

**Response to the Scottish Government
Finance Committee Inquiry**

***To consider and report on how public spending can
best be focussed over the longer term on trying to
prevent, rather than deal with,
negative social outcomes***

**Submission by the
Joseph Rowntree Foundation**

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The Joseph Rowntree Foundation (JRF) is pleased to submit the following response to the Finance Committee's call for evidence on public spending aimed at preventing negative social outcomes. We would be happy to supply any further information as required.

The Joseph Rowntree Foundation is one of the largest social policy research and development charities in the UK. For more than a century we have been engaged with searching out the causes of social problems, investigating solutions and seeking to influence those who can make changes. JRF's purpose is to search, demonstrate and influence, providing evidence, solutions and ideas that will help to overcome the causes of poverty, disadvantage and social evil.

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Introduction

The Joseph Rowntree Foundation strongly supports preventative approaches to tackling social problems and approaches which seek to tackle their underlying causes. The Foundation has investigated the impact of preventative strategies in several areas, including: promoting independence and better health for older people (see response to question four below); alcoholism (Thom and Bayley, 2007; Velleman, 2009); and vulnerable children and families and ASB (Biehal, *et al*, 2000; Crow, *et al*, 2004). While these reports each have interesting points to make about the identification of risk and prevention of negative social outcomes, the following submission will focus on three areas of work in particular: the JRF Older People's Inquiry into *That Bit of Help* (Raynes, *et al*, 2006), nursing support in residential care homes, and a review of alcohol prevention programmes (Velleman, 2009).

Response

- 1. How can public spending best be focussed over the longer term in trying to prevent, rather than deal with, negative social outcomes?**
- 2. What evidence can you provide from the UK and abroad to show that promoting preventative spending has been effective?**
- 3. The Finance Committee has recommended that the Scottish Government continue to direct its spend towards preventative programmes. Which programmes should be prioritised?**

Based on evidence from its alcohol programme, JRF believes that programmes which focus on the prevention of excessive alcohol use among young people should be prioritised. In a recent review (Velleman, 2009) JRF examined which types of preventative interventions work best. Evidence indicates that:

- Interventions based on family, parenting and parent–child interactions are the most effective forms of prevention with the longest-lasting impacts.
- These are effective when delivered in either stand-alone formats or as part of integrated multi-component schemes within schools or other settings.
- There is some, although less strong, evidence suggesting that interventions based around altering peer influence can work, by

improving young people's skill to resist peer pressure, or by improving their skills in dealing with general life issues or by recruiting and engaging with peers to train them to become educators and attitude-formation leaders. The interventions that appear to work best are those that are interlinked with ones that also involve the family.

Supporting evidence can be drawn from a JRF review of international evidence of community-based prevention programmes to address alcohol-related harms at a local level. Evidence from this review suggests prevention and harm-reduction action that targets populations, social systems, social structures and normative factors that create or sustain harmful patterns of drinking, are most effective. This multi-component approach has a greater chance of success than stand-alone projects that target specific groups, behaviours or environmental and situational drinking contexts more or less in a vacuum (Thom and Bayley, 2007).

JRF evidence strongly suggests that prevention schemes which focus on health and care, particularly in later life, should be prioritised. An ageing population is one of the greatest social challenges facing the UK, and larger numbers of older people supported by a shrinking working-age population has significant implications across public services. Nevertheless, there is strong evidence that many low-cost interventions are highly effective in prevention and delay the additional health, care, housing and other needs associated with physical and mental deterioration in later life. There are also significant cost savings and improvements to quality of life associated with preventative strategies which can achieve so-called compressed morbidity (i.e. delaying the onset of chronic and disabling diseases and conditions until the last years, and perhaps months, of life). Given the magnitude of the issue, the effectiveness of preventative schemes, and the potential cost-savings to be made, this area must clearly be prioritised.

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

The potential effectiveness of preventative spending in later life has been clearly demonstrated by the Department of Health-funded evaluation of the Partnership for Older People Pilots (POPPs). These offered a range of services to older people to promote health, well-being and independence, and to prevent or delay the need for higher intensity or institutional care. Two-thirds of the services in the POPPs areas were

primarily directed at reducing social isolation and exclusion or promoting healthy living among older people. The rest focused on avoiding hospital admission or facilitating early discharge from acute or institutional care. The evaluation found that overnight hospital stays were reduced by 47 per cent and use of A&E departments by 29 per cent, for example, and concluded that the savings resulted in approximately a £1.20 additional benefit for every extra £1 spent on the POPP services.¹

A JRF-funded evaluation of three pilots which increased physiotherapy and nursing in older people's care homes (through making more use of a community nurse or through providing health education and basic clinical and nursing skills training to care workers) also generated clear evidence of benefits and cost savings (Wild, *et al*, 2010).

- These were associated with preventing between 81 and 197 potential hospital admissions over the first two years in addition to facilitating 20 early discharges.
- Audit data also suggested that the nursing team's work prevented 20 (or possibly up to 28) residents from being transferred to a nursing home.
- Estimates of costs and savings suggested that the cost of the pilot (£43.94 per resident per week) might in the 'worst case' scenario exceed the estimated savings made in the same period by £2.70 per resident per week. However, in the more likely scenario, the pilot may have actually produced an overall saving equivalent to £36.90 per resident per week. The principal savings related to avoided hospital admissions, closely followed by avoided transfers to nursing homes. Savings due to early discharges from hospital were lower but appeared to offer the potential for increase (Wild, *et al*, 2010; Wild, *et al*, 2008).

Just as important as these cost savings, JRF research has found that promoting independence and quality of life with low-level preventative support is highly valued by older people and in great demand. Currently, the majority of services for older people are focused on the highest needs of the frailest people, with provision mainly sourced from health and social care budgets. These services are not what many older people want. Older people say they want what is best described as 'that bit of

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help', to help them remain independent and enjoy a better quality of later life (Clarke, *et al*, 1998).

Building on this evidence, JRF convened an older people's inquiry to look into such services. It found that:

- examples already exist of the kinds of help older people would want to see available;
- the costs for these can be calculated and some outcomes data is available; and
- not all examples relate to traditional ideas of services (Raynes, *et al*, 2006).

The inquiry identified dozens of preventative schemes from around England, of which 13 were deemed particularly effective and valuable. These were:

- **Handy Help:** Trafford Care & Repair
- **Welcome Home:** Cotswold Council for Voluntary Service
- **Help at Home:** Amber Valley Community Volunteer Service
- **Primary Night Care:** Blackpool Borough Council
- **Befriending Service:** Amber Valley Community Volunteer Service
- **Sole Mates:** Age Concern Oxfordshire City and County
- **Cinnamon Trust:** a national charity
- **Digging Deep:** Age Concern Gateshead and South Tyneside
- **RISE:** REGENERATE.com
- **SMILE:** Royal Borough of Windsor and Maidenhead
- **Social and Activity Centre:** Wimbledon Guild
- **Keeping In-Touch:** In-Touch Malton, Norton and District
- **Retail Stores:** An Ideal

While these schemes are not described here, there are two that are worth noting.

While many schemes lacked concrete evaluative data, the SMILE ('So Much Improvement with a Little Exercise') scheme, which aimed to increase older people's access to exercise and leisure opportunities,

identified a reduction in average weight of 1kg, reduced blood pressure and resting heart rate and improved posture in participants. The annual report shows that in the first year there was an average weekly attendance of 300 at the clubs for beginners. The Handy Help scheme, providing home repairs, found in its customer survey that: 54 per cent of customer said they wouldn't have carried out the repair without the service and 34 per cent said they could have done the work but only with difficulty; 50 per cent said the work made them feel safer in their own home; 55 per cent said they felt more secure; 16 per cent felt warmer; 72 per cent said that the work had improved their quality of life. Ninety-nine per cent of clients said they would use the service again or recommend the service to others (Raynes, *et al*, 2006).

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?

There may be several potential obstacles to applying preventative strategies more widely. The first is the lack of evaluative data regarding the impact and effectiveness of prevention schemes, as well as the cost savings. While there are many schemes doing valuable work, assessing the difference they make to people's lives in concrete (i.e. non-anecdotal) terms is a challenge. But it is imperative that these types of supports are evaluated (Raynes, *et al*, 2006). In the current economic climate, any investment must be justified by some quantifiable social return on investment, and seemingly unproven prevention schemes may be viewed as a luxury commissioners can ill afford. A contributing factor to this is that some preventative work is hard to quantify – for example, it is impossible to estimate the impact of early detection of illness in care homes thanks to nursing staff being on site, as no one knows when that condition might have otherwise been noticed and how it might have escalated. Moreover, it could be that uncovering often complex health needs *increases* initial costs (Wild, *et al*, 2008), undermining the 'cost saving' appeal of such interventions.

Pressure on spending in health and care is likely to incentivise 'fire-fighting' – dealing with the highest needs and most urgent cases. While it is an ineffective strategy to only meet people's needs once they have escalated to require more costly support, when very limited funding is available it is extremely difficult to do anything but target those most pressing cases, leaving no funding to invest in prevention. Some prevention schemes rely on user charges, but increasing these to meet

the funding deficit will only serve to restrict access to the most vulnerable (Raynes, *et al*, 2006).

A second issue is that many organisations involved in preventative schemes are based in the third sector. As they remain outside the remit of statutory services and rely on donations and grants rather than commercial income generation, the Older People's Inquiry was concerned by the short-term and unstable funding and contracting arrangements for many of preventative schemes. This not only leads to uncertainty of funding for voluntary organisations – which may threaten people's employment conditions or even the existence of smaller organisations – but may also mean the removal of an important source of support in an older person's life (Raynes, *et al*, 2006).

A third issue can be one of joint working. Preventative schemes are by their nature often holistic, which means they can span across several service areas and departmental responsibilities. Recent pilots created a greater overlap between personal care and nursing care by increasing the skills of residential care workers to give residents a 'home for life' and prevent the escalation of health conditions. These were only made possible as the relevant regulatory body at the time (Commission for Social Care Inspection) was pragmatic for the purposes of the pilots and allowed nursing care to be delivered in homes registered as residential. Usually this would be forbidden. This obstacle to the mainstreaming of this approach is one example of how the barriers between health and social care stand in the way of integrated support (Wild, *et al*, 2010)

Conclusion

While quantifying the costs, benefits and cost-savings of preventative schemes (particularly support for low-level and community-based preventative schemes) is notoriously difficult, our evidence and that of others clearly highlights the importance to citizens and the value to the public purse of investing in preventative services. The Joseph Rowntree Foundation warmly supports the decision of the Scottish Finance Committee to conduct this important inquiry at a time when public spending cuts may make it much harder – and much more important – to keep a focus on investing in preventative strategies.

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