



# THE HEALTH AND SOCIAL CARE SYSTEM IN ENGLAND

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England doesn't currently benefit from a fully integrated system of health and social care. These services are administered and accessed separately.

Health care is provided free at the point of use through the National Health Service, while local authorities provide means-tested social care to their local population.

This separation of the health and social care systems has led to a complex and at times confusing situation where it can be difficult to know who is responsible for what.

This summary sheet seeks to provide an accessible overview.

## LOCAL AUTHORITY NEEDS ASSESSMENT

Once a local authority becomes aware of the fact that someone living in their area may need community care services, they have a legal duty (Under the Care Act 2014) to carry out an assessment of that person's needs. This assessment must consider all aspects of the person's needs. The right to have these needs assessed is not affected by the individual's financial resources or other circumstances.

The needs assessment will usually be carried out by a social worker – often called a care manager – and should result in an agreed care and support plan for the person in question. The person in need of care should be given a written copy of the support plan. If the assessment shows that their needs fall within certain eligibility criteria, then the local authority has a legal duty to meet those needs.

## LOCAL AUTHORITY FINANCIAL ASSESSMENT

Once it has been established that there is a care need, the local authority will carry out a financial assessment, called a means test, which looks at the individual's income and savings. This will establish whether they are deemed able to pay for some or all of their own care and whether they are eligible for financial help from the council. The outcome will mean the local authority will do one of the following:

- Agree to meet the full cost of the individual's care needs.
- Agree to meet some of the cost (and the person will need to top up the rest).
- Decide that the person being assessed must meet the full cost of their own care.

### Income

If the individual's income (including some benefit entitlements) is more than the cost of their care fees, they will have to pay for their own care. Some types of income (such as certain disability benefits and certain types of pensions) are not counted in the means test. If their income is less than the cost of their care fees, they may be asked to make a contribution towards the cost of care, depending on their other circumstances.

### Savings and capital

If the person in need of care has savings or capital assets over a certain amount – currently £23,250 - they will have to pay their own care fees. This doesn't mean that they have to organise their own care – they can still ask the local authority to arrange care for them, but they will be paying all the costs themselves.

If they have savings, or capital assets, worth more than £14,250 but less than £23,250 they will not be asked to pay for their care in full, but *will* be asked to make a contribution, known as a capital tariff, of £1 per week for every £250 (or part thereof) over £14,250 that they have.

If their capital assets and/or savings are worth less than £14,250 in total, these will be totally disregarded in the local authority means test for care provision. This means that, subject to income levels (see above) the local authority will help to fund the care fees.

### **THE 12 WEEK PROPERTY DISREGARD**

The local authority must disregard the value of a care home resident's former home for the first 12 weeks of a permanent stay in a care home if the value of any of their other capital assets is below the capital limit of £23,250. Any fees accumulated during this 12 week disregard period do *not* have to be repaid later, even if the value of the resident's former home then causes them to be regarded as a "self-funder".

### **DISREGARDED CAPITAL**

Some capital is ignored for the purposes of the financial means test. Capital that is disregarded indefinitely includes: the value of their home in certain circumstances - for example, if it will continue to be occupied by a partner; the value of personal possessions; and the surrender value of life insurance policies or annuities.

**Note:** The above is not a comprehensive list and there are some other disregards listed in the Government's guidance.

### **DELIBERATE DEPRIVATION OF ASSETS**

If it is clear that someone has given away their assets or otherwise disposed of them specifically to make themselves more likely to get local authority assistance with care home fees, the local authority may decide that this is "deliberate deprivation of assets" and could decide to make their financial assessment as though the person still had those assets.

### **PERSONAL EXPENSE ALLOWANCE (FOR THOSE IN A RESIDENTIAL CARE OR NURSING HOME)**

The local authority must leave someone in a care home with a specific amount of their own income so that they have money to spend on personal items such as clothes, stationary, toiletries and other items that are not part of their care and support. Since April 2018 the Personal Expense Allowance has been £27.00 per week.

### **MINIMUM INCOME GUARANTEE (FOR THOSE RECEIVING CARE BUT NOT IN A RESIDENTIAL CARE OR NURSING HOME)**

The local authority must leave the person receiving care with a specific amount of their own income so that they have money to spend on personal items such as clothes, stationary, toiletries and other items, such as household bills, that are not part of their care and support package. The current Minimum Income Guarantee is £189.00 p/week for a single person, or £144.30 if you are part of a couple.

## **NHS FUNDED NURSING CONTRIBUTION**

If someone moves into a nursing home (as opposed to a residential care home), the NHS is responsible for meeting the cost of any on-site care which requires the services of a registered nurse. This is made via a weekly payment to be set at £158.16 with effect from 1 April 2018.

## **NHS CONTINUING HEALTHCARE**

In certain circumstances, the NHS is responsible for meeting the full cost of someone's care in a variety of settings outside of hospital, such as in their own home or in a registered care home. This is called NHS continuing healthcare (CHC) or 'fully funded care'. To be eligible for this an individual must have complex, intense or unpredictable health needs in a number of areas (known as 'domains' in the assessment process for CHC) which may – in combination or alone – demonstrate what is termed a 'primary health need' because of the quality and/or quantity of care required to meet the individual's needs.

## **PERSONAL BUDGET**

A personal budget is the amount of money the local authority must provide to meet the individual's assessed eligible needs once the financial assessment has been made. As part of the care planning process, the individual should be provided with an estimated personal budget figure, so that they know how much, if anything, they are entitled to.

## **DIRECT PAYMENTS**

If it is agreed that someone is entitled to a personal budget (see above), they can apply for direct payments, so that they can select and buy the services they need directly rather than the local authority making all the decisions and procuring the appropriate services on their behalf. Prior to 6 April 2016, direct payments could not be used to arrange long-term residential care. However, they *can* now be used for this type of care as well.

## **INFORMATION & ADVOCACY SERVICES (E.G. MY CARE CONSULTANT)**

The Government's guidance from the 2014 Care Act advises that a key role of each local authority's information, advice and assistance service "will be to provide individuals with information about the range of advocacy services in their area and to assist them to access it where required as part of achieving their wellbeing outcomes".

## **REGULATION IN ENGLAND**

The Care Quality Commission (CQC) is the regulatory body that monitors, inspects and regulates health and social care services in England. The CQC will use standardised criteria when assessing a service provider's fitness to continue providing the service. Some of the key questions the CQC ask can be found on the CQC website at: <http://www.cqc.org.uk/what-we-do/how-we-do-our-job/five-key-questions-we-ask>

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