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.

**Question 1:** Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?

The health and social care integration agenda, whose principle aim is to facilitate a transformation in the experience of and effectiveness of health and social care services by shifting the emphasis and resource from acute to community based care and support, continues to be heavily focused on solving the problem of delayed discharge.

We suggest that the Committee’s focus of inquiry should be broader than this, so that it includes the other key points in ‘the system’ where there is opportunity to prevent people from experiencing poor outcomes, i.e. preventing them from being admitted to hospital in the first place; improving connections between primary and secondary care; and how to achieve a more effective shift towards care in the community, including examining the wide range of community based and third sector services that support people to optimise their independence, health and wellbeing, and in some cases reduce their need for more complex statutory services. Prevention is not just about hospital admissions or unnecessary hospital bed days, it can also be about preventing homelessness, preventing crime or a prison sentence, preventing family breakdown, and sometimes just preventing people from having miserable lives.

Across the span of a person’s life and their engagement with public services there will be key points where preventive support can be transformative for an individual. We’ve provided a small selection from among the wide range of areas in which our members work:

- mental health – for example, working with young people in schools and preventing the need for more formal CAMHS support; working with adults with mental health problems through a
volunteering project with a focus on building self-management health strategies that result in more stable tenancies;

- work with young people to reduce reoffending;
- family support services that help to keep children in education and out of the formal care system
- housing support work with people with drug and alcohol dependencies that help to prevent homelessness;
- housing adaptations that help to keep elderly and disabled people independent and in their own homes for longer; and
- tenancy support services and ‘housing with care’ alternatives to care homes for the elderly

We also believe that it is important to take a more holistic approach to prevention, considering the impact of issues relating to housing and homelessness, employment, education, and involvement with the criminal justice system; and to make use of evidence from this wider context about what makes a difference to people’s experience.

**Question 2:** How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?

We understand that this is a very difficult thing to achieve, when demand for acute services remains high and resources are shrinking. But this only increases the urgency of shifting the system away from acute and crisis interventions.

We believe the answers lie in better joint strategic planning and linking of investment decisions to the strategic planning process more directly and particularly in involving the wider community in the necessary prioritisation.

There needs to be more clarity and honesty about disinvestment: what things can be redesigned, what will replace them, what savings will accrue and where will they be redirected to, and how will this improve individual outcomes. Investment in new approaches has to be linked very clearly to the (eventual) closure of existing services. It is important that we do not repeat the mistakes of some of the change fund work, where significant sums were put into small-scale projects on a ‘wishing-and-hoping’ basis whereby they might (just might) end up demonstrating value in terms of prevention, but were there was insufficient commitment to resource them in the event of success.

There needs to be a better understanding of where money is spent and what outcomes are achieved with that money – in reference to the Audit Scotland report on integration – and a more rigorous and transparent measurement of progress in moving care from institutional to community settings.

For example, Part 3 of the Children and Young People (Scotland) Act 2014 requires that planning ensures that actions taken in relation to meeting the needs of children and young people are taken at the earliest appropriate time and that action is taken to prevent need arising.

These children’s services plans have to be submitted to the Scottish Government by April 2017, which should give an indication of what steps are being taken to shift resources into more
preventive approaches. The Committee may want to consider whether it is able to look at the extent to which each Local Authority is exercising its duty in relation to prevention in this context.

While acknowledging the challenges of this shift, some of our members have evidence of the benefits and in some cases, significant savings, from greater investment in preventive community based services. We noted a few examples above of the types of preventive work that our members are involved in and can provide further detail if that would be helpful.

**Question 3:** How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?

This is a difficult question to answer due to the complex interplay between different services, and the lack of clarity about where resources are spent and what the outcomes of that spend are. And there is a danger in focusing exclusively on money saved when the principal goal should be to improve outcomes for people.

We need to have better recognition of the added value the third sector brings to the table: our additional financial resources, the direct and indirect benefit of our work on the wider community and the increased ‘social capital’ outcomes. In some areas of work, our members have succeeded in identifying quite specifically what impact their work has had on individuals and how that impact has reduced demand on statutory services. It remains difficult to allocate specific savings to any given organisation or to release those savings for reinvestment in further preventive approaches.

**Question 4:** How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?

Enhancing the role of the third sector would be an excellent place to start. The planning process must become much more transparent, inclusive and collaborative. While sometimes challenging, there are some good examples of partnership work across the sectors. Locality planning processes introduced with health and social care integration offer a further opportunity. These local planning fora are key to bringing the needs, aspirations and expertise of the local community, including the third sector, into the planning process, bringing decisions about resources much closer to the people who will benefit from them, and to winning hearts and minds. However, this takes time and resource and the level of engagement needs to be genuine and effective.

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