

National Care Service for Scotland consultation

Response from Crisis

About Crisis

Crisis is the national charity for homeless people. We help people directly out of homelessness, and campaign for the social changes needed to solve it altogether. We know that together we can end homelessness.

Introduction

Crisis was a member of, and also provided the secretariat for, the Homelessness Prevention Duty Review Group (Homelessness Prevention Review Group) which was commissioned by Scottish Government to develop a detailed approach to the shared prevention duty referenced on p91 of the consultation.

This consultation response complements our response through the formal consultation portal, but contains wider context, particularly regarding the relationship between homelessness and social care services, and the relevance of a new social care framework for those at risk of or experiencing homelessness. Our responses to specific questions are identical to those submitted through the portal.

Crisis welcomes the opportunity to respond to this consultation. Housing is sometimes described as the third leg of the stool of health and social care services. But despite this, the relationship between homelessness, housing and social care services has not always received a great deal of attention, and was completely overlooked in the final report of the Independent Review.

Adequate housing and accommodation supports the effective delivery of health and social care support. Without suitable and stable housing, often responsibility will fall to statutory services to ensure accommodation is available, whether through homeless temporary accommodation, social care accommodation or hospital. At the same time, health and social care services are critical to progressing the government's agenda on preventing and ending homelessness. Therefore Crisis strongly welcomes the recognition of the interaction between social care services and homelessness in parts of the consultation document, albeit that acknowledgement of housing remains limited.

We also strongly welcome the human rights focus and emphasis on prevention and early intervention. As noted above this is in line with the policy direction for homelessness prevention and assistance to maintain housing, and with a right to adequate housing contained in the proposed Scottish human rights framework, housing must once again be considered front and centre of this approach.

The expected introduction of a homelessness prevention duty based on the proposals of the Homelessness Prevention Review Group will have significant implications for the interaction between homelessness and social care services. The proposals include specific duties to identify risk of homelessness and provide appropriate assistance; to assess social care needs of relevant applicants for homelessness assistance; to work in partnership to support people with complex

needs; and for strengthened strategic planning between relevant agencies, including health and social care partnerships, housing and homelessness services.

We expect that a consultation will take place on these proposals later this year, and legislation to bring this into effect will be introduced into Parliament in the same year as the bill to introduce the National Care Service. It is important that the frameworks for care and housing assistance / homelessness prevention are developed in parallel. If we can get them right, then they have huge potential to enhance the lives of many of the people who are most in need of additional support in Scotland. On the other hand, failure to adequately and effectively join these up could result in another fracture between services supporting some of the people at most risk of the worst outcomes in our society.

Key points

- Many people using health and social care services may have experienced, or be at risk of, homelessness. Effective health and social care services are a vital source of support for these people but many struggle to access them. On the other hand, a lack of support for health and social care needs can increase the risk of homelessness.
- Any reorganisation of social care and health services must give close attention to how this is integrated with housing and homelessness services. A home is often the place where many of these services are delivered, and lack of an adequate home may hinder the delivery of services or lead to admissions into hospital, care or other institutions.
- There is no acknowledgement in the consultation that in some parts of the country homelessness services are currently delegated to Health and Social Care Partnerships, and there are no proposals for how links between the proposed new structures and housing and homelessness services might work.
- The recommended new duties to prevent homelessness will have a range of implications for these proposals, including for how services work together on individual cases, and how they plan strategically to work together.
- Many people experiencing complex needs due to severe and multiple deprivation have experienced homelessness. Consideration needs to be given to how the proposals outlined in this consultation will intersect with housing and homelessness, including the proposals made as part of the homelessness prevention work on supporting people with complex needs.

Context

As a homelessness charity our interest in this consultation is in respect to the following points:

Many users of social care services will have experience of homelessness and people with experience of homelessness make up the majority of users of certain services

- At least 8% of the population have experienced statutory homelessness in Scotland¹. 15% of homeless applicants are reassessed as homeless within 5 years².
- 80% of Admissions to Mental Health Specialities (80,000 out of 100,000) had homelessness experience, and this was 4.9 times the rate of people in the most deprived communities.

¹ Waugh et al (2018) Health and homelessness in Scotland. Scottish Government

² Scottish Government (2021) Homelessness in Scotland 2020/21

- 90% of Initial Assessments at Drug Treatment Services were from people with experience of homelessness, 10 times higher than the most deprived cohort.
- People with experience of homelessness also make up more than half (55%) of A&E admissions and half of outpatient appointments (49%).

Health and social care needs are major contributors to why people lose accommodation and become homeless.

- Of the 33,800 households who applied for homelessness assistance in 2020/21³, reasons for failing to maintain their accommodation included:
 - 25% applicants experienced lack of support from friends / family
 - 24% had mental health needs
 - 13% had drug / alcohol dependency
 - 8% had physical health issues which contributed to their loss of accommodation
 - 7% had difficulties managing on own
 - 5% had unmet need for housing / social work / health support

A significant proportion of people become homeless from health and social care institutions

- 13% of homelessness applicants made their application immediately on leaving health and social care institutions in 2019/20, particularly from prison and supported accommodation, but also hospitals and children’s residential services for looked after young people.

Some people who become homeless are part of a cohort of people in Scotland with the most complex needs.

- Around 5,700 people in Scotland experience a combination of offending, substance misuse and homelessness within one year in Scotland, while another 28,800 experience a combination of two of these disadvantages⁴.

It can be more difficult for people who are homeless to access support

- A 2017 report from the Mental Welfare Commission⁵ found many of the homeless people it spoke to had significant mental ill health. Homelessness services did not have direct referral routes to psychiatric or psychological services. There could be barriers to registering with GPs, but often this was the only route for referrals to specialist services.
- Research by the Health and Social Care Alliance suggests those experiencing homelessness can face stigma and barriers when trying to access health and social care support.⁶

Children experiencing homelessness are at risk of poorer health and social outcomes than the wider population

- One small scale study⁷ found that children in households with an open homelessness application had twice the rate of CAMHS referrals compared to the wider population and were 2.5 times more likely to have emotional and behavioural concerns identified compared to the wider population. At the 27-30 month child health review, concerns were raised about 31% of cases, compared to 18.5% in the general population.

³ Scottish Government (2021) Homelessness in Scotland 2020/21

⁴ Bramley et al. (2019) Hard Edges Scotland: New conversations about severe and multiple disadvantage

⁵ Mental Welfare Commission for Scotland (2017) Themed visits to homeless people with mental ill health

⁶ People in some local authority areas reported that they were informed by social work departments that SDS is not available for people who are homeless. One person stated that they had been told by their local authority that SDS was “too complex to administer” for people who were homeless. Page 43 of [My Support My Choice: National Report](#)

⁷ Campbell R (2019) A Health Needs Assessment of children experiencing homelessness in Lanarkshire. NHS Lanarkshire

Health and social care services can make a significant contribution to tackling homelessness, but this is inconsistent

- In 2018 only 29% of local authority homelessness services reported that their HSCP made a positive contribution to preventing and/or alleviating homelessness. Following the pandemic this had risen to 59%, but some local authorities noted that a lack of engagement from their HSCP hindered their ability to move towards rapidly rehousing homeless people⁸. Local authorities were more likely to report positive contributions in areas where homelessness was integrated into the HSCP.

Much of the consultation focuses on the boundaries and intersections between services and how to ensure a seamless approach between them. Homelessness falls in the intersection between housing, health and social care services, and so it is critical that consideration is given to the impact the proposed changes will have on homelessness services, who often end up picking up people at crisis stage when opportunities to act early have been missed and / or people have not received support for other factors in their life, which has led to being unable to continue in their current home.

Access to care and support

1. What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

- **Better co-ordination of work across different improvement organisations.**
- **Effective sharing of learning across Scotland.**
- **Intelligence from regulatory work fed back into a cycle of continuous improvement.**
- **More consistent outcomes for people accessing care and support across Scotland.**
- **Other – please explain below**

Evidence suggests that homelessness services have a very mixed experience of engagement with health and social care services in supporting them to prevent and alleviate homelessness, and many homeless people find it very difficult to access the social care support that they need. Safe in Scotland report that destitute asylum seekers have major difficulties accessing social care, even to access an assessment to identify whether or not they may be eligible for support. A nationally co-ordinated approach may provide greater consistency if the relationship with homelessness, and housing more widely, is clearly articulated and subsequently established.

2. Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

Failure to adequately articulate the relationship between social care services and homelessness and housing within a National Care Service, could continue and even exacerbate the problems that many homeless people face. In this context we welcome acknowledgement of homelessness in the consultation document, but note that the Independent Review itself did not consider or mention homelessness.

The proposed changes represent a massive shift in the way that services are delivered. If the proposed changes are taken forward the transitional period is likely to be highly complex. Specific

⁸ Watts et al (2021) Homelessness Monitor Scotland 2021

attention will need to be given during this period to making sure that those people who already struggle to access adequate community health and care services get the support they require to address their needs and prevent situations deteriorating, most notably people facing homelessness.

3. If you or someone you know needed to access care and support, how likely would you be to use the following routes if they were available?

Not at all likely Unlikely Neither likely nor unlikely Likely Very likely

- *Speaking to my GP or another health professional.*
- *Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.*
- *Speaking to someone at another public sector organisation, e.g. Social Security Scotland*
- *Going along to a drop in service in a building in my local community, for example a community centre or cafe, either with or without an appointment.*
- *Through a contact centre run by my local authority, either in person or over the phone.*
- *Contacting my local authority by email or through their website.*
- *Using a website or online form that can be used by anyone in Scotland.*
- *Through a national helpline that I can contact 7 days a week.*
- *Other – Please explain what option you would add*

People who are homeless may use many of the routes listed to access support, but most commonly access support from a third sector organisation or through their local authority. It is also extremely important to note that some people who are homeless may have very restricted access to mainstream services, such as GPs, and once they are in the homelessness system may tend to use, or be directed to use, services aimed at homeless people.

It is therefore important that people can access care and support through homelessness services, whether statutory or third sector. Implementation of the proposed duties on a wide range of public bodies to “ask and act” about housing need and / or a risk of homelessness will also help to ensure unmet needs relating to housing are identified and appropriate support provided. There may be cases where these needs will be a direct result of a lack of social care support and it will be important that this duty joins up closely with access to social care support, as recommended by the Homelessness Prevention Review Group.

4. How can we better co-ordinate care and support (indicate order of preference, with 1 being the most preferred option, 2 being second most preferred, and so on)?

Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult’s care and support.

-- Please Select --

Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.

-- Please Select --

Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care

and support and communicate with the professionals involved in their care on their behalf when needed.

-- Please Select --

Some individuals with complex needs such as a history of trauma will find it difficult to build trusting relationships, so it will be important that key relationships are held with the person with whom they are able to establish a good connection. This should be within whatever organisation is the most relevant, in line with a person-centred approach. If this is in the voluntary or community sector, those professionals must be given the authority to liaise effectively with other professionals and agencies, and to draw down additional support and assistance if and when required.

5. How should support planning take place in the National Care Service? For each of the elements below, please select to what extent you agree or disagree with each option:

a. How you tell people about your support needs

Support planning should include the opportunity for me and/or my family and unpaid carers to contribute.

Strongly Agree

If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community to help me set out what I want as part of my support planning.

Strongly Agree

b. What a support plan should focus on

Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views.

Agree

Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life.

Strongly disagree

Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life.

Strongly Agree

c. Whether the support planning process should be different, depending on the level of support you need

I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex.

Neither Agree/Disagree

If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation.

Neither Agree/Disagree

However much support I need, the conversation should be the same.

Disagree

Light touch and/or more detailed support planning should take place in another way – please say how below

Please add any comments in the text box below

For individuals who have care and support needs and also have housing need or are currently homeless, it will be important that a range of professionals work together to assess and provide support. Decisions should not be taken solely on the basis of care-related tasks, particularly where there are complex issues such as long-term mental health needs, complex trauma or needs related to substance misuse, lack of independent living skills or a history of institutionalization (such as in the armed forces, local authority care or prison). Assessment should take a preventative approach looking at potential future need as well as current issues, and those carrying out assessment should be equipped to be do this or to involve a social worker where necessary, even if it is expected that the support needs are low prior to the assessment. Other agencies, including housing and homelessness services must be involved where appropriate. This may become a statutory duty in the future, and so this should be built into the system at this point, so it becomes a service culture and not just a legal requirement.

6. The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

Getting it Right for Everyone

Agree

Please say why in the text box below

The Homelessness Prevention Review Group made recommendations along these lines in relation to preventing homelessness and supporting those facing homelessness who also experience multiple disadvantage or other complex needs. It is essential that such a framework extends to housing and homelessness services and is developed in consultation with these services, as failure to do so could result in a breakdown of an essential aspect of living for people with some of the most complex support needs.

In many areas this is already being done to some extent in order to work with people with complex needs. Approaches drawing on the national children's frameworks of GIRFEC and its English equivalent, Every Child Matters, have been used for some years to support people with complex

needs, including homelessness and rough sleeping. In many areas this is already the case, building on the Hard Edges research and models such as [Making Every Adult Matter](#) which is a successful model working with people facing multiple disadvantage in parts of England.

7. The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

Disagree

Please say why in the text box below

While Crisis agrees with the principle, it would be a major oversight not to include housing within this framework, given the close relationship between health and social care needs, delivery of health and social care services and accommodation. The Homelessness Prevention Review Group has recommended that all people requiring assistance to prevent or alleviate homelessness have a personal housing plan, and this is being taken forward through policy and potentially through statute in the future. It would be appropriate to incorporate planning for housing needs explicitly into a single health and social care plan – or at least to whether this is planning to prevent homelessness and stabilize housing, planning to prevent hospital admissions or planning to accommodate an individual in an appropriate care setting.

8. Do you agree or disagree that a National Practice Model for adults would improve outcomes?

Agree

Using data to support care

11. To what extent do you agree or disagree with the following statements?

- ***There should be a nationally-consistent, integrated and accessible electronic social care and health record.***

Agree

- ***Information about your health and care needs should be shared across the services that support you.***

Agree

12. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

Yes

No

Please say why in the text box below

[No comment]

13. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

Data sharing, particularly for those with more complex needs, is essential, so we welcome the proposal for strengthened data sharing across health and social care, and recommend that consideration is given to how such an approach may be shared with and integrate with data around housing circumstances. While Crisis is not in a position to comment on the detail of data use to support the delivery of care services, we note the strong cross-over between the needs of some people with social care needs and people who are experience homelessness or may be in circumstances which creates a risk of homelessness. The recommendations of the Homelessness Prevention Review Group that health and social care services have a duty to ask patients and clients about their housing circumstances may generate considerable data on this area. This data should be collected and used to inform service and strategic planning.

Complaints and putting things right (p41)

14. What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

~~Charter of rights and responsibilities, so people know what they can expect~~

~~Single point of access for feedback and complaints about all parts of the system~~

~~Clear information about advocacy services and the right to a voice~~

Consistent model for handling complaints for all bodies

Addressing complaints initially with the body the complaint is about

Clear information about next steps if a complainant is not happy with the initial response

Other – please explain

There must be clear processes for putting things right when they go wrong both for individual redress and to help instigate systemic change to take action based on learnings. It is disappointing that this is not listed here. Many people who are homeless have fallen through gaps between services, sometimes despite having high levels of unmet need, and for some individuals the failure to intervene at an appropriate stage has led to a homelessness crisis. The social care system should be held accountable when social care needs of individuals are unmet, and learnings from these cases should be used as the basis to review how the system works.

Please add any comments in the text box below

All of the above elements are important parts of the system, but the most important factor is a clear tier of accountable processes starting with internal review, escalating up to independent review and challenge. There must also be a clear process for redress at individual and systemic level.

15. Should a model of complaints handling be underpinned by a commissioner for community health and care?

Yes

No

Please say why in the text box below

[No comment]

16. Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

Yes

Please say why in the text box below

Not only should outcomes measures examine the experience of those receiving care and support, it should also assess the experiences of those being assessed for such support, even if they don't receive it. This would help ensure that people who struggle to access such support have a voice within the system. Some people with experience of homelessness would benefit from care and support but may not be able to access it because of the mode of delivery or service criteria which they are unable to meet, for example due to a history of complex trauma.

Residential care charges

[No comments]

National Care Service (p49)

20. Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

Yes

No, current arrangements should stay in place

No, another approach should be taken (please give details)

Crisis welcomes greater accountability for social care services. For many people that we work with accessing social care, or receiving social care services, can be extremely challenging. The Hard Edges Scotland research has shown that homelessness services often end up taking responsibility for people with complex needs and opportunities to prevent homelessness at an early stage are missed, including through appropriate provision of social care support. National scrutiny should ensure a more consistent approach to the delivery of social care, but in addition, must critically ensure appropriate join up with other services so that people do not continue to fall between gaps or only access support at crisis point and when needs are even more entrenched. This should include performance measures relating to social care support to help people to have or retain housing appropriate to their needs.

21. Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

Housing and homelessness services must be closely joined up with the functions of a National Care Service. The failure to consider these functions in the Independent Review was deeply concerning.

The arrangements and relationships between homelessness, health and social care across Scotland are complex and varied, and partly dependent on whether local authorities have access to their own housing departments to manage housing stock. Crisis believes that it is not likely to be appropriate to have a national model incorporating homelessness into a National Care Service, and a national model may prove challenging in areas which have incorporated homelessness into the HSCP.

Nevertheless, it is essential that housing and homelessness are closely integrated with the National Care Service, including through legal duties in relation to people who are homeless or who require housing assistance, requirements for joint strategic planning and shared outcomes measures, in line with the recommendations of the Homelessness Prevention Review Group.

In some parts of the country homelessness services are already incorporated as part of the local Health and Social Care Partnership, and the evidence indicates that it is in these areas that social care and health services may make a much more effective contribution towards preventing and ending homelessness. This is in line with the general principle identified by the Independent Review. Yet a survey for the Homelessness Monitor Scotland published in October 2021 found that a third of local authorities still reported that HSCPs have had little impact on their ability to prevent and/or alleviate homelessness, with several LA survey respondents noting a lack of engagement from HSCPs as a barrier to progressing on the national agenda of rapid rehousing to end homelessness.

Beyond housing and homelessness services specifically, many of the services identified as likely to sit within a National Care Service are directly relevant to many people facing homelessness. For example a quarter of people seeking statutory homelessness support each year have mental health needs, and 13% have needs relating to drug and alcohol use. 13% also make homelessness applications on leaving institutions such as prison or supported accommodation. This once again reinforces just how critical the interaction is, and how a failure to effectively join up housing and homelessness services with a new National Care Service will be to the detriment of people facing homelessness.

22. Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

The radical proposals for the National Care Service would remove major functions from Scottish local authorities. The functions that are proposed to remain to local authorities will generally include housing and homelessness services. Any changes which affect the ability of these functions to assist people facing homelessness or which reduce accountability for this group of people must be handled very carefully. Further consultation should be carried out with the housing and homelessness sectors to ensure effective links are established in any changes that are made.

Scope of NCS

Children's services (p54)

23. Should the National Care Service include both adults and children's social work and social care services?

Yes

No

Please say why in the text box below

24. Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?

For children with disabilities,

Yes

No

Please say why in the text box below

For transitions to adulthood

Yes

No

Please say why in the text box below

The Homelessness Prevention Review Group has recommended that for 16 or 17 year olds at risk of homelessness, social care services should take legal responsibility for providing support, in order to ensure young people receive age-appropriate support and do not get embedded within homelessness services. Crisis is not in a position to comment more generally on this question, but whatever decision is made regarding the location of children's social care in respect to a National Care Service, this must be borne in mind.

For children with family members needing support

Yes

No

Please say why in the text box below

25. Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?

Yes

No

Please say why in the text box below

26. Do you think there are any risks in including children's services in the National Care Service?

Yes

No

If yes, please give examples

Healthcare (p58)

27. Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

Yes

No

Please say why in the text box below

Whilst Crisis does not have a view on how local community health arrangements are made, we note that the relationship with homelessness services and support is critical, and in some parts of the country homelessness services are delegated to the local Health and Social Care Partnership.

Consideration needs to be given at national and local level as to how these services will relate to homelessness services, both in those areas where they are currently integrated within the HSCP, and also in other areas. According to research for the Homelessness Monitor Scotland 2021, there appears to be a connection between local authorities which consider health and social care services to contribute to preventing and alleviating homelessness and areas which have chosen to integrate homelessness services within the HSCP. Crisis would not want to see the links in these areas diluted so that homeless people receive less support for their health and social care needs, while at the same time we believe in many other parts of Scotland there needs to be a much closer relationship between health and social care services and efforts to prevent and alleviate homelessness.

The Homelessness Prevention Review Group has recommended that preventing homelessness should be identified as part of the national outcomes framework and planned for across local services including through a health and social care contribution to the Local Housing Strategy and through Community Planning Partnerships. Whatever arrangements are made for local commissioning and procurement of community healthcare services, prevention and alleviation of homelessness should be given consideration, particularly bearing in mind the high use of certain health care services made by many people with experience of homelessness⁹.

28. If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?

Please say why in the text box below

29. What would be the benefits of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

Better integration of health and social care

Better outcomes for people using health and care services

Clearer leadership and accountability arrangements

Improved multidisciplinary team working

Improved professional and clinical care governance arrangements

Other (please explain below)

Please add any comments in the text box below

Research from England shows that GPs are one of the main services people at risk of homelessness will be in touch with prior to becoming homeless¹⁰. If homelessness prevention is identified as a strategic priority for the CHSB, then this would provide a mechanism to ensure that GP services play a role in identifying and supporting people at risk of homelessness, in line with the "ask and act" duties identified by the Homelessness Prevention Review Group.

30. What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

Fragmentation of health services

⁹ Waugh et al op cit

¹⁰ Crisis evidence for the Communities and Local Government Select Committee Inquiry: One year on since the introduction of the Homelessness Reduction Act . . .

<https://www.parliament.uk/globalassets/documents/commons-committees/communities-and-local-government/Crisis-written-evidence-HRA-one-year-on.pdf>

Poorer outcomes for people using health and care services
Unclear leadership and accountability arrangements
Poorer professional and clinical care governance arrangements
Other (please explain below)
Please add any comments in the text box below

31. Are there any other ways of managing community health services that would provide better integration with social care?

Please add any comments in the text box below

Social work and social care (p63)

32. What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply)

Better outcomes for service users and their families

More consistent delivery of services

Stronger leadership

More effective use of resources to carry out statutory duties

More effective use of resources to carry out therapeutic interventions and preventative services

Access to learning and development and career progression

Other benefits or opportunities, please explain below

Please add any comments in the text box below

[No comment]

33. Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

Please add any comments in the text box below

Failure to consider issues relating to housing need and homelessness risk within a National Care Service would mean that people who face homelessness will continue to struggle to access social care support. A national model which gets this wrong will disadvantage all people in this situation, instead of the current postcode lottery which disadvantages many.

Nursing (p66)

Justice social work (p71)

37. Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?

Yes

No

Please say why in the text box below

38. If yes, should this happen at the same time as all other social work services or should justice social work be incorporated into the National Care Service at a later stage?

At the same time

At a later stage

Please say why in the text box below

39. What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

More consistent delivery of justice social work services

Stronger leadership of justice social work

Better outcomes for service users

More efficient use of resources

Other opportunities or benefits - please explain

Please add any comments in the text box below

40. What risks or challenges do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

Poorer delivery of justice social work services

Weaker leadership of justice social work

Worse outcomes for service users

Less efficient use of resources

Other risks or challenges - please explain

Please add any comments in the text box below

Crisis can see the benefits of joining up justice social work with other parts of the social care system. However the links with other services, particularly criminal and community justice, housing and homelessness services are really critical. One survey showed that half of prisoners lose their accommodation during their sentence¹¹. If justice social work is to be incorporated into a National Care Service, stringent efforts must be made to ensure close and effective partnership working with these other services so that services working on justice are effectively integrated.

41. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)

- *Maintaining the current structure (with local authorities having responsibility for delivery of community justice services) but improving the availability and consistency of services across*
- *Scotland*
- *Establishing a national justice social work service/agency with responsibility for delivery of community justice services*
- *Adopting a hybrid model comprising a national justice social work service with regional/local offices having some delegated responsibility for delivery*
- *Retaining local authority responsibility for the delivery of community justice services, but establishing a body under local authority control to ensure consistency of approach and availability across Scotland*
- *Establishing a national body that focuses on prevention of offending (including through exploring the adoption of a public health approach)*

¹¹ Scottish Prison Service (2017) Prisoner Survey 2017, Edinburgh: SPS

- **No reforms at all**
- **Another reform – please explain**
Please add any comments in the text box below

42. Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?

Yes

No

Please say why in the text box below

Prisons (p77)

43. Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?

Yes

No

Please say why in the text box below

Strengthening the social care support for people in prison will help many people we work with who are homeless and have a history of offending. As mentioned above, 49% of prisoners lose their accommodation while in prison. A National Care Service must have close integration with housing and homelessness services built in from the very start to ensure that people leave prison set up to thrive on release. The new duties recommended by the Homelessness Prevention Review Group should be considered in this context, including for prisons to identify a risk to housing when someone is incarcerated and to act to ensure housing is available on release.

44. Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?

Yes

No

Alcohol and drugs services (p80)

45. What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

Better co-ordination of Alcohol and Drug services

Stronger leadership of Alcohol and Drug services

Better outcomes for service users

More efficient use of resources

Other opportunities or benefits - please explain

Please add any comments in the text box below

46. What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

Confused leadership and accountability

Poor outcomes for service users

Less efficient use of resources

Other drawbacks - please explain

Please add any comments in the text box below

47. Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

Alcohol and Drug Partnerships

Yes

No

Please say why in the text box below

48. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

Please add any comments in the text box below

49. Could residential rehabilitation services be better delivered through national commissioning?

Yes

No

Please say why in the text box below

If considering a model of national commissioning for residential rehabilitation, consideration should be given to the housing needs of people leaving such treatment and local availability of housing. Some people may move from places where there are no rehab facilities (small rural areas for example) to larger urban areas to access support. In some cases people want to stay near to the support network that they have developed but high housing demand in such areas can make it difficult for people to move on into their own home afterwards.

50. What other specialist alcohol and drug services should/could be delivered through national commissioning?

Please add any comments in the text box below

51. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Mental health services (p84)

52. What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

- **Primary mental health services,**
- **Child and Adolescent Mental Health Services,**
- **Community mental health teams,**
- **Crisis services,**
- **Mental health officers**
- **Mental health link workers**
- **Other – please explain**
- **Please add any comments in the text box below**

53. How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

Please add any comments in the text box below

If mental health services are to be delivered within the context of a care service rather than a health service, we would welcome an approach that considers the individual as a whole rather than just one aspect of their life, i.e. their mental health issues. People with complex needs such as dual diagnosis or complex trauma often find it hard to engage with services that are designed to only address one aspect of their lives, and this can mean that they do not get the support they need to move forward with their lives. Consultation with health practitioners for the Homelessness Prevention Review Group highlighted that the medical model often adopted, and the requirements to fit into a particular, usually inflexible, approach, such as appointments at remote venues at fixed times, is not appropriate for people who may be experiencing significant levels of chaos due to mental health, lack of a home, juggling multiple agency appointments etc.

National Social Work Agency (p86)

Reformed Integration Joint Boards (p89)

59. Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

Yes

~~No~~

60. What (if any) alternative alignments could improve things for service users?

Please add any comments in the text box below

While in a few areas of Scotland homelessness services are delegated to the local Health and Social Care Partnership, in most areas of Scotland housing and homelessness services are delivered through the local authority, who also hold relationships with local social and private landlords. The proposed Community Health and Social Care Boards (CHSCBs) should be aligned with local authority boundaries in order to keep relationships with housing and homelessness straightforward. Failure to do so could result in adding further complexity and undermine the relationship between housing, social care and other critical aspects of health for individuals.

We welcome the acknowledgement on p91 of the consultation that CHSCBs will be expected to be involved in joint planning for homelessness prevention. We would welcome more detail of how this is intended to be achieved. We would strongly recommend that CHSCBs have statutory requirements for planning strategically with housing and other partners. We would very much welcome further detail in the proposals about how a National Care Service and CHSCBs will integrate with housing and other services at operational and strategic levels.

62. The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

Please add any comments in the text box below

Housing and homelessness services should be represented on CHSCBs, as well as people with lived experience of homelessness.

Commissioning (p95)

National Commissioning and procurement services (p104)

72. Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?

Yes

No

If no, who should be responsible for this?

Community Health and Social Care Boards

NHS National Procurement

Scotland Excel

Whether direct benefits will accrue to people with lived experience of homelessness who require complex and specialist services will depend on the extent to which a National Care Service (or any other body) engages with issues of homelessness and housing.

As discussed above, many of the services that may form part of a National Care Service have a role in preventing homelessness, both in identifying risk and providing support which may prevent a homelessness crisis from happening, such as support with mental health or substance dependency. Commissioning and procurement frameworks should include consideration of housing issues, including but not limited to any future legal requirements around preventing homelessness.

Regulation (p106)

Enhanced powers for regulating care workers and professional standards (p117)

Valuing people who work in social care (p119)

Fair work (p120), workforce planning, training and development

[No comments on these sections]