# LOCAL GOVERNMENT AND REGENERATION COMMITTEE

# PUBLIC SECTOR REFORM AND LOCAL GOVERNMENT

# SUBMISSION FROM COALITION OF CARE AND SUPPORT PROVIDERS IN SCOTLAND (CCPS)

## 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 270,000 people and their families, employing around 45,000 staff and managing a combined total income of over £1.2bn, of which an average of 73% 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.

## Introduction

CCPS members provide a significant proportion of publicly-funded care and support services in Scotland. Accordingly we took a keen interest in the introduction of both Community Planning and Single Outcome Agreements, researching the content of all SOAs for implications for our members and a sense of where our ambitions for social care figured in the priorities of public authorities in Scotland. This work raised a number of issues for us which remain largely unresolved, and which we would like to revisit in this submission.

CCPS is generally supportive of Community Planning and of the outcomes approach inherent in SOAs. We think that it is right to focus on what is achieved by expenditure of public resources, and what difference is made thereby, rather than on counting how much is expended, and on what. This is particularly important, in our view, in relation to care and support services.

We very much welcomed the opportunity that community planning and SOAs offered the voluntary sector to make a case for funding on the basis of its positive contribution to the achievement of outcomes. We believed that we would have an opportunity to focus less narrowly on what a service costs, and more strategically on what it is worth. As our submission will show, this has not always proved to be the case.

We also support the Christie Commission recommendations, which are relevant to the committee's inquiry, insofar as they relate to a move to prevention, a focus on outcomes, greater integration of health and social care and more choice and control for people who use public services. We believe however that in order for these shared ambitions to come about, the third sector needs to be recognised as a full and equal partner in public service reform much more than it has been in community planning.

We have focused our responses on the questions most relevant to the work of our member organisations and the issues they face. The following comments are set out in line with the three strands of the Committee's inquiry.

***Strand 1 – Partnerships and outcomes***

- *How could councils better integrate their partners into the [community planning] process? How could the degree of commitment to the process amongst other community planning partners be improved? How can any legislative or administrative barriers that make partnership working more difficult be overcome?*
- *How can the partners further improve on the progress that has been made and overcome the remaining challenges on engaging communities and voluntary sector organisations in the process?*

The voluntary sector provides more than 30% of all care services in Scotland registered with the Care Inspectorate. However rather than harness the experience and expertise of the sector in redesigning care and support, public authorities still tend to treat the relationship as one of 'buyer/supplier' rather than a strategic partnership.

CCPS is one among a number of organisations (including the Long Term Conditions Alliance in Scotland, or LTCAS) working to address this: for example, we are working with LTCAS and a range of other partners to support the voluntary sector to engage with the Reshaping Care for Older People agenda and to develop the sector's engagement with the Change Fund both nationally and locally.

In addition, we are working to promote involvement of the voluntary sector in joint strategic commissioning for integrated health and social care.

Support for, and engagement with, these and similar initiatives among community planning partners would be a positive step.

- *How can the community planning arrangements be adapted and developed to promote outcomes-based and preventative approaches?*

We raised a number of points in our response to the Christie Commission that are relevant here. First, although the public sector has in many cases adopted the language of outcomes, this is not reflected in the practical reality of how services are commissioned. Most local authorities continue, in our experience, to commission services on the basis of cost and volume, time and task, rather than for outcomes. We believe that community planning, SOAs and the strategic commissioning function of public authorities must be much more directly and sequentially connected.

A further issue is that the broader value of third sector support is not recognised adequately within current community planning arrangements. Our members are under almost constant pressure to reduce the cost of their activity, even though doing so may make that activity less effective, because the budget of the particular

department or public authority providing the funding will not be impacted by the consequences (although the budgets of other partners may be).

Our support for community planning therefore relates to its potential to facilitate a 'whole systems' approach to the funding of public services, rather than for individual service interventions separated by discipline or agency (health, local authority, police, etc). We note that this approach is now being developed in the context of the integration of health and social care, although the detail is still to be spelled out: in particular, the extent to which resources for acute services will be included in the overall integrated 'pot' remains unclear, whereas we would argue that in order to focus on prevention, there will need to be a significant shift in financial resources away from traditional acute services.

- *How is the work of delivery on SOA outcomes managed, coordinated and driven through the various community partnership structures and agreements? How could Single Outcome Agreements be improved to deliver on community planning targets?*

CCPS looked in detail at all 32 SOAs in their first two iterations, in order to identify what they said about social care, and what that might mean for services, outcomes and the funding prospects for our member organisations. This work raised a number of issues which may be of interest to the committee.

In our experience, it was frequently very difficult indeed to detect any link between strategic outcomes as set out in SOAs, and spending decisions made by the relevant public authorities. For example, CCPS members working in the field of criminal justice, with strong track records in reducing reoffending, experienced dramatic funding cuts in many areas of Scotland despite the fact that outcomes relating to reduced crime rates and reoffending figured prominently in most (if not all) SOAs. Committee members will perhaps appreciate the frustration experienced by CCPS members who spend considerable time, money and staff resources gathering data and compiling evidence of their effectiveness, and thus their potential to contribute to the goals set out in SOAs, when it appears to make no difference at all to decisions made about their funding.

Conversely, we were equally concerned about what (if anything) should be inferred from the absence of particular themes and areas of work from SOAs. Our examination of SOAs, for example, found very little reference to support for independent living, personalisation of care and support, or greater choice and control for service users, despite these being high-profile strategic priorities for the Scottish Government as a result of its *Changing Lives* review of social work services. Nevertheless, many authorities worked to pursue these outcomes regardless of whether they featured in the SOA or not.

In our view then, the potential of our sector is more likely to be realized if there is a stronger link and greater transparency between what is in an SOA and the decisions that are then made about what money is spent on. Without this logical pathway, it is very difficult for the voluntary sector to see where they can make their contribution. In other words, the 'how' is missing, as our examination of SOAs led us to conclude

that simply reading them is not enough in itself to allow any conclusions to be drawn about priorities relating to social care services in local areas.

We note that a specific new set of outcomes is going to be developed relating to health and social care integration. This is a positive development. However, there will need to be a clear explanation of how public authorities intend to achieve these outcomes, with the relevant links to service plans and budget decisions. This level of transparency is essential for accountability and to enable partners to identify their potential contributions.

- *What is the purpose of a Single Outcome Agreement in assisting the delivery of improved outcomes? How are local Single Outcome Agreements developed, and how do they relate to national priorities?*

One of the key concerns that arose for our members in considering their engagement with community planning and SOAs might best be expressed as 'whose outcomes are they, anyway'? There seems to have been very little involvement of voluntary sector providers, or indeed of communities, in identifying outcomes (this was also the case in relation to the National Performance Framework (NPF), which was presented as a finished article rather than as a document for consultation). As noted above, we would have liked to have seen both the NPF and SOAs feature our shared ambitions for social care and support much more prominently, but we were afforded no opportunities to influence what went into them (although, as also noted, the presence or absence of particular themes does not seem to relate in any way to spending decisions, so our lack of influence may not in fact have mattered at all).

We also have some concerns about the relationship between what we might call 'systems' indicators (reduced hospital admissions, reduced crime rates) as opposed to individual outcomes (increased wellbeing, people feeling safe, etc). The assumption within most SOAs is that outcomes for individuals and communities can be evidenced by systems indicators, however we have some doubts about this (reduced hospital admissions might mean that more people are being supported in the community: on the other hand it might mean that there are fewer hospital beds available, regardless of the need for them, and it doesn't tell you anything about the quality of the support people receive in the community as an alternative to hospital, or whether that support meets their needs appropriately).

- *How can arrangements, processes and accountability be improved?*

From our perspective, there are some major issues to be addressed in relation to accountability for the achievement of SOAs.

It is still not clear to us, or to providers working locally, how progress relating to SOAs is reported on or monitored. In the absence of national monitoring by the Scottish Government, several voluntary organisations have taken on this role (although they are not resourced to do so).

Some local authorities are producing annual SOA reports. They vary in format and accessibility. They are an exercise in self-assessment and can, in our view, be drafted with a positive 'spin' on an otherwise difficult result. They are usually

statistics-driven and again can be difficult to interpret because of the way figures can be manipulated.

The joint Scottish Government/COSLA report on SOAs entitled "Local Matters" (2011) relies almost entirely on local authority and community planning partnership self-reporting of 'success' based largely on anecdote and individual exemplar/case studies. We would contend that the plural of 'anecdote' is not 'evidence' and indeed the report itself admits that it cannot supply any evidence (other than anecdote) that SOAs are making any difference at all. In our experience, voluntary organisations making a similar case for the funding of major projects would experience significant difficulties in securing resources.

Leaving to one side the inconsistency of reporting, however, the key question remains, what happens if a community planning partnership (or any of its component parts) fails to make any progress towards the identified outcomes? The response, when we raised early concerns about this, was that the electorate would hold partners to account: however this continues to sound hollow, not only because many community planning partners are unaffected by the views of the electorate, but also because it seems unlikely that the majority of voters will be scouring public sector websites to find progress reports (and, we would add, large parts of the electorate may remain entirely unmoved by the consequences of failure for potentially small groups of vulnerable people, for example those with learning disabilities supported to live independently in the community: this indeed, was one of the main reasons for ring-fencing resources). In our view, there is still a need for a degree of national monitoring on a thematic basis, particularly where government states that the implementation of national policies and priorities will take place at a local level through SOAs.

In the absence of systematic national monitoring by government, it is being left to voluntary organisations to take on this role (see for example analyses of the Single Outcome Agreements by Scottish Women's Aid, national voluntary sector children's organisations and Ash Scotland); our experience suggests that civil servants and MSPs very much value these analyses, but questions must be asked as to whose role this national monitoring should be.

***Strand 2 – Benchmarking and performance measurement***

We wish only to make some general comments about this strand. There is a concern that councils are still not making 'best value' choices, particularly when it comes to their own in-house services. 'Comparative performance data and cost measurement' are not always brought to bear either in the choice of provider or in relation to decisions about funding cuts.

Difficult resource allocation decisions are frequently being taken, but without the key element of performance information. Financial pressure is being applied to successful third sector organisations to the point at which their effectiveness, and even their viability, may be compromised. Services awarded high grades by the Care Inspectorate have been transferred to providers with much poorer track records, as a result of cost-driven tendering exercises. And we believe that in some areas, direct or in-house provision is being protected at the expense of the third

sector in the absence of any comparative review of the track record of each in delivering quality, outcomes and Best Value.

Before the Christie Commission began its consideration of public service reform, Audit Scotland reported:

"…we found that baselines were in place for costs, but not for activity and quality; performance measures were not routinely being used; and reporting of efficiency savings was not supported by performance information on the quantity and quality of services provided. Most public bodies are using existing processes and systems to measure efficiency savings that, for the most part, were not designed for the purpose. There is therefore a risk that reported efficiency savings might actually be cuts in service because it is not clear if they have resulted in fewer or poorer quality services being provided."

If the Christie Commission priorities are to be implemented, this needs to be remedied as a matter of urgency, or we will find ourselves moving further away from its ambitions rather than closer towards them.

In addition, as noted above, what the Christie Commission advocates is a move towards whole-systems efficiency, where inputs are calibrated against outcomes across the whole terrain of public service, not just within each specific outlet. We suggest that there is little to be gained in pursuing optimum efficiency in the running of a public institution, if third sector community support can help individuals stay out of it, at a lower overall cost, and with the related quality of life implications.

***Strand 3 – Developing new ways of delivering services***

- *How can innovative delivery methods for services and collaborative arrangements (as mentioned, for example, in the Christie Commission report) help to improve outcomes and tackle embedded social problems focused in defined geographical areas?*

There are many examples of innovation in the voluntary sector. However, there are several persistent barriers that limit our potential contribution. The most obvious one remains the practice of competitive tendering and re–tendering for services. This practice brings more problems than it solves. It drives down costs, in our view, to a point at which quality is compromised. CCPS believes there is an urgent need to focus on opportunities to develop creative alternatives to competitive tendering.

We have already discussed the mismatch between the rhetoric of outcomes and commissioning practice, which continues to be input and output-focused. Tackling the challenge of commissioning for outcomes is a necessary step that should clarify the logical link between strategic outcomes prioritised in the SOA and the 'how' of achieving them.

And finally, we note again our support for a 'whole systems' approach, of which the current proposals for integrated health and social care budgets is an important example. This offers a collaborative mechanism that potentially resolves the problem of 'cost shunting' and frees up resources to focus on prevention.

- *What scope is there for developing ways of delivering services, such as the personalisation of care, in order to mitigate the effects of shrinking resources while also promoting improved standards of care?*

In adult care and support, the development of self-directed support, personalisation and individual budgeting are important steps, particularly where they underpin and reinforce support that is already available from family carers. However, we would strongly caution against their adoption purely on the basis that they will reduce costs.

It is important that personalisation and self-directed support (SDS) are not associated (as they have been in some areas of England and Scotland) with budget cuts. These approaches are driven by the core principles of promoting choice and control for people who use services, not by cost saving.

The evidence base for personalisation is, as yet, fairly limited and not all studies focus on economic benefit. The little work that has been done on economic aspects of personalisation shows that when implemented, it costs the same as non personalised approaches (IBSEN, 2008; Rummery 2009).

In the long term, personalisation and SDS may indeed provide savings as people gain more choice and control, their outcomes improve and they are better supported to be active citizens in their community. However, where cost is seen as (or is the primary driver), it mitigates against the underpinning values of the approach - choice and control.

On a practical level, where cost savings become the primary driver for SDS the risks are that individuals are left with insufficient support, are forced by shrinking budgets to make decisions on cost, not quality, and have a lack of meaningful choice as the care and support market declines due to unsustainable funding.

Thank you for the opportunity to contribute to the Committee's inquiry into public sector reform. We would be pleased to provide further details if that would be of assistance.

**CCPS - February 2012**
Norton Park, 57 Albion Road, Edinburgh, Tel: 0131 475 2676,
Annie.gunner_logan@ccpscotland.org