

Consultation Response

Department for Health and Social Care Coronavirus: Lessons Learnt

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older people are unable to walk as far as they could before the start of the pandemic, one in five feel less steady on their feet, and one in three have less energyⁱⁱⁱ. Levels of deconditioning vary among older people, but for some it will be essential that they are able to access rehabilitation services in order to restore loss functionality.

4. Mental health

4.1 Prior to the pandemic, one in four older people were already living with a mental health condition, while 1.4 million were chronically lonely^{iv}. Yet, access to mental health services has remained consistently low in recent years, with only 6% of older people (Improving Access to Psychological Therapies) before the pandemic coming from people aged 65 and over^v.

4.2 Covid-19 and the policy response to the pandemic has exacerbated this situation. Many older people have seen their mental health plummet, making it more important than ever that historic inequalities in access to services are addressed. Older people should be informed about the types of services which are available to them and encouraged to use them.

people have also told us that they are unable to cope with the situation and are now considering suicide.

7. Loneliness

7.1 The closure of clubs, activities, and volunteering, together with restrictions on meeting up with friends and family, has also left some older people overwhelmed by loneliness. One in five older people (21%) say they either feel lonely all the time or some of the time, while 14% say they are spending too much time alone^{xii}. We have spoken to older people who have gone days without talking to anyone and feel unloved, uncared for, and forgotten. Increased loneliness has led to a surge in demand for our Silver Line helpline with a 31% increase in calls since the pandemic began^{xiii}.

8. Cognitive decline

8.1 We have heard from older people and their loved ones that reduced social contact and mental stimulation is leading to cognitive decline. One in five older people told us they are finding it harder to remember things, while friends and family have raised concerns that their loved ones are becoming confused and repetitive^{xiv}.

9. Reduced access to healthcare

9.1 At the start of the pandemic, NHS resources were redirected to support patients with Covid-19 and, for the most part, treatment was cancelled, postponed, or conducted remotely. As a result, some older people have been unable to access the support they desperately need.

A fifth of older people living with multimorbidity's say they have not had access to the community care services, social care, and support from health professionals, which they have needed during the pandemic^{xv}.

One in six people over the age of 50, equating to 3.6 million people, have had their treatment or surgery cancelled. For people over the age of 70 this increases to one in five^{xvi}.

One in ten older people have been unable to visit or speak to a GP when they have needed to^{xvii}.

One in three older people say that Covid-19 is affecting their access to healthcare and treatment for non-coronavirus related issues^{xviii}.

Nine in 10 carers of people with dementia state that the person they care for has experienced disruptions to their health and social care, including accessing GPs, dentists, and chiropodists^{xix}.

9.2 This has left older people in pain, with worsening symptoms, and deteriorating health. In addition to the physical side-effects, older people have told us they are feeling anxious about their health and worried there will be irreversible implications of not receiving

timely treatment. This anxiety has been compounded by a lack of communication and clarity about when appointments and treatment will be rescheduled.

9.3 As we move into the second wave of the pandemic, older people requiring healthcare face extensive waits and are at risk of being deprioritised once again. Waiting lists for NHS treatment have reached a 12-year high, with nearly two million patients waiting 18 weeks for treatment and 110,000 waiting for routine care for more than a year. It is vital that NHS England are provided with the resources they need to manage this backlog of care and that steps, such as Covid-light hubs, are introduced to ensure non-Covid related healthcare can continue as far as possible. Older people who are waiting for healthcare must also be kept informed about the progress of their treatment, to reduce anxiety and provide assurance that they have not been forgotten or removed from the system.

10. Restoring older people's confidence in the NHS

10.1 During the first wave, 14% of older people who needed community health and social care services did not try to access them^{xx}. Meanwhile, Age UK research has revealed that 40% of older people feel less comfortable going to a GP appointment than before the start of the pandemic, while 47% feel less confident going to a hospital^{xxi}. NHS England's Help us to Help You Campaign is important in helping older people to understand that services are still open and available, but the NHS should also proactively engage patients living with significant health needs, who are at risk of falling through the gaps.

10.2 In 2019 the NHS Long Term Plan set out plans for an ambitious programme to address the serious long-term deficits in provision of services for older people living with frailty and/or multiple health conditions. It recognised the combination of the lack of proactive, co-ordinated community-based services and the inability of the system to swiftly and effectively respond in the event of a crisis too often meant older people ended up in hospital for prolonged periods: both a poor outcome for individual older people and an ineffective use of healthcare resources. The Ageing Well programme was established to roll out a three-pronged approach including: anticipatory care, urgent community response and rehabilitation, and enhanced care in care homes. As well as precipitating a significant decline in older people's mental and physical health, the Covid crisis has also once again highlighted the major deficiencies in our approach to caring for older people. It is therefore clear that building better and more robust approaches to supporting older people must be an essential part of the NHS's response and recovery.

11. Remote consultations

11.1 Prior to the pandemic it was estimated that 95% of GP appointments were conducted face-to-face, whereas since Covid-19, 85% of appointments have been delivered remotely^{xxii}. While virtual appointments have worked well for some older people, we have heard from many who feel uncomfortable discussing their feelings over the phone and

are worried that doctors will be unable to accurately diagnose them. Some older people face additional challenges, such as hearing problems or communication difficulties, which makes virtual consultations near on impossible, while others do not have the technology, or the skills needed for remote consultations. To avoid additional barriers for older people, it is essential that GPs continue to offer face-to-face appointments for those who need them.

12. The impact of health inequalities

12.1 The COVID-19 pandemic has exacerbated pre-existing health inequalities and there are differences among older people in how the pandemic has been experienced. Older people told us that their personal circumstances, such as not having a garden or space or experiencing financial worries on top of the pandemic, were making their experience of lockdown much more challenging. Older people from more disadvantaged socioeconomic grades have been more severely affected, both mentally and physically.

41% of people from more disadvantaged social grades say they feel less motivated to do the things they used to enjoy compared to 30% of those from the most advantaged

39% of people from more disadvantaged social grades say they have less energy

13.4 Other evidence from the Office for National Statistics (ONS) suggests that people living in households with fewer other people may have been less likely to catch coronavirus than people living in larger households^{xxvi}. While the majority of older people in the UK either live alone or with a partner, older people from most BAME groups are more likely than white older people to live in larger, multigenerational households. For instance, less than 2% of white people aged 70+ live in multigenerational households, while 56% of Bangladeshi, 35% of Pakistani, 13% of Indian, 11% of Black African and 6% of Black Caribbean people aged 70+ do^{xxvii}. Living in a multigenerational household means older people are more likely to be living with someone who is going out to work, and so at higher risk of catching coronavirus.

13.5 Differences in risk after catching Covid-

reported a deterioration in their physical and mental health. Age UK research suggests that older people who previously did not need support to maintain their independence, are now requiring care and support for the first time, and much earlier than would have otherwise been the case. It has also told us that those who were already struggling to carry out Activities of Daily Living, such as walking, eating, showering, and getting dresses are now finding things harder. In fact, two in five (39%) older people who were already finding it hard to walk short distances told us this is more difficult for them; one in three (33%) older people who struggled to get up and down the stairs say this is now harder; and two in five (41%) older people who already found it hard to clean their house say this is now more challenging^{xxix}.

- 14.5 Our research and insight also suggest that people living with dementia have suffered greatly during the pandemic as regular routines have been turned upside down and there have been restrictions on

- 14.10 The coronavirus pandemic has only put more pressure onto the social care system and revealed the true extent to which the issues outlined above have had on the system's ability to respond and protect older people at a time of crisis.
- 14.11 The financial challenges to the sector have only been exacerbated during the pandemic. Despite funding to the sum of £3.7 billion being made available for local authorities to help them support the social care sector to respond to COVID19 pressures and the £1.1 billion Infection Control Fund to support care homes with infection control measures to March 2020 and £588 million for hospital discharge^{xxxiv}, providers are still reporting significant concerns to the financial viability of their service.
- 14.12 It is likely that these financial pressures are being caused by a wide range of unplanned costs that care providers were in no place to manage. Many have faced significant increases to the amount of PPE they have needed to purchase and inflated purchase prices. Some reports have suggested that PPE costs have increased twelve-fold since the start of the pandemic^{xxxv}.
- 14.13 Others have faced a significant reduction in the demand for their services as older people – particularly self-funders – chose to cancel their care packages due to concerns about trans8>3<r

significant delays in turning around test results for staff and the impact this has on their ability to maintain safe staffing levels.

- 15.3 At the start of the pandemic, many older people in receipt of social care, as well as those living independently in the community, were approached for advanced care planning discussions. Unfortunately, in some cases individuals told us they felt under pressure to agree to do not attempt cardiopulmonary resuscitation (DNACPR) notices and/or to declining the option of being admitted to hospital in an emergency. We have also seen examples of blanket policies being put in place around DNACPR, escalation, admission, and treatment criteria. While we were pleased that the Government and NHS England made clear that such approaches are unacceptable, we are aware that certain policies and practices persist locally. Advanced care planning is an important tool to support people to discuss and record decisions about their care, however this crisis has revealed a deeply concerning lack of systematic training and awareness of how these tools should be appropriately used.
- 15.4 Despite tremendous efforts on the part of those working in the care sector, the tragic result of so many outbreaks of the virus across care homes has meant that 18,986 care home residents over the age of 65 died due to Covid-19 in the space of 14 weeks, from 2nd March to 12th June 2020^{xl}. On top of this, between the 10

sooner than would have otherwise been the case. In a recent Age UK survey, extremely concerned relatives shared with us the devastating impact that separation had had on their loved ones physical and mental health, with most telling us that the deterioration experienced by their loved one was now irreversible^{xiv}. The Alzheimer's Society have also reported that 82% of people with dementia have seen an increase in symptoms since the start of lockdown, including memory loss, difficulty concentrating and an increase in restlessness and agitation^{xvi}.

- 16.3 While some families were able to benefit from the easing of restrictions over the summer months, spending time with their loved ones in a garden, or through a window, many have not. A recent Age UK survey suggested that 70% of residents and relatives who responded had not been able to visit since the start of the pandemic^{xvii}. This has meant that hundreds of thousands of older people and their immediate family and friends are unable to see their loved ones, effectively split apart, powerless to provide essential physical and emotional support to the person they care for.
- 16.4 While there must be a rigorous approach to balancing the risk of a coronavirus outbreak in a care home, especially given the catastrophic suffering and loss of life in the first wave of the pandemic, so must the approach to enabling in person contact between loved ones. Everything must be done to ensure that care homes and their residents are able to make individual assessments about risk, including the ability for providers to carefully manage 'visits' to reduce the risk of the virus spreading, while prioritising the emotional well-being of residents.
- 16.5 We welcome the Prime Minister's recent commitment that every care home resident will be able to have two continuous visitors, who are tested twice weekly and will be able to visit someone in person. There are still a number of fundamental steps that can be taken by government to enable visiting and contact between loved ones, acknowledging coronavirus is not going away quickly. These include:

care homes especially, have been catastrophically let down and many have died before their time as a result. The fact that similar tragedies have unfolded in other countries too is no consolation and no excuse.

ⁱ British Medical Journal (2020), 'Living risk prediction algorithm (QCOVID) for risk of hospital admission and mortality from coronavirus 19 in adults: national derivation and validation cohort study', available at <https://www.bmj.com/content/371/bmj.m3731>. Accessed 2nd November 2020

ⁱⁱ Sport England, 'Active lives adult survey: mid-March to

^{xlv} Age UK. (2020). Analysis of Age UK survey on people's experiences of visiting a care home resident during the Covid-19 pandemic.

^{xlvi} Alzheimer's Society (2020), 'Worst hit: dementia during coronavirus'. Accessed via: <https://www.alzheimers.org.uk/sites/default/files/2020-09/Worst-hit-Dementia-during-coronavirus-report.pdf> Accessed on 26/10/20

^{xlvii} Age UK. (2020). Analysis of Age UK survey on people's experiences of visiting a care home resident during the Covid-19 pandemic.