

Finance Committee
Prevention
Submission from Stirling Council

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

For a preventative approach to be embedded in practice, partner agencies must work collaboratively. Community Planning Partnerships (CPPs) have been in existence for sometime but can still be challenged with achieving real change. Increasing organisational pressure and the current financial situation frequently serve as barriers. Progress with the prevention agenda also requires CPPs to fully understand what communities need and then collectively come together to achieve outcomes on an ongoing basis, working innovatively with community-led activity. The need for joint teams and other dedicated, shared resources, including budgets, related to place act as a drawback to progressing at the pace needed to truly tackle inequalities.

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

1. Public bodies retain separate budgets and experience independent pressures. Some partners i.e. Police Scotland have centralised resources. Partners should be obliged to share or pool resources to achieve their stated local outcomes. Alternatively, a devolved budget to place, which all organisations share, might be considered.
2. Communication can still be a challenge and knowing the correct people to speak to in busy and ever changing agencies. Consistency of agency representatives at CPP meetings is key but this can be difficult due to staff turnover and pressures on time. Co-location of partners could help this issue and challenge cultural barriers.
3. There is not always a true appreciation of the prevention agenda. There needs to be a consistent message throughout organisations to collaborate for e.g. a 'Think Partnership. Think Prevention' campaign.

How do we create a culture of innovation?

A devolved budget relating to place would support innovation.

Public bodies should be required to have a joint consultation, engagement and communications programme across all Community Planning Partners. This would avoid duplication and support effective use of resources, enabling effective responses to communities related to local need on an ongoing basis. It would be valuable to support and publicise initiatives that have worked and evidence to communities that these good ideas had been taken forward.

Organisations should maximise staff engagement and knowledge of CPPs so they understand and proactively implement multi-agency approaches to tackle the issues that really matter on the ground. This is about distributive leadership, increasing autonomy and creating space for creativity, particularly with respect to frontline delivery. Finding a way of enabling the workforce to influence CPP leadership decisions would be an important step, i.e. enabling them to feed back on the extent to which they feel inequalities are being addressed and their solutions for addressing these issues.

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

Digital technology provides better opportunities to share information in a safe and protected way between partners. It would be especially helpful to share information on families with multiple contacts and subsequent high resource use.

Digital technology is also useful to establish relationships, access supports and ensure people are connected. This would then help prevent loneliness and social isolation which has a clear impact on wider health and well-being.

Digital technology allows for services to be accessed on line or via self-referral, within local areas and more easily. This prompt and simple provision will support the principle of early intervention, self-management and localised care.

A place-based single view of the customer would be an important step forward.

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

- Evidence based collaborative intervention.
- Co-location of partner agencies.
- Integrated, multi-agency teams, particularly around key issues such as health and well being, skills and economy, tackling crime.
- Joint or pooled resourcing related to place, particularly with respect to themes such as health and well-being, skills and economy, tackling crime.
- Partnership approach to highest consuming 20% of public resource – vulnerable families
- Whole system client pathway mapping.

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

If a shift to prevention does not take place we will be spending increasingly scarce resources responding to health, social and community issues that could have been avoided. Resource allocation will continue to be inequitable and not used to the benefit of the wider population.

The demand in 'core' public sector resources will not reduce and our ability to respond will worsen.

The overall impact on community and public health will be negative which in turn effects the socio- economic status of any given area.