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TRENDS IN THE LONDON CARE MARKET 1994–2024

William Laing

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Summary

Introduction

In 2004, the King's Fund established a Committee of Inquiry to consider care services for older people in London and specifically to find out:

- whether the care system operating in 2004 was meeting the needs and preferences of older Londoners who require care and support because of long-term ill health or disability
- whether there will be sufficient care services of the right design and quality to meet the needs of older people in London in 20 years.

The committee commissioned research from Laing & Buisson into the operation of the care market over a 30-year period, to examine care market trends between 1994 and 2024, identifying and explaining changes taking place in the demand for and supply of care services in the capital.

Introductory notes

This report highlights significant differences between London and the rest of England. These differences are largely due to inner London's markedly different population profile. In most respects, outer London is similar to England as a whole.

For the purposes of this summary (and for the King's Fund Inquiry as a whole), inner London means the following boroughs: Camden, City of London, Hackney, Hammersmith & Fulham, Haringey, Islington, Kensington and Chelsea, Lambeth, Lewisham, Newham, Southwark, Tower Hamlets, Wandsworth and Westminster. All the remaining 19 London boroughs are in outer London.

Population statistics and projections in this summary (and in the main report) are usually based on data from the 2001 census. This provides consistency and enables useful comparisons to be made. We are aware of the controversies about the accuracy of the census and the argument that population figures have been underestimated in some parts of London. We are also aware that population figures have been updated and are under review in some boroughs.

Statistics relating to care service activity and expenditure in this summary refer to a 'weighted population'. This means actual numbers adjusted to take account of different levels of need among different populations. The principal adjustments relate to age and deprivation. The main report of which this document is a summary reproduces data relating to both the weighted and the unweighted population.

Almost all the data in this summary and the main report refer to older people who are funded by local authorities to receive services – not to self-payers – that is, older people who use their own assets to buy care services.

London's people

A young population

London is a magnet for young adults, attracted by its unique role as the nation's capital – the principal centre of government, business, financial services, the media and the arts. As they grow older and start families, people tend to move out, from inner London to outer London and from London as a whole to other parts of England. This trend starts at about 30; London experiences a net loss of people aged 30 and over right through to retirement, although there is no sudden rise at retirement age.

This means that London – and especially inner London – has proportionately fewer older people than England as a whole. People aged 65 and over represent 15.9 per cent of England's population, but 12.1 per cent of London's (13.8 per cent in outer London and 10.3 in inner London).

The very old – those aged 85 and over, who are by far the biggest users of care services – make up 1.7 per cent of London's population (1.2 per cent in inner London, 2.0 per cent in outer London), compared with 1.9 per cent in England as a whole.

LOOKING AHEAD

Migration patterns – both into and out of London – seem unlikely to change significantly over the next 20 years.

The proportion of older people in London is forecast to increase a little, though by much less than in England as a whole. The latest projections from the Office of National Statistics suggest that in 2023 old people (that is, those aged 65 and over) will form 20.2 per cent of England's population, but only 12.9 per cent of London's (9.6 in inner London and 15.1 per cent in outer London).

In 2023 very old people (those aged 85+) will form 3.7 per cent of England's population, but only 2.1 per cent of London's population (1.4 per cent in inner London, 2.6 per cent in outer London).

Measuring the need for care services

London's relatively low numbers of older people might indicate low demand for care services. However, raw population figures are unreliable indicators of need for, and use of, care services. The high levels of deprivation in many parts of London (especially inner London) have to be taken into account. The Department of Health's weighting for inner London need, used for distributing central government funding, is 33 per cent, with significantly higher weightings for some boroughs – for example, Hackney (64 per cent) and Tower Hamlets (63 per cent). By contrast, the weighting for outer London is virtually the same as for England as a whole.

LOOKING AHEAD

On the basis of these weighted figures, demand for care services in London is projected to increase by 31 per cent between 2004 and 2024: 23 per cent in inner London, 35 per cent in outer London. The projected increase for England is 46 per cent.

Distinctive London factors: minority ethnic groups

Older people from black and minority ethnic groups form a much higher proportion of the population in London than in the rest of England: 9.8 per cent in outer London, 12 per cent in inner London, 2.9 in England. (These statistics are based on the 2001 census, which may significantly understate the number of people from black and minority ethnic groups, particularly in inner London.)

Official statistics suggest that older black and mixed-race black Londoners are more likely to go into a care home than the population as a whole; older Indian, Pakistani and Bangladeshi Londoners are less likely to.

In inner London the proportion of older people from black and minority ethnic groups who receive community-based services is roughly the same as the proportion of the older population as a whole. In outer London fewer do so. The limited statistics available reveal nothing about the intensity of services provided (for example, the average number of hours of home care) for different ethnic groups.

LOOKING AHEAD

Black and minority ethnic people form a large proportion of the middle-aged population (that is, 50- to 64-year-olds): 24.8 per cent in inner London; 18.3 per cent in outer London and 5.9 per cent in England. This suggests that London's older non-white population will increase substantially over the next 20 years.

Distinctive London factors: living alone

People who live alone are more likely to use care services – and London (especially inner London) has a far greater proportion of people living alone than elsewhere. Half of all older inner Londoners live alone, 39 per cent of older outer Londoners, and 38 per cent of older people across England.

LOOKING AHEAD

The very limited statistics on this subject project that the number of single-person households in London will increase by 32 per cent between 2001 and 2021. A large number of these will be single older people.

Distinctive London factors: health

Older inner Londoners are slightly less healthy – and therefore slightly more likely to need care services – than older people in England as a whole: 24 per cent of people in inner London are not in good health and have a limiting long-term illness, 20 per cent in outer London and 21 per cent in England.

LOOKING AHEAD

There are no official forecasts of the future health of older people. Some optimistic observers think that improvements in medical technology will compress ill health into the end of life, so reducing the need for long-term care services. The pessimists argue that technological advances merely extend life expectancy without reducing dependency – and that more care services will therefore be needed.

Distinctive London factors: housing

Owner occupiers can normally afford to pay care home fees. This means that the rate of home ownership among older people has a big impact on spending on social services. The proportion of older outer Londoners who own their own home (65 per cent) is slightly higher than the proportion for England as a whole (62 per cent). In inner London, however, only 32 per cent of older people are homeowners.

LOOKING AHEAD

Again, there are no official projections of owner occupation. However, as a larger proportion of younger people are owner occupiers, it is reasonable to anticipate that home ownership will increase among older people. One authority has suggested that home ownership across the country will stabilise at 75 per cent of all people aged over 45 by 2030.

It is best to assume that owner occupation in inner London will remain at about half the national average.

Distinctive London factors: informal care

Informal (or unpaid) care – from family, friends, neighbours – is the bedrock of community care. Without it, services funded from taxation would have to expand massively.

Far more older people receive informal care than receive formal care services. There are no data showing exactly how many, but we do know that 607,000 people across London give informal care – and most of the recipients are older people. Almost 20 per cent of these carers provide more than 50 hours' care every week. In inner London there are 545 informal carers for every 1,000 older people (weighted population), in outer London 680; across England as a whole the total is 626.

LOOKING AHEAD

There are no official projections of informal care. Although some commentators argue that demand for paid care may increase as younger generations of women abandon traditional caring roles, there is no evidence to support this view.

The massive impact that any major reduction in informal care would have casts a 'funnel of doubt' on all predictions of the shape and cost of care services.

Resources and services

Slightly more older people in London receive formal community-based services funded by their local authority than in England as a whole, and rather fewer live in care homes. The figures are:

- **community-based services (home care, day care, meals on wheels, home adaptations etc)** 92 older people per 1,000 older people (weighted population) in inner London; 91 in outer London; and 85 in England
- **care home places** 24 per 1,000 in inner London; 22 in outer London; 27 in England.

(All these statistics refer to services paid for by the local authority and therefore provided to people with relatively low incomes and savings.)

One quarter of all the home care provided by the independent sector is purchased by self-payers (that is, by people whose income and/or savings disqualify them for financial support from their local authority).

Home care services

EXTENT

In terms of resources used, home care is the most important of the community-based services. Inner London boroughs commission home care for a lot more older people than local authorities elsewhere – they have 44 per cent more clients than the average for England, and commission 46 per cent more hours.

That said, many London boroughs ration access to care very strictly. There are four national risk bands, ranging from critical to low: 18 of the 33 London boroughs (six in inner London, 12 in outer London) provide services solely for people in the top two bands; nine do so for people in the top three bands; and none for people in all four bands. (No information is available for six boroughs.)

Small-scale independent businesses provide many of London's home care services. They represent 63 per cent of providers and employ 53 per cent of home care staff.

TRENDS SINCE 1994

Since 1992 local authorities nationally have increasingly concentrated on providing intensive home care services – that is, more contact hours for fewer clients. Between 1998 and 2003 the number of households receiving services in London fell by 26 per cent, while the number of contact hours remained virtually the same. In England, the number of households fell by 14 per cent, while the number of contact hours increased by 19 per cent.

During the same period the proportion of care outsourced to the independent sector in London increased from 58 to 76 per cent (46 to 66 per cent in England).

Care home services

USAGE

Care home places represent the largest single item of social services spending. The bulk of places are purchased from the independent sector.

London boroughs are low users of care homes. Inner London has 14 per cent fewer residents than the average for England, outer London 20 per cent fewer. This difference is in the use of residential care; use of nursing care is the same in London as the rest of England.

These statistics confirm that London boroughs – particularly in inner London – have successfully substituted intensive home care services for residential care.

OUT-OF-BOROUGH PLACEMENTS

Far more older people live in care homes outside their home borough in London than elsewhere: 49 per cent in inner London, 31 per cent in outer London, and just 14 per cent in England as a whole.

At first sight this would suggest that older people (including self-payers) are being denied the opportunity to live in a local care home close to family, friends and their established community. Observers suggest several, sometimes conflicting, reasons for this:

- the small number of care homes in London, caused by high land and labour costs, which in turn lead to high fees that councils and self-payers are unwilling to pay
- the small size of many London boroughs – a home just over the boundary in another borough may in reality still be ‘local’; more than half of one borough’s out-of-area placements are in neighbouring boroughs
- at least some out-of-borough placements reflect users’ choice – they want to move closer to family members who have themselves moved away from London.

CARE HOME CAPACITY

London – especially inner London – has fewer care home places than England as a whole. Inner London has 21.9 places per 1,000 older people; outer London, 38.9; England 47.7. The number of care home places are declining nationally, although the decline in London started in 2000, three years later than the decline in England as a whole.

Care homes are gradually increasing in size, as smaller homes close and larger (but fewer) ones open in their place. The average size in London is 34 places, compared with 31.3 in England.

CARE HOME PROVIDERS

‘Corporate’ providers (that is, any private- or voluntary-sector provider with three or more homes) are much more significant in London than elsewhere. They provide 67 per cent of inner London’s independent care home capacity; 52 per cent in outer London; and 41 per cent in England as a whole. The voluntary sector provides more care homes in London, especially inner London, than elsewhere.

OCCUPANCY RATES

Care home occupancy rates are currently about 93 per cent – about 2 per cent higher than in England.

FEES

Care home fees in London are 20 to 30 per cent higher than in England. Currently they average £600 per week for nursing care and £450 per week for residential care.

WHO PAYS?

One in five residents of inner London care homes pays their own fees. The rest are paid for by public funds. This low proportion is not surprising given the small number of older inner Londoners people who own their home. The outer London self-pay rate of 30 per cent – just under the England average of 32 per cent – is more surprising, given outer London’s

high level of owner occupation and high property prices. It may be that older people in outer London are sent to care homes outside London.

TRENDS SINCE 1994

The number of older care home residents has been declining across England since 2003/04. The decline in inner London started earlier, in 1999, and may reflect the greater use inner London boroughs make of home care services.

Housing services

EXTRA CARE HOUSING

The Department of Health is promoting extra care housing as an important extension of choice for older people who need care and support.

There are currently between 30,000 and 35,000 extra care units in the UK. This compares with 440,000 people currently living in care homes and 700,000 receiving home care services. Extra care is currently polarised between a larger social rented sector and a smaller private sector, where units are sold leasehold or rented.

There is a significant lack of extra care housing in inner London, mainly because of the shortage of suitable sites for development. Inner London has 25.9 units per 1,000 older people (just 8.5 per cent of which are leasehold or privately rented). In outer London there are 39.1 units per 1,000 older people (17.4 per cent leasehold/privately rented); and in England 44.1 (24.4 per cent).

SUPPORTING PEOPLE

The proportion of older households being funded from the Supporting People budget is the same in inner London and England: 123 households per 1,000 older people. By contrast, outer London boroughs fund 60 per cent of this number: 73 households per 1,000 older people. However, inner London authorities spend well over double the Supporting People funding (£98 per 1,000 older people); outer London boroughs spend £40, and across England the average spend is £44.

Workforce issues

Workforce issues are said to be one of the biggest factors likely to limit the development of care services. There is plenty of anecdotal evidence of severe recruitment and retention problems. However, hard information is scarce.

Vacancy rates for care workers in the public sector are well above the average for London – and for some jobs London has the highest vacancy rate of all the regions. However, staff turnover appears to be no higher in London than elsewhere, and fewer recruitment difficulties are reported than in England as a whole.

The position in the independent sector is less clear-cut. Vacancy and turnover rates and recruitment difficulties are higher in London than England for some jobs, and vice versa for others.

London's care workforce contains people from many ethnic backgrounds – 60 per cent describe themselves as being from a minority ethnic group; the large majority of these are

black or black British. By contrast, in every other English region, less than 10 per cent of home care workers describe themselves as being from an ethnic minority.

Future shape of London's care services

Population change alone could increase demand by 23 per cent in inner London and 35 per cent in outer London by 2024. Should the care needs in 2024 be met in the same way as they were in 2004?

CARE HOMES

Some observers argue that traditional care home places should be reduced in favour of community-based services. Others argue that today's care home residents are already so dependent that diverting yet more resources to home care services would neither save money nor enhance people's quality of life.

In addition, there is such a shortage of care home places in London that more investment in traditional care homes is needed to reduce the number of residents placed in homes outside London. Several boroughs are already increasing local care home capacity.

It is therefore reasonable to assume that new care homes will continue to form part of the overall care market in London. Two things are needed to develop care homes:

- **Land/property at a reasonable price** Local authorities could use direct investment or public/private partnerships to encourage providers to build more homes.
- **Skilled staff** The pay and skills base of staff need to be improved.

HOME CARE SERVICES

Workforce skills and pay are also major issues in the provision of home care services.

So far, Direct Payments have not been used extensively in London – or elsewhere in England – as a means of funding home care.

EXTRA CARE HOUSING

There is little impetus from the Office of the Deputy Prime Minister to develop extra care housing, even though the Department of Health has increased funding in an attempt to encourage this model of care.

Private leasehold extra care housing is not likely to have a significant role in inner London. Relatively few older inner Londoners own their homes – essential if you want to buy an extra care unit – and housing developments for younger people will crowd out extra care developments in the competition for available sites.

Prospects in outer London are better, at least in theory, since more older people there are owner occupiers, and the market for land may be less competitive. That said, service charges (£5,000 per year or more) put extra care housing out of the reach of all but a minority of older people.

Home owners who receive social security benefits can buy extra care housing by rolling their benefits into a mortgage, but so far no one has done this in London.

Planning barriers, especially the absence of clear guidance from central and regional government, are a major hurdle for the development of extra care housing in London –

and in England generally. Public sector land banks could be used for large-scale (and therefore less costly) mixed developments. The Greater London Authority could play a role in facilitating extra care housing through the planning system.

Spending on care services

An estimated £1,614 million was spent on care services for older people in London in 2004. This represents spending by the statutory sector – local authorities and the NHS – and private individuals. The total breaks down as follows:

- **local authorities** £1,173 million – 72.7 per cent
- **NHS** £176 million – 10.9 per cent
- **private individuals** £265 million – 16.4 per cent.

Local authorities charged users £196 million for the care services they received. Taking account of this sum reduces the local authority share of spending to 60.5 per cent and increases the private share to 28.6 per cent (NHS share remains the same).

Local authority expenditure

Average net spending per older person (weighted population) is as follows:

- all social services authorities in England: £727
- inner London boroughs: £1,063 – 46 per cent higher than the England average
- outer London boroughs: £852 – 17 per cent higher.

Two factors have to be taken into account in considering these differences:

- the higher cost of providing services in London
- the lower receipts from charges in inner London increasing net costs to local authorities of providing the service. Income from charges for home care was only 6 per cent of gross expenditure on these services in inner London, compared with 12 per cent in outer London and in England as a whole.

The critical question is whether higher spending by the London boroughs fairly reflects higher costs and lower receipts from charges. There are two arguments, each leading to a different conclusion.

- On the one hand, the Department of Health's Formula Spending Share (FSS) weightings for cost of services and income of service users suggest that, in 2003/04, London boroughs should have spent 56 per cent more than the England average, rather than the additional 46 per cent they did spend. This suggests that London boroughs are underspending on services for older people.
- Laing & Buisson, however, calculate that the FSS cost allowance – set at 29 per cent above the England average – is too high, and that it should be between 20 and 25 per cent. This suggests that London boroughs have been given more money than they need to compensate for the higher costs of care in London.

TRENDS IN LOCAL AUTHORITY EXPENDITURE

Spending on services for older people has been rising since the late 1990s – but more slowly in inner London than in outer London and in England as a whole. Between 1998/99 and 2003/04, the average annual spending increase was 7.3 per cent in England, 6.3 per cent in outer London and 3.8 per cent in inner London. In 2003/04, the latest year for

which data are available, the average spending increase was 9.5 per cent in England, 8.2 per cent in outer London and 5.6 per cent in inner London.

One reason for the differences in average spending increase is that in 2002/03 authorities outside London spent a lot more on care home places, partly because of changes in the way they were funded and partly because they allowed care homes to increase their prices. London boroughs use care homes less and had never forced home fees as low as provincial authorities had. That said, expenditure on home care services has increased in authorities across England faster than in London authorities.

Private expenditure

Generally, self-paying users of home care services – whether provided by the local authority or by the private sector – pay for them out of income, or sometimes savings.

This is not the case with fees for care homes. The bulk of these are paid for from the proceeds of the sale of the individual's home, sometimes supplemented by funding from relatives.

Home ownership is therefore a particularly important factor in the availability of private funds to pay for care. Many Londoners have substantial funds tied up in their homes. Properties in inner London are the most valuable (£301,000 on average in 2004 – compared with £159,000 in England), but the rate of owner occupation is lower there. In outer London rates of home ownership are slightly higher than in England, and property prices are relatively high (an average £223,000 in 2004); about 90 per cent of this property is unmortgaged.

There are two ways in which housing equity can be released to fund care in retirement:

- **Inheritance** The next generation (which itself will already be retired or not far off retirement) inherits a property and then sells it, releasing assets to supplement retirement income and spend on care services.
- **Equity release** Homeowners gain an income based on the equity tied up in their property. The two constraints on equity release are that many older people want to pass on their assets (that is, the value of their house) to their children; and that the equity release providers charge high interest rates.

In its 2004 report the Pension Commission argued that inheritance will be the main mechanism for funding pensions in the future. However, a 2005 report from the Actuarial Profession is more optimistic about equity release, and projects a quadrupling of new business (to £4 billion) by 2031.

Even if equity release becomes more popular, there is no guarantee that the money will be used to buy care services. If it is used to fund consumption in early old age, it may even reduce the amount of money available to spend on care later.

Other sources of wealth for funding retirement are not particularly promising. Londoners' savings are higher than elsewhere in England, but still fairly low. Only 17 per cent of pensioner couples and 9 per cent of single pensioners in London have savings of £50,000 or more. Half (49 per cent) of single pensioners and 34 per cent of pensioner couples have no savings at all or less than £1,500.

The quality of care

Home care services

A survey in 2002/03 of home care users revealed varying degrees of satisfaction with the services provided. In inner London 86 per cent of respondents said that care workers always or usually come at convenient times, but only 55 per cent said that they were extremely or very satisfied with the overall help they receive from social services. The inner London ratings are on a par with those for England as a whole. Outer London's are significantly lower.

Respondents from black and minority ethnic groups are significantly less satisfied. The relatively high proportion of non-white residents in inner London boroughs means that services there performed particularly well.

Provision in care homes for black and minority ethnic groups

A survey of care homes carried out by Laing & Buisson in 2004 shows that 16 per cent offered 'specific' services for residents from black and minority ethnic groups – for example, to meet dietary and religious preferences. Although it could be argued that 16 per cent is not very high, it is much higher than the 1 per cent of homes in both Birmingham and Greater Manchester (both of which have significant non-white populations) that offer these services.

Special provision for people with dementia

There is a national shortage of services for people with dementia. The situation in London is no worse than in the rest of England: 13.4 per cent of care homes in London and 12.5 per cent in England are registered to provide services for people with dementia. In London 4 per cent of home care providers claim to provide services specifically for people with dementia (6 per cent in England).

Conclusion

This publication has offered important demographic information to allow planners to predict trends in the care market for older people in London. It also presents a composite statistical picture of the number (or rate) of older people receiving different types of service in the spectrum of care, from informal care to continuing care provided by the NHS.

The report has identified barriers to better or more accessible care and considers why the barriers exist. Some of the issues discussed are:

- **Scarcity of local care home capacity in London and excessive placement of Londoners in care homes outside London** This scarcity may be in part be a result of the market pricing land out of the reach of care home providers. Fundamentally, it reflects the fact that commissioners and self-paying consumers and their families, by selecting less expensive homes outside London, signal to providers that it is not worth competing for high-cost sites in London for care home development.
- **Low level of extra care provision in London, particularly inner London and slow development of this form of provision** This small, niche sector of the property development market has attracted only a handful of players, and lack of competition

keeps prices high. However, the main reason for lack of development is the failure of Office of the Deputy Prime Minister to provide clear guidance to planning authorities on the role and status of extra care. All extra care developers report that planning is the single largest obstacle they face.

- **Recruitment and retention of trained staff** Public sector commissioners, private purchasers and providers have got themselves into a position where the ruling prices are inadequate to sustain desired workforce stability and skill levels. Better pay is likely to be an essential part of the solution.
- **Equity release and long-term care insurance** For the Actuarial Profession's projections of future growth to be achieved, it is probably necessary for one or more of the major mortgage providers to enter the market. Greater competition may then lead to wider choice and better mortgage deals. Few options for long-term care insurance are now available to consumers. Financial services organisations had invested heavily in developing the market, but the verdict of consumers was that the price was too high for the benefits offered.

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Janice Robinson and Penny Banks

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ISBN 978 1 85717 490 8 Jun 2005 206pp £25.00

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Ros Levenson, Mercy Jeyasingham and Nikki Joule

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ISBN 978 1 85717 493 9 Jun 2005 56pp £6.50

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Ros Levenson

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Melanie Henwood

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Emilie Roberts, Janice Robinson and Linda Seymour

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