Coalition of Care and Support Providers in Scotland

About CCPS

CCPS is the Coalition of Care and Support Providers in Scotland. Our mission is to identify, represent, promote and safeguard the interests of third sector and not-for-profit social care and support providers in Scotland, so that they can maximise the impact they have on meeting social need.

CCPS membership comprises over 80 of the most substantial care and support providers in Scotland’s third sector, providing high quality support in the areas of community care for adults with disabilities and for older people, youth and criminal justice, addictions, homelessness, and children’s services and family support.

We welcome the opportunity to provide some brief input to the Committee from the perspective of third sector social care and support providers.

General points

The Public Bodies (Joint Working) Scotland Act provides for a range of engagement of the third sector in the integration of health and social care, including non-voting membership of the Integration Joint Board (IJB); membership of the strategic planning groups (SPG), specifically for third sector provider organisations as well as other third sector, user and community interests; and in locality planning. The rationale for this comes from the first priority of the Christie Commission: the recognition that effective services must be designed with and for people and communities – not delivered ‘top down’ for administrative convenience.’ And the future of good public services lies in ‘working closely with individuals and communities to understand their needs, maximise talents and resources’, etc. Christie recognised that collaboration is important because it can increase the quality of information, expertise, understanding of needs, and collective problem solving, but also because it shifts the balance of power and the latter is key to improving outcomes for people in communities.

In reference to the title of the inquiry, we wanted to draw the Committee’s attention to the sensitivity about the language of consultation versus involvement. There were significant attempts to strengthen the legislation before and during its passage through parliament to address third sector concerns about the nature and quality of our engagement – the age old debate about consultation versus much more proactive and collaborative involvement. It is important for the Committee to be clear about what is meant by ‘consultation’, exactly what kinds of engagement are required by the legislation, some of which are much more than just ‘consultation’,
and why ‘consultation’ will generally not produce the results that the Christie Commission advocated.

**CCPS support for engagement**

Over the past two years, we have worked with members and partners, including TSIs, national intermediary organisations, nationally funded third sector projects and statutory partners, to develop providers’ understanding of the new integration structures, and the networks and support for them to be able to engage on behalf of the sector.

We have also gathered information through our annual business resilience survey for the past two years, about our members’ involvement with the planning aspects of the new integration structures. We have about 50% response rate to our survey. Just over 30% of respondents reported this past year that they are involved in all or most of the areas where they work; 35% reported involvement in a few areas, and 30% reported no involvement.

**Provider experiences**

Care and support providers recognise the importance and potential of the integration agenda and have in many cases spent considerable time and energy to understand the new landscape and what contribution they can make to it. Nevertheless, some have, despite understanding the importance of it, struggled to prioritise engagement due to lack of resources.

The level of provider engagement varies widely across the country. Some areas have a third sector provider representing the third sector on the IJB. We supported participation of some of our members in the role of the ‘non-commercial provider of social care’ on the SPG and know that in other areas they are engaged with the help of their local TSI or other thematic networks. The picture in relation to locality planning is more difficult to determine at this stage because of the sheer number and complexity of local planning groups and the fact that some locality planning structures are still a work in progress. We are reliant on the support of the Alliance Third Sector Integration project for this kind of intelligence but know that even they struggle to obtain clear and up-to-date information at this stage.

**Positive progress**

A small number of members report that there is some evidence of the beginnings of a shift in understanding about the role and value of the third sector in strategic planning. It has been an opportunity for the sector to have ‘a seat at the IJB table’ and in some cases, IJB members are beginning to be more receptive to third sector input and respond well to interventions.
Some members are developing their engagement at locality level, discussing the services available and beginning to look at the development of new models of delivery.

However, the results of our survey would indicate that this positive trend is very slow to develop and the majority remain concerned that engagement is tokenistic and very far removed from the real decision making about resources and strategic service redesign.

**Barriers to engagement**

Providers have experienced a number of barriers to engagement. They include difficulty accessing information; or the opposite of struggling to cope with too much information and difficulty identifying the relevance thereof; and short timescales for digesting and responding to lengthy documents.

In many areas, no additional resources have been provided to support engagement by third sector organisations.

But more importantly, in terms of the culture shift that Christie said needs to happen, providers are powerfully aware that their engagement is not on the basis of a 'partnership of equals'. In many cases engagement is perceived as superficial or tokenistic. While in a few areas members of the IJB may recognise the value and role of providers, this often does not filter down through the different levels within the statutory organisations, where there remains work to be done on the meaning of 'partnership'.

What difference has it made to decision making? And to the outcomes for people in communities?

We struggled to identify evidence of changes to decision making. One of the areas of significant concern for providers, as well as statutory partners, is the care and support workforce. Members have very specifically raised this in some SPGs, with very little evidence to show how it has been taken forward in the context of strategic planning. A range of challenges relating to the social care and support workforce are of pressing concern to all partners, yet many areas continue to limit the definition of the workforce to statutory partners only. There has been a failure to take on board the challenges of the two-tiered workforce that exists in social care, where for third sector organisations terms and conditions are eroded, there is a lack of learning and development, critical recruitment issues, and an overall lack of capacity.

With honourable exceptions, our members continue to find their contributions boxed into the narrow framework of purchaser-provider relationships. They have seen little shift away from this toward the vision of a more collaborative way of planning and
designing services and solutions to the challenges faced across current service provision. The implementation of the living wage for social care workers is an example of this.

We recognise the challenges and complexity of engagement with such a diverse sector. However, in our view the integration project would be more successful if the principles of partnership were genuinely embraced across all sectors; if there was more explicit acknowledgement from statutory partners, of the significant role providers play in the whole system of social care; and the impact that our sector makes on the outcomes for people receiving care and support.