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.

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

1. **What are the pressures on health spending and how do we mitigate them?**

   This Committee has already done much work to identify the key challenges and pressures facing the health and social care system, including demographic change and the ongoing restraints on public funding. In our view, the best way to mitigate the pressures on the system is to reduce demand by shifting the emphasis of public service delivery away from expensive acute services toward more upstream preventive support to individuals, that wherever possible and appropriate, is community based, focuses on personal outcomes, and draws much more effectively on the assets of communities and individuals.

In the context of the committee’s scrutiny of the Public Bodies (Joint Working) Bill (the ‘Joint Working Bill’), CCPS has suggested areas where this bill should be strengthened to better achieve its policy aims, including a more prominent role for the third sector specifically in the joint strategic commissioning of services, as well as provision on the face of the bill for the scrutiny of commissioning by the Care Inspectorate and Healthcare Improvement Scotland.

2. **Are we spending wisely?**

   Following on from the previous answer, it is now generally accepted that ‘wise’ health and social care spending must focus on preventive, 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 2014-15 and the additional £120m in 2015-16 is very welcome. However, as previously expressed to the Committee, our support for the Change Funds has been qualified by the fact that in many cases the resources may not have been spent on prevention but
rather on existing services. We hope that as we move into the third year, tighter guidance and greater scrutiny will ensure that they are not used inappropriately.

As noted above, another positive development in relation to ‘wise’ spending is the renewed emphasis on the importance of effective strategic commissioning for health and social care, the potential for the Joint Working Bill to embed this practice within each local authority area, and the ongoing Joint Improvement Team (JIT) programme of support to develop commissioning skills within local authorities.

The recognition in the budget document (at p.12) of the central role of the third sector in planning and delivery of services is welcome: ‘The third sector is right at the heart of transforming lives in Scotland. As key partners in service planning and delivery, the third sector is working directly with communities and individuals to deliver preventative solutions to build independence and wellbeing.’

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) out of hospital or other institutional care. However, the policy language about partnership does not always translate into reality at the local level. It remains the experience of many CCPS members 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?**
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.

There are signs that some public authorities are beginning to understand this. Nevertheless, as noted above, experience on the ground for many CCPS members remains firmly in the realm of old school procurement practices and a good distance away from the partnership working envisaged by the Christie Commission and the joint strategic commissioning model currently being promoted by the JIT.

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, and increasingly, in conjunction with Healthcare Improvement Scotland, as they develop joint inspection methodologies in response to the evolving integration of services.
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 has begun a review of the National Care Standards, which we hope will consider ways in which individual and indeed strategic outcomes can be more appropriately reflected in the standards.

The committee will also be familiar with recent Audit Scotland findings that social care commissioning lacks a focus on outcomes, whilst service and contract monitoring tends to concentrate primarily on cost and volume. As noted above, we agree with the Scottish Government that more effective strategic commissioning is the key to linking investment to outcomes; and the Joint Working Bill provides an important opportunity to have a level of scrutiny over commissioning activity to ensure that this happens.

However, as noted in our submission to the committee on the Joint Working Bill, there is no specific mention of quality anywhere in that draft bill. And while we support the principles that have been included, as well as the development of national shared outcomes, the Bill should include requirements in respect of service quality and a duty on integration authorities to ensure that they are met.

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. In that regard, the continued financial support outlined in the draft budget (at page 26) 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).

However, based on the experience of some of our members, we remain concerned that pressure on local authority social care budgets may threaten the practical implementation of the new SDS legislation. In this regard, we recall 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.”

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

As noted above, there are some promising aspects of the Joint Working Bill, including the proposals on joint strategic commissioning, along with the joint inspection and scrutiny thereof. Audit Scotland is finalising its review of the Reshaping Care for Older People change fund (RCOP) and will provide important insight into how effective that programme has been. We welcome the continuation of funding for RCOP in the budget for another year and for its further development beyond 2014-15. However, we think it would be more successful if it was third sector led. This would significantly change the dynamics and focus of RCOP spending, shifting the emphasis upstream, and ultimately resulting in reduced demand on public services.
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.

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