

Scrap the Cap

Ten questions Peers should ask

Peers are currently considering the Care Bill and the reform of social care services in England. One of the key proposals is to introduce a cap on the cost of care. We believe this would be wrong. Instead, we need a free National Care Service funded like the NHS, through general taxation and a redistribution of current government spending.

1. Will the cap make the care system easier and simpler? No. It will make the current complex care system even more complicated – with two caps, a confusing means test, new eligibility criteria, qualifying care and multiple assessments.

2. Will the cap prevent older people having to sell their homes? No. The £72,000 proposed cap is on qualifying care costs only – in addition older people living in care homes would face large bills for the so-called ‘hotel’ costs eg food, accommodation, daily living expenses, plus any top-ups for care costs. An older person would probably have to live in a care home for five years before reaching the cap (the average stay is just over a year). So older people could be faced with bills of £200,000 plus for all their costs and still have to sell their home – either while alive or after death to fund a deferred payment

3. Will the cap tackle underfunding and improve care? No. The plans do not bring extra cash into the care system – they substitute private spending by some (mainly wealthy) individuals with public spending – and they will do nothing to promote better quality care through better training, pay and conditions for staff.

4. Will the cap meet growing unmet need? No. The cap will not meet current unmet needs (almost one million older people are not getting the support they need) let alone growing demands of our ageing population in the future.

5. Will insurers provide products to meet the cap? No. There is no evidence that insurance products would emerge to help older people pay their £72,000 care costs; if they did the only winners would be a new financial industry with millions more insurance transactions. But the major insurers say the cap is set far too high.

6. Will the cap support prevention? No. It will not promote prevention – it is all about how crisis care, mainly towards the end of life, should be funded. We need a fundamental shift towards ageing well as well as better care for those who need it.

7. Will the cap support the integration of care and health? No. The cap will not promote integration of care and health and community initiatives to support older people at home and prevent high level needs. It will create a new separate funding stream mainly to pay for expensive residential care.

8. Will the cap benefit those most struggling to pay for care? No. The cap is primarily about protecting the inheritances of wealthier families while impoverishing older people with low/mid value homes.

9. Will the cap help people on low-mid incomes? No. The plans will leave many more older people struggling on their own, relying on family carers or using their own resources to pay for care. Even poorer older people with assets less than £118,000 will find that the tapered means test requires them to make substantial contributions towards their care costs.

10. Does the cap treat all ages the same? No. The plans are ageist, discriminating against older people. We welcome the proposals that disabled working age adults’ care and support will be funded through taxation and believe that this should be the basis of care for older people as well.

For more information visit:

www.npcuk.org

www.unison.org.uk

www.unitedforallages.com

