

# In Our Care: The Future of Long-Term Elderly Care

in England and the Netherlands



---

## Partners



Foreign &  
Commonwealth  
Office



Ministerie van Buitenlandse Zaken

---

## Sponsors



ELSEVIER



# Table of Contents

- 4. About Apeldoorn
- 5. Introduction to the 2016 Conference
- 6. Summary
- 10. Conference Opening Plenary
- 12. Day 1 - Plenary and Dinner Speeches and Setting the Scene
- 28. Day 2 - Plenary Speeches, Presentations and Workshops
- 42. Conference Participants
- 46. Conference Organisation



# About Apeldoorn

The Apeldoorn Conference Series was launched in 1999 by then-Prime Ministers Wim Kok and Tony Blair, as part of the UK-Netherlands Framework For The Future. Their vision was to organise a series of bilateral conferences at which leading thinkers from both countries could analyse issues of common concern, and share innovative ways of dealing with them. The conference series takes its name from the Dutch city of Apeldoorn, where the first conference in the series was held in 2000.

More than fifteen years after the first event, the Apeldoorn Conference Series continues to go from strength to strength, serving as a key forum where expert policymakers, politicians, business leaders, academics and civil society representatives can exchange ideas and build bilateral relationships. The conferences take place on a more or less annual basis, with venues alternating between the UK and the Netherlands. Each conference tackles a different theme: a specific issue or area of concern where it is thought that the similarities and differences between the two countries create good opportunities to share expertise.

Attendance is by invitation only; the organisers always aim to invite a diverse group of people from different backgrounds and experience who might otherwise not have the opportunity to meet.

The conferences are organised jointly by the British Council, the British Foreign and Commonwealth Office and the Dutch Ministry of Foreign Affairs. The 2016 conference benefited from the generous support of our corporate sponsors BP, Elsevier, ING, Shell and Unilever.

# Introduction to the 2016 Conference

The fourteenth Apeldoorn: British-Dutch Dialogue Conference took place from Friday 18 to Saturday 19 November 2016 in the Dutch city of Utrecht. The theme was 'In Our Care: The Future of Long-Term Elderly Care in England and the Netherlands'. The geographical restriction to England this year reflected the fact that care is managed and funded differently in the different constituent countries of the United Kingdom.

Conference attendees consisted of delegates from England and the Netherlands, including politicians, academics, business leaders, policy experts and those working in 'hands-on' roles in the provision of care. As always, the conference aimed to create opportunities for people to mix with others with whom they might not otherwise have an opportunity to interact during normal working life, enabling delegates to share different perspectives on ageing and care.

Specifically, delegates were encouraged to examine in detail the similarities and differences between the challenges facing the long-term care systems in England and the Netherlands, and identify instances where it might be possible for one country to learn from the innovative solutions already adopted by the other. With this objective in mind, the conference programme combined plenary speeches, debates, group discussions, practical demonstrations and informal networking opportunities. Over two days, delegates heard from a range of expert speakers, study innovative approaches to care, and build their Anglo-Dutch network.

While it would be impossible to capture every conversation and insight in a single report, this document aims to summarise some of the most memorable and important insights which were shared during the conference. It will hopefully help remind delegates of what they heard and learned in Utrecht, and encourage others to consider participating in Apeldoorn conferences in the future.

# Summary



England and the Netherlands may have different histories and cultures, but demographically, they have a great deal in common. Decades after the post-war 'baby boom', both countries have rapidly ageing populations, with large groups of people either already retired or approaching retirement age.

As life expectancies increase, both countries face serious challenges around the funding of long-term care for the elderly, particularly in an era of constrained public finances. Both countries are also likely to face difficulties in recruiting sufficient staff to work in the care industry in the future. Social and cultural shifts mean individual expectations are changing fast: older people are increasingly willing and able to play active roles in society, and expect to stay living in their own homes for longer. On both sides of the North Sea, when it comes to long-term care, simply maintaining the post-war status quo is not a viable option.

The early stages of the conference quickly made clear that there are many similarities in the ways in which the English and the Dutch are responding to these challenges. In particular, both countries have been reforming their care systems in ways which aim to enable people to take a more proactive role in choosing the care they receive, rather than passively receiving services which have been chosen for them by others. In both countries, many elderly people are now staying in their own homes for longer, relying on a network of different care providers, advisers, friends and families rather than a single public service. Both countries have sought greater decentralisation and personalisation as a way of improving care standards, even while budgets are in decline.

As the conference progressed, however, it also became clear that there are some significant differences between the two countries, including in the way care services are structured, in the types of homes elderly people live in, and in the role of the voluntary sector. Several delegates noted that the political dynamics also differ – in England, for example, there is a great deal of sensitivity around issues such as health service funding, making bold reforms difficult to deliver. Some delegates noted that in the Netherlands, there is perhaps a greater tolerance for risk-taking and experimentation, while in England care commissioners and providers seem rather more risk-averse.



Comparable data is difficult to obtain, but speakers broadly agreed that Dutch spending on care is significantly higher than in England, although it is unclear whether this leads to better outcomes. Geographical differences between the countries also affect the way care is provided. In the Netherlands, for example, most houses are too small to enable the elderly to live with their younger relatives, while in England, there is a greater risk that older people in more remote rural areas suffer from lack of access to the Internet or mobile telephone access. Many delegates expressed particular concern about the fate in both countries of the 'left behind' – those people who due to poverty, lack of education or mental health issues suffer from lower 'health literacy' and hence struggle to access the services they need. There was widespread agreement that care commissioners and providers should do more to help disadvantaged groups navigate complex and fragmented care systems.

Delegates from both countries were excited about the potential for technological innovation to transform the way in which care is delivered, and enjoyed the opportunity to explore some innovations during the interactive presentations.

Almost everyone agreed that technologies such as smart sensors and phone apps can play an important role in helping older people maintain their independence for longer. However, many participants also expressed reservations about how quickly new innovations can be developed and scaled up, particularly given the current lack of funding. It is perhaps significant that the most popular innovation among those exhibited was innovative but decidedly low-tech: a scheme enabling elderly people to share homes with young students.

Although the conference theme was focused on the issue of long-term care, it quickly became clear that any serious discussion of care must also encompass many other issues: from mental health services to emergency hospital admissions, 'health literacy' to broadband access, statutory rights for carers to dementia research. Resolving the challenges of an ageing population will require policymakers to take a holistic approach, viewing ageing not simply as a medical problem to be solved but – as one speaker put it – a great opportunity for “enabling people to live a good and meaningful life”.



# Conference Opening Plenary



The conference opened with brief welcome speeches from **Professor Dr Alexander Rinnooy Kan** and **Dame Judith Mayhew Jonas**, the co-chairs of the Apeldoorn Conference Series. Professor Dr Rinnooy Kan summarised the vision and purpose of the conferences as a whole, explaining the organisers' wish to focus on topics which are of shared interest to the two countries but also "interestingly different". By bringing together delegates from different fields and backgrounds, he said, the conferences help "create interactions which wouldn't otherwise happen". Dame Judith spoke movingly about the importance of the bilateral relationship between the UK and the Netherlands, and the potential that Apeldoorn has to further strengthen this relationship in times of continuing economic and political uncertainty. As well as creating a one-off opportunity for exchanging information and ideas, the conferences can "help form lasting friendships and partnerships" at every level.

A warm welcome to the beautiful city of Utrecht was offered by **Kees Diepeveen**, the Deputy Mayor. In his speech, Diepeveen explained how in recent years the city has begun taking a different approach to delivering care and support for the elderly.



Reforms have aimed to help every citizen of Utrecht feel equally valued and play a full and active role in city life, he said, regardless of their age or health. A short film illustrated how some Utrecht residents have benefited from the new approach, including through the work of neighbourhood networks where individuals in need of help can be put in contact with people willing to provide it – a great example of “help being provided by residents for residents”. Diepeveen also explained how many local doctors have begun adopting the concept of ‘positive health’, whereby, rather than focusing on solely medical diagnoses, doctors also consider non-medical issues such as the strength of people’s social networks and their levels of stress or grief, and then work with neighbourhood teams to help solve them.

**Sir Geoffrey Adams**, the British Ambassador to the Netherlands, ended the welcome session with an amusing speech which sought to address head-on “*de olifant in de kamer*”, or “the elephant in the room”: the result of the recent ‘Brexit’ referendum. Sir Geoffrey explained that in his and the British Government’s view, a UK exit from the EU does not weaken the rationale for initiatives like Apeldoorn but rather strengthens it, giving a renewed importance to bilateral relationships. By working closely together both inside and outside the formal structures of the EU, he said, the UK and the Netherlands can “turbo-charge” their cooperation on a wide range of issues, drawing on a deep well of “shared history and values and friendships” to tackle challenges like long-term care.

# Day 1 - Plenary and Dinner speeches and Setting the Scene



## Plenary speech

**David Mowat MP**, Parliamentary Under Secretary of State for Community Health and Care

In the first plenary speech of the conference, David Mowat, the UK's Parliamentary Under Secretary of State for Community Health and Care, provided an overview of some of the main similarities and differences between England and the Netherlands with respect to long-term care. These included the fact that both countries' populations are ageing rapidly: England, for example, is facing a 49% increase in the number of over-65s in the next 20 years, while the number of over-80s is also set to double. Increasing life expectancies will, he said, drive an increase in the prevalence of long-term health conditions such as dementia, creating further challenges for care providers.

He explained that both England and the Netherlands are going through societal and cultural shifts which will reshape the way care is provided, including a growing recognition that elderly people want to remain active and empowered. As he pointed out: “Most people prefer to be in their own home for as long as possible”.

One notable difference between the two countries is the way in which the long-term care system is structured. In England, the Minister said, the success of the National Health Service (NHS) means that most people are accustomed to receiving healthcare free at the point of use, and are inherently sceptical about any kind of personal insurance system or requirement to pay for care. This attitude is understandable, but creates challenges for those operating near the ‘frontier’ between the NHS and the care system. As people age, it becomes increasingly difficult to make a clear distinction between “getting old” and “getting ill”, and yet there is a stark difference in the funding available. “Society still isn’t entirely reconciled” to the dichotomy between health and care, the Minister said, and “many of the issues that we have in the UK are around that interface”. Finding socially acceptable ways to pay for high-quality care is one of the most important challenges facing the government, which is only “going to grow in importance over the next few years”.

In the second part of his speech, the Minister explained some of the reforms which have been made to the English care system in recent years. These included the passage in 2014 of the Care Act, “the first major piece of legislation around care reform since the 1948 creation of the ‘cradle to grave’ NHS system.” Reforms have included setting a “prescriptive and clear uniform entitlement to care”, and trying to set out clearer, less ad-hoc pathways for people to follow through the system as their care needs increase. The overall objective, he said, is to ensure the integration of health and social care in every area of England by 2020. Another big shift has been towards the greater personalisation of care, introducing greater flexibility and giving people more say over the services they receive. ‘Named GPs’ have been introduced, and everyone in England now has the right to an integrated personalised care plan. “The key thing is choice”, the Minister emphasised.



sophia de rooij and 1 other Retweeted



**Marc Wortmann** @marcwort - 18 Nov 2016

In the UK 80% of people in care homes have #dementia and dementia is now the no 1 cause of death says Minister David Mowat at #apeldoorn16

9 ❤️ 2

"One of the things which can make getting older more bearable is if people feel that they are still in control".

Minister Mowat also noted the importance of dealing effectively with dementia, which affects 850,000 people in the UK today, but will likely affect over 1.2m people in ten years' time. Responding to this increase will require the English to recruit more 'Dementia Friends' and to become more effective at diagnosing the illness. The British government is investing around £200m in a new Dementia Institute, he said. Technology also has the potential to play a major role, particularly for people who wish to continue living independently for longer, although there remain further challenges around cost control and data security. He also discussed some of the reforms which are, as yet, uncompleted, including the need to do more to recognise the role of unpaid carers, and the wish to build an effective care insurance system which caps the maximum amount individuals have to pay towards their care.

Minister Mowat concluded by recalling that in his business career, he used to encourage colleagues to "steal with pride" – find good ideas, copy them and improve them. The Apeldoorn Conference would, he hoped, be a good opportunity to do that with respect to care – as a first-time attendee, he "looked forward to stealing with pride."

zusterlris and 4 others Retweeted



**Anna Dixon** @DrAnnaDixon - 18 Nov 2016

Great to hear @mowat4ws recognises need to support carers in similar ways to rights of women re maternity. #apeldoorn16

9 ❤️ 2



### Plenary speech

## Martijn Verbeek, Director of the Long-Term Care Department, Dutch Ministry of Health, Welfare and Sport

In the second plenary speech, Martijn Verbeek, Director of Long-Term Care at the Dutch Ministry for Health, offered a Dutch perspective to complement David Mowat's overview of the English care system. The Netherlands, he said, is also ageing quickly: in 2010, 16% of the Dutch population was aged over 65, but this is projected to rise to 23% by 2050. The proportion of the population aged over 80 will likely more than double from 4% to 10% over the same period. In the Netherlands, as in England, he said, increasing life expectancies mean that people are "remaining active and vital for far longer", and as a result the country needs to find "new ways of living, and new ways of receiving and providing care".

In that context, Mr Verbeek said, policymakers in both England and the Netherlands need to answer four key questions about the future of care.

Firstly, how should we respond to the changing needs of the elderly? In the Netherlands, the government has answered this question partly through a renewed focus on wellbeing, taking a holistic approach which goes beyond purely medical issues to include social and cultural considerations. Under the reorganised Dutch care system, individuals rely on support from not just a single government office or agency, but from family and friends, bus drivers, policemen, local shopkeepers and pharmacists. Wherever possible, care services are personalised and tailored to the individual, with care commissioners and providers “listening to people so they get the care they want”. Local authorities aim to play a key role supporting people to keep living in their homes and doing the things they love to do. “Good care”, Mr Verbeek said, “isn’t just about providing the best medical care, it’s about enabling people to live a good and meaningful life”.

The second key question for policymakers, Mr Verbeek said, is: ‘What can we expect from the families and friends of the elderly?’ In the Netherlands, one key insight of recent years has been a growing realisation that informal care and social networks can help to improve quality of life – and even medical outcomes – in a way that formal care cannot. “A kiss, a hug, a conversation, a visit from an acquaintance is in many cases just as important as good medical care”, he said. Given this, the Dutch government is now seeking to remove barriers to informal care, for example, making it easier for employees to take time off so they can help to provide care. They are also encouraging care-givers to think more broadly about how to improve outcomes – for example, asking how an individual’s day should be structured to minimise loneliness and boredom. However, it is also important to remember that informal care must always complement, and never replace, formal care. The ability to stay in one’s own home is important, he said, but admission to a residential care home is still often inevitable, so it’s essential to make sure that homes are as high-quality and as personalised as possible.



Thirdly, policymakers must ask how they can ensure that care remains affordable. In the Netherlands, Mr Verbeek explained, the cost of long-term care has risen from around €1bn in late 1960s to around €30bn today. However, this increase in costs can be mitigated by focusing on “patient-centred care”, working closely with individuals to develop care packages which meet their needs in a more efficient way. Partly because of this shift, the growth in costs of long-term care in the Netherlands is now keeping pace with economic growth for the first time in many years. Technology can also help control costs. Remote sensors, for example, can reduce residential care costs by enabling people stay in their own homes for longer. However, if we are to exploit the benefits of technology fully, we will need to invest in its development now.

Finally, policymakers must ask how they can best provide care for people with dementia. As life expectancies increase, dementia will be a growing problem: in the Netherlands, the number of people with dementia is set to double over the next 20 years. However, this challenge can be mitigated somewhat by building what Mr Verbeek called “a dementia-friendly society”, where the whole community plays a role in helping to maintain the quality of life of people suffering from dementia. In the Netherlands, over 17% of people with dementia live at home. “They don’t want to be an object of pity”, Mr Verbeek explained, “they just want to be treated as human beings”; playing sports, meeting friends, going shopping or taking the bus. The fact that they sometimes need extra help or “a nudge in the right direction” shouldn’t prevent them from living active lives. He said that the UK’s ‘Dementia Friends’ scheme had been a huge inspiration to many in the Netherlands, something which the Dutch were pleased – as David Mowat would put it – to have “stolen with pride.”



## Setting the Scene

### Richard Humphries, Assistant Director Policy, The King's Fund

In the third major session of the morning, Richard Humphries of the King's Fund offered a contextual overview of long-term care in England. This is, he explained, delivered and funded separately from the health services provided by the NHS. More than 150 local authorities are responsible for everything from assessing care needs to commissioning and delivering care, and services are paid for through no fewer than five different streams, as well as in the form of various charges paid by consumers and their families. As David Mowat previously noted, this creates complexity and uncertainty at the boundary between the NHS and the care system - 'health' and 'social care' needs are often hard to separate, and it is difficult to obtain free care unless one has considerable care needs and is relatively poor. Unfortunately, Humphries said, many people in England don't realise they will have to pay for their own care until quite late in their lives, increasing the burden on their families and on the state. "If you're looking to design a funding system that is complex and confusing and hard to navigate", Humphries wryly told the Dutch delegates, "then we can help you with that".

He explained that the long-term care system could be summarised as facing four major challenges:

## 1. Money

The population of England has grown by around 15% since 2009/10, but spending on care has fallen by 9%. As a result, the number of people receiving publicly-funded care has fallen by 26%. Many local authorities have been forced to squeeze the budgets they pay to providers, and as margins have tightened, some care providers have handed their care contracts back to authorities. The NHS, meanwhile, has faced increasing pressure from elderly people in poor health. Prevalence of diabetes, dementia and obesity is also increasing. "The success story of our ageing population means that as we get older, we experience more illness", Humphries said, which puts even more pressure on the system.

## 2. Integration

The split between the health and care systems in England, and the large number of commissioners and providers of care, means that the whole system is confusing and difficult to navigate. "Care is fragmented across different professional organisations, budgets, and disciplines." If we want to improve outcomes and efficiency, he argued, we need to develop a more joined-up system which people can navigate across more easily. This is, he warned, "really hard to do, but nevertheless it's what we really need to do".

## 3. Recruitment

In England, Humphries said, it is increasingly difficult to find people who are willing to work in the care industry, particularly in the hands-on, more junior roles which keep the system running. For a long time, immigration has filled the gap: in London, six out of ten care workers were born outside the UK. In that context, 'Brexit' is a real worry – by some estimates, there will be a shortfall of more than one million care workers by 2037.

A decorative horizontal bar at the bottom of the page, consisting of a solid orange segment on the left and a solid dark grey segment on the right.

IN OUR CARE THE FUTURE OF LONG-TERM ELDERLY CARE

20

[illegible]



### Setting the Scene

## Professor Louise Gunning-Schepers, University Professor of Health and Society, University of Amsterdam

In the second ‘scene-setting’ speech, Professor Louise Gunning-Schepers of the University of Amsterdam began by providing a lively overview of the common demographic shifts affecting the “peoples of the North Sea”. Ageing populations were, she said, not the “elephant in the room” which Sir Geoffrey Adams had mentioned, but “the elephant in the population pyramid”: a great cohort bulging from the sides of the demographic charts resembling the Little Prince’s drawing of an elephant which had been swallowed by a boa constrictor.

Swiftly reviewing the history of population growth in Europe, Professor Gunning-Schepers summarised the post-war baby boom as being a time when “the men came back [from the war], the women were happy, the future looked bright.... and very many children were born”. This baby boom, she said, helped drive rapid economic growth in many countries, but also created problems for those charged with delivering public services.

With life expectancies also increasing, a relatively small cohort of working-age adults will be required to support a much larger cohort of older, retired people, many of whom will live for many years after retirement and have to deal with life-changing diseases such as dementia. In recent years, she said, the Dutch have responded to the looming retirement boom by reforming their care system, shifting towards a system of social support provided by municipalities and private insurers. Informal care has also increased, with people of all ages, both genders and all employment types spending many hours looking after elderly relatives and friends. However, all this is not enough, and further major changes will be needed.

Looking ahead to the group discussions scheduled for later in the morning, Professor Gunning-Schepers highlighted some of the main similarities between England and the Netherlands with respect to long-term care:

- ▶ Both countries have experienced a **post-war baby boom** and **rapidly rising life expectancies**;
- ▶ People in both countries are **enjoying better health** and **remaining active** for longer;
- ▶ **Many older people** in both countries are **financially better-off** than previous generations;
- ▶ Both countries have **decentralised** some aspects of **long-term health and social care**;
- ▶ Both countries have sought to **'personalise' the way care is chosen and delivered**;
- ▶ Both countries have begun to **expect more from families and neighbours**.

She also noted some important differences between the two countries, including:

- ▶ Spending levels: the Dutch spend 4.1% of GDP on long-term care, but the British only 1.2%;
- ▶ The number of residential spaces available: the Dutch have 65.5 per 1,000 people over 65, and the British 51.1;

- ▶ Future spending trends: projected spending on care in the Netherlands is much higher than in the UK;
- ▶ There is a larger proportion of elderly people living in residential care in the Netherlands than in England;
- ▶ The system of cash benefits for retired people in England is more generous than its Dutch equivalent.

Finally, Professor Gunning-Schepers set out some key topics of interest for the group discussions to consider. These included how to fund care, how to ensure equality, the potential role of technology, the extent to which the government should encourage informal care, the need to provide age-appropriate housing, and who will provide the care, given an impending exit from the European Union (in the case of the UK) and the Dutch language barrier (in the Netherlands).







**APELDOORN**  
British-Netherlands Dialogue  
The Future of Elderly Care in the Netherlands

**APELDOORN**  
British-Netherlands Dialogue  
The Future of Elderly Care in the Netherlands

APPELOORN, 2018



Following a lively drinks reception, the conference dinner was held at the Grand Hotel Karel V. The main focus on the evening was on informal networking, but the dinner included two thought-provoking speeches from experts whose insights helped inspire further conversation.

### Dinner Speeches

#### Kurt Ward, Senior Design Director at Philips

Kurt Ward argued convincingly that those seeking to reform care should take a broader, more radical, more long-term view. Rather than simply tinkering with the details of policy, he said, we should be thinking in more paradigmatic terms about how the structure of society compares to our vision for how it should ideally be structured. If an alien arrived from outer space and examined our health and care system, would they consider that it was well-designed, and fit for purpose? If not, how can we change it?



## Dinner Speeches

### Dr Anna Dixon, Chief Executive of the Centre of Ageing Better

Dr Anna Dixon presented some unusual facts and figures, which she said challenged common misconceptions about ageing, for example, if current trends continue, more than 50% of young children alive in northern Europe today will live to be older than 100. In that context, she said, population ageing could be viewed as an opportunity for society. If average life expectancies are increasing at a rate of six hours per day, what will we do with the extra time? How can society adapt to use the skills and experiences of older people more effectively, rather than assuming citizens over the age of 65 are unproductive?

Ageing Better and 3 others Retweeted  
 **Sara Livadeas** @saralivadeas · 18 Nov 2016  
 What would you do with an extra 8 hours a day? @DrAnnaDixon giving us some delicious food for thought at dinner @Ageing\_Better #apeldoorn16

# Day 2 - Plenary Speeches, Presentations and Workshops



## Plenary speech

**Pauline Meurs**, Professor of Health Care Governance,  
Erasmus University of Rotterdam

The second day of the conference began with a thoughtful speech from Professor Pauline Meurs, of Erasmus University of Rotterdam, in which she discussed some of the social and practical implications of population ageing. She began her speech with a slightly counter-intuitive point: age is actually a crude proxy indicator for the amount of care that a person will need, given the large numbers of people who now enjoy healthy and active lives well into their eighties and beyond. Looking at her own mother, Professor Meurs said, who has a car, an iPad and a perennially busy schedule, it was hard to escape the conclusion that “age is and will become a less significant criterion for the amount of care we need”.



In that context, she argued, it is perhaps better to focus less on numerical outcomes and more on qualitative measures: how will older people feel in the future? What can be done to maintain their wellbeing and quality of life? Given that older people are increasingly well-educated, how can we enable them to keep working for longer? How can we use technology to keep people mentally engaged even as their physical health declines?

In Professor Meurs' view, the ageing of the population creates many opportunities, but also some serious challenges. In particular, we see worrying signs of a "growing divergence: the poor are living longer but in poorer health", while the rich stay healthy for longer, leading to "unacceptable differences in life expectancy and overall wellbeing". This divergence also raises worrying implications for providers of care. In the Netherlands, it is forecast that by 2030, four out of ten elderly people will rely on unpaid care provided by their family. A high proportion of these family carers are also elderly or in poor health. If the poor rely on carers who are themselves unhealthy and overburdened, the gap in outcomes between rich and poor may grow even wider.

Another challenge, she continued, is the strain placed on hospitals and care homes by an increasingly elderly population. In the Netherlands, the average length of a stay in a care home has declined from around three years to about seven months. This shows that frail elderly people are staying in their own homes for longer – which may sound appealing, but means that care facilities are increasingly relied upon to provide palliative care, and that the burden on families is growing. In Amsterdam, emergency units struggle to cope with an increasing number of visits by elderly people who live at home but regularly need urgent care.

There seems, Professor Meurs continued, to be a widespread pattern of reducing capacity in nursing homes while increasing reliance on hospitals, "and of course for a frail elderly person, a hospital is the worst place to be". Technology can help introduce flexibility, and enable people to stay in their own homes for longer.

This is good news, but we need to be careful to remember what the word 'home' actually means to people. "Do you really think I'll feel at home surrounded by nurses, with a hospital bed and monitors?", she asked. "From an ethical perspective, how far can we go in trespassing into a person's private sphere in order to provide care at home?" The fact that people are living longer is, she said, a great achievement. But if we really want to improve quality of life, we need to think carefully about a whole range of issues, social and cultural, as well as political and economic.

Jannet Duijndam and 1 other liked



**Lauren Harris** @MsLoloJ · 19 Nov 2016

Fascinating insight into ageing & degenerative sight loss using wearable tech (ageing suit, dark glasses) by @LeydenAcademy at #apeldoorn16



1 6 4

# Interactive presentations



One of the major themes of the conference was the role which new technologies and other innovative approaches might play in long-term care in the future. The organisers were therefore keen to create opportunities for delegates to engage with people who are at the cutting edge of transforming care – whether through technological innovation or by using new models to deliver care.

An interactive group session consisted of a series of short presentations from organisations and companies seeking to transform different aspects of care.



Delegates learned about initiatives and innovations including:

- The ageing suit**  
 presented by **Dr Lex van Delden** from Leyden Academy, is a tool which simulates many of the impairments which may arise as a result of ageing, including limited mobility, balance problems, limited hearing or vision and trembling.
- Buurtzorg**  
 presented by **Madelon van Tilburg** and **Matthias van Alphen**, is an innovative approach to providing home care, based on the principle that giving roaming nurses greater autonomy, within a flat management structure, can deliver high quality care in a more efficient way.
- Humanitas Deventer**  
 presented by **Anneloes Olthof** and **Patrick Stoffer**, is an innovative approach enabling elderly people to share a residential care facility with students, providing a supportive and stimulating environment for young and old alike.



- The Lean Empowering Assistant (LEA)**  
by **Robot Care Systems**,  
presented by **Loes Schilderink** and **Dr Maja Rudinac**, is a piece of equipment which combines the features of a traditional mobility aid with those of a digital personal assistant, including power-assisted walking, a seat, hazard detection and reminders of when to take medication.
- SmartSpecs from Oxsght**  
presented by **Joram van Rheede**, is an augmented reality display system whereby people with visual impairment can use digital 'glasses' to view the world in a simplified, digital, high-contrast view, which eliminates with distracting background objects and highlights the outlines of nearby people and objects close to the viewer to improve vision.
- Zora from Bartholomeus Gasthuis**  
presented by **Karin Bul**, is a humanoid care robot which can talk, walk dance and hold simple conversations, helping to entertain and stimulate people with dementia.

# Workshops and Panel Discussion



The final major session of the conference consisted of a panel discussion and Q&A session with the chairs of the group discussions: Dr Melanie Peters of the Rathenau Institute, Dame Mary Archer of the Science Museum Group, Richard Humphries of the King's Fund, Mike Parish of Care UK and Eelco Damen of Cordaan. The discussion was moderated by Professor Pauline Meurs.

The discussion began with each group chair presenting a brief summary of the highlights from their session.



## Workshop 1

# Who delivers the care?

**Dr Melanie Peters** reported that they had started by discussing different definitions of ‘care’, encompassing everything from healthcare to social care, informal care and family care. The group saw one problem as “presentational”: care is often seen as a series of chores or tasks, rather than an ongoing process of helping to manage smooth transitions between different phases of life. Inspired by a speech from **Gillian Crosby**, the group also discussed whether new definitions of health may be needed: judging people as ‘healthy’ not by the absence of pain or disease, but by whether they are able to do the activities they want or need to do. The group agreed that human dignity should be key, but said the two countries appeared to have different attitudes to risk. Care providers in England seem more risk-averse and concerned about legal implications, while those in the Netherlands took a more trusting approach, with greater freedom to experiment. Finally, the group discussed the need to use data effectively, including ways to account for non-financial benefits such as the value of relationships formed by elderly people, or the skills developed by carers.



## Workshop 2

### Who pays for the care?

**Dame Mary Archer** reported that the group had begun their discussion by considering the need to better prepare people for the changes likely to experience in later life. They thought this would be particularly important in the UK, given the stark dividing line between the healthcare and social care systems. They hoped that funding shortages might help drive innovation, but thought that better pensions would be needed, perhaps including personal social care funds into which people would pay over many years, “hoping for the best but planning for the worst”. Inspired by a speech from **Victoria Macdonald**, the group also discussed the inter-generational aspects of care. Many older people struggle financially, but many others are relatively well-off, thanks to rising property values. Yet people still expect that they should be able to pass on almost all of their wealth to their children, and spend very little on their own care. “Older people need to accept the need and find the capability to self-finance more of their care – including saving via their property for retirement”. The group also discussed intra-generational aspects such as whether to create statutory ‘carer’s leave’ akin to paternity and maternity leave, and the challenge of providing flexible housing stock which can adjust to meet the shifting needs of families as they age.



### Workshop 3

## The role of technology

**Richard Humphries** explained that the group had begun by focusing on the positive outlook – namely, the potential of technology to help deal with the challenges of an ageing population, both at the specialist level (e.g. medical robotics) and at the everyday level (e.g. smartphones, care apps).

After a talk by the group's speaker, **Dr Alistair Niemeijer**, they also looked at the importance of remaining focused on people's needs when developing technology; designers should ask elderly people and care providers what they need, and then produce technology to serve those needs, rather than invent exciting gadgets and then retro-engineer for uses for them. Finally, the group discussed how to finance the development of new technology - who will pay? - and the need to develop the right business models. Humphries said that he'd been struck by the closely aligned views across the two countries about the potential of technology, but also some of the very different underlying assumptions – for example, in the Netherlands it is taken for granted that good broadband access is universal, but in the UK, communications can be very limited in rural areas.



#### Workshop 4

## Inclusion and equality

**Mike Parish** explained that the group's main focus had been on the most excluded: those who struggle to access good care services due to barriers created by poverty, disability or other factors. The group's speaker, **Chandra Verstappen**, had talked to the group about the 29% of Dutch people who are judged to have 'low health literacy', leaving them unable to make independent decisions and judgements about their health, and suffering worse health outcomes as a result. For policymakers and service providers, the emphasis should be on adopting policies which are culturally sensitive, soliciting communities' help to design appropriate services, providing 'service navigation' and advocacy assistance, and personalising care wherever possible. The group also discussed issues including economic inequality and means testing, mental health issues, and access to health and care services in prisons.

Marc Wortmann and 1 other Retweeted

**Laurent de Vries** @laurentdevries · 19 Nov 2016

Zora, de zorgrobot, wilde graag in mijn armen. Omgekeerde wereld: ik verzorgde de robot. :-)

#apeldoorn16

Translate from Dutch



1 7 23



## Workshop 5

# Dementia

**Eelco Damen** said that his group had focused firstly on how to organise care for people with dementia, and what might be done to improve case management – including the need to combine healthcare, welfare and social welfare into a single cohesive system. The group's speaker **Karen Harrison Denning**, Head of Research and Evaluation at Dementia UK, discussed the concept of admiral nursing, and issues including the possible roles which family and neighbours and 'younger elderly' people might play in providing care, and the need to better support caregivers. The group also discussed diversity, and how it requires a shift away from a 'one size fits all' approach, towards a more diverse and personalised service model. Finally, the group also debated the steps that are needed in order to create a more 'dementia-friendly society', including the need to improve housing, the possibilities of technology to support people, and possibilities for improving mobility.

# Q&A



Following the chairs' presentations, there was a brief Q&A session in which members of the audience posed questions to the panel and offered their own perspectives.

Among the many different contributions, several delegates said they had been particularly impressed with the Humanitas programme enabling students to share a home with elderly residents. Another recurring theme was the perception of different attitudes to risk and experimentation in the two countries – British delegates said the Dutch system seemed to include a greater tolerance for risk-taking, and that initiatives such as students sharing care homes with elderly residents would be hard to launch in the UK due to restrictive health and safety rules. Another delegate remarked that it might be easier to fund innovation under systems where most finance



flows through government, as those in the private sector need to provide clear benefit of effectiveness before investing. Someone else noted the importance of considering not only older people's health and care needs, but also their cultural, social, artistic and spiritual needs.

Another key issue was access. Various delegates emphasized health literacy, need for people working in the care sector to constantly ask themselves how they might explain things to their customers better. Several British delegates mentioned the tricky political dynamics of care in the UK, including the resistance to reform of inheritance tax or cash benefits for older people, and the political near-impossibility of diverting funding from healthcare towards care. Above all, long-term care would need to be treated not as an isolated issue but within a broader public policy debate which also considered issues like healthcare, inheritance and pensions.

Delegates were unanimous in agreeing that the present dichotomy between 'health' and 'care' is unhelpful and counter-productive; the two issues should be treated in tandem. There was widespread agreement that in both countries, there has been significant progress in recent years but further radical reform is urgently needed, and will be difficult to achieve. One delegate wryly quipped that in the aftermath of a nuclear war, the only remaining signs of life on earth would be cockroaches and a small huddle of academics talking about how to finance social care.

# Conference Participants

## Conference Moderators

### **Dame Judith Mayhew Jonas DBE**

Founding Chair, London & Partners

### **Professor Dr Alexander Rinnooy Kan**

Distinguished University Professor of Economics & Business Studies, University of Amsterdam

## Report Writer

### **Ben Coates**

Author of 'Why the Dutch are Different'

## Plenary Speakers

### **Sir Geoffrey Adams**

British Ambassador to the Netherlands

### **Kees Diepeveen**

Deputy Mayor of Utrecht and Alderman for Social Development and Cultural Policy, Utrecht City Council

### **Dr Anna Dixon**

Chief Executive, Centre for Ageing Better

### **Professor Louise Gunning-Schepers**

University Professor of Health and Society, University of Amsterdam

### **Richard Humphries**

Assistant Director, Policy, King's Fund

### **Professor Pauline Meurs**

Chair, Council for Health and Society

### **David Mowat MP**

Parliamentary Under-Secretary of State for Community Health and Care, UK Government

### **Simon Smits**

Dutch Ambassador to the UK

### **Martijn Verbeek**

Director of the Long-Term Care Department, Dutch Ministry of Health, Welfare and Sport

### **Kurt Ward**

Senior Design Director, Philips

## Workshop Chairs and Panel Members

### **Dame Mary Archer**

Chair, Science Museum Group

### **Eelco Damen**

Chairman of Board, Cordaan

### **Mike Parish**

Chief Executive, Care UK

### **Richard Humphries**

Assistant Director, Policy, King's Fund

### **Dr Melanie Peters**

Director, Rathenau Institute

## Workshop Speakers

### **Gillian Crosby**

Director, Centre for Policy on Ageing

### **Dr Karen Harrison Denning**

Head of Research and Evaluation, Dementia UK

### **Victoria Macdonald**

Health and Social Care Correspondent, Channel 4 News

**Dr Alistair Niemeijer**

Assistant Professor in Care Ethics and Policy, University of Humanistic Studies

**Chandra Verstappen**

Programme Manager Elderly and Health, Pharos, Centre of Expertise on Health Disparities

## Delegates

**Christine Asbury**

Chief Executive, WCS Care

**Tessa Awe**

Advisory Council Member, Imperial College Health Partners

**Aileen Beatty**

Inspector, Care Quality Commission

**Daphne Bergsma**

Director Europe Department, Ministry of Foreign Affairs

**Dr Rick Besijn**

General Practitioner, Self-Employed

**Vivienne Birch**

Director of Quality & Compliance, Bupa Care Services UK, Bupa UK

**Juliette Bogaers**

Owner, Dutch Care At Home

**Cornelis Boot**

Head of Government Affairs, BP

**David Bramley**

Deputy Head of Long-Term Conditions Unit, NHS England

**Angela Broadbridge**

Deputy CEO, Older People's Advocacy Alliance

**Sybrand Buma**

Party leader of the CDA, Member of the Second Chamber

**Rt Hon Professor Paul Burstow**

Professor of Health & Social Care, City, University of London

**Rt Hon Alistair Burt**

Member of Parliament, UK Parliament

**James Coomarasamy**

Presenter, BBC News

**Netty de Graaf**

International Sales Manager, Active Cues

**Johan de Koning**

Economic Adviser Unilever N.V. / Head of External Affairs Unilever

**Professor Dr Sophia de Rooij**

Professor in Internal Medicine, specialized in Geriatrics and Gerontology, University Medical Center Groningen

**Marit de Vries**

Researcher, RIVM

**Laurent de Vries**

Director, Viattence

**Dr Reena Devi**

Research Fellow in Quality Improvement, University of Nottingham, School of Medicine

**Sybo Dijkstra**

Senior Director Philips Research UK, Philips Research UK

**Paul Docherty**

Director, British Council

**Professor Dr Rose-Marie Dröes**

Professor of psychosocial care in dementia,  
VU University Medical Center

**Nigel Edwards**

Chief Executive Officer, Nuffield Trust

**Dr Debby Gerritsen**

Senior Researcher, Programme Leader  
Mental Health, Radboud University Medical  
Center

**Professor John Gladman**

Professor of Medicine of Older People,  
University of Nottingham, UK

**David Greenberg**

CEO, EarTex

**David Gregson**

Chairman, Karma Group and British Tennis

**Frank Hagelstein**

Advisor, Ministry of Health, Welfare and  
Sports

**Dr Kate Hamblin**

Research Fellow, University of Oxford

**Professor Barbara Hanratty**

Professor of Primary Care and Public  
Health, Newcastle University

**Neil Hardy**

Director, The Carers Centre

**Koen Harms**

Founder, Cair

**Dr Jenni Harrison**

Clinical Research Fellow, University of  
Edinburgh

**George Holley-Moore**

Research and Policy Manager, International  
Longevity Centre – UK

**Emily Holzhausen OBE**

Director of Policy and Public Affairs,  
Carers UK

**Ingeborg Hoogstrate - van der Molen**

Long-term care advisor, JUSTthis legal  
advice

**Simon Hooper**

CEO, Health-connected Ltd

**René Jansen**

Member of the Board, Dutch Healthcare  
Authority – Nza

**Ila Kasem**

Managing Partner, Van de Bunt  
Management Consultants

**Dr Xander Koolman**

Director Talma Health Care Program,  
Vrije Universiteit

**Professor Dr Raymond Koopmans**

Professor in Elderly Care Medicine,  
especially long-term care, Radboudumc/  
Waalboog

**Sara Livadeas**

Strategy Director, The Orders of St John  
Care Trust

**Deborah Loudon**

Partner, Saxton Bampfylde

**Margje Mahler**

Psychogerontologist, Owner Kennis door  
Verbindend and Policy Advisor

**George McNamara**

Integrated Care Lead & Head of Policy &  
Public Affairs, Alzheimer's Society

**Julie Meerveld**

Manager Advocacy and Corporate  
Communication, Dutch Alzheimer  
Association

**Coen Mensink**

Managing Director, ING

**Professor Dr Betty Meyboom-de Jong**

Chairwoman National Care for the Elderly Program, ZonMw

**Wim Mijs**

Chief Executive Officer, European Banking Federation

**Janet Morrison**

Chief Executive, Independent Age

**Dr Catherine Needham**

Reader in Public Policy and Public Management, University of Birmingham

**Professor Dr Rob Nelissen**

Orthopaedic Surgeon, LUMC (Leiden University Medical Center)

**Amy Oakes**

Head of Creative Engagement, ViCentra

**Amal Omar**

HR advisor, Cordaan

**Kath Parson**

Chief Executive, Older People's Advocacy Alliance (UK)

**Carys Roberts**

Research Fellow, IPPR

**Revd. Joost Röselaers**

Minister, Dutch Church, London

**Dr Maja Rudinac**

CEO, Robot Care Systems

**Ronald Scheffer**

Business Development Director, FocusCura

**Professor Judith Smith**

Director of Health Services Management Centre, University of Birmingham

**Bart Sonnemans**

Director, Zintouch

**Mirjam Sterk**

Director, MEE NL

**Petra Stienen**

Independent Advisor and Senator D66

**Heiba Targhi Bakkali**

Journalist, De Correspondent

**Dr Aleksandra Tesanovic**

Director of Innovation, Philips Research

**Thor Tummers**

External Affairs, Unilever

**Anton Valk**

Managing director, Valk Management and Advice

**Carlijn van Aalst**

Programme manager, ZonMw

**Michiel van den Berg**

Co-Founder, Klup

**Iris van der Reijden**

Researcher & coach for carers for people with dementia, Tao of Care

**Jolet van der Steen**

Policy officer, The Dutch Federation of Patients

**Rinske van Heiningen**

Global Policy Manager Regulatory Affairs & Innovation, AkzoNobel

**Marlies van Kordelaar**

Programme Manager of Joachim en Anna: Centre for specialized geriatric care, De Waalboog

**Marjan van Loon**

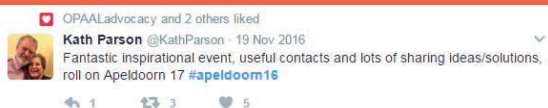
President Director, Shell Nederland B.V.

**Prof Dr Nico van Meeteren**

Director, Topsector Life Sciences Health

**Swana van Schaardenburg**

Adviser International Affairs, Ministry of Health, Welfare and Sport



**Anneke van Strien-van Merkestein**

Elderly care physician, Saffier de Residentie groep

**Els van Wijngaarden**

Researcher, University of Humanistic Studies & Tao of Care

**Elise van Zeeland**

Policy Advisor, House of Parliament (D66)

**Johan Vanhoyland**

Managing Director Sector Head General Industries and Healthcare, ING

**Dianda Veldman**

Executive Director, Dutch Patients' Federation

**Liesbeth Verheugd**

Manager Shell Health Benelux, Shell

**Michael Voges**

Executive Director, ARCO

**Alex Wallace**

Senior Private Secretary, Department of Health

**Kay Ward**

Head of Quality and Care, WCS Care

**Oliver Wells**

Commercial Director, Devices for Dignity Ltd

**Dr Andrea Wigfield**

Director Care-Connect, University of Sheffield

**Dr Christopher Wilson**

CEO, NovioSense BV

**Marc Wortmann**

Executive Director, Alzheimer's Disease International

**Tom Wright**

Group CEO, Age UK and Age International

# Conference Organisation

## Conference Co-Chairs

**Dame Judith Mayhew Jonas DBE**

Founding Chair, London & Partners

**Professor Dr Alexander Rinnooy Kan**

Distinguished University Professor of Economics & Business Studies, University of Amsterdam

## Ambassadors

**Sir Geoffrey Adams**

British Ambassador to the Netherlands

**Simon Smits**

Dutch Ambassador to the UK



**zusterinis** @zusterinis · 19 Nov 2016

thank you @apelboomUKNL the #apelboom16 was a real pleasure, going home with new contacts and lots of food for thought!



## Advisory Board Members

### **Rt. Hon. Nick Clegg MP**

Former Deputy Prime Minister of the United Kingdom

### **Jamie Coomarasamy**

Presenter, Newshour, BBC

### **Paul Docherty**

Director, British Council

### **Professor Jane Fenoulhet**

Professor of Dutch Studies, UCL

### **David Gregson**

Chairman, Precise Media Group, CRI and the LTA

### **Sybrand van Haersma Buma**

Party Leader of the Christian Democratic Party

### **Johan de Koning**

Economic Adviser and Head of External Affairs, Unilever

### **Lousewies van der Laan**

International Board of Directors, ICANN

### **Marjan van Loon**

President, Shell Nederland BV

### **Deborah Loudon**

Partner, Saxton Bampfylde

### **Wim Mijs**

Chief Executive, European Banking Federation

### **Axel Rüger**

Director, Van Gogh Museum

### **Christopher Steane**

Global Head of Lending, ING Bank

### **Petra Stienen**

Independent Advisor and Senator, D66

### **Anton Valk CBE**

Chair, Netherlands British Chamber of Commerce

## Working Group

### **Rosina Mastrandrea**

Policy Officer Benelux, Switzerland and Liechtenstein, FCO

### **Roxanne Bucker**

Europe Department, Dutch Ministry of Foreign Affairs

### **Nick Coppin**

Head of Policy, British Embassy The Hague

### **Eveline Filon**

Economic and Climate Change Officer, British Embassy The Hague

### **Lauren Harris**

Spokesperson and Senior Communications Adviser, Embassy of the Netherlands London

### **Anna Devi Markus**

Project Manager, British Council Netherlands

### **Nadia Tammes Buirs**

Events Manager and Policy Team Assistant, British Embassy The Hague

### **Rogier van Tooren**

Senior Policy Officer, Dutch Ministry of Foreign Affairs

**[www.apeldoornconference.org](http://www.apeldoornconference.org)**

**#apeldoorn16**

**[www.apeldoornconference.org](http://www.apeldoornconference.org)**

© The Apeldoorn: British-Dutch Dialogue Conference 2016