

**GLASGOW COMMUNITY PLANNING PARTNERSHIP STRATEGIC BOARD MEETING
AT GLASGOW CITY CHAMBERS
ON TUESDAY 13 SEPTEMBER 2011
2.00PM**

AGENDA

1. Welcome and Apologies
2. Minutes of Last Meeting of 21 June 2011 (attached)
3. One Glasgow (attached) – Report by George Black
4. Presentation: .A New Approach to Community Facilities – Susan Deighan, Glasgow Life
5. Presentation: 'Triple P' Update –Mark Feinmann
6. Date of Next Meeting:
 - a) Tuesday 13 December 2011 – 2pm



DRAFT MINUTE

Meeting of the Glasgow Community Planning Strategic Board on Tuesday 21 June 2011 at 2pm in Glasgow City Chambers

Present: Councillor James Coleman (Glasgow City Council - Chair), Councillor Stephen Curran (Strathclyde Police Authority), Andrew Robertson (NHS Greater Glasgow and Clyde), Gordon Sloane (GHA); Martin Johnstone (Third Sector Forum)

Apologies: George Black (Glasgow City Council), Brian Sweeney (Strathclyde Fire & Rescue); Anne Hawkins (NHS Greater Glasgow and Clyde); Stephen House (Strathclyde Police); Stuart Patrick, (Glasgow Chamber of Commerce),

Attending: Ruairaidh Nicolson (Strathclyde Police); Annemarie O'Donnell, Jim Gray, Colin Edgar, and Paul Kilby (Glasgow City Council); Heather Voisey & Maureen Dowden (GHA); Lewis Ramsay (Strathclyde Fire and Rescue); Peter Davies (BMG Research)

1. Welcome and Introduction

Councillor Coleman welcomed everyone to the meeting. Apologies were noted above.

2. Minutes of last meeting – 22nd March 2011

The minutes of the previous meeting were agreed as an accurate record.

3. Matters Arising

'Triple P'

Jim Gray advised that an update regarding the 'Triple P' programme would be provided at the meeting of the GCPP Strategic Board on 13 September 2011.

Local Integration Networks

Jim Gray advised that the GCPP Executive Group had signed of the activity programmes and funding awards for the networks in the South and North East areas. There had been ongoing issues in relation to the three networks in the North West. Following further discussions with these networks they have agreed to submit a revised proposal for activities in the remainder of 2011/12. If considered as delivering on the GCPP equalities priorities, then the awarding of the grant to these organisations will be signed-off by the Chair of the GCPP Executive Group in consultation with the Chair of the GCPP Strategic Board.

4. Neighbourhood Management

a. Presentation: Outcome of the Survey

Peter Davies (BMG Research) provided the meeting with an overview of some of the main findings of the Neighbourhood Management survey carried out across the city.

b. A GHA Perspective

Heather Voisey and Maureen Dowden outlined some of the main issues being taken forward by GHA in relation to the outcome of the Neighbourhood Management Survey and GHA's Tenants' Survey. Further information would be brought to a future meeting regarding the outcome of the further work being carried out by GHA into the findings of the survey.

c. Discussion: A Way Forward for the Partnership

The board discussed the issues highlighted in the survey and agreed that further information will be circulated to board members when available and that a further detailed discussion regarding the survey should take place at the next meeting of the GCPP Executive Group/

5. Fatal Incident Analysis Report

Lewis Ramsay provided the Board with a detailed analysis of fatal incidents within the Strathclyde Fire and Rescue area for 2010/11. Following discussion by the Board noted the content of the report.

6. Updated Governance Framework and Scheme of Delegation

Jim Gray spoke to a report which outlined proposed updates to the governance documents in relation to the functioning of LCPP Boards and GCPP Scheme of Delegation. These revisions have been drafted in conjunction with GCC's Legal Services. The proposed amendments clarify a number of technical points which reflect the changing partnership environment, and provide a clearer Scheme of Delegation for the partnership.

Following discussion, the GCPP Strategic Board agreed to:

- a) Note the content of the report.
- b) Respond with any comments on the revised governance documents to Democratic Services by Friday 15th July.
- c) Delegate final sign-off of the documents, following incorporation of comments by board members, to the Chair of the Strategic Board in advance of circulation to Local CPPs in August 2011.

7. Date of Next Meeting:

Date of the next meeting was noted as Tuesday 13 September 2011 – 2pm

ONE GLASGOW

24 August 2011

1.0 Background

- 1.1 The public sector in Scotland is facing an unprecedented time of financial restraint. Glasgow core partners face a number of financial and resource challenges. For example, based on current predictions, the Council is considering funding scenarios based on average real reductions of 12% over the financial years 2011 to 2014.
- 1.2 Core partners established the One Glasgow approach to review, demonstrate and recommend how the Council, GHA, NHSGGC, Strathclyde Police, Strathclyde Fire and Rescue and DWP/Jobcentreplus as a partnership can maintain or improve outcomes in the city while delivering services with fewer resources and;
- Redesign services through joint working to deliver improved outcomes using evidenced approaches,
 - Reduce duplication, ‘de clutter’ service provision by streamlining joint processes and stop doing some things, and
 - Redirect resources to more effective service approaches.
- 1.3 The current reform agenda taking place within the Scottish Public sector will be a factor in how public sector bodies work together in the future. Both the current police and fire and rescue structures nationally are under review and there are plans to consider the how social care is delivered in the future. The consultation period on a number of these reforms has concluded, and although decisions are awaited, police and fire and rescue services could move to a national or more regional model. Partners consider it important that whatever structural arrangements are in place, these services can retain a city focus.
- 1.4 In England, where public sector bodies are facing similar pressures, the Total Place programme looked at the amount of spend being incurred by all parties in a particular place e.g. a City, and looked through working better together the possibility of making savings and improving levels of outcomes. This work used two main methodologies: the ‘counting’ process that maps money flowing through the place (from central and local bodies) and the thematic/service focus through “deep dives” that explored links between services and identifies where public money can be spent more effectively, most commonly through service design around the citizen. One Glasgow adapts and draws on this approach.
- 1.5 This is a summary report which outlines:
- the scope of the work we have completed on One Glasgow,
 - Key findings and recommendations,
 - The outcome of the high level financial count and workshops,
 - Draft action plans for consideration,
 - Future funding options, and
 - Asks of Government

A more detailed background research report outlining the financial count and the mapping of current service approaches is available separately.

2.0 Scope

- 2.1 The One Glasgow project was led by the Chief Executives and Chief Officers from the following Organisations: Glasgow City Council, NHS Greater Glasgow and Clyde, Strathclyde Police, Strathclyde Fire and Rescue, Glasgow Housing Association, Department of Work and Pensions and Job Centre Plus. This Group is in a position to join up important themes that impact on all Glaswegians and to see the pan-Glasgow position on public services.
- 2.2 The Core Partners selected three priority themes to explore as part of the developing approach. They are:
- Children aged 0-8, specifically early intervention approaches for this group and their families,
 - Reducing offending targeted at those aged 12 - 25 involved in anti social behaviour or in the criminal justice system, including prison leavers.
 - Older people aged 65 and over, specifically those in single households to assist them to live in the community and minimise acute interventions and hospital admissions.
- 2.3 The themes selected also linked current or emerging priorities for the Scottish Parliament including a significant focus on early years through the national parenting strategy, the Sure Start Fund, Early Years Fund and Getting it Right for Every Child. They also reflect its priorities of tackling crime and payback to the community and the reform of health and social care through the Change Fund.
- 2.4 The themes are in some of the higher public spending categories, for example social protection, health and public order and safety, and have the potential to impact upon expenditure not just in local agencies in Glasgow but across the public sector. Part of the approach of One Glasgow is to demonstrate what benefits delivered by the city also create efficiencies and benefits for national budgets and agencies. As the approach develops, city partners will want to make the case for how the efficiencies generated nationally could be better directed or reinvested in the city.
- 2.5 Clearly, the three topics are not the only challenges facing Glasgow but they provide a helpful starting point for the application of One Glasgow because they:
- Affect large sections of Glasgow's population, either directly or indirectly, and attract large volumes of Glasgow's total public service expenditure
 - Require engagement by a number of diverse organisations with vulnerable individuals or groups of Glaswegians who face challenging personal circumstances.
 - Are areas where the governance, financial and delivery landscape is complex and where reducing duplication and improving collaboration on the ground is therefore difficult to achieve.
- 2.6 In summary, these topics exemplify the types of challenges that One Glasgow was designed to tackle. They provide both a frame of reference and a 'test bed' for a genuinely transformational approach to public service management and delivery.
- 2.7 In addition, we were seeking to identify any common themes that could have wider application in developing solutions to Glasgow's challenges. Examples of these include:
- The potential benefits – in financial and outcome terms – of direct and early intervention and a proactive preventative approach.

- Testing the importance of effective and more integrated case management in reshaping the local state around the needs of its citizens.
- Achieving an appropriate balance between central control where it is needed, and devolution to either the local organisations or the individual where it makes sense.
- The possible need to reshape the role of public service professionals to support Total Place approaches to solving Glasgow's pressing social challenges.

2.8 The findings and recommendations in this report are the result of:

- a high level financial count of partner resources in the themed areas,
- a series of six workshops involving a range of agencies, including senior and frontline staff, which identified:
 - Common issues and challenges,
 - Blocks in the system and areas of duplication where we need improvement,
 - Mapping the current systems and what any new approach or joint service would look like.
- Background research on emerging approaches in other cities and in relation to each of the themes.

One Glasgow Partners

2.8 As public sector bodies, the partners manage significant financial and other resources in Glasgow. As an indicator of this:

- The City Council manages a budget of around £2.5bn,
- GGCNHS manages a budget of approximately of £1.8bn revenue and £98m capital (for the whole health board area 2009-10),
- Strathclyde Police has a budget of approximately £110m for the city; and
- GHA £81.8m revenue and £241m capital in 2010-11.

2.9 These partners share 24 joint priorities or outcomes set out in the Single Outcome Agreement (SOA). The current priorities can be grouped into the broad themes of:

- Improved health
- Safer communities,
- A good start in life
- Sustainable communities
- Reduce socio economic inequality
- Regeneration
- Customer service

- 2.10 The challenge, if the public sector is to continue to deliver effectively for Glasgow, is to:
- Remain focussed on our shared priorities and ensure we are delivering results.
 - Not create additional cost for another agency through our individual programmes of efficiency or reform.
 - Explore how we can share services and resources and minimise duplication.
- 2.11 As we go forward, we will need to broaden our discussions to involve the following:
- Third sector
 - Scottish Government
 - Relevant NDPBs
 - National and local organisations involved in criminal justice including COPFS, SCRA and the Scottish Prison Service

3.0 Findings and Recommendations

- 3.1 A number of broad issues emerged in discussion with partners and in gathering information to evidence current and possible future approaches which we will address as the One Glasgow approach develops and matures.
- 3.2 The services we provide are complex and involve a range of partners. The process maps that we have put together as part of One Glasgow on early years and reducing offending demonstrate this clearly. Some of this complexity is built up from the layers of provision and public policy initiatives and interventions at a national and local level over a significant period of time. There is scope to streamline service provision between partners and improve pathways for individuals and families.
- 3.3 As organisations, we do not yet consistently collate financial information in a way that makes it straightforward to count what we spend on a theme or age group in the city. It was difficult to extrapolate some of the financial and performance information we needed from our individual systems and national systems. We could not, therefore, give accurate information on what each service area costs us both in terms of what we spend on these services as organisations and the contribution of other national agencies. Consequently, we need to do further work to cost out in more detail the proposed improvements in the system and what it might deliver. But there is enough information to demonstrate the consequences and cost of not acting and to give the scale of the potential savings and improvements.
- 3.4 There is a high level of awareness of the need to set outcomes for individuals and families and we can often articulate the types of outcomes we are working towards; however we do not always set these out formally. Consequently, we do not always or consistently measure the impact of our services as outcomes for either individuals, families or the city.
- 3.5 In some areas, we found it challenging to give figures on the numbers of people a service is used by or targeted at. This may be linked to our approach that some of our services are mainly universal and available to all in the city or an area. We need to improve how we handle and develop this information going forward to help us be clearer about the criteria for accessing a number of our services.
- 3.6 We are clear about our service responsibilities, what we do and opportunities to improve this. We are less clear about all of the services that are on offer and provided by a range of agencies and third sector bodies in the city. Local knowledge appears better but there is room for improvement and in how individual workers and people access these services at a local level. We need to do further work so that we can take informed decisions about what services are good and valued, evidenced based, what is over provided and what to stop.
- 3.7 We have estimated that there are efficiency gains to be achieved; however achieving and demonstrating these efficiencies will be complex. Some will require initial investment, others result in future cost avoidance; others result in benefits across a range of organisations not all of them local partners in Glasgow but national bodies.

- 3.8 In highlighting the potential benefits, savings and efficiencies of a One Glasgow approach we are aware of the significant challenges ahead to realise these benefits. They will require a future programme of work to detail and deliver and;
- Improvement and reform on this scale will require a change in the culture of how we work together and in the practice and behaviours of staff at a strategic and local level. Our experience of past joint working and sharing has highlighted the cultural and other issues we need to address going forward.
 - Achieving the benefits will take time. We estimate benefits accruing over a 5 - 10 year period but for some of the interventions with families and children taking perhaps a generation to track and evidence. At a time of public sector financial restraint we will manage skilfully how we develop this programme so that lessons can be shared and benefits evidenced.
 - We are suggesting a significant change of emphasis on how we target services and focus on outcomes. At the same time we will have to deal with the continuing challenge posed by deprivation and poverty in the city. We will still need to spend to support families and individuals not part of a prevention and early intervention approach and currently in the system during this programme, although we anticipate over time this commitment will reduce.
 - We need to develop a robust approach on how we evidence and share the benefits from the model. It is not envisaged that One Glasgow will result in the simple transfer of cash amounts between partners in the city.
 - We need to lead improvement at a city wide level but also to challenge and encourage a more devolved approach from national agencies and government departments. The impact of our improvement on national budgets and organisations should also be taken into account in the distribution or redirection of national resources.
 - We will require investment and need to look at new and innovative ways of generating this funding at a time of financial constraint which will involve not gains to the city but the restructuring of how the programme is funded from the total funding and resources available to the city.
- 3.9 In highlighting the gains and improvements to be achieved we do not underestimate these challenges ahead and they will influence the scale of the benefits to be delivered. We estimate that there may be benefits in the longer term of up to 15% across the key themes in this report taking into account these challenges and the high level information available to us in this early scoping phase of One Glasgow.

Recommendations

- 3.10 In overall terms the following key issues were raised across the themes:
- Earlier intervention and a proactive approach to prevention,
 - Outcome based targets and commissioning,
 - Clearer programmes or work and pathways,
 - Better targeting of services based on need,
 - Improved working with the third sector, particularly in community based services; and
 - Improved case management and practice.

Children 0-8 and their Families

- a. Make a clear commitment to early intervention and pro active prevention as an approach, building on the work that is already underway in the city. The aim is to prevent children and young people moving to a higher level of vulnerability and subsequent higher cost to the public sector either in the short or longer term.
- b. Set clear outcomes for children and families at the start of the public sector support and, where appropriate, do this jointly between agencies. Without these clear outcomes and measures we cannot assess progress or make informed decisions where support needs to increase, be reduced or stopped. This would allow us to target our resources more effectively.
- c. Set out our early years and early intervention initiatives as an agreed integrated programme with measurable outcomes for children and families. This will build on our earlier investment strategy approach and its recommendations. This will include what services make up these programmes, who they are for (including who they are not for), when they access these services and which services are universal and which are targeted.
- d. Begin to develop an approach which is more precise about the provision of universal services and greater targeting of services based on need. Often in Glasgow we take policy decisions to make a range of services open to all because of general levels of deprivation and need or we focus on services mainly for the most vulnerable.
- e. Review how health and other professionals can access or commission support services directly for families or individuals from other partners, reducing the need for or simplifying the current referral system.
- f. Develop specific clear definitions for those we regard as vulnerable. just coping etc, drawing on the Peterborough model.
- g. Develop a more integrated approach for those that are 'just coping' who currently fall below the threshold of the most vulnerable/chaotic. They appear underprovided for in the current approach and they cost more to the system because of the unpredictable nature of their need and that they are usually at crisis point when they come into contact with services.

- h. Agree that future investment and improvement in relation to both work streams of early intervention for children and families and work with offenders should use evidenced based approaches – that is programmes with a recognised research base that demonstrates what works.
- i. Refine how we work with the third sector, drawing on recent work in the North of the city, to review and agree those organisations with skills and approaches to work with families in the community in line with our programmes and approaches.
- j. Improve our case management approach for vulnerable families and extend it to those ‘just coping’ when a lead professional or more intense inter agency approach is required. We already have good practice in this area.

Reducing Offending in those aged 12-25 years

- a. Build on the good practice established through the early and effective intervention panels with young people involved in anti social behaviour and crime. We should extend this approach initially to 18 year olds.
- b. The approach to those aged 12-25 years in this area will also focus on early intervention, proactive prevention and diversion and be based on a ‘whole systems’ approach to criminal justice in the city.
- c. Agree that future investment and improvement in relation to work with offenders should use evidenced based approaches – that is programmes with a recognised research base that demonstrates what works.
- d. Establish a pre release service for short term prisoners at Barlinnie which follows prisoners back to the community to access services which are proven to reduce the likelihood of them re-offending, including access to homelessness services and housing and to address worklessness and employment.
- e. Work smarter with the third sector in the provision of pre release and other support for offenders, particularly in supporting offenders move from prison into the community. To do that we need to identify those third sector partners which have the capacity and experience to deliver evidenced based approaches with us and they should be commissioned to deliver measureable outcomes. This will provide best value from current funding of the third sector.
- f. Improve our case management approach to work with offenders for those who meet specific criteria such as repeat offenders, where we will target them for sustained action.

Older Vulnerable People Aged over 65 years

- a. Develop a strategic approach to how we address the needs and challenges presented by the older vulnerable population in Glasgow. Our approach should be based on the principle of reducing the vulnerability of older people in the city, in terms of health and care, personal safety and ability to live independently in the community.

- b. The One Glasgow approach and principles should inform the development of the Joint Commissioning Strategy and financial strategy being developed as part of the Re-shaping Care agenda and the Change Fund work. This will be developed by January 2012. Following January 2012, we will identify what distinct strategic issues can be further addressed as part of the One Glasgow programme
- c. As a first step we should collate information from established sources to build up a profile of older people and their needs in the city. In particular we should draw on the information and experience of DWP/Jobcentreplus and its work with partners in the long term conditions working group.
- d. We will examine alternative housing models and support for older people as planned by GHA.
- e. In our process mapping we identified a number of quick wins that build on good practice by Fire and Rescue and the Police that can improve current joint working, information sharing and assessment. We will make these improvements between these organisations and other partners to ensure protection of older people from door step crime and fire. And also to ensure we make best use of DWP support in providing information points with partners regarding benefits and debt.

4.0 Current Spend

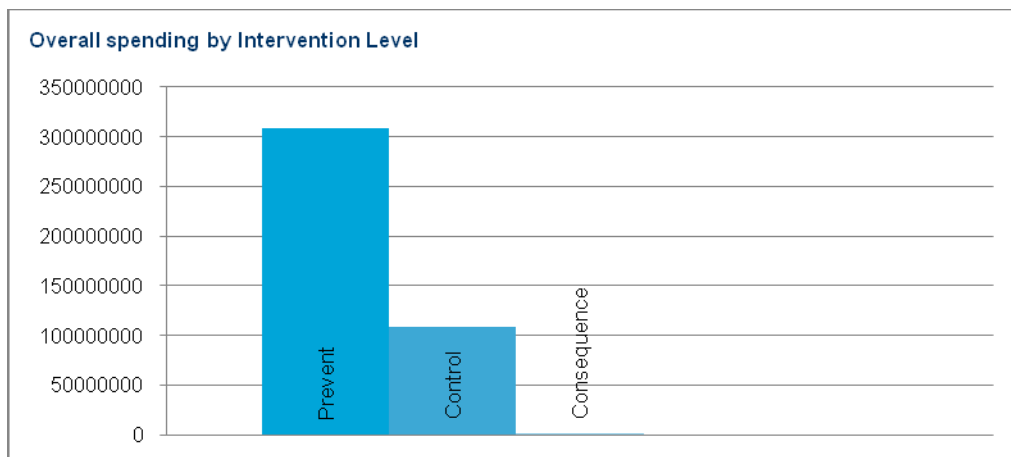
- 4.1 Rather than map all public expenditure in Glasgow we focussed on these three key thematic areas to demonstrate what improved joined up working could bring to Glasgow as a single place. Because of limitations in the data, it was not possible to identify expenditure against demographic groups within Glasgow with sufficient confidence and so have not included that element of the analysis in this report.
- 4.2 Summarised in this report is the expenditure data showing spending by public sector body (except NHS where information was not available at the time of writing this report) and whether that spend was in the area of prevention, control or consequence. The reference year chosen was 2009/10 as the latest from which complete data sets were available.
- 4.3 The exercise in identifying what we spend on prevention, control and consequences, is a useful starting point for longer term work and comparison on how we shift resources into early intervention and prevention. We have classified these expenditure estimates into amounts which relate to: Prevention - aimed at preventing negative outcomes, Control - controlling the impacts of possible future negative outcomes and Consequence - on dealing with the consequences of those negative outcomes should they arise.
- 4.4 For each of them the level of potential savings has to be calculated differently as follows:
- For example, in Children 0-8 we have been unable to cost the consequences of poor early intervention in Glasgow; however there is good national evidence of the long term consequences of not intervening in early years when required. Based on the work done elsewhere and the current situation within Glasgow we believe that a return of approximately 5:1 is more than achievable. The achievement of this will depend on how the early intervention programme is implemented across all partners. If we use this kind of return (say approximately 5:1) then Glasgow and its partners could achieve minimum savings of £30m based upon the £6m of investment that may be required over a three year period to put these programmes in place.
 - Our earlier work on Mind the Gaps and more recently in our Early Intervention Investment Strategy set out the principles of our approach to early intervention. Earlier investment plans needs to be revisited in light of the emerging ideas from One Glasgow and the current financial constraints.
 - For Reduced Offending we are able to identify the consequential cost much more easily. In this instance we have identified that savings of approximately £37m in the Glasgow area are possible which accounts for 27% of the amount currently expended. This would probably be at the more prudent end of savings as we have not counted savings from enhanced release stage etc in this calculation.
- 4.5 At this stage we have not sought to identify the cost savings that are possible in the older vulnerable area. The ability to reduce the level of acute care with better early investment which would prevent high cost acute care has been well documented. However, as this is currently being investigated as part of the Change Fund work we have not explored this in any depth.
- 4.6 In each case, the objectives are to build a case for more effective joint working by the public sector in Glasgow, to focus on outcomes for individuals and communities, on the chosen theme and then to begin a debate on reasonable and practicable alternatives to the present pattern of service provision. We are not presenting these as perfectly worked up solutions but as a vision, and framework for action; they need further work to engage employees, other agencies and communities on how these improvement can be implemented. They need further expert input and public debate.

However, in each case, by applying joint thinking amongst our partners, it is already possible to see the potential for improved collaboration significant financial savings, service improvements and better outcomes.

- 4.7 The potential for improvement and efficiency is based on addressing a number of 'flaws' that characterise current arrangements for delivering public services and outlining solutions to address them. There is a high degree of overlap in the analysis of the problems and generation of solutions between the three service areas we have explored. Based on Total Place work elsewhere, there is evidence that we may be able to achieve further benefits by extending the approach to other areas of joint service provision. If the One Glasgow approach is extended the scale of any benefits is likely to increase.

5.0 Children 0-8

- 5.1 There are approximately 61, 750 children in the city aged between one year and nine years old, 11% of the total in Scotland. Glasgow's challenge of improving the outcomes for these children and their families is well documented. Our social work service has over 10,000 open children and family cases. It is estimated that over 7500 children in the city are affected by parental drug misuse and between 10,000 and 13,000 by parental alcohol misuse. One in three of our children live in workless households and 42 % of our households with children are headed by a single adult.
- 5.2 Excluding NHS and universal education data, the cost of children's services within Glasgow is estimated at £121m per annum. Additional work has estimated that spending on Education Services for Children 0-8 in Glasgow is £225m. This work also estimated that a further £60m per annum is spent on secondary healthcare costs for Children 0-8 with a further £10m for primary healthcare costs estimated for this age group. These two healthcare amounts include expenditure on services pre-birth and are in addition to £25m already identified by the City Council as its contribution to the CHPs. Our estimation of the costs being incurred across Glasgow in this area is £415m and is shown below:



Prevention includes principally the cost of universal services such as education, ante-natal services and immunisation.

Control includes the cost of activities to manage risks to children such as child protection services.

Consequence costs have not been fully mapped or quantified but could be described as the costs to society of a failure of intervention strategies to prevent the promulgation between generations of negative social outcomes such as worklessness, rises in rates of chronic illness, crime and drug and alcohol abuse. In Glasgow, these are significant.

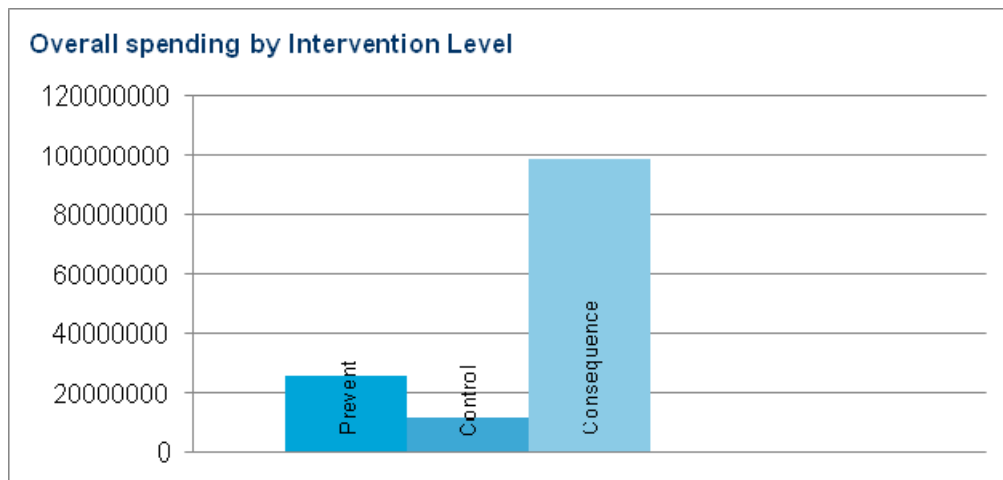
- 5.3 The main expenditure identified in this work for this age group is the significant expenditure being incurred at the prevention stage, as would be expected, when school education and universal health care is added. However, these services tend to be universal in their nature and as such are often not targeted to individual children or families. In addition, whilst this level of universal expenditure can be shown to have strong preventative impacts, its lack of targeted response can cause issues with individuals who fall into the just coping category as they are often missed. We have been unable to extrapolate the full consequential column as the costs within this are often identified through the whole life time costs i.e. beyond 8 years old of an individual or family and are spread across all partners. For example increased levels of offending, risk of homelessness unemployment and longer term behavioural impacts, costs to the NHS from behavioural issues and increased violence, premature births and poor diet as well as alcohol and drug issues.
- 5.4 An indication of the consequences can be demonstrated in some of the figures that we have managed to secure: Glasgow spends around £51m per annum on looked after children including children in foster care, in residential care and in other specialist facilities. The cost of managing at-risk children i.e. children on the Child Protection register is around £12m per annum and Glasgow spends just under £5m on children (up to 16) placed in secure accommodation. Additionally, the average annual cost for a youth offender to be placed in a young offender's institution is £59,000. It is even more expensive if a child is placed in a secure accommodation (£219,000). The cost of each additional young person not engaged in education, employment or training (NEET) is approximately £45,000.

- 5.5 For children and their families, the impact of not having a good start in life has both early and lifelong impacts. National studies demonstrate the developmental, physiological and psychological impacts of poor parenting, neglect or abuse in the early development of children. Early intervention can promote social and emotional development in children, improve mental and physical health, improve educational attainment and enhance future employment opportunities. It can also help prevent future criminal behaviour particularly violent behaviour, drug and alcohol misuse and teenage pregnancy. A number of studies have identified that the cost of getting this prevention stage wrong can cost the public sector some 10 times that of a child who has had a good start in life.
- 5.5 We believe therefore that if we were able to identify the full costs of consequential behaviour and outcomes that these costs would far outstrip the level of preventative expenditure being incurred.

6.0 Reducing Offending

- 6.1 Scotland imprisons more of its population than any other European country and the prison population is expected to rise to 8700 by 2016. From an earlier study in 2010 (produced by the council and other partners) we identified that 20% of all prisoners in Scottish prisons are from Glasgow. Most of these offenders will be on short term custodial sentences. Of those serving a custodial sentence, around 3 in 5 are on short sentences of 4 years or less. Some 40% of all Glasgow prisoners were serving sentences of less than 4 years. Almost three out of four of those serving short sentences will be reconvicted within 2 years of release, and over half will be back in prison within 2 years. We identified that almost 3800 offenders are released back to Glasgow each year.
- 6.2 From our initial count work within Glasgow the costs of Reduced Offending work is shown below split into prevention, control and consequence. The resource mapping work estimated that public expenditure by the core One Glasgow partners on Offending in Glasgow amounted to £66m per annum. Of this the costs of dealing with the consequences of offending amounted to £28m, although this excludes the cost of dealing with the social impact and use of services such as housing and homelessness.
- 6.2 The £28m excluded certain elements of the overall cost of the criminal justice system which did not form part of the Glasgow partner's mapping exercise. We have subsequently undertaken an analysis to estimate Glasgow's proportion of these costs. We have extracted these costs from published national budgets and they should be regarded as estimates;
- the Scottish Prison Service £59m
 - the Courts service and £9m
 - The Scottish Children's Reporters Administration (SCRA £1m)

- 6.3 This brings the overall cost of the consequences of offending to Glasgow to a total of £97m and therefore the overall resources directed at the issue are estimated at £135m.



Prevention – includes all activities aimed at crime reduction, these could include targeted interventions for individuals or in areas where there is a prevalence of anti-social behaviour, spending on reintegration programmes to reduce the incidences of re-offending and investment in security of property and assets.
Control – includes for example spending on programmes of support e.g. as alternatives to custody or supervised attendance orders.
Consequence – includes the costs of custodial sentences, the CJS costs of criminal investigation and prosecution and the costs to victims of crime.

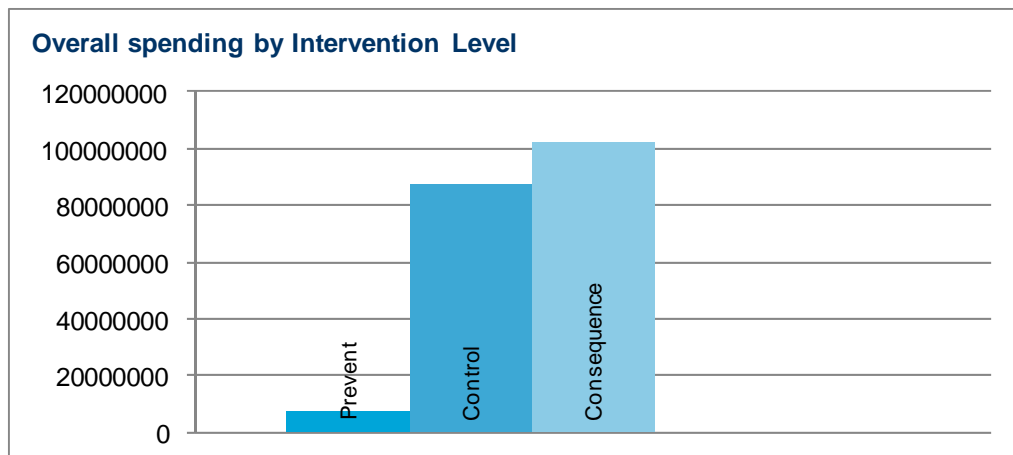
- 6.4 The level of consequential spend is approximately 5 times that which we are spending in prevention and supports the overall perception that our current processes are not stopping levels of re-offending.
- 6.5 Improved inter agency work to address offending and re-offending will have positive benefits and outcomes for individuals, their families and communities as well as on the capacity of the criminal justice system to deal more effectively with the impact of crime and offending behaviour. National studies demonstrate that those who receive effective community sentences are less likely to go on to re-offend. For offenders, creating stable housing and providing the practical skills to enable them to sustain a family life and manage their finances reduces the likelihood of re-offending. Research indicates that tackling worklessness and getting a job can reduce the likelihood of re-offending by between a third and a half. The majority of prisoners have a history of drug and alcohol misuse and a significant number have mental health problems. Earlier intervention and prevention can provide stability and the basis for more effective working with these offenders. If alternative interventions as identified were able to reduce reoffending by 30%, that is the number of offences, the number of convictions, the number of custodial sentences etc. this would give rise to a saving of up to £37m collectively to the stakeholders above.

7.0 Older Vulnerable People Aged 65 +

7.1 Scotland has an estimated 16% of its population aged 65+ years old (868,512). Glasgow accounts for 14% of this population with approximately 81,544 older people. 43% of those aged 65+ in the city live alone and more than half (55%) of those aged 75+ live alone. Glasgow, similar to other cities, faces a number of challenges in reshaping the care required for older people and for a population that experiences long term health problems earlier. In addition, we know from local consultation and national studies that the common issues older people face are;

- Illness and health problems.
- Mobility Issues.
- Fear of being alone.
- Loosing independence.
- Cost of living.
- Financial problems, and
- Transportation issues.

7.2 Within Glasgow we currently spend £197m (excluding Health provision) on older people. The initial analysis is that we spend very little on preventing increased vulnerability in older people. The investment in the change fund (£7m) and the improved services for older people will specifically target these areas but it is not captured here in terms of current spend.



Prevention – includes advice and support such as fire prevention advice, and falls prevention, income maximisation

Control – managing the risk of negative outcomes occurring or recurring such as home adaptations to minimise falls risk or take account of emerging health needs. Also includes community or other step-down care provision so as to avoid/delay less desirable 'Consequence' outcomes.

Consequence - represents the further costs of managing long term conditions or providing long term or intensive support. As described above these exclude Health sector expenditure such as acute hospital services and managing chronic physical and mental illness, but include the cost of residential care homes.

7.2 There is close alignment between the issues identified here and the Scottish Government's Reshaping Care Agenda. The work on One Glasgow will reflect and include the emerging issues identified through the Change Fund Programme.

8.0 Funding and Benefits

8.1 As with all change programmes there will be undoubtedly a time where we have to invest monies in parallel running or in creating the additional services that may be required. This investment will produce clear net financial and outcome benefits. Options to explore in relation to funding are outlined below but these are likely to generate small or discreet sums to kick start investment. We need to explore a more innovative and radical solution to address the challenge of the future funding of public sector services in the city.

8.2 The report has already highlighted that the most significant opportunity is likely to be in the area of outcome based approaches and reinvesting the benefits accrued at a local and national level in agreed outcomes for the city. There are a number of potential funding options that may be available based on improved outcomes and these will need to be explored with Scottish Government. Going forwards we will consider new and emerging sources of funding or approaches to underpin this work. Initial priorities will be

- Joint outcome based commissioning for earlier intervention and prevention work with children and families, older people and offenders.
- Payment by results for providers,
- New ways of generating investment such as Social Impact Bond models;
- Pooled resources
- Developing an agreed approach to how we track and share financial and other benefits from the One Glasgow programme between city partners.
- Demonstrating the benefits of our approach on the budgets and performance of other national organisations where appropriate, for example our work on reducing offending and its impact on national criminal justice agencies.

9.0 A Shared Programme of Work

9.1 The outcome of our work identifies that there are significant opportunities for improved financial benefits to the One Glasgow partners as well as to the users of our services. We estimate for children's services that based upon an investment of £6m, £30m could be removed from consequential spend, within reduced offending the possible financial improvement could amount to a further £30m across Glasgow whilst improving services to users. At this stage we require the initial agreement from the One Glasgow partner leads to progress onto the next steps.

9.2 These next steps would include completion of the following key tasks:

Governance Arrangements

- Develop the future governance models amongst One Glasgow partners
- Agree the programme of work to be undertaken as part of this next phase. This will be controlled through detailed project management guidelines
- Liaise with Scottish Government and wider parties

Financial Benefits Across the Options

- Identification of the likely financial and other benefits, including 'cost avoidance' year on year and development of a benefits sharing models.
- Agreement of benefit flows to individual partners

- Identification of implementation costs
- Consideration of alternative funding options including grants, Social Impact Bond and pump priming options

Non – Financial Benefits of the Options

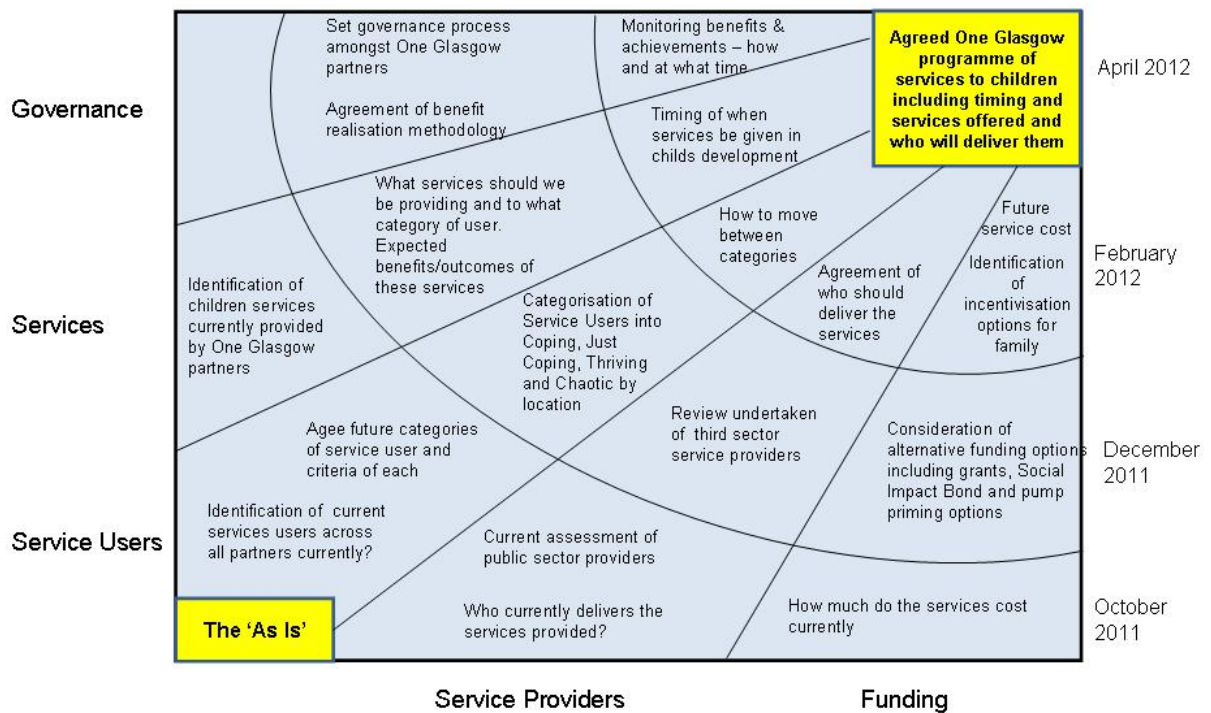
- Evidenced based assessment of outcome improvements by service user and by proposed service enhancement
- Development of outcome based measures that can be used in commissioning and contracting.

10.0 Draft Action Plans

Children's Action Plan

- 10.1 Our work at this stage has highlighted many opportunities to develop the One Glasgow approach to delivering children services in a more efficient and effective manner by working across public sector organisations and with the third sector. We have set out in the diagram below the key projects that will need to be undertaken to arrive at such a coordinated plan including: governance arrangements, service identification, service user categorisation, provision of services and funding options.
- 10.2 Some of this project work has already been started or piloted. For example, Preliminary work with the Scottish Government in defining current children services, the North Glasgow CPP review of third sector provision in that area of Glasgow. These pieces of work need expanded across Glasgow as a city.
- 10.3 In addition, we have highlighted the need for strong case management. This may simply be a case of ensuring that current protocols are strictly adhered to rather than introducing a whole new system.

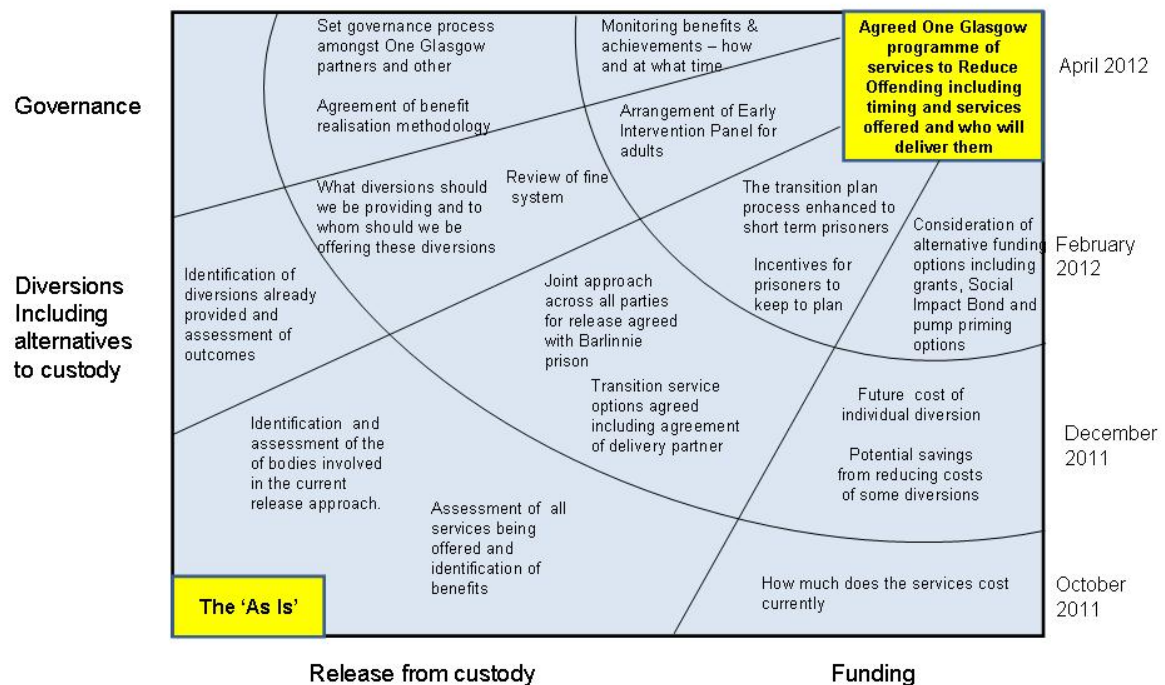
Proposed Childrens Action plan



Reduced Offending Action Plan

- 10.4 Our action plan in this area is focussed on early intervention and diversion and release from prison processes to reduce the number of individuals offending and re-offending. Currently 80% of prisoners reoffend at a cost to the Glasgow public purse of approximately £200million. Some of the options that we have put forward are either already in place in some areas. For example, Early Intervention Panels are in place for children and we propose to extend this approach to young adults up to the age of 18 years. Other options may involve revisiting earlier approaches which were regarded as effective, such as restorative justice approaches. These diversions will have to be agreed with the wider criminal justice partners locally and nationally as well as discussed with the judiciary so there is confidence in the approach suggested.
- 10.5 In addition, there were some concerns raised over the process of fines. UK evidence suggests that only 50% of fines are paid within 6 months. Over 20% of fines given were subsequently cancelled and the cost of chasing these cancelled fines was around £21m in England and Wales. The similar cost in Scotland is likely to be of the same relative magnitude. Further work is required to bottom this out for Glasgow.
- 10.6 The release from prison process contains scope to achieve improved outcomes specifically around the prevention of re-offending by supporting the resettlement process. Housing is critical to resettlement and improved work around housing options needs to start with individuals from the prison entry point and inform the release or transition plan back into the community.

Proposed Reducing Offending Action plan



Older Vulnerable People Aged 65 +

10.7 The action plan for Older Vulnerable People resulting from this piece of work is not as detailed as the other two areas that we looked due to the ongoing work with the Change Fund. The One Glasgow approach will require to be based on the outputs from this work and as a result we did not feel appropriate to detail possible options; however it will build on the challenges identified by the Reshaping Care agenda such as addressing:

- Much of Glasgow's health and social care provision is weighted towards institutional care,
- The need to rebalance care towards community based settings and support,
- The need to work more proactively with the third sector and in partnership with them
- The need to demonstrate outcomes and improvement for the level of investment in the service
- A joint commissioning strategy which will set the vision for the care of older people and a joint financial strategy that makes the best use of our resources.

11.0 Broader Issues for Consideration

11.1 There has been considerable focus recently on the part of a number of local authorities on the needs and demands of high service users – such as the “top 100 families” in an area. These examinations have highlighted the very considerable requirements that relatively small numbers of households place on public services through their complex needs and frequent interactions with multiple providers. Our earlier discussion on One Glasgow touched on this approach and it may be an approach we want to revisit as part of the targeted approach we wish to explore as part of One Glasgow.

11.2 Another key and common strand of the reform that underpins greater efficiency is more self-direction or self-service by customers. This is not a new theme - “personalisation” is a key part of Glasgow's approach going forward and it may apply across a broader range of services than just social care. It has a role to play in education, cultural provision, housing and some elements of the criminal justice system. The range of potential areas for further investigation and analysis is significant. The extension of personalisation to secure financial and other benefits again requires significant policy realignment across public services, including at a UK level.

11.3 By case management in this report, we mean more flexible, end-to-end management and organisation of the public service support that an individual needs, overseen by a key worker, case officer or similar. While this approach has been rolled out across a number of individual services, with mixed success, there have been fewer attempts to develop a single case worker role to co-ordinate and shape the delivery of multiple public services around the needs of individuals or even households. This is an important theme for the future: earlier intervention requires more intelligent predictive strategies to avoid later costs.

- 11.4 The sorts of changes outlined above, and the more detailed propositions set out in relation to each of the key topics for this study, will require a new breed of public service professional to deliver them. Historically – and for sound reasons – public service professionals have been anchored in specific institutions and professional disciplines – and accountable upwards for performance to those same institutions. The service delivery models we want to develop will require a more flexible public service worker, who is able to broker services from multiple public service organisations, engage proactively and early with individual citizens, and who are encouraged to feel more directly accountable outwards to the city and the individuals they serve

12.0 The Scottish Government

- 12.1 Throughout the process of developing the early stage of One Glasgow we have identified a number of issues or areas it would be useful to explore support or enablers with the Scottish Government and others to support the future delivery of the approach. These are listed below;
- An opportunity to examine how the city can be given the flexibility to develop specific approaches as part of One Glasgow in the current financial climate, generate investment and deliver benefits. This may include discussions on the funding of the city as a 'total place', agreeing outcomes to be delivered and how national and local benefits will be redirected to invest and improve.
 - In some policy areas, such as early intervention and prevention, partners may want to explore pooling resources and this would require support from the Scottish Government to pool resources at a national level, allocate them to the city on that basis with agreed outcomes to be delivered.
 - Reducing the number of nationally led short term policy initiatives which can often determine local delivery structures, ring fence spend on a specific policy area and increase complexity or bureaucracy.
 - Establishing a multi disciplinary team at a national level to explore with the city how to break down silo approaches and work out a benefits and investment model that would best advantage Glasgow as a place. This would have benefits for One Glasgow, lessons for other areas and specifically the Scottish Government itself on future ways of working
 - Joint and innovative thinking how to address significant challenges such as welfare reform and its impact on the city economy and its families. We have not explored this in great detail in this paper but currently there is no direct link to the spend in the city in relation to welfare payments and the objectives the city is trying to achieve. Early discussions could explore incentivising families and individuals to work with services linked to benefits, pooling benefit spend in areas such as employment related initiatives.
 - Support access to and work with national agencies and professionals to support the vision and practice we want to create at a local level, including a shared understanding and practice in relation to rapid development in the thinking about public sector reform, a solution-oriented culture and benefits sharing.
-

To: GCPP Strategic Board

From: Mark Feinmann, Director–North East Sector, Glasgow City CHP
Linda de Caestecker, Director of Public Health

Date: 13 September 2011

Subject: Triple P Population Based Project

1. Background

- 1.1 A report, submitted to the Community Planning Executive Group by Linda de Caestecker, Director of Public Health in 2010 recommended the establishment of a three year Glasgow Triple P Population based parenting programme. (see attachment 1) The aim of the programme was to:-
- Train a wide range of children’s services staff in Triple P techniques
 - Establish a network of parenting interventions with Triple P acting as the “Golden Thread” to connect the range of supports available to families
 - Launch a multi-media strategy that allowed a population based access to parent strategies.
- 1.2 This paper details the reach of the staff training programme and the availability of Triple P interventions provided for families within Glasgow with a particular focus on vulnerable families. The parenting project evaluation team has begun to collate information on Triple P interventions delivered between April 2009 – May 2011. (see attachment 2). A fuller update on the outcomes of the programme will be the subject of a future report.

2. Staff training

- 2.1 The training schedule for the Glasgow 3 year project commenced in November 2009 providing a broad range of Triple P staff training for all elements of the Triple P five-level system. Each level of training has set annual performance targets (numbers of families to be seen following training) for accredited staff based on assumptions derived from previous implementation of the Triple P system in various projects around the world.
- 2.2 In Glasgow a multi - agency approach has been taken to training staff in Group based interventions and Seminar programmes (information sessions for large groups of families) with Primary Care training (one to one interventions) being targeted mainly at the Locality Children and Families Health teams. More recently during the training schedule for 2011 there has been a specific allocation of staff training places for Early Years Education services to further support the promotion and development of Triple P within Local Authority and Partnership Nurseries and Family Learning centres.
- 2.3 Over 700 staff from a variety of agencies are trained to deliver Triple P programmes, 105 were trained prior to the inception of the current programme and 631 staff training places have been available in the current programme. This figure is derived from 35 completed training courses (levels 2 – 5) of which 17 courses have been targeted for Health Visitors delivering the Primary Care programme (all Health Visitors will by April 2012 be trained in Triple P interventions). A remaining 14 training courses are scheduled to April 2012

ensuring that over 1000 staff from a wide range of agencies will be trained and accredited to deliver triple p interventions by April 2012

- 2.4 Participation in the training courses has clearly demonstrated the multidisciplinary approach used in this project where by professionals from different disciplines across both statutory and voluntary organisations working within Glasgow have taken part in training affording them the opportunity to deliver the Triple P support to parents.

3. Delivery of Triple P Interventions

- 3.1 The implementation of the different levels of Triple P across Glasgow city are being offered to parents using both a universal and targeted approach to ensure parents are provided with a programme of intervention that can be tailored to meet their individual needs.
- 3.2 The following information details Glasgow's capacity to deliver the several Triple P levels of interventions:

Level 1: Triple P Marketing Campaign

Level 1 is the Universal Triple P multi-media parent information campaign. This communication work stream is a key component in the implementation of Triple P population wide approach to parenting in Glasgow City. Unlike the other levels, this is not offered as a training course for staff, but operates both through the provision of materials to support practitioners who have completed Triple P training courses in disseminating the principles of the Triple P and through a wide range of media/social media outlets.

To date Glasgow saw the launch of the Stay Positive Campaign in May 2010. This included the distribution of posters and leaflets across the city to Community Venues, GP's. Clinics, etc, as well as statutory and voluntary service workplaces. Advertisement space was also provided by Glasgow City Council on selected Glasgow Billboards. The distribution of Triple P tip papers took place twice in 2010 through school bag drops (P1-P7) in all Glasgow primary schools; these papers were also published in The Herald and Evening times. Promotional work was carried out through Radio Clyde and the SECC Baby Show 2010. A Glasgow 'Stay Positive' website is now available where parents can access local information on Triple P activity as well as everyday tips on parenting. A practitioner's portal has also been created which offers practitioners useful information and downloadable clinical tools to assist in their delivery of Triple P to families.

2011 saw the launch of the Scottish TV Triple P Parenting advertisement campaign. This means of marketing provides a platform to continue the promotion and help to widen the access and awareness to Triple P across Glasgow. NHSGGC's Health News has been used to feature Triple P articles to coincide with and supplement the TV advertising with STV.

A further programme of communication events will see the release of a final tip paper, a second run of the marketing commercial to tie in with the tip paper and further distribution of marketing material.

Glasgow will host in February 2012 the Triple P Helping Families Change Conference that will both celebrate Glasgow's success in establishing Triple P as a core early intervention programme along with presentations from a range of national and international experts on parenting.

Along with the City Council, NHSGGC, Glasgow Life and a number of Third sector agencies. Glasgow Housing Association (GHA) has established an Early Years Project that

will identify the various points of contact between GHA staff and their customers and ensure these contacts are best used to allow parents and families to access information about parenting support from Triple P at the earliest opportunity. This makes use of the skills of housing staff and enables them to contribute to improving outcomes for children in the Glasgow area.

Level 2: Seminar Interventions

Education Services continues to be a key player in the delivery of the Seminar Intervention programme. The Triple P Seminar One '*The Power of Positive Parenting*' is delivered within every primary school across Glasgow City during the Primary 1 induction programme for new starts to school.

This delivery model provides a universal approach to offering parenting support in order to normalise and de-stigmatise accessing parenting information. All prospective P1 parents are invited to a seminar during their child's transition stage from early years to primary education.

The Triple P seminar has been part of the induction programme within all primary schools for the last two years delivering parenting support to a large number of families living within Glasgow City.

The seminar series are delivered within community libraries in collaboration with Glasgow Life and as part of the Glasgow Positive Parenting STV marketing campaign. The uptake for these seminars has been variable and further promotion for these seminars is being undertaken within Childcare forums, by Health Visitors and other Childcare practitioners, in Health Improvement activities, at nurseries and Primary Schools and in many local Glasgow Libraries delivering Bouncing Rhyme Times, Toddler Tales etc.

Discussions are taking place to look at the potential future delivery of level 2 Seminars to families whose children attend Early Years Services.

A number of awareness raising seminars have been delivered to nursery staff, primary school staff and staff groups within other services.

Between August 2010 to 2011, 3395 families have attended seminar events throughout Glasgow, the majority of those attending were aged 40-49 years age with just over 15% being male.

Level 3: Primary Care/ Individual family Interventions

In Glasgow Primary Care interventions (4 session, one to one guided interventions for parents) have predominantly been delivered by Health Visitors within the Locality Children and Families Health teams. Whilst there has been a spread of skill mix training for Health Visitors across the teams in Primary Care interventions the majority of staff who deliver the primary care programme are qualified Health Visitors. This has ensured a consistent programme of intervention across Glasgow and ensure that all qualified nurses will have the same skill set when assessing families and identifying appropriate supports as part of their care plan.

The primary care interventions are being delivered within family homes, clinics and weaning fairs. A peer support structure has been established across health visiting teams to provide support and guidance to staff trained in Primary Care with the intention to enhance delivery. The majority of staff now initiate primary care intervention programmes as part of their work with families, however sustaining completion of the 4 session programme remains the key priority for development. This is a core focus for children's service managers within the CHP, since fidelity to the programme is central to achieving an effective parenting outcome.

Triple P training has been provided to Early Years staff to support the development and implementation of Triple P within Education Services. Staff working in nurseries, early years centres and family learning centres have taken part in this training.

A similar model of peer support is being offered to Early Years trained Triple P practitioners to support their delivering of Primary Care to families accessing local authority and private/partnership nurseries/centres. Primary Care Teen Triple P is in the early stages of implementation across the city.

GGCHB has recently piloted a universal assessment of family functioning and communication skills at 30 months in the two sectors in the North of Glasgow. This will identify those parents whom are in need of specific parenting interventions and whose children require additional communication supports. An intervention programme will be built around Triple P interventions and be delivered from within in early years establishments. Family support worker capacity will be tailored to support families who require additional interventions. A pilot to develop this multi-agency programme is being developed in the North of the City and will be rolled out across the city.

Level 4: Group based interventions

A rolling programme of Group Triple P runs in line with the academic year across each sector within Glasgow City. Groups can be accessed by all parents of children aged 18 months to 12 years. A referral pathway has been established for the city, where either the parent themselves, or a worker within an agency supporting the family, can contact the sector parenting administrator who will inform them of all groups available in their area. Invitations are also sent out to the parents.

All Triple P groups are delivered by accredited practitioners through a joint partnership approach which demonstrates effective integrated working across a range of disciplines and services. Close working with partner agencies is carried out to highlight specific needs of families to ensure the programme can be tailored to meet the needs of those taking part. Glasgow Life have dedicated trained Triple P practitioners who act as a city resource and work collectively with practitioners from a range of services across each sector within Glasgow. Focus groups have been set up to involve parents in the planning process of the group programme.

The provision of Teen Triple P group varies across Glasgow depending on the number of trained staff accredited to deliver this intervention. All Teen activity is offered out on a citywide basis.

Monthly peer support is offered to all staff trained in Group Triple P with a focus on delivery technique, fidelity to the programme, good practice and aims to provide an opportunity for case study discussions. Parents are able to attend groups in a number of locations accessible to their homes and hosted within a range of venues. Group venues include the following: Local libraries, health centres, community centres, nurseries, schools, mother & toddler groups.

Consideration is taken over the structure of targeted groups to look to encourage and maximum uptake and ensure adequate support is provided to parents. The Triple P programme is delivered within a conducive learning environment allowing for parents to participate fully during group sessions. Programme content may require tailoring by the group practitioner when considering the individual needs of parents.

Level 5: Specialist Family Interventions

A wide range of specialist family interventions using Triple P and/or structured parenting interventions are being rolled out across the city:

- Child and Adolescent Mental Health Teams and Community Paediatric Teams are embedding Triple P in their menus of intervention.
- Social Work Teams are embedding Triple P as part of their assessment and intervention frameworks.
- A number of targeted programmes – Treatment foster Care; Multi-Systemic Therapy; Permanency Programmes; Enhanced Residential Supports all embed Triple P type approaches in their service model.
- PACT Teams ensure that Triple P is made available for the most vulnerable families in early years.

Triple P activity supporting Ethnic Communities and Cultural Diversity

A number of specialised Triple P interventions are delivered across Glasgow supporting ethnic communities and vulnerable families. These include:

- Aberlour Trust: women with addiction related issues
- Hematt Gryffe/Womens Aid: 'in-house' at the women's refuge.
- Young Mum's groups: various locations and services across the city
- Rosemount Lifelong Learning: Young parents with literacy issues. Parents with addiction issues
- Barnardos: Parents with addiction issues

- Families in Partnership Initiative (Education Services): This project is a multi-agency programme to enhance the family life skills of a vulnerable group of children to prepare them for transition. Triple P groups delivered to parents alongside this initiative.
- Bilingual Service: Preliminary talks have taken place with Early Years Education and the Additional Support for Learning/English as Additional Language (ASL/EAL) peripatetic Service, looking at the potential opportunities for development of a Triple P support service to bilingual parents and their children accessing Early Years services. - Triple P group training places have been allocated to three bilingual Chinese staff and one Early Years staff member.

Further meetings to be arranged to discuss a Pilot project within one of the local authority nurseries. The outcome from this pilot would look to see Triple P parenting groups being rolled out across Early Years Education services, delivered by (ASL/EAL) Chinese bi-lingual teaching staff, providing a sustainable parenting service for Chinese parents accessing education services in Glasgow.

- Delivery of targeted group Triple P to Roma/Slovakian families as part of an intervention to increase parental competencies facilitated through joint work from Glasgow Life (library staff) and NHS Health visiting staff. This will be undertaken with the support of a bilingual staff member.
- Children's Specialist Services: 2 working groups, contributing to the development of proposals to implement Stepping Stones Triple P and Group Triple P through Specialist Children's Services. Stepping Stones to be progressed through Child Development Centres and Educational establishments with Group Triple P being developed through CAMHS
- Education Services, Pre-School Home Visiting Service: Stepping Stones has been identified as the most suitable intervention to support the families accessing this service. – Awaiting further information on the progress of the Stepping Stones proposal document in order to plan the allocation of staff training within this team.
- HM Barlinnie Prison: After a series of meetings with HM Barlinnie Prison in October 2009, The Triple P Program was introduced into the establishment with a view to working towards developing a robust parenting support service for inmates (fathers) and their families. After the great success of a pilot Triple P group in November 2009, a decision was made by HM Barlinnie Prison to adopt The Triple P Program to support fathers serving a custodial sentence. A rolling programme of Triple P groups now exists within the SPS (Scottish Prison Service) establishment which offers parenting support where both the father and his partner can participate in the parenting group. To date 5 groups have been completed with 22 fathers taken part, 2 further groups scheduled for the remainder of 2011. This piece of work has also seen the introduction of family bonding sessions within the prison allowing fathers the opportunity to put into practice the parenting strategies from the Triple P group. This programme recently was awarded the Triple P International Practitioner Award
- Work carried out by the PACT team to develop/deliver a service for vulnerable fathers. Service includes men's health checks, induction at the local gym and Triple P group.

4. Summary

- 4.1 Triple P has been established as the 'golden thread' that allows parents to access the 5 levels of interventions within a wide range of universal and more specialist settings. Triple P has been embedded within the core skill set of key child care practitioners ensuring that parenting becomes a key focus for outcome based care planning.

A multi-media communication programme has been established, with substantial reach to allow access to parenting information by all parents within the city. Vulnerable families are targeted, with the voluntary sector playing a key role in tailoring additional support to families.

4.2 As such, effective parenting has been established within the landscape of early years children's services as proposed in the Mind the Gaps report of 2009. However, three issues require further development:

1. Programme Reach: whilst the parenting programme is available on a universal basis, we, as yet cannot be assured that the available parenting interventions are targeted on the most vulnerable families and/or that additional support is available to families who require help to apply the Triple P techniques. The implementation of the Healthy Children programme, the Family Learning Centre pilot in the North of the city and the work with the third sector on the deployment of family support workers will ensure that our parenting interventions are targeted on the most vulnerable families
2. Programme Fidelity: the evidence base for improved outcomes for children and families as a consequence of implementing a population based Triple P programme requires high levels of programme fidelity by practitioners. Working with parents to complete the interventions that are initiated, ensuring practitioners complete the programme as defined and working with communities to ensure a positive parenting ethos is embedded within the natural networks of support will improve the quality of the parenting programmes on offer.
3. Measuring Outcomes: whilst a range of information is collected on the parenting programme, this needs to be more accessible and usable by practitioners, parents and policy makers.

5. Recommendation

The core funding for the Parenting Programme comes to an end in April 2012. Maintenance funding has been allocated on a recurring basis for the programme. It is recommended that a further paper is brought to the Community Planning Executive Group in early 2012 detailing the Parenting work programme for 2012 – 13.

The case for the Triple P whole population approach to parenting support in NHSGGC.

Purpose

- 1 This purpose of this paper is to make the case that the Triple P positive parenting programme is unique in its population approach and should be implemented across NHS Greater Glasgow and Clyde.

Background and context

- 2 A number of factors are known to increase the vulnerability of children. These are risk factors which can affect parents, the socio-economic environment the child is living in, the family structure or the may be specific to the child themselves.
 - parental risk factors: young parental age; poor education; parents abused as children; psychiatric problems; and substance abuse;
 - socio-economic risks: poverty;
 - family risks: single parents; step-parents; larger families; and domestic violence;
 - child-related risks: premature birth; poor health; and disability.
- 3 Many children learn, develop or establish problem behaviours because parents lack or inconsistently use key parenting skills. There is now a wealth of research including several comprehensive reviews of the literature showing that cognitive behaviourally based parenting programmes can support parents to adopt appropriate and consistent parenting behaviour and prevent problem behaviours in their children and can support parents and their families to prevent future mental health problems. (ref 7,8). These approaches can also benefit children with other disorders including ADHD and autism. They have also been found to reduce maternal depression and stress, increase parental satisfaction and reduce marital conflict over parenting issues.
6. NHS Greater Glasgow and Clyde and Glasgow City Council have agreed that parenting support is an essential component of early years services and this paper describes our requirements and the justification for adopting the Triple P Positive Parenting Programme..

Requirements of a Glasgow-wide parenting programme

7. The following elements were considered essential for the parenting programme that was adopted for use on a Glasgow-side basis. These requirements were discussed with the Parenting Strategy Group which developed the Board and City Council's Parenting Framework and was subsequently agreed by the Glasgow City Children's Services Planning Executive Group. The essential elements are that the programme must:
 - Have a robust published evidence base with evidence of effectiveness at both the level of families and children and also at a population level;
 - Have a range of sub-programmes to meet the diverse needs of families, a range of levels of intensity depending on the problems being experienced by a family and a range of modes of delivery that allow the programme to be delivered on a whole population approach. The modes of delivery should include leaflets, worksheets,

media resources, one-to-one delivery, small group work, larger group seminars, web-based resources, telephone consultations and video or DVD support.

- Have an evidence based universal element to reach the majority of families in the population. This universal component should have a tried and tested media and communication campaign that can be introduced in Glasgow with minimal adaptation;
- Be a suitable programme for universal use but also have elements that target the most vulnerable families with more intensive intervention.
- Have a range of existing resources that can be used immediately without significant adaptation to a Glasgow context; These should include resources for families as well as resources to be used in a media and information campaign and on web-sites;
- Have a training programme at different levels with follow-up accreditation and support for practitioners;
- Have an existing performance monitoring and evaluation framework that can be adapted easily for use in Glasgow to ensure that trained practitioners have changed their practice to incorporate the programme and are delivering the programme to a high standard;
- Be already used by a reasonably large number of practitioners in Glasgow

The unique nature of Triple P

8. As far as we are aware from a review of the literature on parenting programmes and from experience elsewhere, the Triple P positive parenting programme is the only programme that could possibly meet these requirements. It is essential for consistency and efficiency that we adopt one programme rather than a hybrid of a number of others. There is no existing evidence that mixture of different programmes delivers the improved outcomes that are required.
9. Triple P has tried and tested resources that we can use for a systematic media campaign including posters, leaflets, web-site newsletters etc which none of the other programmes can offer.
10. Triple P has a suite of programmes tailored to different needs such as families going through separation, those with special needs, those with lifestyle issues etc.
11. From the assessment process undertaken only the Triple P parenting support programme appears compatible with the public health approach to parenting set out in the NHSGGC Parenting Support Programme. It is unique in delivering what is required at population level.

Value for money review

12. Training costs for Triple P can appear expensive in comparison with some other training programmes. However given the evidence of the potential outcomes this is a very cost-effective programme in relation to prevention of conduct disorders and related future costs. More detail on this is shown in Appendix 1 (Stephen to add in the economic evaluation info to appendix).

13. The costs per training place not only deliver the 2-4 day training but also include:
 - Training materials for practitioners to use with parents such as DVD, training pack
 - Pre-accreditation support from a psychologist
 - An accreditation process to ensure that practitioners can deliver the programme to a high standard
 - On-going support via the Triple P practitioners web-site and the Stay Positive web-site
 - A clinical consultation 6 months after the training to ensure use of the programme and to resolve any difficulties being experience by the practitioners
 - On-going peer support through web-based communications

Conclusion

14. NHSGGC has a public duty to improve health across NHSGGC and has taken a strategic approach to improving the health and lives of children using an evidence based whole population parenting programme.
15. After a review of the evidence, the Triple P positive parenting programme is the only programme we could identify that takes a public health approach with tried and tested universal resources and media campaigns.
16. A number of practitioners are already trained in Triple P as it was the parenting programme of the National Child Health Demonstration project Starting Well. We are therefore also building on existing expertise
17. As Triple P is wholly owned by the University of Queensland and licensed for delivery to Triple P international (a non profit making company owned by University of Queensland) the recommendation is to proceed direct to contract with TPI for a 3 year whole population intervention programme in the Glasgow City Area of NHSGGC. Triple P International is the single worldwide licensed provider of Triple P training and support.
18. Given the evidence described above this approach is supported by NHSGGC SFIs. Following the decision a notification of direct award of contract should be published.

Linda de Caestecker
23 April 2010

Glasgow City Data Charts

