Response from the National Pensioners Convention to the EU Action to Reduce Health Inequalities consultation

1. Introduction

1.1 The National Pensioners Convention is Britain's largest pensioner organization, with more than 1,000 affiliated groups representing a total membership of around 1.5 million.

1.2 This response is based on the views of the leadership of the NPC, drawing on the experiences of our members as expressed through discussion at our annual Pensioners Parliaments, our representative Executive Committee and National Council, and through conferences we have run on specific issues.

1.3 Before addressing the questions posed by the Consultation Paper, we would like to make some general points about pensioners in Great Britain. We believe the greatest inequality they face is income inequality which affects every aspect of their lives.

2. Background

2.1 The clearest inequality is that between men and women. Women's income in retirement is 40 per cent lower than retired men's income, reflecting inequalities experienced by most women during their working lives. On current trends, it will take 45 years to reach income equality between retired men and women according to *The Gender Agenda*, the last report of the UK Equal Opportunities Commission.

2.2 We would also argue that there are unfair inequalities between British pensioners and those in other industrialized Western countries; and that the gap between retirement and working incomes in Britain is too wide and is growing because of Government policy.

2.3 The present UK Government claims that their policies have increased equality by, inter alia, lifting 'nearly 2 million pensioners' out of absolute poverty and by spending an extra £11bn a year on pensioners. This ignores important facts about today's pensioners. For example, it is estimated that more than two million pensioners are still living in poverty while the value of the Basic State Pension (BSP) has been allowed to fall to only 15.9 per cent of average male earnings. For those pensioners who are willing to undergo a means test to have their incomes topped up to the level of the Pensions Credit guarantee, their combined income from the state is still only about 20 per cent of average earnings and remains below the official poverty line.

2.4 UK Ministers will argue that this is because it is not affordable to pay pensioners a decent income. We disagree and could go into detail on why this is so, if requested to do so. But we are convinced it is a matter of political will; any Government that wishes to provide pensioners with the level of income that will ensure their dignity and full inclusion in society will find a way to do so.

2.5 For example, the Government of the Republic of Ireland is committed to raising its BSP by 50 per cent by 2012 to a level of at least 300 Euros (£200) or around 33 per cent of Irish average earnings. This is well ahead of the level that the present Government expects the British Basic State Pension to reach under the reforms of the Pension Act 2007; indeed, the British BSP, which remains the main income for more than half current pensioners, is forecast to fall to only 12 per cent of the average wage by 2012.

2.6 Until all British pensioners enjoy a retirement income that takes them above the poverty line, it will continue to be necessary to take other measures to improve their ability to take part in society as equals.

3. Legislation

3.1 The UK Government is shortly to introduce a new Equality Bill which will streamline existing anti-discrimination legislation and extend protection against harmful age discrimination to the provision of goods, facilities and services. We believe this is necessary because there is ample evidence of the degree to which ageist attitudes are ingrained in our society.

3.2 There is also ample evidence that such attitudes take both time and strong measures to change. The Interim Report of the Equalities Review in the UK makes it clear that, while progress has been made as a direct result of more than 30 years of anti-discrimination legislation, inequalities persist. Without the existing legislation, those inequalities would be worse.

3.3 Although there is now evidence that some public authorities are adopting an integrated approach towards equality, presumably in anticipation of further legislation, it is difficult to persuade others to do so in the absence of a legislative framework. Voluntary codes of conduct tend to be used only by those authorities which are already convinced of the case.

3.4 In the early 1990s, one of our Vice-Presidents carried out an equality audit of Coventry Council on behalf of the Disability Resource Team, set up by a coalition of London Boroughs who were interested in extending their equality policies to disabled people. She was given open access to the full range of Coventry's services and had a series of frank discussions with officials at all levels.

3.5 The overwhelming conclusion of this audit was that Coventry had well advanced policies on gender and race but very little on disability. Officials said this was because the law required them to have policies on the first two in terms of employment and service delivery, but laid down only permissive powers in relation to disability. They made it clear that, because of resource constraints, they would not be able to improve their policies on disability until required to do so by law.

3.6 This suggests that until the law does make it illegal to discriminate against older people in the provision of services outside the workplace, many cash-strapped authorities will continue to operate unfair policies towards older

people. We do not think this is deliberate but simply a consequence of unthinking attitudes towards older people.

3.7 Some examples offered by our members of unfair treatment include:

- local authorities paying lower rates for older people's residential care compared with that paid for younger adults
- health service professionals telling older people that 'it is just your age' instead of treating the symptoms seriously
- mental health services being denied to people aged 65 and over
- closure of public toilets, which leads to older people being afraid to go out
- overcrowded conditions in care homes
- concentration on health and safety instead of helping older people to stay independent and participate in normal social life.
- Widespread denial of travel and car insurance or demands for higher premiums
- Being refused financial services such as loans and credit

3.8 We believe that legislation is the most appropriate way of tackling harmful age discrimination because without it there will be no clear incentive for public authorities to change their policies and practice. That would mean that older people would continue to be ignored, patronized and denied the dignity and equality that should be seen as their right as senior citizens who have contributed to society throughout their lives. Many older people continue to contribute long after they have ceased paid work, for example by caring for older and more frail relatives which clearly saves the public purse a great deal of money.

3.9 We consider that there would need to be exceptions, for example travel concessions, to ensure that service providers do not mistakenly end beneficial practices because they fear they may be open to legal challenge.

3.10 We believe this has already happened in relation to the Age Regulations introduced in the UK in response to the relevant European directive. The National Institute for Adult and Continuing Education posted information about the new regulations on its website suggesting that colleges which offered concessionary learning fees on grounds of age might be breaking the law because a 59-year-old might object to having to pay more than someone of 60 or over. Several colleges took this advice seriously and ended their concessionary fees.

3.11 We protested that this was not what had been intended and the then UK Minister for Life Long Learning, Bill Rammell, issued a statement in the House of Commons confirming that it was perfectly legal to have concessionary fees provided there was objective justification for them. Unfortunately, this statement has not been widely circulated and some colleges are continuing to drop concessionary fees for older people, who are withdrawing from classes and endangering the viability of courses.

3.12 The vast majority of people who enjoy these concessions are out of the labour force and therefore unable to increase their incomes through paid work. We would see this as objective justification for concessions since many older people will simply not be able to afford full fees.

3.13 We are also aware that there is alarm within the private sector at the prospect of the UK Equality Bill placing extra burdens on them when age is added to the list of grounds on which harmful discrimination is illegal. We have some sympathy for smaller businesses in particular, but would hope that a business case will be made to convince them that this is the right step.

3.14 When the Americans with Disabilities Act was introduced in the USA there were similar fears by business about the likely impact on them. But a study published by RADAR (a coalition of British disability organizations) of what had happened in practice gave several examples of how profits had been increased as a direct result. For example, a pizza chain that installed loops for the hard of hearing found it had tapped a new market of people who had previously been unable to telephone an order to them.

4. Public sector equality duty

4.1 For similar reasons to those set out above, we do believe that there should be a single public sector equality duty covering age. There is increasing evidence that ageist attitudes remain thoroughly ingrained in the provision of UK public services, particularly in the NHS and social care.

4.2 For example, one of our members has been told persistently that he cannot see his GP but must see a practice nurse, even though his condition has not been diagnosed. This member is convinced he is experiencing age discrimination based on a receptionist's view of what older people need.

4.3 In another case, a woman in her early 60s who had had a knee replacement operation was asked by a physiotherapist whether there was any reason why she should have immediate treatment in the community after discharge to help her return to full mobility as soon as possible. The physiotherapist was clearly making the assumption that the woman was retired and therefore not in as great need as a working age person would have been.

4.4 The UK National Audit Office's interim report on the NHS National Service Framework for Older People makes it clear that there is still a long way to go in ending discrimination on grounds of age. We believe this demonstrates that

measures which rely on a willingness to make changes without the back up of enforcement powers will inevitably take many years to achieve.

4.5 A public sector equality duty covering age would bring home to public authorities the seriousness of their task in ensuring that age is not a barrier to good services. We believe such a duty should be introduced as quickly as possible, although we recognize that it would be useful to draw lessons from the existing duty on race and the new ones covering gender and disability. However, such measures do take time to have an impact and time is the one commodity older people do not have. Every year, 50,000 people over the age of 60 die; so a public sector duty covering age is needed urgently in order to improve the lives of the present generation of pensioners.

Further points for action are attached in the form of 6 briefing papers as below:

A. Human Rights in Care Homes in the UK

A1. On July 2007, the House of Lords ruled that the residents of private care homes were not covered by UK human rights law. (Human Rights Act 1998 implemented 2000). But legislative change extended cover from July 2008 for people funded by councils and/or the NHS. However, that left 115,000 people, 27% of all care home residents, not covered because they fund their own care.

A2. The British Institute of Human Rights and the UK Parliamentary Joint Committee on Human Rights have documented treatment of older people in care homes that violates their human rights.

A3. These abuses include: being left to lie in their own waste for hours; routine over- medication to ensure docility; continent residents being forced to wear incontinence pads because staff say they don't have time to take them to the toilet; poor hygiene; rough handling; bullying; patronising and infantilising attitudes; and malnutrition and dehydration caused by insufficient help with eating and drinking. 22% of care homes do not deliver to the minimum standard.

A4. The national service user organisation Shaping Our Lives said that it had found self-funders to be reluctant to complain because of fears of victimisation and recrimination. They would need to put their complaints to the very workers on whom they depended for their daily needs and could find themselves branded as troublemakers and be told to get out at very short notice. The resulting stress and disruption could take a very high toll on health and wellbeing.

RESPONSE:

The European Union should take steps to ensure that all EU citizens, regardless of age or personal circumstances, are covered by human rights legislation.

B. Institutionalised Ageism in the UK National Health Service

B1. In the United Kingdom the old and frail are not receiving basic standards of healthcare according to new research. Overall, only 62% of the healthcare recommended for people aged 50 or over is actually received in England. In addition, almost half of doctors specialising in the care of older people believe the National Health Service is institutionally ageist, a recent survey suggests.

B2. While there will be measures in the forthcoming Equality Bill to extend protection to older people in health and social care, there is some concern that some of the proposals will not be completed until after the date of the next UK General Election. If there is a change of Government in the UK, these proposals may be shelved.

RESPONSE:

The European Union should work to ensure that robust anti ageist legislation is in place among all member states, with special attention to the plight of older people in the health and social care systems.

C. Over prescription of antipsychotic drugs to people with dementia

C1. An estimated 50% of dementia clients in care homes are on antipsychotic medication. In a well managed home, less than 10% will be on this medication, which has severe side effects including doubling the risk of mortality. Although half of people with dementia experience behavioural and psychological problems, the Royal College of Nursing estimates that 90% of this behaviour occurs in response to care practices and environmental factors.

C2. The BMA states that the use of antipsychotic drugs on patients with dementia is a form of restraint whose use can only be justified in exceptional circumstances, and for the shortest possible time. Patients may become more agitated on these drugs rather than less, and the drugs quickly become ineffective for the treatment of behavioural and psychological problems in any case.

Further information:

The All Party Parliamentary Group on Dementia “Always a Last Resort” published 28/4/08

Research published in the BMJ showing antipsychotics double the risk of stroke in people with dementia (29/8/08)

Research published 28/5/08 showing that even short term use of antipsychotic drugs more than triple the risk of a serious event causing hospitalisation or death

Paul Burstow MP’s report on the use of antipsychotic drugs (1/4/08)

Research showing that antipsychotic drugs accelerate cognitive deterioration, and have no long term benefit (PLoS Medicine Journal 1/4/08)

RESPONSE:
The European Union should work to ensure that inappropriate over-prescription of antipsychotic drugs, where the use of such drugs is concerned with restraint rather than clinical necessity, is regarded as an abuse of human rights by all member states. It should also ensure that these rights are extended to all EU citizens, including those in private care homes.

D. The Treatment of Older Carers in the United Kingdom

D1. Nearly 2 million out of an estimated 5.7 million carers in the UK are aged over 60. Research suggests that more should be done to improve the quality of life for older carers and to develop a deeper understanding of the nature and consequences of caring in later life.

D2. The number of older carers is increasing, presumably as a reflection of policies designed to enable older or disabled people to remain in their own home for as long as possible. This pattern looks set to continue.

D3. Older carers are one of the poorest groups in the UK. Many are now struggling to pay for food, heating, rent or mortgages on a Carers Allowance of only £50.55 per week. This is not paid at all if the carer receives a pension at the same rate or more. One third of intensively involved older carers who have been caring for between 3 and 14 years have not had a break of 2 days or more since they started caring.

RESPONSE:
The European Union should conduct further research into the needs and expenses of older carers. There should be a cohesive policy to tackle poverty amongst older carers, and any age barrier to financial benefits should be removed across Member States.

E. Pensioner Poverty and Poor Health

E1. As stated in the Consultation Paper, people with a lower level of income tend to die at a younger age, and have a higher prevalence of most types of health problems. The UK pension system has failed to protect many older people from poverty, jeopardising their health, and shortening their lives. Individuals are becoming poorer as they age due to living expenses rising faster than pensions. Under current UK policy, the next generation of pensioners will fare no better as final salary pensions are closed to new entrants. The current economic crisis is estimated to have wiped £250 billion from pension funds.

E2. It is said that the UK state pension system is among the least generous in the developed world. In 1998 the European Commission produced data showing that the UK had the highest poverty rate in the EU. At the insistence of the UK government the data was reworked during 2002, almost halving the UK pensioner poverty rate. There was some scepticism in other EU countries about this new method of measurement.

E3. Currently there are 2.5 million pensioners in the UK living below the poverty line, and pensioner poverty is on the rise. UK government ministers

have not, however, made a binding contract to eradicate pensioner poverty, as has been declared with poverty among children.

RESPONSE:
The involvement of the European Union should help to ensure that suitable indicators are established, and appropriate and robust statistics produced for comparison of pension system performance. Firm commitments should be obtained from member countries to eradicate pensioner poverty.

F. Quality of Social Care in the UK for Older People

F1. Years of neglect have left the UK social care system on the brink of collapse. Eight out of ten people in the UK are very concerned about the quality of care that they, or their loved ones, will get in later life. This rises to nine out of ten people aged 75 or over, an age when they are more likely to need care, or know people who do. Four people out of ten are not confident that they will be treated with dignity and respect.

RESPONSE:
The European Union should take steps to ensure that the dignity of older people in the care system in all Member States is respected, that everyone in the system is covered by human rights legislation, and enabled to maintain their independence. The EU should also take steps to ensure that individual governments take final responsibility for there being sufficient money in the system to ensure fairness of access and that good quality care is provided, preferably by the use of a contribution based social insurance scheme.

National Pensioners Convention
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