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Official Report

FINANCE COMMITTEE

Tuesday 16 November 2010

Session 3

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FINANCE COMMITTEE
25th Meeting 2010, Session 3

CONVENER

*Andrew Welsh (Angus) (SNP)

DEPUTY CONVENER

*Tom McCabe (Hamilton South) (Lab)

COMMITTEE MEMBERS

*Derek Brownlee (South of Scotland) (Con)
*Malcolm Chisholm (Edinburgh North and Leith) (Lab)
*Linda Fabiani (Central Scotland) (SNP)
*Joe FitzPatrick (Dundee West) (SNP)
*Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD)
*David Whitton (Strathkelvin and Bearsden) (Lab)

COMMITTEE SUBSTITUTES

Gavin Brown (Lothians) (Con)
Lewis Macdonald (Aberdeen Central) (Lab)
Stewart Maxwell (West of Scotland) (SNP)
Liam McArthur (Orkney) (LD)

*attended

THE FOLLOWING GAVE EVIDENCE:

Ron Culley (Convention of Scottish Local Authorities)
Ian Curryer (Nottingham City Council)
Sarah Fortune (Convention of Scottish Local Authorities)
Maureen McKenna (Glasgow City Council)
Robert Nicol (Convention of Scottish Local Authorities)
Ruchir Shah (Scottish Council for Voluntary Organisations)
David Williams (Glasgow City Council)

CLERK TO THE COMMITTEE

James Johnston

LOCATION

Committee Room 1

Scottish Parliament

Finance Committee

Tuesday 16 November 2010

[The Convener *opened the meeting at 14:01*]

Preventative Spending Inquiry

The Convener (Andrew Welsh): Good afternoon and welcome to the Finance Committee's 25th meeting in 2010 in the third session of the Scottish Parliament. I ask everyone present to turn off any mobile phones and pagers.

Our first item is continued evidence taking for our inquiry into preventative spending. Today, we will hear from three panels of witnesses who represent local government and the voluntary sector.

I welcome Ian Curryer, who is the corporate director for children and families and the lead officer for early intervention at Nottingham City Council. I invite him to make a brief opening statement, if he wishes.

Ian Curryer (Nottingham City Council): Nottingham City Council has been taking an early intervention approach since 2006, when through our local strategic partnership we started to identify early intervention as a key area of work.

In 2008, we launched the Nottingham, early intervention city approach. Through that approach, using citywide governance of public sector and voluntary sector organisations, we have been able to implement a five-element programme for early intervention, which has provided the opportunity for us to work across areas of governance, knowledge management, finance, and data and evaluation. We have implemented 16 projects, many of which have been funded through the use of collective, pooled funding of in the region of £4 million from the working neighbourhoods fund, to attempt over three years to establish some local blueprinting of successful projects.

We are now six months before the conclusion of that first three-year programme and we are pulling together our evidence. It is an early period for us, given that we believe that our programme will take 20 years to show the benefits of the early intervention work that we are putting in place.

That is all that I want to say as my opening remarks. I am happy to take questions on the information that we have submitted to the committee.

The Convener: I notice that you state in your submission:

"Early intervention is a 0-100 age agenda."

Would you like to explain that?

Your programme will be a long time in delivery. Have you seen early results? Are you being given time to work out the medium to longer-term strategy that you mention?

Ian Curryer: On our zero-to-100 agenda, the evidence seems to show that the earlier in a child's life that we put in place our package of support and intervention, the greater the outcomes that are likely to be achieved, but we recognise that sometimes the intervention needs to happen earlier in the issue rather than earlier in the stage of life. For example, a number of our projects have targeted senior citizens, particularly by trying to manage when they go into residential and long-term care, by putting in place measures such as telecare, circles of friends and opportunities for people to stay out of long-term care. Although that is quite late in their life, it represents a substantial cost to the public purse, because we calculate that long-term care costs about £26,000 a year, so for every year that we manage to keep one person out of long-term residential care, we make substantial savings.

The zero-to-100 agenda is a clear statement that we do not want to discount early intervention activities with any group of citizens in Nottingham. However, it is fair to say that we have concentrated the majority of our programmes on the earlier years of children's lives. Some programmes are put in place during pregnancy, because we believe that we can change attitudes before children are born, and that that has a huge impact. Probably the strongest demonstration of that is our early years package. Over a considerable time, we have developed support from pregnancy and birth through to children entering the formal stage of school at the age of five. Through that package, we have demonstrated a number of positive gains in children's achievement at the end of the foundation stage compared with the national position.

The Convener: It is indeed a programme for life. I now invite questions from members.

Linda Fabiani (Central Scotland) (SNP): I was interested in your submission, because quite a lot of the evidence that we have taken lately has involved very early years intervention, whereas, as you have outlined, your programme is from zero to 100. It strikes me that although that is very admirable, it must be very expensive when you are trying not only to front-load a specific service but to look at the whole package. How difficult has that been to put together? Did you have to overcome any barriers, such as bureaucracy in dealing with other agencies?

I have forgotten my final question, but it might come back to me.

Ian Curryer: Obviously, the costs of intervention go up as the complexity of the issues increases through people's lives. However, although costs have to be front loaded, we are seeing strong evidence of payback, for example in our work around domestic violence, in which we are working on a whole-family approach. In addressing repeated incidents of domestic violence, we know that the costs of relocating a family are about £5,500. In our sanctuary project, which works with the whole family, it costs us about £3,000 to put in place improved security measures within the home where the domestic violence has taken place. It also meets the needs of the individuals, because most families do not want to move. There is therefore a saving to the system of about £2,500 per intervention. We know that that is a real cost saving; we can work it back through our relocation services, police call-outs and accident and emergency issues. Quite a lot of our cost savings do not necessarily demonstrate as cashable savings that we can put in the bank; they are savings to the system or to services. We are now moving on to that significant piece of work.

As we move through people's lives, we find that costs can escalate, but we are now seeing payback in a number of our evidenced programmes, such as with prolific offenders and their families. One of our fundamental aims with early intervention is to try to break the intergenerational deprivation and underachievement from which many of our families in Nottingham suffer. We have had to tackle some of the issues in later life, because we are working for the future children of those families as opposed to just their current children.

You asked about bureaucracy. That was key to Nottingham becoming early intervention city. We have a strong local strategic partnership. At the time of moving towards early intervention, we were fortunate that Graham Allen MP was the chair of our local strategic partnership. He values the issues around early intervention and it would not be unfair to say that he relentlessly drove putting in place a governance framework in the city. All agencies strongly signed up to the framework, which meant that a number of bureaucratic issues reduced significantly. All the key players were around the table through the governance arrangements that we put in place in the strategic partnership, which meant that we could implement programmes with the backing of all the key public sector and voluntary sector agencies. Indeed, those agencies committed joint resources of around £4 million. Reducing bureaucracy was a significant strand of the governance of our project. Given the three-year funding package, we felt that there was no point in going into something where there would be significant bureaucracy, as that would mean that some things would not get started, even in that window.

Linda Fabiani: How does the joint resourcing and budgeting work? How does the money come together, for example? I imagine that your governance structure is such that you have unanimity on how moneys are expended. How does it all come together in terms of departments and other agencies and institutions?

Ian Curryer: In the initial stages, we were fortunate that there was agreement that the money in question, which would have been allocated through a committee process, would be pooled. We have a strong tradition of a local children's partnership and the money was delegated to that partnership. Once the resources were delegated in that way, it really was for the partnership to take forward the work.

Any bid for additional resources to support the early intervention programme was put together with a full business case. Some bureaucracy was therefore involved, but we felt that it was necessary in trying to track outcomes. That is now showing benefits, because we are at the end of the programme and are having to decommission projects that have not demonstrated sufficient impact. In doing that, we are going back to the business case and using the evidence, evaluation, outputs and outcomes that were detailed in it to decommission work that has not shown success. Once the delegation of resources to the children's partnership was put in place, key departments and organisations decided that they would take a very hands-off approach and allow the core group to make the delegated decisions.

Given the significant changes to the funding regime, we are now in the position of looking to core budget to continue a number of the projects. Although we are in a difficult situation and these are difficult times for all organisations, given the funding uncertainty, we have support. We are finding that because we have clear outcomes, people are supporting projects that have demonstrated good financial and other outcomes for our citizens.

We have had no problem decommissioning a number of projects, and none of the public sector organisations that champion particular causes has come back to us, apart from some of those that received money directly. We have a big test ahead of us as we try to reallocate funds. We expect core budget to fund some of the activities that we can demonstrate are having an impact. That is the work of the next six months of the project.

14:15

Linda Fabiani: I have a final question. How do you get buy-in from client groups?

Ian Curryer: That has been a significant issue for us. At one extreme of our early intervention package is the family intervention project. You could argue that it is the latest intervention that we could make, because it deals with families in huge crisis. However, we look at family intervention from an intergenerational point of view. There are children in those families, and if we can resolve some of their issues, even those of older teenagers, we feel that we can stabilise their lives and situation. That might not happen immediately, but perhaps we can support them, their future families and future children. That project, which is our most assertive, is at the far end of our interventions. If families do not engage with it, we use the threat of removal of tenancy. It is a hugely interventionist project, and it sends the message to families that if they will not work with the programme, we will not support them to stay in their current property. There is quite a lot of buy-in from those families, because they have a huge investment in trying to stay in their homes.

At the other end of the scale, our family-nurse partnership works with teenage mothers who get pregnant at 17. There are no formal tie-ins to the programme; we set out a case to those teenage mothers about what we can do for them and what we see as the benefits. The programme is hugely intensive, with at least weekly support for each of the mothers and their partners. We find that the case that we put to them about support and benefits for their child is compelling enough for them to agree to participate.

Another set of projects is about working with our professionals. We have had an interesting and testing time trying to convince our workforce that a number of the issues involved are significant. One of the big issues that we suffer from concerns the consistent implementation of our programmes across the whole workforce—whether they consistently implement the programme or whether they consistently implement it properly, which is about fidelity to the programme. We have been trying to build consensus and understanding that early intervention can lead to better outcomes, which is hugely compelling for our workforce. In the long term, engaging in such intervention will allow us to reinvest funding in further preventative services. Our programmes have been a bit of a mixture, from very coercive to very compelling.

Linda Fabiani: If a community has particular problems—for example, high levels of deprivation—and the governance board feels that specific programmes would benefit it, is there any community involvement in setting them up? Is there any community management?

Ian Curryer: Yes. We have clear input through the community sector—our key partner in our governance arrangements. Currently, we do not have many programmes that are community based and initiated, but support networks that we are about to implement for our elderly people will be worked through with community interests. We meet registered groups of elderly citizens who already have established networks, and it is through those networks that we have been able to achieve buy-in. I cannot say that we have specifically targeted an area or community in the city to work with.

Tom McCabe (Hamilton South) (Lab): This question is along the same lines as Linda Fabiani's. You mentioned the sum of £4 million, which is not an awful lot of money, given the wide canvas that you are working on. Our evidence on early intervention has so far focused on the zero-to-three age group, but you are clearly working more widely than that. You are coming up to a pretty important evaluation stage. What finances will be required to take things to the next step, both to re-engineer existing resources and to inject the fresh resources that will be required?

Ian Curryer: A number of the programmes require us to continue with some level of funding. The family-nurse partnership works with a small group of teenage mothers, and we need to provide midwife and health visitor services to the rest of them. Unless we can adopt what is a hugely intensive programme for all 17-year-olds, and then for the broader adult population, there is no way that it can be implemented from a mainstream resource. We recognise that programmes such as the family-nurse partnership require us to put in some resources.

We are putting in place some principles for April 2011 onwards. From December, we will be clearer about what additional resources will be available across our city, and that will be a key driver with regard to where we skew money towards. We have already agreed across our partnership that early intervention will be a key principle for the reallocation of any additional resources that come in.

We have some costed activities. At the moment, it is difficult to say exactly what will happen, as we are collecting the evaluation on all programmes. We know that we will have to be ruthless. We have 16 programmes, and we will probably run with a maximum of six of them, initially.

A number of the programmes have been quite interesting. As they have worked through the system, they have led to some strong system change, such that we are now re-engineering our projects. I can give you a good example of that. We had a family approach built into our children's services. I was previously the corporate director of

children's services, and I am now the corporate director of children and families. A very definite decision was taken about that—it was not just a name change.

We have moved our attendance work. It used to be done through education welfare officers going to houses and discussing with parents why their children were not attending school; now, that work is done on more of a social work-type basis, and it involves family support. A key worker is attached to the family, and they go into the home and try to resolve the issues and the causes, rather than just the symptoms of non-attendance. If the issue is related to housing, they will support the family on housing. If there is a noisy neighbour, they will support the family through working with the city's antisocial behaviour team. If there is a health issue, they will engage the health visitor. Through that approach, we are having a huge impact on persistent absentees.

We have re-engineered all our preventative services to provide an integrated service team, and we are about to join that up with health, so that health visitors, school nurses, educational psychologists, education welfare officers and our children's centres will all be in a common team with common management. The professional barriers concerning who does what have been removed, so as to re-engineer the service to model what we have learned from the family intervention approach that the education welfare project put in place. That has been hugely powerful, and it should not cost us. In fact, it is likely to bring a saving, because of the reduction in management costs. It should certainly not cost all public organisations if their support is re-engineered.

We will need to fund some projects, and that is what we are scoping now. They will be small in scale compared with the 16 programmes that I have mentioned. A number of them will involve re-engineering basic services so that they are delivered differently, as an outcome of the learning that has come from the whole programme.

Tom McCabe: I am interested in the common team that you mentioned. Our experience from speaking to people is that front-line workers are often keen to sweep away barriers but there is resistance among middle management or above. First, was that your experience? Secondly, how many health visitors did you start with and how many do you have now? Do you envisage a substantial increase in the number of health visitors as the programme runs on?

Ian Curryer: Yes, that was our experience. I have to say that part of the process removed a number of middle managers from the tier because we felt that we did not need them. Once we put it all together, we saw that we had been duplicating a level of management resource. That has been quite difficult, because we now have educational psychologists, who require professional support, being managed by, for example, a youth services manager. We have had to take a matrix management approach under which they can still get professional support from the head of the service. She might manage a multi-agency team and an area of the city, so that has been quite complicated to work through. It has not been without its difficulties, but things probably improved when we removed the middle management tier, which I agree was the most resistant to the change.

I would have to check on our precise number of health visitors. We have had a significant shortage of health visitors in Nottingham, because there has been a national problem and the numbers have been significantly lower than are required. However, they have been working in parallel partnership with us. They are part of the provider arm of our primary care trust, and we are about to move to full integration with health. We have looked at the whole system and health visitors are not a part of the service that we want to reduce. If anything, we might invest in them. We would rather reduce some of the other areas. Nobody would want to make reductions in preventative support, but if we have to make choices, we are more likely to make reductions in youth workers and play workers than in health visitors.

David Whitton (Strathkelvin and Bearsden) (Lab): Turning to your paper on early years provision, I notice that a number of the programmes are universal and others are targeted. In particular, key principle number 1 is:

> "Lifting the financial barrier for parents on low or no income to enable access to quality early learning experiences for their 2 yr-olds".

That is a targeted programme. How did you identify those who would be involved in it? If there was resistance from parents to their children being involved, how did you get over that?

Ian Curryer: We have become quite sophisticated at understanding the city in terms of its demographics. We are fortunate to have two major financial companies working with us. Experian and Capital One both have their European headquarters in Nottingham and they use a lot of customer insight to be able to target their financial services directly to the right groups of customers. We have used those systems, particularly one called Mosaic, to piggyback on that and look at customer segmentation.

As an example, we have learned about our teenage parents. We now know the characteristics of the group that most of them fall into. We know that written information that is sent by post is unlikely to get to them but that they listen to the

radio, watch television and go to bingo, so we can target resources to those mediums. In that way, we have used some of the knowledge to define some of the groups.

We did not specifically target families in the first instance. We targeted areas of multiple deprivation in the city. We then used our children's centres as a base and targeted families that they were working with. However, there was no fixed point. We did not say, "Either you are on this benefit and you can have the programme, or you're not and you can't." It was more a case of saying, "This area of the city requires this support. We know there is multiple deprivation, a long trail of worklessness, poor educational achievement and poor health outcomes."

David Whitton: I am sorry to interrupt. So it was not a case of identifying children who were particularly at risk from an addicted parent, for example.

14:30

Ian Curryer: Not from the centre. It was more about financial deprivation. Once we had targeted the funding to an area, the local knowledge of our front-line workers was used to target those families.

We had a two-stage approach. We said, "This area of the city needs funding." We then handed over the money to the organisation that was going to run the two-year-old pilot and said, "Who do you think needs that support?" That approach was different from the one that we used before, much of which was driven by the fact that we had data on school-age children, which would probably have given us a proxy measure, through free school meals. We were working with two-year-olds who were not eligible because of their age and therefore did not claim free school meals. The approach was based more on local knowledge, which has been helpful.

There are a number of very targeted families. Local workers would know that parents were perhaps misusing substances and therefore definitely needed their child to be in the two-year-old pilot. However, children also came into the children's centre who had language delay, who were still in nappies way beyond the time that we thought that they needed to be in them, and who had parents who said that they had financial challenges. There was a multiple set of indicators.

We are not talking about compulsory education, and persuading people has not been a challenge for us. Most of the parents to whom we have offered support have snapped it up. Indeed, we have had difficulty with telling parents whom we have not targeted for support why they cannot have it, rather than with trying to get parents in.

Our approach went very much against the grain of what our early years professionals felt they wanted to do. Many of them are trained, and good early years practice suggests that later intervention in formal education programmes seems to bring benefits in other countries. However, we have seen from the two-year-old pilot an immeasurable impact on children's access to language and their readiness to enter more formal learning later on in life. We can now track them coming through the foundation stage period.

David Whitton: A lot of the evidence that we have heard suggests that the earlier things are done, the better. It has been said that if things can be done for disadvantaged youngsters by the age of two, they will reap the benefits when they get to 20, for example.

Ian Curryer: That is certainly our experience, but practitioners did not express that view to us.

David Whitton: Perhaps the analysis of the work will persuade some professionals that a change of mindset is required.

The parents as partners in early learning programme is aimed at parents and carers of children from birth to five years living within the city. I assume that that is the city as a whole, so it takes in the more affluent areas as well as the more deprived areas. Is that right? Is it a universal programme?

Ian Curryer: It is a universal programme. You probably need to know that Nottingham City Council is what we call a doughnut authority. We are very constrained and quite underbounded. We have only one small area of affluence within the city council municipal boundary. Most of the more middle-class parts of Nottingham are in the county, although they would be classed as within the city by someone who was not looking at a civic map.

David Whitton: So the programmes are implemented only within the city boundary.

Ian Curryer: Yes. The pilots and the approach that has been taken have been led by the city council with its partners through the local strategic partnership, which is coterminous with the city council's boundary. We have only one area of affluence in the city. A number of our universal programmes have been applied across what would be considered in other parts of the country to be deprived areas.

David Whitton: Okay. In other words, you cannot really compare and contrast, apart from in one area of affluence.

Ian Curryer: No. We would struggle with that if we are talking about affluence and deprivation, but we have levels of deprivation in the city that we can use to compare.

David Whitton: I want to return to family-nurse partnerships and vulnerable two-year-olds. Have those partnerships thrown up children whom your staff would be able to identify as being potentially at risk, even from early work that the partnerships have done with teenage parents?

Ian Curryer: The challenge for us has been more to do with information sharing than with identification. Family-nurse partnerships have identified where there will be likely language delay, but their formal input into families stops well before the two-year-old period, although there is continued monitoring and support.

We have tried to work across the whole system to gain intelligence on whom to target. There have been challenges arising from people's view of professional boundaries and with regard to sharing of data between the health service, the council and other public sector groups, which is a big issue for us at the moment.

I hold the data on all children in our city, because I am the director of children's services. However, unless the young women concerned indicate that they want the information to be shared, I cannot know who is pregnant and, therefore, with whom we should work. Because of data protection legislation, only the health service can hold that information. That is a difficult issue. Hopefully, it will be resolved when public health starts to work within local authorities in England. That move, which is about to take place, will give us access to health data that we do not have at the moment.

David Whitton: Funnily enough, I was going to ask you how the health service and local authorities are managing to work with each other. From what you have just said, I assume that the biggest issue is data protection and cross-referencing of vulnerable clients.

Ian Curryer: It is the single biggest issue. The second issue, which can arise in local authority services, is professional boundaries. There is an element of professional snobbery that leads people to think that their domain has a particular way of working and particular sets of experiences. That is an issue even within our services. It affects information sharing between schools and teachers, and youth and play services, and work between health visitors and children's centre staff, and educational psychologists and family support workers. That tension plays across a number of boundaries. Issues of professional etiquette are often among the most difficult to resolve.

David Whitton: At the end of your first three years, have you found that many of those boundaries have been broken down as time passes?

Ian Curryer: It is fair to say so. We have engineered some of that through the family community teams that I described. It has happened partly as a natural consequence of people starting to work together and partly because the evidence of what integration can do is starting to be compelling. Together, all those things have had an effect.

David Whitton: I am not very familiar with Nottingham. Does the ethnic mix of the population present any particular issues?

Ian Curryer: There are challenges in implementing some of our programmes in the Pakistani community, in particular. The cultural appropriateness of some of the work is an issue; so is getting access to some of our younger children and working with their families. In the main, the ethnic mix of the population has not been the biggest barrier that we have faced as we have moved forward. We have tried to overcome such challenges. Contrary to what you might imagine, language is the least problematic issue. We have got round some difficulties well by working across the whole range of professions. We have tended to find that there are people who can work with the different groups that we serve.

Jeremy Purvis (Tweeddale, Ettrick and Lauderdale) (LD): You referred to the progress that you believe you have made on information by 2010. To what timeframe does the next level of outcomes relate? How long term is the work that you are doing?

Ian Curryer: We have set some clear outcomes in each of our projects, so we will be able to monitor some of them in the three-year period. The fact that outcomes and sometimes the outputs—the number of people the projects have worked with—have been clear has helped us now that we are in a difficult financial situation in working out how to identify where we need to concentrate our energies and efforts.

Our programmes can vary. Some implementation programmes have a clear 10 or 12-week period. There are clear outcomes for the family involved during that time, and the intervention is measured and monitored. We have been able to track some outcomes over the three years of the intervention. We are looking particularly at our early years package. For example, we can track the children in the two-year-old pilot to the end of the foundation stage and we have evidence about their achievement compared with groups who were not in the two-year-old pilot. That has given us a random control group to measure their progress against. We have different benchmarks.

On our long-term aspiration, we are talking about the outcomes of children who may well not

take their GCSEs at the age of 16, which I guess will be our ultimate measure for a number of the programmes that we implement at birth. We probably have another 13 or so years to go for some children, and more for others. We feel that the GCSEs are a good measure of progress into adulthood, but there will be even longer measures for some young people. For example, we are implementing an 11-to-16 life skills curriculum across our secondary schools to bring together into a coherent programme parenting, sex and relationships education, some of our work on substance misuse, citizenship and other such things. We expect that to impact on the next generation—on the children's parenting skills and their ability to support their own children. I guess that that is very long term. Some individuals will be difficult to track, but we should be able to track cohorts across the city.

Jeremy Purvis: Have you done any work to calculate the cost benefit if you are successful with those different outcomes—for example, the savings you will make on spending that would have been needed if you had carried on with the same poor outcomes as now? Has work been done to calculate how much the city might save?

Ian Curryer: That is probably the most challenging aspect of our work. We know some things from the American blueprint projects and the work that we have done with Steve Aos. No one has really cracked the issue yet, but there are some encouraging signs.

We know that the total cost of the early years package is significant. It is about £10.7 million or £10.8 million, but it is a universal package that covers all nought to five-year-olds. With 7,500 children, we think that the cost of the intervention works out at about £1,400 per child. Looking at language alone, the cost of the intervention that a reading recovery teacher has to make to help a child recover from a lack of language and reading is about £1,660 per child, which means that there is a saving of about £230 per child.

Reading recovery is happening in 85 primary schools, and it works with 12 children in every year group. The sums quickly become staggering: we believe that somewhere in the region of £2 million would quickly be saved over the primary age, purely on the language acquisition of a small group of children to recover their reading. There will also be a range of other interventions on behaviour, maths, writing and socialisation, which will all take their toll in the system.

14:45

This is an early piece of work for us. We are working on a cost benefit formula now. We have worked with that on our sanctuary project, which I mentioned earlier, and our stronger families domestic violence project, where it saves around £650 per family—we work with 64 a year. We think that that is capable of being scaled up, because of the scale of domestic violence in the city.

We think that quite staggering savings could be made. The only issue is that some of those savings would not be in the form of pound notes. Read and recover, for example, is an intervention that we can stop doing, which would free up the money to be reinvested somewhere else, if we could get the system right. However, it is difficult to attach a cost to a lot of police call-outs—such as those involving domestic violence or visits to the emergency department of the local hospital—which means that it is difficult to pull cash benefit savings out of them. There are minimum staffing levels at hospitals, minimum policing levels that are required and so on. However, although efficiencies in those areas do not give us cash savings, they enable us to put the time of the people who are involved with them into more preventive work, if we can develop the sets of programmes that could work in that regard. As we move into phase 2, that is the significant piece of work that we believe we can get on with.

Some green shoots have developed over the past two and a half years, which are encouraging in terms of the total cost of the system.

The Convener: What do you mean when you say that you have been working on a cost benefit formula?

Ian Curryer: We have been working with Steve Aos with regard to the way in which some of the programmes in America have been costed. Some information exists around the cost of the intervention, the number of families that take part, the repeat rates that are built into the programme and so on. We believe that programmes are often only about 20 per cent effective, which means that only 20 per cent of the rereferrals for domestic violence are being taken out, rather than 100 per cent. We use a formula that works all that out; I do not have it with me today, but I could share it with you.

Jeremy Purvis: Forgive me if I did not pick this up earlier, but are all the programmes delivered by council staff or are any of them outsourced to either the voluntary sector or other providers?

When you were reconfiguring your work, whether under Graham Allen or through the council, did you consider practice elsewhere? In particular, did you learn from any good practice in Wales or Scotland?

Ian Curryer: When we started the work, we found that there were not that many places in the United Kingdom that were doing substantial work in that regard. We decided to create an early

intervention city, in which all the public sector organisations would invest in that. We found that to be unique.

We found various forms of intervention in other places. Solihull has a motivational interviewing technique, which we have adopted and are trialling and evaluating. We took things from wherever we found them and were open to working in new ways. We were not particularly proud.

Over the three years, our criteria have sharpened. At this point, we would not take into our programme anything that did not have a reasonable trail of evidence and a degree of longevity that we could use to demonstrate that it has had a positive impact. That is quite difficult, because our 11-to-16 life skills programme is something that we have developed ourselves. We want to have freedom to innovate and run trials but, because of the reduction in funding and the sharper focus that we have developed, we believe that the evidence-based programmes are demonstrating the impact. Unfortunately, we have had to look outside the UK for most of those.

Delivery takes place across the whole system. Family-nurse partnership is delivered by the health service; stronger families is delivered by the community and voluntary sector; and the mentoring schemes are delivered by the voluntary sector. The forest schools project, which worked with young children, was delivered by schools directly and a number of projects are delivered within the council.

Our crime and drugs partnership held the delivery of a range of projects, including our Galleries of Justice museum, which is a museum about justice and policing. We used the partnership to put all year 5 children through a programme that showed them the dangers of getting involved in criminal activity. That was run by the Galleries of Justice, which is a private organisation.

Quite a range of organisations throughout the city is involved in delivery.

The Convener: For the last set of questions, we go to Joe FitzPatrick.

Joe FitzPatrick (Dundee West) (SNP): I am fine, actually. The questions that I was going to ask were answered earlier on.

The Convener: Mr Curryer, you seem to have supplied all the answers. Do you wish to add anything?

Ian Curryer: There is one last thing, which I might not have said clearly enough. We can all sit around the table and talk about early intervention, but the workforce delivers the majority of the change. We have had huge investment in our workforce and one of the significant developments on which we are working is the common assessment framework that we have in England but which you do not have in Scotland.

The framework is a common tool to assess the needs of a child or family. We are trying to implement it across all our workforce, although that is proving to be hugely problematic. Agencies do not want to release their own assessment tools, but we are persevering with it.

The framework and common training on two or three simple approaches that we believe everyone in the workforce should have are really significant issues for us. I recommend that you examine that. All the governance mechanisms that you have are wonderful, but it is the workforce on the ground that actually delivers the programmes.

The Convener: David Whitton is bestirred.

David Whitton: I have a brief question, which is not related to Mr Curryer's last remarks. We have focused on children and early years, but will you say a bit about the homelessness prevention gateway? It seems to have been doing fairly groundbreaking work to get homeless people off the street.

Ian Curryer: The homelessness gateway has been hugely successful. In fact, we are providing some support to other local authorities on it. The gateway has been a mixture of our city council's retained housing service, our outsourced, arm's-length housing service and the National Probation Service, which has had a particularly strong input.

The gateway has provided an opportunity to assess needs and try to ensure that particularly vulnerable groups are not homeless at any time, because we have seen the cost of homelessness spiral significantly into other issues, such as alcohol and drug abuse. There are also all the costs of homelessness support.

The programme has been run intensively across the city. It has probably been our most successful universal shift of service, because we now use the gateway approach—even a modified version of it—for all people who wish to make an application.

The gateway has been put in place for all, but the specific targeting of the project has really brought benefits around the homeless community. In particular, repeat homelessness, whereby we would place people and they would quickly become homeless again, was a big issue for us before the project. The most significant reduction has taken place in that issue because of the support work, but homelessness has dropped overall.

The project presents a challenge in that, once one gets good at homelessness allocation, a number of people wish to come to the city. We had to tighten some of the criteria for who can receive

the homelessness gateway service, because it became a bit of a magnet for a little while as homeless people joined us in the city.

We can provide significant additional written evidence on that if you would like it.

The Convener: Thank you for your evidence, Mr Curryer, and the wide-ranging exposition of your work and organisation. I wish you well in your continuing work for the good people of Nottingham.

We will take a short break for the changeover of witnesses.

14:55

Meeting suspended.

14:58

On resuming—

The Convener: Having heard about the approach that is being adopted in Nottingham, I welcome our second panel of witnesses, from Glasgow City Council. David Williams is assistant director of social care services and Maureen McKenna is executive director of education. I invite Maureen to make a brief opening statement.

Maureen McKenna (Glasgow City Council): I thank the committee for inviting us along today. You have our paper before you. I really just want to explain a bit of the background. We are at a very early stage in trying to quantify, and target some of our resources at, early intervention. I was particularly interested in Nottingham City Council's coherent approach of pulling everything together.

Our group is chaired by George Black, our chief executive, and it includes representatives from the national health service, the police, education and social work. We came together about six to eight months ago to put a budget focus on early intervention, because we recognise that in these stringent financial times there is a need to bend existing budgets, if we cannot put cash in.

Our paper is a summary of our work. We are not quite at the stage of being able to identify what are measurable outcomes. We have engaged a researcher who is looking at cost benefits and measurable outcomes. We recognise that this is a medium to long-term issue and that identifying where we will get cost benefits will be particularly difficult for us.

The projects that are highlighted should be seen as being additional to a lot of existing programmes. Some are listed, but others include the sexual health nurture groups and programmes on restorative justice and support for teenage mothers.

We are happy to be here today. David Williams will answer any questions to do with social care, but we are very much working together in the city to try to tackle the impact of deprivation.

The Convener: Mr Williams, do you want to add to that?

David Williams (Glasgow City Council): No. I am happy to go straight to questions.

The Convener: We hear about the need for a targeted strategy. Do you think that you are headed in that direction or that a great deal more work has to be done?

Maureen McKenna: We are aware that the size of Glasgow brings its own challenges, and we are aware that the levels of deprivation there mean that we need to take an approach with a universal base—our positive parenting programme, or triple P, approach is part of our early years provision—and that we need to take some targeted actions that home in on some of the hard-to-reach families who are affected by addiction, alcohol abuse and so on. Our view is that we need that sort of mixed economy of approaches in order to have an impact.

Malcolm Chisholm (Edinburgh North and Leith) (Lab): You stole my question, convener. I was going to ask about targeting, but I can move on from that.

The Convener: I am sorry about that.

Malcolm Chisholm: We have been considering the balance between targeted and universal approaches, but you have partly addressed that.

We are in a difficult position because we have to target our priorities, particularly in these difficult financial times. I suppose that a lot of our thinking has centred on the first three years of life, but a lot of your programmes—certainly the universal triple P—are focused on a slightly later stage. What is your thinking on that? A lot of the evidence that we have heard suggests that we really need to get in before primary 1, and particularly in the first three years of life.

Maureen McKenna: I absolutely agree. We wanted with triple P to take a universal approach; the evidence around triple P suggests that a population approach is needed in order for it to have an impact. We have trained hundreds of staff to deliver triple P, but we wanted to be able to demonstrate that universality, which is difficult unless a target group is identified. We wanted an instant success. In Glasgow lots of different initiatives have operated across the city, but we have not committed any of them to being universal.

We targeted the incoming primary 1, because every parent is actively engaged with their child

coming into primary 1—everybody comes along to the primary 1 induction meeting at school. If you put out adverts across the city for parents to come to parenting classes, you get those who are very interested, but you are in danger of missing out a group.

We are targeting P1 for our first tranche in our annual event, because we are guaranteed high attendance. We had incredibly high levels of attendance. I have to confess that we did not tell the parents in advance of their coming along to the induction meeting that they were going to get a parenting seminar delivered to them. Once they came into the school, they got the start of their induction, then we delivered the parenting seminar.

Now that we have had that success—we are going to continue it—we are looking this year to move into our early years centres. I totally agree that we need to move to the zero-to-three age group. We are delivering targeted triple P through health visitors, social workers and social care workers to vulnerable families who have recognised needs. However, to get a long-term impact, we need to look at universality to get the population hit.

Malcolm Chisholm: Let us return to the original point on targeting. We have heard that health visitors have a role in targeting during the first three years. Surely the issue is the extent to which they can do that or, through a universal service, pick up on the people whom we ought to be targeting. The fear is that targeting in the first three years is almost too tight a measure unless a universal screening mechanism is put in place. Can health visitors or someone else perform that role?

Maureen McKenna: Given the number of health visitors and the size of the city, we would not be able to meet the need to get right across the city. It was a huge amount of work to get to all the incoming P1 children. We have a cohort of about 6,000 children. Getting to between 80 and 90 per cent of families through the seminar was an achievement in itself. We are now responding to demand in the early years centres where parents now want to become involved. That takes us to the three-to-five age group. We also have our family centres. The danger of focusing on the zero-to-three age group is that we have neither the resources nor access to all parents. We are clear that it is not only people in deprived areas who need support with parenting; everybody needs support with parenting.

David Williams: I have two or three points to make. A number of social work-type interventions straddle the age groups in early childhood years. They are inclusive of the zero-to-three age group, particularly around the kinship care agenda, in which a number of very young children are provided with support. Through that agenda, we are not only placing children with grandparents or other extended family members when their own parents are unable to look after them but identifying that those children come with significant issues that need to be worked through. Kinship carers are being targeted in order to provide additional programmes, interventions or support around issues of routine, structure, feeding and the kind of things that children have probably missed out on in their previous experiences.

As well as the broader services and initiatives, the permanency issue that we identified in our submission is specifically for the zero-to-three age group. We are doing that with a view to recognising that that is a group of children who come into looked-after and accommodated arrangements whom we have struggled to find and track through the route to a permanent secure childhood with a single consistent carer or group of carers, whether parents or alternative carers. Our inability to achieve that is largely because of the issues that Ms McKenna identified including the scale of the city and demand. More often than not, those very young children have ended up in temporary foster placements or foster care. Indeed, more often than not, they have ended up in multiple foster placements. That has created additional demands through disruption, loss, change and all of the issues that go along with multiple placements and long-term temporary foster care, albeit that that sounds like a contradiction.

The permanency initiative is designed for, and targeted specifically at, the zero-to-three age group. By targeting our resource at that group, we have been able to look at the potential for avoiding high-cost demand in the future.

Jeremy Purvis: Please excuse my ignorance, but I have a question on triple P. In your submission, you say that it is directed at vulnerable children and their families. You say:

> "The application of Triple P in Glasgow is population-wide, targeting the 56,994 families (0-16 years) across the city".

Are they families with children between zero and 16 whom you have identified as being vulnerable?

Maureen McKenna: No. I understand that it is an estimate of all families across the city.

Jeremy Purvis: Overall?

Maureen McKenna: Yes.

Jeremy Purvis: The figure is for every family. Are you looking to target resources at vulnerable families? What I want to know in my head is the number of families in Glasgow who come within

the “chaotic” and “just coping” categories of your targeting strategy.

Maureen McKenna: We have given you the total figure because triple P is a population-based approach. The research on triple P shows that we should take a population-based approach first by addressing parenting across the whole population. We estimate that more than a third of the families fall into the vulnerable category.

Jeremy Purvis: So we are talking about roughly 20,000 families.

What the submission from the Convention of Scottish Local Authorities says about budget shift is interesting. It is something that the committee has looked at in the past. Nottingham City Council told us a little about it, but not much. You mentioned constrained finances. As part of your approach, will you look at budget shift towards early intervention, or will it simply be a case of redesigning services to get better effectiveness and efficiency from the budgets that you already have, corporately, within Glasgow City Council?

David Williams: In the first instance, the issue is one of additionality. Ultimately, we want to develop and implement an emphasis that is all about evidence-based provision. We want and need to see the results of early intervention with a view to looking at whether and how we can shift resources in the longer term.

To return to the permanency agenda, we have front-loaded the development for three years from 1 April. If we can generate the results that we want to generate, we will need to look at how, beyond that three-year period, we can shift some of the existing not-inconsiderable resources in our fostering services, with a view to continuing that agenda. Some front-loading is going on with a view to possible service redesign and shifting of resources in the future.

Jeremy Purvis: I will ask the same question that I asked the witness from Nottingham City Council. Do you have long-term ambitions as regards the outcomes that you want to achieve in, say, the next decade? Do you want the number of vulnerable families to be a sixth or less of the total, rather than a third? You mentioned in passing that you are doing research on cost benefit. Is that also part of your consideration? What is Glasgow City Council’s long-term ambition with regard to early intervention?

Maureen McKenna: Our long-term ambition is, as you would expect, to reduce vulnerability. Over the past three to four years, between 2006 and 2009, Glasgow has reduced the number of data zones that are in the 15 per cent most-deprived areas by tackling the economy. We have good evidence that we are making an impact.

However, the level of the challenge as regards deprivation and the issues that teachers in schools face in dealing with young people whose lives are affected by alcohol abuse, domestic abuse and so on is not declining. If you talk to schools, you will find that they are not seeing a visible impact. Raising attainment and increasing achievement are among our long-term aims. We have certainly made good progress on reducing the number of exclusions over the past two or three years, and I think that that will plateau soon.

Our researcher is going round each of the services to gather a range of measurable outcomes that will allow us to say 10 years from now whether we have made progress or a significant impact. Like Nottingham City Council, we recognise that such progress is difficult to quantify, but we are absolutely focused on that.

Jeremy Purvis: Where would you like Glasgow City Council to be at the end of this decade?

Maureen McKenna: At the end of this decade, I would like young people in Glasgow to be in caring and supportive families.

Jeremy Purvis: I do not doubt that, but given how many young people you say are not in that situation now, what is the ambition that will help you to drive the process forward? What is the outcome that you want to achieve?

15:15

David Williams: The ambition must be to foster young people’s development into contributing citizens of Glasgow so that the impact on the criminal justice service, for example, is reduced. We also want to increase capacity in families that are struggling to look after children who have autism. With additional and preventative supports, those families may be able to look after young adults with autism, without increasing the demands on social work services, the council and other agencies.

It is not just about reducing the number of vulnerable children who come into our system, although we expect early intervention to achieve that; we must also take a longer-term view that results in less demand on other systems.

Jeremy Purvis: The debate is partly about shifting resources. One reason why I asked the question was to identify the criteria that will be used to do that, and the end result that we aim to achieve.

Is the Government’s early years strategy shaping what Glasgow is doing? Does Glasgow think that what it is doing is better than what is expected by the strategy, or is it just happy that its actions are consistent with it?

Maureen McKenna: We are comfortable with what we are doing and believe that it is consistent with the early years framework. We have focused consistently on the early years. The current administration has given strong priority to the early years and to extending the level of provision, so that there are more 8 am to 6 pm, 52-weeks-a-year early years places.

We need to tackle vulnerability in the early years. Our focus on nurture in primary schools is having a real impact on keeping children in education, and we are ready to move that nurturing approach into the early years. That will reduce the cost of nurture groups in primaries, which is in the region of £4.2 million a year. We have no more money to increase the number of nurture groups, so we need to move the nurture approach into the early years. We must take it right down and do more work with families.

I am positive about the triple P initiative. That positive parenting approach is the spine; all of our other initiatives should feed into and complement it, so that we start to build a much more coherent approach to tackling deprivation. Previously, there was more of a scatter-gun approach in Glasgow—we would do targeted work in the east of the city, for example, because it was recognised that there was a deficiency there. How do we learn from that experience and pull it together? It takes a whole system working together, not little pockets of work, to have an impact.

Tom McCabe: First, we have received a lot of evidence about triple P and its operation in different parts of the world. Triple P is a universal population-based programme, but you know that you have large swathes of people who will have difficulty engaging with it. A significant number of those people have chaotic lifestyles, so they are very difficult to reach. How do you resolve that contradiction?

Secondly, what approach do you take to targeting? Do you use only the information that comes back from health visitors and other professionals who engage with families, or do you look at some of the information that we have received—for example, information indicating that the daughter of a teenage mother is three times more likely to become a teenage mother herself and that the son of a convicted father has a 65 per cent chance of becoming a convicted person—when deciding which services to target?

Finally, much of the evidence that we have received is about increasing the number of certain professionals—largely, though not exclusively, health visitors. John Carnochan of Strathclyde Police and the violence reduction unit is on record as saying that he would rather have 1,000 health visitors than 1,000 police officers—although of course he would want 1,000 policemen.

You have said that you do not have any more money for certain programmes, but has it been considered that you have a lot of evidence that certain things work and that you need to choose what to stop doing in order to redirect resources towards what you start? I am sorry if that was a bit long.

Maureen McKenna: I have three points written down, and I will start with triple P. I will then go on to targeting, and after that I will hand over to David Williams, who can think about the point on health visitors.

I have no strong view that triple P will be the answer to Glasgow's ails. Solihull has also offered a very good parenting approach; there are a number of approaches around. Linda de Caestecker and I had a large debate early on, and we drew from a range of sources of research. We came to the view that we had to nail our colours to the mast and stick to one approach, because otherwise we would not be making best use of resources. Staff might be getting trained in the Solihull approach in one room and in triple P in the next. To get best value, we needed to choose one approach, and we came down on the side of triple P. One of triple P's benefits is that it is a universal approach. The other side to triple P is that it has a wide range of levels and initiatives. There is triple P baby, which is a wonderful commercial programme. There is also triple P for everything. If we find a group that has need, triple P will deliver an appropriate package.

We recognised that we simply had to start somewhere. The evidence shows that all parents need support. If we begin with that universality, we can start to make an impact. Some of the groups that David Williams spoke about, including families dealing with autism, are not linked with deprivation—they are linked with parents who need support, regardless of their socioeconomic background. We needed to take that universal approach, which has been warmly received by parents across the city.

The targeted side will come—we are starting to work on that. We have bent existing resources. In other words, more than 30 of the 50 educational psychologists in the city have been trained to deliver triple P. The commitment for education was to provide a range of staff who would deliver triple P as part of their day job. Social work did the same. Glasgow Life did the same with respect to youth workers and people working with families.

We asked all the services involved to demonstrate a commitment to early intervention, and signing up to triple P was part of that. It is a five-year programme; we need to maintain the level and learn from the continuous evaluation each year, and then alter things accordingly. For example, we set up seminars for primary 2 to

primary 7 parents, and we did not get much uptake—hardly any parents came along. We withdrew from doing that, and we will instead target those resources at the early years, where we think we will have a better impact. It is a matter of continuously watching and trying to move the resources that we have accordingly.

I am currently negotiating to have more headteachers and deputes at primary schools and in early years provision trained in triple P. One of the challenges with that, however, is that I do not have the finance to release them from the schools and to pay for supply cover. Triple P is quite restrictive in how the training is approached, so I am talking with the triple P providers to say that that will not suit the current financial situation and I am asking them to change the delivery model for the training.

The research statistics for Glasgow are very well worn. There are many of them—there are probably too many statistics around. Therefore, we should look to the ground and speak to front-line workers. We should examine the partnership working that is going on, ensuring that the right signposting is in place from age zero—and from pre-birth, in fact.

We use evidence that has been taken from our last child protection inspection. That was one stimulus for our looking at the people who are in the level just below "chaotic". We know how many are in our "chaotic" group; we need to stop the tide moving from "just coping" into "chaotic". Too often we put all our resources into the "chaotic" group because we can recognise them easily, but the real challenge for Glasgow is to lower the threshold for intervention. At the moment, it is quite high in some parts of the city, and we need to pull it down to prevent the drift of people from "just coping" into "chaotic".

David Williams: I will add to what Maureen McKenna said about triple P. She is absolutely right about the approach that we have taken, but I would not want us to lose sight of the additionality of other aspects of what we have done through family support services, which relates to the question about vulnerable families. For instance, that work ensures that we do not lose the primary aims of ensuring protection and wellbeing and promoting independence for the families who are engaged in it. It is important not to lose sight of that.

On increasing the number of health visitors or—to look at the issue in another way—on how we would agree to a whole-system shift of resources from one area to another, I must say, realistically, that, with the current initiatives, we are at a very early stage of working out how we would make that shift. We are at the early stages of implementation, and we need the results and early indications of how well we are doing before we can determine what to do in shifting resources.

By way of an example to demonstrate the council's preparedness for the wholesale shifting of resources, I can talk about what we are aspiring to do in relation to self-directed support and the personalisation agenda, particularly with learning disabled adults. Like most if not all other local authorities in Scotland, we have historically commissioned and provided learning disability services for adults in a traditional manner. However, as one of a small number of pilot areas, we have engaged in implementing the self-directed support model in the east end of Glasgow over the past two years. In the past month or so, the council's executive committee has committed to the wholesale introduction of personalisation and self-directed support across the entire learning disabled adult population in Glasgow. That will cover the 1,800 services users we currently work with and will take effect from 1 April; any new people coming into the system before 1 April—for instance, if their elderly carers are unable to continue to look after them—will access the personalisation and self-directed support model.

That is a whole-system change that requires the entire reallocation of the existing budget for learning disabled adults from a traditional model into a completely different, innovative model that gives people choice and opportunity, promotes independence and, in many ways, is not dissimilar to the early intervention model or philosophy that has informed a lot of our discussions about children and early years. There is a real preparedness in the council to take big decisions and make the shifts, and we have been able to demonstrate and evidence that. I have every confidence that, if the initiatives that we have talked and written about in relation to earlier years provide the results that we want, not dissimilar decisions will be looked at and taken in future.

15:30

Tom McCabe: I would like to ask one further, brief question. We have heard a lot from a wide variety of informed professionals about breaking the intergenerational nature of the problems, and we have heard about the specific work that you are doing with young people. How far away are you from the provision of a wide-ranging holistic service for families, including extended families, that would start to tackle the intergenerational nature of some of the problems?

David Williams: I guess that we are on the way to beginning to look at that. Some of the initiatives have been outlined, and Maureen McKenna has talked about one or two things, such as the teenage sexual awareness provision that we are

rolling out across Glasgow, activities in primary and secondary schools, residential child care provision and fostering. It is about awareness, learning and training in the field. We feel pretty confident that we are taking the right steps to try to prevent continual drift or continued generational failings and to provide youngsters with the opportunities that they need.

Maureen McKenna: I think that the challenge for us will never go away and that we have a long way to go to break the intergenerational cycle. I agree with Mr Chisholm about targeting in the zero-to-three age group, but chaos occurs at various times in the lives of our children and young people, which is why it is critical that we have a range of approaches that will come in at different times.

The families in partnership project that has been highlighted was created last year in two primary schools in the east end. People in those schools recognised that children in primary 5 and 6 were clearly not going to make the transition into secondary school, and that certain parents had become dysfunctional—they were unable to cuddle their child, and there was no relationship left with them. A school dreamed up the idea of teachers with no specialist training spending eight weeks with families doing a range of activities. They plan activities such as going to Kelvingrove art gallery or the library at the bridge. They do a lot of localised activities. They take parents with their child to show them the kinds of things that people would naturally do with their children, and there is a residential experience at the end. The level of challenge in some of the schools is such that parents have had to be asked to be disclosure checked and headteachers have had to do risk assessments of whether parents should not be taken along because of what came up on their disclosures.

The project is for 10-year-olds. It has been run in five schools now, and we have had an information evening for every head in the city to go to. We are asking headteachers to volunteer to engage in the project. There is no extra money. We give them £6,000 to plan their activities and the residential experience at the end. The staffing costs are all covered out of the goodness of their hearts. I have a queue of schools that are willing to take that approach with some of our most vulnerable families. That needs to be done when children are 10, and something will need to be done again when they are 13 or 14 and so on. The universal part is important, but there are extra interventions.

I live in hope that we will break the intergenerational problems that exist.

Tom McCabe: So do I.

Linda Fabiani: I do not want any of what I say to sound like criticism of the experienced professionals that you obviously are. Quite a lot of good things have been said about the work that is being done, but it strikes me, as someone who is from Glasgow and who worked in Glasgow at one time long ago in what we call a deprived area, that we have not really moved on very far. Maureen McKenna talks about breaking the intergenerational cycle—we were talking about that two generations ago, but we are still no further on.

As I listen, it strikes me that there is some working in silos. You guys are obviously working very hard together and David Williams has spoken about different initiatives that are going on, but we have heard about other areas, such as Nottingham, that take an holistic approach to the issues that they face. In early years intervention, for example, there is not just multi-agency and multi-organisational working but interdepartmental working. That is not coming across from Glasgow City Council—and Glasgow is the city in Scotland above all others that could do with an objective and a strategy to get us there.

I know that you cannot answer for all those who run Glasgow, because you are only a small part of it, but what are your personal views on what you heard today about the holistic approach that Nottingham is taking? I know that we have just heard from one person and seen the written submission. Do you envisage in the near future or medium term the community planning partnership in Glasgow being able to get to grips with the issues and make an objective and strategy to get us where we want to be?

Maureen McKenna: I agree about the never-ending cycle in Glasgow, and I am sorry that it has not come across that we are working interdepartmentally. I see enormous strength in the partnership working in Glasgow. The information sharing and the work that we do across departments are succeeding. The intergenerational issue is that we are constantly responding to different pressures in terms of the deprivation in a city such as Glasgow and, to be very honest about it, I am not sure that we will ever tackle it absolutely.

However, the commitment among front-line staff to working across services is very impressive. There were social workers at the evening that I mentioned for senior managers from all primary schools, and someone from health addiction services stood up to offer training. There is an increasing recognition that we cannot tackle issues alone and have to work together. The whole world is built on human relationships, and there are many positive relationships across the city.

I looked at Nottingham City Council's written submission and its website and we came through early to listen to its evidence. From listening to it, we have learned about the coherence that it has brought together by pulling those strings. I do not think that the individual projects that are being offered in Nottingham are any different from or better than what we are doing in the city, but they are presented much better.

The Convener: I do not know what size Nottingham is. Can anyone inform us of that?

Linda Fabiani: Its population is about the same as Glasgow's.

The Convener: Surely we are talking about vast differences in scale.

Linda Fabiani: They are not vast.

The Convener: You have a formidable problem because of the size of Glasgow. We can look at what can be learned from Nottingham, but a direct comparison is somewhat difficult, is it not?

Linda Fabiani: I do not think that Nottingham is all that different, and it is a city with a huge number of social problems.

The Convener: I will stand corrected.

Tom McCabe: It has the highest number of teenage pregnancies in western Europe.

Maureen McKenna: That might have nothing to do with scale.

Linda Fabiani: I would like to add to that before David Williams comes in. I have no doubt that, at officer level and on the front line right across Glasgow, there are committed folk who want to make things happen. We see them all the time and we know about them. However, there are institutional barriers. We sometimes see bureaucracy and the self-interest of different organisations that are trying to look after their own budgets. That applies across organisations—not just to councils but to all the different agencies and the health boards. The voluntary sector can be guilty of such behaviour, too. It is all very well for all the workers and front-line service people to be willing to make a difference, but does the willingness to allow that to happen exist higher up the scale among the people who make the decisions?

David Williams: The question is challenging in many respects.

Linda Fabiani: Maureen McKenna is glad that you are answering the question.

David Williams: I know. I felt the vibe—"Answer the question." What you described has two aspects. The third sector is different, because it is not caught up in the same responsibilities that the public sector has—local government, health services and police organisations have duties and statutory functions. I guess that, more often than not, third sector organisations are anxious about their survival, which is a fair enough anxiety at this point in time.

We in Glasgow work particularly closely with the third sector. We support a local umbrella organisation that is not dissimilar to Community Care Providers Scotland—it is called Glasgow Social Care Providers Forum. Through that forum, we work closely with the third sector. Just last week, we met Scottish Care to discuss its engagement with us on home care and residential care provision for older people.

The willingness certainly exists to engage in the dialogue that needs to happen, and we have done that fairly regularly and consistently for the past two or three years. That is much improved. I share with Maureen McKenna and Linda Fabiani concerns about how little we have moved on. I returned to Glasgow City Council about 18 months ago after having worked elsewhere for 13 or 14 years. At one level, not much has changed.

What has changed is that the understanding of the circumstances in which we all find ourselves is clear. It is understood and appreciated that we need to do things completely differently to address the necessity of continuing to provide good-quality services accessibly and equitably to everybody who requires them, when they need them, which promotes independence and ensures protection. At the senior level, other agencies genuinely share those agendas. For instance, I chair the multi-agency public protection arrangements strategic oversight group, which engages with officers at the highest level from other agencies. There is no question but that that agenda is shared.

It is inevitable that the challenge is to let go of the infrastructure, investment and capital lock-in that have been the focus of how we have delivered services in the past 20 or 30 years, because that is how we have always operated, and to recognise that we need to shift that. Necessity will drive forward that realisation, but I understand that it will not be easy or straightforward.

David Whitton: Mr Williams, I am not sure whether you answered Tom McCabe's question about whether you would happily take 1,000 extra health visitors as opposed to 1,000 extra police officers.

David Williams: Right—okay.

Maureen McKenna: That is John Carnochan's point.

David Whitton: John Carnochan said that he would take 1,000 extra health visitors.

David Williams: It is a good question. I would probably take 500 of each.

David Whitton: That is a good answer—it is clear that you are in the wrong job.

I have a couple of quick questions. You listened to the evidence from the Nottingham City Council witness. Have you experienced the same difficulties with data protection across services as that council?

15:45

Maureen McKenna: No. We have formalised our information-sharing protocol. There is a bit of a challenge from an education perspective. The data sharing between health and social work is strong. I have a little personal issue with child development centres not sharing particular information with early years practitioners to help them to work with the children, but I am working closely with Linda de Caestecker, the director of public health, to address that. We are now working on individual cases. The NHS code of practice is the issue, and I need to be able to tease out the developmental information that will help early years practitioners to meet children's needs, which is the most crucial point for me.

David Whitton: I imagine that you are confident that you will be able to get a protocol in place that will enable you to do that.

Maureen McKenna: The information-sharing protocol is in place, and it works well. Information sharing is strong across the three agencies. There is that one teething trouble, which we are working together to address, but otherwise I have no difficulties about information sharing.

David Whitton: You said that you listened to Mr Curryer from Nottingham City Council. I assume that you are aware of what is going on in Nottingham and other places in the UK and Europe, and how they are tackling their problems.

Maureen McKenna: Like Mr Curryer, we found that there is not a huge amount of evidence around, although we have been searching for it and trying to dovetail it into our approach. Our chief executive's office has been leading that work as part of George Black's group.

David Whitton: What does that mean? Does that mean that his office is looking for evidence from elsewhere?

Maureen McKenna: It led the research part of our early intervention group. George Black and his office thought that the total place programme was the direction of travel that Glasgow should be taking.

David Whitton: Are initiatives such as the family-nurse partnerships and so on part of total place?

David Williams: I do not know enough about the detail of that. My understanding is that George Black's office is taking forward total place, and it will apply within Glasgow as something that we will call one Glasgow. It will not apply holistically to everything, because it cannot. It might not be appropriate to apply that approach to certain areas of work, but it might well apply to particular aspects such as how to address homelessness more holistically, and how to ensure that emergency, out-of-hours cover is available for a range of areas, such as social work and other agencies. It is about finding efficiencies by taking that route, and I suspect that we will begin to drive forward the one Glasgow agenda.

David Whitton: I was not clear about that from your answers to Jeremy Purvis, so forgive me for that. Have you shifted budgets about so that you are putting more money into the pre-nursery, zero-to-two provision? Have you taken a chunk of money and said, "That has to go down there because that is where we are going to get the best return"? Have you shifted money from someone else's budget in order to do that?

Maureen McKenna: This year, community planning has given us £2 million for projects that will allow us to shift some money. We have also committed existing money. We currently provide between 800 and 900 places for vulnerable people in band 2. Band 1 covers what would be broadly equivalent to a chaotic background. We are extending the number of people in band 2, who are those just under the threshold of needing intervention. We are committing early years budgets in that area.

David Whitton: In answer to a question from Mr McCabe, you said that you were trying to focus a lot of support on the just coping group.

Maureen McKenna: Yes. That is band 2. We have between 800 and 900 places for two-year-olds. Under the charging policy, there are four bands. Band 1 is the most vulnerable, who have free places; they tend to come through health and social work referrals. Band 2 is the group on which I want to target more resources. When we introduced a charging policy, there was a drop-off in that group. The charge is only 50p an hour, but that is too much for some families. We are creating more free places for the just coping category.

David Whitton: My next question concerns kinship caring. A week or so ago, there was an event in this very room involving kinship carers from Glasgow, who do not think that they get enough support; Mr Williams clearly knows what I

am talking about. How difficult is it to deal with that group, given that many kinship carers are grandparents with addicted children who therefore have to cope with their grandchildren?

David Williams: That is one reason why we want to invest further in the support that we provide to kinship carers. That support will not come in the form of carers' weekly allowances but will be much more specific and targeted. We will support them in undertaking the tasks that we want them to perform so that they may be constructive, helpful and supportive parent figures for children who have probably experienced a significant number of traumas in one form or another, which impacts on their behaviour.

David Whitton: Do you find that kinship carers are reluctant to get involved with you, because they are looking after their grandchildren? Some people at the event to which I referred said that they were told by the social worker that, unless they looked after the child, the child would go into care; I am paraphrasing them. After that, they did not want anything to do with social work—they just wanted to be given the money to get on with looking after their grandchild.

David Williams: It is clear to us that we continue to have a degree of responsibility for the wellbeing of the children whom we have placed. At the moment, there are about 1,000 such children. That is a significant issue. We recognise that if kinship carers were not available to us, those children would be looked after.

David Whitton: That would probably be more expensive.

David Williams: Without question, it would be infinitely more expensive. However, as a service, we cannot simply accept it when kinship carers say that they do not want anything further to do with us and that we should just give them the money. We expect children to continue to thrive in kinship care placements and their carers to be able to give them the support that carers must be able to give. If we do not assure ourselves of that, there is a possibility that placements will be disrupted and that the children concerned will eventually come into looked-after arrangements. That is a further disruption for them and a further rejection of them as children that adds to the loss and change that they have experienced and to the issues that make life difficult for them subsequently.

It is important for us to continue to engage with carers proactively and in a constructive way. I think that we do that. Across Glasgow, we have five forums for kinship carers. Officers of the social work department meet those groups on a regular basis. As our submission outlines, we are also developing programmes of support, based on the triple P model, that will provide additional support and learning for carers, to ensure that they are able to continue to do the job.

David Whitton: In your submission, you refer to Cordia services and Addaction pregnancy support and early years service. As I understand it, those services are run at arm's length from the council, and you are thinking of bringing them in-house. In order to do that, you are going to recruit some band 3 family support workers, whatever they are.

David Williams: Cordia is one of the organisations that are run at arm's length from the council, but Addaction is a third-party, voluntary organisation that is undertaking that aspect of the work for us. The programme of intervention that the two organisations provide has been in place for this financial year and the previous year. We are currently reviewing the impact of those two services, with a view to considering where we go in the next financial year.

The investment will continue to be made available, but we have made no decisions about how that service will be delivered, so there are no commitments around the recruitment of family support workers in the council—

David Whitton: From reading your submission, it seems to me that you might need those 500 extra health visitors if you decide to take the service in-house next year.

David Williams: It would be unlikely that we would take things in-house, given the current climate with regard to recruitment. Whatever we do, the service will continue to be delivered by a third party.

David Whitton: Forgive my ignorance, but what is the difference between a band 3 family support worker and a health visitor?

David Williams: I do not have that level of detail, but I would be happy to find out and come back to you on that.

The Convener: If you wish, you can submit that to us in writing.

I am informed that Nottingham and Glasgow are in fact comparable. Have you heard any evidence from Nottingham this afternoon that would be applicable to Glasgow?

Maureen McKenna: Yes—much of the work would be. As a maths teacher I was intrigued to hear that Nottingham City Council is using financial data to target resources, and using customer segmentation to identify its target audience. I like the work that it is doing in joining together the health and family workers. I have also written down some other things, such as the idea about a saving to the system.

I am interested in how Nottingham has tackled much of the work. When I looked at the council's website, some of the programmes looked broadly similar to ours, but Nottingham appears to be several years further on from where we are. I am interested in how it is measuring the impact and outcomes; it is much more sharply focused than we are on those measurable outcomes.

In Glasgow, one of our problems is that we do not take enough time to step back and look at the big picture. We tend to get overwhelmed by the level of need. We need to step back and take a more analytical approach.

David Williams: I am interested in what was said about domestic violence, and some of the actions and activities that Nottingham undertakes in that respect. I would be happy to find out more about that, and to talk to colleagues in our community safety services and the police about how we could take things forward.

The Convener: I am aware that further witnesses are appearing before us today, so I will have to draw this session to a close. Do you have any last words to add?

Maureen McKenna: No, not at all. Thank you very much.

The Convener: As someone who was born and brought up in Glasgow, I wish you well in your work on behalf of its citizens. We will take a short break.

15:59

Meeting suspended.

16:01

On resuming—

The Convener: I welcome our third panel of witnesses. From the Convention of Scottish Local Authorities, we have Ron Culley, team leader, health and social care, Sarah Fortune, policy manager for finance, and Robert Nicol, team leader, children and young people; and from the Scottish Council for Voluntary Organisations, we have Mr Ruchir Shah, head of the policy and research department.

Your submissions consider preventative spending on health and social care. The SCVO focused on the need for independence and user empowerment, for example, while COSLA discussed the integrated resource framework for health and social care. How are the voluntary sector and local authorities working together to ensure that you achieve the goal of making the radical changes to public service delivery that both sectors think are required?

Ron Culley (Convention of Scottish Local Authorities): We work closely with the voluntary sector across a range of areas of work. At a national level, we have a relationship with SCVO, and we are taking forward a piece of work specifically on health and social care. We have an infrastructure set-up on health and social care that SCVO and other voluntary sector and private sector interests are involved in through the reshaping care for older people programme. That is being taken forward at a national level with a view to getting buy-in from voluntary sector organisations, because it is the view of COSLA, the Scottish Government and, indeed, the NHS that the voluntary sector will be integral to any work that we do to address that problem. We hope to continue to build on that piece of work. At a local level, there continue to be strong partnerships through the community planning mechanisms.

I agree with the sentiment at the heart of your question, which is that a strong partnership approach must be evident as we pursue the health and social care agenda, and that we must reach out to the voluntary sector. We must also reach out to the private sector. The fact that a large proportion of social care is delivered by private sector organisations is often overlooked. We want to have a relationship with the voluntary sector, but it is also important to foster a relationship with private sector providers.

The Convener: Multifaceted problems usually require multifaceted solutions.

Ron Culley: Indeed.

The Convener: Does anyone else wish to respond?

Robert Nicol (Convention of Scottish Local Authorities): I would like to say something specifically about children's policy, which is my area. We have been involved in a piece of work that directly involves the voluntary sector, although not specifically the SCVO, on the commissioning of children's services, particularly in secure care. We are well aware that we will have to focus on that area in the future. Quite a lot of work is being done at the national level on how the commissioning and procurement of services can be improved. Many of those services will be delivered by the voluntary sector at a national level. That is another example of something that we are increasingly focusing on in the hope, obviously, of delivering improved services and perhaps also saving money, which we may be able to reinvest in other areas.

Ruchir Shah (Scottish Council for Voluntary Organisations): It is worth highlighting that the SCVO, in partnership with Voluntary Health Scotland and several other health partners in the

voluntary sector, released a report today that looks at the role of the third or voluntary sector in health and social care. The report specifically focuses on health. We looked at a number of ideas, particularly in relation to how to bring together and align health and social care within the public sector and the implications of that for our sector, and we pushed a little more some of the concepts that were discussed earlier, particularly to do with total place and place-based budgets. If those ideas are properly implemented, they could have a strong impact on communities and on delivery by voluntary organisations in areas. I am aware that total place budgets have been explored in Nottingham and that, in Glasgow, Gordon Matheson has said publicly that he is keen on Glasgow City Council looking into the matter. Therefore, there seems to be a bit of an appetite for more alignment of health and social care budgets and other budgets in an area. From a voluntary sector perspective, I make the plea that the process needs to involve voluntary organisations right at the root of discussions at that level.

On the voluntary sector and collaboration more generally, we have a strong collaborative ethos in our sector, in which there are around 45,000 organisations, and there are a number of consortia-based models throughout Scotland. A good example of such a model that comes to mind is the reaching older adults in Renfrewshire project. Based in Renfrewshire, it brings together various community transport volunteer organisations, befriending organisations and local volunteer centres to try to provide older people throughout Renfrewshire with more independence.

Such prevention approaches have not really been discussed much in the evidence that the committee has received to date, which has focused more solidly on the early intervention area of prevention. Part of our message about how the voluntary sector collaborates and comes together with other organisations and public and private sector partners is that the committee should widen the scope of what it is considering and look at other prevention approaches. It is not just the minus one to three-year-olds who should be considered; the wide range of other prevention approaches should also be considered. They will have outcomes and impacts on the outcomes for zero to three-year-olds as well as on a range of other areas.

The Convener: If models of co-operation exist, how do we encourage their extension elsewhere?

Ruchir Shah: One big thing that we have asked and pushed for is more demonstration pilots in areas in which voluntary organisations can potentially work in partnership with other organisations in the public and private sectors. There has been a lot of talk about the finances not being available to move into demonstrations and simply going straight into interventions, but the radical solutions that we think are needed to improve public services mean that we will need to be quite risky in our approaches. Different models of consortia and public service interventions, such as the reaching older adults in Renfrewshire project, will be required.

Another example is the North Lanarkshire recycling consortium, which brings together public partners with providers in the voluntary sector that are different in scale. Investment in pilot projects throughout Scotland could be a useful way of building things up and assessing the differences that such partnerships can make.

Malcolm Chisholm: I am interested in the following sentence in COSLA's submission:

> "Further thought also needs to be given to disinvesting in the services which serve to consolidate the reactive service provision."

That is a realistic comment, given the budgetary situation that we face. If we really want to shift spend into preventative work, no doubt we will have to disinvest in some other services. You rightly note that that will present great political challenges. I suppose I am asking for any thoughts that you have on the issue of disinvestment.

Ron Culley: That gets to the heart of the challenge that we face in Scotland. I guess our starting position is that, when we look at the structural problems that we face around health and social care, we often examine the issue in budgetary terms, because it is well known that, following the UK spending review, there will be a diminishing amount of public finance available in Scotland. However, that is not the major problem. It is demographic change that will create the primary challenges in the health and social care networks throughout Scotland. If we are to have a strategic response to that problem, we need to think about a process of investment and disinvestment, precisely because additional finance will not be available.

We envisage that that will happen at different levels of public life in Scotland. Part of the work will involve shifting resources within council expenditure and moving away from certain models of care towards other models. For example, in recent years, we have seen some authorities move away from institutional care and residential facilities towards supporting individuals in the community. That has been particularly advantageous, not just in terms of the outcomes that are experienced by the individuals concerned, which are usually better where there is community support, but in terms of the resources that it releases. The challenge with any institution is that

there are a range of fixed costs that remain, irrespective of the level of need of the individual who is a resident of the facility. If we can find a way to disinvest in that type of facility, we can then offer a spending arrangement that is more tailored to meeting individual need.

That basic principle is also something that we hold on to at a second level of investment and disinvestment, and that is between organisations. If we are to prioritise early intervention and prevention, we need to think about the matter in those terms as well. Part of that will involve difficult political decisions—we highlight that in our submission—particularly when it comes to big institutions such as hospitals and the number of beds, wards and so on. Those issues often create political challenges, not just for parliamentarians but for elected members in councils. Nonetheless, there is an opportunity in the next few years, given the financial constraints and the need to take action in relation to the demographic issue, to move towards an arrangement in which we envisage a new model of care that moves away from institution-based approaches to more community support, early intervention and so on. That will involve difficult decisions.

I am not saying that there will be a black-and-white arrangement. We are not suggesting for a moment that we can do without hospitals and prisons—of course we cannot. However, we need to address questions of the balance of care and the attendant political issues that go along with that. Our hope is that, if we can deliver on that agenda both nationally, in terms of parliamentary leadership, and locally, with elected members driving the agenda forward with their communities, that will make the political challenges less severe.

Joe FitzPatrick: This far into our inquiry, we are all pretty sold on the idea of early intervention and prevention. We have heard some fantastic evidence, and today we have had some good evidence about the need for partnership working if we are to be able to deliver those early interventions. My question is specifically on budgets. It is always difficult to get people to give up part of their budget. One area of thought suggests that the way to make sure it happens would be for the Scottish Parliament to ring fence money and say, “This has to be spent on that”, but another suggests the exact opposite: that more and better flexibility would allow the various agencies to work in partnership and get spending into early intervention. Which of those two possibilities do you think is the best approach?

16:15

Sarah Fortune (Convention of Scottish Local Authorities): COSLA would certainly resist any calls to ring fence funds. That has been our agreed approach throughout the discussions on this spending review and previous spending reviews. We believe that ring fencing protects individual silos, particularly in this financial climate. Local government is committed to single outcome agreements. We believe that that approach gives councils and their partners the flexibility to use resources in the best possible way to secure the best possible outcomes.

Ruchir Shah: The SCVO came out pretty strongly against ring fencing any NHS budgets. We believe that it is fine to prioritise an area such as health, but that does not necessarily mean ring fencing the associated budget. There are many other ways to fund health outcomes, using sources that might be completely unrelated to the NHS budget.

If prioritisation is to be done successfully, it has to be done through an element of co-production that involves working with communities and key partners rather than just trying to work everything out in a closed room and then telling everyone what is going to happen. One of our ambitions is that there should be a social partnership at a strategic level that involves the voluntary sector, the unions, business groups and others, so that we can all consider the issues together and work out what some of the priorities are. That should be replicated at all levels. At the local level, for example, there should be a strong element of working with communities, to work out what the local priorities should be.

That sort of approach works. I refer you to an example in which people in a local community came together to decide whether to spend the small amount of money that was up for grabs on play parks, community transport or some other priorities. At the end of the discussion, one of the participants who did not convince the others that the money should be spent on the issue that she thought should be the priority—community transport—said that she was completely happy with that, because she had a chance to be involved in the discussions and to contribute her views. That shows that, unlike ring fencing of particular budgets, that approach is a really good way of ensuring community buy-in.

Joe FitzPatrick: The concordat was one of the tools that allowed the removal of ring fencing. How could the concordat be taken forward to ensure that the sort of partnership working that we are talking about allows more early intervention to be achieved?

Robert Nicol: That is a difficult question. The concordat is about the relationship between local government and the Scottish Government. Whatever happens in the next few months, we will need that relationship to be a strong one if we are

to deal with the issues that are going to arise in relation to early intervention.

I have been involved with the early years framework for the past few years. The framework came about because of that relationship between local and central Government and, without wishing to overegg the pudding, it has been held up as a policy that is right for the times. I do not see the policy necessarily shifting away from early intervention and prevention, as that policy is quite right. However, it could have come about only through a strong partnership between local government, the Scottish Government and the voluntary and private sectors. It was built from the ground up, using a variety of participants from a range of organisations.

Joe FitzPatrick: Could the relationship between local government, the Scottish Government, the voluntary sector and others be formalised somehow?

Ruchir Shah: Yes, absolutely. If we are going to build on the concordat, there needs to be much more of a process going forward—and that process needs to involve much more input and to be more considered. We need to think things through a lot better. I am not talking about endless discussions; I am just saying that we need to think things through, because we will be making some quite critical decisions about the limited amount of funding that will be available to Scotland.

Of course, there were political realities and imperatives involved in the original version of the concordat. Our sector was not happy with the range of outcomes; it did not feel that it had made an input on behalf of communities. Voluntary organisations provide a channel for many of the most vulnerable people—the people who are the most distant from decision making that you can find—and we felt that that channel was not used properly. Going forward, we support any move to have a concordat or concordat-type agreement that involves a much wider range of players, including the voluntary sector.

Derek Brownlee (South of Scotland) (Con): On reading the COSLA submission, I was struck by the sentence:

"COSLA would argue that we need to be bold and radical in designing a new approach to public service provision."

I agree with that.

The submission goes on to give examples of

"simultaneous action at three levels",

with the examples being

"a. Disinvestment and Reinvestment within individual public sector organisations;

b. Disinvestment and Reinvestment between public sector organisations;

c. Investment and Disinvestment at a Government level."

There is no mention of disinvestment and reinvestment from, for example, public sector organisations to the voluntary sector. Should we read anything into that?

Ron Culley: No, I do not think so. Let us start from the position that we face major strategic problems over the next few years in Scotland and that that will require a level of partnership across the different spheres—in the first place between national Government and local government and, beyond that, between the various stakeholders in a local arrangement, including the voluntary sector, the private sector and statutory bodies. There is a series of challenges that we will have to address together. That does not come with an agenda that is necessarily pro any one partner in the arrangement. In fact, perhaps unusually for COSLA, the submission is intended not to be any sort of grab for local government; it is meant to reflect where we see the challenges over the next few years and is based on a partnership approach. We absolutely believe that there have to be strong partnerships at the local level between the voluntary sector, the private sector, the NHS, the council and other community planning partners. There is no hidden message in the statement.

Derek Brownlee: You give some good examples of the issues between public sector organisations. I was struck that COSLA says in its submission that

"Community planning arrangements will also be hugely important in shifting to an early intervention approach."

In its submission, the SCVO says:

"This must go beyond the tokenistic 'place at the table'".

I seek a degree of comfort that we are getting beyond the warm words that we all can spout. Are there good examples of that approach working in practice? Whether it involves councils or other parts of the public sector, is there a genuine shift in either direction between public sector provision and voluntary sector provision where that is in the interests of the service that is being provided?

Ruchir Shah: In the reshaping care for older people initiatives that are being championed in the Scottish Government, there is a lot of welcome engagement with our sector. The health report that was released today makes reference to that.

I am aware of the discussions between COSLA and the Scottish Government to plan and model future demand and how demand changes. That is a really important piece of work. I make a plea that you should think about involving the third sector in those discussions. We can bring a perspective that would be helpful, particularly around

prevention and preventative spend. There is some good stuff out there, but there is still a way to go, and opportunities are still available.

Ron Culley: I absolutely agree with Ruchir Shah. That work is a central component of our agenda, and we have ensured that opportunities have been made available. In fact, Martin Sime, the chief executive of the SCVO, has been involved in the conversations on reshaping care, and we need to consolidate that work both nationally and locally.

There are good examples. Earlier witnesses have reflected on total place, and although we do not have a good example of total place in Scotland I think that we are moving towards it. Ruchir mentioned the activity and public-social partnership in Renfrewshire. That is the beginning of a move towards a total place-type agenda. We have reason to be confident that we can move towards an arrangement in which all the partners buy into a process through which we address difficult problems together.

Linda Fabiani: That is a very optimistic view. I think that we have all bought into the total place agenda—everybody recognises that it is a good thing—but the theory is often different from the practice. I know that there are good examples of partnership working: Ruchir Shah spoke about some, and we see good examples here and there. That is fine and everybody is talking happily at local authority and health board level about partnerships with the voluntary sector, but it seems to me that, until the statutory authorities really and truly buy into partnership working and the total place agenda, we are just tinkering around the edges.

In evidence, we have seen some small examples of initiatives that make us think, "Gosh, that is so sensible." I will give you one anecdotal example. Somewhere in the south of England—I cannot remember where—a health board paid for a specific housing scheme to be gritted because it knew that doing that would provide an on-going saving in the fracture clinic as the winter went on. It was very sensible and absolutely preventative spending, but sadly I do not get the feeling from anyone I have spoken to in Scotland that such a simple measure would be taken in the near future by our public services. What is it about the statutory public authorities in Scotland that means that they do not seem willing to take simple, small measures that would at least set us on the road to the total place agenda?

Ruchir Shah: I will kick off on that question—I have a perspective on it. There are some difficulties, which you touched on in the earlier evidence sessions. There is a lot of professional and institutional protectionism, and there is also a lot of pressure for short-term results. A lot of the preventative approaches, such as total place, can be difficult to measure in advance. We heard from Glasgow City Council that it wants to base everything on strong evidence, but to some extent we are going to have to take some risks—otherwise we will not get anywhere. I was a little disheartened when I heard from Glasgow that it wants to implement something on total place but focus on only one theme or area. If it does that, the initiative is no longer total place. Total place is about the total spend in an area.

The good thing about total place, and the reason why I am a bit more optimistic, is that pilots in Manchester and Birmingham have already tried to implement it. It is still early days, and a lot of the results will take some time to come through, but at least some of the institutional barriers have been addressed in putting forward a total place model. Ian Curryer told me earlier that Nottingham is also exploring total place. Given that local authorities such as Glasgow have expressed an interest in total place, there seems to be a cross-sectoral appetite for putting it into practice.

The danger is that total place slips into an agenda in which public authorities think just about their own budgets and spend and therefore exclude other providers. We need to ensure that that does not happen.

Sarah Fortune: I will build on what has been said. COSLA believes that there needs to be a model to help and support the practice. It is challenging. It will never be easy when different institutions are involved, especially at the moment, when we are all facing extremely difficult financial challenges in the public sector, but the need to create the ability to do the work is probably even more pressing. We have to develop a model that allows resources to flow. That is increasingly important, given that we know that resources will deplete in not just the next financial year but the years to come.

16:30

The Convener: How would such a model be created? Who would create it? How could the idea be turned into practice? What organisation could or should do that?

Ron Culley: I think that we have started to test that idea through the integrated resource framework. I accept that, at the moment, that is limited to the interface between the NHS and local government but, nonetheless, it offers an opportunity to think about budgets holistically instead of looking just at the social care budget in a council, the community health care budget or the acute sector budget. By looking at council and NHS budgets in the round, we will begin to understand cost and activity across localities. If we

encourage councils and NHS partners to come together to reflect on spending patterns to assess whether we are spending in the right ways and the right places and whether we are targeting appropriately, we should be able to design a series of protocols that will allow for different investment decisions to be taken, if that is appropriate.

The Convener: What is the communication link between the NHS and councils? How would they communicate such a wish and turn it into a reality?

Ron Culley: Generically, a variety of links exist. As well as the links through community health partnerships and community planning partnerships, there are direct linkages in service delivery and management discussions. The IRF has been driven forward at a national level by COSLA, the Scottish Government and NHS Scotland, so it has a degree of momentum. There are four test sites, which we hope will give us an indication of how easy it is to address such issues, to look at budgets flexibly and to consider making different types of investment decisions across the health and local government divide.

Tom McCabe: What did you mean by "how easy it is"? Are you saying that there are legal or statutory barriers? If it is just a question of people coming together, surrendering some of their budget, agreeing the line management structure and giving people the authority to make alterations if the evidence suggests that that is necessary, what are the barriers to that? Why do we need to keep relearning these things? It is doable, is it not?

Ron Culley: Absolutely. I accept your point. Nonetheless, there are challenges within that—

Tom McCabe: What challenges? Professional challenges? Demarcation challenges?

Ron Culley: Both. To give you an example, it will be particularly important over the next few years that councils and the NHS have the capacity to align their budget-setting processes because, at the moment, the NHS budget-setting process takes place much closer to the beginning of the financial year than does the council budget-setting process. Straight away, that creates challenges as regards the investment decisions that each party is committed to for the forthcoming year. That is a practical example of a challenge that needs to be overcome on the co-ordination of spend.

You are right. We face professional challenges, too. On occasion, challenges emerge from the sense of ownership of a particular budget. We are trying to move away from such arrangements. We want budgets to be thought of more as being part of the public purse than as belonging to the council or the NHS. That is where we need to be over the next few years, and we will work hard to ensure that that happens.

Linda Fabiani: Can I carry on now, convener?

The Convener: Yes.

Tom McCabe: I am sorry if I interrupted; public sector reform annoys me—I have been trying to do it for a long time.

Linda Fabiani: Our inquiry is on preventative spending, but public service reform is part of what we are looking at. I sometimes feel quite frustrated that local authorities always seem to be the ones that are charged with not allowing change. We tend to forget that other publicly funded bodies have a big impact in our communities. The health service is not renowned for being flexible in its budgets. Then there are services such as the police service, which should all be coming together. That is my point.

For years, we have had community planning partnerships, which were hailed as the next great thing—the total place of their time. They were to make huge differences but, as far as I can see—and I am willing to be corrected—they have made no real differences, except around the edges. There are now four test sites—I would be grateful if more information on those could be submitted—but there are 30-odd community planning partnerships. How many people are needed in the equation for the 5 million people who live in this country? Surely those who have the power could sit down, work out a way forward and get on with things.

Tom McCabe: It staves off the day.

Linda Fabiani: Aye.

The Convener: Can you confirm that the information that Linda Fabiani has requested can be provided?

Ron Culley: We are happy to submit that information.

Linda Fabiani: Where are the test sites?

Ron Culley: There are four health boards: Highland, Tayside, Lothian, and Ayrshire and Arran. There is a relationship with each of the local authorities in those health board areas.

Linda Fabiani: Are the police also involved?

Ron Culley: No.

Linda Fabiani: That is disappointing.

Ron Culley: At the moment, the focus is on the health and social care pathway, but there is no reason why the model could not be expanded into a broader arrangement in the future.

Linda Fabiani: Community planning partnerships are supposed to do things at a

strategic level, but they have never really got to grips with any kind of partnership or sharing of budgets. There is already a wee structure that could be expanded so that it makes a difference, instead of acting just as a talking shop.

I am now on a rant, so I had better shut up.

The Convener: I would never say such a thing. You have given us good food for thought. Do the witnesses wish to respond?

Ron Culley: Because community planning partnerships have not tended to move towards becoming incorporated bodies, they have operated on the basis of senior individuals coming together to discuss strategic planning issues but without having to commit resources to certain objectives. Within that arrangement and the frequent discussions that take place about how to invest, tensions arise from the patterns of demand that are experienced across the public sector.

Let us take the example of health and social care. Often local government argues that we need to invest more in building community capacity and keeping people independent in their homes through the provision of social care, low-level support and so on and that, in a period of diminishing public finance, that may require some disinvestment from elsewhere in the public sector. Rightly, NHS colleagues argue that that is all well and good, but a reduction in demand is required, so that fewer people turn up at accident and emergency departments. Those are terrifically difficult problems to address, because there is a chicken-and-egg element to them. We must invest in building social care capacity, but it requires a leap of faith to be persuaded that that will result in reduced pressure on the NHS.

Ruchir Shah: It strikes me that the cost of investing in preventative approaches is far smaller than the cost of investing in acute services. Sometimes I wonder about the problems to which Ron Culley refers, because preventative services produce such a huge impact for so little money. I am not a fan of what was said earlier about additionality; I believe that there should be fundamental service redesign. However, it does not cost much to invest in community-based interventions that make a huge difference to demand on acute services.

The Convener: A movement of the mind is required to enable us to understand how the same things could be done far better. Flexibility of thinking is required to allow that to happen.

David Whitton: Paragraph 4 of the COSLA submission states:

"A sophisticated model has been developed to map out expected expenditure over the next six year period".

I am not sure that we have seen that model. We would be grateful if it could be submitted.

Sarah Fortune: I am happy to share some information with you. The model was developed as part of our approach to the current spending review. It mapped out the next six years and considered the anticipated reduction in resources alongside the demand for services. From the model, we estimated that there would be around a £4 billion funding shortfall for local government over that period. That was not attributable solely to decreasing resources; the increase in demand for services played a big part in the overall funding gap.

The model highlighted the full extent of the funding gap and enabled us to consider how we would try to deliver services given the funding constraints that we know about. I am happy to provide more information, but that was the general theme of the discussions around the model.

David Whitton: Was there a breakdown into budget lines such as youth services and services for older people?

Sarah Fortune: It did not break down into individual lines, but it gave a breakdown of respective services and the projections for demand, rather than simply setting out a high-level overall local government budget.

David Whitton: Paragraph 6 of your submission states:

"COSLA would like to highlight that the work being undertaken by the Finance Committee needs to complement the work which local government is undertaking in relation to meeting the financial challenges ahead".

What do you mean by that?

Sarah Fortune: Our submission was based largely on what we submitted to the independent budget review panel; there are a lot of inquiries going on. The main messages are the same throughout all our submissions, including the paper that we submitted to the Local Government and Communities Committee on the draft budget.

We wanted to ensure that we took a consistent approach to the messages that we included in the submissions, and we hope that the Finance Committee will consider our submission in that light.

David Whitton: In paragraph 7, you discuss "the financial challenges ahead" and state that there should be no protectionism in any area. For consistency's sake, I will let you put on the record that that means that you do not want the health budget to be protected, and that you believe that it should take its share of the cuts. Is that right?

Sarah Fortune: I am not a politician. We will know what the outcome is tomorrow when the budget is announced.

As part of local government's submission around the spending review and the challenges ahead, we put forward in our paper to the independent budget review panel our position that if the health service is protected, that will have a significant knock-on effect on how other parts of the public sector should meet the challenges. From a local government perspective, one of our main concerns is to protect our share of spend. We are not saying that we do not expect any reduction in resources; it is about protection. We were just highlighting the impact, and noting that if you protect one area of spend, especially a large area such as the NHS, that will have consequences for delivery in the rest of the public sector.

David Whitton: But many of the things that we have discussed bring together health spending and local government spending. If those two areas come together, does it really matter if health has more money than local government? You would be sharing the budget anyway.

The Convener: Who wishes that question Does Mr Culley want to have a shot?

16:45

Ron Culley: I would be delighted to. Our position on protecting the NHS budget is that we need to be awfully careful about that. Health and social care, as you rightly say, are so integrated now in terms of the pathways that people experience that it makes no sense at all to protect the NHS in isolation from the rest of the social care services that people are currently offered.

If NHS budgets were protected at the expense of social care, that would be bad not just for local government and for the provision of social care but for the NHS, because people would follow the money and end up in hospital rather than being supported in their community. That would not be good for the NHS or local government, and it would certainly not be good for the individuals involved.

We need an imaginative approach that recognises the interdependency of health and social care. At some point, there will be a discussion about whether and how those budgets could be shared and whether there is flexibility within that, but our starting point is that it would be a retrograde step to support the NHS budget at the expense of other parts of the public sector, and I think that, privately, NHS colleagues would admit that.

David Whitton: Yet you said earlier, Mr Culley, that your submission is not a grab for local government.

Ron Culley: Indeed. This is all about the individual. We want to enhance individual outcomes, and I do not think that an older person wants to end up in a hospital; I think that they want to be supported in their community. That is at the heart of the matter.

David Whitton: In paragraph 24 of your submission, you call for

"leadership at a national level and willingness to make difficult political investment decisions as part of the Scottish Budget."

Can I translate that into meaning that you would prefer to see a three-year budget rather than a one-year budget?

Linda Fabiani: Oh, for goodness' sake, David! Dear, oh dear.

Tom McCabe: He has been drinking coffee all afternoon. [*Laughter*.]

The Convener: Do you want to resist the temptation to comment on that?

Linda Fabiani: I think you should.

Sarah Fortune: We are not politicians. Obviously having a one-year budget raises significant difficulties in trying to plan for the much longer term as part of good financial planning. We would certainly advocate good planning.

Tom McCabe: Do you think that the Government should resign? [*Laughter*.]

The Convener: We will move smartly on.

David Whitton: Thank you, convener.

The Convener: We are hearing a recurring theme that solutions require joint working, co-operation and perhaps even joint budgets, but in Scotland we seem to be divided into silos and everybody is guarding their own particular back garden. That merits a great deal of thought. It will be difficult to change things, but it is essential that we think through the problems to see how best we can use the scarce resources for the benefit of the people we serve. You have brought that home to us.

Linda, did you want to come back in?

Linda Fabiani: Yes. I have one final comment. If solutions to big problems need joint working, perhaps we should remind Mr Whitton of that.

The Convener: I rather regret having let you in. I must now draw the session to a close. I thank our witnesses for their presence and the evidence that they have given today, which has been a great help to the committee's inquiry.

Subordinate Legislation

National Health Service (Superannuation Scheme, Pension Scheme, Injury Benefits and Additional Voluntary Contributions) (Scotland) Amendment (No 2) Regulations 2010 (SSI 2010/369)

16:48

The Convener: Are members content simply to note the regulations that have been referred to us?

Jeremy Purvis: I am not, because I am not aware of the financial implications. There might be some or there might be none. The note from the clerks is helpful, but I do not know whether the 13.5 per cent rate that the NHS in Scotland will pay is any different from beforehand and whether that will increase payments. I do not know whether the calculation for the personal contributions is different. I do not know to whom some elements of the changes will apply.

Whether we ask the Government for more information or secure information from elsewhere about whether there are any budgetary implications, it would be helpful to know, but if—

The Convener: To satisfy your justified curiosity, we could hold the matter back until next week and I could write to the Government to get an answer to your question. Would that be helpful?

Jeremy Purvis: Yes.

The Convener: I therefore close the meeting.

Meeting closed at 16:50.

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