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Social care: Government reviews and policy proposals for paying for care since 1997 (England)

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1. Summary

This House of Commons Library briefing considers the policy proposals of successive Governments since 1997 for how individuals should pay for their social care.

Unlike health services through the NHS, social care is not universally free at the point of delivery. Local authority support is means-tested, and those that receive such support are still expected to contribute their income towards the cost.

While the issue of paying for social care has been considered in depth – by the Royal Commission in 1999, the independent King's Fund in 2005 (which the Government subsequently acknowledged), and the "Dilnot Commission" in 2011 – and some important changes have been made, the key features of the means-test remain broadly unchanged since 1997, while the issue of very high lifetime social care bills remains unresolved.

This note sets out the key findings of the reviews as they relate to how individuals pay for their social care, Government policy responses, and the position of the current Conservative Government. Further information on the current Government's proposals can be found in the Library's briefing paper, *Social care: Conservative manifesto's commitments on the means-test including the £100,000 limit (England)*.

Social care funding is a devolved matter – this note relates to England only, although it does provide information about the introduction of free personal care in Scotland following the report of the Royal Commission.

2. A timeline of key events

- 1997, April – the Labour Party makes a manifesto commitment to establish a Royal Commission on long-term care for the elderly;
- 1997, May – Labour Government elected;
- 1997, December – the Royal Commission is established, chaired by Professor Sir Stuart Sutherland;
- 1999, March – the Royal Commission publishes its report:
  - recommendation of free personal care (following assessment of needs) funded by general taxation;

  - recommendation of a more generous means-test of £60,000 in 1999 prices (about £95,500 in 2016 prices) in respect of people funding their care relating to living costs and housing;
  - the idea (although not recommended by the Commission) of a four-year cap on paying social care charges;
- 2000, July – the Labour Government published its response in which it:
  - rejected the idea of free personal care;
  - uprated the main means-test parameters to take account of inflation, but did not implement the Commission's proposal for a significantly more generous means-test;
  - gave no response to the cap idea;
  - accepted a number of other proposals by the Commission, including free NHS nursing care for care home residents, and a three-month disregard of the value of the home for those in care homes;
- 2000, October – the Scottish Executive rejected the proposal for free personal care;
- 2001, January – the Scottish Executive accepted the proposal for free personal care, which was implemented in Scotland from July 2002;
- 2006 – Sir Derek Wanless's report, commissioned by the independent King's Fund, proposed a move to "partnership" funding for social care;
- 2009, July – the Labour Government published a Green Paper proposing that a "National Care Service" be established;
- 2010, March – the Labour Government's White Paper proposed a two-year cap on paying for social care from 2014, and free-at-the-point-of-use social care for everyone at an unspecified point after 2015, with an independent commission to be established to consider how the policy should be funded;
- 2010, May – Coalition Government in power;
- 2010, July – the Coalition Government established the Commission on the Funding of Care and Support chaired by Andrew Dilnot, to consider a partnership model between individuals and the state and how people could choose to protect their assets, especially their homes, against the cost of care;
- 2011, July – the Commission published its report, and its recommendations included:
  - a £35,000 lifetime cap for paying for social care for over 65s;
  - lower, tiered, caps for those aged 40 to 65 years;
  - a lifetime cap of zero for anyone who either entered adulthood with an existing care and support need, or who developed an eligible need before 40 years of age;
  - a lifetime cap of zero for anyone who had been in residential care for at least two years before the cap was introduced;
  - a more generous means-test, with a new upper limit of £100,000, but the lower limit remaining at £14,250;
  - a standard rate for services other than social care provided in a care home (e.g. accommodation, food) "in the range of £7,000 to £10,000 a year";
- 2012, July – 2015, February – the Government develops it response, including:

  - a £72,000 lifetime cap on social care bills for all adults over 25;
  - a zero cap for life for people turning 18 with eligible care and support needs or developing eligible needs up to the age of 25;
  - only social care costs incurred after the cap was introduced to count as progress towards the cap;
  - the amount a local authority would have paid for social care to count towards the cap, rather than the actual amount a person had paid;
  - a more generous means-test with an upper limit of £118,000 for those whose home is included in the means-test or "around" £27,000 for those whose home isn't, and the lower limit increased to "around" £17,000;
  - a standard contribution to daily living costs of £12,000 per annum for those care home residents with capital less than the appropriate upper limit;
  - reforms to be introduced in April 2016;
- 2015, April – a number of reforms introduced including:
  - universal deferred payment arrangements;
  - new support for carers;
  - a new national level of care and support needs to make care and support more consistent across the country;[1]
- 2015, May – Conservative Government elected;
- 2015, July – the Conservative Government announced the postponement of the introduction of the reforms, including the cap and more generous means-test, until April 2020;
- 2017, May – during the General Election, the Conservative Party stated it would publish a Green Paper to include proposals on social care funding reform, which will include:
  - "an absolute limit on what people need to pay";
  - a single £100,000 limit in the means-test;
  - the value of the home to be included in the means-test for those in receipt of domiciliary care;
  - the extension of deferred payment arrangements to those receiving domiciliary care;
- 2017, June – Conservative Government elected as minority Government.

3. The Royal Commission's 1999 proposal for free personal care

3.1 The Commission's proposals

Following a manifesto commitment,[2] the then Labour Government established a Royal Commission on Long Term Care for the Elderly, chaired by Professor Sir (now Lord) Stewart Sutherland.

1 GOV.UK, *Guidance: Care and support: what's changing?*, webpage [updated 4 September 2015]
2 Labour Party, *new Labour because Britain deserves better*, 1997 [retrieved from the politicsreources.net website]

The Commission's report, published in March 1999 was entitled *With Respect to Old Age: Long Term Care - Rights and Responsibilities*. It explained that it "sought to recommend a way of paying for long-term care which brings improvements in the short term and which is affordable and sustainable", but noted that it was a "complex issue" and that "none of the options are easy".[3]

The Commission was highly critical of the prevailing system of funding social care, saying that it had concluded that "doing nothing with respect to the current system is not an option", and explained:

> It is too complex and provides no clarity as to what people can expect. It too often causes people to move into residential care when this might not be the best outcome. Help is available to the poorest but the system leads to the impoverishment of people with moderate assets before they get any help. There is a degree of fear about the system which is of concern in a modern welfare state. It is riddled with inefficiencies. The time has come for it to be properly modernised.[4]

The Commission contended that "long-term care is a risk that is best covered by some kind of risk pooling - to rely on income or savings, as most people effectively have to do now, is not efficient or fair due to the nature of the risk and the size of the sums required" but ruled out a hypothecated unfunded social insurance fund, a prefunded scheme, and the private insurance market to deliver this.

The Commission argued that:

> The most efficient way of pooling risk, giving the best value to the nation as a whole, across all generations, is through services underwritten by general taxation, based on need rather than wealth. This will ensure that the care needs of those who, for example, suffer from Alzheimer's disease - which might be therapeutic or personal care - are recognised and met just as much as of those who suffer from cancer.[5]

Its proposal was that the state should fund free "personal care", although the elements of care relating to living costs and housing would continue to be met from people's income and savings, recommending that:

> The costs of care for those individuals who need it should be split between living costs, housing costs and personal care. Personal care should be available after an assessment, according to need and paid for from general taxation: the rest should be subject to a co-payment according to means.[6]

When the Commission reported, if someone had assets in excess of £16,000 (£25,446 in 2016 prices) they were ineligible for local authority funding for social care. One option put forward was that the means-test's upper limit "should be raised to at least £40,000 and desirably to £60,000" (£63,614 and £95,421 in 2016 prices respectively),[7] and the Commission recommended that it be raised to £60,000.[8]

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3 Royal Commission on Long-term Care for the Elderly, *With Respect to Old Age: Long Term Care - Rights and Responsibilities*, March 1999
4 As above, Executive Summary and Summary of Recommendations
5 As above, Executive Summary and Summary of Recommendations
6 As above, Executive Summary and Summary of Recommendations
7 Adjusted from 1999 prices to 2016 prices using the Bank of England's "Inflation Calculator".
8 Royal Commission on Long-term Care for the Elderly, *With Respect to Old Age: Long Term Care - Rights and Responsibilities*, March 1999, paras 6.11–6.30

Box 1: The importance of the upper and lower capital limits of the means-test

In summary, if someone has:

- capital below the upper limit, this means they are eligible for local authority help towards the cost of social care;
- capital below the lower limit, their capital is disregarded (ignored) from the means-test, meaning that it could be passed on to relatives as inheritance, for example.

When a person who is paying for social care has capital below the upper limit, either because they had insufficient capital in the first place, or their capital has diminished e.g. as a result of paying for social care, then they become eligible for local authority support towards the cost of social care. They are, however, expected to contribute their income including their pension (but excluding any disregarded income) as well as "tariff income" (see Box 2) from their remaining capital.

The lower capital limit is important because this is the amount of savings that are disregarded from the means-test. When the capital of someone who is receiving social care falls to the lower limit, they do not have to pay any more "tariff income". Any capital below the lower limit is therefore disregarded from the means-test, and they may to choose to spend this on themselves or to retain it to pass on as inheritance.

The Commission also looked at the idea of "limiting liability to pay to four years" (alongside the prevailing means-test), after which social care would be provided free. The idea represented a cap on social care costs, albeit determined by time rather than the amount spent on social care. The Commission did not support this option because "its potential benefits would be limited to people who had higher assets and happened to live longer". It noted that "people with assets of under say £80,000 would be unlikely to benefit, as they would have spent them down before the period of free care arose", and that "the main justification for this scheme would be to help the insurance industry".[9]

Other recommendations included a greater emphasis on domiciliary care and more support for informal carers.[10]

3.2 The Westminster Government's response

The then Labour Government published its response in July 2000 which covered England and Wales. It accepted a number of the Royal Commission's proposals, including:

- for care home residents, the value of their home would be disregarded from the means-test for the initial three month period of their care home stay;
- free NHS nursing care for care home residents;
- the means-test uprated to take account of inflation, so as to restore it to its 1996 values in 2001 prices;
- direct payments available to the over-65s;
- additional support for carers, including a *National Carers' Strategy*.[11]

In addition, the Government announced it would publish statutory guidance for local authorities on charging for domiciliary care, thereby removing the "postcode lottery" of how local authorities charge.[12]

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9 Royal Commission on Long-term Care for the Elderly, *With Respect to Old Age: Long Term Care - Rights and Responsibilities*, March 1999, para 6.21

10 Royal Commission on Long-term Care for the Elderly, *With Respect to Old Age: Long Term Care - Rights and Responsibilities*, March 1999, executive summary

11 Department of Health, *The NHS Plan – The Government's response to the Royal Commission on Long Term Care*, Cm 4818–II, July 2000, pp8–10

12 As above, p14, para 2.24

However, the Labour Government rejected the proposal of free personal care, arguing that:

> Making personal care free for everyone carries a very substantial cost, both now and in the future. It would consume most of the additional resources we plan to make available for older people through the NHS Plan. Yet it would not necessarily improve services as the Note of Dissent to the Royal Commission's report makes clear. It does not help the least well off. We have not followed this recommendation because we believe our alternative proposals to improve standards of care and fair access to services will generate more important benefits of health and independence for all older people, now and in the future.[13]

While, as noted above, the Department of Health said that it would uprate the prevailing limits for the capital means-test to take account of inflation, its response did not comment on the Commission's recommendation of a substantially more generous means-test.[14]

It also did not comment on the idea of the four-year cap on social care charges – however, this was an idea put forward by the Commission (that it itself did not support), rather than a recommendation.

As a result, the key tenets of the social care funding system were unchanged. In a 2009 interview in *The Guardian*, Lord Sutherland reflected that "My biggest disappointment … is that the government, when it rejected our proposals, didn't come up with an alternative. If it had a better scheme, then we have not seen it. We are still at sixes and sevens".[15]

3.3 The Scottish Executive's response

Because health and social care were devolved under the *Scotland Act 1999*, it was for the then Scottish Executive (now the Scottish Government) to determine their response to the Commission's proposals.

The then Labour Executive broadly followed the Westminster Government responses to the recommendations of the Commission, including that free personal care should not be introduced, saying in October 2000:

> While we agree with the principle of equity which underpins the Commission's recommendation on personal care, we firmly believe that to make this change, at this time, when so many wider needs exist for tens of thousands of older people, would not be right.[16]

However, the following month the Scottish Parliament's Health and Community Care Committee said that it was "persuaded … by the substantial body of evidence presented to it that there should be no charge for services assessed as being required to meet the personal care needs of an individual" and recommended that "free personal care should be provided on the basis of assessed need".[17]

In January 2001, a Parliamentary debate entitled "Personal care for the elderly" took place on a Scottish National Party motion calling for the implementation of the Royal Commission's free personal care recommendation.[18] The Scottish Parliament's Information Centre (SPICe) noted that "during the debate it became apparent that this motion or an amended motion calling for free personal care to be introduced could be

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13 As above, p11, para 2.6
14 As above, p13, paras 2.20–2.21
15 "Taking the long view", *The Guardian*, 25 February 2009
16 Scottish Executive, *Response to the Royal Commission on Long Term Care*, October 2000, p5
17 Health and Community Care Committee, *Inquiry into the Delivery of Community Care in Scotland*, 16th Report, November 2000, para 43
18 Scottish Parliament, *Hansard report – 25 January 2001*, cc602–635

passed by the Parliament. Following the debate the then Minister for Parliament, Tom McCabe MSP, on behalf of the Executive, announced that the Executive would bring forward proposals for the implementation of free personal care".[19]

Subsequently, the *Community Care and Health (Scotland) Act 2002* legislated for free personal care in Scotland, which became available from 1 July 2002 for those aged 65 and over. More information on eligibility and the current rate can be found on the Scottish Government's webpage, *Free Personal and Nursing Care*.

4. The path to the Labour Government's 2010 proposal for free social care

The Government returned to the issue of social care in the mid-2000s, and again at the end of the first decade. By this point, social care had been devolved to the four regions of the UK, so the proposals put forward by the Westminster Government related only to England.

4.1 2005 and 2006 social care Green and White Papers

In March 2005, the Labour Government published the Green Paper, *Independence, Well-being and Choice*, which it described as its "vision for the future of social care for adults in England". However, the paper did not set out any changes in how individuals should fund their social care, instead considering possible efficiency savings and the benefits of early intervention in the chapter "Funding and fair access to care".[20]

In the subsequent White Paper, *Our health, our care, our say: a new direction for community services* published ten months later, the issue was similarly absent.[21]

4.2 The influence of the King's Fund report by Sir Derek Wanless

The King's Fund, an independent think tank, picked up the baton of paying for social care, and commissioned Sir Derek Wanless to undertake a study. Sir Derek had previously been tasked in 2001 by the Government to consider the "financial and other resources required to ensure that the NHS can provide a publicly funded, comprehensive, high quality service available on the basis of clinical need and not ability to pay".[22] Indeed, Sir Derek's subsequent report said that it was "for consideration whether a more immediate study is needed of the trends affecting social care",[23] although the recommendation was not accepted at the time.[24]

The King's Fund asked Sir Derek to "determine how much should be spent on social care for older people in England over the next 20 years and what funding arrangements need

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19 Scottish Parliament Information Centre, *Community Care in Scotland*, SPICe Briefing 07/29, 4 June 2007, p7
20 Department of Health, *Independence, Well-being and Choice*, Cm 6499, March 2005, pp40–42
21 Department of Health, *Our health, our care, our say: a new direction for community services*, Cm 6737, January 2006
22 Department of Health, *The Wanless report: Securing good health for the whole population*, 29 October 2008
23 Wanless, D., *Securing our Future Health: Taking a Long-Term View – Final Report*, April 2002, p120
24 King's Fund, *Paying for social care – Beyond Dilnot*, May 2013, p4

to be in place to ensure that this money is available and will produce high-quality outcomes".[25]

Sir Derek's report, *Securing Good Care for Older People*, published in 2006, considered in detail the various funding options for social care (chapter 12) – table 68 on page 246 summarised them and their characteristics – and assessed them against criteria that the review had set (chapter 11). The review narrowed its analysis to four "frontrunners": "free personal care, partnership models, limited liability (because it is essentially a development of the means-testing system) and, due to its incumbency, means-testing" (chapter 13).[26]

While noting that "no single system for funding stands out in all respects above the rest", the review considered the "best option" to be the "partnership model":

> The partnership model provides people with a free-of-charge minimum guaranteed amount of care – this is set in the model at 66 per cent of the total benchmark care package, but could be varied either up or down. Individuals can then make contributions matched by the state (up to a limit): in the model, every pound that people contribute is matched by a pound from the state until the benchmark care package is achieved (thereafter extra private contributions are not matched). Those on low incomes would be supported in making additional contributions through the benefits system.[27]

In the 2006 *Pre-Budget Report*, the Government acknowledged that Sir Derek's report, and others, had "made important contributions to the debate around the future of social care provision" which would be considered by it ahead of the 2007 Comprehensive Spending Review.[28]

In that report, the Government stated that it would "now undertake work to look at reform options and consult on a way forward" for paying for adult social care.[29]

4.3 The 2009 Government Green Paper

Ten years after the Royal Commission had published their recommendations, and with the Labour Government now led by Gordon Brown, in July 2009 the Department of Health published *Shaping the Future of Care Together* which returned to the question of how individuals fund their social care.

The Government set out "what we want the new funding system to achieve":

> To meet our vision, the system should:
>
> - Be fair – so that people of different levels of wealth, different ages and different levels of need can be supported to meet their needs. We also need to think about how we make sure that everyone's needs can be met without penalising people who have worked hard and saved all their lives.
> - Be simple – so that everyone knows what will be expected of them and what they will get in return, allowing them to make plans for the future.
> - Be affordable and sustainable – so that individuals, their families and the state can afford to pay what is required. This also means ensuring that taxpayers' money is used effectively and people are supported to stay independent and well for as long as possible.

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25 King's Fund, *Securing Good Care for Older People*, 2006, p xxii
26 King's Fund, *Securing Good Care for Older People*, 2006, p255
27 King's Fund, *Securing Good Care for Older People*, 2006, p xxx
28 HM Treasury, *Pre-Budget Report 2006*, 6 December 2006, p137, para 6.11
29 HM Treasury, *2007 Pre-Budget Report and Comprehensive Spending Review*, Cm 7227, October 2007, p100, Box 6.2

- Be universal – so that, whatever system is in place, everyone who is eligible for care and support will be entitled to help with paying for the care that they need.
- Help people live their lives the way they want to – so that the system is personalised and flexible enough to support people to live their lives the way they want to, focused on helping people stay well and live independently, improving outcomes for individuals and their carers. This means ensuring their care needs are met with the help of high-quality services and a highly skilled workforce, and that these needs are supported through personal budgets and services and support in line with the principles behind the right to control.[30]

The Government proposed a "National Care Service" and put forward three options for its funding:

- Partnership – People will be supported by the Government for around a quarter to a third of the cost of their care and support, or more if they have a low income.
- Insurance – As well as providing a quarter to a third of the cost of people's care and support, the Government would also make it easier for people to take out insurance to cover their remaining costs.
- Comprehensive – Everyone gets care free when they need it in return for paying a contribution into a state insurance scheme, if they can afford it, whether or not they need care and support.[31]

4.4 The 2010 White Paper – free social care for all

The subsequent White Paper, *Building the National Care Service*, was published in March 2010.

In terms of the provision of social care, the Government proposed that for England there would be three steps towards creating a system of free social care:

- from 2011, "around 280,000 people with the highest needs will receive free personal care in their own home";
- from 2014, "anyone staying in residential care for more than two years will receive free care after the second year"; and subsequently
- the introduction of a National Care Service, which would be free-at-the-point-of-use for all adults in England whether at home, in the community or in a residential setting.[32]

The proposed two-year limit on paying for social care for care home residents was similar in nature (but of a shorter duration) to that considered (but not recommended) by the Royal Commission in its 1999 report.

Although under step three of the proposals social care would be free at the point of use, the Government said that it "expects that people will continue to pay for their accommodation costs in residential care if they are able to do so. However, we will introduce a universal deferred payment system, so that no one has to sell their home in their lifetime in order to pay for residential care". This would be available to those whose capital fell below £23,000 (excluding the value of their home).[33]

30 Department of Health, *Shaping the Future of Care Together*, Cm 7673, 14 July 2009, p100
31 Department of Health, *Shaping the Future of Care Together*, Cm 7673, 14 July 2009, p127
32 HM Government, *Building the National Care Service*, Cm 7854, 30 March 2010, pp23, 129 and145
33 HM Government, *Building the National Care Service*, Cm 7854, 30 March 2010, pp123 and 138

Although the White Paper did not set a timetable for the introduction of the National Care Service, in its manifesto for the 2010 General Election the Labour Party said that it would happen "after 2015". The Labour Party explained that this would allow the proposed funding for the National Care Service to be "put to the public at a general election".[34]

The White Paper set out how the proposed reforms would be funded, drawing upon the 28,000 formal responses that had been received following publication of the Green Paper. The White Paper explained that, "after carefully considering the results of the Consultation, the Government has concluded the National Care Service should be based on the approach that received the greatest public and stakeholder support – the Comprehensive option".[35]

The Government argued that under the Comprehensive option, "need, and not means, will determine people's eligibility for free care",[36] and set out the reasons why it believed that it was "the right long-term decision":

- It supports all adults with an eligible care need with a universal entitlement to high quality care, when they need it, whoever they are, whatever their age, wherever they live in England, and whatever condition leads them to need care.
- It provides support based on need, not on the ability to pay.
- The costs of care, which are indiscriminate, unpredictable and often catastrophic, will be shared collectively, fairly and transparently between the state and individuals.
- It protects people's savings and assets, in exchange for an individual contribution.
- It is accessible, easy to understand and provides peace of mind, as people will know in advance how much they will need to pay and that their care will then be provided by the state, free when they need it.[37]

The establishment of the National Care Service would "require everyone to contribute through a fair care contribution", although the details were to be determined by a Government-appointed Commission:

> At the start of the next Parliament, we will establish a commission to help to reach consensus on the right way of funding the system. The Commission will determine the fairest and most sustainable way for people to contribute. It will make recommendations to Ministers which, if accepted, will be implemented in the Parliament after next. The Commission will determine the options that should be open to people so that they have choice and flexibility about how to pay their care contribution … We will be clear about the principles we want the Commission to consider, such as fairness to all including between generations.[38]

However, it added that "we do not want to pre-empt the recommendations of the Commission. We have therefore ruled out a compulsory care contribution prior to the introduction of the comprehensive National Care Service".[39]

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34 Labour Party, *The Labour Party Manifesto 2010*, 2010, p6:6 [retrieved from Centre for Policy on Ageing's website]
35 HM Government, *Building the National Care Service*, Cm 7854, 30 March 2010, p23
36 HM Government, *Building the National Care Service*, Cm 7854, 30 March 2010, p129
37 HM Government, *Building the National Care Service*, Cm 7854, 30 March 2010, p128
38 HM Government, *Building the National Care Service*, Cm 7854, 30 March 2010, p9
39 HM Government, *Building the National Care Service*, Cm 7854, 30 March 2010, p136

4.5 The fall of the Labour Government

The White Paper was published in the run-up to the 2010 General Election, which the Labour Party subsequently lost. As a result, it was for the new Government, a coalition between the Conservative and Liberal Democrat parties, to determine how to address the issue of funding social care. The new Government decided not to follow the proposed approach set out in the White Paper, and the plans for a new National Care Service, a two-year cap on social care funding, and longer-term plans for free social care never left the drawing board.

5. The Dilnot Commission's proposals for a social care funding cap and means-test reform

5.1 The manifesto commitments and the Coalition Government's approach

Following the 2010 General Election, the Government was composed of a coalition of the Conservative and Liberal Democrat parties.

In their manifestos for the election, the Conservative Party proposed a "one-off insurance premium that is entirely voluntary", adding that "independent experts suggest this should cost around £8,000". This payment would fund a person's residential care costs for life, and thereby "protect their home from being sold". In addition, the Conservatives said they would devise a system to allow people to "top up their premium – also voluntarily – to cover the costs of receiving care in their own home".[40]

The Liberal Democrat Party's manifesto acknowledged what it described as the "serious, long-term crisis facing older people" and said that it would "immediately establish an independent commission to develop future proposals for long-term care that will attract all-party support and so be sustainable. We believe that the eventual solution must be based on the principles of fairness, affordability and sustainability".[41]

Following the formation of the Coalition Government, its May 2010 *Programme for Government* said that "we understand the urgency of reforming the system of social care to provide much more control to individuals and their carers, and to ease the cost burden that they and their families face". The Government announced that:

> We will establish a commission on long-term care, to report within a year. The commission will consider a range of ideas, including both a voluntary insurance scheme to protect the assets of those who go into residential care, and a partnership scheme as proposed by Derek Wanless.[42]

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40 Conservative Party, *The Conservative Party Manifesto 2010 – Invitation to Join the Government of Britain*, 2010, p48
41 Liberal Democrat Party, *Liberal Democrat Manifesto 2010*, 2010, p53
42 HM Government, *The Coalition – our Programme for Government*, 20 May 2010, p30

5.2 The Commission on the Funding of Care and Support's 2011 report

Further to the Coalition Government's commitment, the Commission on the Funding of Care and Support was launched on 20 July 2010. It was chaired by (now Sir) Andrew Dilnot, and was often referred to as the "Dilnot Commission".[43]

The Commission's terms of reference included that it should "examine and provide deliverable recommendations on"

- how best to meet the costs of care and support as a partnership between individuals and the state;
- how people could choose to protect their assets, especially their homes, against the cost of care;
- how, both now and in the future, public funding for the care and support system can be best used to meet care and support needs;
- how its preferred option can be delivered, including an indication of the timescale for implementation, and its impact on local government (and the local government finance system), the NHS, and - if appropriate – financial regulation.[44]

The Commission published its report, *Fairer Care Funding*, in July 2011, and its key findings included that:

- "the current adult social care funding system in England is not fit for purpose and needs urgent and lasting reform";
- "the current system is confusing, unfair and unsustainable. People are unable to plan ahead to meet their future care needs";
- "a major problem is that people are unable to protect themselves against very high care costs";
- "most people are realistic about the need for individuals to make some contribution to the costs of care in later life, but they want a fairer way of sharing costs and responsibility between the state and individuals and they want to be relieved of fear and worry. There is consensus on the need for reform".[45]

The Commission therefore made a number of recommendations regarding how individuals were expected to fund their social care:

- a lifetime cap on an individual's contribution to their care costs of £35,000 for people over 65 years, after which they would be eligible for full support from the state;
- for those under 65 years but over 40 years, the lifetime cap would increase in increments towards £65,000:
  - a 40 year-old's cap would be £10,000;
  - a 50 year-old's cap would be £20,000;
  - a 60 year-old's cap would be £30,000;

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43 Andrew Dilnot was formerly the Director of the Institute for Fiscal Studies (IFS). The other members of the Commission were Dame Jo Williams, then Chair of the Care Quality Commission (CQC) and Lord Norman Warner, a former Health Minister under the Labour Government.

44 Department of Health, *Terms of Reference for the Commission on the Funding of Care and Support*, 20 July 2010, p1

45 Commission on Funding of Care and Support, *Fairer Care Funding*, July 2011, p5

- a lifetime cap of zero for anyone who either entered adulthood with an existing care and support need, or who developed an eligible need before 40 years of age, or had been in residential care for at least two years when the cap was introduced;
- a more generous means-test, increasing the upper limit so as to allow people with of up to £100,000 of assets (compared to the prevailing £23,250 limit, which the Commission described as "not fair or sensible") to receive local authority support towards the cost of social care;
- the lower limit would remain at £14,250;
- free social care (without a means-test) for people who enter adulthood already having a care and support need;
- while "those in residential care would be expected to make a contribution to their general living costs, just as they would be expected to meet the costs of living in their home", there should be a standard rate for services other than social care provided in a care home (e.g. accommodation, food) – the Commission recommended "a figure in the range of £7,000 to £10,000 a year".[46]

Additionally, the Commission recommended: a standardised scheme of deferred payments (so as to allow care charges to be made against a person's home, and recoverable on their death); standardised national eligibility criteria; and, improved assessments for carers.[47]

The Commission proposed an "ambitious timetable", where the Government would set out a firm timetable in 2012 for the introduction of the reforms, and implement the Commission's proposals from "2013 onwards".[48]

5.3 The initial Government response – July 2012 White Paper

Following publication of the Commission's report, the then Health Secretary, Andrew Lansley, told the House that "to take the matter forward, we will work with stakeholders in the autumn, using Andrew Dilnot's report as the basis for engagement and as a key part of the broader picture".[49]

A year later, in July 2012 the Government published the White Paper *Caring for our future: progress report on funding reform*, alongside a separate document setting out proposals for reforming care and support,[50] and the draft *Care and Support Bill*.[51]

The Department of Health stated its support for the principle of a cap on social care charges:

> The Government supports the principles on which the capped cost model is based. Protecting people against very high care costs would provide peace of mind and enable them to plan and prepare for their future care needs. The Government agrees that the principles of the Commission's model would be the right basis for any new funding model – financial protection through capped costs and an extended means test.[52]

This support was underpinned by the views of stakeholders – the Department noted that "the majority of those involved in the engagement supported the Commission's proposals

46 Commission on Funding of Care and Support, *Fairer Care Funding*, July 2011, pp5–6, 21, 28, 35 and 76
47 Commission on Funding of Care and Support, *Fairer Care Funding*, July 2011, p6
48 Commission on Funding of Care and Support, *Fairer Care Funding*, July 2011, pp76–77
49 HC Deb 4 July 2011 c1234
50 Department of Health, *Caring for our future: reforming care and support*, Cm 8378, July 2012
51 See the Library briefing paper for more information.
52 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, pp5–6

for a cap", while there was also "a clear message about the urgency of reforming the system".[53]

However, this did not mean that the Government immediately accepted the parameters proposed by the Commission including the level of cap, or even the swift introduction of the cap, contending that "given the size of the structural deficit and the economic situation we face, we are unable to commit to introducing the new system at this stage".

The Government proposed further consultation, with the policy to be set out in the next Spending Review.[54] The White Paper did note that among stakeholders "there was discussion of the level of the cap, with some people suggesting that a cap could be set at the top of the Commission's range – or even slightly higher (e.g. at £75,000) – without undermining the principles of the system".[55]

The Department said that it would "continue to work with stakeholders to consider what the most appropriate level for a cap would be – balancing financial protection for care users, the cost of reform and creating a space for financial services".

It also noted that the Commission had proposed different rules for the cap for those below 65 years. The Government did not commit to accepting the Commission's proposals, saying that "further work is required to determine the most appropriate level for people of different ages".[56]

The Department also hinted that it would reject the Commission's proposal to retrospectively apply the cap, arguing that "starting counting from zero [contribution towards the cap] at implementation would be a far simpler approach … [ensuring] that care costs were counted consistently for everyone and avoid significant extra bureaucratic work", although it did acknowledge that this "might seem unfair" on those who have already contributed significantly to the cost of their care.[57] Not applying retrospectivity was expected to save the Exchequer about £3 billion in the first two years of the cap's introduction.[58]

An important difference between the Commission's report and the Government's approach set out in the White Paper was which costs would count as progress towards the cap. The Commission had proposed a simple approach: every pound a person spent on social care. In contrast, in the White Paper the Government proposed that it should be every pound that would have been spent if a local authority had been paying for the care. Local authorities tend to pay less for the same care than individuals, because they have greater negotiating power for example, a point acknowledged by the Department: "many self-funders currently pay more in care home fees than local authority-supported residents".[59]

As an example, whereas it might cost an individual £10,000 a year for a care home place, if the local authority had procured that same place it might have cost only £7,000. Over four years, an individual would have spent £40,000 in care home fees, but under the Government's approach only the local authority equivalent spend – £28,000 – would count as that individual's progress towards the cap.

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53 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, p13
54 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, p6
55 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, p20
56 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, p23
57 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, p25
58 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, p31, figure 10
59 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, p22

The Department did commit to introduce a number of other measures, including:

- "a universal system of deferred payments for residential care" from April 2015, thereby allowing care home residents to avoid having to sell their home to pay for their care until their death, although local authorities would be able to charge for this as proposed by the Commission to make the scheme cost-neutral;[60]
- "a national eligibility threshold for adult care and support";
- "clear, universal and authoritative source of national information about the health and care and support system"; and
- to legislate to extend the right to a carer's assessment and "provide an entitlement to public support for the first time".[61]

The White Paper concluded by setting out a timetable for further consideration of the reforms, and said that the Government would "make decisions on [the] capped cost model and extended means test threshold, alongside other funding priorities for the Government" in the 2013 Spending Review.[62]

5.4 February 2013 statement to the House

The new Health Secretary, Jeremy Hunt, made a statement to the House in February 2013, setting out the parameters of the cap and means-test and the date of their introduction, well in advance of the 2013 Spending Review.

The key features were:

- the cap was to be set at £75,000;
- the upper limit of the means-test would rise to £123,000 where the value of the home is included (e.g. certain care home residents);
- implementation in April 2017.

Mr Hunt said:

> To give everyone peace of mind, from April 2017, we will introduce a cap on the amount that someone over state pension age will be liable to pay. The Dilnot commission's original suggestion was for a cap of £25,000 to £50,000 in 2010-11 prices—the equivalent of £30,000 to £61,000 in April 2017 prices. Despite the extremely challenging economic situation in which we find ourselves, we have come as close to that range as possible. The cap will be set at £61,000 in 2010-11 prices or £75,000 once it is introduced in April 2017.
>
> […]
>
> The Dilnot commission recommended this threshold be raised dramatically to £100,000 in 2010-11 prices. We accept this recommendation.
>
> From April 2017, the threshold will be increased so that those with assets worth £123,000 or less, equivalent to Dilnot's recommended level [in 2017-18 prices], will all receive some degree of financial support for their care costs.[63]

The Department of Health provided further information, confirming that the local authority-equivalent cost of care would count towards the cap – not the actual amount spent by an individual. However, it also meant that any local authority funding for social

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60 Commission on Funding of Care and Support, *Fairer Care Funding*, July 2011, p41
61 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, pp6 and 17
62 Department of Health, *Caring for our future: progress report on funding reform*, Cm 8381, July 2012, p38
63 HC Deb 11 February 2013 cc592–593

care counted towards the cap, so that for some people with a relatively low amount of assets they would hit the cap before they had spent £75,000.[64]

The Department accepted the Commission's recommendation that people who have care needs before they turn 18 will effectively have their cap set at zero, and that the cap would be set lower for adults under 65 years of age (although it did not given details).[65]

The initial reaction to the Health Secretary's announcement was somewhat mixed – Andrew Dilnot noted that £75,000 – set in 2017 prices – was equivalent to £61,000 in 2011 prices when the Commission's report was published, saying that it was therefore "higher than we would have wanted – £11,000 higher than the top end of our range, and I regret that, but I recognise the public finances are in a pretty tricky state".[66]

5.5 March 2013 Budget – a lower cap and earlier introduction

A month later, in the 2013 Budget statement, the Government announced changes to the proposed social care funding reforms:

- a reduction in the cap, from £75,000 to £72,000;
- the upper limit of the means-test would be £118,000 rather than £123,000;
- the implementation date of the reforms would be brought forward a year to April 2016.[67]

5.6 July 2013 consultation on details of the policy

The Department of Health launched a consultation, *Caring for our future: Consultation on reforming what and how people pay for their care and support*, in July 2013 on the details of the new policy for funding social care, including the "choices around how the capped cost system should work for working age adults".[68]

The document proposed the following:

- a means-test upper limit of "around" £27,000 for those people whose value of the home is excluded from the means-test (e.g. certain care home residents,[69] and those receiving domiciliary care) in April 2016;
- an increase in the lower limit of the means-test from £14,250 to "around £17,000" in April 2016;
- a standard contribution to daily living costs of £12,000 for those care home residents with capital less than the relevant upper limit.[70]

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64 Department of Health, *Caring for our future – How the care and support funding reforms will work*, archived webpage
65 Department of Health, *Caring for our future – funding*, archived webpage
66 "Dilnot 'regrets' decision to set social care cap at £75,000", *The Guardian*, 11 February 2013
67 HM Treasury, *Budget 2013*, 2012–13 HC 1033, p57, para 1.195 and HC Deb 20 March 2013 c941
68 Department of Health, *Caring for our future: Consultation on reforming what and how people pay for their care and support*, July 2013, p8, para 6
69 As the White Paper noted, a care home resident's home is disregarded from the means-test if "it is occupied in whole or in part by their partner, a relative who is aged 60 or over or who is incapacitated, or a child of the resident who is under 16. It is also excluded from the financial assessment for the first 12 weeks of the move to a care home if that move is permanent, or is a temporary stay for up to one year" [Department of Health, *Caring for our future: Consultation on reforming what and how people pay for their care and support*, July 2013, p30, para 97].
70 Department of Health, *Caring for our future: Consultation on reforming what and how people pay for their care and support*, July 2013, pp30 and 32, paras 99, 100 and figure 3

The consultation also set out suggestions on the cap for adults under 65 years of age for comment:

- A zero cap for life for people who turn 18 with eligible care and support needs or who develop such needs up to the age of 25. Cap for people who develop eligible needs from the age of 25 tapering up to £72,000 at state pension age and onwards
- A zero cap for life for people who develop eligible care and support needs up to the age of 25. A cap for people who develop eligible needs from the age of 25, increasing in three tiers from £15,000 up to £72,000 at state pension age and onwards.
- The Commission's suggested approach: a zero cap for life for people who turn 18 with eligible care and support needs, or who develop such needs up to the age of 40. A cap for people who develop care needs from the age of 40 increasing in three tiers from £25,000 up to £72,000 at state pension age and onwards.[71]

The consultation was clear that "it would not be fair for working age adults, who are less able to plan and prepare for their future care costs, to face the same cap on care costs as older people do", noting that "The Government has committed that from April 2016 … those who have eligible needs who are below state pension age will have a lower cap".[72]

Although there was no official Government response to the consultation, in a further consultation published in February 2015, the Department of Health reported that:

> Responses to the consultation on the issue of a different approach for people of working age were mixed. Whilst people broadly welcomed the principles there were questions raised, particularly with regards to: the idea of different levels of the cap; whether the age at which a person develops eligible care needs is a reliable or fair way of differentiating their ability to plan, prepare and build up assets; and whether it was right that working age adults with significant wealth should not have to contribute towards their care costs in the same way as older people. Responses also highlighted the need to create a system that is simple to understand and easy to communicate.[73]

5.7 February 2015 proposals on the cap for working age adults

In February 2015, the Department of Health published a consultation on draft regulations and guidance to implement the cap on care costs. Issues covered included what counted towards the cap, first-party top ups and the level of the cap for working age adults.

The consultation proposed, notwithstanding the Government's previous position,[74] that the same £72,000 cap should apply to working age adults, rather than the reduced, more generous, cap proposed by the Commission:

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71 Department of Health, *The Care Act 2014 – Consultation on draft regulations and guidance to implement the cap on care costs and policy proposals for a new appeals system for care and support*, February 2015, p33, para 6.4

72 Department of Health, *Caring for our future: Consultation on reforming what and how people pay for their care and support*, July 2013, p35, para 113

73 Department of Health, *The Care Act 2014 – Consultation on draft regulations and guidance to implement the cap on care costs and policy proposals for a new appeals system for care and support*, February 2015, p34, para 6.6

74 Department of Health, *Caring for our future: Consultation on reforming what and how people pay for their care and support*, July 2013, p35, para 113

> A zero cap for life for people turning 18 with eligible care and support needs or developing eligible needs up to the age of 25 and a cap of £72,000 for people of all other ages.[75]

The Department of Health explained that it had abandoned the idea of a "tiered" cap due to "the constraints of the funding envelope", although it added there may be benefits to this "as having caps set at multiple levels would not necessarily achieve our overall aim of giving clarity about the help people can expect to receive to pay for their care".[76]

Although the consultation closed on 30 March 2015, no Government response was published.

5.8 July 2015 decision to "postpone" for four years the introduction of the cap and means-test reforms

The May 2015 General Election saw a new Conservative Government in power, and the Conservative Party's manifesto made a commitment to implement the reforms proposed by the Coalition Government: "we will cap charges for residential social care from April 2016".[77]

On 17 July 2015, the Government announced that it would delay reform of how people pay for social care from April 2016 to April 2020. In a written statement, the Government said:

> The Commission recommended the creation of a cap system to protect people from the risk of very high care costs. This recommendation was accepted and plans put in place to implement from April 2016.
>
> This Government still accepts that recommendation and remains firmly committed to delivering this historic change. However, the proposals to cap care costs and create a supporting private insurance market were expected to add £6 billion to public sector spending over the next 5 years. A time of consolidation is not the right moment to be implementing expensive new commitments such as this, especially when there are no indications the private insurance market will develop as expected. Therefore in light of genuine concerns raised by stakeholders, we have taken the difficult decision to delay the introduction of the cap on care costs system until April 2020.[78]

Further, the upper and lower limits of the capital means-test – last revised to their prevailing levels of £23,250 and £14,250 in March 2010[79] – were not changed.

More information on the decision to postpone the introduction of the cap can be found in the Library briefing paper on this topic.

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75 Department of Health, *The Care Act 2014 – Consultation on draft regulations and guidance to implement the cap on care costs and policy proposals for a new appeals system for care and support*, February 2015, p36, para 6.12 (ii) and p38, para 3.15

76 Department of Health, *The Care Act 2014 – Consultation on draft regulations and guidance to implement the cap on care costs and policy proposals for a new appeals system for care and support*, February 2015, p38, para 3.15

77 Conservative Party, *The Conservative Party Manifesto 2015*, April 2015, p3

78 HLWS135 17 July 2015

79 Department of Health, *Charges for Residential Accommodation – Crag Amendment No 29*, Local Authority Circular, LAC (DH) (2010) 2, 19 March 2010, p1

6. Commitments made by the 2017 Conservative Government

6.1 The Conservative Party's manifesto proposals on paying for social care

In its manifesto for the 2017 General Election launched on 18 May 2017, the Conservative Party proposed:

- a more generous means-test with a "single capital floor" of £100,000, compared to a prevailing upper limit of £23,250 and a lower limit of £14,250;
- "so that people are looked after in the place that is best for them", the manifesto proposed to "align the future basis for means-testing for domiciliary care with that for residential care" – this meant that those receiving domiciliary care would have the value of their home included in the means-test (at present it is disregarded), as is already the case with care home residents;
- connected to this, allow those receiving domiciliary care to use a deferred payments arrangements "so no-one will have to sell their home in their lifetime to pay for care" – at present, this is not necessary as those in receipt of domiciliary care have the value of their home disregarded from the means-test.[80]

The proposed £100,000 was a single floor, thereby eliminating the "upper limit" and "lower limit" of the capital means-test. Although local authority financial support towards social care is available to an individual when their capital is at or falls below the upper limit, the existing rules expect people receiving such support to use their capital to continue to contribute towards the cost of their social care (using the "tariff income" approach, see Box 2) until their capital hits the lower limit.

Box 2: What is "tariff income"?

People who have capital below the upper capital limit (currently £23,250) receive local authority support towards the cost of their social care; however, for every full or part £250 above the lower limit of the capital means-test (currently £14,250) they are charged an additional £1 of "tariff income" per week which they have to pay towards the cost of their care.

For example, if someone has £20,000 of capital, they are charged tariff income on £5,750 of capital, which is £23 per week.

Because those in receipt of social care funding are expected to contribute their income (excluding any disregarded income and also the "Personal Expenses Allowance" for care home residents, or the "Minimum Income Guarantee" for those e.g. receiving domiciliary care),[81] the tariff income might be paid from their outstanding capital, so reducing it over time towards the lower limit.

When someone receiving social care funding support from their local authority sees their capital fall to the lower limit, they do not have to pay any more tariff income, and capital below the lower limit is disregarded from the means-test.

The proposal therefore meant that those receiving social care could expect to keep £100,000 of capital protected, as opposed to £14,250 (the lower limit) at present.

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80 Conservative Party, *Forward, Together – Our Plan for a Stronger Britain and a Prosperous Future*, May 2017, p65

81 For information on the current levels of the Personal Expenses Allowance and the Minimum Income Guarantee, see the *Library briefing paper on paying for social care*.

While the £100,000 figure was not as generous as the £118,000 that was due to have been implemented in April 2016, the £118,000 was to have been the upper limit; under those proposals, there was to have been a lower limit of "around £17,000".[82]

As such, the proposed £100,000 single limit was:

- seven times more generous than the current lower limit;
- nearly six times more generous than a lower limit of £17,000 due to have been introduced in April 2016 under the package of reforms that was postponed.

6.2 The policy on the cap, and the Green Paper

Summarising the package of proposals, the manifesto said:

> We believe this powerful combination maximises protection for pensioner households with modest assets, often invested in the family home, while remaining affordable for taxpayers. We consider it more equitable, within and across the generations, than the proposals following the Dilnot Report, which mostly benefited a small number of wealthier people.[83]

Although this last sentence did not explicitly refer to the cap when it said the "proposals following the Dilnot Report", *Community Care* magazine interpreted it as such:

> The proposals mark a significant shift on the party's previous plans to implement a £72,000 cap on people's liabilities for care, which is enshrined in the Care Act 2014 and was due for implementation in 2020. This policy was based on the 2011 report of the Dilnot Commission and was designed to insure people against catastrophic care costs. However, the manifesto said this would have 'mostly benefitted a small number of wealthier people'.[84]

Further, during an interview on the *Today* programme on the morning of the manifesto's launch, the Health Secretary, Jeremy Hunt, was interviewed about the cap and said "not only are we dropping it [the cap] but we are dropping it ahead of a General Election and we're being completely explicit in our manifesto that we're dropping it".[85]

Community Care subsequently noted that "since announced, the Conservatives' social care proposals have drawn fierce criticism from other political parties, with critics labelling the asset threshold a 'dementia tax'".[86]

On 22 May 2017, the Prime Minister stated that the cap had not been dropped, but rather an "absolute limit" on how much people have to pay for social care would be one proposal in a Green Paper that the Conservative Party would publish:

> This manifesto says that we will come forward with a consultation paper, a government green paper.
>
> And that consultation will include an absolute limit on the amount people have to pay for their care costs.
>
> So let me reiterate.
>
> We are proposing the right funding model for social care. We will make sure nobody has to sell their family home to pay for care. We will make sure there's an absolute

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82 Conservative Party, *Forward, Together – Our Plan for a Stronger Britain and a Prosperous Future*, May 2017, p65
83 Conservative Party, *Forward, Together – Our Plan for a Stronger Britain and a Prosperous Future*, May 2017, p65
84 "Conservatives pledge overhaul of social care funding", *Community Care*, 18 May 2017
85 BBC Radio 4, *Today*, 18 May 2017 (at 2:15:11)
86 "Conservatives make U-turn over cap on social care costs", *Community Care*, 22 May 2017

> limit on what people need to pay. And you will never have to go below £100,000 of your savings, so you will always have something to pass on to your family.[87]

On the Green Paper, the manifesto said:

> An efficient elderly care system which provides dignity is not merely a function of money. So our forthcoming green paper will also address system-wide issues to improve the quality of care and reduce variation in practice. This will ensure the care system works better with the NHS to reduce unnecessary and unhealthy hospital stays and delayed transfers of care, and provide better quality assurance within the care sector. We will reduce loneliness and promote technological solutions to prolong independent living, and invest in dementia research. As the majority of care is informally provided, mainly by families, we will give workers a new statutory entitlement to carer's leave, as enjoyed in other countries.[88]

6.3 Queen's Speech

The Queen's Speech in June 2017 included that "my Ministers will work to improve social care and will bring forward proposals for consultation".[89]

In a briefing that accompanied the Queen's Speech, the Government said:

- We will work to address the challenges of social care for our ageing population, bringing forward proposals for consultation to build widespread support […]
- the Government will work with partners at all levels, including those who use services and who work to provide care, to bring forward proposals for public consultation. The Government will consult on options to encourage a wider debate.
- The consultation will set out options to improve the social care system and to put it on a more secure financial footing, supporting people, families and communities to prepare for old age, and address issues related to the quality of care and variation in practice.[90]

The date for the Green Paper's publication has yet to be announced.

Further information can be found in the Library's briefing paper, *Social care: Conservative manifesto's commitments on the means-test including the £100,000 limit (England)*.

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87 Welsh Conservatives, *Theresa May: Speech at the Welsh Conservative Manifesto Launch*, 22 May 2017
88 Conservative Party, *Forward, Together – Our Plan for a Stronger Britain and a Prosperous Future*, May 2017, p65
89 HL Deb 21 June 2017 c6
90 10 Downing Street, *The Queen's Speech and Associated Background Briefing, on the Occasion of the Opening of Parliament on Wednesday 21 June 2017*, 21 June 2017, p58

Version control (from version 3.0 onwards)

3.0	23/10/17	Typos corrected, links added to new briefing paper on the Conservative's 2017 manifesto commitments, and contents checked to ensure they are up-to-date.