





#### Introduction

Planning for long-term care is a significant decision for families – practically, emotionally and financially. Many people continue to believe that when they need long-term care, that they need to move their loved one into a residential care home. We believe that people naturally feel better in their own homes, and our live-in care and nursing give more people the freedom to make their own choices, and to live life their way – because life is better at home.

For over 60 years, Consultus Care and Nursing has been supporting families across the country and helping them to navigate the complexities of care decisions.

This guide provides useful information and guidance on the costs of live-in care, how it can be financed and what funding may be available to help people make informed choices.



## Understanding the costs of live-in care the smarter choice for all the family

The cost of live-in care and nursing is comparable with that of a high-quality residential or nursing home, especially for couples. Your home stays in the family and you have peace of mind that comes from knowing you have made the right choice for everyone.

The cost of live-in care typically ranges from £950-£2,000 per week, depending on the needs of the individual requiring care, and in some cases where in the country care is provided. A comprehensive assessment of needs will be conducted to identify the weekly cost of care. There may be some additional expenses including carer travel costs to and from your home, and a higher daily rate for bank holidays and the cost of the carers food needs to be considered if they are not eating the same food as the person they are caring for.

In comparison a high-quality residential care home that is paid for privately by families will typically range from £1,200 to in excess of £2,000 per week, and more for nursing care.

For couples, live-in care is particularly costeffective, as the cost increases by only about 15% for a second person, compared to a care home where fees double for two residents. This makes live-in care an excellent choice for families seeking high-quality care without the financial burden of separate fees.

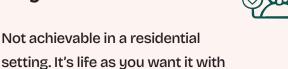






#### Quality one-to-one care on your terms

all the care you need.





#### Life-enriching care that keeps you in the comfort of home

Remain safely and independently at home, with familiar routines and continuing to do all you enjoy.



#### Keeping you close to everything that matters

Your family, friends, community, treasured possessions, your garden and your most importantly, your pets.



#### Continuity of care when things change

Reassurance that as your loved one's needs change their needs can be met at home, avoiding a move into residential care.



### Types of funding for live-in care

When considering how you will pay for long-term care for a loved one, it is important to firstly understand if any funding is available to you to either cover the total cost of live-in care or at least contribute to it.

Here we explore the three types of care funding:

NHS Continuing Healthcare (CHC) funding



## NHS Continuing Healthcare (CHC) funding

NHS Continuing Healthcare (CHC) is a care package provided and fully funded by the NHS for individuals with complex, on-going health needs. If you are assessed as having a 'primary health need,' the NHS covers the entire cost of your care, whether you are receiving it at home or in a care home.

This can include personal care (such as assistance with washing and dressing), nursing care, and other necessary healthcare services. Unlike other forms of care funding, NHS Continuing Healthcare is not means-tested, and is solely based on your healthcare needs rather than your financial circumstances.

#### Who is eligible for NHS Continuing Healthcare?

Eligibility for NHS Continuing Healthcare is not determined by a specific medical diagnosis. Instead, it is about the nature, intensity, complexity, or unpredictability of your health needs.

#### You might be eligible if you:

- Have significant on-going physical and/or mental healthcare needs.
- Require care and support primarily focused on addressing healthcare needs.
- Have a condition that is unlikely to improve significantly over time, necessitating long-term healthcare.

Eligibility is assessed through a comprehensive evaluation process carried out by your local Integrated Care Board (ICB) – previously the Clinical Commission Group (CCG). It is important to note that even individuals with severe disabilities or chronic illnesses may not automatically qualify.



## How to apply for NHS Continuing Healthcare

If you think you or a loved one might be eligible for NHS Continuing Healthcare, the first step is to discuss it with your healthcare provider, such as your doctor, nurse, or social worker.

They can initiate the assessment process on your behalf.
Alternatively, you can directly approach your local ICB and explain why you believe you should be considered for NHS
Continuing Healthcare. For more detailed guidance, you can visit the NHS website to find your local ICB and access relevant resources.



### The NHS Continuing Healthcare funding assessment

The NHS Continuing Healthcare assessment is a structured process designed to evaluate an individual's care needs. Here we breakdown the stages of an assessment:

#### 1. Initial screening

The process usually begins with a checklist tool, filled out by a nurse, doctor, or social worker. This preliminary assessment helps determine if a full evaluation is warranted. If your ongoing health needs are significant, such as after hospital rehabilitation, during a move to a nursing home, or if your condition worsens, this checklist will help identify potential eligibility for NHS Continuing Healthcare. If the checklist indicates that a further assessment is needed, the process moves to the next stage.

#### 2. Full assessment – the Decision Support Tool (DST)

If the checklist indicates potential eligibility, a comprehensive assessment is carried out. This involves collecting detailed information from healthcare and social care professionals involved in your care, followed by a multidisciplinary team (MDT) meeting to review this information.

The Decision Support Tool (DST) is used to evaluate your needs across 12 domains, such as behaviour, cognition, and mobility. The DST ensures that all aspects of your health and care needs are considered.

#### 3. Multi-disciplinary team (MDT) meeting

The MDT, comprising various health and social care professionals, reviews the evidence and makes a recommendation regarding your eligibility for NHS Continuing Healthcare funding. You and/or your representative can attend this meeting to ensure your views are heard and considered.

#### 4. ICB decision

The MDT's recommendation is sent to the Integrated Care Board (ICB), which makes the final decision and approves the funding for your care package. While the ICB typically follows the MDT's recommendation, there may be exceptional cases where they make a different decision.

#### 5. Notification of the decision

After the ICB makes its decision, you will receive a written notification explaining the outcome and the reasons for it. If you are found eligible, the ICB will arrange and fund your care package. If not, the ICB will provide a detailed explanation, and you have the right to appeal the decision.

#### 6. Fast-track pathway

For those whose condition is rapidly deteriorating and nearing end-of-life, a Fast-Track Pathway is available. This expedited process ensures you receive necessary care quickly, bypassing some of the standard assessment steps.

Understanding this assessment process is crucial for securing appropriate care. If you believe you or a loved one might qualify for NHS Continuing Healthcare, starting the process early can help ensure timely and adequate care provision is in place as and when you need it.



#### Other types of financial support

#### Attendance allowance

If you are over 65 and require help with personal care due to illness or disability, you may be eligible for attendance allowance. This benefit is designed to help with the extra costs of care, and is not means-tested, so is available regardless of your income or savings.

This benefit is designed to help with the extra costs of care, and is not means-tested, so is available regardless of your income or savings. It provides essential financial support to those funding live-in care privately.





Many families are faced with having to pay the full cost of their care. Given the high costs associated with long-term care, it is advisable to plan ahead. This might involve restructuring your finances, exploring investment options, or considering alternative ways to finance care. Here we explore four ways in which you can 'self-fund' your care:



Care fees annuities



Deferred payment schemes



**Equity release** 



Use personal savings and income



## **Care Fees Annuities (or Immediate Needs Annuities)**

A care fees annuity, or immediate needs annuity, is similar to an insurance policy designed to provide a guaranteed income specifically for care costs. You pay a one-time payment to purchase the annuity, and it then pays a regular income directly to your care provider. The amount depends on factors such as your age, health, and the initial sum invested. Care annuities offer peace of mind with predictable funding for life, protecting you from the risk of running out of money for your care.

**Deferred payment schemes** 

If your home is included in the financial assessment and you wish to defer selling it, you might be eligible for a Deferred Payment Agreement (DPA). This allows you to use your home as collateral for a loan from the council to cover your live-in care costs, without having to sell your home to move into a care home.

The loan is repaid when your home is eventually sold, either during your lifetime or from your estate. The local authority ensures that the money you owe for care is repaid by placing a charge on your property. The charge is removed when the debt is fully paid. However, you typically can't exceed 70% of your home's value in care fees.



#### **Equity release**

Equity release has emerged as a viable financial solution, enabling homeowners to unlock the value tied up in their property without the need to sell or relocate. This financial option is particularly appealing to older adults who wish to maintain their independence and stay in familiar surroundings and receive the care they need. The two main types of equity release products are:

#### Lifetime Mortgage

This is the most popular form of equity release. It allows you to borrow money against the value of your home, with the loan and accrued interest repaid when the property is sold.

#### **Home Reversion Plan**

This involves selling a portion of your home to a provider in exchange for a lump sum or regular payments, while retaining the right to live in the property rent-free for the rest of your life.



### How equity release supports live-in care

Live-in care provides tailored support, allowing individuals to receive assistance with daily activities, medical needs, and companionship—all within the comfort of their own home. Equity release can help fund this care by providing a steady stream of income or a lump sum to cover costs, or to purchase a Care Fees Annuity. This ensures that individuals can maintain their quality of life without the upheaval of moving into a care home.

## Benefits of using equity release to finance live-in care

#### Preserving independence

Stay in your own home while receiving the care you need.

#### No immediate repayments

Most equity release plans do not require monthly repayments, easing financial pressure.

#### Flexible financial options

Choose between a lump sum or regular payments to suit your care requirements.

#### Peace of mind

Knowing that your care is funded allows you to focus on you own health and wellbeing.





While equity release offers many advantages, it's essential to understand the long-term implications. For example, it may reduce the inheritance you leave behind and could affect eligibility for means-tested benefits. Consulting with a financial adviser, who specialise in long term care is crucial to ensure that equity release aligns with your personal and financial goals.

Equity release provides a pathway to finance live-in care, enabling you to enjoy the best of both worlds: professional care and support and the comfort of home. By exploring this option, you can secure the care you need while preserving the lifestyle you cherish – because life is better at home.

Whatever option you choose to finance live-in care; it is advisable to seek professional financial advice. At Consultus Care and Nursing we are affiliated **The Society of Later Life Advisers (SOLLA)** who help connect families with accredited financial advisors who specialise in later life planning, including care funding. A SOLLA accredited advisor can guide you through the options, helping you make the best decision for you.





#### Here to help

We hope you have found this guide both informative and helpful as you navigate the important decisions surrounding later life care. Planning for the future can feel overwhelming, but having access to clear, reliable information is a vital first step.

At Consultus Care and Nursing, we understand the many complex considerations involved in arranging care for yourself or a loved one. With over 60 years of experience, our dedicated team has supported countless families in securing compassionate, high-quality live-in care tailored to individual needs.

To explore more about your care options, including advice on specific conditions, other information guides, and the benefits of live-in care, we invite you to visit our website or give us a call directly.

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