

Changes in the Patterns of Social Care Provision in England: 2005/6 to 2012/13

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Executive Summary

Introduction

Even before the current public spending austerity programme was introduced, the adequacy of adult social care spending was an issue of concern. This report aims to quantify what changes have taken place in net local spending and provision (recipients of care) between 2005/06 and 2012/13.

Changes in the numbers of local authority-brokered social care recipients

In principle, this question appears to be a straightforward matter of observing levels of recipients of local authority-supported adult social care. In practice, those raw data need to be adjusted for changes in social care need so that we can make consistent comparisons across the whole period.

As a result, we produced two sets of indicators of social care coverage over time: an *observed* and a *standardised* data series. The first is based on the raw data for the number of adult social care recipients collected by the Health and Social Care Information Centre. The second was generated using multivariate regression analysis to 'control for' the influence of socioeconomic indicators of social care need.

Our analyses found widespread reductions in the period 2005/06 to 2012/13 in both the observed and standardised estimates of number of adults receiving state-funded social care services on 31 March each year.

- Across all user groups, approximately 320,000 fewer people received local authority brokered social care in 2012/13 than in 2005/6. This represents a 26% reduction in the number of recipients of care. Once socio demographic changes are taken into account, our data suggest a decrease of 453,000 (36%) individuals being served if service coverage had been maintained at the levels observed in 2005/6.
- Reductions in the number of clients are particularly acute for older people: 260,000 or 31% fewer older people received services in 2012/13 than in 2005/6 (observed data). The standardised estimate of reduction was greater: 333,000 or 39% fewer clients.
- Approximately 37,000 or 24% fewer adults aged 18-64 with physical disabilities received social care support in 2012/13 than in 2005/6. The standard estimate showed a reduction of 50,000 or 33%.
- A reduction of 30,000 (21%) was observed in the number of service recipients aged 18-64 with mental health problems. The standardised estimate for this group showed the largest proportional fall in the volume of service recipients: a reduction of 48%.
- In contrast with the other client groups, the observed data showed an increase of approximately 7,000 (5%) additional adults aged 18-64 with learning disabilities receiving services. However, the standardised indicator of changes in client numbers suggest a fall in activity, with approximately 7,000 fewer service recipients in 2012/13 than in 2005/6.

The biggest reductions in the number of service recipients observed for individuals receiving services in the community rather than in institutional services.

Changes in adult social care expenditure

As with figures of social care recipients, it is important to supplement the raw totals of net expenditure with standardised estimates, produced using the same multivariate regressions we employed to produce the standardised expenditure estimates. All expenditure figures were expressed in 2012/12 prices.

Changes in levels of expenditure vary significantly depending on the user group considered, and whether the observed or standardised data are analysed.

- Aggregated across all user groups, our analysis suggests a drop in need-standardised net social care expenditure between 2005-06 and 2012/13 of approximately £1.5 billion in 2012/13 prices. Moreover, almost all reductions in expenditure are concentrated in 2010/11 and 2011/12.
- The largest reduction in expenditure levels is concentrated on services for older people. In 2012/13 prices, and including non-client income, official statistics suggest a £890 million reduction in levels of net local authority social care expenditure between 2005/6 and 2012/13. The shortfall increases to just above £1.6 billion using the standardised estimate.
- For adults 18-64 with physical disabilities, we observe a £60 million reduction in local authority net expenditure by 2012/13, which increases to £280 million using the standardised indicator.
- For adults 18 to 64 with learning disabilities, the official statistics including non-client income indicate a significant increase in observed and standardised expenditure in 2012/13 relative to 2005/6 worth just above £1 billion and £580 million, respectively.
- For adults 18-64 with mental health problems, the shortfall is £90 million and £260 million using the observed and standardised indicators, respectively

Local changes in social care coverage

- We found marked differences in the patterns of changes across local authorities and between service user groups.
- Approximately 95% of local authorities in England were observed to have reduced the number of older people receiving services in the period 2005/6 to 2012/13. Of these, the number of older people receiving services had fallen by 40% or more in approximately a third (35%) of authorities.
- The proportional changes in the volume of service users aged 18 to 64 with mental health problem between 2005/6 and 2012/12 appear to be particularly substantial: nearly a third of authorities reduced the number of individuals receiving services by at least 50%. In many cases, these reductions are linked to significant falls in the numbers of people receiving information and advice services, or using services such as day care. However, there are some problems with data consistency for this client group.

Analysis caveats

Some caveats need to be borne in mind when interpreting the results

- Some of the reductions in service provision could be linked to the successful implementation of prevention and reablement schemes.
- Some individuals receiving reablement might not be counted in the numbers of reported by the Information Centre
- People receiving services from voluntary organisations funded through block grants are not reflected in the statistics. However, local authorities have reduced the amount of those services that they fund.

Discussion

- Overall, the findings indicate significant reductions in service provision both in terms of its coverage (numbers of people receiving care) and in terms of the amount of public resources invested (net expenditure).
- The size of the reduction in the number of service users supported by local authorities in recent years appears to be significantly more acute than changes in the local authority eligibility thresholds.
- Notwithstanding the caveats listed above, the scale of reductions in spending and provision are almost certainly without precedent in the history of adult social care.

Background and objectives of the analysis

In recent years, public concern has increased about the potential impact of reductions in public spending on the social care system and on its capacity to support older people and adults with mental and physical disabilities in England. In addition, the close interdependence between social care and NHS provision has raised questions about the impact of the significant cuts in local authority expenditure on patient flows and outcomes, notwithstanding the commitment to provide real growth in health resources.

In previous papers, we have explored the nature of the criteria used for determining social care eligibility in England, differences in their implementation at the local level and recent changes in minimum eligibility thresholds (Fernandez, Snell, Forder, & Wittenberg, 2013; Fernandez & Snell, 2012). The aim of the present paper is to quantify the changes in levels of social care service provision that have taken place in recent years¹, focusing on two indicators: the number of adults receiving local authority brokered social care support and the levels of net local authority adult social care expenditure.

When comparing trends in social care activity through time, it is important to take into account possible changes in the underlying need for services. The ageing of the population, for instance, has been generally predicted to increase the level of need for social care services amongst older people. In such cases, constant levels of service provision through time would imply a reduction in the level of support per person or unit of need". Analysing whether service levels increase or decrease through time in the sense of changes in the likelihood that individuals with a given level of care needs have of receiving local authority brokered support and in the intensity of the support they receive requires us therefore to "control for" possible changes through time in need-related factors. In this report, we deal with this issue by presenting two sets of estimates. First, we present the 'raw' data on local authority provision as collected and aggregated annually by the Health and Social Care Information Centre. In addition, we have used multivariate regression methods in order to produce a set of standardised estimates of social care provision. This second set of estimates enables us to take into account socio demographic changes which potentially impact on the level and pattern of need. Throughout the report, we refer to these data as the 'standardised' estimates of levels of provision.

Overall, the findings suggest that in the recent past significant reductions in raw and standardised levels of service provision have taken place across all user groups with the exception (albeit very limited) of provision for people with a learning disability. The extent of these reductions in service provision varies significantly across local authorities, but appears to be concentrated on social care clients living in the community, typically those with the lowest levels of need. These reductions are particularly significant when consideration is taken of inflation and of increases in the levels of need linked to, amongst other things, demographic patterns.

¹ 2005 was chosen as the start date for the analysis to provide a reasonably long "observation" period whilst guaranteeing compatibility of the data indicators used in the analysis through time.

Data and methods

In order to explore the nature of targeting shifts across councils as well as nationally, our analysis focused on levels of service provision (in terms of client numbers) and corresponding expenditure as reported at the local authority level. Local authority returns covering the period from 2005/6 to 2012/13 were collated from Social Services Activity and Expenditure and Unit Cost data published by the Health and Social Care Information Centre².

The indicator of the number of service recipients, taken from annual Referrals, Assessments and Packages of Care (RAP) data, refers to the number of clients on the local authority books on 31 March at the end of the given financial year. This indicator could be interpreted as representing the stock of adult social care recipients helped by local authority social care departments at a single point in the year. The Health and Social Care Information Centre also provides figures relating to the flows of individuals receiving social care support over the course of the financial year, but those figures were not used in the present report. They would be expected to magnify the observed reductions in care patterns, as they contain a greater proportion of relatively low need individuals who receiving short-term care packages.

There are some limitations in the comparability across years of the indicators of client numbers in the RAP returns. Changes in the numbers of clients recorded against individual services may be influenced by revisions to guidelines around data collection – such as the revisions to the definitions of professional support in 2008/9 - as well as reflecting genuine changes in patterns of receipt. The sensitivity of our findings to such reporting or definitional changes at the local authority level will vary according to the proportion of clients affected: recipients of professional support, for example, comprised over three quarters of all services users with mental health needs in 2008/9, compared to only 19 per cent of adults aged 65 and over. Data relating to users with mental health needs are also understood to be particularly susceptible to data quality issues due to the relatively high number of third party suppliers involved in the data collection process.

At the point of drafting this report, local authority data for 2012/13 were provisional; data for earlier years are final. In keeping with the classifications used for the reporting of social care data by local authorities, our analyses focused on mutually exclusive groups of clients: older people (all adults aged 65 and above), adults aged 18-64 with a physical disability or sensory impairment (PD), adults aged 18-64 with a learning disability (LD) and adults aged 18-64 with a mental health problem (MHP). Clients aged 18-64 categorised in Health and Social Care Information Centre data as 'substance misuse' and 'other vulnerable people' were excluded from analysis due to small numbers (these groups accounted for less than one per cent of service users in 2012/13).

These data were supplemented with additional council-level data from a range of sources to build the annual profiles of key local need-related factors in order to produce our 'standardised' estimates of care levels (see Table 1).

² National levels of receipt and expenditure are based upon the aggregation of local authority level data from the Health and Social Care Information Centre. In cases where individual local authority data are missing, provisional or rounded due to small numbers, these figures may vary slightly from national totals as reported by the Health and Social Care Information Centre.

Table 1 Main data sources for local authority characteristics

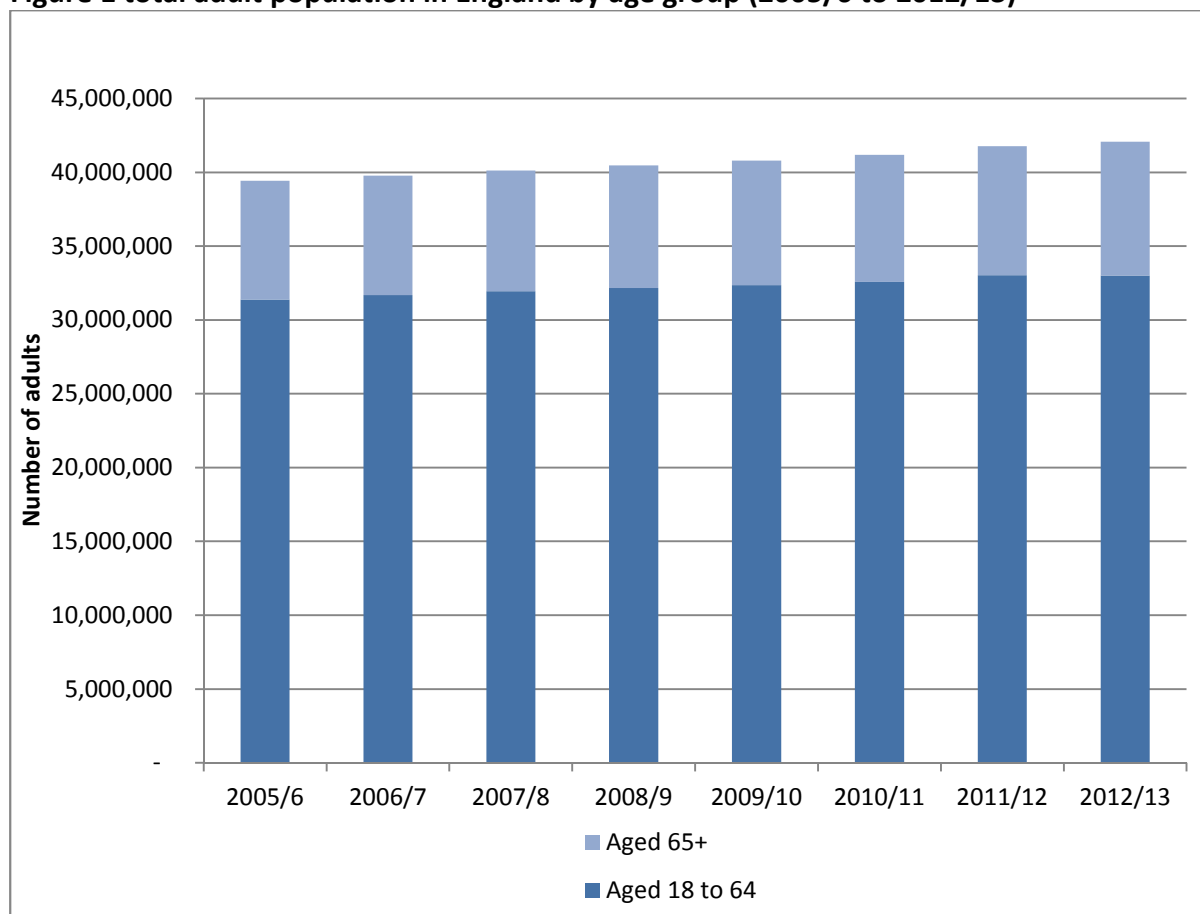
Indicator	Source
Referrals, Assessments and Packages of Care (RAP)	Health and Social Care Information Centre / National Adult Social Care Intelligence Service
Personal Social Services Expenditure data	Health and Social Care Information Centre / National Adult Social Care Intelligence Service
Local authority area classifications	Office for National Statistics
Population age and gender profiles	Office for National Statistics
Disability-free life expectancy	Office for National Statistics
Indices of deprivation	Department for Communities and Local Government
Standardised Mortality Ratios	Office for National Statistics
Rates of limiting longstanding illness	Census 2001 and 2011
Levels of informal care provision	Census 2001 and 2011
Levels of receipt of Attendance Allowance	Department for Work and Pensions
Population density	Office for National Statistics

Further data standardisation was necessary in relation to spending to discount the effect of inflation (changes in prices) on the capacity of the system to purchase services. We have used the GDP deflator (in line with the methodology used by the Health and Social Care Information Centre) in order to express expenditure trends in 2012/13 prices. All the analyses of expenditure trends in the report were also carried out using the PSSRU unit cost deflator (Curtis, 2012) to test for the impact of possible differentials between changes in general prices and care costs. However, no significant differences in the results were identified as a result.

By collecting the indicators in Table 1 for the period 2005/6 to 2012/13 for all English local authorities, we built a panel dataset which we could analyse using panel regression methods. As indicated above, these methods were used to derive *standardised* indicators of changes in the levels of service provision and funding relative to 2005 levels.

The importance of accounting for growing levels of social care demand is illustrated by Figure 1. According to ONS mid-year population estimates, the adult population increased by seven per cent between 2005 and 2012, from approximately 39.4 million to 42.1 million adults aged 18 and over. Over the same period, the number of adults aged 65 and over increased by approximately 12% from 8.1 million to 9.1 million. Assuming the prevalence of social care need by age group and social care coverage remained constant over the period, this means that for the social care system to provide the same levels of support in 2012 as in 2005 (in terms of providing the same levels of care to the same types of individuals) the number of clients aged 18 to 64 and over 64 years of age would need to increase of 5% and 12%, respectively.

Figure 1 total adult population in England by age group (2005/6 to 2012/13)



Source: Office for National Statistics (ONS)

In addition to demographic trends, our analysis attempted to control additional factors associated with changes in social care demand by including in the models the following indicators: typology of local authority (local authority area classification); gender profiles; indices of deprivation; standardised mortality ratios; rates of limiting longstanding illness; levels of informal care provision; uptake of Attendance Allowance and population density. Linear interpolations of the age- and gender-specific prevalence of limiting longstanding illness and levels of informal care provision from the 2001 and 2011 Censuses were applied to the underlying population estimates for each year, and 2011 levels assumed to apply to the 2012/13 financial year. Local variation in disability-free life expectancy was assumed to remain unchanged across all years of the analysis.

Recent trends in the number of adults receiving social care services

Table 2 and Figure 2 to Figure 6 show the trends in the number of recipients of local authority supported social care services over the period 2005/6 to 2012/13. The (observed and standardised) differences in the number of recipients relative to 2005/6 are illustrated in Table 3.

The figures indicate widespread reductions in the recorded number of adults receiving state-funded social care services on 31 March of each of the years observed.

- Across all user groups, there are approximately 320,000 fewer people receiving local authority brokered social care in 2012/13 than in 2005/6. This represents a 26% reduction in the number of recipients of care.
- The reductions in the number of clients are particularly acute for older people: 260,000 fewer older people received services in 2012/13 than in 2005/6, which corresponds to a 31% reduction in the volume of service recipients.
- Approximately 37,000 fewer adults 18-64 with physical disabilities received social care support in 2012/13 than in 2005/6, equivalent to a 24% reduction in the volume of service users in that group. A smaller but still very notable 21% reduction in the number of service recipients is observed amongst adults 18-64 with mental health problems (equivalent to 30,000 fewer clients in 2012/13 than in 2005/6).
- In contrast with the other client groups, official statistics suggest a small increase of approximately 7,000 additional adults 18-64 with learning disabilities receiving services over the period 2005/6 to 2012/13 (this corresponds to a 5% increase in the volume of clients).

The largest reductions in the number of service recipients are observed for individuals receiving services in the community. This is likely to reflect the fact that people with the lowest levels of need, who generally live in the community, have been disproportionately affected by the hardening of local eligibility thresholds.

Standardised indicators of changes in the number of clients

Controlling for changes through time in sociodemographic patterns provides a picture of even greater reductions in the levels of service provision.

- Amongst older people, the standardised estimate of reduction in the number of clients increases from 260,000 to 333,000 fewer clients, equivalent approximately to a 39% reduction in the number of older clients.
- For adults 18 to 64 with physical disabilities, the estimate of the shortfall in the number of clients once standardised for changes in sociodemographic patterns increases from 25% to 33%, or in other words from 37,000 to 50,000 fewer clients.
- The largest proportional reduction in the volume of service recipients following standardisation is identified for adults 18 to 64 with a mental health problem. For that client group, the standardised reduction in the number of clients rises from 30,000 to 63,000 fewer clients, equivalent to a reduction of 48% in the volume of service recipients.
- Even for the learning disability user group, the standardised indicator of changes in client numbers suggest a fall in activity, with approximately 7,000 fewer service recipients in 2012/13 than in 2005/6.

Across all user groups, the results suggest that once sociodemographic changes are taken into account the social care system appears to be serving approximately 453,000 fewer clients than it would be necessary if it were to maintain the level of coverage observed in 2005/6. This is equivalent to a 36% reduction in the number of clients across all user groups.

Table 2 Number of clients (000s) on the books to receive community and residential care services on 31 March 2005/6 to 2012/13

	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13 ¹
Older people								
Community	645	638	652	636	601	516	481	418
Resid./nursing	200	191	183	178	175	170	171	167
Total	845	830	834	813	775	686	651	584
Adults 18-64 with PD								
Community	140	142	148	147	138	123	113	105
Resid./nursing	10	10	10	10	9	9	9	9
Total	150	153	158	157	147	131	122	114
Adults 18-64 with LD								
Community	87	90	93	94	95	95	95	97
Resid./nursing	35	36	35	35	34	33	34	33
Total	123	125	128	129	129	129	129	129
Adults 18-64 with a MHP								
Community	119	134	144	149	146	118	110	91
Resid./nursing	12	12	11	11	11	11	10	10
Total	131	146	155	160	158	129	120	101
All adults								
Community	991	1,004	1,037	1,026	980	852	799	711
Resid./nursing	257	249	239	234	229	223	224	219
Total	1,249	1,254	1,275	1,259	1,209	1,075	1,022	928

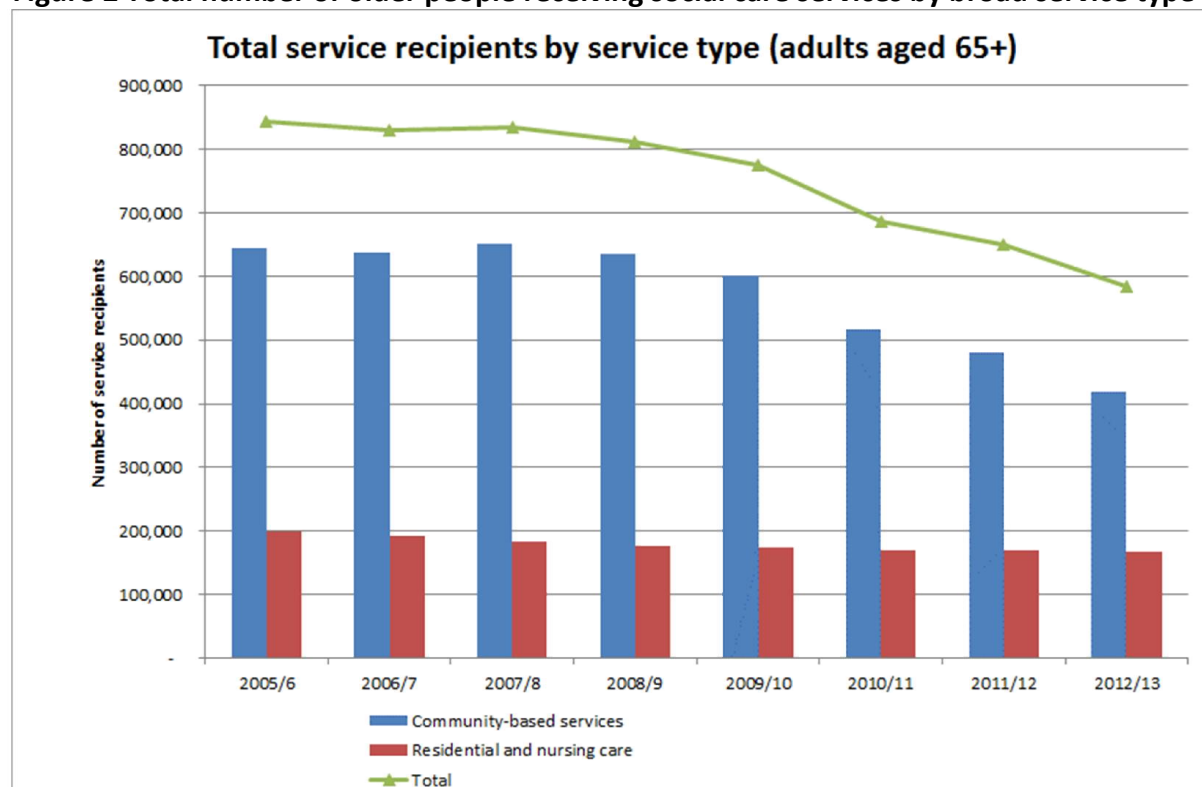
Source: Health and Social Care Information Centre; ¹ Provisional data.

Table 3 Observed and standardised changes in social care recipients (000s, 2005/6 to 2012/13)

	Older people	Adults 18-64 with PD	Adults 18-64 with LD	Adults 18-64 with a MHPP	Total
Observed changes					
2006/7	-15	3	3	14	5
2007/8	-10	8	5	24	27
2008/9	-32	7	6	29	10
2009/10	-69	-3	6	27	-39
2010/11	-159	-19	6	-2	-174
2011/12	-194	-29	6	-11	-228
2012/13	-260	-37	7	-30	-320
Standardised changes					
2006/7	-4	1	0	11	8
2007/8	7	6	0	17	30
2008/9	-27	4	-1	15	-9
2009/10	-77	-6	-3	15	-71
2010/11	-174	-23	-5	-15	-217
2011/12	-237	-37	-7	-35	-316
2012/13	-333	-50	-7	-63	-453

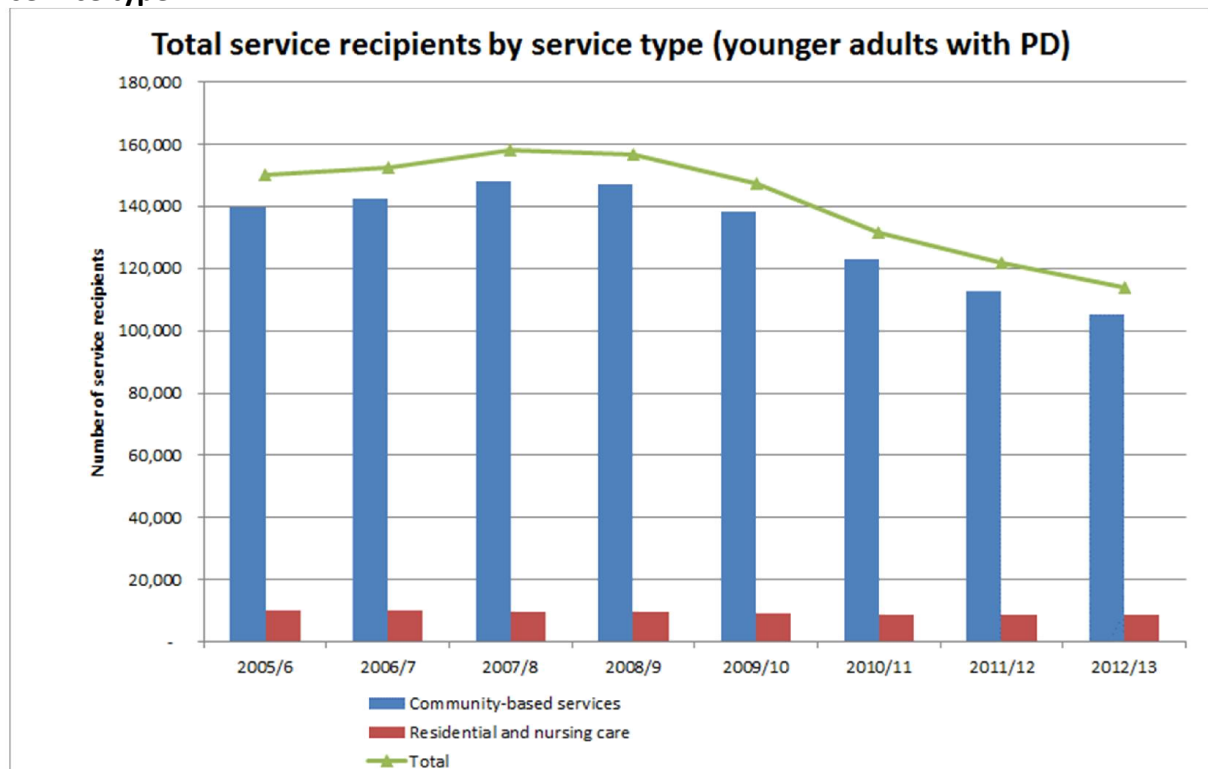
Source: Health and Social Care Information Centre; PSSRU estimates

Figure 2 Total number of older people receiving social care services by broad service type



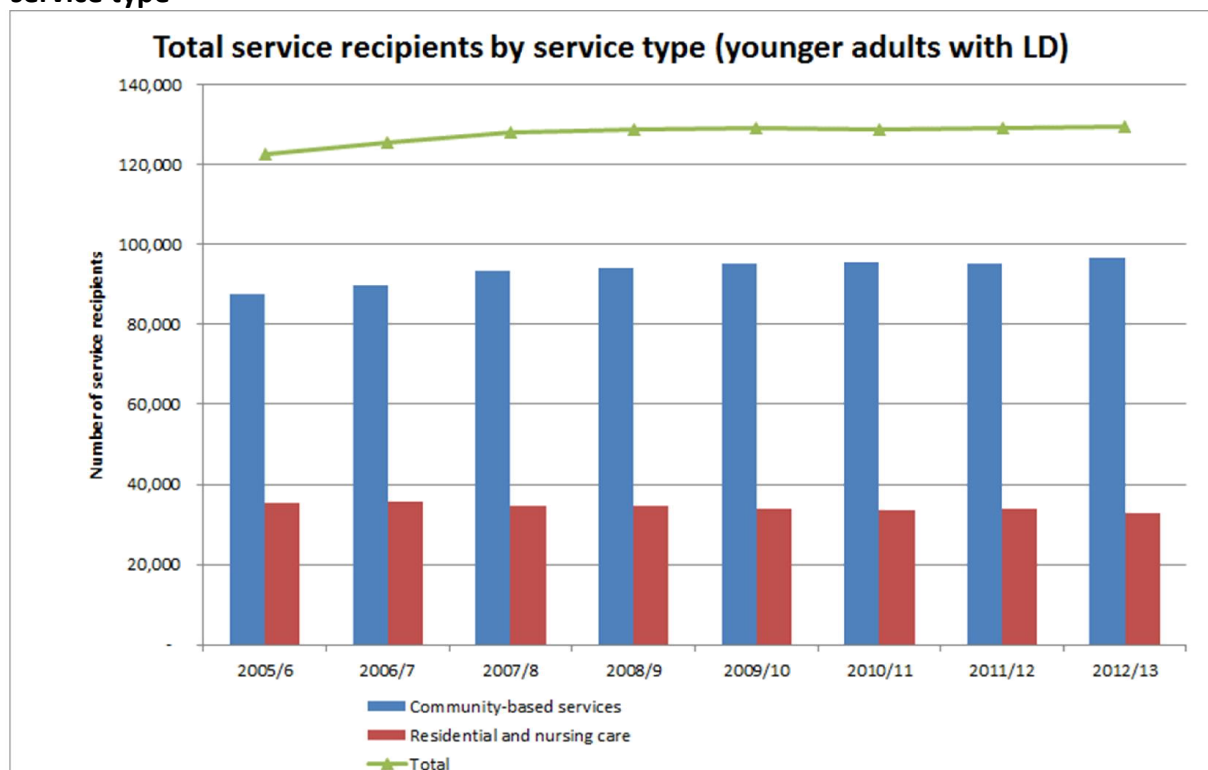
Source: Health and Social Care Information Centre

Figure 3 Total number of adults 18-64 with PD receiving social care services by broad service type



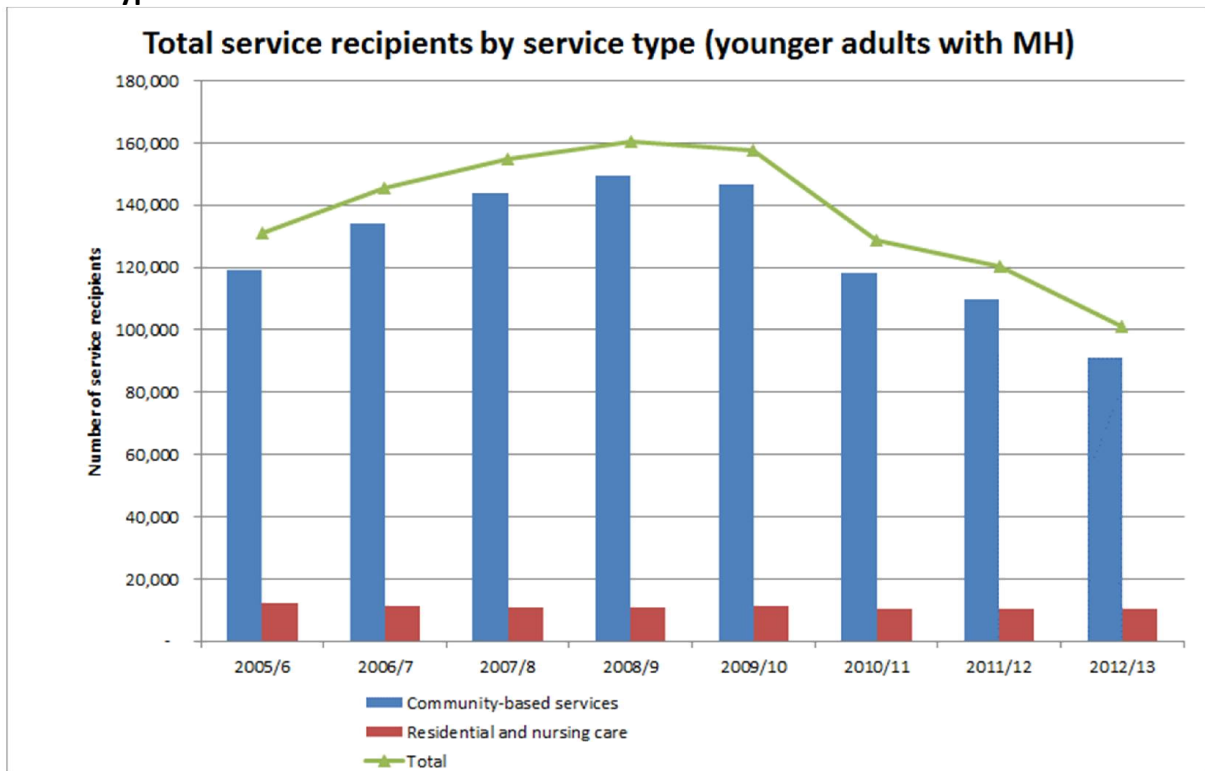
Source: Health and Social Care Information Centre

Figure 4 Total number of adults 18-64 with LD receiving social care services by broad service type



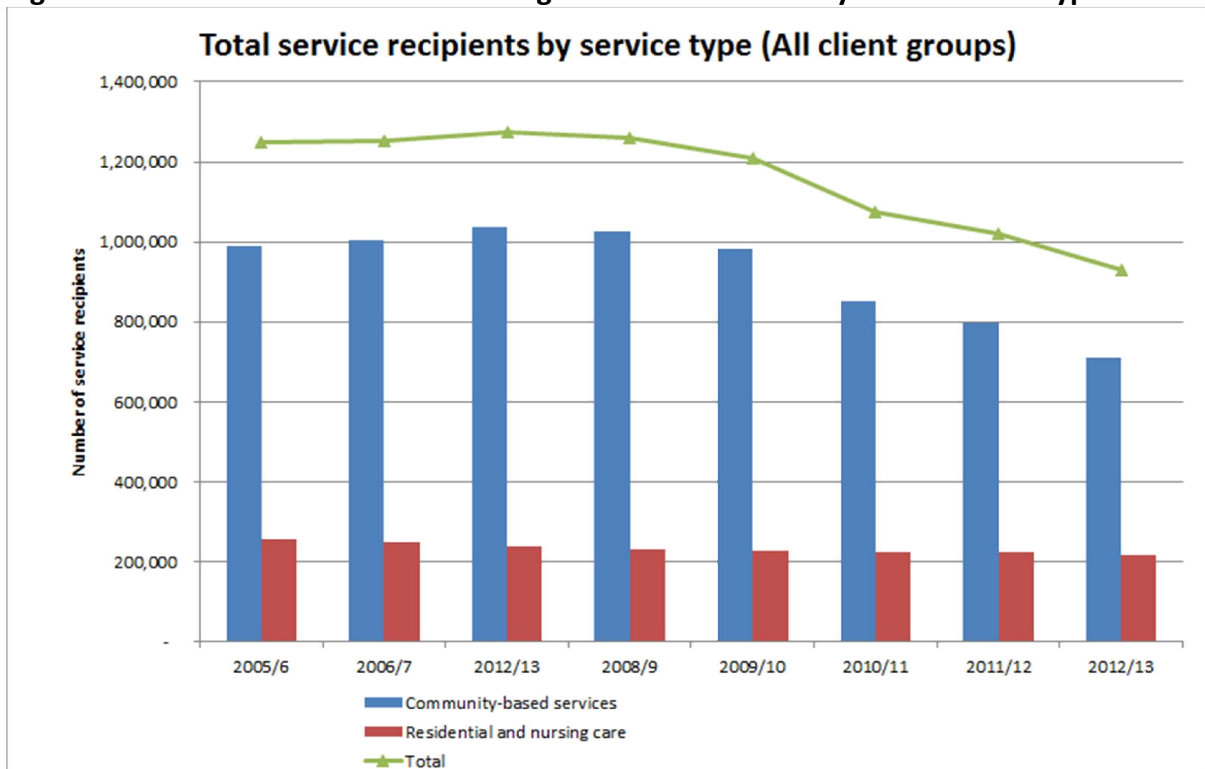
Source: Health and Social Care Information Centre

Figure 5 Total number of adults 18-64 with a MHP receiving social care services by broad service type



Source: Health and Social Care Information Centre

Figure 6 Total number of adults receiving social care services by broad service type



Source: Health and Social Care Information Centre

Recent trends in net adult social care expenditure

Table 4 and Table 5 and Figure 7 to Figure 11 provide observed and standardised levels of net social care expenditure for the four client groups and for all adults overall. Two sets of net expenditure figures are provided: net current expenditure and net current expenditure plus non-client income. The latter indicator includes expenditure funded through joint arrangements with the NHS and through direct NHS funding of social care activity. This activity is typically linked to services aimed at reducing pressure on the acute health sector, such as intermediate care services or reablement care, but it can also be used to protect social care from the effects of cuts in local government spending.

Using the expenditure plus non-client income measure allows for greater comparability across years in terms of changes to the way individual types of expenditure are recorded: services funded through the Valuing People Now initiative (focused primarily on adults with learning disabilities), for example, was recorded as 'income from NHS' by authorities until 2011/12, whereupon funding was allocated directly to CASSRs. The measure is, however, still susceptible to variation according to how stringently councils adhere to guidance around the recording of expenditure by source of funding.

All figures are expressed in 2012/13 prices. As above, standardised figures are derived by applying multivariate regression techniques in order to control for changes across the time period considered in the analysis in the sociodemographic factors listed in Table 1.

Table 6 and Table 7 provide (observed and standardised) estimates of changes in net expenditure relative to levels observed in the year 2005/6.

The observed trends broadly replicate those identified when examining changes in client numbers. Changes in levels of expenditure vary significantly depending on the user group considered, and on whether changes in underlying need factors are standardised in the analysis.

- By far the largest reduction in expenditure levels relative to the 2005/6 financial year is concentrated on services for older people. In 2012/13 prices, official statistics suggest a £1.4 billion reduction in levels of net local authority social care expenditure between 2005/6 and 2012/13. The shortfall increases to just above £2 billion using the standardised estimate.
- However, the estimated drop in expenditure on services for older people is significantly reduced when non-client income is included. In this case, the observed and standardised reductions in expenditure by the year 2012/13 falls to £890 million and £1.6 billion respectively.

For other client groups, the direction and size of the change in expenditure varies significantly depending on whether the estimate is standardised for need.

- For adults 18-64 with physical disabilities, we observe a £60 million reduction in local authority net expenditure by 2012/13, which increases to £280 million using the standardised indicator. Whether or not non-client income is taken into account does not significantly affect the estimate of change in net expenditure per capita for adults 18 to 64 with physical disabilities.
- In contrast, for adults 18 to 64 with a learning disability, non-client income significantly affects the estimate of the change in expenditure. In particular, in the year 2010/11 a

significant amount of NHS funded non-client income was redefined as net local authority expenditure. As a result, for this client group, it is possibly better to concentrate on the estimates of net current expenditure plus non-client income in Table 7.

- In contrast with the other client groups, the official statistics indicate a significant increase in observed levels of expenditure in 2012/13 relative to 2005/6, worth just above £1 billion. Once sociodemographic changes are taken into account, the estimated increase in expenditure is reduced to £580 million. Although further analysis is required to elucidate the causes of such increase in expenditure for adults 18 to 64 with a learning disability, anecdotal evidence from local authorities suggests an increase in the complexity of new cases and a reduction in the availability of informal carers for this user group linked to increases in life expectancy of service recipients with LD.
- For adults 18-64 with mental health problems, the shortfall is £90 million and £260 million using the standardised method. These figures are somewhat reduced once non-client income is included in the analysis.

Aggregated across all user groups, our analysis suggests that the need-standardised gap in levels of net social care expenditure in 2012/13 relative to the levels of expenditure in 2005/6 is approximately £1.5 billion, regardless of whether non-client income is taken into account. Moreover, it is concerning that the shortfall in expenditure, or in other words the reduction in the level of local authority investment per unit of need accelerated significantly in the last two years of the period covered by our data. In fact, almost all reductions in expenditure have been concentrated into 2010/11 and 2011/12.

Table 4 Observed and standardised net current expenditure by year (£millions in 2012/13 prices)

	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Older people								
observed	8,010	8,010	7,890	7,790	7,840	7,710	6,960	6,650
standardised	8,010	8,100	7,980	7,900	7,760	7,410	6,450	5,920
Adults 18-64 with PD								
observed	1,520	1,550	1,560	1,570	1,640	1,590	1,480	1,460
standardised	1,520	1,510	1,490	1,460	1,490	1,430	1,270	1,240
Adults 18-64 with LD								
observed	3,420	3,550	3,620	3,820	3,970	4,020	4,980	4,870
standardised	3,420	3,520	3,540	3,720	3,660	3,760	4,520	4,470
Adults 18-64 with a MHP								
observed	1,180	1,180	1,200	1,190	1,210	1,210	1,120	1,090
standardised	1,180	1,160	1,150	1,130	1,140	1,090	960	920
Total								
observed	14,130	14,290	14,270	14,370	14,660	14,530	14,540	14,070
standardised	14,130	14,290	14,160	14,210	14,050	13,690	13,200	12,550

Source: Health and Social Care Information Centre; PSSRU estimates

Table 5 Observed and standardised net current expenditure plus non-client income by year (£million in 2012/13 prices)

	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Older people								
observed	8,380	8,350	8,230	8,170	8,250	8,250	7,710	7,490
standardised	8,380	8,410	8,310	8,270	8,140	7,930	7,200	6,780
Adults 18-64 with PD								
observed	1,610	1,640	1,660	1,670	1,740	1,700	1,610	1,590
standardised	1,610	1,600	1,580	1,560	1,600	1,520	1,370	1,340
Adults 18-64 with LD								
observed	4,360	4,550	4,700	4,860	5,290	5,420	5,520	5,370
standardised	4,360	4,530	4,580	4,710	5,020	5,080	5,040	4,940
Adults 18-64 with a MHP								
observed	1,320	1,340	1,370	1,360	1,400	1,420	1,320	1,300
standardised	1,320	1,320	1,320	1,310	1,330	1,290	1,170	1,120
Total								
observed	15,670	15,880	15,960	16,060	16,680	16,790	16,160	15,750
standardised	15,670	15,860	15,790	15,850	16,090	15,820	14,780	14,180

Source: Health and Social Care Information Centre; PSSRU estimates

Table 6 Observed and standardised change in net current expenditure relative to 2005/6 by year (£million in 2012/13 prices)

	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Older people							
observed	0	-120	-220	-170	-300	-1,050	-1,360
standardised	90	-30	-110	-250	-600	-1,560	-2,090
Adults 18-64 with PD							
observed	30	40	50	120	70	-40	-60
standardised	-10	-30	-60	-30	-90	-250	-280
Adults 18-64 with LD							
observed	130	200	400	550	600	1,560	1,450
standardised	100	120	300	240	340	1,100	1,050
Adults 18-64 with a MHP							
observed	0	20	10	30	30	-60	-90
standardised	-20	-30	-50	-40	-90	-220	-260
Total							
observed	160	140	240	530	400	410	-60
standardised	160	30	80	-80	-440	-930	-1,580

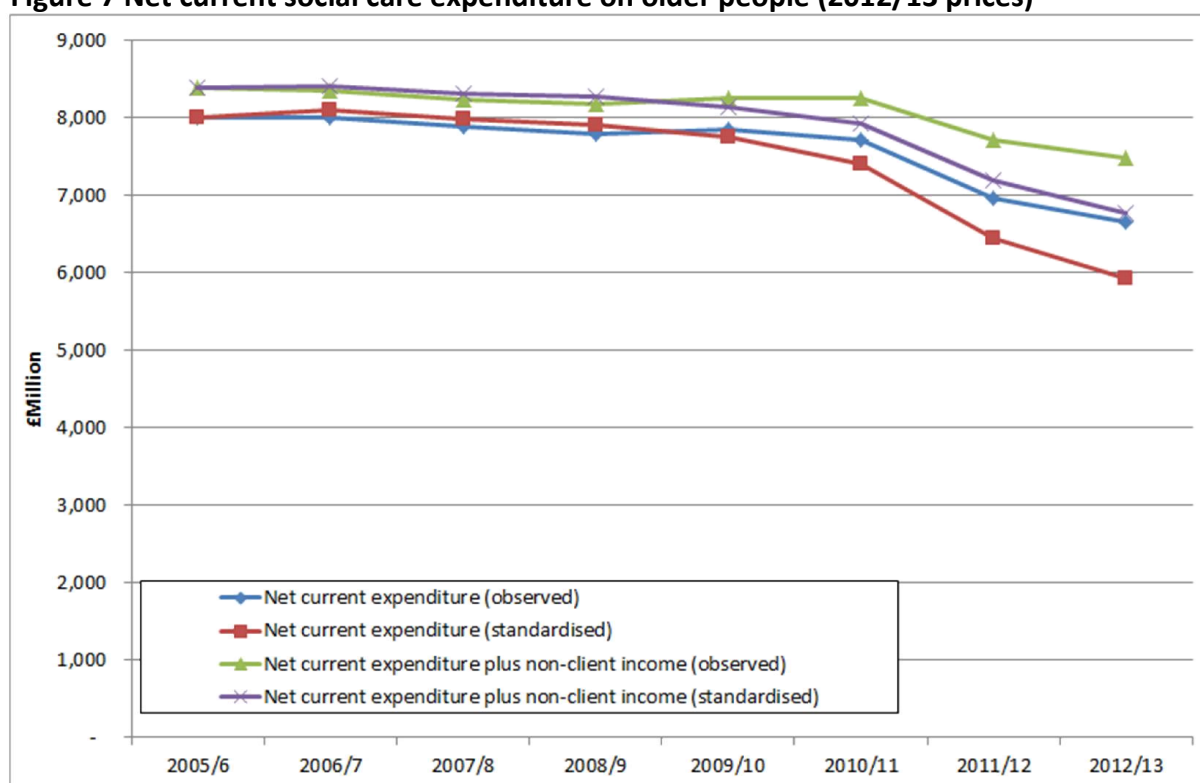
Source: Health and Social Care Information Centre; PSSRU estimates

Table 7 Observed and standardised change in net current expenditure plus non-client income relative to 2005/6 by year (£million in 2012/13 prices)

	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13
Older people							
observed	-30	-150	-210	-130	-130	-670	-890
standardised	30	-70	-110	-240	-450	-1,180	-1,600
Adults 18-64 with PD							
observed	30	50	60	130	90	0	-20
standardised	-10	-30	-50	-10	-90	-240	-270
Adults 18-64 with LD							
observed	190	340	500	930	1,060	1,160	1,010
standardised	170	220	350	660	720	680	580
Adults 18-64 with a MHP							
observed	20	50	40	80	100	0	-20
standardised	0	0	-10	10	-30	-150	-200
Total							
observed	210	290	390	1,010	1,120	490	80
standardised	190	120	180	420	150	-890	-1,490

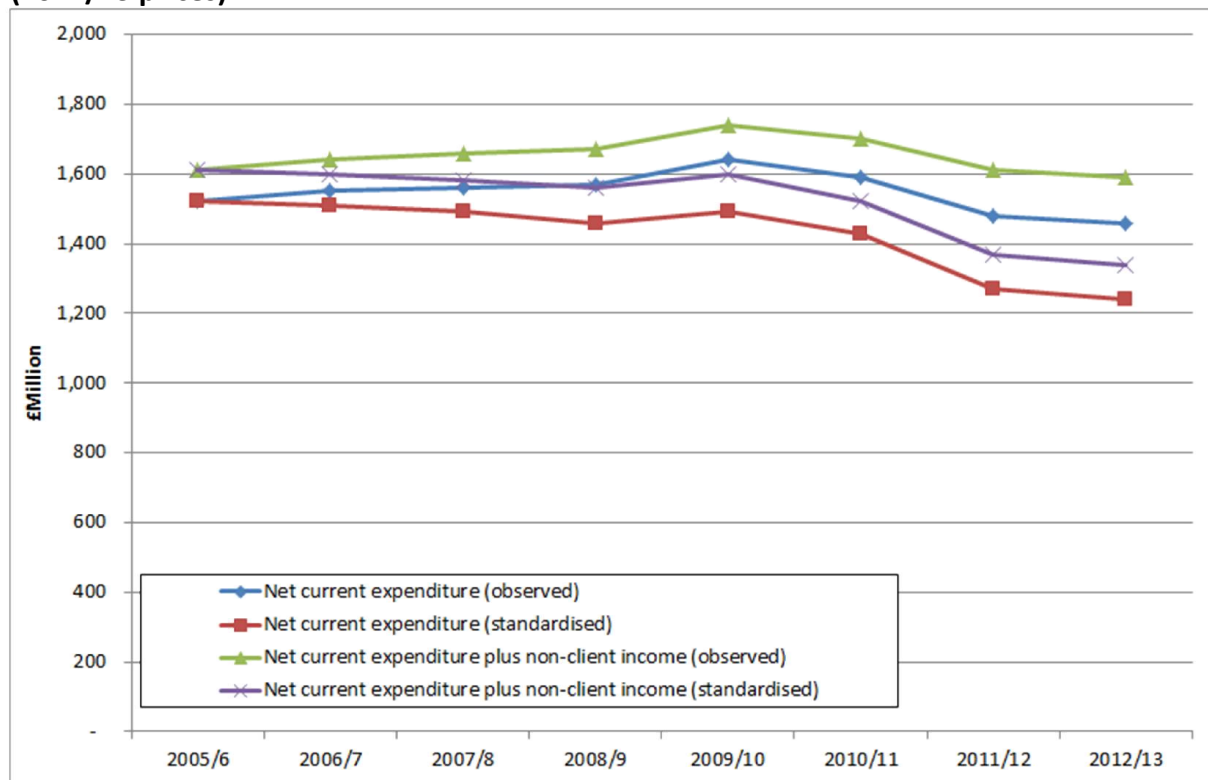
Source: Health and Social Care Information Centre; PSSRU estimates

Figure 7 Net current social care expenditure on older people (2012/13 prices)



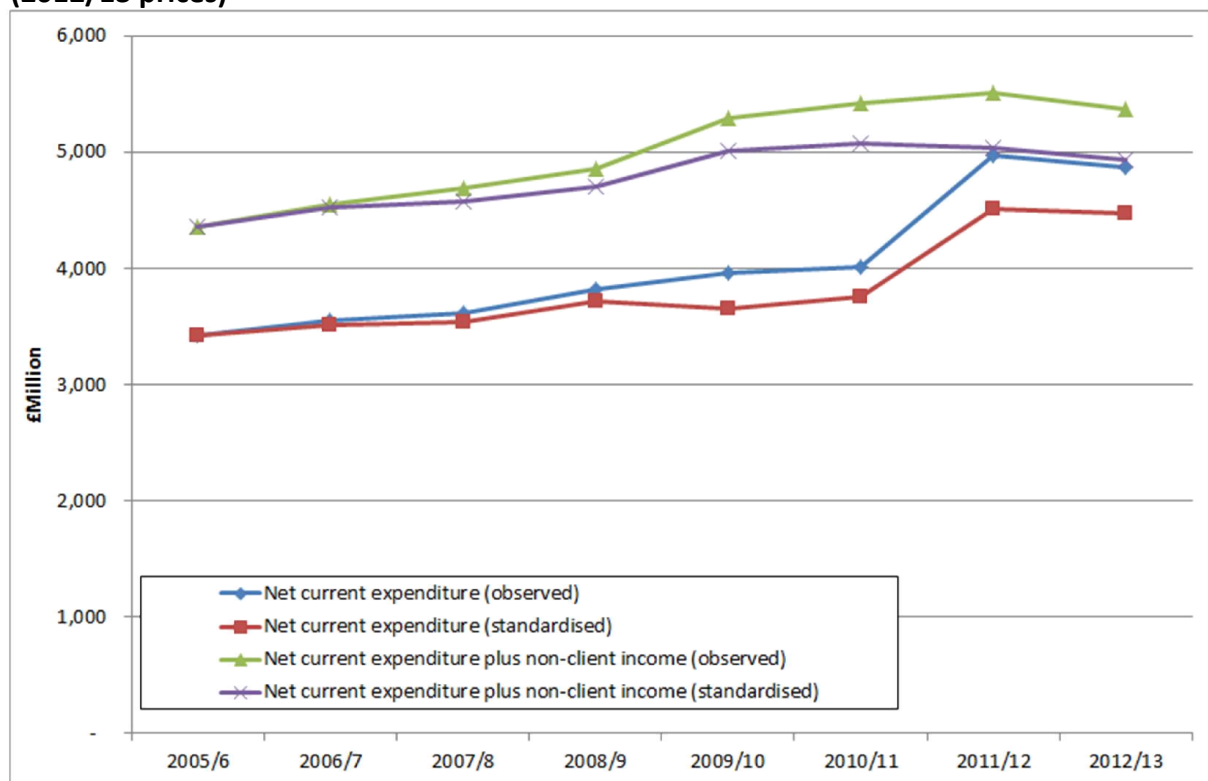
Source: Health and Social Care Information Centre; PSSRU estimates

Figure 8 Net current social care expenditure on adults 18-64 with physical disabilities (2012/13 prices)



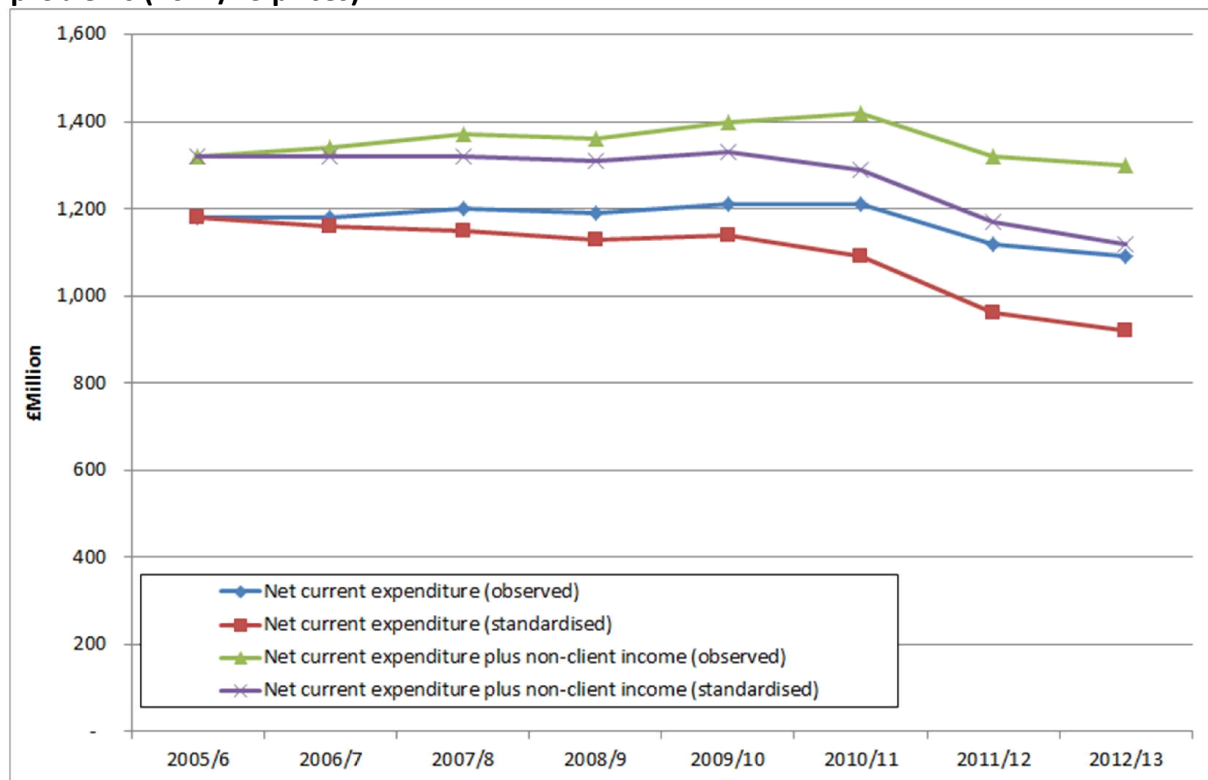
Source: Health and Social Care Information Centre; PSSRU estimates

Figure 9 Net current social care expenditure on adults 18-64 with learning disabilities (2012/13 prices)



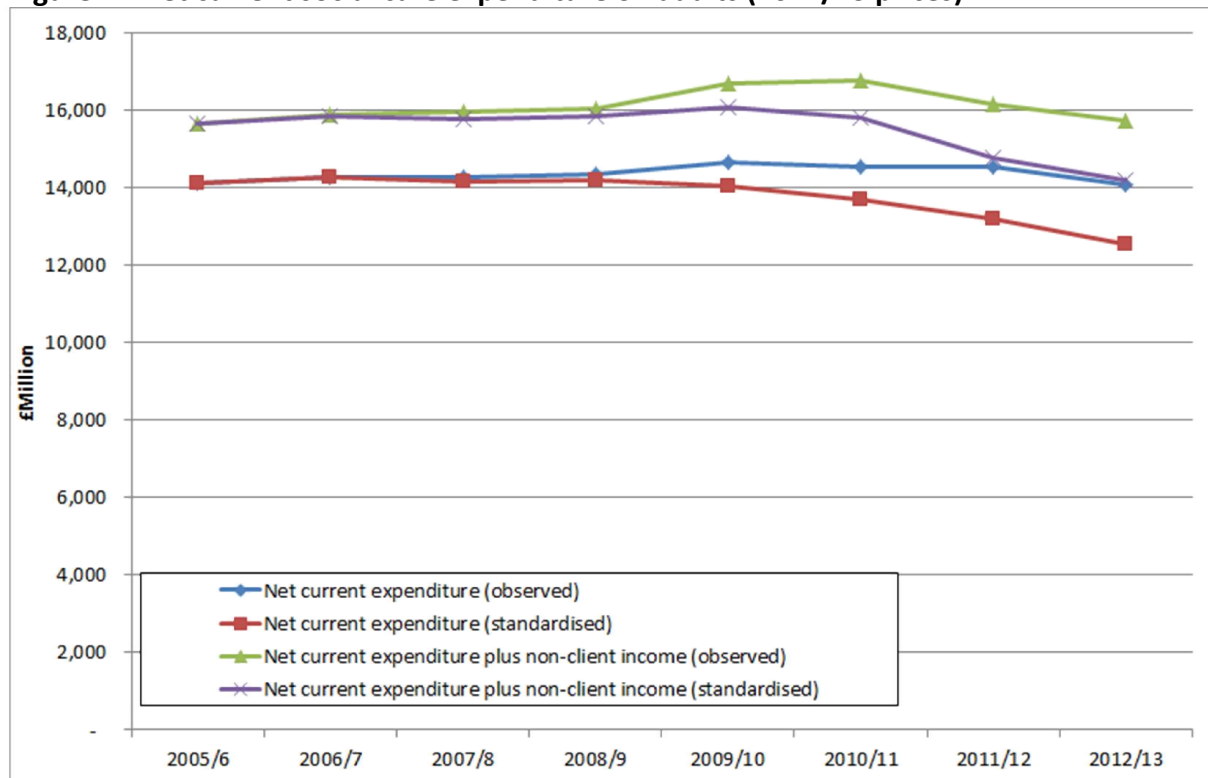
Source: Health and Social Care Information Centre; PSSRU estimates

Figure 10 Net current social care expenditure on adults 18-64 with mental health problems (2012/13 prices)



Source: Health and Social Care Information Centre; PSSRU estimates

Figure 11 Net current social care expenditure on adults (2012/13 prices)



Source: Health and Social Care Information Centre; PSSRU estimates

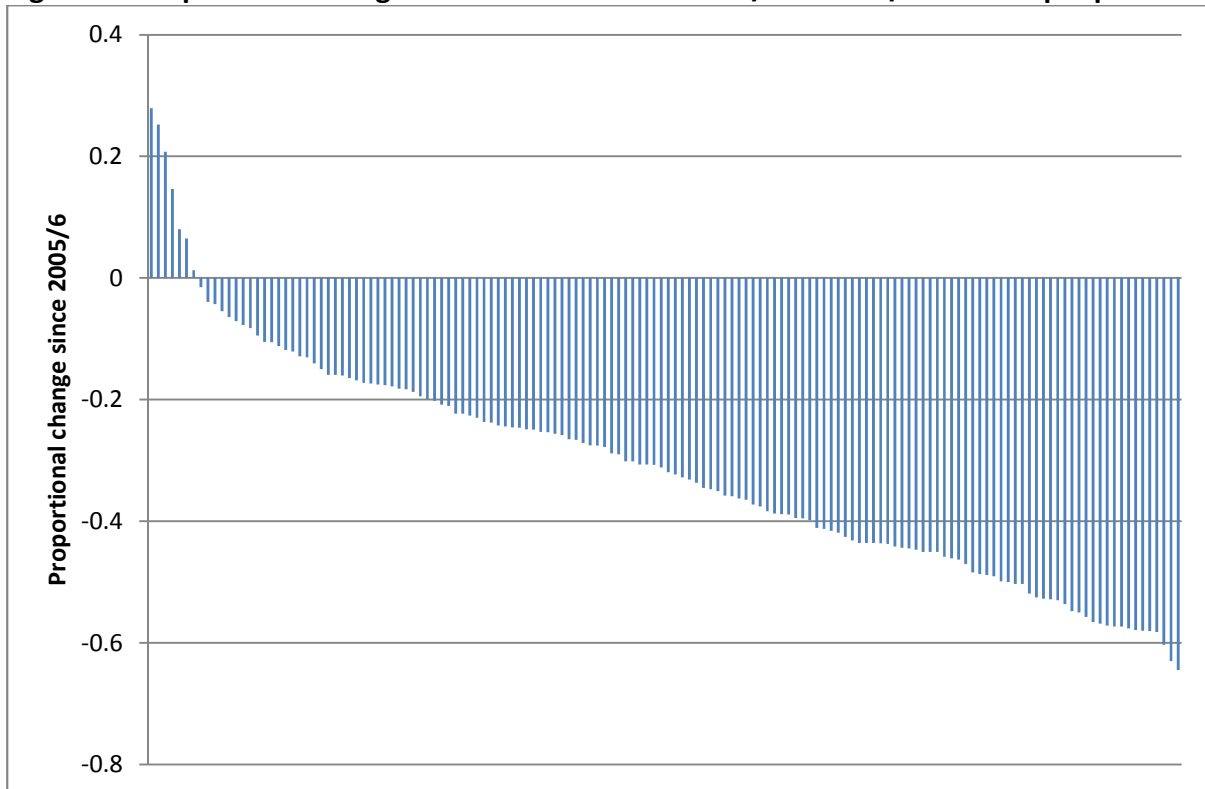
Local changes in social care coverage

Figure 12 to Figure 14 Provide the distribution across the 152 local authorities in England of the proportional changes in the number of clients by 2012/13 relative to the levels observed in 2005/6 for three client groups: older people, people 18 to 64 with physical disabilities and people 18 to 64 with a learning disability (the equivalent figure is not provided for people with mental health problems due to data quality limitations). In other words, in each of the figures, local authorities are ranked from the highest to the lowest proportional change between the two periods in the number of clients receiving local authority support, by broad user group.

Overall, the evidence suggests marked differences in the patterns of changes across local authorities and between service user groups. Substantial local variation is evident both in terms of the direction and the magnitude of shifts in the number of care recipients.

- Approximately 95% of local authorities in England experienced a reduction in the number of older people receiving services in the period 2005/6 to 2012/13. In some instances, these reductions could be very significant. Hence, approximately 35% of authorities experienced a reduction in excess of 40% in the number of older people receiving services.
- Approximately three quarters of authorities reduced the number of adults 18 to 64 with physical disabilities in their books between 2005/6 and 2012/13, and approximately one in four did so by more than 40%.
- The proportional changes in the volume of service users 18 to 64 with a mental health problem between 2005/6 and 2012/12 appear to be particularly substantial. Hence, nearly a third of authorities reduced the number of individuals receiving services by at least 50%. In many cases, these reductions are linked to significant falls in the numbers of people receiving information and advice services, or using services such as day care. We do not provide figures with the distributions of area changes for service users 18 to 64 with a mental health problem due to limitations in the data reliability.
- Although data suggest a substantial fall in the number of clients at the national level, it is important to note that individual local authority data relating to client numbers with mental health needs may be particularly susceptible to issues around the consistency of data recording. For this reason, figures showing the distribution of proportional change in numbers of clients with mental health needs according to HCSIC data have not been included in this report.
- In the case of services provided to adults 18-64 with a learning disability, a similar number of authorities reported an increase in the number of supported clients from 2007/8 to 2012/13 as reported a decrease.

Figure 12 Proportional change in number of clients 2005/6 to 2012/13 – older people



Source: Health and Social Care Information Centre

Figure 13 Proportional change in number of clients 2005/6 to 2012/13 – adults 18-64 with PD

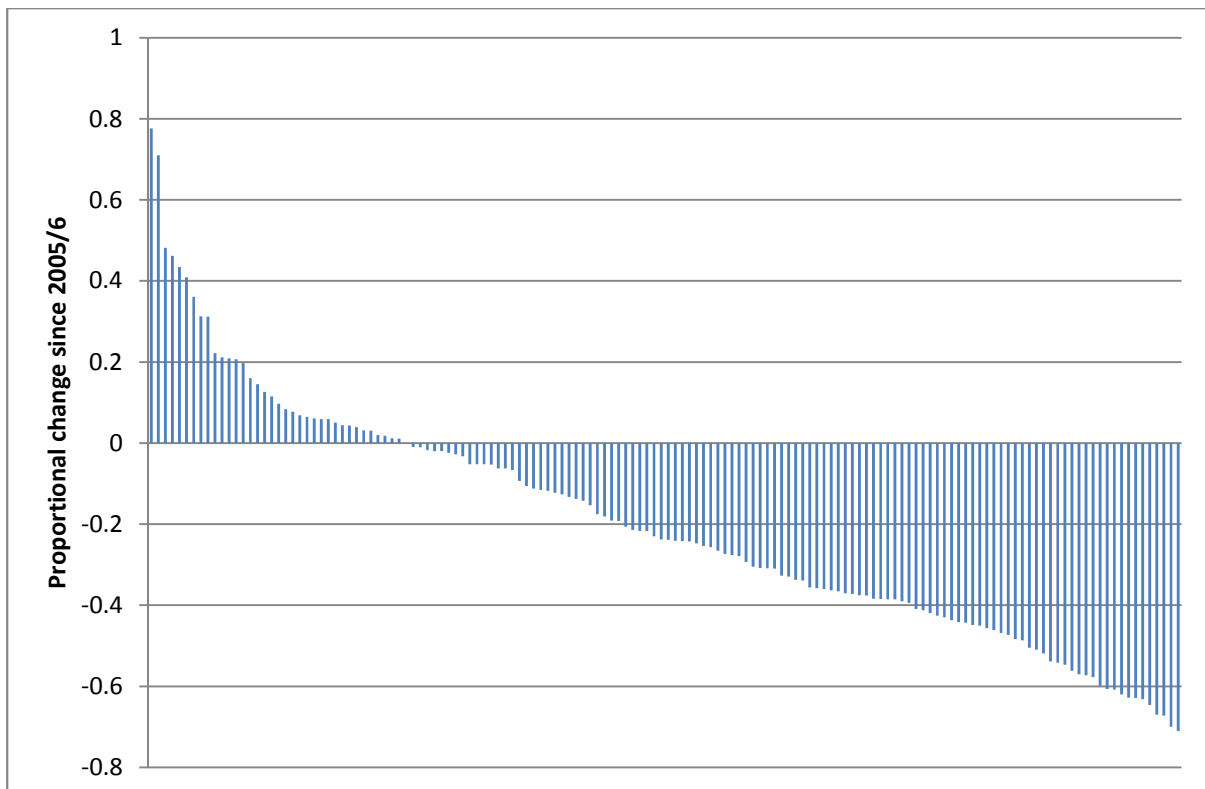
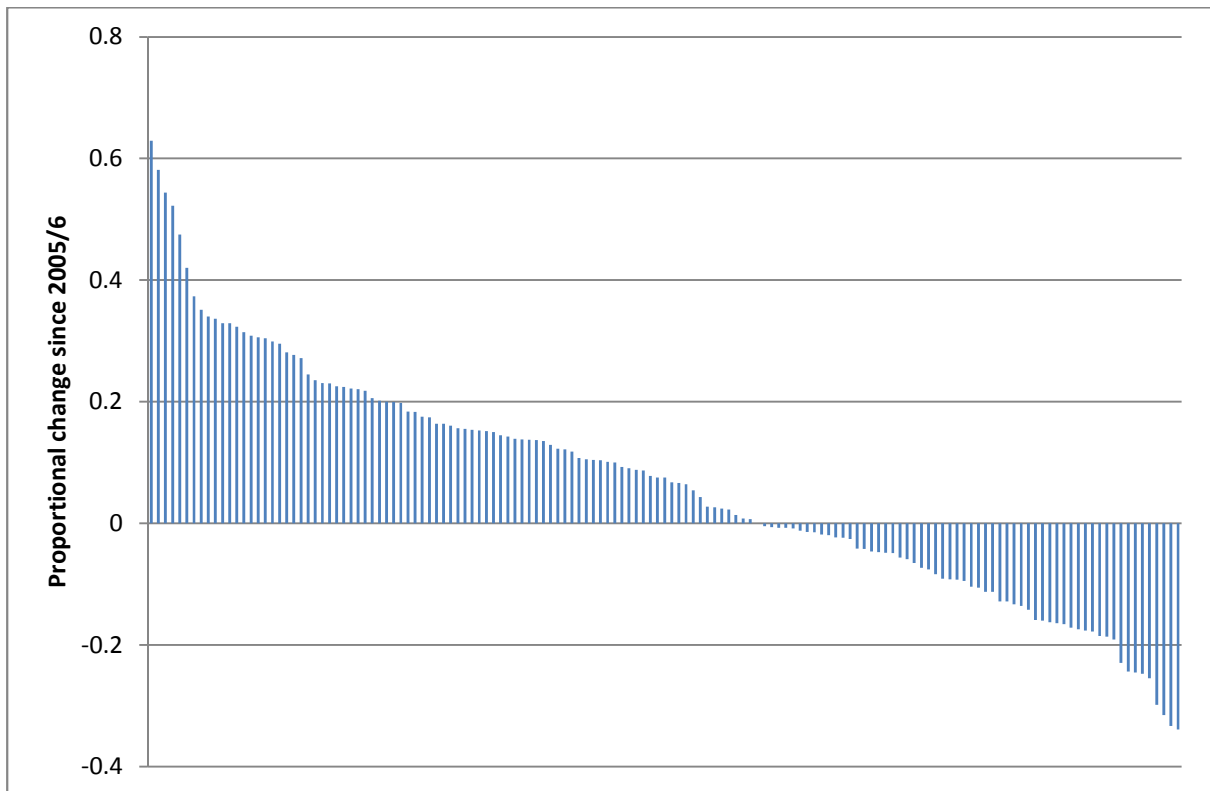


Figure 14 Proportional change in number of clients 2005/6 to 2012/13 – adults 18-64 with LD



Discussion

We began this report by noting the widespread concern about the extent and consequences of reductions in local government funding for adult social care.

Overall, the picture derived from the analyses is one of significant reductions in service provision both in terms of its coverage (numbers of people receiving care) and in terms of the amount of public resources invested (net expenditure).

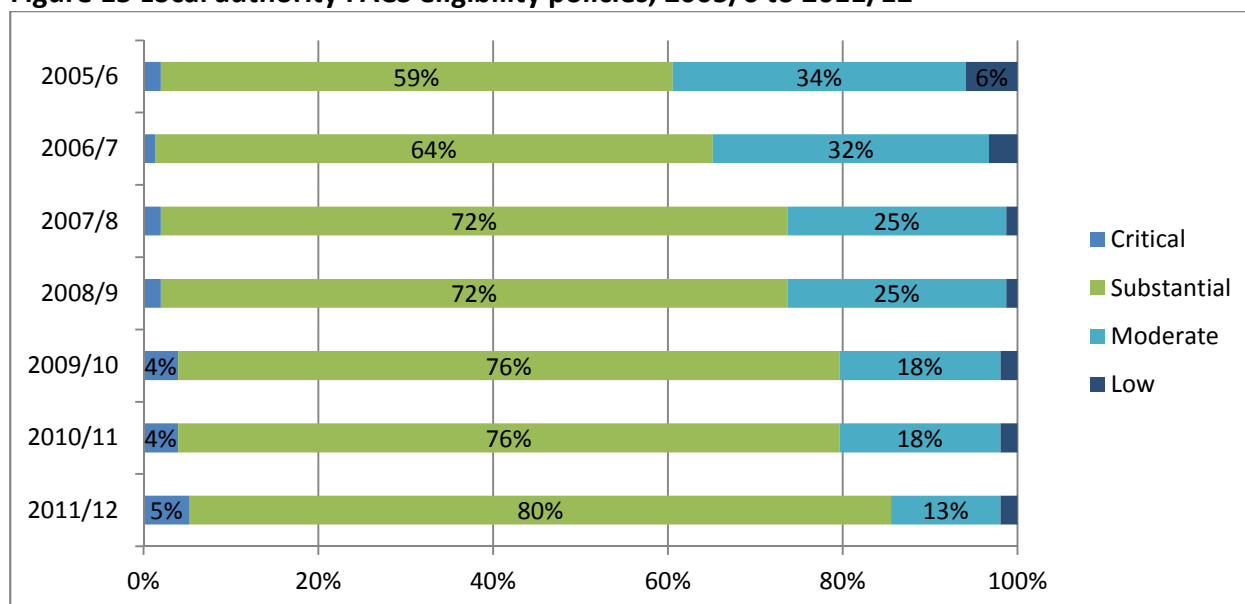
These reductions are particularly significant when consideration is taken of inflation and of increases in the levels of need linked to, amongst other things, demographic changes.

The extent of the reductions in expenditure varies significantly between user groups and between local authorities. Overall, however, the three user groups comprising the largest share of adult social care users (older people, people with physical disabilities and people with mental health problems) have all been significantly affected by the reductions in public social care coverage.

It is possible that reduced client numbers are due in part to shifts in the way resources are allocated, with councils focussing resources on those with the greatest levels of need and effecting a shift from broad, low-level provision to more targeted, intensive care packages. Even so, and to the extent that such shifts have been made, questions would then arise about the extent to which councils have been able to invest in prevention or remain embedded in a vicious circle of restricted interventions and crisis response. Similarly, to the extent that the data across all user groups show, that service levels in institutions appear less affected by reductions in activity so the shift towards supporting more people to live at home will not be readily realised.

Importantly, the size of the reduction in the volume of service users supported by local authorities in recent years appears to be significantly more acute than changes in the local authority eligibility thresholds (see Figure 15). It seems therefore that “implicit” eligibility policies (the interpretation on the ground of the stated local definitions of eligibility thresholds) might have shifted significantly through time without an equivalent reflection in terms of changes in the “explicit” local eligibility thresholds.

Figure 15 Local authority FACS eligibility policies, 2005/6 to 2011/12



A series of caveats ought to be borne in mind when interpreting the patterns observed above.

Some of the reductions in service provision could be linked to the successful implementation of prevention schemes. Some local authorities have claimed that reablement services are leading to a decrease in the demand for formal ongoing care. These effects, however, are unlikely to explain a large proportion of the trends identified.

Some individuals receiving reablement might not be counted in the numbers of community services recipients reported by the Information Centre. However, a large proportion of people receiving reablement services will go on to receive mainstream services.

People receiving services through voluntary organisations funded by local authorities through block grants are not reflected in the statistics. However, local authorities have reduced the amount of those services that they fund. From this point of view, the results might therefore underestimate the drop in service recipients.

Notwithstanding these caveats, the scale of reductions in spending and provision which we have revealed here are almost certainly without precedent in the history of adult social care. Certainly, the experience of the past two years is significantly different from that since 2005 which itself covered a period when concerns about the adequacy of funding for adult social care were also aired. (Wanless et al., 2006). For the future, although we await the announcement of the Spending Review for 2016, our study shows that the continuing pressures on local government resources currently anticipated would be implemented in services whose foundations have already been seriously eroded.

Appendix: regression results

Table 8 Older clients per older population

	Coefficient	P>t
Year 2006	-0.0011	0.548
Year 2007	-0.0001	0.952
Year 2008	-0.0041	0.044
Year 2009	-0.0103	0.000
Year 2010	-0.0219	0.000
Year 2011	-0.0286	0.000
Year 2012	-0.0378	0.000
Proportion of population with LLSI	0.3972	0.000
Proportion of population male	0.0127	0.896
Proportion of population aged 85+	-1.1329	0.000
Population density per square km	0.0000	0.529
Standardised mortality ratio	-0.0001	0.640
Disability-free life expectancy at 65	0.0005	0.652
Proportion of population providing informal care	-0.3677	0.137
Attendance Allowance recipients per capita	0.0702	0.184
ONS area type - Coastal and countryside	-0.0116	0.044
ONS area type - Industrial hinterland	0.0206	0.000
ONS area type - New and growing towns	-0.0106	0.047
ONS area type - Prospering Southern	-0.0004	0.945
LA type - outer London	-0.0297	0.001
LA type - metropolitan district	-0.0144	0.047
LA type - shire county	-0.0285	0.005
LA type - unitary authority	-0.0211	0.015
Constant	0.1065	0.032

Random effects panel model

Table 9 Adults 18-64 with PD receiving services per younger adult population

	Coefficient	P>t
Year 2006	0.0000	0.913
Year 2007	0.0002	0.151
Year 2008	0.0001	0.311
Year 2009	-0.0001	0.288
Year 2010	-0.0007	0.000
Year 2011	-0.0010	0.000
Year 2012	-0.0014	0.000
Proportion of population with LLSI	0.0274	0.001
Proportion of population male	0.0069	0.295
Proportion of population aged 85+	0.0226	0.320
Population density per square km	0.0000	0.565
Standardised mortality ratio	0.0000	0.650
Disability-free life expectancy at 65	0.0000	0.855
Proportion of population providing informal care	-0.0037	0.851
Attendance Allowance recipients per capita	-0.0026	0.503
ONS area type - Coastal and countryside	-0.0007	0.122
ONS area type - Industrial hinterland	0.0021	0.000
ONS area type - New and growing towns	-0.0001	0.771
ONS area type - Prospering Southern	0.0000	0.969
LA type - outer London	-0.0017	0.015
LA type - metropolitan district	-0.0003	0.550
LA type - shire county	-0.0007	0.363
LA type - unitary authority	-0.0006	0.413
Constant	-0.0015	0.669

Random effects panel model

Table 10 Adults 18-64 with LD receiving services per younger adult population

	Coefficient	P>t
Year 2006	0.0000	0.523
Year 2007	-0.0001	0.344
Year 2008	-0.0001	0.140
Year 2009	-0.0001	0.020
Year 2010	-0.0002	0.003
Year 2011	-0.0002	0.001
Year 2012	-0.0002	0.004
Proportion of population with LLSI	0.0057	0.179
Proportion of population male	0.0032	0.300
Proportion of population aged 85+	0.0696	0.000
Population density per square km	0.0000	0.000
Standardised mortality ratio	0.0000	0.069
Disability-free life expectancy at 65	-0.0001	0.024
Proportion of population providing informal care	-0.0161	0.122
Attendance Allowance recipients per capita	0.0022	0.251
ONS area type - Coastal and countryside	0.0002	0.389
ONS area type - Industrial hinterland	0.0005	0.017
ONS area type - New and growing towns	-0.0003	0.163
ONS area type - Prospering Southern	0.0003	0.169
LA type - outer London	-0.0007	0.057
LA type - metropolitan district	-0.0006	0.049
LA type - shire county	-0.0011	0.008
LA type - unitary authority	-0.0008	0.029
Constant	0.0028	0.111

Random effects panel model

Table 11 Adults 18-64 with a MHP receiving services per younger adult population

	Coefficient	P>t
Year 2006	0.0004	0.056
Year 2007	0.0006	0.005
Year 2008	0.0005	0.020
Year 2009	0.0005	0.033
Year 2010	-0.0004	0.155
Year 2011	-0.0010	0.000
Year 2012	-0.0018	0.000
Proportion of population with LLSI	0.0164	0.207
Proportion of population male	0.0235	0.038
Proportion of population aged 85+	0.0527	0.171
Population density per square km	0.0000	0.566
Standardised mortality ratio	0.0000	0.017
Disability-free life expectancy at 65	0.0001	0.677
Proportion of population providing informal care	0.0008	0.979
Attendance Allowance recipients per capita	-0.0177	0.006
ONS area type - Coastal and countryside	0.0012	0.105
ONS area type - Industrial hinterland	-0.0003	0.605
ONS area type - New and growing towns	0.0006	0.399
ONS area type - Prospering Southern	0.0012	0.079
LA type - outer London	-0.0026	0.026
LA type - metropolitan district	-0.0016	0.083
LA type - shire county	-0.0038	0.004
LA type - unitary authority	-0.0030	0.008
Constant	-0.0084	0.162

Random effects panel model

Table 12 Net current expenditure (£000s) on older clients per older population

	Coefficient	P>t
Year 2006	0.0103	0.305
Year 2007	-0.0034	0.752
Year 2008	-0.0133	0.261
Year 2009	-0.0294	0.022
Year 2010	-0.0675	0.000
Year 2011	-0.1743	0.000
Year 2012	-0.2248	0.000
Proportion of population with LLSI	1.6787	0.027
Proportion of population male	-0.5382	0.379
Proportion of population aged 85+	-4.6876	0.027
Population density per square km	0.0000	0.029
Standardised mortality ratio	0.0023	0.003
Disability-free life expectancy at 65	-0.0108	0.154
Proportion of population providing informal care	-11.0588	0.000
Attendance Allowance recipients per capita	2.0445	0.000
ONS area type - Coastal and countryside	-0.0368	0.406
ONS area type - Industrial hinterland	0.0334	0.330
ONS area type - New and growing towns	-0.1091	0.008
ONS area type - Prospering Southern	0.0170	0.682
LA type - outer London	-0.2907	0.000
LA type - metropolitan district	-0.1938	0.000
LA type - shire county	-0.3574	0.000
LA type - unitary authority	-0.3347	0.000
Constant	0.9477	0.004

Population-averaged panel-data models, log link, Gamma distribution

Table 13 Net current expenditure (£000s) on adults 18-64 with PD per younger adult population

	Coefficient	P>t
Year 2006	-0.0040	0.817
Year 2007	-0.0185	0.317
Year 2008	-0.0323	0.110
Year 2009	-0.0136	0.532
Year 2010	-0.0558	0.019
Year 2011	-0.1497	0.000
Year 2012	-0.1722	0.000
Proportion of population with LLSI	-0.4990	0.677
Proportion of population male	2.6932	0.008
Proportion of population aged 85+	20.6431	0.000
Population density per square km	0.0000	0.523
Standardised mortality ratio	0.0064	0.000
Disability-free life expectancy at 65	-0.0159	0.182
Proportion of population providing informal care	-3.1982	0.277
Attendance Allowance recipients per capita	0.6922	0.239
ONS area type - Coastal and countryside	-0.0622	0.372
ONS area type - Industrial hinterland	0.1266	0.019
ONS area type - New and growing towns	-0.0045	0.945
ONS area type - Prospering Southern	-0.0361	0.578
LA type - outer London	-0.3477	0.001
LA type - metropolitan district	-0.1596	0.066
LA type - shire county	-0.2976	0.013
LA type - unitary authority	-0.3587	0.000
Constant	-4.5095	0.000

Population-averaged panel-data models, log link, Gamma distribution

Table 14 Net current expenditure (£000s) on adults 18-64 with LD per younger adult population

	Coefficient	P>t
Year 2006	0.0249	0.188
Year 2007	0.0295	0.142
Year 2008	0.0751	0.001
Year 2009	0.0601	0.010
Year 2010	0.0827	0.001
Year 2011	0.2676	0.000
Year 2012	0.2554	0.000
Proportion of population with LLSI	-0.0992	0.926
Proportion of population male	3.0320	0.003
Proportion of population aged 85+	12.3787	0.000
Population density per square km	0.0000	0.002
Standardised mortality ratio	0.0018	0.173
Disability-free life expectancy at 65	-0.0054	0.609
Proportion of population providing informal care	-4.4521	0.089
Attendance Allowance recipients per capita	1.2203	0.030
ONS area type - Coastal and countryside	0.0477	0.435
ONS area type - Industrial hinterland	0.1564	0.001
ONS area type - New and growing towns	-0.0631	0.264
ONS area type - Prospering Southern	0.1391	0.014
LA type - outer London	-0.3503	0.000
LA type - metropolitan district	-0.1999	0.009
LA type - shire county	-0.4350	0.000
LA type - unitary authority	-0.4225	0.000
Constant	-3.2376	0.000

Population-averaged panel-data models, log link, Gamma distribution

Table 15 Net current expenditure (£000s) on adults 18-64 with a MHP per younger adult population

	Coefficient	P>t
Year 2006	-0.0157	0.385
Year 2007	-0.0272	0.168
Year 2008	-0.0363	0.096
Year 2009	-0.0323	0.174
Year 2010	-0.0717	0.006
Year 2011	-0.1679	0.000
Year 2012	-0.2037	0.000
Proportion of population with LLSI	7.4678	0.000
Proportion of population male	4.4496	0.000
Proportion of population aged 85+	11.0399	0.007
Population density per square km	0.0000	0.751
Standardised mortality ratio	-0.0001	0.951
Disability-free life expectancy at 65	-0.0068	0.660
Proportion of population providing informal care	-15.5581	0.000
Attendance Allowance recipients per capita	-0.3112	0.653
ONS area type - Coastal and countryside	-0.1706	0.063
ONS area type - Industrial hinterland	-0.0180	0.800
ONS area type - New and growing towns	-0.1998	0.019
ONS area type - Prospering Southern	0.0565	0.511
LA type - outer London	-0.5632	0.000
LA type - metropolitan district	-0.2441	0.031
LA type - shire county	-0.6936	0.000
LA type - unitary authority	-0.6282	0.000
Constant	-4.5662	0.000

Population-averaged panel-data models, log link, Gamma distribution

Table 16 Net current expenditure plus non-client income on older clients (£000s) per older population

	Coefficient	P>t
Year 2006	0.0036	0.702
Year 2007	-0.0078	0.449
Year 2008	-0.0120	0.289
Year 2009	-0.0262	0.034
Year 2010	-0.0472	0.000
Year 2011	-0.1235	0.000
Year 2012	-0.1606	0.000
Proportion of population with LLSI	2.0223	0.010
Proportion of population male	-0.1767	0.767
Proportion of population aged 85+	-4.0565	0.054
Population density per square km	0.0000	0.262
Standardised mortality ratio	0.0019	0.010
Disability-free life expectancy at 65	-0.0138	0.081
Proportion of population providing informal care	-12.4750	0.000
Attendance Allowance recipients per capita	1.8469	0.000
ONS area type - Coastal and countryside	-0.0365	0.432
ONS area type - Industrial hinterland	0.0434	0.227
ONS area type - New and growing towns	-0.1097	0.011
ONS area type - Prospering Southern	0.0099	0.820
LA type - outer London	-0.3111	0.000
LA type - metropolitan district	-0.2314	0.000
LA type - shire county	-0.4266	0.000
LA type - unitary authority	-0.3802	0.000
Constant	1.0652	0.001

Population-averaged panel-data models, log link, Gamma distribution

Table 17 Net current expenditure plus non-client income (£000s) on adults aged 18-64 with PD per younger adult population

	Coefficient	P>t
Year 2006	-0.0067	0.712
Year 2007	-0.0167	0.396
Year 2008	-0.0274	0.203
Year 2009	-0.0068	0.770
Year 2010	-0.0507	0.046
Year 2011	-0.1365	0.000
Year 2012	-0.1560	0.000
Proportion of population with LLSI	-0.5379	0.685
Proportion of population male	3.2702	0.003
Proportion of population aged 85+	20.9071	0.000
Population density per square km	0.0000	0.406
Standardised mortality ratio	0.0060	0.000
Disability-free life expectancy at 65	-0.0320	0.016
Proportion of population providing informal care	-3.3412	0.304
Attendance Allowance recipients per capita	0.0833	0.896
ONS area type - Coastal and countryside	-0.0722	0.350
ONS area type - Industrial hinterland	0.1229	0.039
ONS area type - New and growing towns	-0.0455	0.527
ONS area type - Prospering Southern	-0.0371	0.606
LA type - outer London	-0.2601	0.030
LA type - metropolitan district	-0.1233	0.199
LA type - shire county	-0.2456	0.063
LA type - unitary authority	-0.2804	0.014
Constant	-4.4398	0.000

Population-averaged panel-data models, log link, Gamma distribution

Table 18 Net current expenditure plus non-client income (£000s) in adults aged 18-64 with LD per younger adult population

	Coefficient	P>t
Year 2006	0.0339	0.026
Year 2007	0.0433	0.008
Year 2008	0.0677	0.000
Year 2009	0.1284	0.000
Year 2010	0.1382	0.000
Year 2011	0.1294	0.000
Year 2012	0.1102	0.000
Proportion of population with LLSI	-0.2222	0.842
Proportion of population male	1.2537	0.174
Proportion of population aged 85+	13.7470	0.000
Population density per square km	0.0000	0.000
Standardised mortality ratio	0.0015	0.207
Disability-free life expectancy at 65	-0.0201	0.071
Proportion of population providing informal care	-5.7698	0.035
Attendance Allowance recipients per capita	0.0759	0.887
ONS area type - Coastal and countryside	0.0651	0.317
ONS area type - Industrial hinterland	0.1817	0.000
ONS area type - New and growing towns	-0.0535	0.377
ONS area type - Prospering Southern	0.1418	0.020
LA type - outer London	-0.3740	0.000
LA type - metropolitan district	-0.2859	0.000
LA type - shire county	-0.5287	0.000
LA type - unitary authority	-0.4627	0.000
Constant	-1.6276	0.001

Population-averaged panel-data models, log link, Gamma distribution

Table 19 Net current expenditure plus non-client income (£000s) on adults aged 18-64 with mental health problems per younger adult population

	Coefficient	P>t
Year 2006	0.0029	0.886
Year 2007	0.0031	0.890
Year 2008	-0.0079	0.748
Year 2009	0.0097	0.719
Year 2010	-0.0214	0.472
Year 2011	-0.1024	0.001
Year 2012	-0.1300	0.000
Proportion of population with LLSI	8.4670	0.000
Proportion of population male	3.5867	0.007
Proportion of population aged 85+	10.6685	0.027
Population density per square km	0.0000	0.704
Standardised mortality ratio	-0.0001	0.947
Disability-free life expectancy at 65	0.0079	0.686
Proportion of population providing informal care	-16.6067	0.001
Attendance Allowance recipients per capita	0.0293	0.971
ONS area type - Coastal and countryside	-0.1711	0.142
ONS area type - Industrial hinterland	-0.0057	0.950
ONS area type - New and growing towns	-0.2406	0.027
ONS area type - Prospering Southern	0.0389	0.723
LA type - outer London	-0.6312	0.000
LA type - metropolitan district	-0.3506	0.014
LA type - shire county	-0.8255	0.000
LA type - unitary authority	-0.7446	0.000
Constant	-4.2184	0.000

Population-averaged panel-data models, log link, Gamma distribution

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