

T: 0300 244 4000
E: scottish.ministers@gov.scot

Michael Russell MSP
Convener
Finance Committee
Scottish Parliament
Edinburgh
EH99 1SP

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Dear Convenor

Thank you for your letter of 30 June about delivering a decisive shift to prevention.

I welcome the work that the Finance Committee has undertaken on prevention. I believe the Scottish Government and its partners are making good progress but I also acknowledge and accept that valid questions have been raised.

The Scottish Government's responses to specific recommendations have been grouped by theme and are set out in Annex A. These themes closely align with where I think the focus of our energies on prevention need to be as we begin a new parliamentary session and enter the next phase of public service reform.

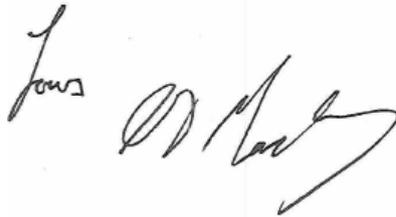
It is important for there to be a common understanding of what is meant by prevention and preventative approaches, while balancing the need to leave space for approaches to be tailored to specific policy and delivery contexts. While defining prevention too narrowly risks stifling innovation, all preventative activity should have the same overarching aim: to improve and maintain positive outcomes and break cycles of negative outcomes and wasted opportunity for people and communities.

Prevention is the route to tackling the most difficult and entrenched problems people face. Solutions to these problems rarely fit neatly within traditional organisational boundaries and their impact is not linear. A rock-solid ethos of collaboration will enable us to deal with complexity more holistically and make the best possible use of the total resource available to us. This will involve looking beyond spending decisions to consider all of the assets at our collective disposal. We need to develop and deploy the public service workforce in a way which establishes a truly preventative culture, a culture which forges deeper relationships with local people and is more open and responsive to what communities most value.

High quality public services work in coordinated, connected ways to empower the people who use them. This was the Christie Commission's diagnosis and much progress has been made towards realising the Christie vision. The integration of health and social care is a strong illustration of how we can make improvements to the way people experience the public services they rely upon. We will continue to build the Christie pillars of prevention, partnership, people, and performance into all of our key public services. For example, our approach to closing the attainment gap focuses on early intervention, and extends far beyond the classroom to involve communities, the third sector and wider public service. Other key reforms ahead include local government decentralisation, further health reform and a review of enterprise and skills agencies. Individually, and collectively, these reforms will improve outcomes for people at every life stage.

None of this is straightforward. It requires bold and committed leadership at all levels of public service, a shared commitment to innovation and a collaborative approach to planning which takes a long-term view. These, and other issues central to prevention, are explored in more detail in responding to the Committee's specific recommendations.

I hope you find this helpful, and I look forward to the Finance Committee's continued support in driving forward Scotland's ambitious prevention and reform agenda.

A handwritten signature in black ink, appearing to read 'Derek Mackay', written over a light grey grid background.

DEREK MACKAY

Prevention – Finance Committee response

1. Definition

46 *The Committee recommends that the Scottish Government provides a clear definition of preventative spending and what constitutes a decisive shift towards prevention.*

In order to reflect the diversity of preventative approaches and ensure a broad debate on how best to support these, the Scottish Government believes that prevention should be defined with reference to the overall aims:

“Activity which maintains positive outcomes and breaks cycles of negative outcomes, helping to tackle persistent inequalities for people and communities. Over the long term, these activities will reshape services and demand and contribute to the long-term vitality of communities and the sustainability of public services.”

This definition allows for the flexibility of approach necessary to address different challenges across a range of policy and delivery contexts - to set a narrower definition would risk excluding valuable activity or playing only to what is measurable in the short term. It also reflects the different stages at which prevention can take place, whether by interventions which are universal and uniform; universal but tailored to the needs of people and communities or characterised by early action, where a problem is detected but has not yet escalated to crisis. Prevention is not a one off activity and preventative approaches also have an important place at the point of crisis, by focusing on what needs to happen to enable people towards a cycle of positive outcomes which, crucially, they are then enabled to sustain.

Defining prevention in these broad terms allows for consideration of how public services as a *whole* need to change to contribute to improved outcomes and long-term financial sustainability. This will involve looking beyond preventative spending decisions alone to consider how to make best use of the totality of resource available (including people and other assets), as this will be key to enabling a fully preventative public service culture.

2. Assessment of progress on prevention

53 *The Committee recognises that the impact of a preventative approach may be long-term. However, this does not mean that progress cannot be monitored in the short and medium term through, for example, establishing interim targets and milestones and benchmarking.*

By defining prevention in terms of its aims, rather than purely on the basis of spend, it follows that progress should be assessed in terms of the intended improvements in outcomes for people and communities. This is in keeping with the Finance Committee’s intention to move towards outcomes-based budgeting¹, although it should be noted that it may not be possible to directly attribute changes in outcomes to given items of investment. The context-dependent nature of preventative activity – for example, in relation to homelessness or the early years - requires a variety of approaches to assessment, to take account of factors

¹ First meeting of Session 5, 15 June 2016:

<http://www.parliament.scot/parliamentarybusiness/report.aspx?r=10469&mode=pdf>

such as whether change is observable and whether it is expected to occur in the short-term or over generations.

The Scottish Government recognises that it is good practice for programmes to have clearly articulated aims and a theory of change for achieving these. This provides a framework for improving long-term outcomes while tracking progress through short and medium-term indicators of change².

Illustrative examples of interim monitoring in action include:

In children's services/ early years the interim monitoring of prevention targets can take place through the Universal Pathway. This includes universally offered Child Health Reviews that assess whether a child has met its developmental milestones at three separate reviews. At present, the 27-30 month review is in operation nationally, but as part of the Early Years Collaborative, North Lanarkshire have been testing how to use a 13-15 month Child Health Review to put in place early interventions in areas such as health, speech and language support and early learning and parental involvement. This early investment has led to significant improvements in outcomes for those children at their 27-30 month review. They are now challenging themselves to spread these efforts to other areas across the Community Planning Partnership. Collating examples of successful approaches like this will help to spread improvements across Scotland.

The Pathway will lead to the identification of any developmental needs early to assist with the child's school readiness. Data will be returned from these new contacts, as happens with the 27-30 month review, which will facilitate comparative analyses over time and across areas which will inform future policies and initiatives to improve child development, school readiness and educational attainment.

Health and Social Care Integration: The statutory outcomes for health and wellbeing provide the strategic framework for planning and delivering integrated health and social care services. The outcomes are underpinned by a core suite of integration indicators which allow national benchmarking between Partnerships and provide evidence of improvement, including shifts towards preventative activity over time. These indicators are not subject to targets, although local areas may wish to set local milestones and improvement aims where appropriate. More details on these indicators can be found at:
<http://www.gov.scot/Resource/0047/00473516.pdf>

30 *The Committee recommends that the Scottish Government publishes an annual progress report on the impact of the Integrated Care Fund.*

2016-17 is the first full year in which all Health and Social Care Partnerships have been fully operational, and therefore this will be the first year of reporting. Partnerships have been advised that planning and reporting arrangements for the Integrated Care Fund should form a routine part of the wider strategic commissioning, planning and annual performance reporting requirements. These will be reported upon retrospectively.

57 *The Committee recommends that there needs to be strong leadership from both the Scottish Government and the Scottish Parliament in setting performance targets which are consistent with the emphasis on prevention. This should include a clear definition of prevention as noted above.*

² This structure was adopted for the design and evaluation of the Reducing Reoffending Change Fund:
<http://www.gov.scot/Publications/2016/02/9184>

The Scottish Government agrees that performance targets need to be shaped in a way which is consistent with an emphasis on prevention, as it has been defined above. The National Performance Framework (NPF) continues to be the key means of monitoring the effectiveness of the prevention agenda in improving outcomes for people and communities. The Community Empowerment Act 2015 requires Scottish Ministers to consult widely on the full suite of national outcomes, and the forthcoming NPF refresh will provide an opportunity to ensure that prevention continues to be fully reflected in a new set of outcomes for Scotland.

3. Leadership and collaboration

101 The Committee believes that there needs to be strong leadership across all of the political parties and a consistent message and clear direction provided to Scotland's public bodies that prevention is a priority.

A clear strategic direction on reform and prevention has been set by the Scottish Government. This approach was strengthened by the findings of the Christie Commission, which remains highly relevant today and enjoys widespread support.

The Scottish Government remains committed to working with leaders from across public services to drive forward the post-Christie agenda. For example, leadership on prevention has been a key focus of the Scottish Leaders' Forum (SLF). The SLF brings together the leaders of major public service organisations to collaborate, network, build relationships and to work on high priority projects. During 2016, the Scottish Government has worked with its partners to step up the momentum and make the SLF the place for challenging conversations about leading public services and an umbrella for collaborative action. At the most recent SLF event, the First Minister set leaders a clear challenge to deliver transformative reform by working together and in new ways. SLF members identified a number of priority areas for the coming year and prevention is at the core of a number of these. The SLF and wider public service leadership cadre has access to a range of support to help them deliver this change. For example, the Workforce Scotland led *Pioneering Collaborative Leadership* initiative focuses on core knowledge, skills, behaviours and approaches.

67 The Committee recommends that the culture shift identified above needs to include a genuine willingness across Scotland's public bodies to move towards a joint-working approach to public sector collaboration which will inevitably require substantial changes to existing ways of working.

Collaboration is key to prevention and the Scottish Government will work to remove any barriers to this way of working. The approach to public bodies sponsorship already recognises the importance of effective collaboration between public bodies to deliver outcomes. The Scottish Government is now exploring with the SLF and a small number of public body leaders which mechanisms would most effectively enable, promote and reward greater levels of collaboration.

4. Funding

35 The Committee questions the extent to which given the financial constraints faced by public bodies there is sufficient flexibility within mainstream budgets to support a meaningful shift towards preventative spending.

Health and Social Care integration provides a good example of public bodies being given greater flexibility in budgeting. Integration means that previously separately managed budgets controlled by NHS Boards and Local Authorities are now the responsibility of the new Health and Social Care Partnerships, and currently total around £8.1 billion of health and social care resources. Planning, designing and commissioning services in an integrated way from a single budget allows Partnerships to take a more joined up approach, more easily shifting resources to target preventative activity.

The Scottish Government's approach to the **Reducing Reoffending Change Fund (RRCF)** is another example of a flexible approach to supporting prevention. The RRCF was established in 2011-12 to develop new and preventative approaches which support people not to re-offend, and to enable third sector organisations to take a fuller part in the co-design and delivery of services. Independent evaluation has shown that these services can improve people's lives. This has created an opportunity for successful new interventions to seek to transition into mainstream service provision. Given the complexity of these individuals' circumstances, and the range of different services they interact with, it is not straightforward to attribute and precisely quantify the full positive effects these services provide. The Scottish Government is engaged in on-going discussions with these services, and other stakeholder organisations, to consider how mentoring services such as these should be utilised and commissioned in the future.

44 The Committee agrees with the DFM that cultural change is an essential element in delivering the shift towards prevention but believes that this has to be supported with increased funding for preventative services which requires either new money or shifting resources through disinvestment in other services.

62 The Committee recommends that now that the Fiscal Framework has been agreed, the Scottish Government examines the proposal to allow current borrowing for preventative spending on the basis that it is about investing for the future.

The Fiscal Framework agreed between the Scottish Government and the UK Government allows the Scottish Government to borrow to support capital investment, to manage variations in tax receipts from that budgeted and to manage demand-led welfare expenditure, as well as borrow in the event of a Scotland-specific economic shock. It does not allow for borrowing to support current expenditure.

The Scottish Government will continue to consider what can be learned from a range of innovative funding models to support joint investment and greater collaboration, help facilitate the sharing of risk, costs and savings across multiple organisations over the medium- to long-term, help support more flexible use of mainstream resources, and potentially attract new investment into prevention. We will involve public sector partners, including the Improvement Service, in this work. From this work we should have a better understanding of the role that various financial models could play in progressing the shift to prevention.

In addition to flexibility of funding, we also see increased flexibility in the workforce as an important enabler of a more preventative approach. For example, we have arrangements in place to support the movement of staff across a range of devolved civil service bodies, and we are continuing to develop other approaches to support the efficient movement of staff to meet organisational priorities.

5. Innovation Lab

14 The Committee recommends that the Scottish Government considers establishing an innovation lab to support public sector reform including the progress towards prevention.

92 The Committee recommends that one of the key roles of the proposed innovation lab could be to explore in much greater detail the scope for the use of digital technology in supporting the preventive agenda.

The Scottish Government agrees that working collaboratively to foster and facilitate problem solving through innovation is an important way to achieve improvements in public services, including progress towards prevention. The Scottish Government's Improvement Framework supports this type of approach across public services. It sets out the key steps required at different levels of the system to help move from policy or strategy to change and improved outcomes. The Early Years Collaborative, the Raising Attainment For All Programme, the Self Improving Schools Pathfinder, and the Scottish Patient Safety Programme are all using an improvement approach.

It is not clear what additional value would be gained at this point in time through the establishment and resourcing of an innovation lab specifically dedicated to public service reform. Instead, a number of specific initiatives are being taken forward which aim to provide innovative approaches to public service delivery, while strengthening links to research and practice. This includes a virtual lab which can provide the bespoke innovation support needed, whether to find new interventions or new ways of working and to build local capacity. Other examples are set out below to aid the Committee's understanding of the range of focus of innovation work. We will continue to learn from wherever there appears to be good evidence and results. This will help deliver reform by equipping people across public services with the skills to work in ways that are responsive to the needs of the service user and citizen.

Network of Innovation centres: Since 2013, the Scottish Government has established eight innovation centres intended to link indigenous and international businesses with Scottish universities on a national scale; transforming the nature of collaboration and providing solutions to demand-led problems facing industry in Scotland by supporting innovation for future growth. Although their focus is not specifically on public service delivery, many are tackling areas relevant to prevention and public service reform.

For example, the Data Lab has a role in helping the Scottish Government to use data and data science techniques to improve outcomes. Challenges that the Data Lab are tackling include understanding which preventative services help to reduce reoffending, ways to reduce delayed discharges from hospitals, and work using predictive analytic techniques to better anticipate and design efficient interventions to improve outcomes for particularly high cost individuals or groups e.g. people falling out of employment due to sickness and disability.

The Digital Health and Care Institute (DHI) is also part of the network of innovation centres and brings together people and organisations to develop new ideas for digital technology and information services, which will improve the delivery of health and care services for Scotland's communities.

What Works Scotland: A number of our universities also have established 'policy labs' bringing together practitioners, academics and policy makers in collaboration. This includes

What Works Scotland (WWS), an initiative part-funded by the Scottish Government, to improve the way local areas in Scotland use evidence to make decisions about public service development and reform. Importantly, WWS works in partnership with communities, looking at how to implement existing evidence and create a journey of shared learning. Prevention is a specific strand of activity, which has involved a series of joint events with NHS Health Scotland on the *Economics of Prevention*, bringing together experience and insights on what taking a preventative approach means in practice.

Digital Technology: The development of an ‘ecosystem’ of shared processes and common digital capabilities will underpin the collaborative approach needed to drive forward prevention. In addition, the Scottish Government’s User Research and Service Design Team has been established to support approaches focused on working closely with the people who use services to understand what will work for them, and so better meet need first time.

6. Early Years Change Fund

20 *The Committee recommends that the Scottish Government commissions an independent review of the impact of the EY Change Fund in shifting the focus of early years services towards prevention and that the findings are published.*

In each year of the Early Years Change Fund (EYCF), the Scottish Government requested that CPPs complete a return on the activities associated with this fund. Following the end of the fund, we have three years’ returns from all 32 CPPs (2012-13, 2013-14 and 2014-15) and brief summary reports for 2012-13 and 2013-14. Independent researchers have been commissioned to summarise all the returns and they have drawn the following conclusions:

- The EYCF has had a positive impact on outcomes for children and families in early years, and on the quality of the services provided.
- There is evidence of a strong, continuing and developing commitment to the early years agenda across all CPPs.
- While not all CPPs were able to provide consistent information on spend or outcomes, all provided a wealth of evidence to support their early years activities which also showed a strong move towards prevention.
- There is a strong focus on early years within both Single Outcome Agreements and Community Plans, and CPPs have firmly embedded the early years agenda within their Integrated Children’s Services Plans and within other local plans and strategies that relate to early years, children or learning.
- The Early Years Collaborative featured in many returns, with CPPs reporting that it has been well received and has helped strengthen communication, co-ordination and partnership working.
- There are mechanisms in place, such as outcomes and performance indicators, to identify improvements. These include widespread use of improvement methodology which is enabling CPPs to identify areas where real change is taking place and where activities are making a real difference for children and their families.
- CPPs are continuing to plan for the future, with reports of work underway aimed at identifying the next steps towards improving outcomes for children and young people.

The full report is due to be published soon and will be made available to the Committee. In addition, we are convening a meeting with key stakeholders in September to discuss the

legacy of the Early Years Change Fund, consider the evidence available and establish a way forward.

25 *The Committee believes that given the lack of any evidence to the contrary that the bold decisions around disinvestment are not being made and without this it is unclear how the shift towards prevention can be achieved in any meaningful way.*

There is some evidence of disinvestment taking place within CPPs from their EYCF returns. The Scottish Government gathered returns for 2012-13 to 2014-15 and independent analysis shows:

- 12 CPPs reported disinvestment in the EYCF returns.
- 7 reported plans to disinvest in the future.
- 5 reported savings through preventative spending rather than disinvestment.

Examples of disinvestment from CPPs in their EYCF returns from 2012-13 to 2014-15 include:

- Angus - Planning partners have sought to protect early years services and early intervention and prevention services within the budget setting process by targeting savings at other service areas. The integration of the Support to Families Teams (Social Work) and the Family Support Teams (Education) has led to a more streamlined process.
- Argyll and Bute – Have moved to a “Train the trainer” model to build capacity and confidence in volunteers to deliver Bookbug sessions – thus allowing early years practitioners to take on a more advisory role and enabling practitioners to use their time more effectively to support other priorities. This strategy is also going to be used with the increasingly successful Active Play sessions.
- Dundee City - moved away from stand-alone Social Work Family Centres, and have reconfigured and re-invested in Locality teams. They have integrated the targeted Family Support Service delivered by Social Work where those Early Years practitioners now work within a more family orientated approach in the Locality Teams. They have shifted some spend in the mainstream Primary sector to focus more specifically on early years and readiness for school and family support. They established a new universal Family Support Service aligned to early years and primary provision with the specific remit of prevention and early intervention.
- Perth and Kinross - To deliver the Incredible Years (IY) Programme (as part of the implementation of E2S) a package of funding was agreed. This was provided to allow time to remodel the spend on children’s services so that the sustainability of this prevention and early intervention programme could be assured from 2017-18 onwards. There is a strong emphasis on the realignment of existing staff roles and responsibilities to prevention and intervention, and to the delivery of evidence-based programmes and approaches - in effect transforming the focus of services. They have tested opportunities for resource realignment including realigning the role of six existing staff from social work and community learning and development posts to delivery of the IY Programme one day a week. This has led to service demand reductions being realised and the resources released then redirected to support continued delivery of the IY Programme in future years. In addition, NHS Tayside has reduced the amount of funding it allocates to smoking cessation and has redirected this to focus on preventing young people from starting to smoke (the ASSIST programme). This will have a positive impact in the more immediate term with fewer pregnant women and their partners smoking, and also in the longer term in respect to improved general health.

- Scottish Borders - Core health improvement programmes have gradually been reoriented to focus more resource on maternal and early years health.

Discussions on these experiences are planned with a number of individual CPPs to explore further how disinvestment has been reinvested, and how changes to governance and financial decision making processes - as described in some of the returns - have worked out in practice.

In more general terms (beyond the EYCF) there are contexts in which prevention does not necessarily require disinvestment, and that considering 'reinvestment' or changes in direction of services might sometimes be more appropriate. Where disinvestment is anticipated, it should be planned into the design of new projects to facilitate capitalising on the savings made.

7. Third sector

74 The Committee believes that the third sector has an essential role in delivering the preventative agenda and recommends that it is essential that public bodies work closely with the sector to achieve this aim.

The Scottish Government recognises the potential of close working relationships between the public and third sector and the value this can bring to delivering the prevention agenda. The third sector, particularly social enterprise, is keen to engage and explore opportunities. This interest and goodwill is already delivering results, for example through the Public Social Partnership (PSP) model.

The social enterprise sector, with the Scottish Government, is currently developing a National Ten Year Social Enterprise Strategy for Scotland. As part of the consultation on this, a social enterprise strategy roundtable event on public markets in June of this year identified a number of barriers to the third sector and social enterprise in fully realising its potential to deliver on the prevention agenda. These included:

- The current financial and political context leads to uncertainty in the public sector, particularly in Local Authorities. This results in short-term contracts which do not give third sector organisations the certainty to plan long term.
- Quantifying the social value or impact of involving the third sector in design and delivery of public services remains problematic. Not all public sector bodies are therefore able to grasp the potential of working with the third sector on the prevention agenda.
- There is often still a silo mentality within public sector organisations, so not all parts of the organisation will recognise or buy into the idea of working with the third sector.
- While the Scottish Government's programme of procurement reform has opened markets to the third sector, there is still a lack of capacity within the third sector/social enterprises to be able to tender successfully for contracts, or develop consortia to bid for and develop public services.

The Scottish Government remains committed to exploring and addressing these barriers in partnership with the third sector: both through engagement with the public sector on the benefits of working with the third sector, and in developing the capacity and skills in the third sector to take up the opportunities. These will also be considered in the development of the National Ten Year Social Enterprise Strategy for Scotland, and associated action plans. The Scottish Government also wants to lead by example, and introduce three year rolling funding, where possible, to give third sector organisations more financial certainty.

8. Community Planning Partnerships (CPPs)

98 *The Committee is disappointed in the progress that has been made by CPPs in supporting the shift towards prevention. However, the Committee expects that the new statutory duties will provide CPPs with much greater leverage to hold their own partners to account for the delivery of local priorities including prevention. It is essential that the progress of CPPs in delivering public sector reform is monitored closely and that evidence of real change is identified during the next session of the parliament.*

The Scottish Government shares the view of the previous Finance Committee that CPPs need to do much more to support the shift towards prevention and that new statutory community planning duties in Part 2 of the Community Empowerment (Scotland) Act 2015 should provide CPPs with much greater leverage to hold their own partners to account for the delivery of local priorities, including prevention.

The basis for this added leverage goes beyond what the Committee report identified at paragraph 93. The Act places other duties on CPPs and statutory partner bodies which are also relevant for the purposes of prevention. Specifically;

- the Act places CPPs under a general duty to act with a view to reducing inequalities of outcome resulting from socio-economic disadvantage (subject to exclusions);
- CPPs must take all reasonable steps to secure participation from any community bodies that can contribute to community planning, having particular regard to those bodies which represent the interests of people who experience poor outcomes; and
- CPPs must also develop and publish locality plans, to improve outcomes in those local areas in which communities experience particularly poor outcomes.

The Act also requires statutory community planning partners (as listed in Schedule 1 to the Act) to provide such resources as the CPP agrees, both to deliver CPP priorities and to secure participation of community bodies. Partners must also work collaboratively in carrying out community planning, and take account of agreed local outcomes improvement plans (LOIPs) in carrying out their own functions.

Statutory guidance will sit alongside the Act, and provide a renewed vision for what community planning should achieve. The Scottish Government recently consulted on draft guidance, which includes a section setting out specific expectations for CPPs and partner bodies on prevention. We are currently analysing consultation responses, and reviewing the guidance in light of these.

If Parliament approves a regulation related to Part 2 of the 2015 Act, it is anticipated that these new statutory provisions can come into force before the end of 2016. The Scottish Government expect CPPs to demonstrate a step-change improvement in performance during this Parliament and will monitor and review progress.

9. Evidence of the progress made

100 *The Committee agrees with the concerns raised by stakeholders that if the decisive shift to prevention does not take place, then it will lead to future difficulties for the public sector in the delivery of its services.*

The Scottish Government agree that the overriding aim of prevention should be to contribute to the long-term sustainability of services, and this has been central to the work since the

publication of the Christie Commission's report. Progress has been made and the following examples represent work that has already begun to reduce demand, pool resource, or create the right conditions for change.

Police and Fire Reform: The first annual evaluation report recognises that the Fire service has moved strongly towards a more pro-active prevention focused agenda, and that engagement with prevention among the legacy Police forces was quite variable but with examples of good practice.

Health and Social Care Integration: This emphasises preventative and anticipatory care, and seeks to shift resources from institutional care to providing care in people's own homes and communities because these contribute to better outcomes for individuals, and can be delivered at far lower cost. The new Health and Social Care Partnerships design and commission services from a joint budget, more easily shifting resources to target preventative activity. The Scottish Government supported this shift in spend in the 2016-17 budget through a transfer of £250 million from the NHS to the new Partnerships to support integration of health and social care, with additional funding to establish new ways of working, move towards preventative services, reduce delayed discharges, and support improvements in primary care.

Community Justice: The Reducing Reoffending Change Fund supports prevention by funding services which help individuals to move away from offending behaviour. An independent evaluation was positive, although it is challenging to quantify the overall benefit to justice and other public services. From 1 April 2017 a new model for community justice will be in place: this is a collaborative approach to planning and delivery by CPPs, local justice partners and wider public services, supported by a new national body, Community Justice Scotland. This will enable earlier intervention than is currently the case, and will emphasise preventative activities and alternatives to custody.

Early Years: As part of the Early Years Framework the Scottish Government established an Early Years Change Fund, in partnership with local government and health, which aims to prioritise spending in the early years, in prevention and early intervention. Quality improvement programmes, which are helping to improve services at every level to children, young people and families were also established through the Framework; 'Getting it right for every child' is central to this work. The ongoing expansion of high quality early learning and childcare is intended to contribute to raising attainment and closing inequality gaps, and represents a strong policy and financial investment in prevention in the early years.

Third sector: The Scottish Government recognises the crucial role that the third sector plays in the delivery of preventative services, especially with respect to the work described above for Health and Social Care, Justice and Early Years, and is committed to supporting development of its capacity. The Scottish Government Third Sector Unit currently supports a number of Public Social Partnerships (PSPs) operating in areas including mental health, supported living, community transport and reducing reoffending. It also supports *Threading the Needle*, a programme to support health and social care commissioners in Glasgow, Fife, North Ayrshire and Perth and Kinross to use third sector evidence to commission outcomes for health and social care. The programme contributes to helping partnership members meet their statutory responsibility to actively involve the third sector in the planning and design of integrated health and social care services. In addition to this, the Directorate for Children and Families has been providing targeted early intervention and prevention funding to the third sector through the Children, Young People & Families Early Intervention and Adult Learning and Empowering Communities Fund. This Fund has provided 118 national third sector organisations with £14m of core funding in year 1 of 3 to improve outcomes for

children, young people, families and adult learners. An additional £2m is also being provided from 2017-19 to allow third sector organisations to test innovative approaches, or scale up evidenced interventions, in key policy areas.

Place and planning: The Place Standard and the Charrette Programme show how good design in the built environment can support prevention e.g. through facilitating learning and healthy living choices, and creating safe spaces free from crime. These approaches could further be used in the facilitation of local discussion around place and wider social/economic issues, in response to the Independent Planning Review (2016). This review also recommends aligning development planning and community planning: a focus on place and community empowerment will be a key aspect of the White Paper on Planning Reform, which will be brought forward later this year. The Scottish Government's investment in social housing and energy efficiency contributes to preventative aims including health, education and environmental sustainability.

The **Scottish Attainment Challenge** (SAC) was launched in February 2015, aiming to achieve equity in educational outcomes by ensuring that every child has the same opportunity to succeed, and with a particular focus on closing the poverty-related attainment gap. It is supported by a £750 million Attainment Scotland Fund over the next five years, including funding for 'challenge' local authorities with the greatest concentration of primary-age children living in the 20 per cent most deprived areas in Scotland; a programme for schools with more than 70% of their pupils living in the 20% most-deprived areas in Scotland; and a package of universal support which is available to all schools in Scotland. As of June 2016, the SAC was expanded to include additional support for targeted secondary schools. In Year 1, schools and authorities have implemented a wide range of interventions to improve literacy, numeracy and health and wellbeing outcomes for children living in areas of deprivation, which includes investment in families and communities, leadership, learning and teaching.

Unpaid carers: It is estimated that there are 745,000 identified adult carers and 44,000 identified young carers in Scotland caring for their family, friends and neighbours, including people who are most vulnerable, saving the economy an estimated £10.8 billion every year. Preventative approaches to supporting carers are vital in order to prevent or minimise escalating need with carers reaching crisis point before they are supported. Following *Caring Together – The Carers Strategy for Scotland*, the Carers (Scotland) Act 2016 (to be commenced on 1st April 2018) will promote supporting carers at an early stage in the caring journey, to avoid their needs escalating to a more severe level and/or to delay or prevent other needs from arising; taking demand out of the system through preventative actions to tackle the root causes of inequality and negative outcomes; and the early identification of carers so that support can be put in place at an early stage. By ensuring more effective delivery of support to carers, it seeks to address the issues that may impede the wellbeing and positive outcomes for Scotland's carers.