LONELINESS AND STAYING CONNECTED

Building companionship
Demos

This report looks at ways to combat loneliness amongst older people by improving community connectedness and improving design of retirement housing. The findings are from a public survey of over 2000 people from March 2016.

Key findings

- People aged 80 and over are almost twice as likely to report feeling lonely compared to younger people. A total of 29% aged 80 and over report feeling lonely compared to 15% of people aged 16 to 64 years old.

Regional differences

- People from London aged 55 and over report the highest levels of loneliness, with four out of five (81%) feeling lonely at least some of the time.
- Yorkshire and Humberside was found to be the least lonely region, with 47% of over 55s saying they had not felt lonely at any point during the past 12 months.

Selected recommendations

The report used its public polling as well as research on loneliness amongst people living in specialist retirement housing to make recommendations for reducing loneliness amongst older people.

- **Place**: Create ‘cities for all ages’ using transport, housing, street furniture and green space to help older people remain socially, physically and mentally active.
- **People**: Local authorities should create ‘ambassadors’ amongst older people to encourage active citizenship amongst the older population.
- **Supply**: Increase supply of specialist retirement housing through financial incentives and planning reform.
- **Support**: Help older people get online in ways that would help with ‘real world’ socialising. For example, joining local groups, forums and volunteering.
SOCIAL CARE

Councils still commissioning ‘undignified’ 15-minute care visits against government advice

Leonard Cheshire Disability

These research findings are about the commissioning of 15 minute home care visits by local authorities in England. Leonard Cheshire Disability sent a Freedom of Information request to all local authorities in England on their commissioning policy for 15 minute home care visits. The findings were published in a press release.

Findings

- A majority of local authorities, 64 out of 105, said they do not use 15 minute home care visits for personal care.

- More than 18 local authorities are still using 15-minute home care visits for personal care.

- A total of 16 local authorities have changed their policy in the last year and no longer commission 15-minute home care visits for personal care.

- Local authorities are commissioning more homecare — but for fewer people. Between 2013–14 and 2014–15 the number of hours commissioned increased by 3% while over 6,000 fewer people (a fall of 2%) received homecare.

The use of 15 minute home care visits for personal care goes against official guidance and guidelines from the National Institute for Health and Social Care Excellence who advise that carers must spend a minimum of 30 minutes during visits to help keep people well.
HEALTH

Tackling the growing crisis in the NHS: an agenda for action
King’s Fund

This ‘agenda for action’ is not a formal policy report but the result of a lecture delivered by the King’s Fund’s Chief Executive, Chris Ham, in December 2015 focussing on three challenges facing the NHS:

1. Maintaining services and current standards of care
2. Developing new and better models of care
3. Changing the NHS ‘from within’.

The challenge

- Deficits in the NHS are high and growing
- Performance against targets is getting worse
- Staff are under constant pressure from rising demand
- The NHS needs to deliver £22 billion in efficiency savings by 2020/21.
- Demand is rising due to an ageing society, more people living with multiple health conditions and higher expectations of care.
- Approaches to improvement are focusing too much on targets, regulation and choice rather than capabilities for improvement.

Improving current services

- Focus on improving generic prescribing, day surgery, and reducing lengths of stay in hospitals.
- Work towards the targets set out in the Carter review for saving money by improving NHS procurement. For example, creating a database for what all NHS providers spend for standard products.

Integration and new models of care

- Improve integrated care for older people, children and people with long-term conditions through in-place based systems of care.
- Integrate health and social care through a single commissioning service and commit to spending 11-12% of GDP on health and social care by 2025.
- Develop new models of care in accordance with NHS England’s Five Year Forward View – this should include greater integration of hospital and community services.

NHS workforce

- Develop a new national workforce strategy for the health and care sector
- Train clinicians and managers in quality improvement skill
- National bodies need to change the way they work with NHS organisations – this should mean adopting a more proportionate approach to regulation and inspection
- Offer practical support to organisations in difficulty.
The agenda warns that current NHS spending commitments in 2018 and 2019 will not meet demand. It also states that social care will be underfunded by between £2.8 and £3.5 billion by the end of the parliament.

**Catalyst or distraction?: The evolution of devolution in the English NHS**

*The Health Foundation*

This report looks at devolution in relation to health policy in England with a particular focus on devolution and the NHS.

The report identifies three principle **motivations for devolution** in the NHS:

- Economic growth - The Chancellor’s belief devolution can create higher economic growth.
- Greater Manchester exceptionalism – the longstanding desire of leaders in Manchester to take more control of services.
- NHS Five Year Forward View – the belief that devolution can help achieve NHS England’s Five Year Forward View.

**The case for devolution in health care**

- Improving joint working between services.
- Improving decisions between local decision makers and their population
- Supporting more effective introduction of decisions which may otherwise be seen as ‘imposed’ on a local area.

**Notes of caution**

- Despite some of the media reports many devolution deals, affecting health care, include only modest levels of delegation and no political devolution.
- Devolution in health care is undefined when compared to other attempts to decentralise health policy.
- There is no national or international evidence that devolution in health care achieves better outcomes compared to centralised health care planning.

**Moving forward:**

- Devolution has the potential to be a catalyst for change but also risks becoming an end in itself and distracting people working in the NHS.
- Devolution in health care must work with other local projects with similar aims.
- A clear vision, process and framework for areas wanting a Devolution Deal need to be made at the beginning of any devolution plan.
- Significant investment in leadership capacity and capability across health care must be a priority for devolution areas.
PENSIONS

Pension commission: 10 years on
ILC-UK

On the tenth anniversary of the final report published by the Pensions Commission, ILC-UK offer an evaluation of the Pension Commission. The Pension Commission argued that future generations would have to i) work longer ii) save more iii) pay more in tax (most probably a combination of all three) to achieve secure retirement income.

1) Working Longer

Good news – We are working longer than we were in the 1980s and 1990s.
Bad news – The average age of exit from the labour force is increasing but it is still below what it was in the 1960s and 1970s. The average time spent in retirement continues to increase.

2) Save more

Good news – We are saving more (primarily due to automatic workplace pensions).
Bad news – Median contribution rates are low and a growing proportion of people have no savings (around 15%) and final salary pension schemes continue to decline. Younger people are less able than previous generations to save and may attract lower long term returns on investments.

3) Pay more taxes

Good news – Effective tax rates have been falling but have increased in more recent years.
Bad news – Spending on universal pensioner benefits in terms of GDP is slightly higher than the historic trend for this spending..

Following recent changes to pension policy ILC-UK have called for a new cross-party Pension Commission.