

The Bigger Picture

Policy insights and recommendations



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advice and support for older age
**Independent
Age**

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About Independent Age

Founded over 150 years ago, Independent Age is a growing charity helping older people across the UK and Ireland through the 'ABC' of advice, befriending and campaigning. We offer a free national telephone and email advice service focusing on social care, welfare benefits and befriending services. This is supported by our free Wise Guide series of practical handbooks, and wide range of printed guides and factsheets. We also provide on-the-ground, local support, provided by a network of over 1,500 volunteers offering one-to-one and group befriending.

For more information, visit www.independentage.org

About the Author

James Lloyd was appointed Director of the Strategic Society Centre in September 2010. He read Philosophy at University College London, and has Masters degrees in Comparative Politics and in Public Policy. James has worked at a number of Westminster think tanks, and at the Prime Minister's Strategy Unit. He has a particular interest in social care, pensions, housing, financial services, as well as individual and societal ageing. Previous publications include 'Asset Accumulation in Focus: The Challenges Ahead', and 'The Roadmap: England's choices for the care crisis'. In 2008, his proposal for a 'National Care Fund' is widely acknowledged to have transformed the debate on long-term care funding in England and Wales, and he is a regular commentator on social care and pensions reform. James has taken part in various expert working groups and committees for the Department of Health and HM Treasury, and is an Advisor to the ESRC Research Centre on Micro-Social Change at the University of Essex. He has been called as an expert witness before Health Committee, the Pension Schemes Bill Committee and the Public Administration Select Committee.

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Executive Summary

Public policy to support older people who struggle with day-to-day activities because of a longstanding health condition or disability is built around two distinct pillars: the local authority care and support system; and, the disability benefits system.

It has historically been difficult to understand in overview the entirety of disability, need for care and provision of support among older people in England, including provision and receipt of unpaid care among older people.

To address this gap in research, 'The Bigger Picture: Understanding disability and care in England's older population' – which this report accompanies - brings together and analyses Census data, 'administrative' data produced by statutory bodies that interact with the disabled older population, and social survey data. All of the data used in the analysis was published alongside this research report in order for local authorities and other stakeholders to download and use it.

Building on the results of the research, this report evaluates the performance of government policy on care and support in England during the period that the data analysed in The Bigger Picture was collected – 2011 to 2013 – and uses the data and insights from The Bigger Picture to consider implementation of the Care Act, and policy development after 2016.

The Bigger Picture in snapshot

Census 2011 reveals that 8,660,529 older people lived in England, including 4,019,419 older people living in their own home with limited day-to-day activities owing to a longstanding health condition or disability.

The Bigger Picture estimates that within this group, around 2 million had difficulty with one or more aspect of self-care - such as bathing or dressing - identified using the standardised 'Activity of Daily Living' (ADL) measure. Around 560,000 had three or more ADL difficulties.

Around 1.47 million older people in England received Attendance Allowance and 830,000 received Disability Living Allowance in 2011. Social survey data suggest 2.05 million older people received unpaid care and support, and 850,000 received paid care or help at home. Among the latter, 310,000 received home care fully or partly paid for by the local authority.

Census 2011 data reveals that 1,192,608 older people reported providing some level of unpaid care to another person, including 458,010 who provided 50+ hours per week. It also reveals that 278,513 older people with limited day-to-day activities lived in a residential or nursing home.

The reach of publicly funded support

Census data identifying 4,297,932 older people living with limited day-to-day activities in England enables analysis of publicly funded support to this group at a national, regional and local level.

We can estimate that 34% received AA and 19% received DLA, representing around 54% of this group overall (around 2.3 million people).

Using data from the Health and Social Care Information Centre (HSCIC), we can estimate that around 740,000 older people received local authority support in 2011-12, ranging from a funded place in a care home to day care in the community, or home adaptations. This represents around 17% of the older population with limited day-to-day activities.

Among the 4,019,419 older people identified by Census 2011 as living at home with limited day-to-day activities, The Bigger Picture estimates that 570,000 (14% of this group) received some form of local authority community funded services, including around 310,000 (8%) who received local authority funded home care.

Overall, it appears that the reach of the disability benefits system is far larger than the local authority care and support system.

Using HSCIC data, we can estimate that in 2011-2012, around 80,000 older carers received local authority services, equivalent to around 7% of older carers, or 17% of older carers providing 50+ hours of care per week.

Unmet need

By integrating different data sources, The Bigger Picture research provides several important, new estimates of unmet need among older people living with a care need, and older carers.

It would generally be expected that someone experiencing three or more 'Activity of Daily Living' difficulties – 6.7% of the older population living at home - would require some level of care and support. However, around 12% of this group did not receive any form of care, which represents around 70,000 older people in England.

Among older people living at home in receipt of paid or unpaid care, ELSA analysis reveals that 6.9% of this group reported that their overall care and support only sometimes or hardly ever met their needs, representing around 160,000 older people living in the community with care and support that is inadequate.

Although some older carers providing 'round-the-clock' care may be able to cope with their own private resources and other family support, The Bigger Picture estimates that at least 380,000 older carers in England provided 50+ hours of care per week without receiving any local authority services.

Among those older carers looking after someone for 20 or more hours per week, around one-in-five reported there is no one else they could rely on to look after the person, whether at

home or elsewhere. This suggests that around 30,000 older carers in England had inadequate support, which could be a risk to their health and wellbeing, or those they care for.

Consistency and variation in publicly funded support

The two pillars of state support for older people in England with disability and care needs embody different choices and trade-offs around flexibility and autonomy, versus predictability and consistency.

The Bigger Picture found that entitlement to AA among older people with limited day-to-day activities was highly consistent across different areas, in contrast to the prevalence and 'mix' of local authority community support. Similarly, local authority support for older carers appears to vary widely among different areas.

This suggests that where state support is universal, non-means tested, accessed via the same 'gateway' and offered consistently across the country, then take-up among the disabled older population will also be consistent and high. Indeed, variations in local authority support may actually undermine the development of the kinds of behavioural norms that the disability benefits system has achieved through consistency in its eligibility rules and its 'gateway'.

In light of this evidence, policymakers should seek to maximise the use of 'consistent gateways' to support, and improve overall consistency in local authority support.

Eligible need after the Care Act

Given a new, national minimum eligibility threshold for support to be applied across the English local authority care system, and implementation of the 'capped cost' reforms to care funding, local authorities need to know how many older people in the community may meet the new minimum eligibility threshold based on objective levels of disability, and how many older people in residential or nursing care local authorities will need to record the care expenditure of.

The number of older people living in the community who have sufficient ADL difficulties to potentially meet the new national minimum eligibility threshold may be between 560,000 (3+ ADLs) to 1.03 million (2+ ADLs). These figures can be compared to the 570,000 older people who received some type of local authority community support in 2011-12, including around 310,000 who received local authority funded home care.

Comparing Census figures on the number of individuals in some type of residential care, with the total number receiving local authority funding, suggests there may be around 110,000 older people self-funding their care for whom local authorities will need to record notional care costs. At a local authority level, this number can range from several hundred to 5,000.

Financial eligibility and the means test after 2016

From April 2016, local authorities will apply new 'capital limits' to means tests for social care support of £17,000 and £27,000 for home care, and £17,000 and £118,000 for residential care.

Using ELSA, The Bigger Picture analysed the household financial and housing wealth of older people living at home with limited day-to-day activities, adjusting for 2016 prices.

For domiciliary care, The Bigger Picture found that 52.9% of this group across England had household financial wealth below £17,000, 9.1% had financial wealth between £17,001 and £27,000, and 38.0% had financial wealth above £27,000.

For residential care, taking account of both housing wealth and financial wealth – and assuming that no housing wealth is disregarded - the equivalent estimates are 23.3% with wealth below £17,000, 11.2% between £17,001 and £118,000, and 65.5% with wealth above £118,000.

However, significant regional variations are observable: in the North East, around 60% of older people living at home with limited day-to-day activities had total net housing and financial wealth below the £118,000 upper capital threshold. However, the equivalent figure for the South East is around 17%.

These figures suggest that local authorities will need to pay particular attention to the costs of 'metering' care needs in different locations, and to potential behavioural responses to the new means test thresholds, such as 'deliberate deprivation', before individuals require paid care.

Mapping, identifying and engaging older population groups

The Care Act (2014) places specific new duties on local authorities around prevention and information provision, expanding the target group of local authorities beyond individuals with eligible needs.

To meet these duties, analysis from The Bigger Picture suggests local authorities face a core target group of around 1.4 million older people who struggle with aspects of self-care but do not receive community support, and up to 3.4 million older people living in the community whose day-to-day activities are limited by a longstanding condition, but have little contact with the local authority. At the level of individual councils, this group can number from 10,000 to 60,000 people.

Achieving the Vision of the Care Act

The findings of The Bigger Picture suggest that to fulfil the vision of the Care Act, councils and other local stakeholders will need to fundamentally rethink the way in which different public bodies are used to engage older people with limited day-to-day activities. Much greater emphasis will need to be placed on positioning the disability benefits system and GP referrals as gateways to information and other forms of support. Policymakers should seek to integrate

'contact points' across the disability benefits, GP and local authority systems, and share information collected.

Although promoting online support for prevention and information is a direct, cost-effective option for local authorities, a thorough understanding of Internet use in their target groups is required given apparent low Internet usage. Online strategies on their own will be far from adequate as a means to fulfil the duties under the Care Act.

Local authorities should adopt an 'open data strategy' in relation to data on the local population, local services, and disability benefits, as well as improving and expanding this data, in order to stimulate new local services.

Given the scale of the relevant population for local authorities seeking to fulfil the vision of the Care Act around prevention and information, it will be unfeasible for local authorities to seek to identify all these individuals or undertake assessments. This raises questions around whether local authorities are best placed to ensure the most efficient journey between individuals and the low-level support in the community.

In this context, local authorities should further develop and empower third-party organisations and providers at a local level, enabling them to receive referrals from GPs, and the disability benefits system. National policymakers should also work with local authorities to ensure that third-party charities and other local-level providers offer as much consistency as possible across different areas in the design of their 'gateways', branding, etc.

Part 1

1.Introduction

Key points:

- ▶ **Public policy to support older people who struggle with day-to-day activities because of a longstanding health condition or disability is built around two distinct pillars: the local authority care and support system; and, the disability benefits system.**
- ▶ **It has historically been difficult to understand in overview the entirety of disability, need for care and provision of support among older people in England, including provision and receipt of unpaid care among older people.**
- ▶ **The Bigger Picture brings together and analyses Census data, ‘administrative’ data produced by statutory bodies that interact with the disabled older population, and social survey data.**
- ▶ **Census 2011 reveals that 8,660,529 older people lived in England, including 4,019,419 older people living in their own home with limited day-to-day activities.**
- ▶ **The Bigger Picture estimates that within this group, around 2 million had difficulty with one or more aspect of self-care - such as bathing or dressing - identified using the standardised ‘Activity of Daily Living’ (ADL) measure. Around 560,000 had three or more ADL difficulties.**
- ▶ **Around 1.47 million older people in England received Attendance Allowance and 830,000 received Disability Living Allowance in 2011.**
- ▶ **Social survey data suggest 2.05 million older people received unpaid care and support, and 850,000 received paid care or help at home. Among the latter, 310,000 received home care fully or partly paid for by the local authority.**
- ▶ **Census 2011 data reveals that 1,192,608 older people reported providing some level of unpaid care to another person, including 458,010 who provided 50+ hours per week. It also reveals that 278,513 older people with limited day-to-day activities lived in a residential or nursing home.**

1.1. Background

England has an ageing population. The number of older people with difficulties undertaking everyday activities - such as washing and dressing - because of a longstanding health condition or disability, is projected to rise in the future.

For decades, the government has sought to ensure that **no one experiences risks to their safety and welfare** as a result of their disability. Public policy has also provided additional financial support to older people requiring support as a contribution to the **extra costs of living with a disability**, and to ensure the experience of disability is not associated with poverty.

In recent years, public policy has also focused on improving the **wellbeing of older people living with functional impairments**, recognising that although help with personal care is

important, so is the prevention of loneliness and ensuring that individuals are engaged with their community.

Policymakers have also increasingly recognised that most care provided across society is in fact 'informal', unpaid care provided by family and kin at little direct cost to the state, and public policy therefore has an interest in **supporting unpaid carers** in relation to their health, wellbeing and balancing unpaid care with other responsibilities.

1.2. The shape of state support in England

In this context, the system of publicly-funded support for older people who provide unpaid care or experience difficulties with activities of daily living that has developed over the local authorities half-century is built around **two highly distinct, separate pillars**:

- ▶ A universal **disability benefits system** comprising weekly cash payments to individuals with a disability, regardless of their financial means, living situation or where they live;
- ▶ A highly targeted system of funding or direct provision of care and support, organised by **local authorities under legal duties of care to the population they serve**, based around detailed assessments of need, and levels of support proportional to a person's financial resources, the judgements of social workers and budgeting decisions of local councils.

Despite the overall cost of state support to older people living with a disability amounting to tens of billions of pounds each year, it has traditionally been **difficult to understand in overview the entirety of difficulties with activities of daily living, disability, need for care, provision of support and unmet need**. Indeed, it is only in recent years that a standardised statement of local authority activities relating to supporting older people with a disability has been collected and published by a national agency (the Health and Social Care Information Centre).

This absence of a wider picture and understanding of disability, need and support in the older population has become particularly problematic in recent years owing to:

- ▶ **Rising demand reflecting population ageing coinciding with a period of deep public spending cuts**, ensuring that every pound of spending on the disabled older population needs to represent value for money;
- ▶ The passing of the **Care Act (2014)**, which represents both a **major evolution** in the aims of public policy toward those living with functional impairments and an **unprecedented implementation challenge for local authorities** coming at a time of intense pressure on their budgets;
- ▶ Changes to the organisation of the **National Health Service**, coupled with increasing focus on reducing demand, such as preventable hospital stays by older people and the provision of support in the community.

In particular, a consistent objective of ongoing legislative and policy change is the transformation of the health and social care systems towards an **'all in' system that enlarges the target population for statutory bodies**:

- ▶ **Care Act (2014)** – this legislative reform represents the biggest legal change for England’s local authority care system in several decades. It places specific new duties on councils to target those experiencing unmet need, carers and other groups who are currently independent of the local authority care system;
- ▶ **‘Capped cost’ funding reforms** – one of the specific aims of these changes to the funding of social care in England is to encourage those who are outside of the local authority care system to present themselves for assessment to their council;
- ▶ **Health and social care reform** – several strands of reform to health and social care policy, notably Health and Wellbeing Boards and the Better Care Fund, are driving statutory bodies to focus on all individuals living in the community with functional impairments.

1.3. The Bigger Picture: Understanding disability and care in England’s older population

To address this absence of a wider picture and understanding of disability in England’s older population (65 and over), the **Strategic Society Centre and Independent Age** collaborated on a large-scale piece of data analysis bringing together:

- ▶ **Census data** comprising a survey of the entire population in England;
- ▶ **‘Administrative’ data** produced by statutory bodies that interact with the disabled older population;
- ▶ **Social survey data** that provides a rich, detailed insight into the lives and experiences of the older population in England, including those with care needs.

The resulting research – entitled **The Bigger Picture: Understanding disability and care in England’s older population** – has been published alongside this report.

Data and Methodology - The Bigger Picture: Understanding disability and care in England’s older population

The Bigger Picture integrates and analyses data about the 65+ population from:

Census 2011;

Department for Work and Pensions (DWP) data on entitlement to Disability Living Allowance (DLA) and Attendance Allowance (AA) in the older population, as well as the characteristics of claimants;

Health and Social Care Information Centre (HSCIC) data drawn from local authority annual ‘activity returns’, detailing the number of individuals receiving support, assessments, etc.

English Longitudinal Study of Ageing (ELSA), Wave 6, a representative social survey of individuals aged 50+ covering demographic characteristics, income, wealth, housing, disability, provision and receipt of care, Internet usage and many other domains.

The data was analysed at a national level (England), a regional level (the ‘Government Office Regions’ for England), and where possible, at a local authority level.

Preliminary findings from the quantitative analysis were shared with a small number of local authorities across England in order to explore the impact of the findings and explore their implications for policy design.

All of the data used in the analysis was published alongside this research report in order for local authorities and other stakeholders to download and use it.

1.4. Disability and England's older population: A snapshot

Data from Census 2011 reveals that **8,660,529 older people lived in England** at the time of the Census, of whom **around half (4,297,932 people) experienced limited day-to-day activities** owing to a long-term health condition or disability, which includes people with both very low and very high levels of impairment.

The Census identified 4,019,419 older people living in their own home with day-to-day activities limited by a longstanding health condition or disability. The Bigger Picture research used the English Longitudinal Study of Ageing (ELSA) to explore difficulties with self-care (such as dressing or bathing) within this group, identifying individuals using the standardised 'Activities of Daily Living' (ADLs) measure.¹ The research estimates that around **2 million older people living at home experienced one or more ADL difficulty, and 560,000 experienced three or more.**

1.5. Support to England's older population: A snapshot

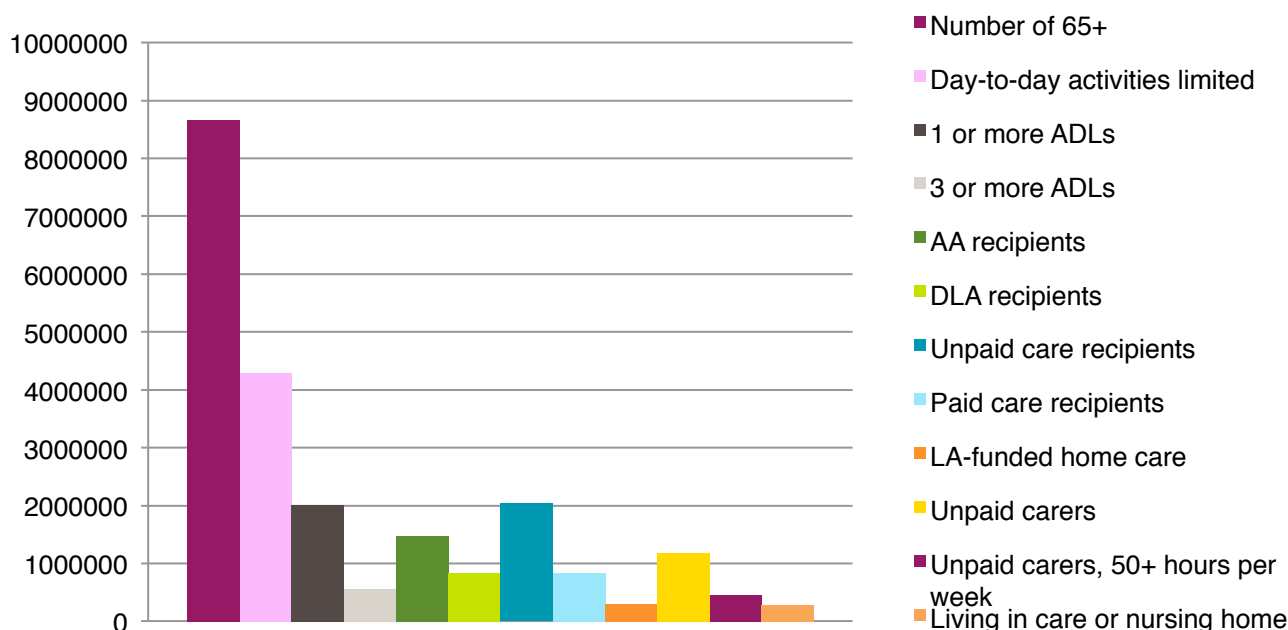
Data from the Department for Work and Pensions reveals that **around 1.48 million older people received Attendance Allowance (AA) in 2011 and 830,000 received Disability Living Allowance (DLA) in 2011.**

Using ELSA, The Bigger Picture estimated that **2.05 million older people received unpaid care in their own home, and 850,000 received paid care or help at home in some form.** Among those receiving paid care at home, HSCIC data reveals that 570,000 older people received some form of local authority community support, and **310,000 had their home care fully or partly paid for by their local authority.**

Census 2011 data reveals that 1,192,608 older people reported providing some level of unpaid care to another person, including **458,010 older people who reported providing 50+ hours of care per week.** Census 2011 also reveals that **278,513 older people with limited day-to-day activities lived in a residential or nursing home.**

By bringing together these figures, a visual snapshot of disability, care and support in England's older population can be presented:

¹ Six activities make up the ADL measure: 1. dressing, including putting on shoes and socks; 2. walking across a room; 3. bathing or showering; 4. eating, such as cutting up food; 5. getting in or out of bed; 6. using the toilet, including getting up or down.



1.6. The Bigger Picture: Policy recommendations and insights

The Bigger Picture research represents a **unique and new opportunity** to think about, evaluate and explore the way older people experiencing disability in England are supported, and the outcomes they experience in their lives.

In the rest of Part 1, this report therefore **evaluates the performance of government policy on care and support** in England during the period that the data analysed in The Bigger Picture was collected – 2011 to 2013 – focusing on the local authority care and support system, and the national disability benefits system.

Chapter 2 examines the **reach of publicly funded support** across the older population living with a disability, and older carers. **Chapter 3** explores the overall success of state support by evaluating the prevalence of **unmet need**. **Chapter 4** explores the extent of **variation in publicly funded support**, and whether the support received by older people **depends on where they live**.

The **second part** of this report uses the data and insights from The Bigger Picture to consider **implementation of the Care Act, and policy development after 2016**.

Chapter 5 explores **potential eligibility** for local authority support following implementation of the Care Act in relation to assessed need, while **Chapter 6** considers **eligibility in relation to financial means**.

Chapter 7 explores how the disability benefits and other systems can be used to map, identify and engage the older population with limited day-to-day activities as part of implementing the Care Act. **Chapter 8** evaluates some practical options for achieving the vision of the Care Act around prevention and information, while **Chapter 9** concludes the report with key observations for policymakers.

2. Understanding the Reach of Publicly Funded Support

Key points:

- ▶ **Census data identifying 4,297,932 older people living with limited day-to-day activities in England enables analysis of publicly funded support to this group at a national, regional and local level.**
- ▶ **We can estimate that 34% received AA and 19% received DLA, representing around 54% of this group overall (around 2.3 million people).**
- ▶ **Using data from HSCIC, we can estimate that around 740,000 older people received local authority support in 2011-12, whether as residents of a care home or the use of day care in the community. This represents around 17% of the older population with limited day-to-day activities.**
- ▶ **Among the 4,019,419 older people identified by Census 2011 as living at home with limited day-to-day activities, The Bigger Picture estimates that 570,000 (14% of this group) received some form of local authority community funded services, including around 310,000 (8%) who received local authority funded home care.**
- ▶ **Using HSCIC data, we can estimate that in 2011-2012, around 80,000 older carers received local authority services, equivalent to around 7% of older carers, or 17% of older carers providing 50+ hours of care per week.**

2.1. Introduction

Census 2011 identified **4,019,419 older people living at home with some form of limited day-to-day activities**, as well as **1,192,608 older people providing unpaid care** in the community.

Using ELSA data we can estimate that **2,010,000 people in England living at home experience difficulty with at least one aspect of self-care – such as bathing or dressing – which are identified using the standardised ‘Activity of Daily Living’ (ADL) measure.**

Many older people with limited day-to-day activities have **no need for care and support of any kind**, nor wish to receive it. Similarly, **many older carers provide support without any significant effect on their health and wellbeing**, relying as necessary on other family members or using their own private resources.

However, for many older people with higher levels of disability, some form of care and support is required because of their difficulties with activities of daily living. For example, using ELSA data, we can estimate that **560,000 older people living at home have difficulty undertaking three or more ADLs**, and the **vast majority** could be expected to require personal care. Among older carers, the Census reveals that **458,010 older people provide 50+ hours of care per week**, i.e. ‘round-the-clock’ care, potentially making them susceptible to effects on their health and wellbeing.

Different types of publicly funded support for these groups would be expected to have a different reach – or ‘coverage’ – depending on how eligibility thresholds are set, and support is targeted.

This chapter explores the reach of different types of publicly funded support to these groups, in relation to both support and assessments.

2.2. Disability benefits

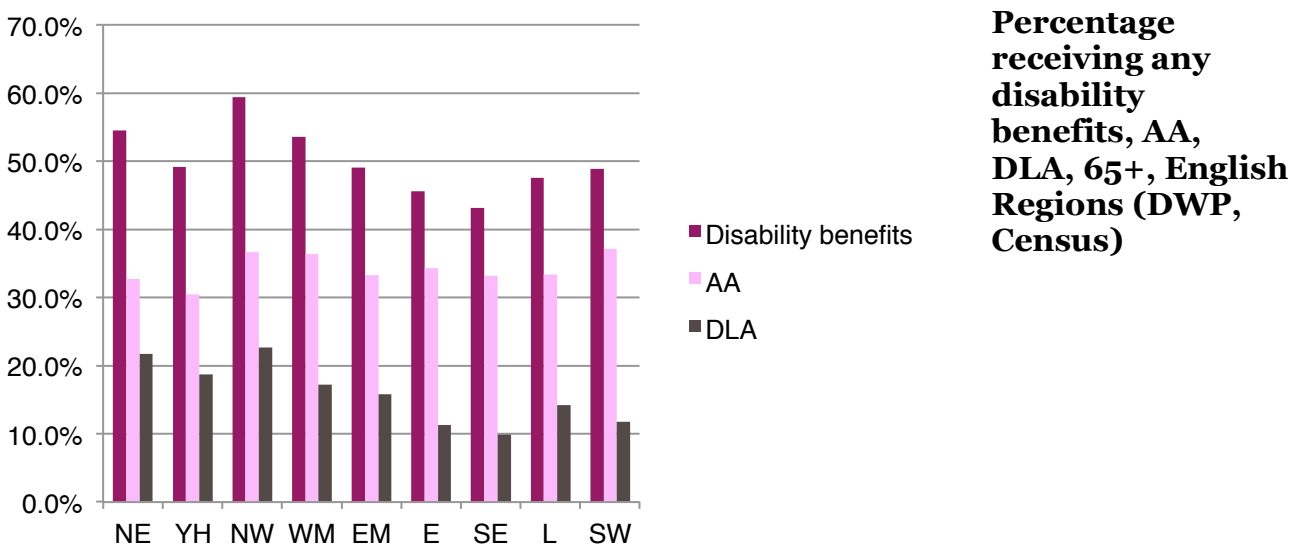
Disability benefits are universal, non-means tested weekly cash payments paid by the Department for Work and Pensions (DWP), as a contribution to the **extra costs of living with a disability**. The two principal disability benefits paid to older people in England are:

- ▶ **Disability Living Allowance (DLA)** paid to pensioners who first claimed disability benefits before retirement age, and who have ‘carried over’ their entitlement beyond the age of 65;
- ▶ **Attendance Allowance (AA)** paid to older people who apply for disability benefits for the first time after retirement age, at one of two rates.

The two benefits do not take account of whether someone receives care or their financial means. They are worth the same amount of money across the country.

Among the 4,297,932 older people identified by the Census as living with limited day-to-day activities, we can estimate that **34% received AA and 19% received DLA, representing around 54% of this group overall**. In total, this represents around **2.3 million older people**.

However, regional variations in entitlement to these benefits are observable, with rates of entitlement higher in less wealthy areas of England, as the following chart shows:



2.3. Local authority support and older people with a disability

Local authority support for individuals whose day-to-day activities are limited by a longstanding health condition or disability may take the form of:

- ▶ **Community-based services**, such as home (domiciliary) care, Direct Payments; equipment and adaptations, etc.
- ▶ **Residential-based support**, such as personal care in a residential or nursing home.

Census 2011 identified 4,297,932 older people with their day-to-day activities limited by a longstanding health condition or disability. Using data from HSCIC, we can estimate that around **740,000 older people received local authority support in 2011-12**, whether nursing care in a care home or adaptations to their home. This represents around **17% of the older population with limited day-to-day activities**.

Among older people with limited day-to-day activities, Census 2011 found that 4,019,419 live at home. We can estimate that around **570,000 older people at home received some form of local authority community funded services**, representing **14% of this group**, and that around **310,000 received local authority funded home care, representing 8%**.²

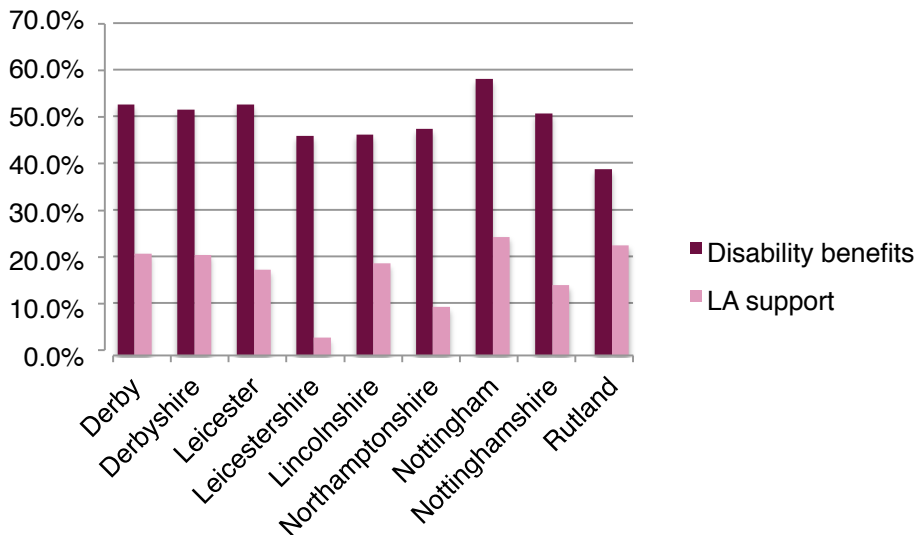
Another dimension of local authority support is the **prevalence of social care assessments** among older people living with limited day-to-day activities. Using HSCIC data, we can estimate that around **400,000 assessments were undertaken by local authorities during 2011-12, representing around 9% of older people with limited day-to-day activities living at home**.

2.4. Comparing disability benefits and local authority support

Overall, it appears that the **reach of disability benefits is significantly larger than local authority support**. Broadly speaking, **around half of the older population with some level of difficulty with day-to-day activities receives disability benefits, whereas around one-in-six receive local authority support of some kind – although in many cases, these groups will overlap**.

However, it is important to remember that behind such national figures, **significant variance occurs across different local authority areas**. For example, the following chart shows receipt of disability benefits or local authority support among older people with some level of disability in the East Midlands, which is typical of other regions:

² This figure has been rounded up to take account of non-reporting of data to HSCIC by some local authorities.



Percentage receiving disability benefits or LA support, 65+ with limited day-to-day activities, East Midlands (HSCIC, DWP, Census)

In **Leicestershire**, around 45% of older people with limited day-to-day activities receive disability benefits, compared to around 57% in **Nottingham**. In **Rutland**, 23% of older people with limited day-to-day activities receive some form of local authority support, compared to 10% in **Northamptonshire**.

2.5. The Bigger Picture: Carers

Census 2011 identified **1,192,608 older people who provide unpaid care in England**. Within this group, some may provide a couple of hours of care a week, while others may provide intense, round-the-clock care for someone they live with. Census 2011 found **458,010 older people who report providing 50 or more hours of unpaid care per week**.

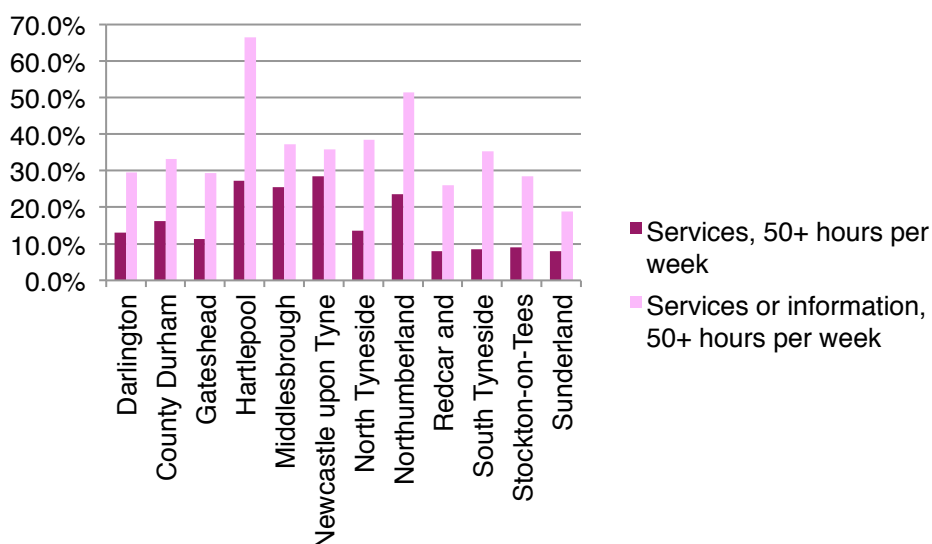
Publicly funded support for older carers is based around local authority carer assessments or reviews, which may result in provision of:

- ▶ **Information** and advice.
- ▶ **Services** such as respite care.

Using HSCIC, we can estimate that in 2011-2012, around **80,000 older carers received local authority services, which is equivalent to around 7% of older carers or 17% of older carers who provide 50+ hours of care per week**.

However, given many older carers provide light amounts of unpaid care, and given wide variance observable at a local level identified by The Bigger Picture, it is worthwhile exploring receipt of support by carers providing 50+ hours of support, at a local level.

The following chart for the North East shows the number of older carers who received services only, and the number who received services or information, as a percentage of the number of older carers in the area providing 50+ hours per care of week:

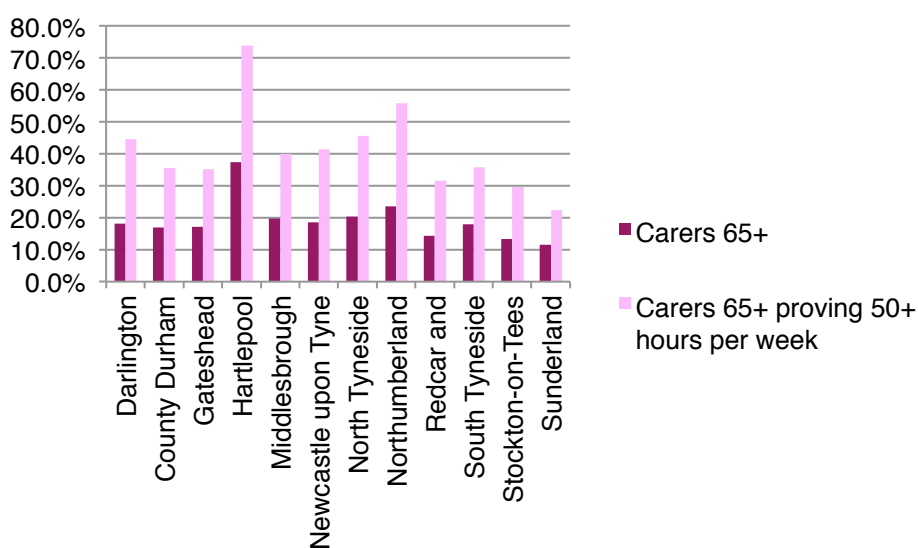


Older carers receiving LA services, or LA services or information, as percentage of all older carers providing 50+ hours per week, North East, (HSCIC, Census)

The chart shows that in **Hartlepool**, the number of older carers receiving services was equivalent to 27% of older carers providing 50+ hours per week, whereas the figure for **Sunderland** was 8%, underscoring variations observable in all regions.

Turning to **assessments**, using HSCIC data, we can estimate that in 2011-2012, local authorities undertook **around 200,000 assessments or reviews of older carers, equivalent to around 16% of older carers**, or 45% of older carers providing 50+ hours per week of care.

However, **there appears to be wide variation across different areas** behind these national estimates, which it is important to highlight. The following chart for the North East, which is typical of other regions, shows the number of local authority carer assessments or reviews as a percentage of the number of all older carers, and as a percentage of older carers providing 50+ hours per week:



LA assessments/reviews as percentage of 65+ carers and 65+ carers providing 50+ hours care per week, North East (HSCIC, Census)

The chart shows that in **Northumberland**, the number of older carer assessments or reviews undertaken was equivalent to 55% - over half – of older carers providing 50+ hours of care per week, but the figure for **Stockton-on-Tees** was 30%

2.6. Conclusion

This chapter has explored the extent to which different types of publicly funded support reach older people with limited day-to-day activities, and older carers.

The analysis shows that the overall reach of disability benefits among older people with limited day-to-day activities is considerably larger than the LA care and support system. This could reflect differences in **eligibility criteria, knowledge of entitlements, a ‘stigma’ around local authority support that deters families, or the complexity of local authority assessment procedures.**

In relation to older carers, the charts above reveal considerable variation in the reach of local authority services, relative to the number of older carers providing 50+ hours of care per week. Again, this could reflect issues such as the ‘stigma’ around local authority support, or the complexity of local authority assessments.

However, looking across variations in support to older people with a disability, and variations in support to older carers, it does appear that the **policy choices of individual local authorities** play a significant role in determining levels of support – and consequent variations across areas.

Ultimately, it is important to recognise that the success of universal disability benefits and targeted local authority support in supporting the disabled older population are **interdependent**. For example, receipt of AA may ensure that many older people are able to cope independently, without local authority support. Indeed, the strong take-up of AA apparent in the data will in part reflect the efforts of many local authorities to **encourage benefits take-up.**

However, the most important marker of success in public policy to support the disabled older population in England is the prevalence of **unmet need**, and it is this that is explored in the next chapter.

3.Unmet Need in the Older Population

Key points:

- ▶ By integrating different data sources, The Bigger Picture research provides several important, new estimates of unmet need among older people living with a care need, and older carers.
- ▶ It would generally be expected that someone experiencing three or more ‘Activity of Daily Living’ difficulties – 6.7% of the older population living at home - would require some level of care and support. However, around 12% of this group did not receive any form of care, which represents around 70,000 older people in England.
- ▶ Among older people living at home in receipt of paid or unpaid care, ELSA analysis reveals that 6.9% of this group reported that their overall care and support only sometimes or hardly ever met their needs, representing around 160,000 older people living in the community with care and support that is inadequate.
- ▶ Although some older carers providing ‘round-the-clock’ care may be able to cope with their own private resources and other family support, The Bigger Picture estimates that at least 380,000 older carers in England provided 50+ hours of care per week without receiving any local authority services.
- ▶ Among those older carers looking after someone for 20 or more hours per week, around one-in-five reported there is no one else they could rely on to look after the person, whether at home or elsewhere. This suggests that around 30,000 older carers in England had inadequate support, which could be a risk to their health and wellbeing, or those they care for.

3.1. Introduction

As the previous chapter described, Census 2011 identified 4,297,932 older people with day-to-day activities limited by a long-term health problem or disability, as well as 1,192,608 older people providing unpaid care.

Many of these individuals may have had no need or wish to receive any form of support. However, despite extensive publicly funded support, as well as private expenditure on care, it is reasonable to expect that **some older people in this group may experience unmet need.**

‘**Unmet need**’ can be thought of as the absence of adequate care and support, whether among individuals living with a disability, or carers providing intense amounts of unpaid care. Unmet need may result from the absence of any care at all, or simply levels of support that are inadequate overall. It may be experienced by those with high levels of need, or more moderate needs, and by those experiencing paid care, unpaid care or both.

How effective is public policy and state support in **preventing unmet need** in the older population?

This question has traditionally been difficult to answer, because of **a lack of data**, as well as the **subjective nature of what is an adequate level of support**.

In relation to disability benefits, it is impossible to measure the effect on outcomes and unmet need of AA and DLA, as these benefits are financial contributions toward the cost of living with a disability, rather than a form of care and support.

Previously, local authorities have surveyed a sample of their service users on overall levels of satisfaction and adequacy. However, as the previous chapter found, local authority-funded service users comprise a **small percentage** overall of older people with limited day-to-day activities.

To improve understanding of unmet need, **The Bigger Picture contains several new, important measures of unmet need for older people in the community, based on social survey evidence and other data.**

Importantly, all the data used for The Bigger Picture was collected in 2011-13, in order to provide a 'snapshot' of disability and care during a single period of time. Since this period, local authority budget cuts have resulted in tightening eligibility criteria and cuts in support. As such, the estimated figures for unmet need set out below are likely to **underestimate the extent of unmet need that has subsequently emerged.**

3.2. Three or more ADLs

Census 2011 recorded **8,369,594 people aged 65+ living 'at home'** in England.

Using the English Longitudinal Study of Ageing (ELSA) to explore the lives of older people in England living at home, we can estimate that around **2 million older people living at home experienced one or more ADL difficulty (24%), and 560,000 experienced three or more (6.7%).**

There is **no standardised, objective level of support** that is required proportional to the numbers of ADL difficulties that individuals have. The precise volume and nature of support individuals may require will vary depending on their personal circumstances, and the nature of the difficulties they experience.

Nevertheless, it is reasonable to expect that someone experiencing difficulty with just one 'Activity of Daily Living' – such as preparing food - would be unlikely to be assessed as having substantial needs by a local authority, and may well not require regular personal care and support.

Conversely, it would be reasonable to expect that **someone experiencing three or more ADL difficulties – 6.7% of the older population who lived at home - would require some level of care and support.**³ For this reason, the **absence of personal care among older**

³ It is worthwhile noting that ELSA respondents are more likely to under-report ADL difficulties than over-report them, so such an estimate may be on the low side.

people with three or more ADL difficulties can reasonably be classified as comprising significant unmet need.

As described in the previous chapter, using HSCIC data, we can estimate that **around 310,000 older people living at home received local authority funded home care, representing around 4% of all older people living at home.** This suggests **2.7% of older people living at home experience 3+ ADL difficulties but do not receive local authority funded home care.**

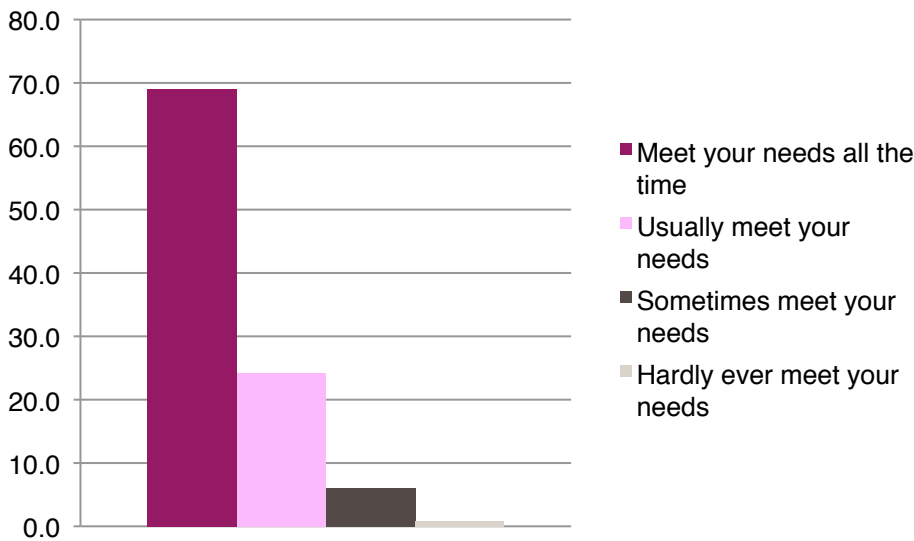
In part this gap may be filled by **unpaid care and privately funded home care.** However, analysis of ELSA found that **within this overall three or more ADL group, around 12% did not receive any form of care.**

This suggests there were around **70,000 older people in England living at home with three or more ADLs difficulties who did not receive any paid or unpaid care.** This is despite the fact that with three or more ADL difficulties, they would be **very likely to qualify as having ‘Substantial’ need under the ‘Fair Access to Care Services’ framework used by local authorities for determining eligibility,** which is also set to form the basis of the government’s minimum eligibility threshold.

3.3. Self-reported adequacy of care

Using ELSA, we can estimate that **27.6% of older people living at home in England (around 2.3 million individuals) received some form of care, whether paid, unpaid or both.**

Importantly, ELSA also collects data on whether these individuals feel their overall care – paid and unpaid - is adequate. Analysis of ELSA reveals that **6.9% of this group reported that their overall care and support only sometimes or hardly ever met their needs.** Applying this percentage to Census data, we can estimate there were around **160,000 older people living in the community with care and support that was inadequate.**



Adequacy of care and support, 65+ at home receiving paid or unpaid care, England (ELSA)

3.4. Older carers

Turning to the experience of **older carers**, we can explore potential unmet need in two ways.

▶ 'Round-the-clock' care and local authority services

Local authority support for older carers may be means tested, and will take account of a carer's overall situation and the availability of other sources of support. Nevertheless, a simple estimate of potential unmet need among older carers is to compare the number of older carers providing 50+ hours of care per week identified by the Census (458,010), with the number of older carers receiving local authority services (around 80,000).

Comparing these figures suggests **there were at least 380,000 older carers in England providing 50+ hours of care per week without receiving any local authority services**. Some older carers in this group may not approach their local authority for support because of the availability of help from other sources, so it is important to explore the availability of other forms of support.

▶ Respite support

A key determinant of pressure on older carers - and risk for those they care for - is the availability of alternative forms of support in a crisis, or simply respite care to prevent exhaustion and ill-health.

ELSA asks older carers about the availability of respite and emergency support. **Among those older carers looking after someone for 20 or more hours per week – a third of the total identified by ELSA - around 40% reported if they wanted a break for a few hours, someone else would have to look after the person they care for.**

However, **among those that say someone else would be required, around one-in-five report there is no one else they could rely on to look after the person**, whether at home or elsewhere. This suggests that **around 30,000 older carers – equivalent to 7% of those providing 50+ hours of unpaid care per week - had inadequate support, which could be a risk to their health and wellbeing, or those they care for.**

3.5. Conclusions

Using social survey data to estimate unmet need in the older population necessarily requires **caveats around reliability and sample size**, and the estimates above should be treated with caution. Nevertheless, it is also important to make use of the best data that is available, such as ELSA and the Census.

On the basis of ELSA analysis, **there does appear to be significant unmet need in the older population**, both among those with high levels of disability who do not receive any care, and among those with support, but for whom the support received is inadequate. In particular, we can estimate there are 70,000 older people at home with substantial disability, but receiving no care, as well as 160,000 receiving paid or unpaid care, whose overall support is inadequate, **totalling around 230,000 older people overall.**

4. Variation and Consistency: Evaluating publicly funded support

Key points:

- ▶ The two pillars of state support for older people in England with disability and care needs embody different choices and trade-offs around flexibility and autonomy, versus predictability and consistency.
- ▶ The Bigger Picture found that entitlement to AA among older people with limited day-to-day activities was highly consistent across different areas, in contrast to the prevalence and 'mix' of local authority community support. Similarly, local authority support for older carers appears to vary widely among different areas.
- ▶ This suggests that where state support is universal, non-means tested, accessed via the same 'gateway' and offered consistently across the country, then take-up among the disabled older population will also be consistent and high. Indeed, variations in local authority support may actually undermine the development of the kinds of behavioural norms that the disability benefits system has achieved through consistency in its eligibility rules and its 'gateway'.
- ▶ In light of this evidence, policymakers should seek to maximise the use of 'consistent gateways' to support, and improve overall consistency in local authority support.

4.1. Introduction

Having looked at the reach of state support for older people experiencing disability and care and the potential incidence of unmet need, this chapter explores how **consistent and predictable publicly funded support is across different areas**.

The two pillars of state support for older people in England with disability and care needs embody **different choices and trade-offs**. The local authority care system in England deliberately enables councils to adopt **different measures and policies suited to their individual population**, which enables **targeting of support**, and **measures to achieve value-for-money**.

However, a countervailing principle to local flexibility and autonomy is that publicly funded support for vulnerable members of the community should not simply **depend on where they live**. For this reason, disability benefits are worth the same amount of money across the country, and take little account of a person's situation beyond their difficulties with living independently, and consequent need for support.

The data gathered for The Bigger Picture provides an opportunity to explore the extent of local variation, evaluate the consistency of state support, and examine **to what extent statutory support for individuals is dependent on where they live?**

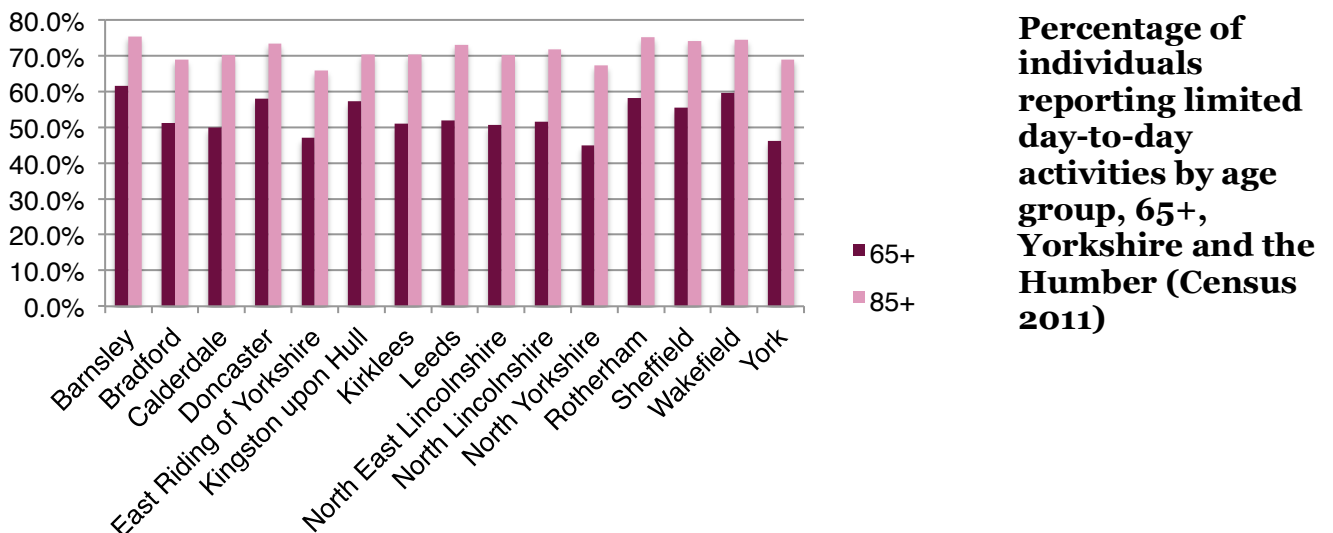
4.2. Background

To provide context for examining consistency in state support across different geographic areas, it is first worthwhile exploring **consistency in levels of disability** in the older population.

There are **relatively narrow regional variations in the proportion of older people experiencing limited day-to-day activities**, whether as a proportion of the 65+ or 85+, as the following chart shows:



However, within a single region, more substantial variations can exist, as this chart for Yorkshire and the Humber demonstrates, which is typical of other regions:

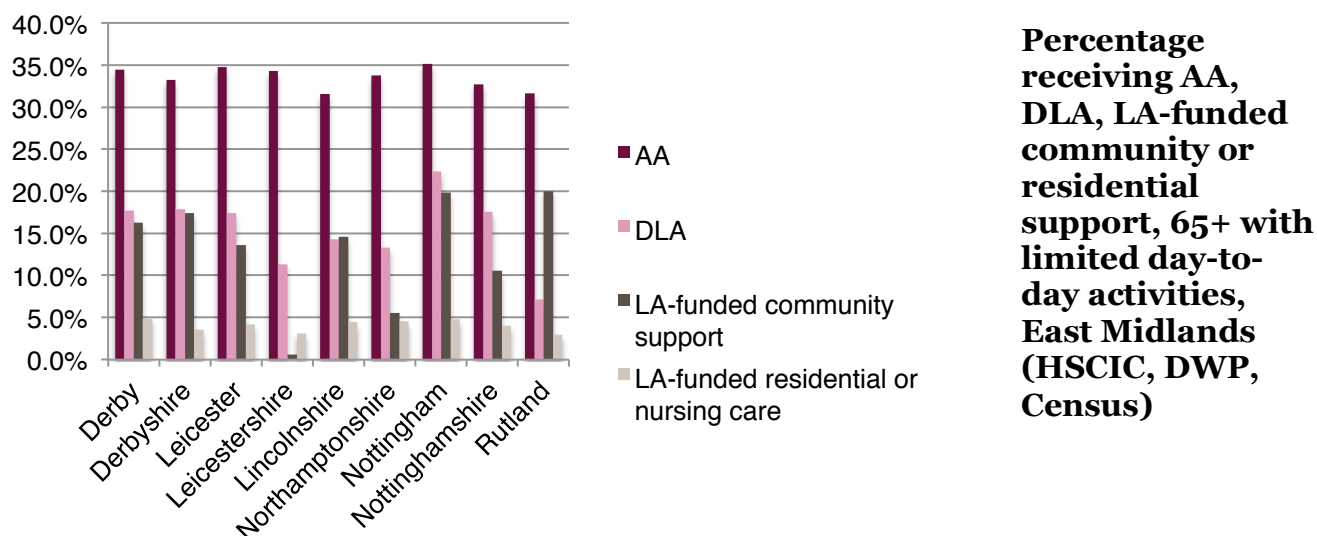


The charts shows the percentage of the 65+ population experiencing limited day-to-day activities is 45% in **North Yorkshire**, compared to 62% in **Barnsley**.

4.3. Support for older people with a disability

To explore variations in publicly funded support, and to **take account of local variations in the prevalence of disability** shown above, The Bigger Picture analysed the receipt of different types of support as a **percentage of the older population living with limited day-to-day activities**.

For example, the following chart compares receipt among this group of **disability benefits** (AA and DLA), as well as **local authority support** (community and residential/nursing care), across different areas in the East Midlands, which is typical of the national picture:



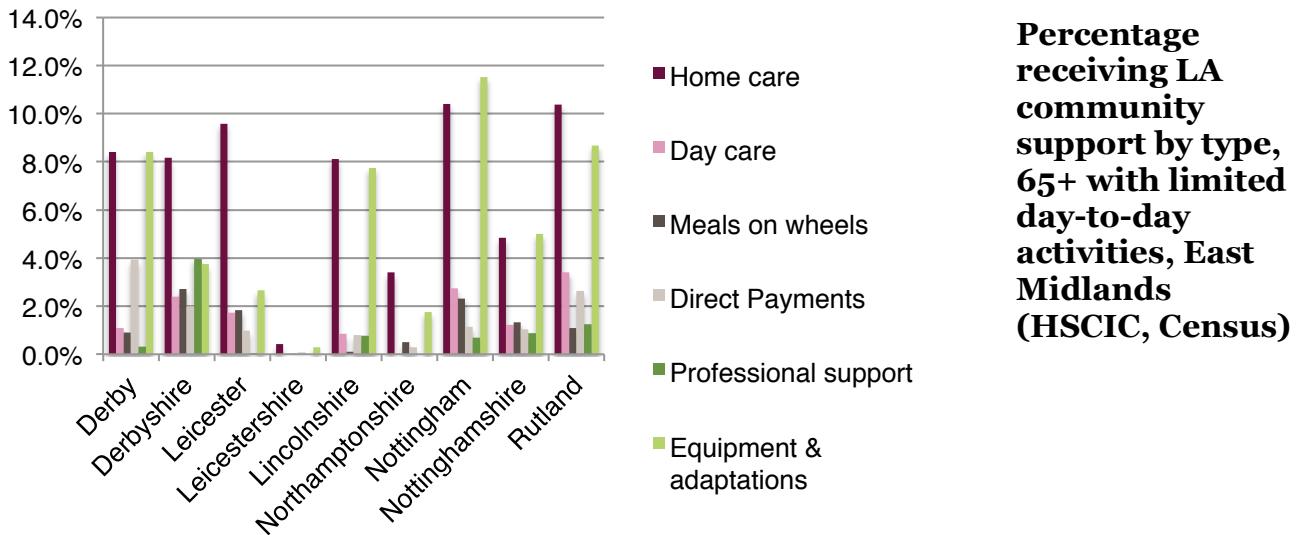
The chart shows **relatively little variation in receipt of AA (32% to 35%) and local authority-funded residential or nursing care (3% to 5%)**.

In contrast, **variation in DLA is wider (11% to 22%)**, which may reflect **variations in the incidence of working-age disability and ill health**, which in turn determines how many people ‘carry over’ a DLA claim into retirement.

In addition, the total number of individuals receiving local authority-funded **community support varies from 5% to 20%**.

It is also possible to identify variation in the overall **mix of different types of LA-funded community services** for older people with limited day-to-day activities. Although some people may receive more than one type of community support, the following chart for the East Midlands shows considerable variation in the total number of individuals receiving different types of community support, such as equipment and adaptations⁴:

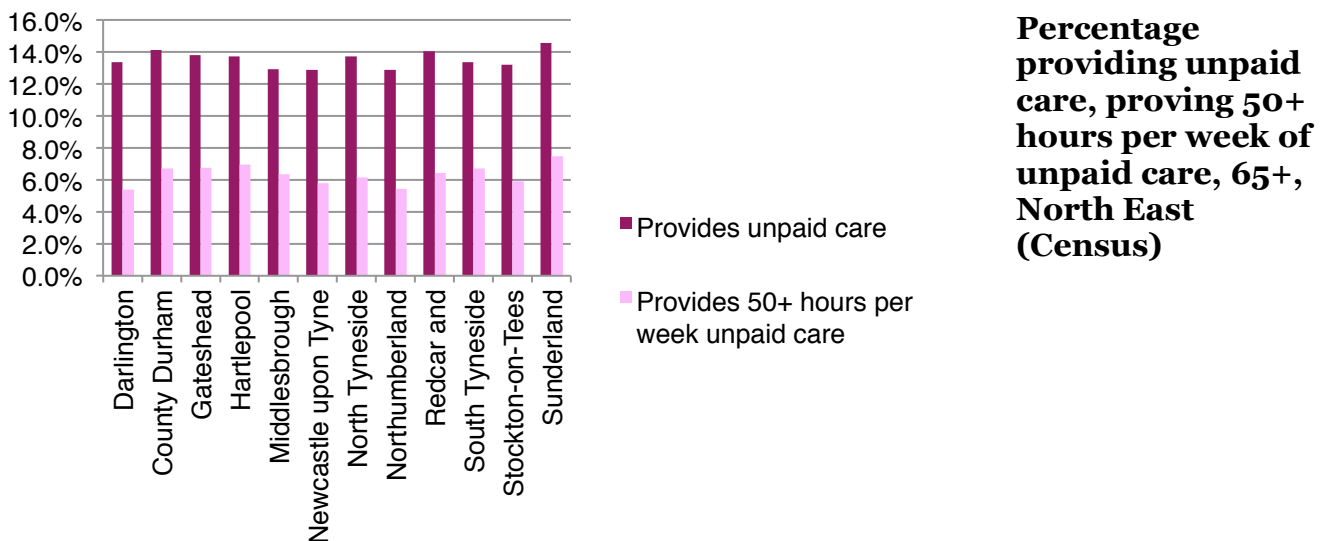
⁴ The chart below suggests some activity data for Leicestershire may not have been provided to HSCIC.



These results, which are highly reflective of other regions besides the East Midlands, suggest high levels of variation in the prevalence and ‘mix’ of local authority community support among older people living with limited day-to-day activities.

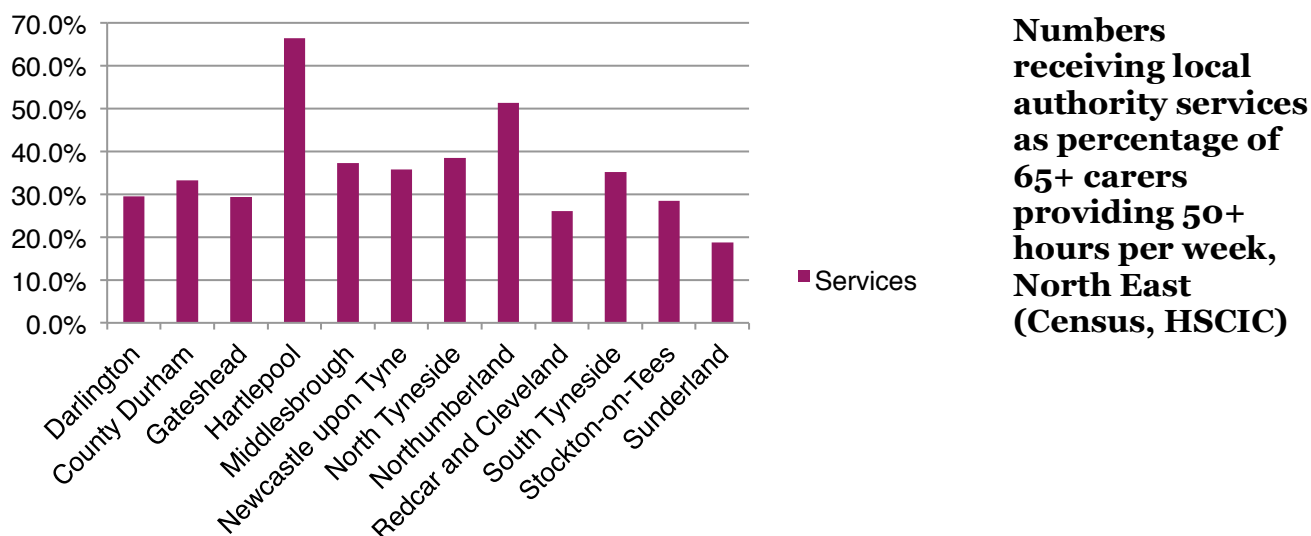
4.4. Consistency in support for older carers

A particularly striking feature of unpaid care provision by older people is the **consistent prevalence of unpaid care by older people in different areas**, despite local variations in health and care conditions, as well as wealth. For example, the chart below shows the number of older carers, and older carers who provide 50+ hours per week, as a percentage of the whole older population in the North East. The chart shows **variation of no more than 2% in the percentage of the older population providing unpaid care, or 50+ hours per week of unpaid care**, which is typical of the national picture:



In contrast, **very wide variations are observable in provision of local authority support to carers**. For example, the following chart shows the number of older carers receiving local

authority services, as a percentage of the number of older carers who provide 50+ hours of care per week, across different areas in the North East, which is typical of the national picture:



The chart shows that in **Sunderland**, the number of older carers receiving support services is equivalent to around 20% of older carers providing 50+ hours of care per week. However, the related figures for **Hartlepool** and **Northumberland** are 65% and 50%.

4.5. Commentary

To what extent is statutory support for individuals dependent on where they live? In contrast to the principal disability benefit for older people – Attendance Allowance – which shows strikingly consistent levels of entitlement across different areas, there does appear to be a substantial amount of variance in the overall proportion of older people receiving local authority community support, the ‘mix’ of that support, and the prevalence of support to older carers. Given the variations observable in single regions, it does not appear that these variations are simply the result of means testing and different population wealth profiles. As such, it does appear that **local authority support depends on where people live**.

Why does such variation matter? The Care Act (2014) places a duty on local authorities to maximise the potential benefits of preventing care needs among these groups. This is in part about promoting new behavioural norms in the older population, such as:

- ▶ Families seeking out information and advice when individuals begin to experience difficulties with activities of daily living;
- ▶ Individuals installing modifications to their home.

However, the contrast between the AA and local authority care systems identified in The Bigger Picture suggests several observations. First, **where state support is universal, non-means tested, accessed via the same ‘gateway’ and offered consistently across the country, then take-up among the disabled older population will also be consistent and high**.

Second, **variations in local authority support may actually undermine the development of the kinds of behavioural norms that the disability benefits system has achieved through consistency in its eligibility rules and its ‘gateway’**. Indeed, although local autonomy and variation can enable local authorities to find the best solutions suitable to their local populations, **local variation may be at the cost of behavioural norms related to prevention and identifying need that policymakers hope to achieve through the Care Act**, such as seeking out information, reviewing housing options, etc.

4.6. Conclusion

Given evidence of consistent provision of unpaid care and receipt of AA in the older population, policymakers should look again at how local variation in key aspects of local authority care and support can be reduced so as drive changes in behaviour. In particular:

▶ **Maximise the use of consistent gateways**

National policymakers should ensure that the ‘gateways’ to local authority care and support across England are as consistent as possible. This could take the form of single telephone numbers, websites, brands, etc.

▶ **Improve consistency in local authority support to improve behavioural norms**

Local authority responsibility for social care will continue to feature high levels of local variation, not least as a result of varying disability and wealth profiles across different populations, and the value of a person’s assessed care costs (‘Personal Budget’) being determined at a local level to reflect local care market conditions.

Nevertheless, in other areas of support, **national policymakers should work with local authorities to ensure a ‘consistent offer’ as much as possible, which will in turn help to shape behavioural norms in the older population around activities such as obtaining information, advice and low-level support**. Policymakers should adopt a ‘**consistency principle**’ whereby the features of the local authority care and support system should be as consistent as possible in different areas, and for different types of support.

In addition to ‘gateway’ features such as telephones, websites and brands, this also means **consistency in low-level interventions**. In many instances, local authorities have implemented community interventions that seek to do the same thing in the same way, but which are given completely different names in different areas; for example, the range of names given to the development of networks of ‘Community Links’ professionals. By monitoring local innovations, national policymakers should develop a standardised ‘menu’ of low-level community interventions, for which local authorities are required to use standardised names and presentation. This could include a well publicised, **guaranteed ‘core offer’** to all individuals, regardless of their wealth and whether they have eligible needs.

Part 2

The Care Act and policy development beyond 2016

5. Estimating Eligible Need after the Care Act

Key points:

- ▶ In light of a new, national minimum eligibility threshold for support to be applied across the English local authority care system, and implementation of the ‘capped cost’ reforms to care funding, local authorities need to know how many older people in the community may meet the new minimum eligibility threshold based on objective levels of disability, and how many older people in residential or nursing care local authorities will need to record.
- ▶ The number of older people living in the community who have sufficient ADL difficulties to potentially meet the new national minimum eligibility threshold may be between 560,000 (3+ ADLs) to 1.03 million (2+ ADLs). These figures can be compared to the 570,000 older people who received some type of local authority community support in 2011-12, including around 310,000 who received local authority funded home care.
- ▶ Comparing Census figures on the number of individuals in some type of residential care, with the total number receiving local authority funding, suggests there may be around 110,000 older people self-funding their residential care for whom local authorities will need to record notional care costs. At a local authority level, this number can range from several hundred to 5,000.

5.1. Introduction

As part of reforms to local authority care and support in England based on the Care Act (2014), the government has announced that a **new, national minimum eligibility threshold** will be applied, **equivalent to ‘Substantial’** on the current ‘Fair Access to Care Services’ (FACS) framework used by local authorities to determine eligibility for council support.

In addition, implementation of the ‘capped cost’ reforms to care funding in England will see local authorities seeking to record (or ‘meter’) the ‘notional’ care costs of **all older people with eligible needs in the community or in a residential setting**, regardless of whether or not their care is funded by the local authority. Using findings from The Bigger Picture, this chapter therefore explores:

- ▶ **How many older people in the community may meet the new minimum eligibility threshold based on their level of disability?**
- ▶ **How many older people in residential or nursing care will local authorities need to record, and how many are currently ‘self-funders’?**

5.2. Estimating eligible need among older people in the community using ADLs

Census 2011 identified 8,369,594 individuals aged 65+ living at home in England, of whom around half experienced limited day-to-day activities owing to a longstanding health condition or disability.

Using social survey data, it is **not possible to construct a precise measure of ‘eligible need’** relating to the minimum eligibility threshold to be implemented across England from 2016. This is because in addition to formal measures of disability and difficulty with self-care and daily tasks, local authority assessments reflect subjective judgements of the availability of other forms of support – including unpaid care – and ability to cope independently.

For this reason, a useful alternative measure of potential eligibility is the standardised, objective ‘Activity of Daily Living’ (ADL) measure, and the difficulties with different aspects of self-care it records. Using the English Longitudinal Study of Ageing (ELSA) to explore the incidence of ADL difficulties among the 8 million older people living at home in the community in England, we can estimate that around:

- ▶ **24% (around 2 million people) experience 1+ ADL difficulty;**
- ▶ **12.3% (around 1.03 million) experience 2+ ADL difficulties;**
- ▶ **6.7% (560,000) experience 3+ ADL difficulties.**

On the basis of the current FACS framework applied by local authorities, it is reasonable to expect that **an individual with three or more ADL difficulties would be very likely to be assessed as having Substantial needs if they did not have alternative forms of support.** A person with two ADL difficulties could be expected to have eligible needs if they also experienced significant mobility problems or difficulties with so-called ‘Instrumental Activities of Daily Living’ (IADLs), such as being able to shop for groceries.

This analysis suggests that the **number of older people living in the community who have sufficient ADL difficulties to potentially meet the new national minimum eligibility threshold may be between 560,000 to 1.03 million.** These figures can be compared to HSCIC data for 2011-12 which found that around **570,000 older people received some type of local authority community support** – ranging from Direct Payments to home adaptations for people with low-level needs - **including around 310,000 who received local authority funded home care.**

As context for these figures, it is worthwhile noting ELSA analysis which estimates **that 10.1% of older people living in the community reported receiving paid care or help at home** from at least one of: home care worker, home help, personal assistant, cleaner, among other forms of support. This represents around **850,000 older people living at home in England.**

Subtracting the number in receipt of local authority funded home care from the number of individuals in the community with three or more ADLs, suggests that at least **250,000 older people with significant amounts of need may be eligible for support**, and to have a ‘Care Account’, depending on the availability of unpaid care. As described in previous chapters, **around 70,000 in this group are without any support at all.** However, loosening these criteria to **two or more ADLs**, recognising that some individuals with two ADL difficulties may have significant IADL or mobility problems, would see the number of potentially eligible individuals increase to **720,000.**

5.3. Estimating independent places in residential and nursing care

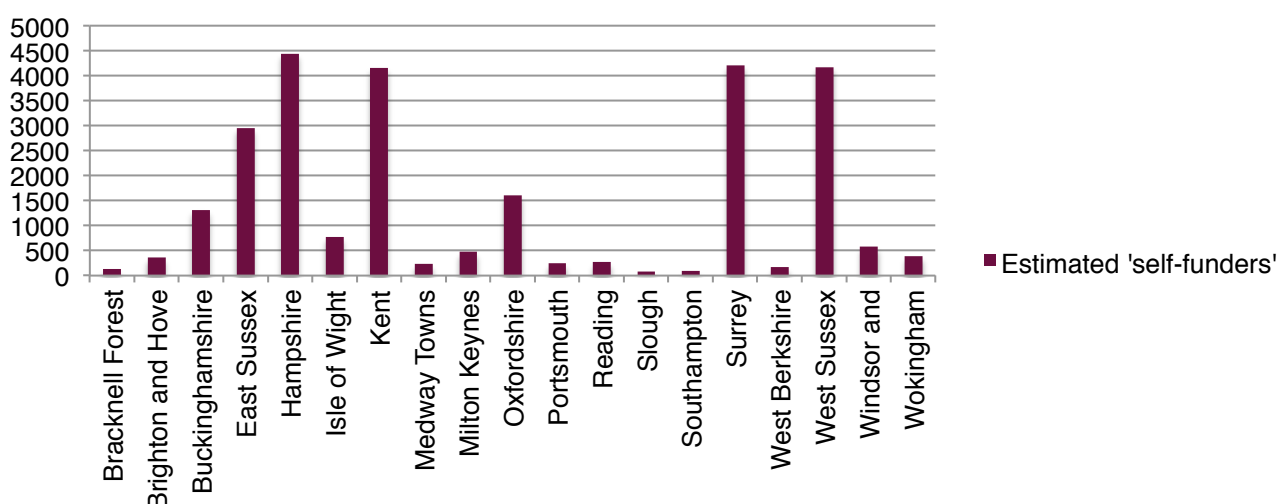
The Bigger Picture offers a methodology for estimating the number of older people in different local authority areas in residential or nursing care who are not funded by their local authority, but will require a needs and means assessment by April 2016, as part of the implementation of the ‘capped cost’ funding reforms.

This method comprises **subtracting the total number of local authority ‘supported residents’** recorded in HSCIC data - i.e. individuals in residential or nursing care that a local authority funds – from **Census data for the number of individuals aged 65+ with limited day-to-day activities living in so-called ‘communal establishments’, which almost entirely comprises residential or nursing care**. At a national level, this produces a figure of around **110,000 people** who are ‘self-funders’, equivalent to 40% of those in some form of residential care.

For analysis below the national level, the limitation of this method is that **some individuals receiving care home funding from their local authority may move outside of their local authority area** – potentially to a different region of the country. Indeed, in some local authority areas, the method derives negative figures, i.e. the local authority funds more ‘supported places’ than there are older people with limited day-to-day activities in their area living in residential or nursing care.

Nevertheless, this method is able to yield a useful ‘benchmark’ figure for local authorities to incorporate into estimates of potential demand following implementation of the ‘capped cost’ reforms in April 2016. For example, using this simple method, the following chart for the South East shows the estimated numbers of ‘self-funders’ in a residential setting in different local authority areas:

Total ‘communal establishment residents’ minus total LA-funded supported residents, 65+, South East (HSCIC, Census)



The chart shows the number of potential self-funders in some form of residential care ranges from around 4,500 in a large, wealthy county such as **Hampshire**, to a couple of hundred in a poorer area such as **Medways Towns**.

6. Financial Eligibility and the Means Test after 2016

Key points:

- ▶ From April 2016, local authorities will apply new 'capital limit' thresholds to means tests for social care support of £17,000 and £27,000 for home care, and £17,000 and £118,000 for residential care.
- ▶ Using ELSA, The Bigger Picture analysed the total household financial and housing wealth of older people living at home with limited day-to-day activities, adjusting for 2016 prices.
- ▶ For domiciliary care, The Bigger Picture found that 52.9% of this group across England had household financial wealth below £17,000, 9.1% had financial wealth between £17,001 and £27,000, and 38.0% had financial wealth above £27,000.
- ▶ For residential care, taking account of both housing wealth and financial wealth – and assuming that no housing wealth is disregarded - the equivalent estimates are 23.3% with wealth below £17,000, 11.2% between £17,001 and £118,000, and 65.5% with wealth above £118,000.
- ▶ However, significant regional variations are observable: in the North East, around 60% of older people living at home with limited day-to-day activities had total net housing and financial wealth below the £118,000 upper capital threshold. However, the equivalent figure for the South East is around 17%.
- ▶ These figures suggest that local authorities will need to pay particular attention to the costs of 'metering' care needs in different locations, and to potential behavioural responses to the new means test thresholds, such as 'deliberate deprivation' before individuals require paid care.

6.1. Introduction

In determining eligibility for council support, local authorities take account of a person's income and wealth, i.e. local authority support is **means tested**.

After assessing the weekly **financial cost** of care and support that someone needs, a local authority subtracts the value of a person's 'assessable income', as well as a 'notional income' based on their 'assessable wealth' (called 'tariff income') – to take account of the savings and wealth people have. The local authority then funds any remaining difference itself.

The type of 'assessable wealth' included in this calculation depends on the type of care required. Broadly speaking, for home care, financial wealth between a Lower and Upper Capital Limit is treated as 'assessable wealth'. For residential care, the value of a home is also included - as long as no dependent or partner is living in it, in which case this housing wealth is disregarded.

As part of the ‘capped cost’ funding reforms in England associated with the Care Act (2014), the **Lower and Upper Capital Limits** applied by local authorities to ‘assessable wealth’ for means testing will be adjusted from April 2016 to:⁵

- ▶ Domiciliary care: £17,000 and £27,000
- ▶ Residential care: £17,000 and £118,000

This represents a **significant change for residential care means testing** in particular, for which the Upper Capital Limit has previously been the same as that used for domiciliary care.

6.2. Estimating financial eligibility

For local authorities, a key question around implementation of the ‘capped cost’ reforms to care funding is potential increased eligibility for council financial support arising from the new means test thresholds, especially the significant increase in the Upper Capital Limit for residential care.

The Bigger Picture therefore analysed the **financial wealth and housing wealth** of older people living at home with limited day-to-day activities at a **national and regional level**, in relation to these thresholds. These are individuals who may or may not have required care at the time that the data was collected – 2012-13 – but who may do so by the year 2016.

The figures collected in ELSA data for 2012-13 were adjusted to 2016 prices using the government’s ‘GDP deflator’ to take account of inflation.

6.3. Financial Eligibility: The national picture

Using ELSA, The Bigger Picture is able to estimate in 2016 prices that across the older population in England living at home with limited day-to-day activities, for domiciliary care:

- ▶ 52.9% of this group across England had household financial wealth below £17,000;
- ▶ 9.1% had financial wealth between £17,001 and £27,000;
- ▶ 38.0% had financial wealth above £27,000

For residential care, taking account of **both housing wealth and financial wealth** – and assuming that **no housing wealth is disregarded** - the equivalent estimates are:

- ▶ 23.3% had wealth below £17,000;
- ▶ 11.2% had wealth between £17,001 and £118,000;
- ▶ 65.5% had wealth above £118,000.

6.4. Financial Eligibility: The regional picture

The Bigger Picture also identified wide regional variations in eligibility, reflecting significant inequalities in housing and financial wealth. The chart below shows these variations in relation to the 2016 domiciliary care means test thresholds:

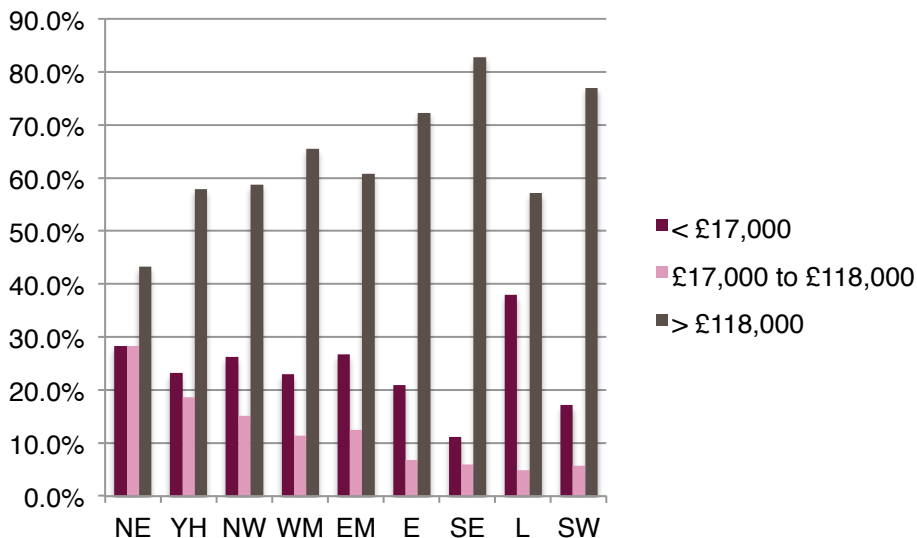
⁵ These figures are presented in 2016 prices.



Distribution of financial wealth in 2016 prices, 65+ at home with limited day-to-day activities, English Regions (ELSA, Census)

The chart shows that in six out of nine regions, over half of the older population living at home with limited day-to-day activities had financial wealth below the £17,000 threshold, in 2016 prices.

This analysis was then repeated for the 2016 residential care means test, as the following chart shows:

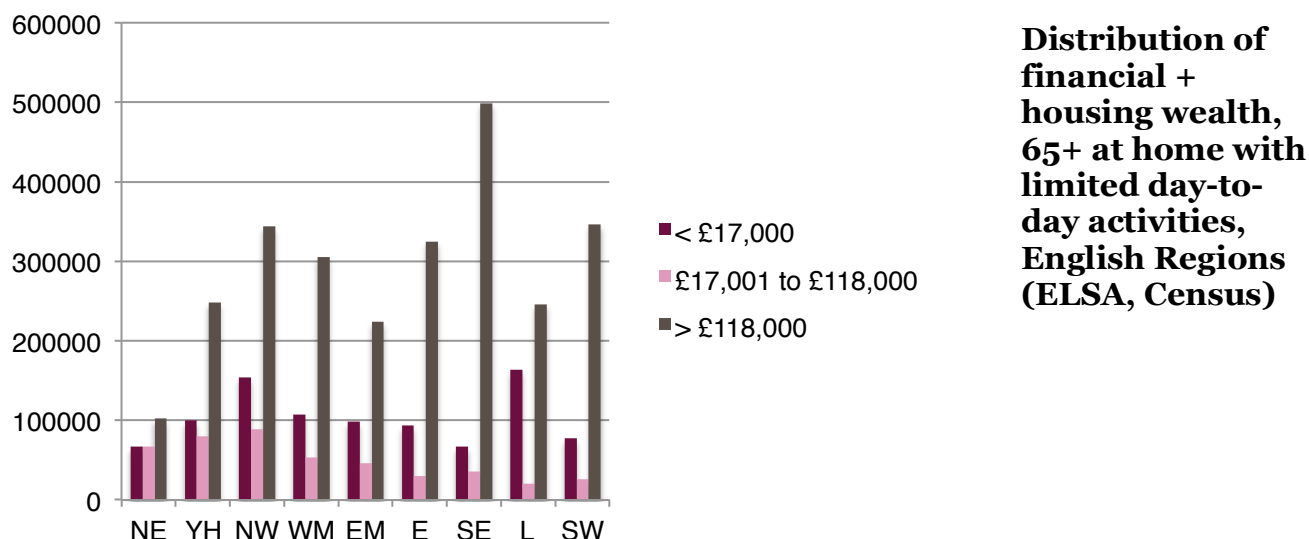


Distribution of financial + housing wealth in 2016 prices, 65+ at home with limited day-to-day activities, English Regions (ELSA, Census)

This chart shows that in the **North East**, around 60% of older people living at home with limited day-to-day activities had net household housing and financial wealth below the £118,000 upper capital threshold. However, the equivalent figure for the **South East** is around 17%.

To explore the overall impact of the changes on the population, it is useful to present the analysis in terms of population numbers, assuming both that housing wealth is not disregarded for the residential care means test, and that individuals do not share their wealth with a partner.

For this reason, The Bigger Picture applied these figures to Census 2011 data, which found that 4,019,419 live at home with day-to-day activities limited by a longstanding health condition or disability, to estimate the numbers of older people above and below these thresholds, as the chart below shows:



Interestingly, the chart shows very large variations in the number of older people living at home with limited day-to-day activities with housing and financial wealth above the £118,000 threshold in different regions, reflecting both **different population sizes and different household wealth profiles among different regions**.

Using this broad population group of older people with limited day-to-day activities, these estimates suggest that at a national level, **around 930,000 older people in this group are below the £17,000 threshold, 450,000 are between £17,001 and £118,000 and 2.64 million are above the £118,000 threshold.**

6.5. Commentary

This chapter has explored findings from The Bigger Picture on the number of older people living at home with limited day-to-day activities whose total household financial and housing wealth places them above and below the new social care means test capital limits to be applied by local authorities from April 2016, assuming their housing wealth is not disregarded. Given the relatively small number of individuals who will be above the Upper Capital Limit for residential care in some areas, as this research has identified, the findings suggest that policymakers should:

- ▶ **Monitor the costs of ‘metering’ systems in different areas, to ensure overall value for money and that the cost of such systems is not disproportionate.**

Importantly, by transferring financial and housing wealth to next of kin, these individuals will be able engage in deliberate attempts to reduce their wealth and increase their subsequent entitlement to support, particularly if they move into residential care.

For example, the analysis above suggests that **in 2016, there will be around 450,000 older people in England living at home with limited day-to-day activities who will already be below the £118,000 threshold, and will therefore have a direct incentive to transfer their wealth** in order to increase the value of support they will receive from their local authority if they subsequently move into residential care.

In this context, policymakers should:

▶ **Monitor patterns of family wealth transfers after April 2016**

Policymakers will have to monitor closely whether changes to the means test thresholds applied in April 2016 result in widespread ‘deliberate deprivation’, whereby individuals transfer wealth before needing care in order to increase their subsequent potential entitlement to local authority financial support.

▶ **Monitor the emergence of unregulated financial advice on how to ‘game’ the local authority means test**

National and local policymakers will have to monitor and police the potential emergence – particularly in less wealthy areas of the country - of unregulated financial advice services which advise individuals and families on how to move their wealth around in order to increase their eligibility for local authority financial support.

7. The Care Act: Mapping, identifying and engaging older population groups

Key points:

- ▶ The Care Act (2014) places specific new duties on local authorities around prevention and information provision, expanding the target group of local authorities beyond individuals with eligible needs.
- ▶ To meet these duties, analysis from The Bigger Picture suggests local authorities face a core target group of around 1.4 million older people who struggle with aspects of self-care but do not receive community support, and up to 3.4 million older people living in the community whose day-to-day activities are limited by a longstanding condition, but have little contact with the local authority. At the level of individual councils, this group can number from 10,000 to 60,000 people.
- ▶ To fulfil the vision of the Care Act, councils and other local stakeholders will need to fundamentally rethink the way in which different public bodies are used to engage older people with limited day-to-day activities. Much greater emphasis will need to be placed on positioning the disability benefits system and GP referrals as gateways to information and other forms of support.
- ▶ In particular, local policymakers should use the disability benefits system and GPs to engage individuals with low-level community support. Policymakers should seek to integrate 'contact points' across the disability benefits, GP and local authority systems, and share information collected.

7.1. Introduction

Previous chapters have explored the older population in relation to eligible need and financial eligibility following implementation of the Care Act (2014). However, the Care Act also provides local authorities with duties to look beyond those individuals with eligible needs who qualify for support, and instead focus on a **much broader population**. Key sections of the Care Act provide duties for local authorities around **preventing need for care and support**, and **providing information and advice** to this broader population. In particular:

2 Preventing needs for care and support

- (1) A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will –
- (a) contribute towards preventing or delaying the development by adults in its area of needs for care and support;
 - (b) contribute towards preventing or delaying the development by carers in its area of needs for support;
 - (c) reduce the needs for care and support of adults in its area;
 - (d) reduce the needs for support of carers in its area.

What is the **rationale** for these duties in the Care Act? On the one hand, a growing body of evidence suggests the scope for the potential of **preventative interventions** that reduce the **incidence** of different types of difficulty with activities of daily living, as well as the **severity** of such difficulties where they are experienced. In addition, effective prevention can reduce the need for care and support, as well the use of more expensive forms of care such as **hospital treatment**.

4 Providing information and advice

(1) A local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.

(2) The service must provide information and advice on the following matters in particular —

- (a) the system provided for by this Part and how the system operates in the authority's area,
- (b) the choice of types of care and support, and the choice of providers, available to those who are in the authority's area,
- (c) how to access the care and support that is available,
- (d) how to access independent financial advice on matters relevant to the meeting of needs for care and support, and
- (e) how to raise concerns about the safety or well-being of an adult who has needs for care and support.

Practical examples of the types of activities and outcomes resulting from these two duties under the Care Act include:

- ▶ Families seeking out information and advice when individuals begin to experience difficulties with activities of daily living to learn about different coping options;
- ▶ Individuals making modifications to their home;
- ▶ People with low-levels of disability reviewing their future housing options;
- ▶ Older carers identifying themselves as carers to the local authority, and developing contingency plans with families, friends and neighbours in case they experience a crisis and can no longer provide support;
- ▶ Individuals with low-level need in receipt of unpaid care paying for some additional help at home, where they can.

7.2. Implementing the Care Act: Mapping and benchmarking the older population

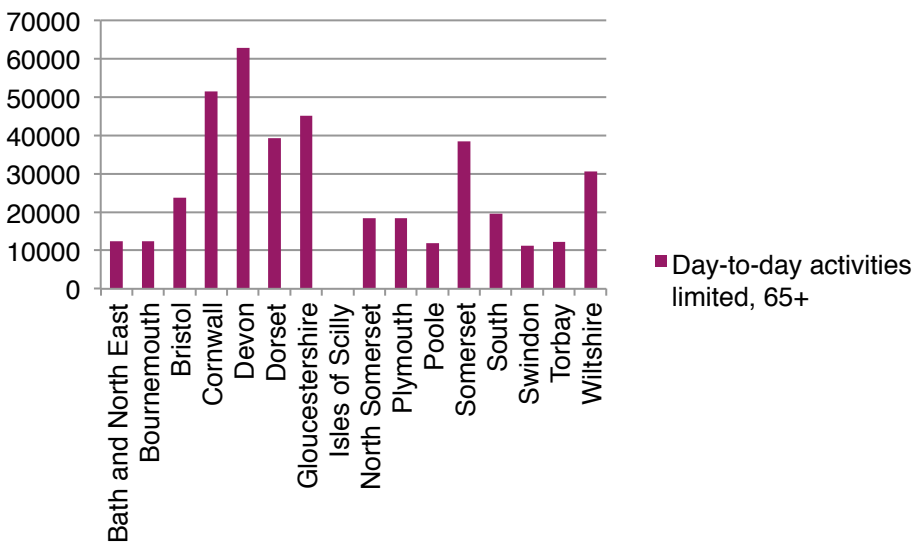
How large are the additional population groups that local authorities need to engage with following the passing Care Act to fulfil these duties? Previous chapters have noted:

- ▶ Around 4.3 million older people experienced limited day-to-day activities owing to a longstanding health condition or disability, including 4.01 million who live at home;
- ▶ Around 2 million older people who live at home struggle with one or more aspect of self-care, and around 560,000 struggle with three or more such difficulties;
- ▶ Local authorities fund community services or support for around 570,000 older people, including home care for around 310,000 older people.

Overall, these figures suggest that to fulfil the vision of the Care Act around prevention and information across the country, given around 570,000 older people already received local authority support – based on HSCIC figures for 2011 – local authorities face **a core target group of around 1.4 million older people who struggle with aspects of self-care** but do

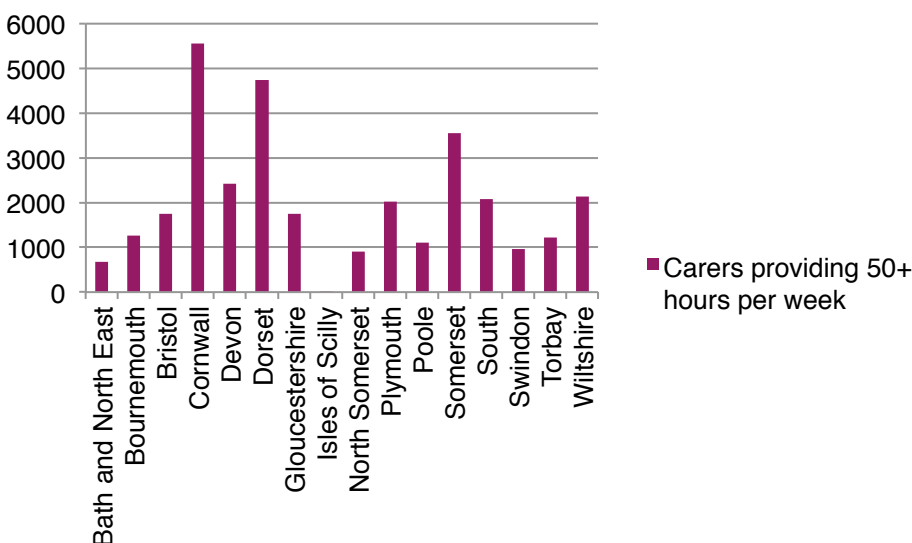
not receive community support. More widely, there are up to **3.4 million older people living in the community** whose day-to-day activities are limited by a longstanding condition, and who may benefit from preventative interventions and information, as prescribed by the Care Act.

It is useful to explore the relative size of the populations that individual local authorities need to think about. For example, the following chart shows that the number of older people reporting some level of limited day-to-day activities in the South West who **do not receive local authority support** of any kind typically ranges from 10,000 to 60,000 people, reflecting the population size of the area:



Number of day-to-day limited activities without local authority support, 65+, South West (Census, HSCIC)

A similar analysis can be performed in relation to older carers. By subtracting the number of older carers receiving LA services or information from the number who provide 50+ hours per week of care, it is possible to derive a benchmark figure for the number of ‘round the clock’ older carers that local authorities should be engaging with in relation to prevention and information. The relevant figures for the South West are shown below:



Number of carers providing 50+ hours of care per week without any LA services or information, 65+, South West (Census, HSCIC)

The numbers involved range from nearly 6,000 in **Cornwall** to just over 1,000 in **Poole**, again reflective of differing population sizes.

7.3. Identifying and engaging these target groups

Given the large size of these potential target groups facing local authorities identified above, how should local authorities go about identifying and engaging individuals?

Previous chapters have noted that the disability benefits system provides **financial support to around half the older population with limited day-to-day activities**, in contrast to local authority support. Indeed, when Attendance Allowance (AA) assessments are also considered, it is clear that **the Department for Work and Pensions (DWP) achieves far more ongoing ‘touch points’ with the disabled older population than the local authority care and support system.**

In addition, The Bigger Picture found consistent and high levels of some types of health conditions among the older population experiencing disability. Broadly, speaking, **around half of this group has high blood pressure, high cholesterol or arthritis.** It is therefore reasonable to surmise that a high proportion of this group are in regular contact with **GP services.**

7.4. Recommendations

This analysis suggests that to fulfil the vision of the Care Act, councils and other local stakeholders will need to **fundamentally rethink the way they work with different public bodies to engage older people with limited day-to-day activities.**

In particular, to achieve aspirations in the Care Act around identifying need, the findings of The Bigger Picture suggest **much greater emphasis needs to be placed on positioning the disability benefits system and GP referrals as gateways to information and other forms of support** prioritised by the Care Act. In particular, policymakers should:

- ▶ **Use the disability benefits system and GPs to engage individuals with low-level community support**

As previously set out in research and analysis from the Strategic Society Centre and Independent Age,⁶ policymakers should use the disability benefits system – particularly AA – as a gateway for identifying individuals in order to target information, advice, and potentially, services and support. Regardless of the success of AA claims, applications for AA should be followed by the offer of a range of information, advice and – potentially – low-level support such as telecare.

In addition, the prevalence of key health conditions among older people with limited day-to-day activities suggests that identification and referrals by GPs and other health workers

⁶ Lloyd J (2013) *Independence Allowance: Developing a new vision for Attendance Allowance in England*, Strategic Society Centre and Independent Age, London

should represent a key mechanism through which to identify and engage individuals with information and preventative interventions.

▶ **Integrate ‘contact points’ across the disability benefits, GP and local authority systems, and share information**

The integration of the disability benefits and local authority care and support systems could be taken further through joint branding, and the partial harmonisation of eligibility assessments, for example, so that information gathered for local authority assessments can be used toward AA applications, and the information collected by the DWP on AA claims passed to local authorities.

▶ **Make better use of statutory and other data**

To fulfil the vision of the Care Act, greater coordination is required of data from different ‘contact points’, that fully integrates data from the NHS, disability benefits, and local authority care and support systems. Each of these systems collects and stores information on older people experiencing long-term difficulties undertaking activities of daily living. However, this information is not shared, integrated or coordinated at a local level in a way that could help local authorities, Health and Wellbeing Boards, and clinical commissioning groups.

8. Achieving the Vision of the Care Act

Having explored the broader target groups for local authorities following implementation of the Care Act, and new options for identifying individuals, this chapter explores how the aspirations of the Care Act around prevention and information for these groups can be achieved.

Key points:

- ▶ Although promoting online support for prevention and information is a direct, cost-effective option for local authorities, a thorough understanding of Internet use in their target groups is required given evidence of low Internet usage. Online strategies on their own will be far from adequate as a means to fulfil the duties under the Care Act.
- ▶ Local authorities should adopt an ‘open data strategy’ in relation to data on the local population, local services, and disability benefits, as well as improving and expanding this data, in order to stimulate new local services.
- ▶ Given the scale of the relevant population for local authorities seeking to fulfil the vision of the Care Act around prevention and information, it will be unfeasible for local authorities to seek to identify all these individuals or undertake assessments. This raises questions around whether local authorities are best placed to ensure the most efficient journey between individuals and the low-level support in the community.
- ▶ In this context, local authorities should further develop and empower third-party organisations and providers at a local level, enabling them to receive referrals from GPs, and the disability benefits system.

8.1. Introduction

The previous chapter explored the scale of the additional population groups that local authorities have duties toward following the Care Act, and potential mechanisms for identifying and engaging individuals in relation to prevention and information, particularly through the disability benefits system and GPs.

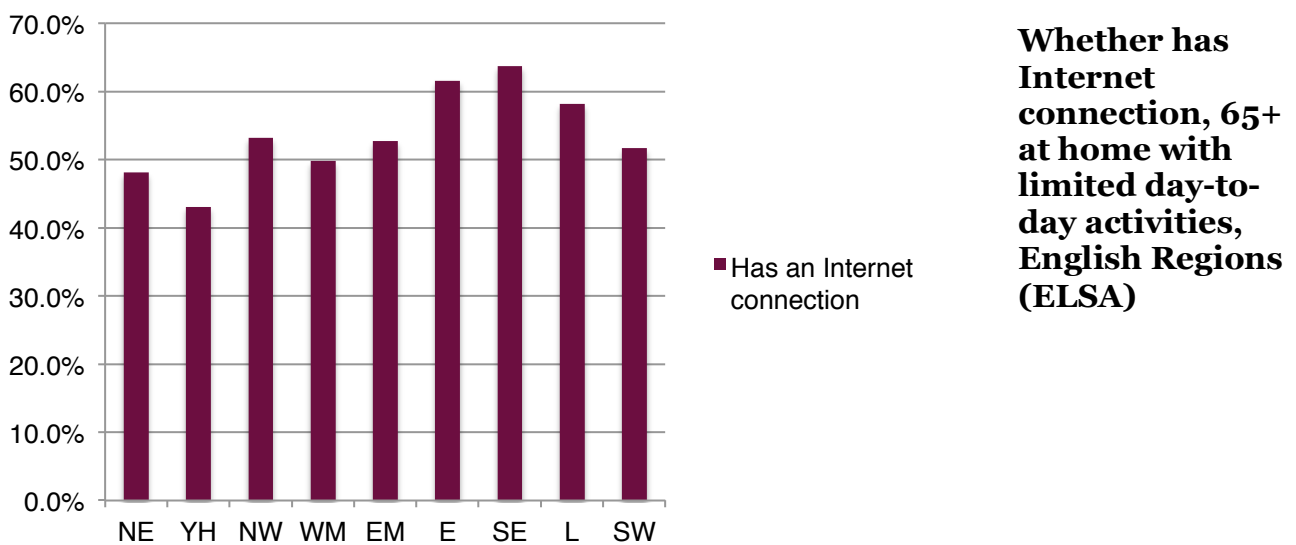
However, having identified these populations, local authorities must seek to achieve the vision of the Care Act in relation to prevention and information at a time of **intense budget pressures**, which in many areas, will prevent the direct provision or commissioning of support or other interventions. This chapter therefore builds on the findings of The Bigger Picture to explore and evaluate several potential approaches:

- ▶ **Online support for prevention and information;**
- ▶ **‘Open data’ strategies to stimulate new services;**
- ▶ **Capacity and institution building beyond the local authority.**

8.2. Online support for prevention and information

The Care Act (2014) requires local authorities to “establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers”. For many local authorities, the provision of **online support represents a key strategy to meeting duties around providing information**, in addition to influencing individual behaviour in a way that prevents care needs.

However, the findings of The Bigger Picture identify both the potential and the limitations of this approach. **Significant percentages of older people living at home with limited day-to-day activities report having an Internet connection at home**, ranging from around 45% in Yorkshire and the Humber to nearly two-thirds in the South East:



However, although having Internet access at home is relatively common, a **high percentage of older people living at home with limited day-to-day activities report they never use the Internet**, including typically around two-thirds of this group across the north of England:



Among **higher-need groups**, the proportion who report never using the Internet is even **greater**. Among those with three or more ADL difficulties, 45% have an Internet connection at home, but 70% report they never use the Internet. Among older people receiving paid care at home in England, 84% report they never use the Internet.

In time, subsequent cohorts experiencing limited day-to-day activities may display higher levels of Internet usage. Nevertheless, these findings suggest that **local authorities developing online strategies for providing advice and information require a thorough understanding of Internet use in their target groups**, and that **online strategies on their own will be far from adequate as a means to fulfil duties under the Care Act**.

8.3. 'Open data' strategies to stimulate new services

The Bigger Picture research shows how different types of data can be integrated and compared to provide insights into the older population experiencing limited day-to-day activities, and how this data can be placed in the public domain for others to use and adapt.

The publication of data about disability and care at a local level can be used to improve **accountability** among local politicians, citizens and media, who typically have limited information on outcomes and services in their area. As the Strategic Society Centre has previously explored, the under-funding of social care in England can be directly linked to the lack of local data about disability, services and outcomes in the public domain.⁷ In addition, making this sort of data available can improve **benchmarking** by service providers, and by local authorities themselves. Interestingly, during engagement with local authorities for The Bigger Picture, wide variations in the extent of data capabilities and management were observable among different councils.

However, in the context of the Care Act, and duties around prevention and information, there is significant potential for local authorities to develop their use of 'open data'. Local authorities should:

- ▶ **Adopt an 'open data strategy' in relation to data on the local population, local services, and disability benefits**

Local authorities should collect and publish as much data as possible on the characteristics, disability and care of their local population – including the data used for The Bigger Picture - to **stimulate new services**, and enable third-party organisations to better develop and target preventative and information interventions, ranging from established care providers to micro-providers of community-level support developing support networks across very small areas.

- ▶ **Improve and expand local 'open data' resources**

As far as possible, **'open data' resources should be updated in 'real time'**, and local authorities should explore the most effective ways of presenting such data to local stakeholders, such as 'micro-providers' of support, and ensuring such data is used.

⁷ Lloyd J (2011) *Politics and the Care Conundrum: Why does England have a problem funding social care?*, Strategic Society Centre, London

Consultations with local authorities about the results of The Bigger Picture identified concerns around the accuracy and validity of activity data collected by HSCIC. For example, it was felt that certain measures could be manipulated, and different measures recorded differently by local authorities. In this context, it is **vital that national policymakers seek to improve the perceived quality, consistency and reliability of HSCIC data**, in addition to ensuring that full activity returns are provided by all local authorities.

In addition to data derived from statutory bodies, local authorities should also seek to have data on occupancy numbers and users from independent providers of domiciliary and residential care made available online.

8.4. Beyond the Local Authority: Local capacity and institution building

The numbers of older people with limited day-to-day activities identified by The Bigger Picture highlights the **scale of the challenge for local authorities seeking to fulfil the vision of the Care Act around prevention and information**.

This raises **questions around whether local authorities are best placed to facilitate the fastest, most efficient process for connecting individuals with low-level support in the community**, and in turn, the potential for new institutional and capacity building at a local level.

Indeed, with around half of the older population reporting some level of day-to-day limited activities – over 4 million people across England - **it will be unfeasible for local authorities to seek to identify all these individuals and undertake assessments of their potential needs**, etc. In fact, because of the statutory duties under which they operate, in many instances, direct engagement and assessment with a local authority will represent a slow, inefficient mechanism for connecting individuals and families with the advice and support they offer. In this context, local authorities – as well as Health and Wellbeing Boards - should:

- ▶ **Further develop and empower third-party organisations and providers at a local level**

At present, many charities and other types of organisations are contracted to provide services at a local level, such as ‘community links’ officers which seek to connect individuals with services and support available locally. To achieve the vision of the Care Act, local authorities should develop, train and empower these organisations further, and enable them to receive referrals directly from GPs, and the disability benefits system.

Building on the analysis of previous chapters around the costs of local variation in terms of undermining the development of behavioural norms, national policymakers should also work with local authorities to ensure that third-party charities and other local-level providers offer as much consistency as possible across different areas in the design of their ‘gateways’, branding, services, etc. In this way, activities undertaken to meet duties under the Care Act can promote positive behavioural norms in the older population, rather than providing a ‘patchwork’ of influences.

9. Conclusion

The Care Act (2014) represents a major development and evolution for the care and support system in England, built around a central ‘wellbeing principle’ and recognition of the journey that individuals make from experiencing low level difficulties with activities of daily living, to requiring intensive residential care.

However, the ambition crystallized in the Care Act has coincided with the fiscal consequences of an ageing population imposing considerable pressures on health and social care budgets, in addition to severe spending cuts to achieve fiscal consolidation in the wake of the post-2008 financial crisis.

In order to help all stakeholders to the implementation of the Care Act – local authorities, families, care users, care providers, charities and community groups – The Bigger Picture exploited the availability of data from multiple sources, all collected within a single period of time, to provide a new, detailed picture of disability and care in the older population in England.

The picture that emerges reveals in much greater detail the size of the challenge for local authorities and other stakeholders if the vision of the Care Act is to be achieved, as well as the prevalence of unmet need and inadequate support.

Given the feasibility and budget challenges implied by the sheer numbers of older people experiencing difficulties with activities of daily living, a rethink and revolution is required among national and local policymakers around how individuals and families are engaged and supported.

This will mean revisiting the balance between **consistency and variation** in services organised by local authorities, as well as fully **integrating and exploiting the different ‘touch points’ and ‘gateways’** available for engaging the older population with limited day-to-day activities. It will also mean evaluating which aspects of the vision of the Care Act need to be fulfilled by local authorities directly, or can be devolved to **empowered, third-party charities and organisations at a local level**, operating off a menu of services and options that ensures the older population encounters **consistency**, in a way that **drives new, positive behavioural norms**.

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