



The Dilnot Commission and carers

The Report of the Dilnot Commission was warmly welcomed across the social care sector. The Care & Support Alliance, 51 national charities representing older and disabled people, those with long-term conditions and their families, has particularly welcomed the Commission's call for additional funding for social care, a cap to protect against catastrophic care costs and proposals for supporting working age disabled people. The Alliance has called on the Government to set out a timetable reform and publish a White Paper on social care reform by Easter 2012 at the latest.

Background

Our population is ageing rapidly, 11 million people alive today will live to 100¹ and people are living far longer with illness and disability. The number of carers is expected to rise from 6.4 million in 2011 to 9 million by 2037.

Whilst the NHS has seen increased funding to help cope with this increase in demand, social care funding has not kept pace. Since 2004, whilst spending on the NHS has risen by £25 billion, spending on social care rose by just £43 million (0.1% per year in real terms)². Chronic underfunding has contributed to significant unmet need and decreasing access to what can be poor quality services. Department of Health figures show that, over the last 4 years, demand has outstripped expenditure by around 9%.³

In the Comprehensive Spending Review the Government announced additional £2 billion in funding for social care. However, as the Commission's report notes, wider reductions to local government funding have meant that these resources 'have not found their way to social care budgets in some areas.'⁴ As a result, long-term underfunding has been exacerbated by substantial cuts to social care services. This year:

- Social Services Directors report that a total cut to adult social care of £1 billion⁵
- Net expenditure on older people's social care has fallen by a reported 7.1%⁶
- Care & Support Alliance survey showed that services to 24% of disabled adults had been cut, even though their needs were the same or had increased⁷.

In addition, the current means-test threshold means that anyone with more than £23,250 in savings, income or assets is fully liable for unlimited care costs. For someone with dementia the bill for care at home and then residential care could run to well over £100,000; and disabled people face a lifetime of high charges for care and support.

¹ *Number of Future Centenarians by Age Group* (2011) DWP p. 70

² *Care in Crisis* (2011) Age UK

³ Commission analysis of *Personal Social Services Expenditure and Unit Costs: England 2009 -10 – Final Council Data* (2010) The Information Centre, Department of Health

⁴ *Fairer Care Funding* (2011) The Commission on Funding of Care and Support

⁵ *ADASS Budget Survey 2011* (2011) The Association of Directors of Adult Social Services

⁶ Age UK (2011) www.ageuk.org.uk/latest-press/spending-on-older-peoples-care-to-be-cut-by-84

⁷ *Submission to the Dilnot Commission Call for Evidence* (2011) Care and Support Alliance



Key proposals from the Dilnot Commission and what they mean for carers:

Care costs cap and raising the means-test threshold

The Commission proposes a £35,000 cap on individual's lifetime contribution to adult social care costs (including care at home and residential care), so that, where an individual's costs exceed £35,000, all further care costs would be paid by the state. The report also recommends a 'zero cap' on disabled adults under 40, so that individuals who have existing care needs at 18 or develop them before 40, would receive state-funded care. There would then be a tiered cap, so that between 40 and 50 individuals would pay no more than £10,000 in care costs (with the cap rising to £20,000 at age 50, £30,000 at 60 and reaching £35,000 at 65). This cap would not include food and accommodation costs in care homes. The report proposes a separate annual cap of £7,000 - £10,000 for these costs.

The report recommends raising the means-test threshold from the current level of £23,250, to £100,000. Individuals with savings, income or assets over £100,000 would be liable for care costs up to the £35,000 cap, but those below the threshold would qualify for state-funded care.

For carers:

Families often face fear and anxiety because to uncertainty about the costs of care and the possibility of bills of hundreds of thousands of pounds. Carers UK research also shows that nearly two thirds of carers end up spending their own income to pay for care⁸. In addition, many families put off buying care early on because they do not know what the future will hold in terms of care costs. Without this support, carers often end up falling out of work. The cap would give families the ability to plan for care arrangements and costs - if they know that costs will be capped, they may be more willing to pay for support earlier which could reduce carer ill-health or the need to give up work or reduce working hours.

Greater resources to the adult social care system⁹

In addition to the cost of the cap and the raising of the means-test threshold (£1.7 billion) the report points to the need to 'devote greater resources to the adult social care system'¹⁰.

For carers:

Additional funding is essential for families, both so that services are funded to meet existing unmet need and keep pace with increasing demand; and to improve service quality, as too often existing quality levels are unacceptably low - risking neglect, abuse or simply being unusable for disabled and older people and their families. A lack of support contributes to carer stress and ill-health, and carers also cite poor quality services as a key reason for being forced to give up or unable to return to work.

The retention of universal disability benefits

The Commission recommends retaining benefits like Attendance Allowance, which had previously been discussed as sources of funding for reform. The report also considers how assessments for disability benefits and care and support could be better aligned, and whether Attendance Allowance should continue to be paid after an individual has reached the cap and the state is paying for their care.

For carers:

We welcome the Commission's support for Attendance Allowance and Disability Living Allowance, which provide essential, flexible financial support for older and disabled people to spend in a way which

⁸ *Carers in Crisis* (2008) Carers UK

⁹ *Fairer Care Funding* (2011) The Commission on Funding of Care and Support, p.70

¹⁰ *Fairer Care Funding* (2011) The Commission on Funding of Care and Support, p.70



best suits their needs. However we continue to have deep concerns about the reform of Disability Living Allowance, its replacement with a Personal Independence Payment and a new assessment process. The reform package will involve a cut of 20% to the DLA budget which could result in hundreds of thousands of disabled people and carers losing essential income. Disability organisations have also expressed concerns about the initial proposals for a new assessment. Any alignment of benefits and social care assessments would need careful examination in light of the proposed reforms.

A national system of assessments and eligibility

Currently, where you live determines what care you get and how much it costs. Assessments of care needs cannot be carried from one local authority to another. These proposals would deliver 'portability' for assessments and national eligibility criteria. The report recommends that all local authorities should fund care for individuals with at least 'substantial needs' (some authorities are funding only 'critical needs' whilst others fund preventative services for 'low level needs').

For carers

Many families feel unable to move to a different area for fear that their care package will collapse. 'Portable' assessments and national eligibility criteria would smooth transitions between local authorities and would prevent delays in getting support. However Carers UK would favour extending this proposal to deliver portable care packages, so that families would know that, not only would their needs be treated in the same way, but that they would be guaranteed the same level of services if they moved.

A new advice and information strategy

The Commission proposes a new national strategy to help families plan for care and access private, state and voluntary sector support when care needs arise. The report supports the Law Commission's proposal for a duty on local authorities to provide advice and information in their areas.

For carers

Advice and information is crucial for carers – two thirds of whom take over a year to recognise themselves as 'carers' and to access support. Early advice and information can make the difference between carers remaining resilient, staying healthy and in work; and from falling out of work and into poor health and isolation. In particular we support greater work to improve support and signposting from GPs and other frontline NHS and social care staff. Alongside local provision, national advice and information systems are also crucial as many carers are caring at a distance, so local provision in the area of the person they care for may not be suitable or accessible.

Carers' assessments

The report proposes improved assessments; separate, but concurrent with the disabled or older person's assessment, and focussed on ensuring that caring is manageable and sustainable and on carers' ability to work and live their lives alongside caring. The report describes a 'carer sighted' approach which takes into account the contribution made by carers. However it is vital that this approach is not interpreted by local authorities as *assuming* the contribution of family members, or reducing care packages as a result of family care.

The Commission's report also suggests that the £35,000 cap should apply to assessed *need* rather than expenditure. Carers UK believes that if assessed needs were fulfilled by family members that the 'meter' should start running on the £35,000 cap, otherwise this would be a disincentive families to care.

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