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Member of the European Commission, responsible for Health and Consumer Policy

Commissioner Borg delivers speech on "Frailty in old age, a public concern at EU level"

Check Against Delivery
Seul le texte prononcé fait foi
Es gilt das gesprochene Wort

Tonio Borg, European Commissioner for Health and Consumer Policy, attends the European Innovation Partnership on Active and Healthy Ageing Conference

Brussels, Belgium, 18 April 2013

OPENING SPEECH

Minister Lynch, Ladies and Gentlemen,

It is an honour and a pleasure for me to welcome you to this conference on frailty within the context of the European Innovation Partnership on Active and Healthy Ageing.

I hold very high hopes and expectations for this Partnership – to encourage and harness innovation to the ultimate and lasting benefit of our ageing society.

Health is a value in itself with governments and other institutions duty bound to help maximise the life potential of citizens.

Shifting demographics – the ageing society – only serve to accentuate the challenge we face and highlight the pressing need to ensure that growing older need not necessarily be synonymous with increased ill-health.

Innovation is key to our future success and at the very core of our efforts. I am convinced of its potential to significantly boost performance in the health arena – and even revolutionise established practices. I have recently, for example, witnessed impressive examples of innovation in the field of Integrated Care in Ireland, and e-Prescriptions in Greece.

The Partnership serves as a platform for new ideas and approaches – and also as an inspiration for policy making and to develop and replicate the very best initiatives across the European Union.

Let me turn now to the business of the day – the issue of frailty.

Frailty and functional decline is characteristic of old age. The prevalence of disabilities increases dramatically in our senior years. The annual incidence of functional decline in people over 75 years old has been estimated at nearly 12%.

Frailty arises when our health can no longer adequately cope with the physiological and psychological pressures. This can progressively hamper our ability to function and live independently. Frailty is associated with dementia, malnutrition, falls, hospitalisation, institutionalisation and even death.

Regardless of the effectiveness of healthy ageing strategies, many people currently experience significant functional decline in old age. But we can and must strive to mitigate this decline. The challenge is essentially two-fold:

- First, to identify and implement targeted interventions to postpone the onset of disability where possible.
- Second, to ensure that people can lead meaningful and contented lives even with a certain level of disability; and

Functional decline, both physical and cognitive, is not an inevitable consequence of frailty.

Well-planned, coordinated and systematic health and social service interventions in the frail elderly population can have a significant impact on health outcomes; on quality of life; and on the pattern of hospital and nursing home utilisation and associated costs.

One of the aims of this conference is to identify the clinical aspects of frailty on which the EU should focus.

The Commission has, in the past, financed important research on frailty, which provides a sound scientific basis. We now need to build on this work to develop the elements of a successful frailty policy. The steps identified so far include:

- Improving the understanding of frailty among healthcare professionals, care personnel, informal or family carers and patients;
- Developing and implementing early diagnosis and screening programmes for frailty risk factors;
- Encouraging consensus on an evaluation tool for frailty;
- Developing guidelines on frailty; and

- Supporting Member States to implement integrated programmes for prevention, early diagnosis and management of functional decline.

Your commitments to work within the Partnership show that we are ready and able to move ahead in these areas. Today's conference seeks to tap into the clinical experiences of the partners involved in this area.

Allow me to take this opportunity to thank all of you who have so far contributed to the work of the Partnership.

Initially, frailty attracted 51 commitments. I am happy to report that following a second invitation for commitments, this has now reached an impressive 158 commitments, representing a wide collective effort to deliver real benefits to European citizens.

This issue extends beyond European borders. The Commission is, for instance, collaborating with the WHO and the OECD with a view to developing a global agenda and to identify effective policy options to address functional and cognitive decline and dependence.

Turning to the financial perspective, in February the Commission issued a paper on long-term care within the Social Investment Package. This describes the diversity of long-term care provision in the EU and discusses how the gap between increasing long-term needs and the ability of social protection systems to meet them could be closed.

One of your tasks today is to highlight the main challenges that frailty poses and to define common approaches that could be adopted by different actors across Europe.

You will be contributing towards shaping a new line of action to tackle frailty that can initiate a virtuous circle to boost the quality of life of citizens and the dignity of older people whilst rationalising the use of public resources.

Let me now return to the central component of innovation which lies at the heart of the Partnership.

From the many good examples from stakeholders committed to the Partnership we can see the emergence of common drivers that aim to alter the fundamental approach to frailty and the care of dependent people.

The most striking is perhaps the shift away from reactive disease management towards screening, anticipatory care and prevention of functional decline in older people.

For example, the University College of Cork (Ireland) has developed a Community Assessment of Risk Tool and Strategies programme – a wide, community based, screening tool and programme for predicting and managing the risk of frailty and functional decline in older people.

Another common driver is the increased use of innovative, co-ordinated and comprehensive community based prevention, delivered within an integrated health and care system.

Here allow me to mention the Long Lasting Memories project from the University of Thessaloniki in Greece. It consists of an integrated IT platform which combines state-of-the-art mental exercises against cognitive deterioration with physical activity, placed in a framework of an advanced assisted living environment. This platform significantly reduces incidence of mild dementia or the emergence of Alzheimer's.

Ladies and Gentlemen,

Success in finding new tools and strategies to prevent and treat frailty in all its forms promises to improve dramatically the quality of life of old people. And it can reduce both the number and the length of hospital stays.

Success will result in relieving some of the budgetary pressure on healthcare systems, allowing Member States to more efficiently allocate scarce health and care resources.

Let me finish by thanking all of you for your hard work and dedication – and especially Minister Lynch for accepting our invitation to be with us here today, and for the valuable work of the Irish Presidency on active and healthy ageing.

Minister, the floor is yours.

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