

Finance Committee

Prevention

Submission from Midlothian

Response

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

We are not in a position to challenge the judgement by the Audit Commission about the slow pace of change across Scotland. We know that we have much to do in Midlothian to realise the ambitions of the Christie Report, however we believe there are examples of good progress locally within Midlothian.

In Health and Social Care there has been significant progress in rebalancing care, reducing reliance on hospitals and care homes, which is both socially more inclusive and more cost effective. The emphasis on rehabilitation and reablement has undoubtedly prevented the need for more expensive models of care (see attached detailed analysis). Through the Change Fund we have been able to develop community capacity and reduce social isolation; there is growing national evidence that isolation is directly linked to poorer physical and mental health. The Integration Care Fund is enabling us to focus more on self-management and peer support for people with long term health conditions. We know the very significant impact of growing demand on the health care system as a result of increasing prevalence of multi-morbidity is exacerbating the pressure on the health care system. A range of initiatives have been put in place to support and enable recovery from common mental health problems consistent with the objectives of the Government's new policy "Good Mental Health for All".

Children's Services Last year Midlothian Council spent £13 million on provision of stage three (highest level of support) services such as residential placements and external foster care placements. By undertaking a 'whole system' review we have re-built the foundation of our service provision by re-directing resources to earlier levels of support, reducing demand for, and minimising the high costs incurred, at stage three intervention. We focus on preventative services and early intervention, future-proofing services, focusing on a number of high-spend areas.

In 2014/15 Children's Services reduced their budget from the previous year by £797,000 as a result of collaborative working. Creative ideas, such as investing £50k into fostering to ensure we had sufficient number of foster carers to meet the demands placed upon the service, coupled with the commitment to ensure that where possible all Midlothian children and young people remain living within Midlothian. We have an ongoing marketing programme promoting the importance of fostering and adoption to the public, and focus on recruiting new carers from within our communities.

A further example is the early identification of issues and concerns through interagency working, reducing the number of cases escalating to higher levels of intervention (145 families involving 170 children supported at and earlier level). So far, including Fostering & Adoption, Family Resilience, and Residential Services we have achieved £350k saving in our base budget.

Over the past year we have worked with our key partner agencies to reduce the number of children on the child protection register. Our numbers are now below the national average. We

are improving our child protection practice even more as a result of a multi-agency Public Protection Office.

We have improved outcomes for our Looked After & Accommodated children and young people by making decisions around rehabilitation or permanence planning swifter than in previous years. Statistics for children who are looked after at home have reduced significantly over the past 12 months from 102 in March 2014 to 62 in March 2015, whilst children looked after away from home has reduced from 230 to 220 for the same period. There has also been an increase of 9% in the balance care from residential and foster placements to kinship places to 39%.

Education Services In 2013/14, £560k was spent on support and reintegration service for secondary school pupils, and £172k on the S4 employability service. We reviewed and transformed these in consultation with stakeholders to ensure we were able to provide a service that meets the needs of our most vulnerable children and young people who are unable to remain within their current educational establishment. This revised service improved links with their school and offers a timetable tailored to their needs whilst working alongside children's services staff to ensure there is adequate support at home or in their care placement.

Positive Destinations In 2014 Midlothian has improved its performance on positive destinations by 3.8% to 93.9%. The cumulative improvement since the economic downturn of 2008/9 has been 10.8%. This five year figure is the largest improvement in this period of any council area in Scotland. Progress was maintained during 2015 with a further modest improvement but continuing in the right direction.

In relation to young people Midlothian has consistently had higher than the national average percentage of leavers going into employment, training, and voluntary work, while the numbers of young people going into Higher and Further Education remains below the national average with very wide variations between the secondary schools.

Community Planning Partnership In recognition of the importance of the issue in preventing long term unemployment, poverty, and the associated health and social consequences, the Community Planning Partnership decided to make Positive Destinations one of the Partnership's three key priorities for the period 2013/16. This involved key organisations such as FE Colleges, Skills Development Scotland, and Education working closely together supported through the wider partnership in a proactive approach to the provision of work placements etc.

Neighbourhood Planning More generally we have made good progress in establishing stronger links to and working with natural communities through our approach to neighbourhood planning, which seeks the involvement of the public in the delivery and redesign of all our public services. There are now local co-produced plans for each community council area (16) covering Midlothian, which represent a process of conversations between communities and public services across the CPP. The most recent review indicated that the concept of co-producing solutions between communities and public service agencies was welcomed by participating residents. Common issues across Midlothian have now been identified and a series of solution focused engagements are underway, which include consideration of areas for community involvement in preventive intervention, topics identified include health, reducing reoffending, and early years/family services.

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

1. There has been too much focus on single projects as opposed to a whole system process where outcomes cannot be attributed to any one initiative but rather the combined impact of a range of different projects/changes that build on each other.
2. There is need to find more effective ways of balancing pressure on core service delivery budgets with identifying funding for preventative spend. Our experience has been that this type of change is more effectively and quickly achieved when transitional funding is made available.
3. Reversing the trend of nationalising services to support local innovation, local accountability, and community empowerment should be considered. For example, transfer of duties, staff, and purchasing budgets of agencies such as Skills Development Scotland to Community Planning Partnerships would enable local economic development to have local decision making suitable to local conditions both on the demand and supply side. Similarly the reduced budget of FE Colleges has made partnership working more challenging for all partners. Given the Midlothian CPP area's challenge of a less than Scottish average level of qualifications in its working age population, and its close association with the Edinburgh travel to work area labour market, with its high qualifications employment, this is a hindrance to achieving the progress we seek to make.
4. Scottish Enterprise is a national agency with targets set nationally, but is expected to play a full partner's role in Community Planning Partnerships with little room for manoeuvre in offering a local perspective/or resourcing. It may be more effective not to require SE to participate formally in CPPs, but instead to annually consult with CPPs prior to setting targets and priorities, and to be required to consult where relevant how SE projects would affect a local economic strategy.

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

1. Community Planning should be reframed as an approach which all public bodies must adopt in their planning and service delivery. While this is reflected in the Community Empowerment Act there remains the danger that the emphasis remains on demonstrating the impact of CPPs as separate entities with their own plan and specific deliverables, rather than operating as a multiagency governance body. Partnership working should be viewed as the way mainstream business is achieved.
2. Embedding partnership working must be clearly reflected in training and organisational development of the workforce; for example cross-professional shared pre-employment training for public service professions, alongside post employment placements and work shadowing across agencies as a professional development requirement for sustained registration.

How do we create a culture of innovation?

1. Public Bodies should partner with organisations that do it well in both the private and voluntary sector. For example our local Adult Care Day Service for adults with learning disabilities has benefited greatly for working in close partnership with *Artlink* a local innovative voluntary organisation.
2. Empowering frontline workers to collaborate and innovate.
3. Provide long term stable 'innovation funding' to each CPP to invest in change programmes using improvement science 'tests of change' and co-production approaches.
4. Support community development practice and services to enable a more effective and representative community voice to be part of co-producing preventive solutions.

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

Progress is being made in “channel shift” with quicker access to services by online transactions where appropriate – supported by local multi service access points with shared staffing and shared service information. In areas such as health and social care there is considerable potential to move to the next level and continually consider how *telehealthcare* can be integrated and improve the care pathways. In a similar vein smart phone notification systems could offer immediacy of response to issues such as vandalism, road repairs, anti-social behaviour, crime, or to notify parents of non attendance or behavioural where they can share responsibility for resolution.

How should Community Planning be developed to support service integration and the focus on prevention?

Community Empowerment Act should be implemented with strong guidance to partners on the interpretation of the requirements for shared resourcing and for citizen participation for example through prevention ‘innovation funding’ allocated to each CPP to enable shifts from demand response to preventive interventions.

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

Social Care Institute for Excellence England & Wales offers examples on topics such as social isolation, its health and care impact and prevention measures. UN Department for Economic & Social Affairs has undertaken research into mental health conditions in young people and the effectiveness of preventive intervention.

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

Clearly the resources are very stretched to meet increases in demand facing Scotland’s public services. Failure to reduce demand by preventive intervention, and by supporting public capacity to offer self help, community led voluntary support systems will mean the closure and loss of services affecting quality of life and create an economically unsustainable and more unequal society. We know that the Christie Commission report estimated that around 40% of our spending is currently accounted for by interventions that could have been avoided by prioritising a preventative approach. We are in no doubt that the focus needs to shift (from meeting the cost of dealing with health or social problems after they have developed) to prevention and early intervention.

Summary We recognise there is a long way to go in achieving the transformation advocated by Christie. This is in part related to the challenge of changing cultures; Christie requires us to work differently with communities and this represents a challenge for most statutory bodies. Current ways of working are deeply embedded in our shared cultures and reinforced by the structures within which we work. Limited resources have been available to support the transition required to move from delivery to prevention. The shift in the use of core budgets has been very challenging given the financial constraints which have had to be managed across the public sector and which inevitably lead us to focus on the provision of services which are considered critical. This is a difficult context in which to allocate more monies to prevention despite our collective knowledge that it is critical for the sustainability of our services that we make this shift. It may also be the case that the move to centralise services like the fire, police, and further education have militated

against localism despite legislation affirming this approach including Community Empowerment, Community Justice, and Health & Social Care Integration