



The Scottish Parliament
Pàrlamaid na h-Alba

Finance Committee

John Swinney MSP
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By email

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Dear John

Prevention

In 2011 the Scottish Government announced a 'decisive shift to preventative spending' which would deliver a step change in the way public services were funded and delivered. Following this announcement the Finance Committee agreed to monitor the progress being made in delivering the shift to prevention and has done so throughout Session 4.

The Committee has continued to be concerned about the lack of progress that has been made towards the shift to prevention and has recently taken evidence in relation to its concerns from both yourself and stakeholders.

The Committee's conclusions and recommendations are set out in the annexe to this letter.

Yours sincerely

**Kenneth Gibson MSP,
Convener**

PREVENTION

INTRODUCTION

1. The Christie Commission on the Future Delivery of Public Services in Scotland published its [report](#) in June 2011. The Commission concluded that Scotland's public services were in need of urgent and sustained reform and that a radical change in the design and delivery of public services was necessary to tackle deep-rooted social problems. One of the Commission's key recommendations was the need to prioritise expenditure on the public services that can prevent negative outcomes from arising.

2. At the start of Session 4 the Finance Committee agreed to monitor the progress being made in delivering the shift to prevention. As part of its Spending Review 2011 the Scottish Government announced a 'decisive shift to preventative spending' which would deliver a step change in the way public services were funded and delivered. It announced funding for three Change Funds to support this shift. These are covered in more detail later in this paper.

BACKGROUND

Call for evidence

3. The Scottish Government has recognised that the pace of public sector reform needs to be faster. In its response to the Committee's [report on Draft Budget 2015-16](#) the Deputy First Minister (DFM) stated that while there is some evidence of change at a local level "we need to see this replicated more quickly and at a greater scale."

4. The Committee notes that there has been some evidence of progress over the last session. However, it continues to be frustrated by the lack of evidence of any large scale shift towards prevention. In September 2015 it issued a call for evidence seeking views on the progress being made in reforming Scotland's public services and delivering the decisive shift towards prevention.

5. The purpose of the call for evidence was twofold; first to help inform the Committee's scrutiny of the Scottish Government Spending Review and secondly to inform its conclusions on its work on prevention throughout the current Parliament and to help to inform its legacy paper.

6. A total of [43 responses](#) were received. Professor Paul Cairney from the University of Stirling combined a [summary](#) of these responses with his research on prevention policy.

7. The written responses to the call for evidence highlighted several barriers to the shift towards prevention; these included a lack of a proper definition, difficulties in assessing outcomes, inconsistent political investment, lack of financial investment, lack of clear ownership and the capacity of the third sector to take forward work.

8. In general the responses raised the concern that if a decisive shift to prevention does not take place, then public bodies will be faced with addressing the

growing need and demand for services against the backdrop of limited and possibly reducing resources.

Innovation Labs

9. In May 2015 some Members of the Committee visited the Openlab in Stockholm and met with local organisations and individuals involved in delivering innovation within the public services. The OpenLab is funded by different partners including the City of Stockholm, Stockholm County Council and local universities.

10. The visit to the OpenLab identified areas of innovation and approaches that could assist in moving prevention forward in Scotland, particularly in relation to health services and the use of technology. The report back on the visit was made to the Committee at its meeting of 3 June 2015.

11. Innovation labs have recently been established in both Northern Ireland and Wales to examine the challenges faced in delivering public services under increasingly pressurised resources. The Labs seek to find ways to work collaboratively to achieve improvements in public services in the future by fostering and facilitating problem solving through innovation.

12. The Committee took evidence¹ from the Northern Ireland Public Sector Innovation Lab (the Lab) and heard how it was established by the Northern Ireland Executive as part of an initiative to drive forward public reforms to help find ways to balance resource pressures against increasing demand. The Northern Ireland Finance Minister specifically commissioned the Lab to deploy new ways of addressing complex public service issues. The Lab provides support across government departments but also works across the wider public sector and with local government.

13. To date the Lab has tackled a range of topics both at strategic and operational and delivery level. Areas it has looked at include at dementia services, business rates, voluntary and community sector involvement and data analytics. It secures buy in from the most senior person in the policy area who has the authority to influence and drive forward changes and it involves service users and staff working on the front line to identify solutions that can make a difference to the delivery of the service.

14. The Committee recommends that the Scottish Government considers establishing an innovation lab to support public sector reform including the progress towards prevention.

Change Funds

15. The three Change Funds created by the Scottish Government as part of its Spending Review 2011 are: the Early Years Change Fund, the Reshaping Care for Older People Change Fund / Integrated Care Fund and the Reducing Reoffending Change Fund.

Early Years Change Fund

¹ OR link 10/2

16. The Early Years (EY) Change Fund was established as a partnership between the Scottish Government, local government and health to focus on embedding transformational change in early years services by focusing on activities that support prevention and early intervention. The amount of the EY Change Fund was £275.25 million over 4 years (2012-13 to 15-16).

17. In its Budget Report 2015-16 the Committee highlighted its concern that despite an investment of £274.25 million in the EY Change Fund, little evidence had been provided of any shift in the £2.7 billion funding for early years services towards prevention and early intervention.

18. In its Report on Draft Budget for 2016-17 the Scottish Government provided an update on the EY Change Fund. It reported that its contribution to the EY Change Fund led to the establishment of the Early Years Collaborative (EYC). This has enabled local practitioners to test and develop evidence based early years services and there are currently 650 improvement tests across the Community Planning Partnerships (CPPs).

19. The Scottish Government believes that evidence to date from the CPPs suggests the EY Change Fund has begun to have a clear impact on outcomes for children and families. Speaking on the EY Change Fund the DFM stated on 18 January 2016—

“A lot of good learning emerged from the change funds. They have led to significant changes. The learning from the early years collaborative, which involves participants from all 32 community planning partnership areas, has led to huge change and development in the provision of services and approaches to meet the needs of our youngest citizens”.

20. The Committee recommends that the Scottish Government commissions an independent review of the impact of the EY Change Fund in shifting the focus of early years services towards prevention and that the findings are published.

Disinvestment

21. The Committee has previously raised concerns in respect of the EY Change Fund specifically around the lack of disinvestment. In its written response to the Committee’s Report on Draft Budget 2015-16 the Scottish Government indicated that the CPPs returns, would provide the Scottish Government with an indication of the priorities for CPPs and how resources are being allocated at a local level. The information requested included examples of preventative spending and disinvestment in each CPP area.

22. Draft Budget 2016-17, highlights that in Year 2, only 10 CPPs provided examples² of disinvestment or savings made. One of the aims of the Early Years Change Fund was to shift the balance of public services towards early intervention and prevention by 2016 and the Committee questions whether this limited volume of responses and the quality of examples provided demonstrates the required shift has taken place.

² <http://www.gov.scot/Topics/People/Young-People/early-years/leadership/communityplanningpartnerships2>

23. The Committee heard that difficult decisions will require to be made around disinvestment and that it is essential that practitioners and those with real life experience of the issues are involved in and help lead the discussions.

24. The Early Years Taskforce has recognised that the shift to investment in anticipatory and preventative approaches “will require bold decisions around disinvestment at both a local and national level” and that the “decisions to disinvest will be difficult, but if we are to make the shift we need, those decisions are crucial.”³

25. The Committee believes that given the lack of any evidence to the contrary that the bold decisions around disinvestment are not being made and without this it is unclear how the shift towards prevention can be achieved in any meaningful way.

Reshaping Care for Older People Change Fund / Integrated Care Fund

26. The Reshaping Care for Older People (RCOP) Change Fund has provided £300 million over 3 years between 2012-13 and 2014-15 to help local partnerships enable older people to remain independent and able to live at home or in a community setting.

27. The Committee considered the RCOP Change Fund in its Budget Report 2015-16 and raised a concern that Audit Scotland had found little evidence of progress in moving money to community based services in its report of February 2014⁴. The Committee asked what action had been taken in response to the audit of the RCOP programme and the Scottish Government responded that Audit Scotland had acknowledged its report only looked at the first 2 years of a 10 year programme and did not fully reflect some of the good work happening in the community. The Scottish Government indicated that local partnerships were developing robust systems for assessing progress and are using this information to help inform how they commission services in the future.

28. In its Draft Budget 2016-17 the Scottish Government states that the Joint Improvement Team published a report in June 2015⁵ ‘Building on Progress’ which describes how partnerships have used their Change Fund to make a difference to the lives of older people and their carers across Scotland.

29. The Draft Budget 2016-17 states that from April 2015, local partnerships have been allocated an additional resource of £300 million from the Scottish Government through the Integrated Care Fund. This will be available over three years between 2015-16 and 2017-18 and is to “support the delivery of improved outcomes, help drive the shift towards prevention and further strengthen our approach to tackling inequalities”. This is an increase from the £173.5 million that was referred to in the 2015-16 Budget.

30. The Committee recommends that the Scottish Government publishes an annual progress report on the impact of the Integrated Care Fund.

³ <http://www.scotland.gov.uk/Resource/0045/00457644.pdf>

⁴ http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_resaping_care.pdf

⁵ <http://www.jitscotland.org.uk/resource/reshaping-care-for-older-people-change-fund-building-on-progress-june-2015/>

Reducing Reoffending Change Fund

31. The Reducing Reoffending (RR) Change Fund was established to develop new and specifically preventative approaches to community justice activities and to enable third sector organisations to take a fuller part in the co-design and delivery of services. It provides grant funding to newly created Public Social Partnerships who deliver mentoring services to offenders.

32. In its Draft Budget 2016-17 the Scottish Government states that given the nature of the interventions being made, benefits will be shown through improvement in medium to long term outcomes, rather than in an immediate reduction in public services. Interim results from an independent evaluation has shown that service users “attitudes and intentions have typically improved in several ways that will increase their resilience and self-esteem and encourage their desistance from crime”.

33. At the meeting on 9 March 2016⁶ the DFM stated that he felt that the change funds have generated new and reformed practices in the delivery of public services. However he listed two regrets in respect of the change funds, the first that there will be examples where the money from the funds could have been spent more effectively. The second that by establishing the change funds, which were worth around £500 million over a three year period, it ran the risk of giving the impression that this was the money to drive the change and did not make it clear the mainstream funding should be used. The DFM confirmed that the Scottish Government is now advocating strongly that the money available through mainstream funding should also be used to deliver the desired outcomes.

34. When taking evidence on the Scottish Rate of Income Tax at its meeting on 30 September 2015⁷ the Committee heard from the Scottish Council for Voluntary Organisations (SCVO) that—

“We do not need to increase taxes to invest in prevention. Prevention is something that can be done with budgets now. What gets in the way of the push towards prevention is not so much lack of money, but lack of political will—there is a fear of how people will perceive any shift in major budgets away from acute services—budget protectionism, which is the way in which we have organised some of our big blocks of services, and vested interests in the way in which the system is currently run. That is why we have not been able to shift towards prevention”.

35. The Committee questions the extent to which given the financial constraints faced by public bodies there is sufficient flexibility within mainstream budgets to support a meaningful shift towards preventative spending.

⁶ Finance Committee, 9 March 2016, OR Col. 47

<http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=10434&mode=pdf>

⁷ Finance Committee, 30 September 2015, OR Col. 15

<http://www.scottish.parliament.uk/parliamentarybusiness/report.aspx?r=10125&mode=pdf>

PROGRESS TOWARDS PREVENTION

36. Several of the written responses stated they believed good progress has been made towards the reforms proposed by the Christie Commission. They acknowledged that a lot of work still needs to be done but feel that over the last few years there has been a continued movement of service delivery towards prevention across the public sector and between partners

37. West Lothian Council provided examples of how it believes it is making good progress but added that better sharing of what works well would help roll out smaller initiatives on a larger scale. Police Scotland's submission stated that 'across the country there are successful programmes of very local integration, collaboration and prevention'.

38. The Health and Social Care Alliance noted that the key message on prevention reflected in the Christie Report and frequently referred to by Scottish Ministers is not consistently applied at a local level.

39. Core Solutions Group stated that progress towards some of the reforms proposed by Christie was always likely to be slower than hoped for due to the nature of the change required. Aberdeenshire CPP said that "stakeholders need to be realistic about how quickly results will be realised from a preventative approach" and that often funding to sustain projects that can take years to embed can be difficult to secure. This view was challenged by the Scottish Community Justice Authority who believe that we need to stop viewing prevention as a long-term expensive challenge and look at what is achievable in the shorter term so the task is not quite as overwhelming.

40. However other stakeholders such as Children in Scotland and Children 1st share the concern of the Committee over the lack of progress in the reforms. Children in Scotland stated—

“we find the lack of progress on many of the issues we raised four years ago disappointing”.

41. Children 1st said that by necessity they have adapted to the changing environment and financial context and in doing so they have developed more innovative practices. However, they are not sure that statutory services and decision makers are doing the same.

42. Renfrewshire Council commented that over the last 5 years Councils across Scotland have had to deliver major austerity driven change as a result of reducing budgets and growing demand for services. This has placed a very real restraint on the amount of resources and staff time available for preventative measures with less immediate financial pay back.

43. When asked about the progress being made towards prevention the DFM told the Committee that he believes that progress is being made in the areas of culture change, CPPs and the pace of change itself. He agreed that while we are in a stronger position than last year it is not a case of 'job completed' and we need to

continue to encourage culture and attitude changes in order to break down boundaries.

44. The Committee agrees with the DFM that cultural change is an essential element in delivering the shift towards prevention but believes that this has to be supported with increased funding for preventative services which requires either new money or shifting resources through disinvestment in other services.

BARRIERS TO PROGRESS

Definition

45. The responses to the call for evidence highlighted that one of the main barriers to change is the lack of a definition of what prevention actually means. Angus Council states that having no nationally agreed definition of what constitutes prevention allows various differing local interpretations and approaches to evolve. This concern is also shared by the Improvement Service who believe a precise definitional criteria would help demonstrate that a wide range of public service activity is actually preventative.

46. The Committee recommends that the Scottish Government provides a clear definition of preventative spending and what constitutes a decisive shift towards prevention.

Assessment of outcomes

47. The difficulty in assessing outcomes was also highlighted as a barrier to progress. Argyll and Bute CPP explained that—

“for the most part large scale preventative gains are not delivered within 1-3 year timeframes but rather reflect medium to long term or generational change horizons.”

48. The reason Argyll and Bute CPP gave is that many of the health and social issues that are heavily resource intensive for CPPs involve embedded habits within individuals and families that can take a generation to change. Similarly, North Ayrshire Council suggested the results of the early years intervention work undertaken across Scotland won't be apparent for around 10 to 15 years, with the even longer term potential benefits relating to reduced spend in health, mental health and justice services perhaps not being fully realised for 20-30 years.

49. Aberdeenshire CPP highlighted that one of the difficulties in assessing the outcomes of preventative measures is trying to attribute outcomes to a particular intervention, it can be difficult to tell what would have happened to an individual in the absence of a particular intervention. This makes developing a robust evidence base difficult especially where the public sector body making the investment in prevention is not the same body that derives the benefit. As the joint submission from the Coalition of Care and support Providers in Scotland (CCPS), Criminal Justice Voluntary Sector Forum (CJVVSF) and the Housing Support Enabling Unit (HSEU) stated—

“attribution of proving ‘what if’ can be very difficult. How can you prove that negative outcomes did not occur?”

50. The Institute of Chartered Accounts in Scotland (ICAS) agrees that some “shifts may take a generation to crystallise as outcomes” and believes that clear milestones over a longer timescale would help maintain the momentum towards progress.

Political commitment to change

51. As some preventative solutions can take 10-15 years some stakeholders expressed the view that ‘real political commitment’ is required as this timeframe extends beyond political terms of office. Shetland Partnership agrees that political interests don’t always match long term outcomes and that this is particularly the case for elected members who often have smaller geographical interests.

52. Police Scotland spoke of the National Road Safety Strategy as an example of productive non statutory collaboration, delivered over a 20 year cycle with annual reviews, benchmarking and monitoring. At the start of the strategy there was a clear understanding of what each agency involved was required to do

53. The Committee recognises that the impact of a preventative approach may be long-term. However, this does not mean that progress cannot be monitored in the short and medium term through, for example, establishing interim targets and milestones and benchmarking.

54. Focusing on reporting requirements and targets not related to prevention was identified by Aberdeenshire CPP as another barrier to change. They felt it leads public sector bodies to focus on activities which require to be reported rather than those that will fundamentally address the challenging social problems in Scotland.

55. NHS Forth Valley state that NHS Boards and services are not designed to prioritise long term health objectives over immediate challenges such as waiting times, performance targets and annual financial balance. This is supported by the Royal College of Nursing (RCN) who say that they have repeatedly raised concerns “about the unintended consequences of insisting that NHS Boards balance their books and make significant savings on an annual basis without consideration of the longer term picture”.

56. The DFM confirmed that he had heard from a number of different sectors that the targets they have to follow are not particularly conducive to measuring whether we are making progress on prevention. The DFM stated that he believed this to be a fair point and one that he would be open to considering.

57. The Committee recommends that there needs to be strong leadership from both the Scottish Government and the Scottish Parliament in setting performance targets which are consistent with the emphasis on prevention. This should include a clear definition of prevention as noted above.

Funding

58. Aberdeenshire CPP state that spending on preventative services (which might only see improved outcomes in the next generation) can often be perceived as high risk in relatively risk averse public sector organisations. The submission from Scotland's Community Justice Authorities states that there is a 'daunting view' that preventative approaches cost 'excessive amounts' which will take a generation to change anything or accrue savings.

59. In its submission Children 1st raise a concern that early intervention is not always prioritised and waiting lists for help and support are often high. They are operating in an environment where they have concerns that funding for the services they provide won't continue. This uncertainly leads to an inability to forward plan and runs the risk of key staff leaving and valuable resources having to be used to recruit and train new staff.

60. Argyll and Bute CPP comment that a shift change is needed in government thinking on its funding provision or for the way it expects partners to fund both responsive services and preventative solutions. In oral evidence the Improvement Service suggested that it would be helpful to view preventative measures as investment propositions rather than a current budget propositions. This would enable organisations to borrow-fund it so that the flow of costs and benefits fit together over time and help overcome some of the budgetary restraints identified by some stakeholders. ICAS's submission⁸ to the Committee on the Fiscal Framework agrees that preventative spending, like capital spending is about investing in the future.

61. In its Report⁹ on Scotland's Fiscal Framework the Committee set out that it was, in principle, supportive of examining the proposal to allow current borrowing for preventative spending on the basis that it is about investing in the future. The Committee invited the Scottish Government to explore the practicality of this approach in its discussions with the UK Government on borrowing. The Scottish Government responded¹⁰ to say that it believed that once the set of rules or limit for revenue borrowing has been had been agreed the management of these powers within the framework or up to the limit would be a devolved issue.

62. The Committee recommends that now that the Fiscal Framework has been agreed, the Scottish Government examines the proposal to allow current borrowing for preventative spending on the basis that it is about investing for the future.

Ownership

63. Police Scotland highlighted that some local police managers had found that—

“ownership and primacy within local public sector working remains an area where cultural differences exist between agencies. It is sometimes the case

⁸ ICAS submission

http://www.scottish.parliament.uk/S4_FinanceCommittee/General%20Documents/Institute_Chartered_Accountants_Scotland.pdf

⁹ http://www.scottish.parliament.uk/S4_FinanceCommittee/Reports/fir15-12w.pdf

¹⁰ http://www.scottish.parliament.uk/S4_FinanceCommittee/General%20Documents/20150828ResponsefromDFMSFF.pdf

that where an agency has primacy with service users it is a means by which to ensure that service provider keeps ownership of incidents, cases and clients. This exacerbates some instances of 'silo' working.

64. Scotland's Criminal Justice Authority also felt that in respect of 'turf' many service providers display a degree of protectionism in terms of their own services and ways of working. They add that this is in part due to their duties as employers and their desire to protect staff and perceived threats to what are considered organisational (rather than public) resources. In oral evidence they added that often outcomes get 'operationalised' because each agency wants to be the one taking the service user through to delivery of the outcome.

65. A similar point was made by the Royal Pharmaceutical Society (RPS) who recommended that a single patient health record where all essential information is stored and all registered health and social care professionals have appropriate access to enable them to focus on person-centred care.

66. The DFM agreed with the Committee that in order to deliver on prevention, joint working between sectors isn't always enough, and that a willingness to collaborate and co-operate is also required. In his response the DFM gave the example of how the new health and social care integration will focus on changing the way we work to ensure members of the public experience a joined up collaborative response when they use health and social care services. He stated that this must be a change to the service provided that is visible and discernable to members of the public in a short space of time.

67. The Committee recommends that the culture shift identified above needs to include a genuine willingness across Scotland's public bodies to move towards a joint-working approach to public sector collaboration which will inevitably require substantial changes to existing ways of working.

Engagement with the Third Sector

68. Renfrewshire Council's submission stated that one barrier it faced was the capacity of the Third Sector in its area. This presented a significant issue when taking forward work on adult services where there was a need to build and fund, community capacity building activities across the third sector. This has taken several years to achieve but has led to an excellent local position where Integrated Care Fund monies are used to support four infrastructure projects.

69. In its submission Care and Repair Edinburgh note that there is a growing appreciation that the practical support provided by third sector bodies such as itself are vital in ensuring that older and vulnerable members of the community don't have to rely on more expensive public services.

70. Apex Scotland believes the current funding formula and the use of market based procurement models are a barrier to change because they ensure that—

“Non-public sector actors cannot ever be partners because they are essentially contracted providers with no say on either the design of the model or any control of the finances or other resources.”

71. The joint submission from the CCPS, CJVSF and the HSEU comments on the lack of engagement with the Third Sector as partners with expertise and experience to contribute to transforming services and communities.

72. The Committee asked stakeholders if they felt it would be better if the third sector took the lead on preventative spend and investment instead of the public sector. It heard that the third sector was historically better at mobilising communities than the public sector. ICAS's submission to the Committee on the Fiscal Framework stated its belief that charities are major providers of public services and that the knowledge and experience within this sector is vital to the success of preventative spending approaches.

73. The Committee asked the DFM what steps the Scottish Government would take to address the concerns of the third sector that they are being 'squeezed out' of the preventative spend agenda. The DFM agreed that it was important that this was avoided as the third sector is central to the services that they provide. He added that the Scottish Government would find it difficult to contract directly with the third sector because that could create an overlap with the work that is already underway at a local level by public sector organisations. The DFM concluded that it would be possible for the Scottish Government to reinforce some of the dialogue with local authorities to ensure third sector organisations can input and influence at a local level.

74. The Committee believes that the third sector has an essential role in delivering the preventative agenda and recommends that it is essential that public bodies work closely with the sector to achieve this aim.

SOLUTIONS

Developing a culture of innovation

75. Many of the submissions highlighted the Community Empowerment (Scotland) Act 2015 (the Act) as an ideal vehicle for providing the opportunity for integration to take place. Angus Council agrees with this and suggests that guidance is also required to help ensure a common approach to prevention is developed.

76. Glasgow City Council (GCC)'s submission states its view that the Act has the potential to encourage greater integration of agencies and staff around shared CPP priorities. GCC also suggests that CPP's should encourage greater secondment opportunities between agencies and the formation of multi-agency teams for specific projects.

77. The Health and Social Care Alliance suggest that we need to focus on investing in leadership, while Police Scotland states that greater integration rests in having leadership that can innovate and who are comfortable with taking risks. This is expanded on by North Ayrshire Council who state that—

“The skills required of leaders in this environment are, arguably very different from the skills required in the public sector even ten years ago”.

78. South Lanarkshire CPP believes to create a culture of innovation we should consider innovations which have a positive impact as an on-going investment rather than as an on-going expenditure. Angus Council believes sharing best practice on innovation in Scotland would be a helpful solution.

79. Aberdeenshire CPP say that in addition to developing a stronger learning culture in the public sector, where all partners learn from interventions that prove to be effective, it is essential that we recognise that “we won’t always get it ‘right’ first time”. NHS Forth Valley suggests that innovation becomes a core part of personal and professional development in order to create a culture of innovation.

80. The joint submission from the CCPS, CJVSF and the HSEU states that it is important to improve engagement with the people affected by the current systems. They feel that listening to and working with the people affected will help agencies understand where improvements could be made and new innovations could be made.

81. Apex Scotland suggests that to achieve innovation we need to move away from the medium of financial bargaining and competitive tendering to one where we instead clarify desired outcomes and encourage creative thinking on how to achieve them.

82. West Lothian Council makes the point that as organisations tend to get caught up in the way things have always been done, support needs to be provided to help break down these barriers and ensure that a culture of innovation is embedded in how services are designed and delivered.

The role of digital technology

83. Renfrewshire Council suggests that the first thing that needs to be addressed is the lack of access to digital technology. The Council refers to data from the SCVO which indicates one in five adults or 800,000 people in Scotland lack basic digital skills. Orkney Islands Council agrees that digital technology has a potentially huge role to play in the reform of public services but for this to be successful in remote and rural areas a reliable communication network is required.

84. Scotland’s Criminal Justice Authorities believe that the ‘disparate’ information systems managed by public bodies are a significant barrier to prevention. The systems are not geared towards sharing information or intelligence and they also have to overcome data protection concerns.

85. In oral evidence the RPS told the Committee that by using prescribing data, specialist public health pharmacists are looking at whether it is possible to identify which parts of the county have a different prevalence of specific conditions which could provide us with the knowledge needed to target resources more efficiently in these areas.

86. Police Scotland highlighted a concern that the limited availability of cross – agency systems remains a barrier where services co-locate and is especially telling in protective service provision where the risks of poor information sharing are clear.

Police Scotland believes there are extensive opportunities for reforming service delivery using partnership databases as a driver for collaboration and intelligence prevention.

87. West Lothian Council raised a similar issue around the costs and time involved when systems were unable to ‘talk to each other’. Organisations could make better use of technology in terms of shared services to increase efficiencies. NHS National Services Scotland stated that the importance of digital transformation in the public sector cannot be underestimated and we must improve in this area.

88. Falkirk Council agree digital technology is a tool which can improve access to services, allow us to operate more efficiently and help us realise change but that it needs to be driven by commitment to change and underpinned by effective leadership.

89. The joint submission from the CCPS, CJVSF and the HSEU expressed the view that digital technology needs to complement, not replace, face to face and relationship based support.

90. In November 2015 the Welsh Y Lab, in partnership with the Welsh Government, launched a new Digital Innovation Fund of £250,000 to boost public service capacity in developing digital services across Wales. The purpose being to test ways to boost the skills and knowledge of digital innovators across the country, trial new approaches to digital leadership, and invest in priority demonstrator projects. The fund will “support the acceleration of learning and development of digital public services in Wales, helping to identify ways to reduce costs and improve outcomes¹¹”.

91. In his evidence the DFM spoke of how data on the performance of individuals taking medication to deal with Chronic Obstructive Pulmonary Disease (COPD) and unscheduled hospital admissions had shown there was a direct correlation between not taking the medication and being admitted to hospital.

92. The Committee recommends that one of the key roles of the proposed innovation lab could be to explore in much greater detail the scope for the use of digital technology in supporting the preventive agenda.

The role of Community Planning

93. The Community Empowerment (Scotland) Act 2015 (the 2015 Act) introduced new statutory duties for community planning. It gives CPPs a statutory purpose of focusing on improving outcomes and requires them to produce local outcome plans. It also requires CPPs to review and report publicly on progress towards their plans.

94. Audit Scotland¹² has been assessing and reporting on the progress CPPs have been making in ensuring the major changes required are taking place. It stated

¹¹ <http://www.nesta.org.uk/news/ps250000-digital-innovation-fund-announced-welsh-government-and-y-lab-grow-use-digital-technology-public-services>

¹² <http://www.audit-scotland.gov.uk/report/search>

in its 2014 report on CPPs¹³ that while the “current pace and scale of activity is contributing to an improved focus on prevention it is unlikely to deliver the radical change in the design and delivery of public services called for by the Christie Commission”. In its update report¹⁴, published in March 2016 Audit Scotland states that:

“CPPs have improved leadership and scrutiny but more effort is needed to shift resources towards prevention and outcomes”.

95. Aberdeenshire CPP believes that CPPs should hold their own partners and the Scottish Government to account for their approach to prevention, particularly in relation to the local priorities determined by the CPP. Scotland’s Community Justice Authorities believe that more is required to ensure that partners have the confidence to challenge each other’s investment decisions to encourage a more preventative approach.

96. West Lothian Council believes that community planning is currently under resourced and further resources are required to develop capacity. Midlothian Council suggests that the Act should be implemented with strong guidance to partners on the interpretation of requirements for shared resourcing and for citizen participation.

97. Apex Scotland agrees that community planning should be able to bring together the available expertise and have the power to action the desired outcomes. However, it believes that the third sector interface model working with the CPPs is not general considered to be a success by most third sector organisations. The Health and Social Care Alliance agrees that real progress won’t be made until there is shared ownership and partners feel they are collectively responsible for the outcomes.

98. The Committee is disappointed in the progress that has been made by CPPs in supporting the shift towards prevention. However, the Committee expects that the new statutory duties will provide CPPs with much greater leverage to hold their own partners to account for the delivery of local priorities including prevention. It is essential that the progress of CPPs in delivering public sector reform is monitored closely and that evidence of real change is identified during the next session of the parliament.

CONCLUSION

99. In summary the evidence given to the Committee indicated a concern that if a decisive shift to prevention does not take place then the public sector will be faced with having to address the growing need and demand for services within tight financial constraints.

100. The Committee agrees with the concerns raised by stakeholders that if the decisive shift to prevention does not take place, then it will lead to future difficulties for the public sector in the delivery of its services.

¹³ http://www.audit-scotland.gov.uk/docs/central/2014/nr_141127_community_planning.pdf

¹⁴ http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_160303_community_planning.pdf

101. The Committee welcomes the continued commitment of the Scottish Government to prevention but is disappointed at the relative lack of progress over the past 5 years. The Committee believes that there needs to be strong leadership across all of the political parties and a consistent message and clear direction provided to Scotland's public bodies that prevention is a priority.