

Finance Committee

Inquiry into preventative spending

Submission from Community Care Providers Scotland

Community Care Providers Scotland (CCPS) is the national association of voluntary organisations providing care and support services in Scotland. In 2008-09, the combined membership of CCPS supported approximately 220,000 people and their families across the country, and managed an annual income of nearly £1.1 billion. An average of 70% of this income per member organisation related to public funding, giving CCPS members a considerable stake in the issue of public service delivery.

1. How can public spending best be focussed over the longer term in trying to prevent, rather than deal with, negative social outcomes?

In its inquiries, we would encourage the Finance Committee to consider all three of the Department of Health's categories of prevention:

- Primary prevention/promoting wellbeing, which is aimed at people who have little or no social care needs or symptoms of illness. The focus is therefore on maintaining independence and good health and promoting wellbeing.
- Secondary prevention/early intervention, which aims to identify people at risk and halt or slow down any deterioration, actively seeking to improve their situation.
- Tertiary prevention, which is aimed at minimising disability or deterioration from established health conditions or complex social care needs. The focus here is on maximising people's functioning and independence.ⁱ

The wording of this question suggests a preference for a focus on primary or secondary prevention, but we would make the case that tertiary prevention is equally important. It is not always possible to prevent the appearance of particular needs, for example learning disabilities, but at all stages it is possible to prevent their escalation to the point of negative social outcomes.

CCPS and its members would like to see public services which focus on preventing negative social outcomes for all members of society by ensuring that everyone is able to access the support that they need to live their lives as independently as possible. Appropriate, often low-level, support, provided at the right stage, can prevent the escalation of minor support needs into more serious, and costly, needs for the individual or for society as a whole.

The provision of social care and support services, for example, can result in a variety of savings to other public services, including health and criminal justice. Support services for people with alcohol or substance misuse issues assist in preventing hospital admissions and potentially cut crime, while housing support and care at home services avoid the costs of residential care, while leading to a better quality of life for the individuals concerned.

2. What evidence can you provide from the UK and abroad to show that promoting preventative spending has been effective?

In relation to the point above, that social care and support can result in a variety of savings to other public services, the University of Birmingham has recently published a study commissioned by the Department of Health which concludes that “rather than viewing spending on adult social care as essentially ‘dead money’, there is scope to re-conceptualise this as a form of social and economic investment – meeting basic needs and providing more of a rights based approach, but also investing to save via greater prevention/rehabilitation and delivering significant wider benefits for society and the economy by providing better support to users and carers.”ⁱⁱ For examples of this ‘spend to save’ approach from Scotland, we would draw the committee’s attention to the case studies cited by Quarriers in its response to this inquiry.

In relation to the specific example of housing support, research carried out around the Supporting People programme has shown that, in Scotland alone, a spend of £402 million on housing support services was found to create benefits (including savings elsewhere in the public sector) of £441 million.ⁱⁱⁱ

Research is also available in relation to the specific areas of services for children & families and mental health:

Action for Children and nef have recently published a report called *Backing the Future: why investing in children is good for us all*. Headline figures from this report show that

- the cost to the UK economy of continuing to address current levels of social problems will amount to almost £4 trillion over a 20 year period. This includes addressing problems such as crime, mental ill health, family breakdown, drug abuse and obesity; and
- investing in a dual investment package, including targeted interventions and universal childcare and paid parental leave, could help address as much as £1.5 trillion worth of the cost of these social problems. This would leave the UK in a similar position to European nations such as Finland, Sweden and Denmark which have the best social outcomes.^{iv}

We would also draw the Committee’s attention to the World Health Organisation report providing evidence of the impact of prevention and promotion in mental health, which SAMH cites in its response to this consultation.^v

3. The Finance Committee has recommended that the Scottish Government continue to direct it’s spend towards preventative programmes. Which programmes should be prioritised?

The majority of social care spend, which CCPS and its members would like to see prioritised, is controlled by local authorities, making this a difficult issue for the Scottish Government and Scottish Parliament.

Evidence gathered by the Housing Support Enabling Unit shows that, after the removal of the ringfence from Supporting People funding, in 2009, 14 local authorities no longer had a budget line for housing support services.^{vi} Housing support services not only enable people to live independently for longer in their own tenancies, they also prevent the escalation of people's support needs to a point where they require more intensive, and costly, interventions. We would like to see housing support, and other care and support services, prioritised in moves to increase preventative spending.

4. To what extent is preventative spending effective in addressing the financial impact of demographic change?

Helping older people to live independently in their own homes can help to prevent their support needs from escalating to a point where they require costly residential care. We therefore note with concern the finding of the Housing Support Enabling Unit that services providing less intensive support, which older people are more likely to use than other client groups, are the most likely to face funding shortfalls.^{vii} Preventative services/early intervention will only be effective in addressing the financial impact of demographic change if local authorities recognise the value of these services (see questions 5 and 6 below).

In addition, we would like to see support services working alongside and making the most of people's existing informal supports. Public funds should be used to reinforce, underpin and strengthen the ability of families and communities to provide care and support, rather than to replace, sideline, undermine or exploit that ability

5. What are the main barriers to trying to focus spending on preventing, rather than dealing with, negative social outcomes? Is a focus on preventative spending less likely in the current financial climate?

6. How do we ensure that we monitor the impact of preventative spending over the longer term and shape budgets accordingly?

The main barriers to early intervention and prevention are, as far as we can see, financial. There is much enthusiasm for the concepts from all stakeholders, and we can only assume that the reason this enthusiasm has not turned into action is that funds are not available to do so. To release funds for early intervention work would require funding to be removed from existing crisis services, and public bodies are not able to risk cutting these more acute services. Research from the Housing Support Enabling Unit, for example, has shown that low level preventative services within housing support are more likely to face financial difficulties than more intensive support services, suggesting that these low-level services are easier for authorities to cut.^{viii}

To turn this situation around requires two things: front-loaded funding, to enable both preventative and crisis services to run in tandem for a short time; and a greater clarity around the impact of preventative services, to satisfy local authorities and others that

preventative services really would lessen the need for acute services over the longer term. The Committee's inquiry is therefore most welcome.

7. Is the effectiveness of a preventative spending programme influenced by whether the relevant services are provided by the public, private or voluntary sector?

CCPS members are major providers of public services in Scotland. We would therefore seek to highlight the important role that the voluntary sector can play in providing high quality, cost effective, preventative services, and in particular its ability to achieve positive outcomes for individuals with a lower budget than their public sector counterparts. At the same time, however, we would note that the ability of voluntary organisations to squeeze more from the resources available is not infinite; to provide high quality public services, voluntary organisations require appropriate levels of public funding.

In relation to adult social care, for example, Care Commission inspections provide evidence that voluntary sector providers consistently receive more 'very good' and 'excellent' grades than their counterparts in the private and public sectors.^{ix} Research from 2003, while carried out some time ago, also provides evidence that voluntary sector services attract lower resources than public sector equivalents with, for example, 68% of services for people with learning disabilities being provided at that time by the voluntary sector yet attracting only 47% of the resources spent supporting this group.^{ix} More recent research reports from CCPS show that, having provided services at these low costs for many years, and having absorbed a lack of inflationary uplift or indeed budget cuts, many voluntary organisations now find themselves forced to cut levels of service or hand back contracts in response to difficult financial conditions^{xi}.

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ⁱ Department of Health (2008) *Making a Strategic Shift Towards Prevention and Early Intervention: key messages for decision makers*

http://www.dhcarenetworks.org.uk/library/Resources/Prevention/CSIP_Product/MSS_-_Guide.pdf

ⁱⁱ Glasby, J. et al. (2010) *The case for social care reform in the wider economic and social benefits* University of Birmingham, HSMC and IASS.

http://www.hsmc.bham.ac.uk/news/pdfs/social_reform-final_report-feb2010.pdf

ⁱⁱⁱ Tribal Consulting (2007) *Supporting People: Costs and Benefits* Scottish Government.

<http://www.scotland.gov.uk/Publications/2007/12/14141444/6>

^{iv} Aked, J. et al (2009), *Backing the Future: why investing in children is good for us all*. Action for Children/nef

<http://www.actionforchildren.org.uk/uploads/media/36/7857.pdf>

^v World Health Organization (2002) *Prevention and Promotion in Mental Health*

http://www.who.int/mental_health/media/en/545.pdf

¹ It is not possible to replicate this research, as community care statistics which informed the project are no longer collected in this format.

^{vi} Housing Support Enabling Unit (2009) *HSEU research into housing support funding levels and service volume in Scotland in 2008/09*

<http://www.ccpScotland.org/assets/files/hseu/Publications/HSEU%20Research/HSEU%20research%202008%20&%2009%2024%2011%2009.doc>

^{vii} *ibid.*

^{viii} *ibid.*

^{ix} Care Commission (2010) *Making the Grade: Results from the first year of grading registered services 2008-09*

http://www.carecommission.com/images/stories/documents/publications/reviewsofqualitycare/making_the_grade_-_08-09_final.pdf

^x Johnston, L. and Homer, T (2003) *The Voluntary Sector's Contribution to Community Care in Scotland* CCPS

^{xi} CCPS (2010) *Service Provider Optimism Survey May 2010*

<http://www.ccpScotland.org/assets/files/ccps/publications/research%20reports/CCPS%20provider%20optimism%20May%202010%20.pdf>