

Adult Social Care

The provision of services to support vulnerable adults and older people is a major priority for councils and accounts for around a quarter of total council spend. Social care services are undergoing fundamental reform as council services integrate with services from the National Health Service to create new Health and Social Care Partnerships (HSCPs). The purpose of these major changes is to strengthen the partnership working across public services to help improve outcomes for those using health and care services and also reduce the inefficiencies associated with dis-jointed systems.

To reflect this major reform, we continue to work with Social Work Scotland, Chief Officers of the Integration Authorities, and the new Health and Social Care Improvement body to agree benchmarking measures which will usefully support Integration Joint Boards fulfil their new duties. This will draw upon the core suite of Health and Social Care integration measures, which is currently being reviewed and will consider measures which might usefully be included to provide a fuller picture of improvement towards the national health and wellbeing outcomes and user experience.

Social care is an area where councils and their partners face growing demands due to an ageing population and the increasing complexity of needs experienced by vulnerable adults. It is forecast that the percentage of the population aged 65 or over will rise from 18.1% to 21.1% by 2024.²³ In the face of these increasing demands, councils and their partners continue to modernise and transform social care provision to deliver better anticipatory and preventative care, provide a greater emphasis on community-based care and enable increased choice and control in the way that people receive services.

Home Care Services

Council spend on home care services has been standardised around home care costs per hour for each council. This includes expenditure across all providers. Since 2010/11 there has been a real terms increase of 1.7% in spending per hour on home care for people over 65 across Scotland. This reflects an overall 11.5% increase in gross expenditure and 9.6% increase in the number of hours delivered during this period, although movement between years has fluctuated.

Home Care Costs per Hour for People Aged 65 or Over

% Change	Cash	Real
2010/11 - 2016/17	11.9	1.7
2010/11 - 2011/12	-1.8	-3.2
2011/12 - 2012/13	3.5	1.4
2012/13 - 2013/14	-1.0	-2.7
2013/14 - 2014/15	-0.1	-1.5
2014/15 - 2015/16	4.7	4.0
2015/16 - 2016/17	6.3	4.0

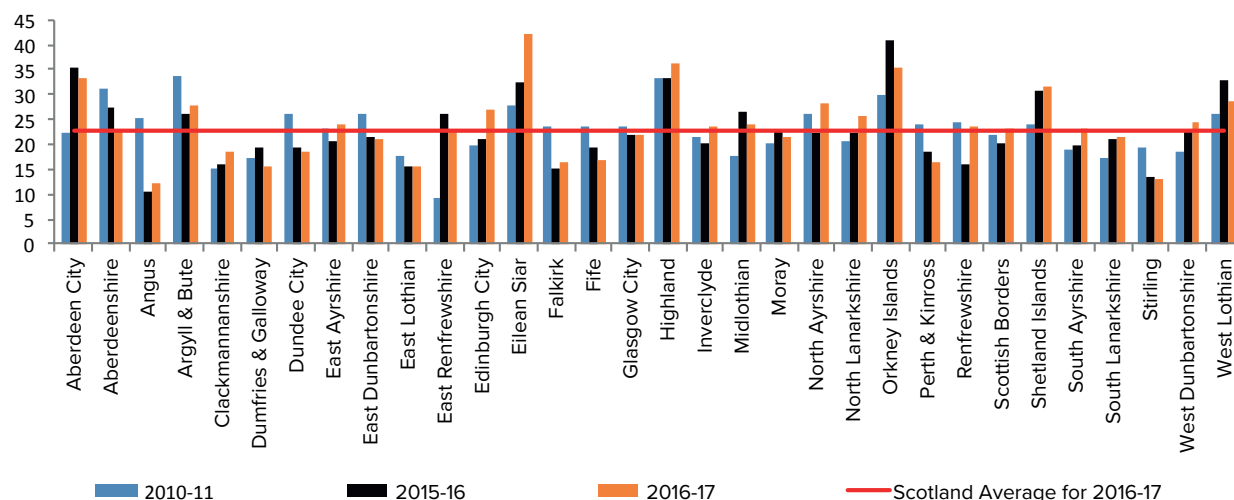
In the past 12 months, spending per hour has increased by 4.0% in real terms from £21.67 to £22.54. This reflects a 6.24% increase in expenditure and a 2.2% increase in hours delivered. The increase in expenditure will reflect in part the commitment from October 2016 to pay all social care workers the living wage.

There is significant variation across councils, with spend per hour ranging from £12.28 to £42.15.

²³ Source: Population Projections, National Records of Scotland, <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2014-based>

This variation has widened in the past two years. Rural councils have significantly higher costs, with average costs of £27.72 compared to £23.56 for urban councils, and £22.09 for semi-rural.

Home Care Costs per Hour for People Aged 65 or Over (£)



Source: Social Care Survey, Scottish Government; council supplied expenditure figure

Balance of Care

The second area of adult social care services covered in the framework is the percentage of adults over 65 with intensive care needs (who receive 10+ hours of support) who are cared for at home. This is an area of growing importance in an effort to care for more people in their own home rather than institutional setting such as hospitals. The effective design and delivery of home care services can help prevent those most at risk of unplanned hospital admissions from entering the hospital sector unnecessarily. For those who do enter hospital, it can also help prevent delayed discharges.

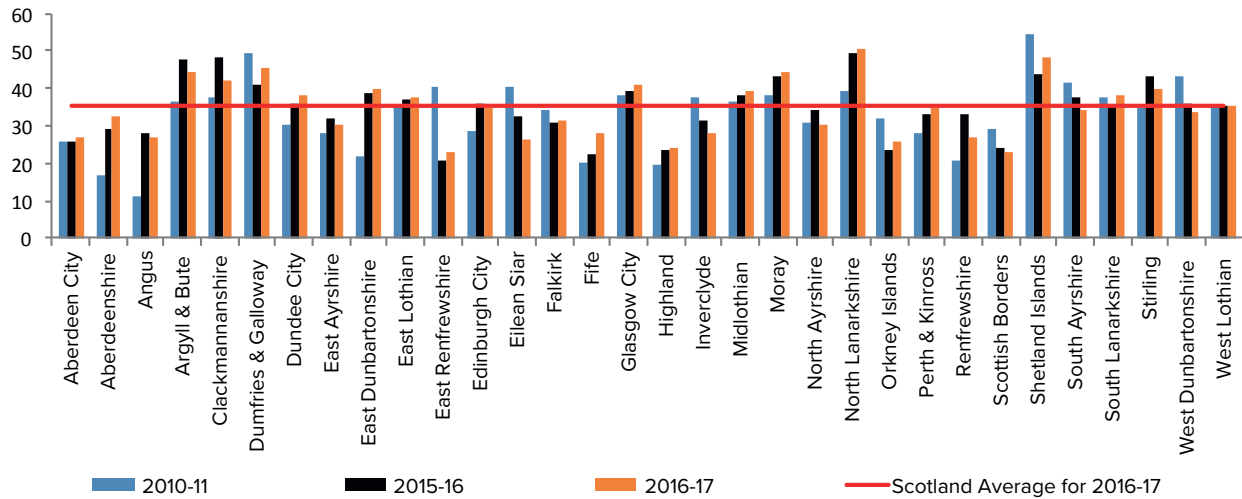
The balance of care has shifted in line with policy objectives across the period with a growth in home care hours provided (9.6%) and a relative decline in residential places (-1.2%). The percentage of people with intensive needs who are now receiving care at home has increased from 32.2% in 2010/11 to 35.3% in 2016/17. As importantly, the number of people receiving home care has decreased over time and the hours of care they receive on average has increased, i.e. in shifting the balance of care, a greater resource has become targeted on a smaller number of people with higher needs.

Percentage of People Aged 65 or Over With Intensive Needs Receiving Care at Home

Year	% of over 65's with Intensive Needs Receiving Care at Home
2010/11	32.2
2011/12	33.0
2012/13	34.1
2013/14	34.3
2014/15	35.3
2015/16	34.8
2016/17	35.3

There is significant although narrowing variation across councils in relation to the balance of care, ranging from 22.9% to 50.4% across Scotland. There is no systematic relationship in the balance of care provided and deprivation, rurality or size of council.

Percentage of Adults Aged 65+ With Intensive Needs Cared for at Home



Source: Social Care Survey, Scottish Government

Direct Payments and Personalised Managed Budgets

From 1st April 2014, self-directed support introduced a new approach which gives people who require social care support more choice and control over how their support is delivered. Social work services continue to drive forward changes to ensure people's outcomes are being met, rather than a person fitting in to a service.

The Self-Directed Support Act 2013 puts a duty on local authorities to be transparent about the cost of support under each of the four options:

- Direct payment (a cash payment)
- Personalised Managed Budget (PMB) where the budget is allocated to a provider the person chooses (sometimes called an individual service fund, where the council holds the budget but the person is in charge of how it is spent)
- The local authority arranges the support
- A mix of the above.

The indicator here refers to the percentage of total social work spend allocated via Direct Payments or Personalised Managed Budgets.²⁴ The breakdown of spend available across the four options will become more sophisticated as the approach is fully implemented and this will be reflected in the development of this framework.

Since 2010/11, the proportion of total social work spend allocated via Direct Payments and Personalised Managed Budgets has grown from 1.6% to 6.5%. However most of this growth is in Glasgow where expenditure via these two options has grown from £4.8 million to £71.4 million. Excluding Glasgow, the spend on Direct Payments and PMB as a percentage of total social work spend increased from 1.6% to 4.7% across the same period, with Direct Payments accounting for approximately 73% of this spend.

In the last 12 months, the proportion of spend via Direct Payments and Personalised Managed Budgets reduced from 6.7% to 6.5%. Again, this has been driven by a significant reduction in Glasgow Direct

²⁴ The PMB breakdown was included in councils return to the Improvement service for 13/14 - 16/17, and includes only residual expenditure from the personalised budget where it is unknown what support was purchased, i.e. where the council used a third party to arrange services. It does not include where the budget has been used to purchase known services from either the authority or another provider. Analysis of the data however indicates some variation in relation to what is included currently.

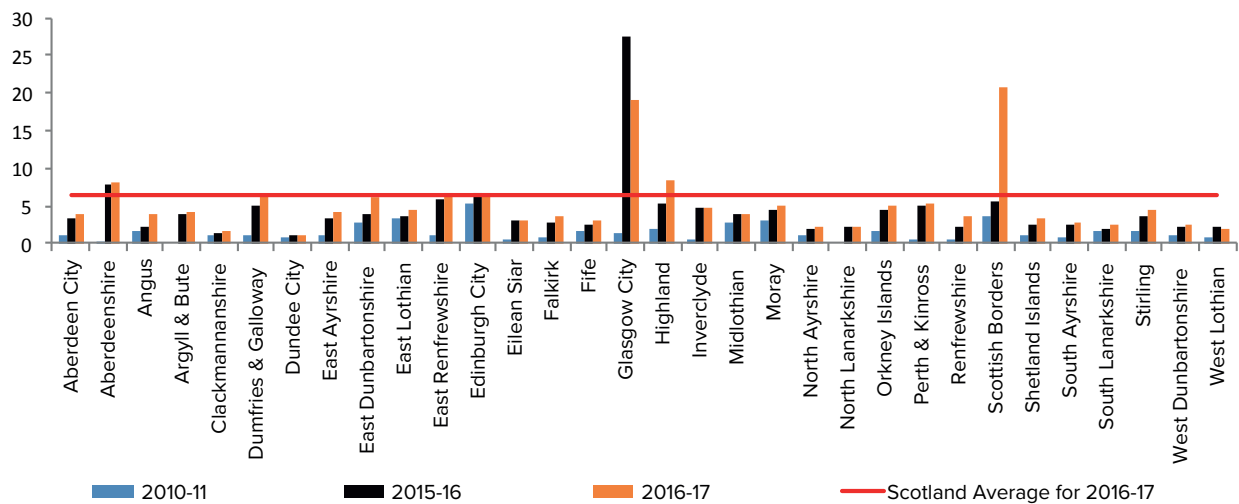
Payment/PMB spend (28% reduction in the past 12 months). Excluding Glasgow from the analysis, the proportion across Scotland has grown from 3.7% to 4.7% over the past 12 months.

Spend on Direct Payment and Personalised Managed Budgets as a Percentage of Total Social Work Spend

Year	Direct Payment & PMB Spend as a % of Total Social work Spend
2010/11	1.6
2011/12	2.9
2012/13	6.0
2013/14	6.4
2014/15	6.9
2015/16	6.7
2016/17	6.5

In 2016/17 the range in spend across councils was 1.0% to 20.7% (1.0% to 8.3% excluding outliers). The variation has narrowed slightly in recent years. Rural and less deprived councils tend to have higher levels of uptake of Direct Payments and PMB (5.4% of spend in rural councils is allocated via Direct Payments and PMB compared to 3.7% in urban, and 5.7% of spend in the least deprived family group compared to 2.7% in the most deprived). This finding is supported by Scottish Government examination of the uptake of Direct Payments and SIMD which shows that while there is no clear relationship for the 18-64 adult population, older people living in less deprived areas are more likely to choose direct payments.²⁵

Direct Payment and PMB Spend as a Percentage of Total Social Work Spend on Adults 18+



Source: Council supplied expenditure figures

Note: Missing values reflect no data returned for that year

Care Homes

The third area covered by the framework relating to adult social care is the net cost of care home services. The measure has been standardised using net costs per week per resident for people over the age of 65.

It is important to note that the figures for 2012/13 to 2016/17 have in agreement with the local

25 Source: Social Care Services, Scotland, 2014, Scottish Government, <http://www.scotland.gov.uk/Publications/2014/11/1085/6>

government Directors of Finance excluded a support cost component which was included in 2010/11 and 2011/12, and therefore a direct comparison with costs from earlier years is not possible.

Over the five years for which we have comparable data, there has been a 4.6% reduction in unit costs from £393 to £375. This has been driven by a -3.2% reduction in net expenditure while the number of adults supported in residential care homes during this period has increased by 1.5%.

Gross expenditure levels have remained steady over this period therefore the reduction in net expenditure indicates an increase in the income received by councils rather than a reduction in expenditure. The increase in the number of privately or self-funded clients as a proportion of all long stay residents over this period would support this trend (an increase of 3.3% between 2010/11 and 2015/16).²⁶

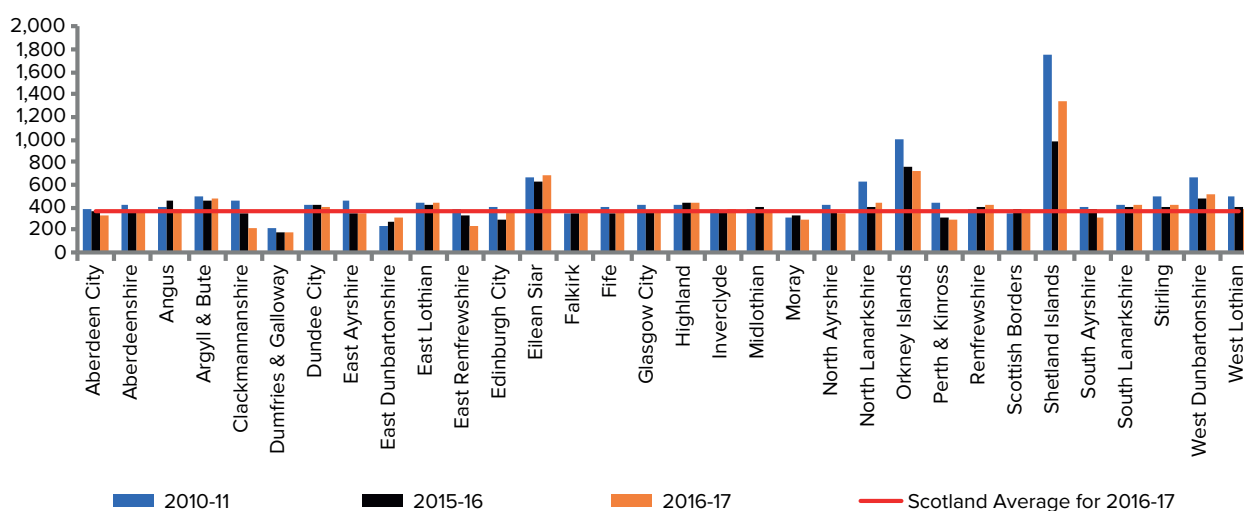
In the last 12 months, the average cost per week per resident increased by 0.6% from £373 to £375. This reflects a small increase in net expenditure (0.1%) and a small reduction in the number of residents (-0.5%).

Care Home Costs per Week for People Over 65

% Change	Cash	Real
2012/13 - 2016/17	1.4	-4.6
2012/13 - 2013/14	-2.1	-3.7
2013/14 - 2014/15	2.5	1.0
2014/15 - 2015/16	-1.8	-2.5
2015/16 - 2016/17	2.9	0.6

There is a considerable level of variation across councils with island councils in particular reporting significantly higher costs. When island councils are excluded, costs range from £186 to £516. Variation has widened in the last 12 months, after narrowing over recent years.

Older Persons (Over 65s) Residential Care Costs per Week per Resident (£)



Source: Community Care Quarterly Key Monitoring Return, Scottish Government; council supplied expenditure figures

Up to and including 2016/17, the National Care Home Contract (NCHC) for residential care for older people will, to a large extent, have standardised costs. However, it is important to note that the net cost per resident will not equate to the NCHC rate. The NCHC rate only applies to LA-funded residents who

26 Care Home Census 2010-2014, ISD, <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/>

are in private and voluntary run care homes. Residential care costs however include net expenditure on:

- The net cost of any LA-funded residents (this will be based on the NCHC)
- The net cost for self-funders (There are around 10,000 self-funders receiving Free Personal Care payments (around two-thirds also receive the Free Nursing Care payment)
- The net cost of running any LA care homes (this will be gross cost less charges to residents). These will not equate to the NCHC rate and not all LAs run their own care homes so this may be something to explore further when examining differences across councils.

Therefore, if we compare net expenditure with all long-stay care home residents (private/voluntary and local authority) we would expect the average rate to be lower than the NCHC rate.

Based on the above, variation in net costs between councils will be largely influenced by the balance of LA-funded/self-funded residents within each area, and the scale of LA care home provision and associated running costs.

Percentage of Adults Satisfied with Adult Social Care Services

In 2015/16, two measures from the Health and Care Experience Survey were introduced to the benchmarking suite to reflect service user satisfaction with social care services. These measures align with the initial core suite of HSC Integration Measures, and provide a more locally robust sample than is available from the Scottish Household Survey in relation to social care. The survey takes place every two years, and only two years of data is currently available making trend analysis difficult. The next available data will be for the period 2017/18.

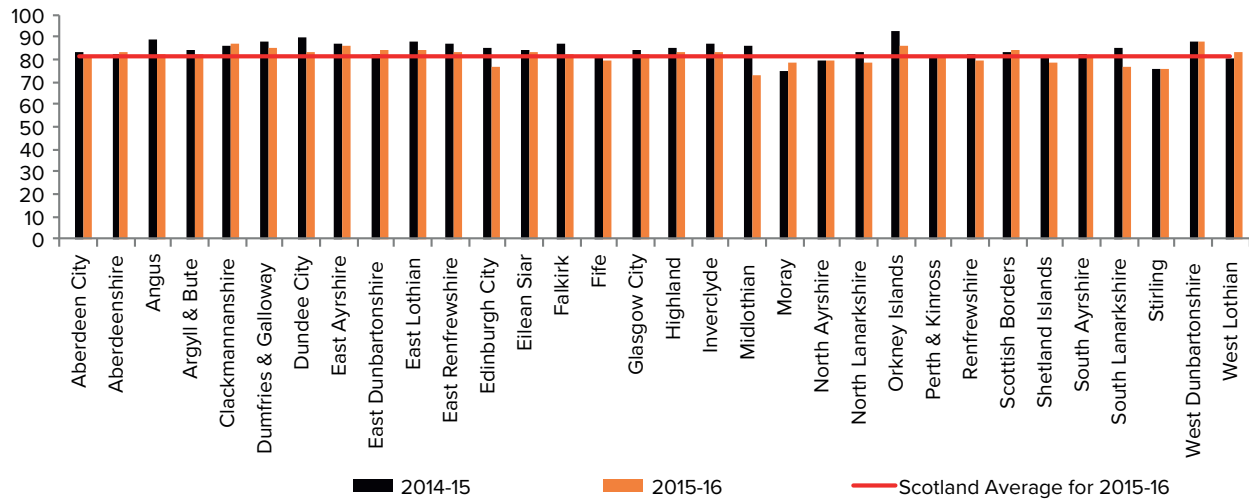
The percentage of adults receiving any care or support who rate it as Excellent or Good reduced from 84% in 2013/14 to 81% in 2015/16, a significant reduction at national level. Similarly, the % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life reduced from 85% in 2013/14 to 84% in 2015/16. This reduction is not significant.

Percentage of Adults Satisfied With Social Care Services

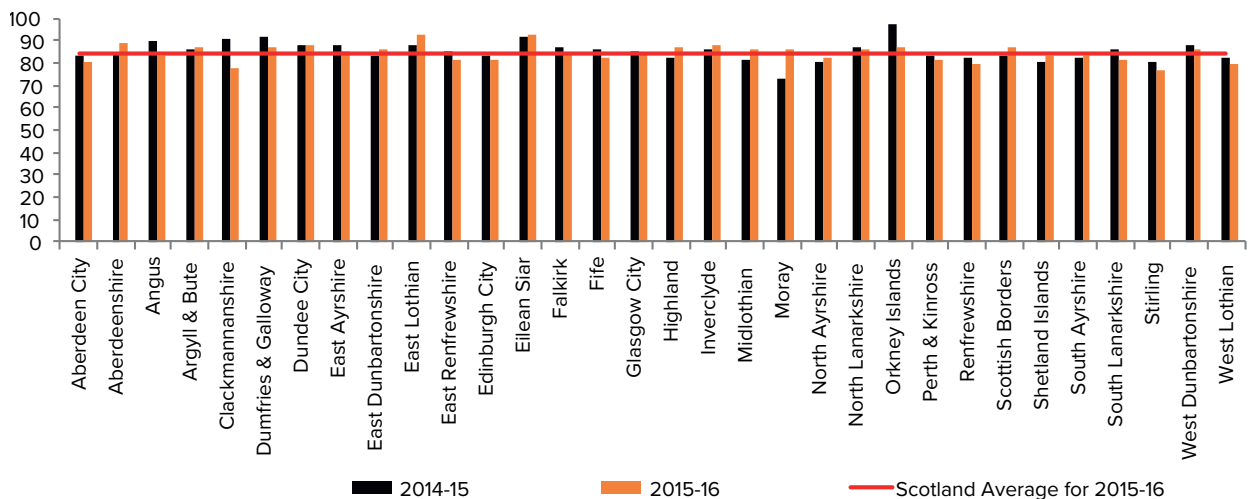
Year	% Receiving Any Care or Support who Rate it as Excellent or Good	% Supported at Home who Agree that their Services and Support had an Impact in Improving or Maintaining their Quality of Life
2013/14	84	85
2015/16	81	84

Satisfaction rates vary from 73% to 88% for those rating the care/support as excellent or good, and from 77% to 92% for those who agree their support had an impact in improving or maintaining their quality of life. There are no systematic effects of deprivation, rurality or size of council on satisfaction rates.

Percentage of Adults Receiving any Care or Support who Rate it as Excellent or Good



Percentage of Adults Supported at Home who Agree That Their Services and Support had an Impact in Improving or Maintaining Their Quality of Life



Source: Scottish Care and Experience Survey, Scottish Government

Work within Family Groups has identified the following factors as important in understanding the local variation between authorities in the provision of Adult Social Care Services

- *Rurality: there is a significant connection between rurality and the cost and balance of social care provision. Rural authorities have higher residential and home care costs and a lower proportion of people cared for at home. Rural areas also tend to have higher satisfaction rates in the quality of the service and in relation to its impact on their outcomes, although this is not statistically significant.*
- *Demographic variability: the number and proportion of over 75s within local populations will have a significant influence on the cost and balance of social care service provision locally.*
- *Proportion of self-funders locally and impact on residential care expenditure - variations in net expenditure between councils are systematically related to the percentage of self-funders within council areas²⁰*
- *Local service design and workforce structure – local factors such as the service delivery balance between local authority provision and private/voluntary provision locally, along with variability in the resilience and capacity within local workforce and provider markets will influence both costs and balance of care*

27 Free Personal and Nursing Care, Scottish Government, <http://www.gov.scot/Topics/Statistics/Browse/Health/Data/>