



SCOTTISH EXECUTIVE

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**RESPONSE TO THE  
ROYAL  
COMMISSION ON  
LONG TERM CARE**

October 2000

# **THE SCOTTISH EXECUTIVE'S RESPONSE TO THE ROYAL COMMISSION ON LONG TERM CARE**

## **Introduction**

We live in an ageing society. It is a great testament to continuing advances in social conditions and in health care that we are living longer, healthier and more active lives. In the last 70 years the number of over 65s has more than doubled. That trend is likely to continue. Between 1995 and 2025 the number of over 80s will increase by almost 50% and the number of very elderly - the over 90s - will double. Already one in five is over 60.

Having worked hard to achieve greater life expectancy we now must consider how best to provide for and support older people now and in the future. We must do all we can to add life to years not just years to life.

The Scottish Executive has put older people at the heart of our agenda for social justice. We believe that those in greatest need - the frail, the vulnerable, the sick, the poor - should be given greatest support. These are our guiding principles, reflected in successive statements - as policy and as spending priorities. We have given a commitment to deliver the maximum possible benefit for the maximum number of people. We are determined to ensure that the total health and social care spend on services for older people - currently some £4 billion per year- will in future be used more collaboratively - and hence to better effect - to deliver clear measurable improvements

Many agencies are already doing good work to deliver care centred more closely on older people and their needs. But in too many places individuals are still being let down by unreformed systems and practices.

## **The Royal Commission on Long Term Care**

The Royal Commission, under the chairmanship of Sir Stewart Sutherland, was set up to examine the short and long term options for a sustainable 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 numbers 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.

In total the Commission made 24 recommendations. The Annex to this statement lists them and the Scottish Executive's response.

We pay tribute to Sir Stewart Sutherland and his Commission for a thorough, sensitive and highly significant report. We have studied it carefully and discussed it, and many wider issues of care for older people, with groups and individuals across the country. From an early stage, we have actively addressed the issue of care for older people and have already taken forward many of the Royal Commission's recommendations.

We endorse in particular:

- **Quality and Standards of Care.** We will introduce before Christmas a bill to establish a Scottish Commission on the Regulation of Care
- **Support for Carers.** We have introduced a national strategy for carers. From 1 April 2000, a minimum of £10 million a year has been earmarked for support to carers and we are making a further substantial investment in respite care. The NHS helpline now also provides advice and support for carers throughout Scotland and in our social justice report we have a commitment to double the proportion of older people receiving respite care at home.
- **Direct Payments** – Following the Royal Commission's recommendation, we have extended the system for making direct payments to people aged 65 plus from July this year. This gives those eligible the opportunity to arrange and buy their own services such as home care, personal assistants and other support services.
- **Joint Care.** The Royal Commission stressed throughout its report the need for better co-ordination between the providers of care - notably the NHS and local authorities – and also the independent and voluntary sectors. We established the Joint Future Group which brought together representatives from CoSLA, local councils and the NHS to develop proposals for joint working on community care. We intend that by 2002 all community care services for older people will be jointly managed and jointly resourced. In the course of next year we expect every local authority in Scotland to put in place the necessary arrangements. Joint working is not only desirable in the care of older people, it is essential. We will legislate as necessary to remove any remaining obstacles to effective joint service delivery.
- **Transfer of Preserved Rights** - Since April 1993, local social work authorities have had the lead in assessing the care needs of individuals and in arranging and funding care to meet those needs. People living in nursing or residential care since before April 1993 had preserved rights to a higher rate of income support with which to fund their care. There are currently about 4,500 such people in Scotland and this number is expected to fall to 3,500 by April 2002.

There are two principal concerns about the system of Preserved Rights:

- A number of people with preserved rights, e.g. younger people with learning disabilities, are locked into residential care while their needs could be more appropriately met in supported accommodation.
- A shortfall between the fees charged by homes and the DSS benefit rates.

We agree with the Royal Commission's recommendation to terminate the preserved rights scheme. We therefore intend to transfer funding and responsibility for the assessment and care management of everyone with preserved rights to councils in April 2002. We accept, however, that some people with preserved rights are concerned that they may lose security through the change. We will ensure that the new arrangements do not disadvantage people who have previously had preserved rights.

- **Residential Allowance** is payable to residents of independent or voluntary sector residential or nursing homes. Because of the combination of residential allowance and higher levels of income support payable to residents of independent sector homes, there are two principal concerns about these arrangements:
  - there is a financial incentive for local authorities to use this sector of residential care; and
  - there can be a financial incentive for local authorities to place people in residential care itself rather than caring for the person at home.

We will implement the Royal Commission's recommendation to transfer the residential allowance to councils in order to give them more flexibility to use the resources in promoting independence. This change will be for new cases only and will aim to ensure that more people are helped to remain at home, supporting our agenda for rehabilitation and intermediate care. Our intention is that the change will take place at the same time as preserved rights cases are transferred.

## **Residential Care**

As the Royal Commission's Report notes, one of the greatest worries facing older people is that of selling their home to pay for care. We fully recognise their concerns and will take steps to reduce their uncertainty and distress.

Around 34,000 of the three quarters of a million people aged over 65 are at any one time in care. Such care for around four fifths of these people is funded by the state, with the remaining 7000 - 8000, paying for their own care. For those who own their own homes, they should not feel under pressure to take the decision quickly to sell it when they first enter care. Not least because it rules out a return home in the future possibly following rehabilitation or if their circumstances change in other ways.

We therefore plan to implement the Royal Commission's recommendation that for the first three months following admission to residential care, the value of a person's home will be disregarded from the means test.

Where people who settle in care do not want to sell their homes, we plan to put in place similar arrangements to those announced in England. We propose to make more local authority loans available so that people in care do not have to sell their house to fund that care.

We will also increase the capital limits used to assess charges to their real 1996 values, bringing the upper capital limit to over £18,000 - to enable more people to keep more of their capital while in care.

## **Nursing and Personal Care**

We are also determined to reduce inequities and anomalies concerning charges for elements of care. We agree with the Royal Commission's view that nursing care should be provided free of charge in all settings. We therefore plan to act, and to legislate to ensure that nursing care is provided free of charge regardless of where the patient resides. We have set aside resources of £25 million initially to bring this change about.

The Commission went on to recommend that 'personal care', should be funded from general taxation, subject to an assessment of need.

The major practical effect of this proposal would be to reduce the cost of care for those 7000 - 8000 Scots in residential care who are self-funding. While we agree with the principle of equity which underpins the Commission's recommendation on personal care, we firmly believe that to make this change, at this time, when so many wider needs exist for tens of thousands of older people, would not be right. We also believe our alternative proposals to invest in improving standards of care and ensuring fair access to services will deliver more important benefits of health and independence to many more older people, now and in the future.

The section of the Royal Commission's report on definitions of personal and nursing care is central to its findings. We are determined to continue to address inequities and anomalies. We recognise that some conditions such as

Alzheimer's disease means that people require a high level of care, if not specific medical intervention. We do not therefore believe that either the rigid definition of tasks or the professional demarcation of nursing offers a positive way forward. We believe that care must be provided on the basis of need rather than on definitions of what is done or who does it. In making the move towards the provision of universally free nursing care, we will work closely with the nursing profession to ensure that the arrangements for assessment and delivery of care are effective and based on need. Scotland's Chief Nursing Officer, Miss Anne Jarvie, will take forward this work and report to Ministers by the end of the year.

## **Care at Home**

Most older people, including many of the very frail, live at home. All the research, all the feedback from older people themselves confirms that, so far as possible, most want to stay there.

Sadly, as many as 1 in 5 of those already in residential or nursing home care might have been looked after at home had the necessary support and services been available.

## **Charging for Home Care**

There are at present great variations in charging practice for home care across Scotland. In some cases all services are free; others apply a maximum charge - ranging from £11.50 to £85 per week; while a few charge the full cost of the service. We need and expect fairness. The Convention of Scottish Local Authorities shares our view and is working with local authorities to address this. We hope that change can be achieved by agreement but we are prepared to legislate to have in reserve the power to issue formal guidance if necessary.

## **New Investment**

We have the resources and the determination to do far more to maximise independence and dignity for older, frailer people at home. All across Scotland there are examples of effective, innovative care for them. And the work of the Joint Future Group, backed up by additional funding, will provide a basis for the generalisation of good practice over the next few years. As a clear commitment to deliver better services to the older people in Scotland who live at home and who want to remain there we are providing local authorities with an additional £30 million in 2001-02, £36 million the year after and by 2003-4, an additional £60 million to deliver:-

- Fast, flexible rapid response teams in every part of the country to support up to 18,000 older people at home, such as the pensioner who falls ill, for whom a short period of help might mean they don't need to go into hospital.

- Free home care support for those who need it for up to 4 weeks following discharge from hospital - such as someone recovering from a broken hip - providing extra care at a critical time for at least 15,000 Scots - helping them home from hospital more quickly, and actively supporting their recovery at home. All at no cost to them.
- 1,000 additional long-term care home packages for those in greatest need - such as the person who has had a stroke and might otherwise have to go into a nursing home.
- 22,000 weeks of respite care - bringing help to thousands of older people, their carers and families - many of whom currently get no help at all.
- A local service in every part of the country for shopping, laundry and minor household repairs - helping to preserve valued independence at home for another 10,000 to 15,000 older people.
- An additional £5m this year to provide aids and adaptations needed by the frail elderly at home. This will have a significant impact now on the 10,000 people waiting for this equipment.

We will work hand in hand with local authorities to ensure this happens. We will work with the Convention of Scottish Local Authorities to put in place partnership agreements on care of older people with local authorities across Scotland. This will ensure that, with effect from April 2001, these additional resources are not just used for the purpose they are intended, but that they deliver the measurable improvements that are needed.

### **The Way Forward**

These measures, together with a range of NHS initiatives, will address our overall goal, which is to provide a readily accessible spectrum of high quality services to meet the health and social care needs of all of Scotland's older people - quickly, individually and flexibly. Care focussed on individuals and individual need, and services delivered by a range of agencies including the NHS, local authorities and voluntary organisations, working together to ensure that needs are met better than ever before.

Our work will not end here. The recommendations of the Joint Future Group go out to consultation shortly. These will take forward further measures to provide better joint services. They will also include measures aimed at reducing duplications and filling gaps that currently exist - for example on needs assessment, occupational therapy and equipment supply. We are providing £3million this year to start that work.

The Scottish Health Plan will be published in November and care of older people will be at the heart of our proposals.

We will establish an Older People's Centre for Scotland. It will be a source of expert knowledge and advice on quality and innovative services for older people. It will support good practice, develop training and commission research.

Early next year, we will publish an Action Agenda for Older People. Too often we identify our older population as service users. Too seldom, we acknowledge and appreciate the huge contribution they make to society. We must change that. The Action Agenda will draw together all aspects of life and take forward the very valuable lessons we have learned from the Better Government for Older People Initiative where the Scottish contribution has been highly significant.

The package set out here represents a real milestone in the Scottish Executive's drive to improve the quality of life, support and care for older people in Scotland.

Living longer. Living independently. Living proof of the place of older people at the heart of a modern Scotland.

## ANNEX

### Summary of the Scottish Executive's Response to the 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. This 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"> <li>➤ Free NHS nursing care in nursing homes from October 2001;</li> <li>➤ 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;</li> <li>➤ 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;</li> <li>➤ Intensive home care packages for 1,000 extra people to receive their care at home rather than in a care home or in hospital;</li> <li>➤ Multi-disciplinary teams 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;</li> <li>➤ 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;</li> <li>➤ 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;</li> <li>➤ A new home maintenance/domestic support service in each local authority area, to provide flexible services to older people at home according to need.</li> </ul>

Recommendations	Scottish Executive Response
<p><b>2.</b> The Government should establish a National Care Commission</p>	<p><b>Broadly accepted</b> 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>
<p><b>3.</b> 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><b>4.</b> 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><b>Accepted</b></p> <p>Value of home to be disregarded for first three months in residential care from April 2001.</p> <p>We are currently <b>considering</b> 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 will act as a passport to rehabilitation schemes.</p>
<p><b>5.</b> 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><b>Accepted</b></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 resourcing and joint management of local services. (See 9 below).</p>

Recommendations	Scottish Executive Response
<p><b>6.</b> 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><b>Accepted</b> Implementing free nursing care by October 2001 and increasing capital limits to real 1996 levels by April 2001.</p>
<p><b>7.</b> The resources which underpin the Residential Allowance in Income Support should be transferred to local authorities</p>	<p><b>Accepted</b> Implementing from April 2002, subject to legislative timetable.</p>
<p><b>8.</b> The Government should consider whether "preserved rights" payments in social security should be brought within the post 1993 system of community care funding</p>	<p><b>Accepted</b> Implementing from April 2002, subject to legislative timetable.</p>
<p><b>9.</b> The Government's proposals on pooled budgets should be taken further, with pooled budgets being implemented nationally</p>	<p><b>Accepted</b> 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><b>10.</b> 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><b>Accepted in part</b> In the short term, we are investing £5m to ease the backlog in provision. 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><b>11.</b> The system for making direct payments should be extended to the over 65s</p>	<p><b>Accepted</b> and implemented from July 2000.</p>

Recommendations	Scottish Executive Response
<p><b>12.</b> Further research on the cost effectiveness of rehabilitation and the development of a national strategy on rehabilitation</p>	<p><b>Accepted</b></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"> <li>➤ free short post discharge home care</li> <li>➤ additional free intensive home care packages</li> <li>➤ 3 month disregard of the value of the home</li> <li>➤ multi-disciplinary teams for intensive personal care at home during crises, including on discharge from hospital</li> </ul>
<p><b>13 and 23.</b> Further longitudinal research is required to track the process and outcomes of preventive interventions</p>	<p>Strong <b>support</b> for Preventative Interventions, with a number of new initiatives announced in this response:</p> <ul style="list-style-type: none"> <li>➤ immediate intensive personal care packages free</li> <li>➤ housework/shopping/laundry service</li> <li>➤ improving arrangements for health checks for people aged 75+</li> </ul> <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><b>14.</b> It should be a priority for Government to improve cultural awareness in services offered to black and ethnic minority elders</p>	<p><b>Accepted</b> - In line 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 '<i>Support for Majority and Minority Ethnic Groups at Home - Older People's Perspectives</i>'. 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 carried 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><b>15.</b> The role of advocacy should be developed locally, with backing from central Government</p>	<p><b>Accepted</b></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 Development Officer to support this local work.</p> <p>The Health Plan for Scotland will confirm Executive's commitment to independent advocacy.</p>

Recommendations	Scottish Executive Response
<p><b>16.</b> There should be wider <b>consultation</b> on the provision of aids and adaptations and on what should be free and subject to a charge</p>	<p><b>Broadly Accepted</b></p> <p>We are currently considering the Joint Future 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>
<p><b>17.</b> Better services should be offered to those people who currently have a carer</p>	<p><b>Accepted.</b></p> <p>Now addressing 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<sup>st</sup> April 2000, the NHS helpline offers advice and support to carers throughout Scotland.</p> <p>We will provide additional resources for respite care, to provide an 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><b>18.</b> The Government should consider a national carer support package</p>	<p><b>Accepted.</b></p> <p>Package as for recommendation 17.</p>
<p><b>19.</b> The National Care Commission should be made responsible for making and publishing projections about the overall cost of long-term care</p>	<p><b>Agreed.</b> This is an important task.</p> <p>The Older People's Centre for Scotland (see recommendation 2), will be best placed to advise on what new analysis is required.</p>
<p><b>20.</b> The Government should set up a national survey to provide reliable data to monitor trends in health expectancy.</p>	<p><b>Agreed</b> 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>

Recommendations	Scottish Executive Response
<p><b>21.</b> 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><b>22.</b> A more transparent grant and expenditure allocation system should be established</p>	<p><b>Accepted</b></p> <p>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 Arbuthnott report.</p>
<p><b>24.</b> 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>