

Parliamentary Briefing

Health and Care Bill, Second Reading, House of Commons

July 2021

Summary

To 'build back better' after this pandemic, older people need timely access to high-quality health and care support. This makes the ambitions of the Health and Care Bill to improve health and care for all, with increased integration, very welcome.

However, these ambitions risk being undermined because of the lack of serious social care reforms, which are absent from the Bill. The Covid-19 pandemic has laid bare the deep and systemic inadequacies of the current social care system, with catastrophic consequences for millions of older people, families, and carers.

To improve health and social care for older people the Bill needs to deliver truly collaborative working across health, public health and social care, firmly focused on the needs of local populations. It cannot deliver its ambitions without an equal focus on valuing and developing the health and care workforce, supporting unpaid carers, and properly addressing health inequalities.

Fundamentally, the vision of the Bill cannot be realised if there is no progress on social care reform.

The context for older people at this stage of the pandemic

The Covid-19 pandemic has had a huge impact on older people's mental and physical health. Age UK's research has found that older people are in more pain, are unable to walk as far and are more anxious following the pandemic.

Age UK recently conducted a survey completed by over 14,000 older people, alongside representative polling with over 1,400 older people:

- A quarter of people agreed they are in more physical pain;
- A quarter of people agreed they can't walk as far as they previously could;
- One in three people agree they have less energy;
- Over a third of people agreed they feel more anxious;
- One in five are finding it harder to remember things.

Older people have also told us about the struggle they have faced to access the treatment, care, and support they have needed over this period. However, these issues are not new. Older people have long reported feeling left behind by the health service, finding they have to wait until they are experiencing a crisis before they can get the help they need. A failure to provide comprehensive, proactive support in the community, whether that's health or social care, leads to worse outcomes for older people and avoidable costs for the NHS.

Health:

Working together and supporting integration

Before the pandemic significant numbers of older people were already living in poor health: 67% of people aged 65 years and over are living with at least one long-term health condition and the risk of living with multiple long-term conditions increases as we age. On top of this, the Covid-19 pandemic has had a serious effect on the health of many older people, with older people reporting a decline in pre-existing health conditions, as well as developing new health conditions.

In light of the decline in older people's health, it is more critical than ever that the NHS, local authorities, and voluntary, community and social enterprise (VCSE) sector work together to ensure that older people can access joined-up, personalised care which meets their needs and enables them to restore, maintain and improve their health. To ensure that services are working for older people, it is additionally vital that older people's voices and experiences are incorporated throughout the planning and delivery of services in every integrated care system.

We welcome the Bill's focus on improving integration, not only with regards to the delivery of care but also in assessing local need and planning. The Bill has extensive provision for cross-working between NHS bodies, public health leads and local authorities, including an expectation they not only deliver joined-up services but also address wider determinants of poor health. We have also been pleased to see that ICSs have a duty to promote the involvement of patients, carers, and their representatives.

This duty to collaborate must not become a tick-box exercise. The Health and Social Care Act 2012 also had provisions for aligning strategies across the work of clinical commissioning groups and local authorities, but we are not convinced this had a meaningful effect on the care and services delivered. We also know that engagement with people and communities varies significantly depending upon where you live.

Age UK would like to see clear duties and standards for collaboration and joint working that includes not only statutory bodies but also groups that represent local communities and the VCSE sector. ICSs should be required to demonstrate how they are meeting these duties and standards, in particular how the views of people, communities, and the VCSE organisations representing them are being translated into services and support.

Powers of the Secretary of State

Age UK believes there is a necessary and important role for the Secretary of State for Health and Social Care to be accountable to parliament and the public in the delivery of a comprehensive health and care service. In exceptional circumstances, this could include the ability to intervene and direct where the integrity of local services are at risk. However, the Bill must be clear with regards to the limits of the use of such powers and they should not compromise the capacity of local decision-makers, working to appropriate standards and in partnership with their local community, to manage and improve local services.

Age UK would like to see explicit provisions outlining how, where and when the Secretary of State for Health and Social Care can intervene in changes to local services. This should work alongside provisions for local planning and public involvement so there can be confidence that local decision-making, properly applied, will take precedence.

Delivering for all patients, citizens, and local populations

Age UK welcomes the focus on managing the health, care and wellbeing of local populations rather than simply the delivery of services. For many older people, NHS and social care services are critical to managing their day-to-day needs. However, they are ultimately there to help them live their lives, working, volunteering and pursuing the things that give their life meaning. Working at the larger scale offered by ICSs means drawing together a wider variety of resources and seeking to raise the health and wellbeing of whole populations rather than waiting for ill health to emerge before intervening.

However, we recognise this is an emerging competency in many areas; and the underpinning data and mechanisms to ensure a full and thorough understanding of local populations is still developing at both national and local level. As such, there remains a risk that already under-served people will not reap the benefits of this approach.

In Age UK's experience, older people can be under-prioritised when planning across larger populations, being perceived as less worthy of care in the worse instances. Older people can be seen as having lower expectations from care, receiving services that only seek to achieve very basic outcomes or standards of living. Furthermore, it is often a challenge to capture and respond to diversity within the older population.

Age UK welcomes the duties with regard to health inequalities and would expect all new and existing statutory bodies covered in the Bill to demonstrate robustly their adherence to their duties under the Equality Act 2010. This will be particularly important as new approaches to care planning and delivery, including population health management are implemented.

Care:

Collection of social care data

Age UK strongly supports the Bill's provisions giving the Secretary of State for Health and Social Care new powers to improve and expand data collection to address the serious and systematic lack of understanding about the social care sector. There is a lack of data about older people who fund their own care and we agree with the Government that this is an important issue to correct. We believe this data should be shared publicly to improve accountability, service delivery and research.

Age UK would like the new data required from all registered adult social care providers about their services and how they are funded to be published. This could be by adding new data sets to the current NHS Digital Adult Social Care Data Collections.

Social Care Workforce planning and registration

Without a strong, professional and skilled social care workforce, older people will not receive the high-quality care that they need, when they need it. Age UK is disappointed that the Bill only requires the Secretary of State to report on the healthcare workforce and does not set out proposals for either the immediate shortfall or need for a long-term strategy to address the very serious workforce shortages in social care

Despite being a vital and skilled role, social care is not seen as a professional occupation. There are no requirements for registration or to demonstrate specific training and skills even though care workers are increasingly asked to support people with complex health

conditions, with limited clinical support or oversight. The Government also has no simple way of communicating with all social care workers,

Age UK believes the Bill is missing an opportunity to recognise and professionalise the Social Care workforce in parity with the NHS. The Secretary of State for Health and Social Care should, at minimum, have a duty to publish an annual report on the social care workforce, but we also believe bolder and more significant change could be made by introducing registration of the care workforce.

The current state of the social care workforce is highlighted by the following key statistics:

- The care sector in England needs to fill **112,000 job vacancies**.
- The care workforce **needs to grow by 2.6% every year until 2035**, to a total of 2 million jobs to meet the needs of an ageing society (an estimate from before the pandemic).
- The median pay for a care worker is **£8.10 an hour and average salaries are around £15,000 per year**.
- Around **a quarter of workers are on zero-hours contracts**, including more than 50 per cent of the domiciliary care workforce.
- **Over half a million** care workers are paid below the real living wage.

Care home visiting protections

The pandemic has cruelly exposed how easy it has been to cut care home residents off from their loved ones and how hard it has been for any one person to challenge or change the rules imposed on them. Many loved ones have been kept apart for over a year. This separation has happened over a prolonged period of time and despite good intentions, many care homes have struggled to reinstate meaningful visits. Being isolated from family and friends is intrinsically harmful, and evidence of the extreme anguish this has caused to so many older people has been widely reported.

We believe that the balance of the law has been too heavily stacked against an individual's needs and choices when they live in residential settings. This has had awful consequences on their mental and physical health. Care home residents must receive better legal protections so they and their families can understand and apply their rights to enable them to live well and with dignity.

Age UK believes that the vital visits between care home residents and their loved ones should have strong and enforceable protections. The 2014 Care Act regulations should be amended to more clearly describe the rights of residents to receive visitors.

Age UK's survey of supporters in April 2021 found:

- Just under 40% of people told us they had not been able to arrange a visit since 8th March 2021
- Before a visit post 8th March 2021, 50% of people told us they had not been able to visit their loved one for between 2-6 months.
 - *"My mum misses us so much. She has been depressed. Each week since visiting restarted she has been more cheerful."*
- Just over 60% of people unable to visit have not visited their loved one for a year or more
- 40% of people told us their loved one's physical health had got noticeably worse

- 50% of people told us their loved one's mental health had got noticeably worse

Including unpaid carers

Carers play an essential role in supporting the NHS and social care systems which has been underlined by the Covid-19 pandemic. Without their support, our health and care systems would have not been able to cope with the increased demand they have seen in the past year. Many carers are older people themselves, and older carers are often providing intensive levels of support. This comes at great cost to their own physical and mental health, with around two-thirds of older carers living with their own long term health conditions.

- One in three carers aged 80 and above provide 35 or more hours of care a week
- Carers UK research in 2020 found a 50% increase in the number of unpaid carers since the coronavirus crisis began; around 4.5 million people.
- Older carers have seen a deterioration in their health due to taking on additional caring responsibilities. Recent Age UK research found that 38% of older carers are in more pain than before the pandemic and 35% are unable to walk as far as before.

This Bill presents an excellent opportunity to acknowledge the role of carers in supporting our health and social care systems and provide support for them to look after themselves and the person they care for.

Age UK agrees with Carers UK that carers deserve to be recognised for the important support they provide. The integration desired by the Bill can only work if unpaid carers are visible, recognised, and counted as part of the NHS.

Get in touch with us

We would be delighted if you were able to raise any of these points at the Bill's Second Reading. For more information please contact Roshni Mistry, Senior Public Affairs Officer at roshni.mistry@ageuk.org.uk