Written Evidence submitted by Independent Age

1. About Independent Age

1.1 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.

1.2 For more information about this submission contact public.affairs@independentage.org

2. Introduction and summary

2.1 At Independent Age, we have seen how the COVID-19 pandemic has significantly impacted people in later life, due to both the effect the virus has on them physically, alongside the impact of the measures put in place to tackle it.

2.2 From our interactions with older people through our services and campaign network, we know that people in later life have been significantly affected by several issues during the pandemic – in addition to the disproportionate number of deaths they've made up during COVID-19. These issues are explored throughout this submission and include: unclear communication from the government over public health messaging such as the social distancing guidance; negative impacts on mental health; experiencing disproportionately high levels of partner bereavement, and the consequences on health and wellbeing; and problems accessing essential food supplies.

2.3 While there have been some positive changes and good responses from local and national government to some of these issues, it is now crucial that these are embedded into future learnings as the pandemic moves forward and people in later life are continued to be told to stay at home.

2.4 We welcome the opportunity to respond to this inquiry to raise some of the immediate and long-term issues affecting people in later life during the pandemic and aid the Public Accounts Committee in its scrutiny of senior government officials over policy that has a direct impact on the people in later life we support.

3. Poor communication and lack of clarity of government guidance

3.1 We do not believe the government properly considered people in later life when developing plans to communicate the guidance on social distancing at the beginning of the pandemic. Any person aged 70 and over who didn't fall into the clinically extremely vulnerable group (those shielding) (CEV) was classed as 'clinically

vulnerable' (CV) by default due to being aged 70 or over. This group had specific guidance which advised them to stay at home as much as possible and "take particular care" when social distancing.

3.2 In April 2020, our research showed that 43% of UK adults over-65 incorrectly believed that the government had instructed over-70s without any underlying health conditions to shield themselves entirely and not leave the house at all. Only 30% were able to identify the correct advice for over-70s without underlying health conditions.[1] We appreciate that many people over 70, who were not advised to shield, may still live with serious long-term health conditions and disabilities and for some they may have felt safer staying at home. However, for healthy over 70s, we do not feel enough clear information was communicated to empower them to understand their options and decide for themselves what they felt safe to do. This lack of clarity disproportionately affected older people as all over 70s were in one of the two clinically vulnerable groups. We know for many this negatively impacted both their physical and mental health.

3.3 Most of the information and guidance for the clinically vulnerable group at the beginning of the pandemic was only available online. However, many older people lack access to digital information. 869,000 people between 65 and 74 years old, and almost 2.5 million people over 75 have never used the internet.[2] In addition, advertising about social distancing on television, radio and in newspapers was often aimed at the public, without explaining the specific guidance for those in the clinically vulnerable group and what they should do differently. For example, one older person - in her early 70s and without any underlying health conditions - rang our advice line and told us that she was not sure if the rules allowed her to go and visit her friend, in a similar situation, for a socially distanced meet up to keep each other company.

3.4 We are concerned that the lack of targeted messages and clear communication of guidance meant that many people in later life may not have known what options they had under the guidance. We know some people later in life shielded themselves believing this was what they were being instructed to do, resulting in them living in isolation for a significant period. This put them at unnecessary and increased risk of loneliness and related mental health problems.

3.5 Even now, with the delivery of the vaccine programme, we are aware of information in different languages being published weeks after original documents and advice in standard English formats first appear.

3.6 Moving forward, we recommend that the government should:

3.6.1 Ensure guidance information is accessible and available in the formats and languages that people need.

3.6.2 Work with voluntary organisations to empower older people to understand their risk from COVID-19 and how to manage that risk as the lockdown eases.

3.6.3 Introduce targeted advertising and messages to BAME and disabled people on how to stay safe from COVID for both those who have been vaccinated and those who have not.

4. Mental health and loneliness

4.1 The COVID-19 pandemic has significantly affected the mental and physical health of people of all ages and, as an organisation, we wanted to specifically understand its impact on people in later life.

4.2 In our Home Truths report[3], older people told us their mental health had been negatively impacted because of the restrictions put in place to deal with the virus, with some reporting feeling increasingly anxious or depressed because of lockdown and shielding measures. In our survey in August/September 2020, 66% of respondents said they feel worried or anxious about the impact COVID-19 could have on their life. In addition, almost half our survey respondents (42%) reported that their mental health has become worse or much worse since the start of the pandemic. Colleagues on the Independent Age Helpline have spoken to many people struggling with their mental health because of COVID-19.

4.2.1 *"I feel there is no point being here just to sit isolated from getting up in the morning and going to bed at night."* Anonymous Helpline caller

4.3 Others we spoke to had been impacted mentally because they have had COVID-19 and survived it. The effects of having had the virus include stress, depression, anxiety, post-traumatic stress disorder and disrupted sleep. Research has found that almost 1 in 5 people diagnosed with COVID-19 is diagnosed with a psychiatric disorder within 90 days.[4] Older age has also been identified as a potential risk factor for 'long COVID', with a recent study finding more than 1 in 5 people aged 70+ experienced long COVID for four weeks or more, compared with 10% of those aged 18–49.[5]

4.4 Even pre-pandemic, older people were not accessing the range of support for mental health support services we would expect to see. For example, in 2019 just 6% of all Improving Access to Psychological Therapies (IAPT) talking therapy referrals for anxiety or depression through NHS England were for people aged 65+.[6] There is a risk that many people in later life who have had COVID-19 and need support for their mental health may miss out.

4.5 Independent Age is calling on the NHS, clinical commissioning groups, and local health and care systems to ensure that older people can access COVID-19 rehabilitation services in their community. Services supporting physical recovery should screen for mental health issues so that older people get the support they need.

5. Experiences of bereavement

5.1 The high number of fatalities due to COVID-19 over the last year means that many people in later life will have suffered a bereavement. We estimate that in the first lockdown alone, 98,000 older people lost their partner.[7]

5.2 Grieving during this time is particularly challenging with restrictions on both formal social rituals such as funerals and wakes, but also on

informal support by limiting close contact with family and friends. This would have been particularly severe for anyone shielding. We have heard first-hand about how this has impacted people in later life.

5.2.1 "*No support before and after my husband died at home. Not allowed a funeral. Left completely alone as no one, even my children, could travel to help me. I have been traumatised by the experience and it has made my bereavement much harder to bear.*" Anonymous

5.2.2 "*My wife died in May with coronavirus and, although I could visit her in hospital just before she died, before that I could only speak to her via phone. The most distressing thing was the limitations for the funeral and not being able to celebrate her life.*" Dennis

5.3 Although feelings of grief are normal following a bereavement, and the majority of people will manage without professional intervention, some people will go on to develop complicated grief – a period of prolonged, acute grief that can happen when the normal grieving process is interrupted. These individuals are more likely to go on to need more professional support.

5.4 Access to professional bereavement support will be important for many older people in the wake of COVID-19, but we are concerned this is not consistently available. In a briefing paper forthcoming from Independent Age, we outline our concerns about current levels of investment in bereavement support by Clinical Commissioning Groups (CCGs) and local authorities. Evidence obtained by Freedom of Information request demonstrates that commissioning varies hugely by area and there are some areas where neither CCGs nor local authorities are currently investing in bereavement support. Furthermore, only a small proportion of CCGs and local authorities have conducted a mapping exercise to understand what bereavement support is available in their local area.

5.5 Sufficient funding and a clear strategy for bereavement support have always been crucial, but this is especially urgent following the COVID-19 pandemic. Our key recommendations include that:

5.5.1 Government must provide strategic oversight of the bereavement sector through 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.

5.5.2 Bereavement support must be made more of a priority area in terms of government expenditure, including a commitment to fund CCGs to support bereavement providers in their local area.

5.5.3 CCGs, as experts in their local area, should take the lead on understanding the landscape of bereavement services in their locality, with support from local authorities. At a minimum they should:

5.5.3.1 Conduct research to understand the current demand for bereavement support in their local area. This should be informed by what we know about the likely impact of COVID-19 and the challenges of loss and grieving during the pandemic.

5.5.3.2 Conduct mapping of existing bereavement support providers, including voluntary and community groups, to understand the existing ecosystem of support.

5.5.3.3 Commit to allocating specific funding for commissioning bereavement support providers to help shape and support this ecosystem.

5.5.4 NHS England must produce clear guidance for CCGs on how to commission bereavement support services. This guidance should include details of research and mapping activities that should be undertaken, as outlined above.

6. Access to Food

6.1 During the first national lockdown from March to July 2020, safe access to food was a major issue for older people, who are at higher risk than the general population, and many of whom are clinically extremely vulnerable (CEV). People in the CEV group were able to access formal support through the government shielding programme. This included free food parcels delivered to their home. While broadly successful, our research revealed some problems with this programme. In our April/May survey, 29% of respondents getting a food parcel did not believe there was enough food in it to sustain them until the next delivery. In addition, 23% of respondents felt that their dietary needs were not met.

6.2 CEV people were also given the opportunity to access priority supermarket delivery slots through the government shielding programme. This was invaluable in helping them access food safely from home. However, we heard from many others who were also unable to safely go to shops but had no formal support, including those in the clinically vulnerable (CV) group – which includes all over 70s - and more broadly, people who faced new practical barriers to shopping. This latter group became known by the government as the non-shielded vulnerable (NSV) group and included many people in later life, including those with long-term conditions or disabilities, those who are socially isolating, and unpaid carers. Independent Age's survey on access to food in April/May 2020 illustrated the scale of the problem - nearly half (48%) of respondents in the NSV group said they had struggled to access food.

6.3 We raised this concern in April 2020 in a joint letter to the Secretary of State for Environment, Food and Rural Affairs.[8] The government subsequently set up an online portal to enable local authorities and selected national charities to refer people in the NSV group to a range of support options, including access to priority supermarket delivery slots, phone delivery slots and volunteer matching. The scheme started slowly, but by November 2020 more than 80% of local authorities in England were signed up.

6.4 However, we have been concerned that the government has not always communicated well to the public the support available to them. This has left some people unaware of the options available to help them and left them to take avoidable risks to get groceries or make what they have last. In our April/May 2020 survey, 63% of respondents said that the government had not communicated well about how people could access food, with some people feeling forgotten or unsupported. A Which? survey published in July revealed that only 1 in 4 respondents struggling to access food had contacted their local authority for help.

6.5 As the pandemic has continued, and the wider eligibility for priority supermarket delivery slots was put in place, many people in later life have been able to access online priority delivery slots through the government's scheme for CEV people, or the local authority scheme for the wider group of NSV people. However new issues have emerged. While the expanded eligibility criteria for priority slots has enabled many people at high risk to shop safely, some are facing additional costs. In a survey we ran in August 2020, people told us shopping online has become more expensive. Reasons for this include because they must buy more than they normally would to reach the minimum spend, they must pay for delivery costs or they have less opportunity to 'shop around' and get offers, with cheaper products often selling out quickly. We are concerned that people living on their own are particularly struggling to reach minimum spends.

6.6 We are now in a third national lockdown and people in the CEV group have been advised to shield again; government guidance explicitly states that 'You are advised not to go to shops', and to shop online instead.[9] Others in the CV and NSV groups have also sought, or continued to use, priority delivery slots for their safety.

6.7 Some of the supermarkets suspended delivery charges for priority delivery slots during the first lockdown in Spring 2020 but at the time of writing all participating supermarkets either have delivery charges or high minimum spends to qualify for a free or cheaper delivery

6.8 We are concerned about the unfairness and financial pressure resulting from people at high risk of coronavirus having to pay for delivery charges in addition to possible high minimum spends. On 14 January 2021 we and 23 other leading charities co-signed a letter to all seven supermarkets participating in the government's priority delivery slot scheme for CEV people calling for the suspension of delivery charges and a reduction in minimum spend for customers with priority delivery slots.[10] Signatories include Scope, MS Society, Carers UK and Age UK.

6.9 The Parliamentary Under Secretary of State replied to a written question on 02 February on this issue stating, "Although Defra cannot legally dictate the delivery costs and minimum spends applied by supermarkets, our regular conversations ensure that supermarkets understand the impact that delivery charges and minimum spends can have in preventing a clinically extremely vulnerable person from being able to access food."[11]

6.10 Because of the above concerns, we would strongly recommend that:

6.10.1 Supermarkets suspend delivery charges and reduce minimum spends for people with online priority delivery slots, and the government ensures that supermarkets are aware of the impact these costs have on all customers at higher risk from COVID-19.

6.10.2 The government should publish the local and national support available to access food for people who are CEV, CV and NSV and make this easily accessible online, so that people who are concerned about accessing food safely can see the range of support that may be available to them.

6.10.3 The government should target communications about how to access food, both offline and online, towards CV and NSV people who could benefit from support. So far, this communication has only been targeted at CEV people, and we are concerned that some groups are still unaware local support to access food is available to them.

7. Pension Credit uptake

7.1 During the COVID-19 pandemic we have heard from people in later life who have shared their financial worries about increased costs around household bills and food, and concerns about their income. Almost 2 million pensioners currently live in poverty. Over the last five years pensioner poverty has been slowly increasing, with about one in six pensioners in poverty, reversing the trend of steady improvements since the late nineties (DWP households below average income data).

7.2 Pension Credit is a means-tested welfare benefit that tops up people's income to a level enabling people in later life to pay for basics like food, adequately heat their home and use public and private transport. It can also remove the financial barriers people face when taking part in social activities, which have been linked to isolation and loneliness.

7.3 It tops up a single person's weekly income to £173.75 and to £265.20 (2020/21 rates) a week for a couple - married, in a civil partnership or cohabiting. These amounts could be higher if you are disabled, a carer or have certain housing costs. You can get Pension Credit even if you have some savings.

7.4 Pension Credit opens entitlement to other benefits, including Housing Benefit, help with Council Tax, free NHS dental treatment, help with fuel bills through the Warm Home Discount and Cold Weather payments and meeting the costs of a loved one's funeral. In total, people who are missing out on Pension Credit could be losing out on a total of over £7,000 a year in additional help.

7.5 Pension Credit has one of the lowest take-up rates of any income-related benefit, at around 60%. Pension Credit uptake has been static at this level for around 10 years. The DWP estimates that up to 1 million people 65+ are currently eligible but missing out. Awareness of the benefit 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 (polling from Opinium, June 2019). Research suggests the main reason why people do not claim is that they assume they are not (or are no longer) eligible; for example, 65% of eligible non-claimants felt they had too much money to qualify (DWP research in 2012). Other secondary barriers include perceived

stigma from claiming, with 62% of eligible non-recipients agreeing that they 'do not like asking for benefits' (DWP research in 2012).

7.6 New research commissioned in 2020 by Independent Age from Loughborough University shows a strong connection between low Pension Credit uptake and increased NHS and social care spending. Using cohort survey datasets – which survey large numbers of people over several years – and local area administrative data – such as NHS spending on hospital 'bed-days' – Loughborough estimated that the knock-on effect of 40% of eligible people not receiving Pension Credit is costing the government roughly £4 billion a year in increased NHS and social care costs. This is much higher than the £1.8 billion of Pension Credit that went unclaimed in 2018/19. There is therefore potential for full uptake to carry no net cost to the Treasury over the long term. It would also reduce pressure on health and social care services, which will be valuable as we recover from the pandemic and address the crisis in social care.

7.7 Loughborough University's research estimated 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.

7.8 Independent Age is calling on the government to produce an ambitious action plan on Pension Credit uptake, setting out a clear commitment, and innovative action, to tackle this longstanding problem. This plan must:

7.8.1 Be written and published. The government does not currently have a written strategy. Publishing the plan would ensure transparency and allow the government to be held to account.

7.8.2 Include a commitment to commission high quality, up-to-date research into who is not claiming Pension Credit and why they are not claiming. The DWP admits that it does not know the makeup of households that are eligible but not receiving Pension Credit. Without knowing this, the government cannot fully understand the problem, let alone solve it.

7.8.3 Look at every aspect of the benefit and should 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.

7.8.4 Be reviewed and refreshed on a regular basis, built on best practice in other areas. We would encourage the government to work with the Scottish Parliament to learn applicable lessons from Social Security Scotland's benefit take-up strategy, the first to be published under the provision of the Social Security (Scotland) Act 2018.

7.8.5 Hold the Government to account. The Government should consider introducing a statutory obligation on the DWP to work to increase take-up, to ensure appropriate political oversight. This has been done in Scotland under Sections 8 and 9 of the Social Security (Scotland) Act 2018, which requires Scottish Ministers to prepare, publish and lay before Parliament several strategies to promote the take-up of Scottish social security assistance.

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