

PE1533/Z

Scottish Government Letter of 2 November 2016

Thank you for your letter of 29th September following the Public Petitions Committee's further consideration of the two petitions from Jeff Adamson and Dr Amanda Kopel in relation to social care.

The Scottish Government has made a commitment in the Programme for Government to conduct a feasibility study into expanding free personal and nursing care to people with dementia who are under 65, and examine the potential relationship with social security provision through this study.

By conducting this study we will be fully able to assess the implications of extending Free Personal Care, and aim to complete this in summer 2017.

Local authorities have been provided with an additional £6m in 2016/17 to cover changes in the charging thresholds as a first step to making charging fairer. Local authorities received this additional funding to raise the income threshold at which point people begin to pay charges from 16.5% to 25%, taking an anti-poverty approach by prioritising support for those on low incomes first.

We will work with COSLA through their Charging Guidance Working Group to assess how local authorities are using the funding provided, and monitor the application of the increase in threshold.

We have also made a commitment in the Programme for Government to disregard veterans' war pensions income from social care assessments from April 2017, and we are working with COSLA and local authorities to implement this.

Dr Kopel raises the issue of the revised charging guidance issued by COSLA which states that no-one in the last 6 months of a terminal or progressive illness should pay for the personal care that they receive at home. GPs and clinicians can complete a DS1500 form for people that they believe are in the last stages of a progressive or terminal illness to ensure that they can rapidly access relevant benefits and support services.

Local authorities will not seek those assessed by a clinician as being in the last stages of a progressive or terminal illness to pay for their care, irrespective of how long they live following this prognosis. They will continue to receive this care for as long as they need it and are considered by clinicians to be in the last stages of a terminal or progressive illness.

SHONA ROBISON