



Royal Commission on Long Term Care for the Elderly

Continuing Care Conference

Executive Summary of Submissions

Executive Summary

The Continuing Care Conference (CCC) has made the following submissions to the Royal Commission:

- 1) Assessment of Needs
- 2) Standards of Service
- 3) Equity Release
- 4) Compulsion and Long-term Care Provision
- 5) The Interface between Health and Social Service. A paper requested by the Royal Commission.

A further submission, on the prevention of dependency, was submitted separately in late June 1998.

This executive summary covers submissions 1-5, all of which are free-standing documents. Inevitably there is some overlap between documents and the conclusions are therefore also repeated within the executive summary, where necessary. Key points are given as follows.

Assessment of Needs

- 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.
- Eligibility criteria for access to care must be consistent across the country and must be consistently applied.
- Urgent attention needs to be paid to the relationship between eligibility criteria and assessment systems for long-term care.
- People should be given an independent assessment of their needs separately from costs.
- CCC advocates a system that delivers a guaranteed standard of care that is evidence-based, and offers a menu of options, including informal care.
- The system of needs assessment must be transparent, accountable and easily understood.
- Needs assessment mechanisms should apply both to residential and to domiciliary care.
- CCC recommends the use of ADLS, IADLs or a measurement of a similar standard such as a consistent dependency-scoring system but warns that cognitive failure must be assessed separately by a more appropriate method.
- CCC advocates setting up an assessment panel along the lines of the NHS Eligibility Criteria Panels. The system should include a timely and effective appeals procedure.
- 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.

Standards of Service

- CCC recommends that national standards should be set at the level of ‘minimum’, or guaranteed, standards that provide adequate care.
- There must be no confusion between mandatory national standards and best practice. Regulatory standards must be the ‘floor’ rather than the ‘ceiling’ to which management and staff work.
- The criteria for accessing care must be consistent and well understood.
- CCC does not advocate any particular method of service delivery.
- Services must have sufficient flexibility to respond to people’s changing needs.
- Too rigid a framework of care delivery could stifle potentially beneficial innovation.
- CCC favours a limited system of direct payments or allocations. The person in need of care would receive an allocation which would be paid to a recognised and regulated care provider.
- In practice, direct payments or allocations may be more suitable for people with severe conditions whose situation can be monitored.
- CCC believes that private, voluntary and public sector providers all have a part to play in providing services and that their strengths are complementary.
- National care standards should be set by a national body.
- Responsibility for registration, monitoring and inspection should be vested with an independent, locally-based inspectorate.
- Disputes procedures must be accessible, transparent and include provision for appeals. Users must have access to advocates.
- CCC suggests an independent ombudsman system, with costs borne by the State.

Equity Release

- For most people, retirement income is currently not enough to pay for long-term care. The only asset which most people can access is their house.
- Every help or encouragement should be given for the use of equity release to fund long-term care.
- Changes to the tax treatment of equity release could greatly increase the efficiency by which equity release products can fund the care.
- CCC supports any initiatives that enable product providers to continue to develop innovative and attractive equity release products to fund long-term care.
- CCC strongly believes that where equity release is used to finance the purchase of a regulated product and arranged through the same sales channel, then the regulatory and compensatory processes should apply to both the equity release and the product. If long-term care insurance becomes regulated, then this would also apply.
- If long-term care provision continues to be vigorously means-tested, people will need major incentives to make self provision.
- CCC believes that there is a need for greater consumer education about equity release mechanisms and how they can fund long-term care.
- Consumers must be made aware of the benefits *and also the limitations* of such complex products.
- Consumers must have easily understood information to enable them to establish the true cost of purchasing the equity release product and applying the funds to purchase long-term care insurance.
- CCC is concerned about double charging and the fact that value for money is poorer the younger the customer, and in some cases are obscure.
- CCC advocates raising and ring-fencing the MIRAS limit for mortgages taken out specifically to fund long-term care.
- CCC advocates changing how capital content is calculated by changing the basis of calculation from assumed healthy life expectancy to an assessment of the (impaired) life expectancy of the person being insured.
- The last two measures would make it more attractive for individuals to use equity release to cover long-term costs, with significant savings to the State.

Compulsion and Long-term Care Provision

- CCC believes that thinking on long-term care should be integrated into thinking about provision for retirement.
- CCC favours some element of compulsory long-term care insurance or compulsory contribution to a pension which also includes provision for long-term care.
- CCC advocates that the framework for a compulsory scheme should be set by government and should operate nationally but that the fund should be administered within the private sector, at arms length from government.
- The cost of compulsory provision for long-term care is low, at around 10-15% of the costs of a reasonable second-tier pension.
-
- CCC is in favour of encouraging individuals to make voluntary provision in addition to any compulsory insurance or pension contribution.
- CCC recommends that long-term care insurance benefits are treated consistently with lump commutations of pension, ie that they are not taxed.
- People need confidence that the system will be stable and durable.
- The needs of the ‘trapped’ older generation should be taken into account in the design of any phasing-in arrangements.

The Interface Between Health and Social Care

- The distinction between health care and social care is spurious and there is ample evidence that the present fragmented system of care is not working.
- Organisational change is needed to transform a system which is 'good in parts' into one that can guarantee seamless, effective services.
- Seamless care services for older people are best delivered within a policy framework that promotes health, well-being and independence rather than one that focuses narrowly on illness, frailty and dependency.
- Current funding arrangements are, overall, driving down standards of care, and are wasting valuable resources through lack of clarity.
- The principle of free health care, including nursing care, aids and therapy, for instance physiotherapy and occupational therapy, should be a central premise of the system of delivering care.
- There must be standard national eligibility criteria for access to care and consistency between NHS continuing care eligibility criteria and local authority criteria for community.
- Any future guidelines should be written in plain English and made easily accessible to the public.
- CCC endorses the Government's intention to introduce provision for pooling health and social services budgets for elderly people.
- The Royal Commission should examine carefully the pilot schemes for joint commissioning in mental health, announced last year and also specific examples of good practice and excellent co-operation in the closure of long-stay hospitals.
- The design of future organisational and regulatory arrangements should also be sufficiently flexible to encourage costed, innovative approaches to care as well as encompassing current means of delivering effective, seamless care.
- CCC is concerned at evidence that older people are being denied access to medical treatment because of their age. CCC opposes rationing of health care on grounds of age. However, any criteria for rationing must be made explicit.
- The regulatory system should reflect the reality of, and the need to provide, a continuum of care.
- CCC strongly advocates that regulatory panels are multi-disciplinary.
- CCC welcomes central and local government initiatives that include older people within the decision-making process and also improve access to information.

- In considering the reform of the system of care provision, we must ensure that any financial arrangements are staged to accommodate the 'trapped generation', ie people aged 55 and older who will be unable to make substantial self-arrangements.
- Policies should be clear, fair and inclusive.

CCC
May 1998