Insights into Social Care in Scotland

Support provided or funded by health and social care partnerships in Scotland 2017/18

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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:

Find out more about Experimental Statistics at:
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Introduction

This report and its companion dashboard of statistics provide a digest of information and analyses on people receiving social care in Scotland. The content covers many aspects of social care (and some related healthcare topics), some of which is published for the first time, and is likely to be of interest to anyone concerned with the delivery and planning of health and social care. The companion dashboard, accessible through the ISD website is interactive and offers more detail than presented in this report.

The information shown comes mainly from data gathered within Scotland’s 32 local authorities and is a by-product of many thousands of individual needs assessments carried out, personal choices made and care plans prepared and delivered. Some of the new analyses included have been possible through the linkage of the social care data to key health related data (e.g. hospital admissions) allowing for a broader perspective on care and support provided in different care settings to people who have health and social care needs.

This is the first published report following a decision taken in 2017 by the Scottish Government and Information Services Division (ISD) to transfer responsibility for key social care information to ISD. Previously these data and the published figures were the responsibility of the Scottish Government’s health and social care analytical team.

Alongside the new collection arrangements, some modifications have been made to the detail collected nationally and this is reflected in the analyses presented. Top level figures matching those published in previous years have been included to provide trend analyses for year on year comparative purposes. Differences in definition that might affect trends have been noted in the companion dashboard. Refinement of the published outputs is expected to continue in future years as the insights available from the data become clearer.

The Scottish Government reports are available here.

Context: Health and Social Care Integration

As referred to earlier, local authorities are the source of the social care information used in this report. The benefits of aligning social care data with health care data have been recognised for some time. The formal integration of health and social care as approved in 2015 by an Act of the Scottish Parliament provided an important strategic impetus to enable this to happen.

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 is used throughout this report (rather than local authority). 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, but also include some examples of analyses at partnership level. More detailed figures at partnership level are provided in the companion dashboard.

In this edition much of the content is similar to that published in previous years by the Scottish Government. Understanding trends over time is important and some of the longitudinal analyses presented 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.

This report also offers an opportunity to show ways that linkage of data delivers insights that are not visible from the data collected from the individual services that make up the care system. For example a new analysis presented in this release brings together social care and emergency hospital admission information, quantifying the overlap in the people using these two distinct types of support. Whilst the linked analyses in this report and in the companion dashboard are hopefully useful in their own right, they are also included as an early demonstration of the wider potential for using linked data to understand pathways of care, the whole care system & support and the measurement of outcomes.

Main topics included in this publication

This report is organised to show statistics covering the broad topics described below:

- **Self-directed support**: the mainstream approach to social care in Scotland. Self-directed support means that everyone eligible for social care support and services has the right to make informed choices about what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes. Note that some clients such as those receiving reablement or crisis care support may not be able to make choices regarding their services or support. See the [glossary](#) for more detail.

This report also presents detailed information on the following service types:

- Home care.
- Community alarms/telecare.
- 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
In future years the published social care figures will relate to the full year on each topic presented. For this first year of the new social care data however there is some variation in the time periods (‘reference periods’) presented according to the topic. Specifically, for self-directed support and community alarms/telecare the data available are for the full year ending 31 March 2018. For home care and care home however the data are limited to the final quarter of 2017/18 (1 January 2018 – 31 March 2018) only. Note that variable reference periods were also used in the statistics for previous years published by the Scottish Government.

Further, the available data on home care has been adjusted to estimate the care that was received during a ‘census week’ (in 2018 this is 25 March 2018 to 31 March 2018). The table below provides an at-a-glance summary of the available data reference periods for 2017/18.

<table>
<thead>
<tr>
<th>Social care topics</th>
<th>Available reference period (2017/18 data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-directed support</td>
<td>Full-year 2017/18 (actual)</td>
</tr>
<tr>
<td>Community alarms/telecare</td>
<td></td>
</tr>
<tr>
<td>Home care</td>
<td>1 January 2018-31 March 2018 (actual)</td>
</tr>
<tr>
<td>Care home</td>
<td></td>
</tr>
<tr>
<td>Home care (census period data)</td>
<td>25 March 2018 – 31 March 2018 (estimated)</td>
</tr>
</tbody>
</table>

Data Completeness
While every health and social care partnership supplied 2017/18 data to ISD there were, in some cases, gaps in what was supplied. Further details are given here and in Appendix 1.

Some partnerships were unable to provide individual level information for specific topics or data items. Where possible aggregate data was provided as an alternative. In particular Glasgow City supplied aggregate data for all topics. This has limited some of the analyses that might otherwise be possible and, where this is the case, is highlighted at appropriate points in both this report and in the companion dashboard.

Attempts have been made to minimise the effects of data gaps through for example estimation of some figures - in both the report and the dashboard estimates have been made to enable a Scotland figure to be shown for comparison purposes in the top level trends. No estimates have been made 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>
</tr>
</thead>
<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 in the text.</td>
</tr>
</tbody>
</table>

Appendices within this document and a separate technical notes document provide further details of data completeness for each health and social care partnership within each topic.
Main Points

- An estimated 1 in 24 people of all ages in Scotland received social care support and services during 2017/18.
- Of the total number of people receiving social care services/support in 2017/18, an estimated 75% were involved in choosing and controlling their support through self-directed support options.
- The number of people choosing a direct payment (self-directed support option 1) to purchase the services/support they require continues to increase with an estimated 8,880 people in 2017/18 compared to 8,290 in 2016/17, an increase of 7%.
- In Scotland, 67,985 people received home care between January-March 2018.
- On 31 March 2018 Health and Social Care Partnerships were financially (partly or fully) supporting 33,972 people to live in a care home in Scotland.
- In 2017/18, an estimated 132,000 people had an active community alarm and/or a telecare service. This is a 2.5% increase in provision from the previous year.

Note: Please refer to Appendices for caveats around Scotland figures presented.
Results and Commentary

Section 1. Social care support and services summary information

Social care supports people to meet a diverse range of support needs and there are choices about how this is delivered. The information recorded about the people receiving social care in its various forms contributes to understanding that diversity. This section of the report provides a summary of people receiving a variety of different social care support and services in 2017/18.

It should be noted that figures reported in this section are the total number of people for all social care services and support collected by ISD (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 in some analyses shown. The new social care collection includes additional services that were not previously collected and reported on by the Scottish Government (e.g. people supported in a care home and day care) and different time periods are now reported (quarterly information for people receiving home care and day care). In order to allow a comparison for trend purposes, estimated figures have been calculated to align with those available in previous years. See below for more details and Appendix 1 for methodology used.

Due to the way that the data were collected nationally for 2017/18 the figures for different support and services may vary in terms of the time periods to which they refer. Data for meals, home care and care homes were provided for the last quarter of 2017/18 (January to March 2018); data for self-directed support and community alarm/telecare were provided for the full financial year (April 2017 to March 2018). Housing support, day care and social worker information were supplied by partnerships for a mixture of the two time periods. See Appendix 1 for more information.

Data completeness

Not all areas were able to provide information for all the services and support that is reported in this section and where possible a Scotland ‘estimated’ figure has been reported in these circumstances. Where partnerships provided aggregate data only some analysis are not possible e.g. age of persons. This particularly affects Glasgow City which provided aggregate data for the full data collection. It is possible that some of the figures shown will underestimate the actual Scotland level.

Data gaps that affect figures in this section are shown in the Box 1. For full details on the data completeness please see Appendix 1 and technical document.
Box 1 – Data gaps

- Self-directed support – Fife health and social care partnership (HSCP).
- Self-directed support – Comhairle nan Eilean Siar HSCP option 3 only.
- Community alarms/telecare – Scottish Borders and South Lanarkshire HSCPs.
- Community alarms/telecare East Lothian HSCP – clients only with services that began prior to 2017/18.
- Housing support – North Lanarkshire, Orkney Islands, Shetland, West Dunbartonshire HSCPs.
- Meals – North Lanarkshire HSCP.
- Day care – Argyll & Bute, North Lanarkshire, Orkney Islands HSCPs.
- Social worker – Renfrewshire, West Dunbartonshire HSCPs.

Differences to the social care survey

Within the dashboard an ‘adjusted’ figure for the number of people supported has been provided to more closely align with the information previously published by the Scottish Government. The ‘adjusted’ figure has been created by:

- Excluding anyone where the only information available was that they were supported in a care home.
- Excluding anyone who only received day care.
- Excluding anyone who only received home care but who did not receive home care in the ‘census week’.

As some partnerships were unable to provide individual level information for specific topics and Glasgow data is only available at aggregated level, estimation has been used to create top level Scotland trends. Further detail on estimation calculations is available in the appendices.
Summary of people receiving social care support and services

An estimated (minimum) **230,117** people of all ages (1 in 24 of the population) in Scotland were reported as receiving social care support and services at some point during financial year 2017/18. See [Appendix 1](#) for details.

Age and sex

Of these 230,117 people (where sex was recorded), 62.1% were female (125,716) and 37.9% were male (76,613) - Figure 1. (Not all health and social care partnerships were able to submit information for all social care services and support).

**Figure 1: People receiving social care support and services by sex, for all areas submitted**

1. [1,2,3,4] 2017/18

1. Information on sex was recorded for 88% of people (202,329 out of 230,117).
2. Incomplete data: Self-directed support: Fife, Comhairle nan Eilean Siar (self-directed support option 3); Community alarms/telecare: Scottish Borders, South Lanarkshire, East Lothian (community alarms/telecare clients only with services that began prior to 2017/18); Housing support: North Lanarkshire, Orkney Islands, Shetland, West Dunbartonshire; Meals: North Lanarkshire; Day Care: North Lanarkshire, Orkney Islands, Argyll and Bute; Social Worker; Renfrewshire, West Dunbartonshire; Glasgow City all services and support.
3. Aggregated data was provided for Comhairle nan Eilean Siar care home data this could potentially result in some double counting if they received other support/services.

Figure 2 shows that females aged 85 and over were the largest age and sex group of those receiving social care support and services during 2017/18. This may be due in part to a longer life expectancy for females. Glasgow City health and social care partnership data are not available for this analysis, but in previous years Glasgow City’s age and sex distribution
has been similar to that shown in the chart. A full list of the data unavailable for this analysis is given below.

**Figure 2: Number of people supported in receiving social care support and services by age and sex for all areas submitted**\(^{1,2,3}\) 2017/18

![](chart.png)

1. Incomplete data: Self-directed support: Fife, Comhairle nan Eilean Siar (self-directed support option 3); Community alarms/telecare: Scottish Borders, South Lanarkshire, East Lothian (community alarms/telecare clients only with services that began prior to 2017/18); Housing support: North Lanarkshire, Orkney Islands, Shetland, West Dunbartonshire; Meals: North Lanarkshire; Day Care: North Lanarkshire, Orkney Islands, Argyll and Bute; Social Worker; Renfrewshire, West Dunbartonshire; Glasgow City all services and support.

2. Aggregated data was provided for Comhairle nan Eilean Siar care home data this could potentially result in some double counting if they received other support/services.

3. In addition, it should be noted that sex were not available or given as “not known” or “not provided” for a small number of records (847 records).

**Client group**

Client group is a category determined by a Social Worker or other Health or Social Care Professional. See [definitions and guidance document](#) for more information on client groups. In 2017/18 of the people receiving social care support and services 44.0% (89,210) were in the largest client group elderly and frail and 36.9% (74,867) 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 that Glasgow City was unable to provide information on client group for 2017/18, but, based on information from previous years, it is not anticipated that Glasgow City data would substantially affect the largest client groups.
Services and support

Summary information on the number of people receiving different types of services and support is shown in Figure 3. Note a few partnerships were not able to provide information on all the services and support they offer and the figures presented are likely to be an underestimate of the position for Scotland. See note on chart for more details.

As has been noted earlier, due to limitations in the data collected nationally for 2017/18 the information available for the different services and support varies in terms of the time periods to which they refer. Colour coding is used to emphasise these differences.

Figure 3: Summary metrics on the number of people receiving social care services/support in Scotland (all areas submitted), variable reference periods during 2017/18

1. Incomplete data: Community alarms/telecare: South Lanarkshire; Housing support: North Lanarkshire, Orkney Islands, Shetland, West Dunbartonshire; Meals: North Lanarkshire; Day care: Argyll & Bute, North Lanarkshire, Orkney Islands; Social worker: Renfrewshire, West Dunbartonshire.

2. Estimates provided are based on a mixture of time periods. Colours are used to differentiate between the following: quarter 4 2017/18, financial year (2017/18) and a mixture of the two time periods stated.

The data for home care, care homes and meals were provided for the period January to March 2018. For the areas where information was available, there were 67,985 people in receipt of home care services/support, 40,429 people supported in a care home (figure not in dashboard) and 8,632 people received a meal service (Figure 3). See Appendix 1 for completeness levels.

Information for community alarms/telecare was provided for the full financial year 2017/18. For the areas where information was available, 123,527 people were supported by an active community alarm/telecare during this time period (Figure 3). When an estimate for the unavailable South Lanarkshire data is included the overall figure rises to 131,917 (see also section 5).
Information on housing support, social worker and day care was collected in two different ways and as a consequence the information this year is shown for a mixture of two time periods – some relating to January to March 2018 and some for the full financial year 2017/18. Most (around 70%) of the information relates to the three month period only. It is recommended that these figures are viewed as an estimate only.

The available information shows an estimated 105,730 people in total had an assigned social worker or support worker and an estimated 18,319 people received housing support (Figure 3).

**Ethnicity**

Ethnic information for all people supported is shown in table 1. Due to small numbers, ethnic groups other than “White” have been combined into the group “Other” where submitted. The information shown is based on the available information only (see table foot note for exclusions).

**Table 1: Number of people by ethnic group, Scotland (all areas submitted), 2017/18**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of People¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>143,877</td>
</tr>
<tr>
<td>Other</td>
<td>1,503</td>
</tr>
<tr>
<td>Not Provided/Not Known</td>
<td>57,599</td>
</tr>
</tbody>
</table>

¹. Incomplete data: Self-directed support – Fife and Comhairle nan Eilean Siar Option 3 only; Community alarms/telecare - Scottish Borders, South Lanarkshire and East Lothian (clients only with services that began prior to 2017/18); Housing support – North Lanarkshire, Orkney Islands, Shetland, West Dunbartonshire; Meals – North Lanarkshire; Day care – Argyll & Bute, North Lanarkshire, Orkney Islands; Social worker – Renfrewshire, West Dunbartonshire; Glasgow City (all services/support).
Section 2. Self-directed support (SDS)

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. 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.

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. In this transition year, more data are available in Option 1 and this is reflected in the example analysis shown below. This is not intended to suggest that Option 1 is preferred.

A methodology for calculating the national self-directed support implementation percentage 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 as shown in Box 2.

Box 2. Not included in the national implementation percentage:

- people who have a social worker but do not receive any other service or support are excluded.
- people who received an emergency package of social care and would not be in a position to make a choice are excluded.
- people who receive community alarm and/or telecare with no other services or support are excluded.
- people receiving a combination of social worker and community alarms/telecare only are excluded.
- people receiving meals only are excluded.
- people receiving housing support only have been excluded.
Self-directed support summary

Thirty one local authorities (96.9%) submitted self-directed support data for financial year 2017/18 from which 89,453 people were reported to be involved in choosing and controlling their support through one or more of the self-directed support options (Fife health and social care partnership was unable to provide this information before publication and ISD are working with them to obtain the data).

Of the information available an estimated 79.1% of people made a choice about how their support was provided during 2017/18. Glasgow City and Fife have been excluded from this analysis as they did not provide individual level self-directed support information. In order to provide a comparable Scotland figure, 2016/17 implementation figures previously published by the Scottish Government were included for Glasgow City and Fife health and social care partnerships. With these inclusions, an estimated 74.9% of people receiving social care support and services were provided with self-directed support during 2017/18. This is a 4.9 percentage point increase on the implementation percentage (70.0%) published by the Scottish Government in 2016/17.

Table 2 shows the distribution reported across the four different choice options. For the partnerships that submitted self-directed support data, 78,054 people chose Option 3 (health and social care partnership arranges the support). A further 8,390 people chose Option 1 (direct payments) and 7,435 chose Option 2 (person directs the available support). Option 4, a combination of more than one of the self-directed support options, was chosen by 4,257 people. It should be noted that people can choose more than one self-directed support option, therefore the total of the options will be higher than the number of people involved in choosing and controlling their support. Note: figures presented here for option 1 will differ from trend estimates presented for self-directed support option 1 which include an estimate for Fife based on 2016/17 data.

Table 2: Number and percentage of people in Scotland (all areas submitted)\(^1,2,3\) by self-directed support option chosen\(^4\), 2017/18

<table>
<thead>
<tr>
<th>Self-directed support option</th>
<th>Number of People (all areas submitted)(^1,2,3,4)</th>
<th>Percentage (all areas submitted)(^1,2,3,4,5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>8,390</td>
<td>9.4%</td>
</tr>
<tr>
<td>Option 2</td>
<td>7,435</td>
<td>8.3%</td>
</tr>
<tr>
<td>Option 3</td>
<td>78,054</td>
<td>87.2%</td>
</tr>
<tr>
<td>Option 4</td>
<td>4,257</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

1. Incomplete data: Fife (self-directed support all options) and Comhairle nan Eilean Siar (self-directed support option 3) were unable to provide information and are not included in counts above.
2. Figures differ from the estimated trend information provided, as the table above refers to all areas submitted. Direct payment (self-directed support option 1) trend information has been estimated to include Fife HSCP.
3. Self-directed support option 4 could not be derived for Glasgow City.
4. Percentages provided are calculated based on the number of people for who self-directed support information is available.

5. Please note that a person could be counted in more than one option therefore percentages total will be higher than 100%.

Client group

Looking at the client groups of people involved in choosing and controlling their support (all self-directed support options), the largest number of people in 2017/18 were in the elderly and frail (41,624) client group with physical sensory disability (31,643) the second largest group. Note, Glasgow City and Fife did not provide client group information and are excluded from this analysis. Fife health and social care partnership however reported a similar pattern in the 2016/17 self-directed support publication, therefore it is anticipated that this exclusion would not change the client groups with the largest proportions.

Glasgow City previously reported learning disability as the largest client group (1,041 people) with elderly and frail one of the smallest groups (73 people only) in the 2016/17 self-directed support publication. If Glasgow had a similar breakdown in 2017/18 it would be unlikely to impact on the client groups with the highest proportions reported above.

Trend in use of self-directed support option 1

Figure 4 shows the trend in the total number of people in Scotland receiving direct payments (self-directed support option 1) from 2007/08 to 2017/18. In 2017/18, there were 8,880 people estimated to have received a direct payment, 590 more people than in 2016/17 and an increase of 2,427 since the introduction of the Self-Directed Support Act.

Note the figures for 2017/18 are an estimate as figures for Fife health and social care partnership were not available for this year. In order to calculate a Scotland (estimated) figure it has been assumed that Fife had the same number of people receiving direct payments (self-directed support option 1) in 2017/18 as were reported in 2016/17. Due to the inclusion of an estimated figure for Fife, numbers presented in this analysis differ at Scotland level from the self-directed support option 1 information presented in Table 2.
Figure 4: Number of people in Scotland (estimated)\(^1\) receiving direct payments (self-directed support option 1) 2007/08 – 2017/18\(^2\)

1. Fife has been estimated for 2017/18 by assuming the same figure as 2016/17 published in the Scottish Government social care survey.
2. 2007/08 – 2016/17 figures were obtained from the Scottish Government social care survey 2017 publication.

Variation across partnerships in the choice of self-directed support option 1

Figure 5 presents an overview of the number of people receiving direct payments (self-directed support option 1) to purchase services and support across Scotland expressed as a rate per 1,000 population. In 2017/18, for Scotland (estimated), the rate of people receiving direct payments (self-directed support option 1) was 1.6 per 1,000 population. The graph shows a wide variation in the rate of people who choose self-directed support option 1 across partnerships.

As referred to in the introduction section individual choice is key. These figures are an illustration of the comparisons that can be made (in this case self-directed support option 1 across health and social care partnerships) in the choices people are making.
Figure 5: People\textsuperscript{1,2} receiving direct payments (self-directed support option 1); rate per 1,000 population: 2017/18

1. Incomplete data: Fife – Self-directed support not included.
2. To obtain an (estimated) Scotland rate, Fife has been approximated for 2017/18 by assuming the same figure as published for 2016/17 in the Scottish Government Social Care Survey.

Support and services required and Organisations providing support

The following analyses focus on the type of support required by people involved in choosing and controlling their personal outcomes for social care (any self-directed support option) during 2017/18 and the organisations providing that support. This information is based on all health and Social care partnerships that provided individual level information (Glasgow City and Fife are excluded).

Support and services required

Figure 6a shows the assessed needs for people receiving self-directed support (all self-directed support options combined). Note that a person could be assessed as having more than one service/support need, therefore the total of the percentages for each type of support/service may exceed 100% of people. The most frequent assessed need is personal care (36,816 or 42.9% of the total), while 15,193 (17.7% of total) were assessed as requiring equipment and adaptations. Note 24,963 people (29.0%) people involved in choosing and controlling their support through self-directed support, did not have an assessed need recorded. It was not possible to quantify the impact of the missing data from previously published data.
Figure 6a: People receiving self-directed support (all Options) for Scotland (all areas submitted)\(^1\): by assessed support need\(^2\), 2017/18

1. Incomplete data: Data was not available for Fife and Glasgow City so these are not included in the all areas submitted total.
2. It is possible that a person could be assessed as requiring more than one service/support; therefore figures across the different support needs cannot be added together to obtain an overall total.

Organisation providing Services/Support

Figure 6b presents information on the different organisations providing support and services for people who were involved in choosing how they received their social care support and services (all self-directed support options combined).

In 2017/18, for people who made a choice regarding their support and services 42.8% (36,668) of people receiving self-directed support received it through their Local Authority, whereby the client purchases services from, or has the service provided by the Local Authority, while 34.3% (29,457) of people purchased services from a private sector provider. It should be noted that people can receive support from more than one type of provider.

It was not possible to quantify the impact of the missing data from previously published data.
Figure 6b: People receiving self-directed support (all Options) for Scotland (all areas submitted)\(^1\), by support organisation type\(^2\), 2017/18

1. Incomplete data: Data was not available for: Fife and Glasgow City so these are not included in the all areas submitted total.

2. It is possible for people to receive support from more than one organisation; therefore figures across organisations cannot be added together to obtain an overall total.
Section 3. Home Care

The information in this section is about people who have been supported to meet their assessed social care needs within the community (includes sheltered housing and equivalent accommodation). For statistical purposes the term ‘Home Care’ includes personal care and a wide range of practical services which assist a person to function as independently as possible in the community. Such tasks may include housework, shopping, laundry and/or paying bills. Not included in this section are ‘live in’ and 24 hour services that are defined as ‘Housing Support’. It should be noted that although the term home care is used in this publication a broadly equivalent and widely used term is ‘Care at Home’. (For further information please see home care section of definitions and guidance document).

Due to restrictions in the way that the data were collected nationally for 2017/18 the home care figures are only available for the period 1 January 2018 to 31 March 2018. In future years it is expected that annual figures will be available.

‘Census week’ analysis

To allow comparison with figures previously published by the Scottish Government an estimated number of people receiving home care and the number of home care hours they received have been calculated for a ‘census week’ (last week in March – 25 March 2018 to 31 March 2018). The hours of home care were estimated by calculating the average number of hours per day for each person. This was then multiplied by the number of days the person received home care in the ‘census week’.

Figures for Glasgow City have not been estimated as they provided aggregated figures for the ‘census week’.

Trend information in this section includes data previously published by the Scottish Government as part of the social care survey publication. Data from 2010 to 2017 has been obtained from the Scottish Government website.

Data completeness and interpretation

Midlothian, Moray and North Ayrshire health and social care partnerships were unable to provide home care hours data for 2018 therefore an ‘all areas submitted’ figure has been provided as opposed a Scotland figure with the exception of trend information. To allow trend data to be reported, an estimated Scotland figure has been presented including 2017 home care hours for Midlothian, Moray and North Ayrshire health and social care partnerships. It has therefore been assumed that home care hours for 2018 are the same as previously reported in the social care survey for the areas outlined.

It should be noted that The Scottish Government social care survey used actual hours when available and planned hours when not. The 2018 collection report on planned hours unless otherwise stated.
Home care hours

For January to March 2018 the home care hours are based on planned hours except for: Falkirk partnership has provided a mixture of planned (internal services) and actual hours (external services). East Lothian and North Lanarkshire partnerships provided actual hours, however both partnerships noted this would be similar to planned hours. Thus this should have a minimal impact on the results presented.

Home care quarterly information

There were 67,985 people who received home care during January to March 2018. For the areas that submitted home care hours, there were a total of 8,312,122 hours between January to March 2018, which is a weekly average of approximately 10 hours per person. Note, home care hours do not include Midlothian, Moray and North Ayrshire due to data completeness (therefore hours are attributable to 63,204 people only.)

Home care ‘census week’ trend information

In 2018, there were an estimated 59,809 people in Scotland receiving home care during the ‘census week’ (25 - 31 March) which is similar to the number of people in 2017 (59,642). The number of people receiving home care decreased between 2010 and 2016 but since then the numbers has been broadly similar (Figure 7).

Figure 7: Number of people in Scotland (estimated)\(^1\) receiving home care during census week in March 2010-2018\(^2\)

1. The 2018 ‘census week’ has been obtained using the home care service start and end dates.
2. 2007/08 – 2016/17 figures were obtained from the Scottish Government social care survey 2016/17 publication.
3. Dash line represents the change from the social care survey to the source social care data collection.
The number of home care hours in Scotland (estimated) during the ‘census week’ increased from 696,620 hours in 2017 to an estimated 704,816 hours in 2018 (Figure 8).

Note that home care hours were not available for Midlothian, Moray and North Ayrshire Health & Social care partnerships for 2018. The estimate for Scotland assumes that these areas provided the same number of hours of home care in 2018 as were reported in the social care survey for 2017.

Home care hours presented for 2010-2017 from the social care survey refer to actual hours, where actual hours could not be provided planned hours were included. This differs from the social care 2018 collection which requested the number of planned home care hours. It should be noted that the differences in data collections may account for some differences in the numbers presented.

Figure 8: Number of home care hours in Scotland (estimated) during census week in March 2010 to 2018

1. Incomplete data: Midlothian, Moray and North Ayrshire could not provide home care hours data for 2018 so figures for 2017 census week have been used. Angus 2017 census week is based on 2016 as this could not be provided at the time of the social care survey publication.
2. 2018 data refers to planned hours however East Lothian and North Lanarkshire could only provide actual home care hours. Falkirk has provided planned hours for internal services and paid for hours for external services.
3. 2010 - 2017 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.
4. Dash line represents the change from the social care survey to the source social care data collection.
Home care ‘census week’ rate per 1,000 population

Figure 9 shows the rate per 1,000 people, receiving home care during the ‘census week’ in March 2018. The Scotland (estimated) rate was 11.3 per 1,000 population (59,809 people). West Dunbartonshire reported the highest rate (16.9 per 1,000) and Aberdeen City reported the lowest (7.7 per 1,000).

Figure 9: People receiving home care during census week\(^1\) in March 2018: rate per 1,000 population

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1. The 2018 ‘census week’ has been obtained using the home care service start and end dates.

Client group

The social care client groups with the largest percentage of people receiving home care during the ‘census week’ 2018 were elderly and frail (49.2% or 26,798 people) and physical and sensory disability (46.4% or 25,246 people). Figures exclude Glasgow City as this was unavailable. It was not possible to quantify the impact of the missing data from previously published data.
**Service provider**

From the social care survey published by the Scottish Government it is reported that over the past ten years (2008 to 2017) local authorities have increasingly purchased Home Care from the private and voluntary sectors, rather than providing services directly themselves.

During the estimated ‘census week’, 34.6% (20,703) of people were receiving home care services through local authorities only, with 41.2% (24,674) provided solely by private sectors and a further 8.9% (5,335) received services purely from the voluntary sector (Figure 10).

**Figure 10: Number of people receiving home care by service provider during the census week 2018 in Scotland**

During the estimated ‘census week’, 44.2% (269,675) of all home care hours were provided solely by the private sector, a further 24.5% (149,358) were provided solely by the voluntary sector and 21.4% of home care hours received in Scotland were provided by Local Authority/Health & Social Care Partnership/NHS Board only (Figure 11, information not in dashboard).

1. It is possible for an individual to receive services from more than one service provider type. This is reflected by the categories shown in the chart. Individuals will only appear in one category shown above.
Figure 11: Number of home care hours by service provider during the census week 2018 in Scotland (all areas submitted)\(^1,2\)

1. It is possible for an individual to receive hours from more than one type of organisation. This is reflected by the categories shown in the chart. Individuals will only appear in one category shown above.

2. Incomplete data: Midlothian, Moray and North Lanarkshire could not submit home care hours so have been excluded from this analysis. Glasgow City did not submit home care hours by provider and are also excluded from this analysis.

**Home care hours (‘census week’)**

Figures 12 and 13 show the variation in the number of hours of home care received by people during the ‘census week’. Assuming these estimated figures are representative for Scotland this implies that 37.0% (20,576) of people overall received a package of care of 10 hours or more during the ‘census week’. The equivalent percentages by broad age group are 33.9% for home care recipients aged 65 and over and 50.1% for people aged under 65. Note: Midlothian, Moray and North Ayrshire health and social care partnerships were unable to provide home care hours for 2017/18 and are excluded from this analysis. Based on the distribution of hours reported in the Social Care Survey 2016/17 for these partnerships, it is not anticipated that this would change the distribution of hours presented.
Figure 12: Number of people, all ages receiving home care: by number of home care hours, Scotland (all areas submitted)\textsuperscript{1,2} during census week March 2018

1. Incomplete data: Midlothian, Moray and North Ayrshire could not provide home care hours data for 2017/18 so have been excluded from this analysis.

2. East Lothian and North Lanarkshire could only provide actual home care hours rather than planned home care hours. Falkirk has provided planned hours for internal services and paid for hours for external services.
Home care distribution of hours

Figure 13 shows the most frequent number of home care hours received during the 2018 ‘census week’ was between 3 and 4 hours (11.1% or 5,606 people). At either end of the distribution, probably reflecting the wide diversity of needs, the information available shows 4,860 people were receiving 24 hours or more home care during the ‘census week’ and 2,133 people receiving less than one hour.

Figure 13: Number of people who received home care by home care hour groupings, Scotland (all areas submitted)\(^1,2\) during census week 2018

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1. Incomplete data: Midlothian, Moray and North Ayrshire could not provide home care hours data for 2017/18 so have been excluded from this analysis. Glasgow City could not provide individual level data so have been excluded from this analysis.

2. East Lothian and North Lanarkshire could only provide actual home care hours rather than planned home care hours. Falkirk has provided planned hours for internal services and paid for hours for external services.
Home care clients who 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. The type of support that is provided aims to meet the specific needs of the client/service user.

In Scotland (all areas submitted) during the 2018 ‘census week’, 11.9% of people who were receiving home care received housing support, 72.9% did not receive housing support and 15.2% were unknown. It was not possible to quantify the impact of the missing data from previously published data.

Figure 14: Percentage of people receiving home care services during 2018 census week with housing support; Scotland (all areas submitted)¹

1. North Lanarkshire, Orkney Islands, Shetland and West Dunbartonshire recorded all clients as ‘not known’ as could not provide housing support information.
Living alone

Figure 15 presents the living status of people who are receiving home care. For the ‘census week’ in 2018, 34.4% (20,573) of people receiving home care during the ‘census week’ were living alone with a further 34.1% (20,382) where the living status was unknown. See notes below graphic for missing data.

**Figure 15: Percentage of people receiving home care services during 2018 census week 2018 living alone; Scotland (all areas submitted)**

1. Aberdeenshire and Midlothian have recorded all clients as “not known” as could not provide living alone information.

In the previous Scottish Government social care survey publication, only those people whose living status was known were included (the “not known” category was excluded). Excluding the ‘not known’ category for the 2017/18 figures allows comparability with the previous Scottish Government survey. It shows that, for those people where living alone status is known, around 52% of people were receiving home care were living alone.

**Personal Care**

Personal care includes assistance with personal hygiene, continence management, eating and drinking, immobility problems, counselling and support, simple treatments and personal assistance. Free personal care is a legal requirement for people aged 65 and over who have been assessed as having a requirement for personal care. Note: A more detailed definition is given in Schedule 1 of the Community Health and Care Act. From 1 April 2019 free personal care has been available to all adults and will impact on publications including data for 2019/20 onwards. Please note more complete and comprehensive data on personal care will be available in the Free Personal Nursing Care publication published by the Scottish Government and figures may vary from this publication.
Figure 16 presents the percentage of people in receipt of home care services that received personal care during the ‘census week’ in 2018. In Scotland (all areas submitted), 93.0% of people in receipt of home care services received personal care. Based on information previously published in the social care survey for 2016/17, it is likely that the exclusion of Glasgow City information would have little impact on the proportion of home care clients reported as receiving personal care in Scotland.

**Figure 16: Percentage of people receiving home care services with Personal Care during census week 2018 for Scotland (all areas submitted)**

1. Incomplete data: Glasgow City could not provide individual level information so have been excluded from this chart and the Scotland average.
Emergency admissions for people receiving home care

One of the advantages of the new social care information is that it is now possible to learn more about the way some people need to use multiple health and social care services often due to an acute or on-going condition. An example of this is shown here - the analysis presents information on emergency admissions to hospital that occurred for people who were in receipt of home care in the period January to March 2018.

To produce such analyses individual records for people receiving home care are linked to individual summaries of hospital care. In this case, the hospital data are emergency (i.e. unplanned) admissions to hospital in Scotland.

During January to March 2018 the emergency admission rate to hospital for people receiving home care in Scotland (excluding Glasgow City) was 245.4 per 1,000 people receiving home care, a total of 12,564 emergency admissions (Figure 17a). The number of hospital bed days resulting from these admissions was 146,374.

The emergency admission rate to hospital for people receiving home care ranged from 153.8 (Moray) per 1,000 people receiving home care to 332.1 (South Ayrshire) per 1,000 people receiving home care.

Figure 17a: People receiving home care in January to March 2018 who have an emergency hospital admission during the same period; emergency admission rate per 1,000 people receiving home care

1. Incomplete data: Glasgow City could not provide individual level information so have been excluded from this analysis and the Scotland average.
2. The denominator used in the calculation of the emergency hospital admission rate is the number of people with an active home care service on 31st March 2018. See Appendix 1 for more information on methodology.
Figure 17b: People receiving home care in January to March 2018 who have an emergency hospital admission during the same period; emergency admission bed day rate per 1,000 people receiving home care¹,²

1. Incomplete data: Glasgow City could not provide individual level information so have been excluded from this analysis.
2. The denominator used in the calculation of the emergency hospital admission bed day rate is the number of people with an active home care service on 31 March 2018. See Appendix 1 for more information on methodology.

Level of independence

Some Partnerships provided details about the measured level of independence of people they reported on. This is done using a nationally standardised tool (the Indicator of Relative Need or ioRN) which, inter alia, gives an objective, person-focused indication of the relative level of support needs. More detail about the ioRN tool is available here. The companion dashboard provides an example of the kind of analyses that are possible showing the variation in hours of home care according to the level of independence of the person.
Section 4. People supported in care homes

The information in this section of the report is about people who have been supported to meet their assessed social care needs within a care home. Information is gathered on people who were resident (long term, short term or for respite) in a care home at any point during the period 1 January 2018 to 31 March 2018.

The figures include anyone for whom some or all of the care home fee is paid by the health and social care partnership. This section does not include anyone who lives in a care home on an entirely self-funded basis.

More information on the definitions and guidance for people supported in a care home is available here.

Notes about the figures presented in this section:

- Care homes residents aged under 18 are excluded from the analyses.
- Residents admitted to a care home for respite care are included.
- Rates are expressed as per 1,000 population (National Records of Scotland 2017 midyear population estimates aged 18 and over).
- Start and end dates provided have been used to identify admissions and discharges to and from care homes.
- Information is shown by the health and social care partnership (HSCP) funding the resident’s package of care. The care home placement could be outside the geographical boundary of the health and social care partnership.

Summary of care home residents – Age and Sex

Of the 33,972 people supported in a care home on 31 March 2018 to meet there social care needs (excluding 115 records with missing age/sex details) over two thirds (67.3%, 22,788) were female. The proportion of females residing in a care home increases with age, well over half (56.5%) the females supported in a care home were in the age group 85 and over (figure 18).

Males are the majority among people supported in care homes who are aged under 65 (58.8% males compared to 41.2% females).
1. 115 people with unknown age or sex have been excluded from this analysis.

Figure 19 shows the rate per 1,000 people aged 18 and over, whether fully or partially funded, supported in a care home by health and social care partnership as at 31 March 2018. The Scotland rate was 7.7 per 1,000 population (33,972 people).

South Ayrshire reported the highest rate (11.8 per 1,000) and Orkney Islands reported the lowest (5.0 per 1,000).

Figure 19: People supported in care homes (residents ages 18+): rate per 1,000 population; as at 31 March 2018
Median length of stay in a care home

Figure 20 shows the variation in median lengths of stay by health and social care partnership. The median length of stay for people aged 18 and over supported in a care home as at 31 March 2018 was 472 days.

At 31 March 2018 South Ayrshire health and social care partnership had the longest median length of stay at 710 days. Note, figures provided for City of Edinburgh, East Ayrshire, East Renfrewshire and Falkirk will be under reported. More information is provided in notes under chart and within the technical document.

Note: The 'median' is the middle value when all the lengths of stay for care home residents are arranged in ascending order. The median figure for Scotland excludes Glasgow City and Comhairle nan Eilean Siar as they provided aggregated data.

Figure 20: Scotland (all areas submitted)\(^1,2\) Median length of stay (days) for residents in care home as at 31 March 2018

1. The Scotland median excludes Comhairle nan Eilean Siar and Glasgow City as only aggregated data was available and was therefore not able to be included in the median calculation.
2. City of Edinburgh, East Ayrshire, East Renfrewshire and Falkirk will be under reported due to reported issues in local financial/reporting systems.

Need for nursing care

In Scotland, 56.1% of people being supported in a care home required nursing care as at 31 March 2018 (Figure 21).

North Lanarkshire, East Dunbartonshire and Inverclyde health and social care partnerships reported the highest proportion of people who required nursing care provision as at 31
March 2018 with 93.7%, 86.3% and 83.5% respectively. Dumfries and Galloway health and social care partnership, at 13.0%, had the second lowest proportion of people requiring nursing care; Shetland reported no-one required nursing care provision in a care home (Figure 21).

**Figure 21: Percentage of people supported in a care home requiring nursing care provision as at 31 March 2018**¹

1. City of Edinburgh could not provide information for 1,528 care home residents so these have been shown as “not provided”.

¹. City of Edinburgh could not provide information for 1,528 care home residents so these have been shown as “not provided”.
Emergency admissions to hospital for people being supported in a care home

One of the advantages of the new social care information is that it is now possible to learn more about the way some people need to use multiple health and social care services often due to an acute or on-going condition. An example of this is shown here - the analysis presents information on emergency admissions to hospital that occurred for people who were residing in a care home during the period January to March 2018.

To produce such analyses individual records for people receiving home care are linked to individual summaries of hospital care. In this case, the hospital data are emergency (i.e. unplanned) admissions in Scotland.

During January to March 2018, for all areas submitted, the emergency admission rate to hospital, for people supported in a care home in Scotland (excluding Glasgow City and Comhairle nan Eilean Siar) was 113.1 per 1,000 care home residents, a total of 3,143 emergency admissions (Figure 22). The number of hospital bed days resulting from these admissions was 19,731 bed days.

The emergency admission rate to hospital for people supported in a care home ranged from 47.1 per 1,000 care home residents to 194.1 per 1,000 care home residents (Figure 22).

**Figure 22: People supported in a care home between 1 January 2018 – 31 March 2018 who have an emergency hospital admission during the same period; emergency admission rate per 1,000 of people supported in care home**

1. Incomplete data: Comhairle nan Eilean Siar and Glasgow City are excluded from this analysis and Scotland rate as individual level care home data was not available.
2. The denominator used in the calculation of the emergency hospital admission rate is the number of people resident in a care home on 31 March 2018. See Appendix 1 for more information on methodology.
Figure 23: People supported in a care home in January to March 2018 who have an emergency hospital admission during the same period; emergency admission bed day rate per 1,000 people care home resident\(^1,2\)

1. Incomplete data: Comhairle nan Eilean Siar and Glasgow City are excluded from this analysis and Scotland rate as individual level care home data was not available.

2. The denominator used in the calculation of the emergency hospital admission bed day rate is the number of people resident in a care home on 31 March 2018. See Appendix 1 for more information on methodology.

Level of independence

Some Partnerships provided details about the measured level of independence of people they reported on. This is done using a nationally standardised tool (the Indicator of Relative Need or ioRN) which, inter alia, gives an objective, person-focussed indication of the relative level of support needs. More detail about the ioRN tool is available here. The companion dashboard provides an illustration of the possible analyses that can be done to retrospectively show current practice to inform future planning, taking account of the levels of functional independence of people whose needs might best be met within a care home setting.
Section 5. Community alarms and 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.

This section is about people who have an active community alarms or telecare between 2015/16 to 2017/18.

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 guidance document for more information about community alarms and telecare.

Note: South Lanarkshire could not provide community alarm/telecare data for 2017/18. In order to estimate a Scotland figure for 2017/18, it has been assumed that South Lanarkshire had the same number of community alarms/telecare as in 2016/17 (source: Scottish Government social care survey).

Trend information

Figure 24 presents the trend in community alarms/telecare from 2015/16 to 2017/18. It is not possible to provide a longer trend as all active community alarms/telecare information has only been collected in its current form since 2015/16. Trend information in this section includes data previously published by the Scottish Government in the social care survey.

Overall, the number of people receiving a community alarm and/or telecare service continues to rise. In 2015/16, 126,790 people were reported to be in receipt of a service, increasing to 128,750 people in 2016/17 and an estimated 131,917 people in 2017/18.

A more detailed analysis for 2017/18 shows that 83,473 were reported to have an active community alarm only, a further 32,195 clients were reported to be receiving both a community alarm and telecare, and 16,249 people had telecare only (Figure 24).
There has been a decrease (7.6%) in the number of people with an active community alarm (only) between 2015/16 to 2017/18 from 90,380 to an estimated 83,473 in 2017/18 (Figure 24).

Although reducing between 2015/16 and 2016/17 the number of people with telecare only increased markedly between 2016/7 and 2017/18 (from 4,710 people to an estimated 16,249) (Figure 24). Health and social care partnerships have highlighted differences in recording information at a local level and this may account for much of the increase. More detailed notes are available in the technical document.

The number of people with both a community alarm and telecare equipment had a small decrease in 2017/18 compared to 2016/17.

Figure 24: Number of people provided with community alarms and/or telecare; Scotland\(^1\) : 2015/16 – 2017/18

1. South Lanarkshire was unable to provide community alarms/telecare data for 2017/18. In order to present trend information at Scotland level, this area has been assumed to have the same level of community alarms/telecare as was published in the Scottish Government social care survey for 2017.
## Glossary

### Home Care

**Home Care**
Home care is defined as the practical services which assist the service user to function as independently as possible and/or 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 the client/service user.

**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 receives.

**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.

Planned Hours  This is the number of hours of home care that it is planned for the person.

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

Self-directed support

Self-directed support (SDS)  Self-directed Support is the mainstream approach to social care in Scotland. It gives people control over an individual budget and allows them to choose how that money is spent on the support and services they need to meet their agreed health and social care outcomes.

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.

SDS Option 4  The person can choose a mix of these options to meet aspects of their health and social care outcomes.

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

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).

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

Within the Scottish Government social care survey publication information was provided to support indicators on the proportions of people with high level of care needs who receive care at home. Updated information for this is available via an excel workbook [here](#). Figures presented relate to a ‘census week’, which is usually the last week in March. Information is provided from ISD source social care, Scottish Government hospital based complex clinical care census, Scottish Government quarterly monitoring return, and the Scottish Government social care survey. All information prior to 2017/18 has previously been published in the [social care survey](#). Where data are missing for 2017/18 the previous years figures have been used as an estimate.
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Further Information

Further Information can be found on the ISD website.
For more information on health and social care see the health and social care section of our website.
The next release of this publication will be in 2020.

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Appendices

Appendix 1 – Background and Methods

Information Services Division (ISD) 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.

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 ISD website.

This first year of the revised social care data was ‘transitional’ and, partly as a consequence of this, there is some variation in the time periods that information was extracted for, see table below for more information.

<table>
<thead>
<tr>
<th>Source dataset section</th>
<th>Time period</th>
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| Demographics and Client information     | All people receiving services and support in January to March 2018 plus
Anyone who received self-directed support, community alarm/telecare and/or an Indicator of relative need (IoRN) assessment at any time during the financial year (April 2018 - March 2019). |
| Home care                               | January - March 2018                                                                                                                                 |
| Self-directed support                   | April 2017 - March 2018                                                                                                                                 |
| Care home                               | January - March 2018                                                                                                                                 |
| Community alarms/telecare               | April 2017 - March 2018                                                                                                                                 |
| IoRN                                    | Optional fields for clients with an IoRN group determined at any time during the financial year.                                                                 |
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.

Data Completeness social care summary information for 2017/18

The table below presents a summary of the information available for the section 1 of this report and the people and services of the companion dashboard.

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¹ East Lothian HSCP could only provide client information for community alarm/telecare clients with new services in financial year 2017/18. Aggregated data provided for all clients.

² Age & Sex breakdowns were not provided for all or part of submissions for financial year 2017/18. East Lothian (of community alarm/telecare clients, only clients with new services are included), Fife HSCP (self-directed support), Glasgow City HSCP (all service areas), Scottish Borders HSCP (Community Alarms/Telecare) and South Lanarkshire HSCP (Community Alarms/Telecare)
Data Completeness for self-directed support

Information for self-directed support for 2017/18 was provided for all areas except Fife. Trends information for Scotland and Fife include an estimate for 2017/18. For this estimate it has been assumed that Fife had the same self-directed support information as was reported for 2016/17 in the social care survey. ISD are working with Fife to obtain the data for 2017/18.

Glasgow City provided aggregated data rather than individual level data.

Comhairle nan Eilean Siar were not able to provide information for self-directed support option 3.

See technical notes document for more detailed information.

Data Completeness for home care

The table below presents a summary of the information available for the home care section of this report and companion dashboard.

See technical notes document for more detailed information.

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### Data Completeness for care homes

The table below presents a summary of the information available for the care home section of this report and companion dashboard.

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

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<td>☑</td>
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<td>South Ayrshire</td>
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</tbody>
</table>
Data Completeness for community alarms/telecare

All areas except South Lanarkshire provided information on community alarms/telecare data. In order to calculate a Scotland figure for trends, the 2016/17 figures from the social care survey published by the Scottish Government have been used.

Glasgow City and Scottish Borders provided aggregated data rather than individual level data.

See technical notes document for more detailed information.

Data Completeness for CHI linkage

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.
## Other data sources

### Emergency hospital admissions (SMR01)

Home care/care home individual level information has been linked to acute hospital data to obtain information on emergency hospital admissions and bed day rates for people receiving home care/resident in care home. The emergency hospital admissions 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. Attendances at Accident and Emergency Departments that do not result in an admission to hospital are not included.

<table>
<thead>
<tr>
<th>Partnership</th>
<th>People with home care (%)</th>
<th>People in a care home aged 18 &amp; over (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Renfrewshire</td>
<td>98.9</td>
<td>96.6</td>
</tr>
<tr>
<td>Falkirk</td>
<td>98.3</td>
<td>96.9</td>
</tr>
<tr>
<td>Fife</td>
<td>94.0</td>
<td>87.6</td>
</tr>
<tr>
<td>Glasgow City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highland</td>
<td>96.0</td>
<td>96.5</td>
</tr>
<tr>
<td>Inverclyde</td>
<td>99.2</td>
<td>99.4</td>
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<td>Midlothian</td>
<td>94.9</td>
<td>94.3</td>
</tr>
<tr>
<td>Moray</td>
<td>96.0</td>
<td>94.1</td>
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<tr>
<td>North Ayrshire</td>
<td>96.3</td>
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<td>North Lanarkshire</td>
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<td>Orkney Islands</td>
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<td>84.9</td>
</tr>
<tr>
<td>Perth &amp; Kinross</td>
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<td>Renfrewshire</td>
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<td>South Ayrshire</td>
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<td>South Lanarkshire</td>
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<td>Stirling</td>
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<tr>
<td>West Dunbartonshire</td>
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<tr>
<td>West Lothian</td>
<td>94.6</td>
<td>90.5</td>
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</tbody>
</table>
Information Services Division

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 2017/18 has been estimated by using figures from the social care survey for 2016/17 published by the Scottish Government.

As the populations of health and social care partnerships vary, the rate per 1,000 population 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.

Social care summary information (People and services summary in dashboard)

- A small number of partnerships were unable to provide individual level data for all services/support. Where this is the case some partnerships have provided aggregated data for these services/support. If someone received more than one service they are counted only once in the total number of people receiving social care services/support. However, this is not possible if a person is included in both individual and aggregated data therefore some people could potentially be counted more than once.

- Areas for which no data was provided are:
  - Self-directed support – Fife HSCP.
  - Self-directed support – Comhairle nan Eilean Siar HSCP Option 3 only.
  - Community alarms/telecare - South Lanarkshire HSCP.
  - Housing support – North Lanarkshire, Orkney Islands, Shetland, West Dunbartonshire HSCPs.
  - Meals – North Lanarkshire HSCP.
  - Day care – Argyll & Bute, North Lanarkshire, Orkney Islands HSCPs.
  - Social worker – Renfrewshire, West Dunbartonshire HSCPs.
• 1 in 24 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 individuals 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 2017 population estimate.

• Home care, care home and meals information was collected for financial quarter 4, self-directed support and community alarms/telecare were collected for the financial year and housing support, social worker and day care were collected for a mixture of both. All have been combined to obtain the total number of people supported. The differences in reporting periods should be considered when interpreting analyses involving multiple services.

Self-directed support

• To enable comparisons with the previous Scottish Government self-directed support publication, this publication uses the same methodology when calculating the percentage of people receiving social care support and services who were provided with self-directed support during 2017/18. People with only a care home record, a day care record or home care outside of the ‘census week’ for 2018 or any combination of these items have been excluded. In addition, people with the following services are excluded from this calculation:
  o only a community alarm/telecare service.
  o only a social worker.
  o only a community alarm/telecare service and a social worker.
  o only a housing support service.
  o 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 2017/18.

• 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 2017/18, the ‘census week’ was 25 March 2018 to 31 March 2018.

- 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.

- 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.

- The numbers of admissions and discharges to and from care homes have been derived using the admission and discharge dates within the reporting period.

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

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.

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 hospital admissions and bed day rates 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. Comhairle nan Eilean Siar did not provide individual level care home data and Glasgow City provided aggregated home care and care home information and are therefore excluded from the linked analysis.
The denominator used in the calculations of emergency hospital admission and bed day rates is the number of people with an active home care service/care home residents.

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 between 1 January 2018 and 31 March 2018. The emergency admissions 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 1 January 2018 if before) and the latest home care service end date (or 31 March 2018 if ongoing).

Where people have had multiple care home episodes within the quarter, the final episode admission and discharge dates within the reporting period have been used to calculate number of 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. Within the Scottish Government Social Care Survey a hierarchy was applied to assign one client group per person however within this report no hierarchy has been applied. 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 ISD website for more information on the definitions of client group.

Estimations and adjusted figures

The number of people supported in Scotland during 2017/18 is a unique count of the total number of people for all social care services and support collected by ISD (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 enable better comparison with the information collected in the social care survey. 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) and Glasgow City data was only available at aggregated level, 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' 18% of the total number of people supported was accounted for by people who only had community alarms/telecare.

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<thead>
<tr>
<th>Social care topic</th>
<th>Partnerships</th>
<th>Source social care – proportion (%) receiving service only¹</th>
<th>Social care survey – proportion (%) receiving service only¹,²</th>
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</thead>
<tbody>
<tr>
<td>Self-directed support</td>
<td>Fife</td>
<td>4.4%</td>
<td>6.6%</td>
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<tr>
<td>Community Alarms/Telecare</td>
<td>South Lanarkshire</td>
<td>18%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Day care</td>
<td>Argyll &amp; Bute, Glasgow City, North Lanarkshire, Orkney</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Housing Support</td>
<td>North Lanarkshire, Orkney, Shetland, West Dunbartonshire</td>
<td>1.1%</td>
<td>1.2%</td>
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<tr>
<td>Meals</td>
<td>North Lanarkshire</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Support Worker</td>
<td>Renfrewshire, West Dunbartonshire</td>
<td>4.1%</td>
<td>10.1%</td>
</tr>
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</table>

¹. Percentage (%) based on the total count of people receiving support/services (all areas submitted) in this topic only.

². 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), 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 produced an estimated total number of people supported.
i.e. South Lanarkshire was estimated to be missing 18% of the number people supported due to community alarms/telecare information not being provided. The estimated calculation (where 7,105 represents the number of people supported minus community alarms/telecare) is:

number of people supported (7,105) /(100-18)*100 = 8,644

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.

Glasgow City HSCP provided a unique figure for the number of people supported.

**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 2017/18 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.
- Finally to create a Scotland (estimated) figure, Glasgow City data was incorporated by inflating the sum of partnerships unique counts by 8.4% (this is the proportion of people in Scotland which Glasgow City was estimated to represent).

**Relevant social care legislation/policy**

- **Social Work (Scotland) Act 1968**
- **Community Care and Health (Scotland) Act 2002**
- **Public Services Reform (Scotland) Act 2010**
- **Social Care (Self-directed Support)(Scotland) Act 2013.**
- **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, Information Services Division 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, some small numbers have been suppressed in this publication or companion dashboard. These are shown as asterisks. In addition, some secondary suppression may be required to prevent the calculation of suppressed data.

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 nss.source@nhs.net.
# Appendix 2 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<td><strong>Publication title</strong></td>
<td>Insights into Social Care in Scotland 2017/18</td>
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<tr>
<td><strong>Description</strong></td>
<td>Summary of social care services and support provided in 2017/18 including four key themes: Self-directed support, Home care, Care Home and Community Alarms/Telecare</td>
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<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
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<td><strong>Topic</strong></td>
<td>Social Care</td>
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<tr>
<td><strong>Format</strong></td>
<td>PDF report with online dashboard, Excel table</td>
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<td>Source social care collection, General acute inpatient/day case records (SMR01) Scottish Government social care survey</td>
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<tr>
<td><strong>Date that data are acquired</strong></td>
<td>All data extracted March - April 2019</td>
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<td>11 June 2019</td>
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<td><strong>Frequency</strong></td>
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### Timeframe of data and timeliness

<table>
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<th>Social care themes</th>
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<tr>
<td>Self-directed support</td>
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<tr>
<td>Home care</td>
<td>1 January 2018- 31 March 2018 (actual)</td>
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<tr>
<td>Care Home</td>
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<tr>
<td>Home care (census period data)</td>
<td>25 March 2018 – 31 March 2018 (estimated)</td>
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</table>

### Continuity of data

This is the first ISD publication on social care services and support following a decision taken in 2017 by the Scottish Government and ISD to transfer responsibility for key social care information to ISD. Previously these data and the published figures were the responsibility of the Scottish Government. Please see Appendix 1 for further details on data completeness.

### Revisions statement

Figures contained within this publication may be subject to change in future publications. See ISD Statistical Revisions Policy.

### Revisions relevant to this publication

This publication has no revisions.

### Concepts and definitions

See Appendix 1 and Health and Social Care guidance and definitions document.

### Relevance and key uses of the statistics

Potential uses of the information includes:

- 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 2017/18 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 edition much of the content is similar to that published in previous years by the Scottish Government Social Care Survey. However, there are some changes in the ISD 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 ISD Scotland to make its websites and products accessible according to published guidelines.

### Coherence and clarity

The Insights into Social Care in Scotland information release is available on the ISD publication page.

Statistics are presented within an interactive dashboard, with graphical display to aid interpretation.

### Value type and unit of measurement

Figures are shown as numbers, percentages or rates.

### Disclosure

The Statistical Disclosure Control Protocol is followed.

### Official Statistics designation

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.

### UK Statistics Authority Assessment

Experimental publication that has not been assessed.

### Last published

This is the first publication by ISD

### Next published

2020

### Date of first publication

11 June 2019

### Help email

nss.source@nhs.net

### Date form completed

31 May 2019
Appendix 3 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD 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 Communication leads

Health and Social Care Chief Officers – City of Edinburgh, Western Isles, Moray, Renfrewshire, West Lothian, Shetland, Midlothian, Aberdeenshire, Aberdeen City, Clackmannanshire & Stirling, Dumfries & Galloway, East Ayrshire, Dundee, South Lanarkshire, Fife, East Renfrewshire, West Dunbartonshire, Argyll & Bute, Glasgow, Falkirk, North Lanarkshire, Scottish Borders.
Appendix 4 – ISD and Official Statistics

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics
Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.