

Scotland Excel Conference 2019

Community: our local communities, our
procurement community and our
communities of the future

#SXLconference19

SCOTLAND
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Welcome and Agenda

Stephen Brannagan

Head of Customer & Business Services

Julie Welsh

Director

#SXLconference19



@ScotlandExcel



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Scotland 2030; Communities Of The Future

Rob Littlejohn, Head of Business,
Scotland's Futures Forum

Scotland 2030: Communities of the Future

Rob Littlejohn
Head of Business
Scotland's Futures Forum



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Scotland's Futures Forum

- **Scottish Parliament's think-tank**
- **Work across the political parties**
- **Personal reflections based on our Scotland 2030 Programme**



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2030 and beyond

- **Five key areas:**

- **Technology**
- **Environment**
- **Economy**
- **Politics**
- **Society**

- **Future Communities**

2030 and beyond

I never make predictions. And I never will.

- Paul Gascoigne

Technology

- **Datafication of our lives**
- **Artificial intelligence**
- **Internet of things**

Environment

- **Climate change**
 - Mitigation
 - Emissions reductions
- **Growth of cities**
- **Regeneration**

Economy

- **Scotland's place in a global economy**
- **Service economy**
- **Poverty**

Politics

- **Challenge to system**
- **Role of citizens**
- **Importance of trust**

Society

- Ageing
- Diversifying
- Empowered

Communities of the future

- **More diverse**
- **More demanding**
- **Better informed?**
- **Healthier?**

Communities of the future

- **Coping with change**

Scotland 2030: Communities of the Future

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CivTech[®]

Driving daring and innovation in the public sector

Katy McNeil / Rui Cardoso

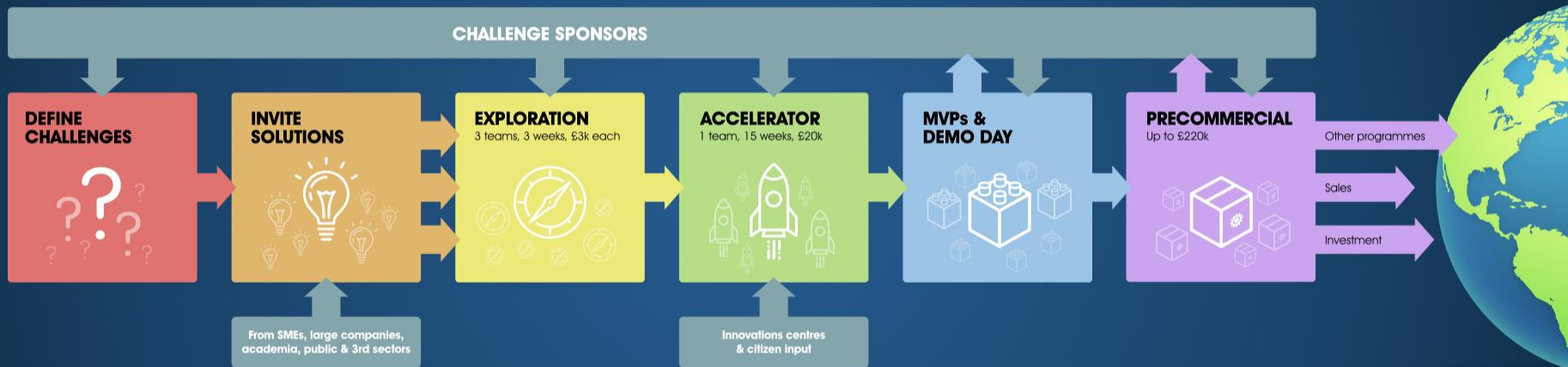
CivTech[®] Programme, Scottish Government



Scottish Government
Riaghaltas na h-Alba
gov.scot

@CivTechScotland

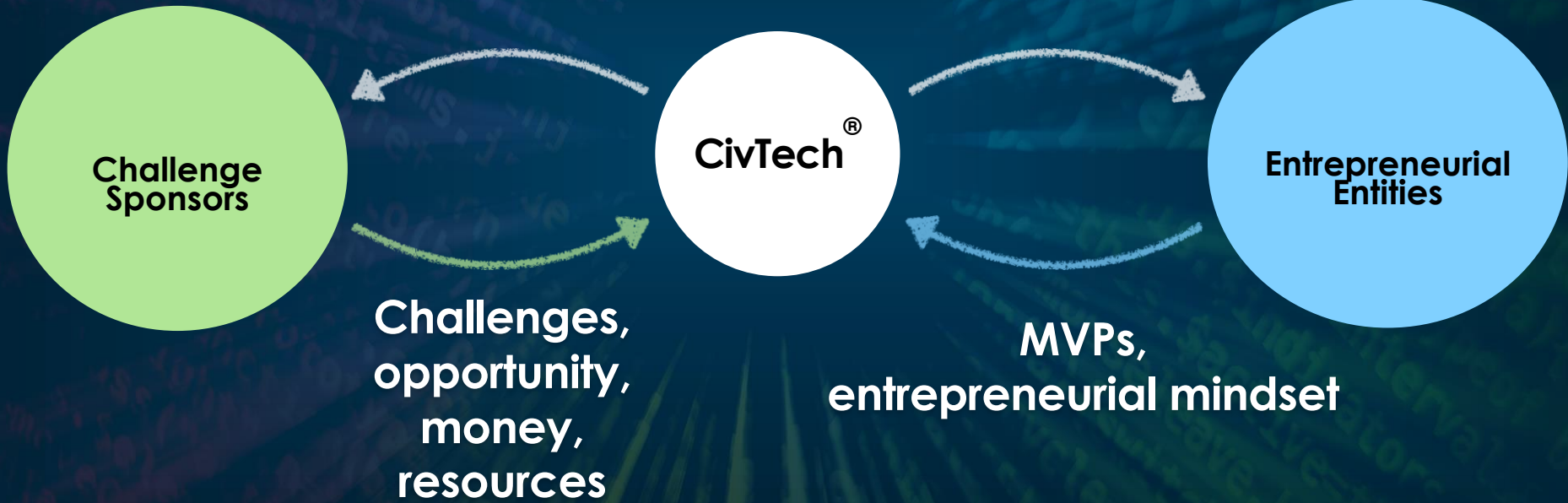
HOW CAN YOU
PROCURE
WHAT YOU DON'T
KNOW EXISTS?

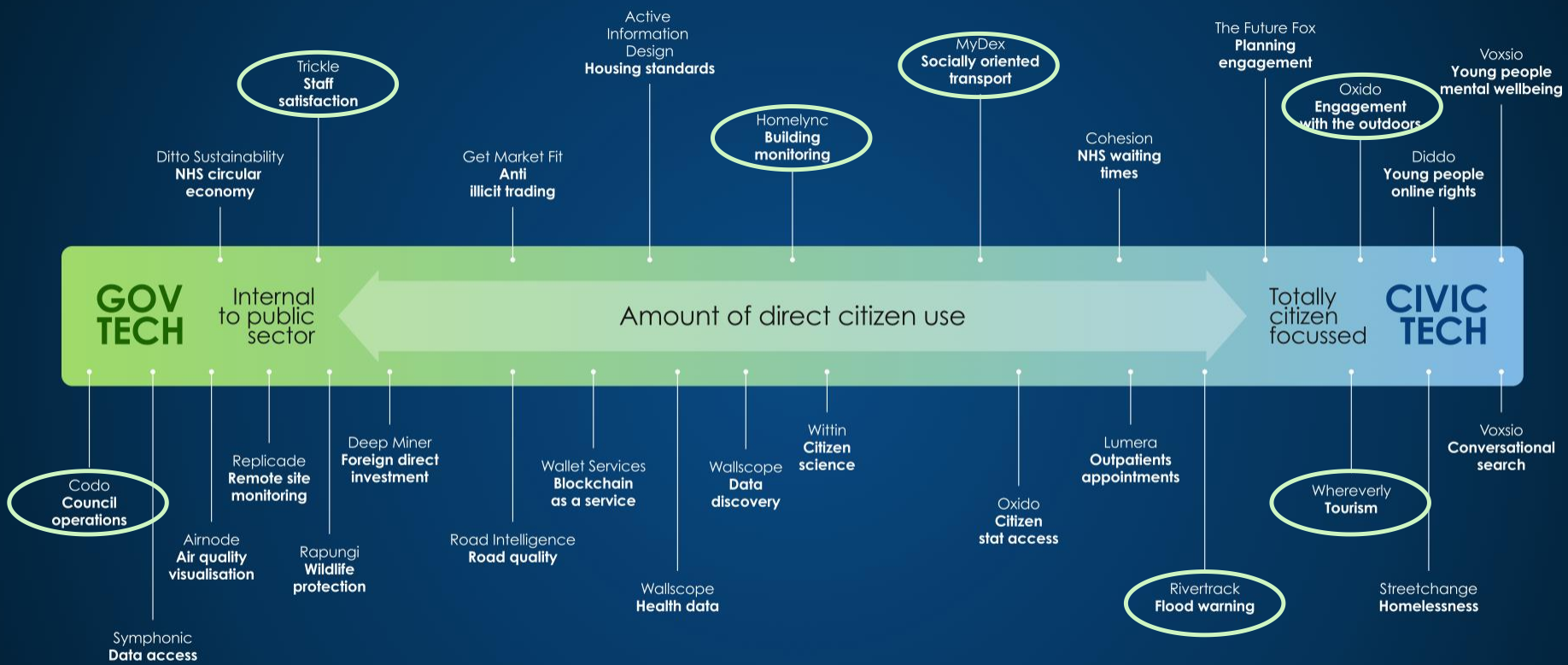


CivTech®

MVPs, training,
intrapreneurial experience,
organisational change

Opportunity & access,
money,
training & experience





Challenge:

How can tech help us understand our data to improve all aspects of services?



Challenge:

How can we better connect people and places through public transport to address social isolation?



mydex

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Driving daring and innovation in the public sector



4.0

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Coffee & Networking

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Emerging Digital Health & Care Practice

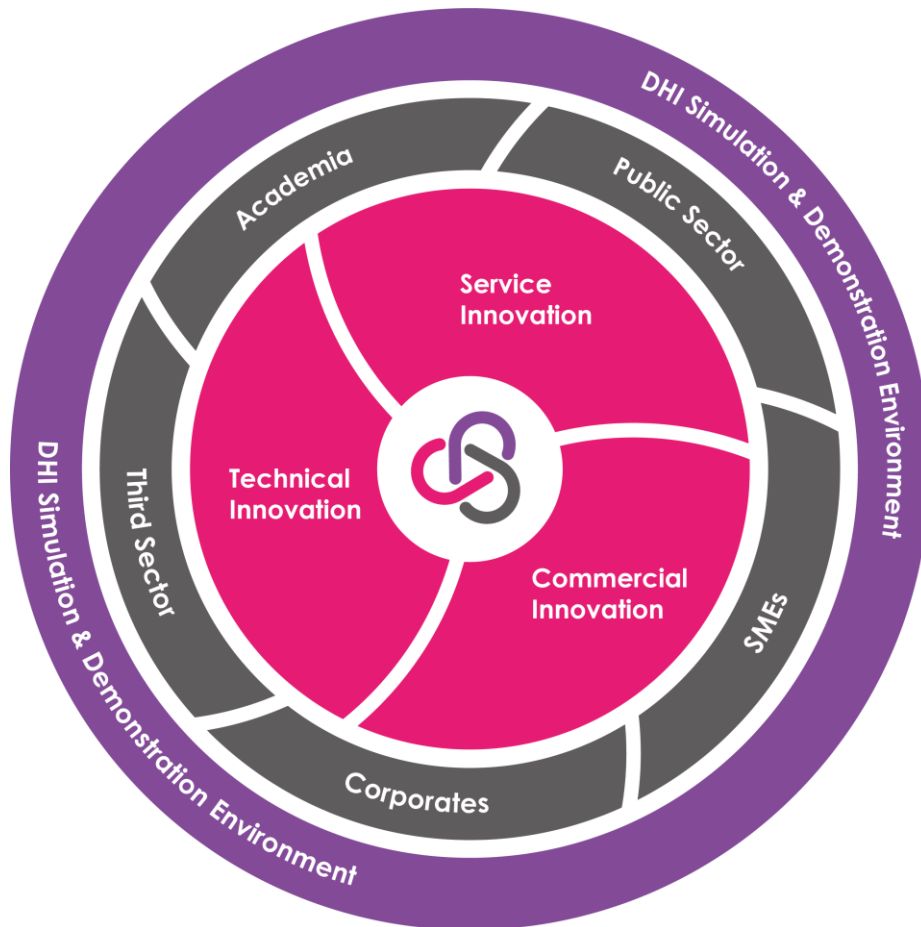
Chaloner Chute, Chief Technology Officer,
The Digital Health & Care Institute

Emerging Health & Care Practice

Chaloner Chute, CTO, DHI

Our vision is that innovation in digital health and care will help Scotland's people to live longer, healthier lives and help Scotland's economy grow.

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

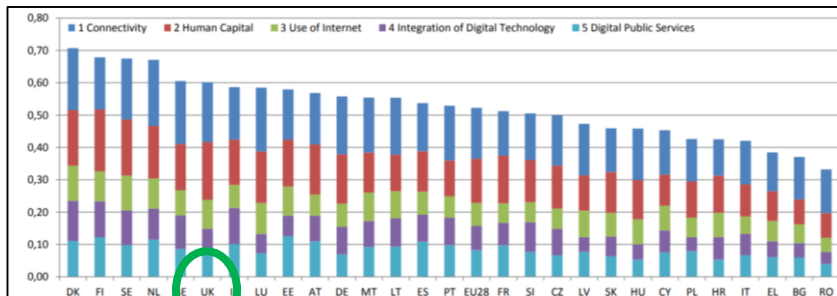


Challenges

- Atrial Fibrillation
- Remote Gastroenterology
- Diabetes Service Redesign
- The Modern Outpatient
- Next Gen Asthma
- Future of Care

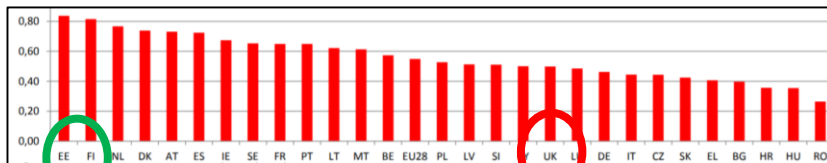
Benchmarking

Digital Economy & Society Index



6th

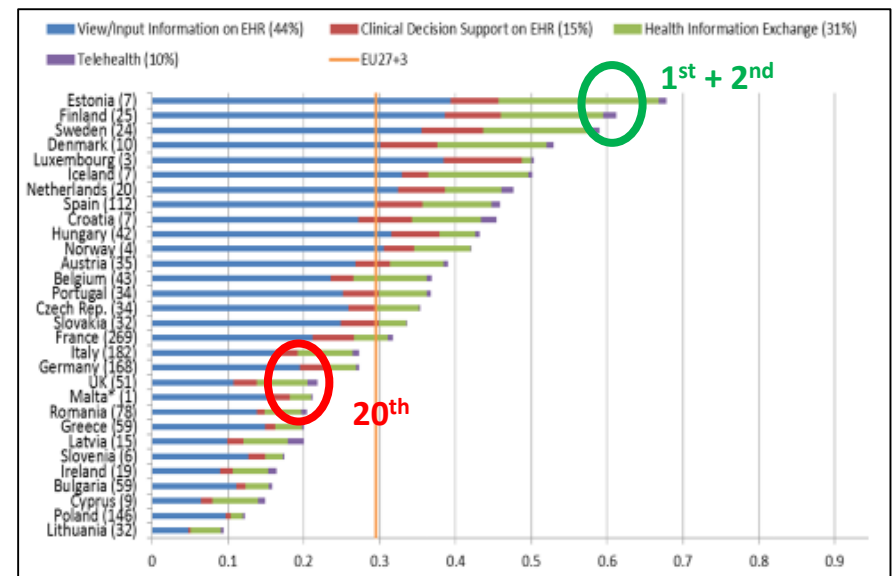
European Digital Public Services Dimension



1st + 2nd

19th

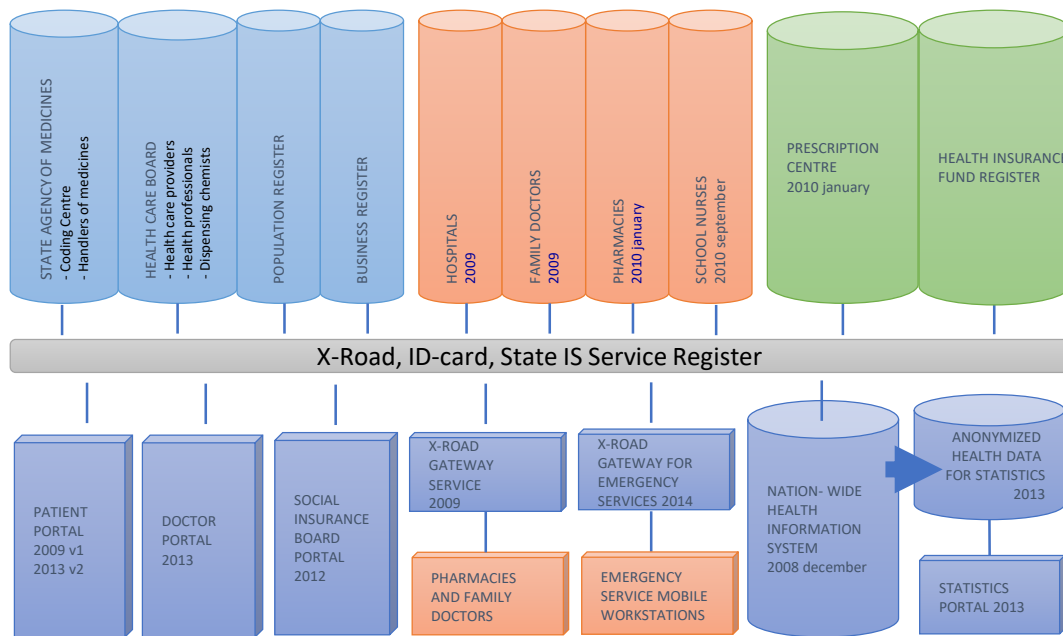
Deployment of Hospital eHealth Services – Availability & Use



1st + 2nd

20th

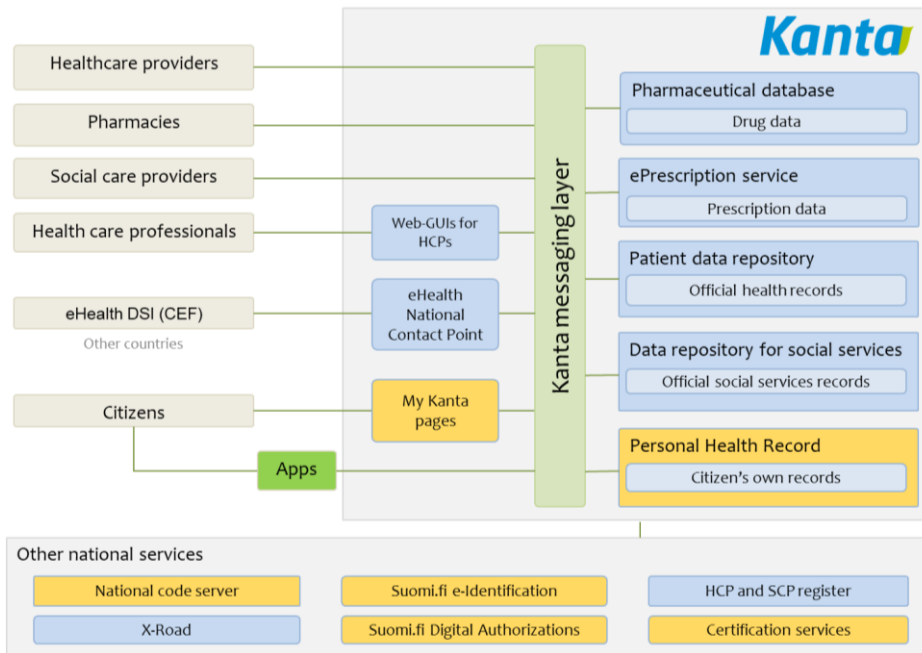
Best Practice - Estonia



The Estonian approach:

- 1) Understand interoperability is built at four levels: political, organisational, semantic and technical.
- 2) Think beyond health and care
- 3) Stop digitising existing paper processes
- 4) Develop and mandate a common approach to identity as a method of enhancing citizen ownership and transparency
- 5) Develop and mandate use of a single data exchange layer

Best Practice - Finland



Finland's approach

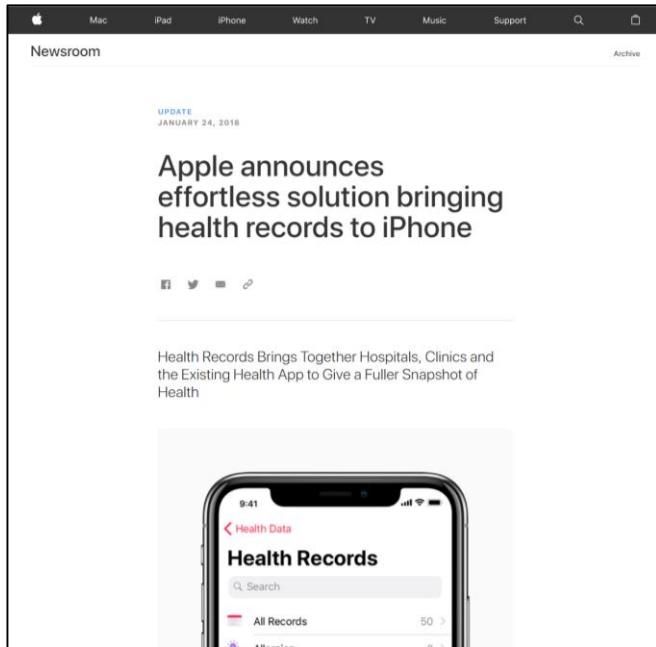
As the Estonian model (1-5), plus:

- 6) More social care data integration
- 7) Development of an modular personally held record
- 8) More automated and analytics driven decision support and workflow

DHI Drivers

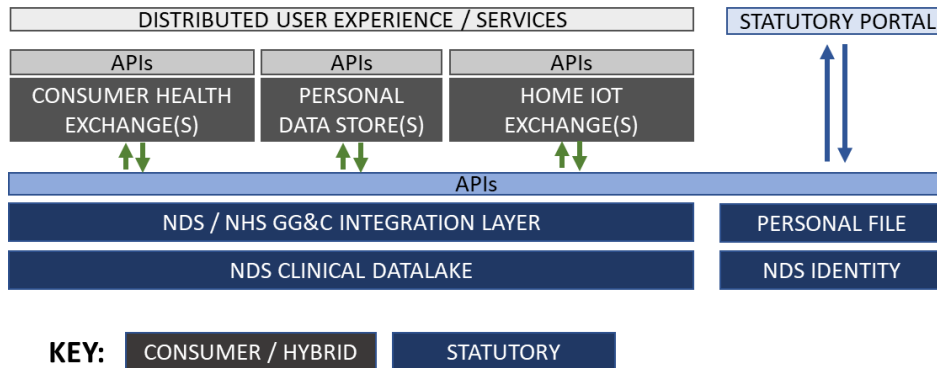


Market Developments



- Qualcomm
- Phillips
- Valadic
- Mphrx
- KMS (b.con)
- Patients Know Best
- Storm ID (Lenus)

Developing Best Practice



DHI's approach:

Builds on European best practice (1-8) and adds:

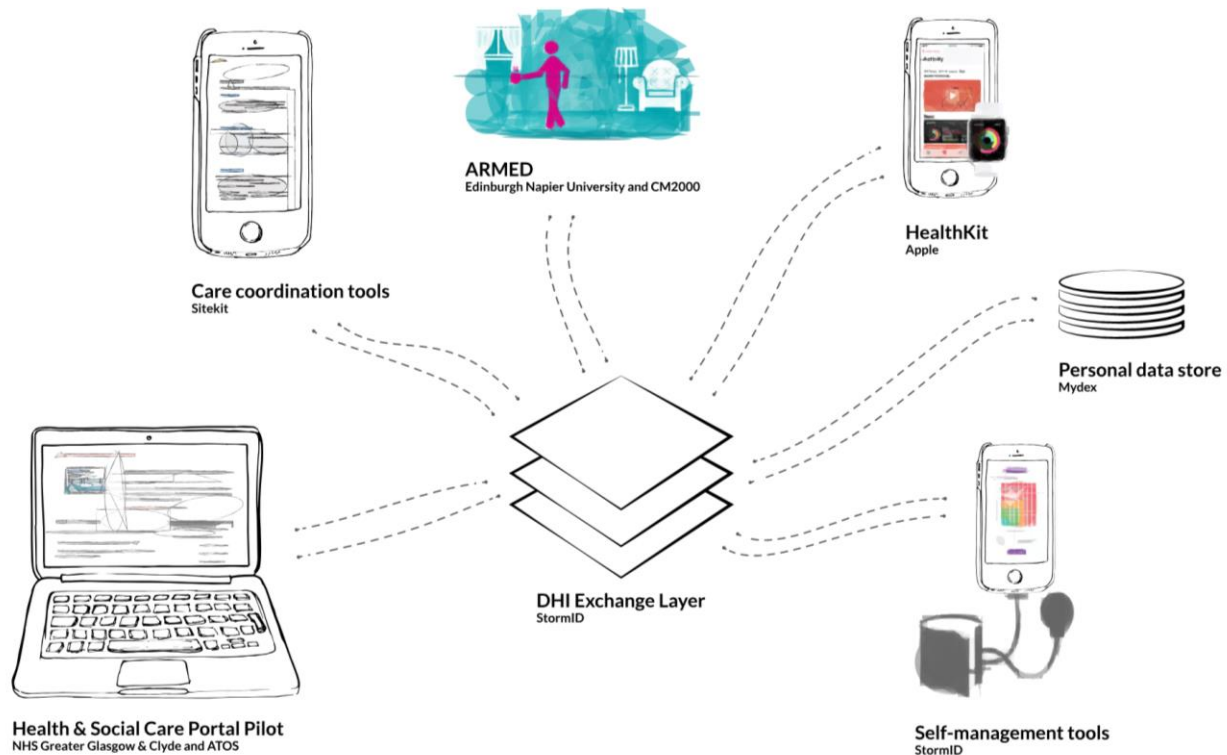
9) Service redesign through citizen centred co-design methods

10) A place to de-risk truly distributed (untethered) data sharing architectures

11) Anticipation of emerging connectivity and IOT models (Industry / Health / Care 4.0)

12) Business model development to support new capabilities through commercial sustainability

Open Platform Innovation





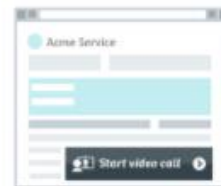
**DIGITAL
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Scaling Good Practice Example: Gastroenterology

Demonstration



Offer consultations that people can attend anywhere



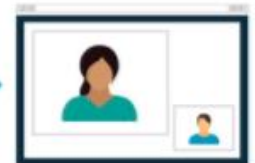
People arrive

People arrive via your website, and enter their own, private Waiting Area.



Join them when ready

Select a person's name from the list, review their details, and click **Join**.



And that's it!

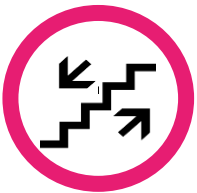
Conduct the consultation as you normally would.



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Next Step Example: Digital Telecare

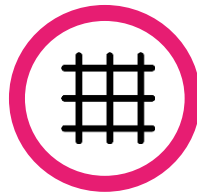
Example: Next generation telecare



Predictive and proportionate care



Citizen activated services



Balance between user and system needs



Create data only once



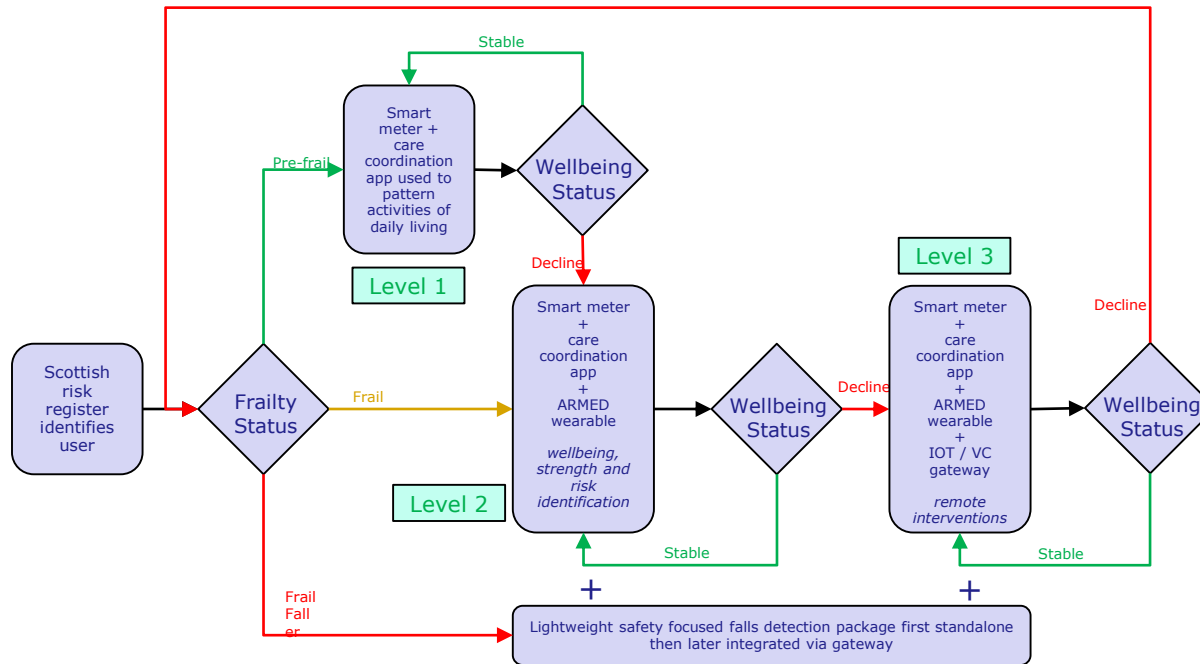
Personal ownership of data



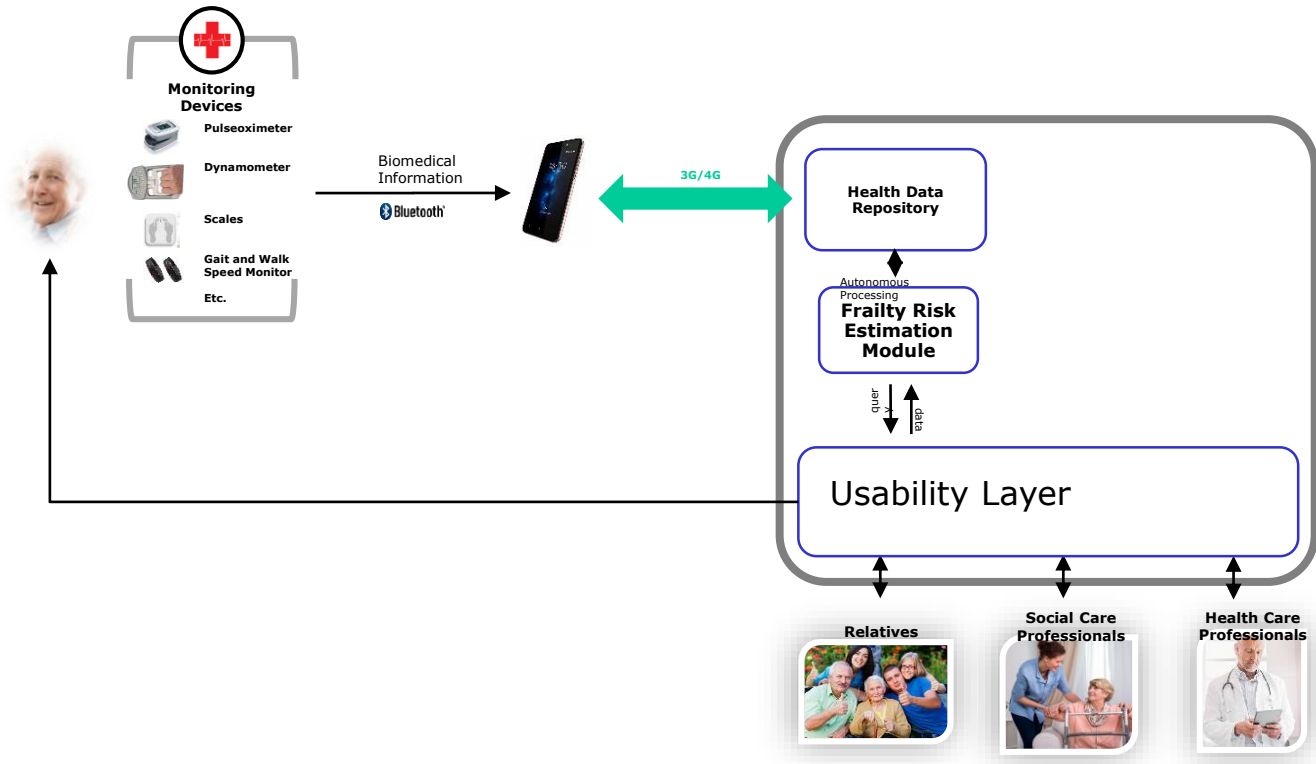
Trust in distributed data

- Able to **anticipate** and not just react to issues, and give 'step up' and 'step down' choices for the citizen.
- Satisfy the system's need for **risk management, but balancing this with the citizen wanting services on their own terms**, without the stigma, and so using generic and convenient consumer devices.
- Build **trust in the consumer device data** the citizen generates for the system, and in what the system will do with that data for the citizen.

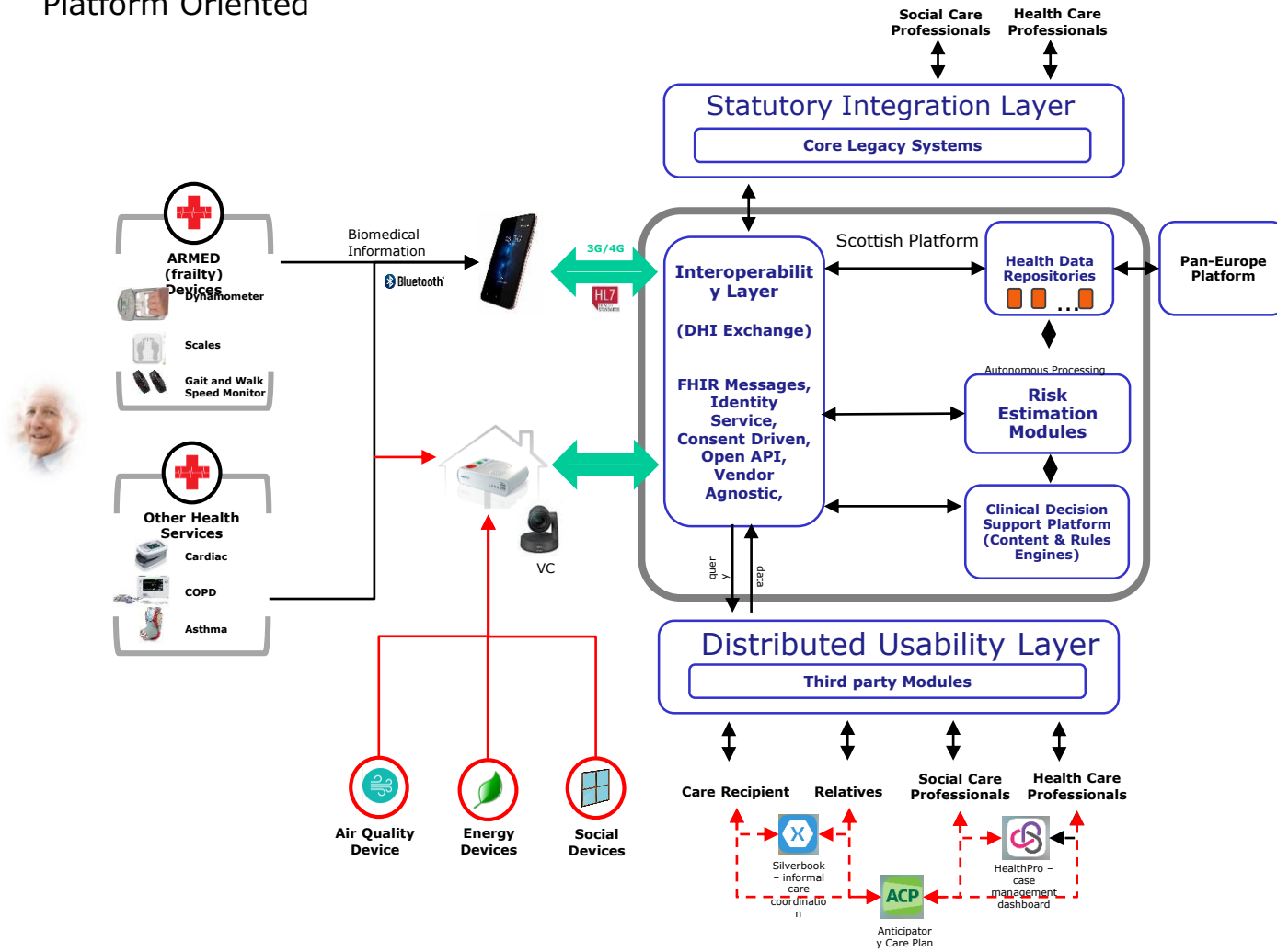
Possible Future State



Core Falls Product Oriented



Platform Oriented

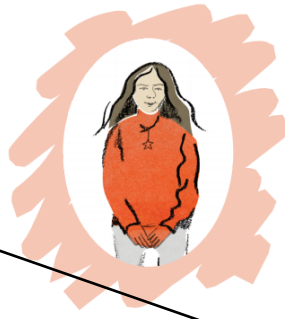




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Next Generation Example: Asthma

Profile



Jill
45 Years Old
Project Manager

About Jill

Jill is separated and lives at home with her two cats. She works full-time as a project manager for a large corporation.

As well as asthma, Jill has co-morbidities (depression, anxiety and chronic pain)

Diagnosis

Jill was diagnosed as a child and her asthma has become progressively worse as she's got older.

No health professionals talked to Jill about her asthma as a child, only to her parents.

Lifestyle

Jill takes preventative medication to enable her to keep her cats at home. But she frequently experiences new triggers for her asthma and must be aware of this.

A trigger might be a new perfume; the smell of cut grass when someone opens the shared office window in the summer; or speaking to someone who has been smoking recently.

Because Jill is absent from work frequently due to her asthma, she has regular meetings with occupational health. These cause her added stress.

When Jill feels stressed or a bit depressed, she often feels more breathless than usual.

Support

Jill's prefers to meet with a prescribing nurse, based in her GP practice. She is the first person Jill contacts when she has any concerns about her health.

She also meets with her consultant once a year. She knows him well and it feels more like a partnership. This means that Jill is happy to challenge his opinion when she doesn't agree with his decision-making.

Jill contacts her Asthma Nurse and Consultant by telephone and can also email directly.

As she is off work regularly, Jill feels that her colleagues don't understand that asthma is a long-term condition

Self-Management

Jill wasn't keen on her inhaler as a child, but as an adult understands why adherence is important.

She was told to stay away from cats due to allergens, but Jill's cats are her therapy for co-morbidities and she needs to have them around. They make her feel less stressed and she feels this means her asthma is less likely to be aggravated.

Jill thinks that the biggest barriers to well managed asthma are education and adherence. She thinks that young people are not engaged or educated enough about their condition and how to manage it throughout life.

Data poor, appointment by default
Management by exception based on remote monitoring

Personally held paper records
Passive, connected monitoring tech

Monitoring

Jill writes sticky notes about her asthma and stores them in her diary, keeping track of anything unusual. She takes these notes along to any asthma appointments.

She uses an app called Peak Flow on her phone to monitor her peak flow, and can download the data to take to appointments. She has only done this a few times. Usually she's feeling better when her appointment eventually comes round and the data helps her to show how difficult her asthma has been.

Jill has started to use the app to record how she's feeling more generally, for example if she's feeling fatigued or restless.

She also uses the alarm system within an app called MyTherapy as a reminder for when to take her medication.

Jill uses Google and Play Store to search for apps that might help support her to manage her asthma.

Recognising that everyone's asthma is different, Jill thinks that data has an important role to play in asthma care in the future. There can't be a one-size fits all approach.

Data Sharing

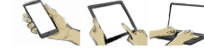
Jill would like all her health professionals (primary, secondary, tertiary) to have access to all her information and share notes. She has had experiences where her consultant doesn't know about medication that her GP has prescribed.

She would also like access to her notes, to help her remember what was said.

She would like to use an app that combines all the measures and then syncs directly with her GP.

Jill feels that her consultant doesn't trust the data she presents. On one occasion she took in a spreadsheet of data and the consultant asked "And what's this?"

Technology



- Android Phone
- Kindle Fire
- Ipad
- Laptop

Poor systems integration

Personally held record / eligibility / proof

No single view of the relevant information
Dynamic, personalised data rich care plan

Poor trust in citizen generated data
New ways to prove data provenance and integrity

Conflicting clinical advice

New, personalised baseline

Air quality triggers

Air quality monitoring and alerts

Stress caused by conflict of asthma and work

Eligibility / proof assets to satisfy employers

"Clinicians and doctors have a habit of having a checklist of what an asthmatic should be... I'm not going to match the tick box exercise"





Chaloner Chute, Chief Technology Officer, DHI
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Workshop

Exploring the Implications of Current
and Future Trends

Collaborative Innovation: New Approaches to Driving Improvement and Innovation in Scotland's Public Services

Professor Colin Lindsay, MA, MSc,
PhD, the University of Strathclyde

Fostering collaborative innovation in Scotland's public services

Colin Lindsay

Scottish Centre for Employment Research /
Innovating Works Team, Strathclyde Business School
colin.lindsay@strath.ac.uk

About this talk...

- Innovation in the public sector: exploding some myths
- Drivers of interest in collaborative innovation
- Practices and leadership for collaborative innovation
- Some 'what works' principles from our research in NHS and employability services
- Over to you: what might work?

Innovation in the public sector: some myths and home truths

Innovation in public services: some myths...

- “Public innovation is an oxymoron” (Ansell and Torfing 2014, 1).
- “In the organisational context, the word innovation is often associated with **private sector** organisations which are often perceived as more agile, adaptable and able to withstand change” (De Lancer Julnes and Gibson 2016, i).
- “The very DNA of bureaucratic organisations is resistant to innovation” (Bason 2018, 7)

Innovation in public services: myth busting...

- “There is nothing in the DNA of the public sector that makes it less innovative than the private sector” (Mazzucato 2015, 211).
- Stable(-ish!) resource bases and scale – capacity to absorb risk
- Leaders able to mobilise resources and bring people together to act
- Lots of evidence of public sector innovation!

It's not like we're rocket scientists or brain surgeons...



Innovation in public services: myth busting...

- Skilled and higher qualified workforce
- Driven by mission and public service ethos
- Professional norms that drive people to look for solutions and improvement
- Some evidence that better/more stable employment relations support skill development, commitment... and innovation

Innovation in public services: some home truths...?

- Inertia and regulation of large organisations
- Legacy of silo working (in budget and line management and political accountability)
- Pressure to report ‘quick wins’ for own team
- Performance management; too many KPIs?
- Professional status; communities of practice
- Conflating ‘improvement’ and innovation
- Innovation projects seen as ‘normative good’

Increasing focus on ‘collaborative innovation’

- ‘Wicked problems’ (e.g. chronic health inequalities; ageing) need multi-agency, inter-disciplinary solutions
- Public demand personalised services
- Benefits of ‘co-production’: tapping the assets (knowledge, energy, buy-in) of users
- Resource constraints...
- Pooling of resources and expertise

Increasing focus on ‘collaborative innovation’: potential benefits



- ‘Wicked problems’ better understood from multiple perspectives; constructive challenge
- Overcomes specialist ‘selective perception’
- Different and multiple perspectives: more and better ideas
- Innovation solutions diffused through wider **networks** – better and quicker impacts
- Emphasis on innovation and integration (in health and social care and beyond)





Public Administration Review



Colin Lindsay
Patricia Findlay
Johanna McQuarrie
Marion Bennie

Emma Dunlop Corcoran
Robert Van Der Meer
University of Strathclyde

Collaborative Innovation, New Technologies, and Work Redesign

Abstract. Stakeholders agree on the need to promote innovation in work organization in public services. This article deploys the concept of collaborative innovation to discuss employees' and managers' experiences of a major technology-driven work redesign project within National Health Service pharmacy services in Scotland. The authors draw on extant literature on New Public Management (NPM) and collaborative approaches to innovation to frame more than 40 in-depth interviews with managers and employees. They find that key components of collaborative innovation—related to joint problem-solving, interdisciplinary working, and mutual learning—were important to the success of the redesign project and had positive impacts on job quality for some employees. The authors argue that researchers and policy makers should look beyond NPM-driven models that have dominated some areas of the public innovation literature to consider the potential added value of collaborative innovation in improving both work and service delivery in the public sector.

Evidence for Practice

- Collaborative innovation provides a useful alternative to New Public Management-oriented approaches to promoting innovation in public service workplaces.
- Including employees in collaborative decision-making processes can support creative problem-solving and innovation.
- Work redesign that creates opportunities for interdisciplinary boundary spanning and cross-functional learning can facilitate innovation.
- Care needs to be taken that work redesign programs intended to support innovation do not produce the unintended consequence of limiting opportunities for learning and career progression.

Policy makers, public sector managers, and employees accept that there is value in promoting innovative practices in work organization and service delivery in public services. Interest in public sector innovation has intensified given the urgency of multifaceted, “wicked” policy problems, an increasingly demanding public, pressure on services as a result of population aging, and the need to deliver efficiencies in the face of budget austerity (de Vries, Bekkers, and Tummers 2016). Indeed, for some advocates, public innovation is a necessary “intelligent alternative to blind, devolved across-the-board cuts” that might otherwise cause lasting damage to public services and demotivation among employees (Ansell and Torfing 2014, 2).

These challenges are particularly intense in public health services. For example, in the United States, concerns about how best to respond to emerging pressures on health services have played out in debates around the sustainability of the Affordable

Care Act and Medicaid. In the nations of the United Kingdom, where the National Health Service (NHS) accounts for a substantial share of public spending and is required to deliver publicly available health care and medicines, a range of reform strategies have been adopted in the hope of achieving greater efficiency and innovation (Lindsay et al. 2014).

This article deploys the concept of collaborative innovation to reflect on employees’ and managers’ experiences of a major technology-driven work redesign project within NHS pharmacy services in Scotland. Drawing on recent commentaries by Torfing (2013) and Hartley, Sotomera, and Torfing (2013), this article finds evidence of New Public Management (NPM) influences in the development, management, and implementation of the redesign project. However, we suggest that the emergence of collaborative innovation—and especially employee-led initiatives—was vital to the realization of the project’s objectives and the mitigation of some related problems in relation to work organization and job quality.

Colin Lindsay is a reader in human resource management and deputy director of the Institute for Innovation Research at the University of Strathclyde. His research interests are in the development of collaborative innovation, innovation, innovation and governance, workplace practices, public sector management, and the impact of emerging policy issues. He publishes widely in international journals and has published research on employee attitudes toward a public sector. E-mail: colin.lindsay@strath.ac.uk

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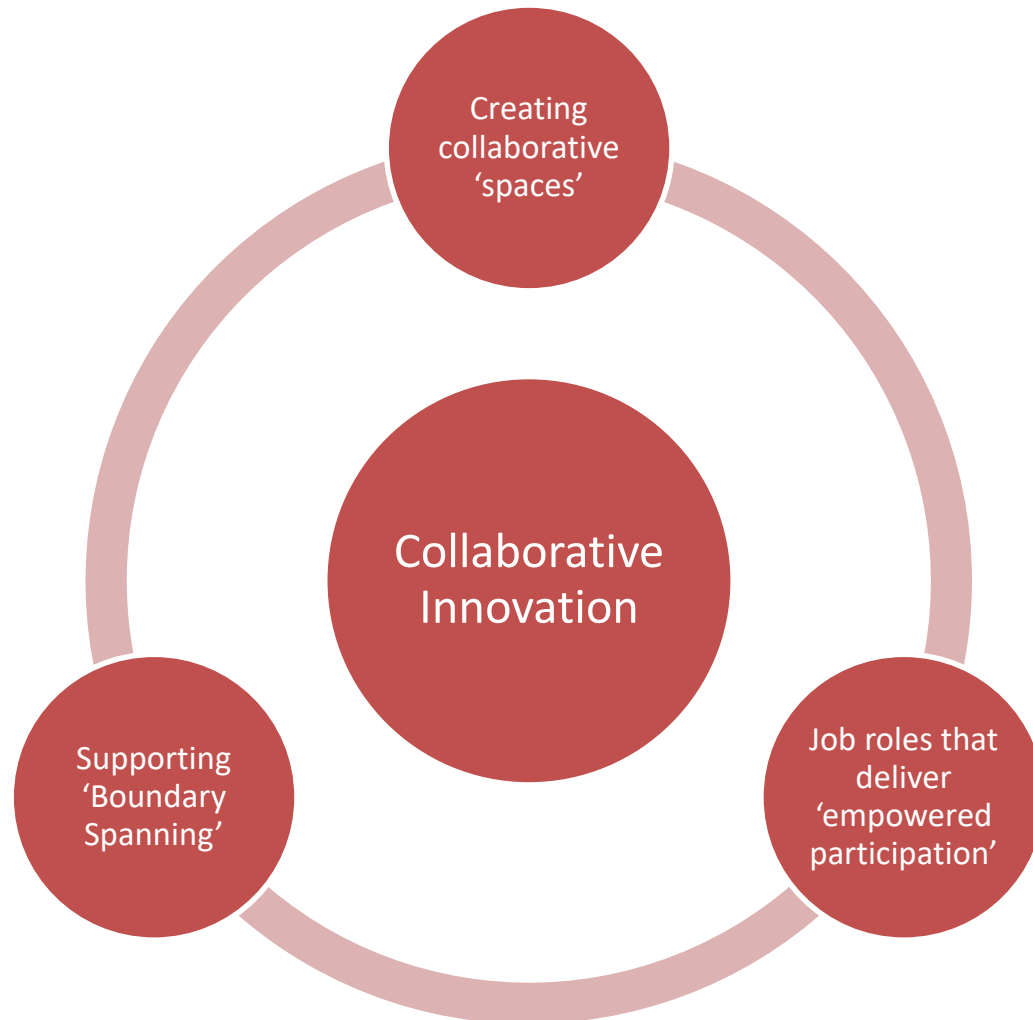
Collaborative Innovation, New Technologies, and Work Redesign 251

Defining ‘Collaborative Innovation’

“Collaborative innovation is the process through which two or more actors engage in a constructive management of differences in order to define common problems and develop joint solutions ...

Collaborative innovation brings together a range of stakeholders... in interactive arenas that facilitate the cross-fertilisation of ideas, mutual and transformative learning, and the development of joint-ownership of new solutions.” Hartley et al. 2013, 826-8

What kind of **practices** might support collaborative innovation?



Practices for collaborative innovation

- **Creating collaborative ‘spaces’** (physical, virtual, time or shared projects) where different teams can ‘learn from difference’ and take **shared ownership** of a problem
- **‘Boundary spanning’ roles**: help colleagues to manage difference constructively; anchor projects and make links; connect and co-produce with user communities; these roles require negotiation skills and empathy

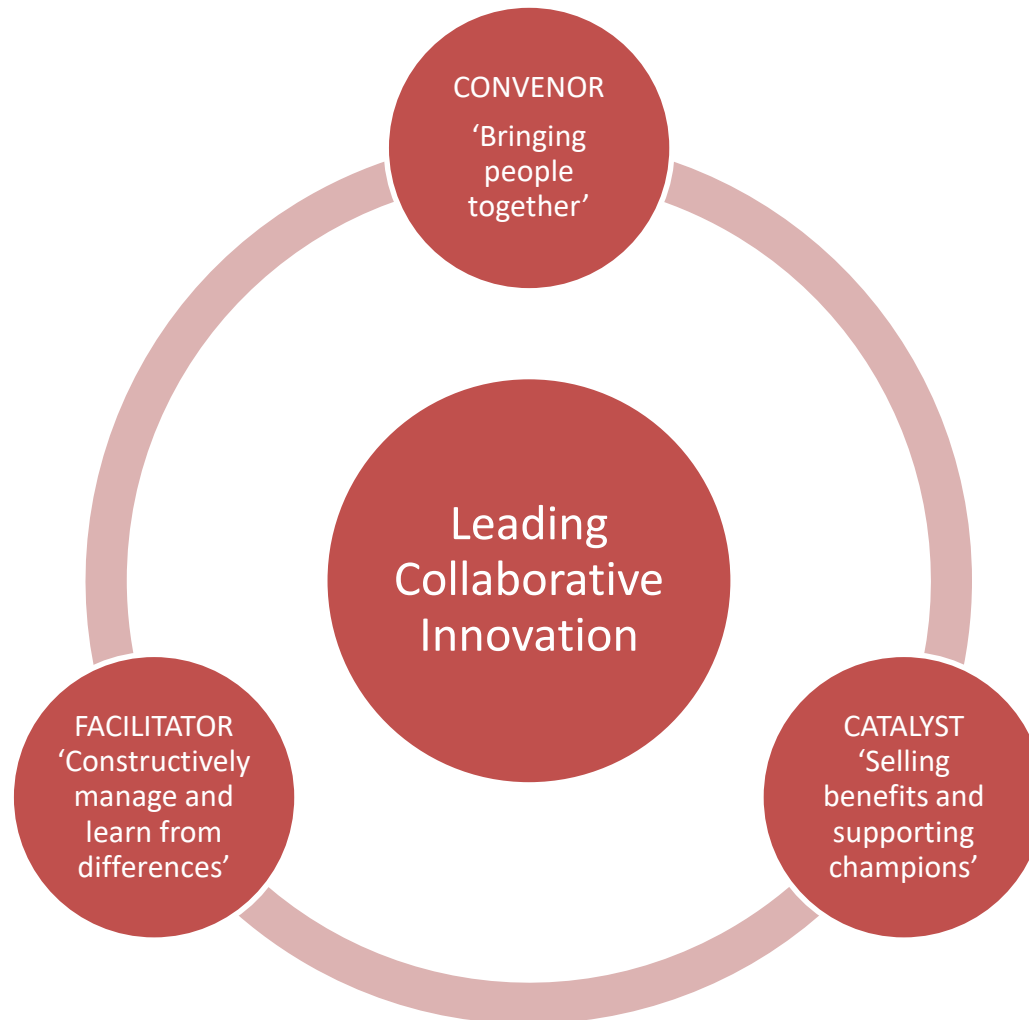
Practices for collaborative innovation

- **Redefining jobs and job roles**: autonomy to step away from frontline and time to reflect
- Jobs that have collaboration and innovation as a design feature and KPI/target
- Access to information and networks on what works/resources available in other teams
- **‘Empowered participation’** to get involved, get ideas heard, make changes at frontline

Practices for collaborative innovation: **challenges**

- Power inequalities between funders, organisations and professional groups: some ideas don't get heard...
- Organisational challenges: silos and scale
- Resources: technology, time and work pressure challenges
- Lack of time and resources means we might waste time on quick wins/easily doable

What kind of **leadership** might support collaborative innovation?



Leadership for collaborative innovation: roles

- **Convener**: identify and bring together actors; clarify roles; orchestrate information exchange; create processes of mutual learning; challenge traditional thinking.
- **Facilitator**: minimise transaction costs; help constructively manage differences; build trust; develop a shared language/problem framing; gain support from senior leaders to navigate roadblocks.
- **Catalyst**: create sense of urgency and sell benefits of collaborative innovation; normalise innovative behaviour; recruit ambassadors/champions; and develop, implement and disseminate new solutions.

Collaborative leadership

- “There is a need for collaborative forms of leadership, dispersed throughout an organisation... for innovation to flourish, top leaders may no longer have a monopoly on leadership and instead see their role as that of delegation and facilitation” (OECD 2017: 78)

Leadership for collaborative innovation: **challenges**

- Perceived lack of transparency in ‘selection’ of ideas can affect trust and buy-in
- Right people and skills are necessary for boundary spanning
- ‘Social and cognitive boundaries’ of communities of practice remain strong
- Resilience of vertical lines of accountability; and concerns over blurred accountability

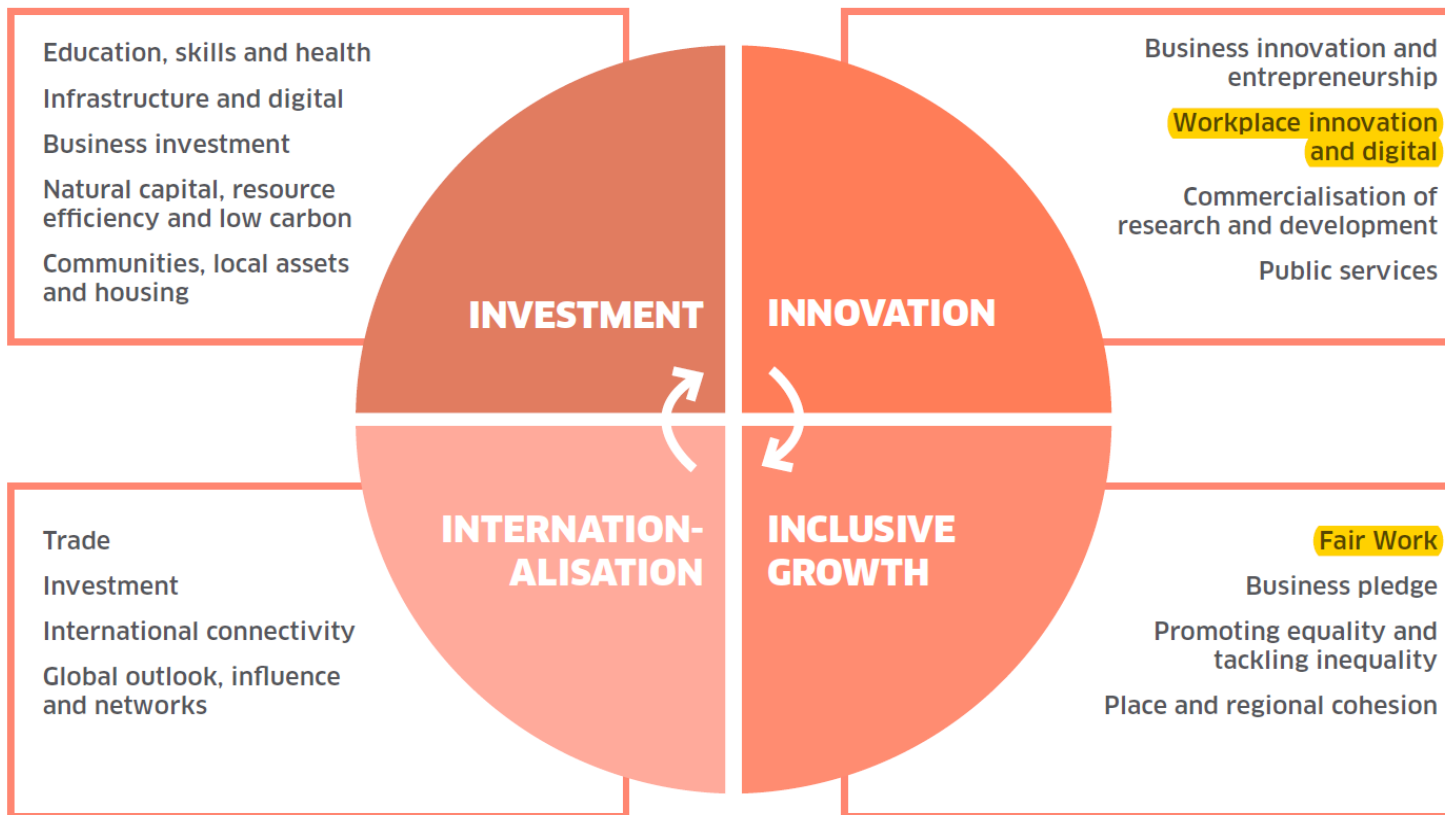
From collaborative innovation to workplace innovation?

Workplace innovation

The European Commission defines workplace innovation as referring to – notably but not only – innovations in the way:

- Organisations are **structured**
- The way they manage their **human resources**
- The way **internal decision-making** and innovation processes are devised;
- The way **relationships with clients or suppliers** are organised
- And the way the **work environment** and **internal support systems** are designed.

Scotland's Economic Strategy and workplace innovation

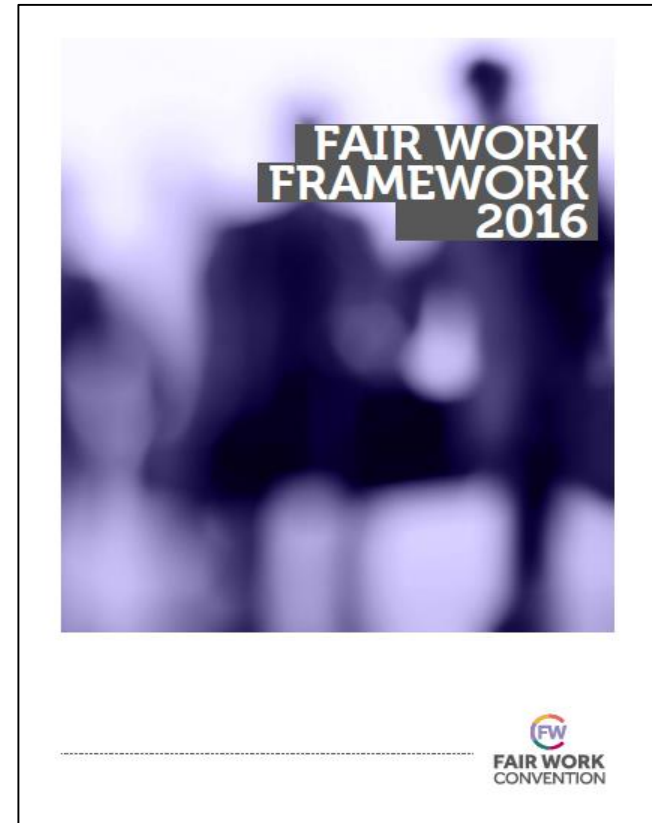
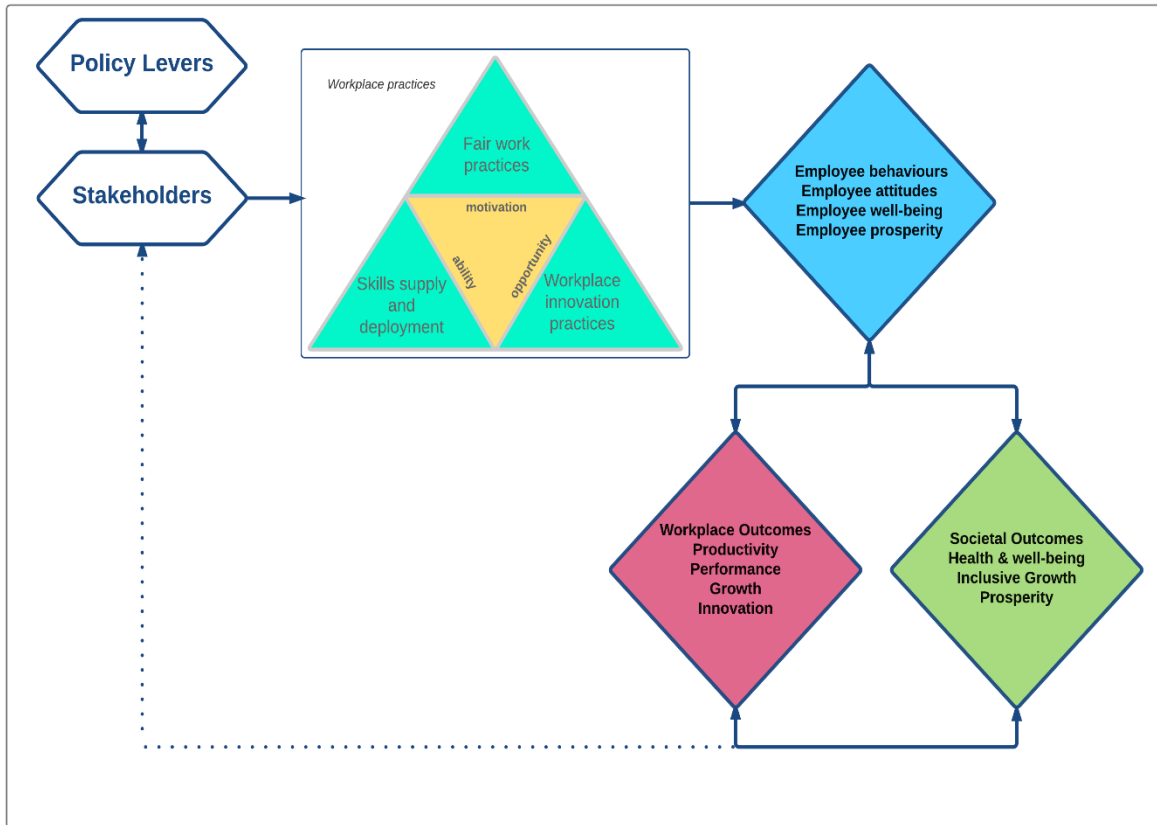


Scotland's Economic Strategy and workplace innovation

“**Workplace innovation** has the clear potential to benefit businesses, organisations and society, creating a focus on better use of organisational resources in ways that support the delivery of strategic and operational business objectives, improve the quality of work for employees and deliver better social outcomes in terms of health, participation and equality.”

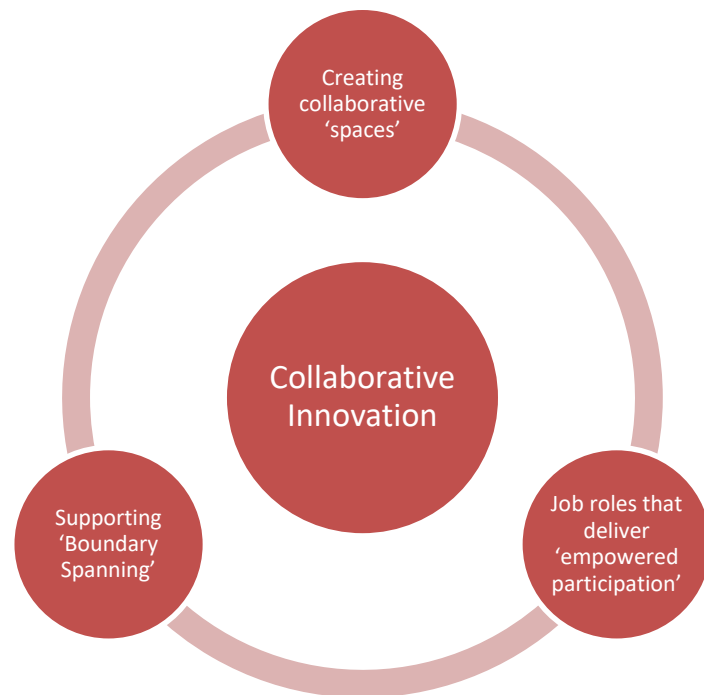
Scotland's Economic Strategy

Scotland's Fair Work Framework and workplace innovation

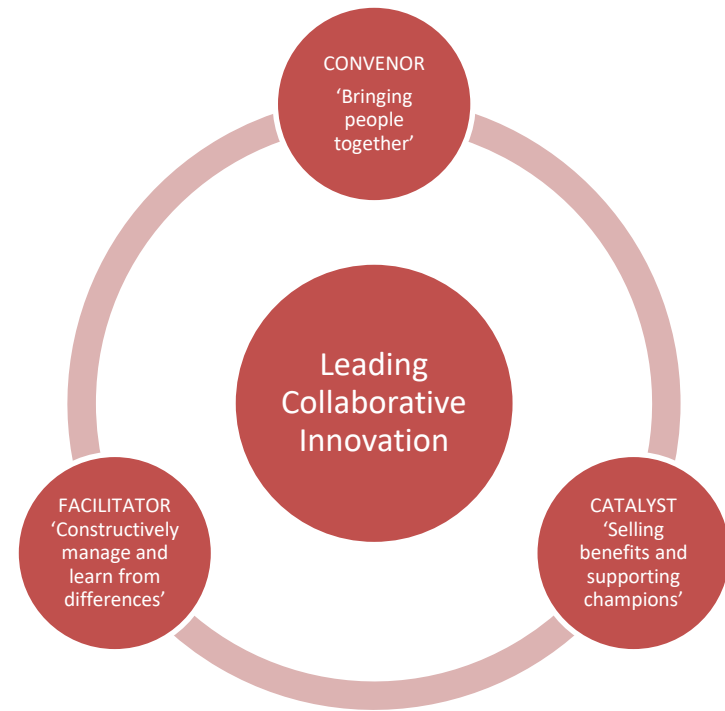


Some examples from our research

Making collaborative innovation happen



Leadership for collaborative innovation



Case Study: Work redesign and robotics in NHS pharmacy

The robots are coming... but not to take anyone's job...



- Wicked problem: patients with multiple/ chronic conditions need holistic pharmacy services/better deployment of expertise
- NHSScotland robotics investment to improve efficiency and safety of medicine distribution
- Technology as a facilitator of upskilling rather than route to downsizing
- Moving professionals and technicians closer to patients to collaborate and improve care

Robotics and work organisation in NHS pharmacy distribution

- £3M investment in robotics-enabled pharmacy distribution centre
- Establishment of centralised distribution hub to replace 11 in-hospital pharmacies, which previously did own medicine supply
- Work redesign – some staff on wards assisting pharmacists/medics; others at distribution centre retrained in robotics distribution to serve all hospitals/clinical sites
- 530 pharmacy staff serving 14 hospitals

Aims of the innovation project



- Aims:
 - move technicians/pharmacists ‘near the patient’
 - eliminate duplication and waste to facilitate HVA work and collaboration with medics
 - Streamline ordering and distribution, which previously occurred across multiple sites
 - Driving down purchase costs/economies of scale
- Some technicians/assistants moved to wards
- Other technicians and assistants staffed dispensaries and robotic distribution centre



Impact

- It worked!
- Fundamental programme of job redesign and training/‘**mutual learning**’ for 700 staff
- Significant improvement in patient access to clinical pharmacist
- Better access to on ward pharmacy services
- £3m efficiency savings
- £1.5m medicines waste reduction
- Navigated via collaborative innovation?

Our research

- In-depth interviews with employees (in hospital wards, pharmacies; and distribution centre): 6 pharmacists; 16 technicians; 14 support workers; and a further 10 management/key stakeholder interviews
- Themes for analysis (and findings):
 - Collaborative workplace problem solving
 - Boundary spanning and transformative learning
 - Management roles and systems facilitating collaboration to spur workplace innovation

Findings

Findings: space for collaborative problem solving

- Early technology failures compromised service quality – collaboration of managers *and staff at various levels* resulted in redesign
- e.g. employees *and/or* managers identified need for night shift to maximise efficiency
- Job redesign facilitated by employee/team buy-in and ‘public service ethos’/commitment
- Which is not to say that there were not remaining concerns over work pressures...

Findings: supporting boundary spanning

- Moving staff to wards (and employee buy-in for this idea) produced new opportunities for inter-disciplinary working for support workers and pharmacy technicians
- Management aim to harness employee knowledge via ‘multi-disciplinary’ teams
- Some ‘losers’: some support workers and technicians had fewer opportunities for rotation/inter-disciplinary working; ongoing discussion on ensuring learning opportunities

Findings: transformative learning

- Support workers deployed to wards valued working closer to pharmacists and patients – opportunities to learn from – and support – broader range of professional roles/functions
- Technicians: valued more formalised training, better skills utilisation, and patient-facing work in collaboration with pharmacists
- Some concerns that lean staffing meant limited time to train and progression opportunities; especially for those ‘near the robots’

Findings: leaders facilitating and catalysing collaboration innovation



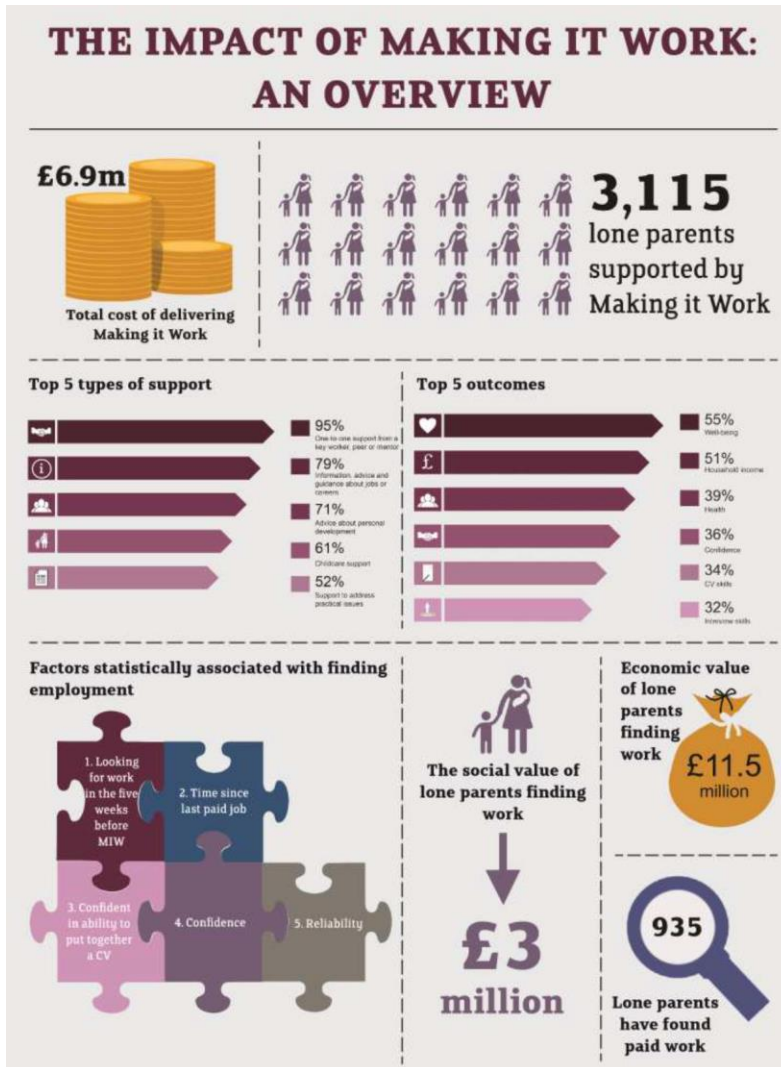
- Convenors for collaboration: management-employee engagement led to business case – consistent collaboration for shared ownership
- Facilitator: by developing shared language and vision for benefits of innovation
- Catalyst supporting new solutions: redesign of job roles and boundary spanning opportunities that created new opportunities for learning and collaboration for *most* employees

Case Study: Making It Work for single parents

Making It Work

- Wicked problem: single parents face complex barriers to employability (linked to gaps in experience, childcare issues, poverty, social isolation) not well addressed by mainstream provision
- Making It Work was funded by Big Lottery Fund (NDPB)
- £7m grant funding targeting 5 areas for 4 years
- Aimed to help single parents to progress on employability, manage work, childcare and family life; improve life for single parents and their children
- Third sector/public sector co-led partnerships: expertise in employability, childcare, wellbeing, debt, skills
- Key Workers supported users and joined-up services

Impact



- It worked...
- Empowerment, co-production and innovation
- Google: “Making It Work CRESR” for other stuff

Co-production and social innovation in street-level employability services: Lessons from services with lone parents in Scotland


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Abstract The United Kingdom, as an exemplar liberal welfare state, has been characterized as in the vanguard of “work-first” activation – deploying high levels of compulsion and standardized employability services that seek to move people from welfare to work as quickly as possible. However, despite the extension of welfare conditionality to excluded groups such as lone parents, government-led, work-first employability programmes have often proved ineffective at assisting the most vulnerable to escape poverty or even just to progress in the labour market. We argue that alternative approaches, defined by co-production and social innovation, have the potential to be more successful. We draw on a study of local services targeting lone parents led by third

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Co-production as a route to employability: Lessons from services with lone parents

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Policy-makers claim to support personalized approaches to improving the employability of disadvantaged groups. Yet, in liberal welfare states, mainstream activation programmes targeting these groups often deliver standardized, low-quality services. Such failures may be related to a governance and management regime that uses tightly defined contracting and performance targets to incentivize (mainly for-profit) service providers to move people into any job as quickly as possible. This article draws on evidence from third sector/public sector-led services in Scotland to discuss an alternative approach. These services co-produced personalized support in partnership with disadvantaged service users (in this case vulnerable lone parents). We suggest that, in this case, street-level co-production and personalization were facilitated by co-governance and co-management in the design and organization of provision. We conclude by identifying lessons for future employability services.

1 | INTRODUCTION

Policy-makers across advanced welfare states have increasingly prioritized the activation of disadvantaged groups who are excluded from the labour market. Successive governments in the UK have committed to a personalized approach to improving the employability of such groups and thus promoting transitions from welfare to work—the argument being that increasing compulsion in activation and conditionality in the benefits system is justified if vulnerable groups have access to personalized services designed to address their specific needs (Rice 2017).

However, despite claims of personalization being near ubiquitous in policy-makers' advocacy of extending the reach of compulsory activation, there is evidence that many mainstream employability programmes in fact offer standardized, “work-first” approaches, which seek to pressure people to find work quickly, irrespective of the quality of the job or the characteristics of the individual (Fuertes and Lindsay 2016). Such work-first programmes—with the contracted-out “Work Programme” (WP), funded by the UK government Department for Work and Pensions (DWP), a typical example—have struggled to deliver sustainable job outcomes and have been criticized for “creaming and

Our research

- Across 5 MIW partnerships: Edinburgh, Fife, Glasgow, North Lanarkshire, South Lanarkshire
- 117 interviews with partnership stakeholders
- 102 in-depth interviews with MIW users
- MIW user surveys (baseline, 6 and 12 month)
- Performance/finance data from partnerships

Findings

Creating collaborative 'spaces' through partnership-working

- Broad-based partnerships based on up-front funding – inclusion of actors based on complementary expertise
- Funder required: evidence of partnership and resource sharing in response to needs/aspirations; third sector co-leadership
- Co-located and collaborative services allowed for mutual learning based on complementary expertise: e.g. single parents' groups' expertise and credibility; employability and skills; childcare; mental health; Citizens Advice on debt/maximising benefits

Creating collaborative 'spaces' through partnership-working

- So, emergence of flexible, innovative, multi-agency services and signposting options to respond to wicked problems (poverty, isolation, childcare)
- Leader/facilitators helped develop shared understanding and seamless handovers; signposting to a wide range of providers based on need: 'I know someone who can help'; whole person services

Jobs that empower people to innovate and boundary spanning

- Key Workers (and others) acted as boundary spanners – anchor and focal point; ‘encyclopaedia of options’; key link to communities (based in community locations)
- Key Worker jobs: autonomy; discretionary budgets; smallish caseloads so time to reflect; not a rigid ‘training programme’ – so able to problem-solve with co-producing users
- Autonomy to try lots of things; stop doing things
- Substantial resourcing of collaboration so that shared understanding of information, resources and practice
- Very strong emphasis on co-production: empowered Key Workers able to take control and learn what works

Leading collaborative innovation

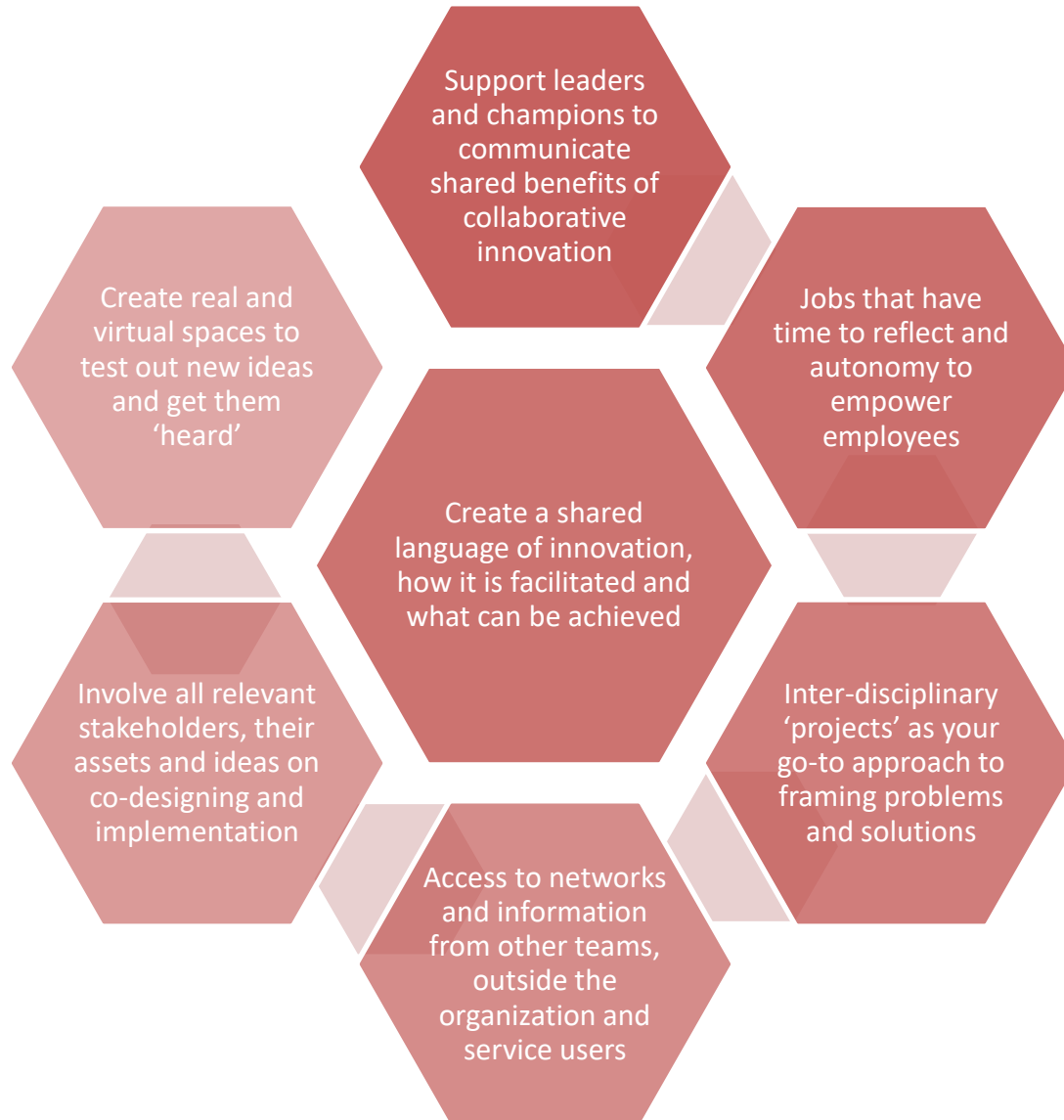
- Management able to convene collaboration due to investment in partnership formation, consensus-building on objectives, roles and resources
- Inclusion of actors and acceptance of others' expertise created opportunity for shared learning
- Time and resources for collaboration, information-sharing, case conferences, researcher engagement(!): facilitator of shared understanding
- Catalyst for Key Workers and partners to try new things and stop doing things that don't work
- Oversight of caseloads and supportive management; no target culture

Outcomes and challenges

- Challenges: limits to signposting options and discretionary budgets
- Were partners the usual suspects? Don't think so, but always need to guard against this...
- Still a challenge to support the most vulnerable; users were volunteers, but faced complex barriers
- Labour demand defined quality of job outcomes
- But clear evidence of innovation in content, collaboration in delivery, innovative engagement methods, personalised support
- Users spoke of choice, co-production and empowerment

Some concluding thoughts and
your reflections

A collaborative innovation checklist



Concluding thoughts

- The idea that public organisations can't innovate is a myth... but there's a pressing need for collaborative innovation
- We need to invest in creating 'spaces', workplaces and jobs that support innovation
- We need leadership that facilitates and catalyses collaborative and innovation
- We need to learn from each other: what works and what might work...

Of course, context is crucial...

- Resources define capacity for real or virtual spaces for collaboration/time to reflect
- Need for clear lines of responsibility and accountability
- Capacity, resources and inter-dependency among partners
- If only there was a research team offering free(!) support to reflect on opportunities for collaborative innovation...

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Over to you... What has worked or might work in your organisation?

Is collaborating and innovating across boundaries something that your organisation actively promotes? What are the potential benefits?

What has worked or might work in promoting collaborative innovation across teams and boundaries in your organisation? What works and what are the challenges in:

- Creating spaces, practices and ways of working to support collaboration
- Ensuring teams and individuals are supported to work collaboratively
- Defining or redefining job roles to promote reflection, autonomy and collaborative innovation
- Getting buy-in among leaders and making the case for collaborative innovation?

Workshop

Collaborative Innovation

Project Top Tips

Nick Hyde, Programme Manager,
Stephen Brannagan, Head of Customer
& Business Services



Demand Management Challenge Update

Scotland Excel Conference

16th April 2019

Scott Gibson, Scotland Excel

Jenni Blair, North Ayrshire Council

Presentation Contents

- Demand Management Challenge Recap
- Tools and Techniques
- Challenge Updates
- Lessons Learned So Far.....
- Pupil Equity Funding Case Study – North Ayrshire Council

Demand Management Challenge Recap

Solutions
Focussed
Learning Model

Tangible
Solutions

Tools and
Techniques

Skills and
Knowledge

Learn Lessons

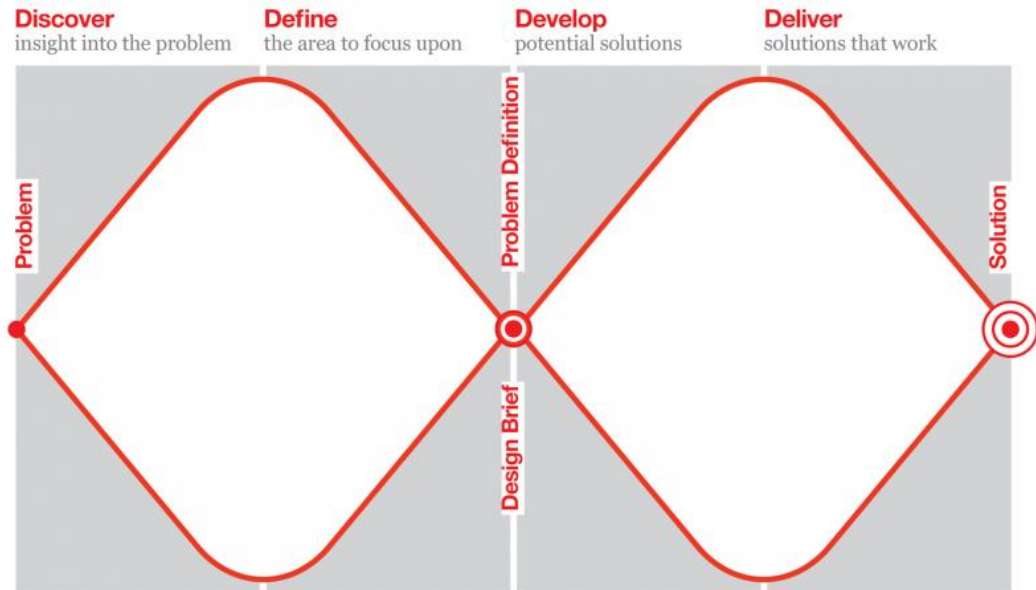
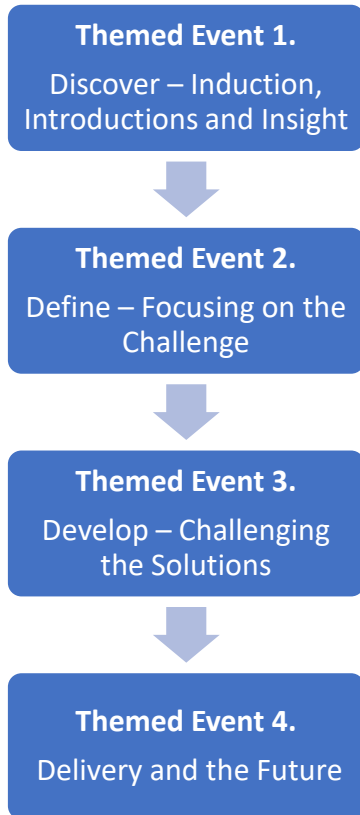
Problem

Demand
Management
Challenge

Action

Result

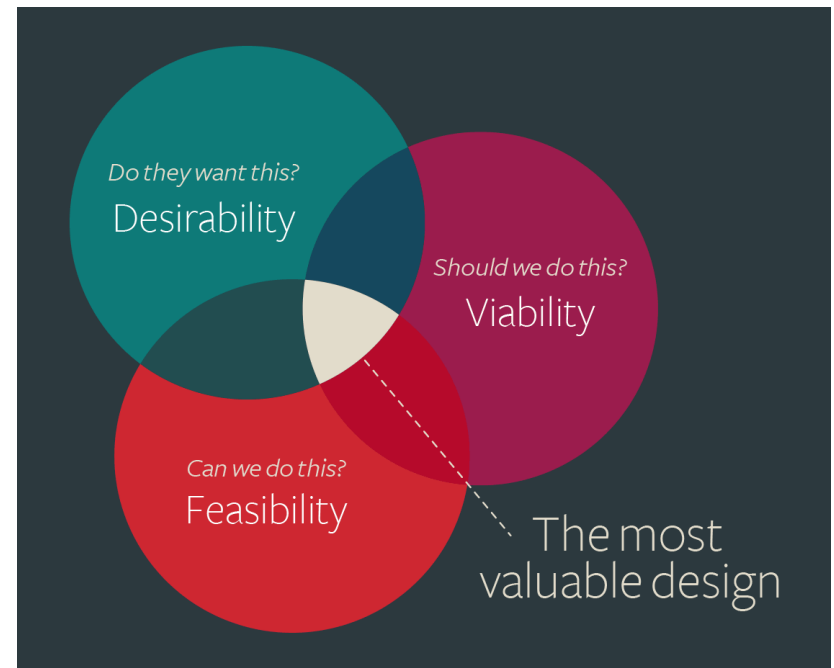
Demand Management Challenge Recap



<https://www.designcouncil.org.uk/news-opinion/design-process-what-double-diamond>

Demand Management Challenge Recap

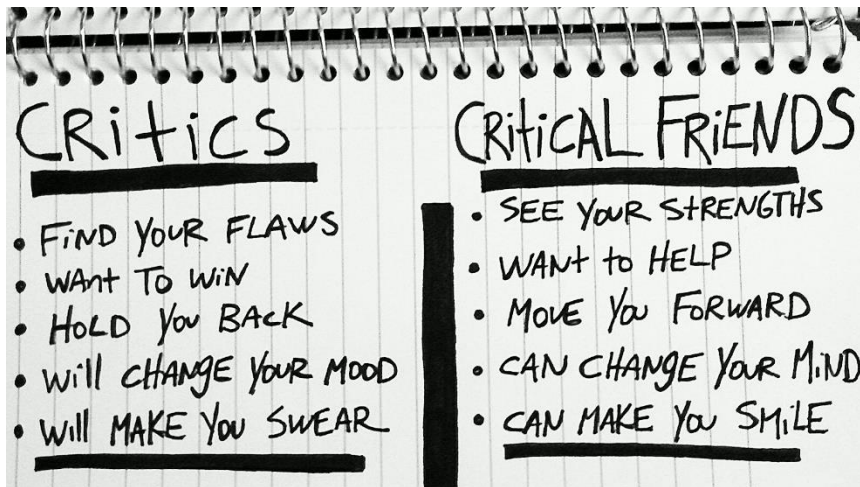
Challenge	Council
Alarms and Man Guarding	Glasgow City Council
Stock Management and Storage	Aberdeenshire Health and Social Care Partnership
Social Care	Argyll and Bute Council
Facilitating Pupil Equity Fund Spending	North Ayrshire Council



<https://www.ideo.com/pages/design-thinking>

Tools and Techniques

Critical Friends



The 5 Whys



<https://academy.scotland-excel.org.uk/course/view.php?id=12>

Tools and Techniques

The Worry Matrix

Huge Bag of Worries

Step 1 – Determining subject matter

Step 2 – Opening discussion

Step 3 – Underlying worries



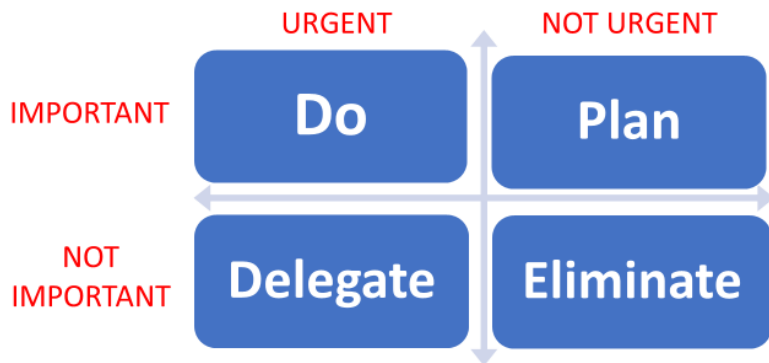
<p>LIKELY to Happen + INSIDE Your Control (in that you can plan & prepare)</p> <ul style="list-style-type: none">• Earthquake in CA, Hurricane in FL, Snow in MN → Stock up on supplies• Accident on camping trip → First aid kit & training• Retirement → Save \$\$• Illness → Buy health insurance• Death → Prepare a will <p><i>Some of these things WILL happen! The more prepared you are, the less worried you will be.</i></p>	<p>UNLIKELY to Happen + INSIDE Your Control (in that you can plan & prepare)</p> <ul style="list-style-type: none">• Earthquake in MN → Stock up on supplies (which double as supplies for most other emergencies as well) <p><i>If you are prepared, there's nothing to worry about.</i></p>
<p>LIKELY to Happen + OUTSIDE Your Control</p> <ul style="list-style-type: none">• Earthquake in another country.• Illness or death outside your family. <p><i>There is nothing you can do about this. Worrying will not help!</i></p>	<p>UNLIKELY to Happen + OUTSIDE Your Control</p> <ul style="list-style-type: none">• Martians invade Earth. <p><i>This is so unlikely to happen that there's nothing to worry about!</i></p>

<https://academy.scotland-excel.org.uk/course/view.php?id=12>

Tools and Techniques

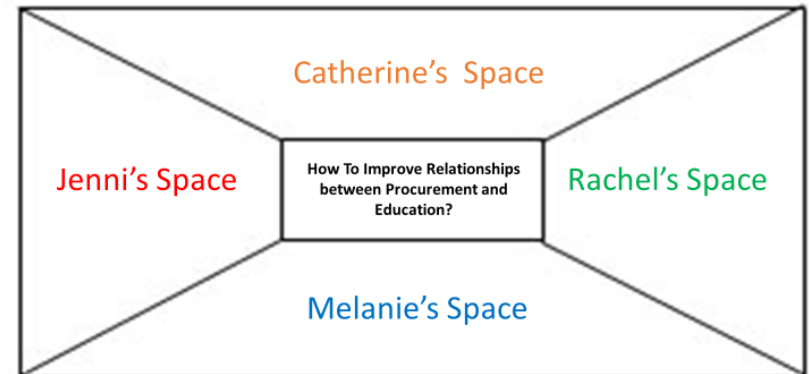
The Eisenhower Box

“Things which matter most, must never be at the mercy of things which matter least. Goethe”



Placemat

Thinking About Proposals to Address Priorities



<https://academy.scotland-excel.org.uk/course/view.php?id=12>

Challenge Updates

• **Social Care– Argyll and Bute Council**

- Challenge has helped identify difficulties and develop a plan to manage demands more efficiently
- Opportunity now fully endorsed by Argyll and Bute's HSCP management team
- Steps taken so far include:
 - Development of Care at Home Improvement Plan
 - Identify Pilot Area
 - Consults with Senior Managers in Localities
- The Plan will focus on:
 - Moving to a single commissioning team in each local area for all community based services for adults
 - Work within principles of Assessment and Care Management Framework
 - Amending commissioning pathways and supporting the resources section to implement at a local level
 - Reablement resources utilised to best effect for individuals prior to any longer term homecare service being commissioned
 - Increased use of technology to support individuals
 - Improve the timing and quality of the 4 week review process
 - Ensure model of care is consistent across the partnership

Challenge Updates

- **Stock Management and Storage – Aberdeen Health and Social Care Partnership**
 - Recognition that initial project too large and scope too wide
 - Restructuring of the governance group for the project – Goods and Equipment Board
 - New Terms of Reference for Goods and Equipment Board
 - Sub-Projects with areas for responsibility identified
 - More focussed approach in place moving forward

Challenge Updates

- **Alarms and Man Guarding – Glasgow City Council**
 - Alarms - Planned v Reactive Maintenance
 - Man Guarding – Reducing consumption, improving specification, consolidating spend, evolving with technology, eliminating waste
 - Management Information
 - A comprehensive model?
 - Discover and Define Stage recognised the alignment with the development of the Scotland Excel Security Services and Equipment Framework and the Develop and Delivery Stages will be focussed around the outputs of the Framework

Lessons Learned So Far.....

- The selected projects are very different – how would a category approach work or benefit?
- Resource and Capacity available to address the Challenge – need to rise above “Business as Usual”
- Pace of delivery varying across projects
- Ever changing Challenge environments can make or break
- Getting time out to focus on the Challenges is very productive – group therapy!!
- Tools and Techniques well received and useful
- Need to be flexible and adapt

Next Steps

- Continue to work with Challenges through the “Develop” stage providing support where we can add value
- Themed Event “Deliver”
- Share experience and disseminate
- What do we do next and what will it look like?

North Ayrshire PEF Background

- First allocation of £4.3m issued FY17/18
- Project Support Officer appointed 2017
- Dedicated Procurement Officer appointed 2018
- Dedicated Finance staff appointed 2018
- Allocation each year sits around £4m

Issues with PEF

- Lack of spend forecasts
- Insular approach to spending
- Low level of interaction with Procurement
- Issues with compliance to Council Standing Orders and available contracts

Benefits of Face to Face Sessions

- 'Fresh eyes' on issues (Critical Friends)
- Helped focus project plan and actions
- Helpful to hear what other local authorities are doing
- '5 whys' helped get to root of issues
- Placement challenge gave 3 focus areas

Output from Placement Challenge

- 3 focus areas identified

Improving
Relationships

Processes

Training

'Improving Relationships' Actions

- Focus group meetings
- Attendance at key meetings (e.g. Head Teachers meetings)
- PEF Team are now first point of contact
- Promoting how we can assist schools

'Processes' Actions

- Guidance documents issued to schools, including procurement glossary
- Improvements in forecasting document
- Catalogue standardisation and highlighting savings
- Creation of a 'Procurement glossary' to simplify language

'Training' Actions

- Guidance and information issued to schools, including FAQ section
- Basic information reissued and emphasised
- Focus group help inform required training and what level to pitch it at
- Examples of good practice shared

Results

- PEF contract spend compliance increased from 44% to 67%
- Increased interaction with Procurement
- Higher quality project request submissions
- Better senior management 'buy-in'
- Focus group of staff created
- Improved relationships with schools and other organisations

Future Plans

Short Term Plans

- Reissue updated forecasting document and aggregate demand based on responses
- Continue rationalising existing frameworks

Medium Term Plans

- Further increase contract spend compliance
- Continue to raise knowledge levels among school staff

Long Term Plans

- Demand is aggregated and rationalised throughout North Ayrshire
- Schools can work independently for routine purchases

Brexit Panel Q&A

Hugh Carr, Scotland Excel

Billy Murray, Scotland Excel,

Alasdair Hamilton, Scottish Government,

Ewan Mearns, Scottish Enterprise

Closing Remarks