

## EAST AYRSHIRE COUNCIL

### SOCIAL WORK COMMITTEE : 23 MAY 2002

#### “FREE” PERSONAL CARE AND FREE NURSING CARE FOR OLDER PEOPLE

##### Report by the Director of Educational and Social Services

## 1. BACKGROUND

- 1.1 The Scottish Executive announced in January 2001 its intention to move towards the introduction of free personal care for older people. The establishment of the Care Development Group was announced on 24 January 2001 and was asked to bring forward proposals to ensure high quality services were being developed for older people including the introduction of Free Personal Care. On 24 September 2001 Scottish Executive Ministers announced their intentions to implement in full the recommendations of the Care Development Group. (Executive Summary attached at Appendix 1). The new arrangements in relation to Free Personal Care will be implemented from 1 July 2002.

## 2. IMPLEMENTATION

- 2.1 Implementation can be put into 2 broad categories:

### Care in Care Homes

Arrangements for flat rate payments for personal care for those aged 65 and over in care homes who currently meet their own care costs and flat rate nursing care payments both for over and under 65's in nursing homes who currently meet their own care costs.

### Care at Home

Arrangements for adjusting local authority systems for home care charging to individuals to take account of Free Personal Care.

### Key Aspects of the Policy

For those living in care homes:-

- The provision of payments towards nursing and personal care will apply to those who pay their own care costs (self funders).
- Transitional arrangements will apply for those already in residential or nursing homes at 31 March 2002. For those people no assessment of need will be applied and they will be eligible for a payment of £145 for personal care and if receiving nursing care of a further £65 per week.
- For those self-funders entering a care home after 31<sup>st</sup> March 2002, an assessment of need will be required before they become eligible for free personal or nursing care at the rates applicable.
- Self-funders will continue to pay the remainder of their own costs, often described as living or accommodation costs.

For those living in their own home:-

- Free Personal Care is available to those over 65.
- All eligibility for Free Personal Care is subject to an assessment of need by the Local Authority.
- No Local Authority charge will be made for any personal care services after 1<sup>st</sup> July 2002.
- Eligibility for Free Personal Care is made irrespective of income, capital or marital status.
- Non personal care services will continue to be subject to charges.
- Attendance Allowance eligibility is NOT affected by introduction of Free Personal Care.

### **3. DEFINITIONS**

#### **3.1 Personal Care includes:**

Personal Hygiene; Contenance Management; Special Diet; Immobility where it impacts on personal care; Simple Treatments.

#### **3.2 Non Personal Care includes:**

Accommodation Costs; Food Preparation and Provision of Meals; Shopping; Housework and Handiwork

### **4. CLARITY OF INFORMATION**

- It is important that the maximum level of Free Personal Care and Nursing Care (£210) is seen as a contribution towards personal care costs in the community.
- Local presentations and briefings have already begun and are currently being extended to key agencies/groups across East Ayrshire.
- Public information leaflets supplied by the Executive have been distributed on a targeted basis.
- Links have been made between the National NHS Helpline and East Ayrshire Council Helpline to ensure people get easy access to information.
- Social Work and Finance staff have been working on a range of tasks to ensure Free Personal Care will be implemented in East Ayrshire on 1<sup>st</sup> July 2002.
- Work is ongoing in respect of eligibility criteria, financial ceilings, local priorities.
- Monitoring and review systems are being revisited.

### **5. FINANCIAL IMPLICATIONS**

5.1 Compensation for the personal and nursing care charges, of current self-funders is £55 million in year 1 (part year) and £75 million in year 2 (full year) across Scotland. Distribution to cover self-funders in East Ayrshire is £1,323,000. This allocation is made on the numbers of self-funders.

5.2 Compensation for the personal care of those at home and development of service for local based elderly is £52 million in year 1 (part year) and £69 million in year 2 (full year) across Scotland. Distribution to cover reduction in charges and expansion of Council based services in East Ayrshire is £1,326,000. This allocation is made by the Scottish Executive based on GAE Formula.

- 5.3 As a condition of the allocation all Local Authorities will be asked to identify their expenditure from these additional resources, in compensation for self-funding residents and on service development. This information will inform future funding arrangements and will increasingly become more outcomes based. Committee should note that this allocation will be monitored and reported to the Scottish Executive on a quarterly basis.
- 5.4 The Executive expects that these funds will form part of an **aligned** budget with health colleagues as part of the Joint Future Agenda.

## **6. PERSONNEL IMPLICATIONS**

- Completion of the Home Care Review will ensure the workforce is geared up for this policy change.
- Income maximisation is seen as a key issue in introducing this policy and some monies will be put aside to further consider implications of Free Personal Care and Supporting People in due course.

## **7. LEGAL IMPLICATIONS**

- 7.1 The Community Care and Health (Scotland) Act 2002 provides the legislative backing for implementing Free Personal Care. The Act sets out in regulations the detailed provision concerning the delivery of free care, including making it clear who will be eligible.

## **8. RECOMMENDATIONS**

- 8.1 It is recommended that Social Work Committee:
- i) endorse the implementation of this policy;
  - ii) request the Director of Finance to amend the Social Work budget to reflect the additional funding from the Scottish Executive: and
  - iii) otherwise, note the contents of this report.

**John Mulgrew**  
**Director of Educational and Social Services**  
**30 April 2002**  
Enc (1)  
JD/JK

### **LIST OF BACKGROUND PAPERS**

1. Report to the Royal Commission on Long Term Care
2. Fair Care for Older People – Care Development Group Report September 2001
3. Free Personal and Nursing Care in Scotland: Guidance for Local Authorities and The NHS and Other Service Providers – April 2002
4. Continuing Care and Health (Scotland) Act 2002

**For further information on this report please contact:  
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**IMPLEMENTATION OFFICER: JACKIE DONNELLY**

# **Executive Summary**

## **Free Personal Care**

## INTRODUCTION

The establishment of the Care Development Group was announced on 24 January by the Scottish Executive Minister for Health and Community Care, Susan Deacon MSP. Our Chairman was Malcolm Chisholm MSP, Deputy Minister for Health and Community Care. Full membership of the Group is set out at the end of the summary.

We were asked to bring forward proposals to ensure that older people in Scotland have access to high quality and responsive long term care in the appropriate setting and on a fair and equitable basis, including proposals for the implementation of free personal care. Our full remit was as follows:

- ? to examine existing service provision and to identify gaps, deficiencies and duplication which may require to be addressed;
- ? to bring forward proposals for the implementation of free personal care for all, along with an analysis of the costs and implications of so doing;
- ? to provide a clear definition of what is meant by personal care;
- ? to examine the current deployment of resources from all funding streams for the care of older people and make any recommendations for change that are thought to be necessary;
- ? to work with the Chief Nursing Officer's Group to develop a person-centred, holistic needs assessment process;
- ? to consider the interrelationships with UK matters, notably the tax and social security benefits system and cross border movement; and
- ? to bring forward recommendations, together with costs and possible opportunity costs, of providing sustainable changes which will meet current and projected need and likely demand.

We were asked to report in August 2001.

*Care Development Group*

*The full text of the Care Development Group's report is available on the Care Development Group's website at [www.scotland.gov.uk/health/cdg](http://www.scotland.gov.uk/health/cdg). The summary is also available in Gaelic, Welsh, Urdu, Punjabi, Bengali, Greek, Turkish, Chinese, Braille and Audio tape by calling 0131-244 5403.*

## EXECUTIVE SUMMARY

The Scottish Executive decided and announced in January 2001 its intention to move towards the introduction of free personal care for older people. We were invited to advise on this, against a background of wider analysis of social and health care services available to older people and related matters.

The care of older people has rightly come up the political agenda, particularly since publication of the Report of the Royal Commission on Long Term Care. A lot of progress is already being made. In Scotland, the Executive's initial response to the Royal Commission Report provided significant and welcome new resources to improve care services for people in their own homes and to help older people stay at home and maintain their independence for longer. The Regulation of Care (Scotland) Act was enacted by the Scottish Parliament in July and provides a major new framework for regulating and improving the quality and standard of care available to older people and to others, in whatever setting they find themselves. It also provides important new arrangements for the regulation and training of the social services workforce. Good progress is being made in the development of joint working among agencies on services for older people. Other work underway in the Scottish Executive is examining the standard and appropriateness of services offered to older people by the National Health Service.

This heightened awareness of the needs of older people, and the extent to which it appears to be becoming embedded in the Scottish Executive's thinking, is very welcome. However, even in the brief time available to us it has become clear that there is still much to do and it will cost money. Numbers of older people in the population are increasing. Their expectations, along with those of the rest of society, are likely to increase. The cost of care is likely to rise in real terms over the years, for example as a result of higher standards of care, cost pressures resulting from a tighter labour market and other employment related factors. It is therefore important that changes introduced now are sustainable.

Against that background, we warmly welcome the decision of the Scottish Executive to allocate £125 million a year, starting in April 2002, to facilitate the introduction of free nursing and personal care and the improvement of current services. This provision opens the door wide and enables us to recommend a substantial move forward from next April.

We undertook a substantial programme of consultation with older people, their carers and some younger people who do not yet need care to get a good feel for public opinion around issues relating to the care of our older people. We used this information in coming to our recommendations on how free personal care should be implemented.

We came to the following conclusions. For older people who are already in care homes, if their costs are already being met from the public purse, that will obviously continue. Those who move into a care home after a date to be named will be required to undergo an assessment of their level of need before qualifying for free nursing or personal care. Payment will then be made at a rate which reflects their level of assessed need for personal care up to a maximum of £90 per week and at a flat rate of £65 per week for nursing care. For those already in care homes on the named date who are funding their own care, we recommend that as from next April they should receive contribution towards their costs of £90 per week for personal care and £65 per week for nursing care without further assessment as a transitional measure towards the new arrangements. This is on the assumption that these individuals will continue to be eligible for Attendance Allowance.

For those currently receiving care services at home, we recommend that where these come within the definition of "personal care" which we propose in our report, all charging should be ended from next April.

Alongside these changes, we still expect people to pay for or contribute to their own living and accommodation costs whether they are at home or in a care home.

However, in all of this we recognise that there is still much more progress to be made in improving the standard and availability of services to older people at home and we recommend that substantial progress needs to be made in this area, if we are to have a proper balance of care. We feel strongly that, where practical and reasonable, older people should be encouraged to stay in their homes as long as possible and certainly should be helped to do so, where they want to. We therefore think that a significant amount of the new financial provision – at least £50m – should be devoted to securing a step-change in the provision of home care services for older people. On the basis of our costings, this is affordable. However, we recognise that this will take time to deliver, since it will have organisational and staffing implications for local authorities. In the first 2 or 3 years, a significant amount of the available budget will need to be spent on training and other preparation by local authorities and other providers.

We think it is also important to ensure that older people throughout Scotland should be able to have the same expectations of the range and standards of services with which they will be provided and in what circumstances, irrespective of where they live. That gives rise to two important recommendations.

First, we have looked at the definition of what should constitute “personal” care. We have decided to endorse the definition used by the Royal Commission on Long Term Care, which is already well understood and accepted. In broad terms, this includes the provision of non-medical services which involve close personal contact and touching but we have also decided that, particularly for those older people with dementia, the definition should include psychological support and counselling.

Second, we have examined work that is underway to design a single shared assessment process, which would put an end to older people having to repeat the same information to different professionals during the assessment of different aspects of their needs, and other work to design a resource use measure. We recognised that many local authorities already have in place reasonable assessment procedures and felt this could be built on to develop a shared assessment process by April next year. We did not however feel that the work on the resource use measure was sufficiently far developed that we could make recommendations for its adoption in the same timescale, although we support the work in principle.

A further important consideration is the need to ensure that the resources which the Executive makes available for older peoples’ services are used properly for the intended purpose. While we understand the financial pressures under which local authorities operate, we noted with some concern that actual expenditure on older peoples’ services is currently running below the grant aided provision. We have therefore recommended that the new money now being made available should be ring fenced until robust outcome agreements are put in place in order to ensure that it is used entirely to move forward the older people’s agenda and improve services. We also recommend that all existing money spent on older people’s services should be set against clear outcome agreements, agreed among local authorities, the NHS and the Scottish Executive.

We have made a number of other important but subsidiary recommendations, which along with our detailed analysis is set out in the full report.

We commend these recommendations to the Scottish Executive and hope that they will be implemented. We recognise that the job the Executive has set itself, in providing free personal care in addition to all the other improvements to services for older people, will be difficult and complex to achieve and cannot be fully achieved overnight. We are confident however that the resources now made available and the recommendations in this report will allow substantial and rapid progress to be made.

## SUMMARY OF RECOMMENDATIONS

<p>We recommend that all local authorities and their planning partners should put in place arrangements to include preventative care in their plans for older people's services.</p>
<p>We recommend that local authorities should include in their services for older people a range of respite care provided in different settings.</p>
<p>We recommend that the National Strategy Forum should take forward further work to consider the effectiveness of current provision of equipment and adaptations and to progress improvements in these services.</p>
<p>We recommend that more work be done on how the care home market currently operates and what changes are required to ensure greater confidence and stability in the sector.</p>
<p>We recommend that local community care partners should put in place multi-agency programmes which encompass diversion from hospital admission, discharge planning, including rapid response, recuperation and rehabilitation.</p>
<p>We recommend that monitoring arrangements are quickly agreed and established, covering provision by all sectors. This should include establishing clearly what levels and volume of services are provided by care providers at the moment and monitoring how that changes after the introduction of the new policy next April, in terms of meeting unmet need and any shift from informal care.</p>
<p>We recommend the promotion of the creative deployment and multi-disciplinary management of the care workforce, including the promotion of joint training and the removal of barriers such as different conditions of service.</p>
<p>The Scottish Executive should consult local authorities, health boards and Audit Scotland on how best to revise current planning requirements so that they provide better planning to underpin joint working arrangements.</p>
<p>In revising planning requirements the Scottish Executive should examine how arrangements for monitoring performance of services for older people could be brought together.</p>
<p>We recommend that the joint working agenda as set out in the Executive's response to the Joint Future Group should be followed through as a matter of the highest priority and commend the current progress being made.</p>
<p>We support the policy of providing more services at home and of shifting the balance in services towards more care at home.</p>
<p>We recommend that the number of NHS long stay beds for older people should be Reviewed against planned local need and that numbers of NHS long stay beds should be determined against clear national criteria.</p>
<p>We recommend that the full amount of NHS long stay resources freed up by bed closures should also be part of the aligned or pooled budget.</p>
<p>We recommend that all of the money for older people's services distributed to local authorities should be the subject of clear outcome agreements that are closely monitored and that measures to deal with delayed discharges should be a priority for such agreements.</p>
<p>We recommend that all local authorities should introduce policies of income maximisation, for example through welfare rights or in conjunction with health screening.</p>
<p>We endorse the Royal Commission's recommendation that people should continue to pay for their living and accommodation costs, using the same basis of assessment as at present.</p>
<p>We regard it as essential that any definition of personal care should be sufficiently flexible in its application to encompass the needs arising from behavioural problems as well as from physical frailty.</p>
<p>We recommend that the definition of personal care should be as follows:</p> <p><b>Personal Hygiene</b> Bathing, showering, hair washing, shaving, oral hygiene, nail care</p>

**Continence Management**

Toileting, catheter/stoma care, skin care, incontinence laundry, bed changing

**Food and Diet**

Assistance with eating and assistance with special diets. Assistance to manage different types of meal services. Assistance with preparation of food.

**Problems of immobility**

Dealing with the consequences of not being able to move

**Counselling and support**

Behaviour management, psychological support, reminding devices and safety devices

**Simple treatments**

Assistance with medication (including eye drops), application of creams and lotions, simple dressings, oxygen therapy

**Personal Assistance**

Assistance with dressing, surgical appliances, prostheses, mechanical and manual aids. Assistance to get up and to go to bed. Transfers including use of a hoist.

We endorse the current work leading to the introduction of a single shared assessment process and recommend that local authorities and the NHS give priority to developing shared assessment procedures for introduction on 1 April 2002.

We recommend that eligibility for free nursing and personal care should be on the basis of a single, holistic needs assessment process.

We recommend that the Scottish Executive considers carefully the robustness of the new resource use measure before considering implementing it throughout Scotland.

We recommend interim arrangements. We recommend that the bands should involve 3 levels of need for personal care (low, medium and high) and one band for nursing care. These are not mutually exclusive as between personal and nursing care.

We recommend that local authorities should be the channel for the new money to be allocated for the implementation of free personal care and free nursing care, including that for care in care homes and that all the new resources should be put into an aligned or pooled budget.

We recognise that the available resources will be allocated next year through the GAE distribution formula for older people's services, but we recommend that consideration needs to be given to whether this is the most appropriate formula in the longer term.

In view of the importance of ensuring that the new resources are being used specifically for the care of older people, we recommend that they should be ringfenced as from 1 April 2002 until robust outcome agreements are fully in place.

We recommend that everyone who enters a care home after a named date and who wishes to seek support from public funds from 1 April 2002 for their nursing or personal care costs must undergo a full assessment of their needs under the auspices of the local authority.

We have assumed that Attendance Allowance will continue to be paid as a contribution towards personal care costs for people in care homes.

We recommend that for those self funders already in a care home on the named date payment for personal care should be at a flat rate of £90 per week and if in need of nursing care at a flat rate of an additional £65 per week.

We recommend that any year on year increases in these rates should be decided by the Scottish Executive in the future.

We recommend that local authorities start the process of establishing links with self funders now.

We recommend that payments for nursing and personal care for self funders should be on the basis of a contract agreed between the care provider and the local authority.

In the short term we recommend that local authorities should ensure that nobody pays more than at present as a result of the personal care elements being provided free of charge.

<p>We recommend that direct payments for free personal care should in due course be available to all those who want them by choice.</p>
<p>We recommend that the current rules on paying relatives through a direct payment should be applied to direct payments for free personal care.</p>
<p>To meet increased demand from unmet need and the expected shift from informal to formal care, we strongly recommend that a significant proportion of the available resources should be used for improving the quality and quantity of community services available and that this should be built up over a 3 year period .</p>
<p>We recommend that a greater degree of consistency and transparency should be present in local authorities charging regimes for non-personal care services.</p>
<p>We recommend that key elements of charging by local authorities for non-residential services be standardised across Scotland. These elements include income thresholds, treatment of income, treatment of capital, treatment of housing costs and waiving and abating of charges.</p>
<p>We recommend that in its ongoing work on charging, CoSLA should set out an agreed position on which non-residential services for older people, other than personal care, are chargeable.</p>
<p>We recommend that local authorities provide clear, regularly updated information to older people and their carers about charging for residential and non-residential services.</p>
<p>We recommend that a group should be established quickly to consider in detail the mechanics of implementing our proposals in this report.</p>
<p>We recommend that the Scottish Executive put in place mechanisms for recording any inflow of older people from other parts of the United Kingdom and whether there are any increased calls on community care services.</p>

## **MEMBERSHIP OF CARE DEVELOPMENT GROUP**

**Professor David Bell**, Professor of Economics at Stirling University

**Dr Roger Gibbins**, Chief Executive, Highland Health Board.

**Professor Alan Gilloran**, Dean of Faculty of Social Sciences and Health Care, Queen Margaret University College.

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**Alexis Jay**, Director of Social Work and Housing Services, West Dunbartonshire Council.

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**Dr Kenneth O'Neill**, General Practitioner, Glasgow.

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**AGENDA**