

## **Finance Committee**

### **Prevention**

#### **Submission from Health and Social Care Alliance Scotland (the ALLIANCE)**

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The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. It brings together over 1,400 members, including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals.

The ALLIANCE's vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

#### **Introduction**

The ALLIANCE welcomes the opportunity to respond to the Finance Committee's call for evidence into the progress being made in reforming Scotland's public services and delivering the decisive shift towards prevention. Prevention is a central theme which underpins the work over many of our members across Scotland and this response has been developed supported by their insights.

Earlier this year, the ALLIANCE published a series of case studies<sup>1</sup>, drawn from our membership which highlight the contribution of third sector organisations, including Third Sector Interfaces, to address some of the challenges around prevention. It

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<sup>1</sup> 'The Power of Prevention' 2015 [http://www.alliance-scotland.org.uk/download/library/lib\\_5514377a31e6c/](http://www.alliance-scotland.org.uk/download/library/lib_5514377a31e6c/)

places a spotlight on some of the innovative and effective models which are already operating in some areas of Scotland, but which could be more widespread.

### **1. Why has the progress of reform proposed by the Christie Commission been so slow?**

A key message from the third sector over recent years has been the divergence between a strong political drive for radical shifts in policy and investment and the experience at a local level. The consistent message, reflected in the Christie agenda and frequently by Scottish Ministers, is the need to shift power and resources to communities, re-direct efforts and budgets towards prevention and focus on outcomes.

The extent to which this is reflected locally, however, remains limited, a point made clearly by the Scottish Parliament's Local Government Committee in its report on Public Service Reform<sup>2</sup>. Power largely continues to lie with statutory agencies, the bulk of investment continues to be made 'downstream' in traditional services and the potential contribution of the third sector remains significantly larger than its influence and resourcing allow it to make.

Within this context, the ALLIANCE welcomes the Integrated Care Fund as a catalyst investment to drive forward preventative approaches to health and social care and to tackle inequalities. The accompanying guidance for integrated Health and Social Care Partnerships stresses that their use of the fund should take "an inclusive and collaborative approach that seeks out and fully supports the participation of the full range of stakeholders, particularly the third sector, in the assessment of priorities and delivery of innovative ways to deliver better outcomes."

However, as we noted in our response to the Health and Sport Committee's call for evidence on the 2015-16 budget<sup>3</sup>, the Fund represents only 1.43 per cent of the total health budget. We are concerned that the impact of this investment, in the immediate and longer term, may be limited by its scale and timeframe and that targets and outcomes to guide such a significant change need to be clearer. In the ALLIANCE's Manifesto for the 2016 Scottish Parliament election<sup>4</sup>, we have identified increasing and extending the level of investment in the Integrated Care Fund as a priority, calling for a 50 per cent increase over the next five years, alongside a strategy for working with the third sector to identify best practice in commissioned services that keep people well. We believe that this would have the impact of accelerating momentum towards prevention.

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<sup>2</sup> [http://www.scottish.parliament.uk/S4\\_LocalGovernmentandRegenerationCommittee/Reports/lgr-13-09w.pdf](http://www.scottish.parliament.uk/S4_LocalGovernmentandRegenerationCommittee/Reports/lgr-13-09w.pdf)

<sup>3</sup> [http://www.alliance-scotland.org.uk/download/library/lib\\_5451fcb8b54f5/](http://www.alliance-scotland.org.uk/download/library/lib_5451fcb8b54f5/)

<sup>4</sup> [http://www.alliance-scotland.org.uk/download/library/lib\\_563231119ade1/](http://www.alliance-scotland.org.uk/download/library/lib_563231119ade1/)

## **2. What are the main barriers to change and how do we address them in order to accelerate the rate of progress?**

From a third sector viewpoint, one of the main barriers is the statutory sector's perspective on commissioning and the short term focus of it. In the main, decisions are made to fund services, rather than invest in outcomes, with decisions based on addressing current pressure points in the system rather than a vision of the outcomes which investment seeks to achieve in the longer term. Funding cycles are also short, often 12 months and usually no more than three years, making it very difficult to meaningfully evidence impact.

This context also makes it difficult to shape and drive prevention activity. People's lives are complex and unique which means that they do not fit comfortably into services. This means that successful preventative approaches need to have a degree of adaptability to enable them to respond effectively. This also requires trust from people who use support and services – which can take time to gain the traction required to deliver real change. Some statutory sector partners also struggle with the openness and transparency that this relational approach requires as they fear that they will raise expectations or that the context is too complex for people to grasp.

The performance management system creates an additional barrier as this is driven by indicators of progress that in the main measure reductions in failures in the current system, rather than progress towards creating the environment that enables the longer term outcomes we seek to achieve.

The Reshaping Care for Older People (RCOP) Change Fund<sup>5</sup> provides strong evidence of this. From the third sector's perspective, the driver for all 'investment' was reducing hospital bed days for people aged 75 and over. Although this is not an unreasonable indicator of the change we might see in the system as preventative activity bears fruit, it is not an effective measure of success in the short term for most preventative investments.

The different interpretations of prevention are also a barrier to co-producing effective preventative interventions as this is often narrowly interpreted as interventions with outcomes which have a clear causal link to reducing the need for crisis services rather than enabling citizens to live healthier happier productive lives. Some preventative services can deliver savings in the short to medium term by diverting people away from crisis but others, particularly those that address health inequalities, may not deliver this for a generation. That is not to say that reducing the need for crisis services is not desirable but it can be argued that until it is viewed as a desirable consequence of improving outcomes, rather than the primary purpose of

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<sup>5</sup> <http://www.gov.scot/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare>

interventions, progress will always be slow and preventative investment at scale will never materialise.

The focus on reducing the need for crisis services can also disengage the very people that prevention activity seeks to support as the new approach can often be perceived to be about reducing costs rather than improving outcomes.

Evidence-based investment is also a barrier. Not because the principle of using evidence to inform investment is wrong, but because the current accepted hierarchy of evidence is not fit for purpose in the context of prevention. Given the complexity of the 'wicked problems' we seek to resolve, randomised control trials by their very nature do not provide a solid evidence base to inform investment decisions.

The Scottish Government's commitment to no statutory redundancies, although laudable in principle, is also a barrier to progress as staffing is the major cost in the system. This limits the redesign options but also focuses cuts elsewhere, often reducing investment in the upstream activity, much of which is delivered by the third sector.

Quality improvement activity can also be an unintentional barrier to progress as although this can improve the effectiveness and efficiency of a service, it often fails to ask the fundamental questions about whether the service itself is the best way of achieving an outcome and again is driven by failures in the current system rather than creating the environment that enables the longer term outcomes we seek to achieve.

### **Potential solutions**

- Clearly position the finance proposition as investment in outcomes rather than funding services.
- Develop longer term funding models.
- Develop a clear outcomes-focused performance framework to sit alongside the national performance framework that articulates short, medium and long term outcomes and clearly shows how the short term outcomes logically build towards the longer term outcomes.
- Ensure that this performance framework is supported by a suite of clear targets that meaningfully measure progress, even if these are currently not collected.
- Invest in creating the enabling environment and be realistic about how long it will take for this investment to bear fruit in some contexts.

- Ensure design processes focus on outcomes first and then think about services that support their delivery rather than start with services and shoe horn them into the outcomes.
- Make performance against these outcomes as important as the current HEAT targets.
- Require improved performance across all outcomes whilst still enabling local determination of priorities for increased levels of investment.
- Require investment in leadership and change management capacity across all sectors, or provide this centrally.
- Require a co-productive approach to be adopted and support people who work in public service delivery to embed this approach in their practice.
- Ensure local and national communications provide clear recognition of where we are just now; where we want to be; the tensions in this journey including what can and cannot change in the short to medium term and who the potential winners and losers will be.

### **3. How do we ensure that the necessary culture change and greater levels of integration takes place?**

Potential solutions could include;

- Clearly articulate the culture that we seek to create and what we mean by integration.
- Invest in leadership and change management capacity that is focused on building capacity, or require this of local systems. In the context of health and social care integration we are seeing some investment in leadership and change management but this is in the main focused on the statutory sector partners who cannot deliver the change alone. Furthermore, even when there is this type of investment in the sector it is perceived as a funded project rather than investment in capacity to enable public service reform.
- Ensure that success is measured from the perspective of someone who uses the system rather than activity within the system. Health and social care integration is meant to be about delivering a different way of working but much of the process to date has been driven by considerations about how to adapt the system architecture.

- Include partnership measures in the new outcome focused performance framework and make performance against this measure as important as any service delivery measure.
- Ensure that the performance management system enables and drives positive risk management rather than reinforces risk aversion.
- Create a level playing field where all resources that are available can be considered as part of a redesign process. Some Local Authorities have long term funding arrangements with arms-length external organisations and do not include these services in service redesign discussions.

#### **4. How do we create a culture of innovation?**

Given that innovation as a concept is often misunderstood and can be narrowly interpreted as new, is a culture of innovation really what we are looking for or is it the best way to describe the enabling environment that public service reform seeks to create? Adopting the concept of nurturing learning organisation may be more helpful as this encompasses innovation but simultaneously maintains the broader principles of enabling risk and responding to change.

The RCOP Change Fund activity provides significant evidence of the limitations of focusing on innovation as many of the interventions that were invested in through the fund failed to secure ongoing funding despite providing strong evidence that they positively impacted on outcomes for individuals and communities and contributed to creating the enabling environment that nurtures additional preventative activity.

#### **5. What opportunities does digital technology provide in reforming the delivery of public services towards prevention?**

Increasing use of day to day technologies have the potential to enable people who use support and services to exert a greater degree of control over their own health and care, allowing them to play a lead role alongside practitioners as far as possible. This was highlighted as a fundamental issue during the ALLIANCE's consultation activity when developing the recently published 'Multiple Conditions Action Plan'<sup>6</sup>, with the greater sharing of information and improved communication that technology can enable seen as crucial to the identification of errors and supporting self management.

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<sup>6</sup> 'Many conditions, One Life: An Action Plan to improve care and support for people living with multiple conditions in Scotland' [http://www.alliance-scotland.org.uk/download/library/lib\\_5469c0678579e/](http://www.alliance-scotland.org.uk/download/library/lib_5469c0678579e/)

Jim Walker – People Powered Health and Wellbeing Reference Group Member “If I can be working in partnership with clinicians I could have much more success at avoiding mistakes and reducing the negative. Clinicians are full of good intentions and highly trained, but they are never going to be as committed to me and my health and wellbeing as I am.”

### **Case Study - My Diabetes My Way**

My Diabetes My Way (MDMW) is NHS Scotland’s information portal for diabetes. It contains educational materials, videos and interactive tools supporting education and self management, and importantly, allows people across Scotland direct access to their diabetes data via a novel electronic personal health record.

On average, the website saw over 31,000 web site hits per month over 2013. At the end of the third full year of live use, 6528 individuals had registered to access their data.

“There is something incredibly powerful about being able to see all your results over time in the one place. It allows a sense of reflection and lets you see patterns that you may not get when you are on the spot sitting in front of a healthcare professional.

It also allowed me to monitor changes over time. It’s not only useful for looking back at previous results, but offers an opportunity to set targets and think about the progress you would like to make going forward. I will often have a look at my results in the lead up to going for my next clinic appointment, to help me identify any issues I would like to bring up.”

### **6. How should community planning be developed to support service integration and the focus on prevention?**

Real progress will not be made until there is shared ownership and partners feel that they are collectively responsible for the outcomes (rather than leadership sitting with the local authority). A significant degree of cultural change is required as contribution and value is currently focused primarily on financial contribution and needs to be adopt a much more holistic view. The third sector is often seen as the poor relation because they are perceived to bring less to the table and this does not create the parity of esteem required.

## **7. What are the implications for the provision of public services if the decisive shift to prevention does not take place?**

The nature and scale of the challenges facing Scotland's public services, and the rationale for shifting decisively towards a preventative approach are well documented. The big challenge remains mapping a route to reaching this vision, as set out by the Christie Commission.

- Around two million people, 30 per cent of the Scottish Population live with at least one long term condition, a figure that is rising, in large part due to the ageing population.
- According to Audit Scotland<sup>7</sup> the number of people aged 75 and over will increase by 2004 and 2031. The number of people living with Chronic obstructive pulmonary disease (COPD) is projected to increase by 33 per cent between 2007 and 2027 and the number of people living with dementia by 75 per cent over roughly the same period.

Current services are not sustainable in the face of this rising demand and the context of falling public funds. NHS services were originally designed to treat and cure illness, rather than support people to manage complex (and often multiple) conditions over many years and the bulk of resources remain tied up in acute service provision. Services do not effectively or efficiently meet people's full range of needs and until Health and Social Care services are fully integrated, separate policy, budgets, targets and accountability mechanisms help to sustain this.

People who are disabled, living with long term conditions, and unpaid carers are already more likely to experience social isolation, unemployment, poverty, debt, mental health problems and poorer access to transport and services. These issues are compounded by the current economic climate and, without a decisive shift to prevention, many of these people will remain among the worst affected by a tightening labour market and reductions to support and services.

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<sup>7</sup> 'Managing Long Term Conditions' Audit Scotland, [http://www.audit-scotland.gov.uk/docs/health/2007/nr\\_070816\\_managing\\_long\\_term.pdf](http://www.audit-scotland.gov.uk/docs/health/2007/nr_070816_managing_long_term.pdf)