



A National Care Service for Scotland consultation Response submitted to Scottish Government 02 November 2021

General comments

The [Independent Review of Adult Social Care](#) (IRSC) published in February 2021 recommended the creation of a National Care Service (NCS) for Scotland and the Scottish Government agreed to act on the recommendation.

The proposals for the NCS set out in the consultation are 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 that 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 welcome the Scottish Government's continuing commitment to taking a human rights based approach to care provision and the suggestion that care services should be focused on prevention rather than crisis intervention and that they should support people to live well.

However, a number of concerns have been raised about the proposals set out in the consultation document and whether the proposals will lead to the desired improvements. Concerns include:

- The wide ranging scope of the NCS, as set out in the consultation document, goes beyond the recommendations of the IRSC. There are concerns that establishing such a service will be time consuming and costly, could introduce additional bureaucracy without clear evidence that services will be improved.
- 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. While the consultation does make reference to the role of the NCS in relation to the proposed duty to prevent homelessness, there is little mention of the wider housing context.
- Centralisation of services could have a negative impact on existing relationships and risk losing local flexibility.

It is essential in developing these plans that the Scottish Government works closely with key stakeholders including housing and homelessness services. More detailed comments are set out below.



Consultation Response

Scope of the proposals

The proposals set out in the consultation document go beyond the scope of the recommendations set out in the IRASC. The IRASC represented an in depth review of existing adult care services with specific recommendations to improve those services. The proposals set out in the consultation would see the NCS covering:

- Children's services
- Healthcare
- Social Work and Social Care
- Nursing
- Justice Social Work
- Prisons
- Alcohol and Drug services
- Mental Health services

Equal consideration has not been given to how these other service areas would work under a single national service. Implementation, at speed, of a complex structure combining all of these areas poses a significant risk and could have a negative impact on the continuity of existing services. This is especially concerning in the current context where the pandemic, economic uncertainty and withdrawal from the EU are already increasing pressure on these services.

The Scottish Government should consider implementing changes to the delivery of adult care services in the first instance and reviewing the impact before extending to other service areas.

The cost of care

The consultation does not set out estimated costs relating to the development of the proposed NCS or in relation to how it would be funded in the longer term. Neither does it attempt to quantify the increased costs that are likely to arise from supporting our ageing population while fulfilling the aim of reducing costs for those who are expected to make contributions towards their care.

It is not possible to establish whether the proposed changes would represent better value for money as opposed to investing more in existing services. The consultation proposals also focus on providing value for money in terms of efficiency of service delivery rather than improving outcomes for individuals and this needs to be addressed.



Commissioning and delivering services

There is a risk that introducing a national service accountable to Ministers could erode local flexibility and decision making. Strategic commissioning of services at a local level is already complex. Currently local authorities and Integration Joint Boards (IJBs) set the high level strategic approach to meeting statutory duties within their area. Services will then be delivered directly by the local authority or outsourced through a procurement framework or by agreement with local partners.

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.

The consultation states that the NCS will set "*clear national standards and terms and conditions for the commissioning and delivery of services.*" The intention is for IJBs to be replaced with Community Health and Social Care Boards (CHSCBs) which will be the "*local delivery body*" for the NCS. It is not clear whether this new structure will allow sufficient local flexibility to ensure that rigid procurement frameworks do not have a negative impact on the delivery of services.

The consultation does not address how Self-Directed Support (SDS) will be promoted through this new structure despite an ongoing commitment from Scottish Government¹ to support people's legal right to participate in decision making in relation to their care².

Access to services and links to preventing homelessness

The consultation paper identifies the importance of CHSCB's involvement in relation to the duty to prevent homelessness which is currently being developed and we agree that more resources should be focussed on prevention. H&SC partners play a vital role in supporting the Scottish Government's ambition to end homelessness and for local authorities to achieve the ambitions set out in Rapid Rehousing Transition Plans (RRTPs). This is especially true for people with complex needs such as those being supported through Housing First.

¹ <https://www.gov.scot/publications/self-directed-support-strategy-2010-2020-implementation-plan-2019-21/pages/1/>

² <https://www.legislation.gov.uk/asp/2013/1/contents/enacted>



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 admitted to mental health specialities and receive initial drug and alcohol treatment services. In cases such as these 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 proposals will address the needs of homeless households in accessing care or how the NCS 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

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

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

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

a housing issue - ending homelessness requires input and partnership working across public sector organisations and with the third sector.

The wider role of housing

The lack of reference to the housing sector is disappointing and failing to acknowledge the contribution that housing makes to health outcomes presents a missed opportunity. The consultation proposals do not make links to existing national strategies such as Age, Home and Community, Housing to 2040, the National Dementia Strategy or the Dementia and Covid-19 Action Plan, all of which share a commitment to support people to live in their own home, or in a homely setting, and which require partnership working with H&SC to achieve this aim. It is not clear that the document has been developed with key stakeholders at a national level who could have made these links.

Good quality housing and the support provided by social landlords contributes to significant financial savings for the health sector. As noted above, there are clearly evidenced links between homelessness and increased hospital admission and treatments. Providing accessible housing and adaptations helps to prevent trips and falls, admission to hospital or residential care and can also help to prevent delayed discharge.

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 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 IJBs (or new CHSCBs if introduced) 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.

Supporting the development of new housing with care or redevelopment of existing sheltered housing would also help to realise the aim of providing better value for the public purse and for residents who are required to contribute to the cost of their care. The weekly cost of staying in extra care housing in Varis Court is up to £320 per week taking into account the upper levels of the service and meal charges⁸ and older people on a low income will be able to access help with their housing costs through housing benefits. In comparison, the average weekly cost of residential care in Scotland in 2018/19 was £671, or £845 per week for nursing care⁹.

Reforming Integration Joint Boards

From a housing perspective, the establishment of IJBs was by no means a perfect process. Not all IJBs had direct participation from a housing representative and for many, the introduction of the Housing Contribution Statement was seen as somewhat of an afterthought.

Despite this, positive progress has been made in recent years with H&SC partners playing a vital role in supporting people to live well in their homes and in

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

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

⁸ <https://www.hanover.scot/find-a-home/developments/varis-court-forres-215/>

⁹ <https://www.caresourcer.com/caresupport/financing-care/care-home-fees-nursing-home-funding-scotland/>

supporting people with more complex needs to maintain mainstream tenancies through Housing First. A survey of local authorities across Scotland carried out by CIH in 2021¹⁰ indicated that 47 percent of local authorities thought that IJBs were prioritising the implementation of their RRTP.

Our research indicated that in areas where good working relationships have been established there are examples of support from senior staff, the establishment of strategic working groups across departments and NHS making staff available on a part time basis to support RRTP work. However, there is still a considerable amount of work to do in other areas with some local authorities stating that homelessness is still seen very much as a housing issue and others pointing out that while IJBs were supportive of RRTPs in principle, this was not necessarily translating into the provision of funding or other much needed resources.

Several local authorities mentioned access to mental health services as a significant barrier to maintaining a tenancy.

Strong working relationships between housing and H&SC partners are crucial, and any change to structures must ensure that existing relationships are not compromised and do not cut across existing good practice in terms of partnership working. If IJBs are to be reformed, housing must have a substantial role from the beginning and the new CHSCBs must be supported with the skills and resources needed to deliver good housing outcomes.

¹⁰ <https://www.cih.org/media/yviejzuu/rapid-rehousing-transition-plans-research-2021.pdf>



About CIH

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