## PE1533/BB

Petitioner Letter of 9 March 2017

We are delighted that the Cabinet Secretary for Health and Sport will be meeting with the Petitions Committee shortly to talk about her department's feasibility study on the future of care charges.

We would be very interested in knowing more about who makes up this working group. It is very important that disabled people and those with other long term limiting conditions are part of the process. Our campaign has lots of experience in working through these issues and we would be happy to share that with the working group. We are sure that they will do better than their last estimate of the cost but it would be better if we could all work collaboratively to achieve this.

Only last year officials in the Cabinet Secretary's department came up with a figure of over £300 million for the cost of ending social care charges. This figure was never taken very seriously by many people as it seemed to be based on erroneous assumptions about hugely increased access to social care if care charges were ended. There is no free access to social care services in Scotland. Local authorities and Integrated Joint Boards prioritise support on the grounds of need. Such errors could have been prevented by simply asking disabled people.

Last week the Local Government Finance Statistics for 2015-16 were published. These show that already much work has been done on making information about the cost of care charges clearer. For examples, errors that we pointed out in how one local authority accounted for residential care home services has been adjusted, at a stroke removing over £8 million from the total care charging income.

I know there will be a keen interest in the aspects of care charging that are associated with Frank's Law which is particularly concerned with care charges paid by those under 65. We are among the many groups supporting Amanda's Kopel's campaign. These statistics now show that 18-64 year olds paid £18.51 million in care charges for all non-residential services. This sets an upper limit on the costs on ending social care charges in this age group.

There are two issues that we hope the Cabinet Secretary will be able to clarify.

First is the extent of the changes being considered by the working group. There was much debate and confusion after FPC was introduced as its definition and interpretation varied between local authorities. As it was primarily focussed on older people, the issue of "personal support" was not central. However, the Community Care and Health (Scotland) Act 2002 Section 1 (1)(b) was clear that in addition to "Personal Care", "Personal Support", i.e. "counselling, or other help, provided as part of a planned programme of care" should not be charged for either.

This definition of "personal support" from 13 years ago, is better known today as "social support" and it is widely recognised and valued. Today, with the introduction of the Social Care (Self-directed) (Scotland) Act, 2013, "Social support" helps disabled people to lead a meaningful socially productive life, as section 2 of this Act states:

"In carrying out its functions under this Act in relation to a person who is to choose (or has chosen) one of the options for self-directed support, a local authority must take reasonable steps to facilitate the following general principles—

(a)that the right to dignity of the person is to be respected,

(b)that the person's right to participate in the life of the community in which the person lives is to be respected."

"Personal care" merely meets the basic needs of rudimentary hygiene, dressing, and feeding; all of which are quintessential to social and economic participation. However, given singularly, "personal care" frequently leads to social isolation, depression and a general reduction in good health and wellbeing.

With the dominance of health in the health and social care integration there is even more risk of services moving towards task and time personal care activities. This will endanger the input of supports needed to exercise social, cultural and civic participation, warranted by the Scottish Government's own flagship policy of self-direct support. It will also endanger disabled people's human rights to work, education, and family life, which is also the stated desire of the Scottish Government, in its response to the UNCRPD, "A fairer Scotland for disabled people"

We would hope that the wider definition, as contained in the Scottish Government's legislation and policy, is part of the working group's consideration.

Second is the future of democratic control of Social Care Charges. The Petitions Committee has, in the past, heard evidence that the different local authorities would set social care charges to meet local priorities. This was an important part of the democratic process. However since the introduction of the integration of health and social care there has been some confusion over the responsibility for social care charging.

Examining the published papers of Integrated Joint Boards throughout Scotland, we only found one which had any detailed discussion of social care charges for 2017-18, East Ayrshire. We did find two local authorities whose Full Council Committees discussed plans for raising social care charges in 2017 -18, Midlothian and Moray Councils. Midlothian has decided to increase charges for homecare and telecare by 5% (for the second consecutive year) and has introduced three new charges for services which were previously free.

I am sure it was not the intention of Health and Social Care Integration to remove social care charging from democratic control but this does seem to be what has happened in practice. Moray Council says that Integrated Joint Boards do "not have statutory powers to set charges for services. It therefore falls to the council to set charges for the social care services which it delivers." Yet most seem to now leave this to unelected officials. Perhaps the Cabinet Secretary could clear this matter up.

Can I also take this opportunity to thank you and the rest of your committee for all your help and interest in this very important matter?