



## **Royal Commission on Long term Care for the Elderly**

### **Continuing Care Conference Submission No 1:**

#### **Assessment of Needs**

##### **Introduction**

The Continuing Conference (CCC) considers that there is an urgent need to establish a fair and equitable system to assess long-term care needs and to give the customer information about what services are available. CCC also believes that eligibility criteria for access to such care must be consistent across the country and must be consistently applied. Furthermore, urgent attention needs to be paid to the relationship between eligibility criteria and assessment systems for long-term care.

In 1997, a team led by Professor David Challis of the Personal Social Services Research Unit (PSSRU) at Manchester University undertook a study, *Eligibility Criteria for Social Services for Older People in England*, at the request of the Continuing Care Conference. CCC and Age Concern jointly sponsored the study.

Based on data from 71% of local authorities in England, the study's findings indicate that:

- There is a marked variability in the form and content of eligibility criteria for social care employed by different local authorities.
- Relatively few authorities employ structured and standardised ways of evaluating eligibility criteria.
- There is little evidence of a connection between systems for screening and assessment in care management.

The findings clearly demonstrate that there is no satisfactory mechanism for the assessment of needs. They also tend to support CCC's view that national standards for eligibility criteria and assessment methods are necessary to ensure that the people in need of community care receive equitable treatment.

## Key Questions

*Q1 Can we (should we) set up a mechanism or set of standards which permits an even and fair assessment of needs?*

- CCC believes that it is both possible and desirable to establish such a mechanism or set of standards. Needs assessment mechanisms should apply both to residential and to domiciliary care and people should be given an independent assessment of their needs separately from costs. CCC believes that applying this approach to publicly-funded care would end the ‘lottery of care’ that currently exists.

In practice, care is allocated within budgetary constraints. Fairness for the individual can only be achieved if the measures are transparent, coherent and consistently applied. Assessment protocols must pass the tests of being clear, understandable and practical to apply. People must be given a clear explanation of what they are entitled to.

The issue of fairness for the individual is matched by the needs of national and local government to contain costs, and demonstrate good value, consistent quality and fair distribution of finite resources. Given current and foreseeable funding levels it is likely that the initial entry points for access to care may be pitched at comparatively high levels of need.

The mechanisms employed by the insurance industry, Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), while not perfect, are standardised and are therefore measurable, comparable and capable of being used consistently. In short, they are fairer than other available mechanisms. CCC therefore recommends the use of ADLS, IADLs or a measurement of a similar standard such as a consistent dependency-scoring system. It is noted that the Department of Health’s benchmarking team is currently using IADLs in its own work.

*Q2 If that machinery existed, should it (could it) involve the separate professional views of GPs, occupational therapists, insurance companies, health visitors, social workers and the myriad of current specialists involved in the delivery of community care? Would the professional judgement of one assessor be acceptable to other players?*

- CCC advocates setting up an assessment panel along the lines of the NHS Eligibility Criteria Panels. There is no current mechanism available to social services, which also lack the resources to devise and implement new schemes.

We recognise that there are difficulties in reconciling the wishes and priorities of different parties. For instance, the professional judgement of insurers, for example, may not initially be acceptable to those from very different professional backgrounds. It is important that there is an effective and timely appeals procedure.

*Q3 Should that machinery be angled to look at the customer’s ideal requirements, or at an agreed minimum standard of care, or table a range of options and ideas? How can we build the customer’s advocate or carer into the scheme – should everyone have an advocate?*

- CCC advocates that the machinery should be angled to ensure an agreed ‘minimum’, or guaranteed, standard of care. The system should incorporate elements of choice for the individual receiving care, for instance by means of a menu-based approach, with

options based on ADLs and IADLs or a consistent dependency-scoring system. An evidence-based approach would be appropriate. The options should include informal care, and possibly include incentives for informal care, where appropriate.

- Cognitive failure is a separate issue and the needs of individuals with cognitive failure should be separately assessed. The use of ADLs is not appropriate in this context. Failure to employ an appropriate assessment tool could result in people with cognitive failure being excluded from the care services that they need.

The Commission may wish to consider examples of good practice, one of which is the menu-based system operated by Manchester Social Services. The study by Professor David Challis and his team, mentioned very briefly in paragraph 2, was based on detailed evaluation of the eligibility criteria devised by local authorities. Although the information has been provided in confidence, Professor Challis may be able to offer valuable data.

CCC believes that the individual's advocate or carer must have a place within the scheme and that any scheme must incorporate an appeals procedure, paid for by central government. Again, we would draw the Commission's attention to the procedure operated by the NHS.

## **Conclusion**

CCC cannot stress too strongly the importance of any system of needs assessment being transparent, accountable and easily understood. The system must allow the public to know – from the outset – what care they can expect to receive, how their needs are assessed and what limitations, if any, exist in the provision of care.

**CCC**  
**May 1998**