Local Government and Regeneration Committee

Inquiry into Public Service Reform and Local Government: Strand 3: New ways of delivering services

Summary of Written Submissions

Introduction

This paper contains a summary of written submissions received by the Committee in response to both its original call for evidence on the three-strand inquiry which closed in January 2012, and the further call for evidence, which closed in January 2013. Building on the outcomes from the first two strands of the inquiry, the Committee amended its strand 3 call for evidence for the second iteration, so some questions were changed, and some were added. This paper combines responses from the two calls for evidence.

The Committee received a lot of detailed evidence, which set out a wide range of relevant examples. This paper is only intended to be a summary of the main themes that have emerged from the submissions.

In addition, while this paper, like previous summaries, is structured according to the questions asked in the committees calls for evidence, some respondents chose not to respond to the questions posed by the Committee directly. Those comments have been added to the most appropriate set of responses.

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20 February 2013

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What are local authorities doing or considering doing in terms of alternative delivery methods? What has worked and what hasn’t? What savings have been achieved from adopting alternative delivery methods? What support is being provided by the Government in driving change?

This series of questions received the most detailed level of response, with many organisations and individuals setting out a number of examples of good practice. Children 1st gave lots of examples, including the Dundee Early Intervention Team, where Children 1st: “along with Aberlour, Action for Children and Barnardo’s, work together with Dundee City Council and NHS Tayside, to improve outcomes for children and families in this Big Lottery funded project. The wide range of expertise available means it is possible to take a holistic approach which would be difficult without the involvement of third sector partners.”

Andy Lippok included a detailed paper on the Fife Alcohol Partnership Project (FAPP), which, between 2008 and 2012: “brought together a number of key national and local stakeholders to design, develop and implement a series of interventions, using a multi-component approach, to tackle alcohol-related harm.”

East Ayshire CPP highlighted its Integrated Care and Enablement Service (ICES), which: “brought together and expanded our Home from Hospital, Rapid Response and Community Alarm services and increased our capacity to provide rehabilitation and reablement services to support people on discharge from hospital and prevent admission.”

East Renfrewshire Council outlined its work with Greater Glasgow and Clyde Health Board: “to eliminate duplication and to provide integrated community-based health and social care services. The CHCP employs over 900 people from the Council and Health Board under a single management structure and Director. This was the first fully integrated CHCP in Scotland. The impact of this has been evaluated positively with value added in relation to whole systems working, organising the range of services around the service user and in making health improvement integral to frontline staff roles. There has also been improved efficiency, shared costs and reduced duplication.”

Other examples mentioned included the Clyde Valley Waste Management Initiative, various pieces of work done in transport, by NESTRANS and SPT, and Social Impact Bonds, as described by the YMCA.

In addition to providing examples, submissions also addressed other questions posed in this part of the call for evidence. North Ayrshire Council provided a detailed examination of the possible issues that need to be resolved in delivering shared services, split into three categories:

“Political - How do priorities differ from one Council to the next? What is the governance model and how would control be divided? Where would jobs be located? How would giving up any control impact on
election commitments? Can the Elected members be seen to help one another?

**Fiscal** - How would budgets be set? What is the difference in historic investment levels? What savings are perceived to be available within each area? What value does each service deliver currently? How would subsequent efficiencies be allocated?

**Operational** - How does the scale of services compare? How does each Council view the performance levels across prospective partners? What are the differing pressures and demands in each area?”

SCVO took a difference approach, and questioned the focus of the Committee’s inquiry: “it is really disappointing to see that the Committee’s focus of this strand of the inquiry is focussed almost exclusively on the internal operation of Local Authorities. A sea-change in public service delivery begins in the creation of services. There is a strong argument for the inclusion of service users and service delivery organisations to be involved at the earliest stage of service design.”

UNISON’s submission contained a different perspective on shared services, which questioned the value of such initiatives, and included examples of projects which have not been a success: “improved cooperation between public service is essential, but this does not require setting up vast public service factories or bringing in the private sector. Sadly shared services are frequently pushed by private consultants as a way to improve services and save money. They are in fact extremely costly and have high upfront costs. The UK National Audit Office report indicates that so far projects have taken five years to break even. The government of Western Australia has abandoned their shared services project, first highlighted in the Scottish Government’s initial report as a successful shared services project that Scotland could learn from. The government reversed changes due to the high costs, extensive delays and the system’s inability to deliver as promised. We should indeed learn from this project: shared services are not providing the answer to modernising public services. Even on the rare occasions where they have been successful the time scale required to rake back the up-front costs mean they could provide no quick fix to the current crisis.”
How are opportunities for sharing services being identified?

Submissions responding to this question were limited. Scott Moncrief described the current situation: “Opportunities for sharing services are being identified on an ad-hoc basis. A co-ordinated approach is not always taking place within a local authority or health board. At a national level opportunities are based upon nationally led programmes, such as Public Contracts Scotland, or are based on the adoption and adaption of local initiatives which receive a high level of public profile, e.g. the integrated services model being delivered by NHS Highland and Highland Council. There is a risk that initiatives are therefore based on known examples rather than the best solution.”

On a similar note, Andy Lippok stated that: “I would suggest that there are more examples of where shared services are NOT working, and therefore I would be inclined to suggest that rather than going for shared services (they cost more and don’t really work), local government organisations should go for systemic improvement to their current design. In a service type of organisation, what matters is the economy of flow, i.e. how the demand for a service flows through the system, rather than the economy of scale. The economy of scale approach no longer works.”

Health and Social Care Alliance Scotland highlighted the role of the third sector: “The third sector is at the forefront of quality service delivery. Third sector health and social care organisations invest significantly in improvement and innovation in service delivery as a matter of course. However, there are emerging concerns over future service quality as many organisations are struggling to sustain investment in improvement and innovation.”
What is hindering moves toward developing shared and innovative service delivery models? In areas where moves to alternative service delivery models are not being pursued, what efforts are being made to standardise, streamline and simplify existing methods of delivery?

Many organisations and individuals responding to these questions provided detailed analysis of the issues raised. East Renfrewshire Council provided caution that shared services should not be seen as a “panacea” and that: “There is a real danger that the benefit of economies of scale can be overstated. The prospect of shared services is very unsettling for staff and can hamper improvement in the meantime, whilst the details of a potential shared service are negotiated. Consequently, while shared services have their place, they are not the answer to budget cuts alone. Many public sector organisations are already very large and employ many thousands of people. It is possible therefore for such organisations to achieve significant economies of scale through simplifying, standardising and streamlining internally and that this can be achieved much quicker than through a formal shared service.

COSLA made a similar point: “Councils are best placed to decide how to deliver services that meet the needs of communities and demonstrate best value. The business cases and design imperatives are complex and driven by different local circumstances and community needs, and the solutions that are being found are similarly local in their approach. That means avoiding unnecessary prescription; top-down constraints and performance frameworks only frustrate change and create bureaucracy.

Shared services have a role to play in reform, but are not an end in themselves. Although it is easier to focus on these as measures of success, doing so misses the opportunity to deliver more ambitious change for Scotland’s communities. The essential test is to judge services by the difference that they make to people’s lives, not to count how many shared services have been established or to adopt other proxies for success.”

East Ayrshire CPP highlighted that significant change needed to happen in the ways of working of all CPP partners: “in this climate of significantly reduced resources, real change will require a partnership approach to outcomes based planning and a move from reactive to preventative services. This approach will require single and fully integrated teams, pooled budgets, joined up resource allocation systems and single performance management frameworks. This a long term agenda which will require a change to process and culture at both a local and national level; however, it has the potential to make a significant impact locally.”

NHS National Services Scotland highlighted some possible solutions which could address some of the problems outlined above, including:

- The creation of an effective Scottish Authorising Environment charged with and accountable for progressing a shared services agenda would increase support and commitment. It could, in turn, increase the likelihood of success and ensure that initiatives are aligned.
would involve top leadership from Government, SOLACE, COSLA, Health, Third Sector and Unitary Bodies and chaired by a Minister). …

- Complex operating environments could be addressed by initially concentrating on a few areas of synergy and common business functions, such as information services, fleet, distribution and facilities. Much of this is already provided on a national basis by NHS National Services Scotland to NHS Boards. These could be further developed as cross-cutting functions across the public sector."

Richard Kerley made a range of specific points in relation to the use of ICT, including: “Councils [and other bodies] have varied approaches to electronic broadcast media which vary in their push/pull capacity. Many public bodies have a heavy reliance on the internet and the council website so information becomes ‘pull’ in form. This clearly requires tough editorial control which is not always present; I would suggest, for instance that in this week [wc 21st] school closure should have more prominence than, say, by-election; carer breaks; housing strategy. Such immediate notices should also be allied to use of other electro-media to be most effective [Twitter; RSS; subscription email etc]."

Gordon Hall, on behalf of the Unreasonable Learners, made a number of points related to Systems Thinking, including: “Many examples of public sector success in designing against demand have been published. These show dramatic improvements in service with equally dramatic reductions in cost. To cite just some examples: Improving service has halved the cost of stroke care in Plymouth, released police officers to deal with serious offences in Wolverhampton, saved Rugby Borough Council’s planning service 168k, significantly increased the number of businesses in Great Yarmouth producing safe food, reduced an enormous administrative burden on Staffordshire Fire and Rescue, halved the cost of advice cases in Nottingham, prevented unnecessary, unhelpful and expensive hospital treatment for vulnerable adults in Somerset and reduced the number of missing persons reports, currently costing Cheshire Police £3.8million, by an incredible 75%.”

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How can cultural and organisational change be promoted to ensure that local authorities and community planning partners are able to work together to develop the kind of integrated services that are aspired to by local communities?

The majority of substantive responses to this question came from local authorities. North Lanarkshire Council suggested that: “Considerable and well-researched evidence demonstrates that successful partnerships are characterised by strong, embedded partnership working; shared vision; co-terminosity; and committed leadership. Unsuccessful approaches tend to be characterised by top-down imposition; performance regimes; financial pressures; and organisational and financial complexity.”

Angus Council made the point that leadership was key, both at national and local level, and that: “we need to be clear on exactly what it is we want to achieve and we need to plan how we will get there. This may require making key decisions on budget allocations and may require stopping some existing provision to enable resources to be redirected. This will require an acknowledgement from politicians at both national and local level to make decisions for the long term rather than for short term political reasons.”

East Lothian Council was critical of the remit and question’s focus on local authorities, stating that: “the Committee has missed the point of the debate around public sector reform in particular in relation to the development of new ways of delivering services. The changes that are required to drive forward cultural and organisational change, shared services, total place budgeting, early intervention and integrated local service delivery have to be delivered through all parts of the public sector and not just local government. Extending the statutory duty of Best Value to all parts of the public sector would assist in this process.”

NHS Lothian were in agreement with this point, but stated that: “There is perhaps a need to accept the cultural differences between partners and rather than look to change these, build on them as a strength, recognising that each partner brings a different approach to service delivery, which can benefit local communities.”

Argyll and Bute Council stated that it “can be challenging ensuring strategic buy-in from partners whose focus is on the national rather than local agenda” and that this could lead to conflict between CPP partners. In a similar vein, NHS Dumfries and Galloway highlighted the importance of recognising “the challenge of different terms and conditions for staff across agencies – this has in the past, and still does cause tension in staff groups working in a joint or integrated way and this should not be underestimated.”
How are the tensions between potential savings and possible job losses being resolved?

A range of organisations responded to this question, from a number of different perspectives. The Accounts Commission set out its view that: “Any assessment of the potential for shared services must be based on a clear business case, having first considered and compared what might be achieved from simplifying, standardising and streamlining existing processes. A decision to pursue an alternative method of service delivery can change long-standing arrangements and can have far reaching consequences for service users, services, systems and staff. These are often very difficult decisions and elected members and other public sector decision-makers need to balance short term political objectives with longer term needs and sustainability of services and finances and the impact on people.”

Angus Council, along with others, stated that the issue of job losses was a “particularly real tension”, which “has contributed to a lack of success of shared service initiatives within Scotland.” Angus Council also highlighted the current challenging economic circumstances, where “unemployment is rising and new jobs are not being established within communities.”

Rural councils raised a particular set of issues. Argyll and Bute Council noted that: “The rural economy of Argyll and Bute is particularly vulnerable to cuts in public sector funding and the resultant impact on services whether it be through shared services, service redesign or cessation of services.” Eilean Siar and Highland Councils made similar points, Highland stating that “around half of all employment in the region is supported by public spending (directly and indirectly); so reductions in spending will have a disproportionate impact on local employment compared to Scotland as a whole.”

Submissions from NHS Boards also recognised the reality of the tensions highlighted in the question. NHS Lothian suggested that: “a well planned process for shared services should feature effective workforce planning across all organisations, which can then be used to factor in natural turnover and future requirements of the skills mix of staff. However, the drive towards more efficient and effective services delivering improved outcomes for people and communities needs to be balanced with difficult decisions on job losses. A clear rationale and business case for shared services, which can be communicated to all partners, will support work in reducing possible tensions.”

Voluntary sector organisations however made the point that “Sharing services don’t always have to entail a reduction in staff and there are many aspects of a shared service approach that can be undertaken without the tension of reducing staff numbers such as collocation or building collaboration into any new project or framework.” (Aberlour). Black and Ethnic Minority Infrastructure in Scotland (BEMIS) made similar points, stating that “It is unfortunate that this model of working is being introduced at this time of austerity measures and within a general climate of fear.”
NHS National Services Scotland made the point that: “In many cases outside the health sector, much of this work suitable for a shared services approach is already outsourced. Shared services options could provide public bodies with a value-for-money alternative to compare against those existing arrangements.”

Finally, Scott Moncrief were clear that: “These tensions have not been resolved. National programmes for efficiency savings and budget reductions are caveated with the requirement that these produce no compulsory redundancies. Public organisations are therefore required to cut their cloth differently rather than assessing the level of resources required to deliver a defined level of services.”
What legislative barriers are there to developing shared and innovative service delivery models to their full potential?

Richard Kerley stated clearly that there were “few” legislative barriers, and that “it is open to councils [to make such arrangements [1973 Act, S56 and 65] without much legal difficulty”, although he did mention a potential issue with VAT charges.

A range of organisations referred specifically to procurement legislation in response to this question. East Renfrewshire Council stated that: “It would be particularly useful to look at relaxation of procurement regulations between public sector bodies. This would allow more informal sharing to take place on a more routine and flexible basis than is currently possible. We were able to procure the use of Glasgow City Council for administration of decriminalisation of parking through a procurement exemption process, however if the contract size had been bigger this option would not have been open to us.”

Third sector organisations also highlighted issues with public procurement, particularly SCVO, who stated that: “There has been a strong belief for a number of years now that whilst procurement continues in its current state in Scotland it will only continue to drive one organisation against another. There are a number of factors that contribute to this –

- **Best Value** – the search for the lowest cost encourages organisations to undercut one another in order to be successful in bidding. As organisations aim to offer the best price for a contract their incentive to collaborate is diminished.

- **Timeframes** – the timeframes in which procurement exercises are undertaken do not allow sufficient time for organisations to build collaborative approaches.

SCVO believes that it is important to look at how we can break the relationship with procurement and competitive tendering.”

Children 1st outlined a lack of inter-connectivity within local authorities, and with partners: “In a competitive marketplace in which organisations are forced to compete for funding against one another, it can be the case that different organisations are providing different parts of services which should or could be interconnected. This can mean that organisations can be reluctant to share the workload with, or seek the expertise of, other organisations with skills and knowledge in the area they are working in. This leads to at best an inefficient way of working, with much replication and overlapping of work, and at worst poorer outcomes for those who have the highest level of need.”

NHS National Services Scotland highlighted its own role and remit, in that currently it could only provide services to NHS Scotland, but that under a current Draft Order, the organisation could, “with the agreement of the Scottish Ministers, a Scottish public body or a local authority - to provide
services to them. The Order makes enabling provision and so does not impose any obligation on relevant bodies to take services from NHS National Services Scotland. Nevertheless, it is hoped that this will facilitate greater use of shared services across the public sector in Scotland.”

SOLACE outlined some positive examples of how barriers have been overcome, including Scotland Excel, which it states “is one of the largest public sector shared service organisations in Scotland” whose remit “is to work collaboratively with members and suppliers to raise procurement standards, secure best value for customers and to improve the efficiency and effectiveness of public sector procurement in Scotland.” It also mentions the proposal from Island local authorities to develop a “Single Public Authority” which “took community planning to its logical conclusion by proposing that service providers be merged into a single body which would deliver the majority of public services within each island group.”

Councils themselves also commented in detail on this question. East Lothian Council was critical of shared services, in that: “It is a mistake to view the development of shared services as an ‘innovative way of achieving economies of scale’. There are many examples of Scottish local authorities collaborating over the delivery of services (e.g. Tayside Contracts) and of developing innovative ways of commissioning or providing services to deliver ‘the best possible quality of services’. The current focus on public sector reform and developing new ways of delivering services must not be based on a ‘one size fits all’ approach.”

Argyll and Bute Council suggested that, at present, different partners in the CPP allocated different priorities and level of resources to the CPP, and that: “This can consist of financial and employee time, but also the level of seniority at which partners engage in the process. Partner representatives may embrace community planning but not have the authority within their own organisation to commit fully to the objectives and targets of the collective partnership, nor confirm resource availability to achieve these.”

North Lanarkshire Council focussed on accountable officers which: “has previously been suggested as a barrier, however there are current examples of where this has successfully been overcome. Typically the approach has been to investigate and address perceived barriers on a project by project basis. With many Councils taking the same approach and looking at the same issues, it is likely that this will continue to give rise to considerable duplication. In light of this, there could be value to undertaking a piece of work centrally, to address such legislative issues. With potential to go further and provide a ‘toolkit’ incorporating additional guidance and best practise around establishing shared services. This would also send out a very clear message.”

BEMIS expressed a view that: “Firstly you should investigate whether the barriers are actual or perceived. The main barriers are likely to be around issues of discrimination, child protection, confidentiality and work roles and remits.” Aberlour raised an issue common to third sector submissions throughout both calls for evidence – procurement.
Aberlour stated that: “A dichotomy exists in the commissioning landscape which creates a natural barrier to the sharing of services between service providers. At once collaboration is encouraged but at the same time new contracts are put out to tender, or existing services are put out for re-tender and depending on the contract on offer, we can be asked to submit a collaborative or competitive bid with/against another third sector provider. In a competitive market, this means an adequate sharing of back room services between providers exceptionally difficult.”
In what areas is there scope for national shared services along the lines of the shared recruitment portal for local authorities, ‘myjobscotland’?

Most responses to this question praised “myjobscotland”, and Scotland Excel, mentioned elsewhere in this paper. Some also suggested general principles for any new national shared service, but contained warnings about further expansion. For example, Angus Council stated that: “The national recruitment portal is an excellent example of a shared service across councils, a service which was driven by councils themselves. Opportunities for similar services should always be sought and the public sector notices portal is another excellent example. It is disappointing that Scottish Government has not introduced legislation which would enable the full benefits of this portal to be realised.”

Argyll and Bute likewise praised myjobscotland and Scotland Excel, but noted its “strong view that public services are best delivered at as local a level as possible and a subject to democratic accountability to local communities.” East Lothian Council suggested that the scope of further work in this area should not be confined to local authorities and that “There is scope for local authorities and other partners at national and local level negotiating contracts with suppliers and contractors to realise savings for themselves and also service users.”

Highland Council set out areas where work was ongoing: “The work currently being undertaken to develop a National Broadband Plan and National Public Sector ICT Strategy has significant potential to create and encourage more collaboration in the design, procurement and deployment of technology with the potential to share across multiple public sector organisations. … There is potential to do this around other core systems running, for example, financial services, Human Resources and Payroll.”

NHS Lothian went further and stated that: “In a time of increased pressures being placed on budgets, the starting point for any future service delivery needs to ask the question of whether it could be delivered on a shared basis. There would appear to be a role for Scottish Government on leading this on a national basis as an important aspect will be to develop shared services across different public sector bodies and not just within them.”

Children 1st again chose to highlight issues with public procurement: “it may be possible to use one national website through which to manage the tendering process for services. If this were not possible it may be more manageable to do this through the existing mechanisms of Community Planning Partnerships; rather than organisations having to tender in many different ways for different projects, which is costly, time consuming and overly bureaucratic, each area’s Community Planning Partnership could manage the tendering for all aspects (including local authorities, health boards etc). This would mean that organisations would not need to use several different contacts and application processes for each geographical area and/or type of establishment. This would save time and money, and leave more resources available for frontline services.”
North Ayrshire Council suggested a Personalisation portal, called “mycarescotland”: “Driven by the urgent need, a number of authorities seem to be developing their own portals and there are national initiatives in the same space. From a council perspective this is suboptimal on account of the duplication and the amount of development resource available, for service providers this will introduce problems maintaining a presence on multiple systems, and for service users this could potentially result in a postcode lottery. This is probably an urgent issue as, although it is hard to imagine a future where the majority of these portals flourish, it is unlikely that those involved on the ground will stop investing at ‘good enough’, unless there is a clear national strategy outlining where we want to get to.”
What has been learned from elsewhere, for example Nottingham Early Intervention City or Birmingham total place initiative?

In responding to this question, councils were keen to highlight work already ongoing in relation to “place-based” services. Aberdeen City Council indicated that its CPP was already piloting such an approach, but that there were two key challenges: “applying a methodology for impartially assessing and comparing the impact of mainstream and project led spend across the range of partners and other agencies; and the uncertainty on how investment in preventative spend by individual organisations will, ultimately, be accounted for through reduced costs for them.”

Likewise, Glasgow City Council outlined its “One Glasgow” approach, which included three “priority themes” and included all areas of public service in the city, and West Dunbartonshire Council mentioned its “One Stop Shop” approach. The three themes that One Glasgow looks to address are:

- “children aged 0-8, specifically early intervention approaches for this group and their families;
- reducing offending targeted at those aged 12 - 25 involved in anti social behaviour or in the criminal justice system, including prisons leavers; and
- older people aged 65 and over, specifically those in single households to assist them to live in the community and minimise acute interventions and hospital admissions.”

Grampian Police explained its experience of some pilots elsewhere in the UK: “Our experience from visits to ‘Pathfinder’ Boroughs in London has shown that whilst much work has been done in this vein there are still significant areas of weakness that threaten to undermine the sustainability of such thinking/projects, primarily around Culture, Leadership and Governance. There are still real challenges regarding Leadership, Culture and Governance that almost impede the desired outcomes. This is the reality and it is not sustainable.”

Angus Council also highlighted potential problems: “In Scotland our approach to partnership working is different and supports the development of these kinds of initiatives. Again, the identification of local need is important in this regard with targeted intervention from government to support this. The review of community planning should provide some guidance on this. However, there is no one size fits all approach to delivering better outcomes with an ongoing tension between thematic and local place based interventions and we need both.”
In what ways can innovative delivery methods and collaborative arrangements (as mentioned, for example, in the Christie Commission report) help to improve outcomes and tackle embedded social problems?

SOLACE set out its view that: “Resources have to be directed at activities that are likely to impact on outcomes at a community level – it is unlikely that prioritising spend on specific services or even themes will have the intended impact. All public services need to look at community outcomes, not only thematic outcomes. This points to the need for a holistic agenda in which economic regeneration, development and public service reform are viewed as integrated components of place shaping. Where do we want communities to be in 5 years time? Part of this is about the localisation of community planning and having a clear understanding and consensus on the shape and nature of the communities we serve.”

Some submissions chose to highlight the Scottish Government’s Change Funds. Aberdeen City Council stated that: “The focus of the “change funds” should substantially be on delivering medium and long term change in communities' social problems. There is a strong case for ensuring that the governance for investing each of the change funds is co-ordinated” and East Ayrshire CPP stated that: “difficult decisions still require to be taken locally about services which should cease as they do not deliver on the identified outcomes. While it is recognised that early intervention/prevention models are the answer to addressing the deep seated problems facing our communities, resources are required to allow the transition and maintain necessary services to current service users. In this regard, as previously stated, models such as the Change Fund have much to offer.”

NHS Lothian noted the potential positive influence of Community Benefit Clauses in public procurement, stated that it: “provides an exciting opportunity for community planning partners to improve outcomes and tackle deep rooted social problems, both geographically and demographically. The work in Midlothian to write in clauses to contracts for capital works to ensure apprenticeships are offered to local young people has made a significant impact in addressing youth unemployment. NHS Lothian are working with Edinburgh Council on putting community benefit clauses into the redevelopment of the Royal Edinburgh Hospital site. There now needs to be further support and leadership for this approach from Scottish Government across a wider range of capital and revenue contracts.”

Finally CCPS also mentioned procurement as a barrier: “there are several persistent barriers that limit our potential contribution. The most obvious one remains the practice of competitive tendering and re–tendering for services. This practice brings more problems than it solves. It drives down costs, in our view, to a point at which quality is compromised. CCPS believes there is an urgent need to focus on opportunities to develop creative alternatives to competitive tendering.”
North Lanarkshire Council highlighted the “North Lanarkshire’s Working” Project, which: “provides a one-door fully integrated service for people seeking work or training opportunities. Between April 2011 and March 2012 North Lanarkshire’s Working supported over 5,000 people with training, advice and support. These individuals had a wide range of barriers to overcome: lacking skills and experience for the workplace was the most cited barrier with 1,350 individuals highlighting this as an obstacle to overcome before entering work. Similarly, 27% highlighted lacking work experience as a common barrier. North Lanarkshire’s Working supported 937 lone parents, 588 people with a criminal record and 669 people who had been out of work for more than three years.”
In what ways are CPPs being involved in driving the move toward new service delivery methods? What is hampering their involvement and how can it be overcome?

This question, which only featured in the second iteration of the Committee’s call for evidence, had a low level of response. North Ayrshire Council stated that: “CPPs have played an important part in the progress made in developing cross agency working, although perhaps act to enable this change rather than drive it. For CPPs to be even more influential they would have to become even more relevant, potentially by handing them more power or by increasing the stake that partners’ have in their success. The opportunity for CPPs to influence collaborative working across Councils appears limited, as by definition their focus is on their own area.”

Scott Moncrief were critical of the current CPP arrangements: “Many of the existing structures are not providing effective scrutiny and challenge on performance. Accountability for community initiatives and partnership working continue to be often the responsibility of a local authority’s service committees. Whilst regular performance management reports are presented to service communities CPPs are merely required to note performance reports.”

Fife Constabulary highlighted the role of community engagement, stating that: “There is still the underlying imperative to develop a higher degree of community engagement and activism from which to empower citizens to deliver long-term sustainable solutions at a local level. In this vein, cognisance should be taken of the Christie Commission report highlighting the need for the development of cohesive collaborative working practices throughout the public sector and beyond. Fife Constabulary has developed a community engagement model which empowers citizens to set localised priorities addressing issues directly affecting the community. The challenge lies in pooling partnership resources in the face of shrinking budgets and asset base.”

Finally, Children 1st also highlighted engagement in the CPP process by communities: “CPPs can be a valuable mechanism for this, but it is necessary to give more consideration to how responsibilities are shared in practice (for example, are local people and third sector organisations equal partners with statutory bodies or not?). Local people and third sector organisations in the local area should have a key role in helping to create the vision of the future for children, young people and their families in CPP areas.”
What scope is there for developing ways of delivering services, such as the personalisation of care, in order to mitigate the effects of shrinking resources while also promoting improved standards of care?

Most submissions to this question came from the third sector. Aberlour commented that: “Though Self Directed Support will bring many benefits, and enable independent living, choice and dignity to many, we must be cautious of putting too much store in the personalisation of care agenda as a potential panacea to reducing care costs. Whilst the personalisation agenda empowers service users, it can also reduce their access to choice as they potentially lose access to economies of scale brought about by group commissioning.”

CCPS made a range of detailed comments in response to this question, including: “In adult care and support, the development of self-directed support, personalisation and individual budgeting are important steps, particularly where they underpin and reinforce support that is already available from family carers. However, we would strongly caution against their adoption purely on the basis that they will reduce costs.

It is important that personalisation and self-directed support (SDS) are not associated (as they have been in some areas of England and Scotland) with budget cuts. These approaches are driven by the core principles of promoting choice and control for people who use services, not by cost saving.

The evidence base for personalisation is, as yet, fairly limited and not all studies focus on economic benefit. The little work that has been done on economic aspects of personalisation shows that when implemented, it costs the same as non-personalised approaches (IBSEN, 2008; Rummery 2009).”

Finally, North Lanarkshire Council stated that: “Too often it is narrowly interpreted to mean formal services- and of course where people’s needs can best be met by a formal service, it should be as highly personalised as possible. However, entering formal services as a way of meeting need is not necessarily a desirable option and not an aspiration for the majority of the population. It therefore requires vision, imagination and different partnerships with a wide range of public, private and third sector bodies, some of whom have no traditional view of themselves as a service in this way.”