

CCC

The Best Care Possible?

A CCC Policy Healthcheck

CCC



CCC is a broad-based, independent coalition of commercial, charitable and public service organisations that have a shared interest in improving the care of older people in the UK based on an equitable and sustainable structure of funding. CCC has published research on the prevention of dependency in later life, and genetic tests and long-term care.

CCC has been acting as an advocate for managed change since it was set up in 1992. There have been several welcome developments in policy but substantial gaps remain. As public expectations and patterns of demand will continue to alter on the back of demographic changes and technological and medical advances, so CCC will continue to challenge the status quo and promote realisable alternative options.

Introduction

***The Best Care Possible?* calls for policies that will enable people to get the best care possible, appropriate for their needs. It emphasises the importance of maintaining support for existing forms of care alongside the introduction of new ones that will extend genuine, affordable options.**

Two elements are key to developing a comprehensive, long-term care policy: a full understanding of existing users' needs and predicted trends for the future; and a sustainable and equitable system of funding.

CCC has consistently argued that improving care standards and increased funding must go hand in hand. We recognise that changes must be affordable and believe that financial incentives and certainty are both necessary to stimulate more self-funding. We believe that an integrated approach is needed in order to achieve:

- A rise in standards across-the-board
- An expansion in care provision
- A climate of stability and security that encourages tomorrow's older citizens to start planning today

This paper provides a policy healthcheck close to the run-up to the general election, to help people probe emerging policy proposals with a critical eye, enabling them to judge more accurately the likely outcome of any promised improvements.

The CCC Policy Healthcheck

Are the policies...?

- Clear
- Consistent
- Cost-effective
- Carer-friendly

Will they deliver...?

- Fair care
- Affordable care
- Integrated care
- Reliable care

Do they promote...?

- Independence
- Rehabilitation
- Dignity
- Choice

1. Individual Needs

Given that individualised care must address personal needs and preferences, CCC welcomes the development of a spectrum of care options ranging from simple home support, to sheltered accommodation and extra-care, and to residential and high dependency nursing care.

Assessment

Assessment is fundamental to determining individual needs. This was recognised in the National Service Framework for Older People but policy development has concentrated on developing a specification for standardised assessments. The lack of an agreed single assessment tool perpetuates inconsistencies in practice and hampers a shared approach from both health and care services. The high referral rate of complaints to the Health Service Ombudsman on decisions regarding eligibility for fully-funded NHS care, in part, illustrates the failure of present assessment practices.

CCC recommends the adoption of a single national assessment instrument to ensure equity of access to appropriate levels of care and support. This, accompanied by transparency in decision-taking and a system of review and appeal, would offer both professionals and consumers a better opportunity to understand and work with the system.

Do policy proposals make a commitment to introducing a standardised single assessment as a means to achieving consistent and appropriate decisions?

Assessing an individual's care needs is not a static process: the majority of older people's conditions deteriorate over time. Reassessment at prescribed intervals must form part of the policy.

Do policy proposals provide a clear set of continuing expectations for service commissioners, providers and regulators to ensure that they are responsive to consumers' changing needs?

Tomorrow's Challenge

The improvements in health and life quality of many older people must not be allowed to obscure the rising numbers of people with high dependency levels due to 'brain failure' largely occasioned by dementia. According to a recent PSSRU discussion paper, the numbers of people with cognitive impairment are projected to increase faster between 1998 and 2031 than the numbers of people with functional disability only (Comas-Herrera A, Wittenberg R, Pickard L, Knapp M. MRC CFAS. *Cognitive impairment in older people: its implications for future demand for services and costs*, PSSRU Discussion paper 1728, January 2003). The Alzheimer's Society estimates that there will be more than 1.8 million people in the UK with dementia by 2050.

This has significant implications for long-term care policy as care needs are determined principally by illness-driven disability. A recent census of over 15,000 care home residents (Bowman C, Whistler J, Ellerby M, *Age and Ageing*, November 2004) revealed that 64% were confused and that 27% were immobile and incontinent and mentally impaired. Loss of mental capacity is the single most important factor leading to the need for care in care homes. This and physical dependencies are commonly characterised by complex as well as unpredictable care needs (e.g. an unpredictable need for toileting assistance around the clock).

CCC is therefore cautious about the expansion of new forms of domiciliary care. It must be well defined and person-centred, and not at the expense of established forms of care. We share the concerns of many about the safety of highly dependent, vulnerable people who are without continuous surveillance or access to intermediate or sub-acute care for times of temporary increased needs (e.g. during an infection). Without safeguards, it is probable that acute health services will have to provide front-line support to cope in these cases, reducing their capacity to meet other service expectations.

Do policy proposals aimed at enabling people to remain living at home make adequate provision for the additional support necessary to ensure proper levels of care, personal safety and well-being?

Specific policies are needed to address the particular questions surrounding caring for older people with brain failure. Brain failure is a growing health, care and social issue. Government should recognise as a priority the need to tackle the lack of consistency in approaches to diagnosis and to the practice of new forms of prevention and treatment; and to what constitutes appropriate care provision.

CCC recommends that all political parties should demonstrate that they recognise the implications of the rise in brain failure in older people; and calls for more research to be commissioned into patterns of care as well as potential means of treatment and prevention.

Do policy proposals include specific mention of dementia and other forms of brain failure?

2. Supply of Care

Caring is, of necessity, ‘high touch’ rather than ‘high tech’. A key determinant in ensuring old people have access to care in their area is the availability of appropriately skilled care staff. Recent policies have resulted in welcome increased protection with the Criminal Records Bureau screening and the Protection of Vulnerable Adults register. But these measures apply solely to staff in the independent sector.

CCC recommends the introduction of safeguards to provide the same levels of protection for all vulnerable people wherever they receive care.

Do policy proposals make explicit commitments to ensuring that all staff working with vulnerable people in care will be subject to consistent monitoring and receive continuing professional development?

Care provision relies heavily upon the commitment and skills of the workforce, and recruitment and retention problems are a constant challenge to the sector. The forthcoming requirement that a minimum of 50% of staff must hold an NVQ2 will be hard to achieve.

Do policy proposals address the skills deficit and training needs of the sector?

Staff turnover is exacerbated by pay differentials across the sector. One of the consequences of the cross-subsidies widely used by local authorities in their funding jigsaw is that they commonly pay higher rates to their employees.

CCC recommends that there should be an independent pay review which should form part of an audit to establish the real costs of care provision.

Do policy proposals address the issue of pay levels for care and the importance of stabilising the workforce?

The government has renewed its commitment to meeting the costs of the nursing care of people in care homes through the institution of the “Registered Nursing Care Contribution”. But there is considerable local variation in assessment and funding. Furthermore the supply of aids and equipment, access to medical care and public health surveillance (e.g. infection control) are all inconsistent and poorly defined.

CCC recommends a review of all aspects of NHS support to people resident in Care Homes.

Do policy proposals cover a sufficient range of services to provide the necessary healthcare support for older people in care homes?

New technology has so far been used primarily in terms of monitoring rather than care provision. Service commissioners and care practitioners need a better understanding of the use that can be made of new technologies to support existing forms of care. They also need to be aware of other implications such as actual costs and potential savings, as well as unforeseen ones – such as the impact on staffing resources from new monitoring systems resulting in an increase in demands for support.

CCC recommends that, where real opportunities exist, more use should be made of technology and housing solutions to enable people to retain as independent a lifestyle as possible.

Are policy proposals for the provision of technological support at home underpinned by sufficient support services?

3. Availability of Information and Effective Regulation

Information

Just when they are particularly vulnerable and in need of help, older people and their families are confronted by an intimidating array of assessment procedures in order to access the services they need and their care options. The present system of care entitlement is unnecessarily complex and hard for experienced practitioners and providers to understand – let alone older people and people for whom dealing with the system is a one-off experience. The current reliance upon process-management causes confusion even among service managers, providers and regulators. Consequently, much valuable professional time and effort is wasted in ‘negotiating the system’.

The situation has reached a point where there are not enough people with a clear grasp of the intricacies to provide advice with confidence. When some of the biggest charities working with older people feel unable to act as a point of reference on care entitlement, and payment for care, it is clearly time for simplification.

CCC welcomes recent initiatives that are designed to streamline the assessment process and take a ‘whole systems’ approach to determining access to entitlements; but it is concerned that these will not address the question of inconsistencies across different strategic health authorities.

CCC recommends that simplification of the present system of care entitlement should be a priority for government; but this must not be at the expense of consistency.

Are policy proposals designed to simplify the present system of care entitlement, and do they make allowance for people’s capacity to navigate bureaucracy?

Regulation

The proliferation of care regulation has become disproportionate to the level of investment in care commissioning and development of standards. The rapid sequence of changes that the regulatory agencies have had to cope with over the last few years has compounded the problems and increased the burden of compliance for providers. There are areas – particularly at the interface between health and care – where the overwhelming volume of regulatory responsibilities between the different agencies results in duplication and inconsistency.

In addition and more worryingly, this can give rise to conflicting responsibilities and yet still gaps remain. One frequent cause of public, professional and regulatory concern is related to the use and abuse of medication in care homes. CCC welcomes increasing attention by the Commission for Social Care Inspection to questions of storage and administration but there is little linkage with prescribing and service commissioning. This means, for example, that a person with complex needs who is commissioned with inappropriate care may be subject to sedation or other forms of prescribed control that are not regulated.

Elder abuse has recently been the subject of a House of Commons Health Select Committee enquiry (*Elder Abuse*, Second Report of 2003 – 04, HC 111-I) which has shed welcome light on this issue. CCC welcomed the fact that the Healthcare Commission and the Commission for Care Standards Inspection issued a joint response to the Select Committee enquiry on Elder Abuse and would like to see this joined up practice more commonplace.

CCC recommends that the regulatory bodies should adopt a consolidated approach. The ideal solution might be one, sole regulator with responsibility to the consumer as well as to the service provider(s) to bring simplicity and sanity to the present complexity and confusion; however, given the upheaval that would result from yet more organisational changes, a period of bedding-in the present system is probably preferential at this stage.

CCC observes that there has been little attention paid by the General Medical Council or the Healthcare Commission to the issue of standards of medical care and practice in care homes. There is evidence to suggest that a minority of GPs are not meeting reasonable standards; typical issues include poor prescribing, repeated failure to respond to calls, and removal of patients from lists.

CCC recommends that the positive policy development in preventing abuse be extended to all sectors and that the Healthcare Commission and General Medical Council issue guidelines on issues that could be construed as elder abuse.

Are policy proposals for regulation framed to provide consistency with manageable levels of detail so that the proper objective of regulation can be achieved?

4. Finance and Funding

Today's funding systems are complex and inconsistent, with wide local variations in the policy and practice of assessment. This is largely because they have evolved piecemeal. CCC believes that the allocation of resources, whether it is to personal care, nursing care and fully funded NHS care at home or in an institution, is deeply flawed. It is neither logical nor adequate and the results are arbitrary and inequitable.

Do policy proposals contain a commitment to overhaul the present approaches to the commissioning and funding of care?

CCC recommends that there should be an audit to establish the actual costs of care provision. Funding policies should then be related directly to needs, with scope to reflect local factors (costs of living etc), so that care choices can be made on an informed basis.

Do policy proposals include a methodology that would ensure transparent eligibility, safeguard standards of care, and provide for funding levels to reflect actual costs of care?

Co-payment may be justified in some circumstances, e.g. to accommodate an individual's personal preference. But in many areas of the country, the difference between funding and actual costs forces individuals to turn to their family or to charities to subsidise the shortfall.

Do funding policies ensure that entitlement to an agreed level of care will be delivered in every locality?

In principle, CCC welcomes the policy of providing payments directly to older people as a genuine means of extending choice; it offers a sense of empowerment and independence at a time when many people feel incompetent and helpless. However, it is important that robust safeguards are in place to ensure that vulnerable individuals are not taken advantage of and made subject to financial abuse by the unscrupulous.

Concerns about the operation of the care market have prompted an investigation by the Office of Fair Trading (OFT) that is focussing on providers. Local authorities purchase around 70% of care places: this monopoly has allowed a distortion of the market through prices being squeezed down to unrealistic levels. In some cases this is balanced out by passing on the differential to self-paying consumers; in effect, hidden cross-subsidies are being used to shore up what is in reality an unsustainable match of funding allocations and real costs. Current funding levels encourage local authority providers to deliver basic care rather than striving for higher quality; there should be incentives to reverse this and ensure strict alignment between costs and the care purchased.

CCC recommends that the terms of the OFT review of the care market should have been much wider and should have included practices prevalent among the local authority sector.

Do policy proposals take a balanced approach to the care market and do they put the interests of all service users first?

5. Making the Most of Retirement Income

The pension entitlement of many people who give up work to care for relatives is low, due to the resulting interruption to their contribution history. This affects more women than men – which compounds the fact that their levels of pension entitlement may be lower already because of pay differentials.

Do policy proposals include a commitment to review the question of carers and their pension entitlements to ensure that they are not penalised as a result of caring commitments; and that caring is fairly credited?

Most older people have a complicated contribution record to state entitlements, such as the basic state pension, SERPS, and the state second pension, as well as access to non-contributory and means-tested benefits such as Pension Credit, Attendance Allowance, Council Tax Benefit etc. Their eligibility for support with care services adds a further tier of complexity.

Where there is a gap between funding eligibility and costs – possibly reflecting personal choices about styles of service provision – this must be made clear to people at the outset so that they can plan accordingly.

CCC recommends that people should be encouraged to think about their possible future care needs and plan ahead from an informed viewpoint; an overly complicated system acts as a deterrent to this.

Do policy proposals aim both to simplify the entitlement system and to provide clear and comprehensive information about current entitlement and future prospects of state support?

The insurance industry offers very little in the way of pre-funded long-term care insurance (LTCI). There is only one provider left and its policy is a hybrid of a savings plan, insurance plan and an immediate needs annuity (tax free one-off sum). Withdrawal from the market has been driven partly by the uncertainties introduced by new regulatory requirements and partly because the low level of business caused relatively high marketing and administration costs.

Do policy proposals include a role for LTCI, and if so are there sufficient incentives for both the provider and purchaser?

There is already much confusion about the methods of assessing care needs and financial entitlement. Any policies aimed at widening the scope for private LTCI must take into account the need for simplicity but also the importance of clarity in defining financial responsibilities.

CCC recommends that a means for the objective monitoring of assessments and adjudicating on cases of claims disputes should be in place.

Do policy proposals set out clearly the responsibilities of different bodies for meeting care costs, and will decisions be based upon the proper needs of the individual?

CCC responded to a government review on modernising annuities in 2002 and believes there should be a more creative approach to what the market could offer. This might lead to schemes designed to fit the changes to an individual's needs that are likely to occur over a period of time. For example, a person might prefer to draw a lower pension initially, in the knowledge that the sum could then be increased subsequently, should their needs change due to deterioration in their or their partner's health.

CCC recommends that further thought should be given to developing flexible annuities with variable payment rates that are tied to health or care requirements rather than age.

Do policy proposals encourage savings products with a long-term care element through a favourable tax regime?

70% of people over 65 own their home with little or no mortgage liability. Considerable wealth is therefore tied up in property but they may have little to live on or to pay for help and low levels of care.

Equity release mechanisms (ERMs) enable people to use their home to provide capital or income. There is growing interest in these schemes, a trend that is predicted to continue with consumer confidence bolstered by the fact that most are now regulated by the Financial Services Authority.

There is scope to extend ERMs, possibly through a public/private partnership. For example, if an individual could choose to use an ERM to fund an identified level of care costs, and the state would guarantee funding for further amounts of care, if needed. However, for ERMs to flourish, thought will need to be given to the treatment of house values in means-testing – at present, taking out an ERM means a loss in benefits coupled with self-payment for care.

CCC recommends more imaginative use of ERMs to encourage homeowners to consider treating their home as an asset in order to extend their care options.

Do policy proposals include ERMs in the funding of care provision and are there sufficient incentives to promote take-up?

The cost of ERMs can be a deterrent to older people as can the complexity of the different schemes on offer. Most applicants for ERMs require detailed counselling and advice at the outset and again later on as their requirements change.

Do policy proposals acknowledge the importance of independent, comprehensive advice on ERMs and indicate how this might be funded?

Summary

CCC calls for greater transparency in care policy decisions. They must be founded on a full understanding of present and likely future care needs and the need for realistic options that take into account the skills shortage and funding implications. Standardised assessment and linked entitlements to health and care services, driven by consumer needs, are key to delivering successful outcomes.

Clear and sustainable policies would make it easier for commissioners, service providers and, most importantly, service users to understand the system. Consolidating the disparate functions of the existing regulators would end the present fragmented approach, bringing clarity to a confusing picture. Underpinned by an open and adequate funding framework, CCC's recommendations would boost public confidence and enable people to plan and choose their care options with confidence.

List of CCC Recommendations

- 1. CCC recommends** the adoption of a single national assessment instrument to ensure equity of access to appropriate levels of care and support. This, accompanied by transparency in decision-taking and a system of review and appeal, would offer both professionals and consumers a better opportunity to understand and work with the system.
- 2. CCC recommends** that all political parties should demonstrate that they recognise the implications of the rise in brain failure in older people; and calls for more research to be commissioned into patterns of care as well as potential means of treatment and prevention.
- 3. CCC recommends** the introduction of safeguards to provide the same levels of protection for all vulnerable people wherever they receive care.
- 4. CCC recommends** that there should be an independent pay review which should form part of an audit to establish the real costs of care provision.
- 5. CCC recommends** a review of all aspects of NHS support to people resident in Care Homes.
- 6. CCC recommends** that, where real opportunities exist, more use should be made of technology and housing solutions to enable people to retain as independent a lifestyle as possible.
- 7. CCC recommends** that simplification of the present system of care entitlement should be a priority for government; but this must not be at the expense of consistency.
- 8. CCC recommends** that the regulatory bodies should adopt a consolidated approach. The ideal solution might be one, sole regulator with responsibility to the consumer as well as to the service provider to bring simplicity and sanity to the present complexity and confusion; however, given the upheaval that would result from yet more organisational changes, a period of bedding-in the present system is probably preferential at this stage.
- 9. CCC recommends** that the positive policy development in preventing abuse be extended to all sectors and that the Healthcare Commission and General Medical Council issue guidelines on issues that could be construed as elder abuse.
- 10. CCC recommends** that there should be an audit to establish the actual costs of care provision. Funding policies should then be related directly to needs, with scope to reflect local factors (costs of living etc), so that care choices can be made on an informed basis.
- 11. CCC recommends** that the terms of the OFT review of the care market should have been much wider and should have included practices prevalent among the local authority sector.
- 12. CCC recommends** that people should be encouraged to think about their possible future care needs and plan ahead from an informed viewpoint; an overly complicated system acts as a deterrent to this.
- 13. CCC recommends** that a means for the objective monitoring of assessments and adjudicating on cases of claims disputes should be in place.
- 14. CCC recommends** that further thought should be given to developing flexible annuities with variable payment rates that are tied to health or care requirements rather than age.
- 15. CCC recommends** more imaginative use of Equity Release Mechanisms to encourage homeowners to consider treating their home as an asset in order to extend their care options.

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