**Pensioner Poverty & Health & Social Care Working Party Briefing Paper - September 2022**

**Introduction**

Pensioner poverty is not just about income and wealth inequality, but also about access to services and activities that keep us physically and mentally well.

The main impact on our members comes from inadequate income versus the cost of care and other services; poor housing which costs the NHS £1.4 billion a year; inequality (post code lottery) in provision and access to health and care services; and the downgrading/demise of preventative and support services (the spend from the NHS budget is currently around 5%) that help us maintain our health and well-being.

Alongside these factors, the growing concern over digital exclusion, particularly the drive to online appointments, access to health professionals, lack of face-to-face consultations, and an increasing over-reliance on Apps, other digital devices and algorithms.

**Income**

Our income dictates how well we can live and our quality of life as we age. The impact of income poverty on older people’s physical and mental well-being is enormous with many facing a daily challenge to meet their basic need to eat a healthy diet, keep warm and keep active.

Around 18% of pensioners live in poverty (Age UK 2021). The healthy life expectancy gap between the least and most deprived areas of the UK has now extended to 19 years (ONS, 2014 census).

Different groups of pensioners are likely to be living in poverty, i.e. women compared to men; black, Asian and Minority Ethnic pensioners; those who are carers, disabled, or have chronic health conditions and the older age range of pensioner.

**Care**

England is the only nation with the Health & Social Care Act recently passed in parliament. This comes into being on 1 July through 42 Integrated Care System Boards (ICB’s). Scotland, Northern Ireland and Wales have different structures and a different way of using the formula funding from Westminster. Care workers in these three nations received varying amounts of money post-COVID. There was nothing for care workers in England.

* Restrictions on local budgets through ICB’s, potential that already depleted local services will not survive. Without fully funded preventative services, the health of the nation is at risk.
* Since 2010 the state has cut its spending on adult social care by £86 million despite a rapidly increasing demand because of our ageing population. Local variations still leave many older people without support.
* Currently 1.6 million people over 65 are not receiving the care and support they need with essential living activities.
* Increasing pressure is being placed on unpaid carers due to cuts in local authority budgets. With the onset of inflation, some older people have cancelled paid carers in order to focus on food and heating.
* The £86,000 ‘cap’ on care comes into place in 2023, but is not backdated, so any costs laid out prior to that time do not count towards the cap. However, this cap is only about funding the care an individual receives – there are still ‘hotel costs’ to be paid which can amount to around £200 a week.
* Many of those receiving care have been, and will be forced to sell their homes. Deferred payment schemes offered by Local Authorities are loan schemes akin to Equity Release.
* Charges for glasses, dentistry, audiology and other preventative services important in keeping us active, safe and well are such that many older people cannot afford to pay for all (or any) of them.
* Early intervention services have been dramatically reduced or have disappeared completely, as have services enabling older people to remain safely in their homes for longer. Private companies step in with profit-making charges for services that were once free.
* Older people on limited income are not able to afford the costs even when services are available.

**Access to Services**

Post code lotteries are a stark reminder of the things to come under the new Act. Rationing will become a feature for ICB’s with all the difficulties that brings for those on low and fixed incomes.

* In the NHS, Digital first is fast becoming digital only. This excludes many older people and those who are not able to afford or do not want to be online. Those who request a face to face consultation should not be denied it.
* As GPs struggle to meet expectations, access to private healthcare is being promoted as a ‘cure’. Those already struggling financially cannot access health treatments in this way and therefore continue in poor health during their lifetime.
* High quality residential and nursing care is in short supply and makes it difficult to find appropriate care for elderly relatives.
* Pressure is put on family carers to deal with hospital discharges
* The ‘discharge to assess’ in the new Act relies on community services – already overwhelmed and under-staffed. There is potential for recurring hospital admissions due to a care package not in place on discharge – even if you are paying for it.
* Fewer opportunities for social and community engagement which stimulates creative thinking, positive images of ageing and building confidence and self-esteem.
* Cost of attending appointments because of lack of public transport.
* Healthwatch Boards do not have a high profile unlike the former Community Health Councils but do have mechanisms for getting information and opinions about local health services are working and feeding that back to NHS England and is an important monitoring system. However, their continued existence and remit may change under the new Act.

**Conclusion / Recommendations**

Older people are excluded through poor incomes, digital first services and the chronic under-funding of the NHS and care services. The UK has an ageing population, and many retirees spend the length of their retirement in ill health.

The impact of the Health & Social Care Act will be felt nation-wide, but it will be those without the financial capacity that will suffer most. Replacing NHS services with profit-making private health is the road towards the American system – a two-tier system with very basic healthcare for the poor and much better for those that can pay. We all deserve a quality healthcare system that is free at the point of need, universally delivered by public services that enhances our everyday lives. We deserve better.

* The NPC is engaging with partners to raise awareness of the ICB’s in communities so that there can be some public scrutiny and engagement on decisions. This is long-term work but needs to be started now.
* Promoting ‘Goodbye Cinderella – A New Settlement for Care’ for a National Care Service.
* Building relationships with other organisations working on behalf of older people.
* Close contact with the Equalities Commission
* Campaign for a Commissioner for Older People in England, independent and with judicial powers.
* Research on primary/secondary care and link with Baroness Cavendish report highlighting concerns on care.

**Further Information / References**

The Health & Social Care Working Party have produced responses to consultations, given a critique of the NHS Bill for MPs and the House of Lords, produced newsletters and other briefings all of which are available on the NPC website. [www.npcuk.org/health-social-care-working-party](http://www.npcuk.org/health-social-care-working-party)

The NPC is interested to see that the Competitions Marketing Authority is taking action against care homes on charges: <https://www.gov.uk/government/news/cma-launches-court-action-against-care-uk>

The report from Scotland <https://www.bbc.co.uk/news/uk-scotland-61814662.amp> is one of many on the tragic impact of COVID and care homes during the pandemic.

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