Scottish Parliament Health and Sport Committee Inquiry into the Preventative Agenda
COSLA Submission

Introduction
1. COSLA welcomes the opportunity to provide written views in support of the Committee’s inquiry into the preventative agenda. COSLA is the national representative body for local government in Scotland and one of our key roles is to represent the interests and views of our member councils to ensure they have a voice in shaping public policy in Scotland. We have governance arrangements in place to enable our members to agree collective positions, including responses to calls for evidence. This call for evidence was issued over a particularly short timescale, allowing just 17 working days, which has proved very difficult to work with in terms of our meeting schedules and democratic processes. This has also impacted on the scope of evidence that we have could gather and we would hope there will be further opportunities to engage with the inquiry in more depth during its later stages.

Background
2. COSLA’s submission to a similar inquiry conducted by the Scottish Parliament Finance Committee in 2010, argued the need for a bold new approach to public service provision, stating that transformation would be predicated on simultaneous action on three levels:
   i. Disinvestment and reinvestment within individual public sector organisations;
   ii. Disinvestment and reinvestment between public sector organisations;
   iii. Investment and disinvestment at Scottish Government level.¹

3. It could be argued that seven years on these remain, perhaps disappointingly, the key areas where action is still required. That said, the past seven years have also seen a range of policy and legislative initiatives designed to effect those changes in investment, including the Public Bodies Act and Commission on the Future Delivery of Public Services – both of which focused on earlier intervention, integrating services and devolving decision-making closer to communities.

4. Given the challenges presented by the short window for submitting evidence to this stage of the inquiry, and the restriction of submissions to 4 pages, we would direct the Committee to COSLA’s 2010 submission to the Finance Committee, as many of those themes are still relevant today. Copies can be downloaded from the Parliament’s archive at http://archive.scottish.parliament.uk/s3/committees/finance/inquiries/preventative/PS-COSLA.pdf

5. An initial view from COSLA members on the Committee’s key inquiry questions is outlined below. As previously stated, we would welcome the opportunity to provide further evidence as the inquiry progresses.

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

Scope
6. The Committee’s stated scope is to look at ‘health topics’ as a means to understand ‘preventative spending / the preventative agenda’. It will be important the inquiry adopts a social model of health and therefore conceives of the ‘preventative agenda’ as one which

centres on the determinants of health. At present, political attention is focused on pursuing a shift in resources from acute to primary/community care. This is not currently happening to any significant degree as evidenced by slow progress in release of hospital set-aside, coupled with increased investment in complex social care packages being drawn from low-level support budgets through the tightening of eligibility criteria, and not from acute budgets. This political focus also fails to recognise the preventative potential of lower-level social care and wider local government services such as community development, housing and measures to tackle poverty and improve employability.

7. **Inequalities** - The inquiry must consider the connections between inequalities, negative outcomes and failure demand, and investment in local government as a means to address these.

8. **Social care** – The inquiry needs to include a focus on social care and take an approach which conceives of social care’s purpose as being to support independent living which is preventative on its own merit, rather than seeing social care solely as a means to take pressure off the NHS.

9. **Community development** - The inquiry needs to consider the role of community development as the foundation of personal and community resilience which will improve outcomes and reduce demand throughout the healthcare journey. This is critical to the long term sustainability of health and social care services and should be a priority for all levels of Government. It is also an area which has suffered from the cuts to local government budgets and the associated impact on local government’s ability to invest in the voluntary and community sectors.

10. **Housing** - There is a lack of synergy between housing objectives and those of health and social care. Action is required at Scottish Government level to join up these agendas, thus removing barriers to integration at the local level.

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?

11. **Legislative burden** - A recent Audit Scotland report noted that councils have been facing ever-increasing statutory burdens against a backdrop of real-terms cuts to local government funding.² It is COSLA’s experience that the political response to dissatisfaction with councils focusing on fulfilling statutory duties to the detriment of wider activity, is all too often to legislate further, placing more burdens on the same finite resources and limiting the local discretion to prioritise spend according to local circumstance. More needs to be done to devolve resource and decision-making closer to communities to support flexibility and innovation, otherwise we risk creating a system which necessarily prioritises statutory duties and crisis intervention at the expense of preventative interventions and services.

12. **Performance and Scrutiny** - Inflexible and top down targets, indicators and direction of spend creates a barrier to genuine local decision-making and often prioritises crisis intervention and input measures instead of outcomes and prevention. This approach also disempowers local system leaders and managers to be bold, innovative and to take appropriate risks in how and where they invest in improvement and services. The

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independent review of targets and indicators being Chaired by Sir Harry Burns need to be sufficiently ambitious in this respect.

13. Universality - The role of universal entitlements needs to be re-examined to ensure that where it is applied, there is clear evidence that it is a sustainable and effective approach to achieving improved health and wellbeing outcomes and doesn’t inadvertently contribute to a rise in demand.

14. Workforce - More needs to be done to increase joint investment in the scale and quality of services and to address the low pay culture in social care. We need an approach to pay rates that will support, not stifle, innovation and allow us to find ways to deliver a smaller workforce, with more developed career pathways, on appropriate pay scales, doing things differently to support better outcomes.

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’?

Outcomes
15. It will be important to focus on outcomes and guard against equating increased spending with improved outcomes without robust evidence (a recent Care Inspectorate report identified that higher spending levels and do not always equate to improved outcomes or high quality provision).

Data gaps
16. We need to be able to grow and track the supply of a mix of social care packages and not just the complex 10 hour plus packages. We need to take a broader approach which focuses on smaller packages of social care provision as a means to prevent negative social outcomes and tackle failure demand which impacts across the whole public sector, from community justice to welfare.

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

Change funds
17. Historically, the approach to supporting investment in prevention has been short-term change funds. These have failed to support the required system-change due to an inability to secure the release of acute resource. Clearly protecting the budgets of one part of the system, necessarily compromises the other. Accepting the changes in flow of resources that accompany a shift in the balance of care, and therefore accepting the disinvestment this entails needs collective political leadership from Scottish Government, Local Government and the Parliament.

Public expectations
18. A conversation is required with the people of Scotland around the role of the state in providing services into the future. What has always been the case may no longer be appropriate and, given the challenges of demand and demography, it is unlikely to be affordable. To enable future sustainability of the health and social care system and to support the shift in spend towards prevention, a corresponding shift in public perception is required - including of what is required to lead a healthy life as opposed to what is desirable; of what is affordable; and of how the system should be funded. Political leadership which challenges public attachment to traditional institutions will be key to achieving this.

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