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INTERNATIONAL REVIEW OF ASSESSMENT AND ELIGIBILITY FOR LONG-TERM CARE

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STRUCTURE OF PRESENTATION

- Aims of the study
- Policy and research background
- Objectives of assessment and eligibility frameworks
- National uniformity or local variation
- Informal unpaid care
- Conclusions



AIMS OF THE STUDY

- The study was commissioned by the Department of Health to inform discussions on the development of a new assessment and eligibility framework for social care
- The aims of the study are to:
 - discuss and formulate objectives for an adult social care eligibility framework for England;
 - describe the way in which eligibility for supported social care is determined in a number of OECD countries, i.e. their key features and an account of how the process operates;
 - evaluate comparator frameworks with regard to the objectives identified in the first stage;
 - develop, based on the above analysis, options for improving the English eligibility and assessment framework.
- It was a one year study, completed in June 2013



ASSESSMENT AND ELIGIBILITY

- Assessment and eligibility are subject to varying definitions, which can be wide
- This study focuses on the role of assessment and eligibility as the gateway to publicly funded long-term care. We treat an assessment and eligibility framework as performing two functions:
 - It defines the *criteria* under which a given individual is deemed eligible for support for long-term care, and how much support the individual is eligible for; and
 - It defines the *processes* involved in selecting from the population those who receive this support and in determining for how much support each is eligible



POLICY BACKGROUND

- The *Caring for our Future* White Paper committed to “Introducing a national minimum eligibility threshold to ensure greater national consistency in access to care and support, and ensuring that no-one’s care is interrupted if they move” (HMG, 2012)
- The White Paper also committed to “develop and test options for a potential new assessment and eligibility framework, in consultation with people who use services, carers, academics, local authorities, social workers, and health and care professionals” (HMG, 2012)
- The Care and Support (Eligibility Criteria) Regulations 2014 set out the new national eligibility threshold for adults with care and support needs and for carers



RESEARCH BACKGROUND

- Research by the Personal Social Services Research Unit shows that the current English FACS framework has been inconsistently applied, with variation across councils and across assessment staff within councils (Fernandez and Snell, 2012)
- A report by Melanie Henwood Associates notes that there are considerable challenges to reforms to make assessments more 'objective' and 'a long history in social care of endeavours to achieve greater consistency and better integration in assessment' (Henwood 2012)
- A study by the Social Care Institute for Excellence (SCIE) in late 2012 found that even within England assumptions and expectations differ about the purposes of assessment and that there is a debate about the nature and purpose of assessment (SCIE, forthcoming)



STUDY CONCENTRATES ON FIVE COUNTRIES

- We examined the assessment and eligibility systems of 15 developed countries and then in consultation with our Advisory Group and the Department concentrated more detailed work on five countries plus England
- The countries, with their core sources of funding for social care, are:
 - Australia: general taxation and user charges
 - France: general taxation and user charges
 - Germany: social insurance contributions
 - The Netherlands: social insurance contributions
 - New Zealand: general taxation and user charges
 - England: general taxation and user charges



ASSESSMENT AND ELIGIBILITY FRAMEWORKS

- Australia: Independent local Aged Care Assessment Teams (ACATs) conduct assessments, set local eligibility criteria and determine the type of care for which the person is eligible, but since central government sets budgets an ACAT decision does not guarantee immediate access to care services
- France: Local authority teams conduct assessments, using a nationally standard set of eligibility criteria (AGGIR) and decide the (APA) cash payment within a nationally set maximum for each AGGIR category
- Germany: National agency conducts assessments, using nationally standard eligibility criteria, where there is a standard level of services or cash payment for each of the three categories of need



ASSESSMENT AND ELIGIBILITY FRAMEWORKS (2)

- The Netherlands: Independent national agency conducts assessments, using a nationally standard set of eligibility criteria
- New Zealand: Local Needs Assessment Co-ordination Agencies (NASCs), linked to local District Health Boards, conduct assessments, using the nationally mandated InterRai instruments, and determine care packages through care management
- England: Local authority social services conduct assessments and are responsible for setting local eligibility criteria within national (FACS) guidance and for determining the size of personal budgets



AIMS OF THE CURRENT FAIR ACCESS TO CARE SERVICES (FACS) GUIDANCE

- Fairness, transparency and consistency
- The facilitation of choice and control
- Improved access to preventive services and information
- User satisfaction
- Person-centredness
- Local discretion
- Prioritisation based on the needs of local communities as a whole, as well as clients' and carers' needs for support
- Empowerment of service-users and their carers

But **why** are these terms important? And **what** do they mean in theory and in practice?



AIMS OF REFORMED FRAMEWORK

- It is essential to consider the aims of assessment and eligibility before formulating a reformed framework
- Equity is one of the drivers of reform. But equity of what?
 - Inputs
 - Access and capabilities
 - Outcomes
- Which inequalities are fair and which are unfair?
 - Age
 - Diagnosis
 - Geography
 - Need
- Efficiency is also important. But economic efficiency has several dimensions
- There is tension between short and long-term efficiency: investing in assessment could reduce on-going costs in long-term care and other sectors



THE POLICY-MAKER'S DECISION

- Trade-offs between efficiency and equity
- Trade-offs between dimensions of equity
- Two strategies:
 1. Prioritise one objective and pursue others only to the extent that they do not detract from primary goal.
 2. Pursue several competing objectives in a balanced fashion.
- Clarity on objectives is essential



FUNCTIONS THAT COULD BE NATIONAL OR LOCAL

- Role and scope of assessments
- Assessment processes
- Assessment instruments
- Eligibility criteria and thresholds
- Processes for determining eligibility
- Resource allocation systems
- Care management and reviews



DEGREE OF NATIONAL UNIFORMITY

	Assessment agency	Assessment instrument	Eligibility criteria	Resource allocation algorithm
England	Local	Local	Local	Local
France	Local	National	National	Local
Germany	National	National	National	National
Netherlands	National	National	National	Local
Australia	Local	Local	Local	Local
New Zealand	Local	National	Local	Local



IMPLICATIONS OF GREATER NATIONAL UNIFORMITY

- Greater national uniformity of processes might lead to greater efficiency in terms of lower assessment costs per person, but this effect may not be substantial
- It might make the targeting of resources to needs less satisfactory, in which case maximising outcomes for given resources would not be best promoted by a system that left minimal scope for local discretion
- It should mean that (at least the perception of) variation in eligibility for services is reduced and that portability of assessments between areas is improved
- There is a trade-off between efficiency and equity objectives when deciding whether assessment processes, eligibility criteria and allocations should be determined on a nationally uniform basis



IMPLICATIONS OF GREATER NATIONAL UNIFORMITY

- Greater national uniformity should in principle mean that where people live will have less impact on their assessed eligibility for publicly funded care or on the level of funding they receive
- It will probably not mean however that where people live will have no impact on their assessed eligibility and care packages, since the PSSRU study has found variability even within English councils
- An important point is that, unless the funding responsibility for social care is transferred from local to central government, councils will still need to be able to flex care packages to contain costs within local budgets



INFORMAL CARE AND ASSESSMENT AND ELIGIBILITY PROCESSES AND FRAMEWORKS

- The role of unpaid carers raises a number of questions:
 - Are unpaid carers consulted in the assessment of those for whom they provide care?
 - What happens if there are conflicts between the interests of unpaid carers and their care recipients?
 - Can unpaid carers request an assessment of their own needs? How is their assessment linked to the assessment of the care recipient?
 - What publicly funded services or other support are available to assist carers?
 - What are the criteria for carers' eligibility for carer support services and are they similar to the eligibility criteria for disabled people?
 - Do the eligibility criteria and resource allocation decisions take account of input from unpaid carers such that those with carers receive less care or lower payments than those without carers?
- This study concentrates on the last two of these



CARER ASSESSMENTS AND ELIGIBILITY CRITERIA FOR CARER SUPPORT SERVICES

- England appears to be the only country among the six in which is giving unpaid carers a clear entitlement to an assessment of their own needs in their own right and an entitlement to care support in their own right.
- The Care Act 2014 extends the right to a carer's assessment, provides an entitlement to public support and gives local authorities a duty to provide support to carers which will be equivalent to that for service users
- The other countries provide support specifically for carers flowing from the assessment of the person requiring care and support
- It should be recognised that services for the person needing care often benefit the person's unpaid carers
- The evidence on what forms of support are most cost-effective in benefiting carers' welfare is limited



ELIGIBILITY FOR CARER SUPPORT

- Setting eligibility criteria for carer support raises similar efficiency and equity issues as setting them for services for people needing care plus some additional issues
- There is the difficult question about achieving the most efficient and equitable balance between support for carers and support for those needing care
- Whether greater overall welfare could be achieved by a marginal shift of resources from services for frail older people to carer support is an empirical question
- Whether such a shift would improve equity is however a normative question, which depends in part on the relative weights attached to the welfare of carers and care recipients



CARER-SIGHTED AND CARER-BLIND ELIGIBILITY FRAMEWORKS

- The English system is carer-sighted: disabled people with carers receive, other factors equal, less care than those without carers
- The German system does not take direct account of unpaid care when determining eligibility for benefits
- The Dutch eligibility framework distinguishes between the 'usual care' provided by others living in the same house as the client, and support provided by others living elsewhere: public support should not replace 'usual care'
- In France, the availability of informal care does not influence which of the six *GIR* groups a client falls into, but the availability of unpaid support *is* considered in determining the size and content of the care plan



CARER-SIGHTED AND CARER-BLIND ELIGIBILITY FRAMEWORKS

- Whether a carer-blind system is more efficient at maximising societal welfare than a carer-sighted system is ultimately an empirical question
- If the system is carer-sighted there is a further empirical question about how much smaller care packages should be for those with unpaid carers in comparison with packages for those without carers
- Whether it is equitable to operate a carer-sighted system is by contrast a normative question
- If emphasis is placed on achieving equality of access to similar care packages, a carer-blind system may seem more equitable
- If greater emphasis is placed on achieving similar outcomes for all people needing care, however, a carer-sighted system may seem more equitable



THREE MODELS

- We have not found in the literature any taxonomy of assessment and eligibility frameworks.
- The six frameworks we have studied can be divided into three broad models in terms of their balance between national standardisation and local discretion:
- Model I. Local discretion on assessment process, assessment instrument, eligibility criteria and resource allocation process, with general national guidance.
- Model II. National standardisation of assessment instrument and possibly assessment process but local discretion on eligibility criteria and resource allocation.
- Model III. National standardisation of assessment process, assessment instrument, eligibility criteria and resource allocation, with little local discretion.



CONCLUSION (1)

- For England to move to model III, like Germany, would not only involve considerable transitional costs but also require wider major changes.
- It would mean that local authorities would no longer be able to take account of local preferences in determining their eligibility criteria and would no longer be able to control their expenditure on adult social care.
- They would effectively become an agent of national government in respect of the adult social care assessment and eligibility system.



CONCLUSION (2)

- England could more readily move to Model II, like New Zealand.
- This would seem consistent with an objective of promoting greater geographical equity and facilitating portability of assessments.
- It would fit well with the concept of a national minimum eligibility threshold: it could be argued that a national minimum could more readily be introduced with a standard assessment instrument.
- It would also seem to fit well with the reform of the social care funding system from April 2016, when local authorities will need to assess far more people under the system of care accounts to monitor service users' progress toward the new cap on care costs.
- A standard instrument would also facilitate the collection of data on social care users on a greater scale than currently.
- It would involve some transition costs in adopting the standard instrument and would reduce councils' freedom to choose whatever assessment instrument they felt best suited their localities.



FURTHER INFORMATION

Further information about our study and a copy of our report are available on our website at

www.chseo.org.uk

