Social Care (Self-directed Support) (Scotland) Bill

Supplementary Evidence Scottish Care

Further to the evidence session on Tuesday 22nd May 2012, I am writing to flag the need for further dialogue around the application of SDS to Residential Care for Older People

1. The proposed legislation brings Residential Care fully within the scope of SDS and Direct Payment. At present, Direct Payment applies only to Short Break stays in Residential Care. Long Term Care for Older People currently comes under the National Care Home Contract, for those who are publicly funded. Self-Funders, in the main, have part of their care costs offset by the Free Personal and Nursing Care Allowance.

2. Whilst we are in absolute agreement that the principles of SDS, allowing people to have control over their care package, should apply equally to all groups of service users, including those requiring Care Home provision, we have some reservations about the use of Direct Payments.

3. Existing legislation and regulation already gives the right to the choice of Care Home to all service users. Giving someone Direct Payment would not add to this. Nor, if someone is assessed as specifically requiring a full-time Residential Care package, can they really use Direct Payment to make alternative arrangements of their own.

4. Because Councils purchase Residential Care for Older People at a heavily discounted rate under the National Care Home Contract, and for the most part Self-Funder Rates are higher, use of Direct Payment might well end up costing people more.

5. The majority of people currently receiving publicly funded care home provision have high levels of need and are mainly in their last 2 years of life. Correctly, the care they receive should reflect their choices and wishes as far as these can be determined, but this may not be a point at which most people would want the added burden of making their own care arrangements.

6. In the context of greater Health and Social Care Integration, and the emphasis on Shifting the Balance of Care, more use may be made of Care Homes as an alternative to hospital for Intermediate Care, Specialist Dementia Care and Palliative and End of Life Care. The inclusion of Health purchased/funded care as part of SDS will also need to be clarified.

7. As with other care provision, the cost of Council run care home provision is significantly higher than corresponding purchased care. We need to create a level playing field so that anyone having a care budget, real or virtual, has equal purchasing power.