

Parliamentary Enquiry on Prevention

Purpose

1. To seek agreement of key areas of focus for a written evidence submission to the Health and Sport Committee's parliamentary enquiry on prevention.

Recommendations

2. Executive Group members are invited to:
 - i. Endorse the issues outlined at paragraph 9 as the key areas COSLA would wish to draw the Committee's attention to; and
 - ii. Authorise COSLA officers to develop a fuller narrative, based on those issues, for submission as written evidence.

Background

3. The Scottish Parliament Health and Sport Committee has announced its intent to hold an inquiry into the preventative agenda. Given the breadth of this topic, the Committee has issued a general call for evidence and will use submissions to help shape the scope of stage 2 of the inquiry.
4. In summary, the Committee is seeking views on the following key questions:
 - i. Which areas of the preventative agenda should the Committee investigate?
 - ii. How can we overcome the challenges to maintaining preventative spend?
 - iii. How can we track preventative spending more effectively, and what data is required to be able to test whether spend is delivering best value?
 - iv. How can the shift of spending from reactive to preventative services be accelerated and/or incentivised?
5. Further information about the inquiry can be obtained from the Scottish Parliament website at: <http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/103323.aspx>
The deadline for this was February 28th but COSLA has been given an extension to accommodate our political decision making structure.

COSLA Position

6. 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
7. 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,

¹ <http://archive.scottish.parliament.uk/s3/committees/finance/inquiries/preventative/PS-COSLA.pdf>

including the Public Bodies Act and Commission on the Future Delivery of Public Services (the Christie Commission) – both of which focused on earlier intervention, integrating services and devolving decision-making closer to communities.

8. It is therefore proposed that COSLA submits written evidence which draws on our established positions, including those set out in COSLA's submission to the Christie Commission² and National Conversation on Health and Social Care, but also highlights the key issues outlined at paragraph 9 below.

COSLA submission – key themes

9. If Executive Group members are in agreement, COSLA officers will develop the following themes into a full response for submission to the Committee Questionnaire

Which areas of the preventative agenda should the Committee investigate?

- Scope

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. It 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.
- Inequalities

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

² <http://www.gov.scot/About/Review/publicservicescommission/CallforEvidence>

How can we overcome the challenges to maintaining preventative spend?

- 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.³ 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.
- 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 independent review of targets and indicators being Chaired by Sir Harry Burns need to be sufficiently ambitious in this respect.
- 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.
- 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 can we track preventative spending more effectively, and what data is required to be able to test whether spend is delivering best value?

- Outcomes

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).⁴
- Data gaps

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

³ *Social Work in Scotland*, Audit Scotland, 2016 http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_160922_social_work.pdf

⁴ *Social Work Expenditure and Activity 2006-2015 – Statistical Summary for Scotland*, Care Inspectorate, 2016.

which impacts across the whole public sector, from community justice to welfare.

How can the shift of spending from reactive to preventative services be accelerated and/or incentivised?

- Change funds

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

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.

Conclusion

10. Following receipt of written evidence, the Committee will consider their approach to stage 2 of the inquiry, including an specific areas it wishes to consider in depth. Further updates will be brought to the Executive Group as required.

Beth Hall
Policy Manager
0131 474 9305
beth.hall@cosla.gov.uk

March 2017