Insights in Social Care: Statistics for Scotland

Support provided or funded by health and social care partnerships in Scotland 2018/19

Publication date: 29 September 2020

Revised 17 December 2020. Following a data quality assurance review, an error was discovered in the home care hours submitted for Glasgow City for 2018/19. As a result, the 2018/19 home care hours for Glasgow City and Scotland have been revised. The affected figures have been highlighted in the report, the balance of care excel workbook and in the relevant home care dashboard analyses.
This is an Experimental Statistics publication

Experimental statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data, further details of which are presented in this report.

All official statistics should comply with the UK Statistics Authority’s Code of Practice which promotes the production and dissemination of official statistics that inform decision making. Once the evaluation is completed and an enhanced report is developed that meets the needs of users and stakeholders, the Experimental label will be removed.

Find out more about the Code of Practice at:
https://code.statisticsauthority.gov.uk/

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Introduction

About this report
This report and the companion dashboard are a statistical digest about people receiving social care in Scotland and services they receive. The contents cover different facets of social care and support provided to people in the year ending 31 March 2019, some longer term trend analyses and some related healthcare topics. The companion dashboard is interactive and generally offers a more detailed perspective of the information contained in this report. It is hoped that both will be of interest to anyone concerned about health and social care in Scotland.

The information shown comes mainly from data gathered within Scotland’s 32 local authorities. The underlying data are by-products of many thousands of individual needs assessments carried out, personal choices made and care plans prepared and delivered. Some of the analyses included are possible through the approved linkage of the social care data to key health service related data (e.g. hospital admissions). This linkage of data permits a broader perspective on the services used by people in order to meet their health and social care needs.

This is the second published report following the decision taken in 2017 to transfer responsibility for key social care information from the Scottish Government to the Information Services Division of NHS National Services Division (ISD). On the 1 April 2020 ISD formally merged into a new national organisation – Public Health Scotland.

Changes have been made to the design and content of the publication this year following consultation with stakeholders. In addition, with the availability of a full-year of data for all the different facets of social care it has been possible to include different analyses to last year. As with last year’s publication some top level figures matching those published in earlier years have been retained to provide longer term trend analyses for year on year comparative purposes.

The Scottish Government reports are available here.

Health and Social Care Integration
As noted above, local authorities are the primary source of the social care information used in this report. Local authorities are one of the strategic partners in Health and Social Care along with Health Boards and Integration Authorities. For presentational reasons the label Health and Social Care Partnership or just ‘Partnership’ (rather than local authority) is used throughout this report and in the dashboard.

Note: Reflecting variation across Scotland in the way partnership working occurs the Stirling and Clackmannanshire Council analyses are shown separately although there is a single Partnership involving both local authorities.
Statistical content
The figures in this report are mainly shown at Scotland level with a few examples of analyses at Partnership level. Partnership level figures for most of the analyses in the report are provided in the companion dashboard.

Understanding trends over time is important and some of the longitudinal analyses presented in last year’s publication and in the previous series of Scottish Government publications are included here for continuity. Due to some changes in the data specification, in a few examples, it has been necessary to estimate figures to make them comparable with earlier data.

Statistical disclosure control has been applied to protect patient confidentiality. Therefore, the figures presented here may not be additive and may differ from previous publications.

The linked analyses presented are mainly to illustrate the potential for using linked data to obtain a more comprehensive understanding of pathways of care, the whole care system & support and the measurement of outcomes. For example, an analysis that brings together social care and emergency hospital admission information helps to quantify the overlap in the people using these two distinct types of support and offers the potential for the planning of more integrated approaches to care and support.

Main topics included in this publication
This report will present statistics on:

- Self-directed support
  The mainstream approach to social care in Scotland, a detailed description is given in Section 1.
- and the following service types:
  - Home care
  - Community alarms/telecare (remote monitoring)
  - Care home residents.

For service types all information shown relates to services and support where a local authority has an involvement, such as providing the care and support directly or by commissioning the care and support from other service providers. Data on care and support that is paid for and organised entirely by people themselves (i.e. "self-funded") are not available and are excluded from all the analyses.
**Time periods**
Most of the data received nationally from partnerships are now organised by quarter. In the report and in the dashboard the analyses for 2018/19 are shown separately by quarter, or on an annual basis if that is more informative.

**Data completeness and use of estimation**
A small number of partnerships were unable to supply all of the required dataset. Further details are given throughout this report and in Appendix 1.

In order to minimise the effect of data gaps, a number of methods have been used to present the analysis. Where possible, estimation of some figures have been made to enable a Scotland figure to be shown for comparison purposes in the top level trends. **Estimates are not always possible for some of the more detailed analyses.**

The table below shows the standard terms used for ‘Scotland’ throughout the report depending on the level of completeness or the form of data available.

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Scotland</td>
<td>Information was supplied by all partnerships in Scotland</td>
</tr>
<tr>
<td>Scotland (estimate)</td>
<td>Estimates have been included for partnerships that have not supplied the required data. Areas that have been estimated will be highlighted.</td>
</tr>
<tr>
<td>Scotland (all areas submitted)</td>
<td>This is the total of all areas that provided the required information only. It will undercount the actual picture for Scotland as no estimation has been done to produce a Scotland estimate. Missing areas will be highlighted clearly in footnotes to the relevant charts and tables.</td>
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Main Points

- An estimated 1 in 20 people of all ages in Scotland were reported as receiving social care support and services at some point during 2018/19.

- It is estimated that nearly four out of five (79.4%) people were involved in choosing and controlling their support through self-directed support options (based on circumstances where people have a choice).

- An estimated 91,810 people in Scotland received home care for the whole or part of the year ending 31 March 2019. This is equivalent to 17 people per 1,000 population.

- Some 45,845 people received funding towards a long stay care home place in Scotland for the whole or part of 2018/19. In addition, a further 5,760 people were supported during a short stay in a care home, such as for respite or for reablement (figures exclude Orkney and Comhairle nan Eilean Siar).

- In 2018/19, an estimated 136,900 people had an active community alarm and/or a telecare service. This is a 3.8% increase in provision from the previous year.

Note: Please refer to Appendix 1 for caveats around Scotland figures presented.
Results and Commentary
Section 1. Overview

Social care supports people to meet a diverse range of support needs and there are choices about how this is delivered. Section 1 of this report provides an overview of the range of information that can be derived from the Source social care dataset. It looks firstly at the use of self-directed support and the choices that people make. It further looks at the range of services and support that are included in the term social care and for which data are collected in the Source social care dataset. Also presented is a conventional perspective on where longer term support is delivered (‘balance of care’).

Self-directed Support

Self-directed support was introduced in Scotland on the 1 April 2014 following the Social Care Self-directed Support Scotland Act 2013. Its introduction means that people receiving social care support in Scotland have the right to choice, control and flexibility to meet their personal outcomes. Health and social care partnerships are required to ensure that people are offered a range of choices on how they receive their social care support which is hoped to lead to greater personal and life satisfaction. The options available are:

SDS Option 1: Taken as a direct payment.

SDS Option 2: Allocated to an organisation that the person chooses and the person is in charge of how it is spent.

SDS Option 3: The person chooses to allow the council to arrange and determine their services. [Note that the legislation specifies that Option 3 is the default when the no other self-directed support option is chosen - Social Care (Self-Directed Support) (Scotland) Act 2013 section 5.5.]

SDS Option 4: The person can choose a mix of these options for different types of support.

It is important to note that all four options are available for people and individual choice is key. Some options may be more popular within different sections of the population.

During 2018/19 data on self-directed support was available from 30 out of the 32 local authorities in Scotland (Aberdeenshire and Orkney health and social care partnerships were unable to provide data and figures from 2016/17 and 2017/18 respectively have been used as an estimate). It is estimated that 102,805 people in Scotland were involved in choosing and controlling their support through one of more of the self-directed support options.
A methodology for calculating the national implementation percentage of self-directed support was refined by the Scottish Government in 2016/17 to reflect circumstances where people have a choice. The implementation percentage provides an indicative value across the different areas and this may vary depending on when the health and social care partnership started offering self-directed support and on the speed of implementation. The methodology assumes certain exclusions which are stated in Appendix 1. After implementing such exclusions, it was estimated that 79.4% of people who were receiving social care services and/or support made a choice about how such support was provided. This is a 4.9 percentage point increase on the implementation percentage calculated during 2017/18. [Note, Aberdeenshire could not provide self-directed support information for 2017/18 or 2018/19, as a result, 2016/17 figures have been included to estimate the national implementation rate. Orkney could not provide information for 2018/19, therefore 2017/18 figures have been included in the estimated national implementation rate.]

Trend in options selected for self-directed support

Figure 1 shows the trend in the total number of people in Scotland receiving self-directed support by option chosen from 2014/15-2018/19. Note due to incomplete data all the Scotland level figures quoted are estimated.

In 2018/19, there were 9,445 people who chose to receive a direct payment (Option 1), an increase of 350 compared with 2017/18 and an increase of 6,010 since the introduction of self-directed support in 2014.

The number of people choosing Option 2, where the person chooses the organisation and is in charge of how the budget is spent, has grown between 2015/16 to 2017/18 from 6,440 to 7,450. In 2018/19 there were 7,025 people who chose this option.

The most frequent choice overall is Option 3, where the person chooses to allow the council to arrange their services. In 2018/19, there were 91,450 people who chose Option 3, representing a substantial year on year rise since 2014/15.

Option 4 is a combination of more than one of the self-directed support options and was chosen by 4,950 people in 2018/19. There has been a gradual increase since 2014/15 in the choice of this option.

It should be noted that, as people can choose more than one self-directed support option, the total of the different options selected is greater than the number of people involved.
Figure 1: Number of people in Scotland (estimated)\(^1,2,3\) receiving self-directed support by option chosen, 2014/15 – 2018/19\(^4\)

1. Information on direct payments was collected prior to 2014 however not shown on the graph as self-directed support for all options is available from 2014/15 only.
2. Aberdeenshire could not provide self-directed support data for 2017/18 or 2018/19 therefore figures from 2016/17 have been used to create an estimated Scotland figure.
3. Orkney Islands could not provide 2018/19 data therefore figures from 2017/18 have been used to create an estimated Scotland figure.
4. The trend information includes data previously published by the Scottish Government in the social care survey.

Percentage of people receiving self-directed support by option and age band

Figure 2 shows the different self-directed support options chosen by broad age group.

Note that the analysis here differs from that used in Figure 1 above, Figure 14 in Section 2 and Figure 23 in Section 3 in that people are included under one option only. Note also that the baseline figure used here is lower than in the estimates above as it only includes submitted data.

Direct payments (option 1) are a more prominent choice with younger people with 54.3% of people aged 0-17 choosing only this option. This suggests that younger people (or their carers) may be taking a more ‘hands-on’ approach to customising the support they receive.

Option 3 is the most prominent choice for people aged 18-64 and 65 and over with 71.9% and 90.3% of people respectively choosing only this option. This contrasts with 28.0% in the 0-17 age group. As noted earlier, self-directed support legislation
specifies that Option 3 is the default when the no other self-directed support option is chosen.

**Figure 2: Percentage of people receiving self-directed support in Scotland (all areas submitted) showing option chosen by age group 2018/19**

1. Aberdeenshire and Orkney Islands could not provide self-directed support information for 2018/19 and are therefore not included in the Scotland figures.
2. Baseline figure used to calculate an 'all areas submitted' total is 98,215. It is not possible to estimate at this level.
3. Note people will only be included in one option so if people choose a combination of options for different types of support they will only appear in option 4. The base figures in Figure 2 therefore differ slightly from the trend totals in Figure 1 for options 1 to 3 which count people under each individual option and option 4.
Summary of all people receiving social care support and services

Social care embraces many different types of support and services. The national Source social care dataset that provides the basis of most of the analyses in this report includes data on remote monitoring, home care and care homes. It also provides limited summary data on allocated social workers or support workers, day care and meals.

The rest of this section looks at these forms of social care in overview, with particular detail on remote monitoring, home care and care homes. In section 2 and 3 respectively these services and support are analysed separately from the perspective of the population aged under 65 and 65 and over.

It is possible to derive an estimate of the total number of people who are receiving services and support, of various types, from the information supplied nationally by partnerships. Some partnerships were unable to provide a comprehensive list covering every service and as a result the figures presented are likely to be an underestimate of the actual position for Scotland.

An estimated (minimum) 245,650 people of all ages (1 in 20 of the population) in Scotland were reported as receiving social care support and services at some point during financial year 2018/19. [See Appendix 1 for details]

Age and sex

Over three quarters (77.1%) of people were aged 65 and older [Note: Baseline figure is all areas submitted where an age and sex could be calculated]. Overall more than four out of ten were females aged 75 and over. The number of females receiving social care support and services is greater than males in each of the three age groups relating to people aged 65 and over. Of younger adults (18-64) the number of males and females receiving social care support are similar (Figure 3).
Figure 3: People receiving social care support and services by sex and age group, for all areas submitted\textsuperscript{1,2,3,4,5} 2018/19

1. Information on sex and age was recorded for 99\% of people (238,404 out of 240,080).
2. Incomplete data: Self-directed support: Aberdeenshire; Community alarms/telecare: Scottish Borders, South Lanarkshire; Care Home: Comhairle nan Eilean Siar HSCP’s; Housing Support: East Lothian, Shetland, North Lanarkshire, South Ayrshire, West Dunbartonshire HSCP’s; Social Worker: West Dunbartonshire, Perth & Kinross, Renfrewshire HSCP’s; Meals: North Lanarkshire, Perth & Kinross, South Ayrshire, Argyll & Bute, East Renfrewshire HSCP’s; Day Care: Argyll & Bute, North Lanarkshire, South Ayrshire HSCP’s.
3. Orkney Islands HSCP was unable to provide 2018/19 data therefore not included in the analysis above.
4. Argyll and Bute and East Dunbartonshire HSCP reported they no longer provide meals as a service therefore no data returned.
5. Aberdeen City HSCP provided community alarm/telecare information for quarter 1 and 2 only therefore figures may be underreported.

In total females accounted for 61.5\% of the total recipients of social care in 2018/19 (Figure 4). [see notes 1-6 on data completeness]

Figure 4: People receiving social care support and services by sex, Scotland (all areas submitted)\textsuperscript{1,2,3,4,5,6} 2018/19

1. Information on sex was recorded for 99\% of people (238,781 out of 240,080).
2. Incomplete data: Self-directed support: Aberdeenshire; Community alarms/telecare: Scottish Borders, South Lanarkshire; Care Home: Comhairle nan Eilean Siar HSCP’s; Housing Support: East Lothian, Shetland, North Lanarkshire, South Ayrshire, West Dunbartonshire HSCP’s; Social Worker: West Dunbartonshire, Perth & Kinross, Renfrewshire HSCP’s; Meals: North Lanarkshire, Perth & Kinross, South Ayrshire, Argyll & Bute, East Renfrewshire HSCP’s; Day Care: Argyll & Bute, North Lanarkshire, South Ayrshire HSCP’s.

3. Orkney Islands HSCP was unable to provide 2018/19 data therefore not included in the analysis above.

4. Argyll and Bute and East Dunbartonshire HSCP reported they no longer provide meals as a service therefore no data returned.

5. Aberdeen City HSCP provided community alarm/telecare information for quarter 1 and 2 only therefore figures may be underreported.

6. Note, due to rounding and unknown gender percentages may not add up to 100%.

Ethnicity

Information on ethnic group is not well reported overall and figures are not shown here however are available in the accompanying dashboards.

Client group

The client group of the person receiving social care support and/or services is an administrative term or category determined by a Social Worker or other Health or Social Care Professional. See Appendix 1 for more information on client groups. In 2018/19 nearly half (49.5%) of the people receiving social care support and services were in the ‘elderly and frail’ client group and 36.4% were in the next largest client group ‘physical and sensory disability’. It should be noted that people can be counted in more than one client group [Note: Baseline figure is ‘all areas submitted’].

Summary of Social Care Services and Support

Summary information on the number of people receiving specific types of services and support is shown in Figure 5. A few partnerships were not able to provide information on all the services and support they provide and the figures presented are likely to be an underestimate of the actual position for Scotland. See note on chart for more details.

Contact with/supported by a social worker or support worker was the most frequent form of support reported (126,400 people from all areas submitted).

Community alarms and/or telecare was the second highest by number receiving with a total of 125,120 people having an active community alarm and or telecare system in Scotland (all areas submitted). These service types can provide the reassurance and ability to get help when it is most needed, allowing people to live safely and as independently as possible at home.

Day care and meals were the least common service type reported (11,175 and 6,435 people all areas submitted respectively).
The services and support received will be looked at in more detail in the sections to follow.

**Figure 5: Number of people supported in Scotland (all areas submitted)\textsuperscript{1,2,3,4} by social care service type: 2018/19**

1. Incomplete data: Self-directed support: Aberdeenshire; Community alarms/telecare: Scottish Borders, South Lanarkshire; Care Home: Comhairle nan Eilean Siar HSCP’s; Housing Support: East Lothian, Shetland, North Lanarkshire, South Ayrshire, West Dunbartonshire HSCP’s; Social Worker: West Dunbartonshire, Perth & Kinross, Renfrewshire HSCP’s; Meals: North Lanarkshire, Perth & Kinross, South Ayrshire, Argyll & Bute, East Renfrewshire HSCP’s; Day Care: Argyll & Bute, North Lanarkshire, South Ayrshire HSCP’s.
2. Orkney Islands HSCP was unable to provide 2018/19 data therefore not included in the analysis above.
3. Argyll and Bute and East Dunbartonshire HSCP reported they no longer provide meals as a service therefore no data returned.
4. Aberdeen City provided quarter 1 and 2 only for telecare/community alarms therefore figures for Scotland may be underreported.
Community alarms/telecare

For people with particular needs, including certain types of disability or impairment, a recognised risk of falling or a risk of placing themselves at personal risk due perhaps to advanced dementia or other mental health problems, the use of equipment and technology can help them live safely and independently at home - providing reassurance to themselves and to carers and enhancing personal choices.

A community alarm is a form of equipment for communication, especially useful as an alert should the user have an incident where they require to call for help quickly. Typically, it includes a button/pull cord/pendant which transfers an alert/alarm/data to a monitoring centre or individual responder. It can be used within an individual’s own home or part of a communal system.

Telecare refers to a technology package which goes over and above the basic community alarm. It is the remote or enhanced delivery of care services to people in their own home by means of telecommunications and computerised services. Telecare usually refers to sensors or alerts which provide continuous, automatic and remote monitoring of care needs, emergencies and lifestyle using information and communication technology. It may trigger a human response or shut down equipment to prevent hazards.

See definitions and recording guidance for more information about community alarms and telecare.

Trend in provision

There has been an upward trend in the number of active community alarms/telecare services provided in the four-year period from 2015/16 to 2018/19 (Figure 6). In 2015/16, a reported 126,790 people were in receipt of a service, increasing to an estimated 136,900 people in 2018/19.

Health and social care partnerships have highlighted possible variation in recording of the details of the individual service types at a local level and some caution is necessary in regard to the more detailed trends shown. While acknowledging this caveat:

- of the estimated total number of people in receipt of an active community alarms/telecare service in 2018/19 the majority (82,225) were reported to have had an active community alarm only, 38,980 people were reported to be receiving both a community alarm and telecare, and 15,695 people had telecare only.
- the estimated number of people reported to have a community alarm (only) has reduced by 9.0% since 2015/16.
• since 2016/17 the number of people with telecare (only) has increased (from 4,710 to an estimated 15,695).

More detailed notes are available in the technical document.

Figure 6. Number of people in receipt of a community alarm/telecare package Scotland (estimated)\textsuperscript{1,2,3,4,5,6} 2015/16 to 2018/19.

1. Scottish Borders, South Lanarkshire and Orkney Islands HSCP were unable to provide information for 2018/19 therefore in order to create a comparable national total 2017/18 figures have been used.
2. East Lothian HSCP submitted new clients only during this reporting period therefore the number of people receiving a community alarm/telecare package reported may be under reported at Scotland level.
3. Aberdeen City HSCP were only able to provide quarter 1 and 2 information for 2018/19 period therefore the number of people receiving a community alarm/telecare package reported may be under reported at Scotland level.
4. Glasgow City HSCP reported everyone as receiving both community alarms and telecare for 2018/19
5. Dumfries and Galloway HSCP recorded all people as community alarm only.
6. It is not possible to provide a longer trend as this information has only been collected in its current form since 2015/16. The information in this section includes data previously published by the Scottish Government in the social care survey.
Equalities: deprivation

(Information not in dashboard).

The number of people in Scotland (all areas submitted) that were provided with an active community alarm/telecare system during 2018/19 according to deprivation category (Scottish Index of Multiple Deprivation) is shown in Figure 7. Note that at Scotland level approximately one fifth of the general population are within each deprivation quintile, with deprivation quintile 1 relating to the most deprived areas and deprivation quintile 5 to the least deprived areas.

The chart shows that people living in the more deprived areas (deprivation quintiles 1 and 2) have substantially greater provision of these services than people living in the more affluent areas (deprivation quintile 5).

Figure 7: Number of people in Scotland (all areas submitted)$^{1,2,3,4}$ provided with a community alarm and or telecare during financial year 2018/19 by deprivation

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1. Incomplete data: Community alarms/telecare: Orkney Islands, Scottish Borders and South Lanarkshire HSCP’s are excluded from this analyses.
2. East Lothian HSCP submitted new clients only during this reporting period therefore the number of people receiving a community alarm/telecare package reported may be under reported at Scotland level.
3. Aberdeen City HSCP were only able to provide quarter 1 and 2 information for 2018/19 period therefore the number of people receiving a community alarm/telecare package reported may be under reported at Scotland level.
4. Baseline figure for calculating all areas submitted for community alarms/telecare is 125,120. It is not possible to estimate missing data at this level.
Home Care

Home Care (or its broadly equivalent term ‘Care at Home’) are a variety of support types intended to help people with assessed support needs to live at home, including in sheltered housing or equivalent accommodation. For reporting purposes, the term ‘Home Care’ includes personal care and a wide range of practical support to enable a person to function as independently as possible in the community. Tasks involved may include housework, shopping, laundry and/or paying bills. Not included in this section are ‘live in’ and 24 hour services, which are defined as ‘Housing Support’. (For further information please see home care section of definitions and guidance document).

The information collected for 2018/19 relates to home care provision throughout the full year. For statistical purposes however the analyses in this report use different timeframes depending on the presentation. In this first analysis below the data relate to a snapshot based on a single week (the last week in March of any year – ‘census week’) and is intended only to match historically available data allowing longer trends to be shown.

Long term trend in Home Care at ‘census week’

It is estimated that 59,885 people in Scotland were receiving home care during the ‘census week’ (last week in March 2019), a similar number to census week in March 2018 (59,810). From a longer perspective the number of people receiving home care during the ‘census week’ decreased in the period 2010 to 2016 but since then has remained steady year on year (Figure 8).

Figure 8: Number of people in Scotland (estimated)\(^{1,2,3,4}\) receiving home care during census week in March 2010-2019

\(^{1}\) The 2018 and 2019 ‘census week’ has been obtained using the home care service start and end dates.
2. In 2019, the number of people receiving home care for Orkney Islands HSCP could not be provided therefore Scotland estimate includes 2018 Orkney figures.

3. 2010–2017 figures were obtained from the Scottish Government social care survey 2016/17 publication.

4. Dash line represents the change from the social care survey to the source social care data collection.

Regarding home care hours; there were an estimated 701,610 hours provided during the census week in 2019 (Figure 9). Over the ten-year period from 2010 there has been a general increase in the hours of home care provided until 2018 when the number of hours remained fairly constant with a less than 1% drop in 2019. Taking into account these two sets of trends, there are fewer people receiving home care overall since 2010 but the average volume of hours per person supplied has risen.

**Figure 9: Number of home care hours in Scotland (estimated) during census week in March 2010 to 2019**

1. Incomplete data: Orkney Islands HSCP could not provide home care hours for 2018/19 therefore 2017/18 figures have been used to create a Scotland estimate. Midlothian, Moray and North Ayrshire HSCP’s could not provide home care hours’ data for 2017/18 so figures for 2016/17 census week have been used.

2. Angus HSCP 2016/17 census week is based on 2015/2016 as this could not be provided at the time of the social care survey publication.

3. 2017/18 and 2018/19 data refers to planned hours however East Lothian, Falkirk and North Lanarkshire HSCP could only provide actual home care hours.

4. 2009/10 – 2016/17 figures were obtained from the Scottish Government social care survey 2017 publication. The hours reported in the survey refer to actual hours when available and planned hours if not.

5. Dash line represents the change from the social care survey to the source social care data collection.

6. The hours of home care in the census week in 2017/18 and 2018/19 were estimated by calculating the average number of hours per day for each person during the quarter, multiplied by seven.
Home care provided during the year 2018/19

(Rate not in dashboard).

An estimated 91,810 people in Scotland received home care for part of or throughout the year ending 31 March 2019. This is equivalent to 17 people per 1,000 population.

The rate of provision of home care varies across Scotland. There are many reasons for this variation: differences in the age profile of the population, relative affluence or deprivation (see below) as well as local differences in practice regarding provision of home care support for people of similar needs.

At a partnership level the rate of provision ranges from North Ayrshire at 26 per 1,000 population to Aberdeenshire with 11 per 1,000 population (Figure 10).

Note these figures are for the full year (i.e. different from the census week analysis above) and include anyone who had had a home care service at any point in the year.

Figure 10: People receiving home care during financial year 2018/19: rate per 1,000 population

1. Orkney Islands HSCP could not provide home care information for 2018/19 therefore 2017/18 figures have been used to create a Scotland estimate. 2017/18 figures consist of quarter 4 only therefore a financial year total has been estimated in order to report a Scotland rate. Details of calculations can be found in Appendix 1.
Equalities: deprivation

(Information not in dashboard)

The number of people in Scotland (all areas submitted) who received home care during 2018/19 according to deprivation category (Scottish Index of Multiple Deprivation) is shown in Figure 11. As noted earlier, at Scotland level approximately one fifth of the general population are within each deprivation quintile, with quintile 1 comprising the most deprived areas and quintile 5 the least deprived.

People living in the more deprived areas have substantially greater provision of home care than people living the more affluent areas. From the Scottish Burden of Disease study it is known that people who live in poorer areas in Scotland are more likely to have more years of ill health [reference —impact of deprivation on health]. This may be a contributory factor to the demand for services as people may require more assistance to live at home.

Figure 11: Number of people in Scotland (all areas submitted)\(^1,2\) receiving home care during financial year 2018/19 by deprivation

1. Orkney Islands HSCP could not provide home care information for 2018/19 and are therefore not included in the analyses above.
2. Baseline figure for calculating all areas submitted for home care is 91,590. It is not possible to estimate missing data at this level.
People supported in Care Homes

Depending on the person’s assessed care needs and, where appropriate, a financial assessment a local authority may contribute towards the cost for a person to live long term in a care home. A local authority may also fund a short term stay in a care home – for example, for a period of re-enablement or recovery (intermediate care) or to enable a carer to take a break from caring (respite care). Information is included in the Social Care Dataset on people who are supported in these ways by a local authority.

Because these possible reasons for a stay in a care home are quite different from each other, a distinction is drawn in this report between people who are living in a care home on a longer term basis and those whose stay is purposely shorter. As noted the latter group includes people admitted to a care home for respite or for time limited intermediate care but due to the limitations in the information available length of stay alone is used to determine which of these two categories, long stay or short stay, applies. In summary, anyone living in the care home for no more than 6 weeks is classified as Short stay/Respite, while anyone resident in the home for over 6 weeks is classified as long stay.

Due to the constraints of the available information it is not possible to determine in every case the appropriate category of long or short stay. This relates to people who have been admitted six weeks or less before the end of March 2019 who are still funded on 31 March. For statistical purposes such residents have been assumed to be long stay and thus there is likely to be a slight over count of long stay residents and a slight undercount of short stay. More detail about the classification method used is given in Appendix 1.

Note that as information is not available for those who live in a care home on an entirely self-funded basis the figures shown here are not a comprehensive account of care home residents.

Summary of care home residents

Some 5,760 individuals were supported in short-stay accommodation and 45,845 people received funding to support them as long stay residents in care homes in Scotland at any time during 2018/19. Note these figures represent individuals supported at any time during the full year and will be larger than a snapshot taken at any point in time, such as at year end.

Based on the information received, the great majority (90.8%) of the long stay residents were aged 65 and over (Figure 12).

Further information on long stay residents is given in Sections 2 and 3 of this report.
Figure 12: Number of people in Scotland (all areas submitted)\textsuperscript{1,2} residing in a care home during 2018/19; by age and sex

1. Orkney Islands HSCP and Comhairle nan Eilean Siar HSCP could not provide care home information for 2018/19 and are therefore not included in the analysis above.
2. Baseline figure for calculating all areas submitted for Care Homes is 51,605. It is not possible to estimate missing data at this level. Excludes 22 records where sex was unknown.
Balance of care

A long-standing way to show where longer term support is delivered is by presenting the cumulative percentage of people receiving personal care at home, people resident long-term in care homes and people receiving continuing care in hospital. This presentation is usually termed a ‘balance of care’ summary. The percentages are derived from a snapshot taken in the ‘census week’ at the end of March each year.

This balance of care measure has been largely consistent year on year (Figure 13). At the end of March 2019, of those people aged over 18 with long term care needs 63.0% were receiving personal care at home and 35.0% were long stay care home residents. The remaining 2.0% are long term patients cared for in hospital continuing care.

Another measure of ‘balance of care’ - for older people with more complex needs - is shown at the end of Section 3.

Figure 13: Percentage of people aged 18 and over with long term care needs receiving personal care at home during census week in March 2009-2019

1. Incomplete data: Care Home; previous years’ figures have been used as a proxy to maintain comparability East Renfrewshire HSCP - 2015, 2016, 2017 and 2018; Orkney Islands HSCP-2016, 2017 and 2019; East Ayrshire, North Ayrshire, South Lanarkshire HSCP’s - 2018; Eilean Siar 2019; Home Care; Orkney Islands 2019. Only aggregate Home Care data was provided by Glasgow City for 2018 - previous years’ figures have been used as a proxy to maintain comparability.
2. Aberdeenshire HSCP noted that all clients under 65 have been recorded as receiving non personal care. This should be considered when interpreting results provided.
3. West Dunbartonshire HSCP recorded all personal care records as ‘not known’. This should be considered when interpreting results.
4. Personal Care at home information includes those aged 18 years and over with personal care needs assessed through Self-directed Support Direct Payments. This was previously captured as part of the Scottish Government Social Care Survey. Figures for 2018 and 2019 are from HPS Source Social Care Database.
5. Long stay care home residents are also from the HSCP Source Social Care Database for 2018 and 2019 however prior to this figures were collected by the Scottish Government.
6. Continuing Care information is provided by the Scottish Government for all years provided. Further information can be found on the Balance of Care output.
Section 2. Social care for people aged under 65

People aged under 65 accounted for 22.9% of all those receiving care and support in 2018/19. This section of this report provides more detail of the services and support they received and how they chose to receive this.

Self-Directed Support 2018/19: people aged 0-64 years

In 2018/19, an estimated 102,805 people of any age were involved in choosing and controlling their support and/or services through one or more of the self-directed support options. See Section 1 for more information on self-directed support.

(Note: in the above figure Aberdeenshire and Orkney health and social care partnerships are estimated as they did not provide information on self-directed support in 2018/19)

The figures below use a lower baseline of 98,215 (i.e. comprising submitted data only). Of these, 1.7% (1,695) were aged 0-17 and 26.2% (25,700) were aged 18-64.

Figure 14 shows the proportion of people in these two age bands who chose each of the self-directed support options. In this presentation the percentages may add up to more than 100% as people may chose more than one option and every option chosen is explicitly counted. Note this differs from the presentation in Figure 2 of Section 1 in which mixed choices are counted only once (within option 4).

Self-directed support Option 1 (direct payment) is the most popular choice for those aged 0-17 in 2018/19. This suggests that younger people (or their carers) are taking a more ‘hands-on’ approach to customising the support they receive. Those in the 18-64 age group are far more likely to let the Local Authority arrange their support (Option 3).

(It should also be noted that self-directed support legislation specifies that Option 3 is the default when the no other self-directed support option is chosen (Social Care (Self-Directed Support) (Scotland) Act 2013 section 5.5)).
Figure 14: Self-directed support in Scotland (all areas submitted)\textsuperscript{1,2,3} 2018/19: proportion of people aged 0-64 years; all options chosen

1. Incomplete data: Aberdeenshire and Orkney HSCP did not submit self-directed support figures for 2018/19 and is therefore excluded from the above figures.
2. An individual may choose multiple support options, and therefore be counted in each. The total number of choices are therefore higher than the number of individuals.
3. Ages 0-17 number = 1,695; Ages 18-64 number = 25,700.

Self-directed support - Assessed Support Need

The type(s) of support required by a person is determined by an outcomes based assessment. Figure 15 presents the different types of support needs agreed in outcome based assessments in 2018/19.

Where an individual has more than one assessed support need, they have been counted in each, therefore percentages may add to over 100%.

The most common assessed support needs for people aged 0-17 were Social, Educational or Recreational, followed closely by Personal Care and/or Respite.

In the 18-64 age group, Personal Care was the most common assessed support need, followed by Domestic Care.
Figure 15: Self-directed support in Scotland (all areas submitted)\textsuperscript{1,2,3,4} 2018/19: Assessed Support Needs for people aged 0-17 and 18-64 years

1. Incomplete data: Aberdeenshire and Orkney HSCP did not submit self-directed support figures for 2018/19.
2. Excludes 5,399 records where assessed support need was not known.
3. An individual may have more than one assessed support need these will be counted in each relevant category. The total number of assessed support needs are therefore higher than the number of individuals and percentages will add up to more than 100%.
4. Ages 0-17 number=1,695; Ages 18-64 number=25,700.
Community Alarms and Telecare – people aged 18-64 years

In 2018/19, an estimated 136,900 people of any age in Scotland were provided with community alarms / telecare. A number of health and social care partnerships were unable to submit (complete) data for 2018/19 (See Appendix 1 / Technical Document). The analyses here use a lower baseline of 124,560. i.e. comprising of submitted data only.

Number of people by Health and Social Care Partnership:

Based on the available information, 13.4% of people provided with community alarms/telecare were aged 18-64 years (16,650). The level of provision of community alarms / telecare to people aged 18-64 varies across Scotland’s partnerships (Figure 16) with the highest rates per 1,000 population in Inverclyde, Dundee City, West Lothian, Clackmannanshire and North Lanarkshire (9 to 10 people per 1,000 population aged 18-64).

Figure 16: Community alarms / telecare in Scotland (all areas submitted) 2018/19: People aged 18-64 years by Health & Social Care Partnership (rate per 1,000 population) 1,2,3,4
1. South Lanarkshire, Scottish Borders & Orkney HSCP did not submit data for 2018/19
2. East Lothian HSCP provided data for new/closed packages only.
3. Aberdeen City HSCP provided data for Quarter 1 and Quarter 2 only.
4. Rates based on rounded numerators.

Proportion of people with community alarms and with Home Care:

Although the alarm / telecare service is frequently provided without the need for another formal service, it may also be part of a larger package of care and support. Figure 17 shows that nearly 3 out of ten (29.2%) people with an alarm/telecare also receive home care. That the larger majority are not in receipt of home care reflects the different purpose of, and needs of people receiving, these distinctive types of service.

Figure 17: Community alarms / telecare in Scotland (all areas submitted) 2018/19^1,2: Proportion of people aged 18-64 years also receiving home care:

- no Home Care: 70.8%
- with Home Care: 29.2%

1. This analysis excludes data from South Lanarkshire, Scottish Borders & Orkney who did not submit data for 2018/19.
2. Partial submissions included for East Lothian HSCP (which provided data for new/closed packages only) and Aberdeen City HSCP (which provided data for Quarter 1 and Quarter 2 only).

Home Care – people aged 18-64 years

As described more fully in Section 1, page 18 Home Care (or its broadly equivalent term ‘Care at Home’) are a variety of support types intended to help people with assessed support needs to live at home, including in sheltered housing or equivalent accommodation.

In 2018/19, an estimated 91,810 people in Scotland received home care services. Orkney health and social care partnership were unable to provide figures for
2018/19, consequently, the following figures use a revised baseline of 91,590 (based on submitted data only).

**Rate of provision of home care by Health and Social Care Partnership**

(Rates not available in dashboard).

Around 4 people per 1,000 aged 18-64 in Scotland received home care support (at any time) in 2018/19 (Figure 18). This rate varied across health and social care partnerships with the largest provision in North Ayrshire, South Ayrshire, Clackmannanshire, Stirling, Dumfries & Galloway and Argyll & Bute are approximately double the rate for Scotland (at around 8 people per 1,000 population).

**Figure 18: Home Care in Scotland (all areas submitted)**

1. **2018/19: People aged 18-64 years receiving home care (rate per 1,000 population)**

   1. Orkney HSCP did not submit data for 2018/19 and are therefore excluded from above figures.
   2. Rates calculated using rounded numerators.
Trend in Home Care received by Quarter during 2018/19

In each quarter of 2018/19 an average of around 11,500 people aged 18-64 were provided with home care. There is also broad consistency in the total number of hours of care provided by quarter as shown in Figure 19.

Figure 19: Home Care in Scotland (all areas submitted)\(^1\)\(^2\) 2018/19: Total number of home care hours per financial quarter – people aged 18-64 years

1. These are mainly planned hours; East Lothian, Falkirk and North Lanarkshire only provided actual hours.
2. Orkney HSCP could not provide home care data for 2018/19 and are excluded from above figures.
Number of home care hours delivered in 2018/19 by hours bandings

The average weekly hours of home care provided to people aged 18-64 in 2018/19 is shown in Figure 20. Just over half of home care recipients are provided with 10 or more hours of home care per week on average.

Figure 20: Home Care in Scotland (all areas submitted)¹,² 2018/19: Proportion of people aged 18-64 years by number of weekly hours (average)³

1. 2018/19 data are mainly planned hours; East Lothian, Falkirk and North Lanarkshire HSCP could only provide actual hours.
2. Orkney HSCP could not provide home care data for 2018/19 and are excluded.
3. Proportions calculated using sum of rounded figures.

Emergency Admissions by people receiving Home Care per Quarter

One of the advantages of the social care information collected since 2017/18 is that it is possible to link the social care data to other related data on health and care including attendances at A&E departments and admissions to hospital. This allows the complementary use of health and social care services to meet people’s changing needs to be evidenced. The example below, people aged 18-64 receiving home care who are admitted to hospital as an emergency, is an illustration of the potential uses of this data linkage.

More detail on the method used here is given in Appendix 1.

For people aged 18-64 years who were receiving home care there were on average around 1,700 emergency admissions to hospital per quarter, (Table 1). Expressed as a proportion of all home care clients, Quarter 2 (July to September) saw the highest rate, with 164 emergency admissions per 1,000 home care clients in Scotland.
### Table 1: Home Care in Scotland (all areas submitted)\(^1,2,3\) 2018/19: Home Care & Emergency Admissions per Financial Quarter – Ages 18-64 years

<table>
<thead>
<tr>
<th></th>
<th>Apr to June (Q1)</th>
<th>Jul to Sept (Q2)</th>
<th>Oct to Dec (Q3)</th>
<th>Jan to Mar (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Admissions in Quarter:</td>
<td>1,380</td>
<td>1,850</td>
<td>1,830</td>
<td>1,655</td>
</tr>
<tr>
<td>Number of people receiving Home Care in Quarter:</td>
<td>11,380</td>
<td>11,305</td>
<td>11,465</td>
<td>11,755</td>
</tr>
<tr>
<td>Emergency Admissions per 1,000 people with Home Care:</td>
<td><strong>121</strong></td>
<td><strong>164</strong></td>
<td><strong>160</strong></td>
<td><strong>141</strong></td>
</tr>
</tbody>
</table>

1. Orkney HSCP could not provide home care data for 2018/19.
2. Linkage to health data dependent on CHI (Community Health Index) number completeness. The following areas had lower than average CHI completeness: Angus (76.8%) South Ayrshire (50.8%). This may affect interpretation of results. See Appendix 1 for more details.
3. Rates calculated using rounded numerators and denominators.
Long stay care home residents 2018/19 - aged 18-64 years

As described earlier in this report [page 23], care home stays have been split into ‘long stay’ or ‘short stay’ residents. These classifications broadly align with the different purposes of care homes. Long term residents are essentially people who have chosen to make the care home their permanent home while short stay residents are people who are accessing the care home for temporary reasons such as respite or intermediate care. In summary, anyone funded for a period of over six weeks by the local authority has been classified as long stay and all funding shorter than 6 weeks has been classified as a short stay. This section covers long stay residents.

The figures include anyone aged 18-64 for whom some or all of the care home fee is paid by the health and social care partnership. Information is not included for those who live in a care home on an entirely self-funded basis.

Orkney and Comhairle nan Eilean Siar health & social care partnerships did not submit data for 2018/19 and are therefore excluded from all subsequent figures.

Long Stay Care Home Residents – age and sex

A total of 4,210 people aged 18-64 were long stay residents in care homes for all or part of 2018/19 with support from a local authority (excluding Orkney and Comhairle nan Eilean Siar).

Of those for whom sex is recorded 2,490 were males and 1,720 were females (59.1% and 40.9% respectively).

Figure 21: Care Home Residents in Scotland (all areas submitted)¹ 2018/19: Proportion of Long Stay Residents aged 18-64 years by sex²

1. Orkney and Comhairle nan Eilean Siar HSCP could not provide care home data for 2018/19 and are therefore excluded from the figures above.
2. Proportions calculated using rounded numerators and denominators.
Length of stay – Long Stay Care Home Residents

The length of stay for people who had been living in a care home prior to discharge or death will vary across individuals and is dependent on many factors including their level of frailty at admission, the complexity or stage of any health condition(s) they may have, and for many other reasons.

Note: The analysis excludes people who are still resident in their care home at the end of 2018/19.

The median length of stay for the (917) long stay residents aged 18-64 in Scotland (all areas submitted) was about one year (366 days). The median is the middle value when all the lengths of stay for care home residents are arranged in order.

Nursing Care – Long Stay Care Home Residents

Of those residents aged 18-64 years living long term in a care home on 31 March 2019, almost half (47.9%) were reported as requiring nursing care (Figure 22).

Figure 22: Care Home Residents in Scotland (all areas submitted)¹ 2018/19: Proportion of long stay residents aged 18-64 years by requirement for Nursing Care on 31 March 2019²,³

1. Orkney and Comhairle nan Eilean Siar HSCP could not provide care home data for 2018/19 and are therefore excluded from the figures above.
2. Proportions calculated using rounded numerators and denominator.
3. Number of residents: 4,060.
Referral to hospital from Care Homes – Long Stay Residents

People living long term in care homes may have complex health conditions that from time to time may require specialist healthcare intervention. As noted earlier with people receiving home care, an advantage of the social care data collected since 2017/18 is that it is possible to link the social care data to other related data on health and care, including attendance at Accident & Emergency departments and admissions to hospital. This allows the complementary use of health and social care services to meet people’s changing needs, including for urgent specialist healthcare, to be evidenced. The examples below showing care home residents attending Accident & Emergency departments or admitted to hospital as an emergency are illustrations of the potential insights gained from the data linkage.

The number of care home residents (resident in a care home on the last day of each quarter) aged 18-64 who attended Accident & Emergency by quarter in 2018/19 is shown in Table 2. The numbers are also expressed as a rate per 1,000 care home residents. Accident & Emergency attendance numbers fluctuate around 500 per quarter - a rate of around 140 per 1,000 residents aged 18-64.

Table 2: Care Home Residents in Scotland (all areas submitted) 2018/19: Long Stay Residents aged 18-64 years with A&E Attendances

<table>
<thead>
<tr>
<th></th>
<th>Apr to Jun (Q1)</th>
<th>Jul to Sept (Q2)</th>
<th>Oct to Dec (Q3)</th>
<th>Jan to Mar (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E Attendances in Quarter:</td>
<td>465</td>
<td>520</td>
<td>490</td>
<td>510</td>
</tr>
<tr>
<td>Number of Long Stay residents at end of Quarter:</td>
<td>3,350</td>
<td>3,525</td>
<td>3,560</td>
<td>3,525</td>
</tr>
<tr>
<td>A&amp;E attendances per 1,000 residents:</td>
<td>139</td>
<td>148</td>
<td>138</td>
<td>145</td>
</tr>
</tbody>
</table>

1. Note that the same individual may have attended A&E more than once.
2. Orkney and Comhairle nan Eilean Siar could not provide care home data for 2018/19 and are therefore excluded from the figures above.
3. Linkage to health data dependent on CHI (Community Health Index) number completeness. The following areas had lower than average CHI completeness: Angus (66.4%) South Ayrshire (79.2%). This may affect interpretation of results. See Appendix 1 for more details.
4. Rates calculated using rounded numerators and denominator.

The number and rate of care home residents (resident in a care home on the last day of each quarter) who were admitted to hospital as an emergency admission by quarter in 2018/19 is shown in Table 3. It shows the number of emergency admissions vary from 320 to 390 admissions per quarter with the rate ranging from 96 to 111 per 1,000 long stay residents aged 18-64.
Table 3: Care Home Residents in Scotland (all areas submitted) 2018/19: Long Stay Care Home Residents aged 18-64 years with Emergency Admissions\(^1,2,3,4\)

<table>
<thead>
<tr>
<th></th>
<th>Apr to Jun (Q1)</th>
<th>Jul to Sept (Q2)</th>
<th>Oct to Dec (Q3)</th>
<th>Jan to Mar (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Admissions in Quarter:</td>
<td>320</td>
<td>390</td>
<td>370</td>
<td>370</td>
</tr>
<tr>
<td>Number of people Long Stay residents at end of Quarter:</td>
<td>3,350</td>
<td>3,525</td>
<td>3,560</td>
<td>3,525</td>
</tr>
<tr>
<td>Emergency Admissions per 1,000 residents:</td>
<td>96</td>
<td>111</td>
<td>104</td>
<td>108</td>
</tr>
</tbody>
</table>

1. Note that the same individual may have had more than one emergency admission.
2. Orkney and Comhairle nan Eilean Siar HSCP could not provide care home data for 2018/19 and are therefore excluded from the figures above.
3. Linkage to health data dependent on CHI (Community Health Index) number completeness. The following areas had lower than average CHI completeness: Angus (66.4%) South Ayrshire (79.2%). This may affect interpretation of results. See Appendix 1 for more details.
4. Rates calculated using rounded numerators and denominator.
Section 3. Social care for people aged 65 and over

As noted in Section 1, 77.1% of people receiving care and support from social care in 2018/19 were aged 65 and over. This section of this report provides more detail on the choices people aged 65 and over made and the services and support they received.

Self-Directed Support 2018/19 – people aged 65 years and over

In 2018/19, an estimated 102,805 people of any age were involved in choosing and controlling their support and/or services through one or more of the self-directed support options. See Section 1 for more information on self-directed support.

(Note: in the above figure Aberdeenshire and Orkney health and social care partnerships are estimated as they did not provide information on self-directed support in 2018/19)

The figures below use a lower baseline of 98,215 (i.e. comprising submitted data only). Of these, 13.5% (13,300) were aged 65-74 years, 27.4% (26,980) were aged 75-84 years and 30.9% (30,390) were aged 85 or over.

Figure 23 shows the proportion of people in three age bands 65-74, 75-84 and 85 and over who chose each of the self-directed support options. In this presentation the percentages may add up to more than 100% as people may chose more than one option and every options chosen is explicitly counted. Note this differs from the presentation in Figure 2 of Section 1 in which mixed choices are counted only once (as Option 4).

Some 94.5% of people aged 75 and over chose that the Local Authority arrange and determine their support or services (Option 3); the percentage for 65-74 was only slightly lower (91.1%).

It should also be noted that self-directed support legislation specifies that Option 3 is the default when the no other self-directed support option is chosen (Social Care (Self-Directed Support) (Scotland) Act 2013 section 5.5)).
Figure 23: Self-directed support in Scotland (all areas submitted) 2018/19: proportion of people aged 65 years and over; all options chosen\textsuperscript{1,2,3}

1. Incomplete data: Aberdeenshire and Orkney HSCP did not submit self-directed support figures for 2018/19 and are excluded from the above figures.
2. An individual may choose multiple support options, and therefore be counted in each. The total number of choices are therefore higher than the number of individuals.
3. Ages 65–74 number = 13,300; Ages 75–84 number = 26,980; Ages 85+ number = 30,390.

Self-directed support - Assessed Support Need:

The type(s) of support required by a person is determined by an outcomes based assessment. Figure 24 presents the different types of support needs agreed in outcome based assessments in 2018/19.

Where an individual has more than one assessed support need, they have been counted in each, therefore percentages may add to over 100%.
Figure 24: Self-directed support in Scotland (all areas submitted) 2018/19: Assessed Support Need for people aged 65 years & over\textsuperscript{1,2,3}

1. Incomplete data: Aberdeenshire and Orkney HSCP did not submit self-directed support figures for 2018/19.
2. Excludes 17,696 records where assessed support need was not known.
3. An individual may have more than one assessed support need and therefore be counted in each category. The total number of assessed support needs are therefore higher than the number of individuals and percentages will add up to more than 100%.

Of those aged 65 years and over, personal care was identified as a support need for three out of five (62.2\%) people assessed. A quarter of assessed needs included equipment and/or temporary adaptations while domestic care was an assessed need for 11.8\%.
Community Alarms and Telecare 2018/19 - people aged 65 and over

In 2018/19, an estimated 136,900 people of any age in Scotland were provided with community alarms / telecare. A number of health and social care partnerships were either unable to submit, or provided incomplete data for 2018/19 (See Appendix 1). The analyses here use a lower baseline of 124,560 i.e. comprising submitted data only.

Number of people by Health and Social Care Partnership

People aged 65 and over accounted for 86.6% (107,910) of the 124,560 people reported to have received a community alarm/telecare during 2018/19. The provision of community alarms / telecare to this age group varies across Scotland’s partnerships (Figure 25) with the highest rate in Inverclyde at around 191 people per 1,000 population aged 65 & over. For all areas submitted, the rate is 116 per 1,000 population.

Figure 25: Community alarms / telecare in Scotland¹,²,³ (all areas submitted) 2018/19: People aged 65 years & over by Health & Social Care Partnership (rate per 1,000 population)⁴

2. East Lothian HSCP provided data for new/closed packages only.
3. Aberdeen City HSCP provided data for Quarter 1 and Quarter 2 only.
4. Rates based on rounded numerators.
As may be expected given a higher prevalence of long term conditions among older people - such as frailty or dementia - people aged 85 years and over are proportionately more likely to have an alarm or telecare than people in younger age bands (see Table 4). The rate of provision by age ranges from 39 per 1,000 population aged 65-74 to 390 per 1,000 aged 85+.

Table 4: Community alarms / telecare in Scotland (all areas submitted)\(^1,2,3,4\)
2018/19: rate per 1,000 population by 10-year age group:

<table>
<thead>
<tr>
<th>Age Group:</th>
<th>Ages 65-74</th>
<th>Ages 75-84</th>
<th>Ages 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people, per 1,000 population</td>
<td>39</td>
<td>146</td>
<td>390</td>
</tr>
</tbody>
</table>

1. South Lanarkshire, Scottish Borders & Orkney HSCP did not submit data for 2018/19
2. East Lothian HSCP provided data for new/closed packages only.
3. Aberdeen City HSCP provided data for Quarter 1 and Quarter 2 only
4. Rates based on submitted data using rounded numerators.

Proportion of people with community alarms / telecare and with Home Care:
Although an alarm / telecare is frequently provided without the need for another formal service, it may also be part of a larger package of care and support. Just over one third (35.6%) of people aged 65-74 with an alarm or telecare also receive home care (Figure 26). This proportion rises to nearly half (47.0%) of people aged 85 and over. This differential may reflect the more complex needs referred to above and, perhaps, a reducing informal care network (e.g. spouse) being available as people get older.

Figure 26: Community alarms / telecare in Scotland\(^1,2,3,4\) (all areas submitted)
2018/19: Proportion of people aged 65 years & over also receiving home care:

2. East Lothian HSCP provided data for new/closed packages only.
3. Aberdeen City HSCP provided data for Quarter 1 and Quarter 2 only.
4. Proportions calculated using sum of rounded figures.
Home Care – people aged 65 and over

As described more fully in Section 1 page 18, Home Care (or its broadly equivalent term ‘Care at Home’) are a variety of support types intended to help people with assessed support needs to live at home, including in sheltered housing or equivalent accommodation.

In 2018/19, an estimated 91,810 people of any age received home care in Scotland. Orkney health and social care partnership were unable to provide figures for 2018/19, consequently, the following figures use a revised baseline of 91,590 (based on submitted data only).

Rate of provision of home care by Health and Social Care Partnership
(Rates not available in dashboard).

Around 76 people per 1,000 aged 65 and over received home care support (at any time) in 2018/19 (Figure 27). This rate varied across health and social care partnerships with the largest provision (100+ people per 1,000 population aged 65 and over) in West Dunbartonshire, Inverclyde and Glasgow City.

Figure 27: Home Care in Scotland (all areas submitted) 2018/19: People aged 65 years & over receiving home care (rate per 1,000 population)¹,²

1. Orkney HSCP did could not submit data for 2018/19 and are therefore excluded from above figures.
2. Rates calculated using rounded numerators.
As also noted above with community alarms/telecare the rate of provision of home care is much higher for people aged 85 and over (264 per 1,000 population aged 85+) than in the other age bands - for example, for people aged 65-74 the rate is 25 per 1,000 (Table 5).

Table 5: Home Care in Scotland ¹,²(all areas submitted) 2018/19: rate per 1,000 population by 10-year age group:

<table>
<thead>
<tr>
<th>Age Group:</th>
<th>Ages 65-74</th>
<th>Ages 75-84</th>
<th>Ages 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people, per 1,000 population</td>
<td>25</td>
<td>92</td>
<td>264</td>
</tr>
</tbody>
</table>

1. Orkney HSCP did not submit data for 2018/19 and are therefore excluded from above figures.
2. Rates calculated using rounded numerators.

Trend in Home Care received by Quarter during 2018/19

In each quarter of 2018/19 an average of around 55,000 people aged 65 and over were provided with home care.

The trend in hours of care provided is generally consistent for those aged 65-74 and 75-84 across the four quarters of 2018/19 (Figure 28). For people aged 85 and over the trend in hours provided is slightly downwards (from 2.5 million in quarter 1 to 2.2 million in quarter 4).

Figure 28: Home Care in Scotland (all areas submitted): Total number of home care hours per financial quarter – Ages 65 years & over¹,²
1. The data generally refers to planned hours: East Lothian, Falkirk and North Lanarkshire provided actual hours.
2. Orkney HSCP could not provide home care data for 2018/19 and are excluded.

**Number of home care hours delivered in 2018/19 by hours’ bandings**

The average weekly hours of home care provided to people aged 65 years and over in 2018/19 is shown in Figure 29. Nearly two people in five (39.0%) receiving home care were provided with 10 or more hours per week. Around three out of ten were provided with up to four hours per week (29.0%).

**Figure 29: Home care in Scotland (all areas submitted)\(^1\,2\) 2018/19: Proportion of people aged 65 years & over by number of weekly hours (average)\(^3\)**

1. 2018/19 data refers to planned hours, however East Lothian, Falkirk and North Lanarkshire could only provide actual home care hours.
2. Orkney HSCP could not provide home care data for 2018/19 and are excluded.
3. Proportions calculated using sum of rounded figures.

**Measure of functional needs for people with Home Care aged 65 and over**

An assessment of how independently a person is able to function in their own home may have a bearing on the type and amount, if any, of care provided. Objective measurement of a person’s functional need (or level of independence) can be achieved through the use of the Indicator of Relative Need (IoRN), an optional part of the social care dataset. The IoRN uses a set of standard questions to categorise people according to their support needs, whether these are related to physical or mental well-being issues.

In 2018/19 only four partnerships supplied details of IoRN assessment results (a further two also supplied details but were received too late for this publication) and the analysis below is indicative only.

An association between the assessed IoRN grouping and weekly home care hours for quarter 4 of 2018/19 is shown in Figure 30 for the four partnerships combined. [Note that this excludes those with an IoRN assessment who are subsequently admitted to a care home.]
Those who are in the most functionally independent group (IoRN group ‘A’) are somewhat less likely to receive home care (23.9% of people in group A) than people in B or higher and very few receive 10 or more hours of care. By contrast, nearly four out of five (78.5%) of those with the highest assessed functional needs (group I) receive home care and just over two in five (42.9%) are receiving 10 or more hours of this support.

Further quarterly breakdowns for 2018/19 are available in the companion dashboard. More detail about the IoRN and IoRN2 groups is available from: https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Dependency-Relative-Needs/

Emergency Admissions by people receiving Home Care per Quarter

One of the advantages of the social care information collected since 2017/18 is that it is possible to link the social care data to other related data on health and care including attendance at A&E departments and admissions to hospital. This allows the complementary use of health and social care services to meet people’s changing needs to be evidenced. The example below, people aged 65 and over receiving home care who are admitted to hospital as an emergency, is an illustration of the potential uses of this data linkage. More detail on the method used here is given in Appendix 1.

There is variation in the number of emergency admissions by quarter – for example for people aged 65+ the quarterly range is from 11,635 to 15,715 (an average of...
around 13,600) (Table 6). The emergency admission rate in all three age groups was highest in the quarter October to December (Q3). Throughout the year, compared with the other age groups, there was a slightly lower rate of emergency admission among people aged 85 and over.

**Table 6: Home Care in Scotland (all areas submitted)\(^1,2,3\) 2018/19: Home Care & Emergency Admissions per Financial Quarter – Ages 65 & over**

<table>
<thead>
<tr>
<th>Ages 65-74</th>
<th>Apr to Jun (Q1)</th>
<th>Jul to Sept (Q2)</th>
<th>Oct to Dec (Q3)</th>
<th>Jan to Mar (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Admissions in Quarter:</td>
<td>2,135</td>
<td>2,715</td>
<td>3,075</td>
<td>2,340</td>
</tr>
<tr>
<td>Number of people receiving Home Care in Quarter:</td>
<td>9,890</td>
<td>9,955</td>
<td>10,225</td>
<td>10,395</td>
</tr>
<tr>
<td>Emergency Admissions per 1,000 people with Home Care:</td>
<td>216</td>
<td>273</td>
<td>301</td>
<td>225</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 75-84</th>
<th>Apr to Jun (Q1)</th>
<th>Jul to Sept (Q2)</th>
<th>Oct to Dec (Q3)</th>
<th>Jan to Mar (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Admissions in Quarter:</td>
<td>4,530</td>
<td>5,630</td>
<td>6,325</td>
<td>5,060</td>
</tr>
<tr>
<td>Number of people receiving Home Care in Quarter:</td>
<td>20,775</td>
<td>21,005</td>
<td>21,345</td>
<td>21,835</td>
</tr>
<tr>
<td>Emergency Admissions per 1,000 people with Home Care:</td>
<td>218</td>
<td>268</td>
<td>296</td>
<td>232</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 85+</th>
<th>Apr to Jun (Q1)</th>
<th>Jul to Sept (Q2)</th>
<th>Oct to Dec (Q3)</th>
<th>Jan to Mar (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Admissions in Quarter:</td>
<td>4,965</td>
<td>6,190</td>
<td>6,320</td>
<td>4,950</td>
</tr>
<tr>
<td>Number of people receiving Home Care in Quarter:</td>
<td>24,475</td>
<td>23,735</td>
<td>23,130</td>
<td>22,720</td>
</tr>
<tr>
<td>Emergency Admissions per 1,000 people with Home Care:</td>
<td>203</td>
<td>261</td>
<td>273</td>
<td>218</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ages 65+</th>
<th>Apr to Jun (Q1)</th>
<th>Jul to Sept (Q2)</th>
<th>Oct to Dec (Q3)</th>
<th>Jan to Mar (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Admissions in Quarter:</td>
<td>11,635</td>
<td>14,535</td>
<td>15,715</td>
<td>12,350</td>
</tr>
<tr>
<td>Number of people receiving Home Care in Quarter:</td>
<td>55,140</td>
<td>54,700</td>
<td>54,700</td>
<td>54,955</td>
</tr>
<tr>
<td>Emergency Admissions per 1,000 people with Home Care:</td>
<td>211</td>
<td>266</td>
<td>287</td>
<td>225</td>
</tr>
</tbody>
</table>

1. Orkney HSCP could not provide home care data for 2018/19.
2. Linkage to health data dependent on CHI (Community Health Index) number completeness. The following areas had lower than average CHI completeness: Angus (76.8%) South Ayrshire (50.8%). This may affect interpretation of results. See Appendix 1 for more details.
3. Statistical disclosure control has been applied to protect patient confidentiality. Therefore, figures presented may not be additive and may differ from previous publications.
Long stay care home Residents 2018/19 - ages 65 and over

As described earlier in this report [page 23], for statistical purposes people supported by their local authority in a care home have been split into ‘long stay’ or ‘short stay’ residents. These classifications broadly align with the different purposes of care homes. Long term residents are essentially people who have chosen to make the care home their permanent home while short stay residents are people who are accessing the care home for temporary reasons such as respite or intermediate care. In summary, anyone funded for a period of over six weeks by the local authority has been classified as long stay and all funding shorter than 6 weeks has been classified as a short stay. This section covers long stay residents.

The figures include anyone aged 65 or over for whom some or all of the care home fee is paid by the health and social care partnership. Information is not included for those who live in a care home on an entirely self-funded basis.

Orkney and Comhairle nan Eilean Siar health & social care partnerships did not submit date for 2018/19 and are therefore excluded from all figures.

Long Stay Care Home Residents – age and sex

A total of 41,635 people aged 65 and over were long stay residents in care homes for all or part of 2018/19 with support from a local authority (excluding Orkney and Comhairle nan Eilean Siar).

Of this total, more than half (55.5%) were aged 85 and over (23,130). A further 32.8% (13,670) were aged 75-84 and 11.6% (4,835) aged 65-74.

While in the 65-74 age group the number of males and females was about equal, the balance in the number of male and female residents supported changes markedly in the older age groups with about three times more females than males in the 85 and over age group (Figure 31).
Length of stay – Long Stay Care Home Residents

The length of stay for people who had been living in a care home prior to discharge or death will vary across individuals and is dependent on many factors including their level of frailty at admission, the complexity or stage of any health condition(s) they may have, and for many other reasons.

Note: The analysis in this excludes people who are still resident in their care home at the end of 2018/19.

The statistic presented here is the ‘median’ length of stay. The median is the middle value when all the lengths of stay for care home residents are arranged in order.

The median length of stay for long stay residents aged 65 and over in Scotland (all areas submitted) was slightly over one year (371 days). It can be seen from Figure 32 that the median length of stay varies across Scotland. In 2018/19 South Ayrshire had the longest median stay at of 667 days.

1. Orkney and Comhairle nan Eilean Siar HSCP could not provide care home data for 2018/19.
2. Proportions calculated using rounded figures: (Ages 65-74: M=2,405; F=2,430) (Ages 75-84: M=4,940; F=8,720) (Ages 85+: M=5,550; F=17,565).
Figure 32: Care Home Residents in Scotland\textsuperscript{1,2,3,4} (all areas submitted) 2018/19: Median length of stay of Long Stay Residents aged 65 & over (completed stays only)

1. Orkney and Comhairle nan Eilean Siar HSCP did not submit data for 2018/19.
2. Rates calculated using rounded numerators.
3. Based on a total of 14,200 completed stays for all areas shown.
4. Falkirk HSCP noted long stay residents may be underreported.

Nursing Care – Long Stay Care Home Residents

Of those long stay residents aged 65 and over on 31 March 2019 some 68.0% aged between 65-74 and 75-84 had been assessed as requiring nursing care (Figure 33). The percentage of residents aged 85+ assessed as requiring nursing care was, at 61.1%, slightly lower.
Figure 33: Care Home Residents in Scotland (all areas submitted) 2018/19: Proportion of long stay residents aged 65 & over by requirement for Nursing Care on 31 March 2019\(^1,2,3,4\)

Measure of functional needs prior to admission

How independently a person is able to function in their own home has a bearing on a person’s decision to move to a care home where care and support is available whenever needed. This can be evidenced through the use of the Indicator of Relative Need (IoRN), an optional part of the social care dataset. The IoRN uses a set of standard questions to categorise people according to their support needs, including mental well-being needs.

In 2018/19 only four partnerships supplied details of IoRN assessment results (a further two also supplied details but were received too late for this publication) and the analysis below is indicative only. It does however confirm that a long stay admission to a care home is typically an option chosen when people have high assessed needs (Figure 34). The basic key is that people in IoRN group ‘A’ have been assessed as having relatively low support needs while those in groups ‘F’ through ‘I’ have much higher support needs, related for example to physical and/or cognitive needs they might have. The chart shows that with few exceptions the people admitted to long stay care are in the latter higher needs categories.

More detail about the IoRN and IoRN2 groups is available from:
https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Dependency-Relative-Needs/

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1. Orkney and Comhairle nan Eilean Siar HSCP could not provide care home data for 2018/19.
2. Proportions calculated using rounded numerators and denominator.
3. With Nursing Care: (Ages 65-74: n=3,120; Ages 75-84: n=8,660; Ages 85+: n=12,935).
Referral to hospital from Care Homes – Long Stay Residents

People living long term in care homes may have complex health conditions that from time to time may require specialist healthcare intervention. As noted earlier for people receiving home care, an advantage of the social care data collected since 2017/18 is that it is possible to link the social care data to other related data on health and care, including attendances at Accident & Emergency departments and admissions to hospital. This allows the complementary use of health and social care services to meet people’s changing needs, including for urgent specialist healthcare, to be evidenced. The examples below showing care home residents attending Accident & Emergency departments or admitted to hospital as an emergency are illustrations of the potential insights gained from the data linkage.

The number of care home residents (resident in a care home on the last day of each quarter) who attended Accident & Emergency by quarter in 2018/19 is shown, by age group, in Table 7. These numbers are also expressed as a rate per 1,000 care home residents for each age group. Although broadly similar rates are seen across the three age groups the rate for residents aged 85 and over is slightly lower than observed in the other age groups.
Table 7: Care Home Residents in Scotland (all areas submitted) 2018/19: Long Stay Residents aged 65 & over with A&E attendances (per financial quarter)\(^1,2,3,4\)

<table>
<thead>
<tr>
<th>Ages</th>
<th>A&amp;E attendances in Quarter:</th>
<th>Apr to Jun (Q1)</th>
<th>Jul to Sept (Q2)</th>
<th>Oct to Dec (Q3)</th>
<th>Jan to Mar (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>Number of Long Stay Residents at end of Quarter:</td>
<td>3,495</td>
<td>3,755</td>
<td>3,895</td>
<td>4,005</td>
</tr>
<tr>
<td></td>
<td>A&amp;E attendances per 1,000 residents:</td>
<td>146</td>
<td>129</td>
<td>137</td>
<td>131</td>
</tr>
<tr>
<td>75-84</td>
<td>A&amp;E attendances in Quarter:</td>
<td>1,170</td>
<td>1,275</td>
<td>1,470</td>
<td>1,385</td>
</tr>
<tr>
<td></td>
<td>Number of Long Stay Residents at end of Quarter:</td>
<td>9,285</td>
<td>10,265</td>
<td>10,575</td>
<td>10,745</td>
</tr>
<tr>
<td></td>
<td>A&amp;E attendances per 1,000 residents:</td>
<td>126</td>
<td>124</td>
<td>139</td>
<td>129</td>
</tr>
<tr>
<td>85+</td>
<td>A&amp;E attendances in Quarter:</td>
<td>2,020</td>
<td>2,075</td>
<td>2,220</td>
<td>1,970</td>
</tr>
<tr>
<td></td>
<td>Number of Long Stay Residents at end of Quarter:</td>
<td>16,120</td>
<td>17,425</td>
<td>17,405</td>
<td>16,910</td>
</tr>
<tr>
<td></td>
<td>A&amp;E attendances per 1,000 residents:</td>
<td>125</td>
<td>119</td>
<td>127</td>
<td>117</td>
</tr>
</tbody>
</table>

1. Note that the same individual may have attended A&E more than once.
2. Orkney and Comhairle nan Eilean Siar HSCP could not provide care home data for 2018/19 and are therefore excluded from the figures above.
3. Linkage to health data dependent on CHI (Community Health Index) number completeness. The following areas had lower than average CHI completeness: Angus HSCP (66.4%) South Ayrshire HSCP (79.2%). This may affect interpretation of results. See Appendix 1 for more details.
4. Rates calculated using rounded numerators and denominator.

The number and rate of care home residents (resident in a care home on the last day of each quarter) who were admitted to hospital as an emergency by quarter in 2018/19 is shown in Table 8. As with accident and emergency attendances, although broadly similar rates are seen across the three age groups, the rate for residents aged 65-74 is comparatively higher than both the other age groups and with the 85 and over age group the lowest each quarter.
Table 8: Care Home Residents in Scotland (all areas submitted) 2018/19: Long Stay Care Home Residents aged 65 & over with Emergency Admissions (per financial quarter)^1,2,3,4

<table>
<thead>
<tr>
<th>Ages 65-74</th>
<th>Emergency Admissions in Quarter:</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 75-84</td>
<td>Number of Long Stay residents at end of Quarter</td>
<td>3,495</td>
<td>3,755</td>
<td>3,895</td>
<td>4,005</td>
</tr>
<tr>
<td>Ages 85+</td>
<td>Emergency Admissions per 1,000 residents:</td>
<td>129</td>
<td>121</td>
<td>128</td>
<td>117</td>
</tr>
<tr>
<td>Ages 75-84</td>
<td>Emergency Admissions in Quarter:</td>
<td>1,080</td>
<td>1,070</td>
<td>1,250</td>
<td>1,180</td>
</tr>
<tr>
<td>Ages 85+</td>
<td>Number of Long Stay residents at end of Quarter</td>
<td>9,285</td>
<td>10,265</td>
<td>10,575</td>
<td>10,745</td>
</tr>
<tr>
<td>Ages 85+</td>
<td>Emergency Admissions per 1,000 residents:</td>
<td>116</td>
<td>104</td>
<td>118</td>
<td>110</td>
</tr>
<tr>
<td>Ages 85+</td>
<td>Emergency Admissions in Quarter:</td>
<td>1,620</td>
<td>1,585</td>
<td>1,715</td>
<td>1,600</td>
</tr>
<tr>
<td>Ages 85+</td>
<td>Number of Long Stay residents at end of Quarter</td>
<td>16,120</td>
<td>17,425</td>
<td>17,405</td>
<td>16,910</td>
</tr>
<tr>
<td>Ages 85+</td>
<td>Emergency Admissions per 1,000 residents:</td>
<td>100</td>
<td>91</td>
<td>99</td>
<td>95</td>
</tr>
</tbody>
</table>

1. Note that the same person may have had more than one emergency admission.
2. Orkney and Comhairle nan Eilean Siar HSCP could not provide care home data for 2018/19 and are therefore excluded from the figures above.
3. Linkage to health data dependent on CHI (Community Health Index) number completeness. The following areas had lower than average CHI completeness: Angus HSCP (66.4%) South Ayrshire HSCP (79.2%). This may affect interpretation of results. See Appendix 1 for more details.
4. Rates calculated using rounded numerators and denominator.
Balance of care for older people

A long-standing way to show where more support-intensive care is delivered for people aged 65 and over is by presenting cumulatively the percentage of people aged 65 and over who are supported through 10 or more hours of home care per week, the percentage resident long-term in care homes and the percentage receiving continuing care in hospital. This presentation is usually termed the ‘balance of care for older people’. The percentages are derived from a snapshot as taken in the ‘census week’ at the end of March each year.

Another measure of the overall ‘balance of care’ for adults aged 18 and over is shown at the end of Section 1.

The balance of care for older people has been largely consistent year on year as shown in Figure 35. At the end of March 2019, of people aged 65 and over with longer term care needs 34.7% were receiving 10 or more hours of home care, 63.8% were resident in care homes and 1.5% were receiving continuing care in hospital.

Figure 35: Balance of care for older people (aged 65 and over), with longer term care needs, Scotland (estimated) for census week 2009 - 2019.

1. Previous guidance (CEL 6 (2008)) on NHS Continuing Care was replaced on the 1st June 2015 with DL (2015)11 - Hospital Based Complex Clinical Care. As a result, the previous NHS Continuing Care Census was ended in June 2015 and replaced by the Hospital Based Complex Clinical Care publication from 2016.
2. The definition of HBCCC changed between the 2016 and 2017 Census. The figures here for 2017 and 2018 use a similar methodology to 2016 for comparison purposes.
3. The HBCCC publication is returned by NHS Health Boards. Local Authorities have been mapped using the home post code of the patient returned by the NHS Health Board. In those cases, where this was unavailable, the post code of the patient on the date of the census was used, where available. Not all patients can be mapped to Local Authority, therefore totals may be higher than summed Local Authority data.
4. Home Care was previously captured as part of the Scottish Government Social Care Survey. Figures for 2018 and 2019 are from PHS Source Social Care Database.

5. Care Home information for the following was not returned - East Renfrewshire HSCP - 2015, 2016, 2017 and 2018; Orkney Islands HSCP - 2016, 2017 and 2019; East Ayrshire, North Ayrshire, South Lanarkshire HSCP's - 2018; Comhairle nan Eilean Siar HSCP 2019 - previous years' figures have been used as a proxy to maintain comparability.

6. Home Care information for the following was not returned - Orkney Islands HSCP 2019. Only aggregate Home Care data was provided by Glasgow City HSCP for 2018 - previous years' figures have been used as a proxy to maintain comparability.
Glossary

Home Care

Home Care
Home care is defined as the practical services which assist an individual to function as independently as possible and/or to continue to live in their own home. Home care can include routine household tasks for example basic housework, shopping, laundry, paying bills etc.

Service Provider
This is the organisation type that provides the home care service to an individual.

Private
The home care service is provided by a private/independent organisation operated on a profit making basis.

Third Sector
The home care service is provided by a not for profit/non-profit organisation, including charities and voluntary organisations.

Meals
This includes both hot meals such as ‘meals on wheels’ or a frozen meal where the person is provided with frozen meals each week.

Actual Hours
This is the number of hours of home care that a person actually received.

Planned hours
This is the number of planned hours of home care the person should receive.

Housing Support
Housing Support services help people to live as independently as possible in the community. These services help people manage their home in different ways. These include assistance to claim welfare benefits, fill in forms, manage a household budget, keep safe and secure, get help from other specialist services, obtain furniture and furnishings and help with shopping and housework.

Personal Care
Personal care normally includes help with washing, toileting, dressing, oral care, feeding, assistance with medication and getting up/going to bed.

Continence management
This includes toileting, catheter/stoma care, skin care, incontinence laundry, bed changing
### Personal assistance
- Assistance with dressing, surgical appliances, prostheses, mechanical & manual aids. Assistance to go to bed.
- Transfers including the use of a hoist.

### Personal Hygiene
- This includes bathing, showering, hair washing, shaving, oral hygiene, nail care.

### Simple treatments
- Assistance with medication (including eye drops), application of creams and lotions, simple dressings, oxygen therapy.

### Self-directed support

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>Taken as a Direct Payment.</td>
</tr>
<tr>
<td>Option 2</td>
<td>Allocated to an organisation that the person chooses and the person is in charge of how it is spent.</td>
</tr>
<tr>
<td>Option 3</td>
<td>The person chooses to allow the council to arrange and determine their services.</td>
</tr>
<tr>
<td>Option 4</td>
<td>The person can choose a mix of these options to meet aspects of their health and social care requirements.</td>
</tr>
</tbody>
</table>

### Assessed Support Needs
- This is where the type of support required is determined through an outcomes based assessment. This includes any of the following: personal care, health care, domestic care, housing support, social, educational or recreational, equipment and temporary adaptations, respite, meals and others.

### Care Home
- Location for long stay, short term and respite care. In this publication figures exclude anyone who is living in a care home on an entirely self-funded basis.

### Median length of stay
- The `median length of stay` is the middle value when all the lengths of stay for care home residents are arranged in order of how long the person has been resident in the care home(s).

### Long stay
- Long term residents are essentially people who have chosen to make the care home their permanent home.
For statistical purposes in this report anyone funded for a period of over 6 weeks (42 days) by the local authority is considered long stay resident.

**Short stay**
Short stays in a care home will include a period of re-enablement or recovery (intermediate care) or to enable a carer to take a break from caring (respite care).

For statistical purposes in this report anyone funded by the local authority for less than 6 weeks is considered a short stay. Short stay residents are included in analysis that refer to all care home residents i.e. IoRN linkage on page 56.

**Nursing Care**
Care services carried out or supervised by a qualified nurse.

**Community Alarm / Telecare**

**Community Alarm**
Community Alarms refer to a communication hub (either individual or part of a communal system), plus a button/pull cords/pendant which transfers an alert/alarm/data to a monitoring centre or individual responder.

**Telecare**
Telecare refers to a technology package which goes over and above the basic community alarm package. It is the remote or enhanced delivery of care services to people in their own home by means of telecommunications and computerised services. Telecare usually refers to sensors or alerts which provide continuous, automatic and remote monitoring of care needs emergencies and lifestyle using information and communication technology to trigger human responses or shut down equipment to prevent hazards (Source: National Telecare Development Programme, Scottish Government).

**IoRN**

**IoRN (Level of Independence)**
The Indicator of Relative Need (IoRN) is a practice/clinical tool for people delivering and planning care and support services. Used by professionals the IoRN provides a summary of a person's functional needs and/or their degree of dependence/independence.
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Further Information

Further information and data for this publication are available from the publication page on our website.

The next release of this publication will be in 2021.

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Appendices

Appendix 1 – Background and Methods

Information Services Division (ISD), now Public Health Scotland (PHS) collaborated with the Scottish Government to merge the Scottish Government social care survey and the ISD source social care data. Due to this, social care data is now collected nationally in a single solution via a revised source social care dataset. Information in this new collection was first collected for 2017/18.

Source social care dataset

The source social care dataset is an extract of data on social care clients and the services and support they receive.

The dataset is split into seven sections:

- Demographics
- Client Information
- Self-directed support
- Home Care/Reablement
- Community Alarms and Telecare
- Care Home
- Indicator of Relative Need (IoRN - optional)

Information on the inclusions and exclusions for each section of the dataset are available in the definitions and guidance document on the PHS website.

Information on time periods collected are highlighted in the table below. Year one and two of the revised social care data were ‘transitional’ and some time periods reported for 2018/19 differ from what was collected last year. For example, community alarms and telecare which was an annual return in 2017/18 changed to a quarterly return in 2018/19. Home care and care home were only submitted for one quarter in 2017/18 compared to four quarters in 2018/19.

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<th>Source dataset section</th>
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<td>Demographics and Client information</td>
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<td>Optional fields for clients with an IoRN group determined at any time during the financial year April 2018 to March 2019.</td>
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Social care data quality and completeness

Throughout the collection of this source social care extract, extensive validation and quality checking was undertaken in conjunction with the health and social care partnerships to ensure the quality and completeness of the data. Due to differences in this collection compared to the Scottish Government social care survey, partnerships have found some aspects of the return difficult to fulfil.

Feedback has been provided by partnerships regarding differences in the data compared to previously published figures. While attempts have been made to allow comparisons to be made and trends to be included, it is important to note that these are based on estimates due to different reporting periods and guidelines. A summary of the completeness has been provided; please refer to the technical notes document for more detailed partnership level information for 2017/18 and 2018/19.

Data Completeness social care summary information for 2018/19

The table below presents a summary of the information available for the section 1 of this report and the people and services companion dashboard. Note the ‘Age & Sex’ and ‘Client group’ breakdowns are based on the data submitted for all the services in the table.

Key to table

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<th>Age &amp; sex</th>
<th>Client group</th>
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Data not submitted

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1. Aberdeen City HSCP was only able to provide Community Alarms/Telecare information for Q1 and Q2.
2. Aberdeenshire HSCP was only able to provide Social Worker information in Q1 and Q2 for clients receiving another service.
3. Data provided for service but all records recorded as ‘no’.
4. East Lothian HSCP only provided Meals data for clients receiving another service in this extract.
5. East Lothian HSCP was only able to provide Community Alarms/Telecare information for new clients and closed services.
6. City of Edinburgh, East Dunbartonshire, Moray and Comhairle nan Eilean Siar HSCP’s noted they no longer provide meals as a service therefore all records recorded as ‘no’.
Data Completeness for self-directed support

Information for self-directed support for 2018/19 was provided for all areas except Aberdeenshire and Orkney Islands. Trends information for Scotland, Aberdeenshire and Orkney Islands include an estimate for 2018/19. Note that Aberdeenshire information for 2017/18 is not available due to data quality issues therefore trend information contains an estimate for 2017/18 also. For this estimate it has been assumed that Aberdeenshire had the same self-directed support information as was reported for 2016/17 in the social care survey.

See [technical notes](#) document for more detailed information.

Data Completeness for home care

The table below presents a summary of the information available for home care in 2018/19 within this report and companion dashboard.

See [technical notes](#) document for more detailed information.

**Key to table**

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</table>

1 Aberdeen City HSCP was only able to provide Community Alarms/Telecare information for Q1 and Q2.
2 Angus HSCP submitted weekly hours which were used along with service start and end dates to calculate quarterly hours of service received per quarter.
3 East Lothian HSCP was only been able to provide Community Alarms/Telecare information for new clients and closed services.
4 Midlothian HSCP and Shetland HSCP – accurate living alone data was only available for a small number of clients.
5 Moray HSCP was not able to provide accurate homecare service hours for 2018/19 Q1.
**Data Completeness for care homes**

The table below presents a summary of the information available for care homes for 2018/19 within this report and companion dashboard.

See [technical notes](#) document for more detailed information.

**Key to table**

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<th>Partial data provided</th>
<th>Data not submitted</th>
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<table>
<thead>
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<th>Admissions &amp; discharges</th>
<th>Length of stay</th>
<th>Nursing care provision</th>
<th>Emergency hospital admissions</th>
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<td>Emergency hospital admissions</td>
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<td>West Lothian</td>
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</tbody>
</table>

Data Completeness for community alarms/telecare

All areas except Scottish Borders, South Lanarkshire and Orkney provided information on community alarms/telecare data. In order to calculate a Scotland figure for trends, the 2017/18 figures have been used where possible or 2016/17 figures from the social care survey published by the Scottish Government if 2017/18 figures not available.

East Lothian HSCP provided information on new clients and closed services only therefore the total number of people in receipt of a community alarm/telecare package is likely to be under reported.

Aberdeen City were only able to provide quarter 1 and quarter 2 (April to September 2018) data on community alarms/telecare for 2018/19 therefore figures are likely to be under reported.

Glasgow City were not able to differentiate between those with a community alarm and telecare package therefore everyone has been recorded as having both a community alarm and telecare.

Dumfries and Galloway recorded everyone as having a community alarm no telecare information has been recorded.

These issues with impact on the Scotland estimates and the figures may be under reported.

See technical notes document for more detailed information.
Data Completeness for CHI linkage 2018/19

The table below shows the percentage completeness for the CHI linkage to the social care information. Social care information with a missing CHI number was not included in the linkage to health records analysis.

<table>
<thead>
<tr>
<th>Partnership</th>
<th>People with Home Care (%)</th>
<th>People in a Care Home aged 18 and over (%)</th>
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</thead>
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<tr>
<td>Aberdeen City</td>
<td>99.5</td>
<td>99.4</td>
</tr>
<tr>
<td>Aberdeenshire</td>
<td>95.9</td>
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</tr>
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<td>Angus</td>
<td>76.8</td>
<td>66.4</td>
</tr>
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<td>Argyll &amp; Bute</td>
<td>97.7</td>
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<td>92.6</td>
</tr>
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<td>99.8</td>
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<td>99.4</td>
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<td>Orkney(^1)</td>
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</tr>
<tr>
<td>West Lothian</td>
<td>94.3</td>
<td>90.3</td>
</tr>
</tbody>
</table>

1. Orkney HSCP were unable to provide data for 2018/19.
Other data sources

Emergency admissions (SMR01)
Home care/care home individual level information has been linked to acute hospital data to obtain information on emergency hospital admissions which are obtained from the SMR01 records.

SMR01 is an episode based patient record relating to all inpatient and day cases discharged from specialties other than mental health, maternity, neonatal and geriatric long stay in NHS Scotland.

Accident and Emergency attendances (AE2)
Home care/care home individual level information has been linked to accident and emergency attendance data to obtain information on A&E attendances.

Attendances to Emergency departments may include Minor Injuries and Combined Assessments Units depending on local recording/submissions.

Social care survey
Information prior to 2017/18 was collected in the Scottish Government social care survey. Trend information included in this report has previously been published by the Scottish Government. Information on the latest social care survey is available on the Scottish Government website.

Methodology
Detailed below is additional information on the methods and definitions that have been used throughout this report and in the companion dashboard. These should be used to assist with interpretation of the results.

General
If a person received services/support from more than one health and social care partnership during the reporting period, they will be counted for each partnership.

For trend analyses, missing information for 2018/19 has been estimated by using figures from previous year where possible or 2016/17 figures from the social care survey published by the Scottish Government.

As the populations of health and social care partnerships vary, the rate per 1,000 populations has been shown for some services. This provides a more comparable figure across partnerships. However, rates have not been adjusted for differences in the age and sex mix within populations. The rate is calculated by taking the number of people with the service/support and dividing this by the population of the location in question, and multiplying by 1,000. Where it is not possible to estimate for missing partnerships the Scotland (all areas submitted) rate is based on the population for the partnerships that were able to submit data.
Social care summary information (People and services summary in dashboard)

- If someone received more than one service, they are counted only once in the total number of people receiving social care services/support. However, in order to create a national figure, where data has been missing an estimated figure has been calculated (see section on estimations and calculations below).

- Areas for which no data was provided are:
  - Self-directed support – Aberdeenshire HSCP and Orkney Islands HSCP
  - Community alarms/telecare - Scottish Borders, South Lanarkshire HSCP and Orkney Islands HSCP
  - Care home – Comhairle nan Eilean Siar HSCP and Orkney Islands HSCP
  - Home care - Orkney Islands HSCP. Angus and Moray HSCP could not provide accurate information on hours for all quarters.
  - Housing Support – East Lothian, Shetland, West Dunbartonshire, South Ayrshire, North Lanarkshire and Orkney Islands HSCPs
  - Social Worker – Renfrewshire, West Dunbartonshire and Orkney Islands HSCPs
  - Meals – Perth & Kinross, Argyll & Bute, North Lanarkshire, South Ayrshire and Orkney Islands HSCPs
  - Day Care – North Lanarkshire, South Ayrshire, Argyll & Bute and Orkney Islands HSCPs

- 1 in 20 people in Scotland are reported to have social care services or support. To estimate for the missing data mentioned above, the percentage of people with only one service/support or means of receiving support, e.g. a self-directed support record but no other records for specific social care services, was calculated using the areas where complete information was provided and the number of unique people was available. The number of unique people supported (submitted for the information that was available) was then inflated proportionally to obtain an estimated total number of people supported if all information had been submitted. See estimates and adjusted figures section for more detailed information.

The total number of people supported in each partnership (estimated and actual) were then summed to obtain the estimated number of people supported in Scotland. The proportion of the population supported was then calculated using the 2019 population estimate.
Self-directed support

- When calculating the self-directed support implementation rate the same methodology has been used as for the Scottish Government self-directed support publication to enable comparisons. People with only a care home record, a day care record or home care outside of the ‘census week’ for 2019 or any combination of these items have been excluded. In addition, people with the following services are excluded from this calculation:
  - only a community alarm/telecare service,
  - only a social worker,
  - only a community alarm/telecare service and a social worker
  - only a housing support service
  - only a meals service

- Figures for self-directed support Option 4 have been derived and apply to people who have received more than one self-directed support option at any point during the financial year 2018/19.

- People may have more than one self-directed support ‘support need’ and/or self-directed support ‘support organisation’ and therefore could be included in more than one category.

Home care

- To enable comparison with figures previously published from the social care survey, the number of people with home care during the last week in March (‘census week’) has been calculated using the home care service start and end dates. In 2018/19, the ‘census week’ was 25 March 2019 to 31 March 2019.

- The number of hours of home care has also been estimated for the ‘census week’ by calculating the average number of hours per day for each home care record using the home care service start and end dates. This was then multiplied by the number of days of home care the person had in the ‘census week’ using the home care service start and end dates to determine this.

- Angus could only provide weekly hours for quarter one and two therefore estimated hours for the quarter was obtained by calculating the average number of hours per day for each home care record using the home care service start and end dates. This was then multiplied by the number of days of home care the person had in the quarter using the home care service start and end dates.

- Locality has been derived using the postcode for each person provided by the partnership. Outside partnership represents people with a permanent residence in localities outside the boundary of the funding partnership.
Care Home

- Care homes residents aged under 18 are excluded from the analyses in this section.

- Where people have had multiple care home episodes, the final episode within the reporting period has been used for analyses.

- Stays in care homes may be short term, for example, for a period of re-enablement or recovery (intermediate care) or to enable a carer to take a break from caring (respite care). Stays can also be longer term for people living in a care home. For statistical purposes anyone resident in a care home for less than 6 weeks is considered a short stay and anyone resident for a period of 6 weeks or over is considered a long stay resident.

Due to the constraints of the available information it is not possible to determine in every case the appropriate category of long or short stay. This relates to people who have been admitted six weeks or less before the end of March 2019 who are still funded on 31 March. For statistical purposes such residents have been assumed to be long stay ($n = 2,080$) and thus there is likely to be a slight over count of long stay residents and a slight undercount of short stay. It will be possible in future years to amend these estimates if the scale of any correction merits it.

Community Alarms/Telecare

People receiving a community alarm and/or telecare service are allocated to one of the following categories:

- community alarm only
- telecare only
- receiving both a community alarm and telecare.

The total number of people receiving a community alarm and/or telecare is the sum of these three categories. A person will only be counted once regardless of how many services they have.

Deprivation

In Scotland the Scottish Index of Multiple Deprivation (SIMD) is used to measure deprivation. It combines information on income, employment, education, housing, health, crime and geographical access. For this analysis, the area of concern (Scotland) were divided into five equal groups based on population size. Deprivation quintile 1 relates to the most deprived areas and deprivation quintile 5 relates to the least deprived areas. SIMD 2020 was used for the analysis.
Linkage of home care/care home data to Accident and Emergency attendances:

- Home care/care home individual level information has been linked to individual Accident and Emergency attendance data (Data Source AE2) to obtain information on Accident and Emergency attendances for people receiving home care/resident in a care home. This linkage used the Community Health Index (CHI) which has been derived for the social care data. Where it was not possible to derive CHI information, these records have been excluded. See completeness table for CHI linkage for more information. Health and Social Care Partnerships who could not submit individual level home care or care home data have been excluded from the analysis.

- The denominator used in the calculations of Accident and Emergency attendances is the number of people with an active home care service/current care home residents.

- The Accident and Emergency attendance information used within this analysis relates to the time period each individual received home care/was resident in a care home. The Accident and Emergency attendance could have been to any A&E department in NHS Scotland.

- Where multiple home care episodes exist for a person, the home care period has been determined by taking the earliest home care service start date (or first day of reporting period) and the latest home care service end date (or 31 March 2019 if ongoing).

- Where people have had multiple care home episodes within the reporting period, the final episode admission and discharge dates within the reporting period have been used to calculate the number of A&E attendances.

Linkage of home care/care home data to emergency hospital admissions:

- Home care/care home individual level information has been linked to acute hospital data (Data Source SMR01) to obtain information on emergency admissions to hospital for people receiving home care/resident in a care home. This linkage used the Community Health Index (CHI) which has been derived for the social care data. Where it was not possible to derive CHI information, these records have been excluded. See completeness table for CHI linkage for more information. Health and Social Care Partnerships who could not submit individual level home care or care home data have been excluded from the analysis.

- The denominator used in the calculations of emergency hospital admissions is the number of people with an active home care service/current care home resident.
• The emergency admission to hospital information used within this analysis relates to the time period each individual received home care/was resident in a care home. The admission could have been to any hospital in NHS Scotland.

• Where multiple home care episodes exist for a person, the home care period has been determined by taking the earliest home care service start date (or first day of reporting period) and the latest home care service end date (or 31 March 2019 if ongoing).

• Where people have had multiple care home episodes within the reporting period, the final episode admission and discharge dates within the reporting period have been used to calculate number of emergency admissions and bed days.

Client Groups

The client/service user group(s) is determined by a social worker or other health & social care professional. People may be recorded in more than one client group therefore the individual client group categories cannot be added together to obtain a total number of people.

Please see the definitions and guidance document on the PHS website for more information on the definitions of client group.

Estimations and adjusted figures

The number of people supported in Scotland during 2018/19 is a unique count of the total number of people for all social care services and support collected by PHS (home care, care home, community alarms/telecare, meals, day care, social worker and housing support). People involved in choosing and controlling their support through self-direct support options are also included.

Due to the differences in the social care survey and the source social care data collection an ‘adjusted’ figure is provided in the dashboard for the number of people to allow trend information to be presented and a reliable comparison to be made. The ‘adjusted’ figure has been created by:

− Excluding people where the only information available was that they were supported in a care home
− Excluding people who only received day care
− Excluding people who only received home care who did not receive home care in the ‘census week’
Methodology for estimates

As some partnerships were unable to provide individual level information for specific topics (summarised below) estimation has been used to create top level Scotland figures for trends.

The percentages applied to create the estimates have been calculated using Scotland level (all areas submitted) data. These percentages represent the percentage of clients receiving these services only.

For example, for ‘all areas submitted’ 17.4% of the total number of people supported was accounted for by people who only had community alarms/telecare.

<table>
<thead>
<tr>
<th>Social care topic</th>
<th>Partnerships estimated</th>
<th>Source social care – proportion (%) receiving service only(^1)</th>
<th>Social care survey comparative information – proportion (%) receiving service only(^{1,2})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-directed support</td>
<td>Aberdeenshire</td>
<td>3.0%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Community Alarms/Telecare</td>
<td>South Lanarkshire</td>
<td>17.4%</td>
<td>19.9%</td>
</tr>
<tr>
<td></td>
<td>Scottish Borders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Home</td>
<td>Comhairle nan Eilean</td>
<td>5.1%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Siar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td>Renfrewshire</td>
<td>4.5%</td>
<td>12.2%</td>
</tr>
<tr>
<td></td>
<td>Perth and Kinross</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wes Dunbartonshire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Support</td>
<td>East Lothian</td>
<td>0.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>Shetland</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>North Lanarkshire</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>West Dunbartonshire</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>South Ayrshire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals</td>
<td>North Lanarkshire</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>Perth and Kinross</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>South Ayrshire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Care</td>
<td>Argyll and Bute</td>
<td>0.2%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>South Ayrshire</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>North Lanarkshire</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Percentage (%) based on the total count of people receiving support/services (all areas submitted) in this topic only.
2. Social care survey excludes care home only, day care only and people receiving home care only outwith the ‘census week’ to calculate percentages.
Number of people supported (source social care)

To account for the missing data for partnerships (see table above), the counts of the total number of people supported (where information was available) were adjusted by the percentage indicated in the table (source social care column) to produce an estimated total number of people supported.

E.g. South Lanarkshire was estimated to be missing 17.4% of the number people supported due to community alarms/telecare information not being provided. The estimated calculation (where 8,730 represents the number of people supported minus community alarms/telecare) is:

\[
\text{number of people supported (8,730) / (100-17.4)*100 = 10,569}
\]

The calculation was repeated for each combination in the table. The figures were then summed to create a Scotland figure. Note where a partnership has two or more services missing, the missing percentages have been summed together.

Number of people supported – adjusted (available in dashboard)

A similar process was undertaken to create an adjusted figure for comparison with the social care survey. The adjusted number of people supported in 2018/19 was calculated by:

- The service exclusions (see estimations and adjusted figures) were applied to the source social care data i.e. remove care home only, day care only and home care only outwith ‘census week’.

- Estimation percentages for those partnerships with missing specific topic data were applied to individual partnership level counts (where information was available) using the figures from the social care survey column in the above table.

- To create a Scotland (estimated) figure, the figures calculated above were summed and added to Scotland figure.

Relevant social care legislation/policy

Social Work (Scotland) Act 1968

Community Care and Health (Scotland) Act 2002

Public Services Reform (Scotland) Act 2010


Public Bodies (Joint Working)(Scotland) Act 2014

Health and social care integration

Health and social care delivery plan – published December 2016

Scottish Government 2020 Vision
Disclosure

Where statistics provide information on small numbers of individuals, Public Health Scotland have a duty, under the Data Protection Act, to avoid directly or indirectly revealing any personal details. Due to the sensitive nature of some topics, statistical disclosure control has been applied to protect patient confidentiality. Therefore, the figures presented here may not be additive and may differ from previous publications.

Future publications

We aim to make our publications as useful and informative as possible for users. If you have any comments or suggestions for improvement for future publications please email phs.source@nhs.net.
## Appendix 2 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication title</strong></td>
<td>Insights into Social Care: Statistics for Scotland 2018/19</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Summary of social care services and support provided in 2018/19 including four key themes: Self-directed support, Home care, Care Home and Community Alarms/Telecare</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>Social Care</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>PDF report with online dashboards, Excel table</td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>Source social care collection, General acute inpatient/day case records (SMR01) Accident and Emergency datamart (AE2) Scottish Government social care survey</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>All data extracted May - August 2020</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>29 September 2020</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Annual</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td><strong>Social care themes</strong></td>
</tr>
<tr>
<td></td>
<td>Self-directed support</td>
</tr>
<tr>
<td></td>
<td>Home care</td>
</tr>
<tr>
<td></td>
<td>Care Home Community alarm/telecare</td>
</tr>
<tr>
<td></td>
<td>Home care (census period data)</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>This is the second publication on social care services and support following a decision taken in 2017 by the Scottish Government and ISD (now PHS) to transfer responsibility for key social care information to PHS. Previously these data and the published figures were the responsibility of the Scottish Government. Please see Appendix 1 for further details on data completeness.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></td>
<td>Figures contained within this publication may be subject to change in future publications. See PHS Statistical Revisions Policy.</td>
</tr>
<tr>
<td><strong>Revisions relevant to this publication</strong></td>
<td>Revised 17 December 2020. Following a data quality assurance review, an error was discovered in the home care hours submitted for Glasgow City for 2018/19. As a result, the 2018/19 home care hours for Glasgow City and Scotland have been revised. Scotland hours by Quarter for 2018/19 have decreased between 0.1% and 0.8% whilst Scotland hours for the census week have decreased by 4.4%. Glasgow City hours by Quarter for 2018/19 have decreased between 1.8% and 10.6% and hours for the census week have decreased by 40.4%.</td>
</tr>
</tbody>
</table>
The distribution of the home care hours has also been impacted with fewer clients in Scotland and Glasgow City receiving less than 4 hours and more clients receiving 4 plus hours.

<table>
<thead>
<tr>
<th>Concepts and definitions</th>
<th>See Appendix 1 and Health and Social Care guidance and definitions document</th>
</tr>
</thead>
</table>
| Relevance and key uses of the statistics | Potential uses of the information include:  
  - To allow health and social care partnerships to compare activity levels and support their local requirements for better, more integrated information and intelligence.  
  - To provide statistical information to help inform future (and evaluate current) social care policy.  
  - Support the redesign of existing and/or the commissioning of new health and social care services. |
| Accuracy | Throughout the collection of the 2018/19 source social care data extract, extensive validation and quality assurance has been undertaken in conjunction with the health and social care partnerships to ensure the quality of the data.  
Due to differences in this collection compared to the Scottish Government social care survey, partnerships have found some aspects of the return difficult to fulfil.  
Feedback has been provided by partnerships regarding differences in the data compared to previously published figures. While attempts have been made to allow comparisons to be made and trends to be included, it is important to note that these are based on estimates due to different reporting periods and guidelines.  
Further details can be found in Appendix 1 and the guidance and definitions document |
| Completeness | Please refer to Appendix 1 of this report. |
| Comparability | In this publication much of the content is similar to that published previously in the Scottish Government Social Care Survey. However, there are some changes in the PHS Source social care data specification and in some analyses it has been necessary to estimate figures to make them comparable with earlier data. Notes are provided with each analysis. |
| Accessibility | It is the policy of PHS Scotland to make its web sites and products accessible according to published guidelines. |
| Coherence and clarity | Insights into Social Care: Statistics for Scotland information release is available on the PHS publication page.  
The report has been produced using the standard PHS publications template and is available as a PDF file. Statistics are presented within an interactive dashboard, with graphical display to aid interpretation.  
Balance of care information is presented in an excel workbook. |
<p>| Value type and unit of measurement | Figures are shown as numbers, percentages or rates. |
| Disclosure | The Statistical Disclosure Control Protocol is followed. |</p>
<table>
<thead>
<tr>
<th><strong>Official Statistics designation</strong></th>
<th>Experimental statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UK Statistics Authority Assessment</strong></td>
<td>Experimental publication that has not been assessed.</td>
</tr>
<tr>
<td><strong>Last published</strong></td>
<td>11 June 2019</td>
</tr>
<tr>
<td><strong>Next published</strong></td>
<td>2021</td>
</tr>
<tr>
<td><strong>Date of first publication</strong></td>
<td>11 June 2019</td>
</tr>
<tr>
<td><strong>Help email</strong></td>
<td><a href="mailto:phs.source@nhs.net">phs.source@nhs.net</a></td>
</tr>
<tr>
<td><strong>Date form completed</strong></td>
<td>04 December 2020</td>
</tr>
</tbody>
</table>
Appendix 3 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Chief Officers
NHS Board Communication leads

Early Access for Management Information
These statistics will also have been made available to those who needed access to ‘management information’, i.e. as part of the delivery of health and social care.

Early Access for Quality Assurance
These statistics will also have been made available to those who needed access to help quality assure the publication.
Appendix 4 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation, with a critical reliance on data and information to enable it to be an independent voice for the public’s health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the Code of Practice for Statistics in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the ‘five safes’.