

Finance Committee

Prevention

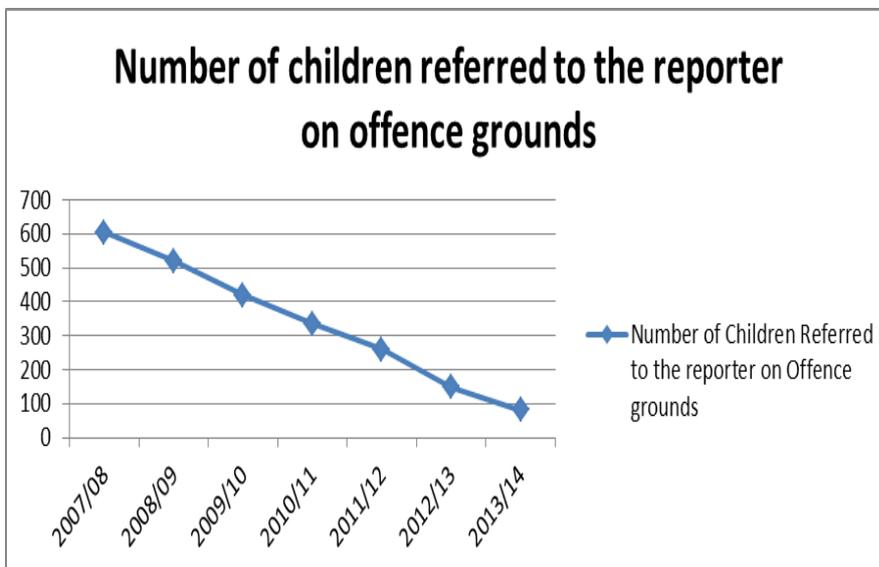
Submission from North Ayrshire Council

Introduction

Before addressing some of the key questions that the Finance Committee is keen to hear views on, it is perhaps useful to begin by highlighting some of the successes achieved within North Ayrshire over the last few years.

Youth Justice

At a local level we fully embraced the Whole Systems Approach to the issue of Youth Justice and the results have been impressive. The reduction in numbers of



young people referred to SCRA on offence related matters has steadily and significantly declined since 2007/08. Whilst this trend has been mirrored across Scotland, the progress made in North Ayrshire has been greater than most other areas,

partly because the starting position was very poor but also because the public service partners worked together to deliver the results.

Outcomes for young people have greatly improved and financial benefits have been clear. In 2007/08, 28 secure remand placements were made in North Ayrshire at a cost of almost £750,000. In 2014/15, one young person was remanded for one week at a cost of £5000.

Unfortunately, the resourcing benefits experienced through fewer crimes being processed by Police, SCRA and Courts and fewer Reports and interventions undertaken by Social Services staff have been offset by a significant rise in care and protection cases relating to younger children.

Domestic Violence

In an effort to address a burgeoning problem with domestic violence in North Ayrshire, we established a Multi-Agency Domestic Abuse Response Team in 2012.

We now have Social Workers, Housing staff and Police all based in a local Police office working alongside third sector staff from Women's Aid and Assist. The results of this work have also been impressive.

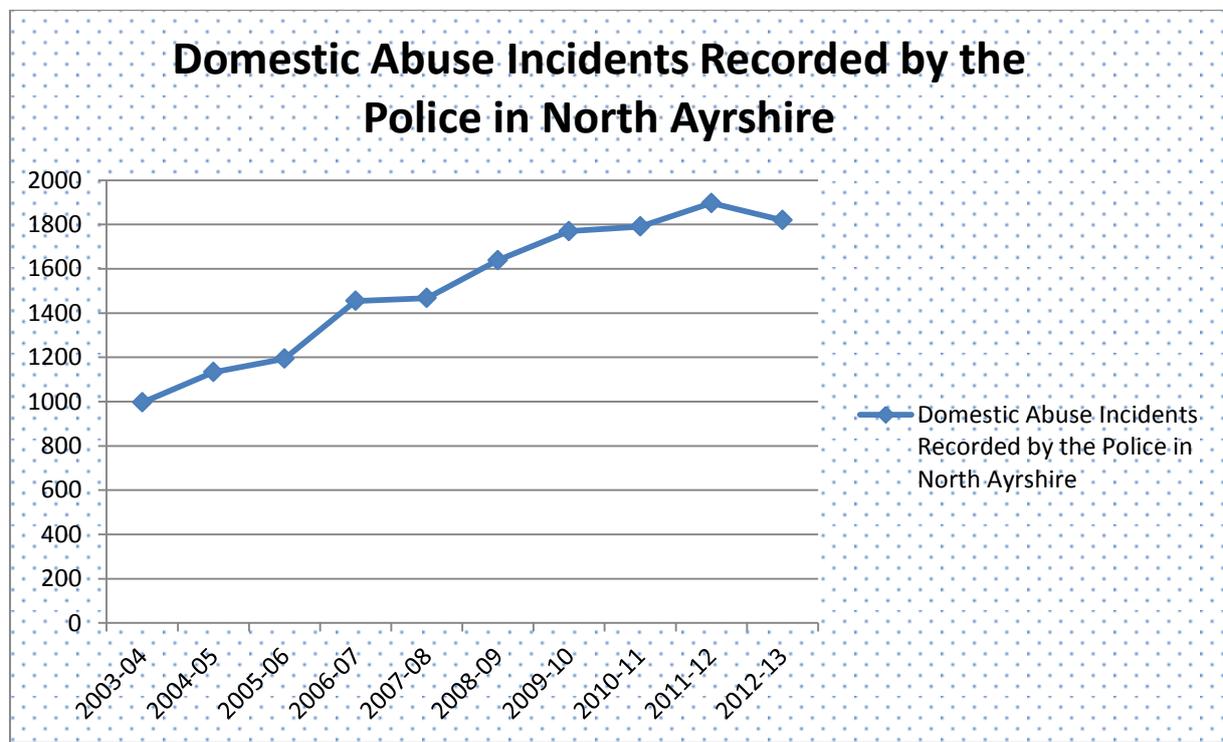


Follow-up response time to victims and children reduced from 10.7 days to 1.2 days.



Number of report requests from SCRA relating to domestic abuse down from 290 to 189.

The longer-term aim of establishing the team was to reduce the number of domestic incidents in North Ayrshire which had been rising year-on-year for ten years. Within one year of the team being established, this trend had been reversed.



Other Successes

In addition to the work on Youth Justice and Domestic Abuse, partners in North Ayrshire have worked hard to focus on prevention and early intervention in a variety of other areas of work and there have been some notable achievements. The financial benefits related to some of this work is easy to quantify (residential school placements) whilst for other elements, particularly relating to early years, the savings to the public purse may not become fully apparent for a number of years yet.

Early
Years

Money
Matters



£331,328

secured in unclaimed benefits

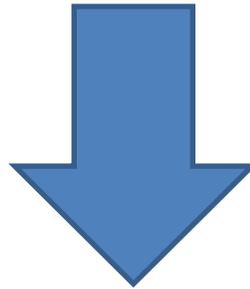
90%

of all young people at
greatest risk of being
accommodated
successfully maintained
at home by crisis
intervention team

Social and Emotional
Development of pre-
school children in
North Ayrshire better
than the comparator
Dartington sites

16

Young people in
residential school –
the lowest number
ever in North
Ayrshire



39%

reduction in
recorded crime since
2005/6 and 4%
reduction between
13/14 and 14/15

100%



of
parents
and
children
reporting
improved
relationships

1st

In Scotland to formally
establish our Health and
Social Care integrated
Joint Board

We note that the Finance Committee recognises 'some evidence of change at a local level' and that all of the information provided above are examples of exactly that. Nevertheless, it is important to recognise that all of the progress made in North Ayrshire is as a result of extensive but cohesive partnership working and has been delivered in the context of particularly difficult socio-economic conditions. Some of the experience we have gained through the process of change at a local level, and in recognising key components required to make things work, has helped inform some of our thinking relating to the key questions raised by the Committee.

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

The shift towards prevention is a long-term project and this must be considered when assessing progress to date. For example, much of the work that has been undertaken across Scotland around early years, from the Early Years Collaborative to Family Nurse Partnership, is unlikely to show much in terms of immediate improved outcomes particularly those relating to spend. The foundations we build for parents and their children just now may not reap financial benefits for 10-15 years when fewer young people require residential schools or to be Looked After or Accommodated. The even longer-term potential benefits relating to reduced spend in health, mental health and justice services may not be fully realised for 20-30 years.

Christie did not call for seismic structural change as necessarily the way forward and, with the exception of health and social care integration through the Public Bodies Act, expectation has been on local public sector partners working together in a more flexible, inclusive and innovative way to improve outcomes. The difficulty with this, of course, is measuring progress accurately across the country with the work of Audit Scotland, looking at CPPs and how they are progressing with the agenda being the only yardstick available.

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

Audit Scotland's findings suggest that progress is variable and inconsistent. There is undoubtedly a myriad of reasons as to why this is the case. As stated previously, we feel there has been some degree of progress in North Ayrshire and whilst we would not wish to speculate on why such success may not be evident in some other areas, we can highlight some of the key factors in place where success has been visible.

Leadership – The role of leaders cannot be underestimated. For example, the role played by the Chief Executives of the Council and the NHS in supporting and driving forward the integration agenda relating to the Public Bodies Act was crucial to the success of establishing the Health and Social Care Partnership. Their drive and enthusiasm to implement the changes necessary and their clear and evident belief that the changes being made could and would improve the lives of people in North Ayrshire, was fundamental to establishing a HSCP with the fundamental building

blocks in place to deliver real change. Local political leadership was also critical to the process. This leadership has been evident in other developments, for example, planning for localities in North Ayrshire and establishing structures that will enable meaningful citizen participation in planning and delivery of locally-tailored services.

Christie spoke of the role of leaders in ensuring the involvement of front-line staff and communities in the transformation of service provision. This does not happen automatically, however, and requires a sustained effort by leaders themselves to shift a traditional hierarchical machine towards an all-inclusive change agenda. The skills required of leaders in this environment are, arguably very different from the skills required in the public sector even ten years ago.

The recent Deloitte publication “The State of the State 2015-16: *Recalibrating Government*” suggests that the best public sector leaders of the future “will demonstrate a series of new abilities and behaviours that encompass multiple skill sets. They will be adept at connecting people, information and resources to deliver through complex networks. They will operate with a default level of transparency towards their colleagues and citizens, and use social media to engage both continually. Their decisions will be informed by evidence and they will test out their thinking by iterative processes as part of innovation.”

This description appears to chime with the central themes of Christie but has perhaps not yet entered the psyche of all those responsible for appointing to key leadership positions across the public sector.

Outcomes – The use of outcomes is a key way to ensure that organisations remain sighted on holistic objectives which can help significantly reduce the tendency for organisational needs and benefits to come before what can be defined as “the greater good”. It could be argued that the significant reduction in crime in Scotland over the last nine years has been, at least in part, the result of national objectives on reducing reoffending. The recently published Recorded Crime statistics, highlighting a 39% drop in crime nationally over the last nine years, is significant. The fact that this trend continues despite the impact of welfare reform and the real-terms cuts in public sector spend, particularly over the last five years, is testament to something working well. Whilst there is much work still to do, we would argue that the setting of nationally agreed outcomes has helped bring previously disparate partners involved in the criminal and community justice arenas together to operate more effectively as a whole system.

The setting of national outcomes around the health and social care integration agenda is welcomed and progress on these over the next few years will be critical in determining the progress of real change in moving the balance of care for older people.

Where local outcomes can be agreed, these can be equally effective in driving transformational change. The establishment, and success, of the Multi Agency

Domestic Abuse Response Team, would not have been possible without agreement across a range of public and third sector partners about what needed to be done. The basing of social workers in a police office to deliver this service would, even five years ago, have been anathema to many. Despite the significant historical, cultural and organisational differences between Police and Social Work, these have never impinged upon or indeed been a factor at all in the establishment of the team. We would strongly argue that the reason for this (over and above the leadership provided, particularly from the Divisional Commander) has been the shared vision relating to the desired outcomes from the outset.

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

As stated directly above, the setting of national outcomes where appropriate can play a significant role in ensuring the necessary culture change required. The complexity, and whole system nature, of vast swathes of service delivery should mean that where national outcomes are agreed and set, integration is inevitably required in order to effectively meet such outcomes.

In addition, whilst some public sector organisations have begun to revolutionise their recruitment processes and have developed that in line with seeking different skill sets of their managers, there is potentially a role at a national level to encourage and support organisations to learn from best practice. Such an approach will help ensure we have a higher proportion of the right people in post across the sector to deliver the kind of change required.

How do we create a culture of innovation?

There have been numerous national initiatives, publications and indeed legislation introduced over the last five to ten years, many of which provide permission and encouragement to the public sector to think more creatively, work more collegiately and develop more innovatively.

We are of the view that the climate for innovation has, therefore, been created at a national level. We accept that at local level there will be varying degrees of evident innovation and some of that may link with issues highlighted elsewhere in this response.

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

There are undoubtedly opportunities that exist to utilise digital technology more effectively in order to reform public services towards prevention. Some of the Smart Technology that has been developed over the past few years provides real opportunities to keep people safely at home longer. Indeed, in the areas of physical disability, frailty and dementia many of these technologies, when utilised appropriately, can be the critical difference between an individual maintaining

independence and requiring permanent residential care. The technologies themselves are less expensive than traditional social care environments and indeed have proven to improve individual outcomes. We have an entire population becoming more accustomed to new technology, including older people, and these types of care solutions will, and must, continue to grow.

The use of social media provides opportunities to engage with large numbers of local people in a way that was previously impossible. Consultation and engagement events hosted in traditional community centre venues and attended by the active minority, whilst helpful, are time-consuming and resource intensive. The public sector is beginning to recognise and utilise the power of Facebook and Twitter, for example, as vehicles for engaging greater numbers of people. When managed properly, such engagement can be more representative and more meaningful than some of the more traditional approaches.

An increasing number of public sector activities and transactions are being made available online and have, in many instances, improved customer satisfaction simply by being a more convenient method. In addition, such developments have created efficiencies in the system.

In the Deloitte's publication quoted previously, research undertaken by Frey and Osborne of Oxford University is cited. This research suggests that 'many roles found within the public sector are among the least at risk from automation in the next twenty years. Given the nature of their tasks, frontline roles including healthcare professionals, social workers, teaching staff, police and fire officers are all at low risk of automation ... because they require high levels of perception, creativity and social intelligence as well as varying degrees of physical manipulation'.

Whilst it is true that none of these particular roles are likely to be fulfilled by robots any time soon, there are nevertheless ways to utilise technology in more imaginative ways. Although the use of live Webinars has increased as a means of running participative learning events, it would be naïve to suggest that such methods have been embraced as fully as they could be by public sector organisations. Equally, the idea of an initial GP consultation via Facetime, for example, may still seem a leap too far for many but it is solutions like these that will begin to fully utilise the opportunities that technology offers and increase the capacity of services to cope with rising demand.

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

Audit Scotland reports over the last couple of years have portrayed a variable landscape across Scotland in relation to the effectiveness of Community Planning Partnerships in delivering the transformational changes necessary to deliver the vision outlined by the Christie Commission. In particular, the 2014 report 'Turning Ambition into Action' suggests that across CPPs 'leadership, scrutiny and challenge

remain inconsistent'. We feel it important to state that the experience in North Ayrshire has been a very positive one and we have a cohesive senior management team and chief officer's group that oversees and drives forward the shared priorities of the CPP as defined through our SOA.

According to the Audit Scotland findings across the country, however, this is not the consistent picture. Indeed, their most recent report suggests that for many leaders across Scotland there remains confusion as to the standing of the CPP and how the community planning partnership aspirations are prioritised particularly where these may not be closely aligned to individual organisational priorities. Whilst the establishment of national outcomes and local single outcome agreements have undoubtedly helped in reducing such tensions, it seems that appropriate scrutiny and challenge across partners on delivering on these is not as robust as it needs to be. Furthermore, with the exception of Audit Scotland's inspection processes of individual CPPs, there is no current mechanism whereby the partnerships are asked to report on progress relating to the implementation of the Christie agenda. The absence of such a mechanism makes it difficult to accurately measure progress across the country and, arguably, leaves the accountability for reporting with the component organisations through their own structures and external regulators. Whilst there is little debate that real change and progress towards prevention can only be delivered through community partners working together, the absence of a shared accountability to report on progress appears counter-intuitive this.

Audit Scotland has recommended a national framework for assessing and reporting progress of CPPs and this would seem a sensible way forward in ensuring consistency of accountability for delivery.

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

Many of our public health professionals in particular are well-versed in different international approaches to whole population health and well-being. There is clear evidence that the Scandinavian states, where the inequalities gap between the least deprived and the most deprived is far less pronounced than almost anywhere else in the world, have improved outcomes in almost every area of life.

Whilst public sector organisations can reduce some inequalities and mitigate against the most severe consequences of these, they cannot alone create the conditions required for the political and societal shift that would be required for greater equality.

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

The implications for public services if the decisive shift towards prevention does not take place are potentially catastrophic. The predictions relating to demand on public services are well-documented and evidence-based and, if we simply do as we have

always done, the ability of the public purse to not only meet those demands but improve outcomes for individuals and communities will be severely affected.