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SCIENCE AND TECHNOLOGY COMMITTEE

Second Special Report

**THE GOVERNMENT'S RESPONSE TO THE
SCIENCE AND TECHNOLOGY
COMMITTEE'S FIRST REPORT ON
EQUAL (EXTEND QUALITY LIFE)**

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The Science and Technology Committee is appointed to examine on behalf of the House of Commons the expenditure, administration and policy of the Office of Science and Technology (and any associated public bodies). Its constitution and powers are set out in House of Commons Standing Order No. 152.

The Committee has a maximum of eleven members, of whom the quorum for any formal proceedings is three. The members of the Committee are appointed by the House and unless discharged remain on the Committee until the next dissolution of Parliament. The present membership of the Committee is as follows:¹

Dr Michael Clark MP (*Conservative, Rayleigh*)²
 Sir Paddy Ashdown MP (*Lib Dem, Yeovil*)⁶
 Dr Ian Gibson MP (*Labour, Norwich North*)²
 Dr Brian Iddon MP (*Labour, Bolton South East*)⁵
 Mr Robert Jackson MP (*Conservative, Wantage*)³
 Dr Lynne Jones MP (*Labour, Birmingham Selly Oak*)²
 Dr Ashok Kumar MP (*Labour, Middlesbrough South and East Cleveland*)²
 Mr Tony McWalter MP (*Labour, Hemel Hempstead*)⁷
 Mr Ian Taylor MP (*Conservative, Esher and Walton*)⁴
 Dr Desmond Turner MP (*Labour, Brighton Kemptown*)²
 Dr Alan W Williams MP (*Labour, Carmarthen East and Dinefwr*)²

On 30 July 1997, the Committee elected Dr Michael Clark as its Chairman.

The Committee has the power to require the submission of written evidence and documents, to examine witnesses, and to make Reports to the House.

The Committee may meet at any time (except when Parliament is prorogued or dissolved) and at any place within the United Kingdom. The Committee may meet concurrently with other committees or sub-committees established under Standing Order No. 152 for the purposes of deliberating, taking evidence or considering draft reports. The Committee may meet concurrently with the House's European Scrutiny Committee (or any of its sub-committees), the Environmental Audit Committee or the House of Lords Select Committee on Science and Technology (or any of its sub-committees) for the purposes of deliberating or taking evidence. The Committee may exchange documents and evidence with any of these committees, as well as with the House's Public Accounts and Deregulation Committees.

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the Internet at www.parliament.uk/commons/selcom/s&thome.htm. A list of Reports of the Committee in the present Parliament is at the end of this volume.

All correspondence should be addressed to The Clerk of the Science and Technology Committee, Committee Office, 7 Millbank, London SW1P 3JA. The telephone number for general inquiries is: 020 7219 2794; the Committee's e-mail address is: scitechcom@parliament.uk.

¹ Mrs Caroline Spelman MP (*Conservative, Meriden*) was appointed on 14 July 1997 and discharged on 22 June 1998. Mr David Atkinson MP (*Conservative, Bournemouth*) was appointed on 14 July 1997 and discharged on 30 November 1998.

Mrs Jacqui Lait MP (*Conservative, Beckenham*) was appointed on 22 June 1998 and discharged on 5 July 1999. Mr Nigel Beard MP (*Labour, Bexleyheath and Crayford*) was appointed on 14 July 1997 and discharged on 20 March 2000.

Mr Nigel Jones (*Liberal Democrat, Cheltenham*) was appointed on 14 July 1997 and discharged on 15 May 2000.

Mrs Claire Curtis-Thomas (*Labour, Crosby*) was appointed on 14 July 1997 and discharged on 13 March 2001.

² Appointed on 14 July 1997.

³ Appointed on 5 July 1999.

⁴ Appointed on 30 November 1998.

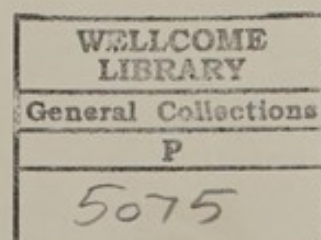
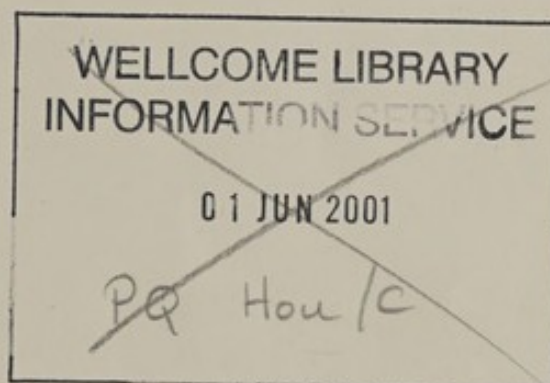
⁵ Appointed on 20 March 2000.

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⁷ Appointed on 13 March 2001.

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SECOND SPECIAL REPORT

The Science and Technology Committee has agreed to the following Special Report:—

THE GOVERNMENT'S RESPONSE TO THE SCIENCE AND TECHNOLOGY COMMITTEE'S FIRST REPORT ON EQUAL (EXTEND QUALITY LIFE)

1. The Science and Technology Committee reported to the House on EQUAL (Extend Quality Life) in its First Report of Session 2000-2001, published on 17 January 2001 as HC 43.
2. The Government's response to the Committee's Report was received on 4 April 2001 in the form of a memorandum to the Committee. It is reproduced as an Appendix to this Special Report.

APPENDIX

GOVERNMENT RESPONSE TO THE HOUSE OF COMMONS SCIENCE AND TECHNOLOGY SELECT COMMITTEE REPORT ON EQUAL (EXTEND QUALITY LIFE)

Introduction

1. The Government is fully committed to addressing the problems – and in many respects the opportunities – which arise from the increasing longevity of a growing proportion of the UK population.

2. In 1998 the Government established the Inter-Ministerial Group on Older People (IMG), to ensure that older people's needs are at the centre of Government thinking and policy development.

3. The IMG aims:

- to ensure that older people enjoy active, independent and secure lives, fulfilling both for them and the community;
- to recognise the enormous contribution that older people make to society, and to put their concerns at the heart of policy making;
- to build a country where all are valued and where everyone, young and old, has the opportunity to play a full part.

4. Of particular significance has been the Performance and Innovation Unit's consideration of ways to reverse the trend where increasing numbers of those aged between 50 and State pension age are written off – by employers, by society and by themselves. Its report – *Winning the Generation Game* (Cabinet Office, April 2000) – suggested ways in which Government can influence society's approach to this age group and improve opportunities in work and community activity. The IMG has been charged with overseeing the implementation of this report's wide-ranging and challenging agenda and is taking this forward as a key part of its current work programme.

5. Improved health and medical care for older people are already a high priority for the Government. In autumn 2000 the Secretary of State for Health appointed Professor Ian Philp, head of the Institute for Studies on Ageing at the University of Sheffield, as the first National Director for Older People, charged with driving up standards in services. The Department of Health has published its National Service Framework on Services for Older People, setting out, for the first time in this area, national standards and monitoring arrangements for service delivery. Research is one of the four programmes of activity underpinning the new Framework. More generally, the Government's National Health Service Plan, its implementation in priority areas such as cancer and heart disease, and the development of related research are all highly relevant to the health and welfare of older people.

6. Similarly, the Medical Research Council (MRC) has invested heavily in age-related research for many years. The figure quoted to the Committee (excluding most cardiovascular and all cancer research) was £16.5m in 1998-99. It has also published comprehensive, wide-ranging reviews in the area. For example, in 1999 an NHS working group on ageing and age-associated disease endorsed the conclusions from a 1994 MRC Topic Review *The health of the UK's elderly population*.

7. However, it is important to recognise that the agenda goes well beyond the health-related problems traditionally associated with old age, important as those are. That is why the Government supported the establishment of an Ageing Population Panel as one of the three thematic panels in the national Foresight Programme, looking at broad social or economic issues which may affect wealth creation and quality of life in the future. The Panel delivered its wide-ranging report in autumn 2000, covering topics from research to financial products, and clarifying the opportunities for business and for individuals as well as the health and social challenges. This is an important, over-arching perspective, and the Government welcomes the Panel's report (*The Age Shift – Priorities for Action*, DTI, December 2000).

8. One of the major challenges is to improve the health, mobility, and capability of older people so that they can enjoy active life for as long as possible. The growing proportion of older people, increased life expectancy, and yet relatively slower growth in *healthy* life expectancy make this objective all the more pressing. This was the context and rationale behind Extend Quality Life, or EQUAL, launched by the then Government from the Office of Science and Technology in 1995. Its aim was to use the combined resources, expertise and capacity for innovation of the Science and Engineering Base to extend the active period of people's lives.

9. The Committee's report into EQUAL comments that:

"EQUAL was more an exhortation to action by the Office of Science and Technology than anything else (paragraph 46)."

"If increasing visibility means encouraging the relevant Research Councils to fund programmes of work on EQUAL issues which attract members of the appropriate research communities, then one can argue that EQUAL has adequately raised visibility (paragraph 41)."

10. As the Minister for Science, Lord Sainsbury, said in evidence to the Committee:

"I think this is actually a rather successful programme in doing what is very important in this case which is to put the subject onto the agenda and get the Research Councils to think about it. I think we have been going through that period, and there is probably still quite a long way to go in raising the subject up the research agenda and getting people really focused on it (Minutes of Evidence, 108)."

11. Leaving aside the MRC's pre-existing and heavy commitment to age-related research, EQUAL was largely about initial awareness-raising within the Research Councils. Evidence to the Committee from the Minister for Science, the Director General of Research Councils, and Research Council Chief Executives explained why funding was not ear-marked for an EQUAL "programme", and why co-ordination of activity was relatively light.

12. The Committee criticises the approach to EQUAL taken by the OST and the Councils on the basis, essentially, that it was "a marginalised research initiative while it should have been central to Government policy on ageing" (recommendation 12). The Committee's criticisms of the co-ordination and funding of EQUAL flow from this premise. Arguably, this is to judge the management of EQUAL against standards which, rightly or wrongly, were not part of its original conception.

13. The Government accepts that, from the outset, clarity about EQUAL's objectives and the visibility of its operation should, evidently, have been greater than they were. However, the Government and Research Councils' approach to age-related research had already evolved substantially by the time the Committee was conducting its inquiry, as the OST's evidence pointed out. The work that has been taking place over the last year has also built on the foundations provided by EQUAL and by AgeNet, established following the first round of the Foresight programme.

14. The Research Councils, working with other parties, took the initiative during 1999 in developing a strategy for age-related research with three main, inter-related elements:

- they have established a **cross-Council Co-ordinating Committee** comprising the Research Councils and an OST observer, to ensure that respective strategies and funding initiatives are complementary. The terms of reference are at Annex A;
- they agreed the need for a leading exponent in the field to develop a broad scientific programme for the cross-Council Committee, informed by consultations with known and potential stakeholders in ageing research. They have appointed **Professor Alan Walker**, Professor of Social Policy at the University of Sheffield and Director of the Economic and Social Research Council's (ESRC) "Growing Older Programme", to take this forward, and also maintain and develop a website which incorporates the AgeNet database;
- led by the MRC which also provides the secretariat, they have set up a **Funders' Forum on Ageing and Older People**, chaired by the Director of Research and Development at the Department of Health, Professor Sir John Pattison. This brings together the principal funders in age-related research to discuss priorities, other matters of mutual interest, and, in particular, areas where joint working can make a greater impact. The initial membership and terms of reference are at Annex B.

15. The Co-ordinating Committee and Funders Forum have met. Professor Walker has developed preliminary proposals. The MRC and other Councils are setting aside funds to finance the work of Professor Walker and his support staff, and the range of networking activities that will be required to stimulate research proposals and drive the strategy forward. Professor Walker will report regularly to the Forum as well as to the Co-ordinating Committee. Future progress will be published on the dedicated website, and some details are already available on a new MRC "research in focus" webpage. The Government intends that the Inter-Ministerial Group on Older People should also receive regular reports on the progress of research in addressing age-related issues.

16. The Government believes that these developments go a long way to addressing the Committee's concerns and recommendations. It also agrees wholeheartedly with the Committee on the importance of involving the end-customers of the research, namely older people, Government and other bodies responsible for related policies, and business and industry whose role it is to identify new opportunities and produce new goods and services for the potential market. The mechanisms to achieve this engagement now exist within the Councils (for example, the MRC's Consumer Liaison Group), the Foresight Programme, the Funders' Forum, Professor Walker's activity, and the Inter-Ministerial Group.

17. Whether the activity the Research Councils and other parties have now initiated is "EQUAL" is debatable. EQUAL may still have some value as a convenient acronym. However, the Government would agree with the evidence to the Committee of the Chief Executive of the Medical Research Council, Professor Sir George Radda:

"If you achieve the aims of EQUAL by making sure that people understand what is important about it, that we do not use the acronym is perhaps not so important."

The real business is developing, implementing, and promulgating a comprehensive range of age-related research that meets the needs of older people and engages research users in wider Government and business. To this the Government and Research Councils are firmly committed.

18. Additional comments on the Committee's individual recommendations follow below.

Recommendation 1 – For all our success in increasing life expectancy, we have failed singularly to extend the length of healthy life

19. It is important to recognise some progress, and the research evidence on the length of healthy life is more complex. The Office of National Statistics and the Personal Social Services Research Unit produced estimates of trends in health expectancy for the Department of Health.

These were published in *Health Expectancy and Its Uses* (1995). They found there had been little change since the 1970s in expectancy of life free from limiting long-standing illness. They also found that expectancy of life at age 65 free from severe disability had improved significantly. They concluded that the extra years of life have been years of mild to moderate disability, but not of severe disability.

20. More recently, National Statistics have produced new estimates of health expectancy – life free from self-reported poor health – to be used by various Government Departments as key indicators. They found that “Both life expectancy and healthy life expectancy increased between 1981 and 1995; but healthy life expectancy did not increase by as much as life expectancy, with the result that both men and women are living more years in poor health or with a limiting long-standing illness”. Their estimates were published in *Health Statistics Quarterly* 07 (Autumn 2000).

21. Healthy life expectancy at birth and at age 65 will be monitored for strategies on public health and social exclusion. It is being used as an indicator of improvement in the health of the population.

Recommendation 2 – The evidence that the extra years gained include extra years of disability (whether milder or not) is what makes initiatives such as EQUAL so important.

Recommendation 4 – EQUAL provides the potential to focus research and development on the growing need of an ageing society for improvements in quality of life in later years. There is a pressing need for research directed both towards those who are already old, and towards the next generation, particularly those in their 40s and 50s whose old age we may be able to improve significantly.

22. The need to increase healthy life expectancy is clear. The MRC is already supporting a large body of work focused on older people and the next generation, which aims to improve the quality of life in later years. The MRC is involved in many clinical trials relating to older people or age-related disease, for example assessment and management of older people in the community, osteoporosis and arthritis, knee pain, back pain, evaluation of different pacemakers, and some “unfashionable” areas such as incontinence and age-related macular degeneration.

23. Research suggests that development in the womb may to some extent affect health in later life. This well illustrates the difficulty of drawing any line around the EQUAL agenda in medical research. Research and development also have a much wider role to play, outside biomedical science, in enabling older people to enjoy, and contribute to, life for longer, as the Foresight Ageing Population Panel has demonstrated.

Recommendation 3 – Future research into ageing must take ethnicity fully into account.

24. The Government agrees, and a number of government-funded studies are looking at this issue. The Age Concern Institute of Gerontology recently conducted an analysis of ethnic inequalities in health in later life as part of the SAGE study funded by the ESRC. It found significant differences in health status between ethnic groups. Ethnicity is a major element of the ESRC's “Growing Older” research programme, and the programme has already created a specialist group in this field.

25. The ageing population is an international phenomenon. The MRC, representing the other Research Councils, attended, with Professor Walker, an EU Forum on research management in the field of demographic and social policy aspects of population ageing in June 2000. As a result of the meeting, a European Forum on Ageing has been established, and Professor Walker will be the UK representative. His work for the cross-Council Co-ordinating Committee will take account of research activity in Europe and the USA.

26. The UK/Japan Research and Development Group for Ageing, Disability, and Technology, set up in 1998, aims to establish more joint research and co-operation between individuals and

institutions in Japan and the UK. The Department of Health and Department of Social Security have contributed to cross-national OECD studies of health care systems, care for frail elderly people and trends in disability.

27. The Committee comments that:

"We welcome the English Longitudinal Survey being led by University College London, but find it bizarre that it is being 50 per cent funded by the US National Institute of Aging, with less than 50 per cent by UK Government Departments (paragraph 13)."

The survey is, however, a prime example of a jointly funded partnership, designed to parallel US research and to provide comparative data. The opportunity for collaboration of this kind often arises because of the good patient records available in the UK and the good underpinning health service networks in this country.

Recommendation 5 – It is in our view a fundamental weakness of EQUAL that there was no specific funding given to encourage the programme.

Recommendation 15 – We believe that the lack of dedicated funding has undermined the effectiveness of the EQUAL programme

28. There are two issues here. Funding was made available through AgeNet, a Foresight initiative, to help stimulate interest and co-ordinate activity in the formulation of age-related research proposals. No money was ring-fenced for research grants or programmes for the reasons given in evidence to the Committee:

"This is not a case where you want to say there is a budget, and this is a very clearly delineated area of work – we should fund it all through one budget... The difficulty with the ring-fenced budget is that, first of all, we do not know what the scale of it is, and, secondly, it becomes extremely difficult to have these different subjects bidding against each other and trying to make some sense of that... It seems to me much better to take the way we are doing it which is to try and stimulate [ageing research] within these different parts [of the science base] (Lord Sainsbury, Minutes of Evidence 118 and 130)."

29. The Government and the Research Councils remain of this view, though they recognise that there may be occasions within age-related research, as in other areas, where a more directed approach is necessary.

Recommendation 6 – We regret the limited co-ordinating role that the OST has played in EQUAL since its establishment. In our view, the lack of commitment and leadership on the part of OST has significantly weakened the drive to enhance ageing-related research.

Recommendation 14 – We share the view that the effectiveness of EQUAL has been reduced by the lack of leadership from OST.

30. As already discussed, these comments partly reflect different perspectives of what EQUAL was or should be – an exhortation, on the one hand, or a ring-fenced programme, on the other. Evidence to the Committee perhaps understated the extent to which the OST expected EQUAL to feature in Research Councils' strategic and annual business plans, or in meetings between the Director General of Research Councils and Chief Executives of the Councils.

31. The thinking on co-ordination has been evolving, and the results are described in the introduction to this response. The Government rejects the idea put to the Committee that ageing research can or should be co-ordinated by a single leader. It agrees with the Committee's comments (paragraph 45) on the need "to raise the public profile, facilitate more joint working and networking with other organisations". It expects the arrangements that have been put in place will achieve these objectives, and to that extent accepts that previous arrangements and "leadership" were not satisfactory.

Recommendation 7 – We urge the Research Councils to demonstrate their commitment to EQUAL with greater vigour.

Recommendation 16 – In the main, most of the Research Councils have responded to EQUAL with a marked lack of enthusiasm. Given the absence of additional funding, this is perhaps not surprising.

32. Here the EQUAL “brand” seems to have obscured rather than illuminated the facts.

33. One of the difficulties the Research Councils have faced in developing age-related research is that they need to deal with very different research communities across a vast area. Some are already involved in age-related research, especially in biomedical science where the MRC’s substantial investment, pre-dating EQUAL, has already been highlighted. For some of these communities – though not all – clarifying their research as EQUAL is not helpful. For others it may be. Outside the biomedical arena, the task can be very different – stimulating interest among researchers and research users who would otherwise have never foreseen their potential role in this area. Here “EQUAL” may be a helpful concept. Against this background evaluating commitment to “EQUAL” is, as the Committee recognised, precarious.

34. The Councils’ commitment to age-related research was made clear in the evidence they submitted to the Committee.

35. The Councils’ continuing commitment is indicated by their individual plans to support further age-related research. Specific initiatives, on top of work funded through normal grant mechanisms, include:

- building on its earlier £5m Science of Ageing programme, the Biotechnology and Biological Sciences Research Council (BBSRC) has launched a second major initiative “Experimental Research into Ageing” aimed at the biology of normal ageing, with particular encouragement of projects involving functional genomics. The budget is, again, £5m. The call went out in January, and grants will be awarded in November;
- the Engineering and Physical Sciences Research Council (EPSRC) plans to issue a further, fourth call for proposals incorporating the area of Inclusive Design, with an anticipated commitment of approximately £2m. Thereafter, EPSRC plans to move towards funding researchers in areas of critical mass to tackle challenges in relatively established themes, such as the Built Environment and Inclusive Design;
- the Economic and Social Research Council (ESRC) has launched a major research programme “Growing Older” to address the main issues of EQUAL under the central question “How can the quality of people’s lives be extended?” ESRC has appointed Professor Alan Walker programme director, and the programme is well under way with twenty-four projects run by top UK social scientists in the field. ESRC is currently considering phase two of the programme. ESRC is also funding the Simulating Policy in an Ageing Society research group at King’s College London, investigating the future of social policy within an ageing society;
- the Medical Research Council (MRC) remains the biggest funder of age-related research among the Research Councils and in the UK generally. Its responsive-mode portfolio continues to be strong and to grow. For example, as part of its normal funding mechanisms, it has awarded a number of major grants, including some for DNA sample collections on age-related macular degeneration, colorectal cancer, late-onset Alzheimer’s disease, and hypertension. MRC’s discipline-hopper awards enable researchers with a record in chemistry, physics or economics to investigate and develop ideas, skills and collaborations in biomedical research. Recent awards cover studies on congestive heart failure, bone changes in osteoarthritis, and techniques for early diagnosis of neurological disorders.

36. The experience gained with EQUAL, AgeNet, and with specific programmes such as the ESRC’s “Growing Older” enabled the Research Councils, in discussion with the Department of

Health and OST, to give fresh impetus to age-related research, as described in the introduction to this response. The cross-Council Co-ordinating Committee will play a pivotal role, linking activities across the Councils and providing the basis for further links with other research funders and users in the Funders' Forum and elsewhere.

37. The Funders' Forum has noted the difficulty of pulling together information on relevant research in the UK, but its own activities will address this. As a contribution to the new approach to age-related research, the MRC has commissioned a bibliometric study to seek to identify strengths and weakness, growth and contraction in the subject area, both nationally and internationally.

Recommendation 8 – Had EQUAL been more vigorously pursued by the OST, there would have been greater potential for AgeNet to influence Research Council priorities and the profile of research proposals they received.

Recommendation 17 – Overall, and largely for reasons beyond its control, the performance of AgeNet has been disappointing

38. AgeNet had difficulty stimulating research proposals and filling studentships, but, as the Committee noted, it also enjoyed some successes in raising awareness, and the new arrangements partly build on its earlier work. As the Committee recommended in its discussion, these effectively integrate AgeNet-type activity more closely with Research Council operations.

Recommendation 9 – There is no evidence of much involvement of the Department of Health in EQUAL. We see this as a significant weakness.

Recommendation 12 – All in all, we believe that EQUAL has not been sufficiently successful in encouraging interaction and collaboration between Government Departments, Research Councils and others engaged in ageing research. We suspect that part of the problem is that EQUAL has been the responsibility of OST rather than one of the big-spending Departments responsible for the health and welfare of the older sections of the population. EQUAL has been a marginalised research initiative while it should have been central to Government policy on ageing. We recommend that the Government transfer lead responsibility for EQUAL either to the Department of Health or to whichever Government Department is given lead responsibility for ageing. However, should any additional funds be made available for the EQUAL programme, they should be administered by OST.

39. Early in the life of EQUAL the Department of Health's R&D Division commissioned a strategic review of ageing and age-related research and published its recommendations in June 1999. These help inform the growing portfolio of ongoing research funded by DoH aimed at developing the evidence base to improve the quality of older people's care and ensure better patient outcomes. This portfolio includes a large study – the English Longitudinal Study of Ageing – supported by six Government Departments. The study is a good example of multidisciplinary and international collaboration. It fulfils one of the recommendations of the Royal Commission on Long-term care for more longitudinal research to be commissioned.

40. Both the Department of Health and the Medical Research Council already spend substantial sums on age-related research. The close working relationship between the two is important, and reflected in age-related as in other research, eg clinical trials on cognitive function and ageing, and the screening of elderly people.

41. The Government agrees that the task is to continue to stimulate wider interaction inside and outside Government. It believes that the new arrangements for age-related research initiated by the Research Councils – namely the cross-Council Co-ordinating Committee, Funders' Forum etc as described in the introduction to this response – are the right way forward. The Department of Health will play a significant role. The Director of Research and Development at the Department of Health, Professor Sir John Pattison, chairs the Funders' Forum on Ageing

Research and the new National Director for Older People, Professor Ian Philp, is a member. The Government would expect the arrangements to evolve further, as interest in age-related research grows and as issues and actions are identified.

Recommendation 10 – We recommend that the Government make a substantive response to the report of the Foresight Ageing Population Panel as soon as is practicable.

42. The Government welcomes the Panel's report, but it is not for Government to presume ownership by a formal response. That would sit oddly with the wider objectives of the Foresight programme. However, the Inter-Ministerial Group on Older People will follow progress with the Panel's recommendations, including those relating to research.

Recommendation 11 – We urge Ministers to demonstrate in their response to this Report and to the Foresight Ageing Population Panel that the Government is fully committed to exploiting the research base to address the needs of older people.

43. We hope our response does so.

Recommendation 13 – We regret that little attempt has been made to foster interest in, and the knowledge of, EQUAL outside the Research Councils.

Recommendation 20 – We recommend wider networking beyond the Research Councils in order to input ideas from the user communities (including business, Government Departments, older people and their representative organisations), and the research community.

Recommendation 21 – We recommend that a greater emphasis be placed on dissemination of ageing-related research findings to relevant user communities and on the translation of findings into policy and practice.

44. The EQUAL label itself may not have been widely understood in the research community, but interest in ageing research has increased through activities related to EQUAL, including AgeNet.

45. Promoting that interest further and translating it into more high-quality research proposals requires a further push. The Government agrees entirely on the need for wider and more effective networking. The new arrangements described in the introduction to this response (paragraph 14) are intended to facilitate that, and the Foresight programme will continue to make an important contribution.

46. One of the main objectives for the cross-Council Co-ordinating Committee, Funders' Forum and for Professor Alan Walker and his team, remains the stimulation of new thinking in the wider research community, especially across subject boundaries, and the forging of new partnerships to address age-related issues. Those issues need to be identified in consultation with older people, Government agencies, charitable organisations, and business.

47. More fundamentally, however, as the Committee indicates, stronger public and private sector interest is a pre-requisite to formulating new research proposals and to translating the results of research into real benefits. The work of the Cabinet Office's Centre for Management and Policy Studies may be relevant, co-ordinating and improving approaches to using research evidence in support of policy, especially where this cuts across Government.

48. As activity increases, so must greater clarity about the different categories or kinds of research and development relevant to older people, and those whose job it is to deliver it. Currently, these are opaque, and this inhibits dialogue and understanding among researchers, research users, and older people themselves.

Recommendation 18 – We welcome the plans “to develop a co-ordinated approach to ageing research following the termination of the AgeNet initiative” and the establishment of the Ageing Research Funders’ Forum.

Recommendation 19 – We recommend

- (a) better co-ordination of activities across Government;
- (b) the development of a considered strategy with specific objectives;
- (c) transfer of lead responsibility for EQUAL to the Government Department with the main responsibility for ageing, probably the Department of Health;
- (d) appropriate research funding for EQUAL, co-ordinated by the OST;
- (e) greater encouragement for the Research Councils to work together, particularly to prevent undesirable overlap in research effort;
- (f) identification and reduction of research gaps. This should include an examination of overseas research as well as that taking place in the UK;
- (g) better assessment of the balance of research between different topics;
- (h) identification of research priorities within the EQUAL programme;
- (i) increased efforts to stimulate research in priority areas;
- (j) the development of a means of evaluating the effectiveness and value of EQUAL.

49. For the most part, the Government agrees, and the Committee’s recommendations broadly map onto the work being undertaken by the cross-Council Co-ordinating Committee, Funders’ Forum, and Professor Walker.

Recommendation 22 – We recommend that specific plans be drawn up for the future of EQUAL with agreed objectives and clear bench-marking and dedicated funding for the co-ordination of the programme.

50. The Research Councils initiated and drove forward the new approach to age-related research, as outlined in the introduction to this memorandum, from autumn 1999. The cross-Council Co-ordinating Committee met first in June 2000, and the Funders’ Forum in October. The intention is that both should meet at least twice a year. Professor Alan Walker’s co-ordination work is being funded by the Research Councils, and will produce a clear programme of activity. The cross-Council Co-ordinating Committee, Funders’ Forum and Inter-Ministerial group will monitor progress and address the issue of objectives and other measures in that context.

Recommendation 23 – EQUAL has been a disappointment. How to extend our active life, and to improve the quality of our old age is an absolutely crucial issue. Indeed, given the current demographic trends, meeting the needs of an ageing population could be said to be the most important issue which confronts our society at present. EQUAL was, in concept, an admirable initiative, aiming to use the resources, expertise and capacity for innovation of the research base to extend the active period of people’s lives. Yet it seems to have achieved very little. This is partly the result of a lack of impetus and enthusiasm on the part of the OST, but largely stems from the fact that EQUAL carries no funding of its own. The Government must face up to the fact that EQUAL, as established, has not worked. Responsibility should pass to whichever Government Department is given lead responsibility for ageing. Unless EQUAL can be relaunched, properly funded, and managed with enthusiasm, it should be abandoned.

Recommendation 24 – Tackling the issues posed by a population that is ageing will be a test of joined-up government, and a test which we cannot afford to fail.

51. The Government would acknowledge that lack of transparency at the outset, in 1995, about what exactly EQUAL was and how it would be taken forward has been unhelpful, not least to the Committee's own inquiry. In addition, appreciation of the need for policy and research on ageing to cut across traditional academic disciplines and bureaucratic boundaries has increased in recent years.

52. The Government does not believe that age-related research can or should be the kind of highly managed, ring-fenced programme which the Committee appears to be endorsing in its conclusions. This response has described the alternative arrangements which the Government believes now provide the basis for significant progress in the years ahead. These will be kept under review and will need to evolve as the ambit of age-related research gains greater clarity.

53. Whether these arrangements and the activities they spawn are described as EQUAL is less important than the fact that the Committee's report and this response have created an opportunity to lay down a clearer baseline against which to judge future developments. The Government would like to thank the Committee for its work in enabling this to happen.

ANNEX A

Cross-Council Co-ordinating Committee on Ageing Research

Terms of reference

- To develop an overall strategy for a co-ordinated cross-Council approach.
- To discuss respective funding strategies and initiatives.
- To consider ways of encouraging multidisciplinary research across the Research Council boundaries.
- To encourage communication and dissemination of research and research requirements more generally.

Membership

MRC – chair
BBSRC
EPSRC
ESRC
Professor Alan Walker (ex officio)

OST - observer

Meeting schedule

At least twice a year, preferably prior to each Funders' Forum meeting.

ANNEX B**Funders' Forum on Ageing Research and Older People****Terms of reference**

- To discuss and exchange information on current activities and future funding priorities.
- To consider issues of mutual interest relating to all types of research from basic, clinical, social and health and welfare programme through to technology and design.
- To identify areas that would benefit from joint working approaches.
- To develop a joint strategy to disseminate the activities of the Forum.

Member organisations (to date)

Alzheimer's Society
Anchor Trust
BBSRC
British Heart Foundation
Department of Health (including England, Scotland, Wales and Northern Ireland)
ESRC
EPSRC
Joseph Rowntree Foundation
MRC
Nuffield Foundation
Research into Ageing
Stroke Association
Wellcome Trust
National Director for Older People's Services (ex officio)
Professor Alan Walker (ex officio)
Chair of the cross-Council Co-ordinating Committee (ex officio)
OST (observer)

Meeting schedule

At least twice a year.

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Second Report: The Year 2000—Computer Compliance (HC 342)

Third Report: Glaxo Wellcome and SmithKline Beecham: The Merger Proposals (HC 627)

Fourth Report: The Cloning of Animals from Adult Cells (HC 1039)

Fifth Report: British Biotech (HC 888)

Sixth Report: Science and the Comprehensive Spending Review (HC 1040)

First Special Report: The Government's Response to the Committee's Fourth Report, Session 1996–97, The Research Council System: Issues for the Future (HC 302)

Second Special Report: The Government's Response to the Committee's Third Report, Session 1996–97, The Natural Environment Research Council and Research into Climate Change (HC 306)

Third Special Report: The Government's Response to the Committee's First Report, Session 1997–98, The Implications of the Dearing Report for the Structure and Funding of University Research (HC 799)

Fourth Special Report: The Government's Response to the Committee's Fifth Report, Session 1997–98, British Biotech (HC 1185)

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First Report: The Scientific Advisory System: Genetically Modified Foods (HC 286)

Second Report: The National Endowment for Science, Technology and the Arts (HC 472)

Third Report: The Scientific Advisory System: Mobile Phones and Health (HC 489)

Fourth Report: The Regulation of the Biotechnology Industry (HC 535)

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Session 1999–2000

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