Submission from the Outer Hebrides Community Planning Partnership

1. To what extent has preventative spending been embedded within the CPP’s work so that it focuses on trying to prevent social problems arising rather than on dealing with their consequences?

The OHCPP has recently revised the SOA, in which the CPP has further prioritised areas to embed preventative spending to ensure success. These are:

- Early interventions with children and their families,
- Preventing and reducing the harmful effects of alcohol
- More people in education, training and research to equip them for employment in the Outer Hebrides

In addition investment in infrastructure and business aims to provide a stronger economic future for the islands.

Individual partners are also taking a proactive approach to embedding preventative spending in their planning. For example:

- NHS Western Isles initiatives in relation to obesity, CVD, pre-natal and post natal care
- Northern Constabulary child protection measures
- Joint work by the Comhairle and HIE in relation to Investment in securing employment and business on the islands
- Joint work by the Comhairle, NHS Western Isles, Northern Constabulary and Highlands and Islands Fire and Rescue Service in relation to misuse of alcohol

2. Can you provide specific examples of where the CPP has been effective in developing a preventative approach on (a) a collaborative basis and (b) an individual agency basis?

Current examples of preventative approaches include:

- Joint Services Committee – health and social care services to older people (NHS Western Isles, CnES)
- Alcohol and Drugs Partnership, (Northern Constabulary, NHS Western Isles, CnES)
- GP referrals scheme – NHS Western Isles referring patients to Sports Centre for rehabilitation in the gym.
- Combining capital spend
- Occupational Therapy service (Comhairle, NHS Western Isles)
- Early years interventions through the Positive Parenting Programme (Triple P), behaviour management, nutrition, pre and post natal care etc
- Domestic Abuse training strategy
• Driving Ambition road safety courses used to target vulnerable road users, particularly young and novice drivers to the consequences of irresponsible and unsafe driving. This course targets S5-S6 school pupils across the Western Isles area and is aimed at educating young people who are about to get behind the wheel, sit their test or those who have recently passed it.

• HI-FiReS pro-social youth engagement programme promoting good citizenship and pro-social behaviour skills to young people at a key stage in their development

• Performing Home Fire Safety Checks (HFSC) in the homes of those most vulnerable in our community

• HIFRS providing training for other agency staff in risk identification within the homes of those most at risk and supporting the referral of those in need of a HFSC.

• Delivering the Firesetter intervention programme, by supporting agencies following incidents when young people commit acts of wilful fire raising

Through the revision of the SOA the OHCPP has identified a range of activities designed to support a range of short, medium and long term outcomes. Many of these activities are underway already and focus on preventative interventions such as:

• Promotion of better maternal and infant nutrition
• Play at home and play training
• Promotion and support of re-enablement and independent living
• Support Single Shared Assessments
• Improved identification of children at risk from parental substance misuse
• Sex education incentives
• Improved substance misuse education
• Alcohol and risk taking behaviour education
• Public health interventions for older people within the community
• Developing creative media industries
• Development of a viable renewable energy research hub (Greenspace).
• Targeting training opportunities based on ‘real’ employment opportunities on the islands
• Support recruitment and retention of older people in employment

In addition, The Service Delivery Agreement (SDA) with Skills Development Scotland is a specific example which includes preventative approaches both on a collaborative and individual basis. Skills Development Scotland has in place a tailored Service Delivery Agreement with each local authority, as a national organisation the SDAs enable us to translate our national offerings into a local context. The SDAs are developed with direct input from the CPP, and have a focus on local actions showing how our services and inputs combine with those of our partners to deliver outcomes aligned to the Single Outcome Agreement.
In terms of developing preventative approaches through 16+ Learning Choices CPP partners work together to ensure that there is a multi agency approach to assessment and planning for young people.

3. What baseline evidence is used to measure how preventative outcomes are being achieved?

This is a challenge for all partners as the benefits of preventative spend will not be seen for 10, 20 or 30 yrs but indicators have been identified and included in the SOA along with baseline data and targets which the OHCPP expect will provide information as to whether the interventions are having the desired effect.

Some examples are:

- Improved Life expectancy at 65 years
- Percentage of people aged 65+ with intensive needs receiving care at home
- Deaths from alcohol related illnesses
- Alcohol related crime
- Childhood obesity in Primary 1
- Percentage of population who are long term unemployed
- CO² emissions per capita
- School Leaver Destination analysis
- The HI-FiReS pro-social youth engagement programme delivered by the Fire and Rescue Service at a number of local fire stations and supported by ADP funding.
- Community Fire Safety work through the provision of Telecare detectors installed by Fire and Rescue Service Community Safety Advocate during Home Fire Safety Check

4. What are the main barriers for the CPP to overcome in developing more effective collaborative working and moving towards a more preventative approach to public spending?

The OHCPP currently does not undertake general outcome-focused budget planning. Partners commit individually to working towards the outcomes laid out in the SOA.

There are significant barriers to sharing budgets across CPP partners. These include:

- Funding allocated through different channels (some of those determined by legislation)
- Different budget setting timetables
- Budgets set in different ways
- Different procurement processes.

There is also likely to be an element of protectionism of budgets, particularly in a time when all partners are facing significant funding challenges.
In addition there is a need for a large cultural shift of dealing with a cure for the “problems” and the consequences; to dealing with the root causes to avoid problems occurring. There is a need to have the finances 'up-front' to be able to spend on preventative measures to save in the long term while financial pressures and demand for services continues to grow. This will also require a cultural shift in how budgets are set and results reported as both are generally managed on a short to medium term basis.

Third Sector partners are eager to be part of collaborative working and delivery of services, but they have identified a need for improved relationships between the voluntary sector and the public sector through longer term partnership agreements (rather than SLAs) and improved community engagement in budgetary decisions. A cultural shift is required to enable communities and the third sector to be more involved in the service design as well as the delivery, this will require better engagement. It also needs to be recognised that though social enterprise has brought good learning and new ways of working for the voluntary sector, but that the use of social enterprise as a delivery mechanism for preventative spend interventions is not realistic as these are not self-sustaining and so do not suit the social enterprise business model.

The maturity of partnerships and the current challenges around the public sector funding regime limit the appetite to develop new approaches; the main concern is to protect the delivery of front line services. There is a need to align partner outcomes at a national level and develop new approaches to outcome measurement and the funding structure to support this. A collaborative approach to measuring impact and outputs by Scottish Government of national organisations could assist in overcoming this.

There is still a lack of synergy in public sector agency planning cycles so alignment of these would facilitate better joint planning.

Developing a holistic approach to performance measures at a national level would enhance the approach.

5. In oral evidence to the Committee, COSLA stated that: “we want budgets to be thought of more as being part of the public purse than as belonging to the council or NHS”. To what extent are CPP partners able to pool their budgets, or even reallocate budgets to other agencies, and make joint spending decisions through initiatives such as the Integrated Resource Framework?

The OHCPP currently does not undertake general outcome-focused budget planning, but currently various CPP partners may jointly fund services, projects and initiatives such as:

- Choose Life
- Social Care packages
Currently some of the barriers mentioned in question 4, would restrict the extent to which partners are able or willing to pool budgets. In particular elements of budgets provided to Partners from the Scottish Government are for the delivery of specific activities are therefore tied to a set of programme rules. To enable the pooling of budgets at a local level there would need to be a change in policy.

6. Are new financial and governance arrangements needed to strengthen this process?

   While the SOA approach has been entirely beneficial in terms of agreeing outcomes, the logic of that approach has not been followed through as regards pooling of budgets, employees and other resources.

   The fact that the Scottish Government co-ordinated the participation of CPP partners to participate in the SOA process makes the point that direction, as well as voluntary cooperation, is required.

   The Comhairle/Health Board’s Joint Services Committee is a model of how structures can easily accommodate joint decision-making processes. The CPP needs to ensure that the outcomes to which it is committed have resonance with the public as well as commitment from the Community Planning Partners, and reflect the different accountability regimes for each organisation.

   Nevertheless, there is a potential deficit in public and political accountability at a local level in bodies such as the CPP disbursing large sums of money to member organisations.

   Scottish Government should take the lead in ensuring that public authorities produce a blueprint/policy paper for their Council area, to suggest structures which would enable the necessary pooling of budgets and employee resources, for the achievement of agreed outcomes. The CPP approach has delivered a great deal of improved coordination (see examples at q 2), but it will not of itself deliver, in its current form, the next stage of integration of local services.

7. What long term planning is carried out by CPP’s to fully deliver on preventative spending strategies and how do they plan for this within more short term budget periods?

   The CPP plans through the SOA, which by its nature has a long term focus with the local outcomes being achieved as the ultimate goal. The SOA for the Outer Hebrides now has a focus on more preventative measures.
The SOA is reviewed annually and this goes someway to ensuring the effects of short term budget planning are addressed; if the individual partners budgeting pressures effects the inputs they can offer to the implementation of the SOA. The CPP currently does not plan budgets, but each partner commits to plan for relevant outcomes through their own budget setting processes. This obviously has its limitations and outcomes might not be achieved due to individual partners budgeting processes and so then unable to implement planned interventions.

8. The Scottish Government’s response to the Committee’s preventative spending report stated: “The Spending Review that will follow the Scottish elections in May will provide another opportunity for the Scottish Government to support delivery agencies in their efforts to increase the proportion of their budget dedicated to preventative activity.” What support would CPP’s welcome?

The fact that the Scottish Government required CPP partners to participate in the SOA process makes the point that leadership and direction, as well as voluntary cooperation, is required