

COVID-19 – General Debate

House of Commons, Monday 11 May 2020

Independent Age and COVID-19

At Independent Age, we have taken steps to adapt our support for people in later life to address the challenges they are facing during the COVID-19 outbreak. This includes providing relevant information and advice, partnering with the bereavement organisation Grief Chat, moving all friendship services to telephone, setting up a crisis emergency food and essential items fund for those in desperate need, and referring vulnerable people to the NHS responder scheme as a Royal Volunteering Society approved charity partner.

To increase our evidence base, we recently ran two surveys to allow us to hear the concerns and views of thousands of people in later life who have been affected by the outbreak.

- 1) **Impact of Coronavirus survey**, covering a broad range of issues such as where people were getting their information from, and getting supplies. This survey ran from 12 March to 09 April and had 2,695 responses.
- 2) **Access to food survey**, that asked respondents about their concerns about getting sufficient food supplies. This survey ran from 22 April to 06 May and had 1,836 responses.

We have seen the COVID-19 outbreak significantly impact people in later life, due to both the effect the virus has on them physically, as well as the impact of the societal measures put in place to tackle it.

There have been positive efforts in response to the outbreak, at both a national and local level, however we have several concerns which must be addressed by government.

Points to raise with the Minister

1. [Access to food](#)
2. [Bereavement and saying goodbye](#)
3. [Access to care](#)
4. [Unclear guidance for over-70s](#)

1. Access to food during the outbreak

The Government is providing support to people who have been identified as 'clinically extremely vulnerable'¹ and are therefore more at risk of coronavirus, due to a range of serious health conditions. Our access to food survey highlighted problems for people in this group, as well as for those outside of this category.

Clinically extremely vulnerable group

While we welcomed the Government's proposals to provide free food parcels to the 1.5 million clinically extremely vulnerable people in the high-risk category, who were being asked to self-isolate for 12 weeks, we have identified concerns and gaps in this support:

- 29% of respondents to our survey who get food parcels do not believe there is enough food in them to sustain them until the next delivery.

¹ Who's at higher risk from coronavirus, NHS, 2020. <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/> Last Accessed 05/05/2020

- There is confusion about who to talk to if there are problems with the food parcels. 51% of those receiving food parcels do not know who to contact when they have concerns.
- 23% of respondents receiving food parcels felt that their dietary needs are not being met. There are issues meeting medical, dietary or religious requirements.

'I am a diabetic and some foods have sugar in them. There is no fresh food.' – Access to food survey participant

The Government must:

Work with local authorities to better coordinate distribution of food parcels so that people at risk are not exposed to unnecessary delays in food provision, and are not left having to skip meals or go hungry until their next delivery.

Follow up information must be sent to all those identified as 'clinically extremely vulnerable', who have opted out to receive food parcels or have not replied to the initial letter, including advice and information about who they can contact if they have any questions and FAQ documents.

Revise the composition of the food parcels across the UK to ensure that they include a healthy mix of foods, including fresh produce. Modifications must be made to the food parcels to ensure they meet individual medical, dietary or religious requirements at no extra cost to the recipients.

People outside the clinically extremely vulnerable group

While some people have family who can help them access food, many don't. For example, there are an estimated 1.5 million older people in England without children.²

48% of survey respondents outside the 'clinically extremely vulnerable' group said they had problems accessing food. Of these respondents:

- 56% said they couldn't get food due to low supermarket stock levels.
- 34% reported that they were skipping meals, reducing the amount of food they ate, or cutting down on the essentials.

The Government must:

Ensure that everyone who is outside of the 'clinically extremely vulnerable group', and is struggling to access food, is made aware of a food provision scheme and supported to access it through a simple system.

Work with supermarkets to ensure customers that are digitally excluded are aware of support systems and can place orders by phone.

Set up a central hub where all the supermarket information and policies about their COVID-19 response are coordinated, and easily accessible to the public.

² *In Focus: Experiences of Ageing in England*, Independent Age, April 2020

2. Bereavement and saying goodbye

'I wasn't able to say goodbye to my husband... These losses of mine help me understand how some people are feeling right now. My heart goes out to everyone. I really do hope that ways can be found to enable loved ones to say their proper "goodbyes"' – Penny, a campaigner who has written blogs as part of our 'Home Truths' series.

We know the process of saying goodbye has a significant impact on an individual's experience of bereavement, so we were pleased to see the Government announce that it would focus on making sure people can support their loved ones at the end of their life.

However, since this announcement there has been confusion as to when/if new guidance will be forthcoming to help health and care providers facilitate face to face goodbyes. This is a traumatic time for many; ensuring there is clear guidance for care homes, hospices and for the families of those who might be living their final hours is crucial.

We are also concerned that the shortage of PPE will continue to impact staff in care homes, including having further implications for visitors and their ability to safely enter a care home to be with their loved ones at the end of their life. Getting care homes and hospices, as well as other providers, enough PPE so that they can facilitate these face-to-face goodbyes is absolutely essential.

The current lockdown has meant that many older people have had to put their grief 'on pause' until they can access face-to-face bereavement support. This, along with the high number of sudden deaths due to COVID-19, means that demand for bereavement support is likely to dramatically increase once 'lockdown' is lifted.

The Government must:

Clarify approaches to 'saying goodbye', provide the public and care settings with clear advice on how to facilitate these essential discussions.

Ensure that PPE for loved ones visiting at the end of life, in care home and hospice settings, will be accounted for as part of the PPE distribution strategy for social care.

Prioritise support for bereavement services, bereavement interventions within their 'exit strategy from lockdown', including additional options that could be accessible during the pandemic such as telephone counselling or digital video sessions.

3. Access to care during the outbreak

Care Act easements

As part of the measures introduced in the Coronavirus Act 2020, local authorities can now suspend many of their Care Act 2014 duties if necessary – including assessing and meeting eligible need. Local authorities will still have a duty to meet needs, but only where failure to do so would breach an individual's human rights.

We welcome the Care Quality Commission's (CQC) publication of the list of local authorities turning on the easements – showing that 7 have started to use them³. These authorities, and any others who adopt the easements, must be closely monitored, and the impact on older and disabled people in their communities should be reported on.

The CQCs list of local authorities turning on the Care Act easements should be expanded to include more detail on which easements are used, the reasons for the decision and clear evaluation of the impact and monitoring of unmet need.

Retrospective charging for care

Under the Care Act easements, local authorities have the power to provide care without conducting a financial assessment and to retrospectively charge recipients of social care in the coming months.

Individuals could be in a position where they face a large bill, months after opting to receive care, and feel unprepared for the financial cost. It is currently unclear, should local authorities choose to employ retrospective charging, how individuals will be required to pay the sum back and over what timeframe.

The Government and local authorities must ensure all individuals who will be retrospectively charged are provided with clear guidance that outlines when they will be charged, over what period they will be required to pay costs back and rough indications of what costs they are to expect.

The right to complain during the outbreak

Although complaints and escalation procedures remain the same as under the Care Act, lodging a complaint about social care can be a difficult process. It is likely that the measures introduced in response to COVID-19 will cause the usual timeframe – 6 months, unless stated otherwise - to slip even further, with complaints at risk of being forgotten without resolution, and people left without adequate support.

To protect the capacity of care providers and local government during the crisis, the Local Government and Social Care Ombudsman (LGSCO) has suspended all casework activity – including their phoneline and online complaints. As a result, councils and care providers are not required to answer enquiries on new or existing cases, and cases still in progress have been frozen. This means that complaints about social care could go ignored, at what is already a traumatic time for care recipients and their families.

Local authorities must commit to resolving social care complaints within a timeframe that does not leave people with care and support needs at risk.

4. Unclear guidance for over-70s

Initial guidance given at the start of the pandemic suggested all over-70s were at particular risk from COVID-19. They were 'strongly advised' to follow social distancing

³ CQC, 2020 <https://www.cqc.org.uk/guidance-providers/adult-social-care/care-act-easements-it> Last Accessed 05/05/2020

measures, along with people under-70 who have specific underlying health conditions, and pregnant women.⁴

It quickly became very unclear how 'strongly advising' over-70s to follow social distancing measures is any different from 'advising' the rest of the population to do the same. This guidance risked inadvertently implying a level of non-compliance from people who were not categorised as a high-risk group and caused confusion for over-70s who did not have underlying health conditions. It is not clear what this means in practice in terms of the level of enforcement.

Recently guidance was changed putting all over-70s into a 'clinically vulnerable group' - this group is separate to the 'clinically extremely vulnerable' group.⁵ As part of being in this group, over-70s are being told to take 'particular care' to minimise contact with others - but it is again not clear from these vague terms what this 'particular care' means in relation to social distancing.⁶

These constant changes and mixed signals have been confusing and many older people are opting to self-isolate to protect themselves - potentially putting themselves in harm's way by restricting access to essential supplies such as food and medicine. This has been exacerbated by incorrect terminology and mixed messages in the media.

Our Coronavirus survey found that 55% of people are getting information on COVID-19 from the Government. The vast majority (89%) get their information from the media.

We appreciate that evidence is changing daily, and guidance needs to be updated. However, the public need to clearly understand, based on the science, whether age alone is a factor which makes people in later life more at risk to COVID-19 than others.

The Government must communicate clearly how decisions about social distancing, and self-isolating measures, are being made and why. Unless there is clear evidence otherwise, age should not be used as a blanket factor when deciding on measures.

For more information please get in contact by emailing publicaffairs@independentage.org or call 07522 349371.

⁴ <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults/> Last accessed on 06/05/20

⁵ <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/> Last accessed on 5/5/20.

⁶ <https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others/> Last accessed on 06/05/20