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RCN Policy Unit

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Wanless Social Care Review: Securing Good Care for Older

Introduction

The Wanless Review in social care was commissioned by the Kings Fund and published in March 2006.

The terms of reference for the Review were:

- To examine the demographic, economic, social, health and other relevant trends over the next 20 years that are likely to affect the demand for and nature of social care for older people (aged 65 and over) in England (Part 1)

- In the light of this, to identify the financial and other resources required to ensure that older people who need social care are able to secure comprehensive, high quality care that reflects the preferences of individuals receiving care (Part 2)

- To consider how such social care might be funded, bearing in mind the King's Fund's commitment to social justice (Part 3)

The King's Fund Review seeks to determine how much should be spent on social care for older people in England over the next 20 years, to assess what funding arrangements need to be in place to ensure this money is available and supports high quality outcomes, and to hope the results will make a significant contribution to the debate on the future of social care.

This paper sets out the main recommendations of the Review and highlights the particular areas of concern that were raised in the main discussion.

The Review

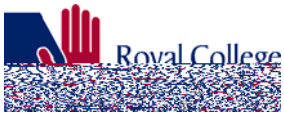
The Review is split into the following three parts and relevant chapters:

Part 1: Evidence and Trends

1. Origins and development of social care

2.

6. Who pays what?
7. Workforce
8. Informal care
9.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maximum cost of £20 000 per year for achieving each unit of outcome gain (mirroring methods used by NICE in assessing health care interventions) as a value-for-money threshold.

b) Calculate the level of informal care and its contribution to meeting overall demand for care. This includes the outcomes of carers such as adverse effects on health and stress levels.

c) Cognitive impairment which cause activity of daily living problems and which also generate other risks, such as to the person's safety. This can improve outcomes but increases short term costs.

d) The impact of charges on the demand for social care services and the extent to which charges discourage older people from seeking care or reducing the amount they us

Other options for funding social care exist in other countries and can include social insurance models, cost sharing, limited liability models, savings based models. The approach adopted in Scotland for health and personal care is universal entitlement which is state supported and not subject to means testing.

Different approaches exist to change the current system in England which could mean raising the assets threshold above which state funded care is not provided or increasing the income level before charges are levied.

Various commercial financial products including long term care insurance products, housing equity release schemes and tax incentives may be used to assist people pay privately for the cost of long term social care.

The tests used in the Review are set out in Chapter 11 under the following headings: fairness, economic efficiency, user choice, physical resource development, clarity and sustainability/acceptability. These tests have been used to filter a broad range of funding and charging options and three options have been proposed as frontrunners:

The **partnership model** which provides 66% care funded by the state. Individuals then top up by making contributions which are matched by the state until the benchmark package is achieved. Any additional contribution made by the individual is not matched by the state. Those on low incomes make their additional contribution through the be

- **Free personal care model** has the highest levels of spend at £14.9 billion and the greatest funding **contribution by the state.**

- **Limited** Liability Model would increase public spending to £7.4 billion but does not bring about the changes in the number of people that use services and therefore does not change total expenditure or personal care outcomes.

- **Means Testing Model** produces the lowest level of expenditure at £12.4 billion with 1.2 older people receiving personal care.

Because both the Partnership Model and the Free Personal Care Model move to universal entitlement, over 300 000 more older people receive support compared with means testing model.

There are currently two key benefits which are not means tested: Attendance Allowance and Disability Living Allowance. These cost around £3.7 billion.

The Review proposed that both these allowances should be used to support the additional costs of funding the Partnership Model and the Free Personal Care Model. If two thirds of the amount currently spent on these benefits were transferred, it would meant the state would need to increase public social care expenditure by £1.7 billion over current levels for the 42126 Tm9 5and Disabtv0.0211 Tc 0.0026qB.02

20 years this target level of resource would increase up to 1.4%GDP in

Service reconfiguration needs services targeted at improving well-being including initiatives to tackle loneliness and social isolation.

An increase in resources aimed at “middle” if not low-level social care is recommended with immediate benefits on service user outcomes the expected result. It is anticipated that these services would have long term prevention effects reducing future need.

Processes

Policy on health and social care integration should continue to develop, subject to better confirmation of expected cost effectiveness of the component parts.

National criteria are urgently needed to draw a clear line between long term health/nursing care and social care. Where the former are the primary need, then the NHS should cover the costs of long term care in a way that is consistent with other NHS care. An increase in the intensity of personal social care provision (heavily supported by the state) is recognised in this Review and will limit the “cliff edge” between the health and social care systems as will adoption of the partnership model. There is an important distinction to be made between housing or hotel and care costs, and especially the basis on which these different types of costs are met.

Both health and social care organisations should be given greater incentives to pool resources and clarify joint funding streams. The current mechanisms are facilitating and passive, and more active financial encouragement is required such as financial incentives to pool resources.

More flexibility and choice in the range of support services available to carers is required both for services and access to those services. There should be an increase in assessment of carer needs and support required to enable cost effective use of services.

Costs saving in new models of care, such as telecare and extra care housing needs to be recognised when apportioning budgets to encourage implementation.

Information and evidence

Social care evidence base is under-developed and research funding should be increased with comparative research and systematic review. There should also be a full examination of English Longitudinal Study of

A comprehensive assessment of the total amount being spent on private expenditure by older people on social care is urgently required, particularly self-funding of domiciliary care and third party "top-up" care home fees.

Methods of data collection should be established for the workforce to achieve an assessment of supply responsiveness, impacts of technology and service development:

- independent sector workforce size and structure (Skills for Care has developed a minimum data set which initiative is applauded)
- agency staff numbers and patterns of employment
- immigration and migration workforce numbers and trends
- overtime rates and de facto increase in staffing levels

The link between workforce training and quality of outcomes needs to be clearly established. This should assess the real costs of training and current capacity for training, maximum training within existing structures and additional infrastructure necessary to increase training levels.

Evidence needs to be developed about service outcomes, in particular cost effectiveness of extra care housing, care home placements (for people with cognitive impairment), day care services and carer support services. This should also include the cost effectiveness of prevention and preventative services.

Evidence is needed to develop and scale measures of carer outcomes.

Research is needed on how Attendance Allowance and Direct Payments are spent by recipients.

Methods

There should be the adoption of an outcomes approach and resource decisions should be assessed for implications of outcomes for service recipients.

The Review recommends in particular the use of generic social care measures, particularly the OPUS project and the work to value preferences as an integral part of resource allocation and policy development.

There should be greater alignment of resources around a value-for-money principle (including how it should be defined in social care) balanced with other principles such as fairness and sustainability, along with the

appropriateness of cost-outcome thresholds and the valuation of those thresholds in social care.

Standards ways to measure the outcome of preventative services need to be developed to allow comparative studies and a more robust evidence base to be collected.

Next steps for the RCN