Introduction

1.1 This response outlines comments, as requested, on key areas of consideration by the Scottish Parliament Health and Sport Committee on the Spending Review and Draft Budget. Our response focuses primarily as requested on preventative spending and our local approach to preventative spending and early intervention.

2.0 Preventative Spending

2.1 Glasgow City Council supports in principle the shift towards investment in preventative approaches. This is consistent with our local priorities which we describe in subsequent paragraphs. We have also included some specific examples of preventative approaches being delivered locally.

2.2 Allocation and use of resources should be assessed to ensure that inequalities (in particular health inequalities) are being addressed and not widened. The scale and complexity of need in Glasgow is known and the impact of UK policy decisions, particularly in relation to the welfare system is of concern. We have submitted a detailed case study to the UK Government as part of its consideration of the Welfare Reform Bill. This highlights the possibility of widening inequalities, increased demand on public services and reduced resources from tax revenue to respond to that demand.

2.3 Achieving the benefits will take time and requires the long term commitment of local partners and the Scottish Government. It is estimated that some benefits may accrue over a 5 to 10 year period and some of the interventions with families and children may take a generation to track and evidence. Flexibility to develop local approaches is key to success. This could include funding being provided to the city as a ‘total place’ with resources allocated on a themed basis and agreed city wide outcomes.

2.4 There also needs to be robust measurement of how preventative outcomes are being achieved. We are awaiting new or refreshed guidance on Single Outcome Agreements. Within the SOA framework key indicators could be considered in relation to measuring the success of preventative activity. Performance Management Frameworks and indicators need to align with and not contradict preventative approaches.

3.0 Early Intervention and Preventative Spending; the Glasgow approach

3.1 Over 2011, Glasgow community planning partners have established a ‘One Glasgow’ approach – a place based approach to budgeting and public sector reform. It has reviewed and demonstrated how the Council, GHA, NHS GCC, Strathclyde Police and Strathclyde Fire and Rescue and DWP/Jobcentreplus in partnership can maintain or improve outcomes in the city, while delivering services with fewer resources. It has provided a framework for how partners can:

- Redesign services through joint working to deliver improved outcomes using evidenced approaches,
- Reduce duplication, ‘de-clutter’ service provision by streamlining joint processes and stop doing some things, and
- Redirect resources to more effective service approaches
3.2 Glasgow community planning partnership has agreed the One Glasgow Principles and recommendations and established a programme board to drive improvement across the agreed priority areas of:

- Reducing offending
- Children 0-8
- Vulnerable older people aged 65+

3.3 The themes have been identified as some of the higher public spending categories, for example social protection, health and public order and safety, and have the potential to impact upon expenditure not just in local agencies in Glasgow but across the public sector. Part of the approach of One Glasgow is to demonstrate what benefits delivered by the city also create efficiencies and benefits for national budgets and agencies. As the approach develops, city partners will want to make the case for how the efficiencies generated could be better directed or reinvested.

3.4 One Glasgow is our programme and approach to deliver a step change on how we shift resources into early intervention and prevention, redesign services together and specify and deliver outcomes. One Glasgow will demonstrate improved use of city resources and service improvement and reform in the context of the 3 year settlement.

3.5 As part of the first phase of the One Glasgow approach, a number of challenges have been identified, in focussing our agenda on preventative spend and early intervention approaches including:

- Partners do not yet collate consistently financial information in a way that makes it straightforward to count what they spend on a theme or age group in the city. It has proven difficult to extrapolate some of the financial and performance information needed from individual systems and national systems. Further work among the partners is required to resolve this.

- Many services are complex and involve a range of partners, particularly in relation the early years and reducing offending priorities of One Glasgow. Some of this complexity is built up from the layers of provision and public policy initiatives and interventions at a national and local level over time. There is scope to streamline service provision between partners and improve pathways for individuals and families and at the same time achieve clarity of purpose across a range of agencies with shared baselines and outcomes.

- If partners are to pool resources more effectively and address local priorities and outcomes, they will require greater flexibility and accountability for budgets allocated to them nationally. At preset aspects of a number of partner budgets remain effectively ‘ring-fenced’ or the services to be delivered are prescribed nationally. Greater pooling and accountability locally can release investment, deliver benefits and outcomes. The council and partners would welcome consideration how greater joint sovereignty over public sector budgets and spend in the city can be delivered.

4.0 Change Funds

4.1 The council was encouraged to see a similar focus to One Glasgow reflected in the Change Fund proposals. The redirection of resources to support change funds for older people’s services, early years and early intervention and reducing reoffending will contribute to the development and implementation of local plans to deliver improved quality and outcomes.

4.2 Proportionately however the Change Funds are a very small percentage of the overall resources that required to be redirected to deliver the shift to preventative spending. Within
existing resource constraints and with potential increased demand on public services, switching to a preventative approach may involve difficult decisions to deprioritise current activities or services.

4.3 The detail of how these funds will be managed and governed has yet to be finalised. We have submitted our views to CoSLA as part of the negotiations with Scottish Government on the draft guidance. We would seek assurances that national governance will be light touch and not constrain agreed local spending priorities. We also propose that existing preventative and early intervention programmes are recognised and that resources already committed locally to early intervention and prevention can be attributed as part of any required local government contribution to the change fund(s).

5.0 Early Years

5.1 Glasgow City Council endorses the proposed investment in supporting children through early interventions. This is a key theme in our ‘One Glasgow’ approach. We adopted the Triple P “Positive Parenting Programme” and formally launched it in April 2010. Our Education Services also support a range of preventative activities such as nurture classes and have increased access to early years education for vulnerable 2 year olds.

5.2 The greatest health inequalities are a direct and indirect result of poverty. For the year 2009/10, the estimate of children living in low-income households was 62% in Glasgow City. Maximising families’ income is one element of addressing child poverty. We are concerned about the proposed national changes to Welfare Reform, the consequential impact on families and children and in turn the increasing demand that this will place on services. There has been a concerted effort in Glasgow to support redesign across money and welfare advice and early years services in recognition of these pressures.

6.0 Older People

6.1 Within Glasgow the overall policy drive is towards supporting more people at home with less reliance on acute hospital and long term residential and nursing care. Glasgow’s plans for the service reform programme for older people were endorsed in February this year. The Change Fund is providing a foundation for a wider joint planning and commissioning strategy, supporting a shift in the balance of care through progressively disinvesting and redirecting resources. There is some early evidence of improved outcomes in the current year, for example through reductions in delayed discharges.

7.0 Reducing Offending

7.1 There are a number of projects in this area which have already demonstrated results. Two of these are highlighted below:

- The Community Initiative to Reduce Violence aims to reduce gang violence in Glasgow and has engaged with at least 400 gang members. This programme has been in operation since 2008 and has been funded by the Scottish Government and local partners. The programme is able to report reductions in violent offending by gang members involved with the programme and reductions in offending levels in areas where the programme operates.

- The Persistent Offender project is delivered jointly by Glasgow Addiction Services and Strathclyde Police and focuses on tackling addiction relating offending. An analysis of cost
and benefits found that each £1 spent on the project leads to a benefit of up to £14 in the form of reduced economic and social costs of crime.

8.0 Other Health Policy Areas

Mental Health

8.1 The forthcoming Director of Public Health Report for NHS Greater Glasgow and Clyde and Glasgow City Council focuses on mental health issues across the life course. The importance of preventative investment is also extremely important here. In particular, during these recessionary times, the need to promote and protect resilience is essential and although the allocation towards mental health in terms of services is clear within the budget, it is not clear where the resource will be available for multi-agency delivery of activity to promote and protect positive mental health in a preventative way.

Cycling, Walking and Safer Routes

7.1 An increase in the proportion of trips made by walking and cycling will not only reduce carbon emissions; it is also likely to improve the health of all citizens. Whilst we acknowledge the importance of investment made to date we note that the budget for Cycling, Walking and Safer Routes is still to be confirmed. Critical success factors for achieving modal shift towards active travel are strong local and national political leadership to reduce safety fears and sufficient resources for cycling infrastructure. If the aspirations set out in the Cycling Action Plan for Scotland are to be realised then significant investment will need to be shifted towards supporting cycling infrastructure such as better footway surfacing, public realm improvements and direct routes comprising both dedicated cycle paths and on-road cycle lanes.