

AGENDA ITEM No. 11

NORTH LANARKSHIRE COUNCIL

REPORT

TO: Social Work Committee	Subject: SCOTTISH EXECUTIVE'S RESPONSE TO THE ROYAL COMMISSION ON LONG TERM CARE
FROM: Director of Social Work	
DATE OF COMMITTEE: 21 November 2000	
REPORT AUTHOR: George McNally	
REF: JD/GMcI/DH	

1 PURPOSE OF REPORT

- 1.1 To advise the Social Work Committee of the Scottish Executive's response to the Royal Commission on Long Term Care and implications for Local Authority Social Work Departments.

2 BACKGROUND

- 2.1 The Royal Commission, under the chairmanship of Sir Stewart Sutherland, was set up to examine the short and long term options for a suitable system of funding long term care for older people both in their own homes and in other settings and to recommend how and in what circumstances the cost of such care could be apportioned between public funds and individuals. The Commission was also asked to consider the number of people who were likely to need long term care, the expectations of older people for dignity and security in relation to their long term needs together with the need for cost effectiveness and the constraints in public funds.

3 PROPOSALS

- 3.1 In total the Commission made 24 recommendations. These are listed with the Scottish Executive's response in the Appendix to this report.

4 IMPLICATIONS FOR LOCAL AUTHORITIES

- 4.1 The Scottish Executive's response to the Royal Commission proposals will have implications for local authorities in terms of their community care responsibilities. In this connection some of the responses are worthy of note and comment. These are summarised below.
- 4.2 It may be noted that in a recent statement, the new First Minister intimated his intention to further review the Executive's position in respect of the future of long term care. A further report will be brought forward in due course to advise the Committee on this.

5 COMMENTS

- ◆ **Disregard value of the home from capital means assessment for the first three months of residential care and increase capital limits to real 1996 levels.**

Under the current regulations unless the capital value of a property falls to be disregarded, if the property is valued in excess of £16,000, then the resident has to meet the costs of the residential care from their own resources. By disregarding the value of the property for the first three months this will involve the local authority having to incur additional expenditure to cover the placement during this period.

- ◆ **Free home care for an initial period of up to four weeks when people come out of hospital for all who are assessed as needing it.**

It is suggested that many vulnerable and frail people decline support at this stage because they feel they can't afford the charges. The period of free service will temporarily remove such a disincentive.

- ◆ **22,000 weeks of extra respite provision for carers**

This proposal is welcome, however, the initial response paper does not at this stage give any indication of how any extra resources will be allocated.

- ◆ **Immediate intensive personal care packages free**

This change will be welcomed although there may be a public perception that intensive personal care packages which are produced free will create a two tier system, for example people with the financial means who receive an ordinary home care service will still be expected to pay for this service.

- ◆ **Preserved rights payments in Social Security should be brought within the post 1993 system of community care from April 2002 subject to legislative timetable.**

This final implementation of the 1993 system is to be welcomed.

- 5.1 The Scottish Executive's proposals also contain a number of actions on research, cost effectiveness, improving cultural awareness, developing advocacy, promoting wider consultation on aids and adaptations, providing better services to people who currently have a carer, setting up a national study to provide reliable data to monitor trends in health expectancy. All of these actions are welcomed.

6 FINANCIAL IMPLICATIONS

- 6.1 Many of the proposed changes will have significant financial implications for local authorities. Given the complexity of the issues, careful attention will be required to ensure that adequate resources are made available to support their implementation.
- 6.2 There is a lack of detail in the statement on how local authorities will be funded to meet the costs of implementation. Therefore, it will be important to begin the task of estimating the extent of the additional financial costs which Councils might be expected to meet, in order that North Lanarkshire Council is in a position to make appropriate representations for the allocation of adequate resources to meet any new responsibilities.

7 CONCLUSIONS

- 7.1 The Scottish Executives response to the Royal Commission on Long Term Care are designed to bring about improvements in the care system, to assist and enhance the position of people who require to be cared for in their own homes and other settings. However, there are considerable costs associated with such measures. It will be necessary therefore for the Council to consider the full implications of the proposed actions and to prepare not only to implement the proposals but to determine the financial implications of meeting the new found responsibilities which will flow from the Executives proposals.

8 RECOMMENDATIONS

- 8.1 Committee is requested to note:
- i) the terms of the Scottish Executive's statement in response to the Royal Commission on long term care; and
 - ii) that further reports will be brought forward to the Committee in due course by the Director of Social Work.

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Jim Dickie
Director of Social Work
13 November 2000

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**APPENDIX - SCOTTISH EXECUTIVE RESPONSE TO RECOMMENDATIONS OF
THE ROYAL COMMISSION ON LONG TERM CARE**

Recommendations	Scottish Executive Response
<p>1. Personal care should be available after an assessment, according to need and paid for from general taxation</p>	<p>The Executive is making an unprecedented new investment in improving care services for older people over the next three years. The investment would fund the cost of the Royal Commission's recommendation on personal care. However, the Executive does not believe that making all personal care free would be the best use of resources, benefiting mainly 7,200 people. Instead, the Executive is implementing a much wider package of measures, designed to bring the maximum benefit to the greatest number of people:</p> <ul style="list-style-type: none"> > Free NHS nursing care in nursing homes from October 2001; > Increase the number of people who are able to secure a loan against the value of their home from the local authority to avoid having to sell up to fund their residential care; > Disregard value of the home from capital means assessment for the first three months of residential care and increase capital limits to real 1996 levels; > Intensive home care packages for 1,000 extra people to receive their care at home rather than in a care home or in hospital; > Multi-disciplinary team 's in every part of Scotland ready to respond rapidly to provide intensive personal care packages for up to 18,000 people per year. It is essential that there is support readily available to cover crisis situations and avoid the unnecessary admission of older people into hospital, and also to support people requiring a short period of personal intensive care when they come home from hospital; > Free home care for an initial period of up to four weeks when people come out of hospital, for all who are assessed as needing it.- This is particularly important since many vulnerable and frail people decline support at this stage because they feel they can't afford the charges; > The equivalent of 22,000 weeks of extra respite provision for care users to provide temporary care to relieve informal carers who need a break; . > A new home maintenance/domestic support service in each local authority area, to provide flexible services to older people at home according to need.
<p>2. The Government should establish a National Care Commission</p>	<p>Broadly accepted with the announcement of the Scottish Commission for the Regulation of Care. Now Implementing.</p> <p>We will also establish an Older People's Centre for Scotland to champion the development of good and innovative community care services, promote training and assist with the implementation of the Joint Future Group's recommendations.</p>

Recommendations	Scottish Executive Response
<p>3. The Government should ascertain precisely how much money goes to supporting older people in residential settings and in people's homes</p>	<p>Community Care Policy is aimed at shifting the balance of care and at increasing joint working and budget pooling as the way forward to providing seamless services. In this context, disaggregating expenditure would not serve a useful purpose. It is more important to get the balance right, by putting in place services that will sustain people at home. It is also more important to focus on the outcomes (i.e. care and its quality) rather than the inputs.</p> <p>Social Work Information Group is working on standard data definitions to ensure a consistent picture of LA expenditure.</p>
<p>4. The value of the home should be disregarded for up to three months after admission to care in a residential setting and the opportunity for rehabilitation should be included as an integral and initial part of any care assessment</p>	<p>Accepted</p> <p>Value of home to be disregarded for first three months in residential care from April 2001.</p> <p>We are currently considering the Joint Future Group's proposals for the introduction of single assessments for the elderly and for those with dementia by October 2001. The single assessments Mil act as a passport to rehabilitation schemes.</p>
<p>5. Measures should be taken to bring about increased efficiency and improved quality in the system, including a more client centred approach, devolved budgets and budget pooling</p>	<p>Accepted</p> <p>Our 10 year strategy, 'Modernising Community Care', and the associated action plan addresses this recommendation, with measures to improve efficiency and joint working.</p> <p>We will go further, in line with the recommendations of the Joint Future Group, to enable joint researching and joint management of local services. (See 9 below).</p>
<p>6. Other changes to the current system, such as changing the limits of the means-test, or making nursing care free (subsumed by recommendation 1)</p>	<p>Accepted</p> <p>Implementing free nursing care by October 2001 and increasing capital limits to real 1 996 levels by April 2001.</p>
<p>7. The resources which underpin the Residential Allowance in Income Support should be transferred to local authorities</p>	<p>Accepted</p> <p>Implementing from April 2002, subject to legislative timetable.</p>
<p>8. The Government should consider whether "preserved lights" payments in social security should be brought within the post 1993 system of community care funding</p>	<p>Accepted</p> <p>Implementing from April 2002, subject to legislative timetable.</p>

Recommendations	Scottish Executive Response
<p>9. The Government's proposals on pooled budgets should be taken further, with pooled budgets being implemented nationally</p>	<p>Accepted</p> <p>In line with the recommendations of both the Royal Commission and the Joint Future Group, we will legislate to enable joint resourcing and management of services locally, including a national joint planning and financial framework.</p>
<p>10. Budgets for aids and adaptations should be included in and accessible from a single budget pool and Local Authorities should be enabled to make loans for aids and adaptations for individuals with housing assets</p>	<p>Accepted in part</p> <p>In the short term, we are investing £5m to ease the backlog in provision.</p> <p>We are currently considering the Joint Future Group's recent recommendation for joint resourcing and management of these services, leading to the establishment of joint stores. (See also wider commitment to joint resourcing and management in 9 above).</p>
<p>11. The system for making direct payments should be extended to the over 65s</p>	<p>Accepted and implemented from July 2000.</p>
<p>12. Further research on the cost effectiveness of rehabilitation and the development of a national strategy on rehabilitation</p>	<p>Accepted</p> <p>Studies are ongoing to assess the effectiveness of rehabilitation. The Older People's Centre for Scotland (see 2 above) would be well placed to consider what further research is necessary as part of its future work.</p> <p>We are considering the Joint Future Group's recommendations for a more concentrated and joined-up approach to rehabilitation.</p> <p>A number of the initiatives announced today support rehabilitation:</p> <ul style="list-style-type: none"> > free short post discharge home care > additional free intensive home care packages > 3 month disregard of the value of the home > multidisciplinary teams for intensive personal care at home during crises, including on discharge from hospital
<p>13 and 23. Further longitudinal research is required to track the process and outcomes of preventive interventions</p>	<p>Strong support for Preventative Interventions, with a number of new initiatives announced in this response:</p> <ul style="list-style-type: none"> > immediate- intensive personal care packages free > housework/shopping/laundry service > improving arrangements for health checks for people aged 75+ <p>The results will be evaluated and the effect on the balance between care at home and residential care will be monitored.</p> <p>Other longitudinal research on the outcomes of preventative interventions is ongoing.</p>

Recommendations	Scottish Executive Response
<p>14. It should be a priority for Government to improve cultural awareness in services offered to black and ethnic minority elders</p>	<p>Accepted - In fine with Executive Policy</p> <p>The Executive is working with the Race Equality Advisory Forum, which includes a strategy group to look at ways to promote race equality in Health and Community Care.</p> <p>Earlier this year, we published a research report 'Support for Majority and Minority Ethnic Groups at Home - Older People's Perspectives'. The report's findings underline the need for equal access to mainstream services and the importance of developing a genuinely person centred approach to care.</p> <p>A working group is already established to meet the challenge of improving cultural awareness in both employment and service provision in the NHS in Scotland. A stock take of current practice is being carded out which will lead to a conference later in the year to establish how to strengthen core standards for ethnic minority health issues.</p>
<p>15. The role of advocacy should be developed locally, with backing from central Government</p>	<p>Accepted</p> <p>Advocacy is central to Executive's vision of modernised health and social care service. Our commitment is clearly demonstrated by the Adults With Incapacity (Scotland) Act 2000 and the recent review into Services for People with Learning Disabilities. To ensure availability for all who need it, we are consulting on guidance to assist development of local independent, integrated advocacy services. To be published in November, along with the Health Plan for Scotland.</p> <p>Health Boards are to be required to work in partnership with NHS Trusts, local authorities and other agencies in their area to put in place independent advocacy services which address the needs of local people. These services should be in place within 12 months of issue of the guidance. Also funding Scottish Human Services to employ an Advocacy</p> <p>The Health Plan for Scotland will confirm Executive's commitment to independent advocacy.</p>
<p>16. There should be wider consultation on the provision of aids and adaptations and on what should be free and subject to a charge.</p>	<p>Broadly Accepted</p> <p>We are currently considering the Joint Future's Group's recommendations for significant improvements to the way in which equipment and adaptation services are organised and managed. Charges account for less than 1% of service costs but COSLA are currently consulting on reducing anomalies in charging generally.</p> <p>See also recommendation 10 on Aids and Adaptations..</p>

Recommendations	Scottish Executive Response
<p>17. Better services should be offered to those people who currently have a carer</p>	<p>Accepted. Now being addressed through the Carers Strategy for Scotland, issued in November 1999.</p> <p>At least £10m per annum has been earmarked for support to carers from this year, which will directly benefit people who have a carer by helping their carers to continue caring.</p> <p>In addition, from 1 April 2000, the NHS help line offers advice and support to carers throughout Scotland.</p> <p>We will provide additional resources for respite care, to provide and additional 22,000 weeks by 2003/4.</p> <p>The Scottish Executive's Social Justice Report includes a commitment to double the proportion of older people receiving respite care at home.</p> <p>Introduction of national care standards from 2003.</p>
<p>18. The Government should consider a national carer support package</p>	<p>Accepted. Package as for recommendation 17.</p>
<p>19. The National Care Commission should be made responsible for making and publishing projections about the overall cost of long-term care</p>	<p>Agreed. This is an important task. The Older People's Centre for Scotland (see recommendation 2), will be best placed to advise on what new analysis is required.</p>
<p>20. The Government should set up a national survey to provide reliable data to monitor trends in health expectancy.</p>	<p>Agreed that a national longitudinal data may be valuable for measuring trends in health expectancy. The necessary data are already collected.</p> <p>Further measures will be addressed in the Scottish Health Plan to be published in November.</p>
<p>21. The Government should conduct a scrutiny of the shift in resources between various sectors since the early 1980s</p>	<p>The Executive believes that the ongoing focus on partnership arrangements and its commitment to budget pooling for community care services (see recommendation 9) are changing the allocation of resources and therefore remove the need for such scrutiny.</p>
<p>22. A more transparent grant and expenditure allocation system should be established</p>	<p>Accepted The Executive is addressing this through the 3 year local government funding settlement and through the recent major revision to Health funding based on the Arbutnott report.</p>
<p>24. The Government should consider how the provision of care according to need would relate to Independent Living Fund provision for the personal care needs of younger disabled people</p>	<p>This recommendation relates to recommendation 1.</p>