

National Care Service
Parliamentary consultation (stage 1)
Deadline 2 September 2022

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.

Every year we work directly with thousands of people experiencing homelessness in 11 areas across England, Scotland and Wales. We provide vital help so that people can rebuild their lives and are supported out of homelessness for good. We offer one to one support, advice and courses according to individual needs. We use research to find out how best to improve our services, but also to find wider solutions to end homelessness.

General 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?

The £1.2 billion cost of setting up the National Care Service is a very significant investment of public money at a time when already-stretched services are under extreme pressure following the pandemic and the current economic challenges.

As the policy memorandum acknowledges, the health and social care sector has been subject to significant reshaping at various points over the past 20 years. Such shake-ups take considerable time and resources to embed, and those who already have severely restricted access to these services are likely to be amongst those most likely to be impacted.

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. Dr Neil Hamlet, a now-retired public health consultant and expert on health and homelessness data in Scotland, has suggested that **“Housing is the (missing) stabilising third leg of effective health and social care integration”**¹.

On the other hand, **a significant proportion of people facing homelessness have related and sometime complex health and social care needs**. Indeed, people with experience of homelessness make up the majority of patients in certain health services. Yet we often hear from local authority and third sector homelessness services that it is **very difficult for them to access health and social care support for the people they work with, including for people with some of the most complex**

¹ http://www.healthscotland.scot/media/2498/1c_what-next-for-health-and-homelessness-data-linkage-in-scotland.pdf

needs in our communities, such as those using Housing First services. Research authored by Heriot-Watt University (Hard Edges Scotland, 2019: 236) suggests that **“homelessness services [are] so often left to ‘carry the can’ when other services should be stepping up”**.

We hope that a further restructuring of health and social care services will not lead to even more reduced access to health and social care services for those facing homelessness, in either the short or long-term, which could put even more pressure on homelessness services and leave people in some of the most vulnerable circumstances unable to access vital support.

Forthcoming homelessness prevention legislation

Scottish Government have committed to legislating for new duties to prevent homelessness on a wide range of public bodies, including health and social care. This is expected to come to Parliament in the first part of 2023 in the forthcoming housing bill.

This 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. This provides an opportunity for greater integration of services for people facing some of the most vulnerable circumstances. The National Care Service provides an opportunity to embed these duties, if the timing and arrangements can be developed effectively between the two sets of legislation and resultant implementation processes.

Is the Bill the best way to improve the quality and consistency of social work and social care services? If not, what alternative approach should be taken?

Are there any specific aspects of the Bill which you disagree with or that you would like to see amended?

Is there anything additional you would like to see included in the Bill and is anything missing?

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?

The Bill proposes to give Scottish Ministers powers to transfer a broad range of social care, social work and community health functions to the National Care Service using future secondary legislation. Do you have any views about the services that may or may not be included in the National Care Service, either now or in the future?

Paragraph 186 of the policy memorandum deals specifically with homelessness in relation to the National Care Service.

The policy memorandum simplistically states that homelessness functions are generally considered to be best located with the housing function. However, several local authorities have a very limited, or no housing, function. As a result, under current arrangements, homelessness services may be situated within the local authority or delegated to the Health and Social Care Partnership.

Where a local authority has its own housing stock and housing department, it makes sense to host the homelessness service within the local authority. Other areas no longer have any council housing stock, including Glasgow, which also has a particularly large proportion of homeless applicants with support needs, so the location with the HSCP makes sense. **The new proposals fail to account for these local circumstances and does not address questions about how homelessness services would operate in these areas under the new arrangements.**

Moreover, evidence suggests that where homelessness services are situated within the HSCP there is better joined-up working between homelessness and health and social care². The challenge of ensuring such joined up working approaches must not be underestimated, regardless of the service structures the approaches are situated within.

One way in which to ensure this would be **a requirement as part of the strategic planning duty (chapter 2 of the Bill) for Scottish Ministers and local care boards to set out how they will integrate their functions with local homelessness and housing services and helping people live successfully in their own homes, including to prevent homelessness, through joint strategic planning and service level delivery.** This would also be in line with Scottish Government's intention to place a requirement on the National Care Service to support the prevention of homelessness, and with the recommendation of the Homelessness Prevention Review Group, an expert group chaired by Professor Suzanne Fitzpatrick of Heriot Watt University and commissioned by Scottish Government.

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?

The Bill is accompanied by the following impact assessments:

- Equality impact assessment
- Business and regulatory impact assessment
- Child rights and wellbeing impact assessment
- Data protection impact assessment
- Fairer Scotland duty assessment
- Island communities impact assessment

Do you have any comments on the contents and conclusions of these impact assessments or about the potential impact of the Bill on specific groups or sectors?

The Fairer Scotland assessment located at paragraphs 253-255 of the Policy memorandum refers to the socioeconomic data referring to people living in the most deprived communities and their use of social care services.

Analysis of health data shows that people who have made use of the homelessness system are at much greater risk of a wide range of health issues, and make greater use of health services (especially emergency and acute services), and have much higher mortality rates compared to people in the most deprived communities³. The same is likely to be true of social care needs.

² Watts et al (2021) Homelessness Monitor Scotland 2021. Crisis

³ Waugh et al (2018) Health and homelessness in Scotland. Homelessness is defined as receiving homelessness support from their local authority.

Therefore it is particularly important that consideration is given to how effectively the bill will impact the experiences of this group.

At least 8% of the Scottish population (as at 30 June 2015) have experienced statutory homelessness at some point in their lives. Of these, 29% of men and 26% of women had experienced more than one episode of homelessness⁴. The majority of people found to be homeless in 2021-22 have support needs (52%, or 15,040 people).

By far the greatest categories of needs are mental health needs and independent living or housing management skills (see table), and both of these have roughly doubled as a proportion of applicants in the past eight years. For many applicants, these support needs meant they were unable to maintain their accommodation, resulting in homelessness. 21% of those assessed as homelessness had three or more support needs⁵.

Homelessness applicants with support needs	52%	15,040
Mental health needs	29%	8,323
Independent living / housing management skills	24%	7,013
Drug or alcohol dependency	11%	3,109
Medical condition	10%	2,910
Physical disability	6%	1,716
Learning disability	3%	849
Requesting homelessness assistance because unable to maintain accommodation due to:		
Mental health reasons	26%	6,998
Lack of support from family / friends	21%	5,491
Physical health reasons	9%	2,480
Difficulties managing on own	7%	1,833
Unmet need for support from housing / social work / health	6%	1,713

From Scottish Government (2022) Homelessness in Scotland 2021-22 data tables

People who are homeless often struggle to access services, because they lack a stable address or in some cases. The Mental Welfare Commission reported in 2017 that homeless health services do not have direct referral routes to psychiatric and psychological services, with GPs being the main referral route, yet there can be barriers to registering with a GP when homeless⁶.

Evidence suggests that children in homeless households are more likely to have health concerns, receive CAMHS referrals, lower rates of take up of some health services such as booster vaccination and attendance at outpatient appointments⁷. Housing issues are a factor in over half of significant case reviews⁸.

⁴ Waugh et al (2018) *op cit*.

⁵ Scottish Government (2022) Homelessness in Scotland 2021-22

⁶ Mental Welfare Commission for Scotland (2017) Themed visits to homeless people with mental ill health

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

⁸ Vincent, S, Petch A (2012) Audit and Analysis of Significant Case Reviews

https://www.celcis.org/files/4415/4445/2689/Audit_and_Analysis_of_Significant_Case_Reviews_Sharon_Vinc ent_2012.pdf; Care Inspectorate (2015) Learning From Significant Case Reviews in Scotland: A retrospective review of relevant reports completed in the period between 1 April 2012 and 31 March 2015 <https://www.safershetland.com/assets/files/Learning%20from%20Significant%20Case%20Reviews%20in%20S cotland%202012%20-%202015.pdf>

Therefore, **specific consideration should be given to the impact on homeless households in the development of these proposals, including the implications and required mitigations for changing the service divisions between services these groups rely on (but often cannot access)**. The National Care Service provides an opportunity to address the current challenges in the system for homeless households trying to access health and social care support. But this **must be integral from the start**. Without clear and joined up working from the start we are concerned that these issues may not get addressed and may even be magnified.

Questions on specific provisions

There is also the option to give your views on specific provisions in the Bill. There is no obligation to complete this section of the call for views and respondents can choose to restrict their comments to certain sections of the Bill.

In providing comments on specific sections of the Bill, please consider:

Whether you agree with provisions being proposed?

Whether there is anything important missing from these sections of the Bill?

Whether there is anything you would disagree with or there are amendments you would wish to propose to these sections of the Bill?

Whether an alternative approach would be preferable?

Crisis welcomes the information sharing provisions within the bill (part 2) to support individuals more effectively. We recommend **consideration is given to how such information is appropriately shared with services beyond the National Care Service and National Health Service, specifically housing and homelessness services**, to avoid creating further disjunctures between services working with individuals. This is particularly important for those with the most complex needs, whose housing may become at risk if relevant health and social care services are not provided.

We are aware of instances where people with complex needs and a history of trauma may be considered as hard to engage with by services and effectively written off or dismissed by some professionals. The proposed care records have great potential for good, but also the potential for serious detriment should inappropriate, subjective or inaccurate information be included, which hinders them from accessing the assistance and services they require. Mechanisms should be created so that individuals and their advocates can access these records and easily challenge them if required.