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# Older People's Care Survey

Gordon Cameron

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## Foreword

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'The crisis in elderly care is an important issue for us and we are delighted to sponsor this Care Survey. Ensuring that elderly people age with dignity is a key concern for us as we're the UK's largest pension scheme investment manager and are responsible for making sure that over a million people are paid their pensions week in, week out.

By 2050, the number of over 85s will have increased fourfold, placing unprecedented demands on the resources of the NHS and increasing the total amount that the public sector and individuals spend on elderly care. In 2014/15 local authority care spending was over £7 billion. Yet another 41% of care costs are met by individuals and their families, with a further 12% of costs coming from top-up fees.

This 'Older People's Care survey' shows that the average price of UK residential care is nearly £29,000 a year. Care homes in outer London are 46% more expensive than North West England.

There are no easy answers to the care crisis. We're playing our full part by ensuring that consumers can utilise all parts of their 'personal balance sheet' to age with dignity; whether it's by offering a low cost default auto-enrolled pension with a self-imposed cap of 0.5%, offering lifetime mortgages through to building homes for all.

Whatever the solution to elderly care, the government must continue to have the financing of care costs firmly on the political agenda."

**Kerrigan Procter, Chief Executive Officer, Legal & General Retirement**



"The Family and Childcare Trust exists to make the UK a better place for families. We hear from families about the struggles they face accessing and paying for care for children and older families members; when either don't get the care they need and deserve, it is a problem for the whole family.

Grown-up children often need to find a suitable place for their parent to live and negotiate complex financial situations, while looking after their own children or grandchildren, and going to work. For many families, the result is an impossible juggling act.

This situation benefits no-one: people feel that no part of their life is getting the attention it deserves; spouses feel they have little choice but to care for their loved one in their home without support; providers are forced to operate at impossibly low and often unsustainable margins; the NHS pays billions of pounds to keep people in hospital when they'd be better in a care home but there's no space available; local authorities struggle to pay for care with what they get from the Government.

Getting the right care should not be a matter of having the right postcode or simply good fortune. We hope that this research will encourage the Government to make sure that older people in the UK get the care they need, wherever they are."

**Justin Irwin, Interim CEO, Family and Childcare Trust**

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# Executive summary

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Older people's care is vitally important to all of us. Everyone has the right to safe, comfortable and dignified care when they are unable to look after themselves, and no-one should be frightened about what will happen when they get old. Good quality care which is affordable at the point of use supports older people to live well into old age. When it is not available it causes entirely avoidable suffering, creates stress and worry for families, and often forces people into impossible efforts to look after a loved one without support. Failures in the care system cause major problems for the NHS, with delays in discharging people from hospital because no care is available costing many millions of pounds.

Local authorities are responsible for providing care for older people who cannot afford it themselves, generally by paying third party providers. They also have a role in managing the market for people who pay for their own care. The Family and Childcare Trust surveyed all local authorities and health and social care trusts to find out about care across the UK. We asked whether there was enough provision available, and how much it cost for the people who received it.

The survey reveals that there are serious issues in older people's care. Older people and their families face an ongoing struggle to get the care they need at a price they can afford. For many people a decent choice of care services that is appropriate for their needs is simply unavailable. Their choices are often made harder due to a lack of information about the care that is available in their area, and what they can expect to pay.

As pressures on the system are set to increase, the Government must act to reform it now.

## Key Findings

### Is there enough care available for older people?

- ▶ Only one in five funding authorities (20 per cent) reported having enough older people's care in their area to meet demand. Over 6.4 million people aged 65 and over live in those areas with insufficient care provision.
- ▶ There is wide regional variation in availability of care services. Only 7 per cent of councils in Outer London reported having enough care to meet demand in their area, while in the North East the figure is 57 per cent.
- ▶ There is also wide variation in the types of services which have problems meeting demand. While 84 per cent of respondents in the UK said they had enough availability for care home places, that figure falls to 48 per cent for home care, 44 per cent for extra care homes, and 32 per cent for nursing homes with specialist dementia support.

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## Executive summary

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### Do local authorities and trusts have the information they need to help people?

- ▶ Respondents reported large data gaps regarding the numbers of private funders in their area, and the fees they pay for care.
- ▶ Some 27 per cent of respondents reported having insufficient data about whether the supply of social care in their area could meet demand.

Certain regions showed greater awareness of their market than others. 88 per cent of local authorities in London were able to say whether their supply met demand, compared with just half of local authorities in the East of England.

### What does care cost, and what does this mean?

- ▶ Local authorities hold good information on the costs they are paying for older people's care, but less robust information for older people who fund their own care.
- ▶ The average weekly price of all residential care types in the UK is £553.
- ▶ There is wide regional variation based on average fees paid by local funding authorities:
  - The cheapest region is the North West (followed by Yorkshire and Humberside, then the East Midlands).
  - The most expensive is Inner London (followed by Outer London, then the South West).
  - The average price in Inner London is 40 per cent more expensive than in the North West (£649 vs £464).
  - The largest regional differences are found in standard care homes. Outer London is 46 per cent more expensive than the North West (£615 vs £421).
- ▶ Just 26 per cent of respondents were able to provide data on the rates that self-funders pay.
- ▶ UK averages show that self-funder fees for all residential types are 20 per cent more expensive than local authority fees.
- ▶ Despite having some of the cheapest rates, because they have the lowest average property prices, self-funders in Northern Ireland and the North East of England will use up savings taken from the value of their home in the quickest time (both 3 years, 11 months for average residential fees).
- ▶ In contrast, self-funders in London will take the longest to spend the value of their property (14 years, 8 months for average residential fees).
- ▶ At £16 an hour, it will take just 1 year and 1 month to go through £20,000 savings on average self-funder home care fees, for 21 hours a week of support.

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## Executive summary

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### Recommendations

- 1. The Government should guarantee that there are enough care services available for people who need them.** Where the private market is not meeting demand, local or central government should act as the provider of last resort.
- 2. The Government should start an ongoing data tracking programme to measure whether there is enough social care for older people across the UK.** A strong understanding of the local social care market is essential for central and local governments to be able to identify capacity issues and work to resolve them.
- 3. The Government should provide local authorities with funding offers that are truly reflective of the higher cost of specialist services.** Demand is likely to grow for specialist care as the population ages and people with high support needs live longer. As such, adequate funding from central government will allow local authorities to deal with current and future demand, as well as reducing pressure on NHS services. This funding settlement should be determined by robust evidence on the demand for social care services and cost of providing high quality care to meet this demand.
- 4. The Government should provide funding to support upstream intervention services, such as domiciliary care, and extra care home schemes.** These services can be effective in maintaining independence. Additionally, as they are more likely to slow the escalation of support needs, they may reduce market pressures in the long term. As the recent Barker Commission highlighted, there are still important opportunities to integrate health and social care funding to promote preventative care.
- 5. The Government should provide workers with a mandatory right of up to 10 days of paid care leave per year.** The challenge of balancing work and caring responsibilities can be financially and mentally stressful, and can cause carers to leave the workforce permanently. Paid care leave would enable carers to deal with emergencies, put necessary arrangements in place, and accompany those they care for to appointments, without using the annual leave necessary for their own wellbeing.
- 6. Local Authorities should provide up to date information for families about social care in their area, including information on the cost of fees and third-party contributions.** It is also important for older people and their families to have greater access to information about care in their area – what is available, and what people can expect to pay to support themselves or their relatives.
- 7. In the long-term, the Government should seek to address the strategic challenge of reforming care and support funding.** The Government is right to focus in the short-term on addressing immediate and unsustainable pressures on local authority social care budgets. The Government must, however, maintain its commitment to implementing the Care Act 2014 in full to support people to plan for, and meet the costs of, care in old age and protect people from unfair costs.

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# 1. Policy Background

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## 1.1 Key trends

One of the major achievements for UK society over the past century has been the rise in life expectancy. A child born in 2012 can expect to live 28 years longer than if they were born in 1912, as life expectancy rose from 51 to 79 years for males, and 55 to 83 years for females (ONS, 2015). As this trend continues, the UK population will see much faster growth among older age groups. The number of people aged 85 years and over is projected to multiply over 5 times from 1.5 million in 2015, representing 2.3 per cent of the total population, to 7.7 million by 2086, representing 9 per cent of the population (Laing, 2015a). However, as healthy and disability-free life expectancy has not kept pace with overall longevity, the need for care and support in older age has risen (Jagger, 2015). Alongside these developments, social care for older people has gradually become recognised as a central policy issue.

Up until the middle of the 20th century older people's social care was predominately managed by the voluntary sector, which supplemented the unpaid care and support provided by friends and family members. This situation continued to the late 1960s, at which point public services were expanded through local authorities. Under consecutive Conservative governments, the 1980s saw a proliferation of private residential care providers, largely funded by relatively generous social security payments by central government rather than by local government commissions (Kendall, 2000).

The 1990 National Health Service and Community Care Act, fully implemented in 1993, introduced the most sweeping legislative reforms in social care since 1945. In particular, the act sought a move from institutional to community-based care, and from local authority to independent management (ibid). The shift in balance from state provision of social services to those managed independently is reflected in figures which show that between 1979 and 2014, the proportion of local authority or NHS managed residential care fell from 64 per cent to 6 per cent. For domiciliary care, local authority provision shrank from 95 per cent in 1993, to just 8 per cent by 2014 (Hudson, 2015; Laing, 2015a).

Informal or unpaid care provided by friends and relatives continues to play a major role in caring for older people. At £132 billion, the estimated replacement value of unpaid care is 7.5 times larger than local authority expenditure on adult social care, and comparable to total state spending on health, which was £134.1 billion last year (HSCIC, 2015; Buckner and Yeandle, 2015). In 2011 there were 5.4 million unpaid carers in the UK, following an 11 per cent increase over the previous 10 years. Not only are their numbers rising, but more of them are providing 20 or more hours of care a week: from 31 to 36 per cent over the same period (NAO, 2014). Along with the growing demand for social care, these figures can be expected to continue rising.

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Many carers find their roles rewarding and enjoyable, and bonds are often strengthened between carers and the individuals they support. However, without adequate support, caring can have a damaging impact on a person's health and wellbeing, which in turn may impact on their ability to continue providing unpaid care. It can also be challenging to balance care with paid work or education, leading to significant levels of disadvantage among those who provide unpaid care (Colombo et al, 2011; Carers UK and Age UK, 2016). In 2015, Age UK reported that one in five people aged 65 and over are carers themselves, and a quarter of them are providing care full-time (Mortimer and Green, 2015). As many people in this age group are likely to be retired and managing their own health problems and disabilities, as well as providing care to grandchildren, adequate support is particularly crucial.

Because most people who leave work to provide care do so at the peak of their career, the public expenditure cost of failing to support carers to maintain employment has been estimated at £1.3 billion a year (Waters and Vineall, 2013). As unpaid care is more likely to be provided by women rather than men, this contributes to the gender pay and employment gap. According to a survey conducted by the EHRC, unemployed women are far more likely to have left their last job to care for someone (17 per cent, compared with 1 per cent of men) (Smeaton et al, 2009).

Due to the growing need for social care, and the rising age of childbirth, an increasing number of people are becoming 'sandwich carers', providing care for young children and older adults at the same time. Recent data suggests there may be 2.4 million people providing sandwich care in the UK (Carers UK, 2015). For these people, the pressure of balancing these dual commitments is likely to compound the effects on health, finances and the ability to remain in full time employment (Ben-Galim and Salim, 2013).

The Care Act 2014 set out a range of new rights for carers, including the right to receive local authority support for their own needs. However, unless the Government secures the availability of an affordable range of social care services, the pressure on carers and those they support will continue to rise. The following sections will examine the cost and availability of social care for older people.

### 1.2 Cost and eligibility

The amount a person can expect to pay for adult social care is largely determined by two factors: the extent and type of their care needs, and the value of their property and savings.

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### 1.2.1 Needs eligibility

Depending on their level of need, some older people are able to access financial support from their local authority to help with all or part of their care costs. Up until recently local authorities across the UK had discretion over how they determined who was eligible for local authority-funded social care. In 2003, the government established a common framework for England designed to guarantee "a consistent approach to eligibility and fairer access to care services across the country" (Department of Health, 2003). The framework consisted of four bands relating to level of need: low, moderate, substantial and critical. However, a degree of regional variation remained. In 2014, 87 per cent of adults lived in local authorities that only met substantial or critical needs, and 1 per cent lived in authorities that only provided for those with critical needs (NAO, 2014).

From April 2015, The Care Act introduced a national minimum eligibility threshold for England requiring all local authorities to meet the needs of adults if their wellbeing is significantly impacted by their inability to achieve two or more activities out of ten listed in the accompanying regulations. In Wales, a similar, but slightly more generous minimum eligibility threshold was introduced at the same time. Local authorities in Scotland retain discretion over eligibility, but must provide free personal care to anyone aged 65 and over, and free nursing care for all ages. Health and Social Care Trusts (HSCTs) in Northern Ireland must provide care to those with substantial or critical needs (Alzheimer's Society, 2015). These requirements provided a welcome level of consistency, meaning that people will not need to worry about losing their eligibility for care if they move to a new area within the same country. However, a number of issues remain.

While a national minimum threshold represents a crucial opportunity to reverse the trend of councils tightening their eligibility criteria, for many people the new threshold is too high. Though it is lower for the 2 per cent of councils that in 2013/14 only funded people with 'critical' needs, it is now higher for those that met 'moderate' or greater care needs. This was the case for 10 per cent of councils in 2013/14, and 35 per cent in 2005/06 (Abrahams et al, 2014).

At the current level, those who only need a relatively low level of care to enable them to retain their wellbeing and independence may not be eligible for support from their local authority. It will also disqualify many people from services designed to prevent care and support needs from escalating. As these services are generally cheaper to provide than those that address more acute needs, a high eligibility threshold is both morally and economically flawed. It also undermines the Care Act's stated focus on prevention and individual wellbeing.

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### 1.2.2 Means Test

If someone does not meet the eligibility criteria, they will need to pay for social care themselves. Otherwise, their receipt of local authority funding is also dependent on the value of their property and savings. If an individual has assets worth more than £23,250 (£23,750 in Wales), they will have to fund their own care. This includes the value of their home, unless their partner is still living in it. Below this threshold, the council will fund care costs, but people may be charged a certain amount per week as well depending on their income, savings and level of need. Andrew Dilnot, who in 2010 was asked by the coalition government to report on the funding of social care, described this system as "the worst means test in the whole of the British welfare state" (Surrey News, 2011).

With the current arrangement, the capital threshold represents an abrupt cliff-edge between those who are deemed eligible for funding and those who are not. This is regarded as grossly unfair for many older people on modest means whose savings have been accumulated in their home. With assets just above the limit of £23,250, they may well find themselves ineligible for local authority funding and unable to afford care guaranteed to last their lifetime (Independent Age, 2012)

People with savings or property above the threshold must purchase their care privately. In 2010, 339,000 adults funded their own social care without local authority involvement, spending £10.2 billion overall (NAO, 2014). Paying for adult social care can be highly expensive, and many self-funders may lose the majority of their income and assets meeting the costs of care over their lifetimes. Around 10 per cent of people aged 65 face future lifetime care costs of over £100,000 (Dilnot et al, 2011) and those entering residential care often need to sell their homes.

By placing a heavy financial burden on those unfortunate enough to require care but ineligible for council funding, the Commission on Funding of Care and Support (Dilnot et al, 2011) argued that this system is uniquely unfair. Whereas the NHS protects everyone from high healthcare costs as a social insurance scheme, and private insurance can be purchased to cover costs in motoring and housing, no one can insure themselves against the costs of social care (Lloyd 2011), and the state does not provide universal support: "this is the only major area in which everyone faces significant financial risk, but no one is able to protect themselves against it" (Dilnot et al, 2011). Self-funders are also vulnerable to premium fees due to their poorer brokering power compared to local authorities. In 2015, a study by LaingBuisson found that, in 96 per cent of cases, residential care providers in England charged self-funders more than council-funded residents for an identical service. Overall, self-funders were charged 43 per cent higher, effectively cross-subsidising council-funded places (Laing, 2015b). The findings of this report, discussed in section 4, similarly reveal higher average fees paid by self-funders.

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To address some of the issues raised by the Dilnot commission, the Care Act set out a number of changes to the means test including a cap on care costs for people aged 65 and over. Though a limit on soaring lifetime costs will be welcome by many, at £72,000 the cap is considerably higher than the £35,000 recommended by the report. The Act also raises the capital threshold to £118,000. These changes were due to come into effect in April 2016, but following concerns that they would add £6 billion to public sector spending over the following 5 years, the government announced they would delay the changes until 2020 (Burt, 2015). The decision was met with mixed responses by charities and care providers. While Saga described it as a "bitter disappointment" for those facing high care costs (Saga, 2015), Age UK supported the delay, as it would "stop the social care system that millions of older people depend on from collapsing in its entirety" (Age UK, 2015). This position reflects a concern from across the sector that a sustained shortfall of funding for social care means that its availability for older people has become insecure and unsustainable.

### 1.3 Availability

Over the past decade local authority expenditure on older people's care services fell nearly £2 billion in real terms from £8.26 billion in 2005/06 to just £6.31 billion in 2015/16. One of the ways local authorities have managed this is by commissioning fewer services. Between 2005/06 and 2013/14, the proportion of older people receiving support from councils for social care fell from 15.3 per cent to 9.2 per cent, a fall of almost 40 per cent (Mortimer and Green, 2015).

Local authorities report that this reflects a greater reliance on early intervention and prevention (NAO, 2014). However as discussed above, the last ten years have also seen many local authorities tighten their eligibility criteria. Additionally, community and home care services, which are commonly associated with supporting prevention, have been among the hardest hit by budget cuts. Falling provision of local authority commissioned care has been met by growing levels of unpaid care, an increase in self-funding, rising admissions to NHS for conditions which could have been managed by appropriate community care, reports of elderly patients refusing to leave hospital due to high care costs, and ultimately, rising levels of unmet need (Mortimer and Green, 2015; McCann, 2016).

Councils have also decreased spending on social care by reducing in real terms the fees paid to providers. As the major purchasers of social care in their area, local authorities are able to negotiate the prices they pay for the care they commission. Between 2009/10 and 2013/14, fees paid by local councils rose 5 percentage points less than providers' cost inflation. As a result, providers have reported difficulties meeting all but their clients' basic needs and providing skills and training to staff (NAO, 2014). As the gap widens, reports suggest that there is now a risk that the market for social care is becoming unsustainable. In a recent survey, 80 per cent of directors of adult social services said that providers in their areas were facing financial difficulties (ADASS, 2016). While it is expected that a certain number of care providers will enter

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and exit the market over a given year, in 2015 market reports revealed that capacity loss from closures for the first time exceeded capacity gain from new openings, leading to a net loss of 3,000 beds (LaingBuisson, 2015).

As discussed above, many providers have had to rely on charging more to self-funders to cross-subsidise the lower fees paid for council-funded places. As a result, the care market has become increasingly polarised, with providers struggling the hardest in regions with predominately state-funded placements, as in the North East, Northern Ireland, and the Isle of Man (LaingBuisson, 2013). In recent years, a number of councils have faced legal challenges from local care homes for underpayment. In Pembrokeshire, Leicestershire and Sefton, judges sided with the care homes that the fee decisions had not taken full account of the providers' costs of ensuring a reasonable standard of care (Abrahams et al, 2014).

One of the changes made by the Care Act was to strengthen the duty of councils to ensure their local social care market is sustainable, and one that provides a diverse range of high quality services (Care Act 2014). However, councils may find this to be unachievable unless the trend of underpaying providers is dramatically reversed.

### 1.4 The future of funding for social care

The main component of social care fees is the payroll, accounting for 48 per cent of residential care charges, and 56 per cent for nursing homes. In the past 2 years these costs have risen due to 3 per cent increases in the National Minimum Wage (NMW) in both 2014 and 2015, and following the introduction of the National Living Wage (NLW) in April 2016, a further 7.5 per cent increase to £7.20 for the over 25s. The NLW is eventually set to rise to £9 per hour by 2020, which will mean a further 5.7 per cent per annum increase in wages for many low-paid social care staff (Laing, 2015a). While care providers supported the introduction of the NLW, there are concerns the policy has not been supported by adequate funding, and will add to existing pressures (UKHCA, 2016). According to analysis by the Resolution Foundation, the NLW is estimated to add £2.3 billion to payroll costs in social care by 2020, on top of £1.7 billion associated with expected above-inflation rises to NMW over the same period (Gardiner, 2015). These cost pressures will add to the existing £6 billion funding gap faced by the sector (Adcock and Powell, 2016).

Local authorities face additional pressures from the implementation of the Care Act, which will increase costs through assessments, appeals, greater financial support and increased overheads, and projected demographic changes, which are expected to add an additional £600 million to the cost of care by 2020 (Mortimer and Green, 2015). Councils are also facing wider financial pressures, with central government funding estimated to have fallen in real terms by 37 per cent between 2010/11 and 2015/16 (NAO, 2014).

The Coalition Government released some extra funding to alleviate these pressures. In the 2015 spending review the Chancellor George Osborne announced an additional £3.5 billion of funding for adult social care by 2019/20, and also a discretionary 2 per cent council tax

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precept for social care, which, according to the Institute for Fiscal Studies (IFS), would raise an extra £1.7bn a year by 2019/20 if used by all local authorities (Jarrett, 2016).

However, the Strategic Society Centre described the 2 per cent social care precept as meaningless within a largely discretionary wider budget and the IFS indicated it would be difficult to make sure that any additional money raised was used for adult social care. The Association of Directors of Social Services (ADASS), pointed out that the tax would raise the least money in the areas of greatest need, potentially raising levels of inequality (ibid). In response to the package as a whole, a joint letter sent to the government from ADASS, the Care Provider Alliance, the Care and Support Alliance and the NHS Confederation argued that the extra funding remained insufficient to meet the existing funding gap and the pressures anticipated in the coming years (ADASS et al, 2015).

Reflecting on the impact of numerous reviews, commissions, consultations and white papers, (see Box 2) The King's Fund recently expressed frustration about "how much effort has been expended to so little apparent effect" (Humphries, 2015). While many of the recent reforms introduced by the Care Act will be welcomed by those who use social care, there remain clear opportunities to reform the system to ensure that quality care remains available and affordable to those who need it, and to adequately deal with future demand. We hope that the findings of the Older People's Care Survey will highlight the urgent need to address these challenges, and remind policy makers and politicians of the importance of this issue for older people, their families, and for society as a whole.

### Box 1. Glossary of terms

*Standard care home:* 24-hour support in residential accommodation rather than care in an adult's own home. Includes meals and personal care, such as help with washing and dressing.

*Care home with dementia support:* Residential care home with specialist support for people living with dementia.

*Standard nursing home:* Care home with 24-hour access to a qualified nurse.

*Nursing home with dementia support:* Nursing home with specialist support for people living with dementia.

*Extra care housing:* Schemes that support older people to live independently in their own home by providing 24-hour emergency or on-site support. These are also sometimes called 'very sheltered housing'.

*Home care:* Support provided at a person's own home to help with personal care tasks, or getting out of the house for shopping and leisure activities.

*Local authority-funded places:* Places that are entirely, or partly, funded by the local funding authority.

*Self-funded places:* Places that are entirely funded by the service user's own funds.

*Older people:* For the purposes of this survey, 'older people' refers to anyone aged 65 and over.

## Box 2. Timeline of Reviews and Commissions.

**1999** The Royal Commission on Long Term Care, chaired by Stewart Sutherland, publishes *With Respect to Old Age*, setting out two primary recommendations. First, that the costs of long-term care should be split between living costs, housing costs and personal care; and that personal care should be available according to need and paid for from general taxation: the rest should be subject to a co-payment according to means. Second, that the Government should establish a National Care Commission to monitor demographic and spending trends, represent the interests of consumers and hold policy makers to account.

**2002** Publication of the Government-commissioned review of health spending, *Securing our Future Health: Taking a Long-Term View*. Derek Wanless, who led the review, argued that a review of healthcare resources would not be complete without considering the link between health and social care, and suggested that a significant increase in spending on social care would be required due to rising need caused by demographic change.

**2006** *Securing Good Care for Older People: Taking a long-term view*, a review of social care for older people led by Derek Wanless, is published by the King's Fund. The review highlighted demographic pressures on spending and weakness in social care provision. The review recommended a new partnership model, where the state contributes two-thirds of a 'benchmark' package of care and individuals then pay the remaining cost of the package.

**2011** *Fairer Care Funding*, the report of the independent Commission on Funding of Care and Support chaired by economist Andrew Dilnot is published. The Commission argued that more must be spent on care and support and recommended that costs should be shared between individuals and the state through a partnership funding model.

The Commission recommended introducing a cap to lifetime adult social care costs, and raising the threshold beyond which no financial support is given by local authorities from £23,250 to around £100,000. The Commission also recommended that eligibility criteria for support should be set on a standardised national basis to improve consistency and fairness.

The coalition Government implemented the main proposals of the Dilnot Commission through the Care Act 2014, setting a threshold for means tested support of £118,000 and a cap on contributions of £72,000. The Government subsequently delayed the implementation of the new funding system from 2017 until 2020 in the light of short-term pressures on social care budgets, but other aspects of the Act relating to consistent means-testing and information and advice have been implemented.

**2014** Publication of *A new settlement for health and social care* by the Commission on the Future of Health and Social Care in England, chaired by economist Clare Barker. The report argued that there are few signs that private insurance products will emerge to cover the costs of care up to the Dilnot (Care Act 2014) cap and there must be a predominantly public solution to care funding.

The Commission recommended ending the historic divide between health and social care systems and moving to a single, ring-fenced budget with a single commissioner able to drive service integration and effective preventative models of care. The Commission also recommended moving to a system in which social care is free at the point of use (excluding accommodation costs), arguing that the distinction between health and social care is arbitrary and creates unjust outcomes.

## 2. Availability of older people's care

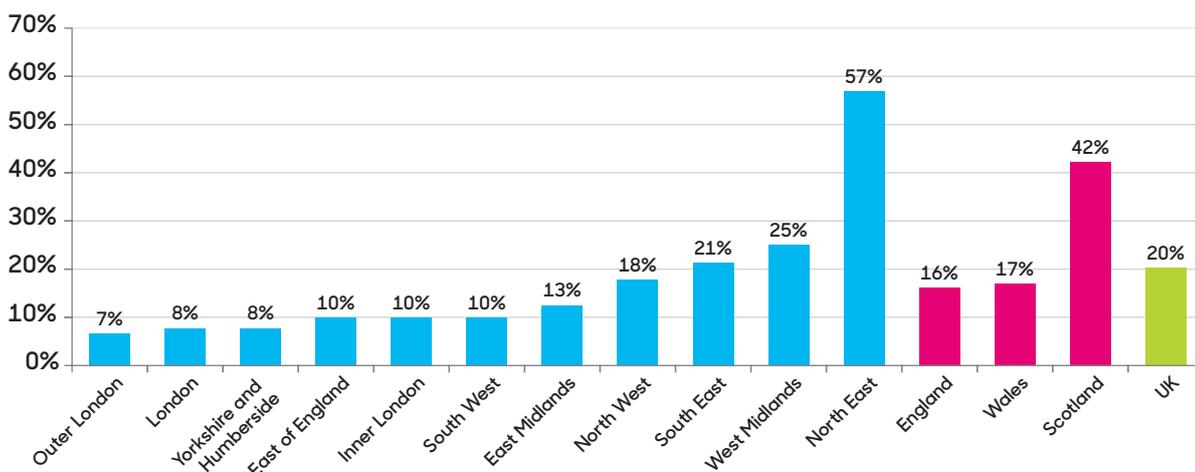
Across the UK, just one in five (20 per cent) local authorities and HSTCs have enough care in their area to meet demand. This figure is derived from data gathered from funding authorities across the UK, who were asked to report whether there was a sufficient supply of care in their area to meet demand across a range of residential and community-based services (see the appendix for more information about methodology). Only three respondents in the whole of the UK said they do not have enough provision for *any* service we asked about.

Over 6.4 million people aged 65 and over live in those areas with insufficient care provision. These people are less likely than those in other parts of the UK to find care suitable for their needs, which has implications for the quality of care available. People who use care services can drive up the level of quality in their area, but only if they are able to pick and choose from a range of providers. However, if there is not enough care to meet demand in an area, their choices are likely to be limited.

### 2.1 Variation between regions and services

Our survey reveals wide regional variation in availability of care. Just 7 per cent of councils in Outer London reported having enough care to meet demand in their area, while in the North East that figure is 57 per cent (Figure 1).

Figure 1. Proportion of respondents with enough provision of care to meet demand, by region<sup>1</sup>

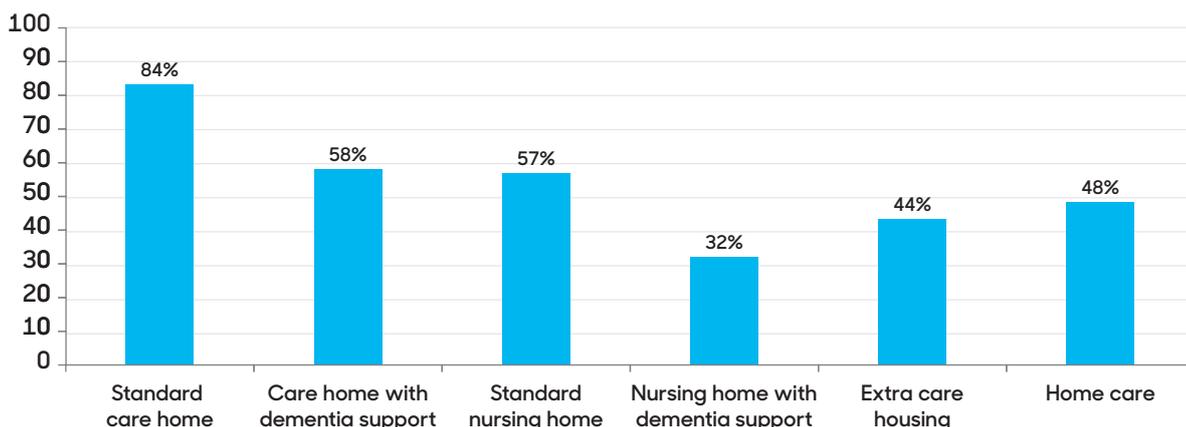


1 Northern Ireland has been removed as the small number of HSTCs in that area (5) means that comparisons are less meaningful

## 2. Availability of older people's care

We also found considerable variation in the degree to which different types of services struggle with sufficiency (Figure 2). While 84 per cent of respondents in the UK said they had enough availability for care home places, that figure falls to 48 per cent for home care, 44 per cent for extra care homes, and 32 per cent for nursing homes with specialist dementia support. This indicates that the people who are most likely to struggle to find suitable care are those with moderate needs, who could be supported with home care or extra care housing, and those with much higher support needs, who require specialist nursing care.<sup>2</sup>

Figure 2. Proportion of respondents with enough provision of care to meet demand, by service.



Home care and extra care homes are often highly valued by older people as they allow people to live more independently, continue to access the community, can meet their needs effectively, and prevent or delay them from escalating. Our data shows that home care can also provide a much cheaper alternative to residential care.

At over £27,000, the average yearly cost for a standard local authority-funded place in a care home is around £11,000 more expensive than 21 hours a week of homecare (for a further analysis of the price of care services, see section 4). While like-for-like comparisons cannot be made between these services without caution, this finding suggests that home care is likely to be a more affordable option for the many older people for whom a relatively modest amount of home care would be more suitable.

However, this report shows that 40 per cent fewer areas have sufficient home care compared with residential care. As section 2 of this report points out, upstream services like home care have been among the hardest hit by budget cuts, as funding authorities focus on meeting only the highest levels of need. Our findings support the arguments raised by Mortimer and Green (2015), the Dilnot commission (2011), and others, that this approach is fiscally unsound, as well as unethical. Potential savings may be lost both in the short term, if people cannot find

<sup>2</sup> Refer to the glossary in Box 1 for a full definition of services and other terms used in this report.

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## 2. Availability of older people's care

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suitable care in their area and are forced to use residential services, and in the long term if their needs escalate more quickly and increase future demand for more expensive downstream interventions.

A number of funding authorities highlighted the potential for extra care housing to address some of these issues. Respondents told us that, like home care, extra care housing offered a more independent model of support that reduced the growing need for residential care at relatively lower costs. Councils that already had such schemes reported high demand among older people, and many reported that plans for additional schemes were already in place.

Gaps in provision were largest for nursing homes with dementia support. These are places that support the most vulnerable older people. Failure to make provision for people with high support needs has serious implications. People with complex or challenging needs require settings with suitably qualified staff and necessary building adaptations. Where these people are supported in unsuitable settings, this places considerable pressure on care workers leading to poorer rates of staff retention and safeguarding risks to residents.

Insufficient high needs care provision has a direct impact on NHS services as emergency visits rise, and discharges are delayed due to a lack of available and appropriate social care. The latest NHS performance indicators reveal the daily average number of bed days lost to delayed transfers of care was just under 6,000 at the end of July 2016 (Baker et al, 2016). Nearly a third of these delays were caused by problems accessing social care services. As NHS attendance is more costly than residential services, there is again an economic, as well as a moral imperative to ensuring sufficient and suitable provision of care.

### 2.2. Feedback from respondents on local conditions

Qualitative feedback comments from respondents on the sufficiency of care in their area revealed a number of important themes. While many respondents highlighted recruitment and retention of workers as being a long-standing national problem, an issue that is raised in a recent report by the King's Fund (Humphries et al, 2016), local issues were also cited. In rural areas in particular, councils reported challenges sourcing labour due to a sparsity of working age people. Respondents also reported problems in towns and cities for separate reasons, including competition from local employers.

Some councils described the impact of austerity as reducing the availability of care services in their area. Budget pressures faced by local authorities have led them to being unable to offer fee increases to meet providers' costs, which has in turn has placed pressure on overall market capacity. This is likely to put a particular strain on availability for certain client groups whose needs are more expensive to meet. For instance, Birmingham City Council told us the rate they pay is "insufficient to enable providers to accept the risk of admitting citizens with challenging behaviours".

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## 2. Availability of older people's care

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Alongside growing issues with supply, councils are facing increasing demand. A number of councils pointed to the impact of an ageing local population, which has resulted in growing demand for care in general, and in particular for people living with age-related illnesses, such as dementia. Respondents also described increased demand for support with high and complex needs, as people with learning disabilities and enduring mental health problems are also living longer.

As a result of capacity issues with the local care market, some councils reported frequently having to place clients outside of their jurisdiction. However, this practice has spill-over effects, putting pressure on capacity in neighbouring boroughs. For example, one local authority told us that while they have historically had sufficient capacity to meet demand, a rise in placements from nearby councils have led to local shortages.

### 3. Market awareness

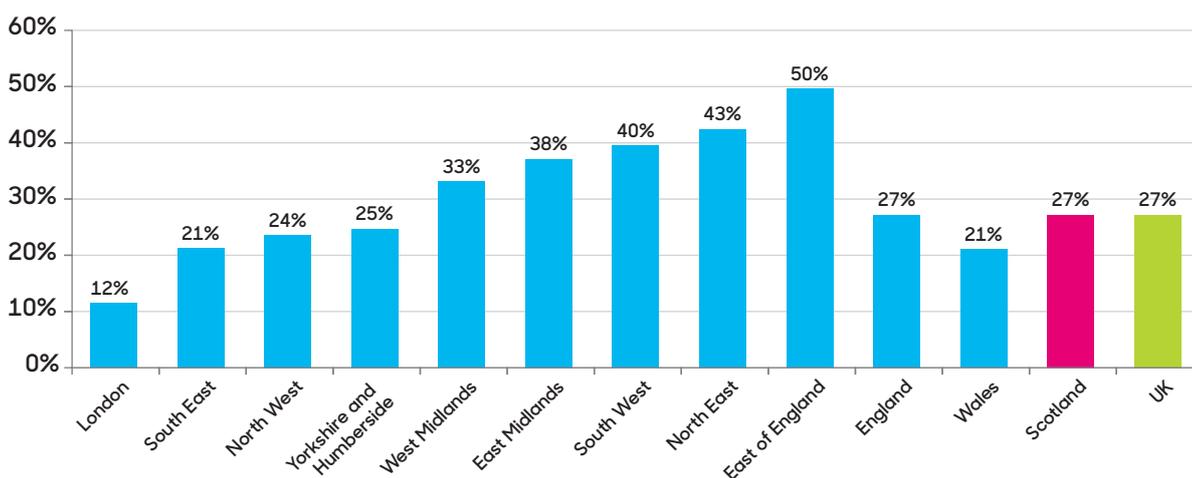
A strong understanding of the local care market is essential for central and local government to be able to identify capacity issues and work to resolve them. It also forms part of councils' statutory obligations. The Care Act places new duties on local authorities in England and Wales to shape the local adult social care market. According to the statutory guidance, "the core activities of market shaping are to engage with stakeholders to develop understanding of supply and demand" (Department of Health, 2016).

It is also important for councils to provide information to older people and their families about care in their area. This can allow them to learn more about what is available, and what people can expect to pay to support themselves or their relatives.

Despite this, councils reported large gaps in data relating to availability of care. Some 27 per cent of respondents reported having insufficient data about whether the supply of social care in their area could meet demand.

Certain regions showed greater awareness of their market than others. Some 88 per cent of local authorities in London were able to say whether their supply met demand, compared with just half of local authorities in the East of England (Figure 3).

**Figure 3. Proportion of respondents without sufficient data to assess care met demand, by region<sup>3</sup>**



Our respondents reported similarly large data gaps regarding the numbers of private funders in their area, and the fees they pay providers. Just 26 per cent of respondents (52) were able to provide data on the rates that self-funders pay for standard care home places.

<sup>3</sup> Northern Ireland has been removed as the small number of HSTCs in that area (5) means that comparisons are less meaningful.

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### 3. Market awareness

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Many respondents acknowledged that their understanding of the self-funded market was particularly low, and explained that this was due to a lack of time and resources available to gather information. Some councils pointed out that because self-funders pay for their care privately, normally without any involvement from their local authority, providers are under no obligation to share their data, and are often reluctant to do so. Others have conducted their own research to address their knowledge gaps. For instance, one council was able to provide us with estimates for the numbers of self-funders and the fees they paid, using data drawn from a telephone survey conducted last year.

It is clear that certain local authorities are doing better than others at developing an understanding of the care market in their area. The new market shaping duties placed on local authorities in 2014 are welcome, but it is important that the Government provide strong guidance and examples of good practice to support local authorities to implement them.

## 4. Transparency of information

Local authorities held good information on the costs they were paying for older people's care, but less robust information for self-funders.

### 4.1 What do local authorities pay for residential care?

In the UK, the average price for residential care funded by local authorities or HSCTs is £553 a week. This figure is derived from data provided by respondents, who were asked to provide the average weekly prices for places funded by the local authority. We also asked about the number of people receiving these services, in order to produce regional and national averages that took into account different patterns of use across the country.

**Table 1: Prices local authorities pay for older people's social care (lowest prices highlighted in green, highest in red).**

Region	Standard Care Home (weekly)	Care Home with Dementia Support (weekly)	Standard Nursing Home (weekly)	Nursing Home with Dementia Support (weekly)	Overall Residential (Weekly)	Home care (21 hours)
UK	£521	£526	£608	£559	£553	£309
England	£524	£524	£609	£624	£550	£306
Wales	£522	£559	£687	£705	£586	£326
Scotland	£501	£536	£574	£613	£552	£323
Northern Ireland	£494	£475	£631	£601	£582	£299
East of England	£578	£533	£588	£615	£572	£324
East Midlands	£501	£522	£544	£555	£506	£292
Inner London	£609	£579	<b>£689</b>	<b>£744</b>	<b>£649</b>	£313
Outer London	<b>£615</b>	£582	£668	£696	£633	£299
North East	£490	£497	£567	£553	£514	£273
North West	<b>£421</b>	<b>£466</b>	£526	£572	<b>£464</b>	<b>£266</b>
South East	£559	£550	£679	£685	£607	<b>£343</b>
South West	£603	<b>£621</b>	£655	£703	£633	£339
West Midlands	£478	£483	£536	£574	£518	£290
Yorkshire and Humberside	£499	£469	<b>£509</b>	<b>£515</b>	£498	£283

The data also reveals that prices vary widely across the UK (shown in Table 1). The region where the local authorities pay the most for overall residential care is Inner London, followed closely by Outer London and the South West. The North West is the region where funding authorities pay the lowest prices on average, followed by Yorkshire and the Humber, and the

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## 4. Transparency of information

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East Midlands. Average residential prices are 40 per cent more expensive in Inner London (£649 a week) than in the North West (£464 a week). There are even larger regional differences for certain types of care. The weekly price for a standard care home is 46 per cent higher in Outer London, than in the North West (£615 compared with £421).

There are a couple of possible explanations for these regional differences. One reason is that the cost of delivering social care tends to be much higher in London and the South East because both staff wages and land prices are higher (Laing, 2008). Another reason is regional variation in the supply of residential care relative to demand. Research by Forder and Fernandez (2012) found that the regions with the greatest supply relative to demand were the East Midlands, the North East, and the North West, while the South East, London and the South West had the lowest supply relative to demand, largely reflected in our results, discussed above in section 2. This is likely to push prices down in the former group of regions and, raise them in the latter.

### 4.2 What do local authorities pay for home care?

On average, the cost for 21 hours a week of local authority or HSCT-funded home care in the UK is £309. At 29 per cent, the difference between the most expensive and the cheapest region is lower than in residential services. There are also differences in where those high and low prices are found. For residential care, councils in London tended to report the highest average prices, whereas for home care, the average price for London is below the overall UK figure. In rural regions home care providers can be expected to cover much larger distances than in towns and cities. For instance, Stirling Council told us that in their local area a carer may be travelling around 300 miles in the course of a day. The additional cost of travel time and mileage is likely to contribute to the higher prices for home care in more rural regions.

### 4.3 Third party contributions

Third parties, usually family members, contribute to the cost of a person's care home fees when the person specifically chooses a place that is more expensive than the 'standard' level of care that the council have determined to be sufficient for a person's needs. Fees may be higher for a bigger room, one with a view, or rooms with en-suite. We asked local authorities and HSCTs about the use of third party contributions, or 'top-ups', but many respondents (35 per cent) were unable to provide us with this information.

Those that could respond with a precise figure reported that just over one in ten older people receiving local authority-funded care (11 per cent) rely on third party contributions. Two-fifths of respondents were only able to provide an approximation. Overall, 13 per cent of respondents estimated that the figure was over 25 per cent. These figures broadly support previous estimates, such as LaingBuisson's (2013), which put the number of older people receiving third party top-ups at 56,000, 14 per cent of all care and nursing home residents.

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## 4. Transparency of information

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Third party top-ups allow relatives to pay a little extra to make their family members' home that much more comfortable for them if they choose. However, the extent of their use suggests that for many families who cannot afford top-ups, the choice of quality affordable care in their area may be limited.

Reports from other organisations have suggested that the system is not being administered properly: Independent Age (Passingham et al, 2013) found that a substantial number of callers to their advice service were being given no other option but to contribute to their parents' care costs, with requests commonly exceeding £300 per week. As this is in breach of the Choice of Accommodation Directions LAC(2004)20, these requests are unlawful. Following their own survey of local authorities, the charity also found that most councils were failing to properly record and monitor the number and level of top-up fees paid in their area, a finding that is also supported by the data gaps revealed in our research.

### 4.4 What do self-funders pay for care?

In the UK, self-funder fees for residential care are on average 20 per cent more expensive than local authority-funded fees, though this figure is higher for those who require more specialist support. While a self-funded place in a nursing home with specialist dementia support is 37 per cent more expensive than a local authority-funded place, that figure falls to 12 per cent for standard care homes, and just 10 per cent for home care services.

These figures should be treated with some caution, as respondents generally reported large data gaps relating to the private paying market. Out of 182 respondents, just 47 (26 per cent) were able to provide data on how much self-funders pay for a standard care home in their area. As such, we were unable to produce regional averages. Even fewer respondents were able to tell us the numbers of older people self-funding their care, and many of those that did highlighted limitations regarding the quality of the data.<sup>4</sup>

There are two explanations for why self-funders are paying higher fees for their care than people funded by the local authority. It may be that they are simply paying more for better facilities and additional services. Or it may be that providers are charging self-funders more for the same care, and cross-subsidising state-funded residents, in order to recoup losses from lower fees paid by local authorities. While we are unable to evidence this with our data, a large-scale study last year by Laing (2015b) described levels of cross-subsidisation in older people's care as "endemic", finding that in 96 per cent of cases self-funded fees were higher than council-funded fees for like-for-like services.

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<sup>4</sup> For these reasons, the average prices used for the national comparisons were weighted against the number of people aged 75 and over in each local authority, using ONS (2016a) mid-year population estimates.

## 4. Transparency of information

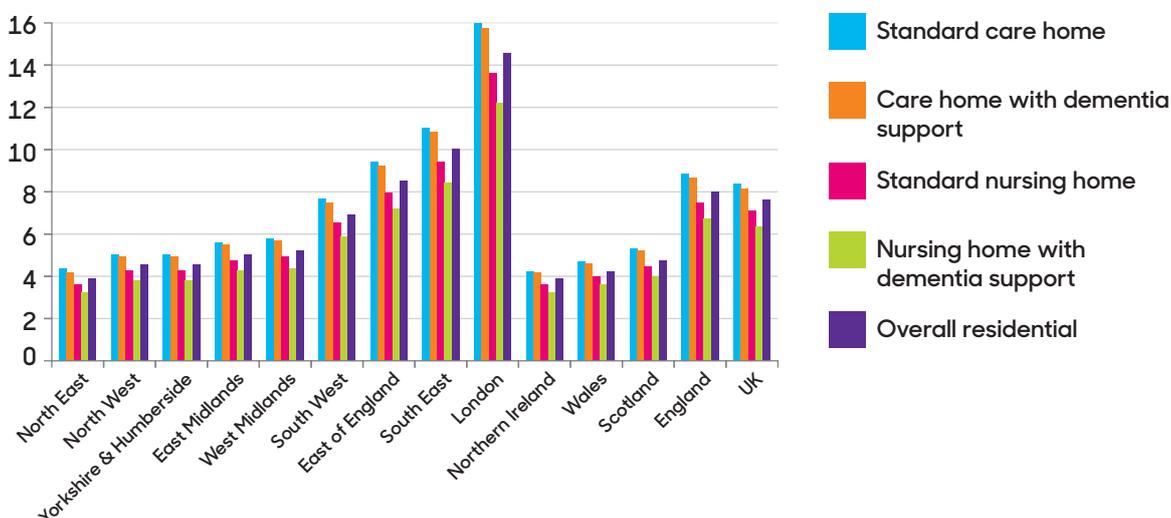
### 4.5 How long will self-funders take to spend their savings on care?

The level of savings a person has determines whether they fund their care themselves or are supported by their local authority. If an individual has assets worth more than £23,250 (£23,750 in Wales), they will have to fund their own care. This includes the value of their home, unless their partner is still living in it. Below this threshold, the local authority will fund part or all of the person's care costs. Based on average UK property prices (ONS, 2016b), and data provided by our respondents, self-funders will take 7 years and 7 months to spend the value of their property on average residential fees before they reach the threshold for local authority support.

However, as property prices vary widely across the UK, self-funders in one part of the country can expect to take considerably longer spending their savings on residential care than in other areas (Figure 4). Because they have the lowest property prices, self-funders in Northern Ireland and the North East of England are likely to use up savings taken from the value of their home in the shortest time (3 years and 11 months for average residential fees). In contrast, self-funders in London will take the longest to spend the value of their property (14 years, 8 months for average residential fees).

At £16 an hour, it will take just one year and one month for self-funders receiving 21 hours of support a week to spend £20,000 of savings on average UK home care fees.

**Figure 4. Time taken to spend value of property on residential care before reaching threshold for state support.**



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## 5. Conclusions

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This report has highlighted the very significant issues that local authorities face in delivering even their statutory obligations to care for older people. It shows a system which is deeply inefficient: social care costs are unnecessarily high where people cannot access services at the lowest possible level of need, and the NHS is spending millions of pounds looking after people who are only in hospital because no alternative appropriate care package is available.

Behind the statistics and the economics, older people and their families face an ongoing struggle to get the care they need. Many are forced into impossible choices. Where an older person is paying for care, central and local government offer little help in choosing a provider or knowing whether they are paying a fair price. It is often very difficult to get care at home, even if this would be the best fit for a person's needs. Many families will find that they cannot get meaningful help at a reasonable price, and will continue to care for a loved one themselves, often at considerable cost to their mental and physical health.

When people exhaust their assets, or have little money to begin with, their local authority may not be able to meet their needs even if they fulfil the criteria for help, simply because there are not enough places available. Families may feel they have no choice but to pay top-up fees, either because providers insist (illegally) on them, or because they feel it is the only way to get their loved one good enough care. Shortages are worst for people with both dementia and nursing care needs: where places for this group are not available, the decision will generally be between an inappropriate social care placement and an inappropriate NHS ward.

For families, these issues do not exist in a vacuum: spouses of older people who need care have to manage this alongside their own health needs, often contending with their own declining physical mobility. Sons and daughters are often managing care for an older parent, looking after a young family, and going to work – a triple burden which falls disproportionately on women and can have a real impact on both mental health and financial stability. People will always worry about their loved ones, but the current system magnifies stress for both older people and their families to impossible levels. The system is not sustainable, and government must act to reform it now.

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## 5. Conclusions

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### Recommendations

- 1. The Government should guarantee that there are enough care services available for people who need them.** Where the private market is not meeting demand, local or central government should act as the provider of last resort.
- 2. The Government should start an ongoing data tracking programme to measure whether there is enough social care for older people across the UK.** A strong understanding of the local social care market is essential for central and local governments to be able to identify capacity issues and work to resolve them.
- 3. The Government should provide local authorities with funding offers that are truly reflective of the higher cost of specialist services.** Demand is likely to grow for specialist care as the population ages and people with high support needs live longer. As such, adequate funding from central government will allow local authorities to deal with current and future demand, as well as reducing pressure on NHS services. This funding settlement should be determined by robust evidence on the demand for social care services and cost of providing high quality care to meet this demand.
- 4. The Government should provide funding to support upstream intervention services, such as domiciliary care, and extra care home schemes.** These services can be effective in maintaining independence. Additionally, as they are more likely to slow the escalation of support needs, they may reduce market pressures in the long term. As the recent Barker Commission highlighted, there are still important opportunities to integrate health and social care funding to promote preventative care.
- 5. The Government should provide workers with a mandatory right of up to 10 days of paid care leave per year.** The challenge of balancing work and caring responsibilities can be financially and mentally stressful, and can cause carers to leave the workforce permanently. Paid care leave would enable carers to deal with emergencies, put necessary arrangements in place, and accompany those they care for to appointments, without using the annual leave necessary for their own wellbeing.
- 6. Local Authorities should provide up to date information for families about social care in their area, including information on the cost of fees and third-party contributions.** It is also important for older people and their families to have greater access to information about care in their area – what is available, and what people can expect to pay to support themselves or their relatives.
- 7. In the long-term, the Government should seek to address the strategic challenge of reforming care and support funding.** The Government is right to focus in the short-term on addressing immediate and unsustainable pressures on local authority social care budgets. The Government must, however, maintain its commitment to implementing the Care Act 2014 in full to support people to plan for, and meet the costs of, care in old age and protect people from unfair costs.

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## Appendix: Methodology

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In September 2016, surveys were submitted as Freedom of Information (FOI) requests to all 206 local authorities across England, Scotland and Wales, and five Health and Social Care Trusts in Northern Ireland. Prior to this, pilot surveys were sent out to ten local authorities across the UK, feedback from which informed the final design of the FOI requests.

We received 182 responses out of 211, giving an overall response rate of 86 per cent, and a minimum response rate of 78 per cent in all regions and nations of the UK.

The survey asked what proportion of places for older people in receipt of residential care were partly paid for by third party contributions, and about whether there was enough provision of care to meet the needs of older people. Respondents were asked to provide qualitative feedback about the sufficiency of care in their area.

Surveys also asked about the average fees paid for local authority and self-funded places for various types of care, and the numbers of older people in receipt of those services.

For fees paid by local funding authorities, this data was used to produce average fees across the four different residential care services, and regional and national averages for all services. These figures were weighted against the numbers of people in receipt of these services to take into account different patterns of use across the country and different types of care.

For comparisons against fees for self-funders, UK averages were weighted against figures drawn from mid-year population estimates for people aged 75 and over (ONS, 2016a).

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