

Local authorities must invest in prevention and collaborative working in order to create tangible improvements in service provision

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Stephen Hughes argues that public service providers must focus on achieving tangible outcomes for individuals in the poorest areas, and that this will require a rethink of the entire system centred around a multiple-agency model that can overcome professional prejudice and compartmentalisation.



Last month I was invited to give evidence to the CLG Select Committee around the subject of “Community Budgets” but also linked to the policy initiatives on “Troubled Families.” These ideas or initiatives are part of a rich policy development theme that has been running in local government for several years, but confusingly under several guises. In my mind it goes back to the establishment of Local Strategic Partnerships and reveals itself in initiatives such as Local Area Agreements, Multiple Area Agreements, Total Place, and now Social Impact Bonds, or broader social investment models. Whether whole place or at neighbourhood level, early intervention and **preventative** “payment by results” models like that proposed by Graham Allen MP, are all part of one broad family.

The key drivers behind this work are easy to understand. Firstly, a recognition that years and hundreds of millions of pounds of investment in our most deprived neighbourhoods have not significantly affected the life chances of a large part of our population. A need therefore to find a different way to deal with intractable problems.

Secondly, there needed to be a greater focus on outcomes for individuals as opposed to the quantity of service provision. This has been given even sharper relief with the financial crisis and cuts in public spending. Increased service provision and greater levels of financial support are simply not options now.

Thirdly, there is an acknowledgement that too many services are focused on dealing with the “presenting” issue, which ignore the wider social and environmental context in which a person or family resides. The issue could be anti-social behaviour, truancy, substance abuse, homelessness, child poverty, domestic violence, poor health, poor skills, indebtedness, worklessness, or a range of other factors. The “presenting” issue can be seen as just the symptom and treating it does not restore social health. There needed to be a way for different agencies to work together to diagnose the real issues and provide a holistic solution.

A fresh impetus and urgency has been given to these issues by the need to reduce public spending. With growing social problems and less money to tackle them the solution has got to be investment in prevention and collaborative working. In addition, with budgets fully stretched to deal with the here and now, the search for a ‘buy now – pay later’ solution to find effective early interventions to prevent social costs arising is vital.

All of this is obvious. Why then are we still dealing with pilots and initiatives rather than getting on and solving the problem? I think there are a number of critical cultural, structural and political barriers that get in the way. All the work since the beginning of “**joined up Government**” has been about exposing

these and [trying to find solutions](#).

The problem with our centralised state is that there isn't one guiding mind to go along with it. The state is designed around service silos that act virtually independently from each other. They each create their own local agencies, frequently on different geographies, with strong direction upwards. This makes it extremely difficult to create effective local solutions. Partnership working has been the panacea for years now. But my practical experience is that voluntary partnerships can't deliver the really hard choices. Where we have contractual relationships with other public agencies, these do work. What I believe we need is one local guiding mind with multiple accountabilities. Money talks, and if there is just one local commissioning agency it will have the necessary influence to make a difference to system design.

But you can't underestimate the corrosive power of professionalism. Professions by definition treat just one part of a problem. They are about specialism and of course they have been a powerful force for advancement of knowledge and improvement in the human condition. But it gets in the way of holistic assessments as "confidentiality" considerations and mistrust of each others' expertise puts barriers in the way of data sharing and joint or single assessments. Sometimes this influence is embedded in legislation, but even when it isn't, it is hard to overcome this cultural barrier.

There have been successful pilots. There are examples of excellent joint working that is turning around families but there is not a single place that has delivered across a wider geography. What I've learned is that pilots are poor pathfinders for change. Typically they are small scale and at additional cost. The claimed social and financial benefits are hard to track down. That is because the big system is still in place and it simply fills up with more cases. The solutions we are looking for require complete system changes – for example to create multi-agency teams delivering joint assessments and holistic solutions. In many cases neither the appetite nor the authority is in place to do that.

We also live in a world of "Socratic" policy development. By a process of logical thinking and looking at shadows on the wall, we devise policies devoid of any actual practical evidence of effectiveness. There is poor evaluation of many initiatives and a lack of rigorous scientific methodology in most cases where there is evaluation. Politicians, and even Chief Executives, exhort the benefits of new ideas with overwhelming confidence – but they can't prove it. If we are entering a world of up-front investment by the private sector in return for long term benefits, we need to be certain they are going to come forward.

Finally, what I'd call the "*Daily Mail* syndrome." Any change to any service anywhere is always opposed, and politicians and others in authority fear this reaction. In consequence, we spend billions of pounds on things that can't really be priorities. For example, universal concessionary travel for pensioners subsidises many people who can well afford to pay the full fare. It distorts public transport provision by changing the price elasticity of demand and results in higher than necessary fares for those trying to enter the labour market. No one will remove it though.

The distortion is worst in the health service. Something like 80 per cent of NHS spending goes to people in the last six months of their lives. A small shift towards greater investment in public health would both lengthen lives and their quality. Who has the bottle to make that change?

While this may all appear pessimistic, it isn't meant to be. I am offering a realistic assessment of what has to be overcome in order to put in place a new paradigm of public service provision. I believe we have to find ways to make it work because quite simply there is no better answer. However, we need more than wishful thinking. If the Select Committee comes to the same conclusion, and Government responds accordingly, progress will be made.

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About the author

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