

To: Renfrewshire Community Planning Partnership Board

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Report by:

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Prevention Agenda

1. Summary

- 1.1 The Finance Committee of the Scottish Parliament is currently conducting an inquiry into the delivery in Scotland of the prevention agenda, as recommended by the Commission for Public Service Reform (Christie Commission) in 2011. The premise of the Finance Committee's inquiry is that progress towards a "decisive shift to prevention" has been slow and that the pace needs to accelerate. This paper provides an update on initial recommendations to the Parliament and proposals for Renfrewshire Community Planning Partnership Board to provide oversight regarding the delivery of the prevention agenda in Renfrewshire.
- 1.2 Paul Cairney, Professor of Politics and Public Policy, University of Stirling, has reported to the Scottish Parliament in March 2016 with recommendations for progessing the prevention agenda.
- 1.3 Renfrewshire Community Planning Partnership will be reviewing its partnership arrangements and delivery during 2016. As part of this work, it is proposed that the Community Planning Partnership takes the opportunity to embed long term prevention of inequalities and future demand on services as a specific focus of the review, in line with the recommendations emerging from the Scottish Parliament inquiry.

2. Recommendations

- 2.1 It is recommended that the Partnership Board:
 - (a) Agrees to provide oversight on activity being carried out across Renfrewshire Community Planning Partnership to ensure that the prevention agenda has the appropriate focus in planning and delivering services.
 - (b) Agrees that, to provide the Partnership Board with information to carry out the proposed oversight of prevention, an overview of prevention activity across all

the thematic boards is included within the annual performance report to the Partnership Board to be submitted in September each year.

(c) Agrees that the work being progressed to review community planning arrangements and strategic needs to specifically consider prevention as a key focus of long-term activity.

3. Background

- 3.1 The Scottish Parliament Finance Committee has been conducting an inquiry since early 2015 into progress against the prevention recommendations within the Commission on Public Service Reform (Christie Commission) report. The starting point for the Finance Committee is that progress to date has been slow and calls for evidence have focused on what can be done to accelerate this.
- 3.2 Scottish Government/COSLA guidance on Single Outcome Agreements identified a need to "promote early intervention and preventative approaches in reducing inequalities, including a specific plan for how to prevent them."

Preventative approaches were defined in the guidance as being:

"Actions which prevent problems and ease future demand on services by intervening early, thereby delivering better outcomes and value for money."

3.3 As part of the Finance Committee's inquiry, Professor Paul Cairney, Stirling University, has submitted the following recommendations to the Scottish Parliament to accelerate the pace of the prevention agenda in Scotland:

Recommendation 1

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

Recommendation 2

Clarify the primary aim of prevention policy, to help measure progress and gather/spread evidence of good practice. Is it to: produce scientific interventions to reduce inequalities or costs; or, deliver policy in accordance with key governance principles? The answer "both" is not helpful when people make choices to invest in some projects and disinvest in others.

Recommendation 3

State how a broad commitment to prevention should relate to specific commitments to acute or reactive services. This is necessary to clarify how public bodies should meet targets and distribute budgets.

Recommendation 4

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

Recommendation 5

Produce clearer criteria to identify: (a) the evidence that a project is successful and worth learning from; (b) how to balance (and trade off) the need to import specific elements of a programme and adapt it to local circumstances.

- 3.4 In his submission to the Scottish Parliament, Professor Cairney summarises the responses to the challenge that progress of reform has been slow and the identification of main barriers to change as follows:
 - The scale of the task is huge and problems are "wicked". It would be
 unrealistic to expect a "decisive shift" in a few years. Instead, we should
 develop meaningful and realistic measures of promising outcomes, with a
 baseline and milestones of progress. In many cases, we should accept that
 local bodies only have the ability to mitigate problems of inequalities, not
 solve by addressing their "root causes".
 - "Prevention" is ambiguous. To track meaningful progress, governments need to identify their priorities and specific objectives rather than a vague pledge.
 - Prevention is akin to capital investment, not a quick budgetary fix. Central governments will undermine their prevention aims if they give local authorities more responsibilities, but less money.
 - Reactive services always come first. Long term prevention aims are highly supported in principle, but they do not compete well with more reactive policies dealing with current and more urgent problems.
 - Prevention involves redistribution. Public bodies face a backlash when they remove money from existing services to pay for new preventive measures.
 - Performance management is not conducive to prevention. The highest profile central government targets are focused on protected outputs (e.g. numbers of public service staff) and short term targets (e.g. waiting times for treatment). Public managers would *like to produce better long term outcomes but have to meet narrow targets*.
 - The benefits of prevention are difficult to measure and no-one agrees on how to produce the evidence. Few prevention benefits are "cashable" in the short term, and it is difficult to compare abstract future benefits or savings favourably with current services with a more visible impact. Prevention advocates need a convincing evidence base, but there is great uncertainty about how to gather and use evidence.
 - Governments face major political and ethical dilemmas. Many prevention and early intervention initiatives involve intervening significantly in people's lives to change their behaviour, and /or targeting resources to benefit or potentially stigmatise target populations.

- Renfrewshire Community Planning Partnership responded to the initial request for 3.5 information from the Scottish Parliament and included examples of good practice in prevention in Renfrewshire, such as the Positive Parenting Programme, Tackling Poverty Commission and moves to strategic based commissioning.
- 3.6 Renfrewshire Community Planning Partnership is reviewing during 2016 its working arrangements and strategic focus. This is an opportunity to look specifically at the role of the partnership in driving consideration of policies and programmes that deliver prevention outcomes. It is proposed that the Community Planning Partnership Board provide specific oversight on activity aimed at preventing inequality and reducing the demand for services. In order to inform the Partnership Board, it is proposed that the Annual Report to the Community Planning Partnership contains comment on progress on the prevention agenda in Renfrewshire and that future work to review need and demand for services in Renfrewshire provides a specific focus on prevention in order to direct the longer term work of the community planning partners.

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