



Item No: 21

Meeting Date: Wednesday 20th September 2017

Glasgow City Integration Joint Board

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CONSULTATION RESPONSES – FREE PERSONAL CARE

Purpose of Report:	To advise the Integration Joint Board of a number of consultations and evidence gathering exercises in relation to proposals to introduce Free Personal Care for people aged under 65, to present for noting two responses previously submitted to these consultations on behalf of the IJB, and seek approval of a response to consultation on a proposed Members Bill on the same subject.
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Recommendations:	The Integration Joint Board is asked to: a) note this report; b) note responses already submitted to the initial call for views and Scottish Government / COSLA survey available at appendices 1 and 2; c) approve the draft response to consultation on a proposed Members Bill regarding Free Personal Care for under 65s, available at appendix 3; and d) agree an IJB response to Q1 in Appendix 3.
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Relevance to Integration Joint Board Strategic Plan:

Free Personal Care for people aged under 65 does not currently feature within the Strategic Plan, as this is a new proposal not currently in place anywhere in Scotland.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Relates to all National Health and Wellbeing Outcomes.
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Personnel:	Introduction of Free Personal Care for people aged under 65 may have implications for staff of the Council, Health Board and the Third and Independent Sectors, however in the absence of any definite proposals at this stage these impacts cannot be accurately predicted at present.	
Carers:	Introduction of Free Personal Care for people aged under 65 will almost certainly have implications for Carers, however in the absence of any definite proposals at this stage these impacts cannot be accurately predicted at present.	
Provider Organisations:	Introduction of Free Personal Care for people aged under 65 will likely have implications for Provider Organisations, however in the absence of any definite proposals at this stage these impacts cannot be accurately predicted at present.	
Equalities:	It is assumed that an EQIA will be carried out on any proposed legislation before it is introduced in the Scottish Parliament.	
Financial:	Introduction of Free Personal Care for people aged under 65 is expected to have significant financial implications for both the Council and IJB, these are outlined in the responses appended to this report.	
Legal:	None	
Economic Impact:	Introduction of Free Personal Care for people aged under 65 may have an economic benefit for those individuals who become eligible to receive it, however non-personal care tasks will still be charged for.	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	Significant financial risk to the Council and IJB, as outlined in the responses appended to this report.	
Implications for Glasgow City Council:	As per IJB implications	
Implications for NHS Greater Glasgow & Clyde:	As per IJB implications	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 The purpose of this report is to advise the Integration Joint Board of a number of consultations and evidence gathering exercises in relation to proposals to introduce Free Personal Care for adults aged under 65, to present for noting two responses previously submitted to these consultations on behalf of the IJB, and seek approval of a response to consultation on a proposed Members Bill on the same subject.

2. Consultations

- 2.1 The Scottish Government set out in its manifesto and the Programme for Government plans to carry out a feasibility study on extending free personal and nursing care to people under the age of 65 with dementia.
- 2.2 At a parliamentary debate on 6th December 2016, the Cabinet Secretary for Health and Sport stated the feasibility study would be expanded to include those with all medical conditions and needs.
- 2.3 In May 2017, the Scottish Government began an open “call for views” inviting interested members of the public to submit their views on the introduction of Free Personal Care for adults aged under 65, with a closing date of 16 July 2017.
- 2.4 Further to the feasibility study, in June 2017 the Scottish Government and COSLA undertook a survey of local authorities on the proposal, which was sent to IJB Chief Finance Officers and Council Directors of Finance. One response per Health and Social Care partnership was invited by 14 July 2017.
- 2.5 On 30 June 2017, Miles Briggs MSP undertook consultation on a proposed Member’s Bill to introduce free personal care to those aged under 65, acknowledging that the Scottish Government and COSLA feasibility study was already taking place but stating that “*should Ministers decide not to legislate, I wish to be in a position to bring forward a Member’s Bill that will make free personal care available to anyone who is assessed as requiring it, no matter what age they are or what illness or condition they may have*”. Consultation on this Member’s Bill runs until 6 October 2017.

3. Implications of Free Personal Care for People Aged Under 65

- 3.1 The proposal to extend Free Personal Care to under 65s has implications for Health and Social Care Partnerships across Scotland. The proposal could have significant impacts not only in relation to funding, but also in respect of administration and social work practice. Implications can be largely summarised under six main headings:
1. Potentially significant levels of new demand
 2. Definition of personal and non-personal care elements
 3. Increased complexity in an already complex social care landscape
 4. Unintended consequences of implementation such as impact on eligibility criteria and demand for non-personal care tasks

5. Marginalisation of specific client groups who would not benefit from this policy, and
 6. Creation of unrealistic service user perception and expectations.
- 3.2 The most significant implications of the proposal to extend free personal care to people under 65 is the potential financial impact for Health and Social Care Partnerships. It is expected that this will lead to a significant increase in costs, linked to increased demand for services from individuals who previously did not access health and social care services. It should be noted that when Free Personal Care was introduced for people over 65, Glasgow's experience was that new demand for services trebled.
- 3.3 There are also likely to be significant IT considerations, as systems will need reviewed to identify additional chargeable and non-chargeable care tasks. Significant investment in IT systems and in training would be required to implement this proposal, and in the absence of funding for this work from the Scottish Government this would require redirection of resources from elsewhere in the IJB's budget.
- 3.4 In developing Glasgow's response to the Scottish Government and COSLA feasibility study, a sampling exercise was carried out across all Adult care groups in Glasgow to ascertain the proportion of care delivered to under 65s which would be categorised as personal care. This exercise found that on average 75% of care received by service users would be categorised as personal care with the remaining 25% being categorised as non-personal care.
- 3.5 In the feasibility study it has been suggested that Health and Social Care Partnerships could potentially make annual savings within administrative costs, because financial assessments would no longer be required for Adults under 65. However, Glasgow City HSCP has ascertained that this would not be the case as we would still require to complete a financial assessment for all adults to ascertain levels of charging to be applied for non-personal care tasks and to ensure that service users are in receipt of all benefits to which they are entitled.

4. Consultation Responses

- 4.1 The timings of the initial "call for views" outlined in section 2.3 and the Scottish Government / COSLA survey noted in section 2.4 were such that it was not possible to present draft responses to the IJB for approval ahead of the submission deadline. These responses have therefore been approved by the Chief Officer and Chief Officer: Finance and Resources under delegated authority as per the IJB's Scheme of Delegation, and submitted accordingly. Both responses are appended to this report, at Appendix 1 and Appendix 2 respectively.
- 4.2 Responses to consultation on the proposed Member's Bill are due by 6 October 2017 and a draft response is presented for the IJB's consideration and approval ahead of submission. This draft response is available at Appendix 3.
- 4.3 Question 1 in Appendix 3 has been left unanswered by officers as this requires an IJB decision. For ease, the question is copied below:

Which of the following best expresses your view of the proposal to remove the age-limit that currently restricts the right to free personal care to those aged 65 or over?

- Fully supportive
- Partially supportive
- Neutral (neither support nor oppose)
- Partially opposed
- Fully opposed
- Unsure

Please explain the reasons for your response.

- 4.4 Should the Scottish Government / COSLA feasibility study lead to a Bill being introduced in the Scottish Parliament, it is expected that an opportunity to comment on the draft legislation will be available at that point. Should the Scottish Government choose not to introduce legislation, if the Member's Bill proposed by Mr. Briggs progresses there will be further opportunity to comment on that proposal.

5. Recommendations

- 5.1 The Integration Joint Board is asked to:
- a) note this report;
 - b) note responses already submitted to the initial call for views and Scottish Government / COSLA survey available at appendices 1 and 2;
 - c) approve the draft response to consultation on a proposed Members Bill regarding Free Personal Care for under 65s, available at appendix 3; and
 - d) agree an IJB response to Q1 in Appendix 3.

Appendix 1 – Initial Call for Views Response

Scottish Government Proposal to Extend Free Personal Care to under 65s

Feedback from Glasgow City Health and Social Care Partnership

The proposal to extend free personal care (FPC) to under 65s (including children) has implications for Health and Social Care Partnerships across Scotland. The proposal could have significant impacts not only in relation to funding, but also in respect of administration and social work practice. Initial thoughts are highlighted briefly below and will be set out in more detail within our feedback to the Local Authority Feasibility Study Questionnaire.

Potential additional demand for Free Personal Care

The most significant issue for Partnerships would be how they could accurately predict the level of potential new demand. The demand for FPC/FPNC (free personal and nursing care) was significantly underestimated when it was introduced for older people. Free personal and nursing care has risen over time by circa 15% per annum for older people. It would perhaps be prudent to assume significant increases of the same magnitude for both younger adults and children.

Separation of Personal and Non Personal Care Tasks

Adults under 65: Currently services are not routinely split into personal and non-personal care tasks. It is envisaged that this would have to be completed for every service user in order to ascertain the elements which would be non-chargeable. Servicer users would also have to be assessed to ensure that they meet specific eligibility criteria.

Children/Young People: There are particular concerns that the scope of the current proposal includes children/young people. There are issues around how we would distinguish between normal parenting for a child, and personal care over and above this.

Funding

If this proposal is introduced how will it be funded? Will additional funding be found via:

- taxation,
- a re-direction from another area of public expenditure (non-social care),
- a re-direction from within social care to younger adults (i.e. from older people),
- or, from within the younger adults group i.e. from those under 65 not requiring any/little personal care to those with the highest personal care needs?

There could be additional costs for HSCPs if demand outweighs the budget from Scottish Government. When introduced for older people the financial memorandum to the bill was vague and underestimated the costs by around 50% for the first few years following introduction. That gap grew over time as demand increased.

Interaction with wider policy environment

Adults under 65: For younger adults the obvious areas where coherence must be achieved is in relation to self-directed support and changes to the benefits system.

Children/Young People: Children's Services do not charge for services. We would need to develop eligibility criteria for children's disability services and as stated above be able to distinguish between normal parenting and personal care over and above this – this would need to sit alongside our self-directed support process or somehow be built into this.

Additional areas requiring consideration

Below we have noted some areas where there are additional potential complexities in relation to this proposal. As this is a high level response to the current proposal the list below is not exhaustive.

Carers: It's unclear what the impact of this proposal would have on Carers in respect of the non-chargeable elements of the Carers (Scotland) Act 2016.

SDS – Self-Directed Support: There are particular complications for clients who have chosen to receive support via a Direct Payment with regard to the separation of personal and non-personal care elements.

Independent Living Fund (ILF) and Supported Living (SL): Consideration would have to be given as to how those in Supported Living (SL) placements and those with an Independent Living Fund (ILF) would be impacted by this proposal.

Implications on social care availability and eligibility restrictions

Without additional funding to meet the additional costs there will inevitably be a re-direction of resources within social care budgets. It will vary from one partnership to another, but it would be likely that most would begin by tightening up eligibility criteria within adult services; hence the first stage of re-direction would be from those without any or few personal care needs to those with higher personal care needs.

In Children's Services we are already finding it difficult to get support for families – providers are limited in what they can offer.

Service User Perception of FPC

Our experience of the roll out of FPC and FPNC was that in general the policy was poorly understood by service users and their families. As a result there were significant costs in staff time and energy to address this. There were particular difficulties and frustrations around the fact that, for many people, there was little or no change to their personal financial contribution following the introduction of FPC/FPNC.

People under 65 in Residential Care

The current proposal appears to exclude those under 65 in residential care. If this proposal aims to address inequalities around charging between those over and those under 65 then this proposal does not fully address this.

Additional comments

As with the introduction of free personal care to those over 65, policy makers should be mindful of the risk of redistributing wealth from poorer to more affluent sections of the population through any expansion of FPC. It is assumed that this is less of an issue for younger adults than for older people, but should still be a consideration.

Feasibility Study - Personal Care for Adults under the age of 65

Response from Glasgow City Health and Social Care Partnership

The Scottish Government made a commitment in the Programme for Government in November 2016 to undertake a feasibility study into the possible extension of free personal care to people with dementia under the age of 65. This has since been extended to cover all conditions. The Scottish Government and COSLA have agreed to work together on this survey in order to inform the feasibility study. Surveying Local Authorities will enable us to ensure we have up-to-date and accurate information on the potential costs and issues involved in any changes to the existing policy of free personal care.

This survey will enable us to collect important information on the potential costs and other implications of such an approach to help inform policy decisions. Scottish Government analysts will use this information alongside other social care data. Your help and co-operation is appreciated.

It would be very helpful if you would reply by Friday 14 July 2017 by sending responses to Adultsocialcare@gov.scot and jonathan@cosla.gov.uk If you have any queries on the survey, please contact : Mike Liddle on 0131 244 3742.

Questions

All questions refer to all **adults¹ aged under 65**, who are receiving **personal care services in their own home**. This includes all types of housing (private, rented, supported, sheltered, etc) but excludes people living in Care Homes. The definition of personal care services is set out in Schedule 1 of the Community Care and Health (Scotland) Act 2002. This includes (this is not an exhaustive list) help with personal hygiene including shaving, cleaning teeth, trimming nails etc., assistance with preparation of food, applying creams, lotions, eye drops, assisting with getting up and going to bed and dressing, psychological support, etc. The survey does not seek information on personal care purchased through the Independent Living Fund. Please answer as many questions as you can.

1. Does your Local Authority / health and social care partnership (HSCP) / Health Board currently charge for personal care for adults under the age of 65?

Glasgow City HSCP currently charges for personal care for adults under the age of 65. However children in transition between Children's and Adults Services are not charged for personal care.

¹ The definition of adults being people aged 16 and over.

2. How much income from client contributions did your Local Authority / HSCP / Health Board receive for personal care services for adults¹ under the age of 65 during 2015/16? The LFR3 return asks about “income from client contributions” for Home care, Day Care and Direct Payments but we don’t know how much of this is likely to be for personal care services.

Personal care services provided through:	Income from client contributions 2015-16
	Figures are provided in Table 1 on next page.
Total income	
- Home Care	
- Day Care	
- Self-directed Support	
- Other	

We currently do not categorise client contributions from adults between personal care and non-personal care. For the purposes of this exercise we have taken samples of current support packages within client groups, and considered which elements of the support would meet the criteria for personal care tasks. This has been factored up and a percentage applied to each adult LFR client group. We have applied the same percentage to Income estimations.

Glasgow HSCP
Table 1 - LFR Income (Adults)

	Adults with physical or sensory disabilities (aged 18-64) £000	Adults with learning disabilities (aged 18-64) £000	Adults with mental health needs (aged 18-64) £000	Adults with other needs (aged 18-64)* £000	LFR 15/16 Total Adults £000
Services by client group: Income from charges to service users					
Direct Payments (SDS1):	670				670
Managed Personalised Budgets (SDS2) expenditure:	545	2,385	1,075		4,005
Care Homes	235				235
Other accommodation-based services				308	308
Homecare				6	6
Total in LFR 15/16	1,450	2,385	1,075	314	5,224
% Estimated element that is Personal Care Tasks	96%	84%	43%	43%	
ESTIMATED COST FOR PERSONAL CARE (15/16)	1,392	2,003	462	135	3,993

*Note: this group includes Adults with Addictions/Substance misuse, HIV/AIDS, Asylum Seekers and Refugees.

Individuals with Long Term Conditions are not categorised on our Social Work Management Information System by their individual condition. So, for example, we would not be able to readily identify those individuals with conditions such as Alzheimer's (who would be likely to be classified as Mental Health service users) or those affected by Motor Neurone Disease, MS or certain types of cancer (who would most likely be categorised as having a Physical Disability).

3. Can you estimate **gross expenditure** on providing personal care to adults under the age of 65 during 2015/16? The LFR3 provides gross expenditure for various different services such as Home Care, Day Care, Direct Payments etc., but does not provide any specific information on personal care services for adults. It would be helpful if you could estimate your gross expenditure on providing personal care to adults¹ and also state which lines in the LFR3 this would currently be included in (Home Care, Day Care, Direct Payments, etc).

Gross expenditure on providing PC to adults under 65 in 2015/16:

Homelessness: £149,602 (LFR20)

All Adult figures within LFR 3 are provided in Table 2 on next below.

We currently do not categorise support for adults between personal care and non-personal care. For the purposes of this exercise we have taken samples of current support packages within the client groups, and considered which elements of the support would meet the criteria for personal care tasks. This has been factored up and a percentage applied to each adult LFR client group.

Glasgow HSCP

Table 2 – Gross Expenditure (Adults)

	Adults with physical or sensory disabilities (aged 18-64) £000	Adults with learning disabilities (aged 18-64) £000	Adults with mental health needs (aged 18-64) £000	Adults with other needs (aged 18-64)* £000	LFR 15/16 Adults Total £000
Services by client group: Gross Expenditure					
Direct Payments (SDS1):	3,278	2,498	150		5,926
Care Homes - Other	7,360	231	949	609	9,149
Other accommodation-based services				4,344	4,344
Home Care - Other			2	1,737	1,739
Day Care			12	4,001	4,013
Supported employment		256	96		352
Other community-based services	12,625	50,994	14,155	405	78,179
Total LFR 15/16	23,263	53,979	15,364	11,096	103,702
% Estimated for Personal Care	96.00%	84.00%	43.00%	43.00%	
ESTIMATED COST FOR PERSONAL CARE	22,332	45,342	6,607	4,771	79,053

*This group includes Adults with Addictions/Substance misuse, HIV/AIDS, Asylum Seekers and Refugees.

NOTE

Adults with Other Needs (aged 18-64) includes £740k for Services to Asylum Seekers. Accommodation based services included as adults under 65 do not receive Free Personal Care for residential services.

4. Does your Local Authority / HSCP / Health Board apply eligibility criteria for adults under the age of 65?

Yes Glasgow City HSCP applies eligibility criteria for adults under 65. However we don't apply eligibility criteria for children with disabilities who are 16+ but who have not yet made the transition to adult services.

5. **If you answered “yes” to question 4**, at what level does your Local Authority / HSCP / Health Board apply eligibility criteria? (e.g. do only those assessed as being at Critical Risk receive services?) The standard criteria are Critical Risk, Substantial Risk, Moderate Risk and Low Risk.

Low risk will largely be diverted without service. Individuals who are deemed critical or substantial will receive an assessment of need under Personalisation and allocated a planning budget for care. Individuals with moderate need may receive services depending on different factors e.g. to promote independence for a time limited period, to maintain time stability, or to protect others (i.e. if there are Public Protection issues). In the majority of cases the eligibility criteria applied are Critical Risk and Substantial Risk.

In order to fully understand the additional cost pressures on Local Authorities / HSCPs / Health Boards that extending free personal care to adults under the age of 65 might entail, we are seeking data on the time taken to carry out eligibility assessments. We are also seeking to understand whether by extending to all, there may also be savings in Local Authorities / HSCPs / Health Boards not having to undertake financial assessments.

6. What was the average time taken by the Local Authority / HSCP / Health Board in carrying out an **eligibility assessment**, per client, during 2015/16? (Note – length of assessment, NOT time taken between notification of need for assessment and assessment taking place)

The initial eligibility assessment takes up to an hour depending on the complexity of a client's needs. A full community care assessment following on from the initial eligibility assessment takes an average of 29 hours to complete.

7. What is the average time taken by the Local Authority / HSCP / Health Board in carrying out a **financial assessment** for personal care, per client, during 2015/16? (Note – length of assessment, NOT time taken between notification of need for assessment and assessment taking place)

The average length of time taken to complete a financial assessment is 3 hours – this includes time spent meeting with the client/family to gather the financial information and complete the relevant paperwork, and time taken for finance staff to input, process, calculate and notify the client.

8. Would your Local Authority / HSCP / Health Board make any annual savings within your care administration costs, if personal care was free for all adults?
e. g. savings because financial assessments no longer required

No, we wouldn't expect to make any annual savings as we would still require to complete a financial assessment for all adults for the following reasons:

- Non personal care tasks would still have a charge and we would need to calculate client contribution regardless of whether the PC was free. As identified in Tables 1 and 2 above, non-personal care tasks for this age group currently accounts for c25% of spend. The assessment work both in terms of care needs and financial assessment must continue to be carried out for this age group.
- We aim to ensure that each of our clients are in receipt of all the benefits they are entitled to; financial assessments are therefore routinely carried out on all clients. These assessments are subsequently checked by our Welfare Rights Team to ensure that client income is maximised.
- We currently do not categorise personal care tasks within adult services. Any change to this would require a significant investment in IT systems and training for care managers.

9. One approach to introduce free personal care for adults under the age of 65, might be to progressively increase the threshold for charging until all users of personal care receive free care. What would the impact be on your Local Authority / HSCP / Health Board if charging thresholds, were raised on a regular basis, over a set period of time for example:

a) Year 1 - from 25% to 35% above DWP rates	£ 419,000
b) Year 2 - from 35% to 50% above DWP rates	£ 809,000
c) Year 3 - from 50% to all users receiving free personal care	£ 3,993,000

Note: we would recommend keeping thresholds the same across personal care and non-personal care for all Adults and Older People. The amount above does not include the estimation of non-personal care.

10. Another approach may be a cap system setting a limit on how much clients aged under 65 contribute each week. What would be the financial cost to your Local Authority / HSCP / Health Board if a cap was introduced on the weekly charges per client for personal care at:

a) £100/week	£ 68,000
b) £75/week	£117,000
c) £50/week	£497,000
d) £25/week	£1,939,000

Please note that we have assumed that Question 10 relates to all charges, including non-personal care tasks. We would recommend that in the interests of equality between those under, and those over 65, the same methodology is adopted for both Adults under 65 and Older People. This would entail a review of the current arrangements for Older People.

11. What are the opportunities of extending free personal care to adults under the age of 65?

The extension of this policy would address the equality of access enabling adults under 65 to have the same rights to FPC as adults over 65 with removal of means testing and charging for personal care tasks (though charging would still remain for non-personal care tasks). It is difficult to talk of opportunities at this time of serious pressures being exerted on public finances unless this represents new monies as opposed to a diversion and re-badging of existing social care budgets. Equally any opportunity is countered somewhat by the attendant risks identified in this response. If the proposal considered and funded all areas of client charging then we may see some opportunities with regard to the public perception of HSCP's, where currently service users find it confusing and frustrating in respect of services they are charged for, and those provided free at the point of delivery. There may also be opportunities for the Scottish Government's emerging disability benefits services, which is the source of the majority of service user's charges.

12. What are the risks of extending free personal care to adults under the age of 65?

The proposal to extend free personal care (FPC) to under 65s has implications for Health and Social Care Partnerships across Scotland. The proposal could have significant impacts not only in relation to funding, but also in respect of administration and social work practice.

Potential additional demand for Free Personal Care

The most significant issue for Partnerships is the difficulty of accurately predicting the level of potential new demand. The demand for FPC/FPNC (free personal and nursing care) was significantly underestimated when it was introduced for older people. Free personal and nursing care has risen over time by circa 15% per annum for older people. It would perhaps be prudent to assume significant increases of the same magnitude for adults under 65.

Implications in relation to eligibility criteria

Without additional funding to meet additional costs there will inevitably be a re-direction of resources within social care budgets. It will vary from one partnership to another, but it would be likely that most would begin by tightening up eligibility criteria within adult services; hence the first stage of re-direction would be from those without any or few personal care needs to those with higher personal care needs.

Differentiation of Personal and Non Personal Care Tasks

Currently services received by Adults under 65 are not routinely split into personal and non-personal care tasks. This would have to be completed for every client in order to ascertain the elements which would be non-chargeable. Clients would also have to be assessed to ensure that they meet the eligibility criteria. Additional workload in terms of assessment could potentially impact on our workforce.

FPC can distort the assessment process

Our experience with clients over 65 is that following the introduction of free personal care, clients are more likely to drop non personal care services like shopping and cleaning because there is an associated charge. This does not assist with our overall strategy of keeping people living at home safely as long as possible. For the under 65 age group, non-personal care support makes up a significant element of support needs provision, particularly for adults with learning disabilities and often mental health issues, and is not optional in terms of the necessity of provision. Individuals in receipt of services would still require to face potentially significant levels of client charges for necessary non-personal care provision.

Interaction of FPC with wider policy environment

Adults under 65: For younger adults the obvious areas where coherence must be achieved is in relation to self-directed support and changes to the benefits system.

Young People (over 16) in transition: Children's Services do not charge for services. We would need to develop eligibility criteria for children's disability services – this would need to sit alongside our self-directed support process or somehow be built into it.

Response to Qu. 12 is continued over page.

Question 12 continued

Funding

Additional funding would be required to be provided by the Scottish Government in order to introduce free personal care provision for the under 65 year age group. Experience of FPNC for older people shows that demand was more than 3 times the initial planning assumptions and continued to grow, if this is replicated, there could be additional costs for HSCPs beyond that provided at the outset of any implementation by the Scottish Government.

Additional areas requiring consideration

Below we have noted some areas where there are additional potential complexities in relation to this proposal.

Carers: It's unclear what the impact of this proposal would have on Carers in respect of the non-chargeable elements of the Carers (Scotland) Act 2016. The cumulative effect is likely to be bureaucratically prohibitive.

SDS – Self-Directed Support: There are particular complications for clients who have chosen to receive support via a Direct Payment with regard to the separation of personal and non-personal care elements.

Independent Living Fund (ILF) and Supported Living (SL): Consideration would have to be given as to how those in Supported Living (SL) placements and those with an Independent Living Fund (ILF) would be impacted by this proposal.

Client Perception of FPC

Our experience of the roll out of FPC and FPNC was that in general the policy was poorly understood by clients and their families. As a result there were significant costs in staff time and energy to address this. There were particular difficulties and frustrations around the fact that, for many people, there was little or no change to their own client contribution following the introduction of FPC/FPNC.

Residential Care

Although this questionnaire relates to clients receiving personal care services at home, it is assumed that this policy will also apply to clients in residential placements.

Appendix 3 – Draft Response to Consultation on Proposed Member’s Bill to Provide Free Personal Care to People Aged Under 65 Years.

Free Personal Care for under-65s

Consultation by Miles Briggs MSP, Member for Lothian

Responses to be received by **6 October 2017**

Response from Glasgow City Integration Joint Board (IJB)

YOUR VIEWS ON THE PROPOSAL

Aim and approach

1. Which of the following best expresses your view of the proposal to remove the age-limit that currently restricts the right to free personal care to those aged 65 or over?

- Fully supportive
- Partially supportive
- Neutral (neither support nor oppose)
- Partially opposed
- Fully opposed
- Unsure

Please explain the reasons for your response.

2. What do you think would be the main advantages, if any, of the proposal?

We understand that the extension of this policy would attempt to address the equality of access enabling adults under 65 to have the same rights to FPC as adults over 65 with removal of means testing and charging for personal care tasks (though charging would still remain for non-personal care tasks). It is difficult to talk of advantages and opportunities at this time of serious pressures being exerted on public finances unless this represents new monies as opposed to a diversion and re-badging of existing social care budgets. Equally any perceived advantages are more than countered by the attendant risks identified elsewhere in this response.

If the proposal considered and funded all areas of client charging then we may see some opportunities with regard to the public perception of HSCP’s, where currently service users find it confusing and frustrating in respect of services they are charged for, and those provided free at the point of delivery. There may also be opportunities for the Scottish Government’s emerging disability benefits services, which is the source of the majority of service user’s charges.

3. What do you think would be the main disadvantages, if any, of the proposal?

The main disadvantages of this proposal are in relation to:

1. New demand for free personal care
2. Categorisation of personal and non-personal care elements
3. Increased complexity in an already complex social care landscape
4. Unintended consequences of implementation
5. Marginalisation of specific client groups, and
6. Service user perception and expectations.

1. New Demand for Free Personal Care

One of the most significant issues for Partnerships is the difficulty of accurately predicting the level of potential new demand. The current FPC consultation document suggests that there would be a gradual increase in demand for free personal care. This was not our experience when free care was introduced for older people in 2002. The increase was immediate and proved to be more than 3 times the initial planning assumptions. This increased demand came from service users who had previously privately funded care. Following on from this sharp increase, demand continued to grow by around 15% per annum for older people. It would be prudent to assume increases of the same magnitude for adults under 65 in respect of both initial new demand and subsequent growth.

We believe that these increases will lead to significant additional demands on resources and on the assessment capacity of care managers. Significant additional funding would be required on an ongoing basis from the Scottish Government in order to fully implement this proposal.

2. Assessment of Personal and Non-Personal care elements

Currently services received by Adults under 65 are not categorised into personal and non-personal care elements within an overall package of care. In order to ascertain the elements which would be non-chargeable this would require all current service users to be reassessed. This duty would be in addition to care managers assessing the increasing new demand, as described above. It is our view that this requirement could therefore not be met within the existing workforce.

This proposal also would require significant investment in IT systems to capture and record the personal and non-personal care tasks, and training for care managers.

3. Increased complexity

The proposed policy to extend free personal care to those under 65 is commendable however we feel that the proposal as it stands does not take into account the legislative changes which have taken place in Social Care since 2002. We refer in particular to Self Directed Support (SDS) Act and the Carers Act. In reality care would require to be categorised into personal, non-personal, and replacement care. This would then attempt to be delivered in a flexible way through one of the SDS Options. By managing the budget with some flexibility between the categorisations of support, service users may be over or under charged on their personal budget.

In trying to implement this, HSCPs therefore would incur significant additional back office costs, and service users would struggle to understand continuing charges in respect of “non-personal care” and “non-replacement care”.

4. Unintended consequences of implementation

There are several unintended consequences which could potentially result following the implementation of this proposal.

Impact on current Eligibility criteria

Without full funding to meet additional costs there will inevitably be a re-direction of resources within social care budgets. This will vary from one partnership to another, but it would be likely that most would begin by tightening up eligibility criteria within adult services; hence the first stage of re-direction would be from those without any or few personal care needs to those with higher personal care needs.

Impact on demand for non-personal care tasks

Our experience with service users over 65 is that following the introduction of free personal care, service users are more likely to drop non-personal care services like shopping and cleaning because of the associated charge. This outcome does not support the Scottish Government’s aim to keep people safely for as long as possible in their own homes. We believe that the right support should be delivered at the right time and service user bias towards tasks which do not incur a charge undermines this principle.

It is likely that a similar decline in demand for non-personal care support would result from changes to current funding arrangements. This could potentially have significant consequences for those service users who opt out of non-personal care services for which they have been assessed.

5. Marginalisation of Specific Client Groups

Our view is that this will marginalise a significant number of service users who would not benefit from a reduced client contribution due to being in receipt of non-personal care services (Mental Health, Learning Disabilities or Addiction).

6. Service User Perception and Expectations

Our experience of the roll out of FPC was that, in general, the policy was poorly understood by service users and their families. As a result there were significant costs in staff time and energy addressing this issue. There were particular difficulties and frustrations around the fact that, for many people, there was little or no change to their client contribution following the introduction of FPC/FPNC (Free Personal and Nursing Care).

Financial implications

4. Taking account of both costs and potential savings, what financial impact would you expect the proposed Bill to have on:

(a) The Scottish Government and local authorities

- Significant increase in cost
- Some increase in cost
- Broadly cost-neutral
- Some reduction in cost
- Significant reduction in cost
- Unsure

(b) Businesses (including those providing care services)

- Significant increase in cost
- Some increase in cost
- Broadly cost-neutral
- Some reduction in cost
- Significant reduction in cost
- Unsure

(c) Individuals (including those receiving care and their families)

- Significant increase in cost
- Some increase in cost
- Broadly cost-neutral
- Some reduction in cost
- Significant reduction in cost
- Unsure

Please explain the reasons for your response.

(a) The Scottish Government and local authorities

The proposal to extend free personal care to people under 65 has financial implications for Health and Social Care Partnerships across Scotland.

For Partnerships/Local Authorities there will be a significant increase in cost. This will be linked to increased demand for services from individuals who previously did not request services from the HSCP. When Free Personal Care was introduced for people over 65, our experience was that new demand for services trebled. There are also IT considerations; this is likely to be significant as we will need to review our system to identify additional chargeable and non-chargeable care tasks. Significant investment in IT systems and in training would be required to implement this proposal. This increased demand for resources will need to be matched by funding from the Scottish Government.

As part of the recent COSLA study into the Feasibility of this proposal, a sampling exercise was carried out across all Adult care groups under 65 to ascertain the proportion of care delivered which would be categorised as personal care. It was found that on average 75% of care received by service users would be categorised as personal care with the remaining 25% being categorised as non-personal care.

In the same study it was suggested that Local Authorities/HSCPs could potentially make annual savings within administrative costs because financial assessments would no longer be required for Adults under 65. However, Glasgow City HSCP has ascertained that this would not be the case as we would still require to complete a financial assessment for all adults for the following reasons:

- Non personal care tasks would still have a charge and we would need to calculate client contribution regardless of whether the PC was free,
- We aim to ensure that each of our service users is in receipt of all the benefits they are entitled to; financial assessments are therefore routinely carried out for all service users to ensure that income maximisation.

In 2002 we argued against the introduction of free personal care as we recognised that many service users would not benefit from it. We believe that there is a real danger of again having to implement a complex policy from which not all will benefit. As mentioned earlier this policy will create service user expectations, while many will see no financial gain.

We believe that both from an equalities perspective and from the perspective of finding a solution which reduces, rather than adds to the administrative burden on HSCPs, there should be consistency across adults and older people in relation to charging for services. We feel that this is the right moment to review the current arrangements in place for those over 65. We recommend that as an alternative to the current charging system, a cap system could be considered for those both under and over 65. This recommendation is detailed in our response to **Q8**.

(b) Businesses (including those providing care services)

It is likely that businesses providing care for people at home would be impacted in terms of demand and workforce.

In recent discussions with social care sector providers it is clear that they are struggling to recruit sufficient staff to cope with current demand. Further increases in demand would represent a huge challenge for these organisations. We run the risk that there could be insufficient social care staff to meet anticipated growth in demand following implementation of this proposal. As stated earlier in this response, growth in new demand was 3 times the anticipated level and it is expected that extension of free care to under 65s would have a similar impact.

(c) Individuals (including those receiving care and their families)

Depending on the services received, there may be some reduction in cost for some individuals. Individuals who can be assessed as receiving only personal care support would benefit from this proposal. For the majority of service users who receive both personal and non-personal care services there would be no reduction in charge. This is because the cost of the non-personal support usually exceeds the calculated client contribution. In particular, individuals requiring support for Mental Health, Learning Disabilities or Addiction issues will often receive non-personal care support, and they would not benefit financially from this proposal.

5. Are there ways in which the Bill could achieve its aim more cost-effectively (e.g. by reducing costs or increasing savings)?

The Bill could achieve its aim by introducing free personal care for all residential services (currently under 65's are excluded from this), together with removing charging for all assessed non-residential services. It would only be achieved if it was fully funded by the Scottish Government, including assumptions for new demand.

Equalities

6. What overall impact is the proposed Bill likely to have for the following protected groups (under the Equality Act): race, disability, sex, gender reassignment, age, religion and belief, sexual orientation, marriage and civil partnership, pregnancy and maternity?

- Positive
- Slightly positive
- Neutral (neither positive nor negative)
- Slightly negative
- Negative
- Unsure

Please explain the reasons for your response.

It is anticipated that the proposed Bill would have the greatest impact on the following protected groups:

Race, Religion and Belief: It is likely that not all communities are equally comfortable with personal care being provided by professionals from outwith the family. Individuals from these communities may be less likely therefore to benefit from this proposed Bill.

Disability: Adults with Disability in receipt of personal care services will be directly impacted by the proposed Bill. Service users who currently pay for personal care received will now no longer have to pay for this. Non-personal care tasks however will continue to be chargeable. As stated at Q4(c) while some service users would benefit from this proposal, most would see no change to their weekly financial charge. For example, this policy is likely to disadvantage those service users with a learning disability, addiction or mental health issue because non-personal care support will continue to be chargeable.

Age: People under 65 with disabilities living in the community would no longer be charged for PC provided to them. This would remove the inequality in charging policy between those receiving PC over and under 65. However because of additional non-personal care tasks and/or because of their income level many would see no change to their weekly charge following the implementation of free personal care.

Impact across wider society

As with the introduction of free personal care to those over 65, policy makers should be mindful of the risk of redistributing wealth from poorer to more affluent sections of the population through the expansion of FPC. It is assumed that this will be less of an issue for younger adults than for older people, but should still be a consideration.

It is likely that the implementation of this policy, as is stands, will not improve inequalities, but continue with the status quo.

7. In what ways could any negative impact of the Bill on equality be minimised or avoided?

The negative impact on equality detailed above in relation to the *Race, and Religion and Belief* protected groups could be mitigated by ensuring that organisations which provide care have greater diversity in their workforce to cope with increased demand from all communities. However as mentioned at 4(b), social care providers are currently finding recruitment challenging and this would be exacerbated by increased demand following the introduction of free personal care to Adults under 65.

Sustainability

8. Do you consider that the proposed bill can be delivered sustainably, i.e. without having likely future disproportionate economic, social and/or environmental impacts?

- Yes
- No
- Unsure

In view of the financial implications and the issues highlighted by our previous experience of the growth of new demand, in our opinion this proposed Bill is unlikely to be delivered without future economic impact unless it is fully funded by the Scottish Government, including assumptions around new demand.

We recommend that, where charging is to continue, a fairer and more sustainable charging “cap” system is considered instead. This would limit how much each service user would contribute each week – this charge would relate to all charges, both personal and non-personal care tasks. The cap should be set nationally which would avoid local variation in charging. We believe that this recommendation would benefit all client groups under 65 including those individuals who require non-personal care support for example those with mental health, learning disability or addiction issues who would not benefit financially from the current proposal.

In addition, we would recommend that in the interests of consistency and equality the same methodology is adopted for both Adults under 65 and Older People across Scotland. This would obviously entail a review of the current arrangements for Older People.

We believe that this recommendation would be perceived as a fairer system by service users and would mitigate against the creation of unrealistic expectations which the current proposal is likely to generate.

General

9. Do you have any other comments or suggestions on the proposal?

We have noted below areas which we feel require further consideration and which have not been mentioned elsewhere in our response.

Independent Living Fund (ILF): Consideration would have to be given as to how those with an Independent Living Fund (ILF) would be impacted by this proposal.

Service Users in Residential Care: this proposal seems only to relate to service users living at home – how does it relate to those who are in residential care? Nursing care is currently free for those under 65 in residential care however personal care is not free.

Benefits and Charging Policy

It should be borne in mind that several benefits are paid to service users by the Department for Work and Pensions (DWP) for the specific purpose of paying for care and thus are eligible to be included within the client charge. It's unclear what impact free care would have on the payment of these benefits.