

NCS Stage 2 Consultation

Response from the Housing Support Enabling Unit

The aim of the Housing Support Enabling Unit is to offer support and assistance to providers of housing support in the voluntary, private and Registered Social Landlord sectors. The Housing Support Enabling Unit is jointly hosted by the Coalition of Care & Support Providers in Scotland (CCPS) and the Scottish Federation of Housing Associations (SFHA).

The fundamental aim of housing support is to enable people to live at home as independently as possible by maintaining and developing their life skills and social networks. There is not a single model of housing support. Housing support can assist people who are facing homelessness; people experiencing addictions; older people; people with mental health problems; disabled people; women facing domestic abuse and people with a learning disability. Housing support is available to people living across all tenures (social renting; private renting; owner occupied).

Housing support services are registered and regulated through the Care Inspectorate.

1. What is your view of the proposed NCS Strategy? (1A to 1E)

[The Independent Review of Adult Social Care](#) recommended that as key function, a National Care Service (NCS) should:

‘Ensure effective local and national working with other public services including transport, housing and education, all of which are key to public health and wellbeing.’

Housing support is used by people to gain access to and maintain a home that fits their needs. We are glad that the amended NCS principles that will inform the strategy acknowledge the importance of early interventions and support to live independently in the community. Housing support is a key preventative service, which can help avoid escalation to more institutional care settings, reducing demands on statutory services.

[Recent research](#) from the UK Collaborative Centre for Housing Evidence found that housing support is often the ‘glue’ that helps make a wider model of care and support work. For example, [the Floating Housing Support model](#) developed by Perth and Kinross council helps people with diverse needs to sustain their tenancy, and stay well in their homes, avoiding hospital or longer-term care. This type of successful

provision relies on effective partnership working between housing and support providers.

The current NCS plans for the strategy do not adequately reflect the necessary links between housing and social care, or the function stated in the IRASC for a NCS to improve partnership working.

The proposed NCS principles include that the services provided by the NCS 'are to be regarded as an investment in society that is essential to the realisation of human rights.' The rights to adequate housing and to independent living must be recognised as part of this realisation. The importance of centring human rights within the NCS Bill is made more crucial as the Human Rights Bill has not been introduced in the 24-25 parliamentary programme.

We also support the amended principle that the 'individuals comprising the National Care Service workforce are to be recognised and valued for the critically important work they do'. It is crucial that the commitment to fair work including any pay uplift, applies to the whole adult social care sector, including housing support. [Housing support workers](#) are regulated through adult social care and help people to exercise their human rights. For example, [a recent briefing](#) showcasing the diversity and scope of the housing support workforce included an illustrative case study of Fiona, a housing first practitioner:

'As a lead practitioner, Fiona works in partnership with housing, mental health services, Police Scotland, criminal justice services, and drug and alcohol services to support people. Her good relationships with people working in many different services helps to deliver the best outcomes for the people using the service, by creating a 'circle of support'.

Sustainable funding is necessary to develop service capacity with a skilled workforce across the NCS, including housing support.

We support the calls from SFHA and Crisis that services should be designed collaboratively across the system from the development to the implementation of new decision-making processes and structures, to ensure that the rights to housing and independent living are upheld through the NCS.

2. What is your view of the proposal to create a National Care Service Board, and the provisions about the role and functions of the Board? (new chapter 1B of Part 1 and new schedule 2C)?

While we are glad to see that the updated NCS memorandum acknowledges that the National Care Service Board (NCSB) would link closely with housing and homelessness services, the mechanism for this is not clear. The Scottish

Government have repeatedly stated that closer links between housing, health and social care are a policy objective:

- In [Housing to 2040](#), the Scottish Government pledged to ‘ensure that strategic planning is joined up locally across housing and health and social care services’, and to ‘establish mechanisms for shared resources across health and social care in a phased way to ensure best use of health, social care and housing funding and deliver integrated services on the ground.’
- In 2021, the [Scotland Homelessness Prevention Review Group](#) recommended that where a person is identified to have health and social care needs as part of an assessment of homelessness, a statutory duty is placed on the health and social care partnership to co-operate with the local authority in planning to meet those needs.
- The [Parliamentary review of National Outcomes](#) has suggested a new housing outcome, recognising housing ‘as foundational to everyone’s wellbeing’.

We support the call from the SFHA that proposed membership of the NCSB should be set out more clearly, to recognise the strategic importance of the housing sector in effective care and support.

While the draft stage 2 amendments are clear that the NCSB is to be accountable to the Scottish Ministers, it is not clear who would be accountable for appropriate resourcing of the NCS services. The current system of funding housing support is complex, and the short-term nature of funding is detrimental for people who need support to live independently at home:

- Short-term funding cycles prevent providers from effective strategic planning and service innovation.
- A lack of understanding of the benefits of housing support means that preventative benefits are not always realised.
- Effective support services rely on relationship-building and trust which can only be facilitated through adequate and sustainable funding.

As suggested by the final report of the [Supported Housing Task and Finish Group](#), we recommend using the opportunity of a NCS to remove the limitations that current funding arrangements for supported housing and housing support place on people’s lives and aspirations.

3. What is your view of the proposal to establish NCS local boards and to remove other integration models (see in particular Chapter 1A of Part 1, and new schedules 2A and 2B)?

Current arrangements see an uneven integration of homelessness services across Scotland. In [statutory guidance](#) published to accompany the Public Bodies (Joint

Working) (Scotland) Act, it was made clear that successful integration of health and social care services should enable more people to be supported at home, recognising that independent living is key to improving health and wellbeing. However, housing has not been adequately aligned with the current work of Integration Joint Boards, to the detriment of people who need support to live healthy lives and stay well at home. This has been further demonstrated recently, as in a [report from the Chartered Institute of Housing](#), cross-sector input from health and social care was cited as a key factor for success of Rapid Rehousing Transition Plans, to reduce the amount of time people spend in temporary accommodation.

There is [significant evidence](#) that embedding housing partners within the health systems support timely hospital discharge and positive health outcomes. For example, [Cyrenians Hospital InReach Service](#) supports patients at risk of, or experiencing homelessness to maximise engagement with treatment and support positive discharge and wellbeing by embedding housing professionals in hospitals. Evaluation after the first 18 months of the service found a reduction of 68.7% in readmissions compared to the 12 months prior to Hospital InReach referral. Providers of housing support would look forward to closer alignment with NCS local boards as reformed integration joint boards, and to recognise housing as a key strategic partner.

In addition, the proposal from the amendments to remove other integration models has unclear implications for local authorities where homelessness services have been integrated. In Glasgow and South Lanarkshire, homelessness services have been integrated and are now commissioned by Integration Joint Boards. Therefore, it is important that the process to establish NCS local boards is aligned with local authority strategic housing authorities and other housing partners. We support the call from SFHA for NCS local care boards to have a representative from local government strategic housing authorities. This must include the third sector as a dedicated provider of social care. In the [Independent Review of Adult Social Care](#), it was clearly recommended that strategic commissioning plans from Integration Joint Boards ‘...must be better linked to planning for other types of services, including particularly housing plans.’

Alignment between NCS local boards and housing will be more pressing given the proposals in the Housing Bill. [Part 5 of the Housing \(Scotland\) Bill](#) proposes making relevant bodies, including health boards, ask if an individual is homeless or at risk of homelessness, and making them take action if they are. The NCS local boards should be a relevant body for the ask and act duties, and therefore must work effectively in partnership with housing partners.

4. What is your view of the proposed new provisions on monitoring and improvement (see new sections 12K and 12L) and on commissioning (see new section 12M)?

We echo comments from CCPS that with the current amendments, we cannot map the relationship between the NCSB and other national bodies, such as the Care Inspectorate and the SSSC. We also support comments from CCPS that the current plans for the NCSB do not include responsibility to set national indicators around ethical commissioning and procurement.