A ‘decisive shift to prevention’ in Scotland: the next steps

Paul Cairney, Professor of Politics and Public Policy, University of Stirling. Fellow of the Centre on Constitutional Change (30.11.15)

Remit: To answer the 8 questions posed by the Finance Committee, I combine a summary of the 40+ submissions to the Committee’s inquiry’ with my research on prevention policy.

Executive Summary and Recommendations

Not all respondents agreed with the Committee’s argument that progress towards a ‘decisive shift to prevention’ has been slow. However, most identify many barriers to progress. These barriers are timeless. It is possible that the same respondents will identify the same obstacles in 10 or 20 years unless there are key changes to prevention policy:

- **Recommendation 1**. Provide a working definition of prevention policy and preventive spending to help produce (a) clear aims and priorities, and (b) milestones to measure the speed and nature of progress towards an agreed aim.
- **Recommendation 2**. Clarify the primary aim of prevention policy, to help measure progress and gather/ spread evidence of good practice. Is it to: produce specific interventions to reduce inequalities or costs; or, deliver policy in accordance with key governance principles? The answer ‘both’ is not helpful when people make choices to invest in some projects and disinvest in others.
- **Recommendation 3**. State how a broad commitment to prevention should relate to specific commitments to acute or reactive services. This is necessary to clarify how public bodies should meet targets and distribute budgets.

Part of the problem relates to accountability. Since the Scottish Government shares policymaking responsibility with local public bodies, their stakeholders, communities, and service users, it is difficult to know who we should look to for leadership and to take responsibility for key aspects of organisational, cultural, and policy change:

- **Recommendation 4**. When recommending progress in joint planning and action, clarify which bodies are responsible for each specific action. For example, should central government produce further statutory and budgetary reforms, or should specific local public bodies take the lead and be held accountable for change?

A final problem is that policymakers and practitioners want to learn from ‘best practice’ but struggle to identify how to identify it and learn from it:

- **Recommendation 5**. Produce clearer criteria to identify: (a) the evidence that a project is successful and worth learning from; (b) how to balance

(and trade off) the need to import specific elements of a programme and adapt it to local circumstances.

Responses to individual questions

1. *Why has the progress of reform proposed by the Christie Commission been so slow*? and
2. *What are the main barriers to change and how do we address them in order to accelerate the rate of progress*?

These are the most-answered questions by respondents, and most responses tend to produce overlapping answers because the barriers largely help explain slow progress. Most of the responses are 'universal' (they would relate to any prevention effort in any place at any time), and are summed up by Cairney and St Denny's Prevention is Better Than Cure, So Why isn't Government Policy More Preventive?

- *The scale of the task is huge and problems are 'wicked'*. It would be unrealistic to expect a 'decisive shift' in a few years. Instead, we should develop meaningful and realistic measures of promising outcomes, with a baseline and milestones of progress. In many cases, we should accept that local bodies only have the ability to mitigate problems of inequalities, not solve by addressing their 'root causes'.
- *'Prevention' is ambiguous*. To track meaningful progress, governments need to identify their priorities and specific objectives rather than a vague pledge.
- *Prevention is akin to capital investment*, *not a quick budgetary fix*. Central governments will undermine their prevention aims if they give local authorities more responsibilities but less money.
- *Reactive services always come first*. Long term prevention aims are highly supported in principle, but they do not compete well with more reactive policies dealing with current and more urgent problems.
- *Prevention involves redistribution*. Public bodies face a backlash when they remove money from existing services to pay for new preventive initiatives.
- *Performance management is not conducive to prevention*. The highest profile central government targets are focused on protected outputs (e.g. numbers of public service staff) and short term targets (e.g. waiting times for treatment). Public managers *would like* to produce better long term outcomes but *have* to meet narrow short term targets.
- *The benefits of prevention are difficult to measure and no-one agrees on how to produce the evidence*. Few prevention benefits are 'cashable' in the short term, and it is difficult to compare abstract future benefits or savings favourably with current services with a more visible impact. Prevention advocates need a convincing evidence base, but there is great uncertainty about how to gather and use evidence (discussed further in

Using evidence to guide policy and What can governments learn from each other about prevention policy?).

- *Governments face major political and ethical dilemmas*. Many prevention and early intervention initiatives involve intervening significantly in people's lives to change their behaviour, and/ or targeting resources to benefit or potentially stigmatise target populations (even if practitioners do not use phrases like 'troubled families').

In short, respondents suggest that they do not know what prevention means in practice. Some go further to blame the Scottish Government for contradictory policies: (a) lack of direction on prevention priorities; (b) a performance management system and budget process which undermines prevention; (c) reduced budgets for new initiatives; and (d) limited advice on 'what works' to reduce inequalities and/ or service costs. Others discuss the lack of willingness of local public bodies to make sense of prevention in partnership with each other and with service users and key stakeholders in the third sector.

The Improvement Service's response stand out because it challenges the questions set by the Finance Committee, arguing that many local services are already preventive and that the focus should not be on a notional 'shift' to preventive services but to use prevention thinking to underpin all decisions. It argues that the Christie review identified outcomes that are *theoretically* preventable using policy instruments not in the gift of local bodies (such as macroeconomic policy) and that the balance between reactive and preventive local services is promising. Its discussion is interesting because it raises problems with the Christie agenda itself:

- It struggles to define prevention/ early intervention.
- It gives minimal advice on *how* to make a shift to prevention and how to measure progress towards an agreed aim.
- In its examples of good practice, it places most emphasis on *governance reforms*, to ensure that policies are made/ delivered in a particular way (e.g. 'assets based' programmes built around the service user), and cost/ efficiency savings, rather than *evidence-based* reforms, built on demonstrable evidence of projects which improve long term outcomes.

Consequently, it is difficult to measure the pace of change with reference to Christie. Or, if we focus on governance reforms, we find in the written submissions that many public bodies have made substantial progress. In that context, the Finance Committee may deliberate these kinds of recommendations for the Scottish Government:

Recommendation 1. *Provide a working definition of prevention policy and preventive spending to help produce (a) clear aims, priorities, and objectives, and (b) milestones to measure the speed and nature of progress towards an agreed aim.*

Recommendation 2. *Clarify the primary aim of the prevention agenda to help measure progress and gather/ spread evidence of good practice: is it to produce*

specific interventions to reduce inequalities or costs; or it is to deliver policy in accordance with key principles? The answer 'both' is not helpful when people are making choices to invest in some projects and disinvest in others.

Recommendation 3. *Provide a statement about how a broad commitment to prevention should relate to specific commitments to reactive services. This is necessary to clarify how public bodies should meet targets and distribute budgets*.

Respondents	1. Why slow progress? 2. Main barriers?
Aberdeenshire Council	Not enough support to reduce funding for acute services Ambiguity No direction on priorities Public sector focused on reacting to problems Limited evidence on prevention success to guide cuts in other areas Limited evidence on community led and assets-based approaches
Angus Council	Ambiguity Difficult to measure impact of prevention interventions Shared CPP vision but lack of shared resources Tensions between central/ regional/local bodies Insufficient ring fencing
Apex Scotland (reduce reoffending)	Tensions between central, local government, and 3rd sector Local authorities don't fund or work enough with 3rd sector Market based procurement for services precludes co-production Competition between 3rd sector groups Little Scottish Government direction on role of 3rd sector
Argyll & Bute CPP	'Poor parenting, substance misuse, domestic violence and chaotic domestic conditions, patterns of neglect or long term detrimental lifestyles and health habits are not fixable in a short term' Yet, the Scottish Government gives short term and uncertain funding to projects which need LT investment to produce sustained change. Reduced funding for all partners. Unrealistic to expect to fund prevention via disinvestment in a 4-year period. Ambiguity: await a working definition from the national community planning group Voluntary sector role needs direction and further resources
CRUK	Does not answer the Qs directly. Instead, makes the case for a range of UK and Scottish Government policy instruments to reduce unhealthy behaviour and reduce health inequalities.
Care and Repair Ed	Does not answer the Qs directly. Instead, makes the case for its hospital discharge service (produced in partnership with Edinburgh Council), which could be used more often to address the prevention/ older people agenda.
CCPS, CJVSF, HSEU	Ambiguity Lack of engagement with 3rd sector Few changes in funding: too short term, focused on cost savings or short term over LT outcomes Lack of joined-up activity (e.g. insufficient joint budgets)

	Lack of evidence demonstrating good outcomes An unwillingness or inability to pursue unpopular prevention policies
Children 1st	Short term funding produces inability to plan for LT Insufficient number of organisations funded/ able to deliver programmes Insufficient Scottish Government leadership
Children in Scotland (responds to different inquiry)	Ambiguity and unclear definition of preventive spending leads to the Scottish Government reframing existing activities as preventive No baseline to measure a shift towards preventive spending National Performance Framework has too few direct measures of outcomes for pre-school children In a multi-level system, many benefits to Scottish Government investment go to the UK
Core Solutions	People are biased towards existing services
Falkirk C	Reduced budget and workforce Complex issues Organisational silos exacerbated by reforms and reduced budgets Competing organisational demands and accountability Too much focus on partnerships to deliver national over local aims
Glasgow City C	Organisations focus on their own aims. They recognise the benefits of LT collaborative investment but struggle to divert resources. Statutory duties and performance management to maintain resource focus on ST individual aims. Limits to data sharing Difficult to build a financial model built on knowing who should invest/ who benefits from the LT savings
ICAS	Short term political issues versus long term gains – need to win 'hearts and minds' Huge cultural shift takes time Insufficient strategic direction, leadership and resources Regulatory barriers (e.g. EU state aid rules and borrowing to invest)
Improvement Service	The IS challenges the questions set, arguing that many local services are already preventive and that the focus should not be on a notional 'shift' to preventive services but to use prevention thinking to underpin all decisions. Identifies the problematic role of UK/ Scottish Government decisions in limiting local authority preventive action: local government activities are often 'mitigative'. Gives the example of educational attainment inequalities: prevention and early intervention starts with macro-economic and fiscal policy; in that context, there has been some success in reducing the gap. Other main barrier: our inability to identify clear cause and effect, and therefore prevent by predicting consequences. The conclusion reframes Christie's emphasis, suggesting that it identified outcomes that are theoretically preventable using macroeconomic policy, and that a 50/50 balance in reactive/ preventive local services is OK.
Lloyds TSB	Reduced resources have prompted organisations to form partnerships

	to save money, which presents new challenges about diverging aims and drivers.
MHF	No direct answer to Qs. Makes the point that mental health is at the root of a significant amount of physical health inequalities, and highlights its involvement in key prevention initiatives.
Mentor Scotland	Patchy provision of kinship care limited by low local authority expertise/ resource Low and patchy quality drug prevention in schools (low priority for local authorities, policy based on limited evidence of success)
Midlothian	Initial response is to list examples of local progress. Then: Too much focus on single projects Tension between core/ preventive funding Too many key functions are centralised rather than given to CPPs (e.g. SDS), and national bodies are expected to balance Scottish Government performance management with local commitment
Nesta	Doesn't answer Qs directly. Makes the case for proper evaluations of Scottish Government change fund spending and to learn from evidence.
NHS Ayrshire	Health targets are focused on acute hospital services Too much focus on structural change/ integration, too little on creating conditions for communities and individuals to flourish A general lack of belief that prevention policy works Short term budget cycles Insufficient policy evaluation
NHS Forth	Confusion between ST health promotion and LT population health work Too much focus on acute care targets (waiting times, discharge) and expensive drugs; hard to disinvest Long term work does not receive sustained political commitment CPPs not powerful/ effective enough Takes time to change attitudes to public services Not enough commitment in health/ other services to early years interventions (and e.g. enthusiasm for EYC already falling)
NHS Lothian	Describes years to plan and set up health/ local partnerships Focus on health and social care integration distracts from CPPs
NHS NSS	General discussion about the role of NSS in data linkage between organisations, partnerships, and workforce retention/ development
North Ayrshire C	Discusses success of whole systems approach to youth offending, but with unintended consequences: reduction in policing costs balanced against higher social services costs Expect LT changes to have financial benefit in 10-30 years
Orkney C	Unwillingness of the Scottish Government to allow islands to have a Single Public Authority Uncertainty about how to turn broad aim into specific objective Competing demands for resources Costs from one organisation give savings to another
Police Scotland	Good projects undermined by limited resources Silo budgeting National performance management undermines local LT focus

	Too many SOAs produced by one body looking for sign-up – consequences include timescales that only suit one body Lack of an identified ‘champion’ in each public body to maintain support and transfer good practice Reticence to share information
Princes Trust	Doesn’t answer Qs directly. Provides a narrative about reducing underachievement children with targeted programmes coordinated in partnership with a range of public bodies.
RCN	The NHS budget system, and target culture, encourages very ST planning The Scottish Government is, to all intents and purposes, a collection of silos because there are very separate budget portfolios with little scope to discuss movement of resources between programmes
Renfrewshire C	Challenges the idea that progress is slow [discusses successful projects, to reduce poverty and increase employability] Austerity. Diminishing budgets. Need Scottish Government to make the decisive shift in its budget allocation. Centralisation of Police Scotland. Local authority investment gives financial benefit to other bodies like PS (e.g. preventing vandalism).
Royal Pharm Soc	Lack of health and social care integration/ person centred approaches Lack of ‘pharmaceutical public health’ linked to several regulatory and resource-based barriers *Cites specific key problem*: a huge amount of preventable hospital admissions/ medical interventions relate to people not taking medicines as prescribed
Sctlands Comm Justice Auth	Prevention is an ambiguous, unwieldy and overwhelming agenda. Daunting view that change will take place over a generation. Insufficient political vision, commitment, determination to avoid populist measures to prop up reactive services. A tendency for individual departments/ bodies to protect their own budgets, and not invest in initiatives that only produce savings for other bodies Most interventions produce savings that are not ‘cashable’ (workload may go down, but you can’t stop a service) Scottish Government’s Advisory Group on Prevention struggled and now disbanded. Patchy SOAs with disparate initiatives.
SFHA	General points: Paradigm shifts take time, challenging to get public bodies to work together, insufficient leadership, council tax freeze and budget cuts, prevention is one of many aims. Tension between need for central direction/ local discretion. Statutory services with specific funding and performance management come before prevention. 32 approaches frustrates sharing of best practice. Specific point: Affordable, good quality housing is key to prevention

	policy, but treated as a 'Cinderella service' partly because evidence of success is via user testimony and does not convince budget holders of cash savings. Public bodies want evidence of prevention projects lowering *current* demand before they will commit fully to services designed to lower demand in the future.
Shetland P'ship	Political support for ST aims to meet current need, difficult to keep partners focused on common aims, difficult to persuade the public of the benefits of change Uncertainty about evidence of LT success
S Lanarkshire CPP	Rejects the suggestion that progress is slow in relation to the task. Highlights lack of national level understanding of local change, and unrealistically high expectations.
Stirling C	Funding Lack of commitment/ appreciation of prevention throughout the public sector Organisational barriers to communication, identifying and sharing aims and budgets
The ALLIANCE	National commitment not reflected in local action, partly because power still rests with statutory agencies focused on reactive services and restrictive commissioning on exiting services Restrictive performance management Too much focus on prevention of crises, to save money in ST, over LT work on health inequalities '*the current accepted hierarchy of evidence is not fit for purpose in the context of prevention*'
Grow Trust	Links a lack of adherence to Christie principles to the dominance of the usual suspects and exclusion of new voices
Robertson Trust	Funding and funding models Mix of reserved/ devolved powers Major public service reforms can delay innovation Uncertainty over rules on e.g. procurement
W Lothian Council	Reduced national budgets and uncertainty undermine confidence to shift funding Difficult to know what will work for the long term makes it harder to get buy-in for prevention initiatives Difficult to gauge progress *Ambiguity* makes it difficult to generate community support for prevention *Some initiatives do not receive public support*: raises issue of public reaction to prevention programmes – e.g. community payback options – which seem 'soft' on stigmatised populations

3. *How do we ensure that the necessary culture change and greater levels of integration takes place?*
4. *How do we create a culture of innovation?*

Some general responses to questions 3 and 4 can be found in a range of respondents:

- Focus on leadership and workforce development.
- Reform the budget process (with tools such as Total Place, the Social Return on Investment (SROI) or Social Accounting (SA), or by extending the Integrated Care Fund).
- Challenge silos and the old way of doing things.
- Focus on person-centred, rather than service-centred, care.
- Focus as much on learning from best practice as innovating (producing new practices).
- Create an environment in which people are not punished for taking risks.

However, different organisations place different emphasis on these aims, highlighting continuous tensions between competing demands for local autonomy and central direction, as well as significant 3rd sector frustration with their often peripheral role in public sector planning and delivery.

There is an interesting mix of perspectives, such as those calling for:

1. *Responses which seem to demand more Scottish Government action and centralisation*

- We need more Scottish Government direction, such as detailed guidance to accompany the Community Empowerment Act
- The Scottish Government should ring fence funding for prevention
- Embed partnership working in training and workforce development
- Require all public bodies to engage in a joint consultation/ engagement/ communications exercise to identify common aims and local needs
- Require a cross-agency Christie team in each local authority
- Embed the delivery plans of each organisation in the SOAs, and challenge local authority dominance within them
- Produce a 'long-term public sector reform blueprint with agreed outcomes and milestones for all agencies that are seen as targets that must be met'

2. *Demands for more local public body action*

- Build local capacity and leadership (with a 'Collaborative leadership training programme')
- Encourage local risk and decisions taken at that level
- Encourage secondments between partners
- Challenge 'on the ground' scepticism (e.g. in medical staff) about the benefit of change

3. *More 3rd sector involvement*
4. *More community and service user involvement*

- Focus on person-centred care
- Experiment with participatory budgeting

- Encourage participatory community engagement with no agenda, to provoke new ideas and reduce dominance of public bodies in discussion

In other words, it is easy to identify general solutions to slow progress, but not how they should be taken forward and by whom. It would be unrealistic to think that a broad commitment to prevention will translate into cultural change built on individual voluntary action to change practices. This is particularly true when no policymaker or stakeholder has a specific reason to act differently.

Recommendation 4. *When recommending progress in joint planning and action, clarify which bodies are responsible for each specific action. For example, should central government produce further statutory and budgetary reforms, or should specific local public bodies take the lead and be held accountable for change?*

Respondent	3. Cultural change and integration?	4. Culture of innovation?
Aberdeen shire Council	Case studies of success to learn from CPP leadership Collaboration between partners	More willingness to risk failure Databank of successes and failures Local autonomy
Angus Council	More Scottish Government guidance Community Empowerment Act	Sharing best practice across Scotland
Apex Scotland	More forums to represent complete parts of 3rd sector, e.g. *Criminal Justice Voluntary Sector Forum* Ring-fenced funding Commissioning reform Challenge instinctual support of the public sector	Co-production of service needs, rather than local authority controlled and contracted
Argyll & Bute CPP	Move beyond broad aims of prevention and integration, to clear priorities and LT investment in successful projects	Encourage an environment in which people feel they can take risks without being punished for failure Improve community relations and work towards meaningful participatory budgeting
CCPS, CJVSF, HSEU	Service user engagement and services focused on individuals Workforce development New funding models Sharing evidence on 'what works'	Encourage partners to share risk Service user engagement
Children 1st	Tailor services to service users Assets-based approaches	Draw on 3rd sector experiences of innovation
Children in Scotland (responds to different	Define preventive spend, produce unambiguous objectives, measure shift of spending. Agreements between public bodies	Assess the LT impact of prevention policies and encourage the spread of evidence-based

inquiry)	should be time limited and contain milestones Workforce development	interventions
Core Solutions	Use CS' mediation service	-
Dundee P'ship	Define prevention and early intervention, set strategic goals, identify the benefits of new services, measure the shift to prevention	
Falkirk C	Place trust and invest in local leaders Resolve national/ local accountability by devolving powers more meaningfully Create regional hubs and give specific bodies responsibility for each aspect of shared aims More national expertise and support	Build local capacity and leadership
Glasgow City C	Joint budgets for specific programmes Experiment with participatory budgeting (combined with empowering communities and service users) Secondments between partners	
ICAS	Treat prevention like capital investment, with borrowing (or higher revenue through tax) based on a clear business plan and milestones. Examine co-investment on private sector model (Co-investment bank matches funding for fledgling initiatives). Leadership	More emphasis on local risk and decisions taken at that level
Lloyds TSB	Change societal attitudes Empower communities	-
Mentor Scotland	Public and 3rd sector collaboration Better Scottish Government guidance	Draw more on the 3rd sector
Midlothian	Embed partnership working in training and workforce development	Collaborate with 3rd and private sector Give more autonomy to front line workers Provide LT stable funding for innovative projects Use improvement science
NHS Ayrshire	Invest in education and learning	Give people the space, time, resources to innovate
NHS Forth	Sustained cross party and organisational support for shift	Celebrate success Integrate innovation in culture and workforce development
NHS Lothian	Focus on person-centred care	Asking staff to continuously ask themselves how they can improve Inviting solutions from wide range of sources
NHS NSS	General discussion about the role of NSS in data linkage between	

	organisations, partnerships, and workforce retention/ development	
North Ayrshire C	Leadership Agree local outcomes between key partners (e.g. police and social work)	Give permission/ encourage people in the public sector to be innovative
Orkney C	Argues that the Scottish Government's divisions of functions (and reporting mechanisms) are the biggest obstacle to joint working	Encourage new thinking from e.g. the 3rd sector
Police Scotland	Embedding delivery plans of each organisation in the SOAs Cross-agency Christie team in each LA 'Collaborative leadership training programme' 'Long-term public sector reform blueprint with agreed outcomes and milestones for all agencies that are seen as targets that must be met'	Culture of empowerment Total Place method to allow public/ practitioners to identify services worthy of investment/ disinvestment
RCN	Train a large workforce of health visitors to deliver prevention agenda. Discusses 'Nursing at the Edge' campaign to address inequalities, and focus on women offenders Discusses national primary out-of-hours review and work to develop new models of care (geared at prevention and encouraging self-managed support)	
Renfrewshire C	Strong, trusting relationships built on regular interaction, bilateral agreements between partners, and evidence on effectiveness.	Bigger and longer term Change Funds. More procurement reforms to allow innovative partnerships with 3rd and private sector.
Royal Pharm Soc	Highlights Scottish Government's "Prescription for Excellence. A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation" Develop a single person heath (and other) record shared by all relevant bodies	
Sctlands Comm Justice Auth	Strategic commissioning Learn from successful reforms with a shift in approach – such as Scottish Fire and Rescue, and permanent resource transfer of £1.5million per year from the Scottish Prison Service to community justice Build trust with service users and between bodies, challenge public bodies protecting their turf, reject quick fixes. Co-production model in justice-based Public Social Partnerships	Focus less on innovation and more on rewarding evidence-based good results.
SFHA	Social Return on Investment (SROI) or Social Accounting (SA) tools to help	More stable funding for innovative projects.

	public bodies make better decisions about spending. Challenge 'on the ground' scepticism (e.g. in medical staff) about the benefit of change. Greater involvement of often excluded stakeholders in e.g. the 3rd sector	Greater autonomy for individuals to make local decisions and take risks. Gives e.g. of River Clyde Homes
Shetland P'ship	Direct link between central government prevention aims and funding/ statutory duties	Encourage elected/ unelected people to share ideas and be less risk averse
S Lanarkshire CPP	Generate more commitment via more understanding, based on evidence on what works.	Strong leadership Reduced fear of risk taking More information sharing
Stirling C	Require all public bodies to engage in a joint consultation/ engagement/ communications exercise to identify common aims and local needs Focus on leadership and workforce development	
Strath P'ship Transport	Cooperate to identify problems/ solutions such as (a) Mybus service to connect people with communities and public services (a) Integrated Transport Hub, as a single point of contact for health/ social care service users needing transport (to address shrinking public transport and need for e.g. ambulance use) (c) saving money by reforming transport services for groups of service users (e.g. social work use of taxis)	
The ALLIANCE	Extend the Integrated Care Fund Treat prevention as capital investment, separate from maintaining services Reform performance management framework (NPF) and targets to place greater emphasis on LT outcomes (which are of equal status to HEAT targets) Leadership, management, focus on service users, etc.	Better to develop an environment in which people can learn from each other in a meaningful way.
Grow Trust	Challenge 'producer dominance' and follow through on the Scottish Government commitment to a '3rd sector interface' to ensure that such bodies have equal status in CPPs	Participatory community engagement with no agenda, to provoke new ideas and reduce dominance of public bodies in discussion
Robertson Trust	Discusses a range of specific prevention projects that it funds or receives joint funding for.	
W Lothian Council	'the Life Stages programme has already changed the culture of service design and delivery' Community Empowerment (Scotland) Act 2015 is good but not backed by resources to help partnership working	Good examples in the Early Years Collaborative and 'Scottish Community Development Centre's work around community development'

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

The most frequent responses related to the potential for: greater information sharing between delivery bodies; the online delivery of public services such as 'telehealthcare'; the use of social media and websites to provide information to service users; and, the use of IT to encourage community participation. There is osme uncertainty about the effect of such initiatives on inequalities: West Lothian Council has a working group to examine digital inclusion, while NHS Lothian suggests that using digital technology to help some people manage conditions (e.g. type 1 diabetes) frees up resources to help others face-to-face.

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

Responses to this question are relatively slim, partly because much of this issue is covered by Q3. Many respondents expresses some hope that the Community Empowerment (Scotland) Act 2015 can be used to reinforce the role of CPPs and encourage greater public participation (particularly if accompanied by more detailed Scottish Government guidance on its use).

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

Most responses suggest an in-principle willingness to learn, but without a detailed response outlining how they might learn. A small number of respondents highlight countries exhibiting good practice (although a high proportion point primarily to the Nordic countries' experience of equality as the biggest determinant of health/ education/ justice inequalities), and some identify projects from which they have learned (Apex, CCPS, CJVSF, HSEU, Mentor Scotland, Midlothian, NHS Lothian, NHS NSS, Orkney Council, Renfrewshire Council, SCJA, SFHA, Shetland P'ship, W Lothian Council). Many respondents list no international learning and/ or a desire to learn from local areas in Scotland first.

More importantly, it is difficult to know from the responses *how* these organisations learn, and *how effectively* they learn. For example, do they have a clear idea about how we generate evidence of a programme's success, how to translate its practices into local action, and the balance we should strike between importing the important elements of an international programme and adapting it to local circumstances? I discuss these issues further in Using evidence to guide policy and What can governments learn from each other about prevention policy?.

Recommendation 5. *Encourage the Scottish Parliament, Scottish Government, and public bodies to identify clearer criteria regarding: (a) the evidence that a project is successful and worth learning from; (b) how to balance (and trade off) the need to import specific elements of an international programme and adapt it to local circumstances.*

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

The responses to this question are predictable, with a broad emphasis on reduced budgets, greater demand, and vulnerable people.

Respondents	5. digital technology?	6. community planning	7. other countries?	8. what if no shift?
Aberdeenshire Council	Info websites Telehealthcare	CPPs should hold partners to account for shared aims	Lists relevant countries	Less money for prevention as we spend only to meet statutory responsibilities
Angus Council	Telehealthcare	Community Empowerment Act provides the framework	Expresses willingness to learn	More pressure on public purse
Apex Scotland (reduce reoffending)	Virtual prison visits Online job interviews before prison release	Replace current model of interaction between CPPs and 3rd sector	Learn from Germany, Holland, Denmark, Sweden: how to better use 3rd sector in policymaking Learn from US, Norway, Sweden: re-training and education to prevent reoffending	Inefficiency, rationing, further reduction of 3rd sector role
Argyll & Bute CPP	Identifies key barriers to community engagement (poor broadband and mobile coverage) and data sharing (security and incompatibility issues)	Argues that it has a good CPP but won't be sustained by goodwill alone	Argues for a greater focus on how existing Scottish policies mesh, to work to encourage coherence	Further rationalisation, exacerbating inequalities
CRUK	Does not answer the Qs directly. Instead, makes the case for a range of UK and Scottish Government policy instruments to reduce unhealthy behaviour and reduce health inequalities.			
Care and	Does not answer the Qs directly. Instead, makes the case for its hospital			

Repair Ed	discharge service (produced in partnership with Edinburgh Council), which could be used more often to address the prevention/ older people agenda.			
CCPS, CJVSF, HSEU	Public info Info sharing between agencies Online services	Refers to its discussion paper on CPPs as forums for collective decision making Better links of CPPs and Integration Joint Boards More specific SOAs with clear link between prevention and budgeting	Refers to 3 specific programmes in Europe, Australia, England Equal focus on learning from existing projects in Scottish local areas	Escalating problems Intergenerational transfer of social problems Diminished role for the 3rd sector
Children 1st	-	Local authorities should avoid tokenistic engagement with communities	-	'Firefighting' in social work
Children in Scotland	-	-	-	Greater child poverty and demand for acute services
Core Solutions	-	-	-	-
Dundee P'ship	-	-	-	-
E Ayrshire CPP	Does not answers Qs directly, but provides a positive discussion of its progress and list of its initiatives.			
Falkirk C	-	Develop a shared evidence base on good practice and effective interventions	Focus on learning across the 32 CPPs	Failure, reputation risk

Glasgow City C	Data sharing Community involvement (open data, better understanding of services)	Community Empowerment Act is useful Locality/ neighbourhood planning between all partners	-	Inability to deliver services Cost ‘shunting’
ICAS	-	Leadership	-	Inability to meet need, e.g. in healthcare with ageing population
Improvement Service	(see previous table)			
Lloyds TSB	-	Engage more with 3rd sector (which we fund when they are under pressure)	-	Poor outcomes
MHF	(see previous table)			
Mentor Scotland	-	-	Highlights programmes already imported (e.g. Triple P) and which show promise	A new ‘trainspotting generation’ with high drug-related hospital admissions
Midlothian	Sharing information Telehealthcare Smartphone apps to arrange services and report problems	Community Empowerment Act with strong guidance	Draw on Social Care Institute for Excellence England & Wales and UN Department for Economic & Social Affairs resources	Closure and loss of services
Nesta	Makes the case for proper evaluations of Scottish Government change fund spending and to learn from evidence.			
NHS Ayrshire	Limited evidence of effectiveness and a need for	Joint governance and funding frameworks to	Learn that more equal societies have fewer problems of e.g. health	More failure demand and firefighting

	health inequalities assessment of such initiatives	support common goals	inequalities	
NHS Forth	V limited evidence on success compared to face-to-face	Develop the role of CPPs as tools of engagement, over health and social care partnership/ integration agenda	Learn that more equal societies have fewer problems of e.g. health inequalities	Overwhelmed services and growing health inequalities
NHS Lothian	Using digital technology to help some people manage conditions (e.g. type 1 diabetes) frees up resources to help others face-to-face	Work together to align strategies	Describes joint patient safety programme with Intermountain Healthcare in Utah, Salt Lake City, USA	Discusses the need for gradual change
NHS NSS	Automated NSS programme of screening and recall	-	Finnish KELLA system, a preventative system in dentistry	Service cuts
North Ayrshire C	Digital monitoring to help people stay in their homes, not care homes Social media for communication IT for learning/ training	Make sure that partners report progress to CPPs in a meaningful way	Learn from Scandinavian countries that key factor is wider equality, with public sector only able to mitigate effects	Potentially catastrophic
Orkney C	Apps for self-help/ lifestyle changes Telehealthcare	Community Empowerment (Scotland) Act 2015 now,	1. WHO 2013 "Policy Summary 6: Promoting health, preventing disease: is there an	Discusses unsustainability of current model

	(remote screening and triage) Monitoring health/ wellbeing in peoples homes Social media to engage with service users	SPA later	economic case 2. LGiU "Briefing: What can governments learn from each other about 'prevention' policy?" (by me!)	
Police Scotland	Allows better information sharing across agencies Social media presence with the public	Put prevention at the heart of CPPs/ SOAs and make sure that the local outcomes focus in SOAs is not undermined by national performance targets for each individual agency	Mentions Professor Gloria Laycock from UCL. The Police Scotland National Safer Communities Department is examining the relevance of successful focus – in New Zealand – on focusing on preventing crime.	Discusses predictions of Christie commission about exacerbating failure demand
Princes Trust	-	-	-	Inequalities and underachievement
RCN	Potential for services to support older people in their own homes in 'isolated communities'	Leadership and workforce development in nursing.	Focus more on good practice in Scotland.	Demand will outstrip supply
Renfrewshire C	Discusses efforts to spread access to digital tech across population. Data analytics to identify vulnerable people.	Evidence based strategic commissioning (discusses e.g. its children's programme) Area based planning Strategic bilateral	Learned from US/ Australia on evidence based early years (PAC – possibly FNP and Triple P) We learn from Norway about effect of equalities on e.g. health and	Retrenchment towards core statutory services.

		partnerships between key bodies	education	
Robert Hunter	-	-	-	-
Royal Pharm Soc	-	Ensure adequate representation of the pharmaceutical profession	-	-
Scotland Comm Justice Auth	Improve information sharing between public bodies	Focus more on specific initiatives than service redesign and integration Notes a need to focus on prevention at all ages/ stages of justice	Individual examples – e.g. US 'problem solving court' – but 'We are unaware of a convincing body of evidence from other countries on a decisive shift to prevention across public services'	Huge cost of reoffending
SFHA	Joining up services Skype/ Facetime for face-to-face meetings with service users	Highlights early days of Community Empowerment (Scotland) Act 2015	Mentions Canada e.g. of treating homes like cars	Higher costs, poorer service
Shetland P'ship	Telehealth Online exams	Single budget for CPPs to combine all local finance and outcomes Democratic reform via Community Empowerment Act	'There are many examples of good practice, a selection being: Sweden – sharing homes. Holland, Scandinavia – higher taxes. Spain – outdoor gyms.	Dangerous and divided society, greater inequality

			□ Canada - telecommunications. □ Quebec – approach regarding alcohol. □ Germany – guaranteed employment for Modern Apprentices. □ Alaskan healthcare. □ Germany & Sweden - rent controls.’	
S Lanarkshire CPP	Public engagement	Generate more research/ evidence Generate more awareness of the meaning and types of prevention Use more Strategic Needs Assessments Need guidance to further the Community Empowerment (Scotland) Act 2015	-	Greater pressure on budgets and services
Stirling C	Sharing information between public bodies Use communication to reduce	‘Evidence based collaborative intervention’ and initiatives such as pooled budgets to	-	Less money, poor resource allocation

	social isolation/ loneliness Increase awareness of/ access to services	foster joint action		
Strath P'ship Transport	-	-	-	-
The Alliance	Potential to give service users greater control over their own healthcare (e.g. by spotting recording mistakes) – e.g. *My Diabetes My Way*	Need cultural change to produce shared sense of ownership between delivery partners.	-	Unsustainable services, exacerbated by major demographic shifts (rise in people living with major chronic conditions).
Grow Trust	-	Return to Christie principles and encourage meaningful community engagement in CPPs	-	-
Robertson Trust	-	-	-	-
W Lothian Council	Already happening, with focus on how low income families can access internet services. WLC has a Digital Inclusion Working Group	Community Empowerment (Scotland) Act 2015 is good but not backed by resources to help partnership working Describes its well-recognised and mature	Nordic countries: prison service looking at alternative modes of community justice; others at early childhood education and pre-school provision	Strain on services, putting vulnerable people at risk

		CPP which has helped produce good outcomes and national examples of good practice (e.g. on reducing reoffending) e.g. Describes its Life Stages Outcomes Planning programme (since 2008) which has produced a successful joint approach which underpins its SOA		