About CCPS

CCPS is the Coalition of Care and Support Providers in Scotland. Its membership comprises more than 70 of the most substantial providers of care and support in Scotland’s third sector, supporting approximately 300,000 people and their families, employing around 45,000 staff and managing a combined total income of over £1.3bn, of which an average of 79% per member organisation relates to publicly funded service provision.

CCPS members provide services right across the spectrum of care and support, including services for older people as well as for children and families, adults with physical and learning disabilities and people facing a range of challenges in their lives, including mental health problems, addictions and involvement in the criminal justice system.

Scottish Draft Budget 2013-14

The Committee has posed six questions to witnesses and we would offer the following comments in response.

1. Are levels of health spending adequate?

The budget document states in Chapter 3 that the Health and Wellbeing portfolio is responsible for, inter alia, delivering “high-quality health and social care” (our emphasis).

The Scottish Government’s proposals for health and social care integration include the establishment of integrated budgets “in which the resource will effectively lose its identity - those working with it to plan and deliver services will cease to view it in constituent “health” and “social care” parts”\(^1\).

Whilst we are generally supportive of these proposals, it is important to recognise that health and social care budgets are (with some local exceptions) not yet integrated, and that the figures set out in Chapter 3 of the budget document relate only to spending by NHS Boards on health care; social care is commissioned and funded chiefly by local government, spending figures for which are set out in Chapter 12.

In this context, it is a matter of significant concern to us that whilst expenditure within the Health and Wellbeing portfolio is maintained/increased, the local government settlement is reduced, with potentially serious implications for the funding of social care services.

The Health and Sport Committee has on a number of recent occasions heard evidence from CCPS regarding the severe downward pressure being applied to social care costs in the voluntary sector\(^2\), with consequences for the terms

\(^1\) Integration of Adult Health and Social Care in Scotland: Consultation on Proposals (para 4.5) Scottish Government, May 2012

\(^2\) See Hourly rates for care and support: report into a Freedom of Information exercise, CCPS June 2012
and conditions of care and support workers, for service volumes and in some cases, for service quality. This pressure shows no sign of abating: on the contrary, local authorities are now actively considering options for further cuts to social care budgets. In addition, providers report that charges to individuals for care and support have increased significantly; and the committee has itself observed that in some parts of Scotland, care and support packages are being cut, in some cases radically.

Under the circumstances, it would be difficult for voluntary sector providers to support the contention that the current level of spending on social care is adequate; however it is (as it has been for some considerable time) not clear to us whether the specific inadequacy lies at the level of central or local government budget decisions (or indeed both).

2. Are we spending wisely?

It is now generally accepted that health and social care spending and service provision must be ‘reshaped’ and shifted to more preventative, upstream approaches that reduce need and thus demand for services. The Change Funds were introduced to stimulate precisely this shift of emphasis: this was a measure fully supported by voluntary sector providers, and the continuation of these funds in the draft budget for 2013-14 is very welcome.

The Committee has heard evidence during the past year, from CCPS and other voluntary sector representatives, that some of the services and activities funded from these resources may be questionable in terms of the contribution they make to the agenda for reshaping care. This remains an area of concern, and the voluntary sector continues to call for tighter guidance and greater scrutiny of Change Fund spend to ensure that it is not used inappropriately.

A particularly positive development in relation to ‘wise’ spending is the renewed emphasis on the importance of effective strategic commissioning for health and social care, and the programme of support being put in place to promote improvements to the commissioning capability of public bodies.

In March 2012, Audit Scotland published the report of its performance audit of social care commissioning, noting that councils and health boards “focus too much on reducing costs when procuring services and give insufficient regard to the range and quality of services and their impact on individuals.”

In this context, the emphasis that is placed in the budget document on “the link between improving outcomes for people and investment decisions by partners” is extremely important and very welcome. We believe that the majority of care and support provided by the voluntary sector falls very firmly into the category of ‘preventative’ spend, insofar as it supports people to stay well, live independently, connected to their community and (as far as possible)

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3 See for example North Lanarkshire Council’s current consultation exercise setting out a range of options for savings, including cuts to social care services; and note Glasgow City Council’s recent invitation to social care providers to a forthcoming meeting at which the council’s plans to save a further £50M are to be outlined.

4 Health and Sport Committee 10th Report, 2012 (Session 4): Stage 1 Report on the Social Care (Self-directed Support) (Scotland) Bill

5 Commissioning social care, Audit Scotland March 2012

6 See page 27 of the budget document (third bullet point)
out of hospital or other institutional care; yet it appears that far from investing in the sector as a key preventative resource, commissioners are putting increasing pressure on it to cut costs, in some instances to the point where its ability to achieve positive outcomes may be affected.

3. How are we ensuring that services are efficient?

In the voluntary sector, austerity-related budget cuts have arrived on top of three or four years of cost-driven competitive tendering, in response to which most providers in the sector have already exhausted the efficiency measures now being explored in the public sector: de-layering management, stripping out back-office waste, revising skill mixes, and so on.

Typically, at this stage, up to 85% of total (non-premises based) service costs in the voluntary sector relate to the workforce. In this scenario, the scope for efficiency savings is limited, and further demands for budget cuts tend to mean reductions in staff pay, terms and conditions which, in our view, call into question the statement in the budget document (at page 55) that the Scottish Government will “drive and support the development of a competent, confident and valued social services workforce” (our emphasis). We are also concerned that in lifting the public sector pay freeze, the budget may perversely be contributing to further deterioration of pay and conditions in the voluntary sector, as its costs are likely to be put under still greater pressure in order to release the resources to underwrite public sector pay increases from within existing (or in the case of local government) shrinking budgets.

It is a matter of serious concern that against this backdrop, providers report that they are now being asked by councils to make further savings of 5% or more, in the name of efficiency. As Audit Scotland has noted previously, “there is… a risk that reported efficiency savings might actually be cuts in service because it is not clear if they have resulted in fewer or poorer quality services being provided.”

CCPS has presented evidence to the committee on more than one occasion that voluntary sector adult care and support services are on the whole more efficient than their counterparts in either the public or the private sector, inasmuch as they tend to cost less to provide than in-house services, and have a better track record for quality than either in-house or (typically cheaper) private sector provision. In some parts of Scotland however, we are seeing public authorities make significant investments in in-house provision, at the expense of the voluntary sector.

More fundamentally, we would question whether efficiency savings within individual services should still be our first priority— what the Christie Commission recommended, we believe, is ‘whole-systems’ efficiency, where inputs are calibrated against outcomes across the whole terrain of public service, not just within each specific outlet (to illustrate: why make a point of pursuing optimum efficiency in the running of a public institution, if third sector community support can help people to stay out of it, at a lower overall cost, with increased levels of wellbeing?).

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7 Improving public sector efficiency, Audit Scotland, February 2010
In this regard, we would once again highlight the importance of effective strategic commissioning as a key route to ‘efficiency’ in this broader sense.

4. What are we doing to ensure that the quality of service regarding outcomes for patients is protected?

The committee will be aware that there is a robust system of registration and inspection in place to monitor and indeed to improve the quality of social care services, led by the Care Inspectorate.

Services are inspected against a set of national care standards, most of which relate to the quality of the specific service provided, and the processes and interactions that take place as it is delivered, rather than to the achievement of outcomes reflecting the personal aspirations of individuals (for example, greater independence, improved wellbeing, positive reablement, and so on). The Scottish Government is expected shortly to announce a review of the National Care Standards, and we would anticipate that this review will examine ways in which individual and indeed strategic outcomes can be more appropriately reflected in the standards.

As noted above, Audit Scotland found that at present, social care commissioning lacks a focus on outcomes, whilst service and contract monitoring tends to concentrate primarily on cost and volume. This echoed the earlier Christie Commission report which quoted CCPS’s view that “the language of outcomes, and approaches to measuring and evidencing them, are steadily being adopted and developed in care and support services. However most services are still commissioned and funded on the basis of units of cost and volume (for example, hours of support and rates per hour) with little attention paid to the value of those services in terms of their contribution to the outcomes identified by individual services users and families in support plans, or by community planning partnerships in Single Outcome Agreements.”

Again, we agree with the Scottish Government that more effective strategic commissioning is the key to linking investment to outcomes; and as the committee is aware, we also believe that there should be a much greater degree of scrutiny over commissioning activity to ensure that this happens.

We also believe that self-directed support (SDS) offers the potential for a much greater emphasis both on quality of service and on outcomes at the individual level, because the person with support needs will have the opportunity, should they wish to take it, to exercise significantly greater choice and control over the way in which their support is provided; and because in implementing SDS, authorities and providers are supplementing an assessment of need with a process of outcomes-based support planning which is (or should be) taken forward in full partnership with the individual and his or her own family or other supporters.

In that regard, the financial support outlined in the draft budget (at page 27) for the implementation of SDS is very welcome (CCPS declares an interest here, being in receipt of some of that support for its Providers & Personalisation programme).8

8 See http://www.ccpscotland.org/providers-and-personalisation
However, given our comments about the proposed reduction in the local government settlement for 2013-14 and the potential consequences for social care, we would want to strongly support the committee’s own view, expressed in its Stage 1 Report on the SDS Bill that “self-directed support must not be, or be seen to be, a cover for cuts.”

We appreciate that the committee has asked two further questions, relating to the way in which we are planning for change and the impact of the budget on equality groups. We believe that we have already touched on these matters in our answers to the first four questions and would not want to take up the committee’s time by repeating points already made in this paper.

We would like to close by thanking the committee for the opportunity to comment on these important matters. We look forward to further discussion when we attend the committee meeting later this month.

CCPS - Coalition of Care and Support Providers in Scotland
16 October 2012