

National Care Service (Scotland) Bill: call for evidence

Evidence submitted to the Health, Social Care and Sport Committee 02 September 2022

This is a response to the Health, Social Care and Sport Committee's call for evidence on the National Care Service (Scotland) Bill as introduced.

General comments

We welcome the opportunity to give feedback on the National Care Service (Scotland) Bill (the Bill). The proposed National Care Service (NCS) is wide ranging and will affect tens of thousands of people across Scotland who receive care in their homes, whether they rent privately, from a social landlord, live in a care home or own their own home. It will change the way people access services that can help to prevent homelessness and that support people leaving institutional care. It will have a significant impact on the way that care services are commissioned and delivered and on the way that the workforce is managed.

We fully support the vision and principles of the Bill which seeks to improve outcomes for service users, focus on prevention rather than crisis, support access to consistent and person-centred care and support, and make best use of public funding.

However, in our response¹ to the Scottish Government consultation last year, we raised some concerns about how the proposed NCS would work in practice. We also hosted an online roundtable with Shona Robison MSP, Cabinet Secretary for Social Justice, Housing and Local Government, allowing CIH members to discuss the challenges and opportunities presented by the prospect of a new NCS for Scotland.

Concerns raised through the consultation response and roundtable included:

- The **wide ranging scope of the NCS** which goes beyond the recommendations of the Independent Review of Adult Social Care (IRSC). Establishing such a service will be time consuming and costly, and could introduce additional bureaucracy without clear evidence that services will be improved.

¹ <https://www.cih.org/media/vcnhhwga/national-care-service-consultation.pdf>



- **Lack of detail about how the NCS will work in practice** and the roles and relationships between key partners including health and social care, housing and homelessness services.
- **Centralisation of services** could have a negative impact on existing relationships and risk losing local flexibility.

Given that the Bill sets out a framework for the NCS with much of the detail to be delivered through secondary legislation and regulations, we feel that some crucial detail is still lacking and so repeat some of these concerns under the specific Committee questions below.

Committee questions

The Policy Memorandum accompanying the Bill describes its purpose as being “to improve the quality and consistency of social work and social care services in Scotland”. Will the Bill, as introduced, be successful in achieving this purpose? If not, why not?

We support the principles set out in the Bill. Investing in prevention, improved partnership working and person centred care could all help to improve outcomes for individuals while providing better value for money. However, we have concerns about the reach of the Bill, how it will be co-ordinated, and the costs of establishing and running such a service.

Proposed structure

The Bill proposes that the NCS will be established as an Executive Agency or as part of the core Scottish Government setting strategic direction, performance management and accountability at a national level. It is proposed that the NCS would set national standards and guidance and create a process for ethical commissioning at a local level, while some complex or specialist services would be commissioned directly by the NCS.

We appreciate that a nationally agreed approach could help to achieve consistency of standards but have some concerns about the potential loss of local flexibility and how the new Care Boards, intended to replace Integration Authorities (IAs) will operate.

While procurement frameworks can help to maximise efficiencies, they have been criticised for driving down prices and not always providing best value for money in terms of outcomes for service users. Local partnerships can provide a solution but are dependent on local relationships and the ability of authorities to make decisions outwith formal structures.

It is widely agreed that the creation of IAs has not achieved the desired outcomes in terms of promoting joint working and sharing of resources and budgets. Legislation sets out which functions must be delegated to IAs with other functions agreed locally, meaning that the management and delivery of some services can



vary across different local authority areas. Core membership of IAs set out in legislation does not include representation from the housing sector which we see as a missed opportunity to ensure joined up services and improved outcomes.

The role of housing within Care Boards

A survey of local authorities carried out by CIH Scotland last year highlighted the need to improve links between housing and IJBs in order to deliver ambitions set out in Rapid Rehousing Transition Plans (RRTPs – local authority plans to transform temporary accommodation and homelessness services)². While some local authorities reported positive practice, this seemed to depend very much on local relationships rather than being driven strategically, and was very inconsistent. Half of local authorities reported that their RRTP was not given enough priority by the IJB in their area.

The proposed structure for Care Boards set out in the Bill seems to largely reflect the current set up of IAs – with some aspects devolved to all and others at local discretion – and therefore it is difficult to see how this will be an improvement on the current situation.

The Policy Memorandum explains that homelessness functions will be excluded from being transferred to Care Boards, recognising that homelessness functions have been delegated to Integration Authorities in very few areas and are considered to fit more appropriately within housing departments. We are pleased that the document states that “...the NCS will need to work closely with housing and homelessness services to ensure people’s needs are met.”

However, it goes on to say that “It is expected that the NCS will be involved in joined up planning to tackle homelessness, and will be subject to the shared prevention duty that the Scottish Government is committed to develop...”. We do not feel that an **expectation** of joined up planning is adequate to ensure the delivery of improved outcomes. The new Care Boards **must** work effectively with housing and homelessness services. Housing cannot be seen as an afterthought, it should be a key part of the process of developing the NCS and Care Boards.

Timescales for implementation

The policy memorandum acknowledges that time will be required to carry out additional consultation and co-design a number of different aspects of the NCS to be delivered through secondary legislation and regulations, and to allow time for planned transfer of services locally and ensure consistency of support for service users. As such, it is proposed that the transfer of functions will be phased between 2025-26. This does not seem to be enough time to allow sufficient scrutiny of the Bill, national and local consultation and make arrangements for smooth transfer of services.

² <https://www.cih.org/media/yviejzuu/rapid-rehousing-transition-plans-research-2021.pdf>



Risks highlighted in the public consultation and repeated in the policy memorandum for the Bill included potential disruption to services, loss of local accountability, changes to the workforce and adverse impact on remote, rural and island areas. It is not clear how these concerns have been addressed.

The Scottish Government proposes that the details of many aspects of the proposed National Care Service will be outlined in future secondary legislation rather than being included in the Bill itself. Do you have any comments on this approach? Are there any aspects of the Bill where you would like to have seen more detail in the Bill itself?

We understand that setting out detail in secondary legislation will allow for further consultation on details and greater flexibility, but this approach does also create uncertainty. If further details are to be developed after the Bill has been passed, the housing sector must be involved as a key stakeholder in discussions relating to national and local delivery. Priorities in delivering the new NCS for Scotland must include:

- Consistency of care and support for service users.
- Flexibility for services to evolve as new structures and systems are implemented.
- Training for staff to ensure awareness of new roles and structures.
- Housing to be recognised as a key stakeholder and partner.

Do you have any general comments on financial implications of the Bill and the proposed creation of a National Care Service for the long-term funding of social care, social work and community healthcare?

In order to improve the delivery of care and support services, we need to ensure long-term funding and certainty for the planning and commissioning of services.

There is a need for better joint working and strategic commissioning between housing, health and social care to support the delivery of homelessness prevention, tenancy sustainment work and more specialist provision such as Housing First and homes that will support our ageing population. In all of these cases, preventative spend on housing can save money for partner agencies such as the health service and criminal justice service in the long term.

Homelessness

Analysis of health and homelessness data in Scotland³ shows that people who have experienced homelessness are significantly more likely than the general population to attend accident and emergency departments, be subject to acute hospital admissions, attend outpatient appointments, receive a prescription, be

³ <https://www.gov.scot/publications/health-homelessness-scotland/pages/1/>

admitted to mental health specialities or receive initial drug and alcohol treatment services. It is clear that providing support to prevent homelessness can result in savings to the NHS by avoiding acute crisis intervention. In a CIH survey carried out earlier this year, several local authorities cited access to mental health services as a barrier to supporting homeless households⁴.

However, it is not clear how the NCS will address the needs of homeless households in accessing care or how it will support the wider homelessness prevention agenda.

Those requiring intensive support are in the minority. In 2020-21, 31 percent of households assessed as homeless were also assessed as having one support need. 13 percent were assessed as having two support needs, 5 percent as having three support needs and 1 percent with four support needs.

While those with multiple support needs and those reporting a problem with mental health (27 percent), a learning disability (3 percent), physical disability (5 percent), a medical condition (9 percent), drug or alcohol dependency (12 percent) will require more intensive interventions, the majority of homeless households have low or no support needs⁵. Many households just require support with tenancy skills and when settled in permanent accommodation, will not need any further help.

In summary, homelessness is a complex picture. For H&SC to be an effective partner in prevention, actions need to be taken before intensive interventions are needed and adequate resources must be available to support those who do need more support. What is required is a greater understanding of homelessness across H&SC, training for H&SC staff and clear responsibilities for prevention to be set out in the upcoming Homelessness Prevention Duty.

In this respect, we welcome the proposal to develop a 'no wrong door' approach, incorporating learning from Getting it Right for Every Child (GIRFEC) and we encourage the Scottish Government to make it clear that homelessness is not just a housing issue - ending homelessness requires input and partnership working across public sector organisations and with the third sector.

⁴ <https://www.cih.org/media/yviejyuu/rapid-rehousing-transition-plans-research-2021.pdf>

⁵ <https://www.gov.scot/publications/homelessness-scotland-2020-2021/documents/>

Specialist housing

The provision of specialist accommodation for older people, such as very sheltered housing or housing with extra care, can also support the aim of helping people to remain independent in a homely setting and prevent the need for more costly interventions such as residential care. This type of housing allows people to live as independently as possible with the option of receiving more or less care as their needs change.

There are some examples of specialist housing being delivered successfully with grant funding from the Affordable Housing Supply Programme, such as Varis Court in Forres. This was delivered by Hanover Housing Association in partnership with Health and Social Care (HSC) Moray and Moray Council comprising 33 individual flats with communal facilities.

Five of these flats were leased by HSC Moray on a short term basis to provide inpatient care focussed on reablement, allowing closure of the local community hospital. A new model of care was trialled - the Forres Neighbourhood Care Team (FNCT) provided 24 hour care to the residents of the five flats with nurses also able to provide support to other residents in the wider development when required. Analysis published in 2019 showed that the model was beginning to have a positive impact on hospital admissions for patients over 65, reducing length of stay and cost of admissions⁶. Following a brief extension of the trial period, the contract was ended and the five flats are now supported by social care staff rather than nursing staff.

Despite strong evidence of improving outcomes, lack of capital investment or long-term certainty from H&SC partners means that the financial risk for developments such as these often sits solely with the social landlord and for this reason can be difficult to progress.

A more equal partnership arrangement with capital funding from the NHS or through new Care Boards, and longer term commitments to the provision of care could help to deliver more housing with care and support the renovation of existing homes for older people which may no longer be fit for purpose. A review of sheltered housing in Scotland published in 2008⁷ showed that 69 percent of local authorities and 44 percent of housing associations thought that at least some of their sheltered housing stock required remodelling.

⁶ https://ihub.scot/media/6047/moray-evaluation-fnct_april19.pdf

⁷ <https://www.housinglin.org.uk/assets/Resources/Housing/Regions/Scotland/shelteredhsgscotland.pdf>



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