



October 2020

Health, Care and Cash:

Improving the lives of older people
in *Red Wall* England

Introduction

The purpose of this paper is to discuss the social policies that we think are likely to be most beneficial to older people living in the *Red Wall*.

There has been much talk of the *Red Wall* after the last General Election saw the Conservative Party winning a swathe of Parliamentary seats in the Midlands and North of England traditionally viewed as safe for Labour. These seats will no doubt be hotly contested at the next General Election and it seems equally certain that there will be continuing interest in understanding these areas, and the people who live in them, between now and then.

In her new book, '*Beyond the Red Wall*'ⁱ, Deborah Mattinson looks in detail at these seats. One of her most important messages is that these places are not all that different from many others elsewhere – Harlow in Essex, in the South of England, being a case in point. It follows that the social policies that are likely to be helpful to the *Red Wall* will also in all probability be good for lots of other areas as well.

Of course, it would be a mistake to over-generalise about such a big geographical area as the *Red Wall*, with its huge number and diversity of inhabitants: there are some significant differences within the *Red Wall*, as well as between it compared to England as a whole. What can perhaps fairly be said however is that these places are the English 'mainstream': places where large numbers of 'ordinary' or 'hard working' people live, as they are sometimes termed by politicians. Although affluence can be found in these places, modest and low to middle

incomes are much more the norm and they mean that overall, these areas are typically ones where money is tight – tighter than in England as a whole.

At Age UK we have been looking at the data concerning older people who live in these constituencies, and this is what we have found. It may be surprising to some to learn that there are not usually proportionately more older people within the population in these places than in England in general.



Key messages

Key message number one:

The NHS really matters

Both life expectancy and healthy life expectancy are lower – significantly so in many constituencies – than the national average. As a result, older people living in the *Red Wall* spend more years and a greater proportion of their life in poor health and managing disability. Indeed, while nationally 1 in 5 people aged over 65 report living with a severe disability, that rises to around 1 in 4 (or above) in almost two thirds of *Red Wall* constituencies.

Key message number two:

Why fixing social care is essential

The disproportionate burden of poor health and disability is reflected in the experiences of social care and family caring as well. Across England only around half of older people who need help with essential day to day tasks such as getting washed and dressed, going to the toilet or with eating and drinking get enough help. That figure drops markedly to just 33 per cent and 38 per cent respectively in the North East and North West. At the same time, people of all ages – women especially – are more likely to be providing informal care to friends and family, and they are also more likely to be ‘sandwich carers’, i.e. providing support to children and older relatives at the same time.

Key message number three:

The State Pension and other forms of financial support for pensioners really matter, and they have less housing wealth – if any at all

The fact that incomes in many parts of the *Red Wall* are lower than the national average holds true for pensioners as well as working age households. The median weekly income for single pensioners in England is £265; median incomes fall below that figure in the regions that make up the *Red Wall* and are higher across the Eastern and Southern parts of the country. In many *Red Wall* constituencies the proportion of older people reliant on pension credit and other means-tested benefits or disability related benefits is higher than the national average – particularly across the North East, North West and in the West Midlands – as are the numbers of people who meet the definition for being fuel poor.

There is often a default assumption that the vast majority of older people everywhere in England are homeowners, with significant housing wealth to fall back on – and potentially to pass on to their families. However just 6 in 10 older people in the North East fit that description. That compares to nearly 8 in 10 across the South West.

Drawing on this data and what we know more generally from our work with older people, the rest of this paper looks at the kinds of policies that might ‘fit’ with these three key messages so far as older people living in the Red Wall are concerned – and others rather like them right across England.

	Number of people aged 65+	% aged 65+	Pension Credit claimants	Healthy life expectancy		% BAME	% highly deprived
				Male	Female		
Bishop Auckland	20,321	22.7	3,158	59.3	58.4	1.2	16
Blackpool South	15,451	19.4	3,531	53.3	57.1	3.4	47
Bolsover	20,550	20.5	2,774	62.9	60.4	1.9	5
Bolton North East	17,553	17.7	3,066	62.5	58.4	17.5	34
Wakefield	18,671	18.5	2,533	58.6	57.5	8.3	13
UK	12,374,961	18.5	1,531,937	63.1	63.6	12.8	10

The NHS

For older people living with long term health problems, access to timely, high-quality anticipatory health services is essential. These are the kind of services that seek out and address emerging health issues. They are vitally important because swift and effective intervention can mean the difference between being able to continue to enjoy an active and independent life at home, or being forced to live with more restrictions, pain and discomfort – ultimately needing residential or nursing care.

The pandemic has taken a major toll on these essential close to home health services and on older people’s health in general. It has also severely exacerbated health inequalities. Even

before COVID-19 hit, one in three older people already reported that they didn’t feel they had enough support to manage their long-term conditions, rising to around one in two in the most deprived areas, such as in the *Red Wall*, and for those with four or more conditions. Older people easily fall between the cracks of different services, and a lack of urgent help in a crisis regularly means people arriving in hospital in an emergency, when this could have been avoided had there been more joined up support for them in the community.

Health outcomes for older people have deteriorated during the pandemic, with one in five people over 65 having had an appointment cancelledⁱⁱ, more than any other age group.

Meanwhile waiting lists have risen. Many of the people waiting are older people needing routine, but essential, treatment such as hip operations or cataract surgery. The number of urgent referrals for cancer dropped to just 25% of usual levels during the spring and has not yet returned to what is generally expected. This equates to 2,300 undiagnosed cancer cases a weekⁱⁱⁱ. Many will be older people.

The pandemic has shone a harsh light on long standing deficiencies in healthcare for older people, specifically the need to rebuild community services and join them up with strong GP provision; invest in rehabilitation; offer wrap-around support for those with more complex needs, including a much quicker response in a health crisis; and, critically, ensure there's a comprehensive NHS offer to care home residents. The 2019 NHS Long Term Plan had already identified and set in train plans to address these shortcomings through an 'Ageing Well programme'. It is more important than ever that the NHS is able to deliver, accelerate and expand it, especially in areas with high health inequalities such as much of the *Red Wall*.

Social care

The social care system has deep rooted and systemic challenges to overcome. It has been hit hard by years of inadequate funding, leaving providers unable to deliver the increasingly complex care older people need as our population ages.

There is major instability in the care market, a lack of capacity to meet needs and growing workforce

vacancies. In some local areas the market has entirely failed and there is no care to be had; for example, some areas have lost more than a third of their residential nursing beds^{iv}. We have continued to witness growing unmet need and we estimate even before the pandemic 1.6 million or one in seven older people in England were struggling without all the help required to carry out essential everyday tasks such as getting out of bed, going to the toilet or getting dressed. We expect that this figure will have risen considerably since March due to the pandemic.

**Teri Stephenson,
CEO at Age UK Lancashire,
told us that coronavirus has highlighted
how urgently social care needs to be
reformed for the people in the Blackpool
South constituency:**

“Age UK Lancashire has seen a marked increase in safeguarding alerts in recent months in terms of unmet care needs, or unmet horrors, that older people who have been isolated have been suffering from. These are issues that may have never been picked up before coronavirus – a lack of self-care, abuse or suicidal people – and desperately need measures in place to help. The pandemic has shone a light on how some older people's social care needs are going unnoticed and unsupported. Older people in areas like Blackpool South need care reform that is flexible so that it meets everyone's needs – one size does not fit all.”

Right across the country, some older people face catastrophic care costs – in excess of £100,000. It is often assumed that these costs only affect wealthy older people but sadly this is incorrect. The eligibility criteria for Government funded support are extremely high, so under the current system many older people who are by no means well off have to pay the full cost of their care. On average a self-funder pays 41% more for the identical care package as someone funded by their local authority – a hidden cross-subsidy to the State. If you are funding your own care the

costs can really add up and can result in older people having to sell the family home or spend their lifetime savings to pay for a care bill they could not possibly have ever saved for, however hard they tried.^v

Recent policy thinking on social care reform has tended to focus on a cap system, the aim being to limit catastrophic costs. On the face of it this seems like a good approach, but Age UK analysis suggests that even with a ‘lifetime cap’ on care costs older people will still, on average, spend between £100,000 and £150,000 on their care before they ever reach the cap, because of how the scheme works in practice.

Paul, 75 from Bolton North East,

told us how the lack of proper social care affects him and his neighbour:

“Sadie is a 90 year old lady who lives alone next door. She suffers from Dementia that has now progressed to a stage where I think she is at high risk. Yet she is getting virtually no support from the Government simply on account of the fact that she doesn’t seem to ‘tick the right boxes’ to qualify. She’s desperately lonely and constantly anxious and confused about everything. I, as a 75 year old neighbour try to support her as much as I am able but this is limited as I am almost 76 myself and have to be careful myself these days and under present circumstances. Sadie just seems to have been forgotten and I feel it’s like an accident just waiting to happen but which could possibly be avoided if she had extra support from the Government and Local Council.”

Pat Kitchen, Commercial Services Director at Age UK Bolton,

told us how people in the Bolton North East constituency struggle to access social care:

“Many of our older people in Bolton want to stay in their own homes, homes that they have worked all their life for. People are reluctant to finance their homes to pay for their care and this means many people miss out on the support that they desperately need. Inquiries for care provision are very complex and many people need to have full assessments – however, even getting to that point is extremely difficult. This means people will stay in their homes often suffering in silence, struggling on until they hit a crisis, such as a fall, which precipitates their admission to hospital or long term care”.

When taking account of regional market differences we found a cap has very limited benefits for older people living in the Midlands and the North of England. They would take longer to reach the cap threshold and spend significantly more money, particularly relative to the value of their home (which for most people is their primary capital asset), than better off people living elsewhere. There would also be no marked improvements to the stability or care provision in these areas from introducing a cap – a key issue to address if older people who need care and their families are to have enough decent local provision to choose from.

The pandemic has further demonstrated that social care is in dire need of refinancing and reform in this country. Age UK's policy prescription is as follows:

- Invest £8 billion in the care system to stabilise it and extend services
- Join up health and care services
- Looking ahead, make care free at the point of use funded through taxation
- Increase support for unpaid carers (family and friends)
- Have an independent, nationally agreed eligibility and assessment process to reduce the postcode lottery
- Improve the terms and conditions of care staff to help ensure high quality care.

These attributes are characteristic of the kind of approach adopted by a number of other countries that have already grasped the nettle. They 'pool the risk' of older people needing care across the whole population: everyone pays

into a national pot over their working lives, and no one is left to manage the burden of paying for care on their own. The overall effect is that older people and their families can be a lot more confident that if they need care they will be able to get it – without spending a fortune or being dependent on a threadbare State funded system if they are on a low income or run out of money.

An older person in the Wakefield constituency

'When it's cold we have to keep an eye on our heating bill because we struggle on our pensions and sometimes have to turn the heating off'

'We've worked all our life and now we could be enjoying ourselves, we can't get any help financially and our pension doesn't stretch very far'

The State Pension and other forms of financial support for pensioners

While the majority of pensioners have income from private pensions and savings, the State Pension remains the single most important source of retirement income for most older people: three-fifths of pensioner households receive at least half their income from the State Pension and benefits, rising to nearly 3 out of 4 (73%) of single pensioners, of whom the majority are women.^{vii}

Without a decent State Pension on which to

build up private savings, many who have worked hard all their lives and made sacrifices in order to save for their retirement may wonder why they did so if they find their modest savings stop them receiving support such as help with rent and council tax. Women, in particular, can find it hard to put much by for their retirement due to years bringing up their families or providing care to older relatives. However, if the State Pension, broadly speaking, is sufficient to cover basic costs, any private pensions and retirement savings built up can really make the difference

between struggling to get by and making the most of retirement – treating the grandchildren, taking a holiday, and pursuing interests.

The triple lock has helped increase the value of the State Pension. However, on average, the State Pension is still worth less than £8,000 a year so it is not yet ‘job done’ when it comes to overcoming pensioner poverty. We recognise that there are difficult financial decisions ahead which are likely to affect us all. However, any adverse changes to the State Pension would

David Holland, Director of Operations at Age UK Wakefield District,

told us what it would mean for older people in Wakefield if the triple-lock was removed:

“Many older people in Wakefield only have a State Pension, they have no savings or other income from private pensions. They keep an eye on their heating bills and are all too aware of how they can make their pension stretch so they can just about get by. This means they aren’t socialising and miss out on important interactions with their friends, family and communities. If the triple-lock is removed it won’t help those who already struggle with the rising cost of living. It will only exacerbate problems that already exist with people being able to access the basics. If older people are already struggling on the breadline and that breadline is reduced, where are people expected to go?”

Katy Pugh, CEO at Age UK Derby and Derbyshire,

told us how automatic enrolment of pension credit would make all the difference to older people in Bolsover:

“Bolsover is a cold and rural area and many older people can’t afford to insulate their homes properly. Older people in these communities have a strong sense of self-reliance and can be reluctant to reach out and apply for the help they are entitled to. Things have changed a lot in recent years and because, for example, benefits are no longer paid weekly in cash, many are being left behind, leading to significant fuel poverty.

The Government could support these older people by automatically enrolling those who are entitled onto pension credit. This would mean fewer would lose out and suffer in silence.”

have the greatest impact on pensioners on low and modest incomes, and the underlying reasons for retaining the triple lock remain as strong as they did before the Coronavirus hit.

In an ideal world, everyone would have enough income from the State Pension and additional private pensions and savings for a comfortable retirement. However, we have a long way to go to achieve this and with nearly 2 million pensioners in poverty, and many more only just getting by, additional benefits make a big difference. Means-tested benefits play an important role but often go unclaimed; for example, around 2 out of 5 (over a million) pensioners who should be getting Pension Credit are missing out.^{viii} People may not know what is available, be put off by the process of claiming, or not like the idea of asking for extra help because of pride and a desperate desire to be self-sufficient, even if they are very poor.

While it is important that people are encouraged and supported to claim their entitlements there will always be some who do not apply, and others who just miss out because of small private pensions or savings. For these groups, non-means-tested benefits are really important - the Winter Fuel Payment can encourage people to turn on the heating more, while the bus pass enables people to get out and about for essential trips such as doctors' appointments or to meet family and friends. The free TV licence for the over 75s was also greatly valued. The decision to abolish this for all except those are claiming Pension Credit has had a devastating impact on many isolated and disadvantaged

older people and that's why Age UK believes that the Government needs to sit down with the BBC urgently and find a way to re-instate the free licence.



Jean from Bishop Auckland and Janet from Blackpool South

are older women who told us how the removal of the free TV licence will affect them:

Janet said that: "We are just above the amount to claim Pension Credit but not enough to be comfortably off, so every extra thing we have to pay for is a struggle."

Jean said that: "Some people, myself included, have always worked, paid taxes and tried to live within my means, at times this has been a struggle, so any help like increasing tax allowance and the free licence was very welcome."

References

- i Beyond the *Red Wall*, Mattinson D., Biteback publishers, September 2020
- ii <https://www.health.org.uk/publications/long-reads/returning-nhs-waiting-times-to-18-weeks>
- iii NHS England. Consultant-led referral to treatment waiting times data 2020-21. England level timeseries. 2020. <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2020-21/>
- iv Incisive Health and Age UK. (2019). Care Deserts. Accessed via: <https://www.incisivehealth.com/wp-content/uploads/2019/05/care-deserts-age-uk-report.pdf>
- v Age UK. (2020). Age UK analysis of unmet need for care, using ELSA (English Longitudinal Study of Ageing) Wave 9, collected 2018-19. Further information at www.elsa-project.ac.uk
- vii <https://www.gov.uk/government/statistics/pensioners-incomes-series-financial-year-2018-to-2019>
- viii <https://www.gov.uk/government/collections/income-related-benefits-estimates-of-take-up--2>



All images posed by models to protect identities.

We provide expert, impartial information and advice on all areas of later life, through our national advice line, our website, and by supporting our local partners to give face-to-face advice.

Age UK free advice line:

0800 678 1602

Lines are open 8am-7pm, 365 days a year

For more information please contact campaigns@ageuk.org.uk

