

Paul Cairney, Professor of Politics and Public Policy, University of Stirling and Fellow of the Centre on Constitutional Change p.a.cairney@stir.ac.uk

Paper to workshop 'Leading Change in Public Services', Queen Margaret University, 13th June 2016

The 'Scottish Approach to Policy Making': Implications for Public Service Delivery

Abstract. The Scottish Government's former Permanent Secretary Sir Peter Housden (2013) labelled the 'Scottish Approach to Policymaking' (SATP) as an alternative to the UK model of government. He described in broad terms the rejection of command-and-control policymaking and many elements of New Public Management driven delivery. Central to this approach is the potentially distinctive way in which it uses evidence to inform policy and policymaking and, therefore, a distinctive approach to leadership and public service delivery. Yet, there are three different models of evidence-driven policy delivery within the Scottish Government, and they compete with the centralist model, associated with democratic accountability, that must endure despite a Scottish Government commitment to its replacement. In this paper, I describe these models, identify their different implications for leadership and public service delivery, and highlight the enduring tensions in public service delivery when governments must pursue very different and potentially contradictory aims. Overall, the SATP may represent a shift from the UK model, but it is not a radical one.

Introduction: interrogating the Scottish Approach to Policymaking

The Scottish Government's former Permanent Secretary Sir Peter Housden (2013) has labelled the 'Scottish Approach to Policymaking' (SATP) as an alternative to the UK model of government. He described in broad terms the rejection of command-and-control policymaking and many elements of New Public Management driven delivery (Housden 2014: 69-70). The Scottish Government is also examining specifically how the SATP would work in practice, and the extent to which it represents a new model of public service delivery. Central to this potential distinctiveness is the allegedly distinctive way in which it uses evidence to inform policy and policymaking (Paun et al, 2016) because a government's choice of the best way to gather and use evidence can influence strongly its model of public service delivery (Cairney, 2015).

Yet, I identify *three* different models of policy delivery within the Scottish Government; each model of 'evidence-based best practice' provides a very different combination of evidence and governance principles. Models include: a focus on policy transfer built on a hierarchy of evidence and uniform delivery; a story-telling approach which rejects evidential hierarchies and gives far higher autonomy to local actors; and, the 'improvement science' collaborative model in which there is a pluralistic approach to evidence combined with the ability of trained practitioners to experiment on the ground. Consequently, the Scottish Government

supports three different – and potentially contradictory – approaches to leadership and organisational change, from the expectation of uniform delivery to the encouragement of autonomy or driven-experimentation.

Further, these models are ideal-types and, although there are key projects which live up to their aims, they are also aspirational. The SATP describes a desire to get away from a model of policymaking associated with the UK Government, but such changes do not occur overnight - and, in some respects, may not occur at all. It is difficult to depart completely from a centralist model because the Scottish Government is constrained by a wider political system; democratic accountability helps limit the extent to which it can simply produce ‘evidence based policymaking’ (Cairney, 2016) and delegate responsibility for policymaking and delivery to local actors.

In other words, the Scottish Government is developing three new – and potentially contradictory – evidence-based models of public service delivery while subject to the constraints of electoral politics. The result is high uncertainty about the extent to which it can truly depart from an allegedly top-down, centralist British style.

To demonstrate these arguments, I first describe the origins and key elements of the SATP, identifying the extent to which it represents a new approach to policy and policymaking. Second, I describe the three different models of evidence-based best practice that it supports. Third, I situate these developments within the context of democratic accountability which (*I think*) limits the roll-out of two of these models. Fourth, I examine in each case the implications for two key Scottish Government agendas: to produce new forms of leadership in public service delivery; and, to foster public service reform, encouraging a ‘decisive shift to prevention’ to reduce socio-economic inequalities and the costs of reactive public services (Scottish Government, 2011). I conclude by considering the extent to which the SATP represents a philosophical shift from the UK model but, in practice, not a radical one.

The SATP as a new model of government and public service delivery

Academics, practitioners, and civil servants in the Scottish Government have long described - in very general terms - a Scottish ‘approach’ or ‘policy style’, to compare it with British policymaking. Over the years, our interviewees (see Keating et al, 2009 and Cairney, 2015) have identified two stark contrasts in their experiences of Scottish and UK Government:

1. *Consultation*. The Scottish Government’s reputation for pursuing a consultative and cooperative style with ‘pressure participants’ (Jordan et al, 2004) such as interest groups, public bodies, local government organisations, voluntary sector and professional bodies, and unions (Keating, 2005; 2010; Cairney, 2009a; 2011b; 2013; Cairney and McGarvey, 2013).
2. *Implementation*. Its pursuit of a distinctive ‘governance’ style: a relative ability or willingness to devolve the delivery of policy to public bodies, including local authorities, in a meaningful way (Greer and Jarman, 2008; Cairney, 2009b; 2011a: 130; 2013; Cairney and McGarvey, 2013: 142).

However, the Scottish Government has only recently articulated a *specific model* of policymaking with key elements to be operationalised and evaluated (partly in cooperation with academics and other stakeholders - Scottish Government and ESRC, 2013).

The development of the 'Scottish model of government'

The early signs of a 'Scottish model of government' were apparent towards the end of the first era of Scottish Government, overseen by a Labour-Liberal Democrat coalition from 1999-2007. The then Permanent Secretary Sir John Elvidge (2011: 31-5) related it to the Scottish Government's potential to exploit its relatively small size, and central position in a dense network of public sector and third sector bodies, to pursue joined-up government and regular meetings with leaders of public sector bodies (which became the 'Scottish Public Sector Leadership Forum'), reject top-down or centrist policymaking, and seek better ways to solve 'wicked' (Rittel and Webber, 1973) problems.

Elvidge (2011: 31) describes the 'the concept of a government as a single organisation' and "the idea of 'joined up government' taken to its logical conclusions". He links this agenda to his belief that 'traditional policy and operational solutions' based on 'the target driven approach which characterised the conduct of the UK Government' would not produce the major changes in policy and policymaking required to address, 'problems with major social and economic impacts: educational outcomes for the least successful 20% of young people; health inequalities related to socio-economic background; geographical concentrations of economically unsuccessful households; and Scotland's rate of GDP growth relative to the UK average and to that of comparable countries'. Such problems require 'more integrated approaches, such as the approach to the early years of children's lives ... which looked across the full range of government functions [and] offered the scope for some significant and unexpected fresh policy perspectives' (2011: 32).

Elvidge (2011: 32) suggests that this model took off under the SNP-led Scottish Government, elected in May 2007, partly because his ideas on joined-up government complemented the SNP's focus on streamlined government and 'an outcome based approach to the framing of the objectives of government and to enabling the electorate to hold the Government to account for performance'. By 2007, the model combined Elvidge's ideas with the SNP's 'single statement of purpose, elaborated into a supporting structure of a small number of broad objectives and a larger, but still limited, number of measurable national outcomes' (2011: 34). The Scottish Government introduced the *National Performance Framework* (NPF), based on a single 'ten year vision' and a shift towards measuring success with long term outcomes (Scottish Government, 2007; 2014a). The NPF has a stated 'core purpose - to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth'. It seeks to turn this broad purpose into specific policies and measures of success. It articulates in more depth its national approach via a 'purpose framework' - linked to targets gauging its economic growth, productivity, labour

market participation, population, income inequality, regional inequality and (emissions based) sustainability - and five 'strategic objectives' (under the headings Wealthier and Fairer, Healthier, Safer and Stronger, Smarter, Greener) mapped onto sixteen 'National Outcomes' and fifty 'National Indicators'.

It then signalled the need for partnership with the public sector to align organisational objectives with the NPF, in two main ways. First, it obliged Scottish Government sponsored public bodies to align their objectives the NPF (Elvidge, 2011: 35). Second, it required local authorities to produce 'Single Outcomes Agreements' (SOAs), in line with the NPF's overall vision and strategic objectives, but with local government discretion to determine the balance between many priorities, to reflect a degree of autonomy agreed in the concordat with the Convention of Scottish Local Authorities (Scottish Government and COSLA, 2007 - *although the level of discretion is debated strongly* – see Keating, 2010: 123-4; Matthews, 2014; McAteer, 2014; O'Neill, 2014; Cairney, 2011a; Cairney and McGarvey, 2013: 138).

Further, the Scottish Government encourages local authorities to cooperate with a range of other bodies in the public sector, including health, enterprise, police, fire and transport, via 'Community Planning Partnerships' (CPPs). They exist in part to pursue meaningful long term outcomes via 'community engagement' and engagement with the third and private sectors, to produce a 'shared strategic vision for an area and a statement of common purpose' (Cairney and McGarvey, 2013: 139-40; Housden, 2014: 68). These CPPs had been established for some time, via the *Local Government in Scotland Act 2003*, but their purpose was unclear before (a) this new emphasis on locally negotiated SOAs was reinforced by the joint 'Statement of Ambition' between the Scottish Government and COSLA in 2012 (Audit Scotland, 2014: 4) and (b) the CPPs were given greater statutory direction in the [Community Empowerment \(Scotland\) Act 2015](#).

The 'Scottish Approach' since 2013: improvement, assets, and co-production

Since 2013, the Scottish Government has sought to reinforce and articulate the meaning of 'Scottish approach', in part to further encourage its use and gauge its impact. It now gives 'additional priority to:

- Service performance and improvement underpinned by data, evidence and the application of improvement methodologies
- Building on the strengths and assets of individuals and communities, rather than only focusing on perceived deficits
- Services which are shaped and co-produced by both service providers and the citizens and communities who receive and engage with those services' (Scottish Government and ESRC, 2013: 4).

Elvidge's successor as Scottish Government Permanent Secretary from 2010-15, Sir Peter Housden (2014: 67-8), provides a broad description of these elements, suggesting that: co-production 'requires professionals to sustain a deep and on-going dialogue with service users

and to commission with and through those users the range of services and providers best suited to their needs'; an 'assets based approach' requires governments 'to build on and strengthen the assets and resilience of individuals, families and communities'; and, a focus on 'service performance and improvement' goes beyond the bland assertion that the Scottish Government supports well integrated public services which are of demonstrable high quality.

Yet, these aims are difficult to define and operationalise, and so the SATP is something for the Scottish Government to explore with further research and perhaps refine following feedback from practice. In many ways, it is likely to be in continuous development as one new aspect of its approach produces new issues to address, such as the effect of 'co-production' on the idea of leadership, workforce development, and the rising value of skills to encourage joint working (Housden, 2014: 73-4).

The SATP and a 'decisive shift to prevention'

A key Scottish Government aim is to use the SATP and public service reform to deliver a 'decisive shift to prevention' (Scottish Government, 2011). Prevention policy refers in part to, 'actions which prevent problems and ease future demand on services by intervening early, thereby delivering better outcomes and value for money' (Audit Scotland, 2014: 30). The Scottish Government commissioned the 'Christie Commission' (Commission of the Future Delivery of Public Services, 2011) to examine how to reduce socio-economic inequalities, improve 'social and economic wellbeing', and spend less money on public services. To do so requires the Scottish Government to address its unintended contribution to a 'cycle of deprivation and low aspiration' by: redirecting spending towards preventative policies in a major way; changing its relationship with delivery bodies; addressing a lack of joint working in the public sector, caused partly by separate budgets and modes of accountability; and, engaging 'communities' in the design and delivery of public services, rather than treating them as 'passive recipients of services' (2011: 27). In other words, its recommendations are consistent with the SATP.

The Scottish Government's (2011: 6) response was positive, showing a broad commitment to a broad prevention-style philosophy, 'mainstreamed' throughout government, and accompanied by a short list of projects receiving new dedicated funding, including:

- Early years – a focus on investment in education at an early age (nursery, pre-school and lower class sizes in primary 1-3) combined with the GIRFEC agenda on personalising social care for individual children.
- Older people's services – a focus on keeping older people out of hospital care, in favour of supporting people living at home (free personal care, combined with fuel, transport and social network initiatives to promote mental wellbeing) or residential care.
- 'Reducing reoffending' projects based on partnership with third sector organisations and some justice system reforms.

It also required local authorities to incorporate Christie's recommendations into SOAs. Indeed, the first relevant SOAs in 2013 (Scottish Government, 2014b) are similar to each other, sticking closely to the guidance issued by the Scottish Government and COSLA (2012).

The SATP as three models of evidence-based policy delivery

Consequently, when pursuing 'improvement' in public service delivery, the Scottish Government is seeking ways to: (a) encourage national improvements in public service delivery without 'micromanaging' local services; (b) gather data on service improvement without always relying on the kinds of short-term targets and performance management that help produce regular data; (c) address the 'not invented here' problem, in which the Scottish Government wants to spread best practice but local policymakers are sceptical about importing innovations from other areas; and, (d) recognise that public service innovation, 'is driven organically by organisations and networks with the requisite ambition, curiosity and skills. It thrives on variety and experimentation. It cannot generally be delivered in penny packets from the centre' (Housden, 2014: 71).

In that context, it is experimenting with three ways to encourage service improvement by gathering evidence of success and encouraging its spread across local areas (table 1; Cairney, 2015). These three models have major, and very different, implications for the nature of public service delivery, relating primarily to the extent to which they encourage local autonomy and leadership.

1. The importation or spread of innovative projects using criteria associated with 'evidence based medicine'.

With this approach, policies become highly regarded because there is empirical evidence that they have been successful elsewhere (usually in other countries). In health departments – focusing on medicine, healthcare, and the intersection between healthcare, social care, and social work – this evidence tends to be gathered using a small number of highly regarded methods. There is now a well-established tradition of 'evidence based medicine' (EBM), associated with the argument that there is a hierarchy of good evidence in which randomised control trials (RCTs) and their systematic review are at the 'top', while user feedback and professional experience are closer to the bottom. So, evidence of success comes from, for example, an RCT (or comparable experimental method) conducted multiple times under similar conditions in multiple places.

If accepted as the basis for public service delivery, this approach has major implications for local autonomy. The RCT demonstrates the success of a very specific intervention with a set 'dosage' (albeit of a service rather than a medicine). Further, the interventions require 'fidelity', to ensure that the 'active ingredient' is given in the correct dosage, and to measure the model's effectiveness, using RCTs, in different places. In such cases, the projects are (at least initially) relatively likely to be funded and controlled by central governments, and linked to an 'implementation science' agenda in which we consider how best to roll out –

often *uniformly* - the most successful evidence-based interventions in as many areas as possible (Nilsen et al, 2013).

The Family Nurse Partnership (FNP) is a key example. It was imported from the US following its success in multiple RCTs (not exclusively in the US) (Nurse-Family Partnership, 2015). It was rolled out in England to 9000 mothers, with reference to its high cost effectiveness and ‘strong evidence base’, which would be enhanced by an RCT to evaluate its effect in a new country (Family Nurse Partnership National Unit, 2014; Robling et al, 2015: 1). The FNP requires fidelity to the US programme - *you can only use it if you agree to the licensing conditions* - based on evaluation results which showed that the programme was most effective when provided by nurses/ midwives and using a license ‘setting out core model elements covering clinical delivery, staff competencies and organisational standards to ensure it is delivered well’ (Department of Health, 2012: 6). Fidelity is a requirement because, ‘If evidence-based programmes are diluted or compromised when implemented, research shows that they are unlikely to replicate the benefits’ (2012: 6) and the [FNP website](#) outlines ‘fidelity goals’ which resemble those for dosages of medicine.

Consequently, in Scotland it was initially funded centrally by the Scottish Government, which holds the license (on the understanding that the ‘UK’ RCT will be conducted in England), then adopted in local areas with minimal scope to modify the original service design. It has also encouraged the use of other parenting programmes whose reputation has been based on multiple RCTs, such as Incredible Years (the US) and Triple P (Australia).

2. The spread of innovative projects using stories of success.

In contrast, advocates of a storytelling approach reject an evidential hierarchy and the need to ‘scale up’ projects uniformly. Instead, they make reference to principles of good practice, and the value of practitioner and service user testimony. With this approach, the evidence about its applicability to local areas comes from service users and practitioners: we use stories, conversations and practice-based or user feedback measures of success to help us decide if a project is successful and worth adopting. Policymakers create a supportive environment in which practitioners and users can tell stories of their experience, and invite other people to learn from them. External evidence can also be used, but to begin a conversation; to initiate further experience-based evidence gathering. Advocates often refer to the importance of complex systems (see Geyer and Cairney, 2015; Cairney, 2012), an inability to ‘control’ delivery and policy outcomes (to challenge the idea of controlled experiments in RCTs), and the need to create new and bespoke evidence through practice or experiential learning.

My Home Life (Scotland) is a key example. It began as a UK initiative ‘to promote quality of life for those living, dying, visiting and working in care homes for older people through relationship-centred and evidence based practice’ (<http://myhomelife.uws.ac.uk/scotland/>). In Scotland, it is coordinated by the University of the West of Scotland, Age Scotland and Scottish Care. For example, the pursuit of a ‘homely setting’ involves the inclusion of residents in care home decisions, and processes of reflection, regarding a manager’s

relationship with staff and staff attitudes to residents – via ‘caring conversations’ over an extended period (perhaps one year). Much derives from individual feedback, with a focus on the richness of experience. The result may be a set of principles to inform future practice, not a specific intervention with a correct dosage. The principles are deliberately broad, to allow practitioners and service users to make sense of them in specific settings. For example, Dewar et al (2014: 5) identify principles to underpin care home design in West Dunbarton, citing work ‘with over 60 academic researchers from universities across the UK to develop the evidence base for quality of life in care homes’, to produce eight ‘best practice themes’, including the need for: services to facilitate ‘personalisation’; residents, their relatives, and staff to help make care home decisions; and, continuous staff and management training or reflection to adapt to new circumstances. This approach contrasts markedly from the FNP’s requirement to follow a model closely and gather quantitative data to measure fidelity. With ‘my home life’, there is no model, and practitioners and service users use their experiences to guide future practice and develop favourable institutional cultures.

Table 1 Three approaches to evidence-based service improvement

	Approach 1 Policy emulation	Approach 2 Story telling	Approach 3 Improvement science
How should you gather evidence of effectiveness and best practice?	With reference to a hierarchy of evidence and evidence gathering, generally with systematic reviews and randomised control trials (RCTs) at the top.	With reference to principles of good practice, and practitioner and service user testimony.	Identify promising interventions, based on a mix of evidence. Encourage trained practitioners to adapt interventions to their area, and gather data on their experience.
From where should you seek evidence of success?	From any comparable area in which there is good evidence of success gathered in the correct way.	From comparable experiences gathered in face-to-face discussion or recorded stories.	(1) gather empirical evidence of promising interventions from international experience; (2) generate lessons from peers in a single country.
How should you ‘scale up’ from evidence of best practice?	Introduce the same specific model in each area. Require fidelity, to administer the correct dosage, and allow you to measure its effectiveness with RCTs.	Tell stories based on your experience, and invite other people to learn from them.	A simple message to practitioners: if your practice is working, keep doing it; if it is working better elsewhere, consider learning from their experience.
What aim should you prioritise?	To ensure the correct administration of the active ingredient.	To foster key principles, such as respect for service user experiences.	To train then allow local practitioners to experiment and decide how best to turn evidence into practice.

Source: adapted from Cairney (2015)

3. Improvement methodology/ science and the development of 'collaboratives'

The Scottish Government (and ESRC, 2013) refers explicitly to 'improvement methodologies' as the way forward in the use of evidence to deliver policy. When describing improvement science (not implementation science) and the development of 'collaboratives', advocates make reference to a process in which they identify promising interventions (based on RCTs and other evidence), and encourage trained practitioners to adapt and experiment with the interventions in their area and gather data on their experience (Cairney, 2015: 5). A core team describes the best available evidence to practitioners, teaches them improvement science methods, and asks them to experiment with their own projects in their local areas. The subsequent discussion about how to 'scale up' involves a mix of personal reflection on one's own project and a coordinated process of data gathering: people are asked for 'contextual' evidence for the success of their own programmes, but in a way that can be compared with others. If theirs is successful they should consider expansion. If there is evidence of relative success in other areas, they should consider learning from other projects.

The *Early Years Collaborative* (EYC) is a key example, and it is often highlighted as one of the Scottish Government's most promising areas of policy and policymaking (following the success of its patient safety programme, which used the same improvement method) (Housden, 2014: 68). It uses the 'Breakthrough Series Collaborative Model' from the Institute of Healthcare Improvement (IHI) in Boston. 'Collaborative' refers to a group of similar organisations engaging on a problem in a specified amount of time (such as 1-2 years), drawing on the 'sound science' on how to reduce costs or improve outcomes, which exists but 'lies fallow and unused in daily work. There is a gap between what we know and what we do' (Institute of Healthcare Improvement, 2003: 1). Participants identify a specific aim, measures of success, and the changes to test, then gather quantitative data on their effects, using a form of continuous learning summed up by a 'Plan-Do-Study-Act' cycle (2003: 7).

The EYC is an attempt, from 2012, to use the IHI's method to coordinate a multi-agency project, working with local and health authorities through the 32 CPPs. The first 'learning session', in January 2013, involved an audience of 800 practitioners learning the method and discussing how to apply it to early years policy (Scottish Government, 2014: 53). The second event focused on specific projects, but on the assumption that, unlike in patient safety, there is no complete set of known, effective interventions, the Scottish Government represents a policy innovator, and participants are learning as they go. The new process is often described as messy - with local practitioners identifying problems in their own areas, choosing their own pace of change and learning as they deliver - and largely as a way to translate evidence into cultural or organisational change (Cairney, 2015: 10). There is less focus on the efficacy of an 'active ingredient' and more on the bespoke mode of delivery, underpinned by broad principles about how the public sector engages with people, organisations and communities ('co-production' and 'assets based' approaches) (Scottish Government, 2014: 38-40). The stated 'theory of change' is that if you engage and train the workforce in the IHI method they

will use it successfully to address ‘7 key changes’ (to develop, for example, parenting skills), (Scottish Government, 2014: 12; 37; 32). When they discuss ‘scaling up’ practices, it refers as much to the IHI method as specific interventions (Cairney, 2015: 10).

Three models constrained by democratic accountability?

The guiding assumption underpinning at least two of these models is that the Scottish Government can pursue forms of accountability that relate only indirectly to tradition (Westminster) forms. Indeed, perhaps five distinct stories of accountability operate simultaneously, to:

1. Maintain Westminster-style *democratic* accountability, through periodic elections and more regular reports by ministers to the Scottish Parliament. This requires a strong sense of central government and ministerial control - if you know who is in charge, you know who to hold to account or reward or punish in the next election.
2. Further the role of *institutional* accountability, through performance management measures applied to the chief executives of public bodies, such as elected local authorities and unelected agencies and quangos. Ministers may be ultimately responsible, but democracy is not served well by the historic idea of ‘sacrificial’ accountability, in which ministers resign if anything goes wrong in their department. Instead, ministers decide whether to redirect queries to other bodies, keep Parliament informed routinely, explain problems, or promise to intervene (Judge et al, 1997: 97).
3. Advance the idea of shared ‘ownership’ of policy choices, such as when policymakers work with certain stakeholders to produce a policy that both support.
4. Develop a sense of collective responsibility between ‘community planning partnerships’, often led by local authorities, with new statutory obligations for public bodies to participate, and for stakeholders to be consulted.
5. Develop user based notions of accountability, when a public body considers its added value to (and responds to the wishes of) service users, or public bodies and users ‘co-produce’ and share responsibility for the outcomes.

A ‘Scottish Approach’ to accountability?

In principle, the SATP helps provide a ‘grand theme’ to bring together each element of accountability into a single narrative. An open and accessible consultation style maximises the gathering of information and advice and fosters group ownership. A national framework, with cross-cutting aims, reduces departmental silos and balances an image of democratic accountability with the pursuit of administrative devolution, through partnership agreements with local authorities, the formation of community planning partnerships, and the encouragement of community and user-driven design of public services. The formation of relationships with public bodies and other organisations delivering services, based on trust, fosters the production of common aims across the public sector, and reduces the need for top-down policymaking. An “‘outcomes-focused approach presents serious challenges to

traditional ‘command-and-control’ approaches to government” in favour of ‘an evidence-based, learning approach’ (Sanderson, 2011: 65).

Yet, in practice, this is a difficult balancing act, to take pragmatic steps to recognise the realities of ‘complex government’ over which ministers have limited control (Cairney, 2015b), but take responsibility for how they address this problem. The pursuit of institutional accountability could help clarify the responsibility of public bodies, or produce a fragmented public landscape in which no one seems to take responsibility. A move away from hierarchy and central targets, to focus more on the value of public services to users or the ‘co-production’ of services with users (Gains and Stoker, 2009; Osborne and Stokosch, 2013; Smith and Smyth, 2010: 277-8) could promote user-based accountability and/or diminish a sense of democratic accountability.

Consequently, these two separate, and potentially contradictory, frames of reference for policymakers – the Westminster model, highlighting the role of democratic accountability, and the Scottish approach, highlighting the role of pragmatism and the balance between democratic and institutional forms of accountability – feed into several problematic processes:

Problematic parliamentary scrutiny undermines democratic accountability. The Scottish Parliament lacks the ability to gather information independently. While it can oblige Scottish ministers to attend meetings to provide information, it does not get enough information about what is going on locally. Scotland lacks the top-down performance management system that we associate with the UK Government, and a greater focus on long term local outcomes removes an important and regular source of information on public sector performance (a problem that the SNP Government intends to address when trying to reduce inequalities in education attainment). Local authorities also push back against calls for information, arguing that they have their own elections and mandates. More administrative devolution exacerbates this tension between local and national accountability.

Incomplete local devolution produces uncertain accountability. Although the Scottish Government’s reputation suggests that it has a better relationship with local authorities than its UK counterpart, this may not be saying much. Analysis within Scotland *over time* suggests that local actors may see this relationship differently. For example, compare statements by different COSLA Presidents. In 2007, Pat Watters talked about local government now having greater responsibility and ‘the freedom and flexibility to respond effectively to local priorities’ (Cairney, 2011a: 130). In 2014, David O’Neill (2014) argued that, ‘Over the decades, we’ve seen a culture in which more and more services and decisions been taken away from local communities and put into the hands of distant bureaucracies’.

The Scottish Government has secured political control and accountability by maintaining a local government system that is highly centralised by European standards, with a small number of local authorities (32, with an average of 165000 people per authority) which depend on the Scottish Government for (effectively) over 80% of their funding (McAteer, 2014). It therefore shares with the UK a catch-22: a reluctance to devolve powers completely

to local authorities with a relatively weak mandate (based on low electoral turnout); and a recognition that such a mandate may not arise unless local authorities have more powers. This problem has not been solved by the promotion of CPPs, since local authorities are expected to work in equal partnership with unelected bodies – not to direct them or hold them to account. Ultimate responsibility still rests with Scottish ministers even though it has delegated decision-making to community partners.

The process of administrative devolution influences national ‘stakeholder ownership’. In practice, the Scottish Government has two potentially contradictory ‘policy styles’: its focus on further devolved governance may undermine its focus on maintaining national policy communities. Most Scottish policy is processed by civil servants and most ‘lobbying’ to the Scottish Government is done by (a) other parts or types of Government and (b) professional and interest groups – representing local authorities, local authority professions, the medical and health professions, businesses, business groups, the third sector, and so on. When policy is made in Scotland, groups organise at that level – establishing bases in or near Edinburgh and spending their time in consultation with civil servants. The Scottish Government is a key hub for policy relationships; it upholds cross-sectoral values, coordinates networks, referees disputes, and gathers information and advice at a central level.

One consequence of devolving more power locally is that these groups must reorganize, to shift from lobbying one national government to 32 local governments. It produces new winners and losers. The well-resourced professional groups can adapt their multi-level lobbying strategies, while the groups working on a small budget, with one or two members of paid staff, only able to lobby the Scottish Government, struggle.

The implications of each model for leadership and public service reform

You can see these uncertainties and tensions play out in competing models of evidence-based best practice, and in a comparison with the usual model of service delivery that we might link strongly to democratic accountability. A comparison of three approaches highlights their very different implications for public service leadership and change (table 2). Approach 1 seems closest to traditional forms of leadership and management built on ‘the pursuit of relative certainty through a centrally funded and directed programme’, while approaches 2 and 3 offer far greater scope for “the pursuit of flexibility and localism, with an emphasis on new forms of leadership and ‘letting go’ or developing staff capacity and the confidence to challenge top-down leadership” (Cairney, 2015: 11). The latter approaches often seem to be more consistent with the ‘vision’ of the Scottish Government (2016) for its public service reforms:

Our vision is of a public service delivery landscape which is affordable, rises to the challenge of tackling inequalities and supports economic growth across Scotland: where communities are empowered and supported to take responsibility for their own actions; and public services are confident and agile enough to allow that to happen. Public bodies will play a full part in delivering improved outcomes: leaders and their teams work collaboratively across organisational boundaries to ensure that services are shaped around the needs and demands of individuals and communities; and there

will be a clear focus on prevention and early intervention, with the aim of breaking cycles of inequality and poverty.

In this self-description you can see a clear attempt by the Scottish Government to provide national direction but also delegate responsibility to public bodies and partnerships. This signal of intent is consistent with approaches 2 and 3, in which public service reform is organic or through experimentation. It also requires new forms of leadership development, in which actors in formal positions of responsibility enter rooms with no agenda and/ or encourage other people to take risks and experiment rather than follow a blueprint (table 2).

Table 2 From three to four approaches to leadership and change

	Approach 1 Policy emulation	<i>Approach 2 Story telling</i>	<i>Approach 3 Improvement science</i>	Approach 4 Democratic accountability
Required leadership qualities	The ability to manage change initially from the top down, and to ensure that measures are in place to monitor delivery to ensure adherence to the model.	<i>The ability to let go, and encourage reflective discussion without predetermined agendas.</i>	<i>The ability to train practitioners in a specific improvement method and/ or encourage people to take risks while experimenting with delivery.</i>	To set an overall vision for government, encourage/ ensure that key actors sign up to it, and ‘let go’ to encourage innovation in delivery/ intervene to maintain improvements in performance.
Implications for change in public services	Driven initially from the centre, until key public bodies agree to incorporate the same basic service into their standard operating procedures.	<i>Organic and not driven by central government instructions or short-term performance measures.</i>	<i>Steered by central government, but with a clear role for experimentation and local variation.</i>	A series of potential contradictions: driven by the centre but in partnership with local bodies; encourage others to experiment and take risks, but intervene to manage risk.

With approach 3, the Scottish Government initially measured its success in terms of buy-in and commitment to governance principles, rather than with reference to meeting performance targets related to specific policies. For example, at least half of the factors underpinning EYC theories ‘of what actions will reduce infant mortality’ or ‘ensure developmental milestones are reached’ relate to public service leadership, management, communication, joint working and ‘family centred’ responses (Scottish Government, 2014: 38-40). The first evaluation also listed the high level of ‘stakeholder buy-in’ as one of its short term (1-2 years) achievements

(2014: 10-11). Rather than attempting to direct local activities, a small Scottish Government team helps practitioners develop and use a 'toolkit' for improvement.

With approach 2, the *Skilled Workers, Skilled Citizens* (Workforce Scotland, 2016) initiative develops a public service workforce in collaboration with service users and the wider public. Leadership development focuses on the benefits of 'letting go', to allow people in positions of formal leadership to include staff and service users in decision making process (Cairney, 2015: 13). The storytelling approach also provides an alternative to a focus on short term or numerical performance management as indicators of improvement, in favour of 'success stories' or quality management systems based on service user and staff feedback (such as 'Qual A Sess' - Davies and Heath, 2007: 32-4).

Yet, these approaches do not underpin most Scottish Government business. Instead, they are sandwiched (at least in table 2) between approach 1, in which leadership efforts are directed towards identifying the best evidence-based interventions and monitoring progress to ensure that they are carried out with 'fidelity' to those interventions, and approach 4, in which leaders have to juggle contradictory aims, to centralise *and* localise.

You can also see these tensions in the prevention agenda and development of SOAs

Prevention policy represents a key example of the limits to the developments of new approaches. Policymakers make a commitment to long term outcomes but work to a short term timetable, and soon find that they cannot achieve their aims within a single electoral cycle. This would not be an obstacle in itself, if not for the fact that Scottish ministers are held responsible for policy performance in elections, however well they manage different forms of accountability in between elections. So, they have an electoral incentive to address more pressing issues on which they will be judged.

Consequently, prevention – as a broad, long term, low key aspiration - suffers in competition with highly salient short term problems that politicians feel they have to solve first. Prevention projects are long term investments with only the vague promise of spending reductions in the future. During periods of high and growing public expenditure, prevention can be sold as akin to long term capital investment. During periods of *austerity*, it is difficult to use a vague promise of long term savings to prompt immediate action. It is difficult for politicians to advocate reductions in funding for reactive, acute, 'firefighting', 'frontline' services to pay for new prevention initiatives that may only produce results after a generation

Governments still maintain performance management systems geared towards short term targets and outputs. Performance management systems for public sector managers encourage them to focus on short term and measurable targets within their own service more than their shared aims with public service partners or the wellbeing of their local populations. Performance management is about setting priorities when governments have too many aims to fulfil. Central governments encourage local bodies to form long term partnerships to address inequalities *and* meet short term public service targets, and the latter come first (Cairney and St Denny, 2015).

Similarly, the new prevention-inspired SOAs symbolise the classic dilemma that results when governments seek to balance a necessary sense of central control with the pursuit of meaningful local autonomy (Cairney et al, 2015: 2; Cairney and St Denny, 2014). They are written by local authorities, but with strong adherence to central guidance. They provide a way to promote a CPP agenda but also betray a lack of CPP development as meaningful corporate bodies with binding decision-making powers (Audit Scotland, 2014: 14). Overall, there remains uncertainty, 'both nationally and locally about the extent to which the focus of community planning should be on local needs or about delivering national priorities', particularly since the Scottish Government's NPF operates alongside other performance management systems which emphasise the need to adhere to relatively short term national input/ output measures rather than long term measure of local outcomes. There is a broad Scottish Government commitment to prevention and localism, but it is not easy to operationalise and, as yet, no clear pattern has emerged on the operation of CPPs or the development of SOAs.

Conclusion: can the SATP ever represent a radical departure from UK policymaking?

To a large extent the SATP is a statement of aspiration; an attempt to put distance between the Scottish Government and its image of UK Government policymaking. It reflects the sense articulated by policy participants, over many years, that the size and scale of Scottish policymaking, coupled with a vague sense of a different 'culture', can be conducive to distinctive forms of policymaking. They are reflected in at least two approaches to evidence-based best practice, which involve the Scottish Government setting national outcomes and giving local actors the space to decide how to meet them over the long term.

At the same time, Scottish ministers operate in the short term. They are subject to election every five years, and election debates tend to emphasise traditional Westminster ideas about accountability. Scottish ministers know that, however successful they are in establishing pragmatic forms of institutional, community, local, stakeholder, and user-driven forms of accountability during their day-to-day business, they will be subject to democratic accountability every five years. Their accountability to the public via parliament is also driven by the sense that central government is in control and therefore responsible for outcomes. A necessary but subtle difference in tone - required to differentiate between (1) ministerial responsibility for a national framework containing key objectives and outcome-based measures of success, and (2) ministerial responsibility for subsequent public sector behaviour and actual outcomes - is difficult to detect in parliamentary or public debate. Instead, ministers will know that to try to share responsibility, for service delivery and outcomes, is to look like they are shuffling off responsibility.

The result is an unclear agenda on public service leadership and public sector reform. The Scottish Government has to encourage the development of skills geared towards contradictory aims: to centralise to monitor performance towards national targets, *and* let go to encourage local autonomy and experimentation; to encourage the inclusion of service users in public service design, *and* ensure that the leaders of public bodies take responsibility for

meeting statutory and financial targets; to encourage local authorities to engage fully in community planning partnerships, *and* maintain local accountability and an electoral mandate on the basis that they are responsible for their own actions. It seems like an ambitious task to train leaders to fulfil all of these aims simultaneously.

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