

# Parliamentary Briefing

## Spending Review 2020

### Introduction

The Age UK network comprises over 130 local Age UKs reaching most of England. In the UK, the charity helps more than seven million older people each year by providing information, advice and support. We also carry out research and campaign on the issues that matter most to older people. We work closely with Age Cymru, Age NI and Age Scotland.

Age UK’s current overarching strategic priority is to focus our efforts on *those that need us the most* and in 2020 we have emphatically put actions to those words. Older people have borne the brunt of the impact of the covid-19 pandemic and no part of the work of the Age UK network has been untouched by the pandemic. That the virus itself directly disproportionately affects older people is well known – almost nine out of ten (89%) of deaths involving covid-19 in England and Wales up to 11<sup>th</sup> September 2020 were among people aged 65 years and over (46,874 out of 52,482) - but the indirect cost of the pandemic, the need to shield and social distance has also had a heavy impact on our older population in terms of their physical and mental health, and income.

The pandemic has highlighted and exacerbated vulnerabilities that pre-dated covid-19, and this briefing covers the strategic funding priorities we believe the Government needs to make to support older people.

### Strategic funding priorities:

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## Health

Older people have been disproportionately affected by the covid-19 pandemic. Not only are they the most likely to have been hospitalised by covid-19, but 1.4 million people over the age of 60 were told to shield during the first phase of the pandemic and everyone over the age of 70 has been classed as vulnerable and advised to limit their social contact. Months of isolation, reduced access to primary care services and delayed treatment and surgery have left significant numbers of older people in a poorer state of physical and mental health. As we move into winter facing a second wave of the pandemic it is more important than ever that the NHS is provided with the resources it needs to restore services and address older people's new and on-going health needs.

The covid-19 pandemic has exacerbated pre-existing challenges faced by the NHS and led to more older people falling through the gaps. Prior to the pandemic, one-third of older people already reported feeling unsupported to manage their long-term conditions, yet covid-19 has resulted in available support being further eroded. During the pandemic, one in five people over 65 have had an appointment cancelled<sup>i</sup>, more than any other age group, and services in the community have been put on hold, leaving older people in pain and facing deteriorating health. Meanwhile, the pause in surgery, means that waiting lists, which were already rising, have reached unprecedented levels. In July 2020, more than 2.1 million people, the vast majority older, had been waiting over 18 weeks for routine treatment such as hip operations or cataract surgery, representing the largest number of people waiting since records began.<sup>ii</sup> Even more concerning, 83,000 had been waiting for over a year, an 81-fold increase compared to the same time last year<sup>iii</sup>.

This reduced access to NHS services, combined with months of isolation and a decrease in care provision, has had a severe impact on older people's physical health. Older people have experienced deconditioning, increased muscle weakness, cognitive decline, and a reduced ability to complete activities of daily living. An Age UK poll of 1,350 people over the age of 60 found that one in four older people cannot walk as far as they did before the start of lockdown, a third have less energy, and one in five are finding it harder to remember things<sup>iv</sup>. Older people with pre-existing health conditions and care needs have been hardest hit. A third of people who were already finding it difficult to walk up and down stairs say that this has become even more difficult since lockdown, while two in five people who struggle to have a shower or wash now say this is harder for them to do.

Unsurprisingly, older people's mental health and emotional well-being has also been badly affected. The proportion of people over the age of 70 experiencing symptoms of depression has doubled since the start of lockdown<sup>v</sup> and half of people aged 55-75 report finding it hard to remain positive<sup>vi</sup>. In a separate Age UK qualitative survey with 550 older people, we heard that some are too scared to leave the house and no longer take pleasure in the things they used to enjoy. Many reported that they are experiencing

extreme loneliness and told us they felt unwanted, unloved, and forgotten. Worryingly, while mental health needs amongst older people have soared, the proportion accessing support has further decreased (from an already low baseline). Older people make up 20% of the population, yet latest Improving Access to Psychological Therapy referral figures show that only 5% of referrals are from people aged 65 and over.

### **What Age UK wants to see:**

Age UK would like to see renewed commitment to the ambitions and financing of the long-term plan and the priorities in that plan to improve care for frailer older people and support people to stay independent for longer, in particular the 3 priority areas:

- A comprehensive offer of enhanced NHS care in care homes.
- Priority roll out of proactive anticipatory care to older people living with frailty in the community.
- Universal access to community based rapid response and urgent care services for older people at risk of a health crisis.

### **Social care**

The challenges faced by the social care sector before the covid-19 pandemic were deep rooted and systemic. The system had struggled for many years with rising levels of demand, increasingly complex needs and a chronic lack of investment from central Government. While a number of short-term cash injections helped ease these pressures to a degree, between 2010/11 and 2018/19 total public spending on adult social care fell by £86 million in real terms, representing a 4% reduction in local authority spending. While total spending has now largely recovered from its lowest point in 2014/15 the population has increased, in real terms, accounting for population change, spending per head of the adult population is estimated to have fallen by 12%<sup>vii</sup>.

Local authorities have had to manage these pressures by reducing services and minimising care packages, as well as through implementing stricter eligibility criteria. Last year, there were 1.35 million new requests for social care support from older people but just over half (51%) resulted in either no services being received or the older person being signposted to universal services or elsewhere<sup>viii</sup>.

Moreover, the number of older people receiving local authority long-term care over the course of the year has decreased year-on-year – from 599,680 in 2014/15 to 548,435 in 2018/19. This is an 8.5 per cent reduction over the five-year period. There has also been a 7.3 per cent reduction in the number of older people receiving long term residential or nursing care between 2015/16 and 2018/19, and a 10.1 per cent reduction in the number of people receiving long term community support<sup>ix</sup>. This is despite a growing population of older people with high levels of need, so more are going without the support they require, with knock on consequences for other public services, particularly health.

Reduced funding and rising costs have also had a considerable impact on self-funders – the growing number of individuals who are deemed ineligible for State support – who have been left to subsidise the care sector in the face of the significant, and growing, gap between local authority funding and the true cost of the care provided. On average self-funders now pay 41% more for the same package of care as that arranged and paid for by the local authority. For residential care, the average fee paid by a local authority is £610 a week, whereas the average fee paid by a self-funder, for the same package of care is £851 per week<sup>x</sup>. Anecdotal evidence suggests that the cost burden on self-funders has increased in the last year as providers have faced steep cost increases associated with covid-19. These costs add up, and can be catastrophic, with older people forced to sell their home or spend their life savings to pay for a care bill they could not possibly plan for.

Chronic lack of funding has led to significant market instability and insufficient capacity in the system leading to care deserts emerging where individuals struggle to access care services regardless of their ability to pay. This has particularly been the case for nursing care, where in some parts of the country the number of nursing home beds has fallen by more than a third in the last five years<sup>xi</sup>. This has been coupled with significant levels of churn amongst home care owners and operators. There have also been major challenges to capacity of the workforce, where at any one time there are approximately 122,000 vacancies- nearly one in every 10 roles in the adult social care sector<sup>xii</sup>. It is estimated that to meet the needs of an ageing society the workforce will need to grow by 2.6% every year until 2035, to a total of 2 million jobs in care<sup>xiii</sup>. Domiciliary care, where the majority of people receive social care support, suffers from the highest vacancy and turnover rates of any role in care at 10.6% and 38.8% respectively<sup>xiv</sup>.

Ultimately, these major issues have taken a substantial toll on the physical and mental health of older people and we have witnessed levels of unmet need rising steeply for all older people, irrespective of their access to formal or informal care or their ability to fund care. We estimate that 1.6 million people over the age of 65 – nearly one in seven - are struggling without all the help they need to carry out activities of daily living (ADL) – essential everyday tasks, such as getting out of bed, going to the toilet or getting dressed<sup>xv</sup>. We are particularly concerned with the estimate that 57 per cent of people aged 65 and over who are unable to complete three or more ADLs receive no help or help that does not meet their needs<sup>xvi</sup>.

With stretched capacity and stricter eligibility, loved ones of people with social care needs have been increasingly expected to take on more caring responsibility themselves, with the proportion of people providing a form of unpaid care having gone up substantially in recent years<sup>xvii</sup>. It is now the case that the overwhelming majority of care is provided on an unpaid basis by families and friends. In fact, many of these carers are older people themselves, with an estimated 2 million carers over the age of 65, of whom 417,000 are aged 80 and over<sup>xviii</sup> and around two thirds of carers over the age of 60 living with long-term health problems or a disability<sup>xix</sup>.

Covid-19 has simply piled more pressure onto a system already struggling to cope and ill-equipped to respond and protect older people at a time of crisis, ruthlessly exposing the long-term systemic failings.

An already financially fragile sector has struggled to manage sudden and major costs associated with covid-19. Services are having to buy infinitely more PPE at inflated purchase prices. Some reports have suggested that PPE costs have increased twelve-fold since the start of the pandemic<sup>xx</sup>. Beset by major issues around access to testing and sufficient PPE, the sector has had to contend with high levels of staff sickness or absence through self-isolation – taking place in the context of significant pre-existing workforce vacancies. To maintain safe staffing levels, care providers had to rely heavily on agency expensive staff to fill the gaps, especially at the height of the pandemic before the infection control funding came into effect. Many providers now face steep increases in insurance costs as well.

Other care providers have faced a significant reduction in the demand for their services as older people – particularly self-funders – chose to cancel their care packages due to concerns about transmission of the virus or, tragically, because many more deaths and lower than usual occupancy in care homes have left beds empty. A UK Homecare Association survey indicated that about 1.2 million domiciliary care visits had been cancelled over a two-week period in April<sup>xxi</sup> and recent reports suggest the capacity of care homes has now fallen below 75% of usual capacity since March 2020<sup>xxii</sup>. Further, recent polling suggests that around 40% of people over the age of 65 are less likely to seek residential care services following the coronavirus pandemic<sup>xxiii</sup>. This is extremely concerning for the financial viability of care providers now and in the longer term. As such, while the commitment in the Social Care Plan to provide free PPE and support through the infection control fund is extremely welcome, it is unlikely to go far enough nor help providers recover their financial footing into 2021/22 and beyond.

The tragic result of this has been significant loss of life. Between the 7<sup>th</sup> March and 20<sup>th</sup> June, there have been more than 19,000 deaths of care home residents attributable to covid-19<sup>xxiv</sup> and between the 10<sup>th</sup> April and 19<sup>th</sup> June 819 deaths of recipients of domiciliary care attributable to covid-19, although it is possible this figure could be higher given domiciliary care recipients have been much less likely to have their death attributed to covid-19 than care home residents<sup>xxv</sup>.

Data has also begun to show us that throughout the course of the pandemic, there has been a significant increase in loss of life more broadly for those receiving social care. In fact, between 7<sup>th</sup> March and 22<sup>nd</sup> May, the number of people who died in care homes was more than double (110%) the usual number of deaths in care homes<sup>xxvi</sup> and between 10<sup>th</sup> April and 8<sup>th</sup> May there were 3,161 deaths of domiciliary care recipients, 170% (1,990) more than the average for the same period in the previous 3 years<sup>xxvii</sup>.

**What Age UK wants to see:**

There has been a strong case for refinancing and reforming social care for well over a decade. Successive governments have introduced short-term funding solutions like the Council Tax precept and emergency funding packages – just enough to avert total collapse but not enough to create a sustainable set of services, let alone a proper ‘system’. In the short term, the priority is to ensure social care has enough money to get through the winter without a financial crisis; from that point of view we believe the additional funding announced in early September 2020 was extremely helpful but probably not enough, given it is less for six months than the amount provided for only four months earlier on in the pandemic.

Longer term, it is time for this country to do what others like Germany and Japan did some twenty years ago: modernise our social care system and agree on a way of funding it so it is sustainable for the future. There are a number of agreed principles that should underpin funding reform including:

- 1. Universal risk pooling:** any system needs to establish a universal compulsory risk pool in the same way that we do for healthcare (although there are a range of options as to how and when people could pay in over their life).
- 2. Free at the point of need:** a system should offer an acceptable level of care free at the point of need and any contributions, towards living costs for example, should be based on ability to pay out of income and should not expose individuals to personal financial risk or hardship.
- 3. National eligibility criteria and assessment at the point of need:** assessment should be simple to access and understand, nationally set and individual needs assessed independently.
- 4. Addressing unmet need:** a system must address the current high burden of unmet need and offer a level of support capable of meeting people’s assessed need.
- 5. Supports informal carers:** informal carers are always going to be a feature of care and support, however the system must be ‘carer blind’ meaning people’s eligibility and/or the support on offer should not be cut back on the basis that someone has informal carers to fill the gap.
- 6. Supports a stable market and investment in the workforce:** any system should be able to support a stable provider market capable of investing in workforce skills, recruitment and retention. This should establish parity of terms and conditions with the NHS, and ensure the sector is able to access the same provisions for international recruitment.

## **Benefits and poverty**

### **Poverty**

Nearly 2 million pensioners (1.9 million) are living in poverty – this is 16 per cent of pensioners – the same proportion as in 2008/09. This proportion has risen in the last few

years after a fall to 13% in the early 2010s. State Pensions and benefits make up the vast majority of income for those on low incomes – 86% of income for the poorest fifth of single pensioners – and are very important for many others. State Pensions and benefits account for at least half of income for 60% of all pensioner households (47% of couples 73% single pensioners). In other words, any adverse changes to State Pensions and benefits would disproportionately affect older people on low and modest incomes.

### **The State Pension triple lock**

The triple lock has helped increase the value of the State Pension. However, on average, the State Pension is still less than £8,000 a year. Some commentators have suggested it is unfair that pensioners can expect an increase in their State Pension of 2.5% next April at a time when average earnings are likely to be falling. However, 2.5% of the basic pension is only an additional £3.35 a week – little more than the cost of a TV licence which most over 75s are now expected to pay. It is possible that next year's earnings inflation could be affected by a drop in average earnings this year, followed by a bounce back. However, at present the position is uncertain and it is too soon to be making decisions on uprating for 2022. It is also important that long-term policy decisions are not based on short-term exceptional circumstances.

Any changes to State Pension uprating would not just affect current pensioners but would have an even greater impact on the future retirement income of younger people. Given the adverse impact the pandemic is having on jobs, earnings, and prospects for saving into a private pension, the State Pension could well become even more important for today's workers when they reach retirement. We recognise that there are difficult financial decisions about tax and spending ahead which are likely to affect all of us. However, changes to the State Pension would hurt current and future pensioners on low incomes the most and the underlying reasons for retaining the triple lock remain as strong as they did before the pandemic hit us.

### **State Benefits**

In an ideal world, the State Pension system should provide an income sufficient to cover basic needs and everyone would have opportunities to build up additional private incomes which would allow a comfortable retirement. However, with nearly 2 million pensioners in poverty we are a long way from that, so many people require additional benefits to top up their low retirement income. Means-tested benefits play an important role but often go unclaimed, for example, around 2 out of 5 (over a million) pensioners who should be getting Pension Credit are missing out. People may not know what is available, may assume they are not entitled to any help, may be put off by the process of claiming, or be reluctant to ask for help. The Government should take a more proactive ongoing role in promoting benefit take-up and also look at ways to make processes work better with less emphasis on individuals having to navigate complicated systems.

While it is essential that more is done to improve take-up, it is likely that there will also be people who do not claim the benefits due to them. Means-tested benefits are expensive and complicated to administer, resulting in people feeling penalised for having saved, and can produce 'cliff-edges' for those whose income is just above the threshold for support. Universal benefits such as the Winter Fuel Payment are therefore an important element of retirement support and can make a huge difference to many of our poorest older citizens who not receiving benefits due to them, or those who just miss out because of small private pensions or savings.

We know that the decision to abolish the free 75+ TV licence has had a devastating impact on significant numbers of isolated and disadvantaged older people on low and modest incomes. The introduction of a complex new system for TV licences in the midst of a pandemic has also caused large numbers of older people inexcusable anxiety and distress. Age UK remains strongly of the view that the Government and the BBC need to look at this issue again and find a different approach that allows our over-75s to continue to be able to watch Freeview TV for free and without hassle, as part of a broader settlement concerning the future of the Corporation.

### **State Pension age**

The next review of State Pension age (SPA) is due to take place by July 2023. The Government is required, by law, to commission a review that looks at wider factors relevant to SPA, as well as a report by the Government Actuary. While there is uncertainty about the impact that covid-19 will have on longevity overall, it does appear that disadvantaged groups are being affected to a greater extent. This makes the wider review even more important. However, we should also be looking at ways to mitigate the impact of changes already introduced. The rises in SPA and linked increase in the age to claim Pension Credit and other support, have already had a major impact on many low income and disadvantaged people in their 60s who are not able to work up until SPA due to ill health, disability or caring responsibilities, or because they are unable to find work (see also section on employment support). The numbers in this position are likely to increase following the impact of covid-19 on older workers.

### **What Age UK wants to see:**

- Benefit take-up must be increased through on-going publicity, information, advice and support and the Government should look at ways to make processes work better with less emphasis on individuals having to navigate complicated systems.
- The Government should restate its commitment to maintain the triple lock as this enhances the value of the basic state pension not only for current pensioners but for future generations, helping to lift many older people out of poverty.

- The Government should look at ways to improve financial support for those approaching SPA who have little or no prospect of working again – Age UK believes that a clearly defined group of people in this situation, for example where they have caring responsibilities or long-term ill-health, and who are within three years of their SPA, should be entitled to claim their full State Pension early.

## **Digital inclusion**

The internet and online communication has been increasingly important for many people with the onset of covid-19 and the need to spend more time at home. They have helped people to maintain social contacts, carry out tasks such as shopping and banking and enjoy some entertainment. Feedback suggests that many older internet users have been encouraged to learn new digital skills such as making video calls or shopping online. Restrictions may have also prompted some older people, who previously were not interested in using the internet, to want to do so. While being motivated to learn digital skills is an important first step, we know that people face a range of other barriers such as lack of access to appropriate training and support, cost, and concerns about security. Age UK has been testing out remote ways of helping people gain skills and confidence online, but we know that many will need personalised ongoing support which can be resource intensive.

There are 3.8 million people aged 65+ who do not use the internet, and while we know that with the right support some would be able to become safe and confident online, there will always be a very substantial minority who will not gain digital skills, or who will lose them again with advancing age. Others continue to feel that the internet is not for them and they should not be penalised as a result. The pandemic has highlighted the difficulties that people who are offline can face. Public and private organisations providing essential goods and services must ensure that those who do not use the internet are not put at a disadvantage. They should be obliged to continue to offer offline access and support.

### **What Age UK wants to see:**

- There is a need for increased funding for digital inclusion services to help many more people, including older people, gain the skills they need to thrive in an increasingly digital world.
- Moving public services online will provide substantial savings, but this should not be done at the cost of disadvantaging the most vulnerable in society. Some of the savings from digital services should be used to maintain offline options and fund digital inclusion programmes. Assisted digital services should apply to local as well as national Government services.

## **Banking and financial services**

### **Access to cash**

One of the main difficulties faced by a lot of older people during the lockdown has been accessing cash. While many of the banks have stepped up to help their older and vulnerable customers, the pandemic has led to a decline in cash use which in turn has led to serious questions about the future of cash.

The Access to Cash Review found that 75% of older people would find it difficult to live their lives without cash, depending on it for buying essential goods and services. Cash must not disappear as collateral damage from recent events, and the Government must be prepared to help maintain the viability of the cash network. This could mean taking action to protect the use of cash, as well as ensuring that the cash distribution network remains viable.

The guidance published in September by the Financial Conduct Authority is welcome, although we have concerns that it will be ineffective unless it is properly enforced. We hope that the Treasury's Financial Policy Forum will monitor and report on access to cash.

### **Role of the Post Office network**

We have concerns about the increasing role taken on by the Post Office network in providing banking services. While it can play an important role in replacing services once provided by the banks, we are concerned that the ongoing provision of such services is not guaranteed. We are particularly concerned about the future viability of many sub post offices, and while we recognise that the Post Office has introduced temporary measures to maintain postmaster incomes, consideration needs to be given to the way that sub postmasters are remunerated to ensure that they are encouraged to remain in the industry.

The lockdown has also impacted on cash acceptance, with many retailers refusing to accept cash payments. This causes problems for older people reluctant to use electronic banking and cards. The Government should consider legislation requiring 'bricks and mortar' businesses to accept cash. It should also look at the operation of the cash distribution system, to ensure that it remains economically viable and that costs do not become prohibitive.

### **What Age UK wants to see:**

- The Government should work closely with the Bank of England and the Financial Conduct Authority to protect the future of cash. This includes ensuring people can access cash when required via bank branches and the ATM network, spend cash in shops and when they use services, and in particular to ensure that the infrastructure to move cash around the country and distribute it remains open for business.
- The Government should also look closely at the current Access to Cash pilots and use any positive results to create a strategy for any that are successful to be rolled out across the UK.

## **Employment support**

### **Unemployment support**

As the CJRS winds down it is near certain that unemployment will increase next year. Analysis by the Institute for Employment Studies has suggested that about 450,000 people will be made redundant in the third quarter of 2020. The IES also estimates that both the oldest and the youngest workers have been worst affected by the state of the labour market.

On average, older jobseekers take longer to get back into work than younger jobseekers. Previous analysis by Age UK has highlighted that unemployment support is not designed with 50+ claimants in mind. It is imperative the Government responds quickly to the worsening labour market, including by providing intensive, tailored support early in people's claims.

We are concerned that older jobseekers are being forgotten – the policy response has been focussed on youth, and while we agree that younger people are likely to suffer disproportionately in the recession, many older workers, particularly those in lower paid roles, will also suffer job loss and a lasting financial impact. It is important that the Government response adequately recognises this, or a number of people will be facing spending their retirement living in poverty.

### **Carers**

The pandemic has highlighted the true value of carers to our society and they have shown remarkable commitment. We need to make sure they are properly valued, and that Carers Allowance is increased to reflect the true value of the role that they play.

Many carers' also juggle their caring responsibilities with work, and in current circumstances it is increasingly important that they have adequate employment protection and the opportunity to work flexibly. We urge the Government to implement the findings from the recent consultation on Carer's Leave as soon as possible, and then begin plans to extend this to include paid leave for caring responsibilities. There should also be a review of the Right to Request flexible working, looking at how to make it as useful as possible for carers and others in the new world of work.

### **Skills and training**

At a time such as this, investing in workforce skills should be an important part of the Government response. However, public funding for training is focussed on younger people, leaving many older workers without the means to upskill – or for many who find themselves out of work, without the ability to re-train.

Since 2010 there have also been substantial cuts to the training budget available to older workers, partly in favour of greater funding for apprenticeships. We are concerned this has

had a detrimental effect on participation in other forms of workplace training – while we support the drive to increase apprenticeship numbers, apprenticeships are unlikely to be suitable for the majority of older workers and should not be funded at the expense of other training options.

In terms of the numbers taking part, recent years have seen a rise and fall of older apprentices. In 2009/10, there were 10,000 apprentices aged 45+: this increased to about 60,000 older apprentices in 2014/15 before a decline to 34,000 in 2017/18. While looking at apprenticeships alone does not give us the full picture (and Age UK agrees with the reasons behind some of the policy changes), this downward trend is concerning because it indicates fewer opportunities for older workers to access training. It will be exacerbated if employers, cut their own training budgets, as is likely at present.

We are also concerned about the negative impact 24+ Advanced Learner Loans appear to have had on participation. In 2012/13, the year before they were introduced, there were 713,000 learners aged 45-59. By 2016/17 this has fallen to 453,200. It is not clear precisely why there has been such a sharp fall in participation, but perhaps could be connected to older people being more averse to debt. However, it is important that the Government investigates why the loans have not had the desired effect on participation in learning and moves to boost participation.

#### **What Age UK wants to see:**

- The Government should provide proper support for shielders and others with a serious medical condition who cannot return to their workplace.
- Jobcentre Plus Work Coaches should be trained to understand the specific barriers facing older jobseekers and understand how to help individuals counteract age and disability discrimination.
- We urge the Government to implement the findings from the recent consultation on Carer's Leave as soon as possible, and then begin plans to extend this to include paid leave for caring responsibilities. There should also be a review of the Right to Request flexible working, looking at how to maximise its value for carers and others in the new world of work.
- Many people will need to re-train as a result of the labour market disruption caused by the pandemic, so we believe it is important to increase funding for workplace training. We need to reverse the substantial cuts made to skills budgets in recent years.

## **Energy**

### **Energy efficiency**

Poor quality housing which is unsuitable or in serious disrepair leads to many problems for older people. There is an increased risk of falls and new or exacerbated health problems, including the respiratory conditions which put older people at even greater risk from covid-19. There are around a million people aged 60+ in England living in fuel poverty, many of whom would save money on their bills and have more to spend on other essentials if their home was easier to heat. The Government must designate energy efficiency as a national infrastructure priority.

The Government should reinforce its commitments to protecting people from cold homes by implementing the Home Upgrade Grants announced in the 2019 Conservative Manifesto. £2.5 billion of funding was promised to “replace boilers, provide insulation and in some cases replace energy systems wholesale”. It is vital that this funding is in addition to the Green Home Grants, for which the application process opens this autumn. Alongside support for owner-occupies and those in the private rented sector, the government should also fulfil its promise for the £2.5 billion Social Housing Decarbonisation Fund.

The Warm Home Discount Scheme provides approximately 2.2 million low income households with a payment of £140 towards their energy bills. It also supports funding for projects to help low income and vulnerable households with their energy bills and offer advice and debt support. The Government should commit to extending the scheme in its current form for a year from April 2021. Alongside this, the Government should consult on how it can be expanded from April 2022 to support more people on the lowest incomes, living in the coldest homes and those most impacted by lower temperatures.

### **Energy debt**

There are 2.3m energy accounts in debt. The Government should consider a debt write off or debt matching scheme for those on the lowest incomes and/or on suppliers Priority Service Registers for energy arrears accrued over lockdown. This would help protect some of the most vulnerable people and give them reassurance that they will stay connected and warm and well this winter.

### **What Age UK wants to see:**

- The Government should raise its ambition to make more homes energy efficient more quickly and designate energy efficiency as a national infrastructure priority.
- The Government should reinforce its commitments to protecting people from cold homes by implementing the Home Upgrade Grants announced in the 2019 Conservative Manifesto and commit to extending the Warm Homes Discount scheme in its current form for a year from April 2020.
- The newly introduced Green Home Grants should be promoted and available for everyone, including renters and homeowners on low incomes.

## Housing

Age UK is pleased that the Government has recently announced a consultation on accessible housing. Building new housing stock to the Lifetime Homes Standard is essential if we are to ensure that the housing stock is fit for future generations.

The Government should also confirm funding for home adaptations. With people spending even more time in their house, and with some older people reporting a decline in their general health through the lockdown, it is more important than ever that these are available and that funding for the Disabled Facilities Grant is continued.

### What Age UK wants to see:

- A commitment to making it mandatory to build all new housing to the Lifetime Homes Standard.
- The Disabled Facilities Grant being continued at the same level of funding, and extra steps taken to ensure that adaptations are available to all older people, including private renters, for the remainder of the pandemic.

## Transport

In spite of the lockdown, transport remains an important priority for many older people who still need to get out and about, for example to the shops and for medical appointments.

### What Age UK wants to see:

- The Government should shore up funding for the bus network, as well as encourage more innovative provision in areas where bus services are unviable.
- The Government should work closely with local authorities across the country to ensure that accessible public transport provision is maintained and improved.

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<sup>i</sup> Health Foundation (2020), 'Public perceptions of health and social care in light of Covid-19'. Available at: <https://www.health.org.uk/publications/reports/public-perceptions-of-health-and-social-care-in-light-of-covid-19-may-2020>

<sup>ii</sup> NHS England. Consultant-led referral to treatment waiting times data 2020-21. England level timeseries. 2020. <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2020-21/>.

<sup>iii</sup> Ibid

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