Finance Committee

Prevention

Submission from Orkney Islands Council

Response

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

There is no lack of will in Orkney to implement the radical change called for by the Christie Commission. Orkney Islands Council, in partnership with the other two islands councils, proposed a radical solution to Christie in the form of a Single Public Authority for each island authority area, which would have seen a single public body deliver the majority of public services in each location. This reform would have generated a step change in the motivation and capability of the public sector to invest in preventative services. The Commission's report recommended:

7.41 We call on the Scottish Government to engage positively with local partners in the further development of proposals for a ‘single public authority’ model, and other options, with a view to putting in place one or more pilots.

The Scottish Government of 2011 did not support an immediate pilot of the SPA, preferring instead a more incremental approach. Consequently, the Islands councils have more recently been working with both the Scottish and UK Governments to pursue the "Our Islands, Our Future" initiative, this being an alternative means to achieve the devolution of power and responsibility necessary to allow radical reform at a local level. The "Consultation on Provisions for a Future Islands Bill" recently released by the Scottish Government takes us a first step along the way, but the incremental approach will inevitably be slower than the "big bang" approach of moving directly to the SPA model.

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

Change is never straightforward. Even with the goodwill and motivation of all concerned it is demanding considerable momentum and management capacity to overcome the many bureaucratic and cultural constraints which impede such a major change.
Many public sector partners are fully occupied with the maintenance of essential services in a context of financial constraints and anticipated further budget reductions. Setting up preventative services incurs additional cost in the short term before the benefits – which are by definition long-term – start to be felt. There is also a likelihood that up-front costs will be incurred by one partner while future benefits accrue to another. This is being addressed by partnership working, notably the integration of health and social care, but Integration Joint Boards are still in their infancy and cannot be expected to deliver their full benefits for a while yet, if indeed they can ever be expected to reach a point of delivering at lower cost, in the face of growing pressures in demographic and health and wellbeing profile terms.

Another barrier is uncertainty; the shared vision of preventative services reducing demand is highly attractive but there is no clarity as to the practical mechanisms needed to get from the present reality to this desired future. There are no established paths to tread and it will be a long time before we have any consensus on best practice.

Finally, if we are to effect a permanent change to a preventative culture, we must maintain awareness among decision-makers of the importance of prioritising preventative services in the face of competing demands for resources.

In summary the main barriers we perceive are therefore:

- Management capacity to redesign infrastructure
- Competing demands for resources
- Shared uncertainty as to how best to proceed
- Establishing a preventative culture among decision-makers

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

In Orkney, we have worked in partnership for many years through necessity and it has become a normal way of working. Most of the cultural barriers which still exist are generated by conflicting drivers emanating from central government. Individual agencies are still answerable primarily to different Ministers, whose strategies are not always optimally aligned. In some cases, notably the integration of health and social care, this is being overcome by legislation, but in Orkney much of our integration had already happened at the front line. Central government can help by ensuring that local solutions are not held up by national constraints. For example, we highlight in our new draft Local Outcomes improvement Plan the need for partnership working with central government to island-proof new national policy at the development stage, and to address the complex issues of fuel poverty and equality of access to broadband.
4. How do we create a culture of innovation?

Orkney Community Planning Partnership has reconfigured in order to concentrate effort on local strategic priorities which are in need of innovative shared solutions. We recognise the need for new thinking in preventative services, especially in those relating to services for the older population in light of recent and forecast demographic trends in Orkney. There is enormous potential for the social economy to develop new kinds of social services which support people to remain independent in their own homes, without necessarily incurring additional costs to the public sector. Our strategic priority of Positive Ageing is therefore being led by a Delivery Group chaired by the Third Sector representative on the Orkney Partnership Board. Orkney has a number of well-established preventative services in this area, including the Here to Help service, Adult Befriending and Care and Repair. A second Delivery Group is focusing on delivering a Vibrant Economic Environment, and we already have the Empowering Communities pilot under way, which is helping fragile isles economies to generate and circulate resources locally by providing more of their own services. Our third Delivery Group is focusing on local priorities in Healthy and Sustainable Communities, including alcohol misuse and child obesity.

Our new configuration offers the maximum opportunity and support to innovation and we will ensure that the Orkney Partnership Board stays focused on the need for continual innovation and evolution of services.

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

Digital technology has a potentially huge role to play in reform of public services towards prevention. There are a number of ways in which it can contribute. Digital technology, in the form of apps, websites and social media should be a key strand of promoting access to self help and advice aimed at the promotion of lifestyles that support good health, and at the self-management of a wide range of lower level physical and mental health issues. For people who do require access to services, there is scope for the development of remote screening / triage / intervention as an alternative to in person meetings for a range of conditions and issues. There is also scope for greater use of technological devices to monitor health and wellbeing in people’s own homes. Many of the potential alternative ways of working may not directly impact on a shift towards the preventative agenda but would release capacity and resources that could be redirected into preventative services.

Orkney Islands Council is increasingly using social media to inform and engage with service users, for example in alerting users to weather related school transport updates and road closures on the Churchill Barriers. There is
enormous potential to make more use of social media. However, if any of the above is to be deliverable, particularly in a remote and rural setting, a reliable communication network is required. This is currently a significant barrier that would benefit from a centrally driven approach.

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

Orkney CPP has recently reconfigured its core structure and governance procedures to reflect the new provisions of the Community Empowerment (Scotland) Act 2015. The membership of our new Board includes all of the statutory partners listed in the Act, plus long-standing local partners Voluntary Action Orkney and Orkney Housing Association Ltd. This structure will provide a formal framework for partners to develop, and hold each other collectively to account for, the delivery of new initiatives supporting shared aims such as prevention.

In the longer term, Orkney is still dedicated to exploring the Single Public Authority concept, as a radical way to achieve change in service integration.

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

A comprehensive review of the evidence relating to preventative policy in health is available from the WHO in their 2013 publication "Policy Summary 6: Promoting health, preventing disease: is there an economic case?" (by Sherry Merkur, Franco Sassi and David McDaid). Key messages include:

- There is an evidence base from controlled trials and well-designed observational studies on the effectiveness of a wide range of health promotion and disease prevention interventions that address risk factors to health.
- Many of these actions may be both funded and delivered outside of the health sector.
- Combinations of actions, for example in the areas of tobacco, alcohol and road injury prevention, are often more cost-effective than relying on one action alone.
- The use of taxes to influence individual choices on the use of tobacco and alcohol, as well as the consumption of food, is consistently seen as a cost effective intervention to promote better lifestyle choices.
- Interventions targeted at children often have the most potential to be cost effective because of the longer time-frame over which health benefits can be realized.
• While some interventions may take several decades to be seen to be cost effective, for example impacts on the risk of obesity, there are some health promotion and disease prevention actions that are cost effective in the short term.

Collated evidence such as this is especially useful to small communities like Orkney where local numbers are too small to develop statistically significant empirical evidence of the value of preventative approaches.

A very useful "Briefing: What can governments learn from each other about 'prevention' policy?" was published on 20 October 2015 by LGiU Scotland, which contributes to the discussion of many of the questions posed in this call for evidence.

On a less positive note, we can see from the current situation in parts of Europe and the Middle East, overwhelmed by conflict, economic instability and/or the ongoing refugee crisis, that it is impossible for a country to address preventative measures when it is operating on a day-to-day basis in crisis mode. Within our own small country, the prioritisation of sustainable partnership working will help to provide the stability and resilience which is a prerequisite to effective preventative policy.

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

We know what happens when demand outstrips the capacity of public services to provide. This has always been the situation in the developing world but today we can see this happening in the formerly prosperous Greece, where vulnerable people are being left without financial support or services, destitution is widespread and suicide rates have escalated.

We all know that the current model is not sustainable. Public services in Orkney are experiencing increasing demand for support services for older people. We are committed to supporting our ageing population to remain in good health and living independently, which is to everybody's benefit. Our new LOIP emphasises the need for individuals to take responsibility for their own lifelong health and well-being through adopting healthy lifestyles, ensuring that public resources continue to be available for those who need them.

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