

Mr President, Members of the Anchor Society, Guests, Ladies and Gentlemen,

I am delighted and honoured to be asked to speak this evening. Your archives show that my speech is an opportunity to hear from a speaker prominent in his field. I do hope that I don't disappoint in this regard!

After over thirty years as a consultant in University Hospitals Bristol, or 'the BRI' as it's often known, I'd better start with a medical story.

Not long ago I was in the Bristol Heart Institute as responsible consultant for 'Primary Angioplasty', a technology that delivers virtually instant treatment for acute heart attack patients. We'd worked through the night and were nearly finished at 3.00am. The tired team were ready for bed.

The phone went 'there's a lady in the Emergency Department with a heart attack she is 92'

To be honest, my heart sank and I left the team tidying up and went to see our new 92 year old. As I walked to A&E I considered a score of reasons why she wouldn't be suitable for the procedure, but on meeting a charming and articulate lady, I discovered that until now she had been quite fit, had never been in hospital before, was on no medicines and had felt chest pain for the first time that day.

Needless to say we treated her immediately with a coronary stent and in a few days she was back home leading a normal life.

Of course she was no average 92 year old, but lifespans are increasing worldwide due to better living conditions supported by improved medical care. Modern treatments are more widely available and older people have high expectations in life. Octogenarians nowadays want to travel, play golf, tend their gardens and much more besides.

In the Bristol Heart Institute from 2003 to 2013, the proportion of octogenarians having open heart surgery rose threefold, from 4% to 12%. During the same decade the overall mortality for the unit (including the riskiest and most complicated operations) dropped from 3.6% to 2.4%. So quality continues to improve even as we operate on older and older patients.

Of course many older people have severe physical and mental constraints. An unfortunate minority will have to live for a long time with severe chronic illness and of course they need extra special care. But they are not the majority as we age, most of us will only become severely dependent in our last years or months, if at all.

The misleading phrase 'demographic time bomb' is often used to describe the challenges presented by our ageing population, but actually it's a triumph of improved care and living conditions as well as modern science and medicine.

We now live in a time of faster technological change than in any previous period of human history. Until the industrial revolution, one generation lived much like another.

In the 1920s, my late mother, a young Yorkshire girl, had scarlet fever and remembered being taken to hospital in a horse drawn ambulance. Yet, only half a lifetime later, she saw men travel to the moon.

But even travel to the moon, in technological terms, has already become primitive. Does anyone here **not** have one of these (*show smartphone*)? We all know that they are powerful computers but can anyone guess how much more powerful this computer is than the Apollo 11 guidance system?

Well - the Apollo 11 guidance computer had memory capacity equal to one average email in this device! The overall capability of an iPhone 6 like this could, in theory, simultaneously guide 120 million Apollo rockets. That's how fast technology is changing.

And yet, we are still the same old version of homo sapiens that built the pyramids. We may have constructed ever more sophisticated machines but we ourselves haven't changed much at all. We still have the same human nature that we had centuries ago (think of Sophocles or Shakespeare's plays) and of course we have the same frailties.

One of the most persistent of our frailties has been described by Margaret Heffernan, business CEO, writer and speaker, as 'wilful blindness'. She points out that we don't see (or won't see) obvious stuff that is right in front of our eyes. It is present in every walk of life. She says *'The biggest catastrophes that we've witnessed rarely come from secret or hidden information. They comes from information that is freely available, out there, but that we are wilfully blind to.'*

In 1956, the Oxford epidemiologist Alice Stewart demonstrated, with startling data, that the chances of childhood cancer were vastly increased by X-raying pregnant mothers. At the time these cancers were killing one child every week, yet it took 25 years before the practice was abandoned by the British and American medical establishments.

Wilful blindness played a big part in the Enron scandal, the Murdoch phone hacking affair, the BP Deepwater Horizon accident and countless other disasters.

Ladies and gentlemen, I think our society is being wilfully blind with regard to our growing population of older people - we see it, we know about it, and yet in our curious human way we don't do much about it. Let me elaborate.....

First we must remember that most old people are useful and productive. In 2011 the WRVS showed over 65s to be net contributors to the economy. By 2030, the net annual contribution of older people will be over £75bn. They are carers, volunteers, workers and of course they spend their assets. They are self evidently experienced, and they are often wise. Their social contribution is enormous. They could be even bigger contributors if they weren't held back by some of the tedious side effects of old age.

Consider an energetic, interested, lively, intelligent older person who has so much to contribute but can't just because they have bad feet. They are trapped by a simple problem that massively curbs their potential. We see such examples played out in so many ways, time and time again.

So how can we release that potential?

I referred to technological advances earlier but what we can't do is expand our personal human skills at the same high speed. We talk of 'high tech' jobs but much less of 'human touch' jobs. Many workers using practical or technical skills will be replaced by machines. Experts predict that almost half of all today's jobs will have been replaced by machines within twenty years. These include data entry clerks, transport workers, technicians, estate agents, insurance underwriters. Even some aspects of my own profession of radiology are predicted to be replaced by robots.

With care this can be a change for the better. Adaptive technology is rightly used to make life easier and the Anchor Society contributes substantially in this field.

But which jobs will remain? The jobs that robots can't do. There will be highly skilled jobs such as senior managers, designers and professionals but also, very importantly, the 'human touch' jobs with skills that include close personal contact. Examples include social workers, recreational workers, hairdressers, teachers, nursery assistants, actors, artists, clergy, and of course nurses and care workers - yes, and podiatrists!

But we know that the 'human touch' jobs, which enrich our lives the most, are frequently amongst the most poorly paid of all. We will enjoy the benefits of adaptive technology as long as our lives are also enriched by meeting other people daily, feeling part of society, feeling valued and loved.

It's unlikely that machines can ever offer love, care and respect.

The ONS survey this year put the salaries of care workers, teaching assistants and nursery assistants in the lowest 10 of 145 jobs surveyed. Community workers, welfare professionals, even senior care workers and teachers fall into the bottom quarter of listed jobs.

The Joseph Rowntree Foundation's current report shows that 78% of Care Workers are being paid below the Living Wage Foundation's recommended Living Wage.

So we know very well who enhances the lives of our older citizens, helping them to be active contributors to their communities, but we don't reward them properly. We should remember as well, that most of these 'human touch' jobs are carried out by women.

Are you beginning to see where 'wilful blindness' comes in? But there is a little bit more...

Have any of you read the House of Lords Report 'Ready for Ageing?', chaired by Lord Filkin and published in 2013?

In his answer to the question 'Are we Ready for Ageing?' Geoffrey Filkin says *'we have concluded that the Government and our society are woefully underprepared'*.

He notes that *'Longer lives can be a great benefit, but there has been a collective failure to address the implications and without urgent action this great boon could turn into a series of miserable crises.'*

He goes on to say *'An ageing society affects everyone: these issues require open debate and leadership by the Government and (please note!) all political parties. The challenges are by no means insuperable, but no Government so far has had a vision and coherent strategy; the current Government are no exception and are not doing enough to ensure our country is ready for ageing.'*

Let me quote just one statistic from the report. The current generation of over 85s were born in the 1930s, actually a low point in our national birth rate. A 50% increase in the birth rate between the late 40s and early 60s led to the so called 'baby boomers'.

This group will become the over 85s of the 2030s.

What do you think the Filkin Report tells us about the over 85 population in England in 2030 compared to 2010?

Will it have increased by 20%, 50%? No, the answer is over 100%!

So, ladies and gentlemen, whilst many bodies, including this excellent society, are doing much to improve the lives of older people; as a country we have not even begun to tackle seriously the real challenge of our ageing population.

Our personal values must change. We must invest in older people by ensuring their already excellent contribution to society is maintained or enhanced. We must make our world more 'age friendly' by ensuring that matters of care, health, mobility and access are a priority. It should be normal, standard, accepted to ensure that older people can fully contribute to society.

If they wish to work, make it possible, if they want to care for their spouse or grandchildren, help them to do so, if they want to volunteer, encourage them, if they want to spend their assets on golf or sailing, let them support the economy.

Perhaps most importantly, we must increasingly value and support those fellow human beings who we meet daily and who enrich our lives in so many ways. They should receive worthy rewards, not low pay and a low standard of living.

We should be prepared to look abroad for lessons from other countries which have already made big steps forward. Japan is perhaps the best example. Their population's long lifespan and high proportion of older people has led to a society with a much more gradual transition into older years and in Japan one can see most elderly people working, actively contributing to society and leading fulfilling lives. For the Japanese, their elderly citizens are recognised as an essential asset.

My contention, ladies and gentlemen, is that our societies failure to adapt our values to the future is a clear example of 'wilful blindness'. We see the issue facing us, we know the facts, we see the potential catastrophe of failing to act and yet, as Lord Filkin said, *'we have not considered how policies may need to change to equip people better to address longer lives'*.

Mr President, I know that you and the Anchor Society members are very concerned about the welfare of older people and are active and insightful in improving their lives.

I hope you will continue to play your valuable part in opening the eyes of those around you about what is to come, and showing that with a profound change in our values, the future can be bright for everyone including those who live longer lives.