

**Local Government and Regeneration Committee**

**Inquiry into Public Sector Reform**

**Strand 1 Partnerships and Outcomes**

**Evidence: Professor Richard Kerley, Queen Margaret University**

Thank you for the invitation to give evidence to the committee; I have outlined what I consider to be some key issues below and look forward to developing these ideas when with the committee. In doing this, I have elided some of the bullet points the inquiry lists under 'Strand 1' and these are in italics below.

*[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?]*

Community planning has, in general terms, and in most areas of the country contributed to a more effective development of the array of public services that are provided to and with the community. It can be improved – as can all such arrangements. In my observation and experience, the default assumption is that the *council* in a given jurisdiction is the lead body for CP. There is a good argument for this in that the council is the only elected body with a primary concern for that geography, but such arrangements can on occasion lead other partners into thinking they have a lesser responsibility /engagement . Interestingly, this is in some ways the pre-planning equivalent of almost all reported child protection tragedies here the primary focus of blame is directed at local authority child care staff.

For this reason I consider that necessary – and quite simple – legislative changes should make the obligation on other public partners [ primarily health , police , fire and rescue] to share 'jointly and severally ' the duties of CP. i.e. all such bodies should have a common and identical statutory obligation worded in a similar manner.

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

Integrated working is complex and often hard to achieve . This is rooted in one of the primary management and occupational dilemmas: to specialise or to integrate . The skill and attitude sets required of the 'integrator ' are often valued less highly than those of the specialist and such roles are often seen as more readily

dispensable than 'front line staff' . Public bodies should be encouraged to engage in mixed team working and joint outcome reporting to the partnership bodies, both collectively and individually.

*[What steps would facilitate the sharing of budgets in pursuit of shared outcomes? ]*

I consider this to be one of the more complex challenges that will face government and various public bodies engaged in this mandated process [ e.g. in care planning ]. The scope for gaming is extensive and aided by differential levels of transparency in current financial and outcome reporting regimes . Local authority planned budgets ; actual spend and performance data are readily available to individuals and other concerned stakeholder organisations . I do not consider the same can be said for the health service [for example] and post 2013 the arrangements for the Police and F&R have still to be determined. I think it entirely possible that some bodies will currently be re-framing budgets to best protect their spending discretion. I would therefore explicitly advise the committee to seek a lengthy audit trail [ past 5 years perhaps? ] on spend patterns for those services/activities where budget sharing and closer integration is in prospect .

*[How can the partners further improve on the progress that has been made and overcome the remaining challenges on engaging communities and voluntary sector organisations in the process? How can the community planning arrangements be adapted and developed to promote outcomes-based and preventative approaches? How could local authorities and other public bodies contribute more to influencing and improving outcomes in their area? ]*

The questions posed here – and the general tenor of discussion about both the CP process and achieving desired outcomes are often overly focused on what public / third sector bodies can do. I suggest to the committee that it might consider exploring a wider 'reach' to community planning . If we are concerned about outcomes and preventative measures then we might usefully address how we discuss such goals with those non – public entities that have a great impact on these. My most obvious candidates to engage in this discussion would be food etc. providers [effectively supermarkets] and on and off sales [pubs; off – licences; and supermarkets again]. Given the sophisticated retailer awareness of customer tastes there could be a lot to be gained by directly involving representatives of such firms in CP discussions to promote a wider awareness of desired social outcomes .

*[How can arrangements, processes and accountability be improved? ]*

I have referred above to differential transparency in various data sets, all of which are relevant to this matter. Greater consistency and more clearly signposted access would help – particularly for 'armchair auditors' [ as they have been called elsewhere] in an age of increased citizen participation . Consistency of reporting date and channels would aid shared working and the achievement of better outcomes. I was recently made aware of an exercise by NHS Health Scotland to re-order health information data using LA boundaries

rather than the Health Board boundary focus; it apparently attracted far more attention from councils than did the former mode of presentation of the data.

Proposed accountabilities for the intended health /care partnerships remain to be determined, but if the plans make provision for appointing accountable officers then this will have implications for information and reporting channels.

In respect of the police and F&R the lines of accountability post 2013 are still to be fully clarified ; the committee will no doubt have a view on this, certainly in respect of the proposed 32 geographies sub – boundaries.

Richard Kerley