

## **Finance Committee**

### **Prevention**

#### **Submission from Argyll and Bute Community Planning Partnership**

##### **Response**

Often preventative activities cited as good practice or those which should be replicated have been funded from short term pilot project funding or change funding models. For the most part however large scale preventative gains are not delivered within 1 to 3 year timeframes but rather reflect medium to long term or generational change horizons. Such injections of funding are a necessity to bridge the gap between financing the impact and providing a preventative solution and establishing initiatives which can begin to bring about change, or make small tests of change. However as highlighted by the former Chief Medical Officer, Sir Harry Burns when referring to the work of the Early Years Collaborative we need “stickability” to deliver substantial gains which has implications for the funding models of preventative change activity and mitigates against short term, initiative fatigue. This has been seen within some of the major shifts, just beginning to ‘take root’ following Reshaping Care for Older People Change Fund investment, but which will require ongoing support and facilitation to embed.

There is therefore a shift change needed in government thinking into its funding provision or for the way in which it expects partners to fund both responsive services dealing with negative impacts and preventative solutions as the latter takes investment of a long term form, 10-15 years or longer, to impact the former. This takes real political commitment as these timeframes naturally extend beyond political terms of office. This is due to many of the health and social issues that are heavily resource intensive for community planning partners involving embedded habits within individuals and families that can take a generation to change. Moreover, whilst community planning partners work to build the capacity and resilience of communities any ‘gains’ cannot be allowed to wither and die for lack of sustained, and experienced, support and guidance.

Poor parenting, substance misuse, domestic violence and chaotic domestic conditions, patterns of neglect or long term detrimental lifestyles and health habits are not fixable in a short term. They require intensive, long term, education based interventions if they are to be sustained and have impact on future generations. Funding the gap takes risk and resource. The past 6 years in local government and public services has been characterised by significant cuts in public finance that is projected to heighten further with inevitable reductions in capacity to invest in preventative and early intervention services yet at the same time there has never been more enthusiasm and commitment to work in partnership where viable to help improve the live chances of people in communities. If we are genuinely to give

influence and voice to all our communities, of place, interest and identity then these collective voices, particularly for those less able, socially excluded and harder to reach, then there has to be sufficient resourcing to the enabling factors which encourage and allow communities to flourish; not one, not twice, but for the longer term.

Within Argyll and Bute CPP we have witnessed diminishing resources for all of our partners and each is faced with making further cuts of substantial measure over the short to medium term. There has never been a more important time to protect the most vulnerable within communities and prevent large costs downstream or cost shunting from one partner to another.

Within this response there are examples of excellent work that our partnership undertakes on prevention and work that we are continuing to develop. This shows that preventative work is live and is significant within the area in its breadth, especially in relation to early years.

Prevention also takes many forms and is evidenced with robust examples across Argyll for each generation, and a range of circumstances. We can point to preventing re-admission or admission to hospital, we can demonstrate (using SPARRA indicators) prevention of admission to care and residential homes This is almost uniquely a result of the Reshaping Care for Older People Change Fund which produced a range of initiatives; neither our Health nor social care services can bring about real shift in circumstance alone – nor can they be expected to fund all the preventative work which came about during the Change Fund period. Much was mainstreamed through disinvestment, but to achieve the disinvestment required with four years and make shifts sustainable in their entirety is unrealistic.

Prevention can mean many things in different contexts; it can be everything from regular resurfacing of roads to prevent road accidents, to early support for children identified as vulnerable to protect against any future harm. The national community planning group advised earlier in 2015 that it would be looking at how best to define prevention. This would be welcomed by the Community Planning Partnership as this will enable strong focus and reporting and we are confident that a focus on what is meant by prevention will bring to the attention of the Scottish Government the amount of projects and positive impacts taking place. It will also better define gaps for partners to develop solutions around.

We have excellent upstream preventative activity that is truly embedded in our daily partnership working. Examples are listed below and fuller detail on each of these examples can be found at the end of this document.

- The Argyll and Bute Family Pathway and Developmental Milestone Toolkit
- Alternative to Care Project

- MacMillan Cancer Care in Libraries
- Prevention of Homelessness incorporating the Empty Homes Initiative
- Early and Effective Intervention (EEI) service
- Argyll Active
- The roll out of parenting support programmes such as the Psychology of Parenting
- Delivery of “Roots of Empathy” across primary schools

We also continue to explore new preventative projects such as

- New Throughcare and Aftercare Services for former looked after young people
- The development of intermediary care services
- Community resilience work with older people demonstrates prevention of hospital and care home admissions; whilst the Grey Matters groups have won national recognition for the work in enabling influence, choice, and co-production of services. Quote from Brendan O’Hara MP, ‘any politician would be stupid to ignore this group’
- The emerging work to address poor body image with young people and challenge negative eating behaviours, bullying and low confidence.

We consider our grassroots work with communities as preventative work. The outcomes of social cohesiveness, confidence and empowerment which grow through our programme of engaged work with communities builds sustainable groups, enhances lives and increases economic vibrancy of communities. This prevents mental health issues, decline of community assets and lack of investment. Our concentrated work with young people and elderly people undertaken in partnership across council, fire, third sector, police and NHS has a myriad of preventative outcomes from preventing trips and falls to preventing anti-social behaviour. We monitor these through our dedicated partnership forums and the SOA.

In collaboration with others, the Third Sector Interface (TSI) has produced this picture of prevention in the context of older people as a logic model, attached for reference.

There is a coordinated strategic planning landscape that is genuinely multi agency and linked to the 6 key outcomes embedded into the SOA. It would not be the intention to present a list of such strategic planning documents which range from health improvement/ promotions; integrated children’s’ services plan; health and social care strategic plan; etc through to strategic housing investment plan; fuel poverty; and many others besides.

We have provided answers to the questions below:

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

Prevention requires generational change and short term focussed initiatives and support funding is unlikely to deliver sustained, high impact change. Such change needs also to be supported by formal disinvestment plans which can move resources within the system to sustain new service models until such time as efficiencies can be harvested. The focus on prevention is also taking place at a time when public sector budgets have reduced by around 20-25% over the last 6-7 years with a similar scale of reduction forecast in real terms in a shorter forthcoming period.

All community planning partners are facing similar challenges of rising demand, increasing aspirations and decreasing resources to keep pace with our ambitions. Consistently, we do more with less or same year on year and it must be acknowledged that if we empower communities, as we have, then demand will also rise in accordance with their articulated expectations. Community assets can be volunteer led, and well over 3,500 people in Argyll rise to that call, but at some point also need information, facilitation, support and development potential to be resourced if we are to truly succeed.

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

Invest in long term change funding and commit to that funding over the long term until the disinvestment plans enable preventative activities to be sustained.

Support local community planning partners to resource evidenced impacts which will produce the required change; encourage collaborative and existing initiatives with sufficient time to make the shifts Christie profiled actuality. Simply responsabilising communities alone does not bring about cultural and behavioural change.

Understanding the timescale is a generational one.

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

Be clear on what is meant by prevention and what measures the Scottish Government wishes to see. A greater clarity on priorities which will be adhered to over the medium to longer term is necessary to avoid attention being drawn away to an ever increasing cycle of new initiatives. Have faith and confidence in what works and stick with it.

Integration alone cannot be a substitute for investment for the future and does not, of itself, forecast significant culture change. The process and substantial engagement has brought a wealth of comment, knowledge and lived experience from our communities which may not find resultant actions due to lack of longer term resourcing. In Argyll & Bute we have engaged and consulted with a large

percentage of our population across all sections of demography and geography, but without inward investment for, inter alia, transport and localised services could risk perceptions of failing to listen and to act.

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

People are creative and will produce ideas. The role of senior political and officer leadership is crucial to give both the mandate and resources to support change – this is not without risk and there needs to be a tolerance for appropriate risk taking to make gains. Organisationally and across the partnership it is important that staff feel encouraged to bring forward ideas and empowered to take decisions that are solution focussed at the front line. It is undoubtedly much more difficult when resource constraints are in place and the quantity of people available to take forward that work is reducing.

The role of our communities in contributing ideas and solutions is also critical in unlocking the potential that exists for innovation and step change. Partnerships need to develop improved community relationships and processes for an improved dialogue with service users and communities on how they can contribute. Low level grant distribution models such as participative budgeting may get some initial low level buy in but are unlikely to generate the sustained relationship and contribution from communities that is necessary. Full blown participative budgeting which engages communities in decision making about the use of large scale core organisational budgets would be a different matter although we are some way from reaching that maturity of relationship and would need to ensure it did not adversely impact on the stickability of change programmes. We have already made progress in levels of engagement and participation but most partners are stretched in resources, and are in fact, achieving huge outcomes reliant on goodwill where paucity of resource exists. Strong remote and rural communities are vital, but the support and resourcing required is substantial.

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

Digital technologies provide an immensely broader range of opportunities for people to communicate, transact and otherwise engage with the partnership using media platforms that suit them, at times it suits them and in a much more cost efficient way. There are significantly developed digital services in relation to health and social care which are already proving their contribution. However there are considerable opportunities for self service, access to/ sharing information, notification and support to be provide in digital platforms. It provides an excellent platform for learning especially through webinars. People can learn and share quickly through digital means.

The TSI and local authority have worked strenuously providing classes and learning opportunities across the demographic and geographic range to get our individuals and communities 'online' and this work is continuing.

However, progress to achieve broadband coverage which is 'good enough' is perceived as slow and areas with no mobile signal deter the building of social networks which could exist and could prove productive and empowering to many.

There are still mass frustrations regarding the incompatibility of organisational systems or security requirements which mitigate against the ease of data sharing which require cumbersome work arounds. In the absence of nationally coordinated integrated systems and the history of delay in developing solutions, the onus falls on local partnerships to find local solutions at much greater pace however support on enabling data sharing legislation would assist this pace of progress.

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

The partnership recognises and is strongly supportive of the prevention agenda. The SOA is already therefore reflective of the prevention agenda however the points made above in relation to the barriers to change and the supports that require to be available impact on the capacity of the partnership to move forward at pace. Addressing these core issues would unlock the capacity of the partnership to take forward key preventative work over the longer term which would make a sustainable impact downstream on individuals, families and communities.

We have a strong partnership with knowledge, expertise and experience; the potential therefore is available, but as mentioned above goodwill alone is unlikely to enable reaching our full potential.

### **What lessons can we learn from other countries in delivering a preventative approach?**

Scotland has many of the key building blocks of a successful societal change programme – areas like the GIRFEC practice model, early level childcare and education, health and social care integration, community justice reform, developing Scotland 's young workforce, the Curriculum for Excellence, etc. It is a natural tendency to look at others for inspiration but in reality we have developed our own unique component parts – what is need is to stitch these components together into a coherent, consistent programme of change, to properly resource that work and to keep doing it over the medium to longer term to realise the change and then sustain the gains made. We need to focus learning on what we are doing in this country and its political, social and economic context initially whilst being alive to thinking and experience elsewhere. There is a need for more support for partners to come together to discuss solutions and for such events to be hosted by the Government. Joint resourcing events would be welcomed.

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

The implications will be for an increasing gap between demand for services to support social, health and economic problems and the resources available. In turn this will lead to a rationalisation of service delivery further extending inequalities in society and stifling innovation and change. Ultimately we will have failed to deliver on the vision for public sector reform and failed the communities we serve.

Without the commitments outlined within this paper, we have a risk of communities feeling disenfranchised through the process; because however successful we are in engaging and involving our individuals and communities in the planning, it becomes meaningless without the tools to deliver.

### Further information on examples

#### **The Argyll and Bute Family Pathway and Developmental Milestone Toolkit**

The Argyll and Bute Family Pathway makes the link between local and national policy to real life for children and families in Argyll and Bute. It breaks down the barriers of agencies 'working in silos' to support families, and encourages everyone to work together using a shared vision, language and processes. At the heart of the Pathway are children and families who are included and involved at every step along the pathway – from mum's first antenatal appointment to "Katie" starting Primary One. Through collaborative working, a clear vision and a shared language, we are building firm foundations for the health and wellbeing of children and families in Argyll and Bute. We are building a pathway to a brighter future. We currently have 640 Universal Child's Plans (UCP) with Universal services alone. From A&B Family Pathway work in Kintyre 20% of children were picked up as having an identified developmental need at their 27 - 30 month review with 7% of them going on to have a UCP.

The 'Developmental Milestone Tool for 3-5 Year Olds' (DM Tool) is a tool which facilitates high quality early learning and development for children in nursery. It has been designed to make effective use of national drivers such as the 'Children and Young People Act 2014' and 'Early Years Collaborative' to make real improvements in how we work together to help children grow and learn in their nursery years. The DM Tool has been developed in partnership with a range of agencies, and every single practitioner using the tool has had the opportunity to contribute to its development. This has resulted in the tool being absorbed into busy nursery playrooms and not being seen as an 'add-on', but a really useful tool which is impacting on meeting all children's needs, engaging families in early learning and building confidence and capacity in practitioners – addressing both local needs and national priorities.

## **Alternative to Care Project**

The Children and Young People (Scotland) Act 2014 introduces reform in children's services with new statutory duties, which introduce: a significant rise in the numbers of children and families eligible for services.

Part 9 of this Act identifies and defines the role and duty of the 'corporate parent' and establishes a duty of multi-agency: communication; collaboration; and joint funding of services for children and families assessed as being at risk. Parts 10,11 and 12 ensures better permanence planning for children and young people, and extends support to Looked After Children and Care Leavers by increasing the eligible age of accessing services. The reform ensures coordinated planning and delivery of services with a focus on outcomes and providing a shared understanding of a child or young person's wellbeing with GIRFEC assessment and planning process and material.

The current discrete Aftercare Team and the supporting infrastructure of a Strategic Aftercare Forum of multi-agency managers with four local fora of operational professionals has been commended by the National Scottish Aftercare Forum, and by the Institute for Research and Innovation in Scotland. Our three Children's Houses have attained and maintained a grade 5 'very good' with some aspects of the Care Inspectorate criteria achieving a maximum grade 6 'excellent' against the National Framework of Standards.

These new statutory duties will introduce: a significant rise in the numbers of children and families eligible for services; and, the requirement of the Council to establish an additional range of resources and services to meet the change in scale, range and diversity of need. The Alternative to Care Project will provide a service for children and young people aged from birth to 21 years inclusive who are Looked After and Accommodated Children (LAAC) or at risk being accommodated, and the Care Leavers (CL) aged between 18 and 25 inclusive.

Firstly, the LAAC group, the Alternative to Care project will support:

- the diversion of children and young people at risk of being taken into care, by providing multi-agency community based support for the family with residential respite for the child or young person at times of crisis.
- Working with children and families in facilitating a stable and safe return to the family for a LAAC in an expensive residential placement.
- The project single-placement Children's House facilitating: multi-agency assessment; a respite centre for children currently at home, or in a residential or foster care placement avoiding referral to expensive external commissioned placements.
- Supporting young people in a 'continuing care' placement during their transition to Aftercare Services, using a range of supported accommodation options: including, supported lodgings; and, training flats.

Secondly, the Care Leavers aged from 18 to 25 inclusive, by:

- Providing a multi-agency local centre supporting Care Leavers in the community in a range of Aftercare placements with support resources
- The multi-agency Day Centre will support services for the significant increase in Care Leaver numbers.

### **Prevention of Homelessness incorporating the Empty Homes Initiative**

People become homeless for a whole variety of reasons but early intervention and appropriate advice and assistance at an early stage is key to the prevention of homelessness. Argyll and Bute Council has embraced the Housing Options Approach to the prevention of homelessness. Our preventative interventions are monitored and statistically reported to the Scottish Government through completion of PREVENT 1 returns. In 2014-15 statutory homeless applications had reduced by 46% to 431 from the baseline figure of 923 in 2010. 1080 homeless prevention cases were recorded in 2014-15 of which 675 received active information and signposting and 405 involved casework. The Council has also incorporated the Welfare Rights service and Tenancy Support Services into the generic area response teams which provide a co-ordinated approach to homeless prevention; income maximisation and support provision to meet assessed needs.

It was recognised that Housing Options was not something which could be developed in isolation by the Council and accordingly we have worked in partnership with RSL colleagues to produce extensive consistent web-based information on the range of housing options available in our area. This advice also directs people to additional relevant support services and raises awareness of the plethora of assistance which is available. Key to successful inter-agency working has been the establishment and ongoing support by the Housing Service for the Argyll and Bute Advice Network. In addition to the provision of an online directory of available services it facilitates online inter-agency referrals which mean that referrals are passed efficiently and securely and put the client and their needs at the heart of inter-agency preventative work.

Argyll and Bute Council is acutely aware of the lack of affordable housing options across the area and in order to make best use of the existing housing stock it has established an award winning Empty Homes Initiative. This has resulted in 269 properties in the private sector being brought back into use.

### **The Early and Effective Intervention (EEI) Process**

The Early and Effective Intervention (EEI) and Whole Systems Approach (WSA) has been running in Argyll and Bute (A&B) for almost 3 years. The implementation has been phased, initially addressing youth offending and domestic violence.

With the fuller implementation of the WSA approach, in August 2014, the system now also deals with 16-18 years old young people who offend and young people who are vulnerable due to absconding.

EI/WSA is firmly embedded within the GIRFEC framework and evidence indicates that these principles are evident throughout the EI/WSA practice. The system has also made attempts to improve its compatibility with children's rights and it offers a quality assurance aspect to referrals.

EI/WSA has had a significant impact on reducing referral from SCRA and evidence suggests that the response time in addressing to children's wellbeing has improved. The other outcomes of this intervention include:

- A reduction in unnecessary paperwork; enabling workers to focus on more challenging cases.
- A consistent, appropriate and proportionate response to young people
- An informed, holistic view of the young person
- Closer working relations between partner agencies
- Improved shared agendas within the interagency group

The systems are well embedded within every day practice and notwithstanding changes with the EEO Co-ordinator the commitment from health, police and education has been very consistent. There are however some risks within the present system and some of these are addressed in the improvement plan for 2015.

### **Roots of Empathy**

Roots of Empathy is an evidence-based classroom program that has shown significant effect in reducing levels of aggression among school children while raising social/emotional competence and increasing empathy.

At the heart of the program are a baby and parent who visit a class within the local school every three weeks over the school year. A trained Roots of Empathy Instructor encourages children to observe the baby's development and to label the baby's feelings. In this experiential learning, the baby is the "Teacher" and a lever, which the instructor uses to help children identify and reflect on their own feelings and the feelings of others. This "emotional literacy" taught in the program lays the foundation for more safe and caring classrooms, where children are the "Changers". They are more competent in understanding their own feelings and the feelings of others (empathy) and are therefore less likely to physically, psychologically and emotionally hurt each other through bullying and other cruelties. In the Roots of Empathy program children learn how to challenge cruelty and injustice. Messages of social inclusion and activities that are consensus building contribute to a culture of caring that changes the tone of the classroom. The Instructor also visits before and after each family visit to prepare and reinforce teachings using a specialised lesson

plan for each visit. Research results from national and international evaluations of Roots of Empathy indicate significant reductions in aggression and increases in pro-social behaviour

Launched in 2010-2011, Roots of Empathy has already reached 15,000 Scottish children. Argyll and Bute launched Roots of Empathy in 2013-14, with practitioners from the Early Years Service and Health being trained as instructors to deliver Roots of Empathy in 7 of our schools.

### **The development of intermediary care services**

As part of our preventative work across health and social care we are developing our approach to intermediate care which will allow us to help older people to leave hospital to an intermediate care setting to continue their rehabilitation as part of their journey back to their own home.

The intermediate care model is currently being developed and is likely to involve the commissioning of care home beds to ensure older people are not stuck or delayed in hospital. Intermediate care will be available in our 4 main localities and will ensure we develop of preventative approach to maintaining and returning people back to their own tenancies.

It is important that older people are assessed in more homely settings. This allows for a more complete and holistic assessment of a person's capabilities out-with a hospital environment. This approach will improve outcomes for older people across Argyll and Bute.