

**COLLABORATIVE GAIN RESEARCH STUDY**

**Report for the Improvement Service**

**ANNEXE**

**Case Study Findings**

**AMEY**

**OCTOBER 2008**

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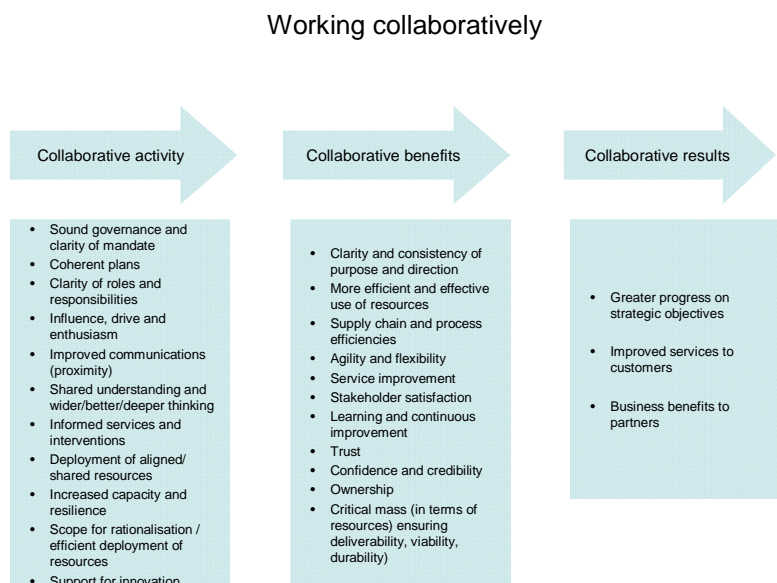
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## Collaborative Gain Case Studies

This appendix details the output from the case study work undertaken across the three Community Planning areas of Aberdeen City, Inverclyde and West Lothian. These studies form part of a wider research report into collaborative gain, commissioned by the Improvement Service, and should be considered as a companion document to the main report. The studies have been conducted with reference to the defining characteristics of Collaborative Gain identified in this report. This is set out again, for reference, in the figure below.

**Figure 1 – Key elements / building block of collaborative gain**



Each section highlights the output from the interviews and the analysis of relevant literature. Within each section there are four associated sub-sections:

- Project Background
- Collaborative activity
- Collaborative outcomes
- Collaborative benefit.

## **Inverclyde**

The three areas nominated by Inverclyde Alliance were:

- Health Improvement - with a focus on alcohol, specifically looking at a project that assists people suffering from ‘Alcohol Related Brain Damage’ (ARBD).
- More Choices, More Chances – a strategy group established to address the issues associated by the national MCMC framework, which has been developed from the Partnership’s Employability Action Plan (NEET Framework). This group is part of the Partnership’s overall approach to employability.
- Community Safety – part of the Partnership’s Safe and Sustainable Communities thematic group.

### **Health Improvement – Alcohol Related Brain Damage**

#### ***Background***

This project is part of Inverclyde Alliance’s Health and Wellbeing Thematic Partnership. The Alliance’s Single Outcome Agreement highlights why this is such an important issue for Inverclyde:

*“There remain particular local issues which require to be addressed, particularly regarding alcohol related brain damage. Inverclyde has Europe’s highest incidence of Korsakoff’s psychosis (an especially severe form of ARBD). This phenomenon was previously associated with mostly older chronic drinkers, but it is now identified in younger age groups.”*

The SOA also highlights the steps that have been taken to address this issue, and this has contributed to the development of this case study. The SOA sets out the following:

*“Inverclyde’s Alcohol Related Brain Damage initiative is a new and imaginative project that enables individuals with Korsakoff Psychosis to live in the community. We developed 11 tenancies within a complex at 58 Regent Street, Greenock for 11 individuals with ARBD. The complex was specifically designed to meet the needs of people with Korsakoff Psychosis.*

*The overall aim of the service is to afford those with Korsakoff Psychosis to have as normal and secure a lifestyle as possible within their own tenancies. Individuals are empowered to live in the community and are provided with the support necessary to make this happen through the 21 housing support tasks. Individual care plans are developed for each tenant using a person centred process. The service is very much client centred, needs led and provides flexible care packages and appropriate support based on abstinence.”*

### ***Collaborative Activity***

It is clear that from the outset there were clear lines of governance associated with this project. It is part of the overall Health and Wellbeing Thematic Partnership, with **clear lines of reporting** upwards to the Alliance Board. These reporting lines are cited as vital to ensuring the success of the project, and ensuring that partners realise the importance given to the project across all agencies contributing to the Alliance.

As highlighted above, Inverclyde has the highest incidence of “Korsakoffs” in Europe, and this statistic has provided a clear mandate for those involved in the project to progress. This mandate has developed a shared understanding of the need to address the problem across all relevant agencies. However, whilst agencies realise the importance of working together to provide services for those in need, work still needs to be done to raise awareness within the wider populous of the condition itself, and also the needs of those people affected.

At the outset, there was also a great deal of work done into research on Korsakoff ‘s where the services provided to clients have been seen to work. This research led people to look at work being done in Australia for areas of best practice, and there was agreement that the Smith-Hillman was the paradigm that determined the overall approach. This ensured that agencies had a sound theoretical basis on which to base their innovative service solution, highlighting where they need to work together, which, in turn, has led to a tailored service intervention for each client, based on sound information.

The mandate for this is further reinforced by Inverclyde Alliance’s ‘Joint Alcohol Policy Statement (February 2008)’ and the Single Outcome Agreement. Both provide clarity by detailing the overall priorities for the Alliance in this area, and detail the outcomes they wish to achieve and the necessary actions needed to get there. There is recognition of the value of **outcome based policy planning**, as it allows agencies to agree outcomes and then identify what their contributions need to be.

**Key message** – The development of a **clear mandate** at the outset, and recognition of the importance of this particular issue in Inverclyde, ensured buy-in from all relevant agencies. Collaborative gain is identified through all partners understanding and agreeing the overall aims and objectives for the project from the beginning. This is further reinforced by the research from elsewhere, which has helped to illustrate the need for a multi-disciplinary approach to this issue, leading to tailored service solutions for clients.

In establishing this project, it was recognised that the service required a multi-disciplinary approach. Initial finance for the project was provided by Supporting People monies and the expenditure for the main infrastructure (client accommodation), was provided by Communities Scotland. There were additional contributions from architects, the local housing association and the Mental Health Commission. This support allowed the project to shape the proposed design of the accommodation and specify the exact layout and fittings within the building to suit the needs of clients. The land for the building was provided by the Council, underlining the buy-in from elected members to ensuring the success of the project.

There was also input from the Council’s Planning function which dealt with the issues around the change in use of the land / buildings. At the outset there was also engagement with Inverclyde’s Ravenscraig Hospital, with regard to the specific needs of clients to be catered for.

This initial funding and external support has helped to bring about a degree of **ownership and accountability**. Partners are also clear on their roles and responsibilities, and agencies are also clear on the role they play in this arena, e.g. as one consultee put it, “health does the mending; we do the support”. Officers believe that this brings a resilience and enthusiasm across agencies, as people are clear on what their contributions are and will continue to be. Furthermore, the local authority led the training of voluntary organisations to support the delivery of the service.

**Key message** – The project has benefited from partner agencies coming together at the start of the project to provide the funding for the necessary infrastructure. People who work on the project also see it as part of their professional function. Therefore, it is the view of officers that collaborative gain is realised where the project is integrated within people’s day jobs and that funding is available at the outset.

### ***Collaborative Outcomes***

Assessing stakeholder satisfaction in this project is problematic. In the majority of cases, the links to family support are often ‘broken’ due the clients’ background of problem drinking. To a certain extent, it can be measured by the success in accommodating and caring for clients.

People are aware that there is a need to evidence the success of the project in order to justify its continuation. That is why the project’s monitoring and evaluation framework was part of the project from the outset, and not introduced later in the process. It is stakeholders’ perception that introducing it at a later stage would have led to a lack of trust amongst partner agencies, and not brought the required amount of ownership.

The project also demonstrated flexibility by continually assessing the service it delivered whilst continually assessing the potential role for other agencies, e.g. in the identification of people with Korsakoffs. There were agencies who were not involved at the beginning, however this is being reassessed to look at whether further skills / expertise is needed at this stage in the project.

Finally, the success and profile of the project has brought with it a degree of confidence and credibility. This outcome was evidenced by the initial support given to the project highlighted above.

**Key message** – Agencies need to acknowledge how their input to the project affects the level of services, assessed through the monitoring and evaluation framework, thus bringing a degree of ownership and joint accountability.

### ***Collaborative Benefit***

Longer term benefit can be assessed by any decrease in the number / level of services given to an individual. This allows the project to measure its success and the progress made towards achieving its strategic objectives and improved services to clients.

In terms of benefits to partners, the reduction in services required from each of them (as client rehabilitation progresses) leads to a corresponding reduction in the level of resources that are required.

## Employability - More Choices, More Chances

### *Background*

In 2004, Inverclyde was within the top 7 ‘hotspot’ areas for 16-19 years olds not in employment, training or education (NEET). As a result, funding was made available to establish a Partnership (More Choices, More Chances) to address this issue and bring together relevant partner agencies to provide ‘joined-up’ solutions for this group of people with a view to changing cultures and the way in which young people engage with local services. As a result of this work, the following successes have been achieved in the last two years:

- Inverclyde is no longer in the top 7 hotspots for NEET young people.
- Inverclyde has improved its position in terms of NEET young people from 31/32 local authorities in 2004 to 21/32 in 2007.
- Since 2003, Inverclyde has shown an absolute NEET decrease of 280 which represents a total percentage decrease of 42% since 2003.
- This represents the strongest improvement of any local authority area in Scotland.

Table 1 illustrates the progressive improvement sustained in tackling the NEET agenda within Inverclyde:-

**Table 1: Inverclyde Level of Known NEET 2003 - 2007**

	Level				
	2003	2004	2005	2006	2007
Inverclyde	660	600	460	420	380

### *Collaborative Activity*

The partnership benefited from a **specific focus** within the wider employability agenda. It is also supported by the national framework relevant to this agenda, leading to a more robust mandate for the partnership. The partnership also has a dedicated manager, with responsibility for coordination and facilitating the partnership, and providing the opportunity for partner agencies to effectively

contribute to the process. This also allowed the partnership to develop its own strategy at the outset (which was put out to consultation), giving each partner accountability and ownership over those areas they are responsible for leading / delivering on.

On establishing the project, the MCMC Manager realised the importance of partner agencies presenting to other parties on what their organisation could bring to the process. It was felt that this work, at the outset, enabled the partnership to clarify where and when organisations could contribute. It was perceived that too many partnerships are formed without all parties having a working knowledge of the resources / skills / expertise that can be ‘brought to the table’. It was also felt important to have the ‘right’ partners at the table rather than have as many agencies there as possible, which has the potential to hinder rather than progress the work of the group.

This method also brought a degree of enthusiasm and drive to the group, better communication and a shared understanding around the project and each other. The MCMC Manager also holds one-to-one meetings with each partner, where any issues may arise, with a view to resolving these quickly so that the partnership can continue its work.

**Key message** – The partnership has benefited from having a national framework and the funding it received at the start of the process. However, getting the right mix of partner agencies involved and sharing knowledge amongst people from the outset, has enabled the partnership to realise collaborative gain more quickly than perhaps would otherwise have been the case. Partners quickly realised what each other could bring to the process, instead of learning as they went along, i.e. the effect was immediate.

Whilst the partnership acknowledges that it benefited from external funding at the start of the process, it recognises that a future challenge will be around how to bring in mainstream funding. This is a challenge for all partners, which will go on beyond sharing of skills, expertise to shared / aligned financial resources.

Key to the success of this partnership is the ability to have shared, quality information that identifies each person in the client group. Much work has been done across the partnership to reinforce the importance of data to success and the ability to tailor services solutions, where each partner can identify what their contribution should be. Furthermore, the partnership sees the information provided by this data as one of the main tools to lever in additional funding and improve the partnership's ability to better align resources to identified priorities.

### *Collaborative Outcomes*

The clear strategy of the partnership, coupled with defined roles and responsibilities has led it to have clarity and consistency in its purpose and direction.

In addition, the partnership is of the view that 'experimenting' with different methods of service delivery illustrates their ability to innovate and be flexible to changing circumstances, which may help in securing future funding. For example, establishing the 15-19 year old employability programme and issuing the standardised leaver's form.

Service improvement is also evidenced through the partnership's ability to be more pro-active in planning the services it delivers. Again, this is as a result of getting **good information from all partners.**

The partnership also demonstrates a critical mass through the resources it can draw on and the number and quality of contributions from all the agencies. This is exemplified where one agency will pay for the marketing of a programme delivered by the partnership or one partner providing facilities for the group to do its work.

In terms of monitoring and evaluation, the partnership clearly set out the targets (and eventual outcomes) it wished to achieve in the actions plans agreed at the start of the process and within the Alliance's Single Outcome Agreement. It also benefits from having a national framework that collates and reports key statistics nationally, providing comparisons with other areas across Scotland.

### ***Collaborative Benefit***

It is perceived that the success of the partnership, highlighted above, assists each partner agency in achieving its own strategic objectives, as well as those shared objectives set out in the MCMC strategy and the SOA. Furthermore, by emphasising the need for good data, that identifies each 16-19 year old through the standardised leaver's form, the partnerships can tailor its services that provide improved services to the people they are there to help.

**Key message** – Collaborative benefit can be demonstrated in instances where the work of the partnership directly contributes to each agency's strategic objectives and also provides an improved service to customers that could not have been delivered by one agency acting alone.

## **Community Safety**

### ***Background***

The following is an extract from Inverclyde's Community Safety Partnership's draft Strategic Assessment 2008/09, which highlights key background information to the partnership.

*“The Community Safety Partnership in Inverclyde is part of the Community Planning Partnership, consisting of representation of public, private, voluntary and community groups.*

*The Safe and Sustainable Thematic Group is one of the Inverclyde Alliance Theme Groups and in this organisation is the Community Safety Partnership.*

*There are three main partners who provide the main leadership and resources to help deliver; safer communities; these are Inverclyde Council, Strathclyde Police and Strathclyde Fire & Rescue.*

### ***Collaborative Activity***

The basic mandate for the community safety agenda was founded from a national framework, and is still subject to national requirements, e.g. anti-social behaviour strategies. National expectations are further reinforced through the Scottish Government's National Outcome priorities, amongst including:

- *“We live our lives safe from crime, disorder and danger;” and*
- *“We live in well designed, sustainable places where we are able to access the amenities and services we need.”*

This mandate is reflected locally in the contributions that the Partnership makes to the Alliance's Single Outcome Agreement and also in its annual Strategic Assessment

that supports strategic decision makers in setting and agreeing priorities, allocating resources and managing risks.

There is also evidence of **sound governance** arrangements through the Partnership's integration with Inverclyde Alliance and also through elected member involvement via the Safe and Sustainable Committee at Inverclyde Council. However, it is acknowledged that this situation may change with the ongoing work around the implementation of the Single Outcome Agreement and the new Community Plan, which lead to a corresponding change in ownership and accountabilities.

There are also associated groups that assist the Partnerships and partner agencies deliver tailored services to the public. These include:

- The Joint Tackling and Co-ordinating group, where Partnership staff meet to discuss deployment of resources to more effectively address current issues; and
- The Joint Intervention groups, which meet with a specific remit to discuss issues around young people on the fringes of the criminal justice system.

**Key message** – Collaborative gain is demonstrated by the key partners agreeing to work within clear and coherent national and local frameworks, against which they can build a clear mandate for their work. Joint working groups also provide the flexibility for all partners to respond to community safety issues on a weekly basis.

However, it is recognised that partner agencies may have different priorities on a regional basis that may differ from local needs and expectations. Furthermore, given the cross-cutting nature of community safety, there is potential for differing perspectives on priorities within the community. For example, Police may focus on the crime element of drug dealing, whereas Social Work and CHP may be more concerned about the social and health consequences associated with this.

This issue (and its broader implications) is recognised by Partnership managers and was also highlighted in the Holden McAllister (do we need a reference for this?) review of Community Safety in February 2008. As a result, the Partnership has now appointed a Safe Officer Group to assist the Partnership and help to align the needs and expectations of all partner agencies to achieving the objectives for the Partnership. The review also highlighted the need to:

- Have clearly defined leadership structures.....to target, prioritise and direct the resources needed to achieve partnership objectives;
- Provide intelligence-led, problem solving and outcome orientated approach to community safety;
- Base the annual community safety and anti-social behaviour plan on a structured approach to strategy;
- Equip the Partnership to respond quickly and effectively to the needs of its communities;
- Engage with diverse communities in their area;
- Provide a communication plan; and
- Ensure practitioners have the appropriate skills and knowledge to fulfil their roles.

Feedback from consultation indicates that the Partnership is taking actions to implement these points. This is evidenced by the recent Police intervention, Operation Triplicate that, based on community engagement, focused on drug dealing resulting in the arrest of 30 dealers on 269 charges. Prior to undertaking this action, Police notified all relevant agencies and services regarding the potential fall-out from this operation, e.g. social work from a childcare point of view and property maintenance around any potential damage to property. The Operation also had contributions from the local Alcohol and Drug Action Team.

**Key message** – Whilst agreeing to sign-up to national frameworks and local outcomes, Partnerships need to be able to demonstrate collaborative gain in providing effective support to decision makers and recognise the differing needs and expectations of all contributing partner agencies.

The Partnership realises the importance of having an **effective information** base on which to base decisions. Evidence of progress and collaboration is exemplified by the draft strategic assessment document. The Joint Tasking and Co-ordinating group also receive up-to-date statistics that help identify crime ‘hot-spots’ and allow decisions to be made to address current issues / problems.

It is also recognised that the future resourcing of the Partnership may become more important for all partners with the reduction in ring-fenced funding by the Scottish Government. Therefore, thought has to be given as to what collaborative gain the Partnership can derive by working better together and having a more efficient deployment of resources. A current example of this is the work of the Police, Community Wardens and the overall Partnership working together and co-ordinating activity during the Christmas period in deploying resources to address drink related problems.

A further example of the issue around funding was the establishment of the Antisocial Behaviour Enforcement Team, which was established through a diversion of core council funding to address problems around drinking in public spaces. The Partnership recognises that, where funding is provided for addressing such issues, impact evaluation need to be undertaken to assess whether problems are being solved and that this use of funding was effective. This demonstrates the difficulty in gaining funding for addressing problems for which there is no established function.

### ***Collaborative Outcomes***

Despite the issues highlighted in the Holden McAllister report, which are being addressed, Partners do feel that an outcome of working together is a **clarity and consistency in purpose and direction**. However, they do recognise the different perspectives of other agencies / services on this direction and the need to build this into their planning and decision-making.

There is evidence of collaboration leading to more effective use of resources, e.g. as identified above, the work of the Police and the Wardens in assisting each other in their own roles and responsibilities.

The Partnership does feel that a positive outcome is demonstrating ‘agility and flexibility’. This is evidenced through their ability to deploy resources to address ‘hot-spots’, based on reports to the Joint Tasking and Co-ordinating group and the reports from Wardens.

The recent review, cited previously, also highlights the Partnership’s commitment to continual assessment and review in order to further build its confidence and credibility in and beyond Inverclyde.

The Partnership also identifies the downturn in crime statistics that their overall approach is working, e.g. reductions in violent crime. This is cited as examples of collaborative gain being realised. However, they do recognise that it is difficult to actually measure the effect of collaborative gain on the Partnership.

Given the integrated nature of the Partnership within the Council and the other main agencies, e.g. the Police’s Local Authority Liaison Officer, partners put this forward as evidence of ownership, durability and viability of the Partnership.

### ***Collaborative Benefit***

The Partnership does believe that progress has been made on reaching the strategic objectives of individual partner organisations and that of the wider partnership. However, what does prove difficult is being able to quantify how much of this progress is down to any actions that could be classed as collaborative gain. Services to customers have improved, evidenced by crime statistics, but also in the feedback from community consultation that shows fear of crime is falling, as is the priorities of communities to more ‘routine’ issues, such as litter and dog fouling. This is a move away from concerns around public drinking and drug dealing.

## **Theory and Practice**

Much of what has been witnessed in Inverclyde has a strong resonance with the key recommendations for effective practice emerging from the main literature in Collaborative Gain. This is to be found in its connection with larger national policy frameworks (Bailey 2003), the critical importance of primary purpose and strong leadership (Russel 2001; Miller and Ahmed 2000); the use of creative solutions (Huxham 1993) and the importance of good communication, professional relationships and mutual interests (Apostolakis 2004; Huxham and Vangen 2000). In general, the approaches used in Inverclyde appear as close to the central tenets of successful Collaborative Gain as identified by Russell (2001). Key to all of this has been the simple, effective practices of outcome-based methods, supported by strong leadership, good communication and clarity of purpose.

## **Moving forward**

It is apparent that, at this stage, collaborative gain is more easily identified in projects / partnerships that demonstrate the following characteristics:

- There is clarity around the nature and contributions of each partner agency taking part in the project / partnership (at the outset);
- There is initial financial incentive / funding to 'kick-start' the project;
- Client / target groups are clearly defined and partners have the flexibility to tailor interventions, depending on the requirements of individuals / specific client groups;
- The focus is on the quality of what each partner can contribute, rather than the number of partners attending partnership meetings;
- There is a clear strategy, with associated aims and objectives (and action plan), that all partners 'sign-up' to from the start of the project. This brings ownership and accountability to the process;
- Quality information is seen key to understanding the needs of the client base and the ability of the partnership to clearly tailor its service offering;
- The project is a focused intervention. It appears that collaborative gain is more readily identified in clearly defined, smaller-scale projects that

address particular issues (rather than in wide ranging agendas, e.g. the concept of health improvement);

- Monitoring and evaluation is built into the project from the start and not introduced later. Introduction at a later stage may lead to questions around trust amongst partners; and
- The partnership can demonstrate critical mass as it develops, in terms of medium to long term resilience, viability and durability.

Importantly, there is also a recognition that whilst collaborative gain can be identified though the above, it is perceived that it is only evidenced in ‘reactive’ type projects that deal with symptoms rather than causes. Therefore, there is work to be done to bring this focus to wider issues that deal with populations / communities, rather than distinctly defined client groups, i.e. the need to demonstrate collaborative gain in more proactive type work. This would enable partnerships to provide services that reduce the need, for example, on future expenditure that deals with the effects of problem drinking, young people not accessing training, work or further education on leaving school and community safety issues.

There are emerging examples of proactive collaborative work, i.e. within the More Choice, More Chances partnership, organisations working with 15-19 year olds prior to them leaving school to provide them with a range of post-school opportunities.

This also raises the question of exactly where does the responsibility for monitoring and measuring collaborative gain lie. Broadly speaking, there appears to be two levels. At a Partnership Board level, there needs to be enough information to allow partners to make an overall assessment about the contribution to outcomes of collaborative gain across the Partnership. However, the measurement of collaborative gain might only be possible in specific projects, like those identified in this case study, using the lists in figure 1 as the baseline.

## **West Lothian**

The three areas nominated by West Lothian are:

- Community Safety – with a specific focus on the creation and the work of the Safer Neighbourhoods Unit, which forms part of the Community Safety Partnership’s Antisocial Behaviour Initiative;
- The Civic Centre Development – the development of a new civic centre, co-locating different Partner organisations and functions. This section focuses on the benefits this project brings to the area and the organisations involved; and
- Health Improvement – focusing on the work around the development of the CHCP.

### **Community Safety – Safer Neighbourhood Unit**

#### **Background**

In January 2007, West Lothian Council’s Health and Care Committee approved the creation of a dedicated ‘Safer Neighbourhoods Unit’ linked to the joint council and police anti-social behaviour strategy.

Subsequently, approval was given for further funding from the local authority to be allocated for additional staff, which enabled the provision of four Safer Neighbourhood Teams (SNTs) with a total establishment of:

- 12 police officers;
- 4 Neighbourhood Response Team Officers; and
- 4 Youth Workers.

In addition, a council funded partnership analyst, co-located within the Police Divisional Intelligence Unit, supports the unit with both police and community intelligence.

The creation of the Safer Neighbourhood Unit is highlighted as one of the commitments of West Lothian Council's Corporate Plan 2007 – 2011. It will be crucial for the success of this team is to ensure that the outcome of placing the Unit within the community is the increased satisfaction with local community, reduced crime and anti-social behaviour. Following the success of the initial deployment, substantial additional funds have been allocated and the provision has now been increased to nine teams, deployed across each of the nine wards of the council area.

### *Collaborative Activity*

It is recognised that **sound governance and a clear mandate** are important collaborative activities that need to be in place to underpin the work of the SNTs. With this in mind, the mandate was developed over the last two to three years, developing from the Community Safety Forum's approach to dealing with antisocial behaviour.

It was felt that these teams could provide an additional enforcement and proactive capability, based on a **sound evidence base**, to areas most in need of the services being provided. For example, existing Neighbourhood Response Teams did not have the capability to enforce fines etc and this was cited as a gap in service provision. Initially, SNTs were established with the aim of being flexible in their approach with a view to attending 'hotspots' across the area. The success of the SNTs has now provided a mandate for a further expansion of the service to ensure that there is a team in each ward across West Lothian.

However, it is also acknowledged that a clear mandate has to be supported through the development of a robust evidence base. With this in mind, a council funded partnership analyst was appointed to support the work of the SNTs, utilising both police and community intelligence.

There is also recognition of the need to develop a local mandate for the work of the SNTs, which would assist in meeting local community expectations. The SNTs work with the local offices in each ward to discuss the pertinent local issues with representatives from the Council, Police and Health. This allows the SNTs to cross-reference any issues that may have a potential social care or health impact.

This wealth of information also allows for more informed and tailored service interventions that are relevant to local communities, rather than one approach for the entire authority area.

**Key message** – Clarity in mandate is cited as a key activity. In this case, it was developed out of the approach to dealing with antisocial behaviour and identifying the gaps in service provision, with a view to making improvements. Given the nature of the service, a clear local mandate was also developed that meets the needs and expectations of the community.

There are also clear lines of governance, which not only report upwards at a strategic level, but also at a local level, with the aim of bringing the service closer to the communities it serves, i.e. strategically through the Community Safety Forum and locally through local committees

With the support of the central analyst and the information being gathered at a local level, there are clear **improvements in communications** between all partners, leading to a better understanding about the role of each partner and the services they can deliver more effectively together. This is not only true in the work of the SNTs themselves but through the contributions made by other services / functions. For example, Council officers who visit local schools are encouraged to talk about antisocial behaviour issues to the pupils, i.e. around the cost of graffiti etc, which also assists the work of the SNTs in their respective localities.

**Key message** – A clearer understanding of remit / function brings improvements in collaborative activity through the involvement of other partners / functions that can assist the work of the main partnership project.

The SNTs are also a practical illustration of the deployment of shared resources in addressing a particular issue. Efforts have initially been concentrated on achieving key outcomes.

### *Collaborative Outcomes*

**Trust** is cited as one of the main outcomes achieved through this project. A clear example of this is the recently reported success of the pilot project in Armadale, where the sale of alcohol through off-sales was restricted to over-21s at weekends. In this pilot, the SNTs worked closely with the Police to monitor and enforce the restrictions. From the outset, there was clarity around the contributions that each partner could make to this pilot, thus leading to better working relationships, developing into a level of trust between the partners, without the need for written protocols (or other associated documents).

**Key message** – Trust is cited as one of the main collaborative outcomes of effective partnership working. This can only be gained through effective working relationships and a clear understanding around the contributions that each partner can make.

In terms of clarity and consistency in purpose and direction, there are clear objectives set in the Communities' Strategy. In the long term, it is hoped to develop greater consistency of approach to community engagement across each ward to ensure that the needs of communities are built into the long term outcomes.

The ownership and ultimate accountability in the process lies with the Community Planning Partnership. Local reporting will be a future outcome that will provide a

greater ownership for local communities and accountability for those who deliver the services.

By developing the work of SNTs in each ward, the service is also creating sufficient critical mass that will bring an improved level of resilience and durability to the service and a degree of consistency in each area.

### ***Collaborative Benefit***

It is perceived that the early successes of the SNTs have enabled officers to make the case for a team to be stationed in each ward across West Lothian. It is acknowledged that the teams are still developing, although the early signs are very positive.

Statistics are gathered relating to levels of antisocial behaviour, which provide an indication of success. Public perceptions in each community will also be developed to indicate whether they value the work of the SNTs and whether they provide communities with a level of confidence and assurance. While intuitively, the success of the initiative is founded on joint working, specifically identifying which aspects of the success of the provision are attributable purely to collaborate gain has been more challenging.

## **The Civic Centre Development**

### ***Background***

The development and construction of the new civic centre was initially agreed by three main partners; Council, Police and Scottish Courts. The project resulted from the Council looking to build / a new headquarters at the same time as the Courts and Police identified a need for similar new buildings.

They were joined by a further four organisations; Crown Office & Procurator Fiscal Service, Scottish Children's Reporter Administration, West Lothian Community Health and Care Partnership and the Lothian and Borders Fire and Rescue Service.

The partners also agreed a vision statement, which underlines the partners' commitment to ensuring that the development of the joint civic centre results in an improved service to the public. The statement reads:

*“Our **vision** is to deliver a seamless public service in West Lothian; One which delivers added public value, and one which our Customers are proud of and herald as an exemplar model for joined-up public services in the United Kingdom.”*

The project offers substantial opportunity to join up service provision, with the aim of improving customer service and increasing the efficiency of service provision. A number of services have been targeted as priority areas, including:

- Criminal justice;
- Community safety;
- Child Protection;
- Roads safety;
- Licensing; and
- Emergency planning.

In addition to these services, the Council will also deliver the following from the civic centre:

- Planning & building regulation services, and
- Livingston registration services.

### ***Collaborative Activity***

The mandate for this project was borne out of the Council's requirement for a new headquarters. At the same time the Scottish Courts and the Police were also looking to acquire new buildings. These three organisations therefore came together in a

partnership and the concept of the joint civic centre was developed and approved by each.

These three organisations were joined by a further four organisations who would look to locate certain services / functions within the new centre, that would benefit from closer working with each other. The fact that seven organisations, all with existing partnership linkages, wanted to be involved in this project is highlighted as evidence of sufficient influence, drive and enthusiasm borne of **mutual interests** to ensure its success.

This project is supported by a robust governance structure, with a Joint Programme Board. It was recognised at the start of the project that to achieve the envisaged benefits, **strong governance** was crucial and all partners needed to sign up to this. In addition, to bring equality to the Board, each partner has equal status in relation to decision-making. The Board also recognised the need to achieve collaborative gain through its activities and the achievement of key outcomes. The Board signed up to this from the start and overcame any initial resistance to this ideal at an operational level. Initial staff concerns have been addressed as the collaborative benefits of the project become increasingly apparent. As the Board's vision statement documents highlights:

*“Initial uncertainty surrounding co-location in Livingston was soon replaced by the positive benefits of partnership working and the improved environmental conditions offered by the new facility.”*

Furthermore, as the project has developed, the Board's frequency of meetings has reduced, with meetings now every six months. This decision reflects the progress that the project has made and the need for the Board to now take more of an 'overseeing' type role rather than as a decision-making body.

**Key message** – Where success can be identified in partnerships / projects, they are underpinned by a mandate that is agreed at the outset and where each partner has a vested interest in its success. Furthermore, the robust governance structures allow all partners to contribute on an equal basis.

Given the scale of this project, it was decided to split the work into specific strands, resulting in 14 separate projects, one of which is the building plan itself. This brought a strong project management emphasis and discipline to the development of the centre and ensured improved communications that is perceived to have led to a better shared understanding of what was being achieved.

### ***Collaborative Outcomes***

As a result of the collaborative activity identified above, there is a perception that there is clarity in the purpose and direction of the partnership (and the project). The vision statement is seen as the ultimate outcome that the project wishes to achieve.

In terms of supply chain and process efficiencies, the joint procurement of the physical build has brought business benefits. Furthermore, the Council's internal support services will provide maintenance and cleaning services to the centre, reducing the need for partners to individually procure contracts.

Efficiencies can also be realised through joint procurement of information technology systems and legal advice. For example, a single solicitor was used in the development of the business case.

**Key message** – A joint project that results in partners co-locating services can result in efficiencies through joint procurement of support services, IT etc.

At this stage it is difficult to assess whether increased stakeholder satisfaction has been achieved. Certainly, internal stakeholders (i.e. the partners) are seeing the benefits (evidenced below), but public satisfaction is, as yet, impossible to assess given that the centre is not up and running yet. It is anticipated that this will be measured once service are co-located.

The establishment of the Board and the splitting of work strands into 14 key projects, has brought about a greater degree of ownership through attaching responsibility to the delivery of each individual project.

### ***Collaborative Benefit***

There is evidence that this project has actually delivered a **quantifiable business benefit** to partners. It is estimated that the three main partners (Council, Police and Courts), saved around £4.5m to £5m in construction costs by co-locating in the same building and not looking to develop 3 separate new buildings. Furthermore, the construction firm contracted to build the centre, also recognised the prestige and importance associated with this project and reflected this throughout the tender process, further benefiting the partnership.

Additionally, there a number of other benefits that can be highlighted to demonstrate the collaborative benefit of the centre. The benefits focus on the gain that can be achieved through closer working in the new civic centre environment, they include:

- Improved synergies around the criminal justice service, for example through faster warrant processing;
- A centralised custody unit giving rise to reduced transport and fuel costs, and improved custody management and care;
- A centralised production store for evidence (not 3 separate ones, as before);
- Improved information sharing through open plan offices and partners working together in the same building (leading to a joint culture);
- Improved licensing services through co-location of police and council services;
- Improved services for vulnerable people, through co-location of the fiscal and police; and
- The co-location of Livingston Police station with West Lothian's Sheriff Court, which offers the opportunity to extend existing standby

arrangements, reducing the standing time requirement of Police witnesses attending court.

It is perceived that these benefits (amongst others) will allow partners to provide a better service to customers and, at the same time, achieve their own organisations' strategic objectives.

## Health Improvement

### *Background*

West Lothian CHCP came into existence in April 2005 for an initial two-year 'pilot' phase. The CHCP has no separate legal identity and ultimate accountability and governance remains with the NHS Board and West Lothian Council on the same statutory basis as before.

The CHCP Partnership Agreement sets down the policy context for the future of the CHCP:

*'The primary objective of this agreement is to enable greater **efficiency and effectiveness** in the design, development and delivery of Community Care and Primary Care services for the benefit of service users throughout West Lothian by integrating the services provided or secured by the Parties.'*

The CHCP manages a substantial range of NHS and council services including: community care, personal care, residential care, continuing care, mental health, general practitioner, dental, optician, pharmacist, district nursing, health visiting, five of the allied health professions, children's services, learning disabilities and physical disabilities. The CHCP also works closely with voluntary organisations to provide a wide range of community services.

The work of the CHCP is governed by the partnership board, which is made up of four NHS Board members and four elected members from West Lothian Council. It also has a sub-committee to involve front-line staff, public and the voluntary sector. Operational management of the CHCP takes place through the senior management team (SMT), made up of the Director, Head of Health Services, Head of Council Services (i.e. social policy) and the Clinical Director.

### *Collaborative Activity*

The CHCP recognises that **robust governance** arrangements are a key collaborative activity. With that in mind, they highlight the significant progress being made in

establishing appropriate governance arrangements. However, they recognise that these need to be refined and simplified as the CHCP moves forward.

The CHCP also recognises that there is scope to further strengthen governance across the Council and Health partners, with more progress in integrated management at all levels within the CHCP.

It is perceived that progress has been made in pooling resources - particularly non-financial resources – and there is scope to develop this further with regard to the development of appropriate arrangements for pooled budgeting, in particular. The CHCP has also made extensive use of new technologies to support innovation in service planning and delivery. This includes investment in ICT to bring services closer to service users (such as e-Care and Tele-Health) and also to support the work of CHCP staff.

With regard to communications and information sharing, the CHCP's JPIAF Return states that 'a shared information system has been established for all client groups (Adults, Older People, Children and Families). The new system for children (C-Me), involving West Lothian Council, NHS Lothian, Lothian and Borders Police and the Scottish Children's Reporter Administration, is a good example of agencies working together to create a clear picture of a child's needs through sharing relevant background information and improving the delivery of services to children throughout West Lothian'. The excellent SWIA report also points to the systematic use of management information and the progress being made in terms of information sharing.

There has also been progress in shared accommodation (moving beyond the pre-CHCP development of the Strathbrock Centre into further similar developments and other examples of co-location in existing public facilities). Progress includes the development of a joint premises group, drafting the joint premises strategy, a joint workforce development group drafting CHCP workforce development strategy, and a joint Information Board.

### *Collaborative Outcomes*

The CHCP perceives that it is making progress in building stakeholder ownership, but that progress varies between stakeholder groups. It could be that this variation is likely to continue, and indeed should be expected. The CHCP also points to the work being done to build ownership through websites, newsletters, adverts and forums for practitioner and public participation. The CHCP identifies this profile-building as crucial in increasing credibility and acceptance, and helping to breaking down barriers to more integrated working.

A key collaborative outcome is the development of a **shared ethos and values**. There is no strong or widespread resistance as trust and mutual understanding have developed. Experience suggests that the culture / ethos of an organisation will follow decisions about direction or the establishment of related management arrangements (in the form of structures, processes and systems).

The CHCP believes it is also making significant progress in targeting services to local needs and that community-based and personalised care are at the heart of the CHCP's raison d'être. This is reflected in its approach to locality planning, the core involvement of the CHCP in delivering West Lothian's wider Community Plan, and the informed priorities of individual CHCP services. In addition, the CHCP's approach to public involvement is developing. It manifests itself in the establishment of the PPF and Youth Forum, the breadth of mechanisms established for service user input into individual health and social care services, and the completion of stakeholder/user surveys in many service areas.

Progress is also being made in the development of meaningful local outcome agreements. This includes the Council's participation in the national local outcome agreement pathfinder exercise, and the development of individual outcome agreements for particular client/customer/citizen groups

### ***Collaborative Benefit***

There is clear evidence<sup>1</sup> of significant progress, sound performance and systematic management by the CHCP and its constituent services. This has resulted in significant collaborative benefits for the people of West Lothian, including:

- AHP waiting times have been reduced. Work is underway with the acute sector to reduce waiting times and improve access;
- over 65s are given the choice on discharge on the care setting most appropriate to their needs;
- a reduced number of repeat hospital admissions can be demonstrated;
- the Salaried Primary and Community Dental Services are being hosted on a pan-Lothian basis;
- the ‘For West Lothian Children’ approach is being implemented. A jointly funded Lead Officer for Child Protection is in post and a Multi-agency Team for Looked After Children is now co-located;
- 14 food co-ops are in operation, with a further 13 in development;
- 95% of West Lothian nurseries are participating in the nursery tooth-brushing programme;
- the Body Checkout project has been implemented and 2 Physician Assistants are deployed within 5 practices with high deprivation scores;
- a Multi-agency Alcohol Resource team has been established to tackle alcohol and mental health issues;
- a range of joint operational management arrangements have been established;
- a West Lothian CHCP Organisational Development Plan has been developed and progress made on joint training; and
- mechanisms for community consultation have been established, including the Public Partnership Forum (PPF) and the Older People’s Forum.

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<sup>1</sup> Much of which has been externally verified by the Social Work Inspection Agency

In addition, cash release **efficiency savings** targets have been met, the Prescribing Plan has been implemented, and the pilot community pharmacy intervention scheme has provided encouraging indications of potential savings.

Furthermore, there is tangible evidence of the CHCP adding significant additional value for citizens, services and staff beyond that which may have been expected from less formal arrangements between the Council and NHS Services. This manifests itself in more **co-ordinated planning and resource allocation, more joined up service delivery, greater resilience in some service areas, and a reduction in barriers to joint working**. Taken together, these enhance the impact made from the available resources.

### **Theory and Practice**

The success of these two approaches, again, link well to the critical success factors identified in the literature where

- A high trust relationship has formed based around shared ethos and values. This has led to higher levels of confidence evidenced in the need for less formal meetings (Davies 2004);
- The projects are founded on a clear mandate for action and sound governance (Russell 2001);
- A mutual interest nurtured by good communications and information sharing (Apostolakis 2004); and
- Tangible examples of efficiency and effectiveness (DoH 2004).

### **Moving forward**

It is apparent that, at this stage, collaborative gain is more easily identified in projects / partnerships that demonstrate the following characteristics:

- There is clarity around the nature and contributions of each partner agency taking part in the project / partnership (at the outset);
- The benefits of the project / partnership can be articulated and / or measured ;

- The partnership has ability to be flexible enough to respond to the changing needs of the public / client base;
- The partnership effectively draws on the different sets of skills and experiences that each can bring;
- The project / partnership clearly defines what service it is providing, to whom and the intended impact it should have;
- The partnership mandate has to be defined at the outset, underpinned by strong governance structures;
- Large scale projects should be broken down into manageable strands of work (with a lead responsibility) to bring a degree of ownership and accountability to the process;
- Service interventions need to be informed by robust evidence, based around qualitative and quantitative information;
- Partnerships in specific areas (such as co-location) can realise collaborative outcomes through supply chain and service delivery efficiencies;
- There is ongoing clarity in the strategic direction of the project / partnership; and
- Collaborative (business) benefit is more easily measured when dealing with physical assets, such a buildings / office space.

## **Aberdeen City**

The areas nominated by Aberdeen are:

- Community Safety – looking at the development of community safety over the last few years and the impact of the new neighbourhood structures on service delivery; and
  
- North East Public Sector Group (Performance Management) – looking at the wider joint approach, with reference to the work of the performance management sub-group.

## **Community Safety**

### ***Background***

The background to the City's Community Safety Partnership is set out in its Strategy 2005 – 2008. The following is an extract from that document:

*“The Aberdeenshire Community Safety Partnership was established in 1998 and is one of 32 such partnerships in Scotland. Its membership currently comprises representatives from the Local Authority, Police Service, Fire and Rescue Service, NHS Grampian, Scottish Ambulance Service, Maritime and Coastguard Agency, Voluntary Services and the Procurator Fiscal Service.*

*The partnership is responsible for delivering the community safety agenda within the Wellbeing theme, as defined by Aberdeenshire Community Planning Partnership. As such, the Community Safety Partnership provides a key focus for partner agencies in their planning and delivery of community safety.*

*Our Community Safety Partnership cannot work in isolation and we aim to align positively with other local strategies and plans, including community plans, social inclusion strategies, anti-social behaviour plans and community regeneration plans.”*

The work of the Partnership is underpinned by the following mission statement:

*“Our aim is to promote safer communities through the development of partnership working, both internally and externally and to advise people to identify and take steps to increase their own safety and the safety of others.”*

### ***Collaborative Activity***

The Partnership is governed by the overarching Community Safety Partnership Board. Key to this structure is that the Board is seen as a mechanism for facilitating joint working and allowing partners to contribute across a variety of services / functions. It

is therefore envisaged that the Board will be more of a progressive forum rather than traditional ‘overseeing’ type role adopted in other partnerships. The intention is to empower partners to be innovative and flexible in delivering community safety services and allow them to work outwith ‘normal’ community safety boundaries.

This arrangement is supported by three neighbourhood community safety partnerships, each with its own Manager, whose responsibility is to coordinate all activities associated with community safety in each area, supported by an area action plan.

The split between the role adopted by the Board and the supporting neighbourhood structures allows partners to set a strategic direction for Aberdeen City, yet still be aware of individual community / area needs and be able to tailor service interventions accordingly.

Furthermore, the appointment of a **Community Safety Manager** in each of the three neighbourhoods is an important development in mainstreaming community safety work into the thinking of the neighbourhood senior management teams. The anticipated effect of this, is that community safety is not just seen as another partnership activity but is seen as part of the normal way of working.

**Key message** – The governance structure and the neighbourhood approach brings partners closer together at an area level, providing them with the flexibility to be able to tailor services to the communities which they serve, whilst working within the strategic direction set by the Board.

The initial mandate for the Community Safety Partnership (and the subsequent anti-social behaviour work) was developed by the Scottish Government, with associated ring-fenced funding. However, given the impact that it has made across the City area, the mandate is now being further developed by the partners to tailor it in such a way that addresses the needs of the Aberdeen City public.

This is further reinforced by the deployment of shared resources, evidenced in the following examples:

- The appointment of an analyst, jointly funded by the Police and Council;
- The Community Wardens, who are employed by the Council, but who act as a shared resource across the Partnership; and
- The joint funding of the Safer City Centre Inspector.

These examples point to collaboration, supported by an understanding that shared and jointly funded resources bring a greater degree of resilience, capacity and joint accountability to the Partnership. Furthermore, the work of the analyst assists the Partnership in being able to make informed decisions about the services being delivered in each area.

Information to support service decisions is also provided by the Tasking and Coordinating Groups. However, these groups are not purely a resource for community safety activity, they also provide information across all services and look at wider issues.

**Key message** – The Partnership can point to examples of jointly funded posts and shared resources that illustrate the emphasis placed on collaborative activity and the benefit that this brings. This sharing of resources brings an increased sense of ownership and resilience to the partnership.

Furthermore, the importance of **quality information** is well understood amongst partners, and it is this element that allows them to tailor their service interventions in each neighbourhood.

In terms of assessing what the public wants, the partnership undertakes a significant amount of work to measure public perceptions. This is completed through gathering information from neighbourhood forums and residents' surveys. Again, this allows the partnerships to tailor service delivery around the needs of each community.

### *Collaborative Outcomes*

The work of the Partnership to date has allowed it to develop a clarity and consistency of purpose and direction. This clarity, at a strategic level, has allowed each neighbourhood partnership to develop action plans that are linked to the overall strategic community safety objectives for Aberdeen City but, at the same time, are sufficiently flexible to respond to the needs and expectations of the local communities they serve.

The close working at a neighbourhood level has allowed partners to develop a better understanding of the cultures and priorities within each organisation, which assists in promoting trust, confidence and credibility within the Partnership. Officers perceive that, whilst it is difficult at this stage to assess whether resources are used more effectively and efficiently, the joint (and closer) working that is evident at a local level leads them to believe that services are being delivered in a more coherent and coordinated way than would otherwise be the case. For example, the joint police and housing officer visits to people and the safer city centre team, which has increased from 15 to 22 officers. However, it is accepted that the pressure to realise efficiencies through more effective use of resources will increase as the level of ring fenced funding is reduced.

**Key message** – Partners recognise that a key outcome in this process is being able to use resources more effectively and efficiently. It is perceived that better joint working will achieve this, but the real challenge comes when there is no more ring-fenced funding. At that stage, partners will need to consider what level of expenditure will go to community safety activity from core budgets and how will this be used.

### *Collaborative Benefit*

The perception is that the activities and the associated outcomes have helped the Partnership achieve collaborative benefits, including making greater progress towards achieving strategic objectives. It is believed that many of the Partnership's objectives could not have been achieved if this structure and approach was not in place.

Assessing whether services to customers has improved as a result is slightly more problematic. This is more qualitative, and can be achieved by asking people's perceptions of community safety services and whether they 'feel' safer as a result. Statistics around crime levels etc can be used, but they need to be accompanied by the views of the public to provide a rounded picture of performance.

In terms of actual business benefits to partners, it is perhaps too early to be able to quantify. However, partners perceive the approach adopted in Aberdeen City has enabled them to provide a better, more effective service.

## **North East Public Sector Group (Performance Management)**

### ***Background***

The three north east councils (Aberdeen City, Aberdeenshire and Moray) have joined with key partner agencies (NHS Grampian, Scottish Enterprise, Grampian Police and Grampian Fire and Rescue), to form the North East of Scotland Public Sector Group, looking at potential areas of joint working across the area.

This group, known as the Joint Public Sector Group (JPSG), oversees the work of a number of different sub-groups including:

- Property;
- Finance;
- Data sharing;
- ICT;
- Performance management; and
- Human resources.

The remit of the Performance Management sub-group is to explore areas of potential joint working amongst participants, around a framework based upon the measurement of outcomes.

The development of the Single Outcomes Agreement has led to the creation of 3 SOAs in the region, covering each of the Council / CPP areas. Partner agencies have contributed to each of these frameworks, and an exercise has been undertaken to extract the key outcomes from each SOA that apply across the North East. Based on this analysis, the sub-group have identified 30 outcomes that are critical to service delivery in the area.

With this in mind, the sub-group is now looking to progress its work based on this agenda.

### *Collaborative Activity*

The governance of the wider JPSG approach sits outwith the traditional community planning structures. The Chief Executives from each organisation sit on the JPSG, but the group itself has no inherent decision-making power – a source of potential difficulty. For Councils, this ultimately lies with the Elected Members, with the JPSG acting as a strategic leadership group operating within the delegated authorities of each officer.

A benefit of this arrangement is that the performance management sub-group can set its own agenda, based around the requirements of each participant.

**Key message** – Effective collaborative activity should be based around the establishment of robust governance structures that enable participants to set a clear strategic direction for the project / partnership.

The mandate for the wider approach was developed out of recognition that the impact that neighbouring councils and their community planning partners could make in the North East would be maximised by working closer together. However, whilst each partner agrees this approach is needed (and therefore agrees the mandate for it) and key strategies are being agreed, limited progress has been made in actual delivery and in terms of work generated from the JPSG itself.

The agreement around the wider approach has brought a degree of influence, drive and enthusiasm across the partners. This is evidenced by the willingness of the Chief Executives to sit on the JPSG. However, despite this drive and willingness to participate, any work arising through the sub-groups, can be perceived by officers as an ‘add-on’ to their day-to-day work and not an integral part of it.

**Key message** – The development of a strong mandate for the project / partnership has to be understood at all levels, with those responsible for delivery, seeing this work as part of their overall responsibilities.

### ***Collaborative Outcomes***

Whilst the performance management sub-group can look across all ‘performance’ issues, i.e. the development of the SOA outcomes, the potential for joint recording and action planning, it is perceived that there is a lack of clarity in its overall purpose and direction.

This is evidenced by two points:

1. the level of representation sent by each partner – i.e. the people coming to the sub-group meetings may not have sufficient knowledge, experience or indeed management responsibility to be able make effective decisions and push the agenda forward, and
2. there needs to be an agreed strategic vision / direction set and agreed by the JPSG , against which the sub-groups can adhere to.

It is hoped that progress in joint action planning and recording will result in a more effective and efficient use of resources across the North East, in terms of performance management. Indeed, the Council is pushing for progress to be made in other areas, which would have a further subsequent impact on efficiency and resources across all services, i.e. the development of unit cost benchmarking that would allow partners to compare service costs internally and with private sector providers.

**Key message** – The sub-group recognises that a key collaborative benefit is being able to use resources more effectively and efficiently. By looking at joint performance management work across the North East, it is hoped that this will be achieved within this area of work, but also with the added benefit of the information provided being able to support the wider efficiency agenda.

Potential cost efficiencies have also been identified through the use of a common performance management system. Covalent is used by two of the three participating councils, and if the third adopts the system, then there is scope for the councils to realise both procurement and training efficiencies.

Given the work of the sub-group in extracting the key outcomes from each council's SOA, a degree of ownership and accountability has been achieved. Officers will now report to the JPSG around whether outcomes have been achieved, and if not, they will need to provide improvement action plans that will illustrate how that situation will be resolved.

### ***Collaborative Benefit***

It is too early to quantify the business benefits of the wider JPSG approach. However, the accountability for reporting outcomes (highlighted above) is seen as a collaborative benefit for partners, given the impact the outcomes will have across the North East Area. By putting this in place, it makes the JPSG vision real, achievable and this will drive the business need.

Ultimately, it is also hoped that better, improved joint performance management will also allow the partners to issue joint public performance reports, which is part of the overall approach to improving customer service.

### **Theory and Practice**

Again, these examples set out the importance of clear governance structures and strong leadership (Russell 2001) assisting a simple and effective decision making process (a source of potential difficulty in the JPSG example). As with other examples, these case study projects have benefitted from an overarching policy framework, which has helped to shape and steer their progress (Bailey 2003). Underpinning all of this is the importance of a developed high trust relationship across the partners (Davies 2004).

## **Moving forward**

It is apparent that, at this stage, collaborative gain is more easily identified in projects / partnerships that demonstrate the following characteristics:

- There are robust governance structures in place that clearly articulate the strategic direction for the partnership / project
- The partnership has ability to be flexible enough to respond to the changing needs of the public / client base;
- The partnership effectively draws on the different sets of skills and experiences that each can bring;
- The deployment of joint / shared resources brings a degree of resilience and durability to the partnership, and a sense of ownership across all partners;
- The project / partnership clearly defines what service it is providing, to whom and the intended impact it should have;
- Large scale projects should be broken down into manageable strands of work (with a lead responsibility) to bring a degree of ownership and accountability to the process;
- Service interventions need to be informed by robust evidence, based around qualitative and quantitative information;
- Partnerships in specific areas (such as collocation) can realise collaborative outcomes through supply chain and service delivery efficiencies;
- There is ongoing clarity in the strategic direction of the project / partnership;
- Public needs and expectations should inform partnership working, with services tailored to their specific needs (where practical and possible);
- Collaborative benefit is difficult to measure, it is a mix of qualitative and quantitative measures; and
- Getting the basics of the partnership right at the outset leads to long term success.