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21 December 2024

## **UPDATE TO COMMITTEE ON PROGRESS WITH THE PUBLIC SERVICE REFORM PROGRAMME**

Dear Convener,

Please find enclosed an update on progress with the Scottish Government's Public Service Reform (PSR) programme.

Less than three months since the previous update, this update serves to reset the reporting rhythm and provide the Committee with a focussed update on progress. This should be considered an interim update, with future updates returning to the same format as the September 2024 update, tracking progress across commitments to 2026.

The 25/26 Budget prioritises spending on the Government's four priorities including vital work to improve and reform public services, this update therefore provides further detail on the work to drive efficiency and effectiveness, including how this will be backed up by up to £30 million committed to the 'Invest to Save' fund.

This update also provides details of key cross-portfolio preventative activity and sets out example portfolio plans – demonstrating how the delivery framework I set out to Parliament in September is being taken forward across Government.

In the coming months, I will be leading the development of a PSR Strategy and will engage with public sector leaders at a PSR summit by end of February 2025. This will galvanise action behind PSR as well as bringing clarity to what our vision for PSR means across Scotland.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

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I welcome the Committee's ongoing engagement and views on this update and look forward to the opportunity to discuss in more detail. As the Permanent Secretary previously agreed I have copied this update to Richard Leonard MSP in his capacity as Convener of the Public Audit Committee.

Yours sincerely,

**Ivan McKee**

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# Public Service Reform (PSR) update to Parliament December 2024

Following the September 2024 update on the progress of the PSR Programme, this update serves to reset the reporting rhythm and provide the Finance and Public Administration Committee (FPAC) with a more focussed update on key areas of progress related to the Budget and major reform programmes.

This should be considered an interim update, less than 3 months after the previous update. Future updates will utilise the same format as the September 2024 update for ease of tracking progress on specific commitments to 2026 as per commentary from FPAC.

## **Structure of the update**

### **Section 1: Scottish Government's approach to PSR**

This provides a brief refresh on the Scottish Government's overarching approach to PSR. The PSR programme is operating to a clear framework of four workstreams: convene, enable, save and align.

### **Section 2: Driving effectiveness and efficiencies [SAVE and ENABLE]**

The 25/26 Budget prioritises spending on the Government's four priorities including vital work to improve and reform public services. The PSR programme is about improving outcomes and achieving sustainable public finances. We must be efficient and effective in how we deliver public services - focussed on the data, levers and workforce that will drive efficiency. This section will also provide an overview on our recent work in this area and sets out how we intend to back this work by up to £30 million in the next financial year. This particularly focusses on our commitments under 'save' and 'enable'.

### **Section 3: Leadership and Governance [CONVENE]**

This section will set out some key planned activities in the coming months to drive forward our commitment to 'convene'; our workstream which focusses on agreeing the common vision across the public sector and establishing the right infrastructure to collectively make progress. It also updates on the work being taken forward through the joint Local Governance Review with COSLA to develop Single Authority Models and the Democracy Matters findings.

### **Section 4: Service change and prevention [ALIGN]**

This section primarily will focus on 'align' and give examples of both cross-cutting and portfolio-based activity which is focussed on prevention.

**Annex A: Full PSR portfolio plans [ALIGN]**

This Annex provides detailed updates on the PSR plans in two portfolios, Health and Social Care, and Justice and Home Affairs. These plans set out how those portfolios are addressing both efficiency and effectiveness and service change and prevention in alignment with the overarching PSR Programme. Illustrative case studies are provided throughout.

## Section 1: Scottish Government’s approach to PSR

As reaffirmed in the last update to Parliament, PSR will contribute to delivering fiscally sustainable public services which improve outcomes and reduce inequalities. Without reform, public services will become unsustainable in the long-term. We are also clear that public services should be relational, place-based and preventative.

The PSR programme is operating to a clear framework of four workstreams to support delivery across Government:

- **Convene:** Agreeing a common vision across the public sector for achieving sustainable public services and establishing the infrastructure that enables us to collectively make progress.
- **Enable:** Creating the conditions for systemic reform, removing barriers to change and establishing ways that the public can see, understand and influence the changes. This includes the key efficiency levers outlined in the Resource Spending Review (RSR).
- **Align:** Driving policy coherence and consistency across significant policy-led reforms that will shape the future service landscape
- **Save:** Identifying where the Scottish Government and public bodies can deliver clear and quantifiable, cashable savings, setting out clear targets for cost reduction/cost avoidance through achieving efficiencies which support the longer-term approach to reformed services

In the last update we also set out the three areas of our delivery programme for reform over the immediate term, as below:

<b>Driving efficiency and effectiveness</b>	<b>Service change and prevention</b>	<b>Enabling structures</b>
Key programmes include: <ul style="list-style-type: none"> <li>• Single Scottish Estate</li> <li>• Commercial Value for Money</li> <li>• National Collaborative Frameworks</li> <li>• Oracle Cloud</li> <li>• Intelligent Automation Centre of Excellence</li> </ul>	A range of portfolio and cross-portfolio programmes grouped under the following headings: <ul style="list-style-type: none"> <li>• Changing service delivery for those facing significant disadvantage</li> <li>• Prevention at the population level</li> <li>• Tackling fundamental drivers of preventable demand for public services</li> </ul>	<ul style="list-style-type: none"> <li>• Public Bodies Programme</li> <li>• Strengthening Community Planning Partnerships</li> <li>• Local Governance Review, including Democracy Matters and Single Authority Models</li> <li>• Workforce Programme</li> </ul>

It is important to note that the route to achieving PSR is through reducing demand and changing the model of service delivery. Efficient and effective delivery of services is a crucial element of the programme, although we recognise it cannot solve reform alone. While complex, it is important that the PSR programme is understood to encompass the full range of activities. This update presents a snapshot of work since September 2024.

## Section 2: Driving efficiency and effectiveness

We must be efficient and effective in the delivery of public services. We are bringing together a renewed, data-driven approach to driving efficiencies with an absolute focus on prioritising front line service delivery. This work requires a complementary and comprehensive package of activity across Scottish Government and public bodies. This is about collaborative and continuous improvement, building on ongoing work and clear commitment from leaders across the public sector.

Our approach works to collectively deliver a **cascade approach** to savings, building on key foundational programmes of connecting **data, levers and workforce**, and underpinned by catalytic funding (**Invest to Save**).

In September we published a detailed update on all aspects of the Scottish Government's framework. This update focusses on significant changes on various actions under 'save' and 'enable', reference numbers to actions are provided throughout.

### **Cascade model [Action 31]**

The PSR programme has set out a 'cascade' model to savings in a constrained budget position that protects front-line services. As the model sets out that Scottish Government and public bodies will follow a cascade of options in delivering savings:

- Taking all opportunities to increase the efficiency with which they deliver their functions;
- Taking all opportunities to offer services in different ways;
- Considering reclassification/alignment/merger of bodies or function; and,
- Reducing service only where these options are exhausted.

The work that is being led by the Minister for Public Finance is about driving this approach, to prioritise front-line services wherever possible.

### **Data [Action 16]**

Over the summer the Minister for Public Finance led work to gather data on public body spend on corporate functions to better understand the scope for focussing funding on frontline services.

104 public bodies responded to the commission providing data relating to their expenditure. The data and associated reports were published in November 2024. The data showed that total resource expenditure by public bodies in 2022-23 was £23.0 billion

(excluding operational expenditure funded by fees and other external sources of income). Of this, public bodies spent almost £1.3 billion on managing corporate functions (HR, Finance, Digital and Data, Commercial, Communication, Estates and Property). These corporate functions managed a further £2.3 billion in expenditure to third parties on behalf of their organisations. In addition, the report included the total operating costs of the Scottish Government for the same year, £803 million, of which £179 million related to corporate running costs (N.b. these figures are not directly comparable to public bodies data).

It is important to note that corporate functions (or ‘back office’) are important contributors to the delivery of services, underpinning the NHS, Social Security payments and a host of services that the public requires. Nonetheless Government and public bodies must continue to seize every opportunity for further efficiencies and to ensure a shift to front-line delivery to support services and outcomes for the people of Scotland.

This data has been used by Cabinet Secretaries through the Budget process to consider opportunities for further efficiencies and this will be an ongoing process as we move into the new financial year. The Minister for Public Finance is leading on further engagement with public bodies on this work

Next steps include:

- A Ministerial summit with operational leaders from Scotland’s Public Bodies. This will include working to support and drive further engagement with our efficiency programmes (see section below)
- Working with groups of similar bodies to conduct ‘deep dives’ into the data to understand better where there are opportunities for greater value for money and identify where there is duplication; and
- Collecting and embedding operational data on public services into future Budget processes

Detailed reports and data can be accessed via:

[Supporting documents - Public bodies expenditure: aggregated data for 2022-23 - gov.scot](#)

[What do the returns tell us? - Public Bodies Expenditure: Supplementary Report of Data Commission - gov.scot](#)

[Public bodies' corporate function data, data as at financial year 2022/23 - gov.scot](#)

### **Efficiencies levers [Actions 11-15]**

The previous update to Parliament set out the details of Scottish Government’s key efficiencies programmes (listed below) and the projected savings. Those programmes include:

- The Commercial Value for Money programme (CVfM)



- Collaborative procurement
- Central Government Procurement Shared Services (CGPSS)
- The Shared Services Programme
- The Intelligent Automation Centre of Excellence (IACoE)
- The Digital Programme

These programmes are securing significant cost avoidance and cash releasing savings, expected to reach up to £280 million over a two-year period (by end 2024-25), with further projected savings of nearly £300 million over the following two financial years to the end of 2026/27. Through the recent data commission, and ongoing engagement with public bodies, we will continue to offer support to drive greater efficiency of the 'back office' within Government and public bodies.

### **Pay and Workforce [Action 33]**

The Scottish Government is proud to support our public services, and we are committed to maintaining high quality services that people in Scotland need. Spending on workforce pay now accounts for over half of the entire Scottish resource Budget, reflecting the importance we place on having a highly skilled and remunerated workforce. Our Public Sector Pay Policy offers multi-year pay metrics above forecast levels of inflation from 2025-26 to 2027-28, balancing flexibility with fairness and sustainability. This policy revises the 2024-25 Public Sector Pay Policy, acknowledging both the revised fiscal context following the UK Budget and updated inflation forecasts. A multi-year approach offering a 9% pay envelope provides flexibility for employers and certainty for the public sector workforce and an opportunity to plan for improvements to public services for the people of Scotland. Nonetheless in a constrained financial environment we have a shared responsibility to ensure the investment the Scottish Government makes in our public services on behalf of everyone in Scotland is sustainable and delivers the ambition we all hold for our communities.

Scotland's public sector is relatively larger and better paid when compared to the rest of the UK, with significantly more 'front-line' public service workers per head of population than in the rest of the UK. This is necessary to enable us to improve services levels, and we recognise the need to continue to drive down back office costs to support that investment in the 'front-line'. The larger size of the workforce is both in terms of the share of the economy and share of total employment. As the Scottish Government's Budget is primarily dictated by the levels of spending in the rest of the UK and with relatively more public sector workers in Scotland, as well as higher pay for public sector workers in Scotland on average, this places a structural pressure on our budgets.

To help mitigate against these pressures actions to support public bodies to workforce plan effectively, including providing guidance on redeployment, will be developed as part of the forthcoming Fiscal Sustainability Delivery plan. We are also continuing to develop our approach in line with the Audit Scotland recommendations, which will include improvements to data collection, the robustness

of pay bill estimates as well as publishing this in a transparent way. We maintain our commitment to the social contract with the public sector workforce with no change to the no compulsory redundancy commitment set out in the multi-year 2024-25 Public Sector pay Policy published on 30 May 2024.

The Scottish Government itself is taking forward action to reduce in size as per an agreed strategy in March 2022, adjusting to both the budgetary context and the change in profile of work following the Covid-19 pandemic. Enhanced recruitment controls were put in place in April 2022 to ensure the organisation continues to deploy its resources flexibly, with any required growth focused on priority areas. Within these controls the Government has been able to emerging pressures and reduce the total workforce by 0.4% in 22-23 and 3% in 23-24. Current Scottish Government workforce plans anticipate the permanent workforce reducing in the next financial year. The enhanced recruitment controls will remain in place to support these plans and continue to reduce the size of the workforce and adjust to the operating cost budget allocated.

### **Invest to save [Action 29]**

We recognise that funding can be required to bring about the changes we are seeking, to catalyse change and drive efficiency. We have committed up to £30M for the next financial year to support invest to save. This fund will build on existing spend and commitment to efficiencies by the Government, investing in driving that work further and faster. It will enable public organisations to invest in projects that they could not achieve within annual revenue budgets, that have a clear path to recurring savings. It will also encourage projects to be taken forward that involve a combination of different portfolios or public bodies. This 'Invest to Save' model will focus on delivering savings in line with our cascade model and prioritise early return. We will work closely with public organisations to develop our approach and invite proposals in the New Year.

### **Efficiency and effectiveness within portfolios**

As set out in detail there is significant focus within portfolios on driving out efficiency and effectiveness, building on this core programme of activity. The below section brings out some key examples of work in hand.

## **Health & Social Care**

### **Theatre scheduling software**

Theatre scheduling software to reduce hospital waiting times and enhance operating theatre efficiency is a successful example of digital innovation and is being rolled out in NHS Boards across Scotland. During successful pilots across three health boards, this improved operating room efficiency by up to 25% without the need for extra medical staff or additional theatres

### **Community Glaucoma Service**

We are continuing to roll out our flagship Community Glaucoma Service, which has the capacity to provide care for up to 20,000 patients to be permanently discharged from hospital, which improves outcomes for those on waiting lists and is more cost-effective. This is an excellent illustration of why shifting the balance of care to the community sector is more cost-effective – on average £141 per annum per patient, compared to the minimum £180 direct cost of an ophthalmology outpatient appointment. In doing so, we are creating a sustainable means to tackle hospital waiting list pressures and to ensure that those at greatest risk of sight loss can be seen

### **Pharmacy First**

Our Pharmacy First approach is improving access to services by helping people to access the right care in the right Place. The service provides advice and treatment for a wide range of minor ailments removing the need for unnecessary visits to GPs, Out of Hour services or Emergency Departments for everyday self-limiting conditions

### **Hospital at Home**

We are also continuing to invest in the development of Hospital at Home, and recently announced further expansion as part of the 2025/26 Budget. It remains the long-standing ambition of the Scottish Government to provide care for people at or as close to home as possible to best support their recovery and longer-term outcomes. This continued investment emphasises our commitment and has enabled more areas than ever to develop Hospital at Home services. This includes some of the most remote and rural areas of the country. The continued expansion of the service has seen capacity increase and the number of patients in the service continually rise. In September 2024, there was the equivalent of 510 beds with an occupancy rate of 80%. This is similar to the size of Royal Alexandra Hospital and larger than University Hospital Wishaw. From April to September 2024, Hospital at Home services prevented over 8,000 people spending time in hospital

## **Justice and Home Affairs**

### **Transformational Change Programme (3)**

Communities in Scotland are at the heart of our justice and home affairs policy development and delivery. We aim to identify opportunities to achieve better service delivery, operational efficiencies, and deliver savings to improve outcomes for communities across Scotland. The Transformational Change Programme (3) is driving efficiency and effectiveness. This means that: cases will take less time; more cases will conclude early; and, fewer witnesses will have to come to court. Everyone will be better informed about what's happening throughout. Increased use of digital technology will help the system to recover from the negative impacts of the COVID-19 pandemic

### **Digital Evidence Sharing Capacity**

The Digital Evidence Sharing Capability (DESC) programme across Scottish Government and core criminal justice partners. This implements a software as a service digital product to allow the digital sharing of evidence between all justice agencies to ensure evidence for a criminal case is available at all points of the process, speeding up decision making and reducing the need for large amounts of manual processing and movement of evidence. DESC is also an enabler for Summary Case Management (SCM) and Body Worn Video (BWV) which combine to increase efficiency and effectiveness in the justice process.

A pilot evaluation of DESC was carried out in summer 2024 and a decision was taken to rollout nationally due to its success, particularly that of the pilot in Dundee where DESC was being used alongside SCM. Rollout is now underway, aiming to reach conclusion at the end of 2025.

### **Summary Case Management (SCM)**

This project is delivering a new process for summary case management which is demonstrating significant early success in reducing unnecessary citation of witnesses (including considerable reductions in police witness citations) and court churn such as adjournments. DESC supports these new processes making evidence available from the beginning of the process, so case decision points are informed by key evidence allowing all parties to be prepared and ready to make decisions.

SCM pilots are currently running in Dundee, Hamilton, Paisley, Glasgow and Perth Domestic Abuse Courts. These pilots are showing stronger results in Dundee where DESC is also being used alongside the new case processes, this covers witness citations and early case resolution.

**Body Worn Video (BMV)**

Body Worn Video (BWV) will begin to roll out incrementally over the course of 2025 allowing police officers to record both audio and video footage whilst responding to incidents/gathering evidence. Footage that is recorded via BWV and deemed evidential, will be lodged as a digital production and thereafter shared via DESC with COPFS.

More detail on the broader work in the two portfolios is available in Annex A.

## Section 3: Leadership and Governance

While there is a clear view of the ambition for Public Service Reform, and the Scottish Government's programme within that, we recognise that Audit Scotland have laid out a series of challenges to the PSR programme, including on clarity and leadership. Scottish Government has a fundamental role in laying out its vision for how services be planned, funded, led and delivered to ensure that all communities in Scotland thrive, and to meet the challenges of demand and sustainability we face. This is firmly based in both the lessons of the Christie Commission and the lessons we have learnt taking forward change since then. The reforms we have made have changed the delivery of public services in Scotland, but we know we need to go further and be bolder. We also know this vision can't solely be owned by Government. Local Government, Public Bodies, the Third Sector and communities need to understand and contribute to this.

To that end the Minister for Public Finance will be leading the process of articulating a PSR strategy within government and with partners. We will engage with public sector leaders at a PSR summit by end of February 2025. Together this will set out the Scottish Government's vision and expectations and invite public sector leaders to come together to inform that strategic approach and to galvanise action. **[Action 1]**

As part of this strategic approach, and the Minister for Public Finance's priority of further driving the connection between PSR and Budget choices, we will continue to integrate the principles of PSR – particularly the focus on demand reduction – into Budgetary decisions including the upcoming Fiscal Sustainability Plan which will be delivered alongside the Medium Term Financial Strategy. **[Action 32]**

Steps will also be taken to reform further the governance structures around the Public Service Reform programme. This will ensure Ministerial leadership of the programmes governance in a revised, simpler, structure enabling more transparency around the programme. Details of these changes will be communicated early in the new year. **[Action 2]**

### Local Governance Review

The joint Local Governance Review with COSLA is considering how power and resources should be shared between national and local government, and with our communities

### *Single Authority Models*

Single Authority Models will streamline and strengthen local governance arrangements to improve outcomes and help ensure long-term financial sustainability. Meetings have been held with councils, Health Boards and Integration Joint Boards in Western Isles, Orkney and Argyll and Bute to explore proposals for deeper integration of key services. This work will continue at pace through 2025 with all relevant partners.

### *Democracy Matters*

We are building on the second phase of widespread Democracy Matters community engagement by developing models for community governance which deliver on the ambitions expressed in the [process findings report](#). New models will help ensure the delivery of more joined up, efficient, and person-centred services at a community level as well as provide more opportunities for people to participate in the decisions that matter most to them. This work is being taken forward in collaboration with a range of community organisations, equality groups and public service providers through the Democracy Matters Steering Group. An initial meeting of the Steering Group was held on 13 December 2024 and was co-chaired by the Minister for Public Finance and COSLA Vice President Cllr Steven Heddle. This work will proceed at pace through 2025 with a view to enacting any required legislation early in the next Parliament.

## **Section 4: Service change and prevention**

The work set out in Section 3 is primarily focussed on directing resources to the 'front line' and continuous improvement. This section is focussed on 'align' and sets out further work on driving service change and prioritising prevention. This section covers two examples of ongoing cross-cutting activity as well as drawing key illustrative examples from portfolio plans.

### **4.1 Whole Family Support**

We are clear that to deliver on the ambition on PSR we must change how services are delivered to prioritise early intervention, improve outcomes and prevent demand. The Whole Family Support commitment is providing further impetus to the significant work on prevention set out in the previous update to Parliament.

This work will be fundamental to the shared ambition of national and local government to eradicate child poverty. It will do this by enabling frontline staff to work much more closely with families, understanding their needs, and providing them with what they need to thrive from across public services. We will collaborate with our partners in local government and beyond to enable greater local flexibility in key areas like funding and reporting, so that services can be more easily tailored to the needs of the families and communities they support. We will also work to simplify and reduce the complexity of the policy landscape, and focus work on core set of measurable outcomes

Where local partners identify better ways of working and opportunities to use our resources and powers to support families more effectively, they will empower them to take action. We will offer this flexibility to all areas who commit to working with us to change the way we deliver services to families. Early engagement with local authorities has already identified tens of millions of existing funding that could be used differently to support this approach. Between now and the new financial year, the full scope and scale of the approach will be jointly developed with partners.

### **4.2 Keeping the Promise / Whole Family Wellbeing Funding**

Keeping The Promise requires a whole system approach that connects across the Scottish Government's new and ongoing commitments and financial programmes that impact on the lives of care experienced children, young people and their families. In



March 2022, the Scottish Government published the [Promise Implementation Plan](#), setting out the actions we are taking to Keep The Promise by 2030. In September 2024, the Scottish Government published an [update](#) to the Promise Implementation Plan which provides a comprehensive review of the actions and commitments. This update demonstrates the breadth of activity taking place across the Scottish Government to drive forward the changes we know that need to happen and it reaffirms the Scottish Government's commitment to the Whole Family Wellbeing Funding Programme (the WFWF Programme), as a key driver of Keeping the Promise; through supporting the development of holistic family support services.

Work is ongoing in partnership with The Promise Scotland and COSLA to develop and agree on an approach to measure Scotland's progress, in line with the Verity House Agreement. The three organisations will jointly publish a report setting out the approach. The Promise Stories of Progress seeks to bring together data and evidence across 3 strands to provide an overall understanding of progress;

- Scotland's national progress towards keeping The Promise, measured through a framework of quantitative indicators called The Promise Progress Framework.
- Organisational-level activity to keep The Promise, including examples of best practice and barriers to progress.
- The experiences of the Care-experienced community, and whether changes at the national level are being felt by Scotland's children and families to whom The Promise was made. Engagement with the Care-experienced community will be centred around the "What Matters" questions which were created from what children and families told the Independent Care Review. These questions can be used as an improvement tool for both data and practice.

#### 4.2.1 Whole Family Wellbeing Funding

The Scottish Government's commitment to the WFWF Programme recognises that a fundamental change in the system is required to deliver our vision for family support in line with our [Vision and National Principles](#) and to Keep the Promise. A vision that focusses on embedding a preventative approach to stop families from reaching crisis and entering the care system, but that also recognises the need to support families with their broader wellbeing to help them thrive.

The WFWF Programme is enabling the system change required at the local level, principally through existing Children's Services Planning Partnerships (CSPPs), to ensure that every family gets the right support, at the right time, for as long as it is needed. Recognising the varying circumstances of local areas, the WFWF Programme did not seek to mandate a specific delivery model that would be replicated nationally. Instead, it asked CSPPs to respond according to local need. As set out in the Scottish

Government's Update to the Promise Implementation Plan, since 2022 we have invested over £110m through the WFWF Programme, including:

- £96m for CSPPs to build local service capacity for change and to transform family support services.
- £1.6m National Support for Local Delivery – recognising the need for local partnerships to learn from each other to support change, we established a package of activity to support the development and sharing of learning across CSPPs and beyond and, where possible, to actively support a systematic approach to change. Funding has also supported external evaluations of Years 1 and 2 of the Programme and its impact.
- £13.1m for taking a cross Scottish Government approach to system change, which is supporting 12 projects across Scottish Government policy areas to help progress the aims of the Programme.

This means that range of activity is taking place on the ground. Some areas are scaling up previously piloted programmes, such as family support hubs or services to support pregnant women and parents with their mental health or substance use. Others are taking a whole systems approach, developing multi-agency working groups and systems to ensure better collaboration. Several CSPPs are also specifically focusing on recruiting more staff and activities that provide greater support for existing staff. Our independent evaluation has demonstrated that CSPPs see the funding beneficial and that the approach to funding has afforded them the autonomy and flexibility to tailor whole family support activities to local needs and align them with their broader children's services planning.

### **Keeping the Promise / Whole Family Wellbeing Funding Case Study**

In South Lanarkshire, the WFWF has supported 16 key activities including the scaling up of a centralised family support hub. This approach has been rolled out to their four localities to promote a 'no wrong door' approach for families from pregnancy to eighteen seeking support. As a result of this work, South Lanarkshire has reported a reduction in crisis interventions with the family support hubs responding to 75% of all new referrals to social work. This significantly decreases the volume of initial assessments undertaken by Local Office Teams and will create more capacity within this part of the system to respond to child protection referrals and crises. In terms of what this means for children and families in practice, qualitative feedback from the families receiving support at the hubs indicates a high level of satisfaction with outcomes such as improved family wellbeing, increased confidence, and strengthened relationships with children being achieved.

### **4.3. Service change and prevention within portfolios**

Portfolio plans set out a range of work to deliver service change and prioritise prevention. This just selects just a handful of key activity that meets the requirements for PSR – that are delivering personal-centred, preventative and relational service and are focussed on bringing down demand for public services through improving outcomes and intervening early. These plans are fundamentally cross-cutting, situated within the relevant portfolio but drawing on the contributions of others – whether the population health framework focussing on tackling societal and economic determinants of poor health or the emphasis in Justice and Home Affairs on focussing on upstream intervention, recognising the complex interplay of experiences, particularly in early life, that influence whether a person will come into contact with the justice system. For example, we know that to reduce demand on the justice system, we must:

1. work together to address the underlying causes of crime and support everyone to live full and healthy lives;
2. work together to mitigate the impact of poverty and disadvantage and reduce those who have contact with the justice system (arrivals to prison are disproportionately from the most deprived areas);
3. deliver high-quality, trauma-informed services and programmes which support rehabilitation;
4. work with partners to improve the mental and physical health and wellbeing of those who come into contact with the justice system (an estimated two in five of those arrested by Police Scotland have a mental health issue);
5. prevent and experience less harm caused by alcohol and drugs by ensuring appropriate support and interventions are provided;
6. #Keep the Promise and ensure that children and young people living in care have access to support they need to thrive;
7. take early action at the first signs of any difficulty to create positive family environments and social networks; and
8. nurture children to fulfil their potential (including through education), to provide the best chances for their future.

More detail on these broader programmes of work, are available in Annex A.

#### **Health and Social Care**

##### **Getting it Right For Everyone**

Creating a new approach and ways of working across Health & Social Care that move us from transactional single issue care delivery to a holistic, person centred, preventative and practice model that aims to Get It Right For Everyone. GIRFE puts the person at the centre of all decision making with a joined-up, coherent and consistent multi-agency approach regardless of the support needed at any stage of life.

### **Population Health Framework**

Building on the positive and innovative actions we are already taking across areas including tobacco and alcohol control to improve population health and reduce health inequalities, we are developing a long-term Population Health Framework, taking a cross-government, cross-sector approach to improve the key building blocks of health – which we anticipate will be published in Spring 2025. The Framework is being developed jointly with COSLA and in collaboration with key partners, including Public Health Scotland. The Framework will focus on primary prevention activities that try to stop problems happening in the first place. This will consider what more can be done to mitigate against the social and economic drivers of ill health and build a Scotland – with places and communities – that positively supports health and wellbeing. This will be complemented by holistic actions which promote health and wellbeing, reduce health harming activities and enable equitable access to healthcare.

### **Justice and Home Affairs**

#### **Transformational Change Programme 1: Person-centred and trauma-informed justice**

This TCP aims to embed trauma-informed practices that will ensure that our justice services can: recognise the prevalence of trauma and adversity; realise where people are affected by trauma; and, respond in ways that reduce re-traumatisation.

We will achieve this by

- implementing the Trauma Informed Justice Knowledge and Skills Framework across the justice system;
- improving communications with witnesses and people affected by crime;
- widening the victim statements scheme;
- expanding access to pre-recording of evidence; and
- establishing a national model for Restorative Justice.

This will create better outcomes for those affected by crime - by treating them with compassion, acting on their feedback, and ensuring they feel safe, informed, and are given choices

#### **Transformational Change Programme 2: Shifting the Balance between Custody and Justice in the Community**

The focus of this TCP is to deliver system improvements that reduce reoffending and 'shift the balance' between the use of custody and justice in the community. While prisons will always be needed for those that pose a serious risk of harm, there is clear evidence that person-centred, community-based interventions are often more effective in reducing reoffending and supporting rehabilitation than short term custodial sentences. This in turn can lead to fewer victims and safer communities.

## **ANNEX A: Portfolio plans**

As the programme has progressed and we have reaffirmed the overarching strategic narrative set out in section 1, this section provides an overview of the ambitions for PSR within two core portfolios: Health and Social Care, and Justice and Home Affairs. This section demonstrates how those portfolios are addressing both efficiency and effectiveness, and service change and prevention. Case studies of reform in action are also included in each area to demonstrate what PSR means in practice.

### **1. Health and Social Care**

#### **1.1 Vision for Health and Social Care Reform**

The Chief Medical Officer has highlighted the population health challenges we face both now and in the future:

- threats from infectious diseases remain;
- life expectancy is stalling, and health inequalities are widening;
- demand for and utilisation of our health and social care services continues to increase in an unsustainable way; and
- the climate emergency requires adaptation and is already affecting Scotland's health and wellbeing.

The scale of the financial challenge across health and social care is unprecedented. Inflation, rising energy costs and the ongoing impacts of Covid and Brexit, along with rising demand, mean that the finite funding available is worth less in real terms but required to deliver more.

Given the scale of growing demand our health service faces, the NHS requires major reform to ensure that we have a sustainable health service. On 4 June, the Cabinet Secretary for Health and Social Care set out a new a vision for health and social care services in Scotland to address these challenges and give focus to our reform work.

Our vision is to '*enable people to live longer, healthier and more fulfilling lives*'. This is supported by four key areas of work: improving population health, a focus on prevention and early intervention, providing quality services, and maximising access, all underpinned by a person-centred approach.

Work is already underway to progress reforms to ensure long term sustainability, reduce health inequalities, deliver services closer to home, further harness the benefits of digital technology, and improve population health outcomes in Scotland.

Our approach to reform spans three overlapping horizons:

- Firstly, and a key priority in the short term, we must ensure that our services are delivered in a way that optimises current arrangements.
- Secondly and over the medium term, we need to begin to transform how we work and begin to shift the balance of care closer to people's homes and drive forward more proactive approaches.
- In the longer term, we need to fundamentally change how we think about the delivery of health and care, driving investment in prevention and early intervention.

## **1.2 Driving efficiency and effectiveness**

Through our ongoing engagement with NHS Boards we continue to monitor and work to address financial pressures across the system. This includes supporting the best use of resources and maximisation of existing assets, whilst ensuring that service recovery and patient safety remain the priority.

The NHS Scotland Finance Delivery Unit (FDU), hosted by Scottish Government, provides support including driving financial improvement and sharing of ideas and benchmarking data. This supports delivery of minimum 3% recurring savings against baseline budgets in 2024-25 and further local savings plans. Areas of focus include reducing medicines wastage, improving polypharmacy performance, reducing reliance on supplementary staffing, reviewing corporate services efficiency and maximising use of digital resources. The FDU works alongside the Chief Operating Officer and Centre for Sustainable Delivery on our structured approach to assess initiatives and planning across the NHS to achieve increased productivity, service efficiencies and financial savings to promote value for money with savings contributing to in-year and long-term financial sustainability.

Significant change is already underway to improve the sustainability of services, through improved productivity and widespread adoption of new innovations and technology. This is being led by the Centre for Sustainable Delivery (CfSD).

### Acute Reform

The commitment to drive forward sustained improvement in unscheduled care remains a priority. Delivery of this will be done collaboratively with system leaders, CFSD, HIS, and Quality Improvement leads, by jointly agreeing and implementing changes within hospitals to increase performance with a focus on effective discharge processes, enabling a more resilient and sustainable service.

Reducing waiting lists year on year for planned care remains a priority. Theatre scheduling software to reduce hospital waiting times and enhance operating theatre efficiency is a successful example of digital innovation and is being rolled out in NHS Boards across Scotland. During successful pilots across three health boards, this improved operating room efficiency by up to 25% without the need for extra medical staff or additional theatres. We continue to work with CFSD and Boards to deliver sustainable improvements through efficiencies and maximising NHS capacity across Scotland, including regional and national working. This aims to deliver a more resilient and sustainable service.

### Primary Care Reform

International evidence demonstrates that countries with strong Primary Care have better outcomes, effectiveness, and efficiency. This can be seen in practical service delivery, for example:

- continuing to enhance NHS Pharmacy First Scotland – signposting people with minor ailments and common clinical conditions to their local community pharmacy for advice and treatment - helps to transfer patients as appropriate from general practice, out of hours and emergency departments and eases capacity issues across the system;
- the new Community Glaucoma Service is also a good illustration of the capacity and capability in primary care to safely, sustainably and cost effectively shift the balance of care into the community and help reduce hospital waiting list pressures;
- by improving access to and quality of data, we will provide operational, outcome and value for money data on Primary Care which supports health service planning, quality and productivity improvement, and policy development at a whole system level;
- our continued commitment (through Community Link Workers and targeted health inequalities programmes) to non-clinical care and support in general practice for patients facing social and economic challenges helps focus more expensive clinical capacity on patient consultations that need clinical input;
- providing people with early social support can prevent the onset or progress of ill health, reducing later costs to public services. Digital technologies such as Digital Prescribing and Dispensing offer more efficient and patient centred care, freeing up time for clinicians to see patients; and
- we are working to deliver a modern and sustainable digital solution that provides a single, integrated view of GP and MDT data to provide intelligence to practices, HSCPs and NHS Boards improving the planning of practice time/resource, staffing levels/deployment and services to support sustainability.

The Scottish Government is developing a Route Map to further enhance sustainability of Primary Care, aligned to wider reform of Health and Social Care. The Route Map will be developed with the person at the centre, drawing on the principles and learnings from Getting It Right for Everyone (GIRFE) so we can better understand how national policy for Primary Care can support delivery

of GIRFE. This work will include a review of the existing Primary Care vision and outcomes to ensure alignment with broader strategic intent.

The Route Map for Primary Care will set out key aspects of both how the primary care system operates currently and how it will operate in the context of wider reforms – particularly the development of the NCS, reform through the National Clinical Framework, and the Population Health Framework. It will cover key enablers to realise our collective vision for Primary Care: workforce, finance and funding mechanisms, ‘governance, contracts and planning,’ ‘infrastructure, data and digital’, ‘policy, frameworks and standards’ and ‘improvement and learning’. The Route Map will recognise the necessary diversity of arrangements across the independent contractor landscape. Cross-cutting themes are being considered throughout the development of the Route Map, including the remote and rural perspective, alongside health inequalities and person–centeredness. A first iteration of the Route Map is anticipated by summer 2025, aligned to wider reforms.

#### **Health & Social Care Case Study 1: Community Glaucoma Service**

We are continuing to roll out our flagship Community Glaucoma Service, which has the capacity to provide care for up to 20,000 patients to be permanently discharged from hospital, which improves outcomes for those on waiting lists and is more cost-effective. This is an excellent illustration of why shifting the balance of care to the community sector is more cost-effective – on average £141 per annum per patient, compared to the minimum £180 direct cost of an ophthalmology outpatient appointment. In doing so, we are creating a sustainable means to tackle hospital waiting list pressures and to ensure that those at greatest risk of sight loss can be seen. Similarly, our Pharmacy First approach is improving access to services by helping people to access the right care in the right Place. The service provides advice and treatment for a wide range of minor ailments removing the need for unnecessary visits to GPs, Out of Hour services or Emergency Departments for everyday self-limiting conditions.

### **1.3 Service change and prevention**

Our focus is on prevention improving the building blocks of health. There are many factors that shape our health, including:

- social and economic factors such as tackling child poverty, the introduction of Scottish Child Payment, and investing in quality early learning and childcare;
- Healthy Living such as regulation of alcohol (Minimum Unit Pricing), access to health foods, regulation of tobacco, quality addiction services and supporting active lives;



- health services addressing current acute system pressures equitably, vaccines and immunisations, screening and diagnostics, fair access to quality health care and mental health services; and
- physical environment, such as Low Emission Zones, investment in active travel, and achieving Net Zero.

There is a range of primary and secondary prevention work taking place within Scottish Government to help reduce demand for health and social care services. The portfolio approach to prevention and demand reduction includes this action on population level prevention and specific action targeted at those facing disadvantage. This includes:

- Primary Prevention
  - We are contributing to cross-government work on child poverty, Whole Family support, employability, The Promise, drugs mission and the prison population, with an increased focus on joined-up delivery.
  - Refocus on population health/prevention. The Population Health Framework is in development with PHS and COSLA with a publication date of Spring 2025. This sets out our primary preventative action across the four pillars above – for example, on healthy living our action on areas such as tobacco, alcohol, obesity, physical activity and links to our mental health strategy and delivery plan. We are also working with UKG to identify four nations opportunities.
- Prevention in the community
  - Our commitment to reform involves moving our models of care into prevention and the community. This includes the following approaches and services to help increase access to the right care when required:
    - Hospital at Home: Providing specialist acute care and treatment in the home
    - Enhanced care: Providing fast acting short-term support to keep people well at home, or return them home quickly
    - Community rehabilitation: Providing support or equipment to keep people well at home
    - Primary Care and Community-based service reform: Primary care and wider community-based health services are critical in strengthening the preventative model of health and social care and a key part of delivering a sustainable and patient-centred health and care system. Good quality early intervention and prevention in primary care are key to reducing preventable ill health - to help people stay well, economically active and socially connected in their communities. Primary care reform is set out above and further detail on how primary care drives reform is set out below. This reform includes specific targeted action aimed at those most disadvantaged through the Inclusion Health Action in General Practice programme.
  - Within Community and Primary Care, there is a prevention focus including in General Practice:
    - Prevention focus: Crucial role in prevention and early detection, reducing the incidence of chronic conditions and long-term health complications.
    - Improved patient outcomes: Enhances effectiveness and efficiency of HSC system, enabling better management of long-term conditions and preventing hospital admissions.

- Cost savings: By reducing unnecessary hospital visits and admissions, lower healthcare costs and eases pressure on both planned and unplanned secondary care services.

### **Health & Social Care Case Study 2: Hospital at Home, Older People and Acute Adults**

We are also continuing to invest in the development of Hospital at Home, and recently announced further expansion as part of the 2025/26 Budget. Since 2020 we have invested almost £15 million in the development of Hospital at Home for older people (HaH OP). This includes £3.6m which has been provided to Health Boards for 2024-2025.

It remains the long-standing ambition of the Scottish Government to provide care for people at or as close to home as possible to best support their recovery and longer-term outcomes.

As part of the budget statement on 4 December 2024, the Cabinet Secretary for Finance and Local Government announced £200 million to reduce waiting lists and to help support reduction of delayed discharge in line with the First Minister's priority of maximising access to quality health and social care services. This includes the expansion of Hospital at Home as well as other community-based services.

This continued investment emphasises our commitment and has enabled more areas than ever to develop Hospital at Home services. This includes some of the most remote and rural areas of the country. The continued expansion of the service has seen capacity increase and the number of patients in the service continually rise. In September 2024, there was the equivalent of 510 beds with an occupancy rate of 80%. This is similar to the size of Royal Alexandra Hospital and larger than University Hospital Wishaw. From April to September 2024, Hospital at Home services prevented over 8,000 people spending time in hospital.

## **1.4 Cross-portfolio work to drive prevention**

### Population Health Framework

Building on the positive and innovative actions we are already taking across areas including tobacco and alcohol control to improve population health and reduce health inequalities, we are developing a long-term Population Health Framework, taking a cross-

government, cross-sector approach to improve the key building blocks of health – which we anticipate will be published in Spring 2025. The Framework is being developed jointly with COSLA and in collaboration with key partners, including Public Health Scotland.

The Framework will focus on primary prevention activities that try to stop problems happening in the first place. This will consider what more can be done to mitigate against the social and economic drivers of ill health and build a Scotland – with places and communities – that positively supports health and wellbeing. This will be complemented by holistic actions which promote health and wellbeing, reduce health harming activities and enable equitable access to healthcare. We are already taking immediate action on primary prevention actions planned in Scotland for the next 18 months include taking forward the Four Nations Tobacco & Vapes Bill; improving the food environment through taking forward legislation to restrict the promotion of food and drink high in fat, sugar or salt; building on our work on the uprating the Minimum Unit Price of alcohol. Recognising the social and economic drivers of ill health and mutual benefits in economic growth, we are also working closely with DG Economy on a programme of work relating to reducing ill health related economic inactivity.

### The Preventative and Proactive Care Programme

The Preventative and Proactive Care Programme (PPC) mission aims to transform our models of Health and Social Care, to be: more preventative, proactive and focused on early intervention; holistic and rooted in Getting it Right for Everyone (GIRFE) principles. This has at its heart, a primary and community first model – that shifts the balance of care as part of an integrated and collaborative system; focused on protecting, retaining and improving individuals' health and wellbeing; focused on transforming models of care to reduce health inequalities to support equitable access, reach and impact. The specific areas of focus for the programme in the current 2-year workplan are to:

- 1) Lead the improvement of the individual level secondary prevention, with an initial focus on cardiovascular disease (CVD) – to help people protect, retain and improve good health and wellbeing;
- 2) Design, introduce and spread the GIRFE national practice model and its use;
- 3) Ensure Primary and & Community Healthcare reform is at the heart of integrated service reform – and that this reform works to deliver the PPC Mission;
- 4) Joint workstream with Population Health – for joint work on healthcare health inequalities and Healthy Living.

Within our CVD Risk Factors workstream we are currently looking to address common risk factors for areas where we see a higher burden of disease (cardiovascular disease, diabetes, etc.) and transform how our system works to focus more on prevention and early intervention. We are bringing together research and evidence from across the UK around health checks and lifestyle change

programmes. A national stretch aim to reduce avoidable CVD deaths by 20% in 20 years has been agreed and the programme will be working with primary care to enhance the detection and management of key clinical risk factors for cardiovascular disease – which include high blood pressure, high lipids (e.g. cholesterol), high blood sugar (such as prediabetes or type 2 diabetes, obesity and smoking). The aim is to improve current reach and care quality in General Medical Services (GMS) care for cardio-metabolic risk care; alongside planning for future services introductions that could be delivered via GMS and community pharmacy. Future service introductions would be dependent on achieving budget to align to this. Increased early identification of disease burden risk factors and acting on these early aims to reduce diseases commencing or escalating, whilst also supporting more citizen led health through lifestyle and digital approaches. In turn this should reduce demand from diseases that can be prevented.

### National Care Service Programme

The National Care Service (NCS) Programme will deliver improvement social care social work and community health, addressing the recommendations made in the Independent Review of Adult Social Care:

- Lack of transparency – delivering clearer oversight of £5.75bn a year spend on social care, and greater scrutiny of how services are planned, funded and provided. Through greater oversight over planning, funding and delivery of care at local level, to ensure that we have a social care support system that is value for money.
- Inconsistency – individuals' experiences of care can vary greatly between services, geographical areas and needs. Improving this requires a fair, human rights-based approach, and clearer expectations for both individuals accessing support, and those responsible for providing it.
- Lack of intervention – There is limited action to address inconsistency or poor planning or delivery of services. Ministers, and IJBs themselves, are the main players in the current system with powers to intervene. Improving this requires action to identify and share good practice, and challenge and resolve issues – through guidance, funding or direction.
- Undervaluing social care – currently the contribution of social care to people's wellbeing and independence, and the key role of the workforce and unpaid carers, is undervalued. Improving this comes from investment in social care provision, in the workforce and in support for carers.
- Lack of participation – meaningful inclusion of people with lived experience in the governance, planning and scrutiny of social care as they are not empowered to do this. Improving this requires clear structures to support participation.
- Inability to access information – the current system makes it very difficult for individuals to see what information is held about them, to contribute to that information or for staff from multiple organisations to have access to consistent information about an individual, resulting in poor coordination of care and frustrating experiences of care. Improving this requires both clearer guidance and rules, and technology change.

## 1.5 Key Preventative Programmes

<b>Programme</b>	<b>A brief summary of how the programme is contributing to prevention</b>	<b>Outcomes and impact</b>
<b>Primary Prevention – <i>Creating Good Health</i></b>		
Population Health Framework	Developing a long-term Population Health Framework, which will focus on primary prevention activities that try to stop problems happening in the first place.	A reduction of demand on NHS Services. Improving population health outcomes. We are improving our approach to measurement of impact of our interventions on outcomes and are already developing, in collaboration with Public Health Scotland, the Care and Wellbeing dashboard. The dashboard is designed for use by local partners, including NHS Boards and Community Planning Partnerships, to inform planning work and support reform to improve population health and reduce health inequalities.
Develop next phase of NHS Scotland Anchors' Programme	Scotland's health and social care bodies operate as effective and collaborative anchor institutions, beginning with the NHS	Increased spending with local businesses and suppliers will raise income levels within communities through increased local employment, with the aim of targeting social groups most likely to face health inequalities. This will contribute to key government priorities including tackling child poverty, and economic growth.
<b>Secondary Prevention – <i>Retaining Good health</i></b>		
Primary Care Reform “Route Map”	We are developing a Route Map to further enhance sustainability of Primary Care, aligned to wider reform of Health and Social Care.	Reform of our health and care system must start with Primary Care and Community Health services, the bedrock of our system and a first point of contact

	<p>The Route Map for Primary Care will set out key aspects of both how the primary care system operates currently and how it will operate in the context of wider reforms – particularly the development of the NCS, reform through the National Clinical Framework, and the Population Health Framework Primary care is critical in strengthening the preventative model of health and social care and a key part of delivering a sustainable and patient-centred health and care system. Good quality early intervention and prevention in primary care are key to reducing preventable ill health - to help people stay well, economically active and socially connected in their communities.</p>	<p>with our NHS for people throughout Scotland. Evidence suggests that Primary Care is the strongest predictor of a strong healthcare system. Evidence from the World Health Organization has shown that countries with strong Primary Care have better outcomes, effectiveness, and equity. Strengthening Primary Care therefore is critical to strengthening the system as a whole – in terms of sustainability, prevention, access, quality &amp; value for money.</p>
<p>Preventative and Proactive Care Programme</p>	<p><b><u>GIRFE</u></b>          Creating a new approach and ways of working across Health &amp; Social Care that move us from transactional single issue care delivery to a holistic, person centred, preventative and practice model that aims to Get It Right For Everyone. GIRFE puts the person at the centre of all decision making with a joined-up, coherent and consistent multi-agency approach regardless of the support needed at any stage of life.</p> <p><b><u>Cardiovascular Disease (CVD) Risk Factors Programme</u></b> will transform care by improving the early identification and optimal management of key clinical risk factors for cardiovascular disease - high blood pressure, hyperlipidaemia (such as</p>	<p><b><u>GIRFE</u></b>          Improve outcomes for people and increase effective service provision through improved planning, delivery and co-ordination of support.</p> <p><b><u>CVD</u></b>          Aim to reduce CVD (and indeed the wider cardio-metabolic diseases such as T2D); reduce avoidable CVD deaths (under 75s) by 20% in 20 years; improve health life expectancy and life expectancy,</p>

cholesterol), hyperglycaemia indications (such as prediabetes or type 2 diabetes 'T2D'), obesity, smoking. This includes increasing citizen awareness of risk factors – better self-identification of risk levels and self-care via lifestyle approaches; alongside improving our NHS care of finding and reducing a person's risk.

and increase sustainability of health and care services by reducing demand from disease burden.

### **Health & Social Care Case Study 3: GIRFE: Using co-design to create a holistic person centred, preventative practice model**

The Scottish Government is co-designing Getting It Right For Everyone (GIRFE) with place-based pathfinders and people with lived experience across Scotland. GIRFE is a proposed multi-agency approach of support and services from young adulthood to end of life care.

As part of the practice model, GIRFE will focus on health, social care and wider public services. GIRFE puts the person at the centre of all decision making with a joined-up, coherent and consistent, multi-agency approach regardless of the support needed at any stage of life.

Pathfinders and partners from health and social care partnerships (HSCP) across Scotland have been co-designing the national practice model, alongside people with lived experience. We created a GIRFE design school as a support model, to help pathfinders to come together to get ready for co-design work and engage with people with lived experience on a specific policy area, problem exploration, or redesign challenge.

They are aligned to 5 thematic areas: People in prisons; People in alcohol and drug services; People registered at deep-end GP practices - those which cover the most deprived populations; Families with multiple and/or complex needs - and young people in transition from Getting It Right For Every Child (GIRFEC) to GIRFE; and Older people and frailty.

There are currently 6 GIRFE place-based pathfinders: East Ayrshire HSCP, Aberdeenshire HSCP, Aberdeen City HSCP, North Lanarkshire HSCP, Orkney HSCP and Fife HSCP.

There are also 3 GIRFE partners, who joined the co-design process in January 2024: South Ayrshire HSCP, Moray HSCP, and Falkirk HSCP.

The primary element of this practice model in development is the GIRFE “Team Around The Person” toolkit. The “Team Around The Person” toolkit aims to facilitate better support planning conversations, which involve the person, a co-ordinator, professionals, and other wider formal or informal support networks. This will enable a more joined up and consistent approach, with an emphasis on early intervention and prevention, whilst empowering people to access health and social care supports to ensure they get the right support at the right time.

The GIRFE “Team Around The Person” toolkit takes a person-led and human rights-based approach to accessibility of support for people who may, or may not otherwise, come into contact with frontline services. GIRFE pathfinders and partners have been testing and continuously improving the GIRFE toolkit where they can within the current system. The GIRFE “Team Around The Person” toolkit, and tailored support and advice, is now available to assist organisations across Scotland to embed GIRFE. More details are available at: [Getting it right for everyone \(GIRFE\) - gov.scot](https://www.gov.scot/getting-it-right-for-everyone-girfe/)

### **Older People and Frailty Case**

Our GIRFE pathfinder recently highlighted how using the “Team Around The Person” toolkit can be applied to rehabilitation and preventative care whilst ensuring person-centred outcomes are met. They applied the toolkit to a case involving an older female “A”. A was admitted to community hospital from Accident and Emergency with a fractured left Humerus for rehabilitation. A is normally independent with a walking stick and uses a mobility scooter to visit friends and do her shopping.

Recently A has experienced reduced mobility with falls at home and her family reported increasing frailty with reduced ability to cope. A requested to receive rehabilitation care at home, rather than in hospital, so that she could be near her family and friends. Due to current frailty occupational therapy recommended a period of intensive rehabilitation which required inpatient care. It was noted during her stay in hospital that she was not in receipt of health and social care support at home.

There were numerous complexities and risks involved in this case such as reoccurrence of falls, hospital admissions due to poor mobility, delayed rehabilitation and discharge from hospital and social isolation. In addition to this a series of recent falls had reduced A’s confidence and independence.



In applying the “Team Around The Person” toolkit to A’s case the “My Team” tool was used. This helped our pathfinder to establish a team, which included A in conversations about her care and support needs, alongside occupational therapy, physiotherapy, the nursing team, integrated Care Team (community rehab), family, and the Advanced Nurse Practitioner. The team worked together to formulate a rehabilitation plan using the “My Plan” tool within the toolkit.

A “Team Around The Person” Meeting took place between the Advanced Nurse Practitioner, Occupational Therapy, Physiotherapy, and Integrated Care Team. A and her family also attended this meeting. This enabled A to share her views on what care and support she felt she needed. A shared during the meeting that she had a preference to receive rehabilitation care at home. The meeting however enabled professionals to discuss with A the level of rehabilitation support she required and why care at home would not be possible and that she would require inpatient care.

In applying the GIRFE principles to A’s care and support other alternatives were explored with A as to where she could receive rehabilitation support as she did not want to remain in hospital. The Advanced Nurse Practitioner who was co-ordinating A’s care (Co-ordinator tool) discussed with her whether rehabilitation support could take place within a more homely environment such as a care home rather than in the hospital. This discussion, whilst respecting A’s wishes of not wanting to remain in hospital, enabled collective decision making between A, her family, and the professionals involved in her care and rehabilitation (My Team Tool). Including the GIRFE principles within these discussions also enabled A to be involved in the decision-making process, make informed choices, and have her views heard.

In applying the “Team Around The Person” toolkit to A’s care and support A was included in the planning of her move from hospital to a local care home to receive rehabilitation following her recent fall. As a result of “Team Around The Person” meetings, the “My Plan” tool was used to co-ordinate her move from hospital to the care home and implement ongoing care and support for A post discharge.

The “Team Around The Person” toolkit enabled A, her family members, and professionals involved in her care and support, to plan her rehabilitation out with the hospital environment, which enabled her to be discharged earlier. In applying the GIRFE principles to A’s rehabilitation plan her wishes to be close to her family and local community were also upheld as a care home placement was sought that would enable her to remain in her local area.

As a result of the “Team Around The Person” meetings, which facilitated conversations and consistent support to A as well as collaborative working between professionals, A experienced a seamless and timely discharge from the hospital to the care home. In addition to this the “My Plan” tool enabled professionals to plan, and have ongoing conversations with A, around her care and support needs post discharge from the care home. In using the “My Team” tool a robust plan of care and support was put in place for A post discharge from the care home to reduce the risk of, and avoid, further readmissions to hospital.

## **2. Justice and Home Affairs**

### **2.1 Vision for Justice Reform**

The Justice and Home Affairs portfolio has a strong track record of successful public service reform. Over the next 10 years we will continue to drive forward a range of initiatives targeted to reduce demand on public services. Our Public Service Reform initiatives are targeted towards delivering more efficient public services and driving measurable service improvements.

The '[Vision for Justice](#)' is our transformative vision of the future justice system for Scotland. It spans the full journey of criminal, civil and administrative justice. It focuses on creating safer communities and shifting societal attitudes and circumstances which perpetuate crime and harm. The Vision for Justice, its [three year delivery plan](#), and [measurement framework](#), are endorsed and collectively owned by the national Justice Board which includes representation from key justice organisations.

Poverty and inequalities are factors which impact significantly on the demands on the justice system, with many of the levers to reduce demands on the Justice and Home Affairs portfolio lying elsewhere in government. We are committed to several transformative actions, but not all actions will be the responsibility of the justice sector alone. We recognise the need to work across boundaries to improve outcomes for individuals, to address the causes of crime, and to reduce offending.

The portfolio's PSR plans are currently focussed on, but not limited to, our three cross-sector Transformational Change Programmes (TCPs) alongside our work on Policing and Mental Health.

#### **Collaborative leadership of reform: Justice Board**

The Justice Board is a national, multi-stakeholder board that oversees the delivery of the Vision for Justice. It brings together the Chief Executives and equivalent leaders of key organisations across the justice system. The Vision for Justice and its three-year delivery plan was developed in collaboration with partners across the justice sector and has been endorsed and agreed by the national Justice Board who have shared ownership of the plan. This plan includes all the work across the justice system, including the TCPs. The board meets quarterly and receives reports on progress towards the aims set out in the Vision for Justice so that they can consider any actions required to help deliver those aims.

## 2.2 Driving efficiency and effectiveness

Communities in Scotland are at the heart of our justice and home affairs policy development and delivery. We aim to identify opportunities to achieve better service delivery, operational efficiencies, and deliver savings to improve outcomes for communities across Scotland.

TCP3 is focussed on efficiency of the Criminal Justice System as detailed below. The Digital Evidence Sharing Capability case study illustrates the work in hand to drive out efficiencies.

Programme	Overview	Outcomes
<p><b>TCP 3: Criminal Justice System Efficiency</b></p>	<p>Criminal Justice System Efficiency. This programme will improve the efficiency and effectiveness of the Criminal Justice System so that all people involved have a better experience of the system, and cases will reach an outcome as efficiently and effectively as possible.</p> <p>Our criminal justice system will work better for everyone who experiences it. Cases will take less time. More cases will conclude early, and fewer witnesses will have to come to court. Everyone will be better informed about what's happening throughout. Increased use of digital technology will help the system to recover from the negative impacts of the COVID-19 pandemic and be efficient and effective.</p>	<p>The outcomes for this programme are:</p> <ul style="list-style-type: none"> <li>• Reduce delays in the time cases take to progress through the justice system from start to finish.</li> <li>• Improve the experience of the people involved while the case is underway</li> <li>• Improve access to information to support appropriate, early decision-making and reduce uncertainty in how processes will work</li> <li>• Increase the use of digital to deliver better, user-centred and more efficient services, using flexible, reuseable, and scalable technology.</li> </ul>

Public body cluster working provides opportunities for enhancing planning and delivery across organisations within the justice sector. It also helps to mitigate the impact of organisational culture differences between justice partners, facilitating collaborative working. This will support the provision of services that are more attuned to need, avoiding duplication and/or counterproductive actions.

In terms of procurement, all justice sector partners are encouraged to increase their 'Once for Scotland' buying power and consider using national and regional collaborative procurement framework agreements first.

### Sponsorship of public bodies

The Justice and Home Affairs portfolio consists of 22 bodies. Strategic sponsorship is discussed regularly at a DG level, including monthly at portfolio level, and quarterly at DG level. The portfolio RAG exercise is carried out quarterly and reported to DG assurance meetings to allow potential issues within public bodies to be identified at an early stage and addressed proactively, and through which the DG family's relationships with its public bodies can be monitored and evaluated. Directors review the RAG ratings and all other relevant public body issues as part of our approach to managing risk at a Corporate and Directorate level.

Justice portfolio sponsor teams ensure public bodies are briefed on the Scottish Government's policies and priorities, and monitor the bodies' activities on behalf of Ministers. Sponsor teams have prepared framework documents which set out formally the relationships between the public body, their Ministers and officials, and Ministerial strategic priorities. These are reviewed at least every three years, or as required. In response to the framework document, public bodies prepare their annual plans. Sponsor teams and/or Ministers have mid and end year reviews with the sponsored bodies, holding both the public bodies and their respective Boards to account against delivery of the strategic priorities. A number of the bodies – courts, tribunals, inspectorates, etc. – operate constitutionally independent of the Scottish Government, which requires appropriate and sensitive handling.

The key characteristics of effective sponsorship arrangements within the Justice portfolio are strong relationships which allow for constructive challenge, honesty, and trust; and robust and rigorous processes. Relationships are maintained and actively managed at DG, Director, Deputy Director and sponsor team levels as appropriate. Our approach to regular engagement with each public body is proportionate to their scale and risk. This network of engagement, combined with formal reporting and assurance structures allows for a robust understanding of the performance of the public body and a "no surprises" partnership relationship.

### **Justice & Home Affairs Case Study 1: Digital Evidence Sharing Capability**

#### **1. What is the Digital Evidence Sharing Capability (DESC) Programme?**

The DESC programme is a collaborative programme funded by the Scottish Government (SG), working alongside the core criminal justice partners. The lifetime cost over 10 years for the programme, documented in the Full Business Case was £33 Million. This figure includes the costs for partners' resource to implement and support DESC going forward.

The main delivery of the programme is the implementation of a software as a service (SaaS) digital product, which enables the digital sharing of evidence between justice agencies. Sharing evidence in this way means that the evidence for a criminal case is available at all points of the process, speeding up the decision making for all parties, including the defence and the prosecution.

DESC removes the need for large amounts of manual processing of paper and discs, alongside a large reduction in evidence being moved across justice partners. Delays in gathering evidence from the public or businesses are reduced as evidence can be uploaded digitally from mobile phones or business laptops. It also vastly reduces formatting challenges faced with digital evidence. The use of DESC reduces demand on all justice partners as it drives the removal of cases from the justice process as early as possible. All parties are better informed and ready to proceed at each point in the process.

**2. What governance structure does DESC sit within?**

The DESC programme is one of our Transformational Change Programmes (TCP 3) which aims to improve the efficiency and effectiveness of the criminal justice system so that all people involved have a better experience of the system, and cases will reach an outcome as efficiently and effectively as possible. The DESC programme currently reports into the TCP 1 and 3 Programme Board which in turn reports into the Criminal Justice Board and ultimately the national Justice Board.

**3. Who are the DESC stakeholders?**

The stakeholders involved in the DESC programme are as follows:

<b>Core Partners</b>	<b>External Stakeholders</b>
Police Scotland (PS)	Public
Crown Office and Prosecution Fiscal Service (COPFS)	Businesses (Mainly retail).
Scottish Courts and Tribunal Services (SCTS)	Specialist Reporting Agencies
Scottish Police Authority Forensic Services (SPA)	Information Commissioner Office (ICO)
Defence Community	Biometrics Commissioner
Judiciary	

**4. What other projects is DESC an enabler for?**

DESC is a key enabler for other projects within the TCP 3. DESC and the other projects combined increase the efficiency and effectiveness of the justice process.

Summary Case Management (SCM)

- This project is delivering a new process for summary case management which is demonstrating significant early success in reducing unnecessary citation of witnesses (including considerable reductions in police witness citations) and court churn such as adjournments. DESC supports these new processes making evidence available from the beginning of the process, so case decision points are informed by key evidence allowing all parties to be prepared and ready to make decisions.
- SCM pilots are currently running in Dundee, Hamilton, Paisley, Glasgow and Perth Domestic Abuse Courts. These pilots are showing stronger results in Dundee where DESC is also being used alongside the new case processes, this covers witness citations and early case resolution.

#### Body Worn Video (BWV)

- Body Worn Video (BWV) will begin to roll out incrementally over the course of 2025 allowing police officers to record both audio and video footage whilst responding to incidents/gathering evidence. Footage that is recorded via BWV and deemed evidential, will be lodged as a digital production and thereafter shared via DESC with COPFS.

#### **5. What stage is DESC at?**

A pilot evaluation was carried out in summer 2024 and a decision was taken to rollout nationally due to its success, particularly that of the pilot in Dundee where DESC was being used alongside SCM. Rollout is now underway, aiming to reach conclusion at the end of 2025.

#### **6. What are the key benefits of DESC for Justice Partners?**

The full business case for DESC has a large number of benefits defined that the partnership are currently starting to measure as the programme moves out of pilot and into national rollout. A number of the benefits are dependent on the implementation of delivery 2 which covers solemn case business.

The total benefits which are contained in the profiles for the business case are for £37 Million over the 10 years, the vast majority of these benefits are non-cashable efficiency savings. These benefits fall in the following areas:

#### Overarching

- Removal of cases from the process early reducing the need for processing steps and removal of churn where steps are repeated.
- Cost avoidance of being able to cope with increased digital evidence of new types in the future.

#### Organisations

- Staff efficiencies (inc. Production Staff, Technical Staff, Police Officers, Case Markers, Court Officers, Forensic Officers)
- Savings on disks and paper
- Savings on transport (including CO2 emissions).
- Savings on storage
- Improved Public perception

As DESC, SCM and other changes such as BWV roll out, progress and performance are being measured and documented in a benefits realisation plan. These include comparisons where the DESC programme is running alongside SCM.

## **2.3 Service change and prevention, and cross-portfolio collaboration**

### Reduction of demand

To reduce demand on our services, we must tackle long-standing societal issues which exist beyond the boundaries of the justice system. The causes of crime and harm are many, varied and complex. Some of the factors that influence whether a person will come into contact with the justice system, such as poverty and inequality, Adverse Childhood Experiences (ACEs), attachment to school, and drug and alcohol use, are often experienced from early life. We also know that some of those who have offended have also been victims themselves. Many of these factors are interlinked and people can be affected by one or many.

Within the parameters of the portfolio, we work to address harmful experiences and behaviours at the earliest possible opportunity and take a preventative approach, allowing people to be considered as individuals. We are focused on preventing harm and victimisation from crimes such as physical violence, antisocial behaviour and sectarianism. We work collaboratively with partner organisations to measure the impact of our community safety activities; build our evidence base of what works best; and adjust our approach to get the best possible impact for the resources available. Creativity and learning from tests of change are central to all that we do. Wherever an intervention can be taken upstream and prevent future harms, that is where our focus will be. The earlier the intervention is, the more likely it is that harm will be prevented, and the human and economic costs will be minimised.

### To reduce demand on the justice system, we must:

1. work together to address the underlying causes of crime and support everyone to live full and healthy lives;
2. work together to mitigate the impact of poverty and disadvantage and reduce those who have contact with the justice system (arrivals to prison are disproportionately from the most deprived areas);



3. deliver high-quality, trauma-informed services and programmes which support rehabilitation;
4. work with partners to improve the mental and physical health and wellbeing of those who come into contact with the justice system (an estimated two in five of those arrested by Police Scotland have a mental health issue);
5. prevent and experience less harm caused by alcohol and drugs by ensuring appropriate support and interventions are provided;
6. #Keep the Promise and ensure that children and young people living in care have access to support they need to thrive;
7. take early action at the first signs of any difficulty to create positive family environments and social networks; and
8. nurture children to fulfil their potential (including through education), to provide the best chances for their future.

## 2.4 Key Preventative Programmes

Within the Justice and Home Affairs portfolio, there are four key initiatives in the prevention space:

Programme	Summary of how the programme contributes to prevention	Outcomes and impact
<p><b>Policing and Mental Health</b></p>	<p>A key component of the work underway in Police Scotland to develop a revised model of policing is the work they do to support mental health demand in the community. The SPA, Police Scotland, health and social care partners and colleagues within Police Division and Mental Health Directorate have established a Partnership Delivery Group on Mental Health and Policing, taking forward a wide range of activity to ensure that people with mental health needs are provided with the support they need, recognising that police officers and staff, while often the first point of contact, are not always the best people to be able to support individuals suffering from mental ill health or mental health distress. Guidance in the form of a framework for collaboration, including examples of good practice is being developed for local partners to help them to develop their local pathways for person centred and effective handover. This work is supported by a longer-term action plan of commitments which will detail ongoing and future actions. This work will be published in early 2025.</p>	<p>This initiative is expected to improve our mental health distress and crisis response, focussing on, local unscheduled care pathways and reducing demand on policing. It seeks to provide a more efficient system response by minimising service/agency boundaries and building relationships and trust between services to ensure that the individual receives the support they need from the most appropriate agency.</p> <p>Following change in systems, culture and behaviour and increased local collaborative working, better outcomes should be delivered for those who suffer mental health distress or mental ill health.</p> <p>No direct savings proposals at this stage although improved outcomes for individuals should generate cost saving for the wider system in time.</p> <p>Improved pathways will support those in need to access the right service, at the right time, whilst reducing demand on officers. This partnership approach seeks to resolve the issues to facilitate safe and appropriate handover to professionals that are best placed to support those in mental health distress or mental ill health in our communities and desist in</p>

Programme	Summary of how the programme contributes to prevention	Outcomes and impact
		Police Scotland being regarded as the service of first and last resort in these instances. Implementation of the Community Triage Guide across Police Scotland has commenced ensuring police officers can effectively access professional-to-professional advice and support from mental health clinicians.
<b>TCP 1: Person-centred and Trauma Informed Justice'</b>	<p>This TCP aims to embed trauma-informed practices that will ensure that our justice services can:</p> <ul style="list-style-type: none"> <li>• recognise the prevalence of trauma and adversity,</li> <li>• realise where people are affected by trauma, and</li> <li>• respond in ways that reduce re-traumatisation.</li> </ul> <p>We will achieve this by</p> <ul style="list-style-type: none"> <li>• implementing the Trauma Informed Justice Knowledge and Skills Framework across the justice system;</li> <li>• improving communications with witnesses and people affected by crime;</li> <li>• widening the victim statements scheme;</li> <li>• expanding access to pre-recording of evidence; and</li> <li>• establishing a national model for Restorative Justice.</li> </ul> <p>This will create better outcomes for those affected by crime - by treating them with compassion, acting on their feedback, and ensuring they feel safe, informed, and are given choices.</p>	<p>The programme's focus is currently in building effective justice services by developing workforce skills, expanding options and support for victims &amp; witnesses, increasing service availability, and establishing new services. The programme has not yet reached a full delivery phase; however, we anticipate that successful implementation of the projects will bring around several long-term secondary benefits that will impact system efficiency:</p> <ul style="list-style-type: none"> <li>• Operational and procedural changes will result in increased engagement over time with victims and witnesses, creating smoother journeys through the justice process</li> <li>• Witnesses will be enabled to provide best evidence at earlier stages in the process, allowing for more efficient and effective proceedings</li> <li>• Services are accessible, and with wider geographic provision, cutting down on time and costs relating to adjustments and travel.</li> <li>• Workforces are equipped with the necessary knowledge and skills on trauma-informed practices, with robust support in place at the organisational level to leading to increased</li> </ul>

Programme	Summary of how the programme contributes to prevention	Outcomes and impact
		workforce resilience and reduced risk of vicarious trauma.
<b>TCP 2: Shifting the Balance Between Custody and Justice in the Community</b>	The focus of this TCP is to deliver system improvements that reduce reoffending and 'shift the balance' between the use of custody and justice in the community. While prisons will always be needed for those that pose a serious risk of harm, there is clear evidence that person-centred, community-based interventions are often more effective in reducing reoffending and supporting rehabilitation than short term custodial sentences. This in turn can lead to fewer victims and safer communities.	The work of this programme is expected to provide the following benefits: <ul style="list-style-type: none"> <li>• Optimised use of home detention curfew (HDC), including a review of HDC operating protocols, structures, training and support, and improve re-integration opportunities provided by HDC release for those eligible.</li> <li>• Implementation of simplified and transparent funding arrangements that are reflective of the work of, and demand upon, Justice Social Work services across Scotland. This will promote local flexibility and streamlined administrative tasks whilst ensuring full accountability for use of public funds.</li> <li>• Improved information sharing practices with Justice Social Work for the preparation of court reports, thus strengthening assessments relating to risk and case management.</li> <li>• Increased quantity and quality of relevant published data so that impacts can be effectively measured. Three new data indicators were made</li> </ul>

Programme	Summary of how the programme contributes to prevention	Outcomes and impact
		<p>available in 2024, the most recent of which was in October and related to custody referrals.</p> <ul style="list-style-type: none"> <li>• Improved training, processes and consistence of practice relating to diversion from prosecution.</li> <li>• Improved efficiency and effectiveness of assessing bail suitability and increase awareness of and confidence in alternatives to remand among justice partners.</li> </ul> <p>The second update to the <a href="#">National Strategy for Community Justice: Delivery Plan</a> was published in August 2024 and details the progress of a number of deliverables across Community Justice.</p>
<p><b>CashBack for Communities</b></p>	<p>CashBack for Communities is an early intervention preventative programme that is funded from receipts collected under the Proceeds of Crime Act 2002 (POCA). Ministerial agreements are in place that set out how POCA receipts may be used. The first £7 million of annual receipts is reserved for the Cashback for Communities programme.</p> <p>Since its inception in 2008, the programme has committed £130m to supporting around 1.3m young people across all 32 local authorities in Scotland.</p> <p>Phase 6 (2023-26) has a commitment of up to £20M. This funds 29 partners to deliver a wide range of diversionary work with children and young people aged 10-25.</p>	<p>Phase 5 (2020-23) Independent Evaluation Report – published December 2023  <a href="#">CashBack-Phase-5-Final-Evaluation.pdf</a>  <a href="http://cashbackforcommunities.org">http://cashbackforcommunities.org</a></p> <p>Phase 6 Year 1 – Impact Report  <a href="#">23-24-Impact-Report-for-news.pdf</a>  Year one of Phase 6 has exceeded all its outcome targets</p> <ul style="list-style-type: none"> <li>• This has resulted in the following positive outcomes for children and young people in Scotland</li> <li>• 4,318 young people reported that their anti-social or criminal behaviour reduced</li> <li>• 6,292 young people felt less likely to engage in anti-social or criminal behaviour</li> </ul>

Programme	Summary of how the programme contributes to prevention	Outcomes and impact
	<p>CashBack helps to address the underlying causes of crime and support young people to live full and healthy lives. Benefits reported by young people include increased confidence; improved wellbeing; reported positive behaviour changes; achieved positive destinations (e.g. returning to school; further education; employment; training; volunteering) and felt less inclined to engage in anti-social/criminal behaviour.</p> <p>CashBack primarily measures the impact the programme has on young people. However, in Phase 5 (2020-23) we conducted our first Return on Social Investment (SROI) exercise to measure the impact the programme has on downstream public services. The SROI work was able to demonstrate a positive impact e.g. reduction in demand or increased positive engagement across a range of public services including justice, police, education, and health. We are continuing to develop our SROI work through Phase 6 (23-26) with a view to formally publishing the evidence.</p>	<ul style="list-style-type: none"> <li>• 4,954 young people gained an accreditation in furthering their development</li> <li>• 8,348 young people reported an increase in their wellbeing</li> <li>• 64,240 volunteering hours contributed</li> <li>• 7,440 young people report positive changes in their behaviour</li> </ul>

## **Justice & Home Affairs Case Study 2: Cashback For Communities**

### **1. How does CashBack for Communities drive prevention?**

CashBack for Communities prioritises prevention. It is an early intervention preventative programme that is funded from receipts collected under the Proceeds of Crime Act 2002 (POCA). Ministerial agreements are in place that set out how POCA receipts may be used. The first £7 million of annual receipts is reserved for the Cashback for Communities programme.

Since its inception in 2008, the programme has committed £130m to supporting around 1.3m young people across all 32 local authorities in Scotland. The programme has evolved over time to target the most vulnerable young people and has developed strong alignment with key Scottish Government strategies. These include Vision for Justice (2023-26), Youth Justice, the Divert strand of our Serious Organised Crime, The Promise and Best Start, Bright Futures (child poverty strategy).

Phase 6 of the Cashback for Communities programme runs 2023-2026. Up to £20 million of POCA funding is committed for this period. The programme grant funds 29 third sector partners to deliver early intervention and diversionary work with young people between the ages of 10 and 25. This preventative work creates a positive impact on downstream statutory partners such as education, social work, health and justice, supporting the Public Service Reform preventative agenda

### **2. How is CashBack for Communities driving efficiency and effectiveness?**

Cashback is a preventative programme that decreases pressure on downstream public services. The CashBack team are also committed to driving business improvement, efficiency and value add through the programme. Over the course of the 2024/25 we have been working with SG partners in Internal Audit, Finance and Value for Money to explore and deliver efficiency and effectiveness opportunities. This includes improvements in fund governance, increasing connectivity with other SG strategic initiatives (for example the Sextortion awareness campaign) and a review of the grant administration contract.

### **3. Do any of the efficiency and effectiveness relate to a public body/bodies?**

In Phase 5 (2020-23) of the programme we completed our first Social Return on Investment (SROI) evaluation. This work evidenced significant positive benefit on public services delivered through early intervention and diversion. The focus of each CashBack phase is slightly different but in the current phase preventative work impacts on education, health, police, social work and justice services. We will continue to build on our SROI work and strengthen this approach through Phase 6 with a view to publishing the results.

**4. How is CashBack for Communities approaching continuous improvement?**

The Cashback programme has been subject to independent evaluation since 2014. This enables the team to review the success of each phase against its stated outcomes. The evaluation process also informs development and design of each subsequent phase which enables targeting against demand and the ability to respond to emerging issues. For example, we are currently in discussion with the Youth Justice team to understand the potential implications of the Children (Care and Justice) (Scotland) Act 2024 on CashBack.

**5. How is CashBack for Communities targeted?**

Cashback currently targets young people in the bottom 20% of SIMD as a priority. As part of our Phase 7 development work, we have identified a need to increase inclusion. The proposal for a potential future phase is that CashBack will continue to prioritise work with young people who live in the lowest 20% of SIMD as part of our commitment to addressing child poverty. However, we will also start to address other serious challenges that affect young people such as race, gender and disability which also need to be overcome to enable young people to take advantage of the positive opportunities Cashback offers.

**6. Is there any cross policy/project/programme/portfolio work in hand to drive demand reduction?**

Over time CashBack has been aligned with various SG strategic priorities. The current phase (Phase 6 23-26) addresses issues young people identified as a result of the pandemic. For example, young people's mental health and wellbeing and access to education. CashBack's support for these issues has enabled young people to get the support they need. In turn this has also decreased pressure on CAMHS and educational support services.

On emerging issues like early release of prisoners our projects that work with young people 18-25 have stepped in to provide community support. Although not a formal programme objective our projects report that they have helped provide structured support that has reduced the risk of reoffending.

**7. What is the evidence of impact that CashBack for Communities is having?**

CashBack for Communities produces an annual Impact Report that tracks progress against the defined programme outcomes. The Phase 6 Year 1 report is complete and due for publication on 10<sup>th</sup> December. Year one of Phase 6 has exceeded all its outcome targets. This has resulted in the following positive outcomes for children and young people in Scotland

- 4,318 young people reported that their anti-social or criminal behaviour reduced
- 6,292 young people felt less likely to engage in anti-social or criminal behaviour
- 4,954 young people gained an accreditation in furthering their development



- 8,348 young people reported an increase in their wellbeing
- 64,240 volunteering hours contributed
- 7,440 young people report positive changes in their behaviour

Each three-year phase of Cashback is subject to independent evaluation. We have just appointed our evaluation partner for Phase 6 (2023-26). This work will commence Autumn 2024 and run through to the end of the phase in 2026. Publication of the evaluation report and SROI will be towards the end of 2026

The following video (30 August) provides two films showing the work of the Programme and impact on young people. These films include Scottish Sports Future (funded project), Police Scotland, PEEK Project (third sector organisation), Glasgow Life and the Cashback team.

[Programme For Government: Eradicating child poverty - CashBack for Communities Case Study](#)

[The full list of funded partners is available here: Partners - CashBack for Communities](#)