Older People and Public Policy Briefing – May

HEALTH

Reshaping the workforce to deliver the care patients need
Nuffield Trust

This extensive report, commissioned by NHS Employers, argues that there is a growing gap between the needs of patients and the skills and knowledge of the workforce – particularly in relation to the non-medical workforce. The report is significantly influenced by NHS England’s Five Year Forward View and its new models of care.

The report states that any approach to reshaping the workforce should only be developed after having identified the needs of patients. It is clear that achieving change in the workforce is not about reforming medical curriculum in Universities but offering training to existing employees in the workplace.

Recommendations

Make the most of the support workforce: The support workforce includes clinical support staff such as health care assistants and administrative support staff as well as other job roles.

The support workforce in the health and care system is large and flexible. Short training courses mean that the workforce can be expanded and developed quickly and effectively. This can help reduce pressures on more highly qualified staff.

Improve the skills of healthcare professionals: More highly skilled nurses, pharmacists and physiotherapists could help manage the number of people living with chronic diseases and help with shortfalls in the workforce.

Create more advanced roles for nurses: Senior nursing roles, which often require a Masters level qualification, could help overcome gaps in the medical workforce.

The report also addresses a number of risks when reshaping the workforce. It states that changes can increase demand in the system, cost more money and even threaten the quality of care.

The report sets out ten important lessons for organisations reshaping their workforce. These include:

- be realistic about the time and capacity needed to support change
- develop and invest in a training programme
- build sustainability for new and extended roles
- invest in the team, not just the role.
Discharging older people from hospital
National Audit Office

This report looks at the financial cost of failing to effectively discharge older people from hospital. This covers both delays to hospital discharge and the cost of emergency admissions for older people who may have recently been discharged from hospital.

Findings

- £820 million estimated gross cost to the NHS of older patients in hospital beds who are no longer in need of acute care.
- There has been an 18% increase in emergency admissions of older people between 2010-11 and 2014-15 (12% increase for adult population).
- There was a 31% increase in delayed transfers of care between 2013 and 2015.
- The main drivers for the recent increase in the number of delayed transfers of care are waiting for a package of home care – which has more than doubled between 2013 and 2015 – and waiting for a nursing home placement.

Existing problems

- Most hospitals do have frailty units but capacity is an issue and only a minority of hospitals are doing an early geriatric assessment.
- Only 39% of hospitals set expected discharge dates linked to criteria for all or most older patients.
- A total of 54% of hospitals surveyed said that discharge planning did not start soon enough to minimise delays.
- There are issues around administering NHS Continuing Health Care particularly when carrying out timely assessments.
- Only a quarter of hospitals said that they had sufficient access to primary, community and social care information for older patients.
- Community health providers and local authorities are not incentivised financially to speed up receiving patients discharged from hospital.

Recommendations

- Drawing on existing initiatives The Department of Health, NHS England, NHS Improvement and local partners should set out how they will break the trend of rising delays for older people in hospital – with a focus on avoidable admissions and inappropriate length of stay.
- NHS England should develop a way of fully capturing the number of older people who are no longer benefiting from acute care.
- Health and social care commissioners should incentivise good practice and discharge planning by targeted amounts.
- NHS England and NHS Improvement should seek to understand the best ways to incentivise community health providers to increase activity when required.
- NHS England should work with local government partners to improve information sharing between health and social care staff.
MONEY, INCOME AND INEQUALITIES

The overlooked over-75s: poverty among the ‘Silent Generation’ who lived through the Second World War

Independent Age

This report provides an analysis of the financial circumstances of older people with a focus on those people aged 75 and over. The findings contrast with some media reports that often represent older people as a single group of wealthy baby-boomers. The report identifies women, single people and renters as being at particular risk of living off a low income in later life with very little opportunity to improve their income.

Findings

- Older pensioners’ incomes are on average £59 a week lower than younger pensioners, and £112 a week lower than working age adults. This means that their annual income is almost £6,000 lower than a working age adult.
- A fifth of older people aged 75 and over are living below the poverty line – this includes a quarter of all single women aged 75 and over.
- Older people aged 75 and over are twice as likely as younger groups to have lived in poverty for the past four years.

Recommendations

- The government, and other key agencies, must re-energise their efforts to promote the take-up of Pension Credit and other benefits to the groups of older people most at risk of living in poverty – in particular single older people, older women and older renters.
- The government should introduce a ‘triple lock’ on Pension Credit to guarantee that recipients of the ‘old’ State Pension do not suffer a relative decline in their state income.
- The government should ensure that lower income pensioners continue to receive vital universal benefits like the Winter Fuel Payment and the free bus pass.

An investigation into inequalities in adult lifespan

ILC-UK

This report gives a historic perspective on inequalities in lifespan in England Wales. The report analyses trends in lifespan since 1870 up to the present.

The ‘lifespan gap’ compares the difference between the age at which the first 10% of people die and the age at which the final 5% of people die. They compared people’s lifespan from the age of 30.

The report explains how the early 20th century witnessed significant improvement in lifespan because of better housing, clean drinking water and better medical care. Between 1879 and 1939 inequality in adult lifespan
significantly narrowed until stabilising from 1950 onwards. The report found similar trends in both France and Italy.

The report’s main finding is that for the first time since 1870 the gap in lifespan between the rich and poor is rising. It finds that men in the top 5% for life expectancy at the age of 30 are living on average to 96 years - 33.3 years longer than men in the lowest 10% for life expectancy. This gap grew by 1.7 years between 1993 and 2009. The report explains that this increase is due to the top 5% of men almost equalling women’s life expectancy and a stabilising in the life expectancy of the lowest 10%.

Women in the top 5% for life expectancy at the age of 30 are living on average to 98.2 years - 31.0 years longer than women in the lowest 10% for life expectancy. The female gap reached its narrowest in 2005, but has since levelled out.

The report notes that life expectancy between the genders was relatively modest before 1940 before rising and peaking in 1970. Difference in gender life expectancy has significantly reduced since the mid-1970s. This reduction has not been seen to the same extent in France and Italy.

In the Forward to the report Baroness Greengross, Chief Executive of ILC-UK, says that inequality in lifespan will create challenges for any increase in the State Pension age.

ENVIRONMENT

Care provision fit for a future climate
JRF

This report examines to what extent current care facilities are prepared for changes in our climate. The report focuses on the risks of drier summers with more frequent and more intense heatwaves. The report is based on a literature review and four case studies – two of residential care and two of extra care.

Methodology:

- A survey of the building to assess what features it has for coping with hot weather
- Modelling of existing and future climate risks of overheating and what architectural features might reduce these risks.
- Monitoring of the care environment to assess the risk of overheating (summer 2015)
- Interviews with designers, managers, staff and residents about how they cope with hot weather.
Findings

- Summertime overheating is an existing problem in care homes but there is little understanding of what it means to be prepared for overheating. This applies to architects, designers, managers and front line staff.
- There is a recognition of the dangers of cold weather for older people but not the dangers of hot weather.
- Preparing for overheating in care facilities is a low priority.
- There appears to be a risk of underestimating the danger of overheating for older people. Climate modelling suggests that the 2050s are when overheating will become a major problem for care providers. However, environmental monitoring as part of the research project shows overheating is already happening during short-term heatwaves and in certain rooms throughout the summer months.
- There is a low level of priority given to planning for overheating amongst designers and managers.

Recommendations

- Organisations like CQC, The Department of Health and Public Health England should work to improve awareness of the risks of overheating and what can be done to reduce these risks.
- The Department of Health and Public Health England should develop more detailed guidance on temperature monitoring.
- Local authorities should use Public Health England’s Heatwave Plan to develop local plans.
- Care providers should improve awareness of what is expected of staff during a heatwave.
- Aim to have no excess deaths or illness during heatwaves.