Briefing

March 2009

Funding adult social care in England

Introduction

The current system for funding adult social care in England has been criticised as unfair, complex and financially unsustainable. There are significant local variations in who is eligible for what kinds of support and a host of complicated local and national rules that apply to the funding of different elements of social care services.

Increases in life expectancy, including among younger adults with physical and learning disabilities, mean that demand for these services is set to increase significantly in the coming decades, calling into doubt whether the current system can meet future need.

In autumn 2007, the government announced its intention to reform the current system, and a Green Paper containing options for a new system for funding adult social care and support will be published in 2009. This briefing sets out how adult social care is currently funded; outlines some of the main criticisms of the current arrangements; and describes the types of changes the government might consider for its reform.

Social care is funded differently in the four nations; this Briefing focuses on England only.

What is social care and who receives it?

The Department of Health defines social care as:

> *the wide range of services designed to support people to maintain their independence, enable them to play a fuller part in society, protect them in vulnerable situations and manage complex relationships.*

(Department of Health 2006)

Social care will usually be needed because of older age, learning and physical/sensory disability, accident, long-term illness, or mental illness.

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Care services are provided in care homes (residential homes and nursing homes), in a person's own home (usually referred to as domiciliary care or home care) and at community venues (such as drop-in and day care centres).

There are different types of social care services, and these distinctions are often important when determining who pays for services (*see* p3). *Personal care* covers help with the more intimate activities of daily living such as dressing, eating, washing and going to the toilet. In a domiciliary care setting, a care package can include both personal care services and *practical help* in the home (such as domestic cleaning and assistance with shopping). In a care home there is a distinction between personal care services and *board and lodging*.

Any services that must be supplied by a registered nurse in any setting are defined as nursing care; separately, NHS Continuing Healthcare provides a full package of care services at home or in residential care for people whose 'primary need is a health need' (Department of Health 2007). These services are distinct from social care.

Around 2.5 million older people (aged over 65) in England – 30 per cent of the older population – have some difficulty with activities such as dressing, eating, washing and going to the toilet (Forder 2007); of these, around 1.2 million in 2007/8 used social care that was provided, purchased or supported by a local council (including equipment and adaptations to people's homes) (NHS Information Centre 2008).

Around 3 million younger adults (aged 18 to 64) have care needs related to a disability (Behan 2009), of whom around 550,000 in 2007/8 received social care packages organised through their local council (NHS Information Centre 2008).

The wider care and support system

Social care is just one element of a broad system of publicly subsidised care and support for disabled and dependent individuals. The state makes a contribution to the extra costs associated with disability through the disability-related benefits Attendance Allowance (for those who first apply when aged over 65) and Disability Living Allowance (for those who first apply when aged under 65). These benefits are the biggest public expenditure – after social care expenditure – on the costs associated with disability. Further support for low-income or vulnerable individuals who are disabled or dependent is provided through the Supporting People programme, Disabled Facilities Grants, and the Independent Living Funds.

How is social care funded?

Social care in England is funded through: central government funds allocated to the local council; council tax revenues; individuals' contributions to their council care package, and/or to services arranged independently. The voluntary or third sector also provides and subsidises a range of care services.

Councils with social services responsibilities (unitary and county councils) commission social care services for the local community. The local council carries out an assessment of need to determine the level and type of disability and dependency of an individual. The council uses the national *Fair Access to Care Services (FACS)* framework (Department of Health 2003a) to categorise an individual's level of need as low, moderate, substantial or critical. Each local council has its own budget for adult social care and decides which of these four needs bands it will fund (some councils fund moderate needs, others cover only the critical band). Anyone below their council's needs eligibility threshold must pay for their own care.

In England, an adult who is eligible to receive social care undergoes means-testing to determine how much they will be expected to contribute to the cost of their care. The means-testing rules are complex but can be summarised as follows.

- There are national rules for residential care. An individual with assets of more than £22,250 (in 2008/9) receives no public financial support. The value of the individual's home is included in the means test from 12 weeks after entry into a care home unless a spouse/partner or other qualifying person continues to live there. For individuals whose assets are, or fall, below £22,250, an 'assessed income' figure is calculated according to national rules that specify what types of income and assets should be included. All of that assessed income must then be paid towards the costs of residential care, except for a weekly personal expenses allowance of £21.15. Anyone who does not want to sell their home to pay care home fees can apply for a deferred payments agreement whereby the council in effect provides an interest-free loan until the agreement is terminated by the user (for instance if the property is sold) or up to 56 days after the death of the user. Local authorities have discretionary powers to agree this type of arrangement; no official data could be found on the total number or value of such schemes.
- The rules that determine the charge made for care provided in an individual's own home (domiciliary care) are set by the local council but must comply with the Fairer Charging guidelines (Department of Health 2003b), which specify that a user's assessed net income after care charges must not fall below a minimum threshold. There is a big variation in funding systems: a small number of councils provide free services, most use a means-test to determine user charges, and others charge a flat rate. A user with assets above £22,250 (in 2008/9) is usually asked to pay the full cost of the care plan.
- NHS nursing care is provided free in one's own home and since 2001 the NHS has also contributed to the cost of registered nursing care for care home residents by paying a weekly allowance of £103.80 (standard rate) or £142.80 (higher rate), depending on the assessed needs.
- NHS Continuing Healthcare provides a number of so-called 'continuing care' services without means testing. These can be supplied in any setting and include fully funded health care and personal care in the patient's home or a fully funded care home placement including board and accommodation.

Separately from social care, the UK disability-related benefits (Attendance Allowance and Disability Living Allowance) have national eligibility rules and are not means tested.

How is the funding made available to users?

Social care was traditionally provided in the form of services determined and delivered by the local council, in contrast with disability-related benefits that are cash benefits and can be spent on anything. These days local authorities are likely to contract out their services to a range of different providers.

The government now has a programme to encourage the 'personalisation' of social care, set out in the 2007 cross-government document *Putting People First*, which was also supported by a range of social care organisations (HM Government 2007). This stresses giving users greater personal choice and control over state-subsidised social care services and the transparent allocation of resources.

A number of options have been introduced for how the funding is made available.

- **Direct payments** provide an individual with the cash equivalent of the value of the social care package to spend on their own care; there are some restrictions, for example, they cannot use the money to pay cohabiting spouse/relatives for care. Anyone who is entitled to state funding for social care can opt for a direct payment.

- A **personal budget** is an amount of funding allocated to a user that allows them to control which services that funding is used to purchase.
- **Individual budgets** have recently been piloted; these are similar to personal budgets, but combine local council social care funds with other care and support funding streams to create a single 'pot' of resources for purchasing services (Department of Health 2009).

Take-up of these options is limited, and most adult social care services are organised by local councils.

The cost of the current system

In 2007/8, net total public cost of adult social care in England was £13.34 billion, of which £7.11 billion related to those over 65. In addition, a total of £2.15 billion was paid in user charges, £1.76 billion coming from older people (National Statistics 2009). However, these official figures do not include other types of private funding; for instance, it is estimated that total private expenditure in 2006 by older people was £5.9 billion including user charges, top-up payments and privately purchased care (Forder 2007).

In 2007/8 total expenditure on Disability Living Allowance in the United Kingdom was £9.86 billion and on Attendance Allowance £4.44 billion (Department for Work and Pensions 2008).

The challenges for reform

Financial sustainability

The demand for care and support is set to increase significantly. Life expectancy for both men and women has increased by around 11 years since 1948, and younger adults with physical and learning disabilities are surviving longer (Department of Health 2008). Demographic projections suggest that between 2005 and 2026 there will be 1.65 million more disabled adults in England aged over 18, of whom 1.3 million will be over 65. This represents an increase of around 12 per cent in the number of disabled adults aged 18 to 64, and an increase of around 50 per cent in the number of older disabled adults (HM Government 2009, Wittenberg *et al* 2008a, Wittenberg *et al* 2008b).

These demographic trends, combined with assumptions about increases in the price of care and support services, lead to projections that the net public expenditure in England on care for adults of all ages will reach £24.1 billion (in 2005 prices) in 2026, an increase of 108 per cent in real terms since 2005. Total private expenditure by older people is projected to more than double to £13.4 billion (in 2005 prices) by 2026 (private expenditure projections for younger adults are not available). It has been estimated that there could be a state funding shortfall of £6 billion a year by 2026, if current levels of funded social care continue to be provided and funding is increased by 2 per cent a year in real terms (HM Government 2009, Wittenberg *et al* 2008a, Wittenberg *et al* 2008b).

Projections for the cost of Attendance Allowance and Disability Living Allowance show a similarly sharp increase, rising in real terms for the UK from £13.9 billion in 2006/7 to £21.3 billion in 2026 (in 2008 prices) (Department for Work and Pensions 2009).

'Unfairness'

The government (HM Government 2008) accepts that 'people find the current means testing system unfair' and that the current system 'is criticised for penalising those who save for their old age'.

In addition, there are significant variations between councils in terms of the allocation of publicly subsidised social care, and this is unpopular (Caring Choices 2008). Local authorities decide which needs bands are covered (some councils fund moderate needs, others cover only the critical band); they determine the size of care package; and they set their own rules for means-testing domiciliary care. This means that the support and funding that people receive depends on where they live.

As demands on social care budgets have risen, local authorities have raised the level of need at which publicly funded care is provided; in 2007/8, 72 per cent of councils were not servicing the low or moderate needs bands (CSCI 2008). At the same time, higher incomes and levels of home ownership have put more people above the financial threshold to receive publicly funded care. Over time, these two trends will mean that publicly funded social care is increasingly focused on a shrinking proportion of those who need care, despite being funded in large part by general taxation.

Lack of transparency

There is a high level of public misunderstanding of the current system and the complex means-testing rules. A survey for the Department of Health found that 31 per cent of respondents believed social care services would be free if they needed them, with similar results across all socio-economic groups (Samuel 2008). It is perhaps not surprising then that many people underestimate the financial demands that will be made on them in old age.

Multiple funding streams

The social care system is also extremely complex, with a large number of funding streams. These are allocated through diverse and unco-ordinated mechanisms that use separate assessment processes, regardless of the overlap in the recipient populations. In particular, Attendance Allowance and Disability Living Allowance provide national cash benefits linked only to need, while social care is means-tested and subject to local council control. Yet both funding streams exist to support similar goals of providing care and support and promoting independence.

Users can also find it difficult to understand the boundaries between NHS funding and the social care system.

Age-related funding

Disability in later life is often predictable and affects a significant proportion of the older age group. In contrast, disability among younger adults is mostly related to disability at birth or unforeseen events (such as accidents etc) and affects relatively few people. At the moment England's social care funding system is the same for adults of all ages, whereas state benefits are often age-related. The government is considering whether reform could introduce age-related funding given that younger disabled adults face higher care costs for longer periods of time and have less opportunity to prepare for the costs of care (HM Government 2008). (Scotland's free personal care system is currently only available to older people.)

The path to reform

Recent debate about care funding has focused on older people. In 1999 the Royal Commission on Long Term Care recommended that the costs of personal care services for older people should be met by the state, but that board and lodging fees paid in care homes and the practical help people received in their own homes should continue to be means-tested. The majority report argued that free personal care, funded through general taxation and based on need rather than wealth, was the most efficient way of pooling the financial risk of long-term care. The principle behind this recommendation was adopted in Scotland in 2002 but not in England.

In 2006, *Securing Good Care for Older People*, the review of social care by Sir Derek Wanless for The King's Fund, published forecasts of future care expenditure and an analysis of the potential funding mechanisms (Wanless 2006). It suggested that the government consider introducing a so-called 'partnership' funding model, which combined individual contributions and state support. The idea was that older people in need of social care would be entitled to a free basic package of care, without a means test, and then would be encouraged to make contributions themselves through a 'matched funding' deal whereby every pound they put in would be matched by a pound from the state up to a certain amount. The King's Fund review argued that this partnership approach would be more inclusive and transparent than the existing system, that it would also encourage people to save, and that it would reduce local variation. The review proposed that the extra cost to the state could in part be financed by re-allocating some of the disability benefits budget, although it acknowledged that more work was needed both on the practicality of the partnership model and on how disability benefits could be used.

Around the same time, the Joseph Rowntree Foundation (JRF) proposed a system that would combine a universal national entitlement with private contributions and remove means testing; it recommended a transparent co-payment arrangement whereby care costs would be split 80:20 between the state and individuals (Hirsch 2006).

In 2007, a group of organisations led by The King's Fund formed the Caring Choices coalition to consult with older people, carers, service providers and commissioners on the current system and the appetite for reform. At a series of events held around the country there was an acceptance that financial responsibility for social care should be shared between the state and the individual (Caring Choices 2008).

In autumn 2007, the government announced its intention to reform the funding system for adult care and support in England – covering older people and younger adults. The reform proposals are due to be published in a 2009 Green Paper.

Options for reform

The key questions for reform are: where can the money come from, and who should be eligible for state funding? Among the issues are: the extent to which the financial risk is shared across society or is borne by the individual; whether the government compels individuals to make provision for future care needs, or just encourages them to do so; and the degree to which richer individuals subsidise those less well off.

Where can the money come from?

Funding systems usually combine some forms of public and private funding.

Public funding

Taxation

Funding care and support through general taxation creates some degree of risk-sharing across society. Funds can also be raised through local taxation, including council tax, sharing the risk to some degree across a local population. Local funding is likely to lead to geographical variations in the way the system operates.

Tax-funded systems usually have a fixed budget so the level of services provided depends on the available funds. Reform proposals such as the Royal Commission's free personal care option, The King's Fund review's partnership recommendation and the JRF's co-payment approach all depend on increased public funding provided from general taxation.

Social insurance

In a social insurance model, specified groups within the population pay mandatory contributions to a public fund that is usually ring-fenced for social care. Those paying contributions (and thereby sharing the risk) can include the working population, employers, pensioners, an age-defined sub-population, or a combination of such groups. Social insurance schemes are usually linked to clearly defined entitlements so there may be more risk to the public purse. The social insurance model is often criticised for discouraging the creation of jobs (as it adds to the cost of the taxes employers have to pay for each employee); in Germany the government responded to opposition from employers to the introduction of a social insurance care scheme by dropping one public holiday.

In 2008, the International Longevity Centre proposed a non-mandatory National Care Fund, a social insurance scheme to pay for the long-term care of older people. Participants would make a means-tested one-off contribution and would then be entitled to a standard package of care paid for by the Fund. Payment could be deferred until after death and funded from an individual's estate including property wealth.

Switching to a social insurance system could be put forward in the Green Paper as an option in England. The government would need to outline who would have to contribute and the likely level of contributions and benefits.

Private funding

The main sources of private funding for care and support are income (including pensions), financial assets, and housing assets. Younger adults in need of care from birth or early age would be unlikely to accumulate the necessary funds. Older people today are on average much better off than previous generations, but the Wanless Social Care Review demonstrated that the income and wealth of those over 60 correlates inversely with dependency so that those most in need of care and support tend to have less private resources.

The number of older people owning their own homes has increased, with £932 billion in housing equity owned by those aged over 60 in 2004, and the government has identified this as a potential source of funding for social care (HM Government 2008). Homeowners can access funding from their property either by downsizing to a smaller property, or freeing up capital while continuing to live in their home through commercial equity release schemes, although the recent sharp decline in house prices has dampened the market for these products.

Commercial private long-term care insurance can be used to reduce the potential financial impact of dependency for those individuals who do not expect to qualify for publicly funded care, but demand for these products in England has been low and very few products are available.

As part of the Green Paper reform proposals, the government could consider whether to provide any financial incentive to encourage individuals to opt for equity release or to help revive the market for long-term care private insurance.

Who should be eligible for public funding?

There are two questions in relation to eligibility for public funding: first, what is an appropriate level of need and, second, should an individual's private means have an impact on the state funding they receive.

Eligibility based only on need

There are two broad approaches to needs-based eligibility.

- In a **care-managed system** an individual's overall needs and personal circumstances are assessed in order to establish their eligibility for care and the nature of the support package. Scotland's free personal care system is a needs-based care-managed system; there is no means-testing of individuals, but the system is constrained by an overall budget so the services offered in care packages may be limited. If the Green Paper proposes free personal care for England it will need to demonstrate financial sustainability, which would be challenging.
- In an **entitlement system** eligibility is usually determined through answers to a checklist of questions that assign an individual to a needs category. Fixed levels of support (which could include free personal care) then apply to the different levels of dependency. This type of assessment can lack flexibility and is less sensitive to individual circumstances, such as the availability of informal care. However, the user's entitlement to support is transparent and is not affected by immediate budget considerations. The social insurance model is an entitlement system.

Any Green Paper proposals to move towards a purely needs-based eligibility system would have to define what types of care and support the state would fund. For example, the Scottish system covers help with personal care (such as dressing, eating, washing, and going to the toilet) in any setting but does not cover the board and lodging costs of a care home placement.

Separately there are the questions of, whether individuals with relatively low levels of need would qualify for any state-funded support, and the extent to which the system would still expect all users to make co-payments. In many entitlement systems the payout bands are designed as a contribution to the total cost of the required care and support, and the individual or family is expected to make up the difference (unless eligible for income support benefits).

Eligibility based also on income and/or assets

If the total budget is inadequate to provide an effective universal service, means-testing can be used to ensure that state funding is targeted on those who cannot afford to purchase care and support.

The rules regarding the means-testing of housing assets can particularly influence eligibility. If the value of the house was *not* included in the means-test, around 95,000 UK care home residents (24 per cent of all residents) would become eligible for public funding. Alternatively, if the value of the house *was* taken into account for domiciliary care, around 175,000 UK domiciliary care users (12 per cent of all users) would lose public funding (PSSRU 2006 and Hancock *et al* 2007).

A key issue for the Green Paper reform proposals will be whether to means test or provide services purely on the basis of need.

What happens next?

There is a growing consensus that the current system of funding adult social care is unsustainable and reform is needed. Public backing for any new care funding model will depend on the reformed system being perceived as sustainable, transparent and fair. In relation to sustainability, there will need to be some form of political consensus about who should receive publicly subsidised care and support and how this should be determined. The key decisions that will shape the new system will be the balance between the role of the state, the individual and family in funding social care – and in particular whether to opt for national consistency or local flexibility; whether a single funding model is appropriate for adults of all ages; and whether public funds should be targeted primarily on the basis of need or at those least able to pay.

The Green Paper proposals face the additional challenge of a major recession, with both the government and its citizens facing a period of tough financial constraint of unknown duration and severity. This may be seen as a reason to promote significant reform, or as an excuse to postpone it.

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