

**LOCAL GOVERNMENT AND REGENERATION COMMITTEE
PUBLIC SECTOR REFORM AND LOCAL GOVERNMENT**

SUBMISSION FROM ABERLOUR CHILD CARE TRUST

As Scotland's largest solely Scottish Children's charity, we warmly welcome the opportunity to respond to this much needed inquiry. We are simultaneously engaging, through our Head of Policy, with the Scottish Government's review of Community Planning and Single Outcome Agreements. We are hopeful that these two parallel reviews will work closely and collaboratively towards a more progressive model of Local Authority Community planning and public service delivery.

Strand 1 – Partnerships and outcomes

- **How could councils better integrate their partners into the process? How could the degree of commitment to the process amongst other community planning partners be improved? How can any legislative or administrative barriers that make partnership working more difficult be overcome?**

Involvement of the voluntary sector in the SOA drafting process

Since the launch of the Concordat in 2007, government representatives up to cabinet level have attested to the role they expect the third sector to play in the framing of local authority Single Outcome Agreements. They cite community planning partnerships as the route through which voluntary organisations can help shape SOAs. The reality is far different. In the first round of SOAs only 15 local authorities in anyway sought to involve CPPs in the drafting process. A survey conducted by Community Care Providers Scotland¹ after the publication of the first round of SOAs in 2008 identified that 90% of voluntary sector Community Care providers had not been approached or involved in any aspect of the SOA drafting process- this is especially troubling given that the provision of care is a statutory requirement on local authorities. It would seem logical that care providers be at least consulted in the framing of any aspect of the SOA governing the provision of care or related support.

There is great variety within CPPs in Scotland; there is also variety in the way they relate to local authority planning. Coupled with the fact that in most cases voluntary sector representation on CPPs is confined to a representative from the local Council of Voluntary Service, who tend in the main to represent small community organisations rather than a cross section of the sector, and even then not always at board level- this represents a considerable bottle neck for individual third sector organisations to have a meaningful engagement with the drafting process. This problem is compounded when cost cutting means

¹ <http://www.ccpscotland.org/publications/documents/concordatsurvey.pdf>

that voluntary organisations do not have the capacity to engage in planning and networking.

As such we would like to see more opportunities for the voluntary sector to engage meaningfully in the process of drafting SOAs and a replication of good practice in terms of co-production. Some local authorities demonstrated some good practice in terms of co-production in the run up to the most recent round of SOAs which could be replicated by others in subsequent years: Aberdeen City Council conducted an open conference where representatives from all sectors with an interest in the SOA could have a meaningful involvement in the drafting process.

- **How can local authorities and their partners move further towards real, integrated working?**

Best practice case study: Dundee Early intervention team

The Dundee Early intervention team represents a unique collaboration between, Aberlour, Action for Children, Children 1st and Barnardos in partnership with Dundee City Council and NHS Tayside working to deliver a flexible range of interventions and support to families who, whilst not currently accessing acute social service provision, are possibly on the edge of a crisis and in need of support. This ties directly into the government's focus on prevention as by giving these families the help they need before the situation becomes more acute we can offset the need for statutory intervention.

The four organisations have drawn upon our combined wealth of experience, working within Dundee's communities and have designed a service model that from April will offer these families a single point of access to a range of support programmes. That could be support with relationships, parenting or positive mental health as well as access to a 24 hour helpline. We aim to be as flexible as possible and what's special about this is that families can access this at times of the day when problems are more likely to arise, as such it will be staffed and open out with normal working hours, so that we can be their for these families when they really need us.

- **How can the community planning arrangements be adapted and developed to promote outcomes-based and preventative approaches?**

Measuring prevention will require a new approach to outcomes and indicators

The focus on prevention engendered by Christie is a welcome shift in policy direction. However with this shift must come a nuanced approach to the collection and performance measurement of local outcomes and indicators. By definition, the preventative agenda seeks to prevent an outcome rather than attain it. In puts and interventions towards such an end may very well take over a decade to see a return on investment.

There is an opportunity for CPPs to have a stronger role in overseeing the totality of public resources in their area in line with 'localist' thinking and government ambitions. The government should draw on lessons from the UK Government's previous initiative on Total Place, but with a view to greater transparency and inclusion of all public spend resources in the area, not just those that are identified with the administrative boundary or government department. This will enable more creative solutions to prevention and outcomes to emerge

A move to shared measurement systems and better sharing of data between all public sector bodies and the voluntary sector will go some way to enabling better measurement of long term outcomes and will encourage and enhance collaboration. A way to do this would be to incentivize ongoing data input and collection from volunteer partners. Opportunities for sharing knowledge and improving interpretation of data and research outcomes would enable improved learning and understanding about what works and what needs to be improved to deliver sustainable outcomes.

- **How is the work of delivery on SOA outcomes managed, coordinated and driven through the various community partnership structures and agreements? How could Single Outcome Agreements be improved to deliver on community planning targets?**
- **What is the purpose of a Single Outcome Agreement in assisting the delivery of improved outcomes? How are local Single Outcome Agreements developed, and how do they relate to national priorities?**

Implementation of the Concordat and the role out of single outcome agreements

In collaboration with other organisations in the children and young peoples sector, Aberlour undertook an analysis of the thirty two single outcome agreements published in the summer of 2008 and then subsequently on the publication of the 09-10 round of outcomes. We looked at each Local Authorities SOA against a range of issues connected to the work and interests of our organisations and our service users. Understandably the first round of SOAs was characterised by a significant amount of inconsistency and a considerable lack of clarity as to the strategic importance or pre-eminence of these documents. It was hoped that with the introduction of sixteen Strategic directors from the Scottish Government and through the publication of guidance from the improvement service, to guide Community Planning Partnerships (CPPs) and local authorities through the drafting process of the second round that things would be considerably better this time around.

We have just concluded our qualitative analysis of second round of the 32 local authority SOAs and whilst there is marked improvement on the year previous. A considerable amount of inconsistency remains and the process by which voluntary sector organisations can actively influence the process of

framing the Single Outcome Agreements of each local authority remains inconsistent, vague and in many cases non-existent.

Consistency: Those unfamiliar with the Concordat would be forgiven for looking at the first round of 32 Single outcome agreements and fail to see any consistency and in some cases would not recognise that these documents were created to serve the same purpose- this significantly improved with the drafting of the second round thanks in part to 16 government directors and the improvement service guidance. However even now, inconsistency remains.

Timescales: Different local authorities continue to attach different life spans to their SOA. Indeed since the signing of concordat there has been uncertainty as to whether the SOA should be refreshed every year or whether, once in place the SOA should cover the term of the local authority administration. This is important to clarify as these will affect the way in which organisations can contribute to the drafting of future plans and will affect how the authority can adapt to changing circumstances. This is critically linked furthermore to the pre-eminence of the Single Outcome Agreement in relation to other plans and strategies laid out by the local authority.

‘Above’ or ‘below the waterline’: In conferences and seminars that accompanied the publication of the first round of SOAs, there was much use by Government and COSLA representatives alike of the term ‘Above the waterline’. The use of this term suggested that the SOA should represent a strategic overview for the local authority and that it should lay out broad brush aims whilst pointing to lower level documents which in turn lay out the detail of local targets and goals. The Concordat states:

The SOA will cover all local government services in each local authority area as well as a significant range of the responsibilities of Community Planning Partnerships where local authorities have a significant part to play².

This definition is arguably the cause of the ensuing confusion notable in the tremendous differences in the first round, in the SOAs of differing local authorities. Dundee city council’s 08/09 SOA was short and written in very broad brush terms and made reference to a range of local strategies and plans whereas Scottish Borders Council was tremendously detailed and laid out in minutiae all of its local targets and indicators for that year. Whilst a greater consistency has now been fostered, there is still a lack of clarity as to where some local authorities hold their Single outcome Agreement in terms of importance as a driver for policy and expenditure. In reality, the SOA in most cases sits both ‘Above the waterline’ in terms of the defined local outcomes and ‘below the waterline’ in terms of the local indicators.

- How could local authorities and other public bodies contribute more to influencing and improving outcomes in their area?

² Concordat between COSLA and the Scottish Government 2007

Being more ambitious in SOA targets and indicators

One of the chief criticisms levelled at Scottish Local Authorities after the first iterations of the SOA drafting process were complete was the lack of ambition manifest in many of the outcomes and indicators set down by local authorities. For example one local authority set the following target on homelessness resettlement:

Increase percentage of people assessed as homeless who are permanently re-housed (baseline 68%; target 70%).

With targets such as these it can be argued that Local Authorities were not prepared to see the SOA as a vehicle for transformational change, opting instead to set targets that they were already on course to achieve or which, in failing, could be explained away as a statistical anomaly.

If, as with the 2009 SOA iteration, the agreement is set to last 3-4 years then Local authorities should seek to be far bolder in the indicators and targets that they set themselves. At the same time it must be recognised that some targets are far more easily achieved than others and there is only so much that a Local authority has in its power to affect demonstrable change. As such, outcomes measurement can rarely be compared on a like for like.

- **How can arrangements, processes and accountability be improved?**

Accountability in the concordat:

It has never been clear to what standard or level of accountability the Local authorities will be held in the execution of their SOAs. As the Concordat has defined an entirely new mechanism for the expenditure of public funds and the deployment of services it would seem odd that there was no mechanism to ensure monitoring, evaluation, quality control or accountability for progress towards those ends. There are few examples of local authorities examining the commitments they made in 2008/09 but one such Authority that that did make such an analysis of its own progress between SOA iterations stated in the preamble to its 2009/12 SOA that:

“the target to increase the number [of people with disabilities] in work by 200 during 2008/09 has not been met with an increase of only 12 achieved.”

Whilst it is laudable that a Local authority should be willing to publish this missed target, and should be seen as an example for others to follow, it serves to pose the question- ‘so what?’ Ultimately without any clear line of accountability threat of sanction- or adequate self monitoring mechanisms the process of setting praiseworthy local indicators as targets in SOAs in the first place comes into danger of being rendered meaningless. Whilst the above shortfall is likely to be a direct result of the recession and covers an area of expenditure which (apart from More Choices More Chances money) was not

otherwise ring-fenced, similar targets for previously ring fenced expenditure may very well likely fall short of aspiration in the future.

If a local authority is shown to persistently under-perform in achieving the targets indicators and outcomes it has set itself in pursuit of its commitment to the 15 national outcomes (the agreement which ultimately underpins the concordat), there must come a point at which the government withholds sign off on its single outcome agreement as being unrealistic or too ambitious- yet such a process is not clearly defined.

The premium attached to Single Outcome Agreements will be further devalued, particularly if it can be shown that neither the single outcome agreement nor the process by which it was arrived has led to any actual or meaningful change in the direction of funds spent by the local authority. If such a devaluation were to occur then it is likely that Single Outcome Agreements would very quickly become irrelevant to local authorities in terms intent or expenditure and would in turn become obsolete. Greater clarity is therefore needed to demonstrate the link between the setting of targets and indicators and the movement of funds. SOAs need to reflect the 15 National Outcomes and associated Indicators, which arguably should also comprehensively reflect overarching policy and practice drivers. In Social Care and Education these are programmes such as GIRFEC, Better Health, Better Care, Equally Well and The Early Years Framework. It appears challenging to make that link at local level within SOAs, particularly when health boards etc. have different boundaries, which can lead to duplication and lack of clarity in resourcing and delivering public services. Similarly cross cutting developments such as “parenting strategies” get lost through fragmentation, and individual local authority interest can overshadow better return on national investment.

We hope that partnerships such as the Dundee model mentioned above following an initial review, may attract sufficient confidence from local government and other funders to grant long term funding which will enable evidence-based activity that may demonstrate how changes in processes can impact on child outcomes.. We can evidence results from existing services and developments, often qualitative ones using soft indicators supported by output information, and are keen to evidence longitudinal change supported by measurable and quantifiable outcomes which can lead to real impact within the communities our service users and services are part of.

More transparent and publicly accessible reporting on outcomes is urgently needed.

Strand 2 – Benchmarking and performance measurement

- **What are the main challenges (cultural, technical, geographical or other) in developing performance measurement and benchmarking systems for local authorities across Scotland?**

The main challenges in measuring performance leading to benchmarking are that there is a significant diversity in how baselines are set or identified, and subsequently how information and/or data is gathered. Local authorities vary in size and in structure, and have very different priorities related to geography, rural versus urban environments, demographics, and indicators and how they are set. Even “national” indicators such as “the index of multiple deprivation” are used in different ways depending on the driver within the local authority, initiative or service it is used to inform.

For Aberlour we know that there are many ways to “improve the lives of Scotland’s children and young people” as our strap line suggests. Addressing basic need may well deliver a short term positive outcome, but will not necessarily lead to longer term impact. For that we have to be bold and not only sustain service delivery beyond a what is for us now “standard” maximum three year or so term of commissioning; but also allow services to become part of a local system which can facilitate longer term impact as partners grow together and consider systems change. As we know less than 15% of health outcomes can be attributed to health services (Stephen Woolf, 2007) Engineers in the 19th century who built the means to deliver clean water arguably had the greatest influence in our well-being (Michael Little- 2011)

Within “Changing Lives” it was recognised that *“change is required not only for financial reasons, but because people want and expect choice over the type of support they access; they want flexibility, independence and control. Our systems and services need to reflect these aspirations”* The voluntary sector has a solid track record in engaging with service users, and organisations such as Aberlour can support the Local Authority and CPP agenda in accessing information and collaboration from service users on challenges and how to overcome them. Using innovative techniques looking at service design (IRISS conference 2011) can include development of performance measurement at various levels.

There are evidence based programmes such as the Nurse-Family Partnership which have produced good results. There are many initiatives within children and young people’s services which have shown promise, (e.g. Youth Crime Prevention Intervention Fund, Sure Start partnerships) but few of these have succeeded in becoming part of a “system”, as there has been more emphasis on looking at outputs of the associated expenditure than at outcomes and impact. The Violence Reduction Unit has shown to make a difference within a Glasgow context; yet the approach and its outcomes are not replicated as part of a young people’s system anywhere else. Wheels are frequently reinvented, yet Scotland because of its size and relatively positive partnerships should

have the potential to agree a set of standard datasets to support the 15 National Outcomes.

We would argue that the case for this needs to be debated and agreed by representatives of COSLA, ADSW, CCPS, SCVO and representation from the “bigger” charities such as Aberlour and its 4 “big 5” colleagues as well as a similar structure within adult charities.

Strand 3 – Developing new ways of delivering services

- **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?**

Changes to Tendering and procurement may be required

The forthcoming ‘Sustainable Procurement Bill’, presents an opportunity to address a number of issues in the commissioning environment which currently can act as a barrier to working together in a fully integrated capacity.

Aberlour would question whether tendering is the best way for service purchasers to ensure that they achieve Best Value. While we can understand and accept the need to ensure that services are procured in an objective and effective manner, we question whether tendering is the most effective means of achieving this. The points below highlight whether this resource-intensive process is the right way of procuring social care services and the information given below demonstrates that the way that the process is applied by some purchasers exacerbates inherent inefficiencies.

Different purchasers have different thresholds for procurement requiring a tendering process. There are examples of purchasers using exactly the same process and requiring the same information for tenders of widely varying values. We believe that procurement processes should always be proportionate to the value and strategic importance of service being purchased.

Tendering remains a very inconsistent and at times frustrating task with organisations like our own regularly encountering a range of problems and barriers. European Procurement Regulations require. The “application of objective criteria in tendering and award procedures”³. In many cases, local authorities will prefer to provide services in house where possible and will accept tender bids from internal departments that do not accurately reflect the fact that management costs are carried by the centre - thereby making it possible for them to undercut other providers without accurately reflecting the true cost of their provision to the authority.

³ Guide to the Community Rules on Public Procurement of Services - Directive 92/50/EEC

Commissioning teams frequently take major decisions pertaining to services and tender design. This often appears to be without any consultation with operational staff. In many cases, tendering is seen as a means of saving money rather than achieving Best Value with cost appearing to be the paramount factor and continuity or quality of service coming well behind. Aberlour provides services for some of Scotland's' most vulnerable children and their families. For them, the prospect of a new provider coming in and taking over the services they have relied upon for many years purely on the basis of cost can be hugely destabilising.

Voluntary organisations such as Aberlour are encouraged to form partnerships or even consortiums when bidding for targeted funds with other voluntary organisations. Tendering processes directly encourage market place competition. It is not unlikely that organisations may be considering a pooling of resources to deliver in one service area, whilst working in direct competition to that same partner for another piece of work.

Tendering Timescales: Aberlour is concerned at the lack of advance notice of Invitations to tender and the short timescales allowed to complete and return tender applications, even during holiday periods and a general failure to understand the complex activity that is being specified. Typically, this will be between two and four weeks, but has been even less than two weeks. Six weeks would be an exception. Such little time is afforded in the tender process that very little can be done by potential bidders to properly consider service design or to explore partnership opportunities with other service providers. The advantage of this would be that the skills and experience of various organisations could be brought together to the benefit of service users. It is our strong view that these very short timescales militate against the provision of Best Value services by failing to allow the necessary time to adequately assure or demonstrate value for money.

At the other end of the process, once the tenders are submitted there are often significant delays before purchasers proceed with the selection process. There is a feeling that purchasers do not apply the same timescales to their parts of the process that they require of potential providers.

- **How can the tensions between shared services creating savings through potential reductions in the number of staff involved and the economic impact brought about by any resulting job losses be resolved?**

Shared services beyond staff reduction:

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.

Adequately embracing the shared service agenda and optimising the impact of technology and new ways of working can yield significant recurrent annual

savings (Some Local authorities have reported savings of between 35-40% in back office costs from sharing services) primarily achieved through:

- Reduced management costs
- Greater transactional efficiency
- Better deployment of high cost expertise
- Channel shift (from paper processes to on-line self-service)
- Automated processes
- Improved knowledge management

There can be considerable benefit to more collaborative approaches in business development projects by bringing teams from across the public, private and voluntary sectors, particularly in new experimental work.

- **How can any legislative or institutional barriers to developing shared and innovative service delivery models to their full potential be overcome?**

Market tensions preventing the sharing of services between providers

Local Authority's are increasingly being called upon to look to a shared service model for the delivery of services, as such; they are not unreasonably looking to service providers and asking questions as to the lack of shared services amongst providers. 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.

- **Is there scope for further national shared services along the lines of the shared recruitment portal for local authorities, 'myjobscotland'?**

A common information requirements portal for purchasing local authorities:

Most tender applications require applicants to provide a huge range of background information about their organisation. In most cases, the purchaser already has this information from the purchaser, in the form of other tenders or information supplied to achieve Approved Provider status or for Contract Monitoring purposes. Often, the Care Inspectorate will also have this information. The repeated provision of the same information is wasteful of scarce resources.

We believe that it would be sensible that providers had only to provide this information once and that there should be a central point or portal of contact in Scotland responsible for approving the provider. All agencies could be

assured that this had been done to the appropriate standards (and was being regularly reviewed). This would result in a significant saving of resources for all parties.

- **What can be learned from elsewhere, for example from initiatives such as the Nottingham Early Intervention City or the Birmingham total place pilot?**

The argument was that the prevailing paradigm for public service improvement

had been a top-down model. National targets had been set, delivery chains established, and large amounts of money had been pushed down the resulting command and control structures to achieve change at ground level. This linear model was recognised as coming to an end, and within the Nottingham, Birmingham and Croydon Total Place models the joining up of multi-agency teams around the service user(s), co-designing services with citizens and their own support networks have had significant success.

As argued before: Aberlour has a good track record in designing services around the user(s), needs-led as opposed to service-led, and believe the model of “place based” leadership which supersedes individual organisations and functions such as our Dundee work and recent D&G service, using strengths from the partners, including users, and positively recognising each other’s contribution is a worthwhile aim. This cannot be achieved overnight, nor can this be done without resourcing local authority partnerships or CPP’s to enable the model to be investigated, made fit for purpose to our Scottish context, and most importantly ensuring appropriate representation at all levels. No animals should be deemed more equal than others within this ambition; and investment must be guaranteed to support the process.

Within Total Place, a “**systems change**” model, there is a clear recognition of the importance of the Early Years preventative agenda; we are not far removed in Scotland with our strategy; however preventative must also apply in other areas, e.g. leaving care.

- **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?**

Self directed support and service delivery

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. With the inevitable rise in self-directed support, the key to meeting the needs of customers and service users is to engage them early on in the service design

and personalisation process. Similarly, uptake of Self Directed Support is more prevalent in certain groups of care recipients such as older people and those in receipt of adult services. In some cases the most vulnerable of families, particularly where parents are providing round the clock care to a profoundly disabled child, find the prospect of managing their own care budget a daunting prospect. Local Authorities must be mindful that in these cases, mainstream commissioning will need to continue.

**Aberlour Child Care Trust
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