



# **FREE PERSONAL CARE**

## **Peer Review**

# **National Overview Report**

**June 2007**

## **Free Personal Care - Peer Review - National Overview Report**

### **Preface**

Across 7 local authority areas in Scotland, the peer review drew on the experience of service users, practitioners and managers to provide comment on the implementation and delivery of the Free Personal Care policy.

The review was not an inspection by regulators designed to reach independent judgements about the fine detail of professional practice or financial performance. It was an opportunity to assess operational practice with the implementation of the policy and to identify practical issues, good practice and areas of variable practice and interpretation that might merit further consideration as part of a wider review of FPC policy. It allowed evidence to be gathered from many people with direct experience of the implementation of the Free Personal Care (FPC) Policy. It also allowed some conclusions to be reached about a range of key issues, which require to be addressed as the policy is reviewed and taken forward.

## **Free Personal Care - Peer Review - National Overview Report**

### **Key Issues**

#### **National Prescription or Local Variation**

The variable practice across Scotland regarding the inclusion of meal preparation within FPC had, prior to this review, been a focus for debate regarding both adequacy of funding and the balance between national prescription and local discretion. In relation to the latter, the peer review identified further significant variations in:

- Organisational arrangements to provide access and a response to referrals concerning personal care and other community care services with variable waiting periods;
- Methods of decision-making in resource allocation and differences in the level of delegated authority over budgets and resources based on different eligibility criteria;
- Time targets for assessment and service delivery;
- The point at which domestic work, which is ‘incidental’ to personal care, becomes chargeable;
- Local approaches to charging for non-personal care services:
- How easily and quickly a local Council makes direct payments to people who live in its areas or move into the area;
- Practice which emerge through the application of Ordinary Residence’ rules and people in the same care home funded by different Councils;
- The use of free nursing care payments and the funding of people with dementia.

There would be merit in considering whether there should be greater consistency on these matters and what variation is reasonable within national policy, which allows local authorities an opportunity to respond to local circumstances.

#### **Funding Issues**

The issues raised by the peer review included: questions about shortfalls in Scottish Executive funding of free personal care; shortfalls in some areas in local authority allocations for older people’s services against overall Scottish Executive funding for those services; concerns about the availability of funding in future to meet the needs of the increasing number of older people, funding for increased expectations and standards; and funding for the shift towards greater support and personal care for older people at home and their carers.

The peer review highlighted issues related to the multiplicity of funding sources, and the increasing categorisation into different types of support and care. The growing range and volume in personal care of what have traditionally been defined as nursing tasks was said to represent a further pressure on the FPC budget.

It was suggested that the financial benefits of free personal care have been reduced by associated fee rises by some care home providers, and its value eroded through inflation. Personal care is free to all older people who need it at home, but the cost of personal care to ‘self funders’ in care home is subsidised. The review heard of other inequities, e.g. in the requirement to charge for services to support people with dementia and provide respite to carers.

### **Differential Treatment of ‘Self Funders’**

Across the review areas the question of whether a case will involve “free personal care” does not appear to be seen as relevant to the early stages of the care pathway, which is designed to focus on an assessment of needs without regard to whether the outcome is chargeable or non-chargeable services. However, the national focus on the way that self funders are subsidised by FPC in care homes and the way that funding, policy and practice treat these older people separately in local areas also suggests that a two-tier approach has developed in some places, sometimes favouring people with greater financial means. In certain areas there were issues about the response to people who have self-funded their home care or care home placement for a period and an indication that they can get priority consideration within a two-tier system. The ways in which people who “self fund” a care home placement or care at home and are subsequently confirmed as eligible for free personal care can bypass assessments and waiting lists may be allowing for the development of a two-tier service.

### **Other Issues**

Other issues highlighted by the review include:

- The need for clarity about nursing and personal care tasks;
- The tightening of eligibility criteria and targeting to FPC which may have led to a significant reduction in people getting practical domestic help;
- The effect of FPC on the balance of care, with FPC payments associated with a reduction in practical help and providing a ‘perverse incentive’ to increase care home placement;
- The tension between free personal care services and personalised ‘in Control’ models in which all resources (social services, health, welfare benefits) are brought to bear to promote self-directed care.

### **Conclusion**

Free Personal Care had clearly been successfully integrated in to Councils’ wider approaches to the delivery of community care services. The policy is popular with users and carers and is well managed and delivered in all the peer review areas. The evidence from the reviews certainly suggests that the policy had not yet succeeded in its objectives to ensure that people throughout Scotland should be provided with the same range and standards of personal care services in the same circumstances, irrespective of where they live. The differences should not be overstated. However, they do merit further analysis, and reassurance that where there are differences, they are by design not by chance. It is suggested that the issues raised by the Review

## Free Personal Care – Peer Review

should be referred to by the FPC Implementation Working Group for its consideration.

**Free Personal Care – Peer Review  
Contents**

**Review Summary**

**1. Review Background**

**Review Methods**

**2. Population and Service Use**

**3. Definitions and Boundaries**

**4. Chargeable Services**

**5. Carers**

**6. Care Pathway**

**7. Information**

**8. Access**

**9. Screening and Assessment**

**10. Financial Assessment**

**Care Planning**

**11. Eligibility**

**12. Decision Making**

**13. Review**

**14. Timescales**

**15. Meeting Need and Unmet Need**

**16. Care Homes**

**17. Home Care**

**18. Workforce**

**19. Commissioning**

**20. ICT**

**Finance**

**21. Performance Assessment**

**Appendix 2. Guidance On Free Personal And Nursing Care In Scotland**

**Appendix 1. Scottish Executive Definition of Personal Care services**

## Free Personal Care – Peer Review

### Review Summary

#### 1. Review Background

The Free Personal Care policy was introduced on 1 July 2002 by the Scottish Executive for people aged 65 or over. As part of the 2007/08 local government finance settlement, COSLA and the Minister for Finance and Public Sector Reform agreed that local government would undertake a number of projects to review performance and assess opportunities for continuous improvement in the efficiency and effectiveness of service delivery. The peer review was designed to provide COSLA and the 7 volunteer local authorities an opportunity to evaluate, with the Joint Improvement Team, the impact of this policy in 7 local areas<sup>1</sup>.

#### Review Methods

Across the 7 local areas the peer review involved structured interviews with local authority social work managers (operational and finance) and operational staff, and an examination of financial and performance data. In some areas this was supplemented by interviews with service users, carers, NHS community health staff and service providers, and process mapping of care pathways. So, it draws on the experience of service users, practitioners and managers to provide comment, analysis in delivering the policy.

#### 2. Population and Service Use

The context for the peer review was a situation across Scotland in which the population of very old people is rapidly increasing, social care use increases with age, over 70% of home care users have free personal care and nearly 30% of care home residents receive FPC payments.

#### 3. Definitions and Boundaries

Following approval of the policy by the Scottish Parliament through the Community Care and Health (Scotland) Act 2002, the definition of free personal care and guidance on implementing the policy have both been set out by the Scottish Executive (Appendices 1 and 2). The experience of implementation has now raised various definitional and boundary issues.

Funding meals preparation on a free basis has had significant financial implications for those authorities, which have already done this, but is raising major financial issues for authorities who have recently or will change to adopt that practice, with a consequent loss of income.

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<sup>1</sup> The seven local authorities were: Aberdeenshire; Argyll and Bute; East Lothian; East Dunbartonshire; Dundee; Highland; and South Ayrshire

When a personal care package is provided following a needs assessment, it is usual for some incidental domestic jobs to be carried out for the client. There is no national guidance available for staff regarding how to deal with incidental domestic care services and there are clearly variations of interpretation within local authority areas and across the country. Whilst it is impossible to create rules for all circumstances and occasions, and flexibility has been built into the way that free personal care has been applied locally, there would be merit in considering whether there should be greater prescription on this matter and what variation is reasonable.

There are issues about how far the interpretation of guidance on free personal care for people living at home is consistent within a local authority area, and how far decisions made locally are or should be consistent with other parts of the country. There may also be issues about how easily a local authority is able to make payments for direct payments, initiated elsewhere, when direct payment recipients move there from another local authority area.

Within this context, there is also an issue concerning assessments and care plans and the application of guidance on ordinary residence, which has not been affected by the development of free personal care but has impacted on the implementation of the policy. The rules of ordinary residence mean that all decisions about free personal care provided to people at home are made locally, but decisions made about free personal care for residents in local care homes will be made by other areas when placements are arranged through other authorities.

The growing range and volume of what have traditionally been defined as nursing tasks within the role of home carers represents an increase in demand and increases the potential for delayed implementation of home care. It also represents a further pressure on the FPC budget. The promotion of a 'joint future' involving joint services and integrated approaches has been assisted by abolishing a charging distinction between personal care and nursing tasks. However, this needs to be accompanied by greater clarity and transparency in function and responsibility, standards, accountability and funding.

#### **4. Chargeable Services**

Anomalies have become apparent in certain areas in charging and access to services. So, there may be a need to review national definitions, COSLA guidance, local policies and the exercise of individual discretion locally by staff, which may be leading to inconsistent approaches to charging for services in the same or very similar circumstances. As part of such a review, there might also be merit in considering a sample of cases to consider the issue of consistency.

#### **5. Carers**

The provision of personal care and its funding need to be taken into account in the development of Carers' Strategies. The financing of respite services and how this relates to free personal care need to be considered in the broader context of national policy to meet carers' needs.

## **6. Care Pathway**

A common framework through which to consider the delivery of community care services is the broad care pathway for assessment and care management. This provides a useful framework for considering the implementation of the free personal care policy and was used in the peer review.

## **7. Information**

The importance of providing good public information about care services, including free personal care, was recognised in all of the review areas. Despite the information provided to older people and carers, the complexity of service definitions and charging policies means that they often still have a very limited understanding of how their care may be funded and about what ‘Free Personal Care’ is and how it works.

Any review of the information on free personal care should ensure that it is easily available to the public and should have regard to the particular needs of those from minority communities and with communication difficulties. The contents of the Scottish Executive’s leaflet on free personal care should also be reviewed in the light of the findings of the peer review and other recent studies.

## **8. Access**

There were quite different organisational arrangements to provide access and a response to referrals concerning personal care and the need for other community care services. The features and value of these different arrangements and others in existence across the country would merit further examination.

## **9. Screening and Assessment**

Across the review areas the question of whether a case will involve “ free personal care” does not appear to be seen as relevant to the early stages of the care pathway, which is designed to focus on an assessment of needs without regard to whether the outcome is chargeable or non-chargeable services. However, the peer review has suggested there are continuing issues about the assessment process itself, which require consideration nationally and locally, including its relationship with personalisation and direct payments.

There were issues about how well the process of Single Shared Assessments is working and suggestions that some national work and local reviews are merited, including consideration of the effectiveness of assessment tools and formats such as Carenap in identifying need and informing care planning.

The one specific issue in the screening and assessment process, which relate to free personal care, concerns the particular response to people who have self-funded their home care or care home placement for a period and the indication that they get special priority consideration within a two-tier system. The ways in which people who are eligible for free personal care can bypass assessments and waiting lists allowing for the development of a two-tier service.

## **10. Financial Assessment**

The Review identified various good practice examples of financial assessment linked to income maximisation and involving welfare rights services and the Department of Work and Pensions, but noted the continuing public confusion about what are free or chargeable services.

## **Care Planning**

The general picture which emerged from the peer review was that Care Plans, reflecting assessments of needs and the wishes of older people and their carers, are concluded without regard to the financial means of older people, and this issue is only considered at the next stage in the process in relation to chargeable services. On the one hand, this appears ‘right’ and in keeping with the principles behind the policy of free personal care – that personal care services should be free at the point of delivery and should relate to needs rather than depending on financial means. On the other hand, some recent models have involved identifying all of the resources (social services, health, welfare benefits), which can be brought to bear to promote self directed care and support to provide a good quality of life, and it may be that there is a need to bring resource availability more explicitly into care planning.

## **11. Eligibility**

Some staff involved in assessment suggest that the tightening of eligibility and of targeting to FPC, has led to less emphasis on preventative and other support services, with lost opportunities to prevent crises, and to promote the wider wellbeing of older people living in the community. The introduction of FPC and housing support services through Supporting People has narrowed the range of services provided to prescribed tasks.

## **12. Decision Making**

The need for systems of accountability and control over budgets which involve very considerable sums of public money have led to various methods of decision-making in resource allocation, but the variety of systems in evidence raises questions about variable outcomes for older people across the country, and the reason for the scale of difference in the level of delegated authority to experienced local professionals and managers.

### **13. Review**

The peer review areas agreed with the principle of case reviews and recognised their importance in services for older people, whose needs are often changing considerably over a relatively short period time. In practice, local guidance on review requirements appeared to be significantly different and performance appeared to be quite varied.

### **14. Timescales**

It was noted in the review that a range of complex factors affect the way an assessment is carried out and there are major variations in the way services are arranged to meet individual need. So, it would be inappropriate to prescribe rigid time periods for every activity within the care pathway. Local authorities vary in how prescriptive they are in setting time targets for these activities.

The issue of adopting specific time targets and more rigorous management and monitoring against these for assessment and service delivery will require to be addressed within the context of the application of the national outcome framework.

### **15. Meeting Need and Unmet Need**

It appears that the focus on ‘Free Personal Care’ payments to older people in care homes may not only be ignoring waiting lists for care home places for non-FPC older people and the full picture of personal care and other services for older people at home but also be masking wider issues, such as the largely hidden and unrecorded unmet need for other services such as respite care and short breaks to support carers.

### **16. Care Homes**

The national focus on the way that self funders are subsidised by free personal care in care homes and the way that funding, policy and practice treat these older people separately in local areas suggests that a two-tier approach has developed, at least in some places, favouring older people with greater financial means.

Local experience suggests there are inconsistencies and inequities in the use of free nursing care payments and the funding of people with dementia.

It has been suggested that the financial benefits of free personal care have been reduced by associated fee rises by some care home providers, and its value eroded through inflation

Questions have been raised about the implications for the balance of care of the implementation of the free personal care policy.

### **17. Home Care**

The review identified definitional and boundary issues, with personal care subsidised or provided free to older people 24/7 in care homes, but free to people in their own homes, and inequities in charging for services to support people with dementia and carers.

There was a concern to shift the balance from institutional care to care at home, but a lot of the shift experienced had been from domestic help to personal care, away from preventive support services to intensive care. It is not clear how much this is associated with ‘better off’ people becoming eligible for free personal care.

The implementation of free personal care for older people at home appears to have been managed well, and was being provided on the basis of need without reference to means other than for chargeable services.

### **18. Workforce**

With low unemployment in the community and within the context of the development of evening, weekend and overnight services, the review areas had been facing challenges in recruitment to relatively low paid jobs, and in developing employment arrangements, training, and procuring an increasing proportion of services from independent sector providers. Services were being regulated for the first time, required to deliver higher quality standards and to begin to accommodate the “grey areas” within extended personal care involving nursing and health procedures.

### **19. Commissioning**

The free personal care policy has been implemented within a mixed economy of care. The 38,099 registered places in care homes for older people in March 2006 consists of 5,661 places (15 per cent) in the Local Authority/ NHS sector, 28,149 places (74 per cent) in the private sector and 4,289 places (11 per cent) in the voluntary sector. In home care, Local Authorities are also increasingly purchasing home care services from the private and voluntary sector rather than providing services themselves. There has been a steady decrease in hours of home care provided solely from LA providers from 89 per cent in 1998 to 56 percent in 2006.

There has been a specific issue about the information available to care home residents in receipt of free personal care payments about the nature and scale of additional charges they require to pay. The new national model contract will require information about charges to be made available to residents, and deals with this issue.

### **20. ICT**

The development of personalised services will require the development of ways to aggregate the results of individual assessments in order that commissioning can increasingly reflect individual need and promote personalised responses. The review areas indicated that they currently had no mechanism for the routine collection of information from Care Plans to inform future care planning.

## **21. Finance**

The issues raised by the peer review included questions about shortfalls in Scottish Executive funding of free personal care, shortfalls in some areas in local authority allocations for older people's services against overall Scottish Executive funding for those services, and concerns about the availability of funding in future to meet the needs of the increasing number of older people, funding for increased expectations and standards, and funding for the shift towards greater support and personal care for older people at home and their carers. The peer review also highlighted issues related to the multiplicity of funding sources, and the increasing categorisation into different types of support and care.

## **22. Performance Assessment**

A typical comment about the performance of the review areas was, as in one area, that there was a lot of evidence to indicate that the introduction and subsequent management of Free Personal Care by the local Council has been well handled in spite of the additional financial pressures this had brought to bear. Free Personal Care had been successfully integrated in to the Council's wider approach to the delivery of community care services.

It was often difficult to establish what the specific effect of free personal care had been on the wider care system and the balance of care since the free personal and nursing care policy had only been one of a wide range of policy initiatives that has been introduced at local and national levels to improve the care provided to older people. This has made it difficult to attribute particular changes to that policy to the exclusion of others.

In one area, although the Council had successfully implemented the introduction of Free Personal Care, there was a real sense in the internal responses to the review, that the resources that had been pulled in to meet the demands of FPC were having a detrimental effect on the development of other adult care services. In another area it was not felt that the policy had contributed towards shifting the balance of care and enabling older people to be supported at home. In a third area it was felt that FPC had not had a significant impact upon the operation of the assessment and care management system. The system continues to focus upon determining need, compiling care plans and delivering the required services.

The evidence from the reviews certainly suggests that the policy had not yet succeeded in its objectives to ensure that people throughout Scotland should be provided with the same range and standards of personal care services in the same circumstances, irrespective of where they live.

The definitions and distinctions created by the free personal care policy have raised issues for professionals and members of the public involved in its implementation. Older People who need personal care related to physical disabilities get this free, but the same older people or others are not entitled to free care and support related to mental 'disabilities' including dementia, and carers' support is not provided free.

## Free Personal Care – Peer Review

There are continuing anomalies in relation to charging for meals services, and laundry services provided by the local authority on a charged basis and the NHS as a free service. There are also some issues about inconsistencies of interpretation, for example about what constitutes 'incidental' services, and broader questions about whether there needs to be greater consistency between local authorities across the country.

It does seem from this review that the assessment for all services is carried out with a focus on needs, and without regard to ability to pay, although there are still issues about how far assessments are influenced by available resources and how far personalised approaches are available. The review has also identified issues concerning the provision of services to meet the needs identified. Nationally, it will be particularly important to consider the issues identified in relation to the funding of carers' and dementia services and intensive supports.

The review has identified issues related to the approach to the public funding of care home places. In line with government funding and the national monitoring system, a separate budget has certainly been established in some local authorities for 'self funders'. An unintended consequence of this is the risk of a two-tier service, which provides greater choice with faster access to places to people without higher levels of income and capital. In relation to home care, it is not clear what impact the addition of 'better off' service users has been in the system. Overall the number of people receiving services and those getting 10+ hours has increased significantly, whilst the number only getting practical domestic help has reduced significantly. The position in relation to care homes and home care needs further local and national consideration.

The peer reviews in local areas raised a range of issues for local consideration. Some will require to be addressed as social care and health services become more integrated. Most of the issues also require national attention.

## **Free Personal Care – Peer Review Main Report**

### **1. Review Background**

The Free Personal Care policy was introduced on 1 July 2002 by the Scottish Executive for people aged 65 or over. The Scottish Executive issued general definitions of personal care although further work was required locally to provide guidance to staff who would have to separate personal from non-personal care tasks. There was also Scottish Executive Guidance on eligibility, and contractual arrangements with service providers. Eligibility for free personal and nursing care was to be subject to an assessment of need carried out by the Local Authority.

As part of the 2007/08 local government finance settlement, COSLA and the Minister for Finance and Public Sector Reform agreed that local government would undertake a number of projects to review performance and assess opportunities for continuous improvement in the efficiency and effectiveness of service delivery. One such project related to Free Personal Care. Following discussion between COSLA and local authorities, 7 local authorities agreed to participate in a Peer Review, with the involvement of the Joint Improvement Team. The peer review was designed to provide COSLA and the 7 volunteer local authorities an opportunity to evaluate, with the Joint Improvement Team, the impact of this policy in 7 local areas<sup>2</sup>. This National Overview Report identifies the main issues arising from the individual studies on the implementation of the Free Personal Care policy in Scotland.

### **Review Methods**

Across the 7 local areas the review involved structured interviews with local authority social work managers (operational and finance) and operational staff, and an examination of financial and performance data. In some areas this was supplemented by interviews with service users, carers, NHS staff and service providers, and process mapping of care pathways. So, it draws on the experience of service users, practitioners and managers to provide comment and analysis in delivering the policy.

The 7 Local Authorities, which participated in the peer review volunteered rather than being selected as offering a balanced sample of practice or resources. They volunteered their experience to learn from the review, to improve their own practice and to help others learn from it. They are not quoted by name either in relation to the views expressed, or the best practice they often presented, or the work, which might be criticised. The value is that they have been open about all three.

Most of the review areas had a higher than average rate of older people with free personal care funding in care homes and a lower than average rate of service users receiving personal care at home. However, it is suggested that the practice experience described and the issues raised are relevant to most areas of the country and comprehend many of the key matters, which require further national and local consideration.

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<sup>2</sup> The seven local authorities were: Aberdeenshire; Argyll and Bute; East Lothian; East Dunbartonshire; Dundee; Highland; and South Ayrshire

## 2. Population and Service Use

The context for the peer review was a situation across Scotland in which the population of very old people is rapidly increasing, social care use increases with age, over 70% of home care users have free personal care and nearly 30% of care home residents receive FPC payments.

Scottish Populations and Use of Care Homes and Home Care								
	Population		Care Homes (older people) Residents		Home Care Service Users		Popl.	Popl.
	2007		September 2005		March 2006		2010	2020
	Number	%	Number	%	Number	%	Number	Number
65-74	459,284	54%	3,618	12%	10,998	19%	477,026	572,812
75-84	291,166	34%	11,841	38%	25,084	44%	301,443	355,677
85+	98,036	12%	15,789	51%	21,105	37%	106,123	144,298
Total 65+	848,486	100%	31,248	100%	57,187	100%	884,592	1,072,787
Free Per. Care			8,886	28%	40,839	71%		
Under 65			1,645		13,470			

## 3. Definitions and Boundaries

Following approval of the policy by the Scottish Parliament through the Community Care and Health (Scotland) Act 2002, the definition of free personal care and guidance on implementing the policy have been set out by the Scottish Executive (Appendices 1 and 2). The experience of implementation has now raised various definitional and boundary issues.

Free personal care for people aged 65+ years relates to certain personal care services:

- Personal Hygiene
- Continence Management
- Food and Diet
- Problems with Immobility
- Counselling and Support
- Simple Treatments
- Personal Assistance

Fuller definitions are available on the Scottish Executive website.<sup>3</sup> Practical domestic help, housing support and respite services are still chargeable and there are various separate funding streams and reporting arrangements.

<sup>3</sup> <http://www.scotland.gov.uk/Topics/Health/care/17655/personalcare>

Across Scotland local policy was established in relation to the definition and boundaries of the services, which were eligible for free personal care (FPC), within the context of the legislative requirements and Scottish Executive Guidance. This was then applied when the policy was implemented in 2002 to the wide range of existing cases, where it might be relevant, and to new cases thereafter.

There were different views about whether the definition of personal care included meal preparation and these were reflected in the peer review, which included authorities who had never charged, who had stopped charging and who were still charging for meal preparation.

The review also suggested different practices in relation to the definition and response to ‘incidental domestic tasks’. When a personal care package is provided, it is not unusual for some incidental domestic jobs to be carried out for the client. Tasks such as making the bed having helped someone to dress or vacuum cleaning whilst running a bath are common examples. Making a bed might be treated as one of a number of domestic work tasks being undertaken and may therefore be chargeable. However, it may also be treated as a one-off practical tasks after someone has been assisted to get up and get dressed, and may in such an instance be seen as an ‘incidental’ task and therefore be provided free.

In one local authority, Home Care managers operate an informal ‘10 minute’ rule which allows small domestic tasks or a number of very brief jobs to be carried out within the allotted personal care time with no charge. The billing system allows for billing in 15 minute intervals and if incidental tasks take around that amount of time to complete they will be reviewed with the prospect of them being re-defined as a chargeable non FPC service. Providing incidental tasks on a free basis is felt to offer a common sense response to the unavoidable practical requirements of clients, although it is also felt to represent another set of demands being made upon home care staff time (and the FPC budget).

Within the context of nursing care, it was noted in the review authorities that, in services for people at home, the home care/nursing task boundary has been subject to change over the years and home carers now undertake a significant range of work, including intimate and continence-related tasks that were previously considered to fall within the nursing domain. This is also leading to additional demands being placed upon home care staff and personal care budgets.

It was felt that that public perceptions of the home care task have not changed with the service and so there is not a wide understanding of the increased level of personal care now provided including things which may have been previously undertaken by health service staff, such as catheter care and medication.

A payment to provide free nursing care (FNC) was introduced in 2002 for care home residents of any age, who need and receive nursing services provided there, and local authorities received additional funding for this purpose.

Issues

Funding meals preparation on a free basis has had significant financial implications for those authorities, which have already done this, but is raising major financial issues for authorities who have recently or will change to adopt that practice, with a consequent loss of income.

There is no national guidance available for staff regarding how to deal with incidental domestic care services and there are clearly variations of interpretation within local authority areas and across the country. Whilst it is impossible to create rules for all circumstances and occasions, and flexibility has been built into the way that free personal care has been applied locally, there would be merit in considering whether there should be greater prescription on this matter and what variation is reasonable.

There are issues about how far the interpretation of guidance on free personal care for people living at home is consistent within a local authority area, and how far decisions made locally are or should be consistent with other parts of the country. There may also be issues about how easily a local authority is able to make payments for direct payments, initiated elsewhere, when direct payment recipients move there from another local authority area.

Within this context, there is also an issue concerning assessments and care plans and the application of guidance on ordinary residence, which has not been affected by the development of free personal care but has impacted on the implementation of the policy. The rules of ordinary residence mean that all decisions about free personal care provided to people at home are made locally, but decisions made about free personal care for residents in local care homes will be made by other when placements are arranged through other authorities.

The growing range and volume of what have traditionally been defined as nursing tasks within the role of home carers represents an increase in demand and increases the potential for delayed implementation of home care. It also represents a further pressure on the FPC budget. The promotion of a 'joint future' involving joint services and integrated approaches has been assisted by abolishing a charging distinction between personal care and nursing tasks. This needs to be accompanied by clarity and transparency in function and responsibility, standards, accountability and funding

#### **4. Chargeable Services**

The newly established division between free personal care and other chargeable services has created clearer distinctions between services. Before the implementation of the Free Personal Care policy in Scotland older people were assessed for a mix of services, which were considered as a package of care for charging purposes, with charges based on an assessment of financial means and ability to pay.

The Free Personal Care policy makes a distinction between free and chargeable services, with COSLA Guidance providing the potential for a consistent approach to charging for the latter. The experience in one review authority, which is now following that Guidance, is that with no maximum charge for chargeable services, some older people may be paying more for services than they would have previously. However, many older people are much better off financially because of the way charging policies have been implemented by Councils.

In one authority, financial assessments are routinely routed through and reviewed by the Social Work Department's Welfare Rights Service, which considers the potential eligibility for welfare benefits and income maximisation. The way in which charging policies are implemented in that authority also means that if applications for additional welfare benefits are successful, the older people who are claimants will be able to retain at least 50% of the new benefits.

However, it appears that some people are now willing to accept the free services but decline to receive the provision of services for which there is a charge. In some cases, in which people receive personal care there are issues about who, if anyone, is available to do the housework, and this can lead to additional pressure on carers to do domestic tasks.

Anomalies have become apparent in certain areas in charging and access to services. Examples include laundry services, which are chargeable if they are provided through a local authority, but may be free as part of continence services which provides NHS sheets. The availability of these services is also variable within the Council area.

So, there may be a need to review national definitions, COSLA guidance, local policies and the exercise of individual discretion locally by staff, which may be leading to inconsistent approaches to charging for services in the same or very similar circumstances. As part of such a review, there might also be merit in considering a sample of cases to consider the issue of consistency.

#### **5. Carers**

Some carers have benefited significantly from the free personal care policy and have been freed from hours of caring. However, since respite services are not included in the list of free services, there is some concern that the new distinctions made in a charging policy give an impression that carers' support services are of a lower priority, and will present barriers to their development.

## Free Personal Care – Peer Review

In one case example, a family carer in one of the review areas, provides many hours of support to an older person every day and is given four hours respite on a weekly basis through the Home Care Service. This is categorised as ‘social time’ and is therefore a chargeable service at £9.70p per hour. There is a charge of nearly £40 per week so that this carer can have a few hours off a week. Whilst there is a willingness in that case to pay the charges, it feels like a charge for caring.

The Care Development Group considered that the adoption of a free personal care policy would have cultural implications for public and carer expectations with reduced motivation to care. It is suggested from this review that there is some evidence of this shift taking place, and that an increasing number of carers are taking the view that public funding should be available for whatever care and support is needed by older people – and that there is less inclination and a reduced sense of moral or family obligation to provide informal care to parents, relatives or neighbours.

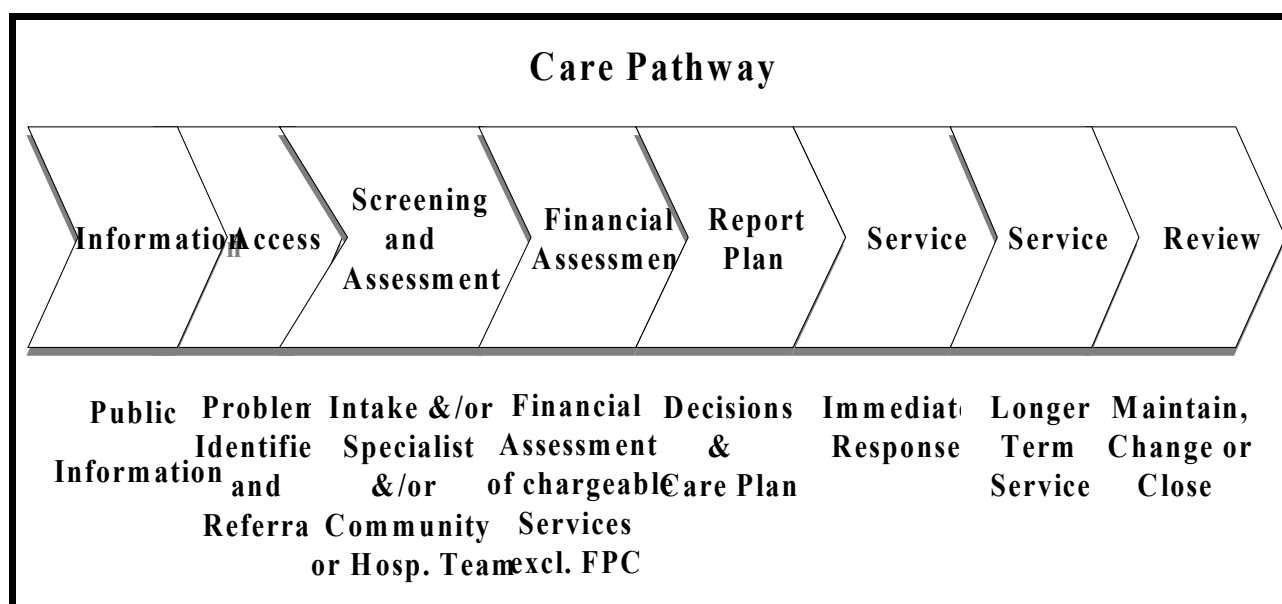
It remains the case in all of the review areas, as elsewhere, that family carers provide by far the greatest amount of care and support to older people, including far more personal care than is provided or funded through the policy under consideration.

### Issues

The provision of personal care and its funding need to be taken into account in the development of Carers’ Strategies. The financing of respite services and how this relates to free personal care need to be considered in the broader context of national policy to meet carers’ needs.

## 6. Care Pathway

A common framework through which to consider the delivery of community care services is the broad care pathway for assessment and care management. This provides a useful framework for considering the implementation of the free personal care policy and was used in the peer review.



## 7. Information

The importance of providing good public information about care services, and including free personal care, was recognised in all of the review areas. Local experience is that the extensive publicity given to free personal care has meant that inquiries specifically about free personal care are now made in relation to individual cases from England and abroad.

However, as one local area indicated, information on FPC should be presented within the context of encouraging service users and carers seeing themselves as having a need for services and support and encouraging them to seek help. The fact that some of the services and supports that they might require are free at the point of delivery is secondary.

The extent and quality of material available publicly or routinely provided by staff to potential service users and carers varied considerably. In some areas a wide range of information leaflets had been produced relating to community care services, such as home care services, as well as those describing eligibility criteria/priorities and charging. Areas were using the Scottish Executive leaflet on Free Personal Care, and including this amongst other information on the Council's website. However, in certain areas, there was a concern that public information was insufficiently comprehensive, and could be better presented and more up-to-date.

Examples of good practice were identified. In one area information packs were available to service users and carers<sup>4</sup>. One Council provides financial support to a voluntary organisation<sup>5</sup>, which provides public information on care services. In another area the Council has published information, which sets out the basis upon which people will be prioritised for community care services having been assessed as having relevant needs. It also explains the services that they can expect to receive and the timescales within which they can expect to receive them.<sup>6</sup>

### Issues

Despite the information provided to older people and carers, the complexity of service definitions and charging policies means that they often still have a very limited understanding of how their care may be funded and about what Free Personal Care is and how it works.

Any review of the information on free personal care should ensure that it is easily available to the public and should have regard to the particular needs of those from minority communities and those with communication difficulties. The contents of the Scottish Executive's leaflet on free personal care should also be reviewed in the light of the findings of the peer review and other recent studies.

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<sup>4</sup> East Dunbartonshire Assessment Pack and "Choices for Older People" folder

<sup>5</sup> Grampian Caredata

<sup>6</sup> Highland "Fair Access to Community Care Services" (FACS)

## 8. Access

The local authorities represented in the peer review included those with high-density urban populations and those with widely dispersed, sparsely populated areas. It was acknowledged that the nature of an area's geography and the distribution of its population have implications for accessing services. There were quite different organisational arrangements to provide access and a response to referrals concerning personal care and the need for other community care services.

One area produced data for the review to demonstrate that referrals for assessment and care management come from a range of sources with most referrals coming from the health sector. In this authority it was felt that the design of the service and in particular the linkage to GP practices and the emphasis on siting staff in localities has resulted in good community links and relatively high visibility with other professionals and the wider public. This area had a large number of small joint health and social care teams based around GP practices and providing services to older people, people with physical disabilities and those with enduring illnesses.

In other areas, both urban and rural, the first contact point for referrals about new cases had been centralised in a specialist social work team and this was felt to be providing a more effective and timeous response. Whilst these organisational arrangements are not specifically related to free personal care, some of them have been developed as a result of the need to be able to respond to new and increasing demands, such as for free personal care.

The experience of these different arrangements is available to inform the consideration of future access to services in an environment, which will see even greater demand with demographic change, an increasing emphasis on integrated approaches and a shift towards self-assessment and self-directed care.

There is a view in certain areas that, linked to free personal care, access to their services is being sought by an increasing number of older people who have moved into the local authority area from elsewhere. If this is the case, it may be related to the fact that free personal care has brought into the social care system more people with greater financial means and owner occupation who are more able and likely to move area after retirement and/or to live nearer family members resident in another part of the country. It was suggested that routine data collection arrangements are established to provide improved information on this subject.

### Issues

Very different organisational arrangements by the various review areas are seen as effectively meeting the needs of their local circumstances. The features and value of these different arrangements and others in existence across the country would merit further examination.

## 9. Screening and Assessment

Referrals are received in a variety of formats including telephone calls, emails, letters, specialist assessment forms and office visits by potential service users, carers and others. Some form of screening process determines the response varying from no further action, to assessment or emergency action. This screening process can vary from a formalised risk assessment to individual professional judgement.

The key factors that were identified by one staff group in the review as impacting upon the priority afforded to a particular case were the level of risk to the individual, the absence or breakdown of available support from carers and the urgency of any required action.

Screening can be seen in positive terms as a means of ensuring that urgent need is met, or policy targets, e.g. in delayed discharge, are achieved. In less positive terms, screening has been described as a way of making it increasingly difficult for potential service users or carers with low level needs to access services.

Referrals that progress through the screening process are generally allocated for assessment to social workers, occupational therapists, community care assistants or home care managers/assessors depending on the nature of the request. Other professionals, such as Community Nurses or Allied Health Professionals, may be involved or take the lead in Single Shared Assessments (SSA). Whilst areas provided for fast screening, in certain of the review areas there are waiting lists for assessment in each of the screening categories with the risk assessment system to ensure that those at highest and immediate risk are seen soonest or immediately if required.

There are examples across the country of circumstances in which non social work professionals have direct access to resources and the review raised questions about how this can be developed further. Within the context of self-assessment and self-directed care there were also questions about how to develop more rights based approaches, which would enable older people and carers direct access to services. This was related in the review areas to the perennial issue of whether assessment is needs led, or is resource led and more allied to gate-keeping and rationing.

In one review area it was suggested that while frontline staff have an awareness of the overall budgetary position it does not appear to impact on the assessment process with staff more focussed on eligibility criteria. In another area the experience was that the free personal care policy has not affected the assessment of needs, but it appears to have affected the take-up of certain services, with a number of older people choosing not to take up chargeable services. However in a third area it was felt that because the local authority does not as yet operate a purchaser/provider split in assessment and service management and especially when the assessment is carried out by home care staff, this can lead to service led assessment. In that area it was also suggested that the introduction of FPC, within a similar timescale to that of Supporting People (housing support tasks), has led to some perverse incentives affecting assessment and care management practice with a move from domestic assistance to personal care.

The implementation of the free personal care policy has produced examples of self-assessment and self-directed care, which raise issues about free personal care, its relationship with personalisation and direct payments and about the wider care system. This involves people who are better off financially and can afford to arrange and fund personal care at home for a period or self fund a period in a care home or where carers arrange such an admission and its financing. In some cases Council and other staff (including hospital staff dealing with patients ready for discharge) may advise people to bypass assessments and waiting lists by arranging and paying for services, and then to approach the Council for free personal care. It can be seen therefore that those who are able initially to arrange their own care services at home or care home admission and fund their own care for a period without any reference to social work can cause their own case to be assessed and prioritised for public funding in a different way, and potentially more quickly than those who are still at home in the community.

There are particular implications arising from the cases in which self funders arrange their own care home admission. Those still at home in the community, usually with home care support in place, and assessed as requiring care home admission, may have their ability to secure care home admission compromised and their choice of homes more limited in favour of those assessed under Free Personal Care arrangements who are automatically entitled to funding following assessment, and may then have free personal care payments backdated to the date they arranged their own admission. Whilst the assessment requires to confirm there is a need for a care home placement, it is usually very problematic to arranged for a return to the community for someone settled into a care home on a permanent basis. In this way the free personal care policy is felt to have contributed to the further development of a two tier system, which is further exacerbated when the availability of Council funding for free personal care is under pressure.

### Issues

Across the review areas the question of whether a case will involve “ free personal care” does not appear to be seen as relevant to the early stages of the care pathway, which is designed to focus on an assessment of needs without regard to whether the outcome is chargeable or non-chargeable services. However, the peer review has suggested there are continuing issues about the assessment process itself, which require consideration nationally and locally, including its relationship with personalisation and direct payments.

There were issues about how well the process of Single Shared Assessments is working and suggestions that some national work and local reviews, including consideration of the effectiveness of Carenap, are merited.

The one specific issue in the screening and assessment process, which relate to free personal care, concerns the particular response to people who have self-funded their home care or care home placement for a period and the indication that they can bypass assessments and waiting lists maybe allowing for the development of a two-tier service.

## **10. Financial Assessment**

The implementation of the free personal care policy has taken means testing out of the process for care homes residents (65+) with greater financial means and who only require the standard payments, and for older people at home who only want and need assistance with personal care tasks. However, means testing is still in place for the majority of people receiving public funding support to live in care homes and for those needing financial support with the cost of practical and domestic help at home, housing support services, respite care and other non-personal care support.

It appeared from the peer review that assessments and Care Plans focus on the needs and the wishes of older people and their carers, and are concluded without regard to the financial means of older people, and that this issue is largely considered on a separate basis and, for older people at home, only in relation to chargeable services.

Within the peer review authorities the common practice was for Assessors to be involved in gathering information for financial assessments, with specialist workers available to offer advice and involvement in particular cases. In one area the Council has dedicated staff within its support services department to undertake financial assessments, including home visits if required. In another area all financial assessments are processed through the Welfare Rights Service and routinely checked for the need for income maximization.

The arrangements in one area include the Department of Work and Pensions seconding staff to work closely with care staff, with older people requested to formally sign an agreement to their financial circumstances being examined for the purposes of income maximization. A memorandum of understanding is being concluded between that Council and the DWP regarding this arrangement.

### Issues

The Review identified various good practice examples of financial assessment linked to income maximisation and involving welfare rights services and the Department of Work and Pensions, but noted the continuing public confusion about what are free or chargeable services.

### **Care Planning**

All of the review areas identified a process of care planning, which follows screening and assessment, but which has different features across the country. Formal care planning is generally undertaken by the member of Social Work staff leading the assessment. The difficulties with a multi-disciplinary involvement in Single Shared Assessment are mirrored in the arrangements for care planning. One area can call on service brokers who make the practical arrangements to commission the service through the Council's own service or an external provider if required. One area has good access to advocacy services. However, in another area it was suggested assessors have a relatively limited service menu to call on and little obvious opportunity in developing new and innovative responses to need. Managers in that area noted that in the 21<sup>st</sup> Century Social Work Review report, Changing Lives, the theme of personalisation of services sits alongside the empowerment of frontline staff.

With regard to the latter there is a sense that staff within the Council do feel empowered, but there is potential to go further with greater encouragement of service development at a local level.

In one area it was noted that for direct payments, Care Plans are more explicitly broken down into detail. Although in all cases in that area older people receive a copy of the Care Plan, which sets out who will provide what, and which they sign to agree the content, it was suggested that Free Personal Care could benefit from a similar approach to the detailed and more explicit care planning for direct payments and that this could then be used as part of monitoring and review.

This more detailed care planning is already carried out in some places. One area has general guidelines to allocate time for some common tasks. These are not fixed and can be tailored to individual circumstances. So, for example the expectation is that a bath will take 30/45 minutes while meal preparation would take 45/60 minutes. The timescales given seem designed to provide a good service, but it was emphasised that if in discussion between the carer and supervisor this was seen to be inadequate then a more extended time could be put in place.

In another area, this more detailed description already also appears to be more commonly practiced. In that area in preparing an outline care plan as part of the SSA, the assessor will consult a ‘cost book’ that is provided by the Council, and which sets out the unit cost of services. Although it is accepted locally that there are issues about how costings are carried out and what unit costs include, the process is beginning to enable the cost of proposed packages to be determined on a consistent basis across the authority. This system may also assist the development of ‘in control’ models for older people over the next few years in that area.

### Issues

The general picture which emerged from the peer review was that Care Plans, reflecting assessments of needs and the wishes of older people and their carers, are concluded without regard to the financial means of older people, and this issue is only considered at the next stage in the process in relation to chargeable services. On the one hand, this appears ‘right’ and in keeping with the principles behind the policy of free personal care – that personal care services should be free at the point of delivery and should relate to needs rather than depending on financial means. On the other hand, some of the recent developments of more ‘in Control’ models have involved identifying all of the resources (social services, health, welfare benefits), which can be brought to bear to promote self directed care and support to provide a good quality of life, and it may be that there is a need to bring resource availability more explicitly into care planning.

## 11. Eligibility

The Scottish Executive Guidance to Local Authorities on Free Personal and Nursing Care in Scotland (July 2003) set out an expectation that local authorities would have in place their own eligibility criteria for the assessment and prioritising of need in delivering services.<sup>7</sup>

Whilst screening, assessment and care planning do not appear to be affected significantly by some concerns about the financial means of potential service users and carers, these processes are clearly affected by the resources available from statutory care and health service bodies, whether directly provided by them or commissioned from voluntary and private sector providers.

The peer review considered the eligibility criteria adopted in each of the review areas, including some local approaches to cost ceilings.

Typically, local authorities have adopted eligibility criteria, which seek to ensure fair and equitable treatment of prospective service users through explicit priorities, and make reference to different levels and categories of need for services, for example:

- Urgent – immediate or rapid service response required;
- High – services to meet priority needs required;
- Medium – services to meet priority needs according to resources; and
- Low – information and advice or direction to alternative provision.

The authority with these criteria gives a guarantee to meet needs in emergency or high priorities, and will meet medium priority needs within available resources. It is unable to provide services to meet low priority needs, but will provide advice and information on alternative ways of meeting these needs.

Similarly, in another local authority, domestic care is no longer provided by the Council, unless it is integral to a wider personal care package, or where there is no alternative provider due to local circumstances. The lack of alternative providers can give rise to issues of choice on the one hand, and pressures on home care staff to provide everything on the other.

Some authorities are seeking to use Single Shared Assessment and the Indicator of Relative Need, along with other indicators of increased dependency and risk, to ensure the basis for prioritisation of services.

Some areas have framed resource limits in terms of time. One area operated to an allowable maximum of 35 hours of service. Some areas have adopted ‘cost ceilings’ which identify the maximum costs they will normally allow in supporting older people at home. In one area local staff can arrange packages of care costing up to £20k p.a. before referring to a senior manager. In another area the ‘cost ceiling’ is based on all social care costs, including homecare, daycare and supported accommodation, although the last does not apply to many older people. For people aged 65 and over who fall within the Free Personal Care procedures the cost ceiling

<sup>7</sup> <http://www.scotland.gov.uk/Publications/2005/08/13113129/31333#1>

equates to total allowable weekly expenditure on care and support for people at home with the gross approved weekly rates for purchasing a care home place. The policy allows for discretion in exceptional and/or short term circumstances by senior managers. The Council's cost ceiling relates to the total cost of care and support, which an individual could receive across a range of services. It is not a cost ceiling that is applicable to Free Personal Care alone.

### Issues

Some staff involved in assessment suggest that the tightening of eligibility and of targeting to FPC, has led to less emphasis on preventative and other support services, with lost opportunities to prevent crises, and to promote the wider wellbeing of older people living in the community. The introduction of FPC and housing support services has narrowed the range of services provided to prescribed tasks.

In one area, where cases require only housing support, community care assessors are said to be reluctant to commit assessment time and often these cases will not be considered any further. In the case of home care a reluctance to become engaged with the monitoring and process management arrangements for housing support services funded through Supporting People can result in housing support tasks not being specifically identified but instead being carried out under the aegis of domestic care. Only when a housing support need is identified by home care or community care as part of a broader support package, is it likely to be investigated and resourced appropriately.

Whilst the local guidelines for the amount of time allocated to each individual care task emphasise that allocations should be based upon the assessment of need and should be designed to ensure that a suitably personalised support package is delivered, there was concern in one area about the variations resulting from individual assessor's particular views. In another area, staff reflected that service users regularly describe services as "rushed", with short visits, particularly in rural settings, and that it was difficult due to staff resources to guarantee reliability to enable them to meet the needs of users in ways, which guaranteed good outcomes.

## 12. Decision Making

Whilst there is simple routine decision-making in relation to particular services such as the allocation of day care places or the provision of meals services, the peer review authorities had more elaborate arrangements for more complex packages of care or expensive resources such as Care Home places. These arrangements involved:

- 1) Schemes of a delegation allowing staff and managers at a various grades to authorise expenditure at different levels depending on their position in the staffing structure; and/or
- 2) Resource allocation groups meeting on a regular basis to consider individual cases and the decisions about the provision of services; and
- 3) Special arrangement for emergency decisions.

Within the first arrangement, one local authority had agreed the delegation of authority for the purchase of community care services on the basis of:

- ❖ Home Care Supervisors - £200 per week.
- ❖ Home Care Managers - £356 per week;
- ❖ Care Managers - £459 per week;
- ❖ Occupational Therapist - £500 per unit
- ❖ Senior Practitioners (if deputising) - £1,000 per week;
- ❖ Team Managers - £1,000 per week;
- ❖ Social Work/OT Managers - £2,000 per week;

In contrast, another local authority has delegated authority on the basis of:

- ❖ Team Manager - £150 per week.
- ❖ Area Manager - £250 per week;
- ❖ Resource Allocation Panel - Over £250 per week;

In relation to the second arrangements, the systems noted by the peer review included:

- ❖ A weekly panel meeting to consider service packages against the notional maximum of 35 hours service per week;
- ❖ A weekly Resource Screening Group that considers all proposed care packages costing over £210 and makes recommendation to the budget holder, with an Additional Expenditure Review system where a more senior manager authorises additional expenditure above the normal limits where there is no budget availability;
- ❖ A two weekly Resource Allocation Panel that considers placements in care homes or care packages costing over £250 per week, with a Council cost ceiling at 125% of the cost of a comparable care home placement, which can only be exceeded subject to agreement by the appropriate Council Area Committee.

### Issues

The need for systems of accountability and control over budgets which involve very considerable sums of public money have led to various methods of decision-making in resource allocation, but the variety of systems in evidence raises questions about variable outcomes for older people across the country, and the reason for the scale of difference in the level of delegated authority to experienced local professionals and managers.

### **13. Review**

Within the peer review process there was a recognition of the importance of case reviews in ensuring that services responded flexibly to the needs of individual service users and carers and to ensure that scarce resources were being used to best effect, targeted in accordance with the eligibility criteria.

In one area it was noted that a review of the circumstances and needs of service users in care homes is undertaken in the main by Reviewing Officers (who are qualified care managers). The first review is undertaken at 6 weeks, the second at 6 months and thereafter on an annual basis. In relation to the provision of services to individuals living in the community in that area the position is more variable depending on the circumstances of that service user. However, it was suggested that at a minimum both care managers and home care supervisors review on a 3 monthly basis, but this can be more frequent because of difficulties or changes in circumstances. For low level carer support cases the circumstances are reviewed annually. For the OT service equipment monitoring/moving and handling reviews would be undertaken at 6 weeks.

In another area there is a clear recognition that reviews, and the arrangements for care management and care co-ordination, are not taking place with the thoroughness or consistency that practitioners and users and their carers would wish. That was also the case where users were receiving a range of different services, support at home, day services and respite care where the impact of effective care management and care coordination would, arguably, be most effective.

In a third area the lead practitioner for each SSA generally retains the case on her/his caseload in perpetuity subject to the Council's policy on Workload Management. The appropriate review timetable is indicated in local guidance – generally after 6 weeks and then at 6 monthly intervals. In practice the situation for care home residents and those continuing to live in the community differ markedly. Arrangements for reviewing support packages in the community are more robust.

#### Issues

The peer review areas agreed with the principle of case reviews and recognised their importance in services for older people, whose needs are often changing considerably over a relatively short period time. In practice, local guidance on review requirements appeared to be significantly different and performance appeared to be quite varied.

## 14. Timescales

It was noted in the review that a range of complex factors affect the way an assessment is carried out and there are major variations in the way services are arranged to meet individual need. So, it would be inappropriate to prescribe rigid time periods for every activity within the care pathway. Local authorities vary in how prescriptive they are in setting time targets or these activities.

One area in the peer review had defined a series of time targets for activities:

- ❖ Referral, screening and assessment – 3 weeks (achieved 80+% cases);
- ❖ Equipment/adaptations referral, screening & assessment - 2 wks for Priority 1;
- ❖ Equipment/adaptations referral, screening & assessment - 3 wks for priority 2;
- ❖ Care Plan completion following assessment - 7 days;
- ❖ Delivery of first service from initiation of the assessment process – 3 weeks (2005/6 Home Care - 64% received a service within 24 hours of referral);
- ❖ Review of care home residents – 1st at 6 weeks, 2nd at 6 months, then yearly;
- ❖ Review of care at home – minimally 3 monthly;
- ❖ Review of low level care at home – yearly;
- ❖ Review of equipment/adaptations – 6 weeks.

A different area in the peer review had decided that the key criteria upon which people should be prioritised for community care services would concern the degree of risk and the extent of severe and immediate needs, with initial screening used to identify which of the four levels of potential impact were present:

- ❖ Critical impact – Urgent Priority (assess within 48 hours);
- ❖ Substantial impact - High Priority (assess and deliver services within 28 days – assess within 15 days if in hospital);
- ❖ Moderate impact – Medium priority (assess & deliver services within 6 mths);
- ❖ Low impact – Low priority (assess within 6 months - likely to be signposted to other suitable services)

Other areas had not laid out such specific guidelines but might have policies for review timescales and timescales for hospital discharge - 5 working days to screen, a further 15 working days to complete and assessment and 10 working days to implement the care plan.

All areas indicated responding urgently to emergencies and critical needs, but several identified waiting lists for community care and equipment/adaptations assessments. There was an expectation of moving to more explicit target timescales where these were not already in place.

### Issue

The issue of adopting specific time targets and more rigorous management and monitoring against these for assessment and service delivery will require to be addressed within the context of the application of the national outcome framework.

## 15. Meeting Need and Unmet Need

The experience in the peer review areas is that implementation of the Free Personal Care policy has brought older people and their families into contact with statutory social work services who would not otherwise have had such contact. This has enriched the lives of some people, and given some older people a voice and choices they would not otherwise have had if they had only received assistance from families and legal advisors. Previously in some areas, local solicitors employed their own welfare officers and this involvement in some cases meant inappropriate moves to care homes. Whilst earlier in the implementation process there was some resistance to the requirement for professional assessment, this is now less often the case, and some older people are benefiting from information about and access to community support services to maintain them at home.

However, partly related to the increased demand the policy has brought, areas within the peer review reported:

- ❖ waiting lists for assessments;
- ❖ waiting lists for the delivery of services;
- ❖ unmet need in relation to the scale of services provided; and
- ❖ unmet need in relation to whether services are provided at all.

Screening systems are in place to seek to ensure that an urgent response is made to emergencies and crisis situations, and both assessments and consequent service delivery are very often effected timeously, for example in providing home care services or making arrangements so that older people can be discharged from hospital. However, the peer review areas noted the existence of delays and waiting lists for both assessment and service delivery in certain areas, or certain locations within their areas. This was the case for general community care assessments, and was also mentioned in particular in relation to delays, which could be quite lengthy, in assessments for equipment and adaptations by Occupational Therapists, and their respective delivery and completion.

One area routinely gathered and examined data on this issue. Another area indicated that some local managers regularly pulled together and reviewed this information. Other areas were not routinely able to provide an exact picture of this situation, noting that, although existing systems did allow for the recording of unmet need, this was not routinely and systematically done.

Waiting list for services may relate to the absence of free capacity in local care resources, particularly affecting care homes. In some areas there was experience of funding being available, but having a shortage of vacant places. Waiting lists also include older people who have chosen to take a place in a care home, which has no vacancies, and which itself might have a waiting list. The problem of recruiting staff in both urban and rural settings is also affecting the ways in which needs can be met and the review areas were conscious that this might be an increasing problem in services for which there is available finance.

Delays in the provision of services were also associated with lack of resources and lack of available finance to meet need. No area mentioned budget under-spends, but over-spends, including in relation to free personal care, were identified. Local authorities and their social work managers are charged with responsibility of providing services within set budgets, and staff within the peer review areas were very conscious of this. So, unmet need, such as that in equipment and adaptations services, was less to do with professional and administrative inefficiency than limitations in budget levels.

Areas noted that, often, unmet need was not an absolute position and that older people might be provided with some immediate services, whilst waiting for a full service – for example, might receive some home care services, whilst waiting for a day care place and respite services. However, it was also the case within certain of the review areas, that local authorities had determined that meeting priority needs appropriately meant that they could no longer meet lower level needs. Within the context of home care services and free personal care, they had decided that the priority for their budgets should be intensive support and (free) personal care and that for people at home the provision of practical domestic help as a service on its own, to those not also receiving personal care, could no longer be provided. In those areas an older person might not have an unmet need for a service recorded in connection with a waiting list for that service, as no waiting list would be kept.

There was an awareness that knowledge of availability of service and ability to meet need could affect referral, screening and assessment practice.

Some of the peer review areas highlighted local policy that older people assessed for free personal care required to be given an immediate service. This reflected not only legal advice, but also political attention and pressure from the public and media. So, whilst an area might have waiting lists and significant levels of unmet need for certain services, such as carers' respite, and shortfalls in meeting assessed needs for personal care for older people at home, and might have a waiting list for older people awaiting a care home places but not in the 'free personal care' category, that area might have adopted a policy of immediately providing 'free personal care' to those older people eligible for this payment in care homes, and therefore be presenting itself as having no locally unmet need for 'free personal care'.

### Issues

Whilst the peer review areas acknowledged unmet need and identified the existence so waiting lists for assessment and service delivery, a comparison between the policies and approach of these areas evidenced the complexity of this matter, and the difficulties in analysis.

It appears that the focus on 'free personal care' payments to older people in care homes may not only be ignoring waiting lists for care home places for non-FPC older people and the full picture of personal care and other services for older people at home but also be masking wider issues, such as the largely hidden and unrecorded unmet need for other services such as respite care and short breaks to support carers.

## 16. Care Homes

There were 38,099 registered places in care homes for older people in Scotland in March 2006. In September 2005, local authorities funded 32,893 older people in long stay placements, of whom 8,886 received Free Personal Care payments – of those 5,920 also received a Free Nursing Care payment.

The average length of stay for residents of care homes for older people in Scotland is about 2.7 years<sup>8</sup> (the 18%+ residents who are there 5+ years has an effect on this average – the period of residence for most residents is significantly less than 2.7 years).

The main points raised by the peer review areas in relation to the care homes services concerned:

- ❑ Local capacity;
- ❑ The effect of free personal care; and
- ❑ The balance of care.

### Local Capacity

One local authority indicated that overall the area had a sufficient number of care home places, but that the distribution of places across the local authority meant that local areas might be over provided or under provided. The rate of provision and its distribution reflected ad hoc development, mostly involving private providers, over the last 25 years. The balance of provision in some areas was also unduly weighted to care homes providing nursing care, and one local authority noted the consequent pressure to define older people as requiring nursing care to justify the Free Nursing Care payment, which placement in the local (Nursing) Home required. This did mean that people with dementia might receive an additional payment (for nursing care), which they would not receive elsewhere.

In relation to local authority care homes, older people with higher levels of income or available capital are only entitled to the £145 payment. It was suggested in the review that generally they do not seek placements in local authority homes, because of a higher cost of these homes and the financial contribution they would have to make. The main implications of free personal care appear therefore to have been for residents in private and voluntary sector care homes, although there are therefore also implications for the nature of the residents group in different sector provision.

In certain areas a major pressure in terms of the availability of places and Free Personal Care expenditure is perceived to be the number of people in care homes who previously resided in other areas, although no data is currently gathered in relation to this.

### The effect of free personal care

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<sup>8</sup> Source: SCHC2A September 2005

The implementation of the free personal care policy has been of financial benefit to older people whose financial means (income and property) would previously have indicated that they were above the threshold for free or subsidised care in care homes, although the greater financial benefit may have been felt by their inheritors, the Treasury (through increased inheritance tax) and private providers.

As indicated above, the experience of implementing free personal care in the review areas suggested that, at least in some areas of the country, the previous two tier system, in which older people with greater financial means and greater choice and control in relation to care home provision, has been replaced by a two-tier service in which older people, whose income and capital is above the same financial threshold, and often classified as self-funders, still benefit from greater choice and control. They are treated as a separate group within the GAE allocations and for the purposes of a statistical returns to the Scottish Executive and are identified separately within local authority budgets. Those self funders who have admitted themselves to a care home with no reference to the local authority and have then requested a FPC assessment, are receiving backdated FPC payments, if assessment subsequently confirms that they did satisfy the relevant criteria at the time of admission.

Experience with certain of the peer review areas has suggested that some private providers:

- View such potential residents favourably and believe that they can afford even higher charges than previously because of the FPC payment;
- Are therefore more likely to offer places to such older people;
- Have raised fee levels as a result of the additional monies in the system related to implementation of the Free Personal Care policy.

There is a view, therefore, that people, who would previously have been fully self-funding, have not benefited as much from the new policy as they might have done, because of fee level rises. However, it is also suggested, that people who are still “self funders” still receive the preferential treatment and have the greater choice they enjoyed before the introduction of free personal care, because of their greater purchasing power in being able to supplement basic/public fee rates. For the same reasons those, who would previously have been fully funded by Council and are still fully financed from public funding have reduced choice in this two-tier system, which previously existed and has continued since the implementation of the Free Personal Care policy.

The number of people receiving Free Personal Care Payments increased from 7,414 in 2002/03 to 8,886 in September 2005. However, the number of non-FPC publicly funded residents went down over the same period from 24,812 to 24,007. This appears to suggest differential treatment by local authorities and a two tier service, although establishing the reasons why FPC funded residents are increasing and the rest are decreasing will require further study.

Experienced in some local areas also suggests that within the process of hospital discharge and minimise delayed discharge the distinction between older people with different financial means has also continued. The experience from the period before the implementation of the free personal care policy was that bed managers and other

hospital staff might encourage self-funders who intended to move to care homes to make arrangements at the earliest possible date. This practice has continued since the implementation of Free Personal Care and has promoted the maintenance of a two-tier system, reflected in Scottish Executive Delayed Discharge Monitoring Forms, which continued to categorise some older people as ‘self-funders’.

Policy in the implementation free nursing care (FNC) payments had further compounded inequities and inconsistencies in the resourcing of services to people with dementia (with greater means), who would not be in receipt of an FNC payment if they lived in a care home which had formerly been a residential home and did not have nurses amongst its staff on site, but if presenting exactly the same needs and problems would receive an FNC payment if they lived in a care home which had formerly been a nursing home and did have nurses amongst its staff on site.

### The balance of care

It is not clear from the review areas what affect the implementation of the free personal care policy has had on balance of care and how far it has promoted the national policy of shifting the balance from institutional care in care homes and acute hospital treatment towards social care for people at home and community health services. Overall the number of people with public funding in care homes is now greater than the period after the implementation of free personal care. However, as noted above, the number of ‘poorer’ people with full or partial funding has reduced, but the number of ‘better off’ people with free personal care payments has increased. On the one hand the development of free personal care for people at home has promoted the development of those support services, and this has been complemented by more specific Scottish Executive targets. On the other hand the focus on delayed discharge and the pressure to make placements in care homes if suitable housing or intensive community supports are not readily available, and the availability of free personal care to ‘self funders’ has supported the maintenance of care home provision, which continues to be used for older people, a large proportion of whom are of low dependencies. It may be that, in some respects, free personal care offers the same ‘perverse incentives’ encouraging institutional responses that DSS benefits were felt to provide in the 1980s.

### Issues

The national focus on the way that self funders are subsidised by free personal care in care homes and the way that funding, policy and practice treat these older people separately in local areas suggests that a two-tier approach favouring older people with greater financial means.

Local experience suggests there are inconsistencies and inequities in the use of free nursing care payments and the funding of people with dementia.

It has been suggested that the financial benefits of free personal care have been reduced by associated fee rises by care home providers.

Questions have been raised about the implications for the balance of care of the implementation of the free personal care policy.

## 17. Home Care

The peer review areas had seen considerable change in recent years in the nature of the home care task with an increasing shift to the provision of personal care. At the same time there had been substantial increases in demand.

One area noted that, as personal care is now provided on a free basis, some people are more willing to choose to accept a full package of care. The fact that some older people are eligible for all care services free for up to 28 days on discharge from hospital also means that more people accept services. This not only supports their rehabilitation but also gives them an experience of what services can offer to support them at home.

Areas indicated that there has been a reduction in the number of lower level preventative packages comprising domestic care due principally to changed operational priorities based upon the requirement to manage activity within budget in the light of the pressure caused by delivering more personal care. Whilst an increase in the level of personal care had been appropriate, overall, the shift in the balance of home care from domestic to free personal care had increased costs, reduced income and added to recruitment difficulties.

As with free personal care in care homes, the definition of what constitutes personal care for charging purposes had created inequities and inconsistencies in the resourcing of services to people with dementia, including intensive support and overnight support, and with respect to short breaks at home for carers.

Unlike the position in care homes, the review areas did not report holding separate budgets for free personal care at home and local authorities do not now receive separately identified GAE funding for a separate group of people, distinguished by their level of income and capital. The review areas allocated personal care on the basis of need and charging only became a matter for consideration after an assessment suggested a need for chargeable services such as practical domestic help or respite services.

The number of people aged 65+ receiving home care has increased from 55,746 in 2002/03, when free personal care was introduced, to 57,187 in 2006. Over this same period the number receiving (free) personal care has increased from 31,103 to 40,839. This demonstrates very positive development in supporting older people at home, and, alongside the increase the number of older people getting more than 10 hours of care per week, promotes the required shift in the balance of care.

However, this shift has been partly at the expense of older people and carers who only needed practical and domestic assistance. The number of people in that category have gone down from 24,643 in 2002/03 to 16,348 in 2006. It is not clear how far these reductions involve 'poorer' people, and are associated with 'better off' people becoming eligible for free personal care.

### Issues

The review identified definitional and boundary issues, with personal care subsidised or provided free to older people 24/7 in care homes, but rarely to that extent in their own homes, and inequities in charging for services to support people with dementia and carers.

There was a concern to shift the balance from institutional care to care at home, but a lot of the shift experienced had been from domestic help to personal care, away from preventive support services to intensive care. It is not clear how much this is associated with ‘better off’ people becoming eligible for free personal care.

The implementation of free personal care for older people at home appear to have been managed well, and was being provided on the basis of need without reference to means other than for chargeable services.

### **18. Workforce**

With low unemployment in the community and within the context of the development of evening, weekend and overnight services, the review areas had been facing challenges in recruitment to relatively low paid jobs, employment arrangements, training, and commissioning an increasing proportion of services from independent sector providers. Services were being regulated for the first time, required to deliver higher quality standards and to begin to accommodate the “grey areas” within extended personal care involving nursing and health procedures.

### **19. Commissioning**

The free personal care policy has been implemented within a mixed economy of care. The 38,099 registered places in care homes for older people in March 2006 consists of 5,661 places (15 per cent) in the Local Authority/ NHS sector, 28,149 places (74 per cent) in the private sector and 4,289 places (11 per cent) in the voluntary sector. In home care, Local Authorities are also increasingly purchasing home care services from the private and voluntary sector rather than providing services themselves. There has been a steady decrease in the proportion of hours of home care provided solely from LA providers from 89 per cent in 1998 to 56 percent in 2006.

[In one of the peer review areas, which has a well-developed approach to procurement of care services and contracting with service providers, there are extensive block contracting arrangements with a small number of home care providers and regular communications and discussions with these providers. There also clear systems for billing and payments, which both identify different types of service and distinguish between chargeable services and free personal care.

In that case the Council is able to provide service users living in their own homes with good information about the charges for services by setting out the specific details of chargeable and free services within invoices. However, publicly funded residents of care homes, including those in receipt of ‘free personal care’ payments, are much less well informed about payments because of the way the Council has been restricted to using Route 2 contracts, rather than using the Route 3 option identified in Scottish Executive Guidance.

Using 'Route 3' the Council would have paid the full (gross) fee to care home providers and the Council would have received residents' contributions. Under this system care home providers would require to be explicit about the nature and cost of any additional services. Under 'Route 2' the Council pays the (net) public contribution, leaving care home providers to charge residents their personal contribution including, less publicly, for cost of any additional services.

Initially the Council customised the national model contract but it was felt this left some older people vulnerable, as the national model did not make adequate reference to monitoring and review or to additional charges and that a better approach to contracts would have the council paying the total fee and recovering contributions from residents. The new national model contract will require information about charges to be made available to residents, and deals with this issue.

## **20. ICT**

The implementation of Free Personal Care has required some specific technological developments to support case recording and certain financial functions. In one review area the computerised system used within the service offers both a client database and a billing function. The method of recording allows distinctions to be made between practical tasks and personal care and these are maintained on a weekly basis to provide information to support payments to service providers and charges from service users. In this area, management reports are created on a monthly basis to monitor unmet need, and the system informs Local Improvement Target and delayed discharge monitoring and the completion of JPIAF and other national statistical returns.

Elsewhere, the peer review identified various problems in relation to information and communication technology related broadly to community and health care, and which had some implications for the delivery of free personal care. Review areas mentioned having complex and unwieldy paper based systems for single shared assessment, with information being transferred to the electronic systems, and the absence of such electronic systems within community health services.

### Issues

The development of personalised services will require the development of ways to aggregate the results of individual assessments in order that commissioning can increasingly reflect individual need and promote personalised responses. Areas indicated that they currently had no mechanism for the routine collection of information from Care Plans to inform future care planning.

## 21. Finance

Since 2002, the year free personal care was implemented, local authorities have indicated that cost of implementation has not been fully funded through GAE allocation by the Scottish Executive.

The local authorities represented within peer review identified the cost of providing free personal care in their areas as above their grant allocation. There was an even greater shortfall for those not yet funding meals preparation.

In one area initial analysis of the funding provided by the SE undertaken by the Council suggested that the funding for residential placements was roughly in line with current and projected demand. However that was not the situation in relation to non residential care where the focus on meeting greatest need inevitably means that a growing proportion of home care falls within the definition of FPC.

In another area there was evidence of a short fall in the funding available for payments to people in care homes. This authority was also concerned about the funding caused by the reduction in the Supporting People Grant, which had been used to provide support through the Council's own home care service.

In one area, whilst free personal care funding was at a higher level than the grant allocation, overall spending on services for older people was at a significantly lower level than the GAE allocation.

### Issues

The issues raised by the peer review included questions about shortfalls in Scottish Executive funding of free personal care, shortfalls in some areas in local authority allocations for older people's services against overall Scottish Executive funding for those services, and concerns about the availability of funding in future to meet the needs of the increasing number of older people, funding for increased expectations and standards, and funding for the shift towards greater support and personal care for older people at home and their carers.

The peer review also highlighted issues related to the multiplicity of funding sources, related to the increasing categorisation into different types of support and care, with a current situation in which an hour of service time for someone at home might include 15 minutes of chargeable practical domestic help, the half an hour of free personal care, and 15 minutes of chargeable housing support.

Since Free Personal and Nursing Care was introduced the payments to people in care homes have remained at a fixed monetary level, which has meant that the proportion of the personal care subsidised by the payments has reduced. In one area it was also noted that when a resident is admitted to hospital the FPC payment stops after 2 weeks whereas the local authority continued to make the same level of payment for the other residents it is funding for 6 weeks after which time the level of payment reduced.

## 22. Performance Assessment

A typical comment about the performance of the peer review areas was, in one area, that there was a lot of evidence to indicate that the introduction and subsequent management of Free Personal Care by the local Council has been well handled in spite of the additional financial pressures this has brought to bear. Free Personal Care had been successfully integrated in to the Council's wider approach to the delivery of Community Care services.

It was often difficult to establish what the specific effect of free personal care had been on the wider care system and the balance of care since the free personal and nursing care policy had only been one of a wide range of policy initiatives that were introduced at local and national levels to improve the care provided to older people. This has made it difficult to attribute particular changes to that policy to the exclusion of others.

In one area, although the Council had successfully implemented the introduction of Free Personal Care, there was a real sense in the internal responses to the review, that the resources that had been pulled in to meet the demands of FPC were having a detrimental effect on the development of other adult care services. In another area it was not felt that the policy had contributed towards shifting the balance of care and enabling more older people to be supported at home. In a third area it was felt that FPC had not had a significant impact upon the operation of the assessment and care management system. The system continues to focus upon determining need, compiling care plans and delivering the required services.

The evidence from the peer review certainly suggests that the policy had not yet succeeded in its objectives to ensure that people throughout Scotland should be provided with the same range and standards of personal care services in the same circumstances, irrespective of where they live.

The definitions and distinctions created by the free personal care policy have raised issues for professionals and members of the public involved in its implementation. Older People who need personal care related to physical disabilities get this free, but the same older people or others are not entitled to free care and support related to mental 'disabilities' including dementia, and carers' support is not provided free. There are continuing anomalies in relation to charging for meals services, and laundry services provided by the local authority on a charged basis and the and NHS as a free service. There are also some issues about inconsistencies of interpretation, for example about what constitutes 'incidental' services, and broader questions about whether there needs to be greater consistency between local authorities across the country.

It does seem from this review that the assessment for all services is carried out with a focus on needs, and without regard to ability to pay, although there are still issues about how far assessment are influenced by available resources and how far personalised approaches are available. The review has also identified issues concerning the provision of services to meet the needs identified. Nationally, it will be particularly important to consider the issues identified in relation to the funding of carers' and dementia services and intensive supports.

## Free Personal Care – Peer Review

The review has identified issues related to the approach to the public funding of care home places. In line with government funding and the national monitoring system, a separate budget certainly been established in some local authorities for 'self funders'. An unintended consequence of this is the risk of a two-tier service, which provides greater choice with faster access to places to people without higher levels of income and capital. In relation to home care, it is not clear what impact the addition of 'better off' service users has been in the system. Overall the number of people receiving care has increased significantly, whilst the number of people and those getting 10+ hours has increased significantly, whilst the number only getting practical domestic help has reduced significantly. The position viz. care homes and home care needs further local and national consideration.

The peer reviews in local areas raised a range of issues for local consideration in those areas. Some will require to be addressed as social care and health services become more integrated. Most of these issues also require national attention.

## **Appendix 2.**

### Guidance On Free Personal And Nursing Care In Scotland

**August 13, 2005**

<http://www.scotland.gov.uk/Publications/2005/08/13113129/31333>

#### **The key aspects of the policy are:**

##### **For those living in their own home**

Free personal care is available to those aged 65 and over. 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 such personal care services after 1 July 2002. Eligibility for free personal care is made irrespective of income, capital assets, marital status or the care contribution currently made by an unpaid carer. Non personal care services will continue to be subject to charges at the discretion of the local authority. Eligibility for and payment of Attendance Allowance and Disability Living Allowance are not affected by the introduction of free personal care.

##### **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 on 31 March 2002. For those people no assessment of need will be required 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 March 2002, an assessment of need will be required before they become eligible for personal or nursing care payments at the rates above. Self-funders will continue to pay the remainder of their own costs, often described as living or accommodation costs.

##### **Attendance Allowance and Disability Living Allowance (care component)**

There has been considerable coverage about the effect that receipt of free personal care will have on Attendance Allowance and the care component of Disability Living Allowance. It is important that there is clarity about this. Social security benefits legislation provides that where an individual receives funding towards the cost of their place in a care home from a public source, payment of Attendance Allowance and the care component of Disability Living Allowance must cease 4 weeks after the funding starts. Some 25,000 people in care homes in Scotland who are currently being funded through their local authority are already affected in this way and are not paid Attendance Allowance or the care component of Disability Living Allowance.

## Free Personal Care – Peer Review

The people whose Attendance Allowance and Disability Living Allowance (care component) payments will be affected by receipt of free personal care are:

- (i) the 7,500 self-funders currently aged 65 and over in care homes in Scotland and self-funders in care homes in Scotland who reach age 65 on or after 1 July 2002. At present, they meet the whole costs of their place in the care home entirely from their own resources, do not receive any local authority funding and are paid Attendance Allowance or the care component of Disability Living Allowance; and
- (ii) people aged 65 and over receiving Attendance Allowance or the care component of Disability Living Allowance who enter a care home on or after 1 July 2002.

Where any of the people mentioned in paragraph 8 receive personal care payments on or after 1 July 2002, payment of their Attendance Allowance or Disability Living Allowance (care component) must cease 4 weeks later. It is their responsibility to report receipt of personal care payments to the Department for Work and Pensions as soon as they start to receive it. If they fail to do so, and continue to receive payments to which they are no longer entitled, they are likely to be required to repay. Receipt of free nursing care by anyone of any age in a care home will **not** affect their Attendance Allowance or Disability Living Allowance.

## **Appendix 1.**

<http://www.scotland.gov.uk/Topics/Health/care/17655/personalcare>

### **Scottish Executive Definition of Personal Care services**

In order to receive personal care services from your local authority, or payments which allow you to choose who will provide the services to you, you need to have an assessment by your local social work services to see if you need them. The types of personal care provided will vary according to your assessed care needs.

If you want to have an assessment to determine your care needs you should contact your local social work services department.

If you live in a care home then the local authority will assess whether you need these services and if so it will pay £145 on your behalf directly to your care provider.

### **You will be assessed to see if you need any of the following:**

#### **Personal Hygiene**

Bathing, showering, hair washing, shaving, oral hygiene, nail care

#### **Continence Management**

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

#### **Food and Diet**

Assistance with the preparation of food and assistance with the fulfilment of special dietary needs

#### **Problems with Immobility**

Dealing with the consequences of being immobile or substantially immobile

#### **Counselling and Support**

Behaviour management, psychological support, reminding 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 go to bed. Transfers including the use of a hoist

#### **Nursing Care services**

If you live in a care home and you need these services then the local authority will make a payment of £65 direct to the care provider on your behalf.



Free Personal Care – Peer Review

**Community Care and Free Personal Care in Scotland - Care Home Statistics 1999 - 2006**

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	Sept '05	2006	
Population 65+ (GROS mid-year Estimates)	795,072	799,485	807,181	812,879	819,063	826,554		840,041	GROS
GAE: Residential Accommodation Elderly			£283,550	£292,199	£304,434	£326,577		£342,691	GAE
GAE: FPNC for People in Care Homes				£54,267	£74,562	£77,704		£80,935	GAE
Net Expenditure on Care Homes for Older People	£236,978	£236,463	£251,383	£336,464	£363,434	£412,531			LFR3
Expenditure on FPC Care in Care Homes				£56,217	£62,632	£65,440			FPNC survey and LFR3
Expenditure on FNC in Care Homes				£16,183	£17,690	£18,939			FPNC survey and LFR3
Expenditure on FPNC in Care Homes				£72,399	£80,322	£84,379			FPNC survey and LFR3
No. self-funders receiving FPC in Care Homes				7,414	7,980	8,641	8,886		CC.. Quarterly Key Monitoring
No. self-funders aged 65+ receiving FNC payment				4,787	5,248	5,763	5,920		CC.. Quarterly Key Monitoring
No. self-funders receiving FPC in Care Homes				7,414	7,980	8,614	8,886		CC.. Quarterly Key Monitoring
No. People 65+ receiving full funding in Care Homes				24,812	23,975	23,163	24,007		CC.. Quarterly Key Monitoring
Total No. People 65+ receiving funding in Care Homes				32,226	31,955	31,777	32,893		
% self-funders receiving FPC in Care Homes				23%	25%	27%	27%		
% People 65+ receiving full funding in Care Homes				77%	75%	73%	73%		



Free Personal Care – Peer Review

**Community Care and Free Personal Care in Scotland - Home Care Statistics 1999 - 2006**

	1999/2000	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	Sep '05	2006	
Population 65+ (GROS mid-year Estimates)	795,072	799,485	807,181	812,879	819,063	826,554		840,041	GROS
Gross Expenditure on Home Care for Older People	£131,951	£152,713	£196,782	£261,686	£332,281	£364,582			LFR3
Net Expenditure on Home Care for Older People	£103,156	£118,147	£137,767	£205,630	£220,513	£240,170			LFR3
Expenditure on FPC at Home				£92,567	£116,285	£135,714			FPNC survey and LFR3
Number of People aged < 65 Receiving Home Care	10978	10,152	11071	11520	12224	13,211		13,470	SEHD CC Statistics - HI Return
No. People aged < 65 with Home Care 10+ Hrs p.w.	2,808	2,664	3,385	3,646	3,981	3,895		4,204	SEHD CC Statistics - HI Return
Number of People aged 65+ Receiving Home Care	59,217	55,381	53,636	55,746	57,762	57,883		57,187	SEHD CC Statistics - HI Return
No. People aged 65+ with Home Care 10+ Hrs p.w.	7,792	9,114	10,170	11,543	12,859	14,180		14,120	SEHD CC Statistics - HI Return
Number of People aged < 65 Receiving Home Care	10,997	10,152	10,910	11520	12,225	13211		13,470	SEHD CC Statistics - HI Return
Number of People aged 65-74 Receiving Home Care	12,875	10,454	10,021	10763	11,104	11204		10,998	SEHD CC Statistics - HI Return
Number of People aged 75-84 Receiving Home Care	25,969	24,166	23,658	24861	26,198	25797		25,084	SEHD CC Statistics - HI Return
Number of People aged 85+ Receiving Home Care	20,388	20,761	19,957	20122	20,487	20882		21,105	SEHD CC Statistics - HI Return
Total Client Hours of Home Care	393,071	394,567	452,758	501,030	543,383	584,160		604,081	SEHD CC Statistics - HI Return
Number of people receiving FPC at home				49 26/07/2010 31,103	36,145	39,105	40,839		CC. Quarterly Key Monitoring
Weekly Hours of FPC at home				221,723	244,338	253,927	265,361		CC. Quarterly Key Monitoring