

# Adult Social Care in London



# ➤ Impact of the Dilnot Commission's proposals on future funding of adult social care in London: London Councils' research

In July 2011, the Dilnot Commission put forward several recommendations for reforming the funding of adult social care. In anticipation of the social care white paper, expected later this summer, London Councils has carried out initial research to assess the potential impact of the Commission's proposals on the future funding needs for adult social care in London.

## Key findings

London Councils explored the overall impact of some of the Dilnot Commission's proposals being implemented, namely the introduction of the £100,000 means testing threshold, £35,000 life time contribution cap and all children with care and support needs who reach adulthood being entitled to free care for life.

### *If all these proposals were introduced:*

1. Spending on adult social care would have to be increased for London by a minimum of 11.4 per cent, which would take overall annual spend in the first year of implementation from £2.8 billion to £3.16 billion.

2. By the fifth year of implementation, London would require a minimum of £3.44 billion annual funding allocation for adult social care – an increase of 21.3 per cent above current funding levels and on average, a £19 million increase per borough in London.

### *If only the means testing threshold were increased:*

3. London Councils' research found that if the thresholds were set at £100,000, a minimum of an additional £286 million in the first year alone would have to be spent by local authorities in London and by the fifth year an additional £413 million more would have to be spent compared to what local authorities are currently spending.

### *If only the life time cap contribution were introduced:*

4. The cost of introducing a life time cap at £35,000 could potentially be £600 million by the fifth year of implementation, while in the first year it would be £112 million.
5. If the life time contribution cap were set at £50,000, as recommended by the Local Government Association, it would cost £537 million to local authorities in London in the fifth year that this policy was in place.
6. If a higher life time contribution cap were set, such as at £60,000 as proposed by the Department of Health, then an additional half a billion (£498 million) would be required by local authorities in the fifth year of implementation and £37 million in the first year.

### *If only the proposal on the provision of free care to children reaching adulthood with a care need were introduced:*

7. London Councils research found that the cost of providing free adult social care to children who become adults with an existing care need will have little impact on overall cost pressures on adult social care as the majority of children who become adults with an existing care need are already receiving free care and support as they often do not have independent means of supporting themselves.

Although there may be some opportunities for income recovery in a limited number of cases, on the whole this proposal will have minimal impact on the overall requirements for the future funding of adult social care.

## Key recommendations

1. Local authorities in England are diverse in their levels of need and the cost pressures they face – London in particular has unique funding pressures. Any funding reform should continue to allow for a degree of local discretion in how identified care needs are met and should allow for regional differentiation that enables sufficient and equitable resources for the commissioning/provision of adult social care into the future.
2. London Councils supports the introduction of a cap. If the life time contribution cap is to incentivise people to save towards their care, the cap should be set at a level people can afford to save.
3. London Councils supports the introduction of a higher means testing threshold to put an end to the problem of pensioners having to raid their savings.
4. It is difficult to assess accurately the exact impact on funding requirements that the introduction of the Dilnot Commission's proposals would have. Therefore in whatever way it decides to address this complex issue the government should build in flexibility into funding allocations to ensure local authorities are not left with a huge funding gap.
5. The current system is under a lot of pressure. The government however, should ensure that any new system provides adequate levels of funding that will not only address the long term changes in our demographics but also offer long term stability to service users.

## Background

London Councils supports the call to reform the funding of adult social care.

Funding for adult social care is under a lot of pressure with an increasing number of calls for reforming the funding regime. The Local Government Association estimates that there has been a £1 billion reduction in social care budgets putting extra pressure on care that is already under funded.

In London, local authorities bear the brunt of this pressure with their spending on adult social care taking up over a third of their total net budgets. Pressure on the adult social sector is expected to further increase as more of the population is expected to live longer. This will make it even more challenging for local authorities to deliver care at levels that they would like to.

In 2010 The Dilnot Commission was tasked with putting forward proposals for reforming the future funding of adult social care. The Commission published its recommendations in July 2011.

It is important to note that, although the Dilnot Commission made an attempt to estimate the likely impact of their proposals on the levels of future spending required on adult social care using various academic models, in reality it is very difficult to arrive at an accurate estimate for several aspects of the proposals. For example the number of young adults funding their own social care. This means that the actual cost of reform may be higher than that outlined in this research or the Dilnot Commission's work.

London Councils has carried out research to explore the funding implications for London that the proposals made by the Dilnot Commission would have on future funding for adult social care.

The figures reflected in London Councils' findings are indicative gross figures illustrating the impact of the Commission's proposals on London and do not have the impact of inflation included.



## What is social care?

Social care refers to the wide range of services and activities that can be provided by either the public, the private or the voluntary sector that enable vulnerable adults who have special needs with their day to day living. The Social Care Institute<sup>1</sup> define social care as: 'all interventions provided or funded by statutory and/or independent agencies which support older people, younger adults and children in their daily lives, and provide services which they are unable to provide for themselves, or which it is not possible for family members to provide without additional support.'

Every year, nearly two million<sup>2</sup> adults in England use social care services commissioned or provided by their local council. Local authorities are key agents in the delivery of adult social care services. Local authorities have legal responsibilities to provide support and care to vulnerable adults. Local authorities have duties and powers to:

- i. Provide information to people regarding available care provision even to those who are not able/eligible to access council arranged services.
- ii. Assess presenting needs for social care services, and a duty to notify NHS and housing authorities if necessary.
- iii. Discretion to assess eligible needs for a person to qualify for care support from the local authority using the Fair Access to Care Services (FACS).
- iv. Provide or commission residential and non residential services.

In addition to funding from government for adult social care, local authorities also currently collect contributions to social care costs from service users. This is a vital source of income for local authorities; particularly to support social care costs.

## Dilnot Commission's proposals for reform

The Dilnot Commission was launched by government in July 2010. The Commission was tasked with reviewing the social care funding system and the future demands likely to face the sector. The Commission was specifically asked to make recommendations on how to achieve an affordable and sustainable funding system for care and support, for all adults in England, both in their own homes and other care settings and for care that offers<sup>3</sup>.

- Choice - offering an affordable choice to individuals, carers and families across a range of care settings, and helping people to plan and prepare for the future;
- Fairness: for individuals, families, carers and wider society;
- Value for money: securing the highest quality care outcomes with the available resources; and
- Sustainability: ensuring that the costs to the state are sustainable in the context of an ageing population.

Social care spending has not kept pace with the growing demand for social care particularly amongst the elderly. Over the last 15 years real spending on adult social care has increased by 70 per cent, the Dilnot Commission's analysis suggests that over the last four years demand has still outstripped social care expenditure by around 9 per cent<sup>4</sup>. With the rise in numbers of people living to an older age this trend is likely to increase.

In contrast however, real spending in the NHS has risen by almost 110 per cent over the same period. There is general recognition that, as a result of the under funding to local authorities and the sector in general, people have not necessarily always received the right levels and quality of care that they should have.

The Dilnot Commission published its findings in July 2011 and found that if its recommendations were implemented, it would cost the government £1.7 billion in the first year of implementation.

## London Councils' research

London Councils carried out research focusing on the possible impact on London's social care spending if some of the Commission's recommendations were to be implemented. The Commission made several key recommendations regarding the future funding of care and support. Our research focused on the three proposals likely to have the biggest impact on the spending of local authorities in London:

- Increasing the means testing threshold.
- Introduction of a life time contribution cap.
- Provision of free care and support to children becoming adults with a social care need.



*Focus of London Councils' research*



### **Proposal: Increasing the means-test threshold for state support for residential care from £23,250 to £100,000**

Under the current system, people in need of care but with assets above £23,250 have to pay for their support. Before local authorities can offer support to individuals they are means tested to ascertain whether they have adequate resources to pay for their care. The Dilnot Commission concluded that the threshold at which people qualify for state support is currently set too low. The commission proposed that this be increased from £23,250 to £100,000.

#### **London Councils' Research Question 1**

What will be the additional funding required by London local authorities if state support has to be provided to all those currently with assets below £100,000?

London Councils' research explored the potential impact on local authority spending if the means testing threshold was increased to £50,000, then to £75,000 and lastly to £100,000 (the levels proposed by the Dilnot Commission).

All the above three thresholds were tested on the basis of there being a lower threshold of £13,000 at which point service users would receive completely free care, with on average, 50 per cent free care at point of use for those with resources between £13,000 and £100,000.

London Councils' research found that if the means testing threshold was increased to any higher level than currently, then the biggest year on year increase in local authority spending could be in the first year. In the second year onwards there would be a steady increase, but at potentially much lower levels than in the first year of implementation.

This is because with all the three different levels explored show the first year of implementation having the largest numbers of currently ineligible people becoming eligible for support. Following the first year this number stabilises as then it would just be the new service users that would impact resources.

At an increase to £50,000 the total expenditure on adult social care (based on changing the means testing threshold **alone**) could result in an increase from £2.8 billion spend in 2010/2011 to just under £3 billion in the first year of introducing the changes and a total expenditure of £3.1 billion by the fifth year (see figure 1).

Setting the threshold at £100,000 could see an increase in overall expenditure from £2.8 billion in 2010/11 to £3.12 billion in the first year, which will increase to £3.25 billion by the fifth year of introducing changes (see figure 1).

In general, the higher the means testing threshold, the higher the number of service users eligible for assistance, and therefore the more the resources required from government for the provision of adult social care services.

Figure 1: Total projected spend on adult social care in London if means testing thresholds were changed

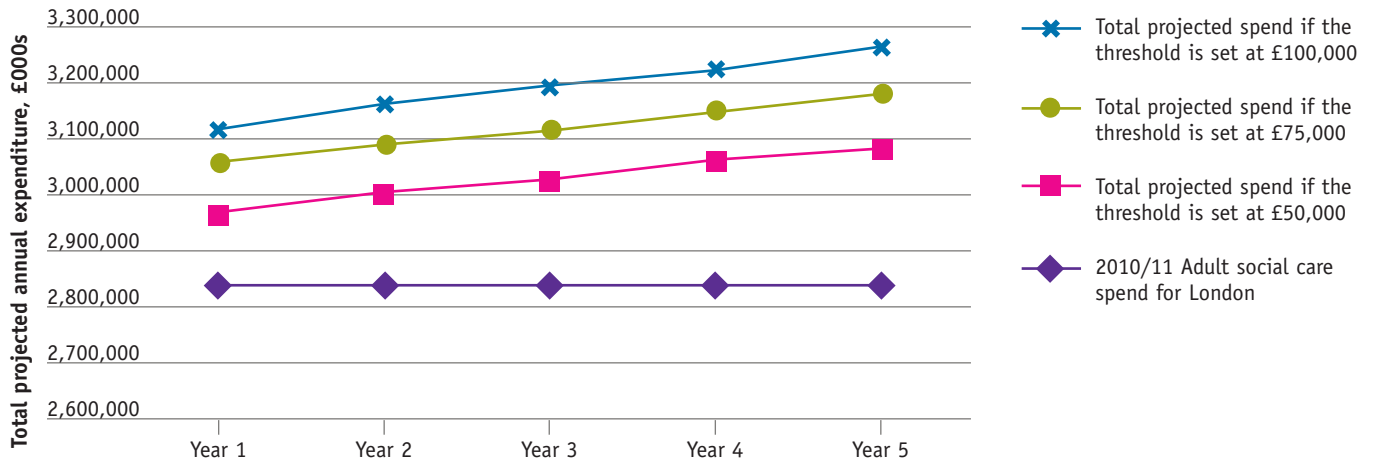
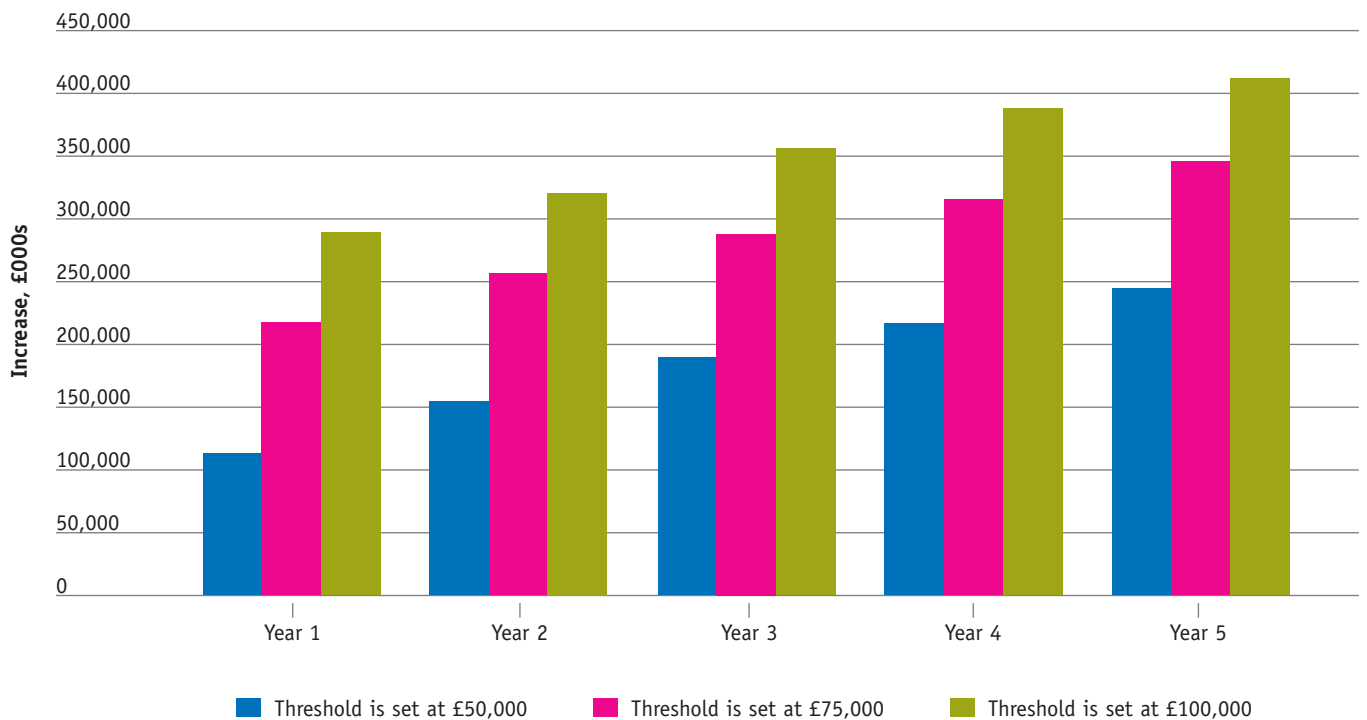


Figure 2 below illustrates the minimum annual increase in adult social care spending for London at the three different levels of means testing. Setting the threshold at £100,000 could see a threefold increase in the number of people qualifying for local authority assistance than when the level is set at a lower rate of £50,000.

With the threshold set at £100,000, year 1 could potentially see the largest increase of nearly £300 million but after the first year, the year on year increase might be relatively stable (see figure 2 below), increasing by just over £100 million in 4 years.

Figure 2: Annual increase in adult social care spend in London if means testing thresholds are introduced



## Key Finding

The government needs to consider the long term financial implications of changing the means testing threshold. While the Dilnot Commission has recommended setting the means testing threshold at £100,000 London Councils' research has explored the financial implications of setting the threshold at £50,000 and £75,000 too.

London Councils' research found that, if the thresholds are set at £100,000, a minimum of an additional £286 million in the first year alone could have to be spent by local authorities in London and by the fifth year an additional £413 million more might have to be spent compared to what local authorities are currently spending.

## Proposal: Capping life time contributions to a maximum of £35,000 to all those over the age of 65

Currently, all those not eligible for any state support for residential care (i.e those with resources greater than £23,250) are required to pay for their own social care needs until their resources are depleted at which point they would then be supported by the state.

The Dilnot Commission concluded that not only is it unfair for people to continue to pay for their care without a limit being put in place, but that this effectively discourages people from saving for their care because they do not have a target to save towards. The commission recommended that there should be a limit set for how much people should be required to pay, after which the state will pay for the care.

Since the Dilnot Commission published its recommendations for a life time cap, some local authorities through the Local Government Association have responded to the commission and have argued that a life time contribution cap of £35,000 is not enough and have instead suggested a life time cap of £50,000. A Department of Health working group has suggested an even higher life time contribution cap of £60,000.

## London Councils Research Question 2

What could be the additional funding requirements for London local authorities if life time contributions are to be capped at £35,000; £50,000 and £60,000 respectively?

London Councils' research analysed the potential impact of the three life time caps proposed by the Dilnot Commission (£35,000), the LGA (£50,000), and the Department of Health working group (£60,000).

The implication of introducing a life time contribution cap is that, once the cap is reached, the service user will then qualify for 100 per cent support from local authorities.

For example, if a person has £100,000 in resources and a life time cap is set at £35,000 once they have reached that limit they become eligible for support and will no longer be required to contribute to their care costs.

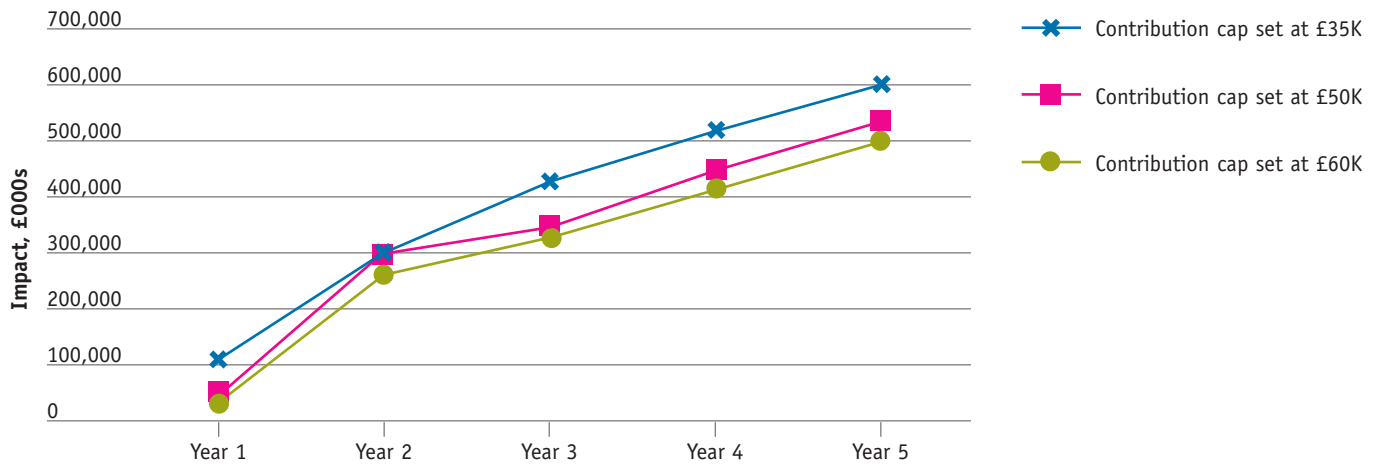
As care requirements for service users continue year on year, the impact on adult social care spend could increase as more and more people begin to reach their life time contribution caps and therefore at that point become eligible for support. With people living longer, the number of people being supported continues to increase.

Increasing the life time contribution cap has the effect of reducing the amount local authorities need to spend on adult social care. However, setting a cap that is too high may make it too difficult for some service users to save. People's ability to save should be the driver in deciding on the cap to be used. If the cap is set too high it will continue to discourage people from saving and will therefore not achieve the commission's aim to have the cap serve as a way of encouraging people to have a realistic target that they could save towards.

In deciding the life time contribution cap, regional differences in costs should also be taken into account. Setting a uniform life-time cap contribution, although easier to manage and understand for service users, in practice might have different benefits. For example, £35,000 spent on social care in London buys less than in other regions.



Figure 3: Annual increase on London Local authority spend with a lifetime cap introduced



### Key Finding

Introducing a life time contribution cap could increase local authority spending in London by £112 million in the first year of implementation. The cost of introducing a life time cap at £35,000 could potentially be over half a billion pounds (£600 million) by the fifth year of implementation.

If a higher life time contribution cap is set, such as at £60,000 as proposed by the Department of Health then an additional half a billion (£498 million) might be required by local authorities in the fifth year of implementation. If set at £50,000 spend could increase to £537 million by the fifth year.

Setting the cap at £50,000, as recommended by the LGA, has the advantage of reducing the overall costs of local authority spend on adult social care (in comparison to the £35,000 cap) and at the same time is a feasible amount of money for individuals to save towards.

### Proposal: All those who enter adulthood with a care and support need should be eligible for free state support

Under the current system a young person that turns 18 with existing care needs is means tested and will be expected to contribute to the costs of their care if they have the resources to do so.

However, the Dilnot Commission recommended that young people turning 18 years-old with existing care needs should be deemed to have already met their life time cap contribution and should therefore receive care without charge for the rest of their lives and should only contribute to their general livings costs.

London Councils found that this proposal made by the Dilnot Commission is unlikely to have a big impact on the overall cost pressures on local authorities. London Councils found that under the current social care funding system the majority of those children who become adults with care needs already receive free care and support from the local authority.

This is because, once these children are adults, they are means tested based on their own income and wealth as opposed to that of their parents or guardians.

In the majority of cases these children do not have personal resources or have minimal income and therefore are eligible for continued free support for their care needs.

### Key Findings

London Councils research found that the cost of providing free adult social care to children who become adults with an existing care need will have little impact on overall cost pressures on adult social care as the majority of children who become adults with an existing care need are already receiving free care and support as they often do not have independent means of supporting themselves.

Although there may be some opportunities for income recovery in a limited number of cases, on the whole this proposal will have minimal impact on the overall requirements for the future funding of adult social care.

### Overall Impact of the Dilnot Commissions' Proposals on adult social care spend in London

London Councils' research has found that if all the Dilnot proposals looked at in this research were to be implemented (i.e £35,000 life time cap, £100,000 means testing threshold and free care to children becoming adults with social care need ) London's councils might have to spend an additional 11.4 per cent on adult social care in the first year.

Implementation of these proposals could result in London's overall spend at a minimum increasing from £2.8 billion in 2010/11 to £3.16 billion in the first year the proposals were introduced. By the fifth year of implementation the overall annual spend for London local authorities would potentially increase by nearly 21.3 per cent above the current spend of £2.8 billion annually (see figure 5) to £3.44 billion annually.



## How London Compares

London Councils' research found that London's overall annual spend on adult social care services in 2010/11 was nearly 17 per cent above other regions and in the case of the North East region (which had the lowest spend), London's overall spend was at least 60 per cent greater. These differences remain consistent even when the impact of the Dilnot Commissions' proposals are considered. These differences can be attributed to London unique characteristics which include:

London as a region has unique cost pressures that need to be taken in to account in any future proposals for adult social care. LG Futures<sup>5</sup> carried out research on behalf of London Councils and found that the unique pressure in London include:

- A unique demographic mix with a higher proportion of older people aged over 90 and a higher proportion of older people living alone;
- Higher housing costs resulting in fewer home owners in London and more people living in rented accommodation with fewer resources towards care;

- Higher costs of residential care due to local differences such as wages; and
- London spends 46 per cent per head above the England average on older people's social care and 20.3 per cent per head above the average in England on younger adults' social care as a result of higher costs in the capital and higher levels of need.

The research also highlighted worrying future cost pressures envisaged for young people with learning disabilities and more complex disabilities. This group will move from children's services to adult services, in many cases requiring expensive care packages that need to be carried through well into adulthood and old age.

Figure 5 below illustrates minimum required spending by the different regions in England. Over the next five years London will potentially continue to require a bigger allocation of funding than the other regions increasing from £2.8 billion to £3.45 billion in year 5.

Figure 4: Overall projected adult social care spending if the Dilnot proposals are introduced



Given these particular pressures in London, future funding reform for the sector should achieve adequate levels of funding for social care that ensure future allocations of resources are fair and accurately reflect different levels of need across the country.

## Key Findings

Spending on adult social care would potentially have to be increased in London by a minimum of 11.4 per cent which would bring overall annual spend in the first year of implementation to £3.1 billion from the current £2.8 billion spend.

By the fifth year of implementation of the Dilnot proposals, London could require a minimum of an additional £605 million in annual funding allocation for adult social care above its spend in 2010/11.



## Conclusions

London Councils supports calls for reforming the way in which adult social care is funded and welcomes some of the proposals for reform made by the Dilnot Commission. London Councils is particularly concerned that any funding reform to the sector recognises that local authorities in England are diverse in their levels of need and have different cost pressures.

Any funding reform should continue to allow for a degree of local discretion in how identified care needs are met and should enable sufficient and equitable resources for adult social care to be secured into the future.

London Councils' research has tried to provide approximate figures using the available data to illustrate approximately how much more funding allocation London local authorities will require for adult social care over the next five years.

It is difficult to ascertain the exact impact of the Dilnot Commission's proposals if similar proposals are implemented; government will need to ensure that adequate measures and sufficient funding is put in place that will support local authorities to deliver adult social care both in the interim and on a long term basis.

For further information regarding this research and London Councils work on adult social care please contact - [anastasia.mulenga@Londoncouncils.gov.uk](mailto:anastasia.mulenga@Londoncouncils.gov.uk). For modelling related queries please contact [aivaras.statkevicius@londoncouncils.gov.uk](mailto:aivaras.statkevicius@londoncouncils.gov.uk).

*Authored by Anastasia Mulenga and  
Aivaras Statkevicius*



# Appendix A:

## London's unique cost pressures – LG Futures research

### London's Unique Demographic Mix

A number of factors set London apart from other parts of England, contributing to different levels of social care need:

- A higher proportion of over 65 year-olds in London are aged 90 and over. These clients add significant cost pressure to authorities as this age group often have high dependency needs.
- A higher proportion of people aged over 65 in London live alone. This has an impact on the availability of carer and family support and as a result creates an increased likelihood of the local authority being called on.
- The higher cost of housing in London has resulted in fewer people owning their own homes than in other parts of the UK. Higher numbers living in rented accommodation means that fewer people are able to contribute to their own social care costs, particularly when taking into account the relative high cost of residential care in London.

### High and Rising Social Care Costs in London:

- When comparing London to the rest of the country, our research found that London spends 46 per cent per head above the England average on older people's social care and 20.3 per cent per head above the average in England on younger adults' social care as a result of higher costs in the capital and higher levels of need.
- Our research also highlights worrying future cost pressures envisaged for young people with learning disabilities and more complex disabilities. This group will move from children's services to adult services in many cases requiring expensive care packages that need to be carried through well into adulthood and old age.

### Inaccurate Distribution of Resources Between Local Authorities:

- Despite these very real cost pressures, changes to the basis for allocating funding for social care in 2006/07 and again in 2008/09 led to a reduction in the government's assessment of relative need to spend on social care in London which severely penalised London boroughs.
- In 2008/09, spending on adult social care in 31 out of 33 London boroughs was greater than what would be expected if spending patterns between boroughs reflected their Relative Needs share. In other words, the government's assessment of London's need to spend does not fully reflect the actual need that is seen on the ground.
- Consequently, local authorities in London have tightened eligibility criteria in order to balance reduced funding with the increased demand for services. The proportion of local authorities in London supporting only substantial and/or critical needs increased from half of boroughs in 2005/06 to 8 out of 10 boroughs in 2009/10 (national average was 73.1 per cent in 2009/10).

Given these particular pressures in London, we recommend that any new funding arrangements must:

- achieve adequate levels of funding for social care
- ensure future allocations of resources are fair and accurately reflect different levels of need across the country.

We also consider that there are a number of opportunities relating to the future funding of care and support which may help to deal with some of the growing demand pressures. These are set out briefly below.

## Personalisation

- London Councils recognises that the introduction of personal budgets has transformed care and support services by putting individuals in need of care at the heart of the process.
- A recent call to London boroughs for examples of good practice in personalisation led to the identification of a number of case studies suggesting that personalisation had played an integral role in helping to improve people's lives<sup>9</sup>.
- We consider that there are further opportunities through the extension of personal budgets and the introduction of personal health budgets, to enable people to exercise even greater choice and control over the care they receive.

We therefore consider that any new funding arrangements must enable the continuation and extension of personalisation and choice for individuals in all aspects of care and support planning and delivery.

## Health and Social Care Integration

- In London, local authorities and PCTs have developed close working relationships and extensive shared services arrangements. Boroughs are looking to develop and strengthen such arrangements with emerging GP consortia.
- Greater integrated working arrangements between health and social care particularly in relation to care for older people and people with long term conditions have the potential to produce further savings for both health and social care budgets, and indeed will be essential to manage the current financial situation.
- Current divisions between health and social care funding have not always been helpful in enabling people to get the best and most appropriate care in the most cost efficient way.
- Any new social care system must also take account of the proposed future role of local authority Health and Wellbeing Boards and the requirement to undertake Joint Strategic Needs Assessments.

We therefore consider that any new funding arrangements must enable and encourage closer integration between health and social care, recognising the potential of each to support and reduce pressures on the other.

## Prevention

- It is important to consider not just the resource required to support people who need social care but also how to prevent people from needing social care in the first place or at least to put off the time until they need to call on this.
- It will also be important to consider how early intervention and effective rehabilitation programmes can reduce reliance on more intensive and expensive forms of care

We therefore consider that any new funding arrangements should incentivise a focus on preventing people from needing to enter the care system for as long as possible and on providing effective preventative and rehabilitative care and support to reduce the likelihood of people needing more intensive forms of support.

41 per cent of people entering residential care are self funders however, often as a result of poor financial planning, 25 per cent of those self funders are unable to use capital assets and or deplete their personal resources in paying for their own care; councils are then asked to step in and maintain services.

## Appendix B - data tables

*Table 1: Overall Impact of Proposals of the Dilnot Commission (£000)*

<b>Region 2010/11</b>	<b>Baseline projection £000s</b>	<b>Year 1 projection £000s</b>	<b>Year 2 projection £000s</b>	<b>Year 3 projection £000s</b>	<b>Year 4 projection £000s</b>	<b>Year 5 projection £000s</b>
London	2,837,415	3,155,736	3,260,467	3,315,902	3,368,881	3,436,604
South East	2,355,722	2,625,430	2,716,325	2,774,973	2,815,983	2,854,956
South West	1,838,589	2,048,096	2,122,681	2,166,012	2,197,296	2,242,760
Yorkshire and the Humber	1,825,093	2,015,355	2,083,898	2,115,174	2,146,209	2,173,215
North East	1,095,764	1,179,574	1,202,568	1,220,711	1,235,654	1,249,087
North West	2,573,081	2,786,426	2,846,244	2,886,244	2,915,051	2,942,988
East Midlands	1,489,762	1,642,557	1,702,052	1,728,221	1,755,310	1,779,863
West Midlands	1,902,483	2,131,991	2,213,583	2,246,280	2,271,463	2,317,383
East of England	1,974,791	2,210,444	2,294,762	2,340,124	2,378,925	2,440,358
<b>Total (England)</b>	<b>17,892,701</b>	<b>19,795,610</b>	<b>20,442,580</b>	<b>20,793,640</b>	<b>21,084,772</b>	<b>21,437,213</b>

*Table 2: The Impact of changes to means testing thresholds, total cost - £000s, London*

	<b>Total projected spend if the threshold is set at £50,000</b>	<b>Total projected spend if the threshold is set at £75,000</b>	<b>Total projected spend if the threshold is set at £100,000</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Year 1	2,959,291	3,057,168	3,123,075
Year 2	2,994,026	3,092,643	3,159,069
Year 3	3,024,695	3,124,108	3,191,081
Year 4	3,052,884	3,153,134	3,220,677
Year 5	3,081,340	3,182,435	3,250,552

*Table 3: The Impact of changes to means testing thresholds, annual - £000s, London*

	<b>Threshold is set at £50,000</b>	<b>Threshold is set at £75,000</b>	<b>Threshold is set at £100,000</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Year 1	121,876	219,752	285,659
Year 2	156,611	255,227	321,654
Year 3	187,279	286,692	353,666
Year 4	215,468	315,719	383,262
Year 5	243,924	345,020	413,137

*Table 4: The Impact of introduction of a lifetime contribution cap, - £000s, London*

	<b>Contribution Cap set at £35k</b>	<b>Contribution Cap set at £50k</b>	<b>Contribution Cap set at £60k</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Year 1	112,603	45,487	37,037
Year 2	306,244	304,970	268,414
Year 3	433,760	349,981	336,707
Year 4	524,843	454,249	414,347
Year 5	599,189	536,946	498,065



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**London Councils**

59½ Southwark Street

London SE1 0AL

[www.londoncouncils.gov.uk](http://www.londoncouncils.gov.uk)

020 7934 9813

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