

## **Agenda for Later Life 2015:** A great place to grow older



# About Age UK

Age UK is the country's largest charity dedicated to helping everyone make the most of later life. We provide services and support at a national and local level to inspire, enable and support older people. We stand up and speak for all those who have reached later life, and also protect the long-term interests of future generations.



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## Our partners

Age UK works with partners in the UK and across the world. Our network includes the three national charities Age Cymru, Age NI and Age Scotland and around 165 local Age UKs. Internationally, our partner Age International assists more than one million older people in over 40 developing countries.

The challenges spelt out in this report are principally for the UK Government and Parliament. For more information about the policy priorities of our partners, see the following web pages:

[www.ageuk.org.uk/cymru/policy](http://www.ageuk.org.uk/cymru/policy)  
[www.ageuk.org.uk/northern-ireland/for-professionals](http://www.ageuk.org.uk/northern-ireland/for-professionals)  
[www.ageuk.org.uk/scotland/professional-resources/policy](http://www.ageuk.org.uk/scotland/professional-resources/policy)  
[www.ageinternational.org.uk](http://www.ageinternational.org.uk)

## The Knowledge Hub

For a wealth of knowledge on ageing and older people's issues, including regularly updated statistical information, see [www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics](http://www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics)

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## Foreword



Welcome to *Agenda for Later Life 2015*, Age UK's annual overview of how public policy is meeting the needs of people in later life.

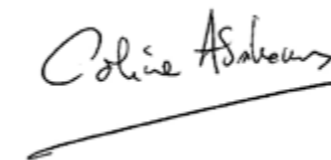
Dignity, independence, security: these things are tremendously important to us as we age and in their absence later life is bound to be tougher and

less pleasant, and it also means people are less able to be self-reliant. This is why we have decided that over the next five years our overarching goal as a charity should be to help make the UK 'a great place to grow older.'

Against a backdrop of continued deficit reduction, and with the number of people over 60 expected to increase from 14.9 million in 2014 to 18.5 million in 2025, this might seem like a tough ask. But contrary to the views of the 'doom-mongers,' an ageing population is a great boon both to our economy and our society, if the right policies are put in place.

So this report sets our policy priorities for the year ahead, which cover all aspects of ageing: money matters; health and care; housing; and creating communities where older people have the opportunity to stay active and be recognised as valued members of society. There is also an important global context, as Age UK is working with its partner, Age International, to press for a UN convention on the human rights of older people.

In creating 'a great place to grow older,' our resilient and resourceful older population is our greatest asset. However, growing older is a universal human condition, and I hope that everyone will find something of interest or value within this report.



**Caroline Abrahams**  
Charity Director

# 01

## A great place to grow older

Living longer is a cause for celebration, as is our vibrant and diverse older population. At the start of a new Parliament, this chapter looks at some of the opportunities to create change and build a great place to grow older.

A great place to grow older	Current results	Previous results	Trend
<b>Later life (UK)<sup>1</sup></b> Population aged 60+ and 85+ in numbers and as percentage of total population	60+: 14.92 million (23.1%) 85+: 1.50 million (2.32%) (2014)	60+: 14.46 million (22.7%) 85+: 1.44 million (2.26%) (2012)	✓
<b>Population projections (UK)<sup>2</sup></b> Projected population aged 60+ and 85+ by 2025 and 2035, in numbers and as percentage of total population	By 2035: 60+: 21.35 million (29.4%) 85+: 3.47 million (4.78%)	By 2025: 60+: 18.47 million (26.7%) 85+: 2.22 million (3.21%)	✓
<b>Life expectancy (UK)<sup>3</sup></b> Life expectancy at age 75	Male: 11.2 years Female: 13.0 years (2011–13)	Male: 11.1 years Female: 12.9 years (2010–12)	✓
<b>Spending (UK)<sup>4</sup></b> Total annual spending by households including someone aged 65+	£145 billion (2013)	£128 billion (2012)	✓

### Key points

- Integrated public services can improve older people's lives in a cost-effective way, but individuals need a way into the system, for example through their GP, to support their social, emotional and practical needs.
- Devolving power locally can make integration easier, but the key test is whether this delivers high-quality services in an open and accountable way.
- Public services must involve local voluntary organisations from the start, in order to build the capacity to support volunteering and integrated services.
- Independent information and advice services are an invaluable way of reaching people who are high users of public services, and a cross-governmental strategy is needed to ensure their sustainability.
- The independent sector is an important partner in the delivery of services, but the Government must work with regulators to ensure key industries such as care providers and utility companies, meet the needs of an ageing population.
- Age discrimination too often hampers the ability of older people to contribute to the economy through work, volunteering and consumer spending and should be challenged wherever it appears.

## Where are we now?

More than one in five of us in the UK is already over 60, and the number of people over 60 is expected to increase from 14.9 million in 2014 to 18.5 million in 2025.<sup>5</sup> Contrary to the views of the ‘doom-mongers’, an ageing population is a great boon both to our economy and our society, if the right policies are put in place.

The country faces one of the most challenging spending reviews of modern times, with the Government aiming to make total cuts of £37 billion by 2020. While older people’s benefits have largely been protected, this does not mean that people in later life have been left untouched, as the public services on which they rely, such as social care (see Chapter 5) and bus services (see Chapter 7) have been heavily affected and more cuts may well be to come. The pressure on local authority budgets is a particular worry, with a predicted funding gap of £6 billion by 2016/17,<sup>6</sup> as the services they provide are vital for older people. In addition to social care, they include public health, trading standards (so important in the fight against scams), and adult safeguarding.

As a result of public service decline, older people are increasingly being thrown back on their own resources. For example, the cap on care costs, which would have capped the lifetime amount someone would have to pay for their own care, has now been delayed until 2020 (see Chapter 5).

Our resilient and resourceful older population is an immense strength for the country. For example, older households spend £145 billion a year.<sup>7</sup> Every older person is different, but overall we think our

older population can be characterised as having considerable resilience, a spirit of independence, and a reluctance to seek help or to become ‘a burden’ on others. Older people are also taking up some of the slack in provision of social care, with the numbers of carers aged 85+ more than doubling over a 10-year period.<sup>8</sup>

However, older people’s contribution and their lives could be so much more enriching with a little support: a million older people with a care need get no support at all, formal or informal (see Chapter 5); 1.6 million older people live in poverty, unnecessarily in many cases as £3.7 billion<sup>9</sup> in means-tested benefits is going unclaimed (see Chapter 3); and a million older people are often or always lonely (see Chapter 4).

There are also big challenges for future generations, as many of those coming up to retirement are far from financially secure, and home ownership is likely to reduce: 79 per cent of people born in 1960 were homeowners by the age of 50, compared to a projected 75 per cent of those born in 1970, and only 57 per cent of the 1980 babies.<sup>10</sup>

Dignity, independence, security: these things are tremendously important to us as we age and in their absence later life is bound to be tougher and less pleasant, and it also means people are less able to be self-reliant. We have a narrow window of opportunity to create change. This is why we have decided that over the next five years our overarching goal as a charity should be to help make the UK ‘a great place to grow older.’ We will judge any and all policy proposals advanced by the Government or by any Opposition party against this criterion.



## Opportunities for change

Recent trends in Government policy present opportunities to support older people’s aspirations for independent living, choice and control, but as yet they are not enough to deliver them.

Throughout this report, we highlight opportunities to help older people to help themselves, in the process improving their lives as well as making the best use of increasingly scarce public resources. Examples set out in Chapter 7 include the need to recognise the fantastic contribution of older workers and to do more to enable those who want to stay in the labour market to do so. A further example is the importance of ensuring that older people can benefit from the increased digitisation of public services, rather than being excluded.

### Integration of public services

Many current government initiatives – from the Troubled Families programme to the Better Care Fund – encourage public services to work together, often in partnership with the voluntary sector, to join up services around the needs of the individual. Better integration is particularly important in health and care, where the NHS and the local authority have too often played ‘pass the parcel’ with older people. The current crisis in care funding is helping to fuel a significant rise in unplanned hospital admissions, as well as causing misery and confusion for older people who are unwell, and their families and carers. Quite simply, the Government’s investment in the NHS described in Chapter 5 will go to waste unless there is also investment in social care.



In 2012/13 there were **2,211,228 emergency admissions** of people 65+ at a total cost of **over £3.4 billion.**<sup>11 12</sup>

Age UK has been at the heart of integration initiatives, rolling out local integrated care pilots first in Cornwall and now in Portsmouth, and with further areas coming on stream soon. This model places the older person at the centre of the system, but complements the necessary professional input with volunteer support to tackle issues such as loneliness. Putting these models in place everywhere would be an excellent trigger for services to pick up and tackle potential problems early, extending older people's ability to stay fit, well and at home for longer.

Integration projects show tremendous promise but integration alone will not compensate for the gap in care funding. The Government's decision to delay the cap on care costs is saving an estimated £6 billion, and Age UK believes it is essential that this money is reinvested back into the care system. This would be fair to older people, some of whom have told us they feel badly let down by the decision to delay introducing a cap on care bills, and it would also be prudent: such is the fragility of social care at the moment that there are growing concerns that the system could collapse altogether in some particularly hard pressed areas, leaving some highly vulnerable older people at great risk.

### **Devolution and local decision-making**

In February 2015 Greater Manchester's 10 local authorities, local NHS bodies and NHS England agreed to pool health and social care funds for the area and work towards fully devolved commissioning for primary care and some specialised services. The Government's Cities and Communities Bill seeks to promote this sort of local integration, giving Greater Manchester and, it is expected, other major English cities and possibly some counties too, additional powers over housing, transport and planning. This is a tremendous opportunity to transform health and social care and develop age friendly infrastructure to help support independent living.

However, it will take time for many areas to receive devolved powers and some may not do so at all. In addition, these opportunities need to be set in the context of the likelihood of further cuts to local services. And, while the Government has rightly

highlighted the need to invest in infrastructure – transport, energy, communications and so on – to boost growth, its National Infrastructure Plan fails to consider the needs of an ageing population. This is a serious omission.

So much more could be achieved by, for example, taking an area-by-area approach to energy efficiency as set out in Chapter 6, improving first those homes with the poorest efficiency rating. This would not only improve the housing stock and alleviate fuel poverty for people in later life and for future generations, it would also provide employment and help to drive local prosperity. We would also like to see a percentage of the community infrastructure levy go towards making places more age-friendly (e.g. better lighting and seating).

The opportunities offered by local devolution must also be balanced by appropriate accountability, particularly if public funding is no longer ring-fenced for specific purposes. The Government must ensure that accountability is clear: that voluntary sector organisations are involved at the outset; that service design is built on meaningful consultation and a commitment to equality and human rights. Above all, public services must be able to demonstrate delivery of high-quality provision.

### **Building community capacity**

Voluntary sector organisations can bring a unique expertise in supporting individuals and in providing them with an effective voice. By tapping into this expertise the public sector can make better decisions and also reach out across the community. Many voluntary sector organisations provide services in their own right, or provide the 'glue' to link up services around individuals, particularly those who are hard to reach or who have complex needs. And they have extensive networks of volunteers who, when properly supported and managed, are a significant community asset.

However, if voluntary sector organisations are to add value they need to be fully involved from the outset in strategic decision making processes and structures, such as health and wellbeing boards,

system resilience groups and Better Care Fund pilots. Public services should be encouraged to use them as a conduit to engage fully with all parts of the community, and to work with them in delivering services, either as direct providers or as coordinating bodies working together with the rest of the local voluntary sector.

This approach is likely to require more flexible tendering practices that allow full recovery of all a project's costs. The Government's plans to introduce a National Living Wage are welcome, but unless extra funding is found this is likely to hit small voluntary organisations hard, particularly as unlike businesses they do not benefit from a cut in corporation tax rates. The Government should look at what compensating measures can be introduced.



### **Reducing winter pressures on the NHS**

In the winter of 2014/15, Age UK worked with the British Red Cross and Royal Voluntary Service to speed up patient flows in the 30 Hospital Trusts with the worst figures for 'delayed transfer of care'. Nineteen local Age UKs helped improve patient flows by scaling up existing services with Accident and Emergency departments, on the wards by working with discharge teams and by taking people home from hospital. This 12-week programme worked with 650 staff and volunteers and a budget of just over £1 million to help 9,159 people.



## Supporting individual action

**In a world where people are increasingly expected to provide for themselves, supportive systems are essential.**

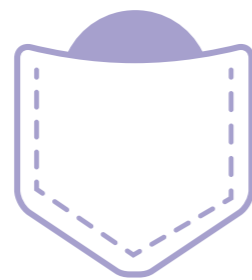
One such supportive system is automatic enrolment into workplace pensions. Although individuals have the choice to opt out, automatic enrolment makes it easy, and all the signs are that it is working, with the percentage of employees contributing to a private pension now increasing for the time for many years.<sup>13</sup>

Targeted action is often needed to create such shifts in social norms. For example, people find it extremely difficult to plan ahead for social care, because it is difficult to predict what care might be needed in the future and the sums involved in the event of substantial longer term needs are too large for people on modest incomes to accumulate at the same time as covering housing costs and pension savings. Although Age UK reluctantly agreed with the need to delay the cap on care costs in order to stabilise the crumbling care system, the problem has not gone away and will need to be solved by some form of risk pooling between individuals and the state.

Individual action is also harder for excluded groups. For example, although digitisation is proceeding apace in delivery of essential services, the pace of change amongst the most excluded groups is much slower. As shown on page 67, in 2015, around 60 per cent of people aged 75+ have still never used the internet, down only marginally from the previous year. In such cases, individuals are likely to need individual, and sometimes sustained, support in order to start to benefit from the amazing opportunities presented by digital technology. Information and advice is often the way into such support, but some people will continue to need alternative ways of accessing key services.

### Information and advice

At a time when public services are apparently in retreat, access to really good, trustworthy information and advice is more important to older people and their families than ever before. It is clear that independent information and advice provision can make a significant difference to people's lives, whether this is to help them claim benefits, find support with care needs, organise an energy check, get help to complete an online form or access a befriending service. Local information and advice services also provide the infrastructure to support volunteering and the sorts of integrated services highlighted on page 10.



Age UK put **£183 million** in older people's pockets in 2014/15 through its information and advice.

Recent legislation has recognised the importance of supporting citizens to make good decisions about their later life. This includes the Care Act 2014, which requires local authorities to provide information, advice and advocacy on care and support to individuals in their area, whether or not they qualify for financial support, and the Pension Schemes Act 2015 which introduced Pensions Guidance for people approaching retirement.

However, this legislation has highlighted significant differences in the way these services are funded. Pensions Guidance was introduced with £39.5 million short-term funding from the Government, but will eventually be funded by a levy on the financial services industry (which already pays for the Money Advice Service). By contrast, local authorities received no extra funding to cover their important new duties, and the continued squeeze on their budgets is causing many to reduce or remove altogether their discretionary funding for local advice services.<sup>14</sup> It is clear that we need a cross-government strategy (led by a ministerial champion) to co-ordinate the delivery of high quality information and advice services across government, and to ensure that independent advice services remain available.

### The role of the private sector

The private sector is an equally important partner in the delivery of some essential services to individuals, whether this is care, housing, utilities or financial services. However, some industries are less competitive than others, and even where industries are highly competitive, some people in later life are not well-placed to benefit. For example, older people who are not online are disadvantaged in switching providers, and shopping around for a care home is often carried out at a time of high stress and family upset. Effective regulation is particularly important in such cases.

We are pleased that many regulators recognise this, encouraging firms to meet the needs of vulnerable consumers and set up systems such as priority services registers. However, sometimes encouragement needs to be underpinned by regulatory or Government action, such as a requirement to meet minimum standards. Transparency, accountability and value are particularly important where private firms are involved in the delivery of public services.

## Harnessing older people's contribution

**Age discrimination too often hampers the ability of older people to contribute to the economy through employment, volunteering and the exercise of their spending power.**

Five years on from the Equality Act 2010, the time has come to stand back and ask whether this important piece of legislation is achieving its aims. Age UK welcomed in particular the new prohibition on age discrimination in provision of goods and services, which despite the inclusion of an unacceptably wide exception for the financial services sector, promised to tackle the daily experiences of ageism faced by many older people.

In the event this optimism has proved to be somewhat misplaced. Implementation of the Act has been hampered by low levels of awareness

and understanding of the legislation. Research commissioned by the Government Equalities Office among employers and service providers found that some were not even aware that age discrimination is now covered by the Act.<sup>15</sup> This situation has been exacerbated by delays in providing adequate statutory guidance. Moreover negative rhetoric, casting key measures such as the Public Sector Equality Duty as so much red tape, has so far blunted its potential to act as a transformative force for the equality that older people are entitled to expect and deserve.

A key task of the newly established parliamentary select committee on Women and Equalities will be to undertake post-legislative scrutiny of the Equality Act. It will be vital that in undertaking this task it seeks the views of older people experiencing age discrimination and includes a full review of the financial services exemption.

### Protecting the most vulnerable

Since the Human Rights Act (HRA) came into force some 15 years ago older people have used it to protect and give effect to their rights, including their rights to be treated with dignity and respect, free of abuse and neglect, in health and care settings. From this point of view it is good news that the Government has decided not to rush to repeal the Act (as it had committed to doing in its manifesto) but is instead launching a consultation on proposals for a British Bill of Rights. Age UK's clear preference would be to retain the HRA. However, if the Government decides otherwise any future human rights legislation must protect the rights and freedoms available to older people in the ECHR. In addition, if there are opportunities to improve and strengthen the protections older people currently receive then of course they should be taken.

Despite the welcome amendment to the Care Act 2014 that confirmed that users of services provided by private and third sector organisations under a contract to, or funded by, the local authority are covered by the HRA, those arranging and paying for their own care continue to lack its protections. Government must prioritise action to close this protection gap as it is unfair and potentially dangerous that – say – some older people living in a particular care home may be protected but not all.

# 02

## The global context

Our vision is of a world in which women and men everywhere can lead dignified, healthy and secure lives as they grow older.

Global ageing	Current results	Previous results	Trend
<b>Later life (World)<sup>1</sup></b> Population aged 60+ and 85+ in numbers and as percentage of total population	60+: 902 million (12.4%) 85+: 54 million (0.74%) (2015)	60+: 873 million (12.2%) 85+: 51 million (0.71%) (2014)	✓ ✓
<b>Life expectancy (World)<sup>2</sup></b> Life expectancy at age 60 in countries, grouped by countries' income	High income: 23.3 years Higher middle income: 19.8 years Lower middle income: 17.4 years Low income: 17.2 years (2013)	High income: 23.2 years Higher middle income: 19.8 years Lower middle income: 17.4 years Low income: 17.1 years (2012)	✓ - - ✓

### Key points

- The UK Government should commit to supporting a UN convention on the human rights of older people, and participate actively in its development, which should be well underway by 2020.
- The UK Government must fully reflect the Sustainable Development Goals and Sendai Framework for Disaster Risk Reduction in its own international development and humanitarian programmes, and ensure that no one is left behind, whatever their age. This commitment must be matched by increased budgets for programmes targeting older people.
- We have much to learn from international best practice in relation to ageing, for example by recognising the contribution of older people in building community resilience, and the UK Government should take this into account in its domestic policies.



## An ageing world

2015 has been a significant year for building greater understanding of the importance of the global context for ageing policy.

Two agreements stand out for the breadth of their ambition and their specific relevance for improving the day-to-day lives of older people no matter where they are in the world. The post-2015 Sustainable Development Goals and the Sendai Framework for Disaster Risk Reduction set new standards for recognising and valuing the contributions, rights and needs of older people.

Looking beyond national borders is especially important because we live in a rapidly ageing world, and we can benefit greatly by working together on issues such as dementia, development and human rights.

The number of older people is increasing in absolute terms, but also as a proportion of the total number of people in the world. There are already more people over the age of 60 today than children aged five and under. By 2047, it is predicted that for the first time in human history there will be more older people (aged 60 and over) than children (aged under 16).<sup>3</sup> These emerging realities have the potential to transform all aspects of our society for generations to come.



There are **902 million** people over the age of 60 globally in 2015, which will increase to **1.4 billion** by 2030 and **2.1 billion** by 2050.

We are also seeing an increase in longevity across the globe, with life expectancy at age 60 increasing in low income countries, from 16.1 years in 2000 to 17.2 years in 2013, and even faster in high income countries – from 21.3 to 23.3 years.<sup>4</sup> At the same time, the number of people aged 80+ is projected to more than triple by 2050 and increase more than seven-fold by 2100. These changes are affecting all parts of the globe. By 2050, all major areas of the world, except Africa, will have nearly a quarter or more of their populations aged 60 and over. Even in Africa, life expectancy is increasing rapidly with substantial gains expected by the end of the century. According to the UN, in the short to medium term globally, higher numbers of older people are inevitable.<sup>5</sup>

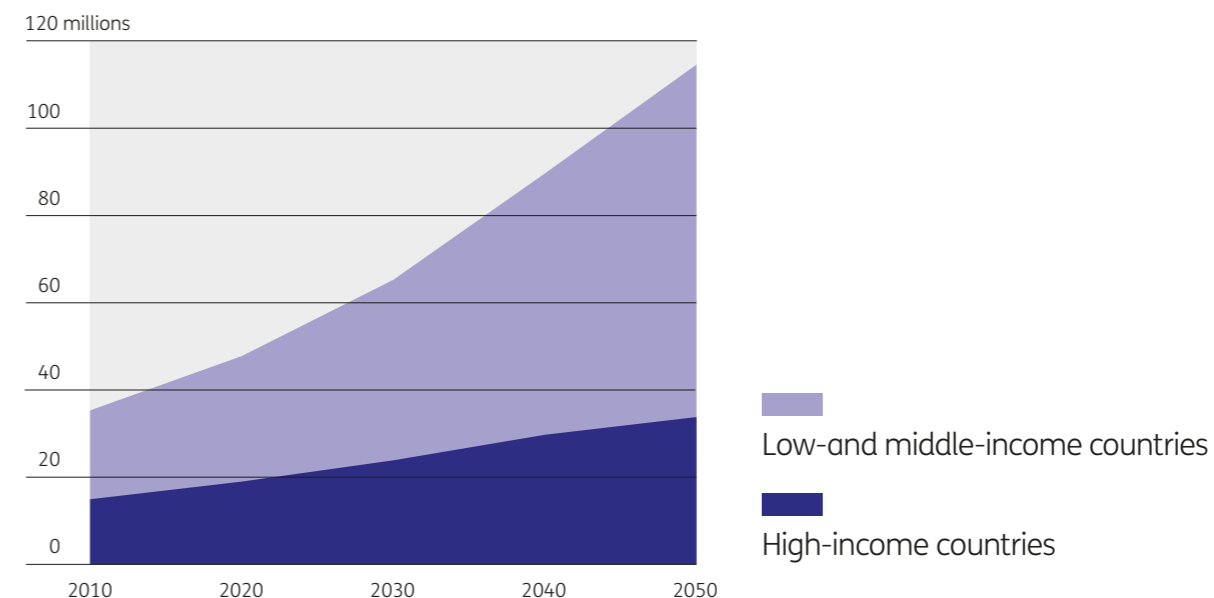
These demographic changes will bring major challenges to low and middle-income countries, such as a steep rise in diagnosed cases of dementia (see Figure 2.1). In response, the World Health Organization (WHO) is calling on all governments to make dementia a public health priority.<sup>6</sup> It is not certain, however, that global efforts to tackle it will include those over 70 (see opposite). All international bodies need to understand the implications of population ageing for their work. For example, Age UK is working with the World Economic Forum's Global Agenda Council on Ageing to consider the implications of cognitive decline for the banking and insurance industries.

## The Sustainable Development Goals

In this context of rapidly ageing societies, 2015 marks the beginning of an ambitious new agenda to eradicate extreme poverty, tackle inequality and to protect the environment.

The breadth of ambition of the newly agreed Sustainable Development Goals (SDGs) is a launching point for recognising the rights and needs of older people as a valued part of the fabric of our communities globally. They replace the Millennium Development Goals that have led to significant improvements in maternal and child health, and in primary education, but completely neglected the needs of older people. By contrast to the earlier goals, older people are specifically recognised as an integral part of the SDG agenda. Whether in relation to health, nutrition, better transport, safe and accessible public spaces, or a myriad of other areas, the SDGs set expectations of how governments worldwide should improve the lives of older people.

**Figure 2.1 Growth in numbers of people with dementia in high-income and low an middle-income countries**



Source: World Health Organization and Alzheimer's Disease International, *Dementia: A Public Health Priority* (Geneva, 2012).

This new framework of 17 goals and 169<sup>7</sup> targets is a universal agenda that applies to all countries and covers the period of 2015–2030. Crucial to delivering this agenda is a strong commitment from governments to improve the collection and analysis of information that has been disaggregated by age. This should strengthen the ability of all stakeholders to understand better the situation facing older people.

The SDGs are far from perfect, however. There is still a risk that the rights and needs of older people could be de-prioritised; for example, people over the age of 70 may not be counted in the efforts to tackle non-communicable diseases such as heart disease, diabetes, cancer, and dementia, despite the fact that this age group accounts for over half the total number of deaths.

By 2020, the SDGs will be one-third of the way through their journey. By this time, we expect all governments to realise their commitment to this agenda, by reporting on the steps they have taken to recognise and support older people. We also expect to see substantial improvements in the collection and analysis of data that includes all older age groups. Most importantly, we expect the lives of older people who are more vulnerable and marginalised in society to begin to improve as a result of these commitments.

## Strengthening resilience and responding to emergencies

Natural and humanitarian disasters and emergencies are an ever-present reality in the world today, wherever we live.

The earthquake in Nepal and the Ebola epidemic are two recent examples of the challenges facing people of all ages in different parts of the globe. Closer to home, we also face regular emergencies such as the major floods in England in 2014.

Older people are typically among the most vulnerable in these situations, requiring specific types of help that may be different from the assistance that is provided to children or the more able-bodied. Responding effectively to these crises means being aware that older people may have

restricted mobility, that their nutritional needs may be different, or that they may have multiple health conditions that require attention. This is why Age UK's sister charity Age International works with partners across the globe to ensure that older people's needs are not forgotten, and why Age UK's local partners in the UK are often involved in planning for or responding to local emergencies.

While it may not be possible to prevent emergencies, we can improve our ability to reduce the risk associated with disaster by building greater resilience within communities. The Sendai Framework for Disaster Risk Reduction<sup>8</sup> agreed in 2015 recognises the valuable role older people can play in building stronger communities. It also commits governments to taking concrete steps to addressing older people's rights and needs as part of wider efforts to ensure the impact of disasters are minimised. Together with the SDGs, the Sendai Framework helps create a new global policy context which places older people at the heart of international responses. However, this must be matched by increased budgets to ensure that the needs of older people are covered in disaster risk reduction efforts and emergency responses.

preparedness planning, search and rescue techniques and first aid. Participants applied their new skills during flood simulation exercises, including travelling by zipwire across a river.



### Using the strengths of older people

Floods are a frequent occurrence in many parts of Pakistan. As part of a disaster risk reduction programme, Age International's local partner organised a community drill for older people's associations in Sindh province. They were equipped with materials including digging equipment and first aid kits and were trained to recognise important warning signs.

The communities noticed that the colour of the river was changing, a sign of an impending flood. The older people's associations mobilised the community to block the canals to their villages and divert some of the water, using the digging equipment. As a result, the volume of floodwater reaching their villages was halved in comparison to previous floods.

In Nowshera District, we supported a training programme covering disaster risk assessments,

## Global rights

One aspect of international cooperation that remains stubbornly unresolved is the lack of global human rights standards for older people.

Negative attitudes towards older people are pervasive in many cultures and societies. The direct effect of this ageism is that older people are at major risk of experiencing discriminatory treatment globally; from undignified and inadequate care in the household, hospitals and residential homes, to unequal treatment in employment and inadequate responses in emergency and humanitarian situations.

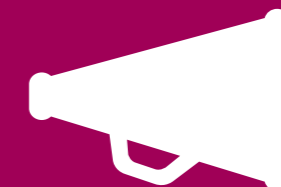
Internationally, however, there is no universal prohibition against this type of discrimination. The UN Universal Declaration on Human Rights (UDHR) adopted in 1948 explicitly prohibits discrimination on a wide range of grounds; 'race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status', but it does not refer specifically to age. The result of this is that very little attention is given to the human rights of older people by international human rights mechanisms. While international conventions exist to protect the human rights of other groups that face discrimination such as the UN Convention on the Rights of People with Disabilities (CRPD) and the UN Convention on the Rights of the Child (CRC), there is no corresponding instrument articulating the rights of older people.

It has long been our position that a new convention that explicitly prohibits age discrimination and articulates the full range of state obligations towards older people is urgently needed.

### Towards a convention for the rights of older people

In July 2015 the sixth session of the UN Open-ended Working Group on Ageing was held in New York. The working group was set up in 2010 to consider how the gaps in the existing international framework on the human rights of older persons can best be filled. What was clear from this year's meeting is that support for a convention is now building, with strong support being voiced from many countries in Latin America, Africa and Asia. The main source of opposition continues to be from the EU member states, USA and Canada.

Our view is that the time has arrived to shift our attention from the question of 'if' there should be a convention, to the question of 'when'. As the debate over how best to secure older people's global rights intensifies over the next few years we hope that the UK Government will support a convention and play a leading and influential role in its development. In its application to re-join the Human Rights Council in 2014 the UK stated 'We are committed to a strong, effective international human rights system'. It also pledged to work 'for the protection of the most vulnerable in society, respond actively to global challenges [and] look ahead to a future of universal human dignity.' Championing a human rights convention for older people would be entirely consistent with these pledges and would also help to put them into practical effect.



Very little attention is given to the **human rights of older people** by international human rights mechanisms.

# Enough money

## Where are we now?

UP TO RETIREMENT

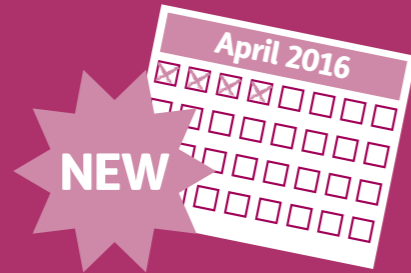
Private pension membership has fallen but is being increased by auto enrolment



204,581 pension policies accessed in three months since April 2015, compared to 95,372 in same period of 2013



New state pension from April 2016



£3.7bn benefits unclaimed by pensioners



Means-tested benefits unclaimed by pensioners each year. DWP, 2015

Big falls in pensioner poverty but progress now stalled

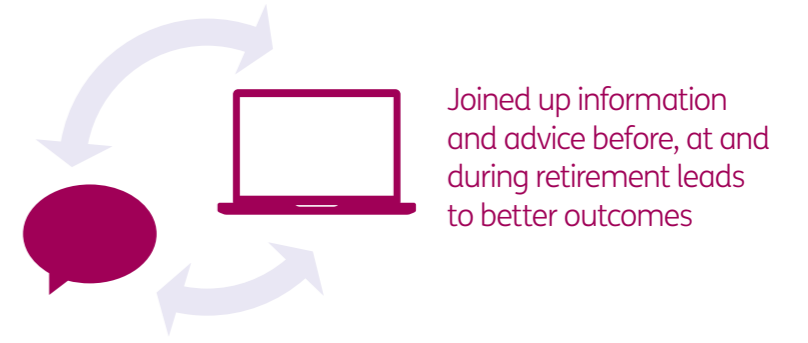


AROUND STATE PENSION AGE

IN RETIREMENT

## We need:

## Our vision for 2020



More people saving



Quality standards and simple choices

Everyone gets a decent outcome from their pensions saving

Independent review to ensure people don't face unfair rises in state pension age



Increase benefit take-up



Extend new state pension to current pensioners



Pensioner poverty halved

# 03

## Enough money

All current and future pensioners should have enough money from state and private sources to live comfortably and participate fully in society.

Enough money?	Current results	Previous results	Trend
<b>Poverty (UK)<sup>1</sup></b> Population over current State Pension age with less than 60% of median income after housing costs	14% (2013/14)	13% (2012/13)	—
<b>Benefit take-up (Great Britain)<sup>2</sup></b> Percentage of people eligible for Pension Credit who receive the benefit	63% (2013/14)	62% (2012/13)	—
<b>Private Pensions (UK)<sup>3</sup></b> Percentage of employees participating in a private pension	52% (2013/14)	48% (2012/13)	✓

### Key points

- Progress has been made in tackling pensioner poverty, but more can be achieved. Age UK wants to see poverty halved by 2020.
- The new single-tier state pension starting in April 2016 will be more generous for some, though others will receive the same or less than under the old system. The Government must improve transitional protections and consider how current pensioners with low state pensions can be brought into the new pension where this is to their advantage.
- The social security system must provide adequate support to current pensioners with limited private resources and those approaching pension age who cannot work.
- The introduction of the pension flexibilities in April 2015 brings many benefits but also transfers some risks to individuals. The Government and regulators must take action to ensure that all consumers – in particular those who are disengaged from their pension saving – attain decent outcomes when using their pension fund.
- People need appropriate guidance, information and advice as they approach retirement, at the point of retirement and later on in older age. This must be matched by the financial services industry ensuring products and services are transparent, good value and meet customers' needs.

## Poverty

While it is good news that pensioner poverty has fallen over the last 15 years or so, progress appears to have stalled.

There are still 1.6 million (14 per cent) of pensioners living in relative poverty (with incomes of less than 60 per cent of typical household income). Of these, 900,000 are in severe poverty (less than half of typical household income).<sup>4</sup> As shown, right, some groups are at greater risk of poverty.

Being in poverty is also about not having things, or doing activities, that most of us take for granted. So, for example, nearly a quarter (23 per cent) of people aged 65 or over do not go out socially once a month and one in ten say they would be unable to replace the cooker if it broke down.<sup>5</sup>

Means-tested benefits provide a safety net to protect people on the lowest incomes yet many miss out on this vital support, in spite of work to encourage take-up of benefits. For example, more than a third of pensioners entitled to Pension Credit are not receiving it.<sup>6</sup>

Age UK believes the Government should set targets for the continued reduction and eventual abolition of pensioner poverty and should aim to halve pensioner poverty by 2020. We need to have a State Pension system which, combined with private resources, can ensure people avoid poverty in later life. In the meantime, benefit take-up must be increased through on-going publicity and access to information, advice and support to help people maximise their income and make the most of what they have.



**18%** of people aged 85+ are in poverty, compared to **12%** of those under 70.

**27%** of Asian/Asian British pensioners live in poverty.



## State Pensions

Major reforms to the State Pension apply to people reaching State Pension age from 6 April 2016 onwards.

The new flat-rate State Pension has been described as a 'more generous' pension. It will be for some – but others will receive the same, or less, than they would have done under the old system. The full rate will be above the level of the standard Pension Credit rate (currently £151.20 a week) for people with 35 years of contributions, but past contributions will be taken into account. So, for example, many people will receive less than this if they have been 'contracted out' of the State additional pension. It is important that there is good communication about the changes and the Government should proactively inform people about their entitlement under the new system. Otherwise, many more people will be like the woman who told Age UK 'we got such a shock' when her husband discovered his new State Pension would be £30 lower than they had assumed.

Age UK supports the aims of the new single-tier State Pension which is intended to provide a simpler and fairer system and will particularly benefit some who have had low pay and caring responsibilities. We also support the idea of an individual entitlement but believe that there should be transitional protection for those who, under the current system, would be entitled to a pension based on their partner's contributions and do not have time to make other plans.

A significant drawback is that the new State Pension does not apply to current pensioners. People have told us that this is discriminatory and that it ‘penalises’ people born too early (women born before 6 April 1953 and men born before 6 April 1951). Age UK wants the Government to consider how everyone can be brought into the new State Pension, with no loss of current rights.

On the positive side, the Government has made a commitment to continue the policy of increasing the basic State Pension by the ‘triple lock’ – that is, in line with increases in average earnings, prices or 2.5 per cent, whichever is highest. Age UK welcomes this commitment which will maintain the value of the basic pension, unlike other elements of older people’s income, including private pensions and savings income, which often lose value in real terms over time.

### State Pension age

State Pension age is rising and the law also now provides for reviews of State Pension age approximately every five years, the first of which is due to report in 2017. To feed into this review there will be a report from the Government Actuary’s Department and an independently-led panel to consider other relevant factors.

While, on average, life expectancy is increasing, both the length of time people live and the years they are likely to have free of disability vary significantly (see page 33), so it is important that in reviewing State Pension age the Government takes into account differences in healthy life expectancy between different groups as well other factors, including employment opportunities. Retirement planning is a long term process so it is important that people have plenty of time to adjust to any changes.

If people have to wait longer to receive their pension, they must also have opportunities to extend their working lives – see Chapter 7. However, those who are not in work may need to rely on the benefits system. The new Universal Credit combines income-related benefits and tax credits into a single benefit and is intended to provide better work incentives. However, its introduction has been slower than expected. In addition, many people looking for jobs, or who cannot work for reasons such as disability or caring responsibilities, are being affected by benefit reforms including below-inflation increases in rates. While Age UK supports the aim of helping people back to work the benefits system needs to provide an adequate income for those who are unable to work.



Women’s State Pension age reaches 65 in 2018, after which the State Pension age for both men and women **will increase to 66 by 2020 and to 67 between April 2026 and 2028.**

## Welfare reforms

The benefit and welfare systems should ensure an adequate income for all, whether they are pensioners, or below State Pension age but on low pay or unable to work for reasons such as disability or caring responsibilities.

There is continuing pressure to reduce overall spending on social security. The Coalition Government embarked on a programme of welfare reform and in the 2015 Summer Budget the new Government announced further changes to some benefits and tax credits. These will mainly apply to people under Pension Credit age (which is linked to women’s State Pension age) although some pensioners may be affected. For example the amount of Housing Benefit given to private tenants may be limited and it is planned that payments to help with mortgage interest currently available to people receiving benefits, including Pension Credit, will be replaced by loans.

Age UK is also concerned about the position of people approaching Pension Credit age who are unable to work and who rely on benefits to get by. They will be affected by freezes to the level of some benefits and tax credits for four years and by reductions in the level of benefit for new claimants of Employment and Support Allowance (ESA) who are placed in the Work-Related Activity Group.



## Private pensions

In April 2015, many of the ‘freedom and choice’ reforms first announced just over a year earlier came into effect, allowing people to use their pension savings however they choose from the age of 55.

Instead of being compelled to purchase an annuity, savers can instead choose to do this voluntarily, draw down their funds over time, or take their funds in cash. While Age UK has welcomed the increased flexibility this offers,<sup>7</sup> with greater choice comes greater risk. For example, many savers will now have to bear the potential pitfalls associated with, for example, under-estimating life expectancy, and will have to understand the full implications for their personal tax bill. The complexity of the system makes this no easy task.

Age UK continues to work towards ensuring that savers who are disengaged and who have little experience of managing their money, or who have lower value savings, can get good outcomes throughout their retirement, for example through effective default pathways to help people make difficult choices. We published the report *Dashboards and jam jars* that looked at how the ‘freedom and choice’ reforms will affect such people, which has helped inform the wider debate about implementing the changes, although the issues raised – for example ensuring that people do not run out of money – remain an ongoing concern. It is vital that any new reforms do not damage trust in pension saving, or disrupt the current roll-out of automatic enrolment into workplace pensions, which is bringing millions more people into pension saving with a contribution from their employer.

### Further reform to come

Alongside the 2015 Summer Budget, the Treasury published a consultation on the future of pension tax relief. Although reform of this system is not unexpected, the suggestion that the Government might consider stopping tax relief as people pay into their pension, and instead allow tax-free withdrawal later in life, is less likely to benefit lower-income groups. This is because just under half of people aged 65 and over pay no income tax on their pension income in any case,<sup>8</sup> and so they would lose at least some of the current government subsidy on contributions. Age UK would therefore not support a change to such a system.

Also in the Budget, the Government announced a delay to the commencement of a new policy allowing people with an existing annuity income to exchange this for a cash lump sum. This is now scheduled to come into effect in April 2017. To test likely demand Age UK conducted polling of older people, finding that it would be limited: only five per cent of people with an annuity income would consider doing so, with the majority believing that giving up a secure income would be too risky or unnecessary.<sup>9</sup> There was, however, a strong desire among a minority of older people, leading Age UK to the view that it would be appropriate to allow people to sell small annuities back to the provider.

## Retirement income and products

Age UK believes it is essential that older people have access to appropriate financial services that complement their pension incomes.

Mortgage lending is often restricted by age limits, but these are increasingly seen as anachronistic by the public and the industry, which through the Council of Mortgage Lenders and the Building Societies Association is exploring a path toward non-discriminatory lending to older age groups. With increasing longevity and longer working lives, it makes sense to move away from rigid age limits towards a system based on tailored individual risk assessment, reflecting the fact that many older people are able to service mortgages from a combination of pension and employment income.

The availability and cost of travel and motor insurance continue to be issues for older people. Despite efforts by the insurance industry to signpost people to insurers catering to older age groups and the existence of a number of specialist providers, Age UK included, reports continue to appear of people having difficulty in getting insurance at a reasonable cost.<sup>10</sup> Age UK wants to see a proper review of the current signposting agreement between HM Treasury, the Government Equalities Office and the insurance industry, to allow all older people to get access to insurance at a cost no higher than fairly reflects risk.

Lifetime mortgages (equity release) are a type of mortgage lending that is increasing in popularity and may have a bigger role in the future, due to the significance of home ownership in UK retirement income planning. However, the timing, scale and costs of equity release need to be considered carefully, with recent research showing a mismatch between consumer needs and product offerings and

a shortfall in appropriate financial advice.<sup>11</sup> We would like to see a more innovative and competitive market place for this important product, so that there is a better match between products and borrowers’ aims, resources and life expectancy.

### Information, advice and guidance

All of this must be underpinned by good money advice. The Government has established the Pension Wise guidance service for people at the point of retirement, and in the July 2015 Budget announced this would be made available for all savers aged 50+. This is a welcome announcement, but the Government must do more to promote the service, ensure it delivers effective and good quality guidance, and extend its reach as widely as possible.

Many people need fully regulated financial advice, but do not know how to get it or are put off the cost. The Government has announced a new review of the Financial Advice Market which is a valuable opportunity to find solutions for this ‘advice gap’, but it is important that this does not weaken advice standards, or reduce consumers’ access to redress for poor advice. Instead it should consider how fixed-price models of advice can be developed; whether the fact-finding process can be improved; the interaction with not-for-profit advice; and the role of default options and pathways in simplifying decision-making.

Experience shows that good money advice is advice that is independent, informed by a full understanding of the life situation of the person concerned, is given in language the person understands and clearly identifies the next steps to be taken and how to take them.<sup>12</sup> Age UK looks forward to applying these principles with other partners in the UK financial capability strategy being developed by the Money Advice Service.

# Feeling well

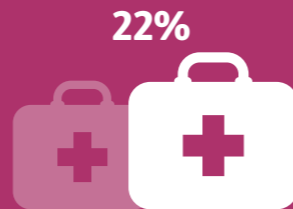
## Where are we now?



### Waiting for a crisis

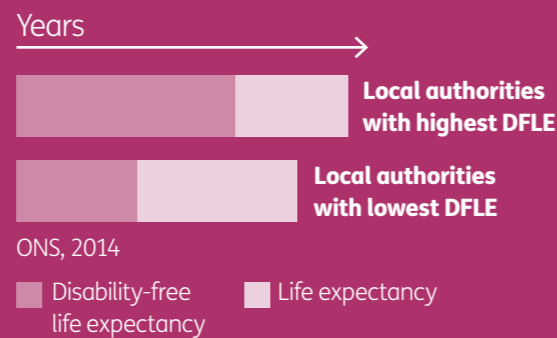


**72%**  
Over 75s with diabetes never supported to self-manage their condition  
Age UK/Exeter Medical School, 2013



**22%**  
Increase in emergency admissions of people 65+ since 2006  
HSCIC, 2015

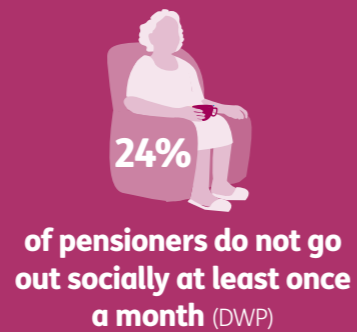
### Health inequalities



Disability-free life expectancy (DFLE) reflects how long you may live in poorer relative health. In some parts of the country, this is much longer than in others



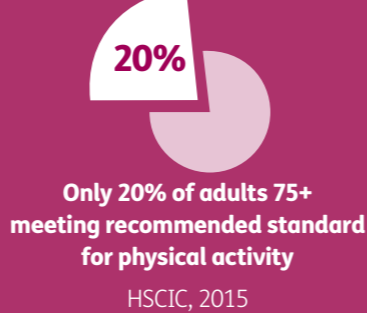
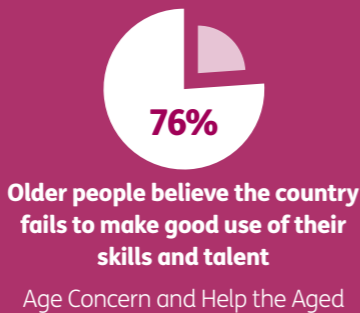
### Loneliness leads to health problems



- Loneliness is associated with increased rates of:
- Depression
  - Cardiovascular disease
  - Cognitive decline and dementia



### Unfulfilled potential



## We need:

Older people being supported to plan for the future. Joined up care, helping them to self-manage their health

Life-long public health shifts the perception of health in later life away from 'burden' and towards active ageing

Loneliness not accepted as just part of getting older. Local areas must invest in effective ways to stay connected

Enable older people to utilise skills and talents and connect with their community

## Our vision for 2020

Shrink gap between highest and lowest DFLE



Increase in older people engaging in physical, social and volunteering activities and learning skills for a healthier life



Older people feel less lonely and isolated and more connected with their community



# 04 Feeling well

We want everyone in later life to have opportunities to enjoy life and feel well.

Feeling well	Current results	Previous results	Trend
<b>Disability-free life expectancy (England)<sup>1</sup></b> Average number of years you can expect to live without disability from age 65	10.5 (males) 11.2 (females) (2009–11)	10.2 (males) 11.0 (females) (2008–10)	✓ ✓
<b>Disability gap (England)<sup>2</sup></b> Gap in years between local authorities with the highest and lowest average disability-free life expectancy at age 65	8.5 (male) 9.3 (female) (2009–11)	10.0 (male) 8.3 (female) (2007–09)	✓ ✗
<b>Loneliness (UK)<sup>3</sup></b> People aged 65+ who are often or always lonely in numbers and as a percentage	1.14 million (10%) (2014)	770,000 (7%) (2012)	✗

### Key points

- The Government must put a plan in place to meet World Health Organization goals for achieving a 25 per cent reduction in preventable illness and mortality by 2025.
- There should be a properly resourced, on-going public health campaign, supporting older people to stay as physically and mentally fit and well as possible through later life.
- All of us, including GPs and other healthcare professionals, should challenge assumptions that nothing can be done to improve the lives of people living with frailty or long-term conditions, and put in place appropriate systems of support.
- Local and national government should tackle loneliness by putting in place a national measure and appropriate local strategies, supporting GPs to deliver practical help, and investing in innovative solutions.
- Increasing diagnosis rates for dementia mean it is ever more urgent that high quality post-diagnosis support is available. A minimum standard for support should be introduced.



## Healthy ageing

Even as many more of us live longer, and stay well and healthy for longer, there remain highly negative attitudes to ageing, including the idea that older age automatically means poor health and higher needs.

It is indeed true that the numbers of people living with one or more long-term conditions increases as we age. However:

- Fifty per cent of people over 75 do not consider themselves to be living with a ‘life limiting’ long-term condition,<sup>4</sup> meaning that even if they have a health condition, it does not significantly affect their lives.
- Only around 25 per cent of people over 85 live with ‘frailty’, defined as an accumulation of certain health challenges.<sup>5</sup>
- Through a combination of improved overall resilience and advances in treatments, 70 per cent of women diagnosed with breast cancer in their 70s will live for five years or more.

Differences in healthy life expectancy depending on where you live show what’s possible. A woman could expect to live to 80 without a disability in the local authority with the best average figures, or just 71 in the authority with the worst. Simply by closing this gap, as complex as that is, the so-called ‘burden’ of need in later life would shrink substantially. Unfortunately, overall life expectancy has risen faster than disability-free life expectancy, meaning that more of us are living into older age with health problems and social care needs.

This should focus the minds of both individuals and policy makers on the importance of life-long public health. In 2014, Age UK, as part of the Richmond Group of charities, published the paper *What is preventing progress?* In the report, we called on the Government to commit to carrying out the World Health Organization (WHO) goals of achieving a 25 per cent reduction in preventable illness by 2025.

- One in four of the UK adult population is at high risk of Type 2 diabetes (see Figure 4.1), but up to 80 per cent of cases could be delayed or prevented.<sup>6</sup>
- If every woman in the UK was regularly physically active, 9,000 fewer women would develop breast cancer each year.
- Eighty per cent of strokes are preventable.

One of the immediate barriers to such achievements is the fact that only 35 per cent of people over 65 meet the recommended standard for physical activity.<sup>7</sup> A 2015 paper even suggested this could be as low as 10-15 per cent.<sup>8</sup> This is why we want to see a ‘wellbeing network’ in every community to provide older people with friendship and support and to encourage good physical and mental health. While lifelong healthy behaviours are the bedrock of good public health and an active later life, it is never too late to make positive changes.

### Going backwards?

In mid-2015 the Government announced it was cutting £200 million from the allocation to local authorities for public health. However pressurised the public finances may be, this seems a perverse and misguided decision. For as the chief executive of the Royal College of Nurses has said, ‘Money which is

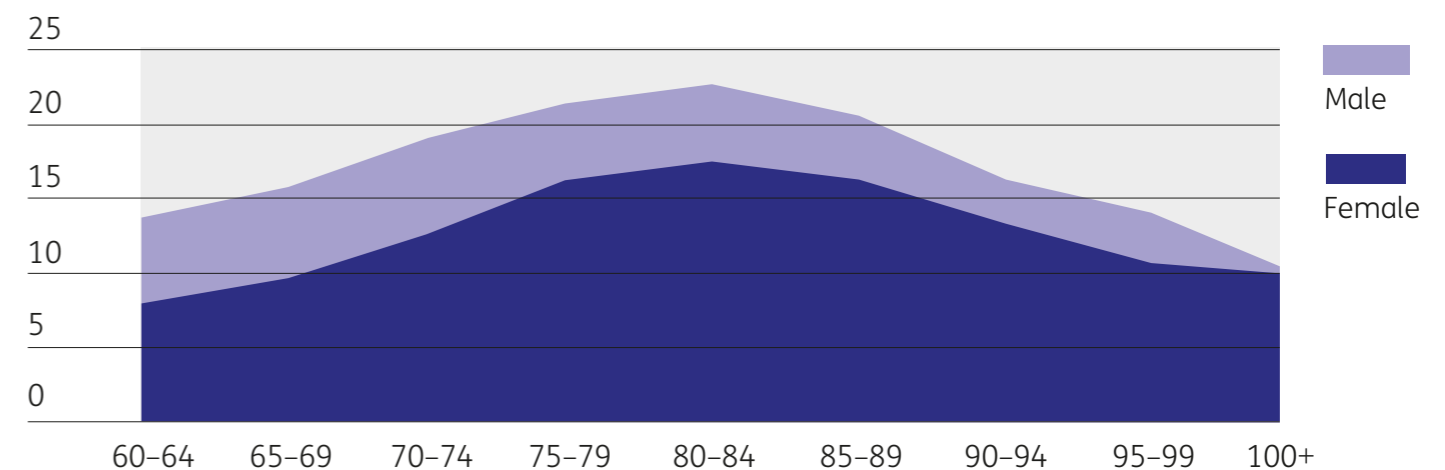
not spent on prevention is likely to end up being spent many times over to pick up the pieces in our already overstretched health service.’<sup>9</sup>

Public health provision must be adequately resourced and there is also a need for an on-going public health campaign supporting older people to stay as physically and mentally fit and well as possible through later life. For health conditions such as dementia, there is a huge job to do in informing people that the risk of developing some of the most common forms of the condition can be reduced and how they can do this.



**Age UK has been supporting a number of approaches that can help older people to remain well and active as they age.** The *fit for the future* programme has been working to improve physical activity through tailored exercise groups; healthy eating with nutrition courses; and social engagement activities.<sup>10</sup>

**Figure 4.1 Percentage of older men and women with diabetes mellitus, 2014**

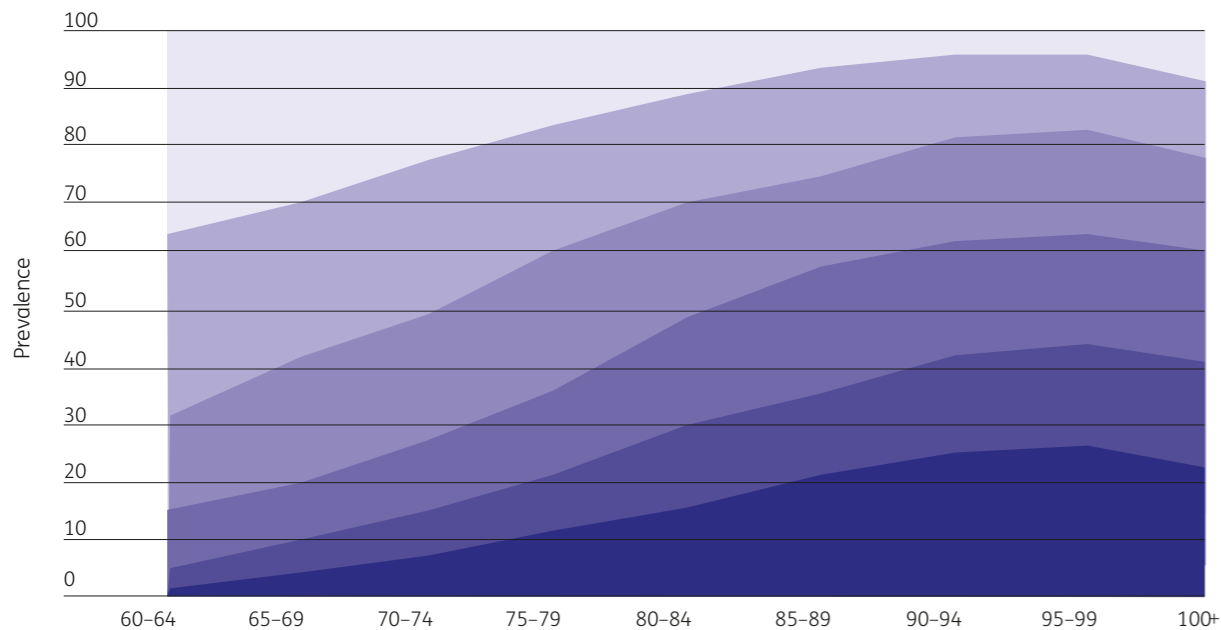


Source: *The Age UK almanac of disease profiles in later life*, Exeter Medical School/Age UK, 2015.

# Living well with health needs

How well people are able to adapt to changing health needs and are supported to do so are crucial factors in living well in later life.

**Figure 4.2 Number of co-existing major health conditions by age-group, 2014**



Source: *The Age UK almanac of disease profiles in later life*, Exeter Medical School/Age UK, 2015.

No condition
  One condition
  Two conditions
  Three conditions
  Four conditions
  Five conditions

In 2015, Age UK worked with the British Geriatrics Society (BGS) and Britain Thinks to investigate how older people view their changing health needs.<sup>11</sup> We found that for the older people we spoke to, their health and wellbeing was invariably tied up with their ability to remain independent, rather than in relation to any specific health conditions.

Some minor adaptations were often accepted as part of growing older, but losing the capability to do something you've always done represented a major turning point. For one older person it was realising they could no longer clean the house in the way they wanted to. For others, it was not being able to meet with friends and socialise because of difficulties in getting around.

**As one participant said:**  
 'I switched to a smaller Hoover but now even that is too much for me to push around on most days. It's made me realise that I do need to let my daughters do things for me.'



## Managing the turning point

When we talk about living well with health needs, a crucial part of the equation is managing such turning points, including taking steps to tackle unsuitable housing and social isolation.

Historically, this may have been the moment that someone with 'moderate' social care needs would be eligible for support from the local authority. Virtually no local authority now offers this, barely able to fund people with high-level needs.

Some of the language used when describing this turning point gives some indication of the options older people feel are available to them. The perception was that there was little that could be done to improve their situation, and the prospect of deteriorating, of 'losing control' and 'feeling vulnerable' and eventually 'giving up' was seen as both rapid and inevitable. There was little motivation to seek help from the services they are already engaged with. One person said: 'Why on earth would I tell my GP it's taking me longer to do the ironing and I can't get out into the garden anymore?' Yet, this could be a crucial indicator of underlying problems.

Health and care services need to respond in a way that is not focused purely on clinical symptoms. This is at the root of the joined-up and integrated approach we describe on page 46, and requires working in tandem with community resources and the voluntary sector to provide the support that is important and relevant to people, including support to self-care.



**145,000 people over 60** who need specially adapted accommodation because of a medical condition or disability **report living in homes that do not meet their needs.**<sup>12</sup>

## Loneliness

Most of us experience loneliness at some point in our lives, although it is usually temporary. For many older people, however, loneliness can become chronic, with a potentially devastating impact on their daily lives, health and wellbeing.

As well as adversely affecting the wellbeing of many older people, loneliness can also lead to greater reliance on health and social care services, including more frequent visits to GPs and early admissions to residential care.<sup>13 14</sup> Studies suggest that people with a high degree of loneliness are twice as likely to develop Alzheimer's disease.<sup>15</sup> Loneliness is also associated with increased rates of depression, cardiovascular disease and hypertension.<sup>16 17</sup>

Loneliness is not an inevitable part of ageing but some of the common experiences of later life such as the loss of a loved one, retirement, loss of mobility and increasingly poor health place older people at greater risk of it. Although levels of loneliness in later life have remained constant over the past decades – with one in ten people aged 65 and over being chronically lonely at any given time<sup>18</sup> – the numbers of those who often or always feel lonely are likely to rise as the UK's population ages.

### Taking action to address loneliness

The importance of preventing and tackling loneliness is increasingly recognised. In July this year, the Secretary of State for Health, Jeremy Hunt, called on everyone to invite lonely older neighbours into their home,<sup>20</sup> having previously described levels of loneliness in this country as 'our national shame.'<sup>21</sup>

If we are to make progress, nationally we need improvements in how loneliness is tracked, for example, by adopting a population-based measure of loneliness. Locally, councils and health and wellbeing boards should prioritise tackling loneliness within their strategies. A 'whole system' approach is required, with health bodies, social care, housing, transport, policing and the voluntary sector working together to identify those in need of support and providing them with a holistic, tailored response. And because everyone's loneliness is different, we urge local authorities to support the full spectrum of approaches to tackling loneliness, including fostering age-friendly environments, as highlighted in our recent joint report with the Campaign to End Loneliness.<sup>22</sup>



Unless action is taken, the numbers of older people expected to be **affected by loneliness could increase to at least 1.5 million by 2028.**<sup>19</sup>

## Dementia and brain ageing

**Dementia is one of the most important challenges facing our ageing society.**

Around 850,000 people in the UK are estimated to be living with dementia (both diagnosed and undiagnosed), and this figure is likely to increase as more of us live longer lives, with the total number of people with dementia predicted to exceed 1 million by 2021.<sup>23</sup>

Dementia is a condition that evolves over time and that alters people's capacity to make some or all decisions in their everyday life, including those concerning money, health and welfare. It progressively impairs the ability to communicate and think, putting those affected at greater risk of abuse and neglect. However, despite this, people with dementia can lead active and fulfilling lives for many years.

### Taking up the dementia challenge

Tackling dementia has been a personal priority for the Prime Minister, David Cameron, and the recent publication of the 'Challenge on Dementia 2020' sets out the Government's ambition to make England the best place in the world for dementia care and support, and for research into neurodegenerative diseases by 2020.<sup>24</sup>

In spite of this growing focus on dementia, people with the condition and their carers still find it hard to get good-quality care and support, or to lead as active a life in the community as they potentially could – two thirds of people with dementia live at home.<sup>26</sup> Access to information and emotional and practical support following diagnosis remains patchy<sup>27</sup> and unlike in Scotland,<sup>28</sup> there is currently no clear guidance in England about what post-diagnosis support should look like. However, support following diagnosis is vital to help people come to terms with the life-changing news and to make plans for the future.



### What is good for the heart is good for the brain

Growing evidence in recent years has shown that you can take steps to preserve your cognitive skills and reduce the risk of dementia by:<sup>24</sup>

- Stopping smoking
- Taking regular exercise
- Eating a healthy diet
- Not drinking too much alcohol
- Keeping your blood pressure at a healthy level
- Preventing and managing diabetes
- Maintaining a healthy weight.



### **Making Age UK dementia-friendly**

Age UK has worked with 61 local Age UKs since 2012 to help them to make their mainstream services more dementia-friendly. At the national level, Age UK has also taken steps to become dementia-friendly, including training staff as Dementia Friends and Dementia Champions. More than 30 Dementia Friends sessions have been organised in the past few months and over 350 members of staff have become Dementia Friends.

People with dementia are frequent users of health and social care services as their condition evolves. They also often have other health issues, such as diabetes, stroke and visual impairment.<sup>29</sup> However, the standards of the health and social care services they access are inconsistent and do not always adequately meet their needs, and care is not sufficiently joined-up between services.<sup>30</sup>

While 82 communities had been officially recognised as Dementia Friendly Communities by spring 2015, there are still examples of prejudice against people living with dementia and barriers to their participation in society.<sup>31</sup> Good access to everyday services such as banking, shops or transport are essential if people with dementia and their carers are to lead active and independent lives. Yet too often those services remain ill-adapted.<sup>32</sup> Making our society dementia-friendly is an important way of respecting the fundamental rights of people living with dementia and complying with our duties under the Equality Act 2010.<sup>33, 34</sup> This is why Age UK has been calling on all public services and essential private sector services to become dementia-friendly.

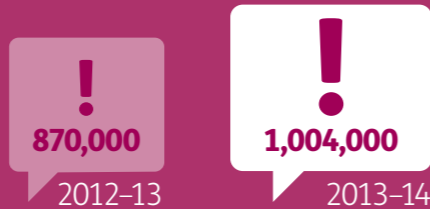


Making our society dementia-friendly is an important way of **respecting the fundamental rights of people living with dementia.**

# Health and care

## Where are we now?

### Unmet need for care rising



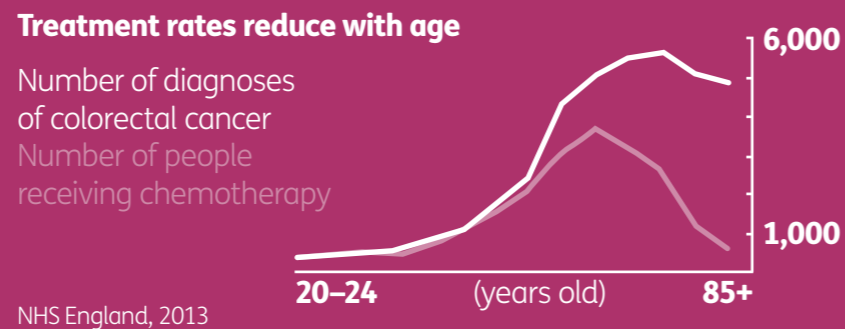
Older people who need help with basic tasks such as getting out of bed, washing and dressing, but don't get it  
Age UK, 2015

### What unmet need means for older people

- Half of those who struggle to wash/get in the bath do not receive any help
- Nearly two in three of those who find it difficult to go to the toilet do not receive any help
- Two in three of those who find it hard to get out of bed on their own do not receive any help

Age UK, 2015

### Unequal treatment in the NHS



### Impact on carers



Understanding Society Survey

### Carers aged 65+



Report feeling pain or discomfort

## We need:

An immediate and significant boost in funding for care

Care assessments to take account of the way people want to live

Better skills and infrastructure across NHS to plan care for older people

Stronger GP and community health care services

More carers to receive assessments and local authority support, under new Care Act duties

## Our vision for 2020



A care and support system that meets the essential care needs of all older people

High quality care that treats us with dignity



Full age equality in access to treatment

Caring doesn't damage health and wellbeing of older carers



# 05 High quality health and care

High quality health and care helps older people to have the best possible quality of life and to retain and develop their interests and aspirations.

High quality health and care?	Current results	Previous results	Trend
<b>Dignified treatment (England)<sup>1</sup></b> Percentage of hospital inpatients who said they were not always treated with dignity and respect	19% (2014)	19% (2013)	—
<b>Hospital readmissions (England)<sup>2</sup></b> Number of people aged 75+ readmitted to hospital as an emergency within one month of discharge	204,709 (2011/12)	201,372 (2010/11)	X
<b>Unmet need for social care (England)<sup>3</sup></b> Number of people aged 65-89 with one or more unmet need for social care	1.004 million (2015)	870,000 (2014)	X
<b>Delayed discharge (England)<sup>4</sup></b> Number of days delay attributable to social care	421,557 (2014/15)	365,061 (2013/14)	X
<b>Informal care (UK)<sup>5</sup></b> Percentage of people aged 65+ giving 50+ hours of informal care per week	5.2% (2014)	5.0% (2013)	X

### Key points

- Older people living with long-term health conditions should be offered a health and care coordinator to make sure their care is fully joined up, whether this is in the NHS or through the local authority.
- Such is the current fragility of the social care system that an immediate and significant injection of funding into social care is needed.
- GP and community health care services perform a vital role in the lives of older people, and require greater investment.
- The Government will have saved £6 billion over the course of this Parliament by delaying the introduction of a lifetime cap on care costs. This should be reinvested into improving care and support for older people.
- Government should also put in place a transformation fund to support the shift towards new models of care that promote more joined up working across statutory services and with the voluntary sector.
- Current drives towards quality in hospitals and care homes must be maintained, and hospitals must do more to recognise those with high needs as soon as they are admitted, and to support them after discharge.
- All parts of the NHS and social care services should monitor the extent to which they achieve age equality and ensure that discrimination does not arise from funding cuts.

# Integrated health and care services

The best possible quality of life for many older people relies on health and care services working together and with the individual, to help them manage their health conditions better and to live as independent and active a life as possible.

In November 2014, NHS England published the *Five Year Forward View*, setting out its ambitions for changing the way the NHS works. Many of the proposed models of care in the document are potentially transformative for older people, bringing together multiple professionals and integrating primary and secondary care. A number of Vanguard sites will now test out and drive forward new models.

A landmark piece of legislation, the Care Act 2014, introduced a complete reform that makes individual wellbeing the organising principle of care and support.

However, this is all happening at a time of unprecedented pressure on spending. As shown by Age UK's recent briefing *The Health and Care of Older People 2015*,<sup>6</sup> lack of access to social care and the types of health services that best support people to maintain their wellbeing and independence is undermining these good intentions. Key provisions of the Care Act that protect individuals against major costs have also had to be delayed as part of efforts to reduce spending.

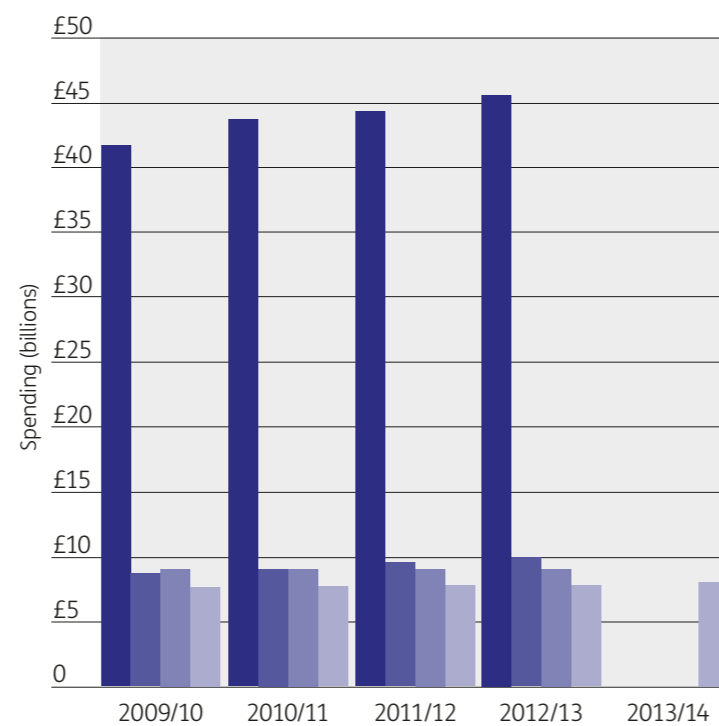
## Funding falling behind demand

NHS England recently estimated that on current trends the gap between NHS funding and demand will have grown to around £30 billion by the end of the decade. In response, Government announced an additional £8 billion a year in funding for the NHS by 2020, on top of an existing commitment of £2 billion. This still leaves the NHS with a challenging £20–£22 billion gap to be closed through improvements in productivity and efficiency gains, an average of 4 per cent year-on-year improvement.

At the same time, investment in the services which would help reduce demand – such as primary care and community health – has risen only slightly. By contrast, as Figure 5.1 shows, spending on hospital services not only takes a far higher proportion of NHS funding but is also rising faster than other areas. We must see more investment closer to home so older people can avoid more serious health complications and hospital admissions later on.

Funding for older people's social care has suffered particularly devastating cuts. Between 2010/11 and 2015/16 the budget for older people's social care shrank from £8 billion to £6.3 billion – a reduction of 21 per cent, although demographic change meant the number of people requiring care grew.

**Figure 5.1: Where is the NHS spending its money?**



Source: *Investment in General Practice 2009/10 to 2013/14*, Health and Social Care Information Centre and Department of Health Annual Reports and Accounts 2009/10 to 2012/13

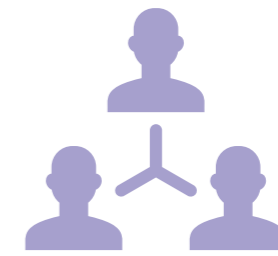
- Hospital Services – general and acute services and accident and emergency
- Community Health
- Mental Health
- GP Practices

## The impact on older people

This under-funding has serious consequences. People who would have received publicly funded social care in the past are no longer eligible, meaning those without access to informal care or who can't afford to pay are being left to struggle on alone, with consequent risks to their health and wellbeing. There are now more than a million older people who have difficulty with daily living activities such as eating, bathing and taking their medication who receive no support from paid or unpaid carers.<sup>7,8</sup> Routine health problems that often affect older people, such as urinary tract infections, are not being treated effectively in all cases, as a result of which some older people are being admitted to hospital when this could have been avoided.<sup>9</sup>

There is also a financial impact. The Care Act includes mechanisms for implementing a new care funding system, which includes a cap on an individual's lifetime spending on care and support and an increase to £118,000 in the maximum level of assets that are taken into account in deciding whether people must pay for their own care. Implementation of this new system has now been delayed until 2020. The Government says that this will save £6 billion.

In addition, the Government has also delayed implementing a right for care home residents who pay for themselves to request that the local authority arranges their care for them. Had this provision gone ahead it would have helped these older people to obtain a care home place at the lower fee rates which local authorities usually pay. There were worries that this could have destabilised the already fragile finances of some care providers, however this means that self funders will continue to subsidise inadequate local authority fees.



**There are now 1.2 million carers aged 65 and over. By 2030 this is expected to rise to 1.8 million.<sup>12</sup>**

## The impact on carers

In the meantime, most care and support continues to be provided by family and friends, many of whom are themselves in later life and providing care for spouses. As they grow older, caring responsibilities become more physically challenging and are increasingly likely to involve care for someone with dementia. Among carers aged 85 and over, 55 per cent are providing over 50 hours of care each week.<sup>11</sup> As people with long term health conditions live longer, caring becomes a long-term commitment – 60 per cent of carers have been caring for over five years. This can take a toll on carers' health and wellbeing and without support their own health may deteriorate.



**1 in 5 emergency admissions to hospital, costing £1.4 billion, are caused by conditions and issues considered highly preventable.<sup>10</sup>**



## Turning round the tanker

It has been a long term government objective to shift care out of hospitals and closer to home, in order to reflect the increasing need for health services that help people manage their long term health conditions.

Steps underway include:

- The Better Care Fund pools NHS and local authority funding to promote improved integration between health and care services, and in particular to promote preventative services that will reduce demand on the NHS.
- 'Integrated Care Pioneers' and 'vanguard sites' are developing or expanding new models of care.
- Eight 'Integrated Personal Commissioning Demonstrator' Projects aim to provide 10,000 people with complex needs with greater power to decide how their own combined health and social care budget is spent.
- Devolution of the full local health and care budget to Greater Manchester aims to optimise the development of health and care services together with public health, housing, transport and economic development to get the best possible health and well-being outcomes for the Greater Manchester population.

Joining up services to support people to help themselves is a very welcome direction of travel. The Age UK Integrated Care Programme (see Box) has demonstrated how better care could be funded through better use of NHS resources in the acute sector and through working with the knowledge and advocacy skills of the local voluntary sector.

However, the depth of the funding crisis for health and care services may thwart the good intentions. For example, 81 per cent of acute hospitals were reporting a deficit at the end of September 2014,<sup>13</sup> and by the end of that financial year, the NHS provider sector had an overall net shortfall of over £840 million.<sup>14</sup> For the first quarter of 2015/16, NHS trusts reported a £930 million deficit.

Analysis by Age UK<sup>15</sup> shows that an additional £3.8 billion would be required in 2015/16 to fund services for people with three or more unmet social care needs, whilst a further £0.4 billion would fund all who have difficulty with at least one daily living activity and who do not receive any support, paid or unpaid, at present. To fund a truly comprehensive social care service in 2020/21 would require £11.5 billion, an increase of £5.2 billion on the current budget for social care. These calculations do not take account of the Government's decision to replace the National Minimum Wage with a significantly higher National Living Wage.



The Government's recent decision to delay implementation of the cap on care costs (see page 47) will save £6 billion.<sup>16</sup> It is imperative that these savings are put towards the additional funding needed for social care but there is also a pressing need to ensure that the health and care system has the right skills, resources and configuration in order to enhance efficiency and productivity as well as to provide better services for older people.

### Age UK's Integrated Care Programme operates across England.

It brings together voluntary organisations and health and care services in local areas to provide an innovative combination of medical and non-medical support for older people who are living with multiple long term conditions and at risk of recurring hospital admissions. Age UK staff and volunteers become members of primary care led multi-disciplinary teams providing care in the local community. The programme has been underway in Cornwall since 2012. Seven additional sites were launched in 2015. Interim results from Age UK's partnership in Penwith, Cornwall are very promising, demonstrating improvements in participants' lives as well as potentially cashable savings in health and care services. Twenty per cent of participants reported improvements in their well-being, there was a 49 per cent reduction in unplanned hospital admissions, and social care costs reduced by 8 per cent. In addition, 20 per cent of people on the programme went on to become volunteers helping others.

## Quality and equality

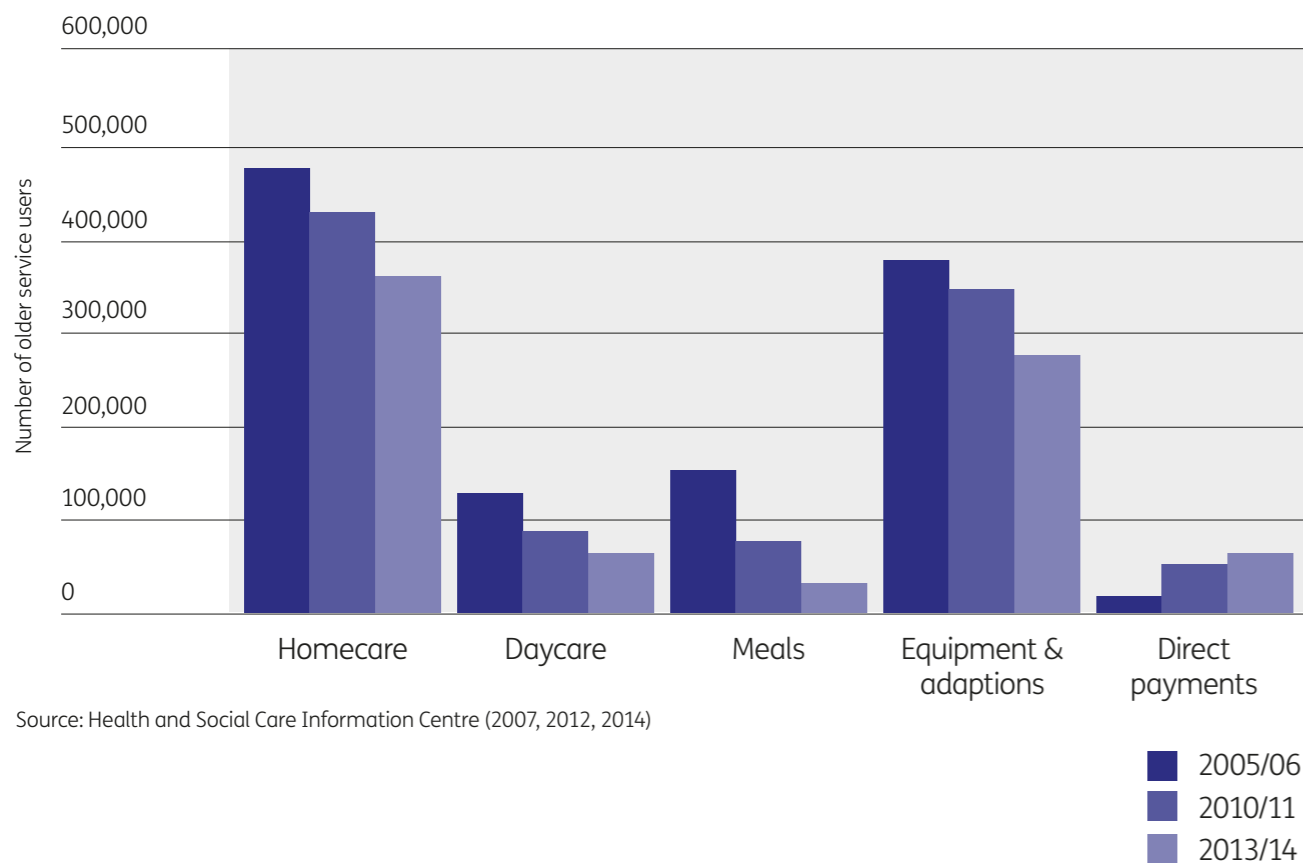
**Good quality care and support is not just about keeping people alive and safe. It should enable people to live meaningful lives.**

A central part of achieving age-friendly health and care services is how we support people with complex needs and low resilience to maintain control over day to day life. Traditionally referred to as ‘frail elderly’ by professionals, they are at high risk of deteriorating very quickly, having longer stays in hospital and being admitted to care homes much earlier than should be absolutely necessary. However they are also a group that could achieve a significant improvement in health and quality of life if given the right support.

Successive governments have exhorted local authorities to provide support to people which prevents them reaching a crisis point which would threaten their independence. The reality is that cash-strapped local authorities have had to restrict services to those people with the highest needs. Although the total number of people who receive support from the local authority for residential care has fallen, they make up a larger proportion of the overall recipients of support.<sup>17</sup>

A health system focused on treating single conditions and which does not join up effectively with social care is not well equipped to support people whose wellbeing is affected by a number of interacting factors or where someone is living with frailty. This is why we believe older people living with long-term conditions should be offered a care coordinator to make sure their care is fully joined up and focused on their individual needs.

**Figure 5.2: Number of older people receiving social care at home**



### Hospital admissions

Hospital activity has increased significantly. While some increase in activity is to be expected as a result of improvements in medical technology and a growing population living with long term and chronic conditions, there is also significant evidence of inappropriate or preventable hospital admissions and inefficiencies in transfers of care – this is both detrimental for older people and costly for the system.

In 2015, the London School of Economics (LSE) found that around a million older people reported ‘poor or inconsistent standards of dignity and respect’ when in hospital.<sup>18</sup> Around 640,000 older people reported not getting enough help to eat. As the LSE report linked lower levels of staffing with poor performance in delivering basic care, it is a growing concern that there are increasing numbers of hospitals under ‘special measures,’ due in part due to not having safe staffing levels.<sup>19</sup>

However, this is not just about more money. Older people can often experience multiple ward moves during a stay, with nobody taking responsibility for their care. Underlying problems are not identified and care that does not have full regard for their dignity can severely reduce not only their mental wellbeing but can lead to clinical problems such as pressure sores and under-nutrition.

These are issues that can start to be addressed by implementing the Future Hospital Commission recommendations such as making sure ‘patient experience is valued as much as clinical effectiveness’ and ensuring the ‘physical environment [is] suitable for all patients (eg those with dementia)’. It also means the NHS working to take the best elements of practice, such as improving availability of comprehensive geriatric assessment, and challenging the attitudes of those professionals that can resort to thinking there’s nothing they can do. People experiencing care now cannot wait for new models of care to be available everywhere.

### Problems with transitions

Transitions between health and social care services are often poorly handled. A recent Healthwatch report<sup>20</sup> found that a high proportion of interviewees experienced delays, lack of coordination and inadequate support after leaving hospital. In 2014/15 alone, the NHS lost over 400,000 bed days owing to patients waiting for social care (see Key Indicators on page 45). This is especially important to older people, as 80 per cent of all delayed transfers of care are experienced by people over the age of 70.<sup>21</sup>

### A better-skilled workforce

Poor workforce planning in previous years is now feeding through into real staff shortages in some areas that are important in helping older people to stay fit and well, such as primary care. The social care workforce includes 1.225 million unregulated healthcare assistants and support workers who are usually very poorly paid (with an average salary of £13,974), with a high staff turnover.<sup>22</sup> Workers often have few opportunities for training and when they do they often have to pay for it themselves.

There have been various initiatives aimed at improving the quality and skills of the care workforce, including a requirement for new staff to obtain a ‘Care Certificate’, but two new developments could have far reaching implications. In 2014 an Employment Appeal Tribunal confirmed that staff must in effect be paid for travel time between clients.<sup>23</sup> This year, the Chancellor has announced the implementation of a new, and higher, National Living Wage to replace the National Minimum Wage. The Resolution Foundation estimates this measure alone will result in an additional £2.3 billion expenditure by 2020.<sup>24</sup> Care home and domiciliary care providers are predicting that without increased local authority fees the industry will go into meltdown, but no additional funding has yet been allocated. There is no doubt that the pay and conditions of the care workforce are currently appalling and that dramatic improvement is needed, but this must not be financed by further restrictions on the availability of care.

### Behind closed doors

Older people who lack mental capacity have little or no voice and are at risk of serious breaches of their human rights. Their care arrangements may sometimes place restrictions on their liberty, and last year a House of Lords report found the current Deprivation of Liberty Safeguards (DOLS) ‘unfit for purpose.’ This damning conclusion coupled with a tenfold rise in deprivation of liberty cases triggered by a series of significant legal judgments, has prompted the Government to ask the Law Commission to make proposals for reforming the current system.<sup>25</sup>

Their draft proposals seek to shift the focus away from the bureaucratic process of authorising deprivations of liberty to securing appropriate care and better outcomes for people who lack mental capacity and their family and carers.<sup>26</sup> Age UK is pleased to see that the proposed scheme includes a right to advocacy and we are sympathetic to the proposed recommendation that any restrictive treatment and care decisions should initially be challengeable in a specialist tribunal, rather than in a court.



## Age equality

For all types of local authority care and support, the unit cost of services for older people continues to be lower than that for younger adults. The eligibility criteria used to decide who qualifies for support do not explicitly discriminate by age, and the different cost may be in part due to different types of need, but it is also due to lower expectations of the life that older people should be able to live. In this respect a 2008 analysis concluded that spending on older people’s services would have to be increased by 25 per cent to achieve equality of outcomes with services for younger adults.<sup>27</sup>

There is a similar picture in health care. Though the total cost of health care is likely to peak in your last 12–18 months of life, older people’s access to a range of treatments have long been inadequate compared to other age groups. In the field of mental health, the Royal College of Psychiatrists suggested that around 85 per cent of older people with depression were receiving no help from the NHS.<sup>28</sup>

This analysis predated the Equality Act, which came into force in the NHS and social care in 2012, banning unfair discrimination on the basis of age for the first time. But there is little to indicate that the situation has improved. In fact:

- so-called ‘ageless’ services introduced in response to the Act have affected access to specialist services such as old age psychiatry.
- the Improving Access to Psychological Therapies (IAPT) programme has admitted that there is a considerable under representation of older people.<sup>29</sup> Depression is estimated to affect 22 per cent of men and 28 per cent of women aged 65+.<sup>30</sup>
- access to joint replacement and cataract surgery have both been subject to restrictions.<sup>31</sup>

All parts of the NHS and social care services should monitor the extent to which they achieve equality with respect to age. This should include ensuring that discrimination does not arise from funding cuts, but there must also be progress on age equal services.

# Safe at home

## Where are we now?



**Too many people live in cold homes**



Households (60+) in fuel poverty in 2013  
DECC, 2015



**Cold and inaccessible housing costs the NHS £1.4bn**

BRE, 2015



19.9% of older people's homes failing decent homes standard  
2013



**A struggle to get basic adaptations and equipment**



Minor adaptations could result in a 26% reduction in falls related injuries  
CRE, 2015



**Homes that are inflexible to our changing needs**



95% of homes lack basic accessibility features  
DCLG, 2013

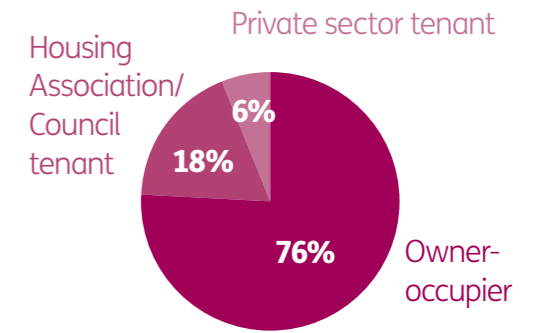


**Scams rob people of their wealth and health**



National Trading Standards, 2014

**Where older people live**  
93% live in mainstream housing  
Government Office for Science 2014



## We need:

## Our vision for 2020

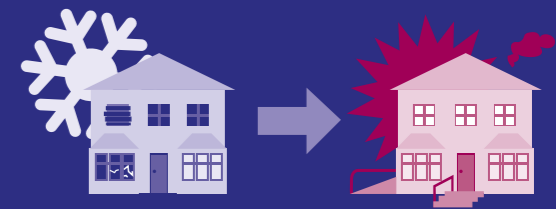
**Faster, smarter investment in energy efficient homes**



**Older people live in warm homes, reducing fuel bills and keeping them well**

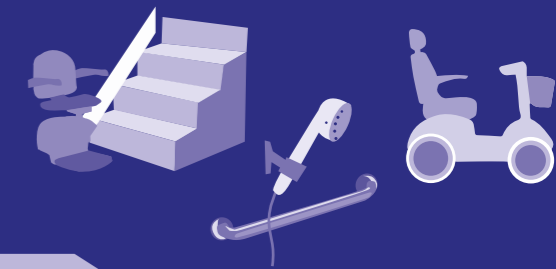
**Preventative services to reduce the demand on healthcare e.g Home Improvement Agencies and handy person schemes**

**Warm and accessible homes that promote wellbeing and independence**



**Protect grants for home adaptations (Disabled Facilities Grant)**

**One stop shop for help with independent living at home**



**Apply higher accessibility standards to all new homes**



**Lifetime homes in age-friendly communities – inclusive design for all ages**

**National Scams Task Force reporting annually on progress**

**Older people are protected from scams meaning a financially secure later life and better health**



# 06

## Safe at home

Older people need a range of good quality, affordable housing options to support their health, happiness and independence.

Safe at home?	Current results	Previous results	Trend
<b>Non-decent housing (England)<sup>1</sup></b> Percentage of households 60+ living in non-decent homes	19.9% (2013)	21.1% (2012)	✓
<b>Fuel poverty (England)<sup>2</sup></b> Estimated number of total households and older households (aged 60+) in fuel poverty	All ages: 2,347,000  60+: 542,000 (2013)	All ages: 2,360,000  60+: 565,000 (2012)	✓  ✓
<b>Fear of crime (England and Wales)<sup>3</sup></b> Percentage of people who have a high level of worry about:			
Burglary	65–74: 12%  75+: 10%	65–74: 11%  75+: 10%	X  –
Violent crime	65–74: 12%  75+: 10% (2013/14)	65–74: 10%  75+: 10% (2012/13)	X  –
<b>Belonging to neighbourhood (England)<sup>4</sup></b> Percentage aged 65+ who believe strongly that they belong to their neighbourhood	65–74: 83%  75+: 81% (2014/15)	65–74: 78%  75+: 83% (2013/14)	✓  X

### Key points

- All new homes need to be built to the lifetime homes standard to improve accessibility and make future modification easier and cheaper.
- We need more retirement housing in both the private and the social sector, with investment in affordable social provision and statutory reform in the private sector to ensure that accommodation meets consumer needs and expectations.
- We must make it easier and quicker for older people to obtain the adaptations and equipment they need to live healthy and independent lives. This will help to reduce demand on the NHS and care services.
- The Government should reform and speed up its programme to bring cold homes up to a minimum energy efficiency standard. This will reduce energy bills, prevent winter deaths and save the NHS £1.4 billion a year.
- Concerted action is needed from local authorities, banks, police and others to protect older people from scams. The Government should establish a National Scams Task Force and a fraud indicator.

## Housing options

Extending older people's housing choices requires measures that include; helping older people to modify their current homes; improving the design and accessibility of all new homes; and offering a greater range of specialist retirement housing with flexible care and support.

Offering choice requires local authorities and other commissioners to bring together health, housing and social care services to reflect both demographic trends and individual needs and aspirations.

Currently 93 per cent of older people live in ordinary housing, with only a minority living in specialist retirement housing.<sup>5</sup> However, only 5 per cent of homes have the four key features of accessibility (level access, flush threshold, sufficiently wide doors and circulation space for a wheelchair, WC at entrance level).<sup>6</sup>

In October 2015 the Government introduced an improved accessibility standard<sup>7</sup> for new homes – based on the 'lifetime homes' model.<sup>8</sup> However, the number of homes built to this new standard will depend on local authority discretion and whether homebuilders challenge implementation based on cost. The estimated cost of building to the lifetime home standard ranges from £545 to £1,615 per dwelling. Despite these initial costs, making homes easier and cheaper to adapt would result in really significant long term savings.<sup>9</sup> Not to build to this standard at a time when the population is rapidly ageing would be extremely short-sighted.

### Retirement housing

There are an estimated 533,000 homes in retirement schemes offering different levels of housing care and support.<sup>10</sup> Over the last year we have seen further calls to increase the supply of affordable retirement housing.<sup>11</sup> However, even with a dramatic increase in retirement housing, older people downsizing are more likely to opt for mainstream homes, including smaller accessible houses, flats and bungalows in attractive, age friendly places.

Reasons why people are reluctant to take up private sector retirement housing include lack of supply, but also concern about costs. The Law Commission is currently reviewing some charges in retirement housing, such as exit fees on selling a flat. However, this is just one aspect of delivering improvements to retirement housing. The Competition and Markets Authority (CMA) have highlighted cases of overcharging for services, failure to implement competitive tendering requirements and barriers to dropping unsatisfactory scheme managers. The sector requires further statutory reform to protect the rights of older leaseholders. In the social sector there has been a decline in provision with concerns over the impact of further cuts to housing support services provided by local authorities and housing associations.

### Joining up housing and care

Given the choice, many older people would prefer to stay in their own homes. Recent research by Age UK found that one in five people aged 60 to 69 are making adaptations to their homes to make them suitable for their needs as they age.<sup>12</sup> However, many older people still struggle to get the help they need.

Decisions about housing options are often complex and should involve consideration of care needs and financial circumstances at an early stage. To its credit the Government has continued to fund specialist housing advice through the First Stop initiative. The Care Act 2014 and subsequent guidance places the onus on local authorities to offer all older people impartial information and advice. A consortium of agencies including Care and

Repair England, Foundations and Age UK issued a report *Making the Case*<sup>13</sup> highlighting the vital role of housing advice in helping to deliver successful health and care outcomes. Last year these agencies advised and helped 733,225 older people, their carers, families and friends on housing, care and related financial issues.

We want to see housing authorities working with the health sector to commission integrated advice services that also help people to access the practical support they may need to stay independent and safe at home; for example, by offering home safety assessments to every older person admitted to hospital. The Healthy New Towns initiative being developed jointly by NHS England and Public Health England is a very welcome recognition of the importance of housing.

This year the Government allocated £220 million to the Disabled Facilities Grant (DFG)<sup>14</sup> as part of its Better Care Fund (BCF), which is designed to encourage the delivery of integrated local services. We are worried about the uncertainty over the future of DFG. Basic adaptations play a crucial preventative role so it should be made as easy as possible for older people on low incomes to find help. If they are discouraged there is a danger that poor conditions could ultimately result in older people suffering injuries and deteriorating health, resulting in additional costs for the NHS. It would be much better for older people and more cost effective to sustain the Disabled Facilities Grant at a decent level instead.



It is estimated that poor housing costs the NHS **£1.4 billion each year.**<sup>15</sup>

It is welcome that the Care Act 2014 and Department of Health guidance place a much greater emphasis than we've seen before on the role of the home environment in the delivery of integrated services. In addition, key organisations involved in health, care and housing services signed a memorandum of understanding, recognising the core role of the home environment to health and wellbeing.<sup>16</sup> It is worrying that despite these initiatives local authorities are still not giving housing services for older people sufficient attention. The Home Adaptations Consortium which includes Care and Repair England, the College of Occupational Therapists and Age UK are promoting guidance to improve and speed up the delivery of adaptation services.

We continue to see important advances in new forms of assistive technology such as telecare and telemedicine. Remote monitoring and alarms allow a more flexible approach to care, which is particularly beneficial to older people with dementia. New technology has clear potential to sustain independence and wellbeing, if it is designed and implemented in ways that involve human contact and community engagement. It cannot substitute for these things.

### Knowsley Independent Living Centre

Services offered by the Centre include housing advice, adaptations and equipment, assessments and help to secure grants; a fast track adaptation scheme for people going in and out of hospital care; and a handy person service – all located in one place. The Centre was set up in 2011 after consultation with older and disabled people, who said they wanted a one stop shop approach rather than fragmented services. The Centre is a partnership between the NHS, Knowsley Council, Knowsley Housing Trust and the voluntary sector. It has resulted in a more responsive and efficient service with potential for self-financing.<sup>17</sup>

## Age-friendly communities

The ability of older people to live a full and enjoyable life is shaped by a variety of factors including their home, the built environment, the accessibility of local services and the attitudes and outlook of a community.

The concept of an age-friendly community does not have a single definition but often includes aspects of the physical environment such as level pavements, safe road crossings, public toilets, green spaces and benches. It also includes easy access to local shops, services and health care. An accessible integrated transport system, that allows older people to remain active and independent, is also important.

We need to 'age proof' the way we plan all our communities to reflect demographic change. This requires an inclusive intergenerational approach that benefits all age groups. Such an approach can help to avoid older people becoming cut off or isolated and promotes active engagement with the community. It also accommodates the needs of an ageing workforce, as well as carers and volunteers.

The World Health Organisation (WHO)<sup>18</sup> established the idea of age-friendly cities in response to worldwide demographic change. Members of the WHO global cities network have developed practical resources and guidance to help create age-friendly places. The best councils are joining up their age-friendly and economic strategies to recognise that successful cities depend on places where we can age well as full citizens throughout our lives.

The Cities and Local Government Devolution Bill, currently before Parliament, sets out the Government's plans for further devolution to cities with elected mayors. This provides opportunities for cities to have greater autonomy about how they get their communities, workforce, housing and environment ready for ageing. The building of new homes and settlements, such as Garden Cities, could provide an opportunity to put age-friendly principles into practice in new and exciting ways. Another welcome opportunity is the Healthy New Towns initiative being developed jointly by NHS England and Public Health England.



In the UK, Belfast, Leeds, Sheffield, Newcastle, Sunderland, Stoke-on-Trent, Brighton & Hove, Edinburgh, Cardiff, Nottingham, London Borough of Camden, and Glasgow are all working towards age-friendly city status. To date, Manchester is the only officially age-friendly city in the UK.



## Tackling cold homes

Too many older people live in cold homes, resulting in poor quality of life and ill health.

In 2013 there were 542,000 older households in England in fuel poverty,<sup>19</sup> facing high fuel bills, poor quality of life and health problems. Over 18,000 people died during winter 2013/14 as a result of cold weather, the majority of them older people – and this was an improvement on the previous year, partly due to the relatively warm winter. Most years there are closer to 27,000 deaths.<sup>20</sup> The cost to the NHS is estimated at £1.4 billion a year.<sup>21</sup> Many of these problems could be prevented by proper investment in energy efficiency homes.

### Investing in energy efficiency

The Government's fuel poverty strategy aims to improve the energy efficiency of as many homes as 'reasonably practicable' to Energy Performance Certificate Band C by 2030.<sup>22</sup> This target is welcome, but the timeline is far too slow and means that many people will continue to live in cold homes for years.

The two main programmes to date – the Energy Company Obligation (ECO) and the Green Deal – are not producing the scale of change needed quickly enough, nor do they provide a long-term, stable framework. ECO expires in 2017 and the deeply disappointing Green Deal was scrapped in July 2015.

We need a more ambitious investment programme that aims to bring 2 million of the lowest income homes up to EPC Band C by 2020 and all 6 million low income homes up to EPC Band C by 2025. It should be partly funded through government infrastructure spending. People living in park homes – static mobile homes – have particular problems heating their homes and are not always eligible for existing energy efficiency schemes. Age UK is calling on the Government to roll out a scheme specifically tailored to their needs.

We also need a different model, including a ‘whole-house’ approach rather than installing individual measures, targeted at low income homes and areas, and a stronger role for local authorities in partnership with government departments, energy companies and health and wellbeing boards.

### Prices, switching and smart meters

Affordable energy is essential. Electricity prices rose by 75 per cent between 2004 and 2014 and gas prices rose by 125 per cent over the same period.<sup>23</sup> The Competition and Markets Authority (CMA) reported that the ‘Big Six’ energy companies overcharged customers by £1.2 billion from 2009–13.<sup>24</sup> Too many customers are stuck on expensive tariffs, confused by bills and needing more encouragement to switch. Recent attempts to simplify bills and encourage switching have had only limited impact. We support the CMA’s proposed transitional ‘safeguard regulated tariff’, which would prevent ‘disengaged’ customers being placed on default tariffs with higher prices.

Citizens Advice<sup>25</sup> reported an increase in energy queries in the last four years, highlighting disadvantages to older people such as being offline, using pre-payment meters, being home for much of the day and having electric heating.

With complaints about inaccurate bills rising,<sup>26</sup> the Government aims for every home to have a smart meter installed by 2020, to improve billing accuracy and help people see how much energy they use in real time. However, the roll-out of smart meters has been slower than planned and there are concerns around the cost of installation, privacy and health impacts.

### Supporting vulnerable consumers

Ofgem is reforming energy companies’ priority services registers, which offer additional support to customers in vulnerable circumstances. The aim is to better target this support and more effectively protect people. Energy companies will take a more pro-active approach to identifying people who need help, guided by a wider range of circumstances – including older age, dementia and bereavement – than in the past. We welcome this and expect

companies to improve their support for older people. More could also be done to share customer vulnerability data across multiple utility companies, thereby joining up support.

## Scams and doorstep crime

### Older people are often targeted at home by scammers, ranging from rogue doorstep traders to banking phone scams.

Scams are a major threat to older people’s financial security and health. They come in many forms – doorstep, mail, telephone, text, online – and are increasingly sophisticated. The recent pension freedoms (see page 28) mean ‘pension liberation’ and investment scams are growing. More also needs to be done to protect people from crime in the home, such as distraction burglary.

Research carried out by Age UK suggests that a staggering half a million older people could have lost savings through scams. Under-reporting means the true scale may be even higher.<sup>27</sup>



Total losses from scams were estimated at a minimum of **£9 billion** in 2013.

Recent research found that **over half (53%)** of people aged 65+ believe they have been targeted by scammers.

People can be especially vulnerable – and consequently targeted – if they are lonely or suffer from dementia. The financial losses can be huge, in some cases over £100,000. The psychological impacts, including stress and anxiety, can also be severe. People’s health can rapidly decline, resulting in greater need for health or care services.

The Government has made some progress, including making it easier to fine nuisance call offenders and promising £3.5 million to fund call blocking technology. Some local authorities have started to work in partnership with trading standards, police, public health and social services to tackle scams and support victims.

Industry has also made progress, including work by Royal Mail to identify victims, a police focus on cyber and economic crime and discussions between Ofcom and communications providers on ‘network blocking’ solutions. Financial institutions increasingly recognise the threat and are training staff and warning customers to spot scams.

Despite this, people continue to be scammed through complex, hard-to-spot frauds. The Government and industry need to stop the problem at its source by finding more effective ways to block scam attempts, in addition to helping people to spot scams; these messages often do not reach people in the most adverse circumstances, who need extra help the most and who are also tempting targets for fraudsters.

Tackling scams needs concerted action. There should be a National Scams Task Force to ensure better coordination between central government, local authorities, police, banks and other agencies, and a new fraud measure to track progress.





# Active communities

Where are we now?



## Fewer bus routes

Campaign for Better Transport, 2015



2,000 bus routes cut, altered or withdrawn in 2010-15



## Older workers needed

Office for National Statistics, 2012



## Less access to learning

NIACE, 2015



## Bank branches are closing

CCBS forecast



2,500 bank branch closures by 2018



## Over 75s not online

Ofcom, 2015



Aged 75+ not online

Older people contribute to society:



Value of older people in employment



Value of informal care and childcare by older people



Value of volunteering by older people

Age UK Chief Economist's report 2014 and 2015



Total spending by older households

Family spending 2011-14, ONS, 2014

We need:

Our vision for 2020

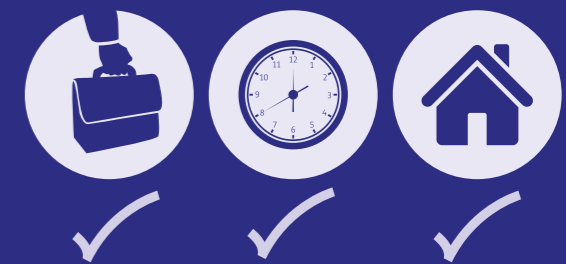
Ensure local transport subsidies reflect the needs of older people, particularly in rural areas



Affordable, flexible and convenient transport options that promote wellbeing and independence and ensure older people can get to essential services

Employers should adopt age-friendly working practices (e.g to recruit and retain staff) to adapt to the changing workforce

Every job is flexible by default



New ways of delivering cost effective training and learning



Older people should be able to access learning and training

More innovative ways to provide in-person services

Every person can access day to day banking in a way that suits them, wherever they live



The Government should ensure non-digital alternatives to online public services



Every older person, whether or not they are online, can access important services

# 07 Active communities

We want a world in which everyone in later life can participate and feel part of our wider society.

Active communities	Current results	Previous results	Trend
<b>Public transport (UK)<sup>1</sup></b> Percentage of people aged 65+ who do not use public transport because they describe it as poor	27.6% (2012/13)	28.8% (2010/12)	✓
<b>Employment 50-64 (UK)<sup>2</sup></b> Employment rate for people aged 50-64	69.1% (March-May 2015)	68.7% (March-May 2014)	✓
<b>Employment 65+ (UK)<sup>3</sup></b> Number of people aged 65+ in employment	1.130 million (March-May 2015)	1.117 million (March-May 2014)	✓
<b>Participation in learning (UK)<sup>4</sup></b> Percentage of people aged 65-74 and 65+ who have taken part in learning in previous 12 months	65-74: 20%	65-74: 17%	✓
	75+: 12% (2015)	75+: 8% (2015)	✓
<b>Volunteering (England)<sup>5</sup></b> Percentage of people aged 65-74 and 75+ taking part in volunteering in previous 12 months	65-74: 28.1%	65-74: 29.0%	✗
	75+: 19.4% (2014/15)	75+: 17.6% (2013/14)	✓
<b>Digitally excluded (UK)<sup>6</sup></b> Percentage of people aged 65-74 and 75+ who have never used the internet	65-74: 24.2%	65-74: 29.3%	✓
	75+: 60.6% (Quarter 1 2015)	75+: 62.8% (Quarter 1 2014)	✓

## Key points

- An integrated approach to transport should be developed, to make sure bus services and other forms of community transport work together to meet the needs of older people.
- While employment rates have risen across all age groups, many 50+ workers who do lose their jobs still find themselves stuck out of work. The Government must improve the back-to-work support on offer.
- Mid-Life Career Reviews should be made available to all workers aged from their mid-40s upwards.
- There should more incentives and support in place for volunteering among people of all ages, and more needs to be done to tackle the barriers faced by older volunteers, such as ageism or physical barriers.
- We need a long-term commitment to the Post Office branch network before bank branches are closed, to ensure that all areas, in particular small towns and rural communities, have accessible provision to essential banking services.
- It is important that the 24 per cent of people aged 65 to 74 and 61 per cent of people aged 75 and over who have never used the internet<sup>7</sup> do not lose out as the Government, local authorities and private sector organisations increasingly provide services online.

## Transport

Safe, affordable and accessible transport allows older people to remain independent, active and involved in their local community.

It's good news that the Government is continuing to fund free bus passes for all older people reaching State Pension age. Their value is confirmed by research conducted by KPMG which found that every £1 spent on concessionary travel conferred £2.87 of benefits.<sup>8</sup> However, overall cuts to local authority funding for travel concessions have led to a decline in bus routes and varying levels of service depending on where you live. This has particularly affected older people living in rural areas. The Campaign for Better Transport found that 496 bus services were cut, altered or withdrawn in 2014–15.<sup>9</sup>



Limited bus services mean, for example, that older people experience difficulties getting to hospital or GP appointments. A report by the Transport Select Committee suggests that this kind of problem could be partly alleviated by pooling transport resources and making better use of subsidies.<sup>11</sup> A more integrated approach is anticipated by the Government's Bus Bill.<sup>12</sup> This offers devolved powers to combined local authority areas with directly elected Mayors, but it won't help other places where public transport is disjointed or in decline.

The majority of older people have a driving licence and access to a car. For many the car represents freedom and convenience and is difficult to give up. This year the Road Safety Foundation<sup>13</sup> set up an older driver taskforce to recommend safety measures to protect older drivers. This coincides with a DVLA policy review of older drivers linked to challenges over medical assessments for licences. The taskforce (of which the DVLA are members) is particularly concerned to protect the safety of frailer older drivers who are more likely to be injured in an accident. They agree that where older people need to give up driving it is important that there are convenient alternatives.

A quarter of bus journeys taken by people over 65 **are to get to medical appointments.**<sup>10</sup>

## Work

The positive trend towards older people working longer has continued over the last year.

The employment rate of workers aged 50–64 rose from 68.5 per cent to 69.4 per cent in the year to April 2015, and that for workers aged 65+ from 10.2 per cent to 10.4 per cent.<sup>14</sup> In the same period, unemployment of all workers aged 50+ fell from 4.2 per cent to 3 per cent.<sup>15</sup> In addition, the Government has placed an increased and welcome focus on the importance of retaining older people in the workforce and assisting those who are out of work to return, should they wish to do so.

Some employers are beginning to recognise their increasing need for older workers to fill vacancies (by 2022 there will be 700,000 fewer workers aged 16–49 compared to 3.7 million more aged between 50 and State Pension age<sup>17</sup>). There is also emerging good practice amongst some employers towards recruiting and retaining older employees.

However, the picture for older workers is not universally rosy. Age discrimination, myths and stereotypes continue to exist around the productivity, capability and commitment of older workers, despite the fact that unjustified age discrimination has been illegal for five years. This can lead to older workers being overlooked for recruitment, training and promotion, or leaving the labour market before they are ready to do so with deeply detrimental effects, both financial and personal.



'The over 50s are a major untapped resource – a hidden talent pool that can boost output, employment and living standards now and in the future.'<sup>16</sup>

**Baroness Altmann, Pensions Minister, formerly Business Champion for Older Workers**

## Flexible working

Flexible working is increasingly important to older workers because of, for example, caring responsibilities or health needs. As the workforce ages more people will need to use differentiated working patterns, so increasing awareness of the benefits of flexibility among employers and individuals is important. These include increased productivity and improved employee retention.

The right for all workers to request flexible working after 26 weeks in post has now been in place for over a year. Whilst it is too early to draw any conclusions about its effect on older workers, we believe that the right to request flexible working should be extended to all workers, from day one, and that all jobs should be 'flexible by default' by 2020. This would help create a culture where flexible working is the norm, and help break taboos about the disadvantages of adopting a flexible approach.

## Getting back to work

Whilst we are seeing some positive steps by employers towards retaining older workers (such as through the increased use of flexible working), older workers who are out of work find it particularly difficult to return. This is why we partnered with the Recruitment and Employment Confederation on *Age Opportunity: a Best Practice Guide for Recruiters* which aims to highlight the skills and experience of the older workforce while enshrining best practice in recruiting those over 50.

'They said 'oh no, people over 50 are really stuck in their ways, I'd never be able to induct them into my company, they just bring with them wherever they have worked before.'<sup>18</sup>

## Work Programme provider

Long-term unemployment remains a persistent problem for workers aged 50+. Over 42 per cent of unemployed people aged 50–64 have been out of work for more than a year<sup>19</sup> – a higher rate than for any other age group. And while long term unemployment for men has slightly fallen,<sup>20</sup> it has marginally increased for women.<sup>21</sup>

Older jobseekers often find they are unable to access adequate back-to-work support. Jobcentre Plus advisers are often reported to lack knowledge of the specific issues facing this age group, for example how to minimise the effects of age discrimination or help with online job searching. The support provided to older jobseekers through Jobcentre Plus should be better tailored to individual needs and should recognise the barriers to work often faced by this age group. Jobcentre Plus should ensure that all its advisers are trained to address these barriers.

Age UK and the Centre for Economic and Social Inclusion have published a report looking at the shortfall in back-to-work support and highlighted measures of improving job outcomes for the 50+ age group.<sup>22</sup> This includes reforming the Work Programme, the flagship scheme for the long-term unemployed, which is failing older participants. This group has fewer successful job outcomes than younger workers, with people under 55 experiencing 19.9 per cent success rates compared to just 10.1 per cent for those aged 55+.<sup>23</sup> The Work Programme should be reformed to ensure it better meets the needs of older participants. Support providers should be granted an extra payment for placing anyone aged 50+ in sustainable employment, and more disadvantaged jobseekers should be referred after six months unemployment rather than the usual 12.

## Access to justice

In 2013 fees were introduced in Employment Tribunals for the first time. People bringing an age discrimination claim have to pay an initial fee of £250, followed by £950 if the claim goes to a hearing.

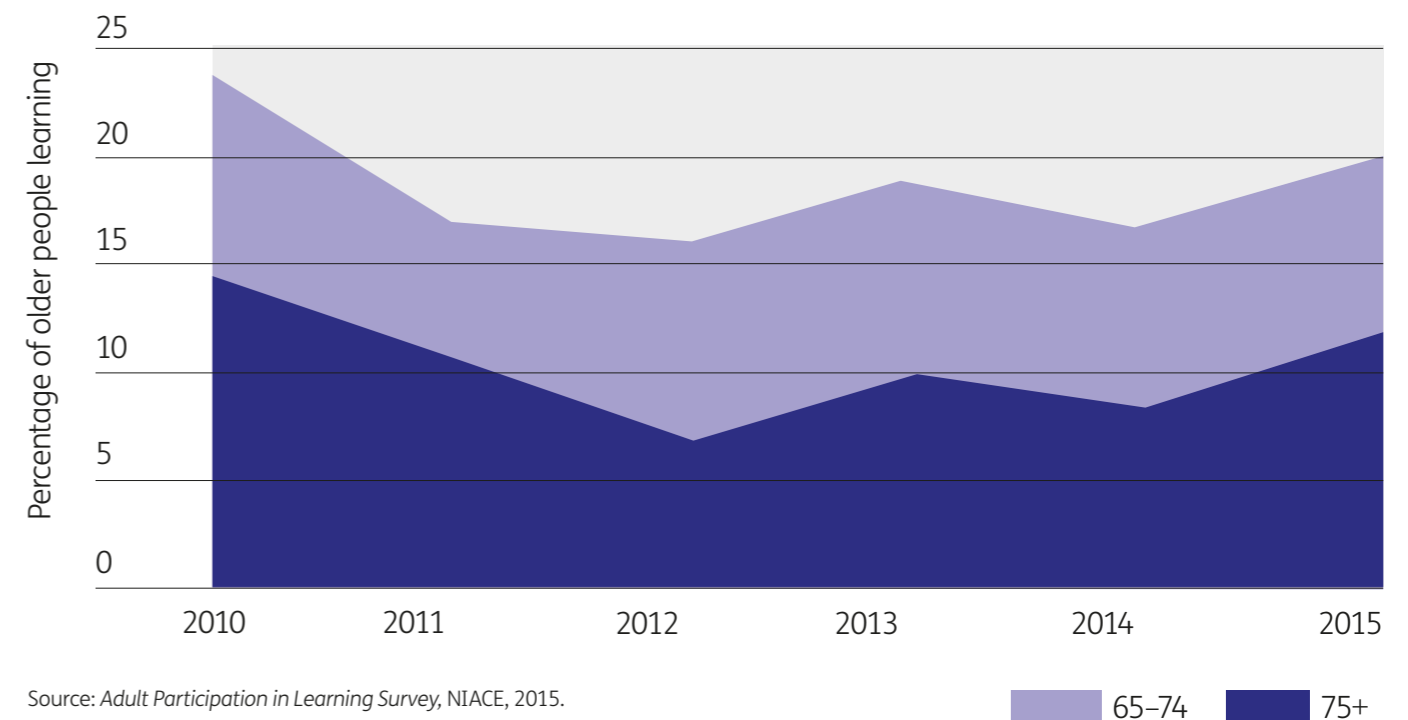
Age UK is seriously concerned that this will price older people who have suffered discrimination at work out of the justice system, and mean that employers who discriminate against older workers will not be held to account. For this reason Age UK is calling on the Government to repeal tribunal fees for discrimination claims.

## Adult learning

Meaningful opportunities to learn for both work and leisure should be available to people of all ages.

The Figure below shows the participation rate in a learning activity, for work or leisure, for people in the 65–74 and 75+ age groups in the past year. The total number has been broadly stable over the past five years, but has seen a slight increase since 2014.

Figure 7.1 Participation in learning, by age group



Source: *Adult Participation in Learning Survey*, NIACE, 2015.

## Learning for work

In the contemporary labour market, people of all ages will need and want to engage in training and learning throughout their lives. Too often the needs of older people are overlooked in the development and funding of training and skills programmes. Older workers' training needs are also overlooked by employers, or assumptions made that they are unwilling or unable to learn.

Since 2010 there have been substantial cut-backs to the adult skills budget. It is unrealistic and unfair to expect all older workers to continue working until their late 60s or later without adequate support for re-training and up-skilling.



**53,000** people aged 50+ started an apprenticeship in 2013/14, up from approximately **10,000** a year prior to 2010.<sup>24</sup>

In recent years there has been a marked rise in the number of older apprentices. We welcome this, and the good practice which is emerging on the part of some employers who are actively seeking to recruit apprentices from older age groups and those returning to work. As the Government undertakes reforms to the apprenticeship programme it should work with training providers, employers and others to develop a co-ordinated strategy to ensure that individual aspirations and the UK's future skills needs can be met.

### Mid-life Career Reviews

The Government has piloted Mid-Life Career Reviews to allow people aged 50+ to get specialist advice on their career options. These reviews are an excellent opportunity to engage people in planning their future career direction, as well as considering options for making the transition to retirement, and Age UK believes the Government should extend them to everyone who may want or need one, through the National Careers Service, employers and UnionLearn.

### Learning for leisure

Community learning is also hugely important for older people, and is proven to benefit both physical and mental health,<sup>25</sup> as well as helping people maintain their engagement in community life, in some cases overcoming loneliness. We suggest that part of the Adult Community Learning budget should be ring-fenced to investigate the full potential of lifelong learning for delivering savings in healthcare.

Community Learning Trusts, which are local partnerships offering a range of learning provision to suit local needs, should ensure that they continue to regard older people as a priority group, and the Government must continue to support them. In recent years, budgets have been cut and many courses – delivered through further education colleges and in communities – have ceased without full consideration of the consequences for individuals and society.

## Volunteering

Later life is a time when many people wish to volunteer and make an active contribution to civic and community life; indeed many community groups are almost totally dependent on older people's contributions.

Volunteering does not just play an important role in delivering services, but also in enriching the lives of the volunteers themselves; improving physical and mental health; combating loneliness and personal isolation; bringing communities together; boosting independence; providing contentment and satisfaction; and empowering people. Many older people take an active role in the life of their communities through campaigning and other forms of social action. Older people's forums give members a powerful voice in their area.



**28.1%** of people aged 65–74 and **19.4%** of those aged 75+ in England have participated in formal volunteering at least once in the last 12 months.<sup>26</sup> Many more volunteer informally.



However, older people face potential barriers when volunteering, such as the ageist policies and practices of some organisations that impose upper age limits on volunteers. The Government should work with the voluntary sector to increase the incentives and support for volunteers of all ages, and on overcoming physical challenges for older people who wish to volunteer, such as health problems or a lack of transport. Approaches to increase involvement in volunteering should be developed with older people themselves, with the aim of designing new approaches that fit with their expectations and lifestyles. A flexible and inclusive approach to developing and recruiting volunteers will help to encourage older people to become and to stay involved.

## Banking in the community

Many older people – including over 60 per cent of the 75+ age group – do not use the internet,<sup>27</sup> so face-to-face and telephone banking services must continue to be available.

With over 2,000 bank branch closures forecast by 2018,<sup>28</sup> a major challenge for the banking industry will be to find ways of providing suitable in-person banking services for those living in areas that lose their branches, many of whom may not have an internet banking option.

We are particularly concerned that the branch closure code of practice laid down by the industry's trade body that banks are supposed (but not legally obliged) to follow is unlikely to sufficiently safeguard the interests of older consumers. In addition, the Post Office branch network needs to be sustained and improved before other banking services are removed to ensure that all areas, in particular small towns and rural communities, have accessible provision.

## A digital world

Age UK believes that older people should be supported and encouraged to get online, but those who cannot or do not want to do so must be able to access services.

The use of digital technology among older people is increasing fast. For example, the proportion of people aged 65 and over who have never used a computer has significantly reduced from 65 per cent in 2006 to 28 per cent in 2014.<sup>29</sup> Many use other devices to go online; use of tablets among people over 65, for example, grew from one per cent in 2010 to 17 per cent in 2014.<sup>30</sup> Take-up of smartphones among those aged 65+ has also grown, from two per cent in 2010 to 17 per cent in 2014.

As members of Go On, the UK's digital skills alliance, Age UK has signed up to the Digital Inclusion Charter. This calls for a range of measures to help people get online and to make support more consistent and easier to access so older people can benefit from the opportunities that digital technology can bring.



Use of tablets among people over 65 grew from **1% in 2010 to 17% in 2014.**<sup>31</sup>

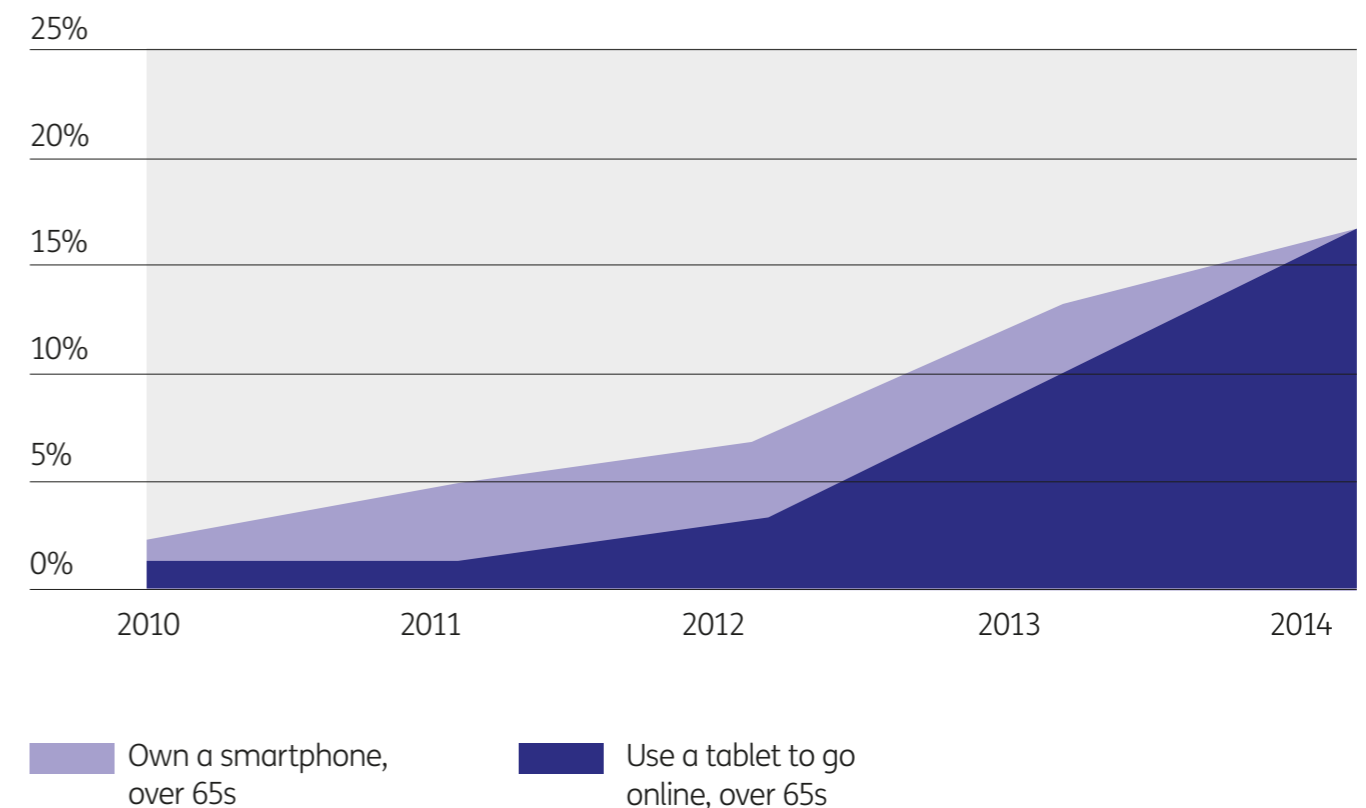
However, 24 per cent of people aged 65 to 74 and 61 per cent of people aged 75 and over have never used the internet and it is probable that many of them never will.<sup>32</sup> It is crucial that these people do not lose out as the Government, local authorities and private sector organisations increasingly look to provide their services online.

The Government has a programme of Digital Transformation which aims to produce 'digital services so good that people prefer to use them.' People who can use digital services are being encouraged to do so, although there are other options – sometimes referred to as 'assisted digital' services – for those who cannot use the digital service themselves. These may be provided in person, on the phone, or through other appropriate channels. Local authorities are also providing more

services online. Age UK believes that where they do so they should always clearly set out appropriate alternative ways of accessing services for those who do not use the internet.

Consumers who are not online must also continue to have access to essential services provided by the private sector, such as banking, energy, water and communications. Industry regulators should ensure that firms meet the spirit, as well as the letter, of the Equality Act in moving services online, so that excluded groups are not disadvantaged.

**Figure 7.2 Proportion of over 65s using tablets and smartphones, 2010–14**



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