



CIPFA\

Charging for adult social care in England

Reform and routes forward

November 2023

Foreword

Adult social care is a vital part of the country's infrastructure and is essential to the social and economic wellbeing of people and communities. In comprising a significant proportion of the budgets of councils with adult social care responsibilities, it is also crucial to local authority financial sustainability. The current system needs to be reformed to make it fit for current and future challenges. It is of the utmost importance that we get those reforms right.

The government's proposed reforms to how people are charged for adult social care reflect a shift in how the costs and management of care are split between individuals and the state. A cap on personal care costs will protect people from unlimited costs. A more generous financial means test will support more people with the cost of their care.

Implementation of Section 18(3) of the Care Act 2014 will allow people funding their own care to ask their local authority to arrange their care for them. Finally, moving towards a fair cost of care should bolster market sustainability. However, the proposals are not without their challenges, perhaps the greatest being the cost of the proposed reforms on the public purse and how this will be met.

Delaying the implementation date of the reforms from October 2023 to October 2025 gives us an opportunity to take full stock of the proposed reforms. In this publication, we examine problems with the current charging system, critique the government's proposed charging reforms and consider roadmaps to reform published by stakeholders from across the social care sector.

We propose five principles for a sustainable and equitable social care system centred on funding, prevention, fairness and policy alignment. We also make a series of recommendations built on the principles, with a focus on adult social care charging reform.

It is our intention that these principles and recommendations can help to inform future policy development in adult social care reform by the next government. Now is the time to act and be bold in how we can reimagine care. The challenges are great, but together we can build a brighter future for social care.



Rob Whiteman CBE
Chief Executive, CIPFA

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Acronyms:

ADASS: Association of Directors of Adult Social Services

BCF: Better Care Fund

iBCF: Improved Better Care Fund

CCN: County Councils Network

DHSC: Department of Health and Social Care

IFG: Institute for Government

IFS: Institute for Fiscal Studies

LCL: Lower capital limit

LGA: Local Government Association

NAO: National Audit Office

NCS: National Care Service (Scotland)

ONS: Office for National Statistics

UCL: Upper capital limit

Executive summary

Background and CIPFA's five principles

In 2021, the government proposed changing the way that people are charged for adult social care in England.

The government's proposed charging reforms comprise:

- introducing an £86,000 cap on personal care costs
- changes to the financial means test
- implementation of Section 18(3) of the Care Act 2014
- fair cost of care and market sustainability.

The reforms were originally due to be implemented in October 2023; however, they have since been delayed until October 2025. The delay gives us the opportunity to take stock of the reforms and think about possible future directions of travel.

CIPFA proposes five principles for a sustainable and equitable social care system. These principles can be applied to proposals for charging reform or reforms to wider social care services. These principles are shared in the next section and serve as the foundation for this document.

The current picture

Adult social care in England faces significant and widespread challenges, and local authorities find themselves in an extremely difficult financial position. Adult social care is a primary driver in the challenge to balance budgets. Ensuring that adult social care is adequately funded is essential to local authority financial sustainability.

There are several problems with the current charging system: there is no limit to what an individual can pay towards their care, the system can be difficult to understand and demeaning, there is a lack of coordination with other policy areas, and the rates paid to providers by many local authorities can be unsustainably low, contributing to the risk of market failure.

The current charging system does not meet any of CIPFA's five principles for a sustainable and equitable social care system.

The government's proposed charging reforms

There are benefits and disadvantages to each of the government's proposed reforms. Across the proposals, there are issues relating to the fair treatment of accumulated care needs, wealth and asset depletion, and different impacts depending on where in the country you live.

The charging reform proposals will come with a significant cost to local authorities. The funding proposed to implement the reforms has been widely recognised in local government and among providers to be insufficient.

Before the delay to the proposed reforms was announced, local authorities expressed the concern that there was insufficient time to successfully implement the reforms. Furthermore, there is a lack of policy alignment across local and central government, which could hinder the chances of successful implementation of reform.

Alternative proposals and recommendations

There have been several roadmaps published from across the sector that seek to reimagine social care, and that make policy recommendations on adult social care reform and charging reform. We examine the reports published by the Association of Directors of Adult Social Services (ADASS), the Fabian Society and Care England.

We explore the recommendations relating to charging reform in each of the selected roadmaps and compare the recommendations with CIPFA's five principles for a sustainable and equitable social care system, with a focus on charging.

After considering the challenges of the current charging system, the government's proposed reforms and evaluating the recommendations in the selected roadmaps, CIPFA makes a series of recommendations aimed at central government in relation to adult social care charging reform. When proposing these recommendations, CIPFA recognises the close interdependency between charging reforms and the wider reform agenda.

Our recommendations are built upon our five principles, which focus on funding, prevention, fairness and policy alignment.



I Five principles for sustainable and equitable social care

The purpose of social care is to enable individuals with a wide range of care and support needs to live the best life they can in their own homes and communities.

It is a vital part of the country's infrastructure and is essential to the social and economic wellbeing of people and communities.

Building on CIPFA's previous social care publications, including [The Road to Reform](#) (2021), we propose the following five principles for a sustainable and equitable social care system.

In this publication, we will ask whether different charging scenarios meet these principles. However, the principles are not specific to adult social care charging; they can be applied across the social care system.



1. Start with a fresh understanding of needs, demand, cost and spending: a zero-based approach.

This principle is about understanding the full financial implications of proposals for reform. A clear understanding of needs, demand, cost and funding is essential, and taking a zero-based approach across the board would enable a broader view of how costs and funding may be rebalanced.



2. Provide adequate long-term funding and certainty of funding for social care services to recover and secure their financial sustainability.

This principle will enable more effective public financial management across social care. Social care requires sufficient funding in the short term to recover and requires additional funding to reform. Otherwise, there is a risk that other local authority services will suffer or that reform funding is spent on dealing with current pressures.



3. Invest to rebalance spending from reaction to prevention, and to achieve value for money in the long term for the public pound and better outcomes for people.

This principle encourages investment in preventative activity, which is important for health and wellbeing and maximising value in the long term. There needs to be a change in mindset around preventative action, viewing it as investment for the future, reaping benefits across place and time for the future financial and operational sustainability of services.



4. Address unfairness in how the costs of care are met between generations, by place, income and wealth, and protect individuals of all ages against unlimited costs by pooling risks.

This principle aims to ensure that inequity in social care is reduced and that unlimited costs for people of all ages can be avoided. Any reforms to the social care system should not advantage any one group in society over another.



5. Reduce the barriers between social care and other public services to ensure greater policy alignment across government departments and financial alignment around the individual.

This principle encourages joining up working to maximise the strengths of all partners in a more integrated system and avoids individual disadvantage by different charging regimes. Some areas of government policy remain misaligned with charging policy, and this should be addressed.



II The current picture

The way that individuals are charged for social care in England has remained unchanged in principle for almost a century.¹ In contrast to healthcare that is mostly free at the point of use, social care is a chargeable service. The social care charging system in England has been criticised for its inequity, complexity, variability and unpredictability. This section of the report looks at the current charging system in England and discusses wider system issues to set the scene for the government's proposed reforms and possible future directions of reform. First, we consider local authority financial challenges, challenges in social care and adult social care funding.

Local authority financial challenges

Since adult social care comprises a significant proportion of the budgets of councils with adult social services responsibilities, it is critical to consider the wider local authority financial context when discussing social care.

Local authorities are facing a crisis in funding. As CIPFA and the Institute for Government's [Performance Tracker](#) has noted, local authorities went into the pandemic on the back foot after years of austerity. The impact of COVID-19 on local government finance was significant, resulting in financial difficulties for councils. These difficulties are still being felt in 2023.

In its [findings from its council tax survey in 2023](#), CIPFA highlighted that councils are experiencing rising costs, dramatic inflationary increases, stretched staff resources and increasing demand for services. To mitigate these pressures, some local authorities are relying on reserves to fund services, which could be to the detriment of their financial resilience.

2023 has seen a series of section 114 notices. A section 114 notice is submitted when councils cannot find a way to balance their budgets, which they are legally obliged to do. CIPFA CEO Rob Whiteman has written that future section 114 notices may occur because councils experience difficulty covering significant service pressures, with increasing pressures for demand-driven adult social care and children's services typically among the key drivers ([Section 114s: where are we headed next?](#), 2023). In recent months, several local authorities have specifically cited children's and adult social care pressures as the cause of budget gaps, creating difficulty to deliver a balanced budget.

¹ The [National Assistance Act 1948](#) was the birth of social care as we know it today. It gave power to local authorities to make arrangements for providing accommodation for and promoting the welfare of people who are deaf, blind or disabled.

Challenges in adult social care

There are a host of wider system challenges facing social care in the short and long term. The principal public finance challenges are:

- **Insufficient funding:** while it's difficult to put an exact value on the funding gap in social care, the [Health Foundation](#) (2023) estimates that social care funding would require an uplift of £8.2bn per annum just to meet future demand. Furthermore, the [National Audit Office](#) (NAO) has stated that short-term funding arrangements have impeded long-term planning, development, innovation and investment in social care (2021). The funding landscape for adult social care has become increasingly complex, with multiple different funding sources, often with specific conditions to address immediate government policy issues. The complexity of different social care funding arrangements makes it harder for local authorities to use funding flexibly based on their local population needs.
- **Market sustainability:** the [National Risk Register 2023](#) included "major adult social care provider failure" as a risk that would have a substantial impact on the UK's critical systems at a national level. The NAO acknowledges that most local authorities pay care providers below a sustainable rate. This exacerbates the risk of providers going out of business or handing back contracts. Since many local authorities pay providers less than a sustainable rate for care, providers tend to charge

more to people who are funding their own care. This difference is known as the 'cross-subsidy' and creates inequity between self-funders and people in receipt of state support.

Drivers of demand include the following:

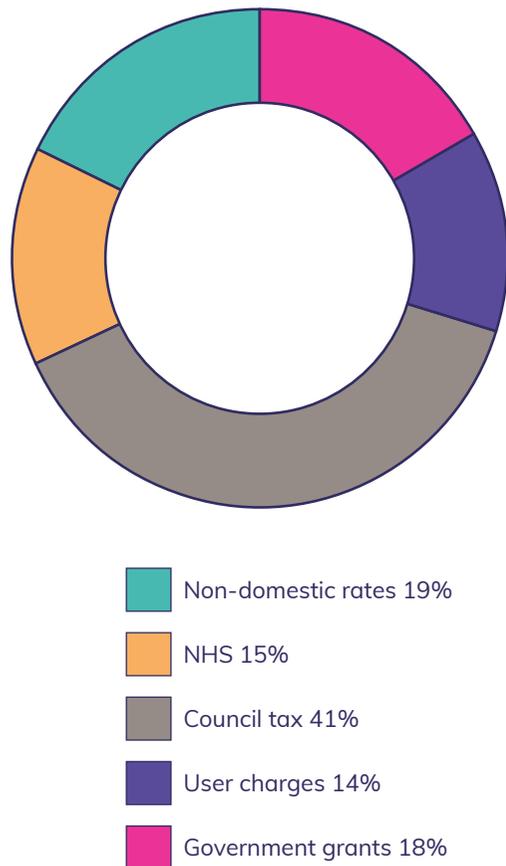
- **Increasing demand for care from working-age adults:** the [Care Policy and Evaluation Centre](#) (2020) projects that 29% more adults aged 18–64 will require care in 2038 compared with 2018.
- **Ageing population:** in their analysis of changing patterns of ill health due to an ageing population, the [Health Foundation](#) (2023) found that there will be 2.5 million more people living with a major illness in 2040 compared with 2019.
- **Unmet need:** [Age UK](#) (2023) estimated in March 2023 that there were 2.6 million people in England aged over 50 living with some unmet need. People with an unmet need today are likely to see their health decline and require more intensive, costlier care packages in the future or end up in hospital.
- **Increasing complexity of need:** ADASS reported in their [Spring Survey 2023](#) that the average size of care packages had increased or increased significantly in 76% of council areas in England over the previous 12 months. The number of people aged 85 or over living with two or more long-term conditions is also rising, as stated in [Our ageing population: how ageing affects health and care need in England](#) (Health Foundation, 2021).

Other significant challenges include:

- **Workforce recruitment and retention:** in October 2023, [Skills for Care](#) reported there were around 152,000 vacancies in adult social care – 10% of all adult social care roles. Staff turnover is high at 28%, meaning 390,000 people left their jobs (though 59% of recruitment comes from within the sector).
- **Unpaid carers:** according to the [Office for National Statistics](#) (ONS), 4.7 million people (around one in ten) in England provided unpaid care in 2021. Most unpaid carers are women. [Carers UK](#) and [Centre for Care at the University of Sheffield](#) calculated the value of unpaid carers in England in 2021 to be £151bn. By way of comparison, NHS health spending in England in 2020/21 was £156bn.

How adult social care in England is funded

Figure 1: Source of local authority adult social care funding



Source: Humphries R (2022) *Ending the Social Care Crisis: A New Road to Reform*, Bristol: Policy Press.

This section offers a high-level overview of how adult social care is funded in England. The main source of publicly funded adult social care is local government revenue raised through council tax and the adult social care precept, non-domestic rates and charges. There are also contributions from central government grants and the NHS.

The adult social care precept allows councils to increase council tax to raise funds that are then ringfenced for spending on adult social care in their local area. In their Spring Survey 2023, ADASS revealed that 94% of councils in 2022/23 had opted for the maximum increase to the social care precept before a referendum is required. However, the precept raises funds unevenly across the country and not in line with need, which prevents effective targeting of funding.

The main source of funding from central government for local authorities is the local government finance settlement, which gives councils flexibility in how to spend the money. There are also ringfenced grants such as the [Social Care Grant](#). The Social Care Grant can be spent on adults or children's services. ADASS estimates that 61% of the £3.9bn Social Care Grant for England in 2023/24 was allocated to adult social care, which equates to £2.4bn.

There are also several ringfenced grants for adult social care, such as the Market Sustainability and Improvement Fund, which place an onus on local authorities to demonstrate additionality in how funding is deployed against set criteria and therefore limit their ability to meet existing financial pressures.

The NHS contributes to funding adult social care through its contributions to the Better Care Fund (BCF).² The BCF funding package includes a minimum NHS contribution, the Improved Better Care Fund (iBCF), the Disabled Facilities Grant (DFG) and discharge funding for a grand total of £8bn in 2023/24. The minimum NHS contribution for 2023/24 is £4.8bn.

Grants for social care have changed in amount and nature over time. For a fuller picture of adult social care funding, including ringfenced grants, see the House of Commons Library's [Adult social care funding \(England\) briefing](#) (2023).

² For an overview of the Better Care Fund, see CIPFA's [Integrating care: policy, principles and practice for places](#) report (2022).

How charging works today

In addition to the above funding, charging is an important source of income. Social care is not free at the point of care like the NHS. People need to pay for social care from their capital and income unless they qualify for local authority financial support. To gain that support, they must meet nationally set eligibility criteria and their assets need to be less than the upper capital limit set out in a financial means test.

Sections 14 and 17 of the Care Act 2014 provide a legal framework for charging for care and support. The government publishes [detailed statutory guidance on charging and financial assessment](#), and CIPFA has previously described the adult social care means test in [Road to Reform](#) (2021).

Whether someone qualifies for local authority financial support depends on their chargeable capital assets, as outlined in the following table:

Table 1: Current charging system

Upper capital limit (UCL): above this, no local authority support; self-funder	£23,250
Capital between LCL and UCL: tariff contribution from capital and contribution from income	£1 per £250 above LCL
Lower capital limit (LCL): below this, local authority support; contribution from income only	£14,250

Source: [Social care – charging for care and support: local authority circular – LAC\(DHSC\)\(2023\)1](#) (DHSC, 2023).

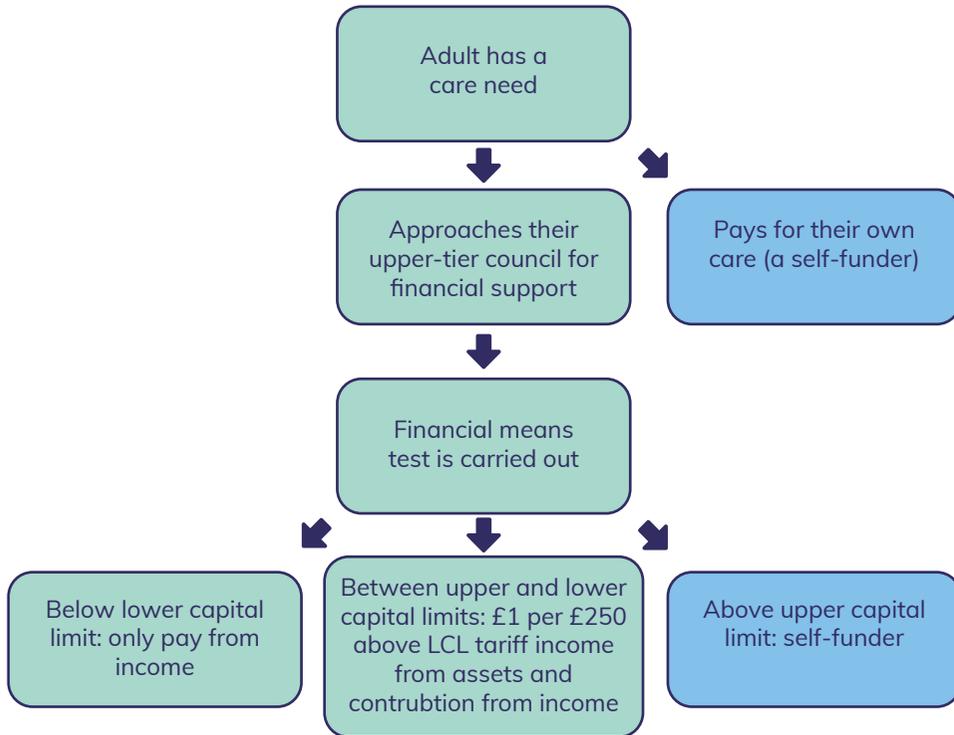
The capital limits set out in the table above apply nationally for permanent residents in care homes. For people who receive care outside of a care home, local authorities have the discretion to set higher upper capital limits, though this is uncommon. However, they cannot set lower capital limits than those set out above.

Other features of the current charging system include the following:

- **Personal budgets:** local authorities allocate personal budgets to individuals to be spent on meeting their care needs. Personal budgets can be managed by the local authority, paid to another organisation, or be a direct payment to an individual or third party. Over half a million people were in receipt of personal budgets in 2021/22, and the gross expenditure on direct payments was almost £2bn.³ Personal budgets are funded from local authority spending.
- **Deferred payment agreements:** a long-term loan against the value of your home from a local authority to pay for your care needs. The total value of deferred payment agreements in 2021/22 was £263m.
- **Minimum income guarantee:** the minimum amount of income that a person or couple can be left with after paying for their care. The minimum varies depending on a number of personal factors explained in the government's guidance, ranging from £82.15 for a single person aged 18–25 to £214.35 for a single person who has reached pension credit age. The minimum income guarantee has only been adjusted for inflation twice since it was introduced in 2015.

³ [Adult Social Care Activity and Finance Report, England, 2021-22](#) (NHS Digital, 2022).

Figure 2: The current approach to paying for adult social care



Source: Adapted from [NAO](#) (2021) and [DHSC](#) (2023).

Problems with the current charging system

Stakeholders from across the sector recognise the need to reform the current charging system. The principal challenges are listed below.

- **Uncapped costs:** there is no limit to what an individual might have to pay towards their social care aside from their personal wealth, which can result in some people with long-term and complex care needs experiencing unlimited care costs. In [Build Back Better: Our Plan for Health and Social](#) (2021), the government estimates that one in seven people aged 65 face potentially ‘catastrophic’ lifetime costs of over £100,000.⁴ It should be noted that ‘catastrophic costs’ are relative. What might not be a catastrophic cost to one person may constitute a catastrophic cost to a person with lower levels of personal wealth.
- **Complexity:** the current system is difficult to understand because it involves a complex calculation covering people’s capital and income, and some forms of capital and income are not counted in the calculation. The complexity of the system can impede people from being able to plan effectively for their own care.⁵ In [Social care: funding and workforce, 2019–21](#) (2020), the Health and Social Care Committee calls the current social care system “unfair, confusing, demeaning and frightening.”

⁴ The [social care charging reform impact assessment](#) (2022) cites the [commission on funding of care and support](#) (2011) and [Caring for our future: progress report on funding reform](#) (2012) as setting out in detail how catastrophic care costs create practical difficulties and distress for people who draw on care and support.

⁵ The [Resolution Foundation](#) has argued that wage stagnation since 2008 has resulted in a 37% lost wages gap. Along with the cost of living crisis, this makes it very difficult for people to save for their care.

- **Criteria:** criteria for public financial assistance are increasingly restrictive, with capital levels remaining frozen at 2010/11 levels. Fewer people therefore qualify for support for their care costs, adding to the burden on unpaid carers. Using HM Treasury’s GDP deflator, if the limits had risen in line with inflation since 2010/11, the lower limit in 2022/23 would be around £18,590 and the upper limit would be around £30,330 (a difference of £4,340 and £7,080 respectively).
- **Inconsistency:** whether a social care service is chargeable can vary from place to place. While this enables local authorities to develop policies best suited to their local populations, it has resulted in a ‘postcode lottery’ of care, with where you live in the country affecting which services you are charged for and how much you are charged.
- **Market instability:** in [The adult social care market in England](#) (2021), the NAO reported that most local authorities pay unsustainably low rates to providers for care home placements for adults aged 65 and over, and for home care, creating instability in the sector.
- **Delayed care:** individuals might be disincentivised to seek the care that they need because of perceived high costs, which could lead to more intensive care needs down the line. Delayed care results in higher cost care packages and greater pressure on the health service.
- **Demeaning process:** in *Social care: funding and workforce, 2019–21* (Health and Social Care Committee, 2020), disabled activist and strategic lead for co-production at Hammersmith and Fulham Borough Council Kevin Caulfield said: “The financial assessment process is often demeaning [...] It reinforces the sense of you being other and different. The underlying message is of being a burden and expensive.”
- **Lack of coordination:** welfare benefits policy may not always align with adult social care charging policy. For example, Attendance Allowance is awarded to meet people’s activities of daily living. Following [statutory guidance](#), Attendance Allowance is taken into account when calculating someone’s social care charge, so the state is paying this benefit and it is then absorbed again in charges. There is room to review benefits and their operation in line with the charging proposals.

Stakeholder view: The National Association of Financial Assessment Officers’ policy alignment example

The National Association of Financial Assessment Officers (NAFAO) is a membership body with over 150 members across the UK. Members share best practice in the area of charging for adult social care. Chairperson of NAFAO Robbie Rainbird explained that existing guidance and regulations on charging require improvements. When asked for an example, Rainbird pointed out that the current regulations and guidance disregard income and capital from personal injury compensation when part of a trust or administered by the court. NAFAO’s suggested improvement would be to make clear that if part of the personal injury compensation award has been awarded to include paying for future care needs, local authorities should be able to include the value of this portion in the financial assessment.

Source: Personal communication.

Evaluating the current system against CIPFA's five principles

Does the current charging system meet CIPFA's five principles for a sustainable and equitable social care system?

- YES .**
- NO .**
- MAYBE/SOMEWHAT .**

1. Start with a fresh understanding of needs, demand, cost and spending: a zero-based approach.

- NO .** The current system has remained fundamentally unchanged for decades.

2. Provide adequate long-term funding and certainty of funding for social care services to recover and secure their financial sustainability.

- NO .** The current charging system does not provide stable and adequate long-term funding, and there is minimal financial sustainability.

3. Invest to rebalance spending from reaction to prevention, and to achieve value for money in the long term for the public pound and better outcomes for people.

- NO .** The current system does not encourage investment in prevention.

4. Address unfairness in how the costs of care are met between generations, by place, income and wealth, and protect individuals of all ages against unlimited costs by pooling risks.

- NO .** The current system is inequitable, and the scale of inequity is increasing. People are not protected from unlimited costs. Risks are not pooled.

5. Reduce the barriers between social care and other public services to ensure greater policy alignment across government departments and financial alignment around the individual.

- NO .** It could be argued that the charging means test is a barrier to closer integration of health and social care.

Table 2: Does the current charging system meet CIPFA's five principles?

	1	2	3	4	5
Current system	<input type="checkbox"/>				

- YES .**
- NO .**
- MAYBE/SOMEWHAT .**



III The government's proposed charging reforms

Summary of proposed reforms

This section examines the government's proposed charging reforms. First we give an overview of the reforms and discuss their funding and cost. We then look at each reform in greater detail and consider whether the reforms meet CIPFA's five principles.

In 2021, the government proposed changing the way that people are charged for adult social care in England in [Build Back Better: Our Plan for Health and Social Care](#).

The government's proposed charging reforms comprise:

- introducing an £86,000 cap on personal care costs
- changes to the financial means test
- implementation of Section 18(3) of the Care Act 2014
- fair cost of care and market sustainability.

The reforms were originally to be implemented in October 2023; however, they have since been delayed until October 2025 for reasons described later in this report.

The table below summarises the changes proposed to the cap on personal care costs, the changes to the means test and implementation of Section 18(3) of the Care Act 2014 compared with how charging for adult social care works now.

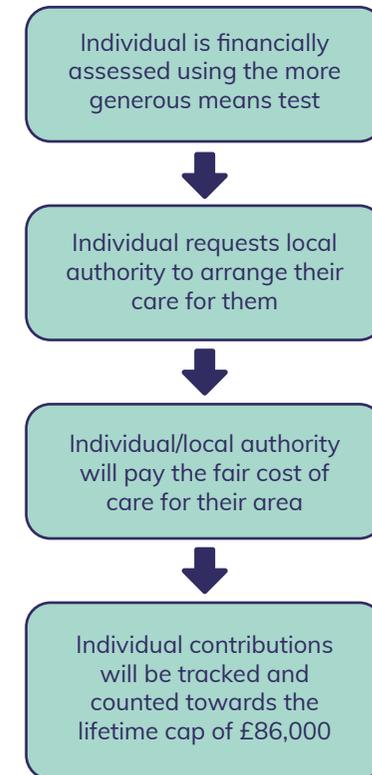
Table 3: Current charging system and proposed reforms

	Current system	Proposed reform
LCL: below this, local authority support; contribution from income only	£14,250	£20,000
Capital between LCL and UCL: local authority support; tariff contribution from capital and contribution from income	£1 per £250 above LCL	£1 per £250 above LCL
UCL: above this, no local authority support; self-funder	£23,250	£100,000
Lifetime cap on personal care costs	No cap	£86,000
Section 18(3) of the Care Act 2014	Not implemented	Implemented

Source: [Adult social care charging reform: further details](#) (HM Government, 2021).

How each element of the proposed charging reforms relate to one another can be illustrated in the following way.

Figure 3: Charging journey if proposed reforms are implemented



Source: CIPFA analysis.

Delay to October 2025

In the [2022 Autumn Statement](#), Chancellor Jeremy Hunt announced that the government's proposed charging reforms would be delayed from October 2023 until October 2025. Formal fair cost of care requirements would be paused, but the underlying work in local authorities would continue.

The government said they had made this decision because they had listened to the calls from local authorities for a delay. To ease the strain on local authority resources, the [Local Government Association \(LGA\)](#) had called for a short deferment to the cap on personal care costs, changes to the means test thresholds and implementation of Section 18(3) of the Care Act 2014, but it called for the fair cost of care work to continue uninterrupted. Councils had already carried out cost of care exercises before the delay was announced and had submitted estimates for the fair cost of 18+ domiciliary care and care in care homes for 65+ adults.

The introduction of Section 18(3) was initially proposed to be available for everyone in residential care from October 2023, but following consultation, [the government announced instead that people entering residential care from October 2023 would be initially eligible](#). Those already in residential care before October 2023 would be eligible from April 2025.

Funding the proposed charging reforms

The proposed charging reforms are intended to rebalance the financial contribution to care between individuals and the state. If enacted, individuals would pay less and local authorities would pay more. It is crucial to ensure that local authorities are fully funded to deliver reform. Not being sufficiently funded for reform leaves councils exposed and risks the delivery of other services.

The government announced in the [autumn Budget and spending review 2021](#) that £5.4bn would be provided for adult social care reform from 2022/23 to 2024/25. This figure included £3.6bn routed through local authorities for the proposed charging reforms and £1.7bn for wider sector reform.

The then Minister of State for Care and Mental Health Gillian Keegan provided the Levelling Up, Housing and Communities Committee with the following table, breaking down the £5.4bn of funding:

Table 4: Breakdown of £5.4bn social care reform funding

£3.6bn	£2.2bn	2022/23: £0	Reform charging system through cap and means test
		2023/24: £800m	
		2024/25: £1.4bn	
	£1.36bn	2022/23: £162m	Enable local authorities to move towards paying providers a fair cost of care
		2023/24: £600m	
		2024/25: £600m	
£1.7bn	At least £500m	Workforce training, qualifications, and wellbeing	
	At least £300m	Transform housing, providing more choice in housing and support options	
	At least £150m	Improve technology and increase digitisation across the sector	
	Up to £25m	Kickstart a change in services provided to unpaid carers	
	Up to £30m	Helping local areas innovate the support and care they provide	
	At least £70m	Improving the delivery of care and support services, including assisting local authorities to better plan and develop the support and care options available	
	At least £5m	Pilot and evaluate new ways to help people navigate the care system and understand the options available to them	

Source: [Long-term funding of adult social care](#) (Levelling Up, Housing and Communities Committee, 2022).

In [Build Back Better: Our Plan for Health and Social Care](#) (2021), the government proposed that a 1.25% Health and Social Care Levy would be introduced based on National Insurance contributions and dividend tax to raise funds for health and social care. This levy was expected to raise £36bn for health and social care between 2022/23 and 2024/25. Of this figure, £5.4bn was to be ringfenced for social care reform. However, [the Health and Social Care Levy was scrapped in September 2022](#) by then Chancellor Kwasi Kwarteng, but the then Secretary of State for Health and Social Care Thérèse Coffey maintained that “investment will stay exactly the same.”

Following the announcement of the delay to the proposed charging reforms in the 2022 Autumn Statement, Chancellor Jeremy Hunt announced that £3.2bn from the £3.6bn funding committed to reform would be redirected to help local authorities deal with current social care pressures. This funding would be allocated to local authorities via the local government finance settlement using the Social Care Grant formula, comprising £1.3bn in 2023/24 and £1.9bn in 2024/25. Distributing this money through the Social Care Grant meant that local authorities could choose to spend the money on children’s or adult social care.

Through the [Market Sustainability and Fair Cost of Care Fund 2022 to 2023](#), local authorities were allocated £162m to prepare markets for the fair cost of care reform. The [Market Sustainability and Improvement Fund 2023 to 2024](#) allocated £400m to build capacity and improve market sustainability. While this funding is aimed at enabling local authorities to increase the rates they pay providers above inflation and move towards the fair cost of care, councils may have to use the funding to meet their own inflationary pressures.

Cost of the proposed reforms

The charging reforms will bring more people into the local authority social care system, and this will have significant financial implications for local authorities. The main cost areas of the charging reforms would be as follows:

- Increased assessments, reviews and care management responsibilities as more people become eligible and come forward for assessment for financial support. In 2022, [County Councils Network \(CCN\)](#) estimated a further 200,000 assessments per annum would be required, comprising 105,000 Care Act assessments and 93,000 financial assessments. Around 4,300 more social workers would be required to carry out the additional assessments, reviews and case management.
- The more generous means test will mean more people are eligible for local authority financial support, which will increase the amount the public sector contributes towards care costs.

- The introduction of the cap on personal care costs. Local authorities will have to track people approaching the cap and will have to pay for personal care once an individual reaches the £86,000 cap.
- The local authority administrative and operating costs of arranging care for self-funders under Section 18(3) of the Care Act 2014.
- Funding the difference between what is calculated as a fair cost of care in an area and what the local authority is currently paying.

The total estimated cost of the charging reforms was given in the government's impact assessment as £23.25bn over a ten-year period from 2021/22, broken down in the following table.

Table 5: Government impact assessment costs

Cost of charging reform for all adults	£15.93bn
Cost of implementation of reform and additional costs for trailblazers	£0.31bn
Indicative costs to local authorities from moving towards a fair cost of care	£7.01bn
Total	£23.25bn

Source: [DHSC Impact Assessment](#). (Figures from January 2022 – NPV, PV. Base year 2020.)

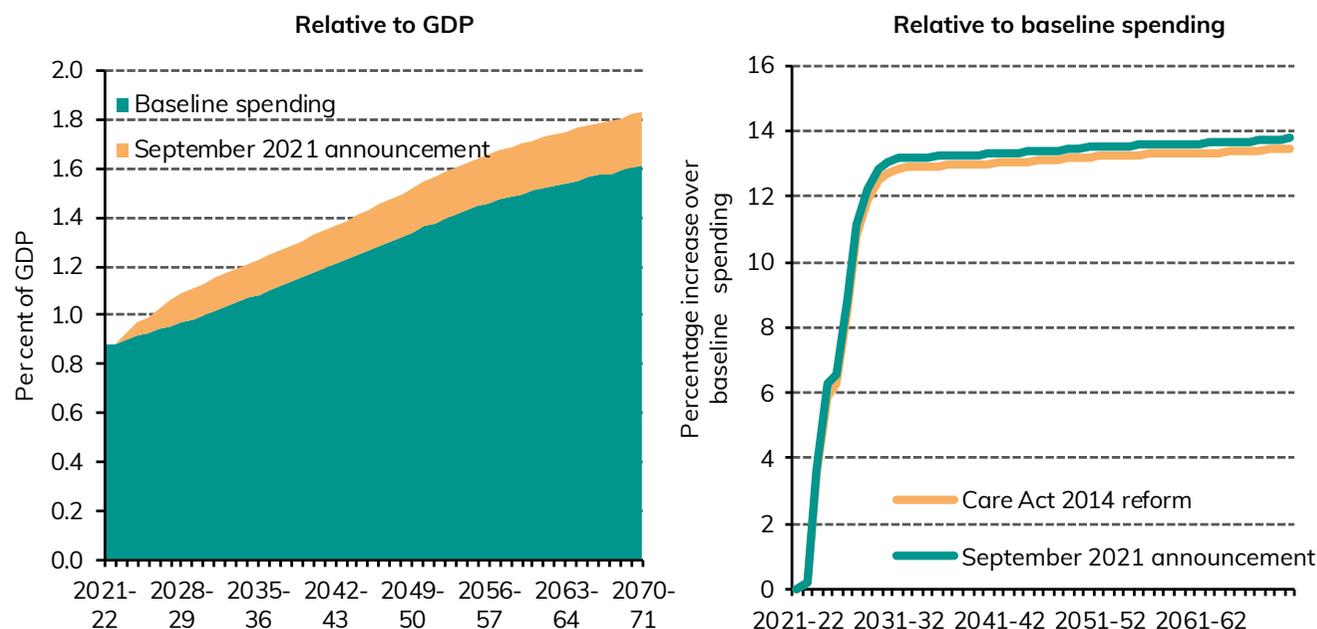
The costs outlined in the impact assessment have been refuted across the sector. In a letter to the Health and Social Care Select Committee in 2022, [Care England](#) described the assessment as “simulated on inaccurate forecasts and unknown information, and, as such, will in no way provide an accurate picture of exactly how the implementation of the new policies will affect the sector.”

In March 2022, CCN commissioned a report entitled [Impact Assessment of the Implementation of Section 18\(3\) of The Care Act 2014 and Fair Cost of Care](#). The report found that the government’s impact assessment had underestimated the cost of these two elements of the reforms by “at least £854m” per annum. [Analysis by CCN and Newton](#) indicated that the cost of the four components of the reforms could be a cumulative minimum of £10bn higher than estimated over the ten years from 2023/24 to 2031/32.

The view that the level of funding available for the charging reforms would be insufficient was also echoed by many respondents to the [government’s consultation on ‘supporting local preparation’ guidance to the charging reforms](#) and by many people providing evidence to the select committee.

In [The long-term cost of the social care cap and floor reform](#) (2021), the Office for Budget Responsibility (OBR) states that the cost of the cap and the means test will rise steadily over time since few individuals will reach the cap in the initial years following implementation.

Figure 4: The cost of the care cap will rise over the first ten years before plateauing



Source: [Economic and fiscal outlook](#) (OBR, 2021).

The main challenges of the proposed charging reforms

- **Greater costs to local authorities:** each element of the charging reforms will mean greater costs to local authorities. CCN estimated that if the reforms were implemented in October 2023, the cost of implementing Section 18(3) and the fair cost of care alone would have amounted to a cumulative total of a minimum of £10bn higher than the government's estimates over the ten years from 2023/24 to 2031/32. Preparing for and implementing the reforms will come with a significant cost, both financially and in terms of capacity and human resources. Technological solutions will need to be developed and managed. For local authorities to be able to implement the reforms effectively, they need to be fully funded.
- **Insufficient time for implementation:** in our briefing [Adult social care charging reform in England](#) following a roundtable with social care leaders, local authorities said that they had insufficient time to implement the charging reforms, including developing a software solution to administer aspects of reform. If the charging reforms are to go ahead in October 2025, there needs to be enough time for local authorities to prepare. In an [LGC interview in June 2023](#), a director for adult social care suggested that preparations would need to begin at the start of 2024 for an implementation date of October 2025.
- **Policy misalignment:** one of the problems with implementing the reforms by October 2023 was that local authorities were being asked to do too much at once. They were expected to carry out cost of care exercises, produce market sustainability plans, develop processes for metering people (tracking and counting their progress) towards the cap, undertake analysis of the impact of the reforms in their areas and plan accordingly, and do all this while dealing with the existing workforce, funding and increasing demand crises. A phased implementation approach over a timeline agreed with local authorities that takes competing priorities into consideration would allow for a smoother transition with a greater chance of a successful outcome.
- **Political agreement:** With the implementation date of the proposed reforms falling on the other side of the next general election, there is uncertainty over whether they will go ahead. This lack of a clear policy direction will always be a problem unless there is cross-party agreement on a shared vision and a commitment to deliver reform. The stances of the major political parties are explored later in this report.

The proposed reforms

Here we take each reform in turn and ask the following questions:

1. What is the proposed reform?

2. What issue within the current system is the proposed reform aiming to address?

3. What are the benefits of the proposed reform?

4. What are the problems identified with the proposed reform?

A more generous financial means test

1. What is the proposed reform?

- An increase to the lower and upper capital limits that apply when local authorities carry out a financial assessment to determine whether an individual qualifies for local authority financial contributions towards the cost of their personal care.
- The increased upper capital limit means that more people will qualify for local authority financial support.
- The increased lower capital limit means that people keep £5,750 more of their assets before they start contributing to their care solely from their income.

2. What issue within the current system is the proposed reform aiming to address?

- Some people have to spend a significant proportion of their wealth before receiving state support. This reform enables some people to retain a greater amount of their wealth.
- The capital limits have been frozen at 2010/11 levels, meaning fewer people with eligible needs qualify for financial support.

3. What are the benefits of the proposed reform?

- **Individual wealth:** a more generous means test means greater protection of individual wealth. People will get support sooner and will keep more of their capital, though this protection is still limited.
- **Greater access to financial support:** more people would receive financial support towards their care costs.

4. What are the problems identified with the proposed reform?

- **Increased local authority costs:** to carry out more financial assessments will require more social workers, financial assessors, and income and debt collection agents. To support greater individual access to financial support will come with a significant cost to local authorities.
- **Asset depletion:** people will still have to run their assets down to £20,000 before they contribute to their care costs from their income only.
- **Future increases:** current guidance is silent on how these limits will change year on year, whether by CPI, another mechanism or at all.
- **Geographic and wealth inequity:** in [Distribution of individual total wealth by characteristic in Great Britain: April 2018 to March 2020](#) (ONS, 2022), the ONS reports that during this time, median individual wealth, including capital assets, was £157,000 higher in the South East than the North East of England. This reform will benefit people with greater amounts of individual wealth more and could embed geographic inequity.

A lifetime cap on personal care costs

1. What is the proposed reform?

- The proposed reform will introduce an £86,000 cap on the amount that an individual will pay towards their personal care costs over the course of their care journey. Personal care refers to care people need to assist them with activities of daily living such as washing, eating and getting out of bed. The cap does not cover daily living costs such as rent, food and utility costs.

2. What issue within the current system is the proposed reform aiming to address?

- Under the current system in England, there is no limit to what an individual might pay towards the cost of their personal care aside from their personal wealth. This structure means that people who have long-term and complex care needs can pay significant sums of money for their care.

3. What are the benefits of the proposed reform?

- **Security for self-funders:** the reform will give individuals a certain level of security in knowing that there is a limit to what they will have to pay towards their personal care costs.
- **Better preparation:** people will be able to plan more effectively for future costs if they know there is a limit to what they could pay.

4. What are the problems identified with the proposed reform?

- **Local authority financial impact:** local authorities will have to pay for people's care costs once they reach the cap, and these costs could be significant. The [OBR](#) has shown that the cost of the cap starts relatively low because few people would reach the cap in the initial years following implementation of the reform. The cost slowly rises and plateaus around ten years after implementation.
- **Implementation, finance and resource:** to meter people towards the cap requires a care account and the local authority to administer it. Despite the government releasing [operational guidance](#) following consultation, there are unanswered questions about how this would work in practice, including challenges around technology to deliver implementation and allowing people to transfer their care account between local authorities. The increased number of assessments and metering people towards the cap will be costly to local authorities in terms of finance and resource, and it would need to be adequately funded.
- **Workforce:** the implementation of a cap in addition to a more generous means test would significantly increase the number of people that the state directly interacts with in relation to social care, either through funding some or all of their care, or through needing to monitor how people meter towards their personal cap on care costs. This will require a substantial increase in the local authority workforce, including more social workers to conduct assessments of people's needs and support plans to meet their needs. It is unclear how this additional workforce will be secured or funded, given the significant recruitment and retention challenges local authorities already face in relation to their adult social care workforce.

- **Equity of care need:** in [Adult social care charging reform: further details \(2021\)](#), the government indicated that they would seek to amend the Care Act 2014 so that only the contributions individuals pay towards their care would count towards the cap of £86,000. Financial support paid by local authorities following a financial assessment would not count towards the cap. As the [King's Fund \(2022\)](#) and [Health Foundation and IFS \(2022\)](#) have observed, this significant change to the original proposal introduced a problem of equity of care needs. Financial contribution to care is seen in the [Dilnot report \(2011\)](#) as a proxy for accumulated care needs. People in receipt of local authority financial support will take longer to reach the cap than those who are funding their own care because local authority contributions are not counted. Therefore, people in receipt of local authority support will take longer and require greater care needs to reach the cap.
- **Equity of wealth and asset depletion:** the cap will affect those with modest levels of wealth most negatively. The Health Foundation and IFS found that among older people, the cap would have the greatest impact on those with wealth of between £83,000 to £183,000. People with more modest levels of wealth would part with significantly more of their wealth compared to wealthier individuals. For example, an individual with assets of £110,000 would need to use up to 78% of their capital to reach the cap, whereas someone with assets of £500,000 would only use up 17%.
- **Equity of place:** the same report found that there are geographic inequalities associated with the cap owing to the variation in levels of wealth across the country. In areas such as the North East, Yorkshire and the Midlands, where wealth levels are generally lower, people could face losing more of their wealth than in wealthier parts of the country. By contrast, people who live in areas with a higher fair cost of care will meter towards the cap more quickly.

Implementation of Section 18(3) of the Care Act 2014

1. What is the proposed reform?

- The proposed reform would implement Section 18(3) of the Care Act 2014, which would allow individuals to request local authorities to meet their needs for residential care and support.⁶ In practice, this would mean that local authorities would arrange people's care for them, which they only do currently for people who qualify for financial support via the means test.

2 What issue within the current system is the proposed reform aiming to address?

- Section 18(3) of the Care Act 2014 has never been brought into force since the Care Act 2014 was passed into law. One reason this was never implemented is because it was anticipated that changes would be made to the system as a result of the Dilnot reforms. Care England's briefing [Impact of the proposed implementation of Section 18\(3\) of the Care Act 2014 for residential care](#) (2022) charts other provisions of the Care Act that have also not been implemented.
- Self-funders generally pay more for the same care package than a local authority does. In [Care homes market study](#) (2017), the Competition and Markets Authority (CMA) found that fees for self-funders are on average 41% higher than equivalent local authority fees in the same homes. This is known as the 'self-funder cross-subsidy', where providers charge self-funders more to make up for the lower rates paid by many local authorities.

⁶ This legislation was commenced in 2015 in relation to domiciliary care but was never fully implemented for self-funders in care homes.

3. What are the benefits of the proposed reform?

- **Individuals:** individuals will be able to access the same rates paid by local authorities for residential care, and local authorities will source and arrange care for the individual.

4. What are the problems identified with the proposed reform?

- **Increase in local authority resources:** a [Kent County Council report to cabinet](#) (2022) noted: "There is every likelihood that the financial impact flowing from Section 18(3) and potential rapid reduction, or elimination of self-funders' cross-subsidies will have a huge impact and add to the pressures on the council's budget, if adequate funding is not provided." Local authorities will expend greater human and financial resources in arranging care for those brought into the local authorities' books by Section 18(3). However, with the lack of government guidance on this reform, its impact is difficult to estimate. Local government will also have to carry out work pre-implementation to calculate the likely number of self-funders who will request their council to arrange their care for them.
- **Care home closures:** in [The State of Care in County and Rural Areas](#) (2021), the CCN and Rural Services Network warn that without the provision of additional "significant resources", provider profitability will be further undermined, and there may be "large-scale care home closures." Such closures could result in a deterioration in the availability and quality of care.
- **Dependence on accurate fair cost of care:** this reform can only be successfully implemented if local authorities are funded to pay a true fair cost of care, which will depend on having accurate and complete information on the costs of delivering care from providers. Issues with the cost of care exercises are explored in the next section. In their impact assessment, the government acknowledged that allowing self-funders to access unsustainably low rates would "seriously destabilise the already fragile care provider market." This reform therefore has to be implemented after local authorities are paying an established fair cost of care.

Fair cost of care and market sustainability

1. What is the proposed reform?

- The proposed reform involves local authorities moving towards paying private providers a 'fair cost of care' in their area. A fair cost of care refers to a median amount determined in a [cost of care exercise](#) that can be paid to providers to make care markets more sustainable.⁷

2. What issue within the current system is the proposed reform aiming to address?

- The fair cost of care reform is designed to bolster social care market sustainability by ensuring that providers are paid an appropriate price for the care that they deliver. In 2021, the NAO pointed out that most local authorities pay below the sustainable rate per week for care home placements and per contact hour for home cares. Paying providers unsustainable rates could increase the risk of wider failure in the adult social care provider market. Concern over complex major provider failure (MPF) featured in the [National Risk Register 2023](#) for the first time.

3. What are the benefits of the proposed reform?

- **Stability:** paying a sustainable rate to providers could reduce the chance of further disruption to the adult social care provider market and the considerable costs of rescuing the services and dislocation to users. It could contribute to fewer providers leaving the market.
- **Knowledge:** increased local authority understanding of how care providers in their area operate and the actual costs of providing services.

⁷ A glossary containing 'cost of care', 'fair', 'cost of care exercise' and 'sustainable market' can be accessed in [Market Sustainability and Fair Cost of Care Fund 2022 to 2023: guidance](#).

4. What are the problems identified with the proposed reform?

- **Insufficient local authority funding:** [ADASS](#) has argued that the funding settlement proposed for moving towards a fair cost of care is insufficient. [CCN](#) has estimated that the government would need to increase funding for supporting local authorities to move towards the fair cost of care by £854m per annum.
- **Baseline funding:** [Care England](#) has argued that the current fair cost of care estimates are built upon a deficit funding position of historic below-inflation fee rate levels, and the estimates are based on care workers mostly earning around the minimum wage.
- **Funding distribution:** the [Market Sustainability and Improvement Fund](#) evolved from the [Market Sustainability and Fair Cost of Care Fund](#). Its aim is to support local authorities to improve market sustainability in their area. It is dispersed nationally according to population and local characteristics, meaning that a high-paying area and a low-paying area could potentially receive the same amount of funding if they share certain characteristics.
- **Robust data:** determining the fair cost of care for an area requires provider engagement with local authority cost of care exercises. Participation in the cost of care exercise was not compulsory for providers. There was significant variation in the response rates to the exercises from both home cares and care home providers. The former ranged from 5–100%; the latter ranged from 17–100%. The variation in provider responses raises questions about the reliability of the exercises. The data provided was self-verified and auditing was limited. Furthermore, the headline figure included in the reports fails to represent the variation in prices in a local authority.

Spotlight

65+ care home cost of care exercises: disparity in response rates

There was significant disparity in response rates to the cost of care exercises carried out by local authorities in 2022. There were two elements to the cost of care exercises: 65+ care homes and 18+ domiciliary care. In this example, we focus on the 65+ care homes element of the exercises.

One reason for the disparity is that some local authorities have very few homes and providers, while others have hundreds. For example, the ten-square-mile [London Borough of Lambeth](#) boasted a 100% response rate from the nine providers who were in scope of the exercise. The 2,534-square-mile Devon Council on the other hand received 67 responses from 239 homes identified as being in scope of the exercise – 28%. Having many providers in a council area may present a challenge to successfully engaging with providers and receiving robust data.

While some local authorities may have had a low response rate from providers, the responses they did receive comprised a significant proportion of commissioned activity. For example, [Brighton and Hove](#) received responses from only 17% of eligible 65+ care homes, but this represented over 62% of packages delivered to residents. In these instances, there is a risk that smaller providers, or those currently delivering services mainly to self-funders, may not be represented, which may impact on achieving the intended outcome to improve the sustainability of the care market.

The [Market Sustainability and Fair Cost of Care Fund guidance](#) was silent on the level of responses required to be adequate for the purposes of the exercise. A number of local authorities specifically stated that their cost of care reports did not provide a robust sample size for planning and market management. Local authorities may find that the [Local authority market sustainability plans insight report](#) provides some additional clarity.

Source: CIPFA analysis of [local authority cost of care reports](#).

Trailblazers

Five trailblazer local authorities were selected to implement the cap and amended means test earlier than the rest of the country. These local authorities were Blackpool, Cheshire East, Newham, North Yorkshire, and Wolverhampton. A few months later, Oxfordshire was invited to be the sixth trailblazer. The trailblazers were to implement these reforms in January 2023 to identify issues with the new system. With the delay to charging reforms described below, the pilots were paused.

Challenges identified by trailblazers

Competing priorities: trailblazers have reported that a major issue with the process of effectively implementing charging reform was that there were too many competing priorities facing adult social services at once. This issue was reported by the [Local Government Chronicle](#) (LGC) following interviews with trailblazers and in [CIPFA's briefing on charging reform](#). As well as developing systems and processes needed to implement the charging reforms (such as metering people towards the cost cap, engaging providers to move towards a fair cost of care and producing market sustainability plans), the trailblazers were facing the same backdrop of challenges as the wider sector. For example, across England, local authority adult services were:

- preparing for what was expected to be an incredibly difficult winter
- dealing with a recruitment and retention crisis
- facing a waiting list for assessments, care, direct payments to begin or reviews of care packages for over half a million people ([ADASS Waiting for Care Report May 2022](#))
- expected to deliver savings of £597m in 2022/23 ([ADASS Spring Budget Survey 2022](#)).

Prioritisation: some trailblazer representatives have questioned the prioritisation of the charging reforms, given the wider issues in the system outlined above, suggesting that wider sector reform is needed before honing in on charging.

Case study: London Borough of Newham: three trailblazer challenges

The London Borough of Newham is a geographically small local authority with a population of around 350,000. The number of people who contribute towards their own care in Newham is relatively low compared with other parts of the country due to the significant levels of deprivation and the current means test thresholds. Around 60% of people are assessed at a nil contribution towards their non-residential social care. Of the 40% of people who do pay a contribution, it is less than 2% of the full cost of their care. A challenge of the charging reforms was that the expectations of the scale of change for many of the residents had to be managed. A communications plan was co-produced where possible with residents; this plan was viewed as an essential tool in managing capacity, demand and expectations.

Another challenge is that Newham currently has a local cap on care costs, which sets out a maximum charge of £400 per week that someone would be required to contribute towards the total cost of community-based services. A review would be needed as to whether a local cap should remain in place with the introduction of a national lifetime cap of £86,000, as removal of the local cap would allow people to meter at the rate others would nationally. The local cap is reviewed in line with inflation and with consideration of the financial means testing available, which considers what people can financially contribute towards the cost of their care package without sustaining financial hardship. Newham is one of the only local authorities to have a local cap in place.

The borough undertook data intelligence finding exercises on residents to better understand the impact of the reforms. One of the greatest challenges in Newham in this regard was the lack of data about people who have not previously accessed council services. Newham has a relatively high number of multi-generational households where unpaid care is carried out by members of the household. This presented a challenge in terms of predicting future demand and financial projections in understanding who lived in these households, the state of their finances and their care needs.

Source: Personal communication.

Case study: Oxfordshire County Council: delivering at pace

Oxfordshire County Council was a late addition to the trailblazer cohort. The first five councils were announced in March 2022, and Oxfordshire became the sixth trailblazer in July 2022. Joining late meant Oxfordshire had to retrofit the project to a tighter timescale. The council met regularly with the other trailblazers and set up a programme board with representatives from across the council to achieve strong corporate buy-in. This enabled Oxfordshire to work collaboratively across all service areas to prioritise key areas of activity and support decisions about de-prioritising others.

Oxfordshire was specifically approached to join the trailblazers because its characteristics complemented the other trailblazers, being a large county council in the southeast with relatively high population wealth.

One of Oxfordshire's key characteristics proved to be its greatest challenge in implementing the reforms. The council has a high level of people who pay for their own care (self-funders), estimated by the council to be about 50% of those who draw on care and support in the area. Across England, there is a lack of data about self-funders and their wealth, and the council began work to understand this particular demographic feature of their area. Under the new reforms, it was predicted that the council would see a 100% increase in referrals from residents to access a care account, which would lead to a significant increase in assessments, a requirement to create care accounts and review them annually and may have also led to a significant increase in care package sourcing.

There were two main potential approaches to tackling this challenge: hiring more staff to carry out assessments or finding a digital solution to self-assessments. It was clear from the outset that for Oxfordshire the workforce challenge would be significant; therefore, digital innovation would be a key opportunity. The solution was to enable people to self-serve where possible rather than employ more staff as a first option, thus allowing residents and their families to check for themselves if they were eligible for support. However, it was recognised that not everyone would be able to access digital self-support.

Another challenge was the pace at which the council needed to move to be ready for the planned go-live date. With just six months to plan, the council worked closely with colleagues in IT to understand what could be achieved and quickly agreed new innovative systems around online self-assessment and financial assessments. When the announcement was made that reform was to be paused, Oxfordshire had to rapidly review again and turned their attention to continuing to implement areas of reform that would deliver benefits for local people.

Oxfordshire's work on digital transformation has continued, and during summer 2023, they introduced online financial assessments. The council are currently preparing to pilot online Care Act self-assessments and have driven forward other digital work.

Becoming a trailblazer was a catalyst for driving forward transformation at pace, and Oxfordshire have carried forward that innovative approach to doing things differently.

Source: Personal communication.

Do the government's proposed charging reforms meet CIPFA's five principles for a sustainable and equitable social care system?

✓ YES .

✗ NO .

? MAYBE/SOMEWHAT .

1. Start with a fresh understanding of needs, demand, cost and spending: a zero-based approach.

a) The cap on personal care costs

? **MAYBE .** Local authorities will require a fresh understanding of needs, demand, cost and spending to meter people towards the cap.

b) Changes to the financial means test

? **MAYBE .** Local authorities will need to undertake work to gain a better understanding of demand in their area.

c) Implementation of Section 18(3) of the Care Act 2014

? **MAYBE .** This reform would require local authorities to undertake work to understand the number of self-funders in their area.

d) Fair cost of care and market sustainability

? **MAYBE .** Local and central government are attempting to arrive at a fresh understanding of the cost of care locally and nationally. All of the reforms will require some degree of fresh understanding of needs, demand, cost and spending for local authorities to successfully deliver them. However, a truly zero-based approach would require a comprehensive spending review to consider optimal allocation of resources.

2. Provide adequate long-term funding and certainty of funding for social care services to recover and secure their financial sustainability.

a) The cap on personal care costs

✗ **NO .** The cap on care costs will require additional funding for implementation.

b) Changes to the financial means test

✗ **NO .** Changes to the financial means test will require additional funding for implementation.

c) Implementation of Section 18(3) of the Care Act 2014

✗ **NO .** This reform will come with a cost to local authorities.

d) Fair cost of care and market sustainability

✗ **NO .** Again, this reform will come with a cost to local authorities. The proposed reforms will not provide necessary long-term funding and certainty of funding. By contrast, they will come with a cost to local authorities to implement.

3. Invest to rebalance spending from reaction to prevention, and to achieve value for money in the long term for the public pound and better outcomes for people.

a) The cap on personal care costs

? **MAYBE** . The cap on personal care costs can prevent individuals from experiencing ‘catastrophic’ costs, but it does not rebalance public spending.

b) Changes to the financial means test

? **MAYBE** . Granting a greater number of people financial support may have a preventative effect on unmet need and greater acuity of need, but it does not rebalance public spending.

c) Implementation of Section 18(3) of the Care Act 2014

✗ **NO** . Implementing Section 18(3) of the Care Act will not rebalance spending from reaction to prevention.

d) Fair cost of care and market sustainability

? **MAYBE** . Paying providers a fair cost of care may prevent more providers going out of business, but it does not rebalance public spending towards preventative measures. The additional investment required to implement the proposed reforms may have a preventative effect in protecting some individual finances, supporting more people with their costs and preventing market failure. However, the reforms themselves do not rebalance public spending.

4. Address unfairness in how the costs of care are met between generations, by place, income and wealth, and protect individuals of all ages against unlimited costs by pooling risks.

a) The cap on personal care costs

? **SOMEWHAT** . The cap means that there is a limit to what an individual can contribute to their personal care, protecting some people whose care costs would exceed £86,000 from unlimited costs. However, there is inequity of care need in reaching the cap between those who receive financial support and those who don’t, and the reforms will have a greater benefit to wealthier people.

b) Changes to the financial means test

✗ **NO** . While more people would receive financial support, this does not reduce unfairness.

c) Implementation of Section 18(3) of the Care Act 2014

? **MAYBE** . This reform, along with the fair cost of care, should bring an end to the cross-subsidy, which will reduce an existing unfairness in the system. However, it is a cap on costs that protects against unlimited costs.

d) Fair cost of care and market sustainability

? **MAYBE** . As above, a fair cost of care may end the cross-subsidy, but it will not protect people from unlimited costs. While the cap on care costs protects against unlimited costs, most of the reforms are characterised by challenges around equity and fairness, benefitting some people in society and disadvantaging others.

5. Reduce the barriers between social care and other public services to ensure greater policy alignment across government departments and financial alignment around the individual.

a) The cap on personal care costs

✘ NO . The cap does not reduce barriers with other public services, nor does it ensure policy alignment or financial alignment around the individual.

b) Changes to the financial means test

✘ NO . Changes to the financial means test do not reduce barriers with other public services, nor do they ensure policy alignment or financial alignment around the individual.

c) Implementation of Section 18(3) of the Care Act 2014

✘ NO . Implementation of Section 18(3) does not reduce barriers with other public services, nor does it ensure policy alignment or financial alignment around the individual.

d) Fair cost of care and market sustainability

✘ NO . The fair cost of care does not reduce barriers with other public services, nor does it ensure policy alignment or financial alignment around the individual. None of the proposed charging reforms meet this principle.

Table 6: Do the government's proposed charging reforms meet CIPFA's five principles?

	1	2	3	4	5
a) The cap on personal care costs	?	✘	?	?	✘
b) Changes to the financial means test	?	✘	?	✘	✘
c) Implementation of Section 18(3) of the Care Act 2014	?	✘	✘	?	✘
d) Fair cost of care and market sustainability	?	✘	?	?	✘

✔ YES .

✘ NO .

? MAYBE/SOMEWHAT .

As can be seen in the table above, the government's proposed reforms either do not or only somewhat meet CIPFA's five principles.

Where the current opposition political parties stand

The latest date at which the next general election can take place is 28 January 2025. In this publication, we have examined the charging reform policies of the party of government – the Conservative Party. The government’s reforms do not solely focus on charging, though; they also seek to make wider reforms to the social care system, including in the areas of the workforce, housing, technology and unpaid care as outlined in [People at the Heart of Care](#) (DHSC, 2021) and [Next steps to put People at the Heart of Care](#) (DHSC, 2023).

As a general election approaches, it is worthwhile looking at the social care reform policies of the other major parties. The Scottish National Party (SNP) hold a number of seats in Westminster, but as the party of government in the Scottish Parliament, their policies are explored in the next section.

Table 7: The policies of Labour and the Liberal Democrats*

Labour	Liberal Democrats
First steps towards national care service . The first steps are likely to reflect the recommendations of the Fabian Society’s report on establishing a national care service. The Fabian Society’s report is explored in the next chapter.	Carers’ minimum wage . A minimum wage for carers set at £2 per hour higher than the national minimum wage.
Prioritise fair pay agreements in social care . Fair pay agreements in social care will come first in a programme to empower workers.	Free personal care . As is currently the case in Scotland, the Liberal Democrats are proposing free personal care. The party estimates that this will cost £5bn per year.
Five social care commitments . (1) Enabling older and disabled people to live the life they choose. (2) Long-term, ten-year plan. (3) A relentless focus on reform. (4) Tackling staff shortages. (5) Locally led and delivered.	

*Please note access to some of these resources may require a paid-for subscription.

Other countries' approaches

England is not alone in the world in terms of the problems it faces in social care. Globally, there is a growing and ageing population, there are more people with disabilities and long-term health conditions, there are workforce difficulties, and the costs of care are rising. While no country has fully resolved the challenges in social care, it is possible that England can learn from different international approaches. Richard Humphries groups countries into three broad models for their approaches to social care.⁸

1. The Nordic model of risk pooling through general taxation. Taxation in these countries is higher in return for high levels of public services, including long-term care.
2. Northern, central European and some Far East countries offer a high level of risk pooling through compulsory social insurance rather than general taxation. Examples include France, Germany, Japan and South Korea.
3. Southern, eastern European and Latin American countries tend to rely heavily on informal care, with very little risk pooling. England is closer to this group than its European neighbours, given the limitation of risk pooling.

Differences in how social care is defined, provided and funded makes it difficult to directly compare different countries' funding approaches to long-term care. Each country is unique in that they are 'path dependent.' Their historical, cultural and political contexts have shaped how they approach resolving challenges in care.

Closer to home in Scotland, the SNP as the party of government are continuing to pursue their policy of establishing a National Care Service, discussed below. The first stage of the bill is to be debated in Parliament in January 2024. In the Scottish Government's [Programme for Government \(2023\)](#), there are proposals to increase pay for frontline social care workers so they receive a £12 per hour minimum wage, to agree an approach to ending non-residential social care charges, and to reopen the Independent Living Fund (ILF).

In Wales, [Welsh Labour](#) are capping the costs of non-residential care at £100 per week, maintaining a capital limit of £50,000 and launching a national social care framework among other policies.

In [Northern Ireland](#), adult social care is delivered alongside health services by Health and Social Care Trusts under the Department of Health. In 2022, a consultation was launched on reforming adult social care, and in May 2023, the Department of Health published the [Consultation on the reform of adult social care: summary and evaluation of responses to public consultation](#).

⁸ The material on international examples draws on information taken from Humphries R (2022) *Ending the Social Care Crisis: A New Road to Reform*, Bristol: Policy Press, pp. 127–157.

Case study: Establishing a National Care Service (NCS) in Scotland

The [Independent Review of Adult Social Care in Scotland \(IRASC\)](#) was published in February 2021, and creating a NCS in Scotland was one of its central recommendations. The recommendation was adopted by the Scottish Government, and the National Care Service (Scotland) Bill was introduced on 20 June 2022. The NCS in Scotland would transfer responsibility for adult social care services (and potentially children's social care, justice social work and mental health services) to a new national body overseen by Scottish ministers. It is important to note that the NCS will not be like the NHS in the sense that social care will not become free at the point of care, but rather the new body will set standards and commissioning priorities through newly established care boards.

CIPFA responded to the National Care Service (Scotland) Bill consultation, focusing on the bill's financial memorandum (FM) ([CIPFA National Care Service Scotland consultation response, 2022](#)). We expressed concerns about the lack of detail in the FM, insufficient opportunities for financial scrutiny given it was a framework bill, and the loss of local accountability and knowledge. The FM was heavily criticised in the parliamentary committees that scrutinised it, and the former deputy first minister John Swinney took the unusual but in our view correct decision to produce a revised financial memorandum to the bill. Maree Todd, Minister for Social Care, Mental Wellbeing and Sport, told the [Finance and Public Administration Committee](#) on 26 September 2023 that a revised FM would be published four weeks before the first stage debate of the bill, currently tabled for 31 January 2024.

There is a lesson in this story about co-production and co-design in the legislative process. Part of the reason that the FM did not stand up to scrutiny was because so many of the important decisions on exactly what the NCS would be were yet to be made when the bill was introduced. Co-production and co-design should absolutely be at the heart of the legislative process; however, this work should be undertaken before presenting a bill to Parliament. Given the Fabian Society also call for co-design in establishing their vision of a National Care Service, this is something for policymakers to bear in mind.

Source: CIPFA analysis.



IV Roadmaps and social care charging reform

In this section of the report, we examine a selection of social care reform roadmaps that have been published in 2023. We offer a brief outline of the roadmaps, share their specific charging reform recommendations and ask whether the recommendations relating to charging reform in the roadmaps align with our five principles for a more sustainable and equitable social care system.

Fabian Society

The [Fabian Society](#) is a left-leaning think tank dedicated to public policy. In July 2023, they published a report for UNISON and the Labour Party on a proposed roadmap to a national care service in England. Creating a national care service has featured in Labour policy for around 13 years; it has been included in all their election manifestoes since 2010.⁹ Like the Scottish NCS, the Fabian Society's national care service does not mean social care would become free at the point of care like the NHS. By contrast, the Scottish Government's vision for a NCS involves centralisation, while the Fabian Society's proposal will centre on "the most local level possible."

[Support Guaranteed: The Roadmap to a National Care Service \(2023\)](#) outlines ten principles and ten building blocks for a national care service and proposes steps to take to embed and eventually further develop a national care service.

The report lists the following charging reforms for a future government to consider:

- Expand the scope of free support for people disabled by the age of 25 and for people with very significant support and clinical needs.
- A lifetime cap on care costs.
- Reform of the assets means test and of the income means test (eg disregard disability benefits, higher thresholds).
- A modest universal contribution to everyone's care costs.

⁹ In their 2015 manifesto, the Labour Party proposed to bring health and social care together into a single system.

Do the options for charging reform set out by the Fabian Society meet CIPFA's five principles for a sustainable and equitable social care system?

✓ YES .

✗ NO .

? MAYBE/SOMEWHAT .

1. **Start with a fresh understanding of needs, demand, cost and spending: a zero-based approach.**

? **SOMEWHAT .** This roadmap calls for a lifetime cap on care costs, which like the government's proposed reform will require local authorities to undertake work to better understand needs, demand, cost and spending.

2. **Provide adequate long-term funding and certainty of funding for social care services to recover and secure their financial sustainability.**

✗ **NO .** The report calls for a ten-year plan for large, sustained, real-terms spending increases to provide certainty to plan, build capacity and invest. However, the proposed charging reforms will not achieve this alone.

3. **Invest to rebalance spending from reaction to prevention, and to achieve value for money in the long term for the public pound and better outcomes for people.**

? **MAYBE .** Expanding the scope of free support, reform of the means test and a universal contribution to care costs have preventative potential because they improve access to care and may reduce unmet need and greater acuity of need.

4. **Address unfairness in how the costs of care are met between generations, by place, income and wealth, and protect individuals of all ages against unlimited costs by pooling risks.**

✓ **YES .** The report recommends introducing a lifetime cap on care costs, with local authority and personal contributions counting towards the cap. The recommendations pool risk over time and protect against unlimited costs.

5. **Reduce the barriers between social care and other public services to ensure greater policy alignment across government departments and financial alignment around the individual.**

? **MAYBE .** Expanding the scope of free social care support may remove some of the barriers to closer collaboration between health and social care. The report also recommends joint responsibility between the NHS and local authorities for meeting health and care needs after hospital discharge.

ADASS roadmap

ADASS is a membership body representing directors of adult social services in England, with members from all 152 councils with adult social services responsibilities.

In April 2023, they released [Time to act: a roadmap for reforming care and support in England](#). The report prioritises actions across ten categories to deliver change and improve outcomes in adult social care. The actions are considered in terms of time, cost and legislative change required.

On charging, the report sets out a number of recommendations to make the system more accessible and affordable:

- Work across social care and public health to fund a range of community-based preventative support that is available without means testing/eligibility criteria.
- Ensure consistent access to entitlements, eg aids and adaptations, across local areas.
- Review local charges and consider whether these could be reduced.
- In a phased approach, increase the means testing threshold, reducing the cap on care costs to zero for adults under 30 and a cap on care costs for all adults.
- Undertake an independent national review of user charges and set consistent and fair charging across local authorities.
- Review NHS continuing care and make recommendations about redrawing the boundaries between NHS and social care, in alignment with the broader public debate about the future care system.
- Consult on a national approach to allocating funds for care based on simpler categories of need.
- Consult on a further extension to entitlements and potential options for universal care and paying for care.
- There is a more universal system of care and support and closer alignment of entitlements to social care with those of healthcare.
- There is a welfare-based entitlement to funds for care/care packages and NHS continuing care.

Do ADASS' charging proposals meet CIPFA's five principles for a sustainable and equitable social care system?

✔ YES .

✘ NO .

? MAYBE/SOMEWHAT .

1. Start with a fresh understanding of needs, demand, cost and spending: a zero-based approach.

? **SOMEWHAT .** The policy proposals will require local and central government to develop a deeper understanding of needs, demand, cost and spending. However, a zero-based spending exercise would be needed to ensure optimal allocation of resources. Elsewhere, the report calls for resetting our understanding of individual and collective rights, responsibilities, entitlements and obligations.

2. Provide adequate long-term funding and certainty of funding for social care services to recover and secure their financial sustainability.

✘ **NO .** The charging reforms themselves will not provide stable and adequate long-term funding, but the report calls for more and better investment. Investment should be made with three aims: in the short term to stabilise, and in the medium term and long term to transform and build community capacity. The report also recommends a multi-year funding settlement.

3. Invest to rebalance spending from reaction to prevention, and to achieve value for money in the long term for the public pound and better outcomes for people.

✔ **YES .** The report specifically recommends investment in community-based preventative support, and elsewhere, there are a series of recommendations about building community capacity for wellbeing and prevention.

4. Address unfairness in how the costs of care are met between generations, by place, income and wealth, and protect individuals of all ages against unlimited costs by pooling risks.

✔ **YES .** Consistent access to entitlements, consistent and fair charging, a care cap, and setting consistent and fair charging policies across the country serve to reduce unfairness and protect people from unlimited costs.

5. Reduce the barriers between social care and other public services to ensure greater policy alignment across government departments and financial alignment around the individual.

✔ **YES .** The report recommends that there should be closer alignment of entitlements to social care with those of healthcare. The report also makes a series of recommendations promoting joined-up care and support.

Care England roadmap

Care England is the largest representative body for independent providers of adult social care in England. In September 2023, they published Care for our future: the roadmap to a sustainable future for adult social care. The report makes recommendations to the next government and sets out short-term, medium-term and long-term priorities across three themes: workforce, funding and integration.

On charging reform, the report has one direct recommendation: close the fair cost of care funding gap and repeat the exercise at a sector-wide level.

Does the charging proposal in Care England's roadmap meet CIPFA's five principles for a sustainable and equitable social care system?

✓ YES .

✗ NO .

? MAYBE/SOMEWHAT .

1. Start with a fresh understanding of needs, demand, cost and spending: a zero-based approach.

? **SOMEWHAT** . The report recommends repeating cost of care exercises at a sector-wide level – the previous exercises did not include care for people with learning disabilities and autistic people. This will mean local authorities will have a deeper understanding of needs, demand and cost in their areas and the spending that will be required.

2. Provide adequate long-term funding and certainty of funding for social care services to recover and secure their financial sustainability.

✗ **NO** . The charging reform recommendation won't provide the funding, but the report recommends the introduction of a clear funding settlement over the long term, including a £10bn annual funding boost.

3. Invest to rebalance spending from reaction to prevention, and to achieve value for money in the long term for the public pound and better outcomes for people.

✘ NO . The report does recommend a fully mapped prevention and integration plan to move towards a prevention-based approach to care, but the charging proposal won't achieve this.

4. Address unfairness in how the costs of care are met between generations, by place, income and wealth, and protect individuals of all ages against unlimited costs by pooling risks.

? MAYBE . Closing the fair cost of care funding gap and repeating the exercises may bring an end to the self-funder cross-subsidy once providers are paid the established fair cost of care. This may reduce an existing unfairness in the system.

5. Reduce the barriers between social care and other public services to ensure greater policy alignment across government departments and financial alignment around the individual.

✘ NO . The roadmap includes a section dedicated to integrated services. Parity of pay and terms and conditions between NHS and social care staff could reduce barriers to closer partnership. The report also recommends mandating direct adult social care representation at all ICS levels in England. However, the charging reform proposal alone will not achieve this.

Table 8: Do the proposed charging reforms meet CIPFA's five principles?

	1	2	3	4	5
Fabian Society	?	✘	?	✓	?
ADASS	?	✘	✓	✓	✓
Care England roadmap	?	✘	✘	?	✘

✓ YES .

✘ NO .

? MAYBE/SOMEWHAT .

Conclusion

CIPFA are advocates of social care reform. As the [House of Lords Adult Social Care Committee](#) stated in their spotlight on adult social care in England, “the greatest risk is not to change.”

The current adult social care charging system in England is flawed. Unlimited costs mean that people face a cliff edge when paying for care. A lack of funding and capacity means that people are not receiving the care they need, and there is a risk of care market failure, which would substantially impact care locally and nationally and deepen existing challenges in adult social care.

The government’s current charging reform proposals address some of the problems, but they too are flawed for reasons explored in [The current picture](#). Aside from problems to do with equity, the main challenge is the cost of the reforms. Most of the reforms benefit individuals the most and come at a significant additional cost to local authorities. Local authorities need to be fully funded and resourced to successfully prepare for and deliver the reforms. If the reforms are not fully funded and resourced, there is the risk that

other services delivered by councils may suffer. Tough decisions around allocation will have to be made, with some services retained at the expense of others.

We have examined the reports of other bodies to see if charging reforms can improve the system in line with the five principles that we propose. Our principles represent a strategic view, with the roadmaps’ proposed charging reform policies measured against whether they meet the five principles. The answer, as can be seen in Table 8, is mostly no, though ADASS’ proposals scored highest. Although Care England scores the lowest out of the roadmaps, that is not to say their suggestions are not valid. The Care England report only had one recommendation directly relating to the charging reform, while the other reports contained many more.

The analysis of the current system, the government’s proposed reforms and the stakeholder roadmaps reveal that charging reforms alone will not create a financially sustainable social care system. They have the potential to reduce unfairness in the system, protect people from unlimited costs and may have a preventative effect by

improving access to care. Some policy suggestions can reduce barriers between social care and other public services. However, charging reforms are narrowly focused and are not a silver bullet, and there are other steps that a government pursuing adult social care reform should take to build a fair and sustainable system alongside reforming charging. If the current system’s challenges are not addressed, there is a risk that reform will be introduced within an inadequately funded system, impacting the chances of building a social care system fit for the future.

Following our analysis, we make a series of recommendations that we believe can achieve a fairer and more equitable social care system. The recommendations are targeted at central government and relate to social care charging reform.



Recommendations

In this report, we have sought to draw attention to the challenges in the current adult social care charging system in England and the government's proposed reforms. We have examined suggestions for reform from across the sector and have compared them to CIPFA's five principles for a sustainable and equitable social care system.

Our five principles have served as a touchstone throughout this report. We now make a number of recommendations centred on these principles. These recommendations are aimed at a future government pursuing a programme of adult social care charging reform in England.

Start with a fresh understanding of needs, demand, cost and spending: a zero-based approach

Recommendation 1: carry out a zero-based spending review exercise.

Before charging reforms are introduced, there should be a zero-based spending review considering all related spending programmes to ensure optimal allocation of resources to achieve intended outcomes. The intended outcomes should be clear and measurable to ensure that resources follow outcomes and can be measured. A zero-based spending review exercise will allow the government to establish a robust evidence base for the funding required to successfully bring about charging reform. This exercise should be carried out independently and with appropriate governance mechanisms to ensure neutrality.

Recommendation 2: produce a new impact assessment for social care charging reform.

The initial government impact assessment for social care charging reform underestimated the impact of the reforms. Much has changed in the financial landscape since the original impact assessment's publication on 5 January 2022, including high levels of inflation and increased costs. A revised impact assessment taking into account the current context should therefore be produced with cross-sector consultation, including a full assessment of local authority resources required to successfully prepare for and implement the reforms.

Recommendation 3: revisit the cost of care exercises.

There are fundamental questions over whether the data contained in the 2022 cost of care reports can be relied upon. While we understand that great effort was put into carrying out the cost of care exercises, there have been significant financial pressures since then, as outlined above. To improve response rates, the government should consider alternative approaches to information gathering.

Provide adequate long-term funding and certainty of funding for social care services to recover and secure their financial sustainability

Recommendation 4: plug the local authority funding gap.

Since social care is part of a suite of local authority responsibilities, local authorities need to be sufficiently funded to allow for financial sustainability across the range of services they provide. If the government does not provide appropriate and adequate funding, additional funding for reform may have to be spent on existing pressures.

Recommendation 5: provide a long-term social care funding settlement.

Local authority public financial management and social care finance have been hindered by short-term settlements and a lack of certainty of funding. A multi-year funding settlement will enable more effective financial planning and could assist in making space for innovation and improvement in adult social care.

Recommendation 6: ensure social care reform is fully funded.

It is acknowledged by stakeholders from across the sector that the current level of funding committed to adult social care reform is insufficient to achieve the scale of change required. A government introducing adult social care reform should work with local government and providers to ensure that any series of reforms are adequately funded and appropriately phased to maximise the chances of a successful implementation outcome in terms of financial and operational sustainability. The government must also consider the resources required by local authorities to successfully prepare for and implement the reforms.

Invest to rebalance spending from reaction to prevention, and to achieve value for money in the long term for the public pound and better outcomes for people

Recommendation 7: place greater emphasis on prevention.

A realignment is required to direct more funding upstream to reduce adult social care pressures in the future. There should be a shift in the balance of investment from the acute end of the care pathway to preventative community services. Such a balance may also serve to assist in managing demand.

Recommendation 8: improve access to social care.

The government should take steps to improve access to social care. People not receiving the care they need has negative effects on outcomes and results in increased complexity of need and costlier care packages. Bringing people into the care system in a timelier way will help address the problem of unmet need, which could have a preventative effect on increasing complexity of need down the line and have a positive effect on managing demand.

Address unfairness in how the costs of care are met between generations, by place, income and wealth, and protect individuals of all ages against unlimited costs by pooling risks

Recommendation 9: introduce a cap on care costs but include local authority contributions.

A cap on personal care costs will offer people security against unpredictable care costs. However, as discussed in the report, the government amendment to ignore local authority contributions towards the cap is unfair. The government should introduce a cap on care costs and local authority contributions should count towards that cap.

Recommendation 10: create a national non-residential charging policy driven by local authorities.

While CIPFA strongly believes in the principle of subsidiarity and that local authorities are best placed to make decisions for their local area, the government should explore the possible benefits of the creation of a nationally set non-residential charging policy driven by local authorities, just as there is a nationally set residential care charging policy. The aim of this recommendation is to reduce inconsistency across the country and to support local authorities with established standards. If the sector considers it appropriate, CIPFA could create a commission to explore standards in non-residential charging policies in consultation with stakeholders from across the sector and report back to government on the viability and value of such a policy.

Recommendation 11: explore alternative funding mechanisms for adult social care.

The government should explore alternative ways to raise funds for adult social care in England. The adult social care precept raises funds unevenly across the county and not in line with need, which means that funding is not being targeted effectively.

Reduce the barriers between social care and other public services to ensure greater policy alignment across government departments and financial alignment around the individual

Recommendation 12: ensure better alignment of charging with other government policies.

As we stated in [Integrating care: policy, principles and practice for places](#) (2022), policy alignment could be improved within and across government departments, particularly DHSC, the Department for Levelling Up Housing and Communities (DLUHC) and the Department for Work and Pensions (DWP). There should be a closer alignment of policy direction across these departments as the government pursues a policy of reforming adult social care.

Recommendation 13: make the cliff edge less severe.

People face a cliff edge when it comes to paying for their care. The severity of this should be reduced. The pathway to achieving this may include the following government actions:

- Phasing out charging over a set period of time.
- Not charging people after they surpass a certain threshold of care need.
- More generous mean-test thresholds.
- A cap on unlimited costs.

Further reading

CIPFA resources

[Performance tracker \(2017–2023\)](#)

[Road to reform: COVID-19 as a catalyst for change in funding social care \(2020\)](#)

[Integrating care: policy, principles and practice for places \(2022\)](#)

[Adult social care charging reform in England: briefing \(2023\)](#)

[Council tax is rising but the funding gap still exists: briefing \(2023\)](#)

[Section 114s: where are we headed next? \(2023\)](#)

Other resources

Please note that access to Local Government Chronicle (LGC) may require a paid-for subscription.

Pre-2021

[Fairer Care Funding: The report of the Commission on Funding of Care and Support \(Commission on Funding of Care and Support, 2011\)](#)

[Caring for our future: progress report on funding reform \(HM Government, 2012\)](#)

2021

[The State of Care in County and Rural Areas \(CCN and the Rural Services Network\)](#)

[People at the Heart of Care: adult social care reform white paper \(DHSC\)](#)

[Build Back Better: Our plan for Health and Social Care \(HM Government\)](#)

[The adult social care market in England \(NAO\)](#)

[Economic and fiscal outlook \(OBR\)](#)

2022

[Preparing for Reform \(CCN and Newton\)](#)

[Social Care Charging Reform Impact Assessment \(DHSC\)](#)

Humphries R (2022) *Ending the Social Care Crisis: A New Road to Reform*, Bristol: Policy Press

[Does the cap fit? Analysing the government's proposed amendment to the English social care charging system \(IFS\)](#)

[Long-term funding of adult social care \(Levelling Up, Housing and Communities Committee\)](#)

[Thérèse Coffey says health and social care spending will stay 'exactly the same' \(The Independent\)](#)

[The cap on care costs: what does the government proposal mean? \(The King's Fund\)](#)

2023

[ADASS Spring Survey 2023 \(ADASS\)](#)

[Time to act: a roadmap for reforming care and support in England \(ADASS\)](#)

[Care for our future: the roadmap to a sustainable future for adult social care \(Care England\)](#)

[Next steps to put People at the Heart of Care \(DHSC\)](#)

[Support Guaranteed: The roadmap to a national care service \(Fabian Society\)](#)

[Adult social care funding pressures \(Health Foundation\)](#)

[Adult social care funding \(England\) \(House of Commons Library\)](#)

[Trailblazers: Social care charging reform will fail to tackle system stress \(LGC\)](#)

Legislation

[Care Act 2014](#)

Guidance

[Care and support statutory guidance](#)

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