

# Long-term care reform in England a long and unfinished story

ILPN Conference, London, 6 September 2012

Caroline Glendinning  
Professor of Social Policy  
Social Policy Research Unit  
University of York

# Outline

- Deckchairs and the Titanic?
- Incremental innovation
  - Phases of marketisation
  - Improving efficiency
- The bigger questions
  - Fragmentation and inequity
  - Funding and sustainability
- Possible reasons for reform failure

# Introducing and developing social care quasi-markets

- 1993–2005
  - Local authority purchasers
  - Transformed sector public → private provision
- 2005–
  - Disability rights → consumerism
  - Direct payments, personal budgets
  - Devolved purchasing power to individuals
  - Mixed success

# Improving efficiency

- Intersectoral collaboration
  - Periodically eclipsed by sector-specific imperatives
- Intermediate care and reablement
  - Improve efficiency of acute sector
  - Reduce or delay demand

# The bigger questions

- Fragmented funding streams
  - Local authorities, NHS, DWP disability benefits, services and benefits for carers
- Multiple eligibility criteria
  - Income and assets tests, health needs, capacity for self-care, risks of harm, availability of family carers
  - ‘Postcode lottery’
- Underfunding
  - Relative to current need
  - Relative to future demand

# Successive reform proposals

- 1999 Royal Commission on Long-Term Care
  - 2002 Institute for Public Policy Research
  - 2006 Joseph Rowntree Foundation
- } free personal care
- 2006 Kings Fund Wanless review – partnership model
  - 2008 International Longevity Centre UK – social insurance
  - 2009-10 Labour proposals – built on Wanless ‘partnership’ proposals
  - 2011 Dilnot Commission on Funding of Care and Support
    - Limited remit
    - ‘Cap’ to catastrophic costs of residential care, not wider under-funding or keeping pace with demographic change
  - 2012 Dilnot principles accepted but decision on implementation deferred to 2013 Spending Review, including exploring alternative ways of applying ‘capped cost’ model

# Why is funding reform so hard to achieve?

- Politics of raising (more) revenue
  - Political 'costs' of tax rises – limits political investment in change
  - Increasing pressure on deficit reduction strategy
  - Housing equity (and inheritance)
- Welfare state structures – NHS, local authority social care, social security
  - Ministerial silos and interests
  - Central-local relationships
  - Devolution complexities
  - Market fragmentation
  - Complexity a barrier to civic knowledge, popular concern and Treasury understanding
- Welfare state cultures and traditions
  - Universalism only for health, not social care
  - Limited (and diminishing) experience of social insurance/hypothecation
- Will reform be possible while responsibilities for funding and outcomes remain so complex and fragmented?
  - Pragmatism vs principles