Independent Age response to consultation on Women's Health Strategy

About Independent Age

We offer regular contact, a strong campaigning voice, and free, impartial advice on the issues that matter to older people: care and support, money and benefits, health and mobility. Our vision is that we can all live a happy, connected and purposeful later life. Our mission is to ensure that as we grow older, we all have the opportunity to live well with dignity, choice and purpose.

For more information, visit www.independentage.org. Registered charity number 210729.

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Introduction

At Independent Age, we work directly with people in later life who use our services and hear from them through our Helpline. We know how important it is to women in later life that they feel listened to when sharing health concerns. They must feel able to voice their own experiences and assert their needs to help ensure they experience positive health and wellbeing.

Independent Age welcomes the development of a women's health strategy. We have a few concerns and points where we would request more consideration, particularly around the scope of the strategy and its ambition to tackle holistically the issues facing women that directly impact their health. We would therefore urge collaboration between all government departments to ensure a meaningful, overarching strategy that is ambitious enough to tackle long-term, embedded inequalities and ensure no woman's health suffers as a result of discrimination.

We have provided comments on the main theme of the strategy as well as evidence on issues which have a fundamental impact on women's health. We have suggested some key recommendations that we would like to see addressed in the final strategy.

Theme 1. Women's voices

Many of our female supporters told us that as they got older they felt more invisible.

"Generally speaking, people listen less if you are a woman, but when you get older you stop being listened to even more. Now I find I have to be more assertive to get heard. They seem to think that because I am an older woman, I am a push-over. I'm treated as if I am not important or I am stupid." Julia, Expert by Experience[1]

"Over the phone I find my partner is taken more seriously than me. I have tried to deal with many issues over the phone. My partner only has to say one or two sentences over the phone and they just seem to respect him more." Joan, Expert by Experience[2]

For our submission to this consultation we reached out to our supporters on social media to hear their experiences. Most shared experiences relating to being given

[1] Independent Age (2018) Ageism+ project
[2] ibid

health information where they did not feel that they had been listened to. Suzanne told us "*I research my own information so I don't feel bullied by medical professionals*" While Nikki had made multiple visits to healthcare professionals for help "..*and all I have been offered is some information to read. No new ideas in this information and no more help offered.*" Susan told us "*initial requests are often ignored I have had to persevere to get referred*" and that the "*usual so called help is to be given a website to look at. This is not individualised to my needs.*"

Many expressed their concern over a shortage of GPs and the difficulties of getting an GP appointment "*We are told not to bother the doctors*" (Suzanne). Margaret stressed the impact of shorter appointment times "*The time you get to see doctor etc is added pressure in making sure they look into all your needs ...not taken seriously...can't get to see doctors now ...*" She told us she felt frowned on by medical professionals for complications in her treatment. While Susan highlighted the lack of continuity in GP care "*I had my own doctor who knew my history and background... This is no longer the case sadly.*" The people who shared their experiences with us wanted to see more local personal services.

When asked what they wanted to tell the Government, Nikki put it simply "*Take women's issues seriously."*

Theme 2. Information and education for women's health

2.1 The impact of poverty on women's health

Over two million older people (2.1m) live in poverty in the UK (18%),[3] with over 1.1 million people experiencing severe poverty (10% of all older people)[4]. Women in later life are more likely to live in poverty than men (20% v 16%)[5]. Poverty among older women has been increasing since 2012/13 when it hit a low of 14%[6]. Single female pensioner households have a poverty rate of 27%, compared with 23% for single male pensioners and 13% for couple pensioner households.[7]

There is a well-established link between poverty and health. Research has identified a strong association between socioeconomic status and inequalities in life expectancy and disability-free life expectancy.[8]

Evidence reported in the recent Marmot review (2020) shows the strong gradient in life expectancy and healthy life expectancy associated with area deprivation. People living in areas with more disadvantage on average live shorter lives and spend more of that short life in poor health. Marmot concludes that the problem is getting worse, not better, and that the health gap has grown between wealthy and deprived areas.[9]

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[3] National Statistics (2021) HBAI: for financial years ending 1995 to 2020 Department for Work and Pensions
[4] ibid
[5] ibid
[6] ibid
[7] National Statistics (2013 updated March 2021) "Households below average income (HBAI) statistics" Department for Work and Pensions
[8] Scharf, Shaw, Bamford, Beach and Hoclaf (2017) "Inequalities in later life" Institute for Ageing and the Institute of Health and Society, International Longevity Centre UK (ILC-UK)
[9] Institute of Health Equity (2020) "Health Equity in England. The Marmot Review 10 Years On" The Health Foundation

For the first time in more than 100 years life expectancy has failed to increase across the country, and for the poorest 10% of women it has actually declined.[10]

Furthermore, while women notably have higher life expectancy than men, their health expectancy (years of healthy life) is similar[11], which means that women are living more years in poor health than men (sometimes called the health/survival paradox).

2.2 A lifetime of inequality

"Women tend to be discriminated against in terms of the workplace and of course in term of finance. The biggest group of people in later life who are in poverty are women. Women have much lower pensions than men. Women are also the ones who tend to do the caring in society. Women's place in the workplace disadvantages them in certain ways." Baroness Ros Altmann[12]

The structural features of the labour market mean older women are generally more vulnerable to financial difficulties than older men, especially previously partnered women who go on to live alone.[13]

In addition, "much of the research finds there is an inter-sectional dynamic which can further diminish the prospect of women achieving financial security in old age, with women from ethnic minority backgrounds particularly at risk."[14]

Discrimination and segregation in the labour market, specifically for women who are now older has resulted in, among many financial disadvantages, inadequate pension savings. The causes are myriad. According to the Pension's Policy Institute's 2016 report, gendered divisions in provision of care at home have historically led to fewer women working. Women bear the majority of responsibility for caring in the home, which was confirmed in Independent Age's report In Focus.[15] The increasing age profile of carers places older women at increased risk of mental health issues. Women have also had historically lower employment levels than men, and men are paid more than women who are more likely to work part-time.[16] In addition, the gender pension gap currently stands at 40.3%—more than double the gender pay gap of 17.3%.[17]

As well as these workplace inequalities and barriers to financial security, many women have missed out on state pension payments they should have had. An estimated 200,000 women could be impacted by the underpayment of their state pensions over the last 20 years according to an investigation by The Guardian.[18] Married women who reached the state pension age before April 2016, including widows, divorcees and the over-80s – whether married or not – may be eligible to

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[10] Marmot (2020)
[11] Office for National Statistics, 2019
[12] Independent Age (2018) Ageism+ project
[13] Scharf et al. (2017)
[14] ibid
[15] Seaman, Moffett, Bushnell and Wilson (2018) "In Focus: Experiences of older age in England" Independent Age
[16] Daniela Silcock, Shamil Popat and Tim Pike (2016) "The under-pensioned" The Pension Policy Institute
[17] Patricia Gibson (April 2021) "Gender Pension Gap" Volume 692: debated on Monday 19 April 2021 Hansard
[18] Miles Brignall (March 2020) "200,000 UK women in line for pension back-payments of about £13,500" The Guardian

receive payments they were entitled to but didn't receive. However, while some women owed will now get an automatic payment, not all will.[19]

Pension inequalities continue into other areas of women's lives. Age UK warned in 2018 that many divorced women are potentially losing out on substantial sums of money and other assets in retirement because the issue of their entitlement to their husband's private pension never even gets raised as part of the divorce process.[20]

This lifelong discrimination means women are less likely to have pension savings and women born in the 1950s have been unfairly severely impacted by changes to working age policies leading to poverty and the impact on health that this situation so often brings.

2.3 The difference Pension Credit take-up could make

"Pension Credit could be the difference between good health, bad health and survival. Peace of mind hopefully brings better quality of health and that in turn lessens the impact on the NHS." Edwina, 71, Pension Credit recipient[21]

Successive governments have failed to significantly raise Pension Credit uptake which has stagnated at around 60% for the last 10 years and has one of the lowest take-up rates of any income-related benefit.

Awareness of Pension Credit is low, with four in ten people (of all ages) never having heard of it. Of those who have, less than half know who it is intended to help, and some people wrongly assume they are ineligible.

This leaves an estimated 900,000 people missing out and the largest group of eligible non-recipients (particularly among those on very low incomes) are single women who make up half of all non-claimants.[22]

Receiving Pension Credit can be the difference between being deep in poverty and having the money needed to feel secure.

In early 2020, the UK Government told the Scottish Parliament's Social Security Committee that if all pensioners received the benefits they were entitled to, including Pension Credit, pensioner poverty would be all but eliminated.

The research we at Independent Age commissioned from Loughborough University into Pension Credit echoes this, estimating that if everyone who is eligible for Pension Credit received it, pensioner poverty would be reduced by almost 5% down to 11.8%. This would be the lowest pensioner poverty figure since the current measure of poverty came into use[23].

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[19] Amy Roberts (May 2021) "Are you one of 10,000s of women missing out on £1,000s of state pension?" Money Saving Expert

[20] Age UK (2018) "For Love and money. Women's pensions, expenditure and decision-making in retirement" Age UK

[21] Hirsh and Stone (2020)

[22] ibid

[23] ibid

In addition, even those who remain in poverty after receiving Pension Credit (usually due to very high housing costs) would be better off, with the number of pensioners living on very low levels of income falling from 9% to 4.3%.[24]

2.4 Achieving better outcomes for women in later life

"I officially retired as a nurse at the age of 56 because I had health problems. I really don't know why I got a lower pension, but life was very hard. I bought the cheapest of whatever was available. Instead of putting on the heating, I'd put more clothes on so I could have another cup of tea or something to eat. Pension Credit really changed my life for the better. It meant I could eat better food, therefore be healthier and I could be warmer. I got other benefits too like help with my glasses and dental treatment. I started to live again. I expect there are many people today who don't know about Pension Credit. The government needs to tell us oldies what is available and what they are prepared to do for us". Anisah, 86, Pension Credit recipient[25]

According to a study by the IRC-UK, a range of positive impacts arise from enhanced access to benefit entitlements as a result of receipt of appropriate welfare rights advice. Participants report improved quality of life, less stress, and more independence. Such benefits also extend to informal carers of older people whose financial circumstances improved as a result of the intervention.[26]

Furthermore, the benefits of tackling this important issue are evident not just to women in later life but, over the long term, to the NHS and the state too.

Our commissioned research from Loughborough University in 2020 shows a strong connection between low Pension Credit uptake and increased NHS and social care spending. Around 40% of people entitled to Pension Credit do not receive it. Loughborough estimated that this low take-up of Pension Credit can be associated with just over £4 billion a year in NHS and social care costs.[27] This greatly outweighs the £1.8 billion of Pension Credit that went unclaimed in 2017/18. Maximising Pension Credit uptake could not only lift people out of poverty, but also save money for the taxpayer overall.

Whilst over 2 million pensioners live in poverty, this research estimates that by maximising uptake of Pension Credit approximately 450,000 pensioners could be lifted out of poverty, and the number living in severe poverty could be halved. We regularly hear from people in later life that Pension Credit can have a hugely positive impact on their wellbeing, often allowing them to afford to socialise, buy weather appropriate clothes, afford more nutritious food, heat their home and improve their personal resilience. These changes can have a huge impact on both their physical and mental health.

2.5 Providing appropriate and tailored information

Providing appropriate and tailored information is essential. "While older adults belonging to most BME groups demonstrate no difference from White British older adults with respect to informal social support, older women from minority

[24] ibid
[25] Independent Age (2020) "Credit Where It's Due: A briefing on low uptake of Pension Credit"
[26] Scharf et al. (2017)
[27] Independent Age (2020)

backgrounds can find it difficult to access formal statutory social services. For this group, language and communication problems prevent access to these services."[28] The authors conclude that income and health inequalities in later life can be ameliorated by the provision to potentially marginalised groups of welfare rights advice that is culturally appropriate and delivered using language that is easily understood by the target population (Moffatt and Mackintosh 2009)."[29]

2.6 Improving older women's mental health

Older people are as likely to experience mental health issues as younger people, and older women are more likely than men to report poor mental health. Depression affects 22% of men and 28% of women aged 65+. Among people aged 85+ if affects 43% of women and 40% of men.[30]

Older women are more likely to be bereaved, and therefore live alone – for **those aged 85+, women are twice as likely as men to live alone**. Findings from Independent Age's Good Grief 2018 report showed that complicated grief is twice as common for older people, with **women more at risk than men for developing it.**

Despite this, people aged 65 and over make up only 6% of referrals to the NHSE Improving Access to Talking Therapies (IAPT) scheme in England.

Theme 5. Research, evidence and data

There are considerable barriers that prevent women from being involved in research including a lack of willingness to take specific steps to involve women (especially older women). There is also a failure to calibrate results in research to look at differential impacts/results and whether different conclusions are needed for men and women.

We have identified a gender bias against collecting data that reflects some women's circumstances. Specifically, there is limited data on:

- Carer status, which could be collected more routinely in health and other datasets (especially where other data might be collected like job, employment status etc).
- Care home residents, who are more likely to be female, are left out of the vast majority of research studies[31].
- Women in later life who have experience of violence and abuse, we welcome the recent commitment from the ONS to collect data on older people experiencing domestic abuse. We would like to see research and policy initiatives that take this into account.

Furthermore, publicly available data often doesn't allow for more granular assessment e.g. older Black or Asian women. The gender data is useful, but the real

[28] Scharf et al. (2017)
[29] ibid
[30] https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2020-10/Mental_health_report_FINAL.pdf?AdNI8cex815TjfZiNYzWOl71r8XC1oDY=

[31] Sage: S0343_Care_Homes_Analysis.pdf

value is allowing granular level data when combined with other characteristics/circumstances.

Finally, we would welcome women from all backgrounds to be more deeply involved in setting the research agenda and working in co-production.

What Independent Age would like to see included in the Women's Health Strategy

We wholeheartedly welcome the Department of Health and Social Care's intention to address longstanding issues of women's experiences and to stop their needs from being overlooked. Independent Age would like to see any such strategy consider the impact on health of wider societal and economic inequalities in order to develop a truly effective approach to ensuring women's needs are met in future.

The Government must recognise the serious and longstanding problem of poverty for women in later life and take substantial and effective action. Independent Age is calling on the Government to put in place an ambitious action plan detailing how they will work to increase the uptake of Pension Credit over the next five years.

In order to achieve real and lasting change, the published action plan must:

1. Include a commitment to commission high quality, up-to-date research into who is not claiming Pension Credit and why they are not claiming. Only a strong evidence base can ensure that the new approach recognises the different needs, circumstances, and preferences of people in later life and how to best reach eligible non-recipients.
2. Include plans for regular, innovative and impactful public awareness activity.
3. Include new ways to support local authorities to improve uptake, including highlighting best practice.
4. Include plans to maximise the impact of customer communications on a range of related financial entitlements.
5. Look at every aspect of the benefit and not rule out comprehensive and innovative change. Low take-up of Pension Credit has been a problem for a long time, and to solve it we may need bold and creative solutions. From consideration of either partial or full auto-enrolment, to the very name 'Pension Credit', nothing should be left off the table.
6. Be reviewed and refreshed on a regular basis and build on best practice in other areas.

When thinking about improving older women's mental health, our recommendations to improve the support for people in later life reflect long-running challenges. However, they also need to be managed in the context of the additional pressures brought about by COVID-19.

Independent Age recommends that:

- GPs across the UK should be supported to consistently offer older women a range of mental health treatment and support options, including medication, talking therapy, and social or community activities.
- GPs and talking therapy commissioners and providers in England should use the recently updated *Older People: Positive Practice Guide* to signpost older

people to NHS England's IAPT programme. NHS England should promote this guidance to these groups of professionals.

- The Department of Health and Social Care, NHS England and Clinical Commissioning Groups review the current barriers to accessing IAPT for people aged 65+ and develop innovative actions, including targeted communication plans, to increase the number of women who receive this treatment.
- NHS England reviews local areas where access to IAPT services is higher for people aged 65+ and proactively shares best practice examples with Clinical Commissioning Groups
- The government provides strategic oversight of a cross-department bereavement strategy led by the Department of Health and Social Care. This could start with both a cross-government review of supporting bereaved people and commissioning a significantly expanded version of the 2015 National Survey of Bereaved People (VOICES) in England.
- The government commits to funding for CCGs to support bereavement providers in their local area and NHS England produces clear guidance for CCGs on how to commission bereavement support services.
- The NHS and public health bodies develop innovative ways to target information at older women, including what treatment options exist to women aged 65+ at key points in their life, such as when going through relationship breakdown or experiencing bereavement.
- Public health campaigns, such as Every Mind Matters, ensure older women are fully represented.
- Local authorities proactively promote to older carers their entitlement to a carer's assessment and support