. Businesses should better respond to ageing**
- 10. We must strengthen the social contract between young and old**

CONCLUSION

We have investigated some of the key themes which came out of the first *Future of Ageing* conference to help paint a picture of the future of ageing in the UK and explore the challenges and opportunities ahead. Through the ILC-UK's unique lifecourse focus we explored the potential impact of ageing not just on today's older population, but also on tomorrow's.

Our report highlights that the population profile of the UK is changing, with increases in life expectancy resulting in greater numbers of older people than ever before. However, while life expectancy looks set to continue rising, we cannot say for certain how big these rises will be as we do not know what medical breakthroughs will occur and the long term efficacy of current preventative health practices. We have also demonstrated that social class will impact on people's experience of ageing, with the wealthier among us set to live longer than those who are poorer. However, people across all social classes commonly underestimate their life expectancy, which could result in many people experiencing financial difficulties in later life.

Older people in the future will die of different things to previous generations, as health education and medical advances lead to fewer cases of circulatory diseases and a growth in age related non-communicable diseases such as dementia. While preventative programmes may help to offset these rises, our report suggests that the strong correlation between age and dementia combined with the UK's rising life expectancy, creates uncertainty on future dementia prevalence rates.

Both the conference speakers and our research suggests that public spending on health and social care will increase in the future to meet the needs of our ageing population. However, there is uncertainty over whether planned spending increases announced in the Spending Review 2015 will be enough to meet the rising health demands of an ageing society. Social care is already in crisis as public funding to this area has reduced while greater numbers of older people has increased the need for these services. Additionally, the social care workforce is not being developed at a suitable rate, both in volume and skill. Without change this situation is set to worsen in the future, which will result in more pressure on the informal care sector.

It is vital that older people have a suitable pension income when they retire, and speakers at the *Future for Ageing* conference pointed out how the annual real incomes of people above pension age have increased year on year since 2001, and this is likely to continue for the next decade. This will result in the majority of people hitting pension age having a higher standard of living than when they were in work. However, the outlook for 2025 onwards is less optimistic, with active members of private sector defined benefit declining. Whilst auto-enrolment has led to more people saving, creating the potential to offset this, current levels are likely to be inadequate to address future pensioner poverty.

As the UK's population ages, we are set to work for longer. However there is uncertainty over whether older people will be working long enough to protect against a future drop in the UK's employment rate and reductions in overall productivity. Additionally, rising numbers of older people will increase the demand for specialised housing, however at present the supply of suitable retirement housing is not meeting demand, something which will only get worse if this issue is not addressed now.

Our 'best' case scenario highlights what the future of ageing in the UK could be like if stakeholders across Government, private, public and not-for-profit sectors come together to

meet the challenges presented by our ageing population. If our society and economy are to respond to ageing we must ensure that we are taking steps forward, and our ten indicators of progress will help us to get a better understanding of the positive headway being made, and the challenges that still need to be met. This report marks only the beginning of our Future of Ageing series. Through future conferences and reports we will strive to create a better understanding and shape the future of ageing in the UK to help ensure a longer, healthier and wealthier life for us all.

APPENDIX

The Future of Ageing, an ILC-UK Conference 20 Cavendish Square, London, W1G 0RN
24th November 2015

09:00 – 09:30	Registration	Delegates and Speakers are invited to enjoy a light breakfast of pastries, juice, tea and coffee
Morning Session - Chaired by The Baroness Sally Greengross OBE, Chief Executive, International Longevity Centre - UK		
09:30 – 09:35	Welcome by Chair	The Baroness Greengross OBE, Chief Executive, International Longevity Centre - UK
09:35 – 09:50	How long will we live?	Steven Baxter, Partner, Hymans Robertson LLP
09:50 – 10:15	The future of ageing – yours and mine! Has anything happened since Ready for Ageing? How must we change to benefit from longer lives?	The Lord Filkin CBE, Chair, Centre for Ageing Better
10:15 – 10:40	The economics of ageing	The Rt. Hon the Lord Willetts, Executive Chair, Resolution Foundation
10:40 – 11:05	The future of retirement income Wealthy pensioners or persistent poverty?	Paul Johnson, Director, Institute for Fiscal Studies
11.05 - 11.25	Networking Break – refreshments will be available	
11:25 – 12:00	The future of ageing (including questions)	The Baroness Altmann CBE, Minister of State for Pensions
12:00 – 12:25	The future of ageing research. The known knowns and the known unknowns	Professor Jane Elliott, CEO, The Economic and Social Research Council (ESRC)
12:25 – 12:55	Panel discussion and Q&A	
12:55 – 13:25	Ready for ageing - where next?	Professor Sir Mark Walport FRS FMedSci, Government Chief Scientific Adviser [GCSA] and Head of the Government Office for Science
13:25 – 13:30	Close by Chair	The Baroness Greengross OBE, Chief Executive, International Longevity Centre - UK
13:30 – 14:25	Lunch - a sandwich lunch will be available	
Afternoon Session - Chaired by Lawrence Churchill CBE, Trustee, International Longevity Centre - UK		
14:25 – 14:30	Welcome by Chair	Lawrence Churchill CBE, Trustee, International Longevity Centre - UK
14:30 – 14:50	The future of financial services in an ageing society	Jim Boyd, Director of Corporate Affairs, Partnership
14:50 – 15:30	The business response to ageing ILC-UK SOS 2020 pledge debate Followed by discussion and questions	Elaine Draper, Director, Accessibility & Inclusion, Barclays Mario Ambrosi, Head of Communications and Public Affairs, Anchor
15:30 – 15:50	Networking Break – refreshments will be available	
15:50 – 16:15	The future of our built environment in an ageing society	The Baroness Andrews OBE, Member of the House of Lords Built Environment Committee, Former Parliamentary Under-Secretary (Department for Communities and Local Government) 2006-2009
16:15 – 16:35	The future challenges and opportunities of health in an ageing society	Professor Ian Philp, Deputy Medical Director for Older People's Care, Heart of England NHS Foundation Trust
16:35 – 16:55	Panel discussion and Q&A	
16:55 – 17:00	Close by Chair	Lawrence Churchill CBE, Trustee, International Longevity Centre - UK

ENDNOTES

- 1 Jane Elliot speaking at *Future of Ageing* conference.
- 2 Lord Filkin speaking at *Future of Ageing* conference
- 3 Lord Filkin speaking at *Future of Ageing* conference
- 4 Lord Filkin speaking at *Future of Ageing* conference
- 5 Presented by Lord Willets, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference
- 6 Steven Baxter speaking at *Future of Ageing* conference
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- 9 Steven Baxter speaking at *Future of Ageing* conference
- 10 Presented by Steven Baxter, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference. 'Period' life expectancy based upon ONS 2012 projections. Life expectancy of an individual aged 65 will be higher than shown owing to anticipated improvements beyond age 65.
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- 13 Jane Elliot speaking at *Future of Ageing* conference
- 14 Steven Baxter speaking at *Future of Ageing* conference
- 15 Presented by Steven Baxter, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference. Using analysis from Club Vita
- 16 Presented by Jane Elliott, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference
- 17 Jane Elliot speaking at *Future of Ageing* conference
- 18 The future of life expectancy and life expectancy inequalities in England and Wales: Bayesian spatiotemporal forecasting. Bennett, James E et al. The Lancet , Volume 386 , Issue 9989 , 163 - 170
- 19 Steven Baxter speaking at *Future of Ageing* conference
- 20 Presented by Steven Baxter, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference; perception based upon results of a Hyman's Robertson survey.
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- 24 Steven Baxter speaking at *Future of Ageing* conference

- 25 Steven Baxter speaking at *Future of Ageing* conference
- 26 Steven Baxter speaking at *Future of Ageing* conference
- 27 Presented by Steven Baxter at *Future of Ageing* conference. Slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference
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- 31 Lord Filkin speaking at *Future of Ageing* conference
- 32 Kings Fund (2014). A new settlement for health and social care. Available at: <http://www.kingsfund.org.uk/publications/new-settlement-health-and-social-care>
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- 48 Professor Ian Philp speaking at *Future of Ageing* conference
- 49 Paul Johnson speaking at *Future of Ageing* conference
- 51 Paul Johnson speaking at *Future of Ageing* conference
- 51 Lord Willetts speaking at *Future of Ageing* conference
- 52 Paul Johnson speaking at *Future of Ageing* conference
- 53 Presented by Paul Johnson, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference
- 54 Paul Johnson speaking at *Future of Ageing* conference
- 55 Presented by Lord Willets, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference
- 56 Paul Johnson speaking at *Future of Ageing* conference
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- 68 Presented by Paul Johnson, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference
- 69 Presented by Paul Johnson, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference
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- 83 Lord Willets speaking at the *Future of Ageing* conference
- 84 Presented by Sir Mark Walport, *Future of Ageing* conference, slides available at http://www.ilcuk.org.uk/index.php/events/the_future_of_ageing_an_ilc_uk_conference
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ILC-UK

11 Tufton Street, London, SW1P 3QB
Tel : +44 (0) 20 7340 0440

www.ilcuk.org.uk

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