



Constitution, Europe, External Affairs and Culture Committee

SENScot member views on progress made in delivering the preventative agenda

Introduction

In response to the Constitution, Europe, External Affairs and Culture Committee's request for a view of progress made in delivering the preventative agenda I have sought a response from the broad membership of SENScot.

Whilst members recognise there are projects that are delivering high quality and essential services, there was an overwhelming negative response to this issue. All those that replied to the call out for views replied with impassioned responses which are peppered throughout our response.

An important backdrop to this topic is the Scottish Government's new Economic Transformation Strategy aligned to the NPF. These have a core message - that improving economic competitiveness and recovery and addressing inequalities are reinforcing, not competing, objectives. Key planks of delivering on all of this are and should be a continued and intensive focus on: *reforming public services; shifting investment towards prevention; empowering communities; and tackling poverty.*

We know from the twin shocks of the pandemic and EU exit that public systems are under severe pressure. The combination of demographic changes, environmental challenges, migration pressures, spatial, access and public health challenges and downward pressure on current spending is creating a real gap between demand growth and capacity to meet it on the current public service models.

In many countries including in Scotland there has been an attempt, at least in principle, to consider new service models much more focused on 'prevention and early intervention'. Since the Christie Commission review of public services in 2011 - making a decisive shift towards prevention has been referred to as '*the cornerstone of the Scottish approach to public service reform*'. But 11 years later we still don't have a clear narrative or examples of this shift towards prevention and preventative spend. Christie reported that the current system was: unresponsive to the needs of citizens and communities'. The remedy pointed to a - more bottom-up, outcomes-led, preventative and integrated system: services need to be 'working closely with individuals and communities to understand their needs, support self-reliance, and build resilience'.

We would argue that the third sector and social enterprise in particular is and should have a huge contribution to make. Social enterprises are already active in many spheres that are relevant to public policy imperatives – actively meeting environmental challenges, addressing financial inclusion, fuel

and food poverty, social housing, employability, social care, community transport and improving health & well-being - and in small ways but cumulatively significant - addressing structural inequalities.

“There are lots of examples of local developments but the move to have preventative approaches built into how Scotland develops and provides public services has not happened.”

“In an operational sense, social enterprises continue to do great work in this space. In a strategic sense, there is little evidence of a shift to preventative spending.”

“Despite after a decade of the Christie Commission, we are not shifting resources upstream, there are token efforts but is it really in statutory services own interests to shift the resources and power to the communities when they have been operating in a controlling manner to date?”

Funding

The lack of multi-annual funding arrangements for the third sector also inhibits long term planning and delivery approaches.

“We are good enough being recognised with shortlisting and national awards yet not so worthy when requiring much needed resources to survive.”

Third sector organisations access to adequate resource remains a significant barrier to service delivery. It was noted that local authority and Health & Care Partnership funding is not reaching grassroot organisations and budgets have been successively cut.

“Regardless of spending frameworks, resources are not getting to grassroots projects.”

Organisations remarked that the lack of support for innovation, lack of willingness to collaborate and the top-down approach create barriers.

“Same services, same people round these tables, same top-down thinking, same number crunching service delivery, and the lack of accountability”.

Members clarified that NHS Boards are interested in saving money, but only where a direct saving can be evidenced, and not in terms of longer-term savings.

“My own Community Capacity Building Project..., first funded in 2013 by the older peoples change fund and then by H & SC Integration monies was finally pulled in 2019 when Council could not commit permanent funding. We had a UK award for Innovation in Public Sector and we had commissioned an external evaluation which showed that for every £1 spent we obtained an SROI of £7-8. Partners in NHS here could only say how many nurses they could employ for our funding and how that would be better use of money”.

“Preventative support services for older people can largely be grouped together via the themes of food/meals, befriending/socialising/home support, generally the provision for this has sat with the third sector in Scotland. The erosion of funding for all these activities in the last 10 years has led to an increase in malnutrition among older people.”

Services and policy impacts

Members noted that the third sector has a much bigger role to play in early intervention, prevention and self-management and this is not currently supported through implementation of policy.

“In health, where a preventative approach would have huge benefits for individual people and communities as well as making the health service more effective and making better use of available resources, the decisions taken by SG and NHS services around implementation are undermining the limited policies that were intended to move towards prevention”

The lack of action and accountability from national government, local government and the NHS has had a negative impact on the progression of policy. It is suggested that this goes further and that a lack of understanding and genuine collaboration has created a pressure on vital services, delivered by third sector organisations, that is unsustainable.

“Grassroot organisation approaches are delivered on a shoestring, yet they are connecting and supporting the most marginalised groups of people.”

“the few paid staff we have are expected to work excessive hours or are reliant on volunteers.....It is taking a significant toll and the many personal sacrifices resulting in burn out, mental illness, family life”

One member spoke passionately about the tokenistic attitude to working with marginalised people and the lack of respect for lived-experienced individuals in the sector.

“Those conveniently labelled hard to reach when in truth they have been failed by systems that are clearly not changing and badging them up as something else is unacceptable”

Members particularly commented on services for older people, youth work and the potential for sport and wellbeing. Each area was cited as being under resourced and misunderstood.

“Despite overwhelming evidence that supporting older people with low level practical support at their time and point of need, there has been very limited action to move to prevention. The reality in social care for older people is the need is much greater than the physical or financial resource available, therefore prevention is cited as impossible.”

“In many areas, public sector youth provision is almost non-existent.”

Members remarked that current economic strategies do not meet the needs of our population, in particular our most vulnerable members, and suggest that current process are getting in the way of much needed support systems.

“The recently published Strategy for Economic Transformation demonstrates that the Scottish Government are yet to recognise that the design of our economy causes harm and failure demand”

“Assuming growth and productivity will trickle down to all has been debunked – Scotland needs to be bolder in its approach to economic change”

The lack of progression has led to a feeling of resignation; that things are unlikely to change or improve.

“Progress towards greater prevention is extremely limited, a patchwork of actions here and there around the country and not driven nationally by a timed framework of designated steps”

“We cannot see this changing and fear it will get worse rather than better and the erosion of social/practical community supports that 'prevent' will continue”

“Ministers and officials talk about reviewing processes, moving towards progress etc, but they don't do it”

“How can any spending review be effective when there is so little understanding or accountability of what is being delivered?”

The challenge

This has been a time-limited collation of responses and therefore does not represent the full views of our membership but, despite this, we consider this submission to be a strong representation. It should be noted that no one responded with opposing views and further consultation would be required to access alternative views, if they exist.

With public finances under increasing pressure, it's unlikely that current budget decision makers will have the flexibility or motivation to shift towards prevention – we also have embedded patterns of demand that drive up the resources needed in reactive services rather than prevention. It is difficult then to shift declining budgets to prevention if demand on current services is actually rising. We need to start to think, act and spend differently, and see prevention within an 'investment paradigm' - invest now and a flow of benefits will be realised over time. Members suggested that systemic change is required if the preventative agenda is to be delivered.

“Addressing failure demand in Scotland demands a bold redesign of our economy, creating a Wellbeing Economy that directly delivers our fundamental human needs first time around – dignity, connection, fairness, participation, and a healthy environment. Such a redesign requires a suite of policies that is ambitious in scope, long-term in outlook, targeting root causes and cutting across silos”

A high-level strategic approach that holds government and health authorities accountable, and that works to ensure that grassroot organisations are resourced and have a voice is key to future success.

“More meaningful connections between public services and third sector organisations could make a real difference”

“There are policies that reflect prevention, but the links between them are not getting made and this is part of the lack of progress. It feels as if there is no-one taking responsibility for it. Ministers and SG teams have to become accountable for progress in their policy areas, and that has to be passed on to the NHS boards, other public bodies and a condition of funding to Councils etc - at least as important as financial accountability”

This is not an easy or quick fix. There is also likely to be some resistance to all of this in some sections of the public sector where individuals and professions have a vested interest in the current model of service delivery.

We need to agree and promote a stronger common narrative on what we mean by prevention (and what it is not) and encourage public bodies alongside partners to be clearer about what they want to prevent, how they will prevent it and how they will know they have been successful – that encompass financial savings whilst simultaneously keep the focus on building individual and community resilience.

- Prevention can only be done with the people and communities affected by the things we are trying to prevent. There seems to be a disconnect between the third sector's involvement in prevention activity on the ground and their engagement in the planning process.
- Part of the problem is that third sector organisations and communities do not always know how to feed into the system or do not have the resources or mechanisms to do so.
- We regard a more decisive shift to prevention as a change / cultural management process and change is difficult! Our perception is that mechanisms in the public sector 'authorising environment' can militate against the shift to prevention. This includes the limitations created by the need to meet regulatory and audit requirements and national targets but there is also a fear of doing things differently.

Positive example- genuine co-production approach

Dementia Friendly East Lothian CIC cite their co-produced project as an ongoing success. Working with the ELHSCP Community Transformation Project, the development of meeting centres for people with dementia and unpaid carers was inspired by the Christie report. The model is evidence based and embodies community, empowerment and prevention. After 8 years, the first centre is due to open in Musselburgh. It should be noted that this work has happened with limited funding ELHSCP contributed £20k all other funds were raised locally through donations.

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