

Meeting our commitment to care

Are we delivering social care well enough to
older people in Scotland?

Age Scotland

April 2017

Introduction

On 30 January 2017, Age Scotland asked each of Scotland's 32 local authorities a number of questions about their provision of social care to older people. A note about our methodology – including the questions we asked and the answers we received – appears in the [appendix](#) to this paper.

We were prompted to pose these questions because of information we were receiving through the [Age Scotland helpline](#). This offers information, friendship and advice to Scotland's older people and their families through its Freephone number, [0800 12 44 222](#), and we receive around 1,200 calls per month. We heard increasing numbers of accounts from members of the public of difficulties they were experiencing with accessing care when legislation and guidance suggested that they should be entitled to it.

Why this matters

Social care is expected to face increased demands, in large measure because of our ageing population. Not all social care users are older – the other substantial group of care users are people with disabilities, though of course there is also some overlap. The great majority of older people do not need or use formal social care, and much of those who do receive it informally from unpaid carers, typically members of their own family, such as a spouse or child. Nonetheless, increased longevity means more people are surviving to older ages and as such are more likely to be living with one or more limiting long-term health conditions, which may adversely affect their physical or cognitive capacity, and mean they need or would benefit from assistance.

Social care and healthcare are clearly connected but are organised and paid for differently. Healthcare obtained through the NHS is free at the point of use and available according to health need. However, social care may be partly or wholly funded by the end user of the service. Councils are not legally obliged to meet all needs but they are obliged to provide assessments of need for those who request it, and to ensure provision which seems to them appropriate to meet needs arising in their area (though they are entitled to charge). An assessment will consider a person's needs and abilities to manage themselves and their own affairs, but also their financial position. The financial elements of paying for care are subject to regulation and guidance, and there is a national eligibility framework which specifies that everyone with assessed needs at critical or substantial level should receive support (those with moderate or low needs can be a lower priority). The framework also sets a maximum time-limit

of six weeks for people in these priority groups between completion of the assessment and provision of the service.

Free personal and nursing care, introduced in July 2002,¹ has been a flagship policy of both the current Scottish Government and its predecessors. Older people with assessed care needs are entitled to financial support for services like bathing, washing and dressing (personal) and more complex or demanding needs which require the support of a registered nurse (nursing care). If a person receives social care in their own home, either the council should provide it directly to them free of charge, or if an external provider is used they will receive weekly sums of £171 for personal care and/or £78 for nursing care to cover the costs: these sums are set annually by the Scottish Government, following discussions within the care sector. The same sums go towards the weekly costs for around 30,260 older long-term residents in Scotland's care homes, with the balance of accommodation costs payable by the resident and their family, by the council, or shared between them according to a means test.

Governments of different political complexions in Scotland since the policy's introduction have supported it as an investment which is justified on grounds of social principle, but also good sense and economics. Social care is considered an embodiment of the belief in social welfare and cohesion, in which the community draws on its shared resources to provide assistance to those who need it. It is also understood and has been shown to be preventive by reducing reliance on more intensive and expensive forms of care. The lack of social care may mean that a person tries to do more for themselves and suffers an accident, such as a fall, or is not able to feed themselves properly, which may lead to undernutrition or malnutrition. These could lead to hospital admission, which may last for several weeks or months. Hospital-based inpatient care is significantly more expensive than social care at home, and even more expensive than residence in a care home. A significant proportion of public money spent on the National Health Service is attributed to unplanned admissions and delayed discharges, many of which occur with older patients.

The universal nature of the entitlement for those in need means, for people receiving care at home, less effort and expense requires to be undertaken on carrying out means tests, pursuing and managing payments and associated debts.

If people are experiencing difficulties with accessing care, and particularly with accessing financial support, then the realisation of this important principle is interrupted and the gains – both personal and social – may be lost.

Responses and data collected

Of the responses we received, a number of councils pointed to the Quarterly Survey (“QS”) on Eligibility and Waiting Times conducted by the Scottish Government.² The questions we asked were broader than the survey and also related to whole financial years, whereas the QS only relates to the quarter between January and March (inclusive) in any given year.

However, where councils provided no additional information beyond the QS, we have analysed both the FOI responses and the QS to generate the most complete picture possible.

What we found

Assessments

The majority of assessments are conducted quickly, and within several days in many instances for those with critical needs. The majority of assessments for older people with critical or substantial care needs are conducted within **2½ weeks**.

Year	2014-15	2015-16	2016-17
Average time to conduct an assessment	17.3 days	18.1 days	17.1 days
Longest time to conduct an assessment	168 days	178 days	154 days

However, there is substantial variation between different authorities. In the current financial year, one council took an average of 0.3 days per assessment, whereas another took 84 days.

We also asked about the longest delays in obtaining assessments. The average worst case scenario for time taken to conduct an assessment was **5 months and 2 weeks**. Two councils reported to us instances of **over 7½ months** of delays in *each* of the previous three years.

The longest individual assessment of a delay was **575 days** in one case in 2014–15.

How many people are affected?

The Scottish Government’s Quarterly Survey from 2016 suggests that there may be as many as 38,500 care assessments each year.³ The 2006 Survey also records that (among councils which responded) **22.6%** of people do not receive their care assessment within six weeks. This suggests that, **each year, 8,680 people in Scotland wait longer than six weeks for a care assessment**.

Possible effects

There can be many effects of delays in care assessments. Sometimes it is because the individual concerned is an inpatient in hospital: we have heard that some local authority social care teams regard this situation as less of a priority than someone who is at home because the hospital is a comparatively safe environment. This may reduce the pressure in putting a care package together which allows them to be discharged.

However, this practice militates against two aspects of declared public policy – that older people who are able to do so should be helped to live at home or in a community setting, and that unplanned admissions and delayed discharges should be reduced. Longer periods in hospital can also expose patients to greater risk of hospital-acquired infections, and if hospital stays have been long this experience may have reduced the individual’s capacity and make it more difficult for them ultimately to cope with the type and amount of assistance they would receive in a care package at home. This may mean when they eventually leave hospital they have to go into a care home instead of a suitable care package at home being arranged.

Provision of service and/or payments

Unlike care assessments, national eligibility criteria⁴ sets a **maximum six-week waiting period** for the provision of care services where an assessment has been completed and where care needs are considered to be at either a critical or substantial level.

However, the maximum period does not work as a maximum in practice. For example, three-quarters of authorities which responded to the Scottish Government's Quarterly Survey in 2016 had at least one older person who was not provided for within the requisite six-week period.

Across Scotland, the Survey suggested that 5% of clients who had completed assessments and were waiting for care arrangements were waiting longer than the maximum six-week period. Based on these figures, we have calculated that around **3,940** older people receiving care would have been affected (representing 5% of both the 46,750 older people receiving care at home and the 30,260 older people who are residents in care homes, according to the latest figures⁵).

The Quarterly Survey suggests that new care arrangements may be made for 6,670 people in each quarter.⁶ This also suggests that as many as **1,330 people each year** would have been waiting longer than the supposed maximum period.

However, the details obtained from our FOI responses suggest that the delays may be more substantial in some areas. Nine councils provided to us details of the average time and the longest time taken after assessment to provide the service to people judged to have critical or substantial need. Among them, the average and longest times to provide or pay for the service needed were as follows:

Year	2014-15	2015-16	2016-17
Average time to provide service	27.7 days	22.6 days	25.9 days
Longest time to provide service	254 days	196 days	187 days

The longest individual assessment of a delay was **700 days** – almost two years.

We also asked councils to provide details of the number of clients they had who both had, and had not, received the service they were assessed as needing within the maximum six-week period. Among those which provided the figures, the average data was as follows:

Year	2014-15	2015-16	2016-17
No. of people provided for within six weeks	559	540	594
No. of people not provided for within six weeks	67	65	80

These suggest that, in each of the past three financial years, among some authorities, 89% of clients who had been assessed at critical or substantial levels of need received their service or payment within the maximum six-week period, but **11% did not**.

If the figures we obtained from these authorities were indicative, this would suggest that **nearly 3,000 older people** awaiting care arrangements *each year* would be waiting longer than the supposed maximum waiting period, and that the cumulative effect may be that **8,550 older people in total** may have waited longer than the supposed maximum waiting period for their arrangements to be made.

Issues with free personal care payments

Evidence from calls received to the **Age Scotland helpline** suggest that the issues most commonly present themselves in the first three months of the calendar year, which are also the final three months of the financial year. More than one council has reported to clients the reason for delays is that they have simply “run out of money” and that the person needing care will have to wait until more funds are available before their needs can be met.

For example:

1. A caller (April 2016) told us that his mother was assessed by **local authority A** as needing care in a care home on 29 February 2016. Her family found the care home of their choice and she was placed in temporary care. On 21 March, caller was advised that *the council had no funds available* and she could not be moved in. Later they received a call advising that their free personal care (“FPC”) would be available from 1 May.
2. A caller in **local authority B** (May 2016) told us that her father had been assessed as needing care in a care home. The social work department advised that *they are operating a “two in, two out” policy for payments of free personal and nursing care (“FPNC”) for self-funding residents*; this may mean a wait of several months.
3. A caller in **local authority C** (May 2016) told us that her mother had been assessed by the council as needing care in a care home from

April. However, *an assessment for FPC only took place in June and would not be backdated*. The caller's mother's home is now up for sale. The caller has been advised in the meantime by the social work department to cover the shortfall of £300/week and claim this back when the house is sold.

4. A caller in **local authority D** (November 2016) told us that his mother was assessed by the council in September 2016 as needing care in a care home. Her capital is above the requisite threshold and she will be self-funding. The council advised that *they cannot say when they will be able to start paying FPNC; they are prioritising people who have been discharged from hospital*. His mother is (at December) still living at home meantime and receiving care from family and friends.

The reports we obtain from callers are, of course, not from the authority themselves and we are not able to follow these up with authorities themselves or pursue redress on their behalf (although we can and do advise callers how they might do so themselves, and about procedures to obtain resolution).

As these examples show, though, delays in payments can make the obligation to free personal care a theoretical rather than a realistic entitlement. In some instances people with assessed needs are not able to access the support they need, which creates a heightened risk that their condition and capacity might deteriorate, or that they will experience an accident, or that alternative arrangements may have to be made at private or personal expense. Even where such payments by people receiving care or their families might eventually be reimbursed, this can create cashflow difficulties.

Reasons for delays

This was the question most commonly refused by councils in their responses: typically because the data was not collated centrally and so the authority either deemed it to be not held (in terms of section 17 of the Freedom of Information (Scotland) Act 2002⁷) or that collating it from individual case files would entail excessive cost.

Seven authorities did provide examples of the most common reasons for delays. These can be distinguished between those which were the responsibility of the local authority (e.g. staff shortages or unexpected demands) and those which were due to circumstances relating to the person needing care (e.g. a change in their health circumstances – such as being admitted to hospital; or users and their families needing time to make a choice between different care options).

Many of the councils which did respond cited instances where delays were caused by the person needing care. But **staff shortages** and delays in **adapting people's homes** were also cited. And **financial constraints** were mentioned by at least three authorities to callers to the Age Scotland helpline (see preceding section).

Clearly providing care assessments and arranging care can be complex, and there can be many reasons why delays occur. But it seems to us that recording the reasons for delays is important for ensuring accountability. If we do not know and councils cannot tell us why there are delays, then we lack the tools to know which elements of the delays and which parts of the system can be worked upon and improved upon.

Conclusions

Supply of social care support (and assessment) still struggles to meet demand, though this is being managed much better in some places than others.

Record keeping is patchy and unlikely to ensure accountability to the public. This is particularly so in some local authorities who are also in areas where problems have been reported to our helpline (this may be coincidence, or it may not be).

There is a perception that social care is in a better place than in other parts of the UK, which are widely described as being in crisis. Certainly, some issues experienced elsewhere may have been rounded off because of the policy of free personal and nursing care, in which the Scottish Government invests hundreds of millions of pounds annually. However, what our research reveals is that pressures remain and are often simply translated into other outlets – namely delays in each stage of the system. An entitlement to free care is of little use if it remains theoretical because no package is in place and the free care cannot be accessed.

Notes

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- ¹ See www.gov.scot/Topics/Health/Support-Social-Care/Support/Older-People/Free-Personal-Nursing-Care and also the [Community Care and Health \(Scotland\) Act 2002](#)
 - ² See www.gov.scot/Topics/Statistics/Browse/Health/Data/QuarterlySurvey
 - ³ 24 authorities (comprising 76.7% of the Scottish population) responding to the survey reporting 7,390 clients seeking a care assessment in the quarter between January and March 2016. If these rates were reflected in other authorities and during other quarters of the year this would make 38,520 annually.
 - ⁴ See [Guidance on National Standard Eligibility Criteria and Waiting Times for Free Personal and Nursing Care for Older People](#)
 - ⁵ See www.gov.scot/Publications/2016/04/1769/2
 - ⁶ 20 authorities (comprising 66.6% of the Scottish population) responding to the survey reporting 4,440 clients obtaining a new care service in the quarter between January and March 2016. If these rates were reflected in other authorities and during other quarters of the year this would make 26,680 annually.
 - ⁷ See www.itspublicknowledge.info/Law/FOISA.aspx

Appendix: our methodology

The questions we posed were as follows:

We refer to the [Guidance on National Standard Eligibility Criteria and Waiting Times for Free Personal and Nursing Care for Older People](#) (the “Guidance”), and section 1 of, and Schedule 1 to, the [Community Care and Health \(Scotland\) Act 2002](#) (the “Act”). In particular, we refer to paras. 9.1–9.8 of the Guidance which relate to waiting times for delivery of social care services to those older people assessed at critical or substantial risk, and to a maximum waiting period of six weeks.

With these in mind, we submit the following requests for information in terms of the [Freedom of Information \(Scotland\) Act 2002](#):

1. What was the (a) average, and (b) longest, periods of time which older people (i.e. aged 65 and over) had to wait for a care assessment after requesting one from the council for each of the financial years 2014-15, 2015-16 and 2016-17 (to the nearest available date)?
2. How many, if any, older people (i.e. aged 65 and over) during each of the same financial years have been assessed as having care needs at “critical” or “substantial” risk level for which the council is responsible?
3. How many of those people (i.e. those identified in response to question 2) during each of the same financial years received the service (i.e. with the council providing their care directly, or paying them the prescribed weekly free personal care and/or free nursing care payments) within the requisite maximum period of six weeks?
4. What was the (a) average, and (b) longest, period of time during each of the same financial years which those people (i.e. those identified in response to question 2) had to wait between the completion of their assessment and receiving the service?
5. What were the reasons recorded for delay(s) in providing the service?

We saw these as distinct requests and noted we were happy to receive the information in response to different questions at different times if that would be more convenient for the council. However, we submitted these requests together as councils may have maintained the information in the same place and it may have been more convenient to retrieve and share these simultaneously rather than separately.

The responses received and not received

Around half (15) responded by providing some of the requested data within the 20-working day time limit set within the legislation. A further 11 provided substantive responses after the time limit. As of 10 April 2017, we are still awaiting responses from North Lanarkshire, Falkirk and NHS Highland (the latter request having been passed on from the Highland Council due to its lead agency integration arrangements).

Four authorities – Glasgow, South Lanarkshire, Orkney Islands and East Lothian – refused to provide any data on grounds of the projected cost involved. It is notable that the latter two authorities have smaller than average populations, and might also therefore be expected to have fewer older people receiving social care assessments and services than other authorities which did provide some or all of the data requested. South Lanarkshire also made an assertion of excessive cost without justifying that claim in any way.

Special mention must be given to the Glasgow Health and Social Care Partnership (to which the FOI request was referred from the Council), which made the extraordinary assessment that providing answers would involve a minimum of **8,665 hours of work**, which equates to around **5 years and 4 months of working time for a single member of staff** (assuming a 7-hour working day and 230 working days per year). With respect, this estimate seems to us to be grotesquely inflated, especially given that around half of councils were able to respond substantively within the 20-day time limit. We have asked for a review of these assessments of cost by the four authorities which have refused and, if unsatisfied, may pursue an appeal to the Information Commissioner.

Local authority	Response date	Response nature
East Dunbartonshire	02/02/2017	Reference to QS only
East Renfrewshire	10/02/2017	No figures but contextual explanations
Clackmannanshire	14/02/2017	Full data
Dundee City	15/02/2017	Full data
Dumfries & Galloway	20/02/2017	Full data
Orkney Islands	20/02/2017	Refused on cost
Renfrewshire	20/02/2017	Partial data
Scottish Borders	20/02/2017	Some data, Reference to QS
Edinburgh City	21/02/2017	Reference to QS only
Moray	21/02/2017	Partial data
Aberdeenshire	23/02/2017	Full data
Shetland Islands	24/02/2017	Partial data
East Lothian	27/02/2017	Refused on cost
Stirling	27/02/2017	Reference to QS only
Angus	27/02/2017	Reference to QS only
East Ayrshire	27/02/2017	Full data
Glasgow City	27/02/2017	Refused on cost
Na h-Eilean Siar (Western Isles)	27/02/2017	Full data
Argyll and Bute	28/02/2017	Full data
Inverclyde	28/02/2017	Reference to QS only
Midlothian	01/03/2017	Full data
South Lanarkshire	01/03/2017	Refused on cost
West Dunbartonshire	02/03/2017	Partial data
North Ayrshire	03/03/2017	Partial data; remainder refused on cost
West Lothian	03/03/2017	Partial data; remainder refused on cost
Perth & Kinross	07/03/2017	Reference to QS only
Aberdeen City	10/03/2017	Partial data; remainder refused on cost
Fife	17/03/2017	Partial data; remainder refused on cost and not held
South Ayrshire	20/03/2017	Partial data; remainder refused as not held
Falkirk	-	Acknowledged 01/03/2017 but not received
Highland	-	Referred to HSCP 01/02/2017
North Lanarkshire	-	Not received or acknowledged