ILC Friday three - 10 February 2023

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International Longevity Centre UK

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ILC Friday three

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Solution of the week - allow under 50s access to seasonal boosters



The Joint Committee on Vaccination and Immunisation (JCVI) has recommended the UK should provide seasonal booster vaccines against COVID-19 for people with higher risk conditions, frontline health and care staff, and carers.

COVID continues to cost our economy as well as our health. In the US, the cost of lost work hours associated with the COVID-19 pandemic was $138 billion between March 2020 and February 2021. More recent research from the US suggests up to a billion workdays may have been lost in 2022 because of the COVID-19 virus.

Yet despite evidence of the benefits of a fourth booster, those under 50 who are not deemed higher risk haven't been able to access one in the UK. Not so in other countries - in Australia, for example, people aged 18–29 will soon be able to get their fourth dose and those over 30, their fifth. At a time when the UK economy faces

JCVI and the Government should allow those under 50 to have a COVID booster. Ideally, this should be a universal offer available to all who want it. But at the minimum, this winter, employers and employees should be able to privately purchase a booster if they are not eligible for one on the NHS. If an individual can buy a flu vaccine in a pharmacy, then why not a COVID one at the same time? Given the cost to our economy in lost days, it's likely this policy will offer Government and employers a significant return on their investment.

What do you think? Over the next few months, we want to highlight examples of policy and practice which could help us adapt to increased longevity. We will collate ideas into a plan for the next Government and launch it at our Future of Ageing Conference on 7 December 2023. So, what do you think of this solution? Do you have different or better ideas? Let us know via events@ilcuk.org.uk

LET US KNOW

Healthy ageing - can the UK and Japan learn from each other?



This week we learned how even though Japan might be the only super-ageing nation in the world it remains comparatively healthy. What further can the UK learn from Japan, and vice versa? In our joint webinar with the National Graduate Institute for Policy Studies (GRIPS) the key take away was the importance of co-production and co-design. Co-production does not simply mean participation, but must be about involving people from the start.

Around 90 attendees from Japan, the UK and six other countries heard from:

- Dr Taichi Ono, National Graduate Institute for Policy Studies (GRIPS), Tokyo
- Professor Yoko Matsuoka, Tokyo Kasei University
- Arunima Himawan, Senior Health Research Lead, ILC-UK
- Professor Judith Phillips, University of Stirling and Research Director for

Once again, the session was a reminder that sharing information and drawing lessons from other places is key to developing robust and clear ideas. We thank our excellent guest speakers for sharing their knowledge with us - and Amgen, GSK, Hallmark Foundation, MSD, Pfizer and Sanofi who make the ILC-UK Prevention programme, and these events, possible.

To watch a recording of the session please click here and the slides from the session are also available here.

WATCH HERE

Reforming social care - we need urgency, ambition and imagination



Last month, the Archbishops' Commission on Reimagining Care set out a new vision for care and support while recognising the depressing lack of progress made in implementing the proposals of previous high-profile reports. Speakers at our Future of Ageing 2022 conference session on care agreed "Social care is not only underfunded but is underimagined" and we have to do much better. Watch this session here.

As Stephen Burke, the Hallmark Foundation's CEO, writes in our guest blog this week, "Better care really is everybody's business. All of us need to get care fixed, now and in the future, because it affects us all... We must think big, be ambitious and build on the best of what's currently happening here and abroad."

Stephen then sets out some key steps to make this happen:

- national leadership
- a cost benefit analysis of universal care
- promoting prevention/early intervention
- joining up care, health, housing, transport and community
- making better use of resources

we all want.

As Stephen concludes, we are at a critical turning point. Reforming our social care system must be an agenda priority now in the lead up to the next election and then after in the first years of the next government.

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