

Draft Budget Scrutiny 2014-2015 Health and Social Care Alliance Scotland

Introduction

The ALLIANCE is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE has nearly 400 members including large, national support providers as well as small, local volunteer-led groups and people who are disabled, living with long term conditions or providing unpaid care. Many NHS Boards are associate members and many health and social care professionals are Professional Associates. Commercial organisations may also become Corporate Associates.

The ALLIANCE welcomes the opportunity to provide its views on the Scottish Government Draft Budget 2014-15. In our role as the leading national intermediary for health and social care the ALLIANCE contributes at a strategic level to many of the elements of the Scottish Government Draft Budget that fall under the Committee's scrutiny.

Consultation Questions

Q1: What are the pressures on health spending and how do we mitigate them?

Many of the initiatives announced in the draft budget document relate to necessary interventions in order to ensure health and social care moves towards the Scottish Government's vision of integrated services alongside "a focus on prevention, anticipation and supported self-management".

To date, health spending has been one of the few areas to receive significant protection from spending cuts and the draft budget 2014/15 maintains the Scottish Government's commitment to defending the NHS from budget cuts.

The ALLIANCE is particularly concerned that UK Government welfare reforms may further exacerbate the pressure on health and social care services. Poverty and debt impact significantly on people's mental and physical health, and on their ability to manage their condition. There are clear risks to the health of those who lose out financially through welfare changes.

The ALLIANCE is particularly concerned that for some people, particularly those with mental health problems, the process itself of being assessed for both Personal Independence Payments and Work Capability Assessments will have a negative impact on their health. For those receiving a negative decision, the loss of income has already been noted as a potential cause of physical or mental health problems, and the feeling of being disbelieved in relation to health problems may itself be a serious source of stress.

A report compiled by Scotland's Deep End practices, GPs based in the 100 most deprived practices of Scotland, have expressed concern that people's mental health is deteriorating as a result of the welfare reform programme:

“At one end of the spectrum, there are those who are in work, and previously well:

- under increasing stress at own jobs due to cutbacks
- taking on extra work/jobs, with resultant impact on family and relationships
- experiencing stress of job insecurity

At the other end of the spectrum, there are those with chronic mental health issues and established physical problems who are “deemed fit for work” and have their benefits cut:

- struggling to make ends meet
- increasing contact with GPs and psychiatry
- increasing antidepressant/antipsychotic use
- self-medicating with drugs and alcohol”

GPs at the Deep End, (2012), GP experience of the impact of austerity on patients and general practices in very deprived areas¹

The ALLIANCE is calling on the Scottish Government and NHS Scotland to consider the need for a health impact study, looking at the effect of changes to income and the experience of the assessment process on PIP claimants, over and above the evaluation work proposed by the Department of Work and Pensions.

Q2: Are we spending wisely?

In previous submissions related to draft budgets the ALLIANCE has highlighted concerns about how the vision of the Scottish Government is realised in decisions made by health boards and local authorities as budgets tighten. These questions are increasingly pressing, especially in the context of concerns about the under-resourcing of social care.

Analysis compiled by the Coalition of Care and Support Providers in Scotland (CCPS) into hourly rates for non-residential care and support services for adults and older people² further reinforce this view. At the same time, many local authorities are further tightening eligibility criteria for social care services³, leading to the loss of vital support for many people who live with long term conditions across Scotland.

Successive governments since devolution have complimented the third sector on its effectiveness and there has been relative investment in the sector through the establishment of ad hoc funding and investment regimes.

The Third Sector in Scotland

- Employs 5% of Scotland’s workforce and includes around 1.2m adult volunteers.
- Provides over a third of all registered social care services.

- Over 3,000 organisations working in healthcare and nearly 20,000 in social care and development.
- Has an annual income of £4.36bn and expenditure of £4.24bn.
- Pre-dates the NHS with many organisations established over 100 years ago.
- Significant investor in health and social care services (including research, specialist nurses and service innovation), and strategic partner in service redesigning and improvement.

The draft budget includes a commitment for the Scottish Government to support the Scottish Living Wage of £7.45 for public sector workers the lifetime of this Parliament. The ALLIANCE welcomes this move however the Committee should be aware that there is an increasing downward pressure being placed on funding for local authority commissioned social care services provided by the third and independent sectors.

This has resulted in an increasing inequity between people working in local authority social care (who will now all be paid the living wage), and people employed by third/independent sector providers commissioned by the local authority, who are often paid much less with poorer terms and conditions. In some instances this has led to the independent/third sectors pulling out of providing social care as they can't provide a quality service for as little as they are being asked to. In these cases the services are brought back in-house and paid for at a much higher rate by the local authority.

The Scottish Government has previously committed⁴ to implementing the recommendations of the Community-led Support and Developing Health Communities Task Group⁵, which concluded that the work of the third sector “must be recognised as an integral part of the formal health system, as a planned intervention and not something that is provided on an ad hoc basis”. However at the level of service delivery the third sector continues to be viewed too often as peripheral next to statutory provision. Furthermore, given that the findings of Audit Scotland’s Commissioning Social Care report suggest a lack of transparency in where budgets for social care delivery come from, even if an integrated approach was adopted, it is unlikely that this will be resolved.

Achieving this requires a proper and sustained investment by Government in third sector capacity at local level to work with statutory partners so that a coherent and consistent programme of service redesign can be undertaken.

Health inequalities

The ALLIANCE strongly welcomes the particular focus that has been placed on tackling Scotland’s health inequalities within the draft budget 2014/15. However, we note with concern that the budget for “health improvement and health inequalities” is reduced in the 2014/15 budget (from £59.3m in 2013/14 to £58.2m in 2014/15).

Health inequalities remain a significant and long standing problem in Scotland and, given how stubborn they have been a redoubling of our efforts in tackling them is required. This is made even more urgent by the ongoing welfare reform programme.

Audit Scotland's recent report on health inequalities⁶ identified that the third sector can support effective means of tackling health inequalities, through the provision of a means of engaging effectively with communities and individuals and by delivering a range of services which may help tackle health inequalities such as healthy living initiatives and supporting people to access relevant services.

Support for people with multiple conditions has long been a key concern for the ALLIANCE and we welcome the renewed focus placed on this. People who live in Scotland's most deprived areas are more likely to develop multiple long term conditions, and often a decade earlier than people in wealthier areas. Many people who live with multiple long term conditions will have repeat or multiple prescriptions and make regular trips to doctors and pharmacies to collect their prescriptions and medication.

There is an important role for the ALLIANCE and the wider third sector in ensuring greater partnership work to offer the best possible support for people who live with multiple conditions.

A fundamental requirement for successfully protecting health and managing life with a long term condition is the ability to understand basic health information. Without this ability, people may be less able to make adjustments and decisions. More work should be considered in this area.

Primary care

The draft budget acknowledges the Scottish Government's commitment to ensure that there is "an expanded role for primary care and general practice in particular". The ALLIANCE welcomes the greater focus placed on the role of primary care and would encourage the Scottish Government to consider how this can be a route through which people can access community assets and resources. For instance, the Improving Links in Primary Care project, housed at the ALLIANCE, is aiming to test a model of strengthening connections between general practice and local communities. The Link Worker Programme will support primary care staff in developing and embedding a link approach within their practice and that all practice staff are appropriately identifying and referring on to their communities' assets.

Ensuring that the expanded role meets the needs of local communities requires the wealth of community-based support to be made far more visible. A key way in which this can be achieved is through the ALISS (A Local Information System for Scotland) initiative, located at the ALLIANCE, which has developed online technology that enables people to access information about local community resources. ALISS assists local communities, including professionals across multiple disciplines and sectors, to work together to

identify, record, manage, share and signpost others to local community assets. In recognising and utilising local assets, the community is better equipped to respond to and plan for a range of local challenges.

People-powered health and care services

We welcome the further reinforcement of the value of 'people-powered health and care' in the draft budget document. The involvement of people who use support and services in strategic planning and commissioning processes is vital to ensuring that each individual's right to independent living and good health and wellbeing are embedded as essential elements of support and services.

The ALLIANCE is delivering the People Powered Health and Wellbeing Programme (PPHWP) as part of the National Person Centred Health and Care programme. PPHWP is bringing together a range of organisations to help drive improvement through a greater emphasis on co-production. The programme is supporting health and social care teams across Scotland to work in a way that enables people to influence their own health and wellbeing and contribute to the design, delivery and improvement of support and services.

Self Management

Self management supports and encourages people living with long term conditions to access information and to develop skills to find out what is right for their condition and, most importantly, right for them. Support for self management contributes to achieving many aspects of the Scottish Government's Healthcare Quality Strategy.

Since 2009, the Self Management Fund, administered by the ALLIANCE, has provided many examples of how small grants can unlock capacity and enable creative, inexpensive and effective approaches to supporting people and communities to flourish. Many of the projects have been able to demonstrate significantly improved outcomes for people who live with long term conditions and act as key indicators for future improvement in support and services.

The ALLIANCE commends the Scottish Government's approach to date. However, the Self Management Fund needs to continue and allow for more work to be done to embed successful approaches with support from NHS Boards, Local Authorities and the newly created Health and Social Care Partnerships, including resourcing self management initiatives.

Q3: How are we ensuring that services are efficient?

In order to be more efficient, the pattern of spend of mainstream health and social care resources must show a change that reflects the move towards prevention and asset-based approaches.

This message has been consistently reflected in the Christie agenda and frequently by Scottish Ministers, alongside the need to shift power and resources to communities and a stronger focus on personal outcomes. We need to ensure that in protecting the health budget this does not inadvertently undermine the efforts to shift the balance of care, and investment, away from reliance on NHS services towards greater preventative and community-based approaches.

As we noted in our recent joint submission with Voluntary Action Scotland to the Scottish Parliament's Finance Committee, there is significant concern about the lack of disinvestment over the lifetime of the RCOP Change Fund and the likelihood of new approaches being lost when it comes to an end. It is not safe to assume that approaches that are demonstrably impacting upon prevention/shifting the balance of care will be mainstreamed once the Change Fund monies end.

As such, we welcome the extension of the Change Fund in further enabling a change of spend in mainstream health and social care resources. However, we need a clear approach to quickening the pace towards the change outlined by Christie. The move to preventative spend has not yet been significant enough and an approach post- Change Fund needs to give the third sector a greater leadership role.

Q5: What are we doing to ensure that the quality of service regarding outcomes for patients is protected?

The ALLIANCE believes that as we seek to transform health and social care in Scotland, particularly through the integration of health and social care, all change must be focused on improving individual outcomes. As such, we welcome the focus of the Public Bodies (Joint Working) (Scotland) Bill on outcomes, however we have significant concerns that this remains at the forefront of Health and Social Care Partnerships thinking as integration is implemented across Scotland, rather than budgets and structures.

A focus on outcomes requires a shift in our approach; from traditional methods of measuring success to ones that focus on what matters to people. A Personal Outcomes Approach places the importance on a monitoring and evaluation framework that values the experiences of people who use support and services and allows for action to be taken in a proportionate and flexible way.

This approach has the potential to achieve person centred objectives and inform decision making at service and organisational level, but at the same time challenges several tenets of healthcare quality measurement. It is vital that the National Health and Wellbeing Outcomes that will be used to measure the success of integration strongly reflect a Personal Outcomes Approach.

Q6: How are we planning for change (particularly with regard to the integration of health and social care)?

The ALLIANCE welcome the additional resource to support integration, including for the third sector, included with the draft budget 2014-15. It will be important that the third sector is involved as a strategic partner from the outset in terms of identifying how this resource is best used.

Integration of health and social care offers a key driver towards the Christie public service reform agenda. The third sector will be key to ensuring a shift in investment and approach and must, along with users of support and services, share power with statutory partners. The foundation of the Change Fund must be built upon with Third Sector Interfaces (TSIs) appropriately resourced and supported to ensure strategic representation of the third sector locally.

There is anecdotal feedback from TSIs that the sector is being given more opportunity – as a result of the public service reform agenda – to work collaboratively with the statutory sector at strategic level. TSIs can and do provide an effective partner to the third sector and public sector in public service reform but are inadequately resourced to fulfil this role. The wider sector must be properly resourced to enable effective participation in local decision making, particularly in the context of locality planning where organisations may be stretched across several localities

Additionally, workforce development activity must provide support and co-ordination to bring together leaders in the integration agenda, including professionals and providers but *equally* and crucially people who use support and services.

As the national third sector intermediary for a range of health and social care organisations and a strategic partner of the Scottish Government, one of the ALLIANCE's key aims is to support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self-management, co-production and independent living.

The following ALLIANCE-based projects have the potential to play a key role in supporting change. These can help to enable the newly integrated health and social care landscape, providing support for the cultural shifts required, the role of individual and community assets and contributing to addressing infrastructural gaps:

ALISS

ALISS (A Local Information System for Scotland) was originally developed for the Scottish Government and is now located within the Health and Social Care Alliance Scotland (the ALLIANCE). ALISS has been co-produced to support individuals to manage their own health and wellbeing by helping them to identify and link with local sources of support.

Specifically, it assists local communities, including professionals across multiple disciplines and sectors, to work together to identify, record, manage, share and signpost others to local community assets. In recognising and utilising local assets, the community is better equipped to respond to and plan for a range of local challenges.

In addition, the asset based ALISS approach encourages professionals to become more actively involved in the local community and assists in their understanding of local provision – thereby equipping them to play a more active role in the local planning of service provision alongside users of support and services, unpaid carers and families. ALISS can play a significant role in achieving the culture change required throughout the locality planning process as well as offering a practical mechanism and tool to maximise and connect local assets.

Health and Social Care Academy for Scotland

The ALLIANCE has for some time been exploring the creation of a resource-light, partnership driven, Health and Social Care Academy for Scotland. This collaborative initiative will provide a cross-sector locus for driving integration as part of the wider public service reform and health quality agendas.

It will bring together a range of activity to support: local Health and Social Care Partnerships; national and local policy makers; service providers and practitioners from statutory, third and independent sectors; community organisations; and people who use support and services, including:

- Education and leadership
- Policy and discussion/thinking space
- Practice development, spreading good practice and translating evidence into practice
- Supporting culture change

Most crucially, the Academy will be grounded in human rights and have at its heart the lived experience of people and communities.

Change Fund Plus

The ALLIANCE delivers the *Change Fund, Enhancing the role of the Third Sector Programme*¹, funded by the Scottish Government and Joint Improvement Team. This programme provides third sector coordination and support at a strategic level to secure the effective engagement of the sector in the Reshaping Care for Older People (RCOP) programme and more widely within the emerging integrated health and social care landscape. It delivers an essential third sector infrastructure function by building and supporting the

¹ <http://www.alliance-scotland.org.uk/what-we-do/projects/change-fund-enhancing-the-role-of-the-third-sector-programme/>

capacity of the 32 local Third Sector Interfaces (TSIs) to work in equal partnership with the NHS and local authorities.

The ALLIANCE hopes to augment the existing Change Fund Team to enable them to undertake activity focused on laying the groundwork for health and social care integration, and building the third sector's capacity to help drive its implementation. This would build on the significant work, relationships and networks the programme has developed. Many of the areas upon which the programme has focused in relation to RCOP will continue to be the key areas in the context of integration; in particular local planning, strategic commissioning and the ability to connect community and third sector assets that contribute to health and wellbeing.

This initiative will provide some of the infrastructure support and continued capacity building that is needed across the TSIs and will act as the central conduit between those interfaces, government, health and social care organisations and wider national intermediaries.

Q7: What will be the impact of this budget, in a health context, on (i) equality groups and (ii) climate change policy?

We welcome the focus being placed on equalities but there is increasing recognition that 'equalities and human rights' should be considered together (as tends to be the case in other countries) and we would welcome such a shift, particularly in the context of Scotland's first National Action Plan for Human Rights. Human Rights need to be a far more explicit framework for Scottish health and social care policy and practice. As the Scottish Human Rights Commission have recognised, "Scotland is developing significant policy responses such as the integration of health and social care and there are clear opportunities and benefits to be drawn from including a human rights based approach in major policy responses to demographic change."⁷

Prescription charges

Prescription medications play a vital in supporting disabled people and people who have long term conditions to live better and more independent lives. Many people have repeat or multiple prescriptions and make regular trips to doctors and pharmacies to collect their prescriptions and medication.

The abolition of prescription charges for all people with long term conditions was one of the key issues around which the ALLIANCE formed in 2006. At that time the ALLIANCE identified a clear need to establish a fairer system for charges and exemption which recognised the benefits of free prescriptions for people with long term conditions.

It is common for people who have long term conditions to be prescribed multiple medications to be taken several times a day. Medication is critical to managing long term conditions and a lack of appropriate access to medication could cause further complications. As a result of the abolition of prescription charges, people no longer have to decide on what medicines are the most

necessary from a cost perspective, no longer need to decide between medication and other essential items and supports self-management.

1 http://www.gla.ac.uk/media/media_232766_en.pdf

2 Hourly Rates For Care and Support (2012) Coalition of Care and Support Providers In Scotland

3 Commissioning Social Care (2012) Audit Scotland

4 Better Health, Better Care: Action Plan (2007) Scottish Government

5 Healthy Communities: A Shared Challenge, Report of the community led supporting and developing healthy communities task group (2006) NHS Health Scotland

6 http://www.audit-scotland.gov.uk/docs/health/2012/nr_121213_health_inequalities.pdf

7 Getting It Right: An Overview of Human Rights in Scotland (2012) Scottish Human Rights Commission

Key points: Health and Social Care Alliance Scotland and Voluntary Action Scotland

A key message from the third sector over recent years has been the divergence between a strong political drive for radical shifts in policy and investment and the experience locally. The consistent message, reflected in the Christie agenda and frequently by Scottish Ministers, is the need to shift power and resources to communities, re-direct efforts and budgets towards prevention and focus on outcomes. The extent to which this is reflected locally remains limited, a point made clearly by the Scottish Parliament's Local Government Committee in its recent report on Public Service Reform. Power largely continues to lie with statutory agencies, the bulk of investment continues to be made 'downstream' in traditional services and the potential contribution of the third sector remains significantly larger than its influence and resourcing allow it to make.

There are however some signs of progress that can be built upon and significant opportunities to bring national rhetoric and local reality closer together.

In considering the 2014-15 Scottish Budget we would make the following points:

Public Service Reform

- Across all initiatives related to reforming public services we **must keep the focus on the impact on people themselves**. Too often we revert to viewing services as ends in themselves, rather than being there to enable the human rights of all of Scotland's citizens. Issues of structures, budgets and organisational interests – while important and complex – must not be allowed to take priority over outcomes.
- The third sector makes a significant contribution to the health and wellbeing of Scotland's people and communities. The **Self Management Fund is one example of the impact that can be achieved by investing**

directly into the sector, supporting organisations and individuals to lead innovation and develop effective, high value for money asset-based approaches, often in partnership with statutory sector health and social care. Another example is the ALLIANCE's partnership with the Joint Improvement Team to develop third sector preventative and capacity building activity, including through the role of faith communities (for example Dementia Cafes run in churches) and promotion of 'active ageing' in Scotland and internationally.

- The Scottish Government Route Map to the 2020 Vision for Health and Social Care reflects an important development in thinking from simply 'shifting the balance of care' to also '**shifting the balance of power**'. Investment in the Person-centred Health and Care Programme will help to drive this and a small, strategic investment will be required beyond the life of that programme so that momentum is maintained and progress continued.
- TSIs report that the **Reshaping Care for Older People (RCOP) Change Fund has been an important catalyst** for building strategic relationships between the third and statutory sector locally. It has not always been easy but has enabled many areas to tackle the challenging issues of partnership working and move beyond some of the barriers to its effectiveness. Scottish Government investment should better recognise the role of TSIs as part of the long term infrastructure that will enable change activity to be embedded and difficult relationship building work to progress, helping to change local cultures.
- **Integration of health and social care offers a key driver towards the Christie public service reform agenda.** The third sector will be key to ensuring a shift in investment and approach and must, along with users of support and services, share power with statutory partners. The foundation of the Change Fund must be built upon with **TSIs appropriately resourced and supported to ensure strategic representation of the third sector locally.** There is anecdotal feedback from TSIs that the sector is being given more opportunity – as a result of the public service reform agenda – to work collaboratively with the statutory sector at strategic level. TSIs can and do provide an effective partner to the third sector and public sector in public service reform but are inadequately resourced to fulfil this role. The wider sector must be properly resourced to enable effective participation in local decision making, particularly in the context of locality planning where organisations may be stretched across several localities.
- The contents of the **Community Empowerment and Renewal Bill**, and how its implementation is resourced and supported, will be another key plank of ensuring effective participation of the third sector as well as of people who use support and services.

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- There is **significant concern about the lack of disinvestment** over the lifetime of the RCOP Change Fund and the likelihood of new approaches being lost when it comes to an end. It is not safe to assume that approaches that are demonstrably impacting upon prevention/shifting the balance of care will be mainstreamed once the Change Fund monies end. **TSlS would welcome Scottish Government guidance to local partnerships** on this.
 - There is also concern that the current economic climate means decisions about (RCOP) Change Fund **spend and reinvestment of under-spend are to a certain extent driven by the need to prop up existing service provision** so that it is maintained rather than driving the change agenda. Some statutory sector investment decisions are also being made with incomplete information about the full cost of the service. This lack of real cost information means that wise investment decisions will require luck as well as analysis and insight. Some third sector activity is most effectively supported through small grants. TSlS report that many areas have created small grants funds using underspend Change Fund money but that there remains a shortage of this type of funding. This shortage is likely to worsen after the Change Fund ends. The Self Management Fund also provides many examples of how small grants can unlock capacity and enable creative, inexpensive and effective approaches to supporting people and communities to flourish.

The pattern of spend of mainstream health and social care resources must show a change that reflects the move towards prevention and asset-based approaches.

- We need a clear approach to quickening the pace towards the change outlined by Christie. **The move to preventative spend has not yet been significant enough and an approach post- Change Fund needs to give the third sector a greater leadership role.** The new Life Changes Trust offers an example of a third-sector led collaboration in which local authorities and the NHS are partners.
- At a more fundamental level there is concern that the Scottish Government's vision for health and social care integration may be undermined by **the under resourcing of social care across local authorities.** Analysis compiled by the Coalition of Care and Support Providers in Scotland (CCPS) into hourly rates for non-residential care and support services for adults and older people⁷ further reinforce this view. At the same time, many local authorities are further tightening **eligibility criteria** for social care services⁷, leading to the loss of vital support for many people who are disabled, older or living with long term conditions across Scotland. This trend poses a significant threat to the drive for prevention.

Welfare Reform

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- Welfare Reform requires a **mix of short-term mitigation of the negative impact on already marginalised groups, and longer-term strategy** on welfare in Scotland post-referendum (whatever the outcome). As part of this there needs to be more **investment in advocacy** for people who will undergo the migration from Disability Living Allowance to Personal Independence Payment. The ALLIANCE, with its members, has developed a strategic proposal to support local capacity and partnership between disability/long term conditions organisations and the advocacy sector. This would represent around £2m annually for a time-limited period and help to protect the rights, health, wellbeing and financial security of many disabled people in Scotland.

Supported Employment

- The British Association for Supported Employment advocate continuing support for Team Scotland/Scottish Government Procurement Directorate in **maximising opportunities for Scottish Supported Business**. This is an off line group that has been set up by The Scottish Government.
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