研究報告

A review of English Long-Term Care System and Policy Developments: from Royal Commission 1999 to Dilnot Commission 2011.

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Review of English Long-Term Care System and Policy Developments

Since the publication of report on Long-term Care（LTC）funding by Royal Commission in 1999, England has been attempting to reform its LTC system. More than a decade later, there are no real signs of significant changes to the LTC arrangements, whilst the pressure to public expenditure and demanding better services are ever increasing. This paper examines the LTC for older people in England, exploring the policy developments after the publication of Royal Commission report on Long-term Care Funding in 1999, and analyzing the current LTC systems. It will discuss the implications of the experiences in England for other countries seeking to improve their own LTC system. The study uses secondary sources of data and literature relating LTC arrangements in England. It will focus mainly on data ranging from government documents, various academic journals, and academic research papers. Results: In England, with its current means-testing and charging system, and local variations, the current system is regarded as failure in offering fair, appropriate, and adequate services for users. We also found that local authorities in England are increasingly prioritizing people with high-level needs due to limited resources available. However, recent policy trends show an emphasis on providing preventive care for people with low-level needs.

Key words : England, Long-term care, Funding,

1. Introduction

The long-term care（LTC）arrangements in England have its root from the 1948 National Assistance Act and have remained unchanged in principle since then. In recent years, the most debated social policy issues in England is how to reform its current LTC funding and service provision（Royal commission on Long Term Care, 1999; Brooks et al., 2002; JRF, 2006; Wanless et al., 2006, HM Government, 2010; Dilnot Commission, 2011）. Many influential policy reviews, such as Royal Commission and Green and White Papers in 2009 and 2010 respectively, have discussed about how far individual should contribute their own care and how far the state should support them, in particularly whether the LTC should be free for everyone like the current national health service.

The debate about the reform of LTC in England started from before the establishment of the Royal Commission on Long Term Care（1999）and has continued without real changes or reform, since then. In the 1980s, the demand for the NHS funded LTC by older people was on the increase, as a result, it disrupted the financial balance of the system（Means and Smith, 1998; Rummery and Glendinning, 1999）. To resolve this problem, community care reforms were implemented in April 1993（The NHS and Community Care Act 1990）to cope with planning, organizational and financial problems of community care which existed in previous years. Following the community care reforms, the government tried to divest itself of responsibility for funding LTC for the elderly, and to shift the costs of LTC to the private sector.

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Despite the government's reform of community care in 1993, it did not resolve the problems facing the LTC system. The Labour government in 1997 established the Royal Commission on the funding of LTC chaired by Sir Stewart Sutherland. The Commission was asked to examine the short and long-term options for the funding system of the LTC for older people（Werth, 2001）. The Commission reported their findings in 1999 and suggested that personal care should be made free of charge for service users as it does for the NHS（Means and Smith, 2002）. Although the government followed most of the suggestions of the Royal Commission, it rejected the proposal of free social care.Despite the several attempts of piecemeal reforms in LTC for the last two decades, it is widely considered that the government has failed to deliver a sustainable system and to cope with the demographic challenges and growing need and support demands（Royal Commission, 1999; Joseph Rowntree Foundation, 2006; Walness, 2006; Counsel and Care, 2008; House of Commons Health Committee, 2010; Dilnot et. Al., 2011）.

In this paper, the first section will examine the current LTC system in England, exploring the eligibility, assessment procedure, benefits, funding system, and inspections of LTC service providers. The second part of the paper will discuss the shortcomings of current systems identified in official reports on LTC and the related policy literature. Finally, the last section of the paper discusses the recent reviews and reports including the proposals made by previous government（Labour）and the current Coalition Government.

1.1 Aims of research

The purpose of this study is to examine the long-term care systems in England. It will discuss the implications of the experiences in England for other countries seeking to improve their long-term care system. The reasons for selecting England for this study are as follows:

- The approaches taken in England show different financing and delivery systems which can raise important policy issues as well as to provide useful information to policy-makers in other countries.
- England is recognized as developed and industrialized countries and face similar demographic pressures as South Korea does.
- England has a different type of welfare system and therefore, their arrangements in delivering the care services and funding system for long-term care differ to South Korea.

In order to achieve the above research aims, the following research questions have been set out:

1）How the long-term care system in England has been developed over the last two decades?
2）What types of benefits are provided and how they are regulated for quality of care?
4）How is long-term care funded?
5）What are the recent developments and policy directions in England to improve the quality of care and funding system?

1.2 Research Method

This research is based on the literature review and the analysis of data from public sources and independent research centres（for examples: Office for National Statistics, NHS Information Centre for Health and Social Care, Joseph Rowntree Foundation）, various academic journals, and academic research papers.

In this paper, we will try to avoid including anomalies in the data as much as possible and will explain if it has to be included due to specific circumstances. All the data and sources used in this paper will be referenced and brief

explanation will be given if necessary.

2. The current English LTC system

The English LTC system has been broadly criticized because it is seen that the current system treats modest savers unfairly, and fails to offer comprehensive care service. In addition, there is confusion about the benefits coverage as the NHS provides this free of charge whereas personal care is subjected to means-testing. This type of system can be characterized as a "safety-net" type of system that operates only in a way to help people with very severe needs and financially poor to meet the costs of their care (Fernandez et al., 2009).

2.1 Eligibility

In England, the public LTC service covers people of all ages. However, adult social care services are only available for people aged 18 and over. Traditionally, the social care system in England provides service to people who have age-related frailty or infirmity, physical disability, learning disability, and both functional and organic mental illness (House of Commons Health Committee, 2010). In 2010, the government published new guidance on 'Eligibility Criteria for Adult Social Care in England', and it states that 'councils may provide community care services to individual adults with needs arising from physical, sensor, learning or cognitive disability, or from mental health needs' (Department of Health, 2010). There are currently four grades for the eligibility criteria: Critical, Substantial, Moderate, and Low (see Table 1).

Tabel 1. Summary of the eligibility framework

Critical	- life is, or will be, threatened - serious abuse or neglect has occurred or will occur
Substantial	- there is, or will be, only partial choice and control over the immediate environment; and/or - abuse or neglect has occurred or will occur; and/or - there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
Moderate	- there is, or will be, an inability to carry out several personal care or domestic routines; and/or
Low	- there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or

(Source: Guidance on 'Eligibility Criteria for Adult Social Care in England' DH, 2010)

Local authorities have the power to decide their own eligibility criteria for the LTC within the national regulation. Their decision can be made based on their financial availability, local expectations, and local costs of delivering care packages (Age UK, 2010). In addition, the assessment of eligibility is not only related to the users' level of need and support, but is also relevant to the financial ability of users. More details of funding and means-testing will be discussed later in the funding section.

2.2 Eligibility assessment procedure

After the introduction of the National Assistance Act in 1948, adult social care in England has been administered by 152 councils with Adult Social Services Responsibilities (House of Commons Health Committee, 2010). Table 2 shows the example of the assessment procedure by the local authority. When an individual refers to the local authority either by himself / herself or neighbor, or families, the local authority has a legal duty to identify the individuals 'presenting needs'. Once the individual's present needs and related circumstances are assessed by the local authority,

then it will attempt to identify whether a person's needs are eligible or not as well as the person's requirement of care needs and support.

From 2003, when undertaking the assessment, the local authority should follow the 'Fair Access to Care Services (FACS)' guidance in order to minimize the local variances. The assessment usually involves more than one professional, such as health professionals from the NHS. After the assessment, the care plan must draw upon the basis of potential outcomes for individual, available resources, and the cost-effectiveness of care service (DH, 2010). The care plan must be agreed with the individual or his or her families. In addition, local authorities should ensure that all service users in the same area with similar eligible care needs receive similar care packages.

Table. 2 Example of the Assessment process

Individual (or relatives) presenting the needs
↓
Local council assess the 'Eligible Needs'
↓
Written Care plan
↓
Means-testing and Charging
↓
Offer available services (including 'Direct Payments'
↓
Review care package

(Source: AgeUK, 2010)

2.3 Benefits

Local authorities provide three types of benefits for the LTC: Residential Care, Domiciliary Care, and Cash allowance. Under the National Assistance Act 1948, local authorities have statutory obligations to provide residential care for persons aged 18 or above who have age-related illnesses, illnesses affecting their independent living, or disabilities (House of Commons Health Committee, 2010). Local authorities can provide services directly to users or contract them out to private or voluntary sector organisations on their behalf. Most people prefer to receive care services at their own homes, and also the government's recent policies show a greater emphasis on promoting community care over institutional care. Community care services provided by the local authorities can be summarized as below:

Box1.

- Personal assistance at home or respite home
- Day care / Night-sitting service
- Aids and equipment for daily living tasks
- Home adaptations
- Meals delivery
- Advice and information
- Prevention and rehabilitation
- Services for carers
- Community transport
- Assisting supported housing
- Joint services with health services

(AgeUK, 2010)

Institutionalised care can generally be divided into two categories: residential home and nursing home. The residential home provides personal care services only to those with a lower level of need and support, and it does not include healthcare services, whereas the nursing home provides nursing care for those of severe disabilities. In recent years, there have been some increases in dual types of care homes where they provide both nursing and residential care (Karlsson et al, 2004).

According to the official data by The NHS Information Centre for Health and Social Care (2011), during 2009-10, about 1.70 million people received care and support. In addition, a total of 1.46 million people received community-based services and 65% of them were aged 65 or above. The number of people in receipt of residential care was about 305,000 people, and 82% of them were aged 65 or above.

There are several additional social security benefits available for carers and people who have disabilities. This is not service but cash allowances, such as 'Carer's Allowance', 'Attendance Allowance (AA)' and 'Disability Living Allowance (DLA)'. Carer's allowance is for carers who look after a disabled person for more than 35 hours a week (AgeUK, 2011). AA and DLA are based on the 'needs' and are tax-funded. In addition, these benefits are not required for the means-testing and the rates per week depend on the level of disabilities. The current (2011/12) rates for Carer's Allowance, AA / DLA are as below:

- Carer's Allowance: £55.55 per week
- Attendance Allowance: £73.60 per week for higher rate and £49.30 per week for lower rate
- Disability Living Allowance has two components: care and mobility. For the care, £73.60 per week for higher rate and £49.30 per week for medium rate and £19.55 per week for lower rate. For the mobility, £51.40 for higher rate and £19.55 for lower rate

(Department of Work and Pension, 2011)

People who receive public social care services in their own homes can continue to receive AA / DAL. However, if recipients receive care services at a publicly-funded care home, they lose their entitlement (Forder& Fernandez, 2009). There have also been a 'Direct Payments' for adult social care service users since 1997 after the introduction of Community Care Act 1996. This is a cash payment made by local authorities directly to users who have been assessed as eligible for care services (Department of Health, 2009). This scheme enables people to choose and control their own needs and support which means they can purchase the services directly from providers.

2.4 Funding

There are three main sources for the LTC funding in England; local authorities, the NHS, and individuals (through means-test or private insurance). Local authorities receive funds from central government through the Revenue Support Grant. The allocation of such a grant is calculated based on the Relative Needs Formulae (RNFs). The RNF for the elderly is determined by the calculation of area costs, local elderly population (especially aged 80 or above), and the level of local needs (House of Commons Health Committee, 2010). Local taxes, such as private property tax (Council Tax), are also a main contribution to the financial resource (Robison & Dixon, 1999). According to the NHS Information Centre (2011), local authorities' total expenditure on Adult Social Service amounted to £16.8billion in the year 2009/10, a 47% increase from the year 1999-2000 in real terms. Expenditure on older people was marked £9.4 billion 2009-10, and among this £3.4 billion was spent on Residential Care for older people and £1.4 billion was spent on nursing care (NHS Information Centre, 2011).

The healthcare-related services in England are provided by the Health authorities and the NHS. Since 2001, the

NHS has had a responsibility for the nursing care in all settings and it must pay the entire cost from its own budget. The main sources of NHS funding is general taxation（80%）, National Insurance（12%）, Out-of-Pocket payments（4%）, and capital returns（1%）（Robison & Dixon, 1999）. Unlike the NHS system, all LTC services provided by local authorities are subject to means-testing and charging（House of Commons Health Committee, 2010）. Once individual's eligible needs are indentified, local authorities have the right to charge for the services they offer. Therefore, the individual's income and assets are taken into account in the means-testing. However, the value of property is only taken into account if the property was occupied solely by him/her without a spouse or relatives. Since 2000, the assets have been disregarded during the first 12 weeks of stay in a care home. In addition, the capital disregard limit is subject to check with inflation rate according to the Health and Social Care Act of 2001（Laing & Buisson, 2001）. The table 3 shows the current disregard limit for the means-testing.

Table 3. Assessment of Assets in Means Testing（Year 2009/10）

Personal Assets	
Over £23,000	Pay a 100% charge regardless of income
Between £14,000~ £23,000	Every £250 above the threshold count as £1 per week
Less £14,000	Assets ignored

（House of Commons Health Committee, 2010）

If a person has assets below £23,000, he or she is entitled to receive support from the local authority, but their total assessed income will be used to pay the incurred costs. All types of incomes, such as pension and social security benefits, are included in the income assessment except for the Personal Expenses Allowance（PEA）. This is currently £21.90 per week in 2009/10. For the non-residential care, the individual's assets will be disregarded in the means-testing but councils have the right to charge for the domiciliary care.

Individuals can fund their future LTC by themselves through the private insurance. The history of private LTC insurance in England is relatively short. The first financial products designed to pay for LTC of older people and disabled people were introduced into English market in 1991（Laing, 1995）. Private LTC insurance products can be classified into two broad categories: pre-funded products and immediate care plans. Immediate care plans are for individuals who have already experienced a health breakdown and need additional income immediately to pay for care services. A single premium is paid to guarantee a future stream of income necessary to pay for LTC. In contrast, in pre-funded products, policy holders pay regular or single premiums in return for cover against the possibility of needing LTC at some point in the future. The sale of private insurance for the LTC in England is relatively very small, compared with other nations, such as the US. The reason for the market failure is that the private insurance is rather costly, and thus not many people can afford to purchase the LTC insurance in their early life（Winttenberg&Malley, 2007）.

2.5 Inspections of Long-term care providers

In general, since 2009, the Care Quality Commission has had a responsibility for regulating and promoting the social care workforce. They are responsible for inspecting the quality of service provided by the NHS, both non-profit

and for-profit organisations, hospitals and home cares, and local authorities. All care homes are required to register and there are minimum requirements that care facilities must meet to be granted registration. Also, there is an additional requirement that needs to be met by the care homes in order to maintain their registration. After the introduction of the Care Standards Act in 2000, care facilities must ensure at least half of their staff have the necessary qualifications (National Vocational Qualification- Level 2) to meet the national minimum standards. Under the Health and Social Care Act 2008, the Care Quality Commission has a range of enforcement powers to control the registration requirement and maintain the quality level of providers (Care Quality Commission, 2009).

3. Shortcomings of current systems

There are several shortcomings in the current LTC system in England. First, there are high levels of unaddressed needs in the current LTC system. The Royal Commission on Long-Term Care (1999), Walness report (2006), and House of Commons Health Committee (2010), in the third report on social care, all argue that the current LTC system is inadequate to meet the likely needs and support for elderly people and the LTC. According to the Commission for Social Care Inspection (2009), during 2006-07, there were around 6,000 elderly people with a high level of need and support and 275,000 elderly people who needed less intensive care, but did not receive any form of care what so ever (including informal care). In addition, 60% (1.5 million) of the total number of elderly people with disability or impairment have not received adequate services (Commission for Social Care Inspection, 2009).

The second issue is related to the unfairness of the current means-testing and charging system (House of Commons Health Committee (2010). According to Fernandez and Forder (2009), about 60% of people aged 65 or over will experience a high level of care needs before they die; women (70%) and men (50%). The high rate of needs will force them to move into institutional care in their later lives which will lead them to pay a large amount of money from their savings or assets. The independent market survey on care for elderly people in 2010/11 by Laing & Buisson (2011) shows that the average cost for a nursing home is estimated at £35,984 per year. In addition, the cost of personal care at homes and nursing homes has increased significantly and is becoming unaffordable for users. The current means-testing system is especially unfair for the elderly who have relatively modest savings or property assets. This means people who worked hard and saved money throughout their lives are likely to be penalized.

Third, the current system mostly focuses on dealing with people who have conditions to meet the eligibility criteria. Therefore, there is a lack of preventive support and rehabilitation. In addition, poor information and advice in the system often lead to the failure to provide appropriate access to the care support and service (Department of Health, 2006).

Finally, local variations in accessing the services and the lack of a clear set of eligibility criteria by the government have caused a lack of clarity and transparency and limitations in service provision (CSCI, 2008a). For example, three-quarters of councils ignored people with low level needs accessing the services (CSCI, 2008b). In addition, according to Counsel and Care (2008), 43% of the people who contacted councils for advice about the assessment process and eligibility criteria admitted that the current system is rather confusing and dissatisfying. This led to local variations in providing care services where one care-package received in area A cannot be received in area B. It is clear that the government has failed to address the perceived "postcode lottery" and regional imbalances in providing care services (House of Commons Health Committee, 2010).

4. Recent policy developments and reforms

The main issues that have been discussed over the last two decades in England are how LTC and support are to be funded, and in what ways they are delivered and commissioned（House of Commons Health Committee, 2010）. Since the Royal Commission's proposal for free personal care in 1999, the government has been reluctant to resolve the current funding system. However, a number of research bodies, such as Joseph Rowntree Foundation（JRF）and King's Fund, published a report on LTC in relation to the funding options and recommendations. In 2006, JRF's Paying for long -term care reported that the current funding system is under funded and unfair, and recommended reform to the system by providing free personal care such as in Scotland, or limiting the liability in the current means-testing. In addition, Sir Derek Wanless（2006）'s report, published by King's Fund, suggested that a 'partnership model' is a favoured option among others. This model involves a user contribution with the "match funding" from the state.

In July 2009, the Labour party, which was then in power, finally proposed 'National Care Service' in the Green Paper 'Shaping the Future of Care Together'. In the Green Paper, there are six aspects in the National Care Service（HM Government, 2009）:

1）Prevention service: to help stay independent for as long as possible

2）National assessment: to receive assessment in the same way, no matter where you live.

3）A joined-up service: work together smoothly, especially when assessing the person's needs

4）Information and advice: provide right advice and information

5）Personalised care and support: user-oriented services based on the person's circumstances and need.

6）Fair funding: fair for everyone with support from the state.

In this Green Paper, the government also presented five options for the funding of National Care Service;

1）Pay for yourself, 2）Comprehensive option, 3）Partnership option, 4）Insurance option, 5）Tax-funded option. The first and final options were ruled out by the government and the other three options were consulted.

Following the Green Paper, the government launched the public consultation "Big Care Debate" about how care and support should be funded and delivered. After various consultations, the government proposed a new universal care service in the White Paper "Building the National Care Service" in 2010（HM Government, 2010c）. In this White Paper, the government concluded that the 'Comprehensive option' is the most favoured option by the public and stakeholders, and promised to bring the universal care system for free when care and support are needed. In addition, free personal care at home was proposed in the Personal Care at Home Bill 2010.

In May 2010, new Coalition government came into power and scrapped all the above-mentioned 'National Care Service' agenda proposed by previous government. Instead, new government established a new independent commission on the LTC, chaired by Andrew Dilnot. The commission was asked to investigate the problems of the current system and to make recommendations on the funding of care and support within one year.

On 4th July 2011, the commission delivered a report and their key recommendations were as follows（Dilnot et al., 2011）:

1. The current system has unlimited care costs for individuals but a new system could cap the amount individual would need to pay. After the cap, the state will provide full support for free. The cap level should be between £25,000 and £50,000, but the most appropriate figure was considered as £35,000.

2. The means-tested support for those on lower income should continue, and the asset threshold for the people

liability for care costs should increase from £23,250（current）to £100,000.
3. Nationally set standardized eligibility criteria should be introduced. Also, portable assessments must be available in order to improve fairness and consistency.
4. Based on a cap of £35,000, it is estimated that it would cost the state around £1.7 billion.
5. No 'hotel cost' would be included. Therefore, people should contribute between from £7,000 to £10,000 a year
6. Welcomed proposals of Law Commission to give carers new legal rights to services. Assessments for the carers should be improved.

In July 2012, the current coalition government published White paper; 'Caring for our future: reforming care and support（see Box 1）. In this report, although the government agrees the principle of the Dilnot Commissions' recommendations financial protection through capped costs and an extended means test－they could not set the cap level yet again and delayed introducing a new funding model. However, the new state loan scheme for the pensioners to fund their care was introduced and this will be implemented in England from April 2015. This new scheme is intended to help around 40,000 people a year who are forced to sell their homes to pay for care. There is still a long way to go to implement new funding model for LTC, but this time, the government must act faster as the 'baby boomers' are entering their 60s soon.

Box 2. Key actions proposed by the Coalition Government in White Paper 2012.

- Establishing a new capital fund, worth £200 million over five years, to support the development of specialised housing for older and disabled people.
- Establishing a new national information website, to provide a clear and reliable source of information on care and support, and investing £32.5 million in better local online services.
- Introducing a national minimum eligibility threshold to ensure greater national consistency in access to care and support, and ensuring that no-one's care is interrupted if they move.
- Extending the right to an assessment to more carers, and introducing a clear entitlement to support to help them maintain their own health and wellbeing.
- Ruling out crude 'contracting by the minute', which can undermine dignity and choice for those who use care and support.
- Placing dignity and respect at the heart of a new code of conduct and minimum training standards for care workers.
- Training more care workers to deliver high-quality care, including an ambition to double the number of care apprenticeships to 100,000 by 2017.
- Legislating to give people an entitlement to a personal budget.

5. Conclusion

The current English LTC system is formed by mixed systems. It provides universal comprehensive care services for health-related services by the NHS and funded through general taxation. However, social care is subjected to means-testing and there are significant differences between local authorities in terms of eligibility criteria and service provision. As a result, the current system is regarded as failure in offering fair, appropriate, and adequate services for users. The lack of information and advice service about the LTC has also led to confusion and unrest among the users.

In addition, with the current funding system, older people are exposed to very expensive care costs, especially, those who entering the nursing homes. They are forced to sell their property which is seen as unfair and unacceptable.

England has done some piecemeal reforms rather than radical change over the past two decades. The previous Labour Government proposed the creation of a new 'National Care Service', shortly before being replaced by the current Coalition Government. The new government scrapped the all 'National Care Service' agenda and established a new Commission on the Funding of Care Support. The Commission was asked to make recommendations on how to achieve an affordable and sustainable funding system for care and support. The key recommendations were that new funding systems cap the amount individual would need to pay, and setting up the nationally standardized eligibility criteria. Following the Commission's recommendation, the Coalition Government published White Paper: 'Caring for our future: reforming care and support' in July 2012. It follows the Commission's recommendation of setting up the new nationally standardized eligibility criteria but, yet again, it fails to introduce a new funding model for the LTC.

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概要

イギリスは長年に亘り長期ケアシステムの確立のために取り組んできている。1999年の王立委員会による長期ケア資金に関する発表以来、イギリスは長期ケアシステムの改革を試みてきている。しかしながら、10年以上が経過した今もこの長期ケアシステムの整備に関する目立った変化は見られなく、より充実したサービスのニーズや公的な支出の圧力が増しているにもかかわらず、現政府は新しい資金調達の導入を躊躇している。本稿は、1999年の王立委員会の長期ケア資金に関する政策開発から2010年のディラット委員会（Dilnot Commission on Funding of Care and Support in 2010）に至るまでのイギリスにおける高齢者のための長期ケアシステムの現状と課題を分析したものである。

現状のイギリスの長期ケアシステムは混合システム（mixed systems）により形成されている。このシステム下では、看護付ケア（Nursing Care）を含めたケアサービスなど保健関連サービスが普遍的で幅広く提供されていることを意味する。しかし、ソーシャルケアは、ミンズテスト（means-test）といわれる査定を受けなければならず、この資格基準及びサービスの対策そのものが地方自治体によりかなり異なっていることが問題として指摘されてきている。すなわち地方当局は、住民のニーズを調べるとともに、資格基準を設け、これをもって個人を査定し、サービスの提供の権限をもつ。このシステムの問題は、家族や親せきにより提供されるインフォーマルなケアサービス相当の部分を頼らざるを得ない。さらに、自治体は利用資源に制約を理由に高い水準のニーズを抱えている住民を優先せざるを得ない状況に追い込まれている。高齢者は、直接サービスを受ける（現物給付）の代わりにダイレクト支払い（Direct payments）という現金給付システムを利用し一連のサービスの利用や介護者を雇うことができる。

現在、イギリスにおける長期ケアのための徴収システムやサービス利用に係るミンズテストは、あまりにも費用が高く、利用しにくいと指摘されている。その結果、貯蓄や不動産などある程度の資産がある高齢者は自分のケアのためにこれらの多くを使わざるをえない。これは一生涯を通じて一生懸命働き、貯蓄してきた人が不利益を被ることを意味する。こうした問題を抱えているイギリスの長期ケアシステムの議論はほぼ20年間にわたってきて無数の提案がなされて来た。前の労働党政権は新しい「国家ケアサービス」案を提案したが、2010年発足した連立政権はこれを廃止した。そして長期ケアサポートのための資金調達案を出すためにディラットを委員長とする新しい委員会を設けた。この委員会が出した報告書のキーポイントは、個人が負担すべき上限を設けるとともに現在自治体により異なる資格基準に対して国の基準を設けることである。この委員会の提案を受け連立政権は白書‘Caring for our future: reforming care and support’ を2012年7月に出しているがこれもまたこの委員会の提案が受け入れられず失敗に終わりそうな状況である。