



The Age Agenda 2008

Public policy and older people

Policy Unit – Age Concern England

The Age Agenda 2008

Public policy and older people

February 2008

Contents

Overview	4
In focus: intergenerational contact and understanding	13
Income and finance	15
In focus: access to information and advice	27
Equality and human rights	29
In focus: a decade of devolution	37
Health and health services	39
In focus: inequality and the lifecourse	55
Care and care services	58
In focus: prevention in health and social care	72
Social inclusion and communities	74
In focus: long-term public spending	88
Housing	90
In focus: retirement migration	101
Work and learning	103
In focus: older voters	114
Annex 1 – Summary of key indicators	117
Annex 2 – A Sure Start to Later Life Government Action Plan – Age Concern’s assessment	120
Annex 3 – Public Service Agreements 2004 and 2007	125

About Age Concern England

Age Concern England (ACE) is a national voluntary organisation aiming to improve the opportunities and quality of life of people over 50. We work through campaigning, public policy development, research, information provision, publishing, training, grant-making and international and European work.

ACE is part of Age Concern, the UK's largest federation of organisations working with and for older people. There are 370 local Age Concerns in England and independent national Age Concerns in Scotland, Wales and Northern Ireland. Age Concern provides vital services and information locally throughout the country. Every day we are in touch with thousands of older people, enabling them to make more of life.

The Policy Unit develops the charity's public policy on ageing and older people, and influences Government and other policy makers through research, responding to consultations, working in partnership, and holding policy events.

Acknowledgements

The Age Agenda report is a team effort. The Policy Unit's subject specialists brought their expertise on policy developments, drawing on Age Concern policy responses, position papers and research reports. The indicators and key statistics were compiled by Louise Yngve and the production was co-ordinated by Donna Pearce. Thanks also to Michelle Mitchell for input into the overview chapter.

This year's contributors are:

Nony Ardill	Policy Adviser – legal issues
Andrea Baron	Policy Manager – employment and skills
Rachel Barber	Special Projects Manager – Communications Division
Gillian Connor	Policy Adviser – housing and communities
Anna Garrett	Programme Officer - older people residing abroad
Andrew Harrop	Head of Policy
Philip Hurst	Policy Manager – health services
Gretel Jones	Policy Adviser – consumer issues and transport
Stephen Lowe	Policy Adviser – care services
Margit Physant	Policy Adviser – public health
Sujata Ray	Research Adviser
Pauline Thompson	Policy Adviser – care finance
Sally West	Policy Manager – income
Jane Vass	Policy Adviser – financial services

The Age Agenda is published each year. We welcome comments and suggestions for future content.

Policy Unit, Age Concern England, Astral House, 1268 London Road, London SW16 4ER.
Tel: 020 8765 7429. Email: policy@ace.org.uk

Foreword

Welcome to the fifth edition of the *Age Agenda*, Age Concern's annual public policy report. Looking back to 2004 when we launched our first report, we can see big shifts in the public policy environment. The political parties have new leaders who know all about the power of the 'grey vote'. And the preoccupations of policy makers have evolved significantly. Back then, Age Concern's top priority was pension reform. It is to the government's great credit that we now have a new architecture for a fair and sustainable pensions system.

Today, all eyes have turned to social care. 2008 promises to be a year of significant change and challenging debate. Ambitious short-term reforms are being implemented just as discussion begins on a new long-term settlement for care. The government and in particular the care services minister, Ivan Lewis MP, have done well to raise the temperature around social care. The vision is impressive, for both the short and long term. Now the test is in the delivery. By this time next year we should have a better idea of whether services can be transformed to deliver personalisation and prevention within current spending limits. Our fear is that local government budgets are not up to the task of turning the rhetoric into reality. It will also become clear whether a new consensus can be forged on the long-term future of care. We know already that the trade-offs will not be easy – between quality, coverage and affordability; between state and individual contribution; between local and national responsibilities; and between prevention and acute intervention. Ultimately the parameters for debate will be set by 'big picture' public spending decisions so the Prime Minister's views will be critical.

Each year, we try to develop the report, and this year is no exception. You'll find key annexes looking at Public Service Agreements and the Government's disappointing record on social exclusion. Chapters now begin with a clear statement of Age Concern's top priorities for action. And we've introduced 'in focus' articles to tease out some of the big questions facing policy makers over the coming years – on equality, older voters, retirement migration, long-term public spending, devolution, advice, prevention and inter-generational understanding. They are intended to stimulate thinking and debate.

We hope the report is a helpful companion in the year ahead.

Andrew Harrop

Head of Policy

Overview

Key points

- **Our ageing population** – The size of the older population and projected life expectancies are both rising faster than previously thought. The ‘baby boom’ generation is reaching old age and older people are becoming more diverse.
- **Long-term challenges** – Pension incomes and levels of employment should be sustainable over the long term, following recent reforms. But the 2007 Comprehensive Spending Review (CSR) ducked key decisions on fair and sustainable public services, particularly with respect to social care. The year 2008 will see consultation on the reform and funding of care and the debate must focus on how to balance payment fairly between the individual and the state; how to help people to use their own resources to pay for care; and the level of public spending required to achieve decent quality and coverage of services.
- **The Age Agenda in 2008** – The CSR has shaped the policy framework for the next three years. It brought positive but incremental changes in many areas. But it failed to address two key issues – local authority social care budgets and the joining up of policy to tackle social exclusion in later life.
- **The General Election** – All the political parties need to appeal to undecided older voters with clear messages and a positive vision of our ageing society. Their core themes should be fairness, opportunity and respect for each generation; and addressing inequality and disadvantage at every stage of life.
- **Age Concern’s priorities for 2008** – (1) reform of social care; (2) action on social exclusion; (3) comprehensive age equality legislation; (4) a joined-up strategy on advice services; (5) ‘age proofing’ of employment and skills policy.

Introduction

The *Age Agenda* is Age Concern England’s annual assessment of public policy on ageing and older people. The report describes public policy developments and trends in 2007 and looks ahead to likely developments in 2008.

The focus of the report is on UK Government policy. It does not cover the policies of the devolved administrations in Scotland, Wales and Northern Ireland, although in places references are made to significant differences in approaches between the different administrations. This year’s report also includes a profile of the impact on older people of a decade of devolution.

The report begins with an overview of public policy for ageing and older people, and sets out Age Concern's views on the major challenges for 2008 and beyond. Each chapter then focuses on a specific policy area, giving key facts on the issues, and setting out the main policy developments and Age Concern's reaction and proposals for the future. The chapters also track the direction and scale of change with a number of key indicators.

For the first time, this year's report also includes a range of 'in focus' articles, looking at some of the key issues affecting older people:

- a decade of devolution
- long-term public trends
- inequality and the lifecourse
- older voters
- access to information and advice
- prevention in health and social care
- intergenerational contact and understanding
- retirement migration

Our ageing population

Britain is going through an extraordinary demographic transition. This year a quarter more people will turn 60 than just four years ago, when we first published the Age Agenda report.¹ This group will also live longer lives; life expectancy at 60 is half a year higher than in 2004.² And they are a new generation – the post-war 'baby boomers' – with new expectations about retirement that could fundamentally change how we think about ageing.

The latest UK population estimates, for 2005, show just how marked the changes have been:

- 20.3 million people are over 50, up 490,000 since 2002 (2.5%)
- 11.2 million are over State Pension Age, up 320,000 since 2002 (2.9%)
- 2.6 million are aged over 80, up 120,000 since 2002 (4.8%).³

In 2007 demographics made the headlines, with the media reporting on the first 'baby boomers' to draw their pensions and the number of people over State Pension Age overtaking the number of children. Another event to grab press attention was a major revision to future population projections. This confirmed that the number of older people – and particularly over-80s – is set to rise even faster than previously expected; in ten years time there will be a quarter more people aged over 80, and in 20 years time three-quarters more.² These changes reflect expectations that life spans will continue to grow longer, with life expectancy at 65 set to continue rising by more than one year each decade.¹

UK Population Growth Projections

	2018		2028	
	Growth over next 10 years	Revision since 2004	Growth over next 20 years	Revision since 2004
Over 50s	3.5 m (17%)	+ 100 k	6.2 m (30%)	+ 430 k
Over 65s	2.3 m (24%)	+ 100 k	4.9 m (49%)	+ 350 k
Over 80s	640 k (25%)	+ 120 k	2.2 m (79%)	+ 330 k
Total population	4.5 m (7%)	+ 1.9 m	8.6 m (14%)	+ 3.6 m

Source: Population Projections, 2006-based, principal projections, Office of National Statistics, 2007

As the number of older people is growing, so is their diversity. With the lengthening of the typical life span, experiences of later life now vary hugely from the late 50s into the 90s. The older population is also becoming more ethnically diverse with the early waves of post-war immigrants now well into retirement. There is more divergence in lifestyles and attitudes, including a growing number of openly gay and lesbian older people. And the number of older people with severe lifelong disabilities is rising, as a result of medical advances over recent decades.

Long term challenges

So what do these fundamental shifts in demography mean for society? What impact will the 'greying' of our population have on the allocation of public spending; on patterns of demand for public and private services; or on relationships between the generations? Do we understand and are we ready – as the Prime Minister has put it – to meet the long-term challenges of an ageing population? Is this going to be a time of opportunity or disadvantage for older people?

The picture is mixed. In recent years there has been a growing recognition that the implications of population ageing for employment and pension provision are manageable (although individual pension schemes have been hit badly by increasing life expectancies). The Turner Commission showed that long-term sustainability can be achieved through modest increases in the age people stop working, combined with a slight rise in personal savings and in the share of economic output devoted to State Pension provision. The Government is now implementing pension reform that balances responsibility between the state, individuals and employers. Meanwhile there has been strong growth in 50+ employment. This has been driven more by social trends and economic stability than by Government policy. While employment policy has included welcome age discrimination legislation, mandatory retirement ages remain lawful and New Deal and training initiatives have only been half-heartedly applied to older workers.

On the other hand, there are real questions about the future sustainability and equity of key public services as the population ages. In 2007 the Government 'ducked' a major opportunity to set out a path for the long-term. October's Comprehensive Spending Review was meant to be a fundamental re-appraisal of all public spending, looking ahead over a ten year time-frame, with demographic change one of its five core themes. In the event, the CSR was very

much like other Spending Reviews, setting out three-year spending plans with little in the way of long-term thinking. For example, there was no sign of a year-long Treasury study which had been intended to trigger a planned, joined-up response to the rising numbers of the 'very old'. As a result, key questions remain unanswered about the pattern of services older people will want and need in the future; and about mechanisms for funding which fairly and sustainably balance responsibility between the state and the individual.

The Prime Minister's contribution to this debate is the concept of 'progressive universalism' – the idea that some state support should be available to everyone, but that people's economic circumstances should determine the balance between personal and public contributions to the cost of services. This principle chimes with the changing characteristics of the older population; on average older people are no longer poorer than the population at large, but this picture masks significant income and wealth inequalities. Economic inequalities also feed into health inequalities, with people in their 50s from manual occupational backgrounds experiencing similar levels of illness to people in their 70s from professional classes.⁴ As a result, levels of need are substantially higher for disadvantaged older people, though they often find it hardest to access support. This applies to all public services, not just to health and care, because of the high incidence of social exclusion in later life, affecting one in five people over 80.⁵

There are three drivers behind 'progressive universalism' – the desire to target the most resources to the most disadvantaged; the wish to retain support for public services from across the social spectrum; and the recognition that help for people with moderate incomes rewards saving, improves the affordability of services and reduces 'under-consumption'. In practice 'progressive universalism' implies enhanced public spending in areas that are tightly rationed by means-testing. For example, the new pension reform package will mean more support for everyone, with the Basic State Pension linked to earnings from around 2012 to provide a platform for personal saving.

Another important principle of current public policy is the idea that the state has a role to play in helping people make responsible choices that are in their long-term interests – for example, with respect to retirement saving, take-up of services, healthy lifestyles or global warming. Policy makers are increasingly recognising the need to go beyond information provision, either by offering personalised advice or by framing choices so that 'doing the right thing' is the path of least resistance. In 2008 the Government will be applying both these approaches to retirement savings, by legislating for the new Personal Accounts pension system and by developing a national financial advice service.

These themes – 'progressive universalism' and 'the science of behaviour' – will both be critical to the key policy debate ducked by the CSR – the reform and funding of care services. The CSR announced a consultation and Green Paper, and top of the Age Agenda for 2008 is the question of whether the Government and other political parties will 'grasp the nettle' and commit to radical reform. The hope is it may be possible to deliver a long-term settlement on care, along the lines of pension reform. But no serious commentator believes that any reform that is fair and sustainable can be achieved within current spending parameters, even if new mechanisms are developed to help people with medium incomes contribute to the cost of their care: the system is already tightly means-tested; there is considerable unmet need; the low quality of current services will not meet future aspirations; and the number of over-80s continues to grow. Over the next year these harsh realities need to be lodged in the public's mind, otherwise politicians will be unable to make the case for greater public spending.

The task of reforming health and care services is made more difficult because of considerable uncertainty about the future health profile of older people. Will a rapidly ageing population mean a big increase in the number of frail, disabled and dependant older people? Or will the onset of disability be delayed, so that people live with ill-health for no longer than they do today? In recent years the figures show that healthy life expectancy has been rising more slowly than life expectancy, and in 2007 there was a particular focus on the implications for society of rising numbers of people with dementia. Government initiatives are trying to address these problems, through the promotion of healthy lifestyles and the introduction of more preventative approaches to health and care services. But it remains to be seen if these are on a sufficient scale to close the 'morbidity' gap and ensure that demand for public services is sustainable. A key measure to watch will be 'healthy life expectancy at 65' which was adopted in 2007 as a key Government indicator at national and local level.

The Age Agenda for 2008

2007 was a year of decisive political change, with Gordon Brown becoming Prime Minister, a resurgent Conservative Opposition, and the election of Nick Clegg as Liberal Democrat leader. The stage is now set for a year or more dominated by the lead up to the next General Election. The three main parties are now set to battle for the 'centre ground' of politics, differentiating themselves on issues of character, trust and leadership. Each will be vying to develop policies and messages with broad electoral appeal, particularly reaching out to undecided 'swing' voters, including many older people. At this early stage, none of the parties has a distinctive message for older voters or a clearly articulated vision which resonates broadly with them. But with the manifesto writing process getting underway, this vacuum will need to be filled in 2008.

Last year's Comprehensive Spending Review marked a key turning point for policy and public spending during the life of this Parliament. After 18 months of inter-departmental negotiations, the announcement settled the key policy priorities, targets and spending commitments for 2008 to 2011. So, while we may not yet know much about the political parties' long-term plans for older people, we now have a clear idea of the shape of policy for the next three years.

Overall spending will increase by 2.1% per year in real terms, which is a significant slowdown compared to recent years. Some key spending areas for older people escape relatively unscathed, with the NHS budget continuing to rise by 4% per year, and Pension Credit now linked by law to earnings. But other important departmental budgets are being cut, and local government – which is responsible for the delivery of care services – will see a real-terms annual increase of just 1% per year. The Comprehensive Spending Review also included a myriad of detailed policy announcements and indicators to track improvements (Public Service Agreements). For the first time these also feed directly into a national performance framework for local government and other public bodies. In annex 3 we offer a comprehensive assessment of all the new PSA indicators and each chapter looks at the key policy announcements in detail.

So how did the CSR shape up against our expectations? The review came after a decade in which the Labour Government has done much to change older people's lives for the better. In particular there have been significant improvements to incomes, employment opportunities and healthcare. To give the Government credit, across all these areas it has set a consistent, long-term course and our criticism has often been about the pace of change and the detail of

policy, not the broad principles. In Age Concern's view the CSR is best characterised as 'more of the same'. Although a long-term strategy for public services was missing, in those areas where a positive direction has been set in recent years, there were welcome incremental reforms, building on past progress. Our criticism is not so much with the new developments in policy, but with the lack of more radical progress, in the face of resource constraints and competing priorities.

On the other hand, in areas where the last ten years have brought little positive change, the CSR did not mark a break with the past. Nowhere was this more true than for the funding of social care and the prevention of social exclusion in later life.

Following acrimonious disagreement about care funding in the late 1990s, for five years ministers shut their eyes to the problems facing the care system; problems of rising demand, under-funded services, complex and arbitrary means-testing rules, and lack of control, flexibility or dignity. Since 2005 the Government has been gradually acknowledging these concerns and over a series of announcements has set out a new vision for care. The latest, December's *Putting People First* concordat, brought all the key players together around a positive agenda for transforming social care into a personalised and preventative service. But there is a huge gap between this inspiring rhetoric and the reality that can be secured by the current system and resources. With a 1% growth for local government budgets, and a likely 4% rise in service costs, the numbers simply don't stack up. So while ministers accept that the status quo is unacceptable and are preparing for a debate on long-term solutions, over the next three years care services are set to go from bad to worse.

The second issue – tackling social exclusion – though lower in profile, is no less important. In 2006 the Government published a widely welcomed report on older people's exclusion, which called for a re-modelling of older people's services to reflect the philosophy of the 'sure start' early years programme; in other words provision that is local, joined-up, personalised, available to all, but targeted at the most disadvantaged. The Government has done little to take this vision forward, save for the small-scale LinkAge Plus pilot programme. Even the modest Action Plan agreed at the time of the report has not been implemented in full (see Annex 2 for our assessment two years on). Separately, the Department of Health has been testing the business case for preventative services, though primarily with the aim of saving money rather than tackling exclusion or increasing wellbeing. The early findings from these pilots have been positive, and contributed to the emphasis placed on prevention by *Putting People First*. But the concordat does not explain how money will be safeguarded for this work, as social care faces financial meltdown. And so far, no one in Government has 'joined the dots' between the social exclusion and health prevention agendas. Age Concern hopes that in 2008 there will be a fresh focus on designing preventative services around the needs of the most disadvantaged older people.

Going forward, much stronger leadership and coordination is needed. The Department for Work and Pensions' Opportunity Age programme is doing its best to coordinate policy across Government. But it often appears to be operating in parallel to the Department of Health, which is currently making the running across much of the ageing policy agenda. The Cabinet Office which leads on social exclusion had not focused on later life issues at all, and the role of the new Government Equalities Office, which is responsible for a range of disadvantaged groups including older people, remains unclear. Joined-up ministerial leadership is now essential.

The Comprehensive Spending Review: A Government's Report Card

Age Concern's recommendations to the CSR – and what the Government delivered	our grade
Combat pensioner poverty through better take-up of benefits The Pension Service will use technology and joint working to integrate benefit claims into other interactions with public services. However it will face challenges in delivery, as its budget is cut. Age Concern also called for tax and national insurance records to be used to automatically award benefits to people assessed as eligible.	A-
Promote equality for older people in health services The NHS will roll out psychological therapies for people with depression or anxiety, including older people. An upper age limit that applies to the current pilot programme will be removed. However other age barriers in mental health services persist. The Department of Health has been reluctant to commit to age equality legislation which would require commissioners and providers to act.	B
Improve learning and skills for older people The creation of the Department of Innovation, Universities and Skills is breaking new life into adult skills and budget is growing by 2.2% per year. Ambitious targets for numbers with key qualifications will only be achievable by attracting mature workers to learning, but there are no plans in this area to date. Direct age discrimination remains, with free Level 3 tuition for under-25s only. There are no plans to reverse recent reductions in resources and student numbers in non-vocational learning.	B
Secure appropriate transport and services for older people Policy on access to local services and transport is fragmented and sends mixed messages. On the positive side, the Government has legislated to introduce free national bus travel for pensioners and has required councils to consider access issues for vulnerable groups. But there is a long list of negatives: a sweeping programme of Post Office closures; no transport subsidies for older people unable to use buses; and the dropping of Government targets relating to local bus travel and access to rural services.	B-
Build information and advice into policy design to enable people to make informed choices Another area where policy is fragmented. An overarching strategy on information and advice is now an urgent priority. New resources will be available in two areas – support to make appropriate financial decisions and help to take control of care services. But general advice services for older people face a funding crisis, with local authorities and the Pension Service withdrawing considerable support. This is exacerbated by funding cuts to Legal Aid services.	B-
Strengthen preventative services Ministers continue to champion preventative approaches to service delivery, for example in the CSR and subsequent <i>Putting People First</i> concordat. But locally, many low-intensity services are being withdrawn and the Social Exclusion Unit's vision for preventative services targeted at disadvantaged older people has not been taken forward. Some additional funding for preventative services will become available, but the current crisis in social care means there is a high risk that this will be absorbed into acute services.	B-
Provide sustainable funding for high quality care The Government's vision of responsive, personalised care services is at odds with the reality of under-funded services and ever tighter eligibility criteria. The CSR social care settlement was dismal, with the overall local government budget rising by just 1% despite the growth in demand and costs. More positively, the Government committed to review the long-term future of social care, with a major consultation exercise and Green Paper promised for 2008. An additional £500 million will be available over three years for the modernisation of care.	C
Address fuel poverty to reflect recent increases in energy bills The CSR maintains current levels of spending on the Warm Front programme and Winter Fuel Payments, but it does nothing to counter the recent surge in energy prices. The Government now accepts that it will miss its 2010 target of eradicating fuel poverty by a wide margin.	C

Last year's priorities

In last year's report we set out our recommendations to the Comprehensive Spending Review. This year we have included a 'report card' detailing the Government's performance against our proposals. We also identified five priorities for 2007 as a whole. So how did the Government do on them?

- **Establish clear mechanisms, through the Social Exclusion Task Force and Opportunity Age, for monitoring and promoting the implementation of the actions contained in *A Sure Start for Later Life*; and embed 'preventative' approaches to exclusion in the design of mainstream services.**

Annex 2 shows that the Government has failed to follow through on some of the commitments made in *A Sure Start to Later Life*. And while the Department of Health is eagerly promoting preventative services, funding is moving the other way. The new process for negotiating Local Area Agreements could provide an opportunity for integrated planning of services. But the guidance from Government has not placed an emphasis on the needs of the most disadvantaged older people.

- **Make a commitment to fundamental reform of the funding of long-term care, launching a national debate and a process for deciding how to replace the present outmoded system.**

The Government has met this priority, by accepting that maintaining the status quo is not an option; launching a national debate and committing to a Green Paper on reform.

- **Put in progress further measures to increase take-up of benefits by the poorest pensioners, designed to create a decisive reduction in the number of older people who are poor because they do not claim their entitlements.**

Small but positive steps have been made, including improved use of technology, and the integration of processes for claiming different benefits. This falls short of a clear strategy for achieving a substantial increase in take-up.

- **Introduce legislation via the 2007 Queen's Speech to extend age discrimination legislation to cover the provision of goods, facilities and services; introduce a duty for public services to promote age equality; and outlaw mandatory retirement ages.**

A Bill is now planned for the 2008 Queen's Speech. The Government's 2007 consultation was sceptical about the case for outlawing age discrimination in goods and services and only 'luke-warm' on an age equality duty. Ministers say they will not consider the issue of Mandatory Retirement Ages until 2011.

- **In health and care services, ensure respect for the dignity and human rights of every older person, whatever setting they are in, by challenging poor practice and designing NHS and social care reforms around the needs of older people.**

Although there is still a huge amount to do, in 2007 dignity and human rights became far more prominent in debates about health and care services.

Priorities for 2008

As the political parties prepare their General Election manifestos, they should think of the ageing of society as a hugely positive social revolution, that is creating new opportunities for individuals, families and the economy. Rising life expectancy is not a problem to be solved but our greatest achievement. So, later life should be framed as a time of opportunity, achievement and contribution – not of need and decline. But at the same time politicians should never lose sight of the inequalities and disadvantage that will continue to blight many people's experience of old age. We therefore propose twin themes for the forthcoming election manifestos:

- Fairness, opportunity and respect for each generation
- Tackling inequalities and disadvantage at every stage of life

In 2008, we want to see politicians commit to five immediate steps, on the way to realising this vision:

1. **Care services** – all political parties should commit to a fair and sustainable system of care, with significant extra resources. In the short term, social care funding should be reviewed on a year-by-year basis.
2. **Social exclusion** – political parties should commit to placing older people's social exclusion at the heart of their policy agendas. All reforms to services for older people should be 'exclusion-proofed'.
3. **Age equality** – all politicians should show leadership in steering public attitudes on ageing. The 2009 Queen's Speech should include legislation to outlaw mandatory retirement ages and age discrimination in goods and services, and to introduce a duty for public services to promote age equality.
4. **Information and advice** – political parties should commit to joining up strategy on advice and support, with a focus on helping people use their rights, supporting positive behaviour change and empowering people to take control of the services they use.
5. **Employment and skills** – the current ambitious agenda for welfare reform and adult skills must be 'age proofed' to ensure it delivers for people in their 50s and 60s.

References

- ¹ Office of National Statistics, Population Projections, 2006-based, principal projections, 2007.
- ² Office of National Statistics, Cohort Expectations of Life, 2006-based principal projections, 2007.
- ³ Office of National Statistics, Mid-2005 and mid-2002 Population Estimates: United Kingdom; estimated resident population by single year of age and sex.
- ⁴ Marmot, M et al. *Health, wealth and lifestyles of the older population in England: the 2002 Longitudinal Study of Ageing*, Institute of Fiscal Studies, 2002.
- ⁵ Age Concern England, *Out of Sight, Out of Mind*, 2008

In focus:

inter-generational contact and understanding

Evidence from psychological research suggests that improved contact between age groups can reduce prejudice and increase understanding and belonging. So how and when should policy makers seek to break down barriers between generations?

Sometimes commentators suggest there is an increasing gulf between the generations. It's said that the over 50s are fitter and healthier than previous generations, many having energy, time and money to spend on travel, leisure and luxury goods. Older home owners have benefited from increasing property value while younger generations struggle with debt, often unable to get on the first step of the property ladder.

On the other hand, our attention is directed to increased fear of crime, antisocial behaviour and the breakdown of community. In this instance it is the younger generations who get the blame while older people, particularly those living in poorer neighbourhoods, are seen as the main victims – first, afraid to venture into town centres, use public transport or leave their homes after dark.

Whatever the complex realities of these issues – and these are only two examples of potential inter-generational tensions – the dividing of society into different age bands is nothing new. Whenever people place themselves into groups there is always the opportunity for conflict or mistrust with respect to those outside. With age a defining marker of our identity, it comes as no surprise that ageist prejudice is highly prevalent in British society. Across all age groups, people are most likely to put any discriminatory treatment they have experienced down to their age. Yet at the same time, age-based discrimination is not seen as serious compared to racism or prejudice based on a person's disability.¹

It is thought that 'positive' contact (ie close, confiding contact of the kind that results from friendship) between groups of people can reduce stereotyping and prejudice, the causes of discrimination. A recent meta-analysis of 515 studies – dating from the 1940s through to 2000 and conducted in 38 nations – established a large evidence base to back up this theory.² It showed a strong inverse relationship between contact and prejudice. And importantly, if an individual has positive contact with only one person of a different group, this can and does colour their views of that group as a whole. Age Concern's research shows that, across all age groups, those who have a close friendship with someone of 70 or over are much less likely to believe that competence declines with age in later life than those who do not have a close relationship with an older person.³

This raises the question of whether there is too much age-based segregation in our society. Across housing, healthcare, leisure or work it is the norm to associate with people of broadly one's own age. In some respects society is becoming more segregated, with specific age

groups concentrated within housing developments and even whole neighbourhoods. However it is simplistic to say that we should 'force' more inter-generational contact through the way we organise public spaces and facilities. Superficial contact between generations who might already hold negative attitudes towards each other can, if done within the wrong environment, reinforce the stereotypes. So the answer isn't housing youth clubs and Healthy Ageing classes next door to each other, just for appearances' sake.

However, policy makers and politicians are showing growing interest in structured inter-generational activities as a way to increase understanding and belonging in fragmented communities. Age Concern established its first inter-generational project in 1995 and we now support a network of dozens of organisations running projects bringing older people and young people together. They typically involve one generation passing on skills to the other, two age groups learning together, or a shared community activity.⁴ Although these projects are few in number there is now an opportunity to champion them, following the creation of the Equality and Human Rights Commission which has a remit to promote good relations between different groups within society.

When inter-generational projects are effective they achieve the core elements of 'positive' contact, so permitting understanding between generations to occur. These elements are: equal status between the groups involved; cooperation towards common goals (such as a safer or greener neighbourhood); 'getting to know each other' (time and space for individuals to interact); and finally that stereotypes are disproved (ie that people learn something 'new' about each other).

However, the wider context outside a specific project is important too. On top of one-to-one exchanges, social norms need to support and value equality and respect between age groups. The challenge is to trigger a virtuous circle – both within communities and across society at large – so that declining age-related stereotypes and rising inter-generational contact and understanding become mutually reinforcing.

References

¹ Age Concern England, *How Ageist is Britain?* 2005.

² Pettigrew, T F & Tropp, L R. Does intergroup contact reduce prejudice? Recent meta-analytic findings, 2000. In S. Oskamp (Ed.), *Reducing Prejudice and Discrimination* (pp. 93-114). Hillsdale, NJ: Lawrence Erlbaum.

³ Ray, S, Sharp, E and Abrams, DA, *Ageism: A benchmark of public attitudes in Britain*, Age Concern Reports, October 2006 .

⁴ Age Concern England, *Together we can make it happen: An intergenerational approach*, 2006

Income and finance

The facts

- 1.8 million pensioners live in poverty. Nearly two-thirds of these are women.¹
- 17% of pensioners overall live in poverty. 42% of pensioners from Pakistani/Bangladeshi communities live in poverty¹.
- From April 2008 the Basic State Pension is £90.70 a week for a single pensioner and £145.05 for a couple based on the husband's contributions. From April 2008 the Pension Credit will guarantee a minimum income of £124.05 for a single person and £189.35 for a couple as long as a claim is made.²
- 2.7 million pensioner households are receiving Pension Credit but around a third of those estimated to be entitled are not claiming.³
- Council Tax Benefit has the lowest take-up rate of all benefits, with over 40% of older people with entitlement not receiving it.³
- 64% of pensioners receive at least half their income from State Pensions and benefits⁴
- Only 47% of men aged 18-59, and 38% of women, are currently contributing to a private pension. One-third of respondents had never contributed to a private pension⁵.
- 29,300 equity release plans were sold in 2007 by members of the main trade association Safe Home Income Plans, up from 27,800 in 2006.⁶
- The vast majority of UK adults have some need for general financial advice. 7.5 million (including 600,000 over-65s) are in acute need and a further 11.7 million (including 1.87 million over-65s) need support but are not targets for commercial advice.⁷

On the agenda

Last year saw some major developments in pension reform with the Pensions Act 2007 becoming law and the publication of a white paper on Personal Accounts leading to a new Pensions Bill. There has been broad support for the direction of travel and if a consensus can be maintained the changes will provide the framework for pensions for future older people over the coming decades.

There have also been important developments in terms of financial inclusion and capability. The Thoresen Review's Interim Report was published in October 2007 setting out a vision for a new national service to deliver financial information and guidance, with links to existing provision.

Devolution watch: Westminster legislation and policy on income and finance generally covers the whole of the UK. Local taxation is a devolved issue.

Priorities for action

- Personal accounts should be developed to meet the needs of people with low earnings and interrupted working lives.
- The principle of auto-enrolment into a qualifying work based scheme for all employees should be retained.
- The level and coverage of State Pensions should be increased for current pensioners.
- There should be a target for the reduction of pensioner poverty and renewed effort to ensure full take-up of income-related benefits, including steps towards automatic payments.
- Equity release regulation should be extended to 'sale and rent back' schemes.
- A national generic financial advice service should be set up along the lines of the scheme suggested in the Thoresen Review interim report.

Pension reform

The implementation of pension reform continues apace. Five months after the Pensions Act 2007 became law in July the next Pensions Bill was published. The 2007 Act mainly focuses on changes to State Pensions while the current Bill will pave the way for employees to be automatically enrolled into either new personal accounts or another qualifying occupational pension.

Some of the key State Pension changes being introduced by the 2007 Act are:

- People reaching State Pension Age on or after 6 April 2010 will need 30 years of contributions or credits to receive a full basic pension – compared to 39 (women) or 44 (men) at present. At the same time a weekly credit for caring will be introduced replacing the current Home Responsibilities Protection scheme and extending credits to some carers providing at least 20 hours a week care to a disabled person.
- Annual increases to the Basic State Pension will be re-indexed to rises in average earnings from 2012 or soon after.
- Changes to the State Second Pension will mean that it moves to become a flat rate payment.
- Between 2024 and 2046 the State Pension age will gradually increase from 65 to 68 to take into account increasing longevity.

Currently around a third of women reaching State Pension Age receive a full basic pension, compared to 85% of men. Had no changes been introduced this figure would have risen to around half by 2010. The reforms will now mean that around three-quarters of women reaching State Pension Age in 2010 will be entitled to a full basic pension. This will rise to over 90% for those reaching State Pension Age in 2025.⁸

During the passage of the Bill, the House of Lords passed an amendment to provide some additional provision for people under State Pension age to buy back up to nine years of missing contributions. This would particularly benefit women approaching retirement with an interrupted working life. The House of Commons overturned the measure, but in debate the Government agreed to consider the proposals. However in December 2007 it announced that none of the options it had considered were appropriate and changes would not be made. This issue is likely to be raised again during debates on the current Pensions Bill.

Turning to non-state pensions, during the course of the debate on the Bill the Government came under pressure to extend the Financial Assistance Scheme. This helps people who have lost occupational pensions as a result of underfunded schemes being wound up before April 2005 (after that time pension scheme members have been protected by the Pension Protection Fund). The Government announced further assistance for this group in July and again in December, so that people who lost their pensions before 2005 now have similar protection to those covered by the Pension Protection Fund.⁹

The new Bill currently before Parliament provides for the creation of Personal Accounts – a new national trust-based occupational pension scheme due to be introduced in 2012. Eligible employees will be automatically enrolled into a work-based pension – either the new Personal Accounts scheme or another qualifying occupational pension. They will be able to opt out, but if they do not, they will contribute a minimum of 4% of earnings between certain limits; their employer will contribute a minimum of 3% as contributions will be phased in over three years and tax relief will provide the equivalent of a further 1%. Others such as self-employed people or those not in paid work can choose to join the Personal Accounts scheme.

The Bill will provide the framework for Personal Accounts, but much of the detailed design will be the responsibility of the Personal Accounts Delivery Authority (PADA), which was set up under the 2007 Act. A Consumer Representative Committee – with representation from Age Concern – has been set up to provide advice and support to PADA. There has been general support for the reforms although there have been some specific concerns. In particular it is important that people with low earnings actually benefit from saving in personal accounts once future payments of means-tested benefits are taken into account. The risk is that people are deterred from joining the scheme, or find that when they do, they are little better off than they would have been otherwise. Following representatives from Age Concern and others in January 2008, the Government announced a programme of work to review these issues involving key stakeholders.

Age Concern comment

Age Concern supports the general direction of pension reform. We have welcomed the changes that will improve the state pension for future older people – particularly women – but believe that widened pension coverage should be introduced retrospectively. Up-rating the Basic State Pension in line with earnings should also begin immediately in order to benefit today's pensioners. We strongly support the introduction of 'auto-enrolment' and the new Personal Accounts. It is however important that Personal Accounts are developed to suit the needs of people with low incomes and interrupted working lives.

State Pensions and benefits for today's pensioners

State Pensions and benefits continue to be the mainstay of income in retirement. While the Pensions Act 2007 will bring significant changes to State Pensions in future decades, the reforms will have less impact for those who have already retired. For example, the changes to the number of contribution years needed to qualify for a full basic pension will only apply to those reaching pension age on or after 6 April 2010. Also, the value of the state pension will continue to fall in relation to average earnings until the link is restored.

The most important measure in the Act for current pensioners concerned Pension Credit. Since its introduction, the guarantee credit element of Pension Credit has been uprated in line with or above earnings; the Act now places this practice on a permanent, statutory footing. This will benefit millions of older people. Around a third of older people receive income-related benefits – and others are entitled but not claiming.

In December 2007 the Government announced a number of changes to simplify benefit claims for older people. These include improvements to the claim process for people claiming Housing and Council Tax Benefit along with Pension Credit and plans to remove the requirement for people aged 75 and over to provide updated information for Pension Credit claims every five years. The amount of time that people can spend abroad temporarily, without Pension Credit stopping, will be extended from 4 to 13 weeks, while income-related benefits will only be backdated for 3 months rather than 12.

Age Concern comment

Age Concern supports the continuation of the link between Pension Credit guarantee and earnings. We welcome changes to simplify benefit claims and we strongly support the extension of Pension Credit to people abroad for up to 13 weeks, which will particularly benefit people with family links overseas. However we are concerned that the length of time that benefits are backdated is being reduced. It is essential that people claim the benefits they are entitled to as soon as these become due or they could miss out on several months of entitlements.

Age Concern also believes it is essential that older disabled people and carers receive adequate support. It continues to be unfair that disabled people after the age of 65 cannot claim Disability Living Allowance so do not get help with their mobility costs. More should be done to support older carers who often receive no financial recognition for their role, even if they are caring many hours a week. And while carers with a low income may be eligible for a carer addition/premium within income-related benefits the current complicated claim process needs to be simplified. We hope that the review of the National Strategy for Carers will address these concerns (see page 61).

Pensioner poverty

Indicator 2 at the end of this chapter shows that pensioner poverty has fallen substantially over the last decade, although 1.8 million older people (17%) remain in poverty according to the most commonly used definition: people with incomes of less than 60% of the current median household income, adjusted for family size. Some groups are more likely to be at risk of poverty—for example, 41% of private tenants and 42% of Pakistani/Bangladeshi older people are in poverty. In addition to looking at income, poverty can be measured by assessing levels of deprivation and the DWP is developing measures of material deprivation that are appropriate for older people and could be tracked over time.

In October 2007 the Government announced the Comprehensive Spending Review's Public Service Agreement on later life included an indicator on pensioner poverty based on three measures of low income. However pensioner poverty is not one of the 198 local indicators which will drive the local government agenda in the coming years (see communities chapter, page 76).

Full take-up of income-related benefits would help reduce poverty levels but as Indicator 4 shows many older people are still missing out on entitlements – particularly Pension Credit and Council Tax Benefit. Take-up of Pension Credit in 2005/06 was little changed from the previous year despite continuing efforts by the Pension Service to reach those missing out. There was a small improvement in Council Tax Benefit take-up. The Public Service Agreement on later life states that the Pension Service will work with local authorities, health and social care providers and third sector partners to generate successful benefit claims. It also states that the Pension Service will continue to look at ways to improve processing and build on the use of data-matching and joint working to reach the poorest pensioners and those who are hard for them to reach.

Age Concern comment

Tackling pensioner poverty should continue to be a priority and we would like to see targets set for its reduction in the way that there are targets for the reduction in child poverty. Take-up of income-related benefits remains a major problem. There needs to be renewed effort to reach older people missing out on benefits. An eventual goal should be to use information already held by Government to assess someone's entitlement to benefit, so that rather than expect people to claim benefits, they would be asked just to verify that the information held is correct.

Tax

Levels of council tax remain a concern for many older people. The average council tax for a Band D property with two adults increased by 4.2% in 2007/08. This was more than inflation but considerably less than the nearly 13% average increase in 2003/04.¹⁰ In March 2007 Sir Michael Lyons published the final report of his inquiry into Local Government.¹¹ He concluded that 'council tax is not broken and should be retained as a local tax either on its own, or alongside other local taxes'. The inquiry examined a number of long-term options for local government finance, including a local income tax or an assignment of national taxation. The Government supported the conclusion that 'the council tax is not broken' but said it would examine the work that the Inquiry has undertaken on longer-term alternatives.

To address perceived unfairness in the short term, Lyons focused on Council Tax Benefit. The report recognised that there is a particular concern about the impact of council tax on older people and made recommendations to improve access to Council Tax Benefit, including an examination of the use of data sharing to proactively deliver rebates to those entitled, and a raising of the capital limit that currently restricts entitlement. In a response to the House of Commons Communities and Local Government Committee the Government confirmed it is looking at ways of improving take-up and is keeping capital limits under review.

The 2007 Budget announced changes to income tax. From April 2008 the 10% starting band of tax will be abolished for earnings (it will remain for savings) and the basic rate will be reduced from 22% to 20%. At the same time the higher allowances for people aged 65 and over will be increased by more than inflation. Overall the Government believes that the combined effect of these changes will be that around 95% of pensioner households will be better off or unaffected by reforms.¹² Those pensioners who are worse off are likely to be women between the age of 60 and 64. An emerging issue is the failure of HMRC to collect tax on certain small pensions. As a consequence around 420,000 pensioners may learn they must pay more tax and any liability for 2007/08 will have to be met.

Unlocking capital

Rising property prices meant that by 2005 the average wealth of a household headed by a 60-year-old had increased to around £215,000, up from £70,000 a decade previously¹³. Debate continues on whether or how this gain could be unlocked to improve older people's incomes, fund the costs of care or pay for housing repair.

Equity release sales techniques appear to be improving, although there are still examples of bad practice. The Financial Services Authority (FSA) has warned financial firms not to sell equity release unless they can meet the required standards, and fined a firm of financial advisers in October 2007 for breaching FSA rules. The percentage of schemes sold on a 'drawdown' basis has increased to nearly half, compared to less than a fifth just a year earlier.¹⁴ 'Drawdown' schemes allow smaller amounts to be taken as needed, which should cost less overall than taking one larger amount up-front.

In April 2007, FSA regulation was extended to home reversion equity release products, bringing them into line with lifetime mortgages. However, 'sale and rent back' schemes, whereby the home is sold to an investor and rented back, remain un-regulated. There have been several distressing cases of people selling their homes at a discount only to find that their rights as a tenant are very limited. Citizens Advice, among others, has called for these plans to be regulated.

Age Concern comment

Action is urgently needed to regulate the 'sale and rent back' market. Also of concern is the fall in the average age of people taking out equity release allied with reports of people moving into retirement with increasing levels of borrowing.¹⁴ Although in general older people still have very cautious attitudes to borrowing, one in five retired people have some form of unsecured borrowing and about half of those in their 50s are using credit.¹² If equity release is being widely used to repay consumer credit incurred earlier in life, this calls into question its potential as a source of income or capital to pay for the costs of old age. Any policy initiative based on housing equity also needs to take into account the diversity of older people, many of whom may have little housing equity, and the risk of borrowing too much, too young, which is often extremely expensive.

Financial inclusion

Lack of access to financial services can cause practical difficulties, increase costs and in some cases – such as an inability to buy car or obtain travel insurance – prevent older people from participating fully in society. The Government has committed funding of £130 million to the Financial Inclusion Taskforce over 2008-11.

There is much to be done. Although the number of households without a bank account has fallen across all age groups, it has fallen less for older people, so that 'unbanked' households are now more concentrated among older people (see Indicator 5). Exclusion also persists in the insurance market. Joint research by Age Concern and Help the Aged published in March 2007 found that nearly one in five shoppers aged 65-plus trying to get a quotation for travel or car insurance or car hire were unsuccessful, as were nearly a third of those aged 75-plus.¹⁶ In response, the Association of British Insurers has set up a taskforce to look at the issue.

Meanwhile, older people face continual change in the financial marketplace. We await the outcome of a test case on bank charges, and an Office of Fair Trading (OFT) market study on banks, which may lead to changes in how banks price their current accounts. The 2.3 million older people who chose to have their State Pension and benefits paid through a Post Office Card Account (POCA) will have to switch to payment through either a bank account or the new POCA account by March 2010. Debit card usage has almost doubled in the six years from 2000, whereas cheque volumes have fallen by a third over the same period¹⁷ and many high-street retailers will no longer accept cheques. 'Contactless' cards – which are designed to replace cash for small transactions and work by passing the card across a terminal – are currently being trialled in some areas.

In response to changes in the payments market, a Payments Council was set up in 2007 in order to guide industry developments. It put out a draft 'National Payments Plan' for consultation in December 2007, which asked whether there should be a coordinated plan to phase out cheques in some areas of the market.

Age Concern comment

New ways of managing money, such as internet banking, can benefit some older people but push others into financial exclusion, and for a minority, changes such as the withdrawal of cheques can be a real problem. Becoming reliant on other people to collect cash, for example, can increase the risk of financial abuse. The banking industry must ensure that there are always alternative ways to pay, particularly for vulnerable consumers.

Financial advice and information

Many people need help in making financial decisions, including people who are already retired. Age Concern's research, *Making the money last*,¹⁸ gave examples of the sorts of help older people need, such as help with opening bank accounts, setting up appropriate ways of paying bills, and finding ways to access cash if they have limited mobility. Good quality financial support is also essential for pension planning (and the advent of Personal Accounts will not remove need in this area).

The year 2007 saw the beginnings of a coherent approach to this difficult area. At the beginning of the year the Treasury commissioned Otto Thoresen to develop proposals for a national approach to delivering 'generic' financial advice. This would give personalised information and guidance, but would not make recommendations about specific financial products.

The Thoresen Review's interim report, published in October, suggested that the vast majority of UK adults have some need for this sort of advice, and that the most vulnerable groups include nearly two and a half million people aged over 65. In terms of delivery, the Review supports a hybrid model, with a central body supplying strategic oversight and providing internet and telephone advice, but with face-to-face advice delivered by accredited partners. The report suggests that the service should be funded jointly by Government and by a levy on the financial services industry. The Thoresen Review's final report will be published in the Spring of 2008.

The Financial Services Authority (FSA) has also been carrying out a review of 'retail distribution', which could have far-reaching changes in the way financial products are sold, and how financial advisers are trained and paid. The FSA also leads the national strategy for financial capability, which works with a range of trusted intermediaries, such as housing organisations and third sector bodies, to improve the public's ability to manage money. This initiative may increase the demand for generic financial advice.

Age Concern comment

We are very encouraged by the work of the Thoresen Review, and particularly by its view that a national generic financial advice service should be open to people of all ages and operate in partnership with existing advice agencies. Age Concern hopes to play its part in improving access to financial advice, and we have recently launched 'MoneyTrail', an interactive CD-ROM to help people plan for retirement.

Coming up in 2008

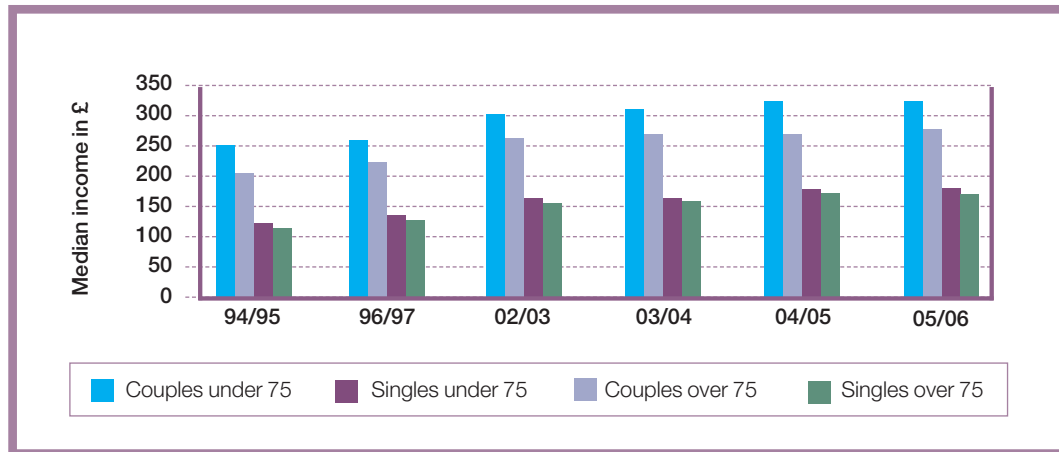
- Spring 2008 – Thoresen Review final report.
- April 2008 – changes to income tax rates and levels of age allowances.
- July 2008 – Pensions Bill expected to receive Royal Assent.

and beyond...

- April 2010 – changes to State Pension coverage.
- April 2012 – auto-enrolment into Personal Accounts or other qualifying occupational pension.
- April 2012 (or soon after) – Basic Pension re-linked to earnings.

Indicators

1. Pensioner incomes



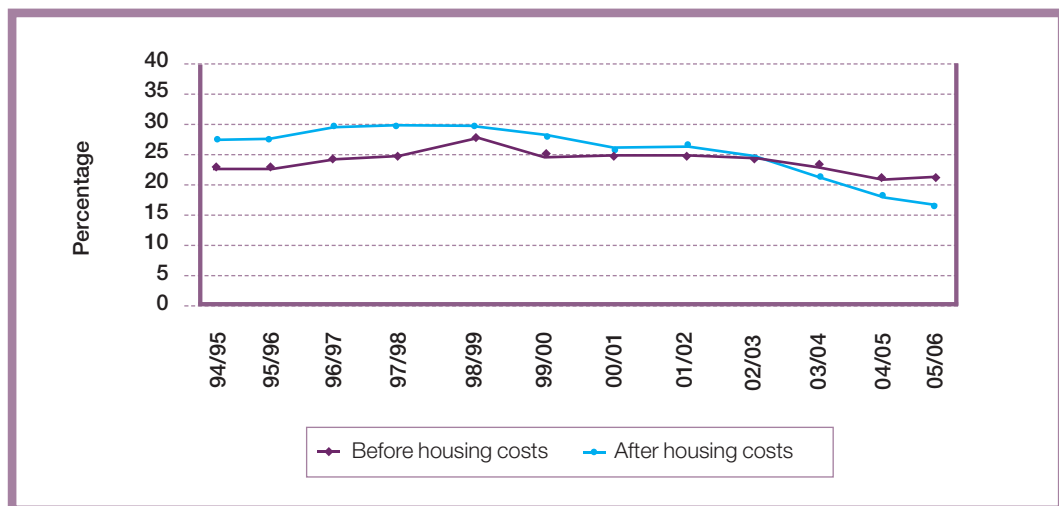
Source: Department of Work and Pensions, Pensioners' Income Series 2005/06

Notes: Median net income measures the income of the 'typical' pensioner household, after taxes but before housing costs.

Direction of travel: positive

Median incomes for all pensioner groups are increasing modestly. In the latest year, the typical income of pensioners aged below 75 did little more than keep pace with prices. Pensioners aged above 75 remain less well off than those under 75.

2. Pensioner poverty



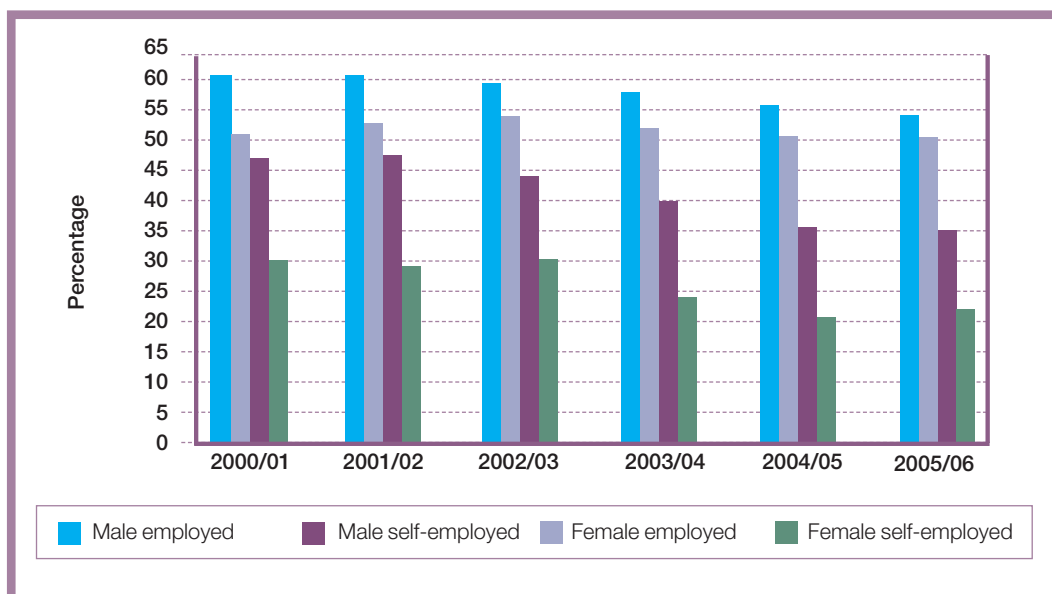
Source: Department for Work and Pensions, Households Below Average Income 2005/06

Notes: The graph shows the percentage of pensioners living in poverty, defined as people with less than 60% of contemporary median income, adjusted for household size

Direction of travel: positive

Over the last decade, the share of pensioners in poverty has fallen, particularly after housing costs are taken into account. There were still 1.8 million pensioners living in poverty after housing costs and 2.2 million pensioners living in poverty before housing costs in 2006.

3. Private pension membership



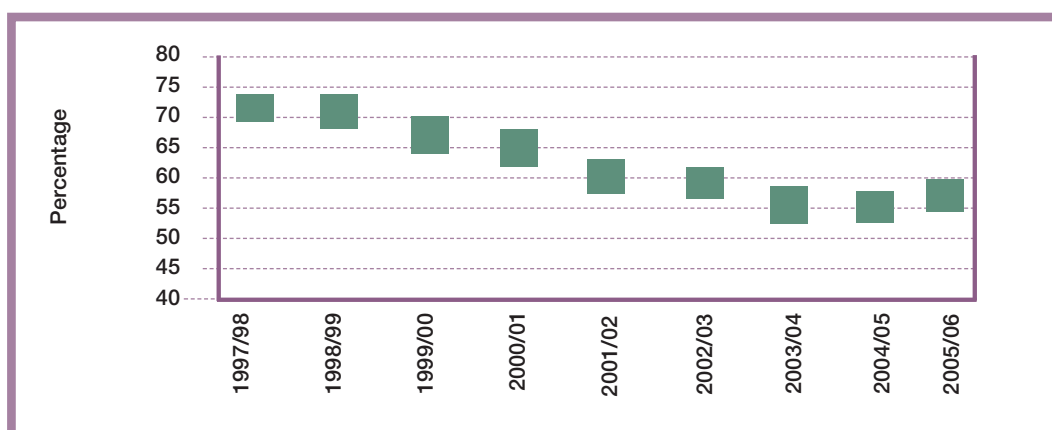
Source: Department for Work and Pensions, Family Resources Survey 2005/06

Notes: Percentage of all adults who are members of a 'private pension scheme' including both occupational and personal pensions.

Direction of travel: negative

Private pension scheme membership has gradually declined over recent years (there has also been a shift from defined benefit (DB) to defined contribution (DC) schemes which tend to be less generous). Declining pension provision means future generations of older people will have reduced non-State Pension income.

4. Take-up of means tested benefits



Source: Department for Work and Pensions, Income Related Benefits, 2005/06

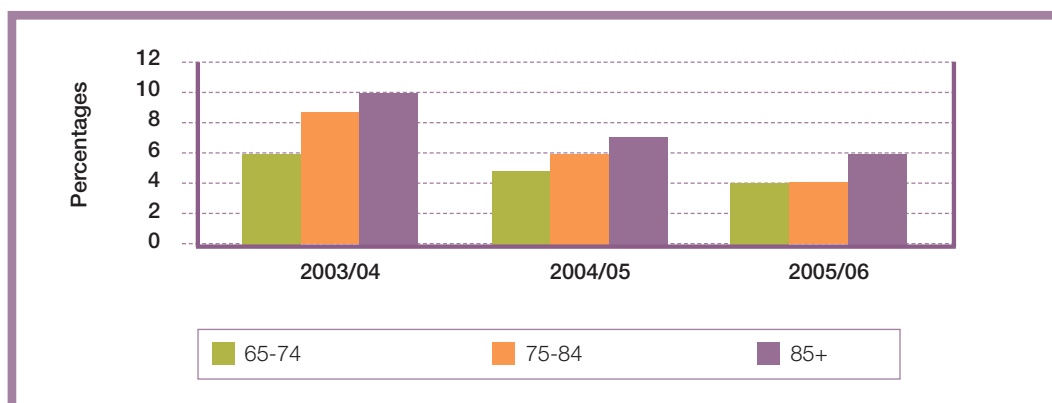
Notes: Percentage of pensioner households estimated to be eligible for Council Tax Benefit who are receiving the benefit.

Published as a range because of the difficulty of calculating accurate estimates.

Direction of travel: unclear

Older people's take-up of Council Tax Benefit has fallen over recent years, but there was a slight rise in the most recent year. Pension Credit take-up is static at around 65% (although data is only available for two full years).

5. Unbanked households



Source: Department for Work and Pensions, Family Resources Survey 2005/06
 Notes: Percentage of households without either a current or savings account

Direction of travel: positive

Since 2002/03 there has been a significant reduction in older households without a bank account. However the decline has been steeper among younger age groups (especially under 25s) meaning that older people now make up a higher proportion of people without banking.

References

- ¹ Department for Work and Pensions, *Households below average income*, 2005/06, 2007.
- ² Department for Work and Pensions, press release, 18 October 2007.
- ³ Department for Work and Pensions, *Income-related benefits: estimates of take-up in 2005-06*, 2007 and Pension Credit Statistics, 2007.
- ⁴ Department for Work and Pensions, *The pensioners' income series 2005/06 (revised)*, 2007.
- ⁵ Department for Work and Pensions, *Attitudes to Pensions: The 2006 Survey*, 2007.
- ⁶ Safe Homes Income Plans press release, 4 February 2008.
- ⁷ Thoresen Review of Generic Financial Advice: Interim Report, October 2007
- ⁸ Department for Work and Pensions, *The Gender Impact of Pension Reform*, 2006.
- ⁹ Department for Work and Pensions press releases 17 July 2007 and 17 December 2007.
- ¹⁰ House of Commons written answers, 12 September 2007.
- ¹¹ Department for Communities and Local Government. *Lyons Inquiry into Local Government – Place shaping: a shared ambition for the future of local government*, 2007.
- ¹² House of Commons written answers 18 October 2007.
- ¹³ *Net illiquid household assets*: International Longevity Centre, *Asset Accumulation across the Lifecourse*, September 2007.
- ¹⁴ Key Retirement Solutions, *UK Equity Release Monitor*, October 2007
- ¹⁵ Personal Finance Research Centre, *Easy come, easy go: borrowing over the life cycle*, December 2007.
- ¹⁶ Age Concern and Help the Aged, *Insurance and Age*, February 2007.
- ¹⁷ APACS *Quarterly Statistical Release*, 5 November 2007
- ¹⁸ Age Concern England, *Making the money last: older people's need for financial information and advice*, April 2007.

In focus: access to information and advice

Information and advice services can be the key to helping vulnerable older people access services, take up legal entitlements and make important decisions. Funding for these services is increasingly uncertain and fragmented and there is no overall strategy or leadership from Government.

Advice and information services are delivered by a diverse range of organisations supported by a confusing array of funding sources. Local Age Concerns, independent advice agencies, Citizens Advice Bureaux and law centres sit alongside solicitors' firms in delivering rights-based advice at different levels of expertise under the loose umbrella of the Community Legal Service (CLS). Most voluntary and community sector organisations working with older people provide some information and advice – although this may relate to topics such as healthy ageing, care brokerage or local services rather than legal entitlements.

There is no cross-Government strategy for information and advice, nor is there one department with overall responsibility for these services. Stewardship of the legal aid scheme, which funds specialist advice and representation on civil and criminal matters, lies with the Ministry of Justice. Other departments may provide advice funding to support their agendas, usually on a time limited basis. Three examples spring to mind: many local Age Concerns benefited from the Pension Service Partnership Fund which supported benefit take-up work; the recent *Putting People First* concordat holds out the possibility of funding for advice and advocacy for social care users; and plans are currently being developed for a national network of generic financial advice services.

Local authority planning and support for information and advice is similarly disjointed. While many local authorities provide some core support for advice agencies, providers – including local Age Concerns – often have to rely on short-term National Lottery funding and charitable sources. As a result, disproportionate amounts of time are dedicated to fundraising.

At the 'apex' of the advice sector, the future of the legal aid system for legal casework and representation appears increasingly troubled. The Ministry of Justice has drawn on Lord Carter's recommendations on future legal aid procurement to adopt a market-based strategy, initially with fixed fees per case, later moving to competitive tendering for legal aid contracts.¹ Negotiations between the Legal Services Commission (LSC) and practitioners on the detail of these contracts have become increasingly acrimonious. The LSC wants to see services delivered through fewer, larger providers, with increasing reliance on telephone advice. In the longer term, it aims to consolidate legal services for social welfare law into Community Legal Aid Centres (CLACs) and Networks (CLANs), with joint LSC and local authority funding. Many commentators, including the House of Commons Constitutional Affairs Committee, have raised serious concerns about the impact of this strategy on access to justice, especially for vulnerable clients and those who have complex cases.² Older people, who are less likely to prefer telephone advice, may well have to travel further if seeking specialist advice face to face.

Many non-specialist advice agencies who do not handle complex casework are worried that their services will fall outside CLACs and CLANs. This is linked to a wider concern that the LSC's policy of joint commissioning with local authorities will exhaust all local authority funding for advice and information services. Evidence from local Age Concerns suggests that core funding for general advice and information services is increasingly hard to secure; funding for 28% of advice worker posts was due to end within a year and the overall funding shortfall across all such services was estimated to be at least £5 million annually.

References

¹ Lord Carter of Coles, *Legal Aid – a market-based approach to reform*, 2006.

² House of Commons Constitutional Affairs Committee, *Implementation of the Carter Review of Legal Aid*. Third report of session 2006 – 2007, April 2007.

Equality and human rights

The facts

- Ageism is the most commonly experienced form of discrimination, with 23% of adults reporting experiences of this type of prejudice.¹
- Research into age discrimination in motor and travel insurance found that one in ten people over 75 had been refused motor insurance and one in five had been refused travel insurance or had health-related conditions imposed.²
- A recent survey found that age was the most common reason given for unfair treatment at work reported by 0.8% of all employees.³
- In 2005, 37% of employers, employing half of employees in Britain, still operated workplaces with mandatory retirement ages.⁴
- Average unit costs for residential care for older people in England are £443 per week, compared to £976 for adults with learning disabilities and £754 for adults with physical disabilities.⁵
- Peer reviewed research suggests that treatment of minor strokes is covertly rationed for people over 80 and that doctors are less likely to refer angina sufferers for specialist treatment if they are over 65.⁶
- Services for older people with mental health needs are under-resourced and service users are less likely than those under 65 to have access to 24-hour services or innovative approaches such as crisis resolution, assertive outreach and psychological therapies.
- Some benefits are not paid to people who become disabled after the age of 65 years. The most notable are Disability Living Allowance which (unlike Attendance Allowance) has a payment for lower level care needs and for mobility costs. Carers Allowance is replaced by the state retirement pension at pension age rather than being paid in addition to the pension.
- According to a recent survey, upper age restrictions on volunteering persist in around 7% of voluntary and community sector organisations.⁷
- Approximately 410,000 people living in independent sector care homes are not protected by the Human Rights Act. 92% of care homes are in the independent sector.⁸
- Up to 50,000 older people with dementia in hospitals or care homes could be being deprived of their liberty without the use of proper procedures or access to an appeal process.⁹

On the agenda

In 2007 the statutory machinery for promoting equality and human rights was extensively recast. The former Commissions for Racial Equality, Equal Opportunities and Disability Rights have been superseded by the Equality and Human Rights Commission (EHRC), whose brief combines the legacies of its three predecessors with responsibility for the three new equality 'strands' – including age – and for promoting and protecting human rights. A Government Equalities Office, replacing the Women and Equality Unit, has been set up to take responsibility for the Government's overall strategy and priorities on equality issues. It is also the sponsoring department for the EHRC.

In the wake of the final report of the Equalities Review, which investigated the causes of persistent discrimination, the Green Paper on the Discrimination Law Review (DLR) set out proposals for a Single Equality Bill. However, the DLR's lukewarm attitude to extending legal protection against age discrimination was a source of disappointment for many older people's organisations. The Government has yet to announce its response to the DLR – but meanwhile the European Commission has confirmed that it will be working on a draft directive to tackle discrimination in goods and services across grounds of discrimination where protection does not yet exist. Older people faced another disappointment when the House of Lords decision in the YL case confirmed that independent care homes are outside the scope of the Human Rights Act.

The year 2007 saw the implementation of the Mental Capacity Act 2005 which introduces a comprehensive framework for safeguarding the interests of people with limited mental capacity.

Devolution watch: Westminster legislation on equality and the remit of the Equality and Human Rights Commission covers Great Britain. The Human Rights Act applies to the United Kingdom.

Priorities for action

- The promised Single Equality Act should outlaw age discrimination in goods, facilities and services, giving redress through the courts to individual victims through 'light touch' legislation that permits the use of justifiable age-based criteria.
- The Single Equality Act should introduce a duty for public bodies to promote age equality, as part of an integrated duty across all equality strands.
- The Employment Equality (Age) Regulations should be amended to outlaw mandatory retirement ages as a matter of urgency.
- The EHRC should establish itself as a leading champion of older people, promoting age equality and working towards the elimination of age discrimination within a human rights framework.
- The scope of the Human Rights Act should be extended to include care homes in the private and charitable sectors.
- Human rights should be mainstreamed across Government, with human rights proofing of new policies and legislation and a human rights approach to the design and delivery of public services.

Equality and Human Rights Commission

With a quiet launch marked by press statements rather than champagne receptions, the Equality and Human Rights Commission (EHRC) came into operation in October 2007, giving older people in Great Britain their first statutory champion. The Commission's immediate change of name caused some confusion among stakeholders, who had been preparing themselves for the arrival of the 'Commission for Equality and Human Rights'. Under the leadership of Trevor Phillips, former chair of the Commission for Racial Equality, the EHRC Commissioners are almost at their full complement of 18, including Baroness Sally Greengross, a former Director General of Age Concern England, who retains a strong commitment to older people's issues.

A statutory non-departmental public body set up under the Equality Act 2006, the EHRC is equipped with a range of powers and duties. Its four key responsibilities are to promote equality, tackle discrimination, protect human rights and promote good relations between and among different groups. But the new Commission has acknowledged that it faces some challenges in working towards these goals. It must integrate the work of the three previous equality commissions as well as assuming responsibility for the other aspects of equality: age, sexual orientation and religion or belief – while operating without a cohesive body of legislation. It is working in a complex external environment where it must function both nationally and regionally, relate to a myriad of governmental and non-governmental stakeholders and balance its responsibilities across England, Scotland and Wales.

Age Concern comment

In spite of a challenging first few months marked by operational difficulties, the EHRC is slowly starting to engage in age equality issues and is not fighting shy of its human rights obligations. But to understand the older age sector, it must actively reach out to older people's organisations representing them, seeking their input as it formulates its strategic priorities. Given its limited resources, the Commission runs the risk of being over-ambitious – and thus less effective – if it tries to deliver against the 'wish list' of every stakeholder. However, as a new mandate, age has a long way to catch up. The EHRC needs to invest in some 'early wins' for older people who are victims of age discrimination and human rights abuses.

Ageism and age discrimination

Evidence suggests that ageism remains the 'acceptable' face of prejudice. Age Concern's research shows that age is the most frequently experienced form of discrimination but that the prevailing public attitude is that this is not a serious problem. The prevalence of ageist stereotyping helps to explain the diverse and frequent manifestations of age discrimination, both in employment and in the provision of goods, facilities and services across all sectors.

Examples of age discrimination in the public sector include the allocation of resources to mental health services for younger adults from which older people have been excluded.

Similarly, there are few specialist care services for people over 65 who have needs relating to learning disability or long-term mental health problems; they are often expected to use services designed for people with dementia.¹⁰ In general across social care there is a significant difference in the costs of care packages compared to those provided to younger disabled people. The unit costs for older people are significantly lower than those for adults with learning disabilities or who have physical disabilities.⁵ In the private sector, the motor and travel insurance industry disadvantages older people in both access to, and cost of, insurance products², while age discrimination is also evident in other types of goods and services, ranging from holidays to golf clubs.¹⁰

Age discrimination against older workers remains rife¹¹ – but here, at least, legislation is largely in place to allow it to be challenged. Around 900,000 people over 50 are out of work against their wishes, and many others face a risk of downward mobility in mid-life because of moving into low-paid employment or stopping work altogether.

The Equalities Review, set up in early 2005 to investigate the causes of persistent inequality and discrimination, published its final report in February 2007.¹² The report identified a number of persistent inequalities, giving a heavy emphasis to early years and education, employment, health, crime and criminal action. It also proposed a new definition of equality, rooted in human rights principles, and devised an ‘equalities scorecard’ for measuring equality across ten dimensions, including longevity/health and participation – both highly relevant for older people. The work of the review is likely to inform the early agenda of the EHRC and the Government Equality Office.

Age Concern comment

Although the Equalities Review’s thinking developed considerably from the publication of its interim report, its final report, published in Spring 2007, still showed little understanding of the nature of ageism as a form of ‘benevolent prejudice’. The concept of ‘life chances’ remained a strong theme, but there was little discussion about how to emphasise opportunities over the life course or of the impact of ‘trigger events’ such as bereavement or retirement. It was particularly disappointing that the review failed to make recommendations about the need to tackle elder abuse, forced retirement or age discriminatory treatment in goods and services.

Discrimination law

After a slow start, public awareness of new rights under the Employment Equality (Age) Regulations 2006 has begun to increase. In the six months between October 2006 (when the Regulations came into effect) and March 2007, over 900 age discrimination cases were lodged with the Employment Tribunal. However, the Regulations include controversial exemptions allowing employers to use mandatory retirement ages of 65 and above, and to refuse to recruit people of that age. The compatibility of these exemptions with the EU Equal Treatment Directive which gave rise to the regulations has been challenged by Heyday, the membership arm of Age Concern. The case is currently before the European Court of Justice, awaiting its opinion on technical points of European law, and is likely to conclude in the High Court in London in early 2009. Meanwhile, individual challenges to forced retirement are being put on hold by the Employment Tribunal.

The piecemeal development of discrimination law has continued, with the introduction in April 2007 of a duty on public bodies to promote gender equality together with legislation to outlaw age discrimination in goods and services on grounds of sexual orientation. It is widely agreed that there is now an overwhelming need for discrimination and equality law to be simplified. The Government's Discrimination Law Review (DLR), established in February 2007, was given the task of framing options for a single equality bill to consolidate and modernise the fragmented body of legislation. The DLR worked in parallel with the Equalities Review whose findings contributed to the DLR's evidence base.

The DLR's much-delayed Green Paper, published in June 2007, was criticised by many stakeholders for its lack of ambition. Older people's organisations, including Age Concern, were disappointed by the DLR's failure to make an unequivocal recommendation in favour of a public sector duty to promote age equality, and its ambivalence about the value of legislation to combat age discrimination in goods and services. Many other responses to the Green Paper consultation – including those from the outgoing equality commissions and the new EHRC – condemned the DLR's proposals for a cross-‘strand’ public sector duty, on the grounds that it would be weaker than the existing requirements to mainstream equalities throughout an organisation's work, by allowing public bodies to focus on ‘priority’ equality objectives alone.

The Government has yet to announce its response to the Green Paper proposals and the single equality bill has been delayed until the November 2008 Queen's Speech. As a ‘fourth session’ bill, its chances of becoming law will be at the mercy of the Prime Minister's decision about the timing of the next General Election. Meanwhile, the DLR team – now absorbed into the new Government Equalities Office – continues its work. Ministers have signalled reluctance to bring age in line with the other five equality strands by introducing comprehensive legislation to tackle age discrimination in goods and services. It appears that the key areas of health and social care and insurance are particularly problematic. Insurance companies insist on using age as a proxy for risk and protecting their actuarial data from public scrutiny. The Department of Health seems confident that departmental circulars can address age discrimination in the design and delivery of health and social care services – although it has acknowledged that much remains to be done in tackling ageist attitudes in spite of the non-statutory National Service Framework for older people.¹³

Meanwhile there has been a significant development in the European arena, with the promise later this year of a draft directive to combat discrimination beyond the workplace. This proposal responds in part to concerns by the business community about discrepancies in anti-discrimination law across the European Union. A suggested text for the ‘age’ component of such a directive developed by AGE, the European older people's platform, may help to persuade the Commission to include age discrimination in its proposals.

Age Concern comment

Growing fears that the Government has put age discrimination in goods and services into the 'too difficult' box have made this a frustrating year for older people's organisations. Age is now the only equality strand where discrimination in goods and services remains lawful, but concerns about the potential regulatory burden that could be generated by legislation have been greatly overplayed. Other countries, such as Australia and Ireland, have used the law to address this social problem, and we believe that the UK Government needs to find the political courage to follow suit.

Human rights

The Government has long acknowledged the potential role of human rights in driving up standards in public services. But in the seven years that have passed since the implementation of the Human Rights Act 1998 (HRA), departments have done too little to encourage or support this. In August 2007, the respected Joint Parliamentary Committee on Human Rights (JCHR) conducted an inquiry into the human rights of older people in health care. In a hard-hitting report it found that 'an entire culture change is needed' within the health and social care sectors, criticising the Government for lack of leadership on human rights. It recommended a clear strategy to place human rights at the centre of policy – together with improved guidance and better staff training, backed by a new duty to report human rights abuses. The report also saw the EHRC as having a key role in the promotion and monitoring of the human rights of older people in healthcare. The JCHR supported Age Concern's call for an age equality duty, as well as calling for legislation to prohibit age discrimination in goods and services.

Recent initiatives by the Department of Health have introduced a focus on human rights that had been missing from its earlier work. In its response to the JCHR's recommendations, the Department committed itself to 'human rights proofing' its policy making, and to championing the role of human rights principles in transforming services (see Health and health services chapter.)

The HRA applies to public authorities and also to other bodies when they are performing 'public functions' – but a series of court judgements had created uncertainty about the meaning of this term. The decision of the House of Lords in the case of *YL v Birmingham City Council* ruled beyond doubt – albeit by a majority decision of three to two – that independent care homes are not performing a 'public function', even in relation to residents whose places are funded by a local authority.¹⁴ This leaves over 300,000 people in privately-run care homes without human rights protection, a loophole that Parliament did not intend. The Government has signalled its intention to close this legal loophole, although it has been reluctant to amend the Health and Social Care Bill to achieve this end. Instead it is proposing to incorporate the change in a new Bill of Rights, which will be subject to consultation during the course of 2008.

Mental capacity

An important human rights issue concerns the situation where someone lacking capacity is unable to consent to treatment in hospital or to being cared for in a care home. Sometimes in these circumstances people have been deprived of their right to liberty, with no right to review or appeal. The question of what constitutes deprivation of liberty has been the subject of caselaw and is evolving. In 2007 the Government introduced new procedures (the Deprivation of Liberty Safeguards) under the Mental Capacity Act 2005 although they will not come into effect until April 2009. The provisions aim to ensure compliance with the Human Rights Act and rulings from the European Court of Human Rights. In future if a hospital or care home considers that a person is or may be deprived of their liberty, they will have to apply for an authorisation. It applies equally to people placed by the NHS or local authorities and to those who fund their own care. There will be a number of assessments including a 'best interests' assessment. Other less restrictive options should always be considered. The Government considers that very few people will need to be deprived of their liberty, and put the numbers in the region of 1,250 people at any one time.

Age Concern comment

While we welcome the principle of safeguards against deprivation of liberty, the new legislation is long and technical. The draft Code of Practice is 75 pages long, reflecting the complexity of the law. It is also difficult to see how hospitals and care homes will be able to distinguish between what is a 'restriction on liberty' as opposed to a 'deprivation of liberty' given the confusing patchwork of caselaw. We have recommended that a precautionary approach is taken, so that authorisations are sought in any case where there are concerns that there may be deprivation of liberty. This will mean that the case will be investigated and the care plan scrutinised to ensure that deprivation of liberty is not taking place. This may in time improve care planning for all people who lack capacity. If services do follow this approach the Government will have underestimated the volume and cost of requests for authorisation. It has also failed to take account of the costs of any additional provision that may be incurred by commissioners as a result of care plans being altered to provide a less restrictive alternative to the deprivation of liberty.

Coming up in 2008

- Autumn – Equality Bill promised for 2008 Queen's Speech.
- Possible consultation on a Bill of Rights.

and beyond...

- 2009 – European Court of Justice rules on legality of mandatory retirement ages.
- 2009 – Deprivation of liberty safeguards come into force.
- 2011 – scheduled Government review of mandatory retirement ages.

References

- ¹ TNS survey on behalf of Age Concern England, representative sample of 2113 adults in Great Britain, July 2006 (unpublished).
- ² Age Concern/Help the Aged, *Insurance and Age – exploring behaviour, attitudes and discrimination*, March 2007.
- ³ Department of Trade and Industry, *Fair treatment at work survey*, 2007.
- ⁴ Metcalf H, and Meadows, P, *Survey of employers' policies, practices and preferences in relation to age*. Department for Work and Pensions Research 325, 2006.
- ⁵ The Information Centre, *Personal Social Services Expenditure and Unit Costs England 2005 – 2006*, 2007
- ⁶ Young J, *Ageism in services for transient and ischaemic attack and stroke*, British Medical Journal, September 2006. Quality and Safety in Health Care, 2007. 16: 23 – 27.
- ⁷ Rochester and Thomas, *The indispensable backbone of voluntary action*, Volunteering in the Third Age, 2006.
- ⁸ Laing and Buisson, *Care of elderly people, UK Market Survey*, 2007.
- ⁹ Ministry of Justice and Department of Health, *Consultation on Deprivation of Liberty Safeguards*, September 2007.
- ¹⁰ Age Concern England, *Age of equality? Outlawing age discrimination beyond the workplace*, May 2007.
- ¹¹ Age Concern England, *'Not yet ready for the scrapheap': looking for work after 50*, November 2006.
- ¹² The Equalities Review, *Fairness and Freedom – final report*, 2007.
- ¹³ Department of Health, *A new ambition for old age*, 2006.
- ¹⁴ *YL v Birmingham City Council* [2007] UKHL 27.

In focus: a decade of devolution

A national campaign on ageism in Scotland; a duty to promote age equality in Northern Ireland; enhanced NHS continuing care in England; and in Wales a new Commissioner for Older People working with UN guidelines. A decade into devolution, policy divergence between the four nations of the UK is having a growing impact on older people's lives.

In 2007 Age Concern published *Older People and Public Policy: the impact of devolution* with the aim of describing the devolution process and drawing out the implications for older people. The report explains how responsibilities are split between UK and national governments (see the simplified table) and tells the story of some of the main policy divergences, not least Scotland's experiment with 'free' personal care. Devolution is not a 'steady state' and the report highlights the current changes in powers with respect to Wales and Northern Ireland.

Devolved powers – a simplified guide

	Wales	Scotland	Northern Ireland
Employment	X	X	X
Equality	½	½	½
Health	✓	✓	✓
Housing	✓	✓	✓
Human rights	X	X	½
Learning and skills	✓	✓	✓
Legal services	X	✓	X
Local government tax	✓	✓	✓
Local transport	✓	✓	✓
Mental capacity and assisted suicide	X	✓	✓
Personal and business tax	X	X	X
Police	X	✓	X
Post Offices	X	X	X
Private pensions and financial services	X	X	X
Social care	✓	✓	✓
Social security	X	X	X
Utilities and fuel poverty	½	½	½

So what are the lessons of devolution for future public policy on ageing? Despite the policy divergences, policy making within the four nations remains inter-dependent. Different nations have been 'policy incubators' testing new solutions, as is common in the United States. In some cases policies have then been adopted elsewhere, as in the case of free bus travel for pensioners. They have also shaped debate, for example Northern Ireland's age equality duty. The process of transmission from the devolved nations to England is usually via policy 'insiders', although there is no active inter-governmental coordination machinery. The reverse flow, from England, occurs mainly through the Anglo-centric preoccupations of the London-based media.

Beyond this 'incubator' effect, policy making is more fundamentally intertwined as a result of the complexity of the division of labour between the different administrations. In the early 2000s Scotland's plans for social care reform were undermined by UK rules on Attendance Allowance. In 2008 this is playing out in reverse, with an English initiative to extend Human Rights protection to independent care homes being stymied by the need to respect Scottish autonomy over social care while also upholding uniform human rights law. This has meant that for the first time Age Concern England's policy team has become immersed in constitutional issues, namely the process whereby one parliament can give another permission to legislate in its sphere of competence.

The third way in which policy making is interdependent is money. With the devolved governments dependent on grants from Westminster, their room for manoeuvre is constrained by UK tax and public spending decisions. This means that some degree of coordination should be considered when it comes to 'big ticket' spending commitments – although there has been little evidence of this so far. Scotland probably reached the limit of independent action when it introduced personal care contributions and it has struggled to afford subsequent up-ratings. This has implications for English policy making, because it means that when a 'big' decision is being considered the UK-wide ramifications should be taken on board. When Tony Blair launched Labour's radical investment programme in the English NHS he was in effect setting a direction for four independent National Health Services. And the same will be true with respect to the current debate on the future of English social care. The decisions about care funding that are reached will set the boundaries for policy in Scotland, Wales and Northern Ireland, whether English politicians realise it or not.

Health and health services

The facts

- In 2003 men aged 65 could expect to live four years in poor health and women five years.¹
- Only 21% of men and 16% of women aged 65-74 are physically active at the level which is recommended to maintain good health.²
- 31% of people aged 65 and over are unable to cut their own toe nails.³
- Around 25% of people over 65 years living in the community have symptoms of depression which warrant intervention. Around half of these (10-15%) meet the clinical criteria for a diagnosis of depression.⁴
- Two thirds of general and acute hospital beds are used by people aged 65 and over.⁵ Up to 60% of older people in hospital have mental health problems or develop them during their stay.⁴
- 40% of older people are malnourished when admitted to hospital and 60% of older people in hospital are at risk of becoming malnourished (or more malnourished) while they are there.⁵

On the agenda

Health issues continued to have a high profile throughout 2007 and into 2008. On becoming Prime Minister, Gordon Brown appointed Lord Darzi to lead a review of the way forward for the NHS in the 21st century. The Government also announced plans to reduce health inequalities, to bring health services nearer to the home, to extend opening times of GPs' surgeries, and to tackle hospital infections. At the beginning of 2008, the Prime Minister made a major speech on the NHS committing to further reforms, giving a greater priority to prevention and promising personalised services.

As the main adult users of health care, older people have a key interest in health policy developments. Health policy has continued to focus on acute hospitals and the treatment of specific illnesses, even though most health care is delivered in the community and older people often live with a number of health conditions. The result is a significant mismatch between the health needs of older people and the organisation and delivery of health care.

Devolution watch: Westminster policy on public health and healthcare covers England only.

Priorities for action

- The NHS Review should put the needs of older people at the centre of its action plan for 21st century healthcare.
- The national physical activity strategy should include older people as a key priority group.
- The Government should develop a multi-agency strategy for combating malnutrition in the community.
- The problem of depression in later life should become a public health priority and GPs need to improve their detection and treatment of depression in older people.
- The expanded programme of psychological therapies must be made genuinely available to older people.
- NHS organisations must ensure that the dignity and human rights of older people in their care are protected at all times, focusing in particular on help with eating for people who need it.
- The Department of Health must eradicate inequalities for older people in mental health policy and practice.
- All foot care must be free at the point of use for older people who need it.
- The end of life care strategy must address the issues of older people living with multiple conditions.

The NHS next stage review

In July 2007 the Government announced an NHS Review to be led by Lord Darzi. This announcement acknowledged that the NHS reform programme had focused mainly on the mechanics of change rather than improving services for patients. The NHS Review aims to identify a way forward for 21st century healthcare which is clinically driven, patient-centred and responsive to local communities.

The context for the review is a continuing emphasis on moving services out of hospital and closer to home, as set out in the 2006 White Paper *Our health, our care, our say*.⁷ Each of the national clinical directors has published a report on the clinical case for change. For older people, *A recipe for care – Not a single ingredient*,⁸ published in early 2007, highlighted the fact that older people are the main users of health and social care services but that many existing services have not been designed with older people in mind. The report identified the key elements of older people's care as: early intervention, management of long-term conditions in the community, early supported discharge from hospital, hospital care when needed with quick access to specialist centres, and partnerships built around the needs of older people and their families.

In October 2007 Lord Darzi published an interim report which proposed a vision for the NHS based on achieving fairness, personalisation, effectiveness and safety.⁹ The report set out some interim measures including the development of new multi-purpose health centres, the expansion of GP practice opening hours, the establishment of a Health Innovation Council, and the introduction of screening for MRSA before admission to hospital.

Following the interim report, all Strategic Health Authorities have been asked to involve clinicians and the public in developing local plans for eight broad areas of care including staying healthy, acute care, mental health, long-term conditions, and end of life care. The intention is that many of the plans will be driven locally but there is a recognition that some issues will need to be resolved nationally, particularly workforce planning and establishing the right incentives for change.

The final report from the Review is due in June 2008. An NHS constitution is planned to mark the 60th anniversary of the creation of the NHS, setting out the service people can expect to receive and their responsibilities in using it.

Age Concern comment

The NHS Review provides an important opportunity to plan the transformation of the NHS to meet the current and future needs of the population. To achieve this there will need to be an explicit understanding that older people with a range of conditions are the main users of the NHS. This fact needs to drive both professional training and the organisation of care. Tensions remain between professional aspirations for specialisation and patients' needs for holistic care.

Older people's health

Both life expectancy and healthy life expectancy (the number of years of good or fairly good self-perceived health) have increased over recent years, but healthy life expectancy has increased at a slower rate. This means older people can now expect to live more years in poor health. In 2003, at the age of 65, men could expect to live 4 years, and women 5 years in poor health.¹ In 2007, the Government announced a new Public Service Agreement (PSA) indicator which seeks improvements in healthy life expectancy at age 65 by 2011.¹⁰

The majority (71%) of older people report living with a longstanding illness. About 42% of men and 46% of women say they have an illness which limits their activities in some way and this increases with age. Many older people live with more than one condition and the cumulative effect of these may have greater impact on people's lives.¹¹

The two most common diseases reported are arthritis, particularly in women, and cardiovascular disease, particularly in men. Heart attack, stroke, asthma, chronic lung disease, diabetes, and cancer are each reported by around one in ten older people.

It is not only physical conditions that can affect the quality of later life. As many as a quarter of older people living in the community have symptoms of depression which warrant intervention.⁴ Around half of them meet the clinical criteria for a diagnosis of depression. Five per cent of people aged 65 and over have dementia. This increases with age to 20% of people aged 80 and over.

Health inequalities

Although life expectancy continues to increase, there are great differences between affluent and disadvantaged areas. The average life expectancy at the age of 65 in England is around 17 years for a man and 20 for a woman (see Indicator 1). However, people in Kensington and Chelsea can expect to live five years more than the average, while those in Liverpool can only expect to live two years less than average.¹² In the Comprehensive Spending Review the Government carried forward its commitment to reducing health inequalities by setting a Public Service Agreement target to reduce the gap in mortality rates between disadvantaged areas and the country as a whole.¹³

In the Health Survey for England older people with higher incomes were more likely to report 'good' or 'very good' health.¹¹ Participants on lower incomes were more likely to report asthma, chronic lung disease and diabetes. Untreated hypertension – high blood pressure which is a risk factor for stroke – was also more common among poorer older people. Recent analysis commissioned by Age Concern also shows a striking difference in the reported health of people who face social exclusion, compared to those who do not, particularly under the age of 80.¹⁴

Food and drink

Predictions of a future obesity epidemic are overshadowing the problem of malnutrition among older people today. An estimated 10% of people over 65 living in the community suffer from malnutrition.¹⁵ It is a common misconception, among the general public and professionals, that weight loss is a normal feature of ageing. The truth is that, as we age, we become less efficient in absorbing nutrients, which increases the need for a healthy diet. Many older people do not eat enough as a result of a number of factors such as difficulties in shopping and cooking, a tight budget or poor appetite may be caused by medication or be a symptom of depression.

Alcohol is a major public health issue for the Government. However, action is largely targeted to reduce alcohol and alcohol-related harm among younger people. Safe.Sensible.Social – the next steps in the National Alcohol Strategy – was published in 2007 but did not mention alcohol in later life at all.¹⁶

The Government recommends a maximum of four units of alcohol per day for men and three units for women. This guidance may be inappropriate for older people because, as we grow older, we become less able to metabolise alcohol. Alcohol is a factor in falls, and is often associated with depression and dementia. Most older people take prescribed medication which can interact with alcohol. A new Public Service Agreement indicator aims to reduce alcohol-related admissions to hospital.¹⁷ This is particularly relevant to falls in older people but there is some doubt whether alcohol related incidents are reported as conscientiously with respect to older patients as they are for younger ones.

Action to improve health

Frequent physical activity, a healthy diet, and moderate alcohol intake – in addition to not smoking – are the keys to improving health and wellbeing. The 2006 White Paper, *Our health, our care, our say*⁷, made a commitment to put much greater emphasis on the prevention of illness and the promotion of good health and well-being. For older people specifically, the White Paper set aims of increasing levels of physical activity. For socially excluded groups of older people the aim was to remove barriers to mental well-being and social engagement as well as to physical activity. Increasing access to evidence-based disease prevention programmes also remained a priority.

Regular physical activity is important to mental and physical health as well as in maintaining independence. However, physical activity declines gradually with age particularly from the age of 65 (see Indicator 2). The Government recommends participating in physical activity for at least 30 minutes on five or more days a week in order to maintain good health. Although physical activity has increased slightly in all adult age groups in recent years, only one in five men and one in six women aged 65-74 are active on five days a week.²

There is good evidence from the National Institute for Health and Clinical Excellence (NICE)¹⁸ and from the outcome of the Local Exercise Action Pilots (LEAP)¹⁹ that interventions aimed at older people are effective in promoting physical activity. But older people experience barriers to being active. Many are reluctant to go out because of fears of falling, traffic or the anti-social behaviour of others. The design of communities can be an important factor in promoting older people's activity (see Social inclusion and communities chapter).

In 2007 the Big Lottery Fund awarded Age Concern £15 million to run the Fit as a Fiddle programme which will coordinate a range of projects to improve the well-being of older people through increased physical activity and healthy eating. A national strategy for physical activity is expected in 2008, along with guidance from NICE on physical activity and the environment.

The NHS contribution to staying healthy

Population screening is offered for many diseases and conditions for which early treatment improves the chance of recovery and survival. The Prime Minister's speech in January 2008 made a commitment that the NHS would become more focused on prevention. The speech highlighted plans for screening for vulnerability to heart and circulation diseases and for abdominal aortic aneurysm for men at the age of 65, a condition which kills around 4,000 men above this age annually.

The risk of some cancers – including breast and bowel cancer – increases with age. The national screening programmes do not fully reflect this increased risk although extensions to the programmes have recently been announced.²⁰

Screening for bowel cancer, which is currently for people in their 60s, will be extended to those aged up to 75 from 2010.

Women between the ages of 50 and 70 are routinely invited for breast screening every three years and this will be extended to the age of 73 starting in 2008.

Age Concern comment

While the extensions to the upper ages for bowel and breast screening are welcome, routine screening for these cancers is not yet planned to be offered up to the ages at which the benefits have been shown to outweigh the risks.

Some NHS services are particularly important to older people in maintaining good health and preventing illness. Chiropody services are essential in helping to maintain mobility as almost a third of older people are unable to cut their own toe nails. Yet NHS foot care services have been scaled back, forcing many older people to pay privately or go without a service. In 2007 Age Concern launched its Feet for Purpose campaign calling for foot care to be made available, free at the point of use, for all older people who need it.²¹

NHS quality and standards

Ministers continue to be committed to the devolution of authority and responsibility within the NHS. However national standards will still apply to all organisations providing services for the NHS. The standards themselves are set by a range of organisations including the Department of Health and the National Institute for Health and Clinical Excellence (NICE). Assessment of the performance of NHS organisations against standards is undertaken by the Healthcare Commission which is due to be merged into the Care Quality Commission in 2009 (along with the Commission for Social Care Inspection and the Mental Health Act Commission).

Standards for Better Health sets out the core and developmental standards for the NHS.²² Core standards are meant to be guaranteed at all times and all NHS Trusts are required to demonstrate and declare their compliance. Patient surveys have however demonstrated significant differences between the declarations of organisations and the reported experiences of patients. This is well demonstrated by the issue of help with eating in hospital where 97% of Trusts claim compliance with standards but only 58% of patients say they always get the help they need⁶ (see Indicator 3). Over the course of 2007 Age Concern continued its *Hungry to be Heard* campaign on help with eating in hospital. Following this sustained pressure, in October the Department of Health published a nutrition action plan, agreed with key stakeholders, to address the nutritional needs of older people in care settings.²³

In addition to the problems of help with eating, concerns about the standards of basic care for older people received a much higher profile in 2007:

- The British Geriatrics Society launched a Behind Closed Doors campaign to try to ensure that vulnerable older people are able to use the toilet in private in all care settings.
- The Royal College of Nursing launched its Nutrition Now campaign to focus on the importance of food and drink in health care.
- The Joint Committee on Human Rights undertook an inquiry into the human rights of older people in healthcare which heard evidence of poor treatment, neglect, abuse, discrimination and poor discharge arrangements. The Committee called for an entire culture change in healthcare and for human rights to be made integral to policy making in the Department of Health.²⁴ In its response to the Committee's recommendations, the Department of Health made commitments to champion an understanding of how human rights principles can transform services, and to review its policy making to ensure that human rights considerations are reflected.
- The Healthcare Commission published a report on dignity for older people in hospital following a targeted inspection programme.²⁵ Although the inspections found no major breaches of national standards, the Healthcare Commission reported that there was no room for complacency on this issue and that all NHS hospital trusts needed to embed an approach which ensured the dignity of patients.

A vivid example of the problems which can occur if the NHS fails to embed respect for dignity and human rights came to light in the Healthcare Commission's report on *Clostridium Difficile* outbreaks at Maidstone and Tunbridge Wells NHS Trust.²⁶ This revealed scandalous failures to protect patients from infection, including instances of patients being told to go to the toilet in their beds rather than being helped to a bathroom or commode.

Unsurprisingly, the Healthcare Commission's report *State of Healthcare 2007*²⁷ found that although improvements had been made in some areas of health care – most notably in reducing waiting times – there were still significant areas of concern. The report particularly highlighted issues of privacy and dignity in hospital, which account for around a third of the complaints about hospitals referred to the Commission.

Age Concern comment

There is clearly a long way to go before older people and their families can have the confidence that, in all care settings, older people will be treated with respect for their dignity and human rights – the five year aspiration the Department of Health committed to in 2006. The Healthcare Commission has played a key role in highlighting these issues, including by using information from its independent reviews of NHS complaints to support its work. It is of great concern that the current proposals for the new Care Quality Commission do not permit the independent review of complaints.

Primary care and community health services

For 90% of people, contact with the NHS is in the community, through primary care practitioners such as GPs, dentists and community nurses. Older people visit their GP more often than younger adults so any changes to GP services have a disproportionate impact. In 2007 the Government made a commitment to improve routine access to GP services in the evenings and at weekends. Primary Care Trusts (PCTs) will be required to ensure that at least half the GP practices in their areas offer extended opening hours. The interim report from the NHS Next Stage Review committed to the development of a vision for primary and community care services and a strategy to bring together the issues of access with the other main factors determining personalisation, effectiveness, fairness and safety.⁹

Age Concern comment

Older people, as the main users of GP services, rarely express the wish for better access to routine services in the evenings or at weekends. More common requests are to make the process of booking an appointment easier, to be able to arrange a home visit – especially for carers – and to improve emergency out-of-hours access to care. Efforts to improve routine services in the evenings and at weekends could divert attention away from these issues.

Having introduced reforms to the NHS dental service in 2006, the Department of Health published a report on progress and challenges one year on from the changes.²⁸ This showed that the reforms had resulted in few improvements in access to dental services. Primary Care Trusts now commission local dental services and have been set the challenge of ensuring year-on-year increases in the number of patients accessing NHS dental services. At the beginning of 2008 Citizen's Advice reported that millions of adults had not been to an NHS dentist since April 2006, mainly because they could not find one to treat them.²⁹

As well as providing some community services directly, Primary Care Trusts are commissioners of health services for the populations they serve. Commissioning has been perceived to be an area of weakness in the NHS. In 2008/09 PCTs are being instructed to review their requirements for community services and use this assessment to consider all options for provision. The Department of Health has developed the concept of 'world class commissioning' which will require PCTs to develop a much better understanding of the needs and aspirations of their populations and to foster sustainable partnerships to improve health and transform services. As part of this approach, the Local Government and Public Involvement in Health Act 2007 introduced a duty on PCTs and Local Authorities to work together to develop Joint Strategic Needs Assessments of their local populations, with a particular focus on groups which have traditionally been poorly served. This needs assessment will form the basis of joint commissioning plans across health and social care and other partners. It is intended that there will be joint outcome measures to assess the performance of health and social care. Commissioning by GP practices is also seen as key to achieving these objectives and is meant to focus on the important, practical services which make a difference to patients.

Age Concern comment

To become world class commissioners, PCTs will need to develop their processes for listening to the views and experiences of older people who are most likely to need health care but who are often excluded from decision-making processes. This will include disadvantaged and excluded older people, such as people from black and minority ethnic communities, people living in care homes, and people with mental health needs and their carers.

Mental health

The mental health needs of older people received greater attention in 2007 than in previous years. A report commissioned by the Alzheimer's Society was published showing the current and projected numbers of people in the UK with dementia and the associated costs.³⁰ The report also reviewed current services and support for people with dementia and made recommendations for change. This was complemented by a National Audit Office report which found that dementia services had not been accorded the priority they deserve and that their value for money could not be demonstrated.³¹ In August 2007 the Government announced the development of the first national dementia strategy which is due in 2008. It will focus on improving awareness of dementia, early diagnosis and intervention, and improving the quality of care.

In the same month the independent UK Inquiry into Mental Health and Well-being in Later Life, supported by Age Concern, published its second and final report.⁴ This considered services and support for older people with mental health problems now and in the future. The report commented on the failure of national suicide prevention strategies to address the high rate of suicide among older people (see Indicator 4). The Inquiry also highlighted age discrimination as a fundamental problem in mental health services and called for a public health approach to tackling depression amongst older people.

The Comprehensive Spending Review announced a major expansion of psychological therapy services and included a new Public Service Agreement (PSA) indicator on the proportion of people with depression and/or anxiety disorders who are offered psychological therapy.¹³ Initial pilots of psychological therapies had excluded older people in spite of NICE guidelines which vouched for their effectiveness for adults of all ages. However, the Department of Health's programme on improving access to psychological therapies now has a work-stream on older people.

Age Concern comment

The plans for a national dementia strategy are very welcome and long overdue. This must be the start of a major work programme on older people's mental health which has been neglected in both policy and practice. To date age equality in mental health services remains an aspiration rather than a reality.

Hospital care

There has been a continued focus on reducing waiting times for hospital treatment to achieve the target that, by March 2008, no patient will have to wait longer than 18 weeks from GP referral to outpatient or inpatient hospital treatment. Offering patients a choice of hospital at the point of referral continues to be a key plank of Government policy to drive down waiting times and improve quality. From April 2008 'free choice' of any provider which meets NHS standards should be available.

As the main users of hospital services, older people who are waiting for treatment have been some of the main beneficiaries of the significant improvements in waiting times (see Indicator 5). However the majority of older people in hospital as inpatients are admitted as an emergency and therefore do not have a choice of location. It is for this group of patients, who tend to be older and frailer, that the concerns about basic standards of care (see page 45 above) have largely been raised.

In 2007 the Government placed a renewed emphasis on cleanliness and infection control in hospitals. The 2004 target to halve MRSA infections by 2008 appears to have been abandoned, as it has become clear that it will not be met. Instead ministers have committed to halving MRSA infections by 2011. Trends for Clostridium Difficile, which particularly affects older people, were of greater concern than those for MRSA, with the reported incidence of Clostridium Difficile continuing to increase, albeit at a slower rate than previously. In the Comprehensive Spending Review the Government set a Public Service Agreement target to reduce Clostridium Difficile infections by 30% by 2011 from a 2007/08 baseline.³²

In 1997 the Labour Party manifesto promised to work towards the elimination of mixed sex wards. The 2001 manifesto promised that they would be abolished. But progress has been poor and there has been a significant mismatch between self-reporting by NHS Trusts and the results of patient surveys. In May 2007 the Chief Nursing Officer published a report on progress with the elimination of mixed sex accommodation and made a commitment to publish good practice guidance with the aim of ending unacceptable variations in performance.³³ This guidance was published in December 2007 by the NHS Institute for Innovation and Improvement.³⁴ As the main group of general hospital inpatients, older people are particularly affected by and resentful of mixed sex accommodation.

The number of bed days lost due to delayed discharges from hospital continued to fall, decreasing by 5% in 2006/07.³⁵ However, figures released in 2007 show a very worrying 31% increase in emergency readmissions between 1998 and 2006. For people over 75 there are now 13.6 emergency readmissions per 100 discharges³⁶ (see Indicator 6). The then Health Minister agreed there needed to be more research into the causes of this long term trend.

Emergency readmissions are defined as admissions that take place within 28 days of discharge from hospital. In some cases they may happen because of new conditions arising since leaving hospital, but they may also occur because discharges have not been planned carefully enough to ensure that patients are both sufficiently well to leave hospital and have a proper support package in place at home.

End-of-life care

Work continued in 2007 on the development of an end-of-life care strategy for all adults, irrespective of diagnosis. As part of this work Primary Care Trusts were required to undertake a baseline review of end-of-life care services. There was an increased focus on palliative care for people with conditions other than cancer. The National Council for Palliative Care published a further report on palliative care for people with dementia.³⁷ Age Concern began joint work with the National Council for Palliative Care on the end-of-life care needs of older people with multiple conditions.

The launch of the NHS Next Stage Review, which includes end-of-life care as one of the eight broad areas of care, affected plans to publish a separate end-of-life care strategy by the end of 2007. The strategy is now expected to be launched alongside the NHS Next Stage Review in summer 2008.

Age Concern comment

The end-of-life care strategy will need to recognise the fact that multi-morbidity is the norm amongst older people and that care pathways for single diseases are unlikely to be appropriate. The coordination of care is essential, along with practical support for people facing death and their carers.

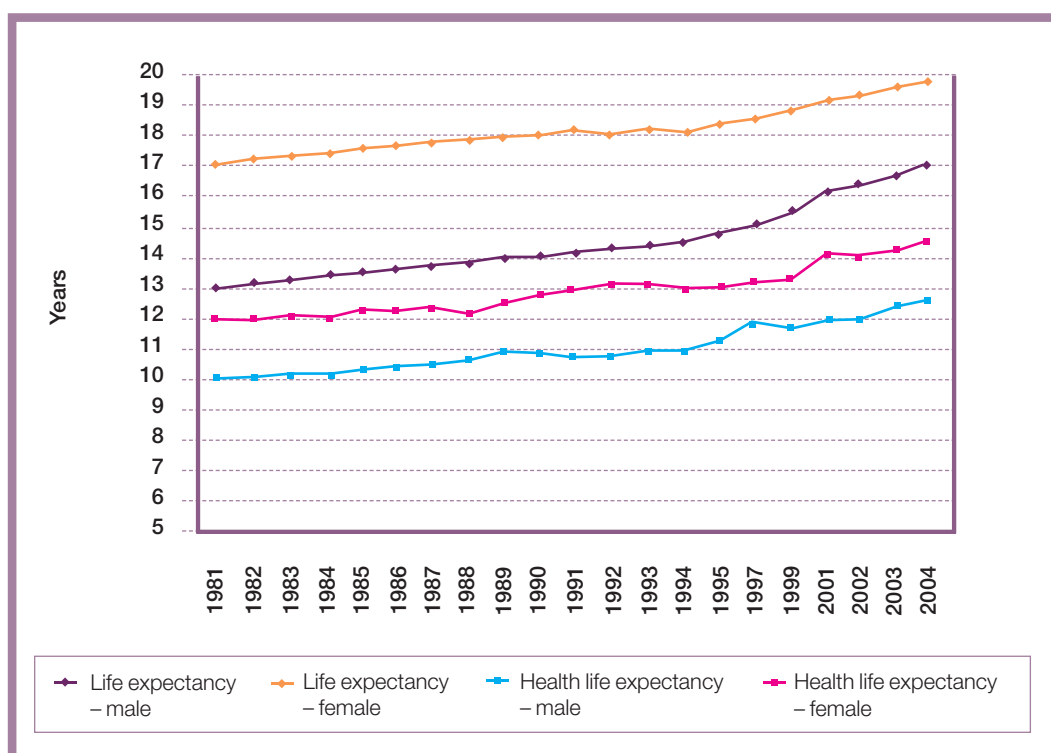
Coming up in 2008

- NHS Mid-life LifeChecks for people aged 45-60 to be piloted.
- EU Together for Health: Health Programme 2008/13 with its healthy ageing objective will be set in action.
- Invitations for breast cancer screening for women up to age of 73 commence.
- National physical activity strategy to be developed.
- 'Fit as a Fiddle' – the Age Concern-led physical activity initiative commences.
- Vision and strategy for primary care and community services to be developed.

- June – The final report of the NHS Review, including the national end-of-life care strategy and an NHS constitution.
- April – A maximum wait of 18 weeks from referral to treatment and the opening up of 'free choice' to NHS patients – from April 2008.
- Consultation on a national dementia strategy and launch of the final report.
- Nutrition Action Plan Delivery Board report on progress.
- A range of NICE guidance including osteoporosis, wet age-related macular degeneration, and mental health and older people.
- Nursing and Midwifery Council to publish guidance for registered nurses on care of older people.

Indicators

1. Healthy life expectancy at age 65



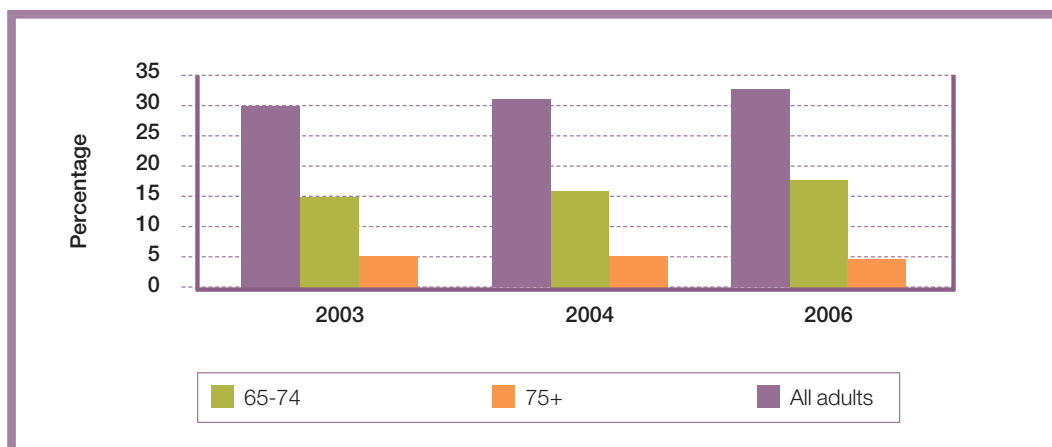
Source: General Household Survey, ONS and life expectancy projections, Government Actuary Department

Note: Healthy life expectancy is based on the number of years people aged 65 are likely to live in good or fairly good health (as self-reported). There is a discontinuity in the healthy life expectancy data in 2001, so the time series is not strictly comparable.

Direction of travel: positive

Healthy life expectancy for men and women aged 65 has increased by 2½ years over the last two decades. 65 year-old men can expect four years of their remaining life to be in poor health, and women five years.

2. Physical activity

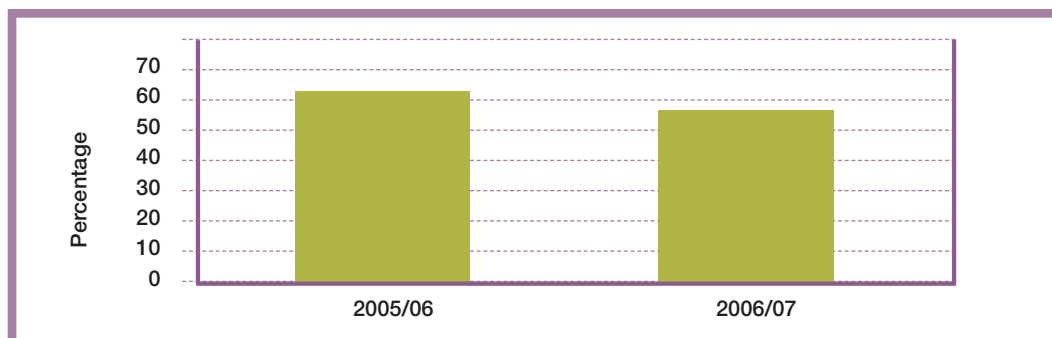


Source: National Statistics *Statistics on Obesity, Physical Activity and Diet: England*, January 2008. The Information Centre.
Note: Percentage of people achieving recommended physical activity levels (30 minutes of moderate exercise, 5 times per week)

Direction of travel: positive

Physical activity declines with age. Only 18% of people aged between 65-74 are physically active at the level which is recommended to maintain good health.

3. Help with eating in hospital

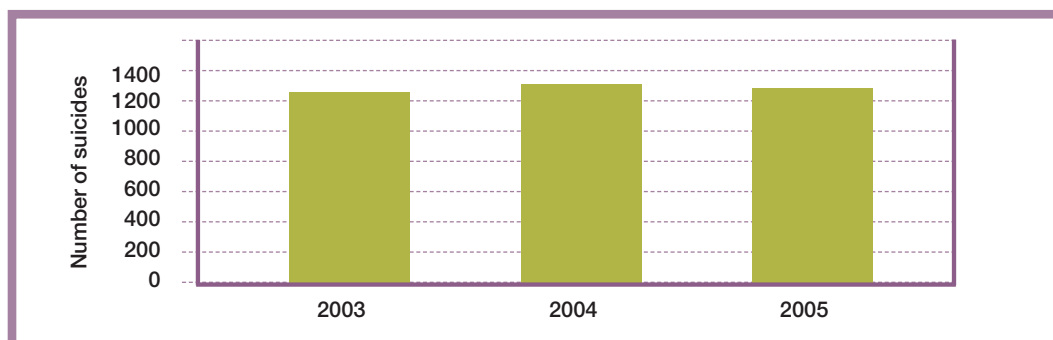


Source: Healthcare Commission, Survey of Adult Inpatients 2006 and 2005
Note: Percentage of inpatients who always received sufficient help from staff when eating their meals

Indication of change: negative

In 2006/07 58% of patients said they always received help from staff to eat their food, compared to 62% in 2005/06. There is a mis-match between patient experience and practice reported by NHS trusts. The percentage of trusts claiming to comply with core standards on food and help with eating rose from 96% in 2005/06 to 97% in 2006/07.

4. Suicide



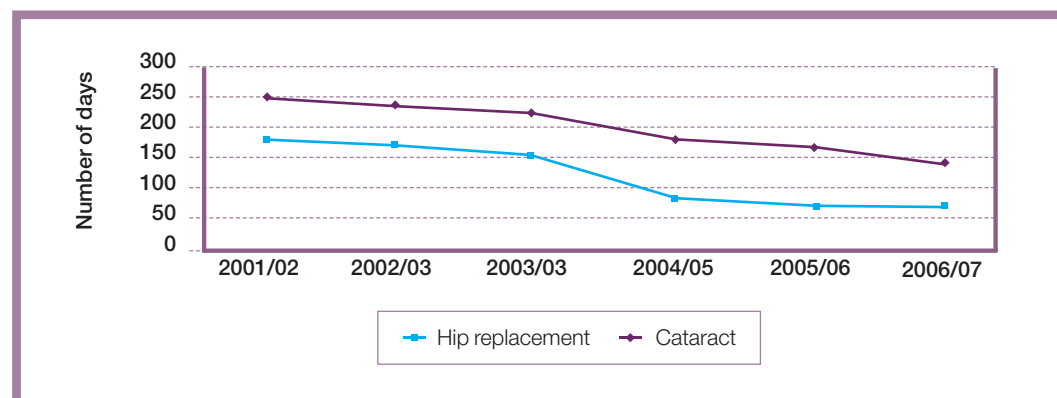
Source: Samaritans, 2007

Notes: Number of suicides among people aged 55 and above

Direction of travel: static

There were 1,265 suicides by people aged 55 and over in 2005 (29% of all suicides) and there is no clear trend over the last three years. Suicide prevention strategies have continued to ignore suicide amongst older people.

5. Waiting times for key treatments



Source: Department of Health, Hospital Episode Statistics (Headline Figures) 2007

Notes: Average waiting times for hip replacement and cataract operations, 2006-07

Copyright © 2008. Re-used with permission of The Information Centre. All rights reserved.

Indication of change: positive

Between 2005/06 and 2006/07 the mean waiting time for a cataract operation remained at 71 days, and for a hip replacement, decreased from 161 to 144 days. From 2008 all patients can expect the maximum waiting time from referral to treatment to be 18 weeks (126 days).

6. Emergency hospital readmissions for people aged over 75



Source: NCHOD, 2007

Notes: Emergency readmissions are defined as unplanned admissions within 28 days of an inpatient stay, for any reason

Direction of travel: negative

The reasons for the long-term rise in emergency readmissions are not clear but may relate to inadequate or inappropriate discharge planning. For example there are penalties for 'delayed discharges' and a lack of rehabilitation opportunities for older people following a hospital stay.

References

- ¹ Health Statistics Quarterly 33. *Health Expectancies in the United Kingdom*, 2003, Spring 2007.
- ² The Information Centre, *Statistics on Obesity, Physical Activity and Diet: England*, January 2008.
- ³ National Statistics, *People aged 65 and over*, results from the 2001 General Household Survey, 2003.
- ⁴ Age Concern England, *Improving services and support for older people with mental health problems: Second report from the UK Inquiry into Mental Health and Wellbeing in Later Life*, 2007.
- ⁵ Department of Health, *National Service Framework for older people*, 2001.
- ⁶ Age Concern England, *Hungry to be heard: the scandal of malnourished older people in hospital*, 2006.
- ⁷ Department of Health, *Our health, our care, our say*, 2006.
- ⁸ Department of Health, *A recipe for care – not a single ingredient*, 2007.
- ⁹ Department of Health, *Our NHS, our future*, NHS Next Stage Review Interim Report, 2007.
- ¹⁰ HM Treasury, PSA Delivery Agreement 17: *Tackle poverty and promote greater independence and wellbeing in later life. Indicator 3: Healthy life expectancy at age 65*, 2007.
- ¹¹ *Health Survey for England 2005: Health of Older People Report*, 2007.
- ¹² Office for National Statistics, news release: *Inequalities in life expectancy at 65 in the UK*, 20 November 2007.
- ¹³ HM Treasury, PSA Delivery Agreement 18: *Promote better health and wellbeing for all*, 2007.
- ¹⁴ Age Concern England, *Out of sight, out of mind*, 2008
- ¹⁵ European Nutrition for Health Alliance, *Malnutrition among older people in the community*. 2006.
- ¹⁶ HM Government, *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*, 2007.
- ¹⁷ HM Treasury, PSA Delivery Agreement 25: *Reduce the harm caused by Alcohol. Indicator 2: The number of alcohol-related hospital admissions*, 2007.

- ¹⁸ Hillsdon, M et al, *The effectiveness of public health interventions for increasing physical activity among adults: a review of reviews: Evidence Briefing*. Health Development Agency 2004.
- ¹⁹ Department of Health, Carnegie Research Institute, Leeds Metropolitan University. *The national evaluation of LEAP: Final report on the national evaluation of the Local Exercise Action Pilots*, 2007.
- ²⁰ Department of Health, *Cancer Reform Strategy*, 2007.
- ²¹ Age Concern England, *Feet for purpose?* 2007.
- ²² Department of Health, *Standards for Better Health, 2006. Update to Annex A of National standards, local action: health and care standards and planning framework*, 2004.
- ²³ Department of Health, *Improving nutritional care*, 2007.
- ²⁴ Joint Committee on Human Rights, *The human rights of older people in healthcare*, 2007.
- ²⁵ Healthcare Commission, *Caring for dignity: a national report on dignity in care for older people while in hospital*, 2007.
- ²⁶ Healthcare Commission, *Investigation into outbreaks of Clostridium Difficile at Maidstone and Tunbridge Wells NHS Trust*, 2007.
- ²⁷ Healthcare Commission, *State of Healthcare*, 2007.
- ²⁸ Department of Health, *NHS dental reforms: one year on*, 2007.
- ²⁹ Citizens Advice, press release: *Millions have difficulty in accessing an NHS dentist*, 16 January 2008.
- ³⁰ Alzheimer's Society, *Dementia UK*, 2007.
- ³¹ National Audit Office, *Improving services and support for people with dementia*, 2007.
- ³² HM Government PSA Delivery Agreement 19: *Ensure better care for all*, 2007.
- ³³ Department of Health, *Privacy and Dignity, a report by the Chief Nursing Officer into mixed sex accommodation in hospitals*, 2007.
- ³⁴ NHS Institute for Innovation and Improvement, *Privacy and Dignity – the elimination of mixed sex accommodation*, 2007.
- ³⁵ House of Commons written statement, *Correcting previous incorrect figures which had implied a large rise in delayed discharges*, 12 November 2007.
- ³⁶ NHS Information Centre, June 2006.
- ³⁷ National Council for Palliative Care, *Progress with dementia – moving forward, addressing palliative care for people with dementia*, 2007.

In focus: inequality and the lifecourse

Recent debates about inequality focus on fairness between generations or equality in early life. Policy makers need a new analysis of the key dimensions of inequality in the second half of life.

David Willetts MP, the cerebral Conservative frontbencher, has launched an important debate on social justice between the generations, arguing that the ‘baby boomers’ have been a ‘lucky’ generation. He talks about defined benefit pensions, rising house prices, an era of low inflation, and a rising proportion of life spent in receipt of retirement-related public spending. Meanwhile, he suggests younger generations will have to pay higher taxes to fund pensions and public services for the increased number of retirees.¹ The thinktank Reform has pushed this argument further, pointing to the costs of housing and university tuition for younger adults, who are described as IPOD – ‘insecure, pressurised, over-taxed, debt-ridden’.²

Does this argument stand up to scrutiny? It is clearly untrue that today’s 18-34 year-olds are on average worse-off than ‘baby boomers’ were, when they were young. After all, standards of living were far lower, fewer people owned their own home and university education was less common. This truth is linked to an important principle of inter-generational solidarity: in societies where each new generation is richer than the one before, people should share their affluence with retirees who have lived through poorer times, in the expectation that they will receive the same treatment from still richer generations yet to come. Willetts suggests this ‘inter-generational contract’ is breaking down because of the size of the post-war ‘bulge’ generation. But much of the projected increase in age-related public spending is a result of rising life expectancies, not the high number of ‘boomers’. This distinction is important because today’s young people will in turn come to enjoy long retirements, even with a pension age of 68. So, while they face the prospect of supporting longer lives today, they can expect to receive the same in return in their own old age.

But should we worry about inter-generational equity anyway? Are issues of fairness between generations a distraction, compared to questions of fairness within generations? In other words, should policy makers worry about social justice and equality at each stage across the lifecourse, rather than the differences in the experiences of mid-income families of different generational cohorts? There is no easy answer to this question, because little thought has been given to the implications of longer lives and an ageing society for traditional conceptions of fairness, equality and social justice. Age Concern believes egalitarian politics needs a new ‘lifecourse’ perspective. This means being alive to the implications of longer lives and changing expectations about the second half of life; to the triggers of disadvantage that occur at various stages across the lifecourse; to differences between generation cohorts that reflect the times they have lived through; and to the dynamics of the ageing process itself. This combines physiological change that is age-related though often preventable and ‘social ageing’ - the results of attitudinal, social and institutional factors.

What might a 'lifecourse' perspective add to contemporary accounts of inequality? In January 2008 the Social Exclusion minister, Ed Miliband MP, made a thoughtful speech on inequality which described three forms of injustice that society should tackle: income poverty; lack of social mobility; and lack of opportunities to live the life people choose to.³ So what are the implications of a 'lifecourse' perspective for Miliband's multi-faceted concept of equality?

In the case of income poverty, the Government's policies and principles are already differentiated by age. Labour's top priority is to end child poverty. It sees it as an ethical and economic imperative, in order to equalise lifetime opportunities, maximise future productivity and prevent inter-generational cycles of deprivation. On the other hand, it has been much more circumspect about income poverty among adults below State Pension Age, mainly because it is fearful of forcing up wages or reducing incentives to work. This has major implications for the wellbeing of people forced to stop working early, for example the 1.2 million over-50s on incapacity benefits. Pensioner poverty is a far more popular cause, and with Pension Credit ministers have set an income guarantee for older people at a level far higher than for other non-parent households. As a consequence, levels of pensioner poverty are now for the first time lower than for the population as a whole.

So what does a lifecourse perspective add? First, it implies paying greater attention to the persistence of poverty. Much longer retirements mean that long-term poverty will be a growing concern. More people can expect to live on permanent low incomes, rather than oscillating in and out of poverty, which is the norm before State Pension Age. Second, it could force policy makers to consider the long-term implications of the chronically low incomes of many people on benefits in their 40s and 50s. Poverty before State Pension Age will scar ever longer life-spans, with constrained opportunities, greater social exclusion and poorer health over many decades.

These are good examples of how issues of income poverty interact with other dimensions of social justice. It is time for a much greater focus on these non-financial aspects of inequality in later life, to catch up with developments in thinking with respect to younger age groups. With much longer lives, Miliband's second and third dimensions of equality – opportunity and self-fulfilment – need to extend right across the lifecourse.

When people talk about 'social mobility' and the related concept of 'life chances' they think of efforts to equalise opportunities for children by the time they reach mature adulthood. This '0 to 30' conception of social justice does not take into account opportunities thereafter. With longer lives this will be unsustainable. People from disadvantaged backgrounds should have the opportunity to 'catch up' at any stage, for example through quality adult learning. And policy makers also need to be watchful of 'downward mobility' in the second half of working life, since average earnings peak in people's 30s or 40s. With rapid technological change ahead, securing 'life chances for life' will mean significant investment in re-skilling older workers for longer working lives.

Miliband described his third dimension of equality as 'people's ability to lead the freely-chosen life'. He talked of 'addressing constrained choices in all the aspects of human flourishing that matter' including use of time, feelings of community, and the exercise of power. This approach to equality has been pioneered in the developing world by the Nobel laureate Amartya Sen (in academic circles these opportunities for self-fulfilment are described as 'substantive freedoms' or 'capabilities'). In 2007 Trevor Philips' Equalities Review recommended that the concept should be adopted by UK policy makers too.⁴

So what might this mean from a lifecourse perspective? It helps put flesh on the bones of the concept of 'age equality' by implying that there is an ethical right for each age group to have the same access to a 'freely chosen life'. This implies that people of all ages should be treated with equal worth and respect; they should receive entitlements necessary to secure independence and well-being at each stage of life; and they should have equal opportunities to use as they choose. This extends the scope of policy well beyond the provision of a minimum income guarantee to a far wider range of issues: the promotion of opportunities for contribution, friendship and self-fulfilment; an assault on non-financial forms of inequality, especially with respect to poor health, housing and experiences of public services; and a particular emphasis on aspects of social exclusion which cut older people off from mainstream life, such as access to basic services and technology.

References

- ¹ Speech by David Willetts *Social justice across the generations*, 6 December 2006.
- ² Nick Bosanquet et al, *Class of 2007: inaction sinks the IPOD generation*, Reform, 2007.
- ³ Speech by Ed Milliband MP, *Fighting Poverty and Inequality in an Age of Affluence*, January 2008.
- ⁴ Cabinet Office, *Fairness and Freedom: the final report of the Equalities Review*, 2007 and other papers prepared for the review such as Burchardt, T, *Foundations for Measuring Equality*, 2006

Care and care services

The facts

- In 2001, 4.9 million unpaid family and friends provided informal care in England. It is estimated that 70% of those cared for are aged 65 years or over.¹ Older people were estimated to have contributed £15 billion worth of unpaid care (excluding childcare).²
- Around 1.23 million people in England aged 65 and over received local authority commissioned social care in 2006/07.³ About 346,000 households received local authority funded home care each week. This is a decline from 387,000 in 2001 and 529,000 in 1991.⁴
- 420,000 people live in care homes for older people (or for people with physical disabilities). This is a decline of 45,000 people since 2000 and 90,000 since 1992. Since 2001, occupancy has varied between 90 and 92%.
- 191,000 people are supported by their local authority to live in a care home (a fall of 4% since last year and 12% since 2003). About 112,000 care home residents (28% of the total) pay for their own care.⁶
- The number of older people who pay for their own home care is unknown. It is estimated that the value of privately purchased home care in England is about £700 million (excluding care purchased in the grey economy and privately purchased aids and adaptations).⁵
- Social care is a major business sector, employing over a million people⁷. Public and private spending on care adds up to £18.3 billion each year.⁵
- 73% of English local authorities have plans to limit care to people with substantial and critical needs. Four of them plan only to provide care to people with critical needs.⁸

On the agenda

The Government has announced plans for a Green Paper that will consult on a radical overhaul of the funding and design of care. The year 2008 should see extensive consultation and public engagement ahead of the Green Paper. A review of social care eligibility criteria has been announced.

Increased choice and control for service users remain at the centre of Government plans, in order both to improve the experience of service users and to create a more efficient, consumer driven care system. 'Individual Budgets' are a key part of this agenda. An evaluation of a number of individual budget pilots is due to be completed in April 2008, to be followed by a national roll-out.

Inspection and regulation of health and social care is being reformed. The current Health and Social Care Bill introduces a new regulatory framework, including a new set of requirements that all health and social care services will have to meet before they can provide regulated

services. The new framework will underpin the work of a new Care Quality Commission which will replace the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission in April 2009.

Devolution Watch: Social care policy described in this chapter covers England only. Wales has developed some different policies. In Scotland, local authorities make a contribution to the costs of personal and nursing care for people aged 65 and over.

Priorities for action

In the short term, the government must stop the present situation getting worse:

- Review social care funding annually until 2011, topping-up announced allocations with contingency reserves as necessary.
- Introduce advice and brokerage services for everyone who may need care. Give self-funding service users the option of having their council arrange residential or home care on their behalf.
- Introduce national minimum requirements for the care people are entitled to, using the review of eligibility criteria to develop a clear consistent system.
- Put human rights and wellbeing at the heart of the new regulatory system with all service users having adequate access to complaints mechanisms and protection under the Human Rights Act.
- Ensure Local Area Agreements allocate spending to preventative services for older people, including budget pooling and joint commissioning.

In the long term, parties to a new settlement need to:

- Convince the public that care is a priority and secure long-term commitment to rising public spending for care.
- Design local communities and services to sustain health, independence and wellbeing, shaping them around the needs and aspirations of older people.
- Secure high quality, personalised care for all who need it, with state assistance to arrange support irrespective of who pays.
- Develop a fair and transparent division of responsibilities between local and national government, with clarity about national entitlements and funding.
- Develop a fair and transparent division of responsibilities between the state and the individual, with the state offering some support to all but prioritising access and quality of care for the most disadvantaged.
- Examine the role of financial products in helping people pay for care and explore private and public sector mechanisms for pooling these risks.

The future of care

The Government has promised widespread consultation and public debate during 2008 which will result in a Green Paper setting out options for a radically reformed system of care. The Government wishes any debate to include all adults in need of care and support and has three requirements for reform: it must promote independence and wellbeing for those in need; be consistent with the principles of 'progressive universalism'; and be affordable. It is clear that a number of difficult decisions need to be made.

The 2007 Comprehensive Spending Review increased investment in local authorities by 1% per year, which will not meet the extra costs of the ageing population. Short-term spending pressures are likely to make the job of long-term reform harder.

Putting People First, published in December 2007 is a 'concordat' or shared commitment between five central Government departments, local government, the regulatory bodies, and the professional leadership of adult social care and the NHS. It is designed to transform care services over the next three years by making significant improvements to the existing care system to complement the proposed Green Paper.

There are two main themes in the concordat. The first, for those people who meet the Fair Access to Care Services (FACS) eligibility criteria, is a shift from arranged care to personal budgets, as well as the support arrangements that need to go with this, such as brokerage. The second is the development of approaches and services geared to prevention, earlier intervention, alleviating loneliness, and intergenerational work. These would not be funded solely from the adult social care budget and would be likely to be an outcome of Sustainable Community Strategies and Local Area Agreements (see social inclusion and communities chapter).

In January, the Commission for Social Care Inspection was asked to review and report back by the autumn on the FACS criteria. It will focus on national definitions and their application at local level by councils.⁹

Carers

Unpaid carers currently provide 65% of care compared to 25% paid for by the state (the other 10% is privately purchased).¹⁰ This distribution means that if the supply of unpaid care were to fall by 10%, state provided care would need to increase by over a quarter to plug the gap. A drop of this magnitude is quite conceivable because people are reaching old age with fewer children than in the past, their families live further away, and more older people live without a partner. Meanwhile, the growing number of older people means that the need for support from unpaid carers could rise by 30% over the next 35 years (equivalent to the number of carers rising from 5.7 to 9.1 million).¹⁰

The Commission for Social Care Inspection has highlighted the growing stress on carers created by the increasingly restricted availability of social care services.¹¹ Carers are also disadvantaged in respect of health, income and employment opportunities and these disadvantages can persist long after the caring relationship has finished.

Carers are currently entitled to have their needs assessed by social services. The local authority can then provide assistance but has no duty to do so. Services provided to the cared-for person can also take account of the needs of the carer. Where carers do receive services to help them in their caring role they may be charged for them.

The Government is implementing a 'new deal for carers' which includes a new national helpline, greater availability of emergency respite breaks and training for carers. 'Putting People First' refers to the need to treat family and carers as experts and care partners. A standing commission has been set up which will give a voice to carers and oversee a revision of the 1999 carers strategy expected in Spring 2008.

Paying for care

Paying for care continues to be a contentious issue, marred by bewildering complexity, widespread perceptions of unfairness and increased rationing of state services money. For many years care at home has been means tested on a discretionary basis and care in care homes on a mandatory basis. But local authority funding pressures are leading to a shift in balance between the individual and the state. Needs-based eligibility criteria have been tightened to reduce the numbers receiving subsidised home care. Those who are not eligible have to rely on family carers or do without. In addition, in 2007 maximum fees charged by local authorities for home care increased substantially for people in many areas. Packages of care are also being pared back to the bare minimum.

People who are in care homes are also being hit as local authorities usually place a cap on the funding of residential care by setting a maximum amount they will normally pay. These thresholds tend to be below the level of typical care home fees (see Indicator 1) and have been raised by less than inflation in many areas. This means that either local authority funded residents are required to supplement their fees with 'top-up' payments, or councils are cross-subsidised by self-funding residents who are charged a higher fee for the same service. A 2007 Commission for Social Care Inspection study on care home fees found that in one of the 10 areas they studied in depth, 75% of homes required a third party top-up. Differential pricing was also an issue, with over half of homes in the study stating that they charge those funding their own care more than local authorities are prepared to pay.¹²

As well as these immediate problems there is ongoing debate about ensuring a sustainable system of funding for the future. During 2007, Caring Choices, a consortium of 15 organisations (including the Joseph Rowntree Foundation, the King's Fund, Age Concern and Help the Aged) was formed to promote debate about the future funding of care. Seven listening debates were held during 2007. The main conclusions from these events were:

- There was almost no support for the current funding system. About 90% of participants at the events rejected the use of a means test to determine whether or not an individual receives any state-funded care. They supported a stronger 'universal' element, determined by care need rather than by people's income or wealth. There was a range of views about the balance between the state and the individual.

- The vast majority of participants wanted a simpler system, in which entitlements are clearer and people are able to plan ahead with greater understanding of what will be on offer.
- Almost all participants believed that more money needs to be spent on long-term care, regardless of what kind of funding system we have in place or where that money comes from.
- There were many calls for users to have more control over services and for a wider range of care needs to be met beyond the narrow definition of personal care.
- State help to encourage private contribution was largely favoured but views on specific schemes were mixed.
- There was an overwhelming view that more support for carers is needed and that any settlement will fail if it neglects carers' needs.

The year 2007 saw one piece of good news on the funding of care, with the publication of a new framework for determining whether care costs should be met in full by the NHS, as continuing healthcare. The new guidelines are expected to see an extra 5,000 people receive free care. At the same time the Department of Health simplified the system of NHS contributions for nursing in care homes, with the existing three bands of payments merged into one payment of £101 per week, with a system of transitional protection for those already on the highest band.

Self directed support

A new system of individual budgets is currently being piloted and evaluated in 13 local authorities with plans to roll them out nationally. Individual Budgets enable service users to choose whether to have services arranged by a local authority or to use the same budget to purchase alternative care arrangements. This can include receiving some, or all, of the budget as a cash payment, or asking the local authority to arrange different services. This provides a broader range of choices than current 'direct payments' which only enable service users to opt for a cash payment. Many older people have been discouraged from using direct payments because of the responsibility of directly paying and managing carers. The budget rolls together a number of funding streams. For older people, these are council provided social care; 'Supporting People' (housing support); Integrated Community Equipment Services; Disabled Facilities Grants. Funding for younger adults also includes Independent Living Fund and Access to Work.

The 'personal budgets' announced in the *Putting People First* concordat and which are being encouraged from April 2008 will initially only apply to social services funding. Anyone eligible for statutory support will have a transparent, upfront allocation of funds for that support. If they choose to, they can have it as a direct payment, but they can also have it as a 'notional budget', which means that the individual has more control over the service but the council continues to arrange it on their behalf. A mix of the two is also possible.

Individual or personal budgets can only give their recipients genuine choice if there are alternative local services available to buy. Local Authority Directors of Adult Social Services are now responsible for developing, in association with the NHS and the independent sector, 10-15 year strategic plans to ensure that a range of services, and a trained workforce, will be available in the future.

At present only people who can direct their own care (including with assistance, for example from an advocate) can receive a direct payment. The current Health and Social Care Bill will allow cash payments to buy care to be made to an agent acting on behalf of someone who does not have the capacity to direct their own care.

None of the above payments can currently be used to purchase residential care or NHS services. However Lord Darzi in his interim report *Our NHS, our future* recognised the value of supporting and enabling people to tailor their care packages to their needs and to secure alternatives to traditional NHS provision.

A project board (of which Age Concern is a member) has been set up by the Department of Health to oversee a review of the Fairer Charging guidance in the light of individual budgets, which have funding streams from a number of Departments. As charging under Fairer Charging is based on hours of service it does not easily fit with the individual budgets approach. A consultation document on proposed changes is expected later this year with a view to making changes to the Fairer Charging guidance by 2009.

Quality and standards

Legislation has been introduced to create a new single health and adult social care regulator, to be called the Care Quality Commission. This will replace the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission from April 2009. The current system of regulations and national minimum standards will also be reformed.

Currently care homes for older people and domiciliary care services are governed by different sets of regulations. Inspectors use standards to judge whether services comply with regulations. Under the new system, to be introduced by the Health and Social Care Bill, there will be a single set of regulations covering all health and adult social care services. This will enable more flexibility. However it will be a challenge to draft regulations that are applicable to all health and social care services and at the same time able to focus on those issues which are important to particular types of service.

Inspectors will draw on a range of information to decide whether regulations are being met, and there will no longer be national standards. Information used will include annual self reporting by service providers. Inspections will be targeted according to risk (their frequency has already been reduced for services that are performing well). However the new commission will supplement this work through both themed inspections and random inspections.

Age Concern comment

With less central regulation in the future, the Department of Health has suggested that it would be up to the NHS and local authorities to specify detailed requirements for service quality when they commission independent providers. However this will be of little use to older people who have to purchase their own residential care, due to the national means-testing regime, and who usually have to arrange their own private contracts.

Two other issues leave self-funding residents further exposed to poor care or abuse. Firstly, the new commission will not deal with complaints from individual patients (until now the Healthcare Commission has fulfilled this function, while the Commission for Social Care Inspection has already concluded that it does not have powers to take up individual complaints). Self funders will therefore have no-one to turn to if they are not satisfied with a care provider's response to a complaint, although the Social Care Minister has undertaken to consider whether some form of independent review could be retained.¹³ Secondly, many local authorities have taken the view that their duties under national 'No Secrets' guidance, to co-ordinate protection of so called 'vulnerable adults', only apply to people who receive social services. Again 'self funders' can be excluded.

The Commission for Social Care Inspection currently publishes annual statistics showing the extent to which care homes comply, or do not comply, with national minimum standards. In 2006-07 the average rate of compliance with standards for care homes was 79% and for domiciliary care services 78%. However compliance with some standards was considerably lower – only 56% of care homes and 60% of domiciliary care services met the standards for service user's care plan.

Care and support at home

Government policy has concentrated on helping more people with intensive needs (who might otherwise need to go into care homes) to remain at home. This approach has been successful and is measured by a Department of Health Public Service Agreement (PSA) target relating to the proportion of social services clients who have intensive needs and are helped to live at home. This trend has been helped by a considerable increase in the number of hours of care provided by local authorities.

However there has been a price to pay for this success, as it has meant that care has been targeted at people with the highest needs while being withdrawn from a larger number of people with less intense needs. The number of households receiving home care services at any one time has therefore fallen from 528,500 in 1991 to 345,800 in 2006.⁵ The Department of Health PSA target refers to people supported to live in their own home rather than just care at home. This is a broader target that can include one-off interventions or adaptations. This figure has shown an upward trend with a 0.9% increase over 2005/06.¹³

Local Authorities decide whether someone is eligible for care and support using a national framework, *Fair Access to Care Services*. Using this framework social services assess the risk someone will face if they do not get help, and grade this as being critical, substantial, moderate or

low risk. Most local authorities now only provide services to people at critical or substantial risk, and a few have restricted services to people at critical risk. In one case, a legal challenge to the latter was mounted. The court found that the local authority had not given due consideration to the Disability Discrimination Act and had failed to have due regard to the need to eliminate discrimination against disabled people and to promote equality of opportunity.

The impact of tightening eligibility criteria was the focus of this year's CSCI State of Social Care.⁸ The Commission estimated that about 6,000 older people with high levels of support needs and no informal care receive no services from their local authority and a further 1.5 million people have some degree of care shortfall (assuming they receive no informal care). The report found that the Council's stated policy on eligibility was not necessarily a predictor of how the criteria operate in practice and were open to differing interpretation by front-line staff. The study also found that where councils had diverted people by signposting them to other services, they rarely followed up to determine what then happened to the person. The Care Services Minister Ivan Lewis stated "I want to see an end to the 'no help here' culture, which is now creeping into parts of the care system." In the wake of these findings the government has commissioned CSCI to review the FACS criteria and their local applications.

Age Concern comment

The *Putting People First* concordat aims to re-direct resources towards helping people to remain independent in order to contain rising demands on social care services. The impact of this rising demand is imminent; the Local Government Association estimates that the number of older people who need social care services will rise by 400,000 over the next three years.¹⁵ Since social care funding is so obviously struggling to keep pace with demand, there is no slack in the system that would allow social services to divert resources away from people with high needs, and towards those who have not yet reached crisis point. The approach set out in *Putting People First* will therefore only be successful if other agencies contribute to supporting older and disabled people to live independently. Hence the emphasis on Local Partners developing community wide Local Area Agreements that involve the NHS, the voluntary sector and other council functions such as housing.

Care homes

The number of older people who live in care homes has started to rise (and is expected to continue to increase) following a period of decline. This decline was a result of policies aimed at helping more older people stay in their own homes (as well as a temporary fall in the number of over 85s caused by the lowered birthrate during and after the First World War). Since residential care is used by a smaller minority, those people who do enter care homes usually have more intensive needs than in the past. For example, a survey by BUPA found that 36% of their residents had some degree of dementia. From now on demographic change will result in a dramatic increase in the number of 85s.¹⁶ Whether this results in an equally dramatic rise in the number of care home residents will depend on whether alternative services (such as extra care sheltered housing) are developed, and also on medical advances in treating or delaying dementia.

Care home residents continue to have limited legal protection. Residents usually have little security of tenure so can often be evicted with limited notice. This may act as a deterrent to residents or their relatives complaining about unsatisfactory care. A number of court judgments, particularly in relation to home closures, have established that independent sector care providers, who provide the majority of care on behalf of local authorities, are not public authorities subject to the Human Rights Act. They do not therefore have the same duties as a local authority would have to take account of the impact of decisions on the human rights of individuals. In the case of a care home closure, these rights might include the European Convention on Human Rights entitlement to respect for private and family life or even, given the risks involved in transferring very frail older people, the right to life. Age Concern is a member of a coalition of organisations that is campaigning for legislation to change this situation (see Equality and Human Rights chapter).

Coming up in 2008

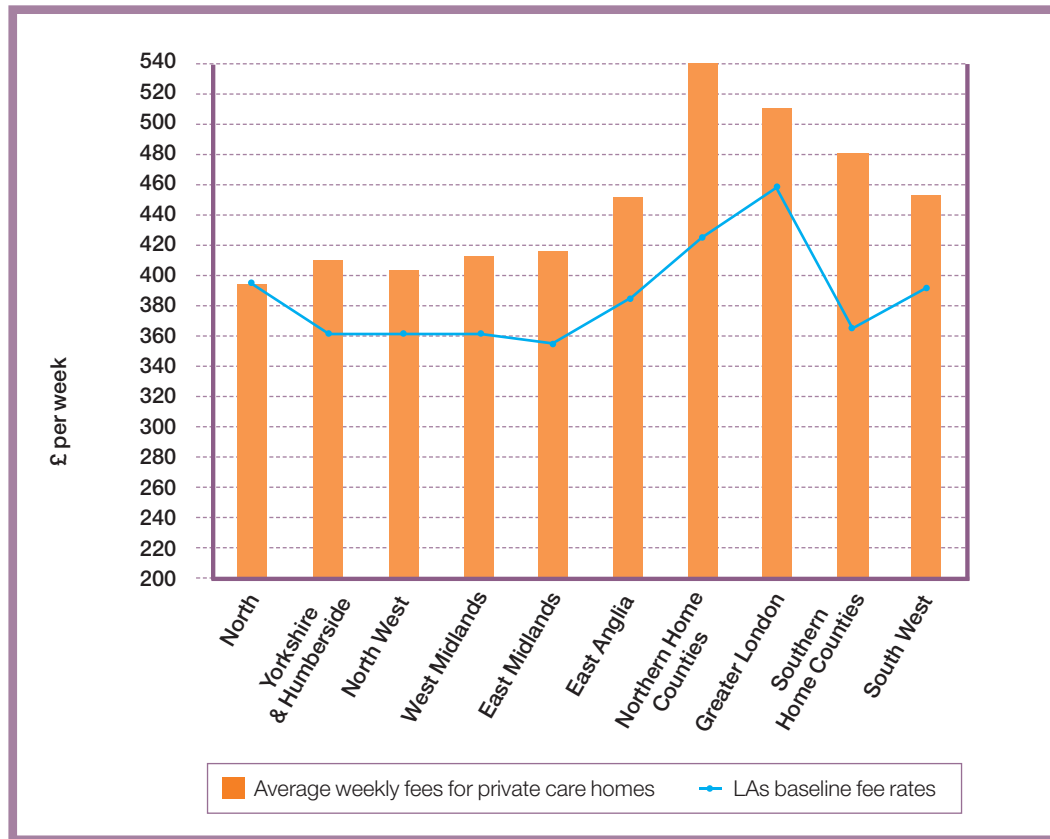
- February – launch of review of ‘No Secrets’ guidance on safeguarding vulnerable adults
- April – The roll out of personal budgets begins in England
- May – publication of Prime Minister’s Carers’ Strategy
- Spring/Summer – Consultation in advance of a Green Paper on care reform and funding
- Summer – Royal Assent for Health and Social Care Bill with provisions including:
 - establish a health and social care ‘super regulator’ by April 2009
 - reform registration criteria for regulated services
 - widen the availability of direct payments for personal care
 - remove requirements for ‘liable relatives’ to pay for care
- Consultation on changes to Fairer Charging in the light of Individual Budgets
- October – CSCI reports to the minister with recommendations regarding eligibility criteria
- Late 2008 – publication of cross Departmental Independent Living Strategy

and beyond....

- 2009 – Care Quality Commission due to begin work in April.
- 2009 – Changes to Fairer Charging Guidance due for April
- 2011 – deadline for local authorities to achieve ‘significant progress’ in meeting the aims of the ‘Putting People First’ concordat.

Indicators

1. Under-funding of residential care



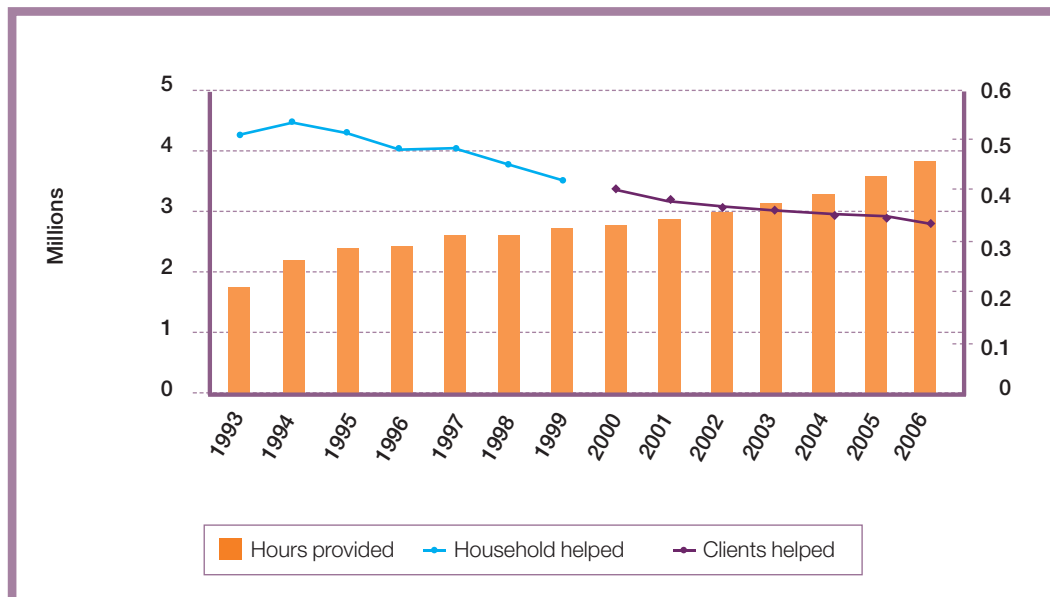
Source: Laing & Buisson, *Care of Elderly People Market Survey*, 2007

Notes: The graph shows the maximum fees levels that local authorities will pay for older people compared to the average fees charged by homes, on a regional basis. The figures are for those authorities which quote their fee levels and only cover residential care homes.

Direction of travel: no time series

In some regions the difference between the standard fee local authorities will pay and the average fees homes charge can be over £100 per week. This leads to several negative outcomes: the viability of independent care homes is undermined; residents are denied effective choice; they are forced to rely on relatives to ‘top-up’ local authority payments; or homes require self-funding residents to pay higher fees as a ‘cross subsidy’.

2. Home care



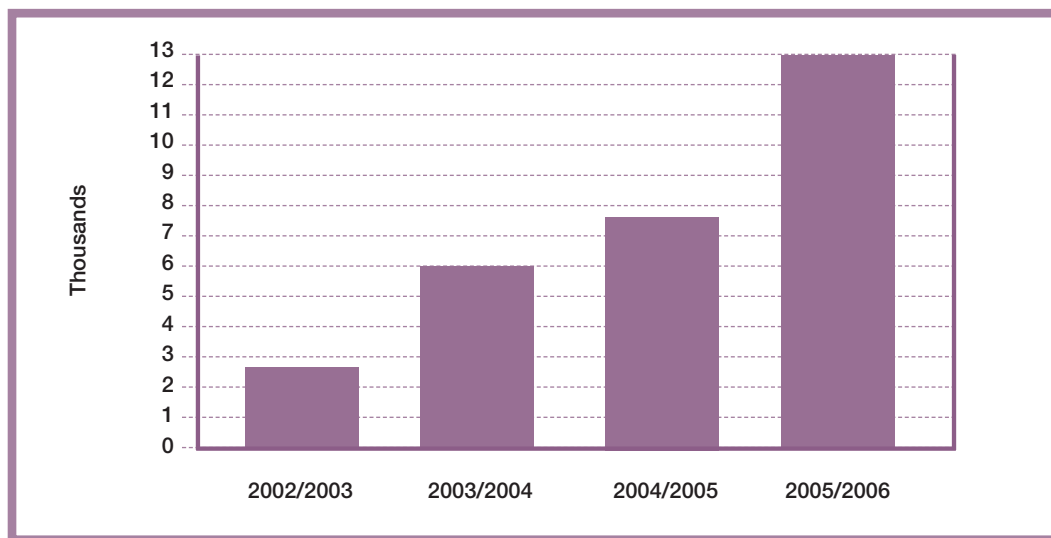
Source: Department of Health, Community Care Statistics 2005/2006

Notes: Left hand scale – hours of social care provided to older people. Right Hand Scale - number of people receiving services (the definition changed in 2000 from households to clients helped, leading to a discontinuity in this series).

Direction of travel: mixed

The number of older people receiving care is steadily falling – a negative trend. But the number of hours of home care is increasing steadily. This indicates that more intensive services are being targeted at a smaller group of people. This is enabling older people to continue living in their own homes rather than move into a care home.

3. Older people receiving direct payments



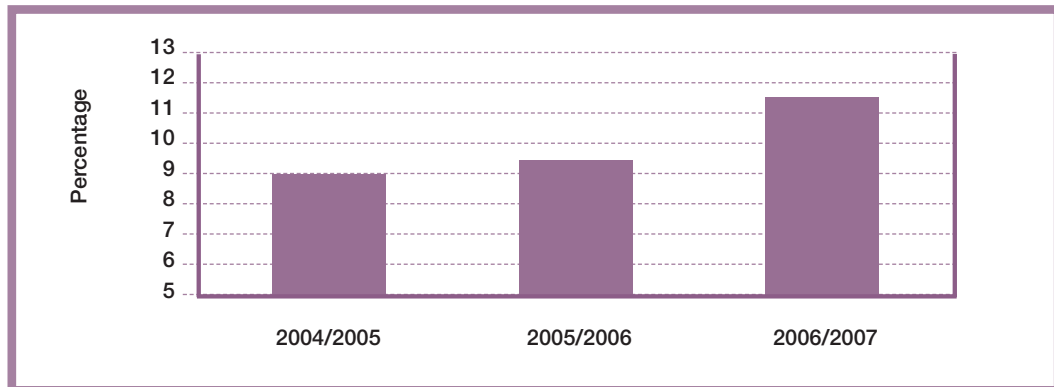
Source: Department of Health Community Care Statistics 2005/06

Notes: Number of people aged over 65 receiving a Direct Payment to purchase social care

Direction of travel: positive

The number of older people receiving direct payments is rising rapidly, although the overall numbers are still low. This trend is positive because direct payments allow the individual to choose the provider of the service they require, and they thus enhance the autonomy of the individual. However they are only one form of personalised care, and other options which avoid directly commissioning services may well be more popular with older people.

4. Carers receiving services



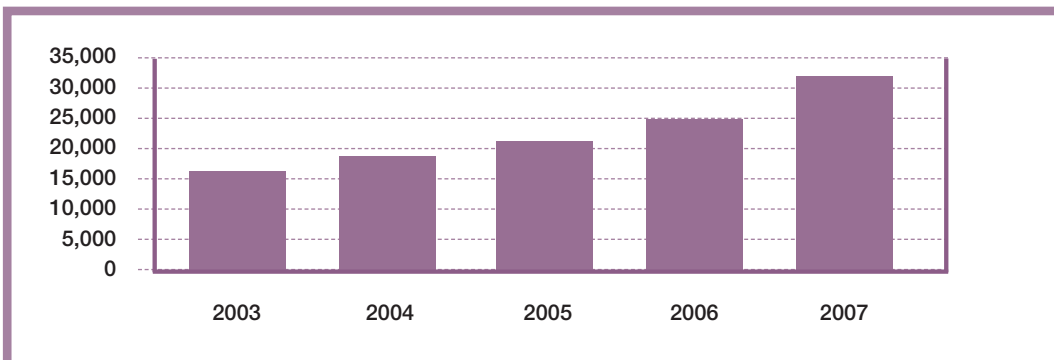
Source: Social Services Performance Assessment Framework Indicators 2006/07

Notes: Number of carers receiving a service as a percentage of clients cared for in the community.

Direction of travel: positive

The proportion of carers receiving services gives an indication of the extent to which carers' needs are being met by local authorities. There are no definitive data on the unmet needs of carers, but these are likely to be substantially higher than the proportion actually receiving a service.

5. Care funded by the NHS



Source: Laing & Buisson 2007

Note: Number of people whose care is funded by the NHS as continuing healthcare. The figures predate the new national framework which came into force in October 2007.

Indication of change: positive

This upward trend follows a 1999 test case ruling on the dividing line between NHS and local authority responsibilities for people using nursing care. In 2003 the Ombudsman issued a highly critical report which found that the caselaw was not being followed; this has led to a sharp rise in support.

References

- ¹ Carers UK, based on 2000 General Household survey figures, 2005.
- ² Age Concern England, *The Economic Contribution of Older People*, 2004 also Office for National Statistics, *Household satellite account*, 2002.
- ³ Department of Health, *Community Care Statistics 2006-07: Referrals, Assessments and Packages of Care for Adults, England*, December 2007. (This includes people receiving social work support and one-off aids and adaptations, so the number of older people receiving services on an ongoing basis is smaller than this).
- ⁴ Laing and Buisson, *Care of Elderly People Market Survey 2007*. (Note that these figures, referring to people receiving care during an annual survey week are smaller than the figure in the previous section which is for people getting care over the whole year).
- ⁵ Laing and Buisson, *Care of Elderly People Market Survey*, 2007.
- ⁶ Extrapolated from Department of Health, *Community Care Statistics 2007: Supported Residents*, (Adults) England, October 2007.
- ⁷ TOPSS, *Modernising the Social Care Workforce* 2000.
- ⁸ Commission for Social Care Inspection (CSCI), *The State of Social Care in England 2006-07*, January 2008
- ⁹ Department of Health Press Release 29 January 2008.
- ¹⁰ Carers UK, *It could be you*, 2001.
- ¹¹ Commission for Social Care Inspection (CSCI), *The State of Social Care in England 2005-06*.
- ¹² Commission for Social Care Inspection, *A fair contract with older people?*, October 2007.
- ¹³ Ivan Lewis, Westminster Hall Debate, Hansard, 11 December 2007.
- ¹⁴ Department of Health, *Autumn Performance report*, 2007.
- ¹⁵ Local Government Association, press release, 6 December 2007.
- ¹⁶ Office for National Statistics, latest estimates suggests a quadrupling of those 85 and over from 1,065,000 in 2006 to 4,491,000 in 2056, November 2007.

In focus: prevention in health and social care

‘Prevention’ is becoming the key watchword for health and social care reform. But prevention means different things to different people. There is not even agreement about what services should be preventing.

In the December 2007 *Putting People First* concordat the Government and key stakeholders pledged themselves to a social care system focused on ‘prevention, early intervention, enablement’. The following month the Prime Minister mentioned prevention 19 times in a keynote speech on NHS reform.

But what does prevention look like in practice? The term is applied to a wide range of services and initiatives ranging from population-wide health promotion activities to specialist aftercare aiming to avoid readmissions when people are already very ill. It includes clinical interventions of the sort the Prime Minister referred to – improved screening and vaccine programmes and regular health check-ups. It covers services that straddle the boundaries of the NHS and social care such as re-ablement and falls prevention. It can mean extending the coverage of social care to a larger number of less disabled people. And in its widest sense it includes the whole web of services and support available in the community to delay the need for care at all (see Communities and Social Inclusion chapter).

This wide spectrum of ‘prevention’ is clearly not all trying to achieve the same ends over the same timescale. Sometimes prevention is intended to deliver results in months while other effects will only emerge over decades. And while the driver behind many preventative initiatives is short-term cost savings for the commissioner, the services older people themselves value most focus on sustaining good health, independence and wellbeing for as long as possible.

Over the last five years many of the most successful prevention initiatives have focused on emergency hospital admissions. For example reducing the number of falls, by giving advice and making homes safer, has had measurable impact. This support can either come after a fall to prevent recurrence (secondary prevention) or can be targeted at people at risk of falling. Measures to reduce falls can be successful at an early stage, with the potential to prevent or delay the need to use social services or the NHS. For example in one area a ‘Sloppy Slippers’ campaign reduced falls by 32% in a year.¹

Re-ablement services are intended help people to regain as many of their abilities as possible, for example after leaving hospital. These services were developed following Age Concern campaigning for older people’s rehabilitation to be given a high priority. This led to the national standard against age discrimination in the NHS, and the introduction of Intermediate Care. This consists of short term (up to 6 weeks) rehabilitation following a hospital stay. In 2007 the Care Services Efficiency Delivery Programme published evidence to show that re-enablement interventions can have a short term impact on the use of homecare services, and is doing further work to see if there are long term benefits.²

However, the most high profile experiment in prevention for older people are the Partnerships for Older People Projects, initially launched by the 2004 Spending Review. The pilots cover a wide range of services, from population-wide support to specialist help such as psychological therapies. The early findings are that the programme is paying for itself in terms of reductions in NHS bed-stays.³ This finding is particularly welcome because POPPs is a mixed portfolio with many 'upstream' services that do not have an immediate connection with hospital admission. This success is one reason why the Department of Health has said it will fund commissioners make the transition to more preventative services, as part of the Social Care modernisation fund announced by *Putting People First*.

But attempts to measure whether early intervention saves money are perhaps missing the point. In Age Concern's view the main benefit of early intervention is that it enables older people to maintain their quality of life; what should be measured is the impact on people's ability to continue living as they wish, doing the things they enjoy and having contact with friends, family and neighbours. In order to go beyond service-level cost benefit analysis, we need a much sharper definition of what care services are meant to achieve. The Wanless Review of Social Care broke new ground in this area, proposing a measure 'activities of daily living added years' (ADLAYS). The success of prevention and rehabilitation would be measured by whether people were helped to be able to carry out normal activities for a longer period. This is an important start, although it needs extending to capture more subjective issues such as dignity, wellbeing and control; if nothing else, social activity should be added to the list of essential activities of daily living.

References

¹ Age Concern England, *The Evidence Base for Preventative Services*, 2006.

² CSED, *Homecare Re-ablement workstream discussion document*, Feb 2007.

³ University of Hertfordshire, *National Evaluation of Partnerships for Older People Projects: Interim Report of Progress*, 2007

Social inclusion and communities

The facts

- 1.1 million older people experience severe 'multiple exclusion'.¹
- 10% of people aged over 50 and 14% of people aged 80-plus are 'financially excluded'.
- 43% of people aged over 65 feel unsafe walking alone after dark.²
- There were 12,750 recorded distraction burglary crimes in 2006/07.³ The average age of a victim is 81 years.
- Older men and women have the lowest rate of victimisation overall for any age group.⁴
- In 2006/07, 12% of men and 10% of women aged 65-74 perceived high levels of anti-social behaviour in their local areas.⁵
- 32% of people aged 65-74 and 26% of people aged over 75 regularly participate in formal volunteering.⁶
- Research shows that older people are significantly higher than average users of post office services.⁷
- 149 rural Post Offices were closed during 2005/06 and a further 2,500 Post Offices in rural and urban areas will be closed by the end of 2008.
- 72% of single people and 25% of couples over the age of 65 do not have a car.⁸
Among the over-75s, 66% of women and 43% of men do not have access to a car.⁹
27% of people over 65 in rural areas live in households without a car.¹⁰
- In 2006, 45% of people aged 50 or over had used a computer in the previous three months.¹¹ 8.4 million people over the age of 50 are unable to benefit directly from computer and internet access.¹²
- By 2025, the number of people over 60 excluded from technology is expected to rise to 9.7 million with the consequences being more acutely felt as technology becomes pervasive.¹³

On the agenda

Older people continue to face exclusion on a range of dimensions and can face barriers to participation in their local communities. The Government continues to have a twin-track approach to tackling social exclusion – targeting both disadvantaged individuals and neighbourhoods. Government policy for the former is now focusing on the most excluded, but there are no initiatives relating to the most deprived older people.

The importance of locality and place in achieving inclusion and cohesion has been coming to the fore. The 2006 Local Government White Paper and the final report of the Lyons Review of Local Government both emphasised that the main role of local government should be as ‘place-shapers’ for their communities. Local authorities are increasingly being expected to lead and work with a range of local partners, reflected in the language of ‘local areas’ and not ‘local authorities’.

2008 will mark the implementation of a framework that promises more autonomy for local areas to set priorities of local importance, with more of an expectation of community involvement. The challenge will be how to balance this autonomy for local areas with safeguards for disadvantaged older people who are more likely to face exclusion and less likely to be heard.

Priorities for action

- Local services should be re-designed to meet the needs of older people who are at risk of social exclusion, with a focus on joined-up, targeted support.
- The police and other agencies need to recognise and monitor crime that targets older people because of perceived vulnerability or prejudice.
- The free bus travel scheme should be extended to fund alternatives for people unable to access conventional public transport.
- Local Area Agreements should be monitored locally and nationally to assess how well they are meeting the needs of older people.
- The Government needs to develop safeguards to ensure resources are channelled into cost-effective preventative services, even where there are competing spending pressures.

Local leadership and partnership

October 2007 saw the Local Government and Public Involvement in Health Act receive Royal Assent and publication of the Comprehensive Spending Review. Together these set out a broad framework for the future role of local authorities as community leaders. Since then, there has been a raft of follow-up publications relating to Local Area Agreements and a new performance framework for local services.

Local authorities have been given more autonomy and flexibility to set their own priorities. But in exchange for this devolution of responsibility, they are in turn expected to devolve power to their local communities and to work more closely with local partners. This expectation is reflected by the Act's new duty for 'responsible bodies' – all the key public agencies – to co-operate together. There is also a duty for local authorities to inform, consult and involve local people in improving local services and quality of life. The Local Strategic Partnership (LSP) is the key vehicle for co-operation as it brings together public, private, voluntary and community sectors. The LSP agrees the area's Sustainable Community Strategy, a document that sets out a vision for the area and a set of key priorities.

To support this, there will be a new performance assessment regime, the Comprehensive Area Assessment (CAA), which will measure not just local authority services, but also general improvements in the local area and the contributions of all responsible bodies. The assessments, which start in April 2009, will also examine the quality of local partnership arrangements and community involvement.

The CAA is part of a much less onerous framework of targets, monitoring and regulation. In place of 1,200 existing performance measures, in October 2007 the Government unveiled a new suite of just 198 national performance indicators. These are largely local versions of new national indicators set out in the Comprehensive Spending Review's Public Service Agreements (PSAs). Three of the five indicators in the PSA on well-being in later life are included. These cover healthy life expectancy at 65, older people's assessment of whether they receive support to remain independent, and older people's satisfaction with their home and neighbourhood. Progress against these three indicators will be measured via questions in the new Place Survey to be undertaken regularly by all local authorities from later this year. Consultation on the content and methodology of the survey ended in February.¹⁴ However two other key PSA measures are excluded from the 198 indicators – local levels of pensioner poverty and the 50+ employment rate.

Local Area Agreements lie at the heart of the new arrangements for partnership working and performance assessment. LAAs have existed since April 2005, but from April 2008 they become a statutory requirement. Sitting under the Sustainable Community Strategy, they are intended to define local priorities and set targets for improvements. The new LAAs must include up to 35 local targets agreed with the regional Government Office drawn from the national performance indicator set (in addition there are 16 statutory education and early years targets). LAAs can also include further local targets and indicators which will not be monitored centrally.

The national indicator set and the accompanying LAA guidance both include themes specifically on older people. However local partners are not obliged to include these in the LAAs they agree. There is also no duty for local authorities to monitor the impact of key indicators for different age groups, as there is with respect to race, gender and disability. The Government is, however, considering whether to require local authorities to disaggregate and report data for some national indicators by age and other dimensions of equality.

Age Concern comment

Local flexibility to focus on local priorities is welcome. But there is a danger that in some areas, with a maximum of 35 indicators to choose, key issues for the older population will not emerge as priorities. Close scrutiny is needed to ensure that LAA indicators really do reflect local priorities – they must not just be ‘soft’ targets that can be easily achieved. For the process to deliver for older people, it is especially important that they and their representatives have an opportunity to be heard locally.

Joined-up preventive services

Local government has a long tradition of funding services in the community which benefit a wider group of older people than those with formally assessed health or care needs. Examples include many of the services delivered by local Age Concerns, such as daycare, social activities, opportunities for exercise and education, and information and advice. In recent years these services have come under financial pressure in many areas.

The Government’s policy pronouncements have been increasingly positive about preventive services for older people. The Government sees these services as ways to tackle social exclusion, enhance older people’s health and well-being, and reduce expenditure on acute services (the ‘invest to save’ principle). In social care, the Government has made it clear that there needs to be a shift from resources focused on those with the most acute needs to those with low level needs. The recently published Concordat, *Putting People First*, pledged to build on best practice and replace ‘paternalistic, reactive care of variable quality’ with ‘a mainstream system focused on prevention, early intervention, enablement, and high quality, personally tailored services’.¹⁵ A ring-fenced Social Care Reform Grant commits £517 million over three years to support this broad agenda (some diverted from NHS spending). However, increasing demand for intensive services, growing funding pressures and institutional barriers mean that these aspirations may never become reality.

The Government is funding two pilot programmes to test the value for money case for preventative services. The Department of Health’s 29 Partnerships for Older People Project (POPP) pilots are intended to test whether preventative services reduce costs for the NHS. The Department for Work and Pensions’ 8 LinkAge Plus pilots aim to improve outcomes for older people through better joining-up of services. At local level, however, it is often difficult to distinguish between POPPs and LinkAge Plus programmes. In Autumn 2007 the Department of Health published interim results of the evaluation of POPPs which showed clear reductions in demand for acute NHS services as a result of the pilots.

Recent evaluation has confirmed that Supporting People – the programme for housing related support – is a preventative service which delivers savings for other public services. This has helped to inform the Government’s decision to continue the programme, albeit with reduced funding. This is one example of a general trend for the Government to reduce the role of ‘ring-fenced’ programmes, in the belief that innovative and preventative programmes should be able to win resources from mainstream budgets, when the business case is strong enough. Another example is that additional pots of money attached to Local Area Agreements are no longer tied to specific strands of activity and local partners are allowed to pool their resources to achieve joint priorities.

The advocates of joined-up, preventative programmes are hoping that the LAA process will deliver support and resources to ensure their long-term sustainability. But faced with statutory responsibilities within their education, early years, social care, and environmental functions, it is not clear that local authorities will have the capacity to make these local priorities.

Social exclusion

Social exclusion means being unable to access the things in life that most of society takes for granted. It's not just about not having enough money, but is a build-up of problems across many aspects of people's lives. It covers lack of access to services, good social networks, decent housing, adequate information and support, and the ability to exercise basic rights. Older people at risk include those experiencing poor physical health, depression, cognitive impairments, or recent bereavement. People who are over 80, from minority ethnic backgrounds, or who have experienced inequality over their whole lives are at the highest risk.

In 2006 the former Social Exclusion Unit (SEU) published *A Sure Start to Later Life*, a widely welcomed report on older people's social exclusion. It looked at the dimensions and causes of exclusion in later life and called for the development of local, joined-up preventative services that would be available to all, but targeted at the most excluded. This message chimed with ministers' existing interest in preventative services, but had a particular focus on supporting the most disadvantaged.

The legacy of the 2006 SEU project are the LinkAge Plus pilots, managed by the Department for Work and Pensions' Opportunity Age programme. These were intended to test the 'sure start' approach to services for older people. Age Concern's initial assessment is that most of these pilots have fallen short of the SEU's vision of a holistic, joined-up support for the most excluded. While many of the individual services appear to be effective they are piecemeal initiatives and not always effectively targeted.

Aside from these pilots, momentum has been lost since the report's launch. Awareness of the SEU's work within local government is low and there have been few systematic attempts to re-model older people's services along the lines recommended by the report. In summer 2006, the Social Exclusion Task Force replaced the SEU and decided to focus on people facing the most severe social exclusion. However its work has mainly targeted people who cause concern to others, such as drug users, people with severe mental health problems, ex-offenders and homeless people. As a result the Task Force has not looked at the forms of severe exclusion typically experienced in later life, for example sub-standard private housing and extreme isolation.

Older people also appear to be losing out from a new direction in policy on neighbourhood renewal. In recent years the Government's Neighbourhood Renewal Fund and New Deal for Communities programme have provided significant funding for the regeneration of deprived neighbourhoods. These projects have often focused on the built environment or employment, and have sometimes been criticised for ignoring the interests of older people. Following the Comprehensive Spending Review there will be little support specifically targeted at neighbourhood renewal. Instead the Government has introduced a new Working Neighbourhoods Fund which, by focusing on employment, skills and enterprise, will bring few benefits to people who have already retired.

Exclusion from services and transport

Access to transport is crucial if older people are to keep in touch with friends and family and be able to access the goods and services they need to continue to live independently. Over the past 30 years the UK has become increasingly car dependent and key services such as hospitals and supermarkets are often located in places which are inaccessible without a car. The problems are particularly acute for people in rural areas who do not have a car. Although the number of older people holding driving licences is projected to increase in future years – due to the increase in women drivers – there will always be a significant number of older households without a car, both because car ownership has a strong link with income and because some people have to give up driving due to health reasons.

The majority of trips made by older people are by car, either as a driver or as a passenger (58%). The next most popular modes of transport are walking (25%) and using a bus or coach (12%). The Government has taken steps to improve the accessibility, availability and affordability of bus travel. Since 1998/2000 the proportion of rural households located within 13 minutes walk of an hourly or better bus service has increased from 45% to 54%. There have also been staged improvements to the statutory bus concession for people over the age of 60. The latest of these, free nationwide bus travel, is due to come into force in April 2008. Each improvement has seen an increase in the take-up of the concession which now stands at 63%¹⁶. Although use of the concession is higher in urban areas, growth in take-up is now fastest in rural areas. However, there are no travel concessions for older people who either have no local bus services or who are too immobile to be able to use them, even though they may have to rely on other more costly forms of transport.

It is also important that public transport goes to the places older people need to reach. Research done by the Social Exclusion Unit found that people with no car had greater difficulty accessing basic services such as hospitals, GP surgeries and food shops, as well as seeing friends and family.¹⁷ For example they found that 31% of people without a car have difficulties travelling to their local hospital compared to 17% of car owners. This also results in losses to the health service since each year over 1.4 million people miss, turn down or do not seek a clinical appointment because of transport problems. The report also showed that 16% of people without cars found accessing supermarkets difficult and 18% had difficulty visiting family and friends. The main barriers to using public transport are availability, physical accessibility, cost, security fears and services such as hospitals and shops being poorly served by public transport. This is a particularly acute problem in rural areas which have seen the loss of local provision of many key services such as shops, post offices and banks. In recognition of these problems local authorities have been required to incorporate accessibility plans into their 2006-2011 Local Transport Plans.

The Social Exclusion Unit's 2006 report *A Sure Start to Later Life* included two transport related announcements. First it said that eligibility for the Blue Badge scheme would be extended to people with cognitive and behavioural disabilities. However, when the Government changed the criteria it did not include these groups, although a further review is now underway. The report also recommended that the Individual Budget pilots should include a transport component and this was piloted in one area.

Age Concern comment

The statutory bus concession should be extended to allow a choice to be made between having either a bus pass or tokens that can be spent on other modes of transport.

Exclusion from technology

The ability to use technology often has a very positive impact on quality of life for older people. Technology can help people stay in touch with friends and family; manage health conditions and remain independent; play an active part in the community; and learn new skills for work or leisure. But many older people are excluded from the benefits of new technologies. Some are in the paradoxical position of saying they are not interested in new technology but also recognising the benefits it could bring (the main reason for not using the internet is 'lack of interest' – despite high awareness of opportunities such as cheap online shopping and the chance to stay in touch with friends).¹⁸

In 2006, Ofcom's Consumer Panel published research exploring the dramatic and seemingly voluntary decline in technology use with age. Significantly, it found that attitudes are the key determinants of whether older people use technology – rather than health, age or income.¹⁹ The findings indicated that while there is a small proportion of older people who will never choose to engage with technology, this is not the case for the vast majority. Many older people that are seemingly 'voluntarily' excluded would be willing to engage with the appropriate support and assistance.

A number of commercial providers have begun offering home-based training and support for mobile phones and computers and this trend may be contributing to an increase in take-up of technology. In November 2007 Ofcom published research showing that since 2006 take-up of mobile telephones, broadband internet and digital television had increased significantly among people over 65 and low-income groups.

Older people are more likely to watch television than any other age group (television is watched by 99% of people over 60).²⁰ The switchover from analogue to digital television has now begun, with Whitehaven in Cumbria the first community to make the move in November 2007. Switchover will be phased, with the country divided into ITV regions:

- 2008 – Border
- 2009 – West Country, HTV Wales, Granada
- 2010 – HTV West, Grampian, Scottish Television
- 2011 – Yorkshire, Anglia Central
- 2012 – Meridian, Carlton/ LWT (London), Tyne Tees, Ulster

The Digital Switchover (Disclosure of Information) Act received Royal Assent in June 2007.²¹ The Act allows for social security information to be disclosed to the BBC to help target those who will benefit from the Digital Switchover Help Scheme. The scheme provides information and technical support to everyone over the age of 75; people with a significant disability (receiving either Disability Living Allowance or Attendance Allowance or an equivalent under war pension or industrial injuries legislation); and people registered blind or partially sighted.

Age Concern successfully lobbied the Government and Digital UK, the body responsible for delivering the switchover, to ensure that additional support is made available for people who do not meet the requirements of the Help Scheme but who are nevertheless struggling with the switchover process (eg people under 75 with a disability who are not receiving one of the relevant benefits). As a result a Community Outreach Programme will be delivered in the first four switchover regions.

In 2008, the Government is committed to reviewing its Digital Strategy with an emphasis on social inclusion. Technology features widely in the Government's drive against social exclusion.²² For example the Government's Digital Challenge scheme has made over £20 million of awards, including to a scheme that helps carers take time off by linking them to the person they are caring for, via a 24 hour contact centre.

This is one example of 'telecare'. Telecare is an umbrella term for a range of networked systems used to monitor safety and health at home. Examples include environmental and movement sensors, and specific clinical measurements such as heart rate or blood pressure. Technologies of this sort are extremely welcome, as long as they supplement rather than replace human contact. The 2006 White Paper *Our health, our care, our say*, promoted the role of telecare and other assistive technologies in helping people retain their independence and improve quality of life.²³ Between 2006 and 2008 the Government allocated £80 million to a Preventative Technology Grant to test new approaches. It now remains to be seen whether there is widespread adoption of telecare following the end of this pilot scheme.

More controversially, a debate has begun on the merits of electronically tagging dementia sufferers, 40% of whom are prone to wander and get lost. With Government ministers and the Alzheimer's Society giving serious consideration to the idea, it is likely to remain a talking point.

Independence and interdependence in the community

The Government's commitment to supporting older people to remain independent for as long as possible was reaffirmed in 2007, not least by the Public Service Agreement on later life. However, most focus is still on services provided within and to the home, as opposed to how external environments can contribute to independence. And since the publication of the *Opportunity Age* strategy in 2005 there has been little focus on interdependence within the community, and the contributions older people can make to neighbours, friends and family.

There are some signs that both agendas are now at least being considered by the Government. National spatial planning policy now indicates that regional and local authorities should have regard to the needs of older people.²⁴ Some local authorities have already sought

to engage older people in design and planning. The Newcastle Elders Council, for example, has tested how sensitive the city centre is to the needs of older people. And the Government, as part of its work on the National Housing Strategy for an Ageing Population, worked with the International Longevity Centre (ILC) on developing the concept of 'lifetime neighbourhoods'.²⁵ This concept implies that just as homes should be designed inclusively to meet needs through the lifecourse, so too should local neighbourhoods. The ILC paper considered what services and physical environment are needed to realise this vision.

The Cabinet Office has shown some interest too in interdependence and co-production models such as 'timebanking'. Timebank participants 'deposit' their time in the bank by giving practical help and support to others and are able to 'withdraw' their time when they need something done themselves. The Department of Health is also funding two pilot 'homeshare' schemes, in West Sussex and Oxfordshire. Homeshare is an arrangement whereby accommodation is offered to someone in exchange for an agreed amount of low-level support. The *Putting People First* Concordat also suggested that intergenerational programmes, involving older people as active citizens, would be 'early priorities' of a personalised adult social care system.

Age Concern comment

Older people comprise a large, and growing, proportion of local neighbourhoods but their potential is not being sufficiently recognised or utilised. Older people still face barriers to participation and can be viewed as passive recipients of services.

Innovative design and means of consultation can allow less able older people to enjoy their neighbourhoods and to have a voice. And reciprocal models such as Homeshare and Timebanks can help older people to feel valued as well as being a means of receiving low-intensity services that are vital to their independence and well-being.

Crime

The Government has presided over an era of falling crime rates, although this trend has not been universal – serious violent crime has increased, for example. In addition, low level crime and anti-social behaviour remains a problem. And despite falling crime figures, fear of crime and perceptions of crime continue to be high. The Government's new three-year crime strategy therefore pledged a stronger focus on serious violence and 'continued pressure on anti-social behaviour'.²⁶ It also pledged to reduce re-offending, renew the focus on young people and introduce a 'new national approach to designing out crime'.

Local authorities have had community safety responsibilities since 1998. Local authority-led Crime and Disorder Reduction Partnerships (CDRPs) continue to set priorities locally but are expected to work very closely with Local Strategic Partnerships, with reduced requirements imposed by Central Government. Every local authority ward now has a core team of police, although Government plans to roll out a national non-emergency number, '101', have stalled. The Government has also announced that from 2008 everyone will be able to access

straightforward, street-by-street information via the internet about crime in their area. Time will tell what impact this has – MORI research indicates that even where people believe that crime is low locally, they still believe that crime elsewhere is high. Disproportionate media reporting has been blamed for this.

Fear of crime is still highest among the oldest and youngest. It can have a severe impact on the behaviour and well-being of older people – for example, in their reluctance to venture out alone after dark.²⁷ Fear of crime among older people is often deemed to be unnecessarily high because older people are unlikely to be the victims of crime. But the vulnerability of older people, and the prevalence of crime in deprived areas, can justify this fear.

Some communities have recognised the role of positive contact in helping to promote understanding between younger and older generations. The benefits of intergenerational schemes have been promoted by the Local Government Association and in Government-commissioned research.^{28, 29} Such schemes are far from commonplace however.

Age Concern comment

It is generally recognised that fear of crime is high among older people, even though they are rarely victims of crime. But the focus on reducing public misunderstandings about levels of crime, could lead policy makers to disregard the debilitating effects of fear of crime for some older people.

Intergenerational schemes in particular, can have a marked effect on older people's perceptions and feelings of safety and should be promoted more widely.

The Crown Prosecution Service (CPS) has published a draft policy on its position towards crimes against older people, including a commitment to greater support for victims in giving evidence. There is no statutory definition of a crime against an older person. The CPS policy includes distraction burglary, scams, rogue traders, doorstep selling and elder abuse or neglect. Statistics on all these crimes are patchy. Official crime statistics, recorded by the police, do not include details about the victim and although 'hate crime' is recorded separately, age is not a recognised category. The British Crime Survey, which includes unreported crime, records a victim's age but only relates to theft, vandalism, violent crime, burglary and vehicle-related crime. So figures for other crimes are partial estimates:

- distraction burglary appears to be falling, although it is widely acknowledged that this is an under-reported crime
- the Office of Fair Trading estimated that 80% of telephone scams affected older people aged 65 or more³⁰
- a national study in 2007 found that 2.6% of older people aged 66 and over living in private households reported mistreatment involving a family member, close friend or care worker (around 227,000 people aged 66 and over).³¹

The Government has no plans to introduce tougher sentencing or new legislation for crimes against older people, although there is some Ministerial interest in new legislation to protect vulnerable adults from abuse. On the other hand, the Unfair Commercial Practices Directive will come into force in Spring 2008 and this will involve revising some existing consumer legislation. It is hoped that the implementation of the Directive will give a greater opportunity to protect consumers who are vulnerable, for example, to excessive overcharging for routine home improvements.

Age Concern comment

Age Concern believes there should be better monitoring of whether older people are being targeted as victims of crime because of their age or vulnerability. With improved evidence, it should become clear whether additional legislation is needed to protect older people, on the lines of laws protecting other victims of prejudice.

We welcome the Crown Prosecution Service's attempt to highlight the plight of victims of the sorts of crimes that affect older people. We believe its work should be a stepping stone to a wider cross-Government strategy for tackling crime that targets older people due to ageism or perceived vulnerability.

Coming up in 2008

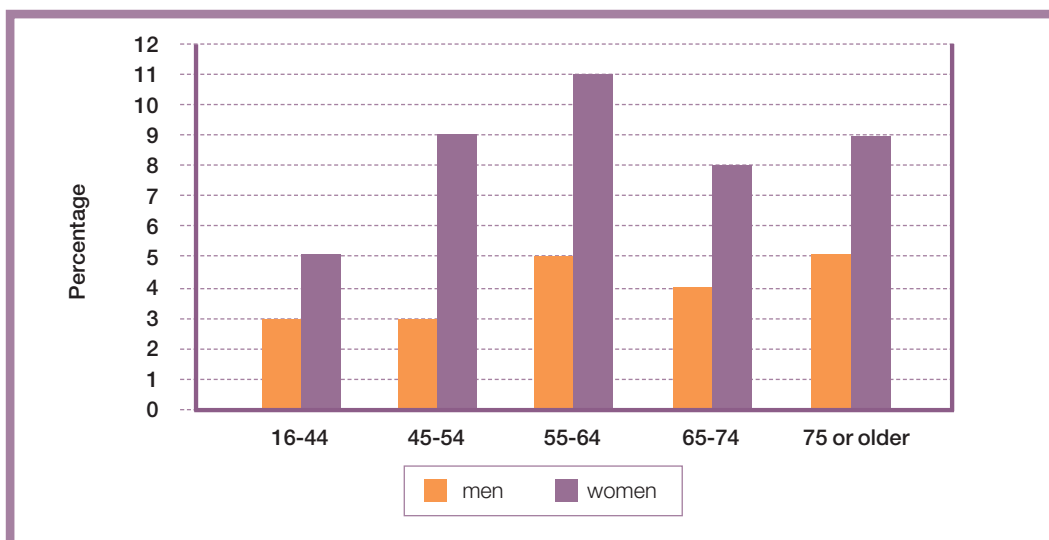
- Proposals from the Driver and Vehicle Licensing Agency on revised procedures regarding the notification of medical conditions.
- Implementation of the nationwide bus pass.
- Review of the Blue Badge scheme.
- New POCA tender to be allocated.
- Finalisation on which 2,500 post offices are to close.
- Final Crown Prosecution Service to be published (April).
- Unfair Commercial Practices Directive coming into force (April 2008).
- New Local Area Agreements to be signed off (June 2008).
- New local crime profiles to be available (July 2008).
- First Place Survey results expected (November 2008).

and beyond.....

- Comprehensive Area Assessment begins in 2009.
- Post office subsidy ends in 2011.

Indicators

1. Quality of life affected by crime



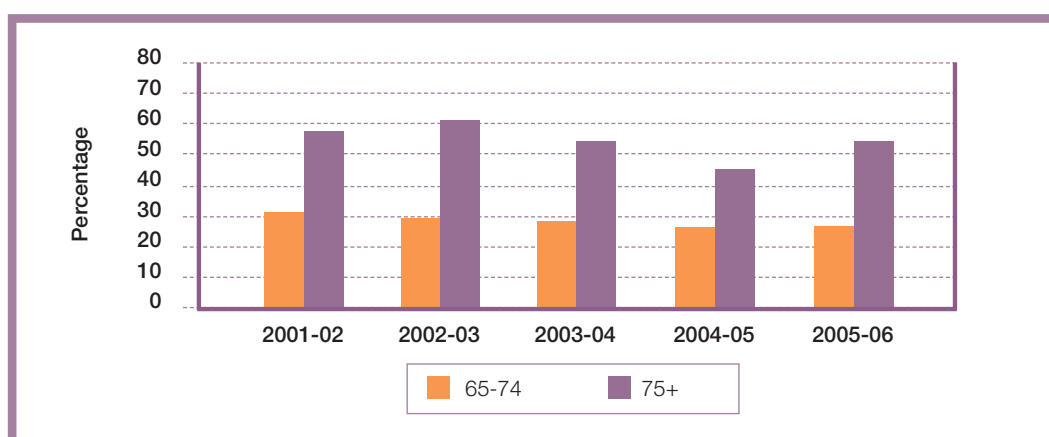
Source: Home Office, British Crime Survey 2005/06

Notes: Percentage of people whose life is greatly affected by the fear for crime

Direction of travel: no time series

Generally, older people are less likely to fear that they will be victims of crime than younger age groups, who are the most fearful of crime. But older people are more likely to say their quality of life is greatly affected by fear of crime than younger people. This is despite the fact that older people are less likely to be a victim of crime. This is a negative indicator for older people as fear of crime among this age group can lead to social isolation and reduced independence.

2. Households without a car



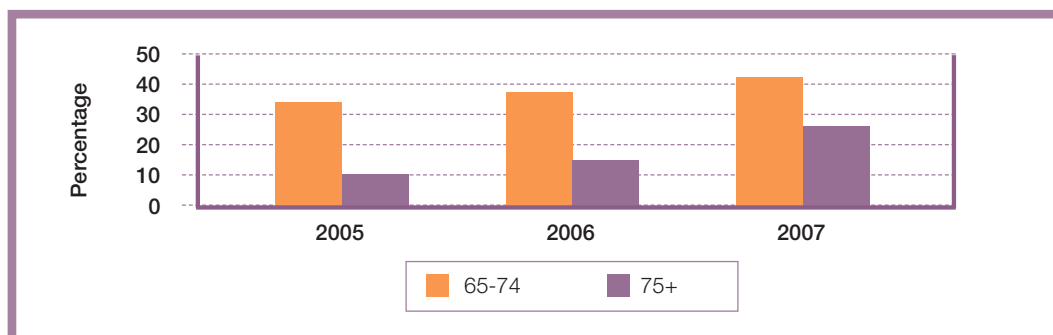
Source: Department for Communities and Local Government, Survey of English Housing 2006

Notes: Percentage of households with someone over 65, and 75, who do not have use of a car or van

Direction of travel: positive

There has been a gradual upward trend in older people's car ownership over the past few of years, although over half of 75+ households don't have the use of a car. Single people are far more likely than couples to be affected.

3. Use of internet



Base: All adults (Q2 2005, 2206) (Q2 2006, 2439) (Q2 2007, 2265)

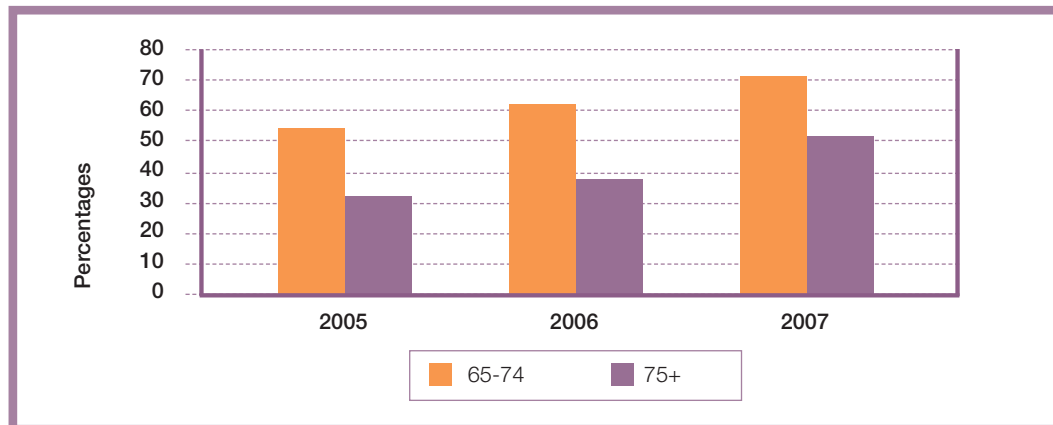
Source: Ofcom communications tracking survey

Notes: Percentage of people with internet access, by age group.

Direction of travel: positive

Internet take-up has continued to increase rapidly among older people, particularly over 75s. A one year jump from 14% to 27% is extremely positive, although under this is still some way off the population-wide figure of 65%.

4. Digital television



Base: All adults 15+ (Q2 2005, 2206) (Q2 2006, 2439) (Q2 2007, 2265)

Source: Ofcom communications tracking survey

Notes: Percentage of people with digital TV access, by age group

Direction of travel: positive

Take-up of digital TV has continued to increase in the last 12 months. For the first time more than half of households with someone over 75 now have digital television.

References

- ¹ Office of the Deputy Prime Minister: *The social exclusion of older people: evidence from the first wave of the English Longitudinal Study of Ageing (ELSA)*, 2006.
- ² Office for National Statistics, *British Crime Survey*, 2006/07.
- ³ Nicholas, S, Kershaw, C and Walker, A, *Crime in England and Wales 2006/07*. Home Office 2007.
- ⁴ Office for National Statistics, *British Crime Survey*, 2006/07.
- ⁵ Office for National Statistics, *British Crime Survey*, 2006/07.
- ⁶ Department for Communities and Local Government, *Citizenship Survey, April-September 2007, England and Wales*. 2007.
- ⁷ Postcomm, *2nd annual report*, July 2002.
- ⁸ Office for National Statistics, *Living in Britain: results from the 2001 General Household Survey*, 2003.
- ⁹ Office for National Statistics, *Living in Britain: results from the 2001 General Household Survey*, 2003.
- ¹⁰ Age Concern England, Rural Services: speech by Margaret Clark in *Ageing and the Countryside conference report*, 16 March 2004.
- ¹¹ Office of National Statistics (2007) *Digital Age takes hold, but some still miss out*, 2007.
- ¹² Age Concern Research Services, *IT and Older People: Research Briefing*, June 2005.
- ¹³ BT, (2004) *The Digital Divide in 2025*, 2004.
- ¹⁴ Department for Communities and Local Government. *Place Survey*. December 2007.
- ¹⁵ Local Government Association, ADASS, NHS, *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care*, .2007.
- ¹⁶ Department for Transport, *Statistics all from National Travel Survey*, 2006.
- ¹⁷ Social Exclusion Unit, *Making the Connections; Transport and Social Exclusion*, 2003.
- ¹⁸ Ofcom, *Position paper on why connecting older people is important*, February 2007.
- ¹⁹ Ofcom Consumer Panel, *Older People and Communications Technology*, 2006.
- ²⁰ Office for National Statistics, *Sport and Leisure: Results from the Sport and Leisure module of the 2002 General Household Survey*, Crown Copyright 2004.
- ²¹ Available online: http://www.opsi.gov.uk/ACTS/acts2007/ukpga_20070008_en_1
- ²² For example: Office of the Deputy Prime Minister (2005) *Inclusion Through innovation: Tackling Social Exclusion Through New Technologies*, 2005.
- ²³ Available online:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453
- ²⁴ Department for Communities and Local Government, *Planning Policy Statement 3: Housing*, November 2006.
- ²⁵ ILC UK, Department for Communities and Local Government. *Towards Lifetime Neighbourhoods*, 2007.
- ²⁶ Home Office, *Cutting Crime – A New Partnership 2008-11*, July 2007.
- ²⁷ Age Concern England, *The Fear Factor – older people and fear of street crime: A survey of views, experiences and impact on quality of life*, 2003.
- ²⁸ Local Government Association, *Community Cohesion: An Action Guide – Guidance for Local Authorities*, 2004.
- ²⁹ Pain, Dr R, *Intergenerational Relations and Practice in the Development of Sustainable Communities*, Background paper for the Office of the Deputy Prime Minister, Durham University, September 2005.
- ³⁰ Office of Fair Trading, *Research on impact of mass marketed scams - A summary of research into the impact of scams on UK consumers*, December 2006.
- ³¹ National Centre for Social Research and King's College London, *UK study of abuse and neglect of older people prevalence survey report*, 2007.

In focus: long-term public spending

Over the next 20 years politicians of all parties will come under increasing pressure to expand the support the state provides, particularly in later life. Will they raise taxes, increase means-testing or develop new ways for people to contribute to the costs of public services?

Today policy debate on 'tax and spend' appears to be confined within tight parameters. The Comprehensive Spending Review announced slower spending growth between 2008 and 2011, with the share of the economy devoted to current public spending set to fall for the first time in years, from 38.5% towards 38%.¹ This contraction is in line with current Conservative policy and none of the political parties seem likely to enter the next General Election arguing for a big shift.

Look ahead however, over a timescale of 10 to 20 years, and it is clear that this consensus is unsustainable. Across many areas of public policy of interest to older people, there are growing demands for public spending, at a time when political opinion has moved against further taxation. Something will have to give.

A significant cause of these spending pressures is the ageing of the population. The Treasury's estimates suggest that, by the mid-2020s, to match today's public services state spending will need to rise by 1.5% of GDP (equivalent to £19 billion in today's economy).² This may be an underestimate; the European Union has produced a slightly higher figure.³ On top of that, there are good reasons for thinking that our expectations of public services will continue to increase. For example, within the NHS, population ageing is just one driver of spending growth, with the availability of new technologies and rising standards of condition management being just as important.

Then there is social care. In 2007 the Government acknowledged that a new social care system is needed. But none of the solutions will be cheap. Much of the discussion about social care to date has focused on whether there should be more state support for people who currently have to pay their own way. However the issues of public sector under-funding and private under-consumption are just as important, and imply a step-change in our overall spending on care, whatever the balance between state and personal contribution. The Wanless Review of Social Care estimated that the cost of plugging these gaps would amount to 0.5% of economic output in the mid-2020s – with the Government inevitably being liable for some of this extra spending.⁴

Growing pressures for spending on health and care should not come as a surprise. Across all societies, as economies grow richer, there is a natural tendency to allocate a rising share of national wealth to personal services of this kind. This is partly about personal preferences – as older people grow more affluent they expect higher standards from health and care services. But in the UK it also reflects our 'activist' political culture where policy makers are always restless to do more to address pressing social issues. Ten years of Labour has seen the boundaries of the welfare state expand, with Pension Credit, Sure Start, the tax credit system,

and a national adult training entitlement. The history books show that this ‘creep’ is not the preserve of the left. Fixing problems with new public spending is how British politics works.

So it seems we want less tax, more and better services, with an ageing population. How to ‘square the circle’ will be one of the key long-term challenges for politicians. Perhaps we will see a ‘paradigm shift’ on tax and spend, with a new appetite for Nordic levels of public spending. However, the signs are not promising.

Another option is for an extension of means-testing with the state brokering rather than providing more services. While introducing new means-tested entitlements is feasible politically (if not always sound policy) withdrawing existing ‘universal’ provision such as NHS services is a minefield. Indeed, in the case of social care and pensions, the pressure has been in the other direction, with calls for the state to provide more generous support for people ineligible for means-tested provision.

The third direction, and perhaps the most likely, is for Government to introduce more earmarked funding streams that are not perceived as general taxation. Student loans and now the new Personal Accounts system are two examples of the state creating financial schemes to help us act in our own long-term interests. These ‘personal’ contributions could be supplemented by insurance-type schemes which could both pool the risk of needing to access a service and distribute costs between rich and poor. Indeed, could a scheme like this be an answer to the funding of social care?

References

- ¹ HM Treasury, *Meeting the aspirations of the British people: 2007 pre-budget report and comprehensive spending review*, 2007.
- ² HM Treasury, *Long term public finance report: an analysis of fiscal sustainability*, 2006.
- ³ European Commission, *Report by the Economic Policy Committee and the European Commission on the impact of ageing populations on public spending*, 2006.
- ⁴ Wanless, D, *Securing good care for older people: taking a long-term view*, King’s Fund, 2006.

Housing

The facts

- There are around 6.8 million households in Britain with at least one person over State Pension Age – around a third of total households¹.
- 26% of households with someone aged over 75 live in social housing and 69% are home owners. For 65-74 year-olds the figures are 19% and 77% respectively.² Around 5-6% of older households are in the private rented sector.
- Approximately 5% of older households live in sheltered housing. In addition, 5% of older people live in a care home rather than a household.³
- 2.1 million households with at least one person aged over 60 (28% of the age group) are living in a non-decent home.⁴ This includes 900,000 households with someone over 75 (31% of the age group).
- In 2006/07 there were 24,000 excess winter deaths in England and Wales, more than 90% of which were people over the age of 65.⁵
- 20% of people over 70 eligible for Pension Credit are fuel poor – defined as spending more than 10% of their income to heat their homes to the standard required for health and comfort.⁶
- Over 65s hold £460 billion un-mortgaged equity in their homes; nearly half expect to access equity in their property.⁷

On the agenda

Many older people are still living in unfit or unsuitable housing. And many older people still face narrow, and sometimes ageist, assumptions about their housing needs and aspirations. Housing is rising up the political agenda. When Gordon Brown became Prime Minister he declared that affordable housing was a 'top priority'. In record time, just three weeks later, a Green Paper was published promising three million new homes by 2020.

The National Housing Strategy for An Ageing Population, which is due to be published in February 2008 (unfortunately, not in time for publication of this report) will argue that housing for older people is a mainstream issue. Recent housing policy has tended to focus on young couples' and families' affordable housing needs. The new strategy will look at housing for older people – and also the impact of an ageing population on the housing, health and social care agenda. It is to be a cross-department strategy. The challenge will be how to translate this relatively coordinated approach to regional and local level.

Priorities for action

- The Government should legislate for all new homes to be built to the Lifetime Home standards as soon as possible.
- The maximum limit on Warm Front Grants should be increased to adequately fund insulation and heating improvements for older people living in fuel poverty. The grant should also provide insulation for homes without cavity walls and be targeted at homes with low energy efficiency ratings.
- Local advice and practical support needs to be made available to older people to help them make informed housing decisions.
- Handyperson services, which offer reliable and affordable small repair services, need to be available to older people wherever they live.
- Low income homeowners need a range of financial and support options to help them with large repairs.

The Comprehensive Spending Review and the new Public Service Agreements marked a shift in focus from improving unfit housing – via the Decent Homes initiative – to building new homes fit for the future. The Housing and Regeneration Bill is also very geared towards the creation of new homes. The Bill will abolish the Housing Corporation and English Partnerships. Instead, the new Housing and Communities Agency and the Office for Tenants and Social Landlords will assume responsibility for investment and regulatory functions respectively.

The forthcoming National Housing Strategy for an Ageing Population, has been developed alongside this review of housing policy. It will look at specialist and mainstream housing, and housing services, for older people today and into the future. It was developed in consultation with the Housing and Older People Development Group (HOPDEV). The Strategy will be a framework for action, rather than a blueprint. The Housing Corporation is to revise its housing for older people policy in advance of its wind-up.

New housing and sustainable homes

Household projections suggest that there will be 220,000 new households per year up to 2026 – 70% of this growth will comprise single households. House building has not been keeping pace with this increase. Most of the public debate around housing demand has focused on the needs of young people and families. However older people currently live in one third of households and will comprise 48% of all new households growth up to 2024.⁸ The Housing Green Paper, 'Homes for the Future', briefly acknowledged this trend but its proposals for new homes seemed firmly geared towards younger age groups.

The Housing Green Paper spelt out plans for new 'eco-towns', reforms to the planning system and cheaper 'shared equity' schemes to assist potential first-time buyers.⁷ The Government has increased its annual house building target by 20% from 2016, so that a million homes will be built between 2016 and 2020. But the new target will be challenging both because current targets are not being met and because developers will be expected to meet new sustainability requirements. The Government is very mindful of the tension between faster development and enhanced regulation and is anxious not to add to building regulations where possible.

The Green Paper was accompanied by separate consultations on energy efficiency and the Code for Sustainable Homes. The latter is a voluntary code for new homes introduced in April 2007 and includes Lifetime Home standards. These aim to 'make living in a home as easy as possible, for as long as possible, through thoughtful design'.⁹ The standards go further than Part M of the building regulations as they include, for example, bathroom walls strong enough to support grab rails and space for stair lifts. In the consultation, the Government proposed a strengthened though still voluntary Code accompanied by a compulsory rating system to help consumers make an informed choice.⁸ The energy consultation sought views on how energy efficiency building regulations should be developed to move towards the goal that all new homes should be carbon neutral by 2016.

Results from the Code consultation indicated a preference for a compulsory rating for all new homes at final planning stage after April 2008.⁸ Code ratings will also be required as part of Home Information Packs (HIPs), which in December 2007 were rolled out to all homes for sale. But developers argued that Lifetime Home standards should initially only be included in Level Six of the Code (with inclusion in the intermediate Level Three standard from 2013). Since the majority of developers only build to Level Three at present it is likely that a large proportion of new homes built before 2013 will not meet Lifetime Home standards.

The Government has hinted that if the voluntary approach to the Lifetime Home standards is not working then they will be incorporated into building regulations within 10 years. More positively, all new housing built with public funds will need to meet Lifetime Homes standards at Level Three relatively soon.

Age Concern comment

The new homes drive represents a rare opportunity to plan specialist housing for older people and to 'age proof' future mainstream housing. Age Concern believes that making Lifetime Home standards a regulatory requirement would help to meet older people's housing needs and aspirations, now and in the future.

In the interim, we believe that the revised Code for Sustainable Homes should be implemented at a much faster rate. Local authorities should also be able to insist that new developments are built to Lifetime Home standards.

Existing unfit housing and fuel poverty

A 'decent home', according to the Government, is one that is warm, weatherproof and has reasonably modern facilities.¹⁰ The 2007 Comprehensive Spending Review failed to renew a key 2004 Public Service Agreement target. This stipulated that, by 2010, 100% of social homes and 70% of private sector homes occupied by 'vulnerable' groups (defined as all those in receipt of the principal welfare benefits) should reach the Decent Homes standard. Progress against this target is reasonable: social housing non-decency has decreased from 62.3% in 2001 to 71% in 2006. Non-decency among vulnerable private households has reduced from 57% in 2001 to 68% in 2006 (See Indicator 1).

The Government is aware of slippage on the social housing target and now says it expects 95% of social housing landlords to meet the Decent Homes standard by 2010. Progress against the Decent Homes standard for council homes will be reported and monitored as one of a new set of 198 national performance indicators for local public services. In 2005, 28% of older householders (around 2.1 million) were living in a non-decent home. 31.2% of these (around 900,000) are older 'vulnerable' households.³ Older people are more likely to be living in non-decent homes in the private sector if they are over 75, aged 60 or more and living alone, and if they have been resident for 40 years or more.³

The new Housing and Communities Agency will assume responsibility for monitoring social housing against the Decent Homes standard and the Department for Communities and Local Government (CLG) will monitor the state of private housing. Home improvement grants have all but been abolished outside the most deprived areas. The focus on new homes in particular means there is little funding available for private housing renewal. Because house values have rocketed, the Government expects low income homeowners to use the equity in their homes to pay for repairs. Home Improvement Agencies are available in most areas and can help older and vulnerable people to arrange repairs and identify possible finance. And the Government is looking at their potential to deliver even more services, such as housing options advice, through the 'Future HIA programme'. But older people do not always know about these organisations and a number of HIAs are experiencing funding difficulties as regional housing funds are diverted to new housing.

Age Concern comment

The focus on new homes must not be at the expense of existing, unfit housing, in need of repair and also adaptation.

Secure, trusted mechanisms for unlocking small amounts of housing capital need to be developed. Large numbers of older people continue to live in unfit private sector housing. Equity release can help to raise the living standards of some older people but it is not suitable for all.

Poor 'thermal comfort', ineffective insulation and inefficient heating, are the main reasons for homes being classified as non-decent. They are strongly related to fuel poverty since these homes cost more to heat and low income households are more likely to be living in non-decent homes.

Around 1.25 million pensioner households are thought to be living in 'fuel poverty' – defined as spending more than 10% of their income to heat their homes to the standard required for health and comfort. The 2004 Public Service Agreement to eliminate fuel poverty in vulnerable households in England by 2010 – in line with the Government's Fuel Poverty Strategy statutory objective – was not renewed in 2007.¹¹ However, the new local performance indicator framework includes a measure on fuel poverty.

High fuel costs lead many older people to put their health at risk by reducing their energy consumption. A 2005 uSwitch survey indicated that 35% of people aged 60 said they would be reducing the amount of time that they put their heating on for if it was a cold winter. There is concern that this may increase the risk of winter death – in 2006/07, 22,300 more people aged 65 and over died over winter than in the equivalent non-winter period (see Indicator 2). The Pension Service is to develop initiatives to join up winter warmth and fuel poverty communications, so that those on low incomes are targeted for assistance.¹²

As well as supplementing the incomes of poorer older people, the Government is seeking to reduce fuel poverty by encouraging energy efficiency, an aim consistent with the sustainability agenda. In social housing, Decent Home improvement works include heating and insulation measures. In the private sector, means-tested Warm Front Grants are available to older people aged 60 or over. However, the grant is capped at £2,700 and improvements often cost more than this.

The Government has also sought to highlight energy efficiency to home-buyers. Home Information Packs comprise an Energy Performance Certificate, which rates the home on a scale of A to G. The certificate includes information on relevant fittings (heating, insulation or double glazing for example) and advice on how to cut carbon emissions and fuel bills.

Age Concern comment

Age Concern believes the Warm Front is not being targeted at those in the most energy inefficient homes. The maximum grant limit should be raised and additional insulation measures need to be made available to those without cavity walls.

Options for support and care

The *National Housing Strategy for an Ageing Population* is expected to cite the importance of support and care, both in specialist provision and in mainstream housing.

Housing support is to 'develop and sustain an individual's capacity to live independently in their accommodation' and can include resident manager support, advice on home

improvements and community alarm services.¹³ The cost effectiveness of housing support overall was confirmed by the National Supporting People Strategy, published in July 2007, and also in recent research for CLG by Capgemini which found that investment in packages of support that include housing support services avoids costs elsewhere, and therefore produces a net financial benefit^{14, 15} (see Social Inclusion and Communities chapter).

However, the Government decided against introducing a statutory duty to provide housing support. It will also significantly relax the ring-fence protecting the £1.7 billion Supporting People grant programme next year, so that budgets can be pooled within Individual Budgets and Local Area Agreements. There is some concern that this will result in housing support funding being used to supplement social care budgets.

Supporting People is a preventive programme designed to reach people living in both supported housing, such as sheltered housing, and in unsupported housing. Older people comprise around 77% of clients under the scheme but only receive around 19% of the spending – partly because many older people living in sheltered housing schemes receive very low level services. Funding reductions have had a disproportionate impact on the sheltered housing sector. Indeed, attempts to reduce costs within the Supporting People programme are widely blamed for changes to sheltered housing, and in particular the reduction in resident managers. Older people have complained about inadequate consultation by local authorities that are switching to ‘floating support’ models, involving mobile teams not on site. Local authorities and some providers argue that this will allow older people not living in sheltered housing to access support services. They also point to the effectiveness of community alarm and telecare schemes in assisting vulnerable older people in emergencies. Telecare includes a range of electronic sensors in the home that can automatically alert a call centre or a named person via telephone if there is an emergency (see Social Inclusion communities chapter). Since the Supporting People programme is to be cut even more, further service changes are likely. The programme is currently worth £1.70 billion, but funding will be reduced to £1.69 billion, £1.69 billion, and £1.636 bn respectively over the next three years.¹⁶

Adaptations can also help an older person to remain living independently at home. Minor adaptations include grab rails, stair rails and ramps. More complex adaptations can include stairlifts, level access showers and doorway widening as well as structural work. Councils with housing responsibilities are responsible for providing means-tested Disabled Facilities Grants to help fund adaptations. But there is growing demand for adaptations as people live longer and because of the lack of suitable housing. The system is blighted by bureaucracy, delay and funding shortages.

Following a lengthy review of Disabled Facilities Grants and the adaptations system, the Government proposed in early 2007 to shift resources to those with the highest needs.¹⁷ It also proposed to recoup grants from homeowners by placing a charge on their home, but undertook to review this when there was a lack of clear support for this policy.¹⁸ The Government announced in January 2008 that it would be making £11.5 million extra available for DFGs this financial year, to be spent by the end of March 2008, as many local authorities have struggled particularly this year following the decision to abolish the DFG means test for disabled children in late 2006.¹⁸

In recent years the Government has invested £375 million in capital for new extra care housing schemes. The Department of Health describes 'Extra Care' as housing and care for older people that falls somewhere between traditional sheltered housing and traditional residential care homes. According to the Elderly Accommodation Counsel, there are 941 such schemes in England. The size of some of these schemes has continued to fuel debate about the desirability of retirement villages and age exclusive developments.

Age Concern comment

About 90% of older people currently live in, and appear to prefer, mainstream housing. The need for care services, access to adaptations, and housing support services that can be provided regardless of tenure is greater than ever. Age Concern is also concerned that such services remain affordable and that adaptations, in particular, remain free to those on low incomes.

Extra care housing is, and should continue to be, just one of a range of housing options that facilitate independent living for older people. It has many advantages but there is a danger that it is being seen as the only option for frail older people, especially in rural areas.

Informed choice and housing options

The National Housing Strategy for an Ageing Population is expected to recognise the importance of reliable and independent advice for older people.

At national level there are a number of sources of housing information for older people. However, older people do not always know about them or the options may not be clear. For example, the HomeBuy programme, which seeks to provide low cost affordable homes, has been marketed at first time buyers and young professionals. But older and retired people are eligible for the scheme. New Build HomeBuy, where leasehold properties are sold on a shared ownership basis, could be an attractive option to older people especially if they are not keen on age exclusive housing.

Local sources of information and support are in short supply, and yet, they could be the key to making downsizing a more attractive option for older people who are 'under-occupying'. Many older people make a positive choice to remain in a long-term family home (and older people are only slightly more likely to under-occupy than other age groups)¹⁹. However downsizing can help some vulnerable and low income homeowners to release capital at a low cost, cut fuel and council tax bills, and avoid expensive repairs. There is a significant minority of older people who are prepared to consider the idea of moving (25% of older owner occupiers aged 50 or over), some of whom may wish to downsize.¹⁹ Some social housing landlords have introduced practical assistance, such as removals assistance and appliance connections, for older people willing to give up two bedrooms. The Housing Green Paper suggested that focusing resources in this area may help to improve older people's well-being but also release much needed family-sized accommodation, in the private sector as well as the social housing sector.

Age Concern comment

Older people can still encounter ageist assumptions about their housing needs and aspirations and do not always know about or have access to the range of options available to them. For example, older people seeking social housing may only be offered sheltered accommodation, on account of their age. And it is often assumed that older people need less space than other age groups. It is important therefore that the issue of 'under-occupancy' is approached from the perspective of improving choice rather than coercing people to move against their wishes.

Local housing choice and local information, including practical and independent financial advice, vary enormously. Commitment and investment to this issue should be reflected in local and regional plans.

Coming up for 2008

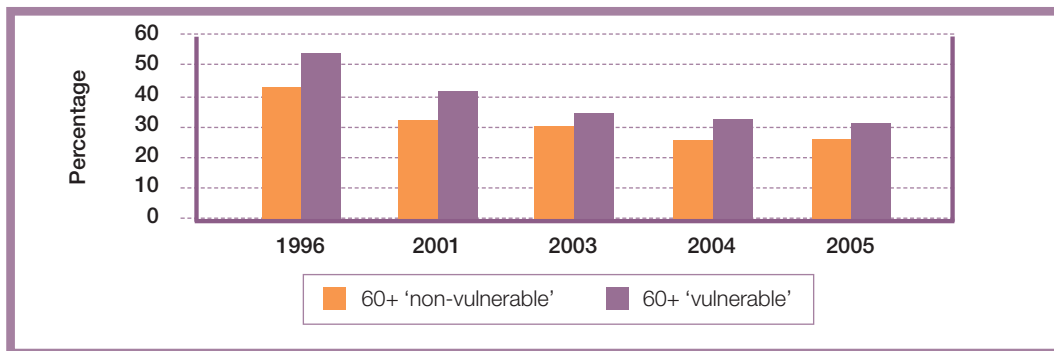
- National Housing Strategy for an Ageing Population expected to be published (February).
- Housing and Regeneration Bill to receive Royal Assent.
- Rating – but not assessment – against the Code for Sustainable Homes to be made mandatory (April).
- Disabled Facilities Grants review implementation (on-going).

and beyond...

- Housing and Communities Agency (2009).
- New Office for Tenants and Social Landlords (2009).
- Lifetime Home standards to be made mandatory for Level three of the Code for Sustainable Homes (2013).
- Lifetime Home standards to be made mandatory for Level four of the Code for Sustainable Homes (2010).
- 3 million new homes target (2020).

Indicators

1. Condition of property



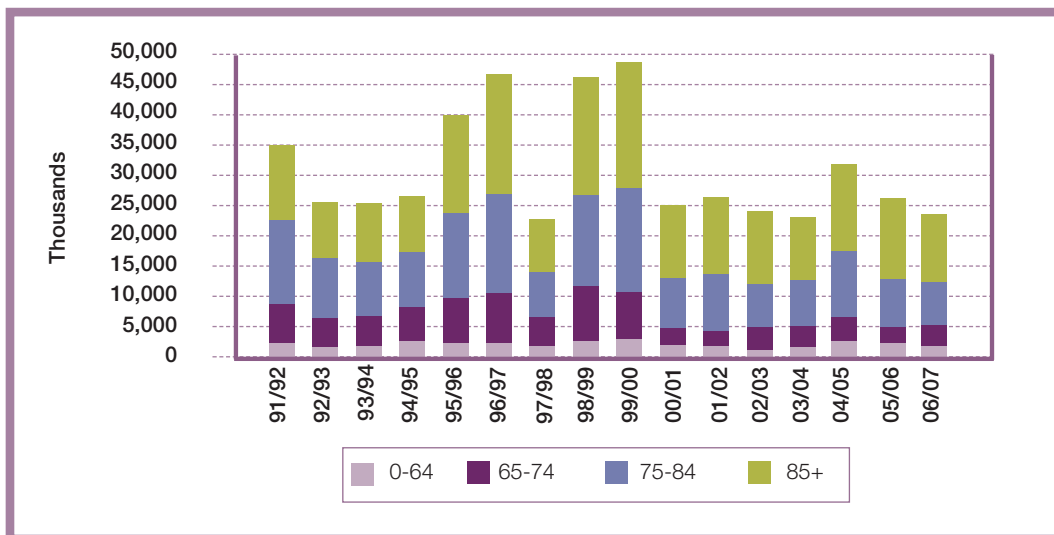
Source: Department for Communities and Local Government, English House Condition Survey 2005

Notes: Percentage of households with someone over the age of 60, living in non-decent housing. 'Decent homes' must be in a reasonable state of repair; have reasonably modern facilities and services; and provide a reasonable degree of thermal comfort. 'Vulnerable' households are defined as those in receipt of at least one of the principle means tested or disability related benefits. This excludes people eligible for but not claiming benefits.

Direction of travel: positive

The percentage of older households living in a home that does not meet the Government's 'decent homes' threshold has been steadily falling in recent years.

2. Excess winter deaths



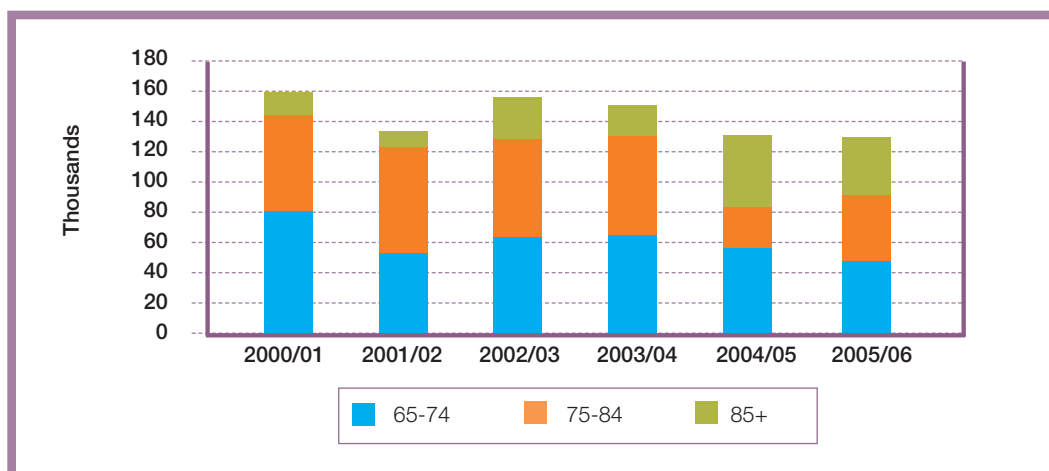
Source: Office for National Statistics, 2007

Notes: 'Excess winter deaths' are the number of additional deaths that occur in the winter months, compared to the number that would be expected if the death rate had been the same as in the summer months.

Direction of travel: stable

There were 24,000 excess winter deaths in England and Wales in 2006/2007, which is in line with experience in most winters this decade. Much higher figures were observed in the late 1990s. This change may in part be attributable to improved living conditions, but variations in incidence of cold-related illnesses also play a big part.

3. Disability and unsuitable accommodation



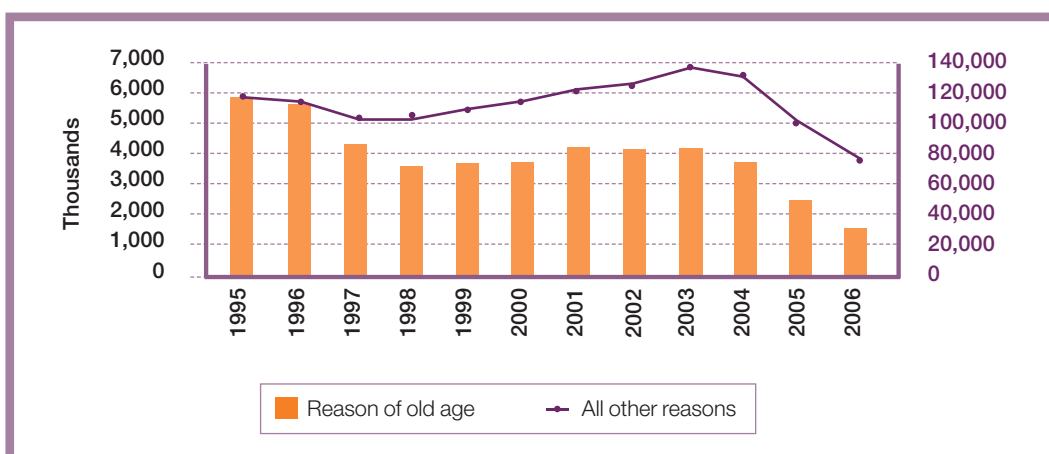
Source: DCLG, Survey of English Housing 2007

Notes: Number of people with a serious medical condition or disability which requires specially adapted accommodation who report their accommodation is unsuitable for their needs.

Direction of travel: positive

Around a quarter of a million people aged over 65 need specially adapted accommodation because of a medical condition or disability and 130,000 of them report living in homes that do not meet their needs. The number appears to be falling slightly, but the survey sample is small so noticeable variations from year-to-year are likely.

4. Statutory homelessness



Source: DCLG live tables, January 2008

Notes: Number of people asking for social housing and accepted as being homeless according to the statutory definition (which triggers eligibility for social housing). The graph is for acceptances where the reason for being in need is 'age' (this may not include all older people accepted as homeless).

Direction of travel: positive

Statutory homelessness acceptances on the basis of 'age' fell from 2,220 in 2005 to 1,400 in 2006. This is by far the lowest figure for a decade, although this may reflect homelessness acceptance practice as well as changing need.

References:

- ¹ Office for National Statistics, *Census 2001*.
- ² Department for Communities and Local Government, *Housing in England Survey 2006*.
- ³ Department for Communities and Local Government, *Quality and choice for older people's housing: a strategic framework*, February 2007.
- ⁴ Department for Communities and Local Government, *English House Condition Survey 2005/06*, June 2007.
- ⁵ Office for National Statistics, *Excess winter mortality dataset*, November 2007.
- ⁶ Department of Trade and Industry, *The Energy Challenge*, 2007.
- ⁷ J. Smith, *Exploring attitudes to housing wealth and retirement*, Housing Finance, 63, 34-44, 2004.
- ⁸ Department for Communities and Local Government, *Homes for the future: more affordable, more sustainable*, July 2007.
- ⁹ Department for Communities and Local Government, *The future of the Code for Sustainable Homes - Making a rating mandatory*, July 2007.
- ¹⁰ Department for Communities and Local Government website: www.communities.gov.uk
- ¹¹ DEFRA, *UK Fuel Poverty Strategy*, November 2001.
- ¹² HM Treasury, *PSA Delivery Agreement 17: Tackle poverty and promote greater independence and wellbeing in later life*, 2007.
- ¹³ Office of the Deputy Prime Minister, *What is Supporting people?* 2004.
- ¹⁴ Department for Communities and Local Government, *Independence and Opportunity: our Strategy for Supporting People*, June 2007.
- ¹⁵ Department for Communities and Local Government, *Research into the financial benefits of the Supporting People programme*, January 2008.
- ¹⁶ Department for Communities and Local Government, press release, *£4.9bn to support independent living*, 6 December 2007.
- ¹⁷ Department for Communities and Local Government, *Disabled Facilities Grant Programme: the Government's proposals to improve programme delivery*, January 2007.
- ¹⁸ Department for Communities and Local Government, press release, 14 January 2007.
- ¹⁹ Harding Ed, *Older People's Housing and Under-occupancy: A Policy brief*, ILC, July 2007.

In focus: retirement migration

Think ‘British ex-pat’ and you imagine a carefree life by a Spanish swimming pool. But with almost one in ten older British nationals now living outside the UK, retirement migrants are growing increasingly diverse, and more and more have needs that neither their adopted home nor the UK are geared up to meet.

Over one million older people are now claiming their state pension outside the UK.¹ Age Concern’s research shows that 23% of people aged over 50 think they are likely to move abroad and by 2025 it is estimated that one in eight older people will have done so.² People move for a variety of reasons, including health, finance and proximity to family. Research suggests that retiring abroad can improve quality of life and well-being and many retirees abroad assert that they will live longer.³

The UK welfare state makes little provision for retirees who migrate. Few state benefits are transferable abroad and even the state retirement pension is frozen at the time of migration in many countries.⁴ But the loss of the right to state services and support on leaving the UK often isn’t compensated by access to state support in the new country of residence. In many countries people can only access benefits if they have contributed during their working life, posing a particular problem for retirement migrants.

As the number of retirement migrants increases and existing migrants get older, there are a growing number of vulnerable people with very few avenues of support available to them. The difficulties are similar to those experienced by older people in the UK: isolation, inadequate income and problems meeting health and care needs. Health and social care services have developed in various ways across the world, with a different balance of public and private services and support provided by the family. Medical care is often accessible but social care frequently isn’t – it may not exist or it may be prohibitively expensive. Retirement incomes which may have seemed reasonable at the time of migration are completely inadequate for funding a costly care package without any state support.

It is also common for retirees abroad to become isolated if they live in remote locations, without family close by, and are poorly integrated into the local community. All of these difficulties are exacerbated if the older person is unable to communicate in the local language or does not know how to access the right information, advice and support.

Research by the Institute of Public Policy Research suggests that most British nationals who move abroad never intend to return to the UK.¹ However, when faced with acute difficulties, many feel forced to return but find this is not straightforward either. British nationals have a right to live in the UK but those returning in need of state support have to demonstrate that they plan to settle here which often takes time – it can take 6 months to access Pension Credit or to be added to a housing waiting list.

Better planning and preparation before migrating should help people to reduce the risks of things going wrong. But there is little clear and accessible information – either in the UK or in

host countries. It is difficult to find out how people's rights will be affected by a move abroad and where to go if a problem does occur. Advice workers and health, social care and welfare professionals all struggle to provide accurate information.

So what are the implications for policy makers here in the UK? Should the welfare state treat retirement migrants as if they have given up all claim of support, just by leaving the country? Or is this unsustainable in an increasingly inter-connected, mobile world? In particular, what should be done about people who are ineligible for support anywhere? These are challenging issues with a potentially huge price-tag. In the long term, as population flows increase, a shared international approach may be needed, with clear multi-lateral agreements on the rights and responsibilities of different nations and citizens. But for now, there are steps the UK Government can take. It could improve information provision so that people are aware of their rights and can access the support they are entitled to. It could provide support services to frail older people who need to return home. And it could consider the affordability of improving access to non-means tested benefits, which many older people feel should not be constrained by geography.

References

- ¹ Srisandarajah D & Drew C *Brits Abroad: Mapping the Scale and Nature of British Emigration*, Institute of Public Policy Research, 2006.
- ² Age Concern Research Services, *Future Plans for moving home amongst the over 50s*, briefing paper, 2005.
- ³ O'Reilly K, *The British on the Costa Del Sol*, London: Routledge, 2000.
- ⁴ The state pension is currently uprated in all European Union and European Economic Area (EEA) countries and countries which have a reciprocal agreement with the UK. It is not uprated in a number of other countries including Australia, Canada, South Africa, New Zealand and Trinidad & Tobago.

Work and learning

The facts

- About 900,000 people over 50 are not in work and want to find jobs. If they were all in work this would add around £30 billion to the economy.¹
- About three fifths of people aged 50 to State Pension age with a health condition that limits daily activity are out of work. Among those without qualifications the figure is nearly two thirds.²
- 1.2 million people aged over 50 are receiving incapacity benefits. Each year 18,000 make a new claim, of whom under half end their claim within a year.³
- Over the five years between 2000 and 2005 only 1% of people in their 40s achieved a Level 2 qualification for the first time (equivalent to 5 good GCSEs).⁴
- 380,000 employees over 65 are at risk of being forced to retire by their employers. Estimates for the number of forced retirements range from 5,000 to 25,000 per year.⁵
- 49% of people who retire before State Pension age leave work on health grounds.⁶
- Older people remain unemployed longer than their younger counterparts: 37% of those aged 50 and over remain unemployed for more than 12 months against 27% of those aged 25-49.⁷
- 31% of older workers say they plan to retire flexibly, but only 7% of recently retired people say they were able to do so.⁸

On the agenda

Over the past year, the Government has continued to focus on increasing the skills base and employment rate of adults under State Pension Age. It has consulted on replacing New Deal 25 Plus and New Deal 50 Plus with a flexible New Deal, which refocuses attention on getting people facing long-term disadvantage back into work. It has continued to roll out Pathways to Work programmes, which assist those on incapacity benefits to return to work, in preparation for the introduction of Employment Support Allowance in early 2008. The Government has also published implementation plans for the Leitch Review of Skills. The creation of the Department for Innovation, Universities and Skills in June 2007 has paved the way for the possibility of workforce skills issues emerging from 'under the shadows' of 0-19 education. There has also been a welcome new focus on integrating employment and skills services.

Devolution watch: Westminster policy on employment covers Great Britain but policy on skills applies to England only.

Priorities for action

Age Concern's priorities for Government action are:

- all employment and skills policies should be 'age proofed' to ensure they meet the needs of the ageing workforce and today's older workers.
- the Government should justify any increases in the conditions placed on benefit recipients with robust evidence showing the improved employment, skills or health outcomes they will bring.
- learning entitlements available to 19-25 year-olds should be extended to adults of all ages.
- the Skills Strategy should be widened to cater for mid-career occupation change and long-term skills development, as well as its predominant focus on gaining formal qualifications to secure an entry-level job.
- the Government should develop a strategy for safeguarding non-vocational learning including access for people with low incomes or poor health.
- good practice in equality and diversity should be promoted as a way to reduce the risk of people with health problems being forced to leave work early.
- dormant proposals for more generous tax credits for carers and people with disabilities should be reviewed.
- the right to request flexible working should be extended to all older workers to increase choice about how they retire.

This chapter focuses on developments in the employment and skills arena (excluding age discrimination legislation, which are covered in the chapter on Equality and Human Rights). In 2007 the Government's employment strategy continued to focus on improving employment rates for traditionally disadvantaged groups, including people aged over 50. There was also a much enhanced focus on improving adult skills levels. These twin objectives remain key to the Government's long-term aim of reaching an employment rate equivalent to 80% of adults aged 16 to State Pension Age. Both featured in the Comprehensive Spending Review, published in the autumn, which renewed the existing Public Service Agreement indicator (PSA) that seeks a reduction in the disparity between the employment rate of those aged 50-69 and the overall employment rate (see Indicator 1). Other PSA targets include a reduction in the number of adults receiving out-of-work benefits; an increase in the proportion of adults who have functional literacy and numeracy skills; and an increase in the proportion of adults

who are qualified to at least full Level 2 (all three of these targets apply only to people under State Pension Age). Previous commitments have also been made to increase the number of people over 50 in work by one million, and to reduce the number of adults receiving incapacity benefit by one million (close to half this group are over 50, but the Government has promised there will be no ‘double counting’).

Age Concern comment

Age Concern welcomes the Government’s commitment to further reduce the gap between the employment rate of those aged 50 to 69 and the overall employment rate, as well as its focus on skills and integrating employment and skills services.

We believe that the Government’s employment and skills ambitions cannot be met unless more people over 50 are helped to improve their skills. Around a quarter of the 2020 workforce – and an even higher proportion of those with low skills – are already aged over 40. The Government will miss its targets for Level 2 skills unless there is a step-change in the training of workers over 40, who make up half the non-pensioner adults without these skills.

We calculate that to achieve the Government’s overall aim of an 80% employment rate by 2015/2020, an extra three million people will need to be in work, of whom more than half could be over 50.

Welfare reform

In 2007 the Government continued its radical reform of the welfare system. It developed proposals to reform New Deal provision and continued to implement reforms to incapacity benefit.

In Spring 2007 the Freud Review set out long-term proposals for the reform of welfare to work. Many of its proposals were adopted in the Green Paper *In work, better off: next steps to full employment*, which set out for consultation the steps that the Government will take to improve the provision of jobs and support services provided to recipients of Jobseeker’s Allowance. *Ready for Work: full employment in our generation*, published in December, sets out the Government’s response to this consultation exercise.

The Green Paper had three main proposals. Firstly, to build on the Local Employment Partnerships that were announced in the 2007 Budget with the introduction of a 'Jobs Pledge'. The Jobs Pledge aims to find job opportunities for over 250,000 people on benefit and who are ready and prepared to work. Secondly, the introduction of a flexible New Deal to replace New Deal for Young People, New Deal 25 Plus and New Deal 50 Plus. This would aim to offer a more flexible and personalised approach for longer-term, more disadvantaged clients and to increase both the requirements they must meet and the support on offer. Thirdly, it proposed an increase in the level of voluntary and private sector involvement in the delivery of welfare to work programmes, with independent providers expected to take on the longer-term clients who are in need of more specialist support.

Age Concern comment

Age Concern welcomes the adoption of a more flexible, personalised approach to the New Deal programmes. We also welcome the focus on long-term, disadvantaged clients. However, we have some concerns about the ability of the proposed reforms to adequately deliver for the over 50 client group.

We do not consider that the case for increasing conditionality has been made, and believe that it is inappropriate to increase requirements on clients aged over 50 unless a range of pre-conditions are met – including the provision of support that focuses on overcoming the full range of barriers that they face. We believe the Department for Work and Pensions (DWP) should commission more evidence to determine the most effective support and incentive structure for helping the most disadvantaged into work, with attention paid to 'carrots' as well as 'sticks'.

The Welfare Reform Act 2007 received Royal Assent in May. The Act legislates for the reform of incapacity benefits; in 2008, the Employment and Support Allowance will replace Incapacity Benefit and Income Support (when paid to people with health problems). Other key measures within the Act include: the introduction of a replacement for the Personal Capability Assessment (to assess individual benefit entitlement and employment related support needs); and the requirement for most claimants to attend work-focused interviews and develop, with their advisers, a plan of action to return to work.

Changes to the design of incapacity benefits are being accompanied by new services for people receiving sickness benefits. The Pathways to Work pilots, which were first introduced in 2003, continued to be rolled-out nationally throughout 2007 and are due to have achieved nationwide coverage by April 2008. Pathways to Work is a programme where most recipients are required to attend a series of six interviews (people with severe disabilities and those with very good prospects of returning to work are excluded). Participants are offered the chance to sign up for services to help them prepare for a return to work (either health-related support, such as cognitive behavioural therapy, or job-brokers to help find work).

Skills

In June 2007 the Department for Innovation, Universities and Skills (DIUS) was created in one of Gordon Brown's first acts as Prime Minister. The Department has objectives to raise and widen participation in Higher Education and to tackle the skills gap among adults, particularly equipping people with basic literacy and numeracy.

The first significant document published by DIUS was *World Class Skills: implementing the Leitch Review of Skills in England*. This document, which responds to the recommendations contained in the 2006 Leitch Review of Skills, sets out the actions the Government will take to realise its long-term aspiration of achieving an 80% employment rate.

The Education and Skills Bill will entitle low skilled adults to free numeracy or literacy programmes and to train towards a full Level 2 qualification. In 2010 there will be a review of whether the Government should introduce a requirement for employers to support workplace training for employees without a full Level 2 qualification.

A new adult careers service, for both employees and benefit recipients, will also be created by merging the information and advice services of learndirect and nextstep providers. However, there is still little detail about how the adult careers service will operate in practice and how it will cater for the particular needs of people over 50 who often face difficulties with re-skilling or changing occupation.

Train to Gain is the main Government-backed employee training programme. It was launched nationally in 2006 and offers training support and funding for the employers of low skilled workers, on condition that they give paid time off for training. By March 2007 the programme had engaged over 36,000 employers and 89,000 learners.

Age Concern comment

The direction set out in *World Class Skills* is welcome. In particular, the aims of securing closer integration between employment and skills services and increasing individuals' ownership and choice over their training. However, we are concerned that the implementation may not adequately deliver for older workers. So far most of the Government's energy and resources have been focused on very basic skills or achieving a formal Level 2 qualification. This does not reflect the full range of needs experienced by mature workers with out-dated skills or qualifications. Policy also needs to cater for mid-career occupation change and long-term skills development, rather than just focusing on gaining the skills to secure an entry-level job. We question the sole focus on full-size, formal qualifications, rather than plugging specific skills gaps or accrediting existing learning, which is often more appropriate for many older workers who come with a lifetime of experience.

We are concerned that the Education and Skills Bill will result in overt age discrimination, in the shape of the entitlement to free training to achieve a full first Level 3 qualification for those aged 19-24 only. This is direct age discrimination and the Government has yet to prove that such a policy is compatible with EU law. We believe that this entitlement to free training should be age neutral.

Learning in retirement

The Government's strategic focus on up-skilling workers has had a significant impact on the funding and provision of non-vocational learning provided by both the Further Education sector and community education institutions. The Government's focus on funding basic skills, Level 2 qualifications, and Level 3s for under 25s, has left less money available for other forms of learning including many of the courses valued by people in retirement. As a result, non-vocational learning providers are being required to reduce costs, including by limiting student places and removing concessionary fees. See Indicators 3 and 4 for number of older people participating in state-supported learning.

Some local authorities and colleges who are removing concessions for people over State Pension Age are using the Employment Equality (Age) Regulations 2006 to justify their actions. However, as there have not been any test cases under the new legislation, it is not possible to say when or if concessions are unlawful. Education providers are able to rely on an argument that the concessions are justified, or are covered by an exemption in the Regulations allowing positive action to address disadvantage or under-representation of particular age groups. It will then be for a court or tribunal to decide whether or not this is justified. However for risk-averse providers facing mounting financial difficulties, removing concessions for retired people has seemed to be the easiest solution.

In response to widespread comment that the Government does not value non-vocational learning. In January 2008, DIUS launched a consultation on the future of informal adult learning.

Age Concern comment

Age Concern is concerned about the impact that the Government's skills strategy is having on learning in retirement and warmly welcomes the Government consultation on informal adult learning. Over the past few years, the number of publicly funded learners aged over 60 has fallen dramatically – by almost half in the Further Education sector. We believe that this represents a failure of Government policy – the Government's aim was to encourage learners to pay more for their own learning, not drive them away from education altogether. Learning in retirement is proven to maintain good health and well-being, which has knock-on benefits for health and local government budgets. Moreover, it is an issue that older people themselves care greatly about. We want the Government to develop a strategy of safeguarding non-vocational learning, including access for people with low incomes, or poor health.

Flexible, healthy work

Employment policy often focuses on the experiences of people out of work, but supporting people to remain in work is just as important. Extending working life requires a focus on a range of in-work issues including occupational health, flexible working, pay and benefits, and disability and age discrimination.

In 2006 the Secretaries of State for Health and for Work and Pensions appointed a National Director for Health and Work, Dame Carol Black to oversee the Government's approach to occupational health. In 2007 Carol Black was commissioned to review health issues for adults under State Pension Age and is due to report in 2008. The review will identify the action that Government, business and the medical profession should take to improve the health of this age group and to help people who develop health problems remain in or quickly return to work. As part of the review, Carol Black will consider whether to focus on how the age of a person affects the nature of health support that is needed.

During 2007, the Government also consulted on the application of the Employment Equality (Age) Regulations in relation to flexible retirement and pension provision. Employers and pension providers have raised concerns about the interaction between the Age Regulations and their increasing desire to allow older workers some flexibility in how they work as they approach retirement.

Age Concern comment

People over 50 make up half of all those who transfer from sick pay to Incapacity Benefit each year, so we welcome the Government's focus on helping people remain in work. We want the Government to revive dormant proposals to improve the Working Tax Credit for carers and people in work. The new Equality and Human Rights Commission could also consider how good practice in equality and diversity can reduce the risk of people with health problems being forced to leave work.

Older people should have a choice about when and how they retire. Flexible working practices should be available to older people, to enable them to balance employment, leisure and unpaid contributions, such as caring, volunteering and grand parenting.

Coming up in 2008

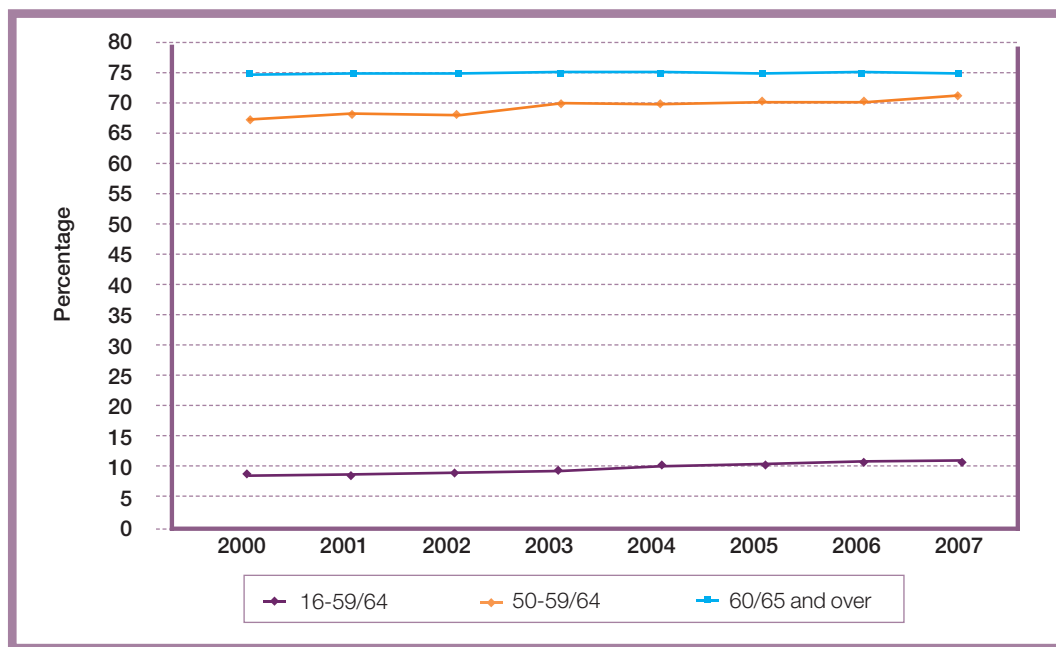
- Early 2008 – the Employment and Support Allowance is introduced.
- April 2008 – national roll-out of Pathways to Work complete.
- Summer – Education and Skills Bill becomes law.
- Summer/Autumn – Employment Bill becomes law.

and beyond...

- 2009 – first customers referred to contracted flexible New Deal.
- 2009/10 – Skills Accounts tested nationally.
- 2010 – review of employer obligation to provide Level 2 training.
- 2010 – State Pension Age for women begins to rise.
- 2010/11 – adults not entitled to free tuition required to pay 50% of costs of learning.
- 2010/11 – Adults' Career Service fully operational.
- 2024 – State Pension Age for men and women starts to rise above 65.

Indicators

1. Employment rates of older workers



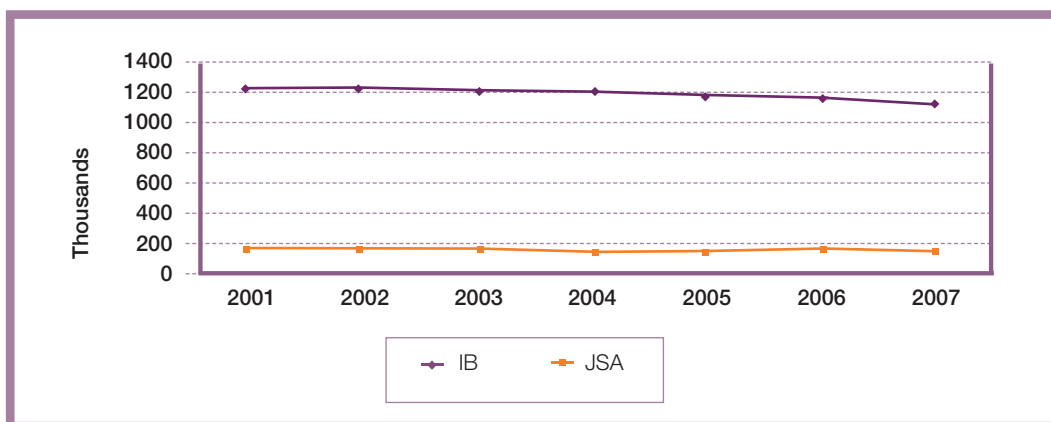
Source: Labour Force Survey

Notes: Percentage of people in paid work. Data is for Spring of each year. This measure is different to the Government's indicator of older workers' employment which covers 50 to 69 year-olds.

Direction of travel: positive

In recent years there has been a steady increase in the proportion of people over 50 who are employed, while the overall employment rate has been static. In spring 2007, 71.1 % of people aged 50 to State Pension Age and 11 % of people over State Pension Age were working.

2. Older people claiming Incapacity Benefit or Jobseeker's Allowance



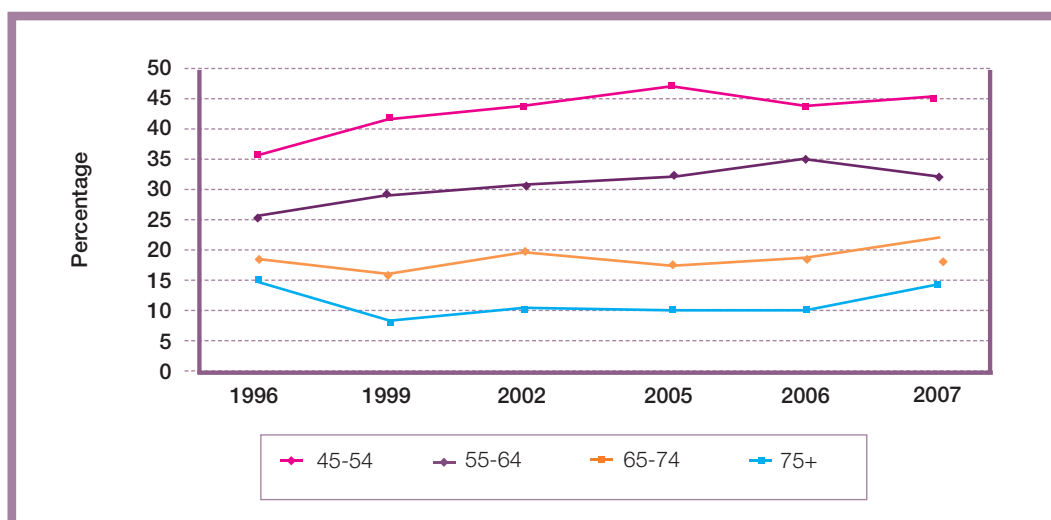
Source: Department for Work and Pensions, Tabulation tool

Notes: Number of people aged 50 and above claiming Incapacity Benefit or Jobseeker's Allowance.

Direction of travel: positive

Over the period from 2001 to 2007, the number of older people claiming incapacity benefit decreased by about 85,000. Total number of people claiming Incapacity Benefit in 2001 and 2005 was 2.7 million. The number of older people claiming jobseekers allowance also decreased between 2001 and 2005. Total number of people claiming Jobseeker's Allowance in 2001 was 930,000 compared to 830,000 in 2005. However, numbers rose in 2006, but by 2007 were nearly back to 2005 levels.

3. Participation in learning



Source: NIACE Survey on adult participation in learning 2007

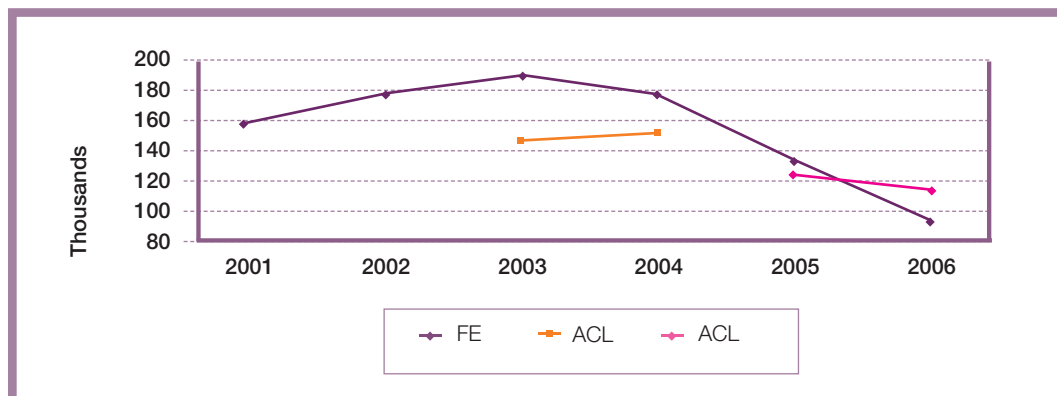
Notes: Percentage of people reporting current or recent participation in any sort of learning. The survey was not annual prior to 2005.

Small fluctuations between years should be treated with caution.

Direction of travel: mixed

Over the last decade self-reported participation in learning has increased for people aged 45 to 64. The proportion of over 65s participating in learning appears steady. Last year there was a small increase for over-65s and a decrease for 55 to 64 year olds, but it is not clear whether these are one-off fluctuations or the start of new trends.

4. State supported learning



Source: National Statistics Press Release, Learning and Skills Council

Notes: Number of people aged 60 and over participating in Further Education and Adult Community Learning. Due to changes in data collection systems regarding ACL, data from 2003 and 2004 is not comparable to data from 2005 and 2006.

Direction of travel: negative

The number of people aged 60 and over participating in Further Education halved between 2003 and 2006. The number of people aged 60 and over participating in Adult Community Learning also decreased significantly – by 12% – between 2005 and 2006.

References

- ¹ Office for National Statistics, *Labour Force Survey*. Age Concern calculations, 2006.
- ² Office for National Statistics, *Labour Force Survey*, 2006.
- ³ Nomis, *Benefit claimants working age client group*, 2005.
- ⁴ NIACE and Age Concern, *Learning in Later Life: a Public Spending Challenge*, 2006.
- ⁵ Office for National Statistics, *Labour Force Survey*, 2006.
- ⁶ Age Concern., *Employment Policy Position Paper*, 2006.
- ⁷ National Statistics, *Labour Market Statistics*, 2006.
- ⁸ Age Concern, *Employment Policy Position Paper*, 2006.

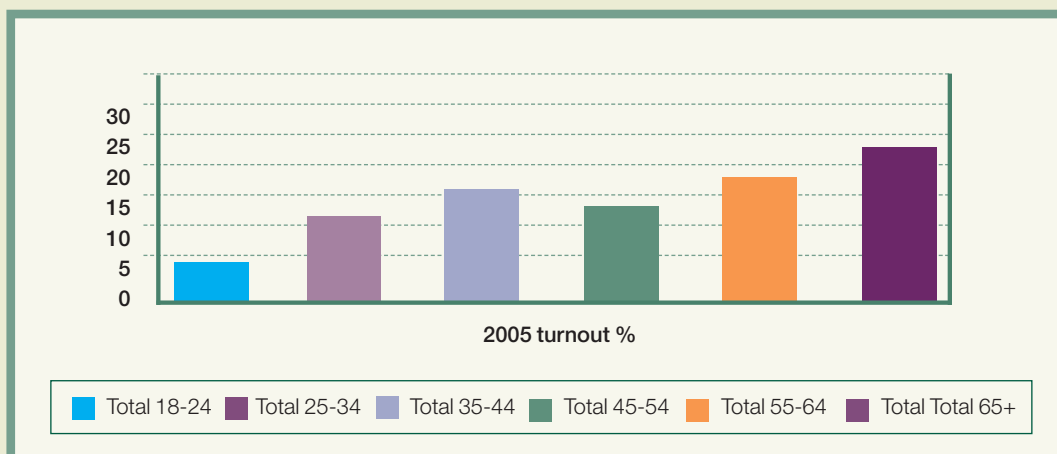
In focus: older voters

Will older voters decide the next election? And what do they want from politicians anyway? With perhaps only a year until a Brown/Cameron/Clegg General Election, in 2008 all the political parties will be looking for answers.

For some time Age Concern has been carrying out research examining the views, attitudes and priorities of older voters.¹ One project has followed the voting patterns in eight 'super-marginal' constituencies and considered the issues that dominated as voters have gone to the polls. *Winning in 2009: the importance of the baby boomers* examined the growing electoral importance of the baby boomer generation (born in the UK between 1945 and 1965) as it approaches retirement. It showed that the political significance of older people is huge.

Older people are twice as likely to vote as young people, meaning that in 2005 people over 55 cast 41% of the votes in England and Wales, 71% of 55-64 year olds and 75% of over-65s voted. Compare that to a youth vote (18-24 year olds) of only 37%.² And older voters are becoming more numerous over time. Between 2005 and 2009 the share of older voters will increase in 448 seats in England and Wales, compared to just 43 urban seats where their proportion will decline. This means that if there is a 2009 election, the proportion of votes cast by people over 55 will rise again, representing an additional 1.2 million votes cast by older people compared to 2005. And if current trends in turnout continue, and there is a further decline in voting among young people, we could see over-55s making up half of voters in some regions³.

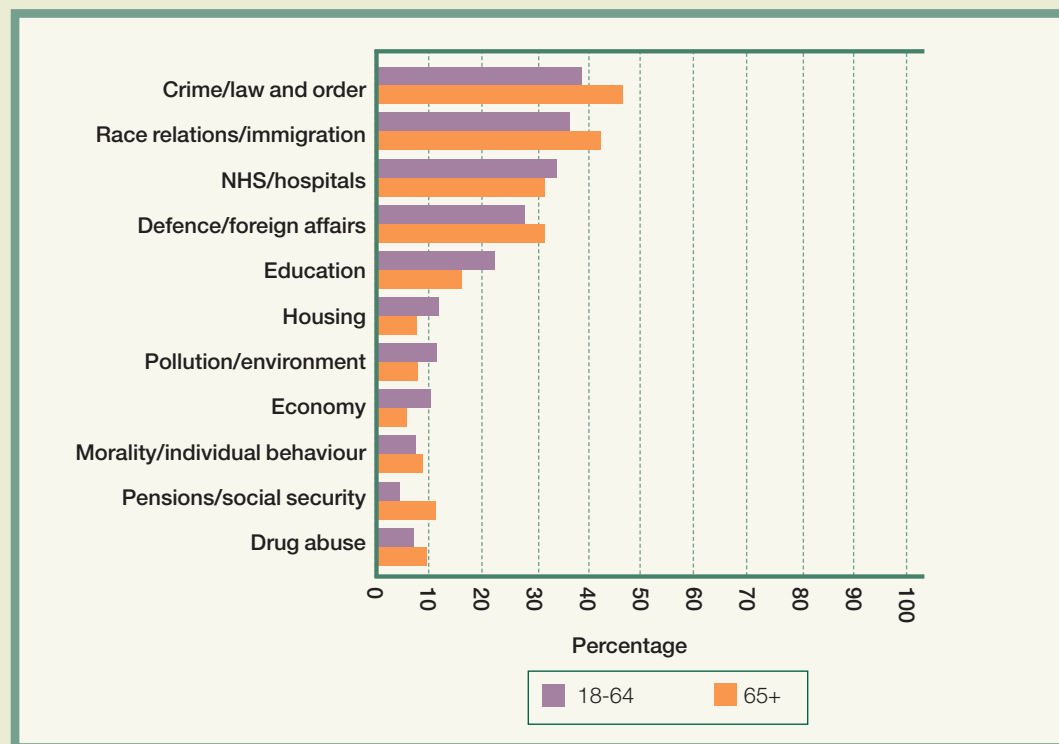
Estimated % age breakdown of turnout in the General Election of 2005 in England and Wales



But how will older people vote? The evidence suggests there are no simple rules determining the party choice of older voters. Older people do not vote according to their age and no age bloc exists in British politics. Historically, older voters have leaned towards the Conservatives, but this trend is diminishing as the baby boomer generation approaches retirement. The evidence shows that baby boomers have very different expectations and experiences from their parents' generation. They live more diverse lifestyles and many are politically literate, community orientated and motivated by a progressive value set. Strong party identification and political deference have declined amongst this group.⁴ Boomers are much more likely than their parents to 'shop around' and with the votes of an estimated 800,000 up for grabs, older people are growing in significance for politicians thinking about 'swing voters'.⁵

In spite of this diversity, older people's views do, however, coalesce around a number of key issues. First of all, older voters are looking for strong and effective leaders that can inspire their trust. In the 2005 General Election many older voters criticised the then party leaders for weak leadership and a lack of clarity about what the parties stood for. Then there are a number of key issues, revealed in 2007 polling for Age Concern carried out by Ipsos MORI: crime, law and order, immigration, health, public services.

Most important issues facing the country April-August 2007



Base: c.5,000 adults aged 18+, Ipsos Mori Political monitor aggregate data April-August 2007

Even though the majority of older voters have seen significant improvements in living standards in recent years, many 'swing voters' have strong feelings of insecurity. This is linked to a tendency to vote 'negatively' against one side rather than enthusiastically 'for' the other. When asked about politics, at a personal level swing voters' anxieties dominate – ranging from retirement income to perceived deterioration in public safety. At a national level, concerns are raised about the perceived threats posed by immigration and terrorism. These older voters also fear for their children and grandchildren, highlighting education, levels of debt and affordable housing as issues of concern.

Broadly the political mood among these 'swing' voters is characterised by a sense of dissatisfaction that all parties are failing to counter-act. The concerns about insecurity have intensified since 2005 and there are growing number of older voters who feel that the 'country is going to the dogs'. A sense of pessimism prevails and many older voters feel their trust has been taken for granted. Despite increased recognition of the importance of older voters, no political party has yet reached out effectively to this key electoral group. The votes of many older people are up for grabs, and for the party that can successfully reach out to them, the political prize is immense.

Politicians need to adapt to the changing profile of the older population and recognise that dialogue needs to be ongoing, not just centred on short-term election time campaigns. Local organisation will become increasingly important in the months leading up to the next election. Politicians must respond to the issues that are particularly relevant to older people, especially pensions, healthcare, social care, employment and discrimination. But they need to do more than this. First, they must consider how best to communicate their ideas in a way that connects with people, and second, they must inspire, by tuning into people's wider fears and aspirations.

Many of the issues, particularly those underpinned by growing concerns around insecurity, will remain unchanged. Older voters are looking for a champion. The challenge to Brown, Cameron and Clegg is to re-assess their political offer to this important electoral cohort; counteract the sense of malaise and distrust; and set out a positive case that reflects the needs and aspirations of older people.

References

¹ Age Concern England, *Looking Beyond the Grey*, 2004

² Ipsos MORI, 2005.












³ Scott Davidson, *The Future Rise of the Grey Vote*, Loughborough University, 2006












⁴ Demos, *Everyday Democracy: Why we get the politicians we deserve*, 2005.



⁵ Ipsos MORI, 2007. This figure relates to the number of Britons aged 55+ who are 'absolutely certain' they would vote in an immediate general election, but are undecided which party they would vote for.

Annex 1:

Summary of key indicators

Indicator	Coverage	Key Findings	Direction of Travel
Pensioners income	UK	<ul style="list-style-type: none"> Pensioners income for those aged over 75 have increased modestly. Overall, incomes for those under 75 have remained similar to last year. Those aged over 75 are generally worse off than the younger age group. 	
Pensioner poverty	UK	<ul style="list-style-type: none"> The number of pensioners living in poverty in the last decade has reduced. 	
Private pension membership	UK	<ul style="list-style-type: none"> Pension scheme membership has declined over a number of years. Future generations of older people are likely to have lower levels of occupational and personal pension savings. 	
Means-tested benefits	Great Britain	<ul style="list-style-type: none"> Older people's take-up of Council Tax Benefit has fallen over recent years, but there was a slight rise in the most recent year. Many older people who are eligible for means tested benefits are not claiming. 	
Unbanked households	UK	<ul style="list-style-type: none"> There has been a significant reduction in older households without a bank account. However the decline has been steeper among younger age groups, meaning that older people now make up a higher proportion of people without banking. 	
Healthy life expectancy	England	<ul style="list-style-type: none"> Healthy life expectancy for men and women aged 65 has increased by 2½ years over the last two decades. 	
Physical activity indicator	England	<ul style="list-style-type: none"> Older people are much less active than the general population, particularly those over 75. Activity levels decline with age. 	
Help with eating in hospital	England	<ul style="list-style-type: none"> In 2006/07 58% of patients said they always received help from staff to eat their food, compared to 62% in 2005/06. There is a mis-match between patient experience and practice reported by NHS trusts. 	
Suicide	England	<ul style="list-style-type: none"> 1,265 number of people aged 55 and over committed suicide in 2005 (29% of all suicides) and there is no clear trend over the last three years. Older men are twice as likely to commit suicide as older women. 	
Waiting times for key treatments	England	<ul style="list-style-type: none"> Waiting times for both cataract and hip replacement operations are reducing year on year. 	
Emergency hospital readmissions	England	<ul style="list-style-type: none"> The reasons for the long-term rise in emergency readmissions are not clear but may relate to inadequate or inappropriate discharge planning. 	
Under-funding of residential care	England	<ul style="list-style-type: none"> The maximum fees levels that local authorities pay for older people does not cover the average fees charged by care homes. In some regions the difference can be over £100 per week. 	N/A

Indicator	Coverage	Key Findings	Direction of Travel
Home care	England	<ul style="list-style-type: none"> The number of older people receiving care is steadily falling – a negative trend. But the number of hours of home care is increasing steadily. This indicates that more intensive services are being targeted at a smaller group of people. 	
Direct payments	England	<ul style="list-style-type: none"> The number of Direct Payments has increased rapidly since 2002/03. 	
Carers receiving services	England	<ul style="list-style-type: none"> A very low proportion of carers receive services in the community, suggesting Local Authorities are failing to meet the needs of carers. The proportion of carers receiving services has increased since last year. 	
Care funded by the NHS	England	<ul style="list-style-type: none"> The overall number of people receiving continuing care has increased rapidly over the last years. 	
Crime	England and Wales	<ul style="list-style-type: none"> Older people are less fearful about crime than other age groups. However, their quality of life is more greatly affected by fear of crime. Fear of crime in older age groups can lead to social isolation and reduced independence. 	N/A
Households without a car	England	<ul style="list-style-type: none"> Older people are much less likely to have access to a vehicle than other age groups. Car ownership for older people is increasing. Those in couples are more likely to have access to vehicles than single pensioners. 	
Use of internet	UK	<ul style="list-style-type: none"> Internet access has nearly doubled among 75+ year old over the last two years. 	
Digital TV	UK	<ul style="list-style-type: none"> Take-up of digital TV has continued to increase in the last 12 months. Despite a comparatively high increase in take-up among 75+ year olds, take-up is still significantly lower than in the general population. 	
Condition of property	England	<ul style="list-style-type: none"> Since last year the number of older people's homes rated as 'decent' has increased. Percentages of non-decent homes are above average for older age groups. 	
Excess winter deaths	England and Wales	<ul style="list-style-type: none"> The number of excess winter deaths has decreased since last year. Just under half of all excess winter deaths are made up of those aged 85 and over. 	
Disability and unsuitable accommodation	England	<ul style="list-style-type: none"> Around a quarter of a million people aged over 65 need specially adapted accommodation because of a medical condition or disability. 130,000 of them report living in homes that do not meet their needs. The number appears to be falling slightly. 	
Statutory homelessness	England	<ul style="list-style-type: none"> Statutory homelessness involving older people has reduced since last year. Statutory homelessness amongst old people is lower than for other vulnerable groups. 	

Indicator	Coverage	Key Findings	Direction of Travel
Employment of older workers	UK	<ul style="list-style-type: none"> ■ Overall, the employment rate has remained relatively steady over the last few years. ■ The employment rates for older workers has gradually increased over the last few years. ■ Employment rates for people over SPA has also increased slightly. 	
Jobseeker's Allowance and Incapacity Benefit claimants	Great Britain	<ul style="list-style-type: none"> ■ Over the period from 2001 to 2007, the number of older people claiming Incapacity Benefit decreased by 85,000 ■ The number of people claiming Jobseeker's Allowance also decreased between 2001 and 2005. 	
Participation in learning	UK	<ul style="list-style-type: none"> ■ Overall participation in learning decreases as people get older, 	
State supported learning	England	<ul style="list-style-type: none"> ■ The number of people aged 60 and over participating in Further Education halved between 2003 and 2006. ■ The number of people aged 60 and over participating in Adult Community Learning also decreased significantly. 	

Annex 2:

A Sure Start to Later Life Government Action Plan – Age Concern's assessment

Government action	Age Concern's evaluation
The Department for Work and Pensions (DWP) will pilot the Sure Start for older people approach calling it the 'Link-Age Plus' programme, starting in Spring 2006. This model will be evaluated and the findings disseminated to allow other local partnerships to establish similar approaches in their areas.	The LinkAge Plus pilots launched in 2006/07 and are currently being evaluated both at local and national level. No efforts so far to promote other local partnerships to take similar approaches.
The Department for Work and Pensions (DWP) and the Office of the Deputy Prime Minister (ODPM) will produce a plan to increase take-up of entitlements to older people taking into consideration the Lyons Review. This will include consideration of: <ul style="list-style-type: none"> ■ financial assessments and disincentives to local authorities to increase Council Tax Benefit (CTB) take up ■ the need to remove any legislative barriers to take-up, such as the requirement for a pensioner to submit a separate CTB claim form ■ the feasibility of making entitlement to CTB more automatic. 	The DWP is continuing to look at ways of increasing take-up although no specific plan has been published. The Lyons inquiry made recommendations around benefit take-up and argued for an increase in capital limits (the Government response was neutral). From October 2008 the Pension Service will be able to process Pension Credit, Housing Benefit and Council Tax Benefit as one transaction (previously a short supplementary HB/CTB claim was issued and not always returned). But people not eligible for PC can only claim from their council. The DWP is still considering more automatic entitlement to CTB.
The Department for Work and Pensions (DWP) will continue to look at wider definitions and indicators of pensioner poverty in the wake of recently commissioned research, and will consider with the Treasury how and whether these should feed into PSA targets as part of the 2007 Comprehensive Spending Review.	Pensioner poverty (measured in three ways) was included as an indicator for the PSA on later life, but without a specific target. Measures of 'material deprivation' continue to be the subject of research but were not included in the PSA.
The Department of Health (DH) and the Office of the Deputy Prime Minister (ODPM) will produce guidance as part of the forthcoming White Paper on Primary and Community Care on improvement of the take up of services amongst excluded older people.	No progress. Guidance was not included in the White Paper Our Health, Our Care, Our Say.
A group of statutory and voluntary sector service providers in London is currently researching the feasibility of establishing a pilot intermediate care services for homeless people. The Care Service Improvement Partnership will work with the Housing Improvement Network to consider how best to take forward the results of the pilot.	Independently of CSIP, Lambeth Primary Care Trust has pledged to invest funding in a scaled-down version of the initial pilot ideas. Age Concern has been advised that discussions are on-going with regard to how to implement the pilot effectively and safely. We are not aware of any other interest or support in developing such a scheme or pilot.
The Department of Health (DH), as part of the forthcoming White Paper on Primary and Community Care, will build on its commitment to provide a greater focus on joint commissioning between health care and social care and better integration between health care, social care and other local government services.	The White Paper <i>Our Health, Our Care, Our Say</i> published in January 2006, was followed up by subsequent announcements (most recently the Putting People First concordat). Plans include joint assessment of needs, joint care plans, a single system for regulation, inspection and complaints, and alignment of budget cycles between health and Local Government.
Work is progressing on the production of guidelines to hospitals around the admission and discharge of homeless people, which will be jointly promoted by the Department of Health (DH) and the Office of the Deputy Prime Minister (ODPM).	<i>Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation</i> guidelines were published in December 2006.

 (Largely) achieved
  Some progress
  No progress

Government action	Age Concern's evaluation
The Department for Work and Pensions (DWP) and the Department of Health (DH) will ensure that advocacy services are included in the piloting of the Sure Start to Later Life approach through the 'Link-Age Plus' programme and as part of the Individual Budgets pilots.	Advocacy services are included in some but not all the LinkAge pilots. The <i>Putting People First</i> concordat states that advocacy should be available for people using personal budgets, where they need it.
The Social Exclusion Unit (SEU) will examine the role of advocacy in delivery of services to socially excluded people.	No progress
<p>The Department of Health (DH) will shortly publish a 'Next Steps' document based around the three themes: Dignity, Responsive Service and Active Ageing. Initiatives from each of these themes will include:</p> <ul style="list-style-type: none"> ■ The reactivation of the Older People's Champions National Network (Dignity); ■ The extension of the self-assessment process of the Mental Health National Service Framework implementation to older people's mental health services by 2007; and ■ A project to promote exercise and physical activity amongst older people (Active Ageing). This will be delivered through the Choosing Health Delivery Board on Active Ageing. 	<p>Next Steps document, <i>A New Ambition for Old Age</i>, was published in April 2006 and included the 3 identified themes. A Dignity in Care programme has been developed and a system of Dignity Champions has been launched.</p> <p>Self assessment in older people's mental health has not been progressed with any vigour.</p> <p>The DH project to promote exercise and physical activity did not get off the ground.</p>
The Social Exclusion Unit (SEU) and Department of Health (DH), working with other departments, will lead analytical and policy work on carers to be published in 2006.	The Government is currently reviewing the 1999 Carers Strategy and there are a number of working groups that are looking into issues relating to carers including social exclusion. The Department of Health is the lead department on this.
The Department for Culture, Media and Sport (DCMS) will publish analysis by Spring 2006 on the participation patterns of older people in cultural, sporting and leisure activities and how to promote increasing participation.	Since July 2005 the Government has carried out a continuous national survey called "the Taking Part Survey on participation in culture, sports, and leisure activities". Results are reported periodically, and are available by age group (including older people). However the Government has not carried out dedicated analysis into the participation patterns of older people, nor how to promote participation by older people.
The Department for Work and Pensions (DWP), Home Office (HO), Department for Education and Skills (DfES) (through the Learning and Skills Council) and Department for Culture, Media and Sport (DCMS) will ensure that opportunities for volunteering, life-long learning and leisure activities are included in the piloting of the Sure Start for Older People approach which will take place through the 'Link-Age Plus' programme.	These opportunities are included in the pilots and these kinds of preventative activities are central to the ideas behind LinkAge Plus. However, all three are present, in each pilot. Separately, there has been a major decline in funding for retirement learning, and a subsequent fall in learner numbers.
The Office of the Deputy Prime Minister (ODPM), working with the Department of Health (DH), Department for Environment, Food and Rural Affairs (DEFRA) and external partners, will develop a strategy for housing and older people by 2006/07.	"National Strategy for Housing in an Ageing Society" was due to be published in Summer, 2007. DCLG has said that the publication date is imminent (February 2008).

 (Largely) achieved
  Some progress
  No progress

Government action	Age Concern's evaluation
The Office of the Deputy Prime Minister (ODPM) will ensure that the housing needs of older people are built into the Housing Diversity Action Plan to be published in late 2006.	ODPM decided not to progress this Diversity Action Plan.
As part of the Disabled Facilities Grant review and work on individual budgets, Ministers from the Office of the Deputy Prime Minister (ODPM), Department for Environment, Food and Rural Affairs (DEFRA) and Department of Health (DH) will lead a working group to consider how a more integrated delivery system for aids, adaptations and assistive technology policy can be developed.	<p>There are at least two on-going reviews – but no overall working group.</p> <p>(1) The Government consulted on the outcomes of the DFG review in January 2007 and published a summary of the responses in August. The responses indicated 'widespread support' for stairlifts to be designated community equipment and to be provided by Community Equipment Services. There was less support for the proposal to recoup some DFG grant from homeowners if they sell their adapted property within a certain time period. The Government is expected to publish further proposals alongside its Housing Strategy for an Ageing Population.</p> <p>(2) At the same time, there has been work with the Department of Health to transform community equipment services. As a result, a retail model of providing equipment is being piloted with a view to wider rollout from April 2008.</p>
The Office of the Deputy Prime Minister (ODPM) will build the lifetime homes standard into the Code for Sustainable Homes to ensure quick progress on increasing take-up of the lifetime homes standard.	The Government is not keen to introduce building regulations on Lifetime Homes – which is the most reliable means of ensuring implementation of the Standards. It is compulsory to be rated against the Code for Sustainable Homes, but not to achieve a specific standard. From April 2008 to reach Level 6 of the Code a home must meet all 16 features of the Lifetime Home Standards. This requirement will be added to level 4 in 2010 and level 3 in 2013. In addition, any homes built with public funds will be required to meet level 3 of the Lifetime Homes Standards.
The Office of the Deputy Prime Minister (ODPM) will ensure that fire services have capital and guidance in 2006 to provide all people over 60 with a free 10 year smoke alarm, and sprinkler systems for people who are not adequately protected by other methods, such as those with dementia or mobility problems.	This action 're-announced' an initiative already agreed prior to the report and which is now well in hand.
The Office of the Deputy Prime Minister (ODPM) will support local fire services in developing a range of prevention initiatives, including the installation of smoke alarms for older people, with prevention revenue grant from 2006.	This action 're-announced' an initiative already agreed prior to the report and which is now well in hand.
The Office of the Deputy Prime Minister (ODPM) will consider whether the lessons learnt from the Help the Aged Older People's Wardens pilot should lead to a revised guidance note on wardens working with older people.	Help the Aged secured some non-Government funding to conduct an evaluation of the pilot. We are not aware of any revised guidance note on wardens.

 (Largely) achieved
  Some progress
  No progress

Government action	Age Concern's evaluation
The Department for Transport (DfT) will provide local authorities with continuing freedoms and flexibilities in what they can offer in concessionary fares as long as they offer the statutory minimum entitlement. DfT will evaluate the impact of the introduction from April 2006 of free off-peak local bus travel for those 60 and over, to monitor how it is working for excluded older people.	This action has not been progressed but the statutory minimum is to be improved to provide national travel as from April 1 2008. The only evaluation that appears to be in progress regarding this concession relates to the distribution of funding to English local authorities rather than an evaluation of the impact.
The Department of Health (DH) will explore the potential to pilot a transport component within individual budgets pilots.	Transport has been included in one of the individual budget pilots
The Department for Transport's Blue Badge scheme will be extended to other categories of severely disabled people whose disability is cognitive/behavioural rather than physical.	This has not happened. The Blue Badge scheme was extended in October 2007 to other types of physical disability and to people with ill children who need to carry bulky equipment. However, the Government is currently reviewing the scheme again.
Government ministers who lead work on older people and ageing will undertake a review of whether to create an Office for Ageing and Older People to include the planned Observatory on Ageing. They will consider how the office might best provide effective leadership and co-ordinate policies, programmes and research on ageing and older people.	The DWP initiated discussions on the role of an 'office' and/or observatory but no progress was made. The respective roles of the Opportunity Age team and the new Government Equalities Office are unclear.
Government ministers from key departments will lead the process to join up proposals from all departments on older people, ageing and exclusion as part of the 2007 Comprehensive Spending Review.	Cross Government coordination resulted in the PSA on later life, with 5 indicators but no binding targets and limited levers for local implementation. HM Treasury carried out an integrated review of spending needs of over-85s, although the results have not been published. There is no evidence of a cross-Government approach to spending programmes.
The Government will publish the Discrimination Law Review Green Paper in Summer 2006. This will address whether the current anti-discrimination framework should be extended to make age discrimination in the provision of goods and services unlawful and consider extending public sector duties that promote equality to include age. The results of the Green Paper consultation will inform recommendations for legislative change in a Single Equality Bill, to be introduced this Parliament, in line with manifesto commitments.	The Green Paper was published a year late in June 2007. It proposed an integrated public sector duty to promote equality for gender, race and disability, and sought views on whether this should be extended to include age. It also considered whether legislation should be introduced to cover age discrimination in goods and services, but said the government remained to be convinced. A Single Equality Bill will not be introduced until November 2008 at the earliest and may not become law before the next General Election.
The Department of Health (DH) will ensure that tackling social exclusion, including isolation amongst older people, is included in revised guidance on the role of the Director of Adult Social Services, as part of the wider approach to promoting well-being.	Guidance was published in May 2006 and includes powers to tackle social exclusion, including exclusion of carers.

	(Largely) achieved		Some progress		No progress
---	--------------------	---	---------------	---	-------------

Government action	Age Concern's evaluation
The Department of Health (DH), in taking forward revised guidance on the role of the Director of Adult Social Service, will promote better integration of a range of service for older people that support and link with social care objectives.	Guidance includes a role for DASS in championing the needs of adults beyond social care services and driving local partnership working
The Office of the Deputy Prime Minister (ODPM) will expand the regional leadership role of Government Offices (GOs) to improve services for older people and support the implementation of Opportunity Age, the White Paper on Primary and Community Care and this report.	Older people were not mentioned in the GO review or the Tasking Framework for GOs, both published in 2007. However in 2008 the DWP will fund new expanded teams in each GO covering older people's issues.
The Office of the Deputy Prime Minister (ODPM), working with other government departments, will explore how Sustainable Community Strategies guidance and Local Area Agreements can ensure that the exclusion and isolation of older people are effectively tackled.	Guidance was out for consultation between November 2007 and February 2008. It made no reference to older people's social inclusion. The national indicator set which steer Local Area Agreements have no measures focused specifically on addressing social exclusion in later life.

 (Largely) achieved
  Some progress
  No progress

Annex 3:

Public Service Agreements 2004 and 2007

Asterisk indicates the 2007 PSA measure has an associated local

2004 PSA targets	Progress since 2004	2007 PSA 'indicators'	Comments on 2007 PSA
Income and finance			
DWP PSA 6: By 2006 be paying Pension Credit to at least 3 million pensioner households and 3.2 million by 2008, including at least 2.2 million in receipt of guarantee credit.	The DWP accepts it will fail to reach its 2004 PSA target for take-up by people entitled to Savings Credit only. In May 2007 Pension Credit was being paid to 2.73 million households including 2.14 people receiving guarantee credit.	PSA 17 (later life): The percentage of pensioners on low incomes, measured against three thresholds: below 60% of contemporary median income; 50% of contemporary median income and 60% of 1998-99 median income uprated in line with prices.	Replacing a narrow measure of benefit take-up with a broad measure of poverty is welcome. However the 2007 PSA is not a binding target. The new measure is based on survey data so there is a time lag in reporting (2006/07 data is available in March 2008). Neither the 2004 nor 2007 measures link to local indicators.
DWP PSA 7: Improve working age individuals' awareness of their retirement provision such that by 2007/08, 15.4 million individuals are regularly issued a pension forecast and 60,000 successful pension traces are undertaken a year. DTI PSA 9, sub-target: Increase the coverage of second tier pensions for women. Around 24% of women are not accruing either the State Second Pension or a contracted out equivalent.	Pension forecasts: target met early. However service currently restricted until Autumn 2008 while projections are amended to reflect changes in the Pensions Act 2007. Pension tracing: on course to be met, provided current steep rate of increase is maintained. 30,600 in 2005/06; 40,200 in 2006/07; 43,000 in first eight months of 2007/08. No data is available on the sub-target on women's pensions.	No PSA	The government's strategy for future pensioners is mainly focused on the implementation of Personal Accounts from 2012. The absence of a PSA in this area reflects the limited priority currently being placed on promoting voluntary pension provision prior to 2012.
Equality and human rights			
Previous PSA targets on race, gender and disability plus DWP PSA4 on older workers (see below)		<p>PSA 15 (equality):</p> <ul style="list-style-type: none"> ■ Differential gap in self-reported choice and control in terms of assistance, equipment, flexible working and caring arrangements that enable independent living (age, gender, disability) ■ Differential gaps in participation in civic society (6 strands)* ■ Differential gaps in perception of employment based discrimination (6 strands) ■ Differential gaps in perception of dignity and respect when accessing services (6 strands)* 	A welcome set of indicators, capturing key equality issues, though no associated targets. It is possible that some of the survey questions required will be problematic (eg independent living; treatment by services). There is strong overlap between the indicators on independent living within PSA15 and PSA17.

2004 PSA targets	Progress since 2004	2007 PSA 'indicators'	Comments on 2007 PSA
Health and health services (PSAs affecting all age groups are excluded)			
No PSA.		PSA 17: Healthy life expectancy at age 65*	This welcome indicator is in line with Age Concern proposals to the CSR. Life expectancy at 65 has been increasing strongly but the number of years spent in good health is increasing at a slower rate. It may be challenging to achieve change on such a high level indicator by 2011.
DH PSA 4: Improve health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and reduce emergency bed days by 5% by 2008, through improved care in primary care and community settings for people with long-term conditions.	DH has exceeded this target. Between 2003/04 and 2006/07, the number of emergency bed days decreased by 10%.	PSA 19 (care): People with long-term conditions supported to be independent and in control of their condition*	This indicator will be based on patients' perceptions of whether they are being adequately supported, so is likely to give a truer impression than the current emergency bed days indicator.
No PSA.		PSA 18 (health): Proportion of people with depression and/or anxiety disorders who are offered psychological therapies	Welcome new indicator (which requires PCTs to track the level of diagnosis of these disorders). Earlier pilots of these services had age restrictions which will now be removed.
Care and care services			
DH PSA 8: Improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by: (i) increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008 (ii) increasing by 2008 the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care.	(i) DH argue this measure is on course, with a 0.9% increase between 2004/05 and 2005/06. However recent moves to tighten eligibility criteria could mean this progress stops. A new data collection covering care provided by the voluntary sector could lead to problems in comparing change over time. (ii) This target is likely to be met early, with a result of 33.8% in 2005/06. However as well as reflecting improved home care for people who would otherwise be in residential care, it also indicates unwelcome reductions in non-intensive home care.	PSA 15 (equality): Differential gap in self-reported choice and control in terms of assistance, equipment, flexible working and caring arrangements that enable independent living (age, gender, disability) PSA 17 (later life): The extent to which people over 65 receive the support they need to live independently at home* PSA 18 (health): Proportion of adults (18+) supported directly through social care community care assessment, to live at home (including grant funded services)*	The adoption of three related indicators can either be seen as a sign of the importance attached to these issues, or as a lack of coherence in government policy. It is welcome that both subjective and objective measures are included. The ending of target relating to intensive care is also positive.

2004 PSA targets	Progress since 2004	2007 PSA 'indicators'	Comments on 2007 PSA
Housing			
ODPM PSA 7 – By 2010, bring all social housing into a decent condition with most of this improvement taking place in deprived areas, and for vulnerable households in the private sector, including families with children, increase the proportion who live in homes that are in decent condition.	DLG accepts there is slippage on its target of 100% decent homes in the social sector. It is on track to meet the target of 70% of disadvantaged households in the private sector living in decent housing.	PSA 17 (later life): The proportion of people over 65 who are satisfied with their home and their neighbourhood.*	Moving from an 'objective' to a 'subjective' measure of housing quality is concerning (as people grow older they are less likely to report housing problems but more likely to live in non decent housing).
DTI PSA 4 / DEFRA PSA7: Eliminate fuel poverty in vulnerable households in England by 2010 in line with the Government's Fuel Poverty Strategy.	The Government accepts this target will not be achieved, due mainly to increasing energy prices. An estimated 1.2 million vulnerable households will be in fuel poverty in 2010.	No PSA	It is disappointing that fuel poverty does not feature in the PSAs. DEFRA has a departmental objective to reduce fuel poverty and there is an associated local indicator.
Employment and skills			
DfES PSA 13: Increase the number of adults with the skills required for employability and progression to higher levels of training through: (i) Improving the basic levels of 2.25m adults between the launch of Skills for Life in 2001 and 2010, with a milestone of 1.5m in 2007 (ii) reducing by at least 40% the number of adults in the workforce who lack NVQ2 or equivalent qualifications by 2010. Working towards this, one million adults in the workforce to achieve level 2 between 2003 and 2006.	(i) Interim target exceeded (1.7 million recorded outcomes) and DIUS believes it will meet 2010 target. (ii) The interim target was achieved with 73.9% of economically active people now qualified to at least level 2 (17.5 million compared to 16.3 million in 2002). DIUS is unlikely to reach the 2010 target. Its own figures show that publicly-funded supply will need to grow from 148,000 places in 2005/06 up to almost 400,000 by 2009/10. It will only be possible to fill these places by increasing demand from mature workers.	PSA 2 (skills): Proportion of adults under State Pension Age: ■ achieving functional literacy and numeracy skills* ■ qualified to at least full level 2 (target: 79% from 70% or 1.2 million publicly funded qualifications)* ■ qualified to at least full level 3 (target: 56% from 49% or 500,000 publicly funded qualifications)* ■ qualified to level 4 or above (target: 34% from 30%)*.	This PSA shows the Government's increased emphasis on adult skills reflected in the creation of DIUS and the response to the Leitch Review of Skills. The targets attached to each indicator are waypoints to DIUS's aspirations for UK skills in 2020. The inclusion of indicators on intermediate and advanced skills is a welcome development. These targets will only be achievable if there is a sharp increase in take-up by mature workers.
DWP PSA 4a: demonstrate progress on increasing the employment rate (joint target with HM Treasury). DWP PSA 4c: increase the employment rate of people aged 50 and over and significantly reduce the difference between the employment rate of this group and the overall rate. DWP PSA 4e: increase the employment rate of those with the lowest qualifications and significantly reduce the difference between the employment rate of this group and the overall rate.	Main employment rate: the rate is unchanged, although DWP argues this is acceptable performance given the economic cycle. 50-69s: DWP is on course to meet this target (2005: 54.6%, 20.0 points below the overall rate; 2006: 55.4%, 19.3 points below). Low skills: DWP accepts that it is not on track to meet this target (little change since 2005). The employment rate of people with no qualifications at all has fallen.	PSA 8 (employment): ■ overall employment rate taking account of the economic cycle* ■ a narrowing of the gap between the employment rate of the people aged 50 to 69 PSA 17 (later life): The employment rate of those aged 50-69 and difference between this and the overall employment rate. PSA 15 (equality): Differential gaps in perception of employment based discrimination.	It is welcome that the PSA set includes three indicators on older workers at a time when Government interest in this group appeared to be waning. Only PSA 8 includes a target (a 1% narrowing of the gap); the other two PSAs are only indicators.

2004 PSA targets	Progress since 2004	2007 PSA 'indicators'	Comments on 2007 PSA
<p>Communities and social inclusion (all-age PSAs, in summary only)</p> <p>A wide range of non-age specific PSAs:</p> <p>DFT PSA 3: increase use of local transport</p> <p>DFT PSA 5: reduce deaths and injuries from road traffic accidents</p> <p>ODPM PSA 1: narrow gaps in health, crime, worklessness, housing and quality of neighbourhood between disadvantaged areas and rest of England</p> <p>ODPM PSA 3: reduce fire related deaths and arson</p> <p>ODPM PSA 8: improve public spaces and built environment</p> <p>HO PSA 1: reduce crime</p> <p>HO PSA 2: reduce fear of crime and disorder; increase confidence in CJS</p> <p>HO PSA 6: increase volunteering and community activity</p> <p>DCA PSA 5: earlier and more proportionate dispute resolution</p> <p>DEFRA PSA 4: rural productivity and service access</p> <p>DCMS PSA 3: increase participation in cultural and sporting activity</p>	<p>Little information is available on specific outcomes for older people.</p>	<p>PSA 16 (social exclusion): Increase the proportion of socially excluded adults in settled accommodation and employment, education or training (covers: care leavers; ex-offenders; people with learning disabilities and severe mental health conditions).</p> <p>PSA 21 (communities): Build more cohesive, empowered and active communities (covers integration and belonging; voice; voluntary sector; culture and sport).</p> <p>PSA 23 (safety): Make communities safer (covers crime; perceptions of anti-social behaviour; re-offending).</p> <p>PSA 24 (criminal justice): Deliver a more effective, transparent and responsive Criminal Justice System for victims and the public.</p>	<p>Selected comments:</p> <ul style="list-style-type: none"> ■ age equality monitoring should be included across all these 'all-age' measures ■ neither PSA16 nor PSA 17 focuses on severely excluded older people ■ access to services is a significant omission (no local transport or rural-proofing indicators) ■ access to information, advice and redress is not explicitly covered (although PSA 17 has a general indicator on support to live independently).



www.ageconcern.org.uk

Age Concern publishes a wide range of books on subjects of interest to older people and people working with older people. If you would like to receive a free catalogue, please call 0870 44 22 120, or visit www.ageconcern.org.uk/shop

Published by Age Concern Reports, February 2008

Price £10 ISBN 978-1-903629-51-2

Age Concern England, Astral House, 1268 London Road, London SW16 4ER

T: 020 8765 7200 F: 020 8765 7211

www.ageconcern.org.uk