

Written evidence submitted by The National Pensioners' Convention [ROP0038]

Introduction

The National Pensioners' Convention (NPC) is Britain's biggest independent organisation of older people, representing around one thousand local, regional, and national pensioner groups with a total of 1.15 million members. The NPC is run by and for pensioners and campaigns for improvements to the income, health, and welfare of both today's and tomorrow's pensioners and this response is based on the views and experiences of our members. Championing older people's rights has been a long-term campaign for the NPC.

We believe that the UK government should establish a Commissioner for Older People and Ageing in England to act as an independent champion for older people and ensure that policy and practice across government considers the needs of people in later life and the implications of our ageing population on society.

Our society is ageing and, in less than 20 years, 1 in 4 people in England will be over 65. An ageing population will require collaboration and joined-up thinking to deliver innovative policy solutions and meet the needs of the future. However, no single government department can respond to these issues alone. A commissioner would facilitate the long-term planning that is needed to ensure our economy and public services are adapting to demographic shifts, while also enabling more people to age well. This would not just benefit people in later life now, but our country as a whole.

As our older population becomes increasingly diverse, we believe that older people urgently need an independent champion, working alongside older people from all walks of life, politicians and the Older People's Commissioners for Wales and Northern Ireland, to help make the UK the best place in the world to grow old.

The question of ageing has been one which the NPC has argued with successive governments in an attempt to bring about a strategy to ensure that we all age well and reach retirement in better health to enable us to continue to participate and contribute to the nation.

Many older people feel like they don't have a voice in the government that represents them, particularly those who face hardship or inequality. A Commissioner for Older People and Ageing could raise awareness and work to resolve issues that people face in their later life. This could be around issues getting the right care and support, or financial issues affecting older people in the cost-of-living crisis and beyond. A Commissioner would have the power and remit to bring together government departments to put in place solutions that resolve these issues, which would benefit everyone as they age.

A variety of barriers exist across the daily lives of older people. It must be recognised that sections of society within the older population suffer multiple disadvantage and discrimination. People from older ethnic minority communities; older LGBT+ communities; older disabled people, women and those with mental health needs

suffer the ageism that all older people endure on top of all other disadvantages and discrimination.

Consultation Response

Digital exclusion

What steps are required to prevent older people from being digitally excluded; and in what areas is digital exclusion of older people a particular concern?

The NPC is campaigning for 'Connections For All', meaning that those who want to go online and use the internet, computers and modern technology, should be given the access, help and training required to help digitally include them. However, we firmly believe that traditional forms of communication and services such as face to face, over the telephone and via post must remain in place. This is so as not to digitally exclude the large number of people who cannot use more modern technologies, those who do not wish to use them, and those who are priced out by equipment, broadband and upkeep costs, from our society. The number of people in this group will be drastically increasing with the cost-of-living crisis.

There must be a legally binding requirement that all necessary services must be accessible in non-digital ways e.g medical appointments; day to day banking; rail ticket offices. Free broadband and specifically targeted technical support would also help some with digital inclusion, but offline methods of delivering services and communications, must be maintained.

The NPC holds serious concerns about the way in which many consultations are being conducted. People are directed online to get the consultation materials; this will exclude millions of people, not just older people, who do not have internet access, the skills to access the consultation documents or those who choose not to use the internet, from potentially giving their views on this important subject matter. The digital first approach must not be a digital only approach.

It may be suggested that people who do not have access to the internet should use local libraries, which are likely to have computer facilities, or get help from a friend or relative, however this completely misses the point. Many people do not feel comfortable asking for others to respond on their behalf and not everyone has a family or someone they can trust to help them with technology – even if they wanted to.

People who are not online have a right to be able to find out about government consultations and a right to respond. Traditional methods of publicising consultations, accessing the consultation materials in paper format, and allowing people to respond by offline means, must be maintained.

NPC: 'It is a basic human right to access information in all its forms, whether that is by TV, radio, newspapers, receiving documentation, on the telephone or from a computer. Just as there is a basic human right to heat, light water and food, there must be a basic human right to access affordable and free digital services, or to non-digital alternatives.'

Championing older people's rights

Are older people's rights sufficiently protected in equality law (including with reference to justifiable direct age discrimination and age-related exemptions for financial services)?

It's time to rethink the way policies are decided and the way services are designed, to ensure they reflect the voice and needs of older people.

Very often, issues around income, health, care, sexuality, isolation, exclusion and many more aspects intersect and are worsened by ageism and systems that aren't built for the diverse community that exists in older age. The result of this for many in later life is a constant feeling of powerlessness, and that they don't have a voice.

Are older people's needs and rights given adequate consideration in Government policy-making? If not, what steps should be taken and what relevant national and international examples of best practice exist?

From this submission it will become patently clear that a Commissioner for Older People & Ageing in England is a must. An independent champion for those voices to be heard to bring together all departments and make change happen that gives older people their rightful place in contributing to the nation. There is no voice for older people in parliament. Working with the current Commissioners in Northern Ireland and Wales, common aims can be supported whilst England-only issues are dealt with.

In Northern Ireland, the Older People's Commissioner was instrumental in establishing the Make the Call campaign, which connects individuals to benefits advisers who provide a full assessment of their entitlements. The Commissioner ensured that older people were included in the project and plans.

The Older People's Commissioner for Wales issued formal guidance to local authorities and health boards setting out the kinds of action they need to be taking to ensure that the rights of digitally excluded older people to access information and services are upheld, and that older people who want to get online are supported to do so.

Intersectionality

How does "intersectionality", for example sex, sexual orientation, ethnicity and disability status alongside age, impact older people and require distinct policy responses?

Very often the issues that are described in this consultation intersect and are worsened by ageism and systems that aren't built for the diverse community that exists in older age. The result of this for many in later life is a constant feeling of powerlessness, and that they don't have a voice. We believe a Commissioner for Older People and Ageing could be part of the solution.

Individual NPC members will submit confidential responses to the consultation with their experiences of intersectionality.

Stereotyping and discrimination

How prevalent is ageist stereotyping and discrimination; what forms does it take; in what areas is it most common; what its impact is on older people; and how can it best be challenged?

Ageism, discrimination and stereotyping are commonplace. The language used around older people doesn't portray the diverse range of experiences that older people have gone through and have to offer, but it puts older people into two generic and opposite groups.

- 1) Older people in poverty
- 2) Wealthy older people who go on cruises and own holiday homes

These ageist stereotypes, which are endlessly pedalled in the media and used to try and stir up intergenerational tension, undermines political and public understanding.

A Commissioner for Older People and Ageing for England could make significant inroads into overturning the ageist stereotyping that people in later life face. In their function of disseminating and building best practice, a commissioner could support services, businesses and government bodies on how to ensure their work does not further stigmatise views about older people.

In Wales, ending ageism and age discrimination is a key priority for the Commissioner. Alongside her #EverydayAgeism campaign to highlight the scale and impact of the ageism faced by older people, she has also developed practical resources and training sessions for older people to empower them to recognise and challenge ageism.

Labour market access

What more needs to be done to support older people who want to stay in work longer?

It says something about this country when a person is seen by employers to be 'too old' for a role in their company/organisation. Even though the practice of excluding people over a certain age is prevalent, nothing is done to prevent the discrimination against older people.

Older people have normally had a lifetime of different experiences, gained a variety of knowledge, understand problem solving, have a work ethic and would be an absolute asset to an employer – but for their age.

The workplace today is very different to where an older person may have started. Technology has taken the place of the 'human touch' in front line services, in offices and other settings and can present a barrier to older people seeking to remain in work or get back into the labour market.

Employers must be encouraged to have policies that ensure that age is not a barrier to application, interview and appointment. This is part of the Equalities Act but very little is done to take action against employers who ignore, or in some case, deliberately flout the Act.

Older women, such as nurses who work in physically demanding roles, whose skills and experience are vital to retain, must be enabled to continue working at hours

that suit them and in roles that which are manageable as they age, without loss of status, or relative salary.

However, there is an inherent problem in terms of the ageing experience and how that impacts on individuals remaining in work. 3.5 million people between 50 and 64 years of age are not economically active (not in work). 1.4 million are male and 2.1 million are women with 1.6 million out of work due to ill health.

There are many reasons why people leave work before their retirement. Some seek less stressful working environments; others need to care for family members. We tend to forget that our parents and grandparents age and need extra support. Some try to work and be a carer which often causes them stress and eventually become ill themselves and leave work.

As older people we are only too well aware of the need for better health and care, and better support for older carers. Properly funded GPs; hospitals, care establishments and the staff that are needed to run these services. With 152,000 vacancies in social care, and 154,00 in the NHS, it is not hard to see why caring falls on the shoulders of family members. Unpaid carers save the government £162 billion a year.

If the government want to encourage the 50-64 age group back to work, then significant support must be in place and be maintained to ensure the work experience is positive and impacts in a real way on improvements to individual's health and ability to remain in work.

As will be demonstrated later on in this response, we need to recognise that decisions on health and care services have not been enough to radically change the experience of those in need of health and care service. Not being able to access an appointment or the treatment you need leads to an increase in poor health, mentally and physically. The cycle will only be broken by open and transparent engagement with stakeholders on a National Care Service funded through general taxation.

- **Promote the recruitment of older people in employment.**
- **Train employers in equality issues around ageism/discrimination.**
- **Take positive action to support those with ill health who wish to re-join the labour market and sustain in work support.**
- **Take positive action for those of working age who become carers.**

The scope of the inquiry is limited and there are many more factors that affect the rights of older people. This includes but is not limited to:

Pensioners of the Future

The NPC is not just about pensioners of today. We want to ensure that the pensioners of the future enjoy a better retirement experience than the one we currently have.

However, the outlook is not good:

- 28% of those over 55 will rely solely on the state pension when they retire.
- 32% of women and 20% of men will be solely reliant on the state pension when they retire.

- Auto-enrolment will not provide a decent pot of money on retirement due to the low-level contributions.
- The gig-economy and zero hours' contracts still exist. Young workers need real jobs paid above the living wage to enable them to plan and aspire for their future.

Tinkering with the triple lock is unfair to the workers of today – the pensioners of tomorrow. In 1980 when the link to earnings was severed, pensions began to devalue. In 2010 when the link to earnings was reinstated, the basic state pension had already lost 40% of its value. This will never be recouped for us now or those in the future as the triple lock is cumulative.

Contrary to the government and their think tanks, applying the whole of the triple lock does not harm the young in society. Not to do so, will affect them more when they retire on a much less state pension than they would have. What we gain or lose now, future pensioners gain or lose. There is more inequality within generations than between generations.

The arguments around whether the triple lock is affordable cannot and should not be used as a means to continually increase the age of retirement. There is much disparity in life expectancy across the country. Where you live often dictates your life expectancy. Using hypothetical data today for young people's longevity in years to come is not a given. The government premise of work till you drop does not instil confidence in the workers of today.

Every year of increase to the retirement age puts billions into the Treasury by way of tax and National Insurance, yet the full basic state pension is paid on 35 years NI contributions. Most individuals will have been in work over 40 years.

Those in low paid jobs are affected most by each increase in retirement age. The health of the nation is the poorest for decades, yet we see no improvement in health care, access to appointments, treatment and end of life care.

- **Stop the increase to retirement age.**
- **Commit to an open national debate on the future of pensions, work and life expectancy.**

Health & Care

Health inequality has risen steadily over decades. Where you live dictates how well you are and how quickly you can access health services. It is estimated that around 1.6 million people over the age of 65 have unmet health care needs. Others are stranded in hospitals waiting for care packages to be in place before discharge as care providers struggle with lack of staff to deliver care. We are at the point now where the lack of GPs, nurses, doctors, consultants mean that age becomes an issue when accessing certain services.

For example, prostate cancer testing – the current programme is supposed to access males over 50 – the age at which it is deemed the risk begins. The risk heightens the older you become. Yet a number of our male colleagues in their 70's have been refused tests by their GPs simply because there are no symptoms.

Those testing positive for prostate cancer often show no symptoms. Preventative care is integral to the health and well-being of older people and the nation as a whole.

- **A National screening programme is needed with full funding to ensure that sufferers of prostate cancer can be treated appropriately and speedily.**

Lived experience from an NPC member on *barriers to adequate healthcare*:

- *I have access to online records but this does not enable me to make appointments with a GP, or Practice Nurse or Pharmacist. Getting through on the phone to make appointments is difficult, particularly for emergency appointments when all the appointments may have gone by the time I get through. Receptionists can make this more difficult: e.g. I phoned the practice twice hardly able to stand, in pain, shaking, and with blurred vision and was refused an appointment. The third time I phoned I was given a telephone appointment within three working days, and was then called into the practice on the same day to see the GP.*
- *I have experienced ageist attitudes and behaviour at two GP practices, several pharmacies and an optician's. At my previous GP practice, I was told my health problems were due to ageing and was refused diagnostic tests to fully understand and treat my health problems. I transferred to another practice, and they are generally thorough in checking out health conditions, but instead of working with me, providing information about options and pros and cons, and respecting my choices about healthcare, they decide what to do and seek to enforce that. One example of this is: I was told to book a blood test. When I arrived for the appointment I found it was with a Healthcare Assistant (not as expected the practice's Phlebotomy Service) and she checked up on whether I had followed the GP's instructions. I do not lack mental capacity, and this should not have been done. I have been spoken to like a child and subjected to verbal petting at several pharmacies and an optician's. One of the problems with this is staff who do this do not accept what I say as coming from an adult, and behave as if they are in complete control.*
- *I lack trust in online patient records because of the Government's plans to give access to pharmaceutical, tech and/or insurance companies to patients' personal data.*

What is needed:

- **Training for staff in working with older people and to counter ageism**
- **The NHS bans the use of petting terms by the staff who are directly employed. All contracts by ICBs with pharmacies, opticians, GP and dental practices should include a clause banning petting terms.**
- **Patients' personal data should not be made available to pharmaceutical, tech, insurance or any other commercial company.**

End of Life Care

Lived experiences from an NPC member who carried out research on End of Life Care:

End of Life Care (EoLC) is provided by a patchwork of community-based, primary and secondary healthcare, social care and voluntary organisations particularly hospices. There are examples of good practice but this is patchy. The principle should be that everyone must have access to sensitive support by suitably qualified staff at this time. Many people die untended. Most people say they would prefer to die at home, but the majority die in hospital. Well-meaning relatives often get people who are dying to hospital when their preference may have been to die at home, and hospital wards are often not suitable environments for people who are dying. While some hospitals have 'at home' rooms and suitably qualified staff, many do not. One of the issues raised in research was difficulty by medical staff in recognising that a person is dying. The research pointed to a lack of co-ordination of EoLC services in many areas. GPs are key to those services, but they may lack the relevant training and experience to know when someone is dying and how best to support them. GPs are difficult to contact particularly when the need is urgent.

What is needed:

- **A wider range of access points to EoLC Services, a Co-ordinator, and a pathway to these services supported by inter-agency protocols in every area.**
- **More widespread access to training by medical staff in recognising when a person is dying, and how to support people who have reached this stage to include enabling people to plan their choices (while recognising that they may change their minds) about medical care, where they wish to die, who they would like to be present, and spiritual beliefs and support through this time.**
- **Widespread information for the public to help them to plan for the end of life phase: the issues to consider when planning for this time; how to access EoLC services; the types of EoLC services which are available; where they wish to die and arrangements that are needed for that; Lasting Power of Attorney and Living Wills and how to arrange them.**
- **Adequate provision in every area where there is a need for EoLC care for homeless people who are dying.**
- **A National Care Service free at the point of need, publicly owned, publicly accountable fully funded would put the patient at the heart of service delivery with choices on the kind of care, where and who is involved in that care. Preventative services are integral to the health of the nation which stands at its poorest for two decades. Fully fund the NHS as a publicly owned, publicly accountable service to work alongside a National Care Service with budgets being used for the best care for those who need it. Fully fund local councils to monitor, run local services within each area.**
- **A programme of national mandatory training for all care staff and managers that gives value to the responsibilities of caring for vulnerable people. This increases the quality of care and therefore the quality of life for those being cared for.**

- **Community Health Councils – not Integrated Care Boards/Services that link with those in need in local areas with staff from across the different services taking the lead in their own work areas.**
- **Rid the care system of equity funded providers whose profit is paid to shareholders, paying little or no tax in the UK due to their offshore accounts and overseas parent companies. This is a completely unethical way of funding much needed care.**
- **Give much better financial and functional support to family/unpaid carers. In particular, those older carers to ensure that they can still receive their state pension and a pittance of carers allowance without means-testing.**
- **Take heed of the ‘Unfairness of Care’ poster included with this submission.**

The Unfairness of Care Funding



Molly



Malcolm and Mary



Margaret



Michael

We all paid income tax, National Insurance, VAT and council tax before we retired, and still pay various forms of taxation, but we're treated differently when it comes to funding our care.



Molly lives alone in her own property. She has dementia and needs to go into a care home.

She has an income and savings of more than £50,000 and owns a property worth more than £300,000. She has to pay all her care costs, until her income and assets reduce to under £23,250, at which time the local authority will begin paying some of her care costs.



Malcolm and Mary live in their own property. Mary has dementia and Malcolm is no longer able to look after her at home. She has had to move into a care home.

Mary has income and savings of £20,000 and jointly owns property with Malcolm worth £450,000. Because Mary's personal income and savings are less than £23,250 she has to pay only part of her care fees and her local authority pays the rest. Her property is disregarded from the financial assessment because Malcolm still lives in their home.



Margaret lives in rented accommodation. She has suffered a stroke and needs to go into a nursing home.

She has an income and savings of less than £10,000 and does not own any property. All her care costs are paid for by her local authority. Because the local authority buys its places in nursing and care homes at a cheaper rate than those who have to fund themselves, Margaret's care is effectively being subsidised by Molly.



Michael lives alone in his own property. He has cancer and is treated in hospital.

It does not matter how much income, savings or property Michael has because the care he receives is provided free by the NHS and is funded through taxation.

The NPC believes all care should be funded by society as a whole through general taxation and provided publicly, free at the point of need, regardless of an individual's income, savings or property in order to remove the financial fear of ill health.

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Income

Pensioner poverty has risen with the latest figures showing 2.1 million (18%) of pensioners in the UK living in relative poverty. We expect this figure to rise as the cost of living continues with older people struggling to make decisions on how to allocate their fixed income.

Income dictates how well you can live, maintain your well-being and live in a warm, damp free home. Living on a low income is exacerbated by extra costs due to a disability or care needs.

The basic state pension (which the majority of pensioners have) is the most inadequate within the industrial world. Not all pensioners received a full basic state pension and not all have an occupational pension to rely on. Yet the government would have the public believe that we are all wealthy, all home owners with cash to splash that are denying younger people from getting on the housing ladder. Home owners over the age of 65 are asset rich and cash poor. There has been an increase in those aged 65 and over moving to privately rented accommodation with all the dangers that represents.

Older people are portrayed as somehow taking something we are not entitled to. We all contributed through National Insurance taken off at source when we were the workers of yesteryear. Older people still contribute circa £160 billion to the Treasury through tax, VAT, unpaid caring, childcare, and volunteering. Charitable organisations have said that without older people, they could not run their services.

The gender pension gap of ~40% discriminates against women. The inequality between the basic state pension and the new state pension is discriminatory. The older we are, the more support we need in terms of warm, dry homes, health care, the ability to get out and about and not always struggle to make ends meet, making decisions around heating or eating.

Government attempts at driving a wedge between young and old through things like the triple lock and their many claims of protecting older people do not work. The government should place more emphasis on having a national debate with all relevant stakeholders on the future of pensions. Their only answer is to raise the state pension age. *(See section on pensioners of the future)*

- **The true value that older people have in society must be promoted as a positive rather than the negative stereotyping of older people sitting at home taking money for nothing.**
- **End the inequality between the two pension schemes**
- **A decent state pension for all, linked to 70% of the National Living Wage (outside London), indexed linked to the triple lock.**
- **Deal with the gender pension gap and its discrimination against women.**
- **Effective policies to deal with all areas of poverty.**

Housing

Older people need affordable, warm, accessible homes. The building programmes have not reached the target of social housing that is desperately needed. Many councils have policies on Lifetime Homes, Lifetime Neighbourhoods, but are undone by politically motivated changes and funding cuts that mean very little progress has been made.

In the 21st Century, it is shameful that we still have a quarter of rented homes that do not meet the decent homes standards. We still have 'no fault' evictions because of the time taken to progress legislation through parliament – legislation that is in itself full of loopholes. The legislation in 2019 extends better protection on a variety of important tenancy issues and these should be recognised in the current Bill.

The Minister should intervene to ensure that Local authorities speed up the decisions to award Local Authority Housing Allowance to tenants so as to prevent the wrongful evictions from being conducted.

Airbnb's should be banned (as in New York) in order to release more accommodation during this housing crisis. Legislation should cover the use of Airbnb's and be regulated and monitored for their impact on the local areas in which they exist.

The government has scrapped the EU protective laws on environmental pollution rules which now allow house builders greater freedom to pollute the local environment. This is a regressive step in comparison to the UK signing the climate change protocol. Older people fear for the future of their children, grandchildren and great grandchildren in the hands of a government that appears to pay lip service to climate change.

- **Older people's voices must be heard. They must be part of any planning for new house building, in particular where homes are to be built specifically for those in later life.**
- **Meeting targets for social housing must be made a priority in order that those who cannot afford to own their own homes have affordable, decent housing.**
- **Government promises on environmental and climate change are not negotiable and therefore protective laws on pollution must be reinstated.**

Transport

There are extreme barriers to older people where travel is concerned. The privatisation and fragmentation of rail and bus services has seen a huge barrier placed before older and disabled people as well as those with families. A system that favours profit over people in order that shareholders can be paid their dividend is **not a public** transport service. With money leaching out of the public arena into the exorbitant profits of the rail and bus companies, it is little wonder that older and disabled people are suffering discrimination at the hands of government policy. The investment into transport services is way less than it needs to be.

Ticket Office closures will have a devastating effect on anyone without a bank card, a smart phone or an app. Since older people are the least likely to trust technology, not having a ticket office presents a huge barrier to travel. Ticket machines are not able

to offer a full range of tickets at decent prices, do not take cash and are often out of order in stations.

Unstaffed stations discriminate against older, disabled and those with other vulnerabilities as well as families with pushchairs. The height of the steps on new trains is dangerous as is the gap between the platform and the step. Unstaffed stations will be closed to those who need support getting on and off trains, into lifts and toilets.

Staff on trains are critical to the safety and well-being of passengers. Driver only trains increase the health and safety risk to passengers. Without a guard, the unacceptable behaviour of some passengers, the health needs of others and the general smooth running of a journey are at high risk.

In terms of buses – there are areas of the country where bus services have been completely lost or severely reduced. Those without a car and unable to afford taxi fares are isolated in their homes with the inevitable impact on their physical, emotional and mental health.

In other areas, timetables have been severely cut to the extent that workers are unable to get to and from their workplace. Older people cannot get to their appointments on time due to cancellations of buses on routes or serious delays to timetables.

Whilst the £2 flat fare is helping in terms of affordable fares, we have no doubt that when this comes to an end, we will see even less buses on the roads which is actually an environmental catastrophe. Bus companies complain they cannot recruit drivers – they need to take a look at pay structures in and outside the industry and make driving a bus the thing to do.

The 'chicken and egg' situation between public transport and cars needs to be dealt with. If public transport is reliable, clean, affordable, inclusive and environmentally friendly, then perhaps there will be a reduction in car usage. This needs to be taken on board at government level with the use of large, expensive travel costs.

- **An integrated publicly owned transport services across the country with a national body monitoring performance and investment.**
- **Funding for local councils to enable them to be part of a nationwide affordable fare system that allows all who want or need to travel to do so with financial security.**
- **Ensure equality of travel for everyone, including across borders.**
- **Build trains and buses for the needs of disabled people – if transport is accessible to them, then it is accessible to all.**
- **Environmentally friendly buses across the country**

COVID

Older people have borne the brunt of inhumane and disgraceful decisions by the government during and after COVID. Human rights of older people were blatantly over-ridden by Do Not Resuscitate Orders; bans on family visits to care homes; dying alone; no GP visits; not sending older people to hospital for emergency care; or

recognising the need for extra resources for care homes and family carers. Enforcing blanket lock downs based on age is discrimination and belies the fact that older people know what is best for them and their families.

We notice that COVID is not talked about that often now, the message being that it is over. Older people know that it is not and public information that used to come from Public Health is not a feature we see on a regular basis. Messages are important for people to understand the latest risks. Since Public Health is now an inward-facing organisation, we are concerned that the wealth of knowledge, experience and understanding from those working in public health is lost.

The impact of lockdown on family/unpaid carers has been tragic and heart breaking. With little or no support, trapped in homes with loved ones suffering dementia, cancer and other life-limiting conditions; left to do what they can.

- **This must never happen again. Strategies must be in place for much better responses taking account of the rights of individuals and ensuring that financial, human and other resources are in place. What price do we put on people's lives?**
- **We await the outcome of the COVID inquiry which will hopefully show the lessons to be learned for the future. However, on current showing we are not convinced that this will actually happen.**
- **If England had a Commissioner for Older People at that time, older people's voices would have been heard and a different path taken which may have saved many lives.**

Conclusion

It is quite clear that there is no holistic view taken across the board when policies and decisions are made. The issues for older people cut across pensions, health, care, housing, transport, energy, digital exclusion and environment.

For example, the decision to suspend the triple lock in 2021 when the cost of energy crisis was already known, meant zero rise for older people. Older people have always had to choose between heat or eat, but the cost of living has meant there is nothing left to cut. Consequently, poverty increases, malnutrition and dehydration increases, illness increases.

From this submission it is patently clear that a Commissioner for Older People & Ageing in England is a must. An independent champion for those voices to be heard to bring together all departments and make change happen that gives older people their rightful place in contributing to the nation. There is no voice for older people in parliament.

Working with the current Commissioners in Northern Ireland and Wales, common aims can be supported whilst England-only issues are dealt with.

Should you need any further information around this submission, then please do get in contact with the NPC.

November 2023