FINANCE COMMITTEE

DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY

SUBMISSION FROM SCVO

Introduction

1.   The Scottish Council for Voluntary Organisations (SCVO) welcomes the opportunity to make a submission to the Scottish Parliament Finance Committee for the above inquiry. In doing so, we seek to:

- Outline the national context in which this inquiry is taking place
- Propose some factors which both enable and hold back the development of effective responses to the needs of our changing population;
- Discuss the greater role that the third sector can play – in the right environment – in sustainable, enabling and preventative responses.

2.   A number of questions are suggested for the Committee to consider during the course of this inquiry.

The Context

3.   The issues arising as a result of Scotland's changing demography are well documented and debated. During the Finance Committee Roundtable, Jim McCormick highlighted that the *"current system/approaches 'default' to emergency admissions rather than looking at the capacity of individuals, their families and wider communities to ensure people stay at home… and have good quality of life."* [i] The Christie Commission found that many of our services meet demand only at the very late and expensive crisis stage.[ii]

4.   Scotland's response to demographic change is being formed in the context of national change. We are seeking to take forward radical re-configuration of our public services whilst facing unprecedented welfare cuts which are like to have a critical impact on communities and families across Scotland. This is all taking place in a period of extreme financial constraint.

5.   As well as the impact on public spending and services, the recession crucially affects the resilience of individuals and families, and their ability to find solutions as they or their relatives get older/experience poorer health. For example, The Joseph Rowntree Foundation highlights the extremes of income amongst older groups, the dependency of pensioners on the state[iii] and the impact of the recession on families' incomes.[iv]

6.   Whilst the changing demography of Scotland presents significant challenges, it also presents real opportunities, outlined in the main body of our submission below. The third sector in particular is well suited to being the primary vehicle through which older people and communities can support themselves and each other. The sector can unlock and build on the assets in families and communities.

Already a key player in the health and social care sector, there is much more that the sector can do in response to aging in Scotland.[v]

Achieving Sustainable Responses to Changing Demography

7.   We welcome the questions posed by the Committee and offer the following reflections.

Creating the right environment

8.   The crux of the challenge facing Scotland is the need to create the right environment and infrastructure which brings together national, local government, the third sector and citizens themselves to drive a real and lasting shift in planning, spend and delivery of services. In doing so, the aim is to:

- Build the capacity of individuals, families and communities
- Enable our older people to maintain their independence and contribution to society and economy for as long as possible

9.   We currently have a whole range of policy and legislative drivers which determine how we configure services to ensure that older people have the best quality of life. A summary of these is provided in Appendix 1. However, the connections between these strategies and documents and different funding streams can be tenuous, working against any vision for improvement[vi].

10.   With the right environment, the third sector could do much more, up-scaling community based, community led intermediate support which *"can reduce the need for alternative, longer-term care services"* and provide*s "that vital link between the older person and the outside world" -* as acknowledged in the recently published Intermediate Care Framework.[vii] The sector's significant role in providing palliative care, for example, creates a more meaningful alternative to hospitalisation for communities and people, whilst reducing the need for acute beds.

Making different choices

11.   The creation of Change Funds has been a positive step forward – in principle, seeking to actively promote approaches which prevent, enable and empower people. "Ring-fencing" support for carers within the Change Fund has stimulated greater recognition of the third sector in building the capacity of families to provide informal care. This has also given some community based carers' organisations a say in planning services in their local areas. Perhaps bringing to life community empowerment and co-production, similar approaches could help bring the assets and experience of the third sector and service users into the heart of public service reform.

12.   However, it is important to note that the wider experience of the third sector in getting to the table around the Change Fund has been mixed. There remains a reluctance in Change Fund partnerships for statutory services to 'let go'. In addition, the focus on tackling delayed discharge/ reducing emergency admissions in some Change Plans can have a strong 'medical' slant– losing sight of the potential contribution of third sector organisations in delivering social outcomes.

13.   Short term decision making can hinder potentially transformational policies and put prevention 'at risk'. Facing tighter budgets, public authorities are increasingly providing support only in crisis situations/where people are assessed as having 'critical' needs. Such approaches will, in the medium to longer term, actually increase demand. Audit Scotland's recent review of Commissioning for Social Care Services also highlights that these "short term decisions" are a risk in achieving a shift in spend and approach.[viii]

14.   These short term responses also hamper the specific contribution which the third sector could offer helping to shift to more community based, community led responses. Evaluation highlights the individual and economic value of the services delivered in the third sector – services such as Foodtrain, which was shown to fulfil "*a critical role in supporting (older people) to retain their independence and to remain in the comfort of their own homes and within their own communities. Its economic value in delaying the onset of higher cost packages of care is highly significant."*[ix] A new vision for services like this could have a substantial impact on a number of national outcomes and challenges.

Strengthening our existing assets
15.   We must continually emphasise and seek to maximise the contribution made to society by older people in Scotland. Aspects of this significant contribution have been highlighted in an independent economic evaluation carried out by WRVS in 2011.[x]

16.   The Reshaping Care Agenda has tried to focus on such assets as part of our efforts to ensure people stay at home for longer[xi], with service reform a key element of this. This is the opportunity that demographic change can afford; public service reform in all its guises must create the infrastructure and ensure the necessary refocus in public investment to build on this existing capacity. Given that older people provide more care than they receive[xii], current approaches which offer help only in crisis situations reduce that capacity and make early admission to care and to hospital much more likely.

Building Resilience
17.   As well as building the capacity of individuals and their families, we must also seek to build the capacity of community action and initiatives – of the kind taken forward by WRVS, Carers' Centres, older people's groups, churches, and others.

18.   Supporting older people to remain active in their communities combats the risks of isolation and can help maintain their own health and wellbeing for longer. We do not always need to invest more money to achieve this – thinking differently may be all that is needed. Note, for example, the role of third sector grass roots sports groups in "building community cohesion and preventing health problems arising in future". [xiii]

19.   In the context of furthering self-directed support, we could consider the concept of "community hubs" or "community" retailers which bring together a range of facilities and services including co-operative approaches to providing community support for older people. One example is Community Care Assynt, a community

owned project which delivers lunch clubs, access to the internet, community transport, physical aids, healthy eating and laundry services. [xiv] Open to all, there are strong benefits specifically for older people, keeping them connected to their communities and reducing social isolation.

Prevention as the norm?

20.   We need to see a more radical shift of public investment upstream with the aim of ensuring that preventative work, effective intermediate and anticipatory care and co-produced services which enhance individual, family and community capacity are further developed or up-scaled. As the Christie Commission report outlines, such work is happening in isolated pockets and with the right support "could become the norm, benefiting individuals and entire communities." [xv]

21.   In relation to this point, we would ask the Committee to consider whether the Reshaping Care agenda is achieving its intended goals of creating that shift in spend towards more "care at home" [xvi] and community solutions. We also need to examine whether the RCOP Change Fund (some £300 million) is helping us to move towards that goal rather than simply investing in alternative service options in the acute sector. Given the lack of detail in the Change Plans, it is difficult to fully assess the reality of change on the ground which meets the needs of a rapidly changing population. We must also consider how much actual investment was being directed towards community interventions prior to the creation of the Change Fund. This is an important question given that local rationalisation is likely to have impacted on the reach and scale of organisations/services which deliver such support.

Strategic Commissioning, Better Planning

22.   As noted by Community Care Providers Scotland (CCPS)[xvii], there remains a continued focus on cost saving in tendering/ procurement which is having a significant impact on third sector organisations delivering direct care or information/support services. Increasingly they will run such services at a deficit or financially contribute to help maintain them. The Community Transport Association highlights the experience of its members from a recent survey:

"Though contracting is slowly growing in the community transport sector, many operators find the procurement process tortuous and the bureaucracy is disproportionately high in relation to the value of contracts. Community transport's focus on the passenger and quality of service is at odds with transport contracting which too often rewards low cost but also low quality provision."[xviii]

23.   Evidence from SCVO's statistical panel of third sector organisations suggests increasing pressure on their capacity to subsidise public services.[xix]   They often need to draw on reserves and seek other income sources such as donations to cover the full cost of delivering public service contracts.

24.   We should also consider how we can reduce competition and increase collaboration across and within sectors – including the third sector. An overuse of competitive tendering, different funding streams and the 'policy disconnect' mentioned above contribute to the kind of bureaucracy and duplication which proposed reforms such as integration aim to remove.

Service Design – Community empowerment and Co-production
25.   As Change Fund partnerships consider Joint Commissioning strategies, the role, contribution and resources brought to the table by the third sector must be a key element of planning services for older people and their families. The sector's assets, experience and connection to communities is summarised in a recent briefing note on working with the sector, produced by SCVO:

"They are independent, and are often well-trusted by people and communities. Because they involve communities and users they are responsive and naturally person-centred.
They largely work in ways that can be characterised as preventative – in that they seek to improve the wellbeing of people in their own homes and communities."[xx]

26.   Third sector organisations continually need to push to be 'at the table', let alone be considered as equal partners in service planning and design.   Gaining recognition as an equal partner is important for the third sector, ensuring that its' contribution is taken seriously.

27.   In relation to integration of health and social care, we have a powerful opportunity to place third sector providers and support organisations at the heart of public service reform.

Total Place
28.   However, the proposals to integrate health and social care could be too narrow to integrate services fully for individuals and families. A wider total place approach which would take account of housing needs, planning, transport and other services will become increasingly important as the populate ages and may also be necessary to prevent policy and service changes in our current systems from – often unintentionally - creating greater isolation for communities and families. 'Total place' as outlined by HM Treasury, aims to start from *"the citizen viewpoint to break down the organisational and service silos which cause confusion to citizens…and which contribute to poor alignment of services.[xxi]*

Technology Opportunities
29.   Are we maximising the opportunities offered by the use of digital technology to create new ways of delivering services and support? One example is "Living it Up". Supported by NHS Lothian and the Scottish Centre for Telehealthcare. This is part of the UK-wide DALLAS (Delivering Assisted Living Lifestyles At Scale) initiative. A number of other areas in Scotland are involved in this (e.g. Western Isles, Moray), helping the Government, service delivery organisations and policy makers examine the use of new technologies, systems and tools to support people in their own homes. The role of digital technology in connecting citizens with other citizens, in the context of community empowerment and public services, remains underexplored.

Employment issues
30.   The inquiry raises issues around employment of older people and young people and the balances of services to support employability. Services to support employability and learning need to be able to respond to the needs of the individual – regardless of age. Youth unemployment is a key issue because of the broader

effects on the economy of a 'lost generation', however, this does not mean that employment among older workers is not an issue – nor that older workers should be neglected in preference to the young. For example, the number of people aged 50 years and over claiming Jobseekers Allowance for 6 months or more has risen in a very similar fashion to young claimants (barring the jump in youth unemployment over the last year)[xxii].

31.   Another element to consider in the debate around employment is the need to have increasingly flexible working practices which support people who both work and provide support to older people/other family members. It makes no economic sense to allow people to leave employment to care when with the right support in their communities, their contribution in terms of caring and employment could be maximised.

32.   More widely, we need to consider the role of the third sector in helping people to find and retain employment – no matter what their age. Services such as community transport could have a role to play in employability– e.g. in rural areas where public transport is limited, helping people to travel to work. A recent evaluation of Community Jobs Scotland and more importantly the consortium approach taken is a positive example of how the third sector can help people move back into meaningful employment. The third sector still offers a range of opportunities in volunteering which can help people of all ages improve their chances of securing sustainable jobs.

Conclusion

33.   This inquiry has the potential to reinvigorate the continuing debate around our changing population and how services and different sectors respond to this. It can also bring to the fore the role of the third sector as a facilitator, bringing together people and communities to create local solutions and harness their assets, a critical element in creating sustainable responses and approaches which help people stay well and connected to their communities for longer. The principles underlying the Christie Commission vision for the future of public services and the role of the third sector in this must lie at the heart of this inquiry and the Committee's findings.

34.   Yet, we remain in a situation where we have, in effect, no overall plan or measure of success in relation to the success of existing approaches – like the Change Fund – in achieving the shift in investment and approach needed to meet the demands and needs of an older population. We still have policies which do not always connect and separate funding streams which could be better connected. Take, for example, funds linked to early years and prevention – are there ways in which these could be connected to planning/spend in the Older People's Change Fund to develop e.g. the community hubs idea, to bring together services that meet the needs of the whole community – old and young alike?

35.   Bearing this in mind as well as recent trends in the Census for England and Wales[xxiii] and the potential impact of welfare reform, this inquiry is timely and could lead to specific suggestions for action which seek to 'join the dots' in policy terms and ensure our responses to aging in Scotland are fit for purpose, innovative and flexible enough to meet the needs of our changing society.

36.   Now more than ever, we also need to recognise that the third sector has much to offer and is well placed to make informed and creative input to strategic planning and public service reform. Third sector organisations - either separately or working in collaboration - can play a major role in prevention, the delivery of services, and responding to need.

About us
The Scottish Council for Voluntary Organisations (SCVO) is the national body representing the third sector. There are over 45,000 voluntary organisations in Scotland involving around 137,000 paid staff and approximately 1.2 million volunteers. The sector manages an income of £4.4 billion.

SCVO works in partnership with the third sector in Scotland to advance our shared values and interests. We have over 1300 members who range from individuals and grassroots groups, to Scotland-wide organisations and intermediary bodies.

As the only inclusive representative umbrella organisation for the sector SCVO:

   ▪ has the largest Scotland-wide membership from the sector – our 1300 members include charities, community groups, social enterprises and voluntary organisations of all shapes and sizes
   ▪ our governance and membership structures are democratic and accountable - with an elected board and policy committee from the sector, we are managed by the sector, for the sector
   ▪ brings together organisations and networks connecting across the whole of Scotland

SCVO works to support people to take voluntary action to help themselves and others, and to bring about social change. Our policy is determined by a policy committee elected by our members.[1]
Further details about SCVO can be found at www.scvo.org.uk.

References
[ii] Commission on the Future Delivery of Public Services, 2011
[iii] http://www.jrf.org.uk/sites/files/jrf/budget-2012.pdf
[iv] http://www.jrf.org.uk/publications/MIS-2012
[v] "Why Involve the Third Sector in Health and Social Care Delivery?" – Evidence Paper, Scottish Government/Scottish Third Sector Research Forum, 2011
[vi] E.g. the concordat has given local authorities more freedom to determine local expenditure – yet in some localities the provision of respite/short breaks for carers and their families (crucial in supporting their continued care) has actually decreased despite additional investment. Secondly, tightening eligibility criteria may work against the vision for Self Directed Support outlined by the Scottish Government.

[1] SCVO's Policy Committee has 24 members elected by SCVO's member organisations who then co-opt up to eight more members primarily to reflect fields of interest which are not otherwise represented. It also includes two ex officio members, the SCVO Convener and Vice Convener.

[vii] http://www.scotland.gov.uk/Resource/0039/00396826.pdf

[viii] http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf -pg 14. - *"Faced with these significant and complex challenges, there is a risk that councils and NHS boards take short-term decisions based on the cost of services rather than focus on the longer term. Such short-term decisions could include reducing funding for preventative services and focusing on providing care for those with the most intensive needs. This may add to future pressures for other parts of the public sector."*

[ix] "Co-production in Health and Social Care: What it is and how to do it." Government International and Joint Improvement Team, 2012

[x] ICM research, commissioned by WRVS February 2011- e.g. Over 65s made a net contribution of £40 billion to UK economy in 2010. Contribution to social care £34 billion, growing to £52 billion by 2030. The hidden value of older people's volunteering reaches £10 billion per year

[xi] "Reshaping Care for Older People – A Case for Change" Scottish Government 2011

[xii] **Age Scotland Manifesto 2011:** "Older people must not however be regarded simply as passive recipients of public services. While 3,000 older people in Scotland receive 20 hours or more of care at home each week, 40,000 older people actually provide the same level of care for friends and family. This is a service which, if not provided by older people would need to be delivered by the state at a far greater expense."

[xiii] http://www.scvo.org.uk/wpcontent/uploads/2010/08/Finance_Committee_inquiry_into_Preventative_spend_SCVO_Response.pdf

[xiv] http://www.communitycareassynt.org.uk/activities.pdf

[xv] Commission on the Future Delivery of Public Services – 2011

[xvi] http://www.jitscotland.org.uk/action-areas/reshaping-care-for-older-people/ - at bottom of page "Programme for Action".

[xvii] http://www.scottish.parliament.uk/S4_PublicAuditCommittee/Meeting%20Papers/Papers_25042012.pdf

[xviii] http://www.ctauk.org/UserFiles/Documents/In%20Your%20Area/Scotland/State%20of%20the%20Sector%20Scotland%202012.pdf

[xix] www.scvo.org.uk/evidencelibrary/Home/ReadResearchItem.aspx?f=asc&rid=1078

[xx] http://www.scvo.org.uk/policy/briefings-and-consultation-responses/working-with-the-third-sector-in-health-and-social-care/

[xxi] "Total Place; A Whole Place Approach to Public Service, HM Treasury, March 2010.

[xxii] Source – ONS – Claimant Count and Duration, NOMIS, July 2012

[xxiii] http://www.jrf.org.uk/blog/2012/07/census-2011-dilnot