North Ayrshire HSCP

Delivering Social Care Services Within Budget

Group Consultation Response – Phase 2

Introduction and context

This consultation submission has been developed by Community Brokerage Network (CBN) in response to North Ayrshire Health and Social Care Partnership's Phase 2 consultation on proposed changes to how social care services are delivered within budget.

CBN is an independent support organisation funded by the Scottish Government to provide free information, advice and support on Self-Directed Support (SDS). For over 12 years, we have worked across Ayrshire alongside disabled people, unpaid carers and families, helping them understand their rights, navigate social care systems, and explore community-based solutions where formal care is not available or does not meet need.

Over the past year, we have seen a marked escalation in crisis-driven referrals, increased case complexity, and growing distress among the people we support. Many individuals are now coming to us later in the process, often after care packages have been reduced, reviews have taken place without clear explanation, or support has been withdrawn entirely. Unpaid carers are increasingly exhausted, financially stretched, and fearful of what further changes may bring.

Against this backdrop, CBN felt it was essential to create space for people with lived experience to engage meaningfully with the consultation process. We therefore convened a facilitated focus group involving disabled people, unpaid carers and family members from across North Ayrshire. Many attendees participate in multiple roles, as people who use support, as carers, and as family members, giving a broad and informed perspective on how proposed changes may affect real lives.

This Phase 2 consultation moves beyond general priorities and sets out specific proposals, including:

- restricting access to funded support to those at critical risk only
- funding only the most cost-effective options for meeting assessed needs
- prioritising personal care over wider supports such as domestic help, community access, day services and respite

Participants were clear that the system is already under severe strain and that many people are struggling to maintain even their current levels of support. The proposals therefore land in a context where resilience is already stretched, and where further reductions could have serious and lasting consequences.

The consultation also takes place in the context of a stated multi-million-pound shortfall in the health and social care budget. During earlier engagement sessions, participants heard directly that the financial gap facing the partnership could have a “catastrophic impact” if not addressed. For many, this reinforced the fear that the direction of travel may already be set, and that the consultation is focused more on managing reductions than shaping future services.

A significant source of concern expressed during the focus group was the separation of this consultation from the wider council budget consultation, which ran on a different timeline. Participants questioned why residents were not being asked to consider health and social care spending alongside other areas of council expenditure, particularly given strong public interest in how overall resources are prioritised.

There was also strong feeling that internal processes, commissioning arrangements and system inefficiencies should be examined fully before further reductions to frontline support for disabled people and unpaid carers are implemented. The sense of injustice expressed by participants was heightened by the perception that those most reliant on support are being asked to shoulder the greatest burden.

Participants spoke openly about the difficulty of being asked to respond to proposals framed around limited and often binary choices, which do not reflect the interconnected nature of people’s lives. Many felt that the consultation design risks oversimplifying complex realities and may not fully capture the cumulative impact of multiple changes happening at once.

This submission captures not only responses to the consultation proposals themselves, but the lived experience of at least 30 unpaid carers and 21 cared-for people in North Ayrshire. It reflects the fear, frustration and uncertainty felt by people who are already living close to the edge of sustainability, as well as a genuine desire to be part of finding solutions.

Above all, it is intended to ensure that decision-makers fully understand the real-world consequences of the choices being considered as budget decisions are taken in the coming months.

PROPOSAL 1: Changing Eligibility – Support Only for People at Critical Risk

Q1. Do you agree that the above proposal is an acceptable measure in light of the current financial position?

Suggested response: NO

Q2. Do you have any suggestions on how we might lessen the impact of this proposal?

This proposal would have a significant and deeply concerning impact on people who rely on social care and on unpaid carers.

Removing preventative and early support risks pushing people into crisis before help is available. Many people currently receiving lower-level support rely on this to remain safe, independent and well. Without it, needs are likely to escalate more quickly, leading to increased hospital admissions, carer breakdown, and more costly interventions later.

A critical-risk-only threshold means support would only be available once harm has already occurred or is imminent. This is likely to increase risk rather than reduce it and may undermine the principles of early intervention and prevention that underpin good social care practice.

This concern is made even more serious by the current reality of waiting times. In practice, it can take a considerable length of time for someone to receive an assessment, and then further delays before funding is approved and support is put in place. If people are not considered eligible for help until they are already at a critical level of need, those delays could be catastrophic.

Many people first engage with social work at a “substantial” level of need. However, by the time assessments are completed and support is agreed, their situation has often deteriorated further. Under this proposal, people may not qualify for support until they reach crisis point, and then still face delays before help arrives. This creates a very real risk of serious harm, carer breakdown, hospital admission, or in the worst cases, loss of life while waiting.

To lessen the impact, consideration should be given to:

- Protecting some level of preventative support, particularly where it prevents deterioration or crisis
- Recognising the role of early intervention in reducing long-term demand and cost
- Reviewing assessment and approval timescales to ensure people can receive help when risk begins to escalate, not only once crisis has occurred
- Providing clear pathways for people who fall below the threshold, so they are not left without meaningful support
- Ensuring unpaid carers are not expected to absorb increasing levels of care without adequate support for their own health and wellbeing

Many people are already at breaking point. Waiting until someone reaches “critical risk” before offering support, and then potentially waiting further for assessments and funding decisions, is likely to lead to poorer outcomes for individuals and increased pressure on the wider health and care system.

PROPOSAL 2: Best Value Care Funding Framework

Q3. Do you agree that the above proposal is an acceptable measure in light of the current financial position?

Suggested response: NO

Q4. Do you have any suggestions on how we might lessen the impact of this proposal?

This proposal raises significant concerns about the practical reality of choice and control for people who rely on social care.

While it states that people will still have choice, in practice that choice may become largely theoretical if funding is limited to the lowest-cost option. Many people will not be in a financial position to self-fund the difference, which risks creating a two-tier system where only those with personal resources can access the support that best meets their needs.

This approach has already been in place and seen in practice for some time and should not be presented as a new concept. Where a care provider charges above the HSCP framework rate, people are told they must fund the difference themselves. For those who cannot afford to do so, this can result in them going without any care at all. This creates a clear inequality between those who can afford to top up support and those who cannot, and the impact is already being felt.

In a market where there was an abundance of providers willing and able to deliver care at the approved rate, this approach might be more workable. However, the current reality is that it is already extremely difficult to source care at the rates being paid, leaving people with limited or no viable options.

There is also a perceived inconsistency in how “best value” is applied. People receiving local authority care at home services are not asked to top up the cost, even where the internal hourly cost of delivering that care is higher than the framework rates offered to external providers. This raises understandable concerns about fairness and transparency.

People should also be able to have meaningful flexibility in how an allocated budget is used. For example, if no provider can be sourced within the approved rate, individuals should be able to use the available budget creatively, such as purchasing support for fewer days or hours that can realistically be secured, rather than being left with no support at all. Currently, people are often told that if they can manage without certain days of support, that support will be removed entirely. Many are already struggling and would prefer some support rather than none.

The proposal to consider care home placement where support exceeds a certain number of hours at home is particularly concerning. A move into residential care is not simply a cost decision, it has profound implications for independence, identity, employment, family life and mental wellbeing. For many people who are active, working, and living independently with support, this would be completely inappropriate.

There are also practical questions about capacity and sustainability. It is unclear whether there would be sufficient care home places available, and whether increasing reliance on residential care would genuinely represent better value in the longer term.

The reality of current practice does not reflect the principles of choice and control set out in Self-Directed Support legislation and statutory guidance. These proposals would further undermine those principles and risk eroding compliance with legal duties intended to protect people’s rights, independence and dignity. North Ayrshire HSCP have chosen to invest in the development of a new SDS website promoting choice, control, legislation and statutory guidance. In the context of significant financial pressures, this makes the current direction of travel even more concerning, as the principles being promoted publicly are not reflected in day-to-day practice and these proposals would move further away from them.

To lessen the impact, consideration could be given to:

- Ensuring cost is balanced alongside independence, dignity and long-term outcomes, not treated as the primary deciding factor
- Allowing greater flexibility in how individual budgets can be used where care cannot be sourced within set rates
- Protecting continuity of care and established support arrangements wherever possible
- Being transparent about how “best value” decisions are made and applied
- Recognising that the lowest-cost option is not always the most appropriate or sustainable option over time

Many people are concerned that this approach risks gradually eroding the spirit and intent of choice and control in social care, and increasing inequality, unmet need, and pressure on unpaid carers.

PROPOSAL 3: Prioritising Personal Care

Q5. Do you agree that the above proposal is an acceptable measure in light of the current financial position?

Suggested response: NO

Q6. Do you have any suggestions on how we might lessen the impact of this proposal?

This proposal is very concerning because it risks underestimating the importance of so-called “non-personal care” supports in keeping people safe, well and independent.

Domestic support, shopping, food preparation, community access, day services and respite are not optional extras. They are often the very things that prevent deterioration, isolation, carer breakdown and crisis. Removing or significantly reducing these supports may create the very risks the proposal is trying to avoid.

For example, support with shopping and food preparation directly affects nutrition and health. Domestic support helps maintain a safe living environment and reduces risk of falls, infection and neglect. Community access and day services play a critical role in mental health, confidence, routine and preventing social isolation. Planned respite allows unpaid carers to sustain their role and protect their own physical and mental wellbeing.

There are important lessons from the COVID period that should not be overlooked. When people were suddenly unable to access community activities, day services and regular routines, there was a significant and lasting impact on both mental and physical health. We are still seeing the consequences of that disruption now.

Many young people with complex needs experienced major behavioural escalations when their routines were removed and they were isolated at home. Some families were left in crisis and were advised to call the police during violent incidents because no other support was available. In North Ayrshire, this resulted in several families being torn apart, with loved ones admitted to residential care or specialist psychiatric settings that were not designed or appropriate for their needs.

The closure of Ward 7A at Woodland View should serve as an important local reminder of the impact of overly restrictive and institutional responses. The trauma experienced by individuals and families because of placements in unsuitable environments has been significant and long-lasting. Reducing access to preventative supports, community activities and respite risks recreating the same conditions that led to those outcomes.

Waiting until risk is considered “significant and immediate” before offering non-personal care support may mean intervening too late. In practice, many of these supports are what prevent situations from escalating to crisis point in the first place.

There is also concern that reducing access to day services and planned respite will place even greater pressure on unpaid carers, who are already under strain. Removing preventative support increases the likelihood of carer burnout, ill health and breakdown, as well as financial hardship which can then lead to emergency situations and greater demand on statutory services.

The distinction between personal and non-personal care does not always reflect the reality of people’s lives. Many needs are interconnected. If someone cannot shop, cook, maintain their home or leave the house, their health, safety and independence are directly affected. These supports should not be viewed as optional or secondary.

To lessen the impact, consideration could be given to:

- Recognising the preventative value of domestic support, community access and respite in reducing long-term risk
- Maintaining some level of routine non-personal care where it supports independence and stability
- Considering the wellbeing of unpaid carers as a central factor in decision-making
- Taking a more holistic view of risk, rather than focusing only on immediate safety concerns

A system that focuses only on crisis-level need risks becoming reactive rather than preventative. Supporting people earlier and more holistically is more likely to lead to safer, more sustainable outcomes and reduce pressure on services over time.