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*Dear Caroline*

Thank you for your letter of 19 May to John Reid regarding NHS funding of long term care.

You raised concerns about the distinction between personal care and nursing care. Personal care is any care that may be needed by someone to help him or her with personal needs such as bathing, dressing and undressing, eating and using the toilet. It may also cover advice, encouragement and supervision in these activities. Personal care costs are met either by the recipient or by the local authority on a means-tested basis so there may be a charge for this aspect of an individual's care, depending on their circumstances.

In contrast, nursing care refers to any action taken by a registered nurse in providing, planning and supervising a person's health care. Such care can be provided at home, in hospital, in a care home, or in a residential home. In October 2001, we delivered on our commitment set out in the NHS Plan to make nursing care free in all settings. NHS funded nursing care is assessed purely on the grounds of an individual's medical needs.

Regarding the specific issue of people with dementia, I should point out that in cases where a patient's assessment identifies that their clinical care needs outweigh the need for personal care, then that care package is fully funded by the NHS, and is described as NHS Continuing Care. This is a package of health care that is arranged, provided and funded solely by the NHS. It can be provided in a hospital, in a person's own home, or in care homes. Where the NHS is providing continuing health care, in the context of a hospital or care home, all care is provided free of charge, including the cost of food and accommodation. People with dementia are as entitled to NHS continuing care as those with other conditions if they meet the local criteria.

I recognise that caring for someone with dementia often requires the involvement of a registered nurse. The complexity of the problems means that they may require frequent review and supervision of their care, to maintain their safety, nutrition, personal hygiene, continence, and psychological well being. The condition often results in changes in behaviour, which require different care management strategies. These will be assessed on an individual basis and will be reflected in the resulting care plan. This process will determine for all users of service the level of need for registered nursing care.

One of the key standards in the National Service Framework (NSF) for Older People aims to ensure that older people who have mental health problems have access to integrated mental health services, provided by the NHS and councils, to ensure effective treatment and support for them and their carers. Early milestones in the NSF require local NHS bodies and councils to review current arrangements for the management of depression and dementia for older people. They are required to agree and implement local protocols across primary care and specialist services, including social care. In time, this should be extended to cover all mental health problems in older people. The review will help to identify gaps in provision which need to be addressed, and in the long term, help to alleviate pressure on existing services.

When a person needs personal care the local council will assess what contribution they should make towards that cost. If a person has difficulty in meeting the council's charges, he or she can make representations to his or her local authority and ask for a review. The council is required to reduce or waive charges if they consider it reasonable to do so. Once someone has been assessed as requiring a care service, that service should not be withdrawn because of his or her inability to pay for it.

The majority recommendation of the Royal Commission on Long Term Care, which reported in 1999, was that personal care should be free. However, we do not believe that making personal care free for everyone is the best use of limited resources. Instead we have significantly increased investment in other aspects of older people's services. We believe that investing in this way will secure greater benefits for older people than could have been achieved by simply providing free personal care, and we have chosen instead to spend an extra £1 billion on services for older people.

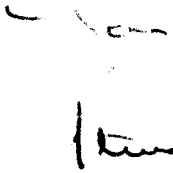
More than 40,000 older people at any one time are benefiting from free nursing care. In addition, the value of a person's home is now disregarded from the means test for the first 12 weeks after permanent admission to a care home. This will benefit around 30,000 people each year.

Extra resources are being provided to enable councils to offer deferred payments to residents in permanent residential care, benefiting around 5,000 people at any one time. We are also arranging for speedier assessments and delivery of services, providing an additional £70 million for training for social care staff, making additional

extra-care housing places available for older people and providing free community equipment and intermediate care services.

An additional £300million over two years has been made available as part of a radical "cash for change" programme designed to end widespread delayed discharge from hospital by 2004. There is also major new investment of around £900 million a year in intermediate care services to promote independence and raise standards of care. We are also providing more options with the offer of Direct Payments to all older people if this better suits their individual needs.

I hope this information demonstrates the Government's commitment to services for people with dementia.



**STEPHEN LADYMAN MP**