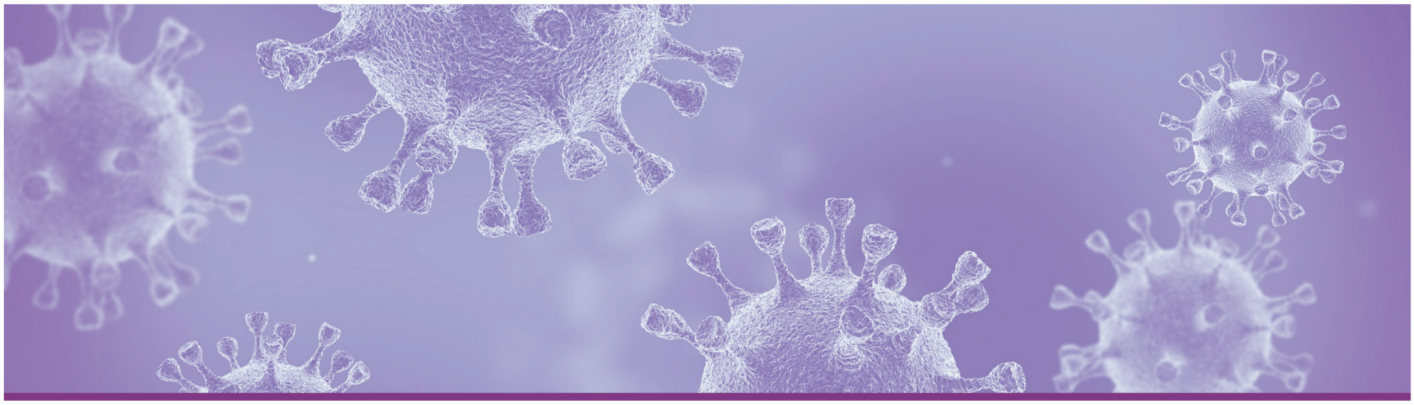
POLICY BRIEF

Safer Ageing Policy in a Pandemic UK:

"I HAVE FELT LONELY, DEPRESSED AND FORGOTTEN".



Policy Brief

Hourglass

Safer ageing · Stopping abuse

Safer Ageing Policy in a Pandemic UK: 'I have felt lonely, depressed and forgotten'.

Policy Brief

Key Issues:

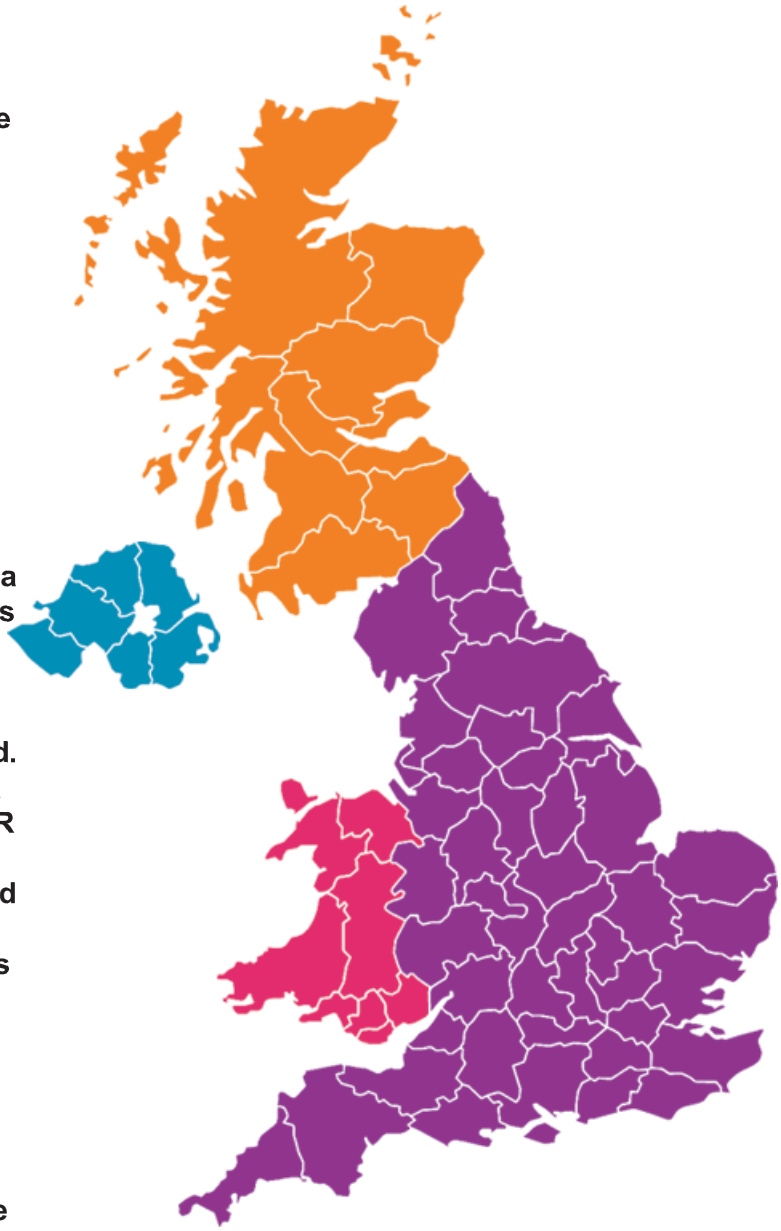
The continued public health restrictions and lockdowns introduced to combat Covid-19 pose an acute threat to older people by undermining human rights and exacerbating their risk of abuse.

Older people living in care homes were failed during the first phase of the pandemic by inadequate provision of personal protective equipment (PPE) and the discharging of older patients from hospitals into care homes.

Continued outbreaks in care homes have been a feature throughout the pandemic and many tens of thousands of residents have died.

Standards of care have also been compromised. The Care Quality Commission (CQC) found in a January 2021 report that application of DNACPR orders may have violated human rights and the Equalities Act (2010). DNACPR decisions should be taken by doctors in close consultation with patients and their families and failure to do so is unlawful.

The pandemic and associated lockdowns have also created an epidemic of loneliness. Social isolation not only impacts mental health and wellbeing, but can also make older people more vulnerable to abuse.



RECOMMENDATIONS:

The Government needs to respond to Hourglass, Doctors Association UK (DAUK) and The Good Law Project's legal challenge to the decision not to launch a public inquiry into the failure to provide adequate PPE early in the pandemic.

In line with the findings of the CQC report into DNACPR decisions, a new Ministerial Oversight Group must be set up to look in depth at the issues raised in the report. The group, which should include partners in health, social care, local government and voluntary and community services, should be responsible for overseeing the delivery and required changes of the recommendations of this report.

We recommend tackling loneliness be built into COVID-19 recovery plans. We support the APPG on Loneliness recommendation that the Prime Minister should commit to a "Connected Recovery" and urge this recovery to have a specific focus on older people and the risk of abuse.

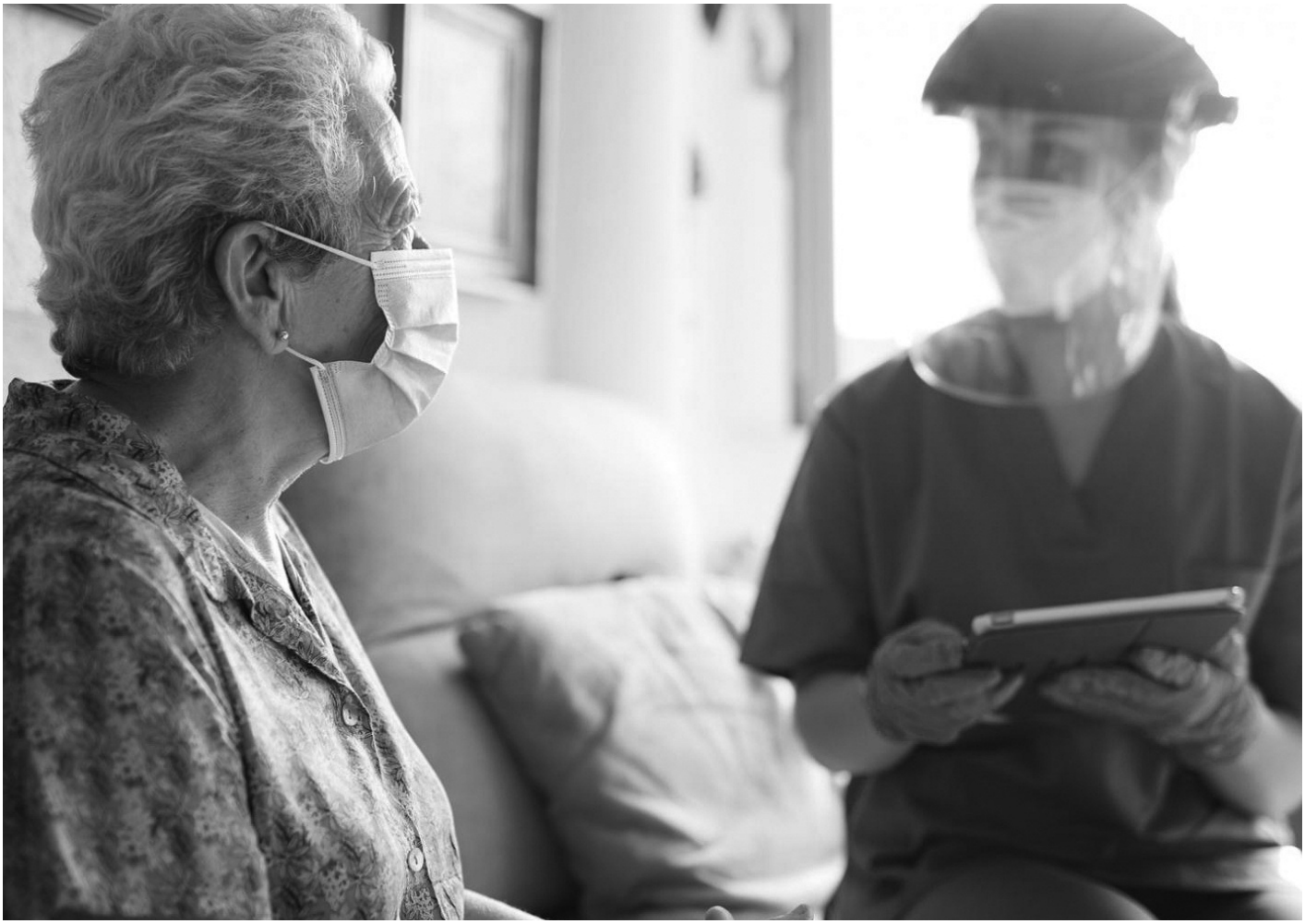
Last updated December 2020

Executive Summary:

Older people continue to sit at a liminal point during the course of the pandemic. At once, in the eye of the storm and rightly the focus of much policy-making, while also experiencing greater isolation, fear and frustration. The titular quote, taken from the June round of the Hourglass' original polling, demonstrates how some older people have felt throughout the pandemic. As a key access point for the voices and concerns of older people, the Hourglass Helpline can provide strong and reflexive evidence of the impacts of the pandemic on older people in a number of areas.

In the present shifting and changeable environment, decision-makers urgently need to identify where national policy making has - or continues to - put older adults at greater risk of abuse. The continued public health restrictions and landscape of regional and national lockdowns pose an acute threat to older people by undermining human rights and exacerbating the risks of abuse already present in the UK.
In line with Hourglass' safer ageing framework, we need policy makers to work across the governments and agencies of the UK to target physical and attitudinal barriers faced by older people that contribute to actual or presumed vulnerability.

Hourglass has identified three areas of critical concern: the policy decisions regarding care homes; accounts of misuse of Do-Not-Resuscitate (DNR) orders; and the impact of increased loneliness of older people across the UK.



Areas of critical concern:

Care homes

Older people residing in care homes were failed during the first phase of the pandemic by inadequate provision of Personal Protective Equipment (PPE). A Manchester University report estimated that 29,400 more care home residents, directly and indirectly attributable to COVID-19, died during the first 23 weeks of the pandemic than would be expected from historical trends.[2] This is an equivalent to 6.5% of all care home beds available in England.

The causes for this are multiple and include administrative decisions such as the discharge of older people from hospitals without COVID-19 tests. However, a major cause, identified in the National Audit Office (NAO) review,[3] was the supply of personal protective equipment (PPE). One risk emerging from this is a denial of justice for those who contracted the coronavirus due to these policy decisions. The NAO highlighted that there is a need for lessons to be learned and set out the moral case for bereaved families of frontline healthcare workers to be heard.

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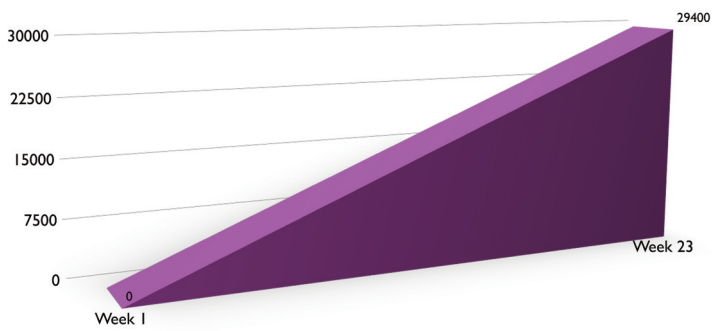

Hourglass calls for an inquiry into decision-making for policy regarding care homes. Residents of care homes, care home professionals and bereaved families deserve to have their voices heard. Disregard for the loss of life and reduction in wellbeing resulting from decisions taken throughout, risks further undermining the human rights of older people. The verbatim answers to Age Cymru's survey, 'Experiences of people aged 50 or over in Wales during the first Covid-19 lockdown, and the road to recovery'[4] are revealing. One respondent answered the question regarding what they are looking forward to after the pandemic,

"Not being made to feel a burden on society and only worthy of being allowed to die, should the virus become a personal illness" Male, aged 70-74, Carmarthenshire.[5]

Failures in the supply of PPE to care home staff need to be contextualised in the policy decisions that continue to impact older people in care homes. Of these, two key policy positions concern care home visits and safe inspection of care homes. These factors require further attention as the restrictions on care homes continue into 2021.

Do Not Resuscitate

There have been a number of ethical and professional concerns with approaches to end of life care during the lockdown period. These include reports of Clinical Commissioning Groups (CCGs) and GPs proceeding or making resuscitation decisions without consultation with residents, families, or care home staff.[6] 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions are also known as DNRs and DNARs.

In this paper we use DNACPR for consistency. DNACPR decisions are medical decisions taken by a healthcare professional in which a patient's end of life healthcare wishes are communicated and considered but decided by the clinician alone. We have heard concerning stories from callers to our Helpline. In one instance, the caller felt they had been pressured to sign DNACPR forms while in hospital receiving treatment for COVID-19. Amnesty International also note they have received cases from Sussex, Derbyshire, Somerset, and Manchester CCGs that issued broad guidance on DNACPR use during the pandemic.[7] Poor practice in regards to the use of DNACPR measures are very concerning and fit the trend of accounts indicating the violation of the right to life that looks to be a key feature of pandemic policy regarding older people.

Hourglass joined the voices of many calling for an independent enquiry into use of DNACPR. In October 2020, the Department for Health and Social Care commissioned the Care Quality Commission (CQC) to conduct a special review into these concerns. The CQC report found a concerning evidence of misuse. In their public survey, the report found 30% of individuals with a DNACPR in place and 28% of relatives or carers said they were not aware that the DNACPR had been applied.[8]

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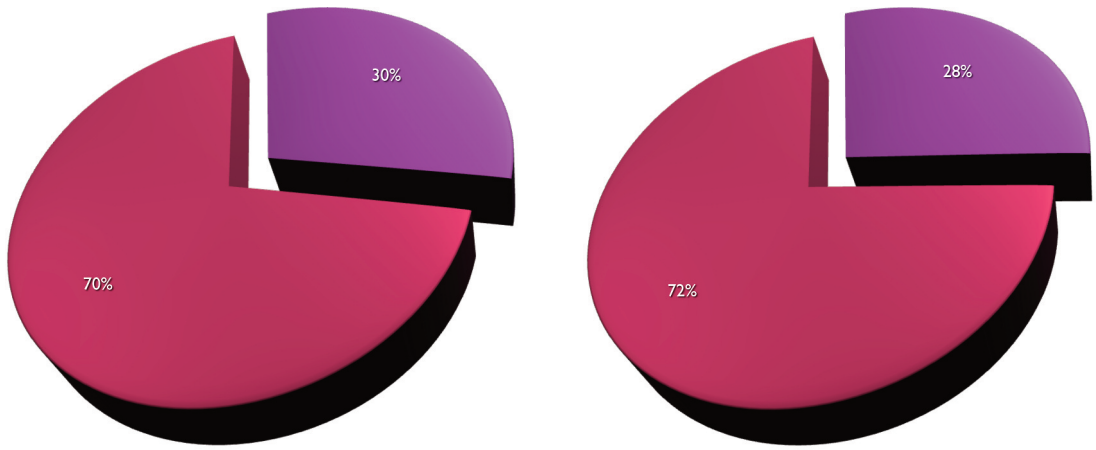

This matched reports from social care providers, of 2,048 adult social care providers who responded to CQC's information request, 5.2% (508 out of 9,679) of DNACPR decisions put in place since 17 March 2020 had not been agreed in discussion with the person, their relative or carer. The report goes on to state that, while some decisions made during the COVID-19 pandemic had been reviewed, the information request showed that around a third (180 out of 508) were still in place at the point of our information request (7 December to

21 December 2020). Overall 3.8% (369 out of 9,679) of DNACPR decisions put in place since 17 March 2020 had not been considered as part of a personalised care plan, half of these were still in place (48%,177 out of 369).[8] These findings demonstrate people were being denied the opportunity to discuss their end of life needs and wishes. Most people in adult social care locations are older people and older disabled people and the findings suggest providers were making decisions in breach of the Equalities Act (2010).

Loneliness

The risks of loneliness in older age is a continual concern. Social isolation and loneliness have been identified as increasing the risk of poor physical and mental health. Social isolation has been associated with a 32% increase in stroke risk, a 29% increase in coronary heart disease, and a 50% increased risk of developing dementia.[9] while diminished immune system functioning, anxiety, and increased risk of Alzheimer's disease can also stem from loneliness in older age.

Rightly, there has been focus on loneliness across the four nations of the UK. National Strategies have been published in three of the four nations. In October 2018 the UK Government's strategy for loneliness was launched; in December 2018 Scotland's strategy 'A connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections' was published; In February 2020 Wales also published 'Connected communities: a strategy for tackling loneliness and social isolation and building stronger social connections'. In Northern Ireland, Hourglass has been glad to support the coalition of organisations working on loneliness who have published a Call to Action and are working with a cross-party group to implement it. However, the pandemic has brought the issue to the fore, demonstrating there is much that needs to be done to tackle loneliness in the UK. The APPG on Loneliness inquiry report *A Connected Recovery* (2021) gives an overview of progress needed in national and local leadership, in community infrastructure, transport and housing.[10] Hourglass continues to make the argument that this is a key area of concern for older people, for whom loneliness is not only an acute health risk, but also an axis of risk of abuse.

24% of people aged 50 and over and living in England feel lonely some of the time, while 7% (around 1.4 million people) feel lonely often, and 9% of older people report that they feel cut off from society.[11] As such, a broad concern to the safe ageing of older people, is increased social isolation under the restrictions of the pandemic.

Loneliness has impacted many adults, not just older people across the course of the pandemic. British Red Cross research report, *Lonely and left behind* (2020) highlighted the devastating effects of the pandemic in regard to experiences of loneliness. They found 41% of UK adults feel lonelier since the start of the initial lockdown and 39% of UK adults report that they haven't had a meaningful conversation with someone in the last fortnight.[12] Older people are acutely affected. As well as Hourglass, many other organisations for older people have identified an increased presence of loneliness in older people during the COVID-19 lockdowns. In their April survey of 500 people aged over 70, the older persons group Elder noted that 35% of respondents were lonelier as a result of the lockdown, and 55% of those living alone are getting less contact with their family.[13] Age UK's COVID survey also raised concerns of increased loneliness in its older respondents.[14]

Hourglass polling of attitudes during the pandemic identified a number of older voices concerned about loneliness. When asked, "Please can you tell us a bit about what life under lockdown has been like for you?",

28.7% of all responses referenced the theme of loneliness and isolation. What is striking from these comments is that while many highlighted they feel lonelier, a large number of respondents seemed to indicate they are generally as lonely and isolated as their pre-pandemic life:

"Life has gone on as if no virus existed. Older people self-isolate, Young people carry on with their full lives." [15]

One respondent showed concern for the long term impacts of social distancing measures, and the fear of greater stigma being attached to older age.

"Being alone all day is fine. The biggest problem is when you see your grandchildren and they are not allowed to come near you. They look at you as if you have two heads because they are told to stay away from you. Will they come near you after restrictions are lifted? they might not be happy being near us." [16]

RECOMMENDATIONS:

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We recommend tackling loneliness be built into COVID-19 recovery plans. We support the APPG on Loneliness recommendation that the Prime Minister should commit to a "Connected Recovery" and urge this recovery to have a specific focus on older people and the risk of abuse.

Last updated December 2020

Consulted or recommended resources

[1] Growing old under lockdown, Hourglass (2020).

[2] https://www.manchester.ac.uk/discover/news/excess-death-toll-in-care-homes-from-covid-19-hugely-underestimated/

[3] National Audit Office, "The supply of personal protective equipment (PPE) during the COVID-19 pandemic" (2020.)

[4] Age Cymru "Experiences of people aged 50 or over in Wales during the first Covid-19 lockdown, and the road to recovery," (2020)

[5] Ibid, 30

[6] https://www.bbc.co.uk/news/health-55163009, https://www.theguardian.com/society/2020/dec/03/do-not-resuscitate-orders-caused-potentially-avoidable-deaths-regulator-finds

[7] Amnesty International "As if expendable: The UK Government's failure to protect older people in care homes during the COVID-19 pandemic" (2020)

[8] CQC Protect, respect, connect – decisions about living and dying well during COVID-19 (2021) 18-20 https://www.cqc.org.uk/publications/themed-work/protect-respect-connect-decisions-about-living-dying-well-during-covid-19

[9] Xia and Huige Li "Loneliness, Social Isolation, and Cardiovascular Health" Antioxidants Redo Signal. (2018); 28(9): 837–851

[10] A Connected Recovery: Findings of the APPG on Loneliness Inquiry (2021) https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness/all-party-parliamentary-group-on-loneliness-inquiry/a-connected-recovery

[11] https://www.elder.org/the-elder/survey-on-elderly-loneliness/

[12] British Red Cross, Lonely and left behind: Tackling loneliness at a time of crisis (October 2020)

[13] https://www.elder.org/the-elder/survey-on-elderly-loneliness/

[14] Age UK "The impact of COVID-19to date on older people's mental and physical health." (2020.)

[15] Hourglass's Polling Answers

[16] Hourglass's Polling Answers

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You can contact us in many ways:

24/7 Helpline: 0808 808 8141

Our helpline is entirely confidential and free to call from a landline or mobile, and the number will not appear on your phone bill.

Text message: 07860 052906

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