ROCKET SCIENCE

Glasgow Alliance to End Homelessness:

Lessons learned review

March 2024

Contents

1. Background to the review

Rocket Science were commissioned by the Glasgow HSCP, in January 2024, to conduct a review of the lessons learned during the implementation, delivery and ending of the Glasgow Alliance to End Homelessness (GAEH).

During February and March 2024 the review team completed three focus groups, attended by 29 people in total. In addition six one to one interviews were completed with key stakeholders involved in the inception, implementation and ending of the Alliance. The review included 35 people in total, representing:

- Alliance partners, the Alliance Leadership Team (ALT), the Alliance Leadership Team Chair (current) and previous members of the ALT
- Members of the GCHSCP/GCC HSCP oversight group
- Providers and wider stakeholders in homelessness in Glasgow
- HSCP staff, including the Chief Officer
- The Alliance Director (n=1).

Throughout the interviews and focus groups detailed notes were taken. Thematic analysis of the aggregated notes was undertaken by the review team to identify themes across these different sources. This report presents the key themes that have emerged through the discussions.

Throughout the data collection it was apparent that partners experienced the process of the Alliance in very different ways and, as a result, perceptions of decision making, actions and the Alliance development vary significantly dependent upon individuals, and their organisations, role and involvement. It is impossible for this review to fully reflect the differing perspectives of each individual stakeholder, but instead focusses upon the key themes that have emerged from across the interviews and focus groups. For this reason we anticipate that on reading the report those involved may not recognise all of the findings because of these different experiences and perspectives.

The review team have taken care to anonymise the views expressed in the review and ensure what we present is in the spirit of collective responsibility fundamental to alliancing. These lessons are therefore presented within the 'no fault, no blame' spirit that underlies successful alliancing.

It is important to note that this document contains the views and experiences of individuals involved in the Alliance. We acknowledge that others may not agree with these views or have different perceptions of the events. We also acknowledge that some of the views may be uncomfortable to other parties involved. The intention of this review is to capture and document the key lessons that have been learned during the inception, implementation and ending of the Alliance.

Glossary of terms

For clarity, some of the key terms used within this report include:

- Alliance partners – those provider partners who were successful in the procurement process to form the Glasgow Alliance to End Homelessness (GAEH). Seven partners were included with the Alliance, which were:
    - Aspire,
    - Crossreach,
    - The Mungo Foundation,
    - Right There (formerly Y People).
    - SACRO,
    - The Salvation Army,
    - Wheatley Care, and
    - Glasgow City HSCP (GHSCP).

- In addition to the seven provider partners, Homeless Network Scotland (HNS) and the Glasgow Homelessness Involvement and Feedback Team (GHIFT) were also represented in the Alliance. HNS also supported the development and implementation of the Alliance whilst GHIFT ensured that people's lived experience of homelessness influenced the core aspects of the service development and change agenda[1].

- Alliance Leadership Team (ALT) – the most senior team operating within the Alliance structure, responsible for collective decision making. This included the seven provider partners, GCHSCP. Homeless Network Scotland and GHIFT.

[1] Glasgow City Integration Joint Board report – 18th January 2017.

- Alliance Management Team (AMT) – the management team within the Alliance, reporting to the ALT and Alliance Director (see below), and responsible for ensuring the integrated management of the Alliance across its members and the implementation of the operating manual.

- Alliance Director – the Alliance Director was described as a 'Senior Operations Leader'[2] with key responsibilities in the delivery of key performance indicators by the AMT as well as ensuring the Alliance was culturally and strategically placed to implement the required system change to improve outcomes for those who experienced homelessness. The role reported directly to the ALT. Over the duration of the Alliance there were two post holders due to turnover in the role.

- Service providers – providers of homelessness services who were not contracted as part of the GAEH but were delivering commissioned homelessness services in Glasgow.

2. Background to the Alliance

Alliance Models: An Introduction

Alliancing, sometimes referred to as partnering, is a contractual model that consists of a single contract between a service commissioner and the organisations delivering the project.[3] Alliances are used for managing project-based work across various private and public sectors, such as construction and Health and Social Care, where the division of risk between a client and providers may often be unclear or unbalanced.[4] A key aim of alliances is therefore to share risks and rewards across partners, avoiding potential 'opportunistic' behaviour of providers.[5] In this model, success is judged through the performance of the alliance as a whole rather than individual alliance organisations. Alongside spreading risk, knowledge-sharing and learning are also considered key benefits of alliancing.[6] There

[2] GAEH – Alliance Director role profile and competencies. Dated 2020.
[3] LH Alliances (2023) What is alliancing Link. [Accessed 12/02/204]
[4] Laan, A., DeWulf, G., and Voordijk, H., (2011) Reducing opportunistic behaviour through a project alliance Link. [Accessed: 2/2/24]
[5] Galvin, P., (2021) Collaboration and opportunism in megaproject alliance contracts: The interplay between governance, trust and culture Link. [Accessed: 2/2/24]
[6] Billings, Jenny and De Weger, Esther (2015) Contracting for integrated health and social care: a critical review of four models. Journal of Integrated Care. Link. [Accessed: 5/2/24]

is therefore often an emphasis on co-production and relationship building between alliance partners, as aims and responsibilities are shared.[7]

Co-production, rather than consultation, means a sharing of knowledge, resources and skills among citizens and professionals as well as a plan to deliver services together. The input of people with lived experience is an important aspect of co-production, allowing alliances to tailor to the needs and preferences of service-users. [8]

The basis for collaboration in an alliance model is a shared financial incentive, with internal governance structures often used to manage relationships between alliance organisations. Members of an alliance will usually collectively govern through a leadership board with an agreed membership and a direct relationship with the commissioner. [9] However, the literature emphasises that developing of a culture of trust and open communication, as well as supporting policies and structures, is key to achieving collaboration.[10]

Establishing the Glasgow Alliance to End Homelessness

In 2016 Glasgow City Council's Homelessness Strategic Review concluded that *"more of the same won't do"* and that a whole system approach was required. In 2017, Glasgow City Council and Glasgow City Integration Joint Board agreed that to deliver the transformational change required to improve outcomes for those at risk of or experiencing homelessness a new way of working was required. It was felt that the provider market was fiercely competitive, and through discussion with providers alliancing was identified as a model that could support this new whole system approach. The ambitions of the alliance are described in the GAEH prospectus[11]:

"We are seeking a range of partners with different expertise, skills and ideas…to come together to plan, delivery and transform services and support for those at risk of or experiencing homelessness. We will work as one, sharing decisions and collective responsibility to achieve out common goal of services and support

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[7] Sanderson M, Allen P, Gill R, Garnett E. (2018) New models of contracting in the public sector: a review of alliance contracting, prime contracting and outcome-based contracting literature. *Social Policy Administration*. Link. [Accessed: 5/2/24]
[8] National Development Team for Inclusion (NDTI) Alliance Commissioning and Coproduction in Mental Health Link. [Accessed: 5/2/24]
[9] Smithson, R., (2015) Commissioning and contracting for integrated care. *The King's Fund* Link. [Accessed: 5/2/24]
[10] Bresnen, M., and Marshall, N. 2000. "Motivation, commitment and the use of incentives in partnerships and alliances." *Construction Management and Economics* Link. [Accessed: 5/2/24]
[11] Glasgow City Council. A prospectus for the Glasgow Alliance to End Homelessness.

for people that are easy to access, effective and joined up so we can best meet the needs of citizens of Glasgow." (p.1)

The following principles, based on evidence of what works in alliancing, were set out to apply to the GAEH:

- to assume collective responsibility for all of the risks involved in providing services under this agreement;
- to make decisions on a 'best for people using services' basis;
- to commit to unanimous, principle and value based decision making on all key issues;
- to adopt a culture of 'no fault, no blame' between the Alliance partners and to seek to avoid all disputes and litigation;
- to adopt open book accounting and transparency in all matters relating to the Alliance;
- to appoint and select key roles on a best person basis;
- to act in accordance with the Alliance values and behaviours at all times.

The Alliance was responsible for developing values and behaviours which underpinned these principles and to determine its ways of working.

The GAEH had six main objectives:

- Transforming current services to quickly support homeless people into their own tenancies;
- Providing housing-led approaches that promote and defend people's right to mainstream housing and also assists people to remain there with the right support;
- Managing systemic change through the innovative application of rapid rehousing, strengths based, and tenancy sustainment approaches;
- Enhancing and maximising use or access to mainstream services wherever possible to support homeless individuals;
- Safeguarding the most vulnerable homeless people with appropriate short to medium term crisis responses;
- Working alongside and in partnership with statutory homelessness services, Housing Providers, strategic partners and individuals with lived experience in order to improve the experience and outcomes for individuals who use homelessness service.

The Alliance prospectus clearly set out that all purchased services were in scope. These included:

- Emergency accommodation services

- Supported accommodation services
- Care Homes
- Flexible Community Outreach services (including housing support)
- Day services
- Street outreach services
- Intensive accommodation and support services (housing first approach , alcohol outreach and non-abstinence accommodation services)
- Access to private rented sector accommodation (commissioned service)
- Specific youth based outreach support
- City Centre multi-agency HUB.

It should be noted that GHSCP retained statutory and legal obligations to address homelessness in the city. As such services which were deemed out of scope were:

- Glasgow City HSCP provided Community Homelessness Services
- Glasgow City HSCP provided Homelessness Services teams for refugees and prisoners
- Glasgow City HSCP directly provided accommodation based services
- Glasgow City HSCP Out of Hours Homelessness Service
- Homelessness specialist health provision
- Bed and breakfast budget
- Glasgow City HSCP managed Temporary furnished flats (TFF's).

An overview of the timeline from 2017 to 2023 is presented below, with key details more fully discussed later in this report:

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2017 – Co-production

In January 2017 the Integrated Joint Board (IJB) agree to establish joint commissioning arrangements within a strategic partnership framework.

Four co-production sessions were held involving GHN, experts by experience, GCHSCP, all providers and the Govan Law Centre. These sessions were facilitated by an external alliance consultant. These sessions are used to discuss and emphasise:

- The scope - to include all purchased services for people 18+ who were experiencing homelessness.

- Alliancing principles and expected ways of working. Central is the approach of 'best for people using services'.
- The whole system approach required to implement transformative change and deliver efficiencies over time.
- Legal frameworks and expected levels of delegated responsibility from Alliance partners.

The outcomes of the co-production events formed the basis for the prospectus, 'Your City, Your Home', which became the tender specification for the Glasgow Alliance to End Homelessness (GAEH).

2018 – Procurement

In 2018 a bespoke procurement approach was developed. This was designed to be a 'light touch regime' whilst also being compliant with Public Contract (Scotland) Regulations (2015). This allowed Glasgow City Council, in consultation with the IJB, to implement a tender process to meet the agreed service requirements, whilst supporting innovation by the Alliance.

A contract notice was issued late 2018 which included the following timeline;

- January 2019 - initial provider returns received.
- February to April 2019 - dialogue sessions with bidders.
- May 2019 - bid evaluation.
- June 2019 - contract award.
- July 2019 - contract implementation.

The intended contract period was for seven years with an option to extend for a further three years.

2019 – Implementation

An invitation to participate in dialogue (ITPD) was published on 20 May 2019, setting out the background, expectations and requirements.

Key elements relevant to this review and detailed in the ITPD included:

- A budget of £24.6m, excluding VAT, was identified for 2021/22 for the services that were in scope, to facilitate the work of the Alliance.
- A 5% reduction in contract value, was expected, year on year, from year 2 onwards.
- There was to be a maximum contract period of 10 years (7 years + 3 years).
- Alliance members were required to rationalise resources to avoid duplication and ensure a best value approach.
- Members were required to be ready to lead and deliver complex transformational change across the whole system of homelessness purchased services.

Following the dialogue sessions with bidders, the closing date for final bids was 28 November 2019. Two bids were received and recommendations to award, based upon the outcome of the evaluation, was taken to the Contracts and Property Committee on the 6 February 2020.

The Alliance agreement was signed in July 2020. Relevant contract details included:

- GCHSCP would retain statutory and legal obligations to address homelessness in the city.
- GHIFT and HNS would contribute to all levels of the Alliance, however would be non-voting representatives.
- GHIFT associates operated in an oversight role, ensuring the principles of 'best for people' was central to all decisions made by the Alliance.
- An operating manual was designed for the purpose of the implementation phase.

Set-up costs up to a maximum of £100,000 per annum would be available from GCHSCP, for two years to support the transition phase. This included costs for the appointment of an Alliance Manager. After the implementation period, the Alliance infrastructure would be required to be funded from existing resources.

2020 to 2023 - Mobilisation

From 2020 to 2023 there were a number of activities conducted by the Alliance, including:

- Signing of the Alliance Agreement and development of governance processes and structures.
- Development of an initial operating manual.
- Development of a strategic plan and workplans.

- Recruitment of core team and sourcing office accommodation and infrastructure.
- Website launch and brand development.
- Monthly 'town hall' type events.

Implementation of an 'Oversight Group' to support the Alliance in meeting its responsibilities through increased scrutiny of performance information and develop delivery plans was put in place in January 2023.

In September 2023, the ALT took the decision to conclude the Alliance, and that the Glasgow Health and Social Care Partnership would continue with its homelessness responsibilities

3. Learning themes

In this section we discuss the key themes that emerged from the review. These are grouped into eight thematic areas.

Clarity of purpose

The ambition of the Alliance in delivering what is *"'best for people using services"* was a unifying purpose for all those that we spoke to and was recognised as a key driver of system change. It is clear that at the heart of this ambition was a set of values held by individuals and organisations alike. These included ensuring lived experience and co-production were central to the Alliance, its decisions and activities. The underpinning importance of placing person-centred change above organisational priorities and interests was held by all of those involved in this review. These values and an appreciation of how alliancing could achieve the ambition were key to securing the commitment and resources required across the sector as well as the transparency required within the Alliance for it to function. For Alliance partners this shared ambition has continued to foster closer working relationships which that are hopeful will continue to benefit homeless people in Glasgow outside of the formal Alliance arrangements. However it was felt by some that these values were lost early within the Alliance process, following a number of changes to the membership of the ALT, and resulted in a number of subsequent challenges including in the communication with partner providers and prioritising service development.

For some there was a perception that the clarity of purpose was complicated by the efficiency savings that the Alliance were expected to achieve through service redesign. Over time there was some scepticism about the services which were in and out of scope of the budget review and the Alliance's role in delivering these efficiency savings. Despite the 5% year on year efficiencies being part of the ITPD (invitation to participate in dialogue) process it appears that suspicions that the Alliance was also a mechanism for shifting responsibility for making the required cost savings appears to have been pervasive.

Similarly both the contractual/procurement and elements of governance, discussed later in this report, were also contributory factors in perceived changes in the clarity of purpose as the Alliance progressed. Although the introduction of checks and balances such as the oversight group were welcomed by the Alliance, they felt this represented a shift back to the more traditional commissioner-provider relationships. This was not the intention or the aim of the group however which was established to support the development of delivery plans and progress to the next stage of the Alliance through enabling accountability and performance information.

There was strong agreement on the clarity of purpose of the Alliance, from all stakeholders, however the *"devil was in the detail"* and there was a lack of clarity, and importantly agreement, on the detail, as the Alliance progressed.

Clarity of roles and responsibilities

This new way of working, and the planned shift in power, was new territory for all partners, and many struggled to navigate this. This particularly related to the role of the HSCP as:

- Funder
- Commissioner
- Contract and performance manager
- Equal partner in the alt.

Many of the stakeholders that we spoke to within this review told us that they felt there were issues around the clarity of roles and responsibilities. The role of the HSCP as a member of the Alliance and particularly that of the Head of Adult Services (Homelessness) as a member of the Alliance Leadership Team (ALT) was highlighted by many as a challenge. It was widely held that the role

holder was *"put in an impossible situation."* This is linked to both the clarity of roles for individuals, as well as the clarity in decision making processes at an organisational level.

Several stakeholders told us that there was also a tension around the role of GHIFT on the ALT, as an equal member in the Alliance, but not a signatory of the Alliance agreement. While this view was not expressed directly by GHIFT, it was described by several people as having been an issue in ALT meetings. The role of both GHIFT and Homeless Network Scotland as advisors to, rather than voting members of, the Alliance appears to have been forgotten or lost by the Alliance through the implementation process.

Some stakeholders told us that the Alliance Directors role was intended to resolve some of the issues around roles and responsibilities. In reality however this role became a focal point for a perceived reluctance amongst some ALT members to *"give up power,"* and possibly an underlying reason in the resignation of both post holders. For this reason the role, its responsibilities and the delegation of authority were felt by some to hamper progress internally, although external stakeholders told us they valued having a point of contact for communication and dialogue with the Alliance.

Finally the responsibility of the Alliance to lead on system change with partner providers and deliver service redesign within the agreed timescales was felt to be missing. Some of those interviewed spoke of additional layers of complexity being *"put in the way."* It was felt that, despite encouragement from the HSCP to *"start small"* larger specifications requiring multiple providers were developed and a suspicion that this was to justify award of contracts within the Alliance partnership grew. It was also felt that this lack of ownership resulted in missed deadlines for service redesign in time for commissioning of new services resulting in contract extensions and subsequent impacts for partner providers described below.

Communication

Communication with the wider sector and delivery partners outside of the Alliance was felt and recognised to an area of weakness by all of those involved. Service providers described *"exasperation"* at not being informed of intentions around service redesign and commissioning and particularly as existing contracts for purchased services were coming to an end. This tension was felt by both the leadership teams and the operational staff in service providers which were not part of the Alliance.

Those we spoke to reported feeling in a *"no-man's land"* between the GCHSCP and the Alliance in which they were not able to obtain answers to questions or difficulties they were experiencing. Whilst this was the feeling of providers similar sentiments were also expressed by GCHSCP. Those we spoke to described being acutely aware of the commissioning timeframes and the potential impact upon providers but were equally dependent upon the Alliance to meet its responsibility of redesign and decisions about future provision. Whilst providers outside of the Alliance perceived a *"two tiered system"* as a result of a vacuum of information available to them, the vacuum was actually likely caused by failures in the redesign process rather withholding information. This perception in turn placed additional strain upon relationships that had become more difficult as a result of how the sector had responded to the procurement process.

We were also told of situations in which communication was sent via social media resulting in service provider staff being aware of developments within the Alliance ahead of the leadership teams within their employer organisations. This was also acknowledged by members of the Alliance who recognised that whilst there was transparency in communication within its membership, this was not the case for service providers, often because things were 'being worked through' and weren't yet ready to be announced. Some Alliance members told us this made it difficult for them, because they were often being asked questions informally, when they were in other meetings, or in roles where they were 'wearing other hats.'

The mechanisms for communicating between the Alliance and the HSCP were reportedly unclear, and this consolidated the uncertainty about the HSCP's role as an Alliance member. It was felt that the sometimes informal communication between these two parties resulted in repeated discussions that more formalised channels could have avoided. When more formal communication was introduced by the oversight group it was felt that this was useful in ensuring progress.

Some stakeholders also told us that they *"suspected leakage"* of information out from the ALT and the HSCP, and although there weren't sure of this, felt that some information was being discussed informally outside of the Alliance, with service providers.

Governance and accountability

The themes that emerged from the review around governance and accountability are closely linked to the clarity of roles and responsibility's theme. While the ALT had responsibility for system change and redesign, and these being one of the primary purposes of the Alliance, it was reflected that this

was a new way of working, which created uncertainty which appears not to have been resolved. There were a number of related issues that impacted upon this:

- There were a number of staff changes within the HSCP and the Alliance Leadership Team, which contribute to the lack of certainty;
- There was a perceived, and at times perhaps a real, conflict of interest within the ALT members, around commissioning of services and if they were to be commissioned out or kept within the Alliance and *"carved up;"*
- Related to this, the lack of transparency on decision making and delegated authority became a challenge for the ALT members, as well as the HSCP team. The ALT were reportedly unclear on the level of oversight that the HSCP required.
- An operating manual for the on-going delivery and functioning of the Alliance was not finalised. As a result procurement and financial processes were not agreed or operationalised by the ALT.

The role of GHIFT and Homeless Network Scotland was, at times, also an area of disagreement. Examples of this given to us included asking lived experience representatives to leave ALT meetings during decision making, as they *"didn't have a vote,"* despite voting not being used as part of the consensus decision making approach[12].

Procurement, commissioning and contractual processes

It is apparent that there was significant work undertaken with Glasgow City Council and the HSCP to enable the development of the GAEH model. This was described as two years of work to win the *"hearts and minds"* of politicians, and procurement and legal teams to enable the commissioning process. This was recognised, with providers from across the sector appreciating that the model was both well thought through and that the boundaries were being pushed to *"be brave,"* change the system and implement this new way of working.

However despite this, there remains a perception amongst Alliance members and service providers that the procurement process to award the Alliance contract was a decision taken by the HSCP and that this is at odds with the process of successful alliancing. This is reportedly not the case and those

[12] It should be noted that under the Alliance agreement unanimous decision making was specified, however the use of the term 'consensus decision making' was referred to throughout interviews.

within the HSCP team told us that the procurement process was unavoidable and a result of clear advice that it was required to ensure legal compliance. The HSCP felt that 'front loading' the procurement would enable the Alliance to operate successfully and would remove any need for competition between partners, after contract award.
It should also be noted that the decision to develop two separate Alliance bids was a product of the way the sector organised in response to the tender rather than the commissioning process. It was, at least in theory, feasible that an Alliance comprising of all current providers could have submitted a single proposal.

Schedule part 10 was highlighted as a significant obstacle by a number of those we consulted with, and it appears that still the interpretation of what was and wasn't possible within the schedule is differently understood by those involved. We are aware that the discussions around the schedule have been extensive, and this review will not detail these. However it is worth highlighting the key element of the schedule and what appear to be key points of difference.

The purpose of schedule part 10 was to ensure value for money and accountability by requiring transparent and accountable collaboration. Although competition was not a mandatory requirement, it was perceived by members of the Alliance as being the default option. The schedule provided for direct award of contracts, without mini competition. Whichever route was taken, there was a process of formal submissions and approvals by the ALT.

For those within the HSCP, and particularly the oversight group, schedule part 10 intended to establish a framework for an audit trail of decision making in relation to the award of services, to ensure that decisions were made fairly and transparently. Options for procurement within schedule part 10 included:

- A direct award to an Alliance member
- A mini competition within the Alliance, or
- Procurement of an external service provider.

The HSCP acknowledge that the procurement process, including the competitive dialogue, had already been conducted in forming the Alliance, and that the intention was not to open everything up to competition, but was to ensure services provided what was best for the people who needed them, as well as value for money and transparency in decision making.

Whilst the Alliance was able to make changes to schedule part 10 via the Operations Manual there were concerns around making changes within the early stages of the Alliance without having first tested the arrangements. In addition, the HSCP felt that financial processes needed to be in place and agreed, before changes were made to schedule part 10. This appears to have resulted in an impasse in which the Alliance wanted to make changes to the schedule whilst GHSCP expected to first make progress and test the processes as originally intended before making changes.

For those within the Alliance it appears that the issues with schedule part 10 emerge from the competitive process which emerged, as described above. The schedule was described as being introduced post award (circa. July 2020) and perceived as a move away from collective decision-making to getting *"caught up in legalities"*. This however is not the case and the schedule had been part of both the dialogue and the Alliance Agreement shared in the final stages of the tender process. Despite this, it was felt that the interpretation of the schedule by the Alliance constrained the process of alliancing rather than providing an audit trail of decision making. This was felt to be particularly the case as for those we spoke to, the procurement of a third party was reportedly unclear.

The different understanding of schedule part 10 also impacted upon relationships. The early involvement of a legal team by the Alliance, appears to have *"set the tone"* and served to differentiate between the two parties rather than consolidating them under an alliance model.

It is important to note that the third sector is familiar and comfortable with procurement, and competition. However, in the Alliance, the perceived need for competition through the award of services process seemed to be more difficult to navigate, and became destructive at times. This is likely to be a result of the differences in understanding of schedule part 10, as well as the ongoing feeling of competition both inside and outside of the Alliance.

Progress, performance and contract management

The Covid-19 pandemic was seen as a significant factor in increasing the complexity of the work of the Alliance. Despite the formation of strong relationships prior to contract award, a sudden change of focus to the crisis management that the pandemic required resulted in, inevitably, a focus on contingency planning and 'firefighting.' This felt that, as a result, the Alliance was necessarily deprioritised. With hindsight, however, it was reflected that the pandemic also provided opportunities

for learning that would be applicable to the future of the Alliance. This included a move to trust based funding and drawing upon the resources, strengths and experiences across the sector.

The decision to focus on outreach as the first element to be redesigned was also reflected upon during the review. That this was the largest element of services within the scope of the Alliance, reportedly accounting for 50% of the budget. This was a priority area, and Alliance members agreed should be the focus initially, however this presented a significant challenge particularly as the Alliance was *"learning on the fly."* In hindsight, it was felt that a smaller 'test and learn' approach with smaller areas of service delivery would have been beneficial for the early stages of the system redesign.

Some stakeholders told us that it felt that the Alliance *"failed to mobilise"* and things didn't progress as they had expected them to. This challenge was compounded by a lack of clarity amongst the Alliance of the parameters and definition of success within the service redesign.

A further challenge that was identified related to the up-front costs associated with the Alliance. At the tendering stage, Alliance partners identified what resource they would each bring to the Alliance. In addition, the HSCP funded an Alliance core team of four people, however there was a feeling that the core team was under resourced and the HSCP should have funded more central resources. ALT members also told us that they felt they put in a lot of resource to the Alliance, and some felt this wasn't proportionate to the size of their organisation and had expected that this would be applied on a pro-rata basis across the Alliance.

Market stewardship principles and competition

Within the Alliance model principles there was a commitment to

- Assume collective responsibility for all of the risks involved in providing services.
- Make decisions on a 'best for people' basis.
- Commit to unanimous, principle and value based decision making on all key issues.
- Adopt a culture of 'no fault, no blame' between the Alliance members and to seek to avoid all disputes and litigation.
- Adopt open book accounting and transparency in all matters.
- Appoint and select key roles on a 'best person' basis.
- Act in accordance with the Alliance values and behaviours at all times.

Those involved in the Alliance, and those stakeholders external to the Alliance, understood and agreed with these principles. The Alliance model was – in theory at least – the right approach, and the principles were correct.

In reality, there were a number of key changes within the staff structure within both the ALT and the HSCP. As these changes occurred, and new people joined, stakeholders told us that the commitment to the Alliance principles *"felt different."* This different feeling is difficult to define but relates primarily to *"not leaving your own organisation at the door."*

Providers described there being an *"in group"* (those within the Alliance) and an *"out group"* (external service providers) created by the Alliance structure. Despite the best efforts to engage and include other service providers, those in the 'out group' felt nervous, defensive, and were *"waiting for their contracts to be carved up by the Alliance members."* Poor communication, as previously described, contributed to these feelings, creating an environment of competition and unease.

Relationships

Consistent with their understanding of the clarity of purpose of the Alliance, partners understood that the principles of reciprocity and power sharing in relationships were also fundamentals of successful alliancing. These were understood, and relationships between providers and commissioners were reportedly good prior to the GAEH. Despite this however it appears that the stresses within relationships caused by both previous competitions in the procurement of services and the way the sector organised its response to GAEH tender pervade. Despite these, it was felt that the consultation process to develop the alliancing model was positive and enabled relationships to be further developed.

Many of those we spoke to reported an expectation that the Alliance would be formed of most, if not all, existing providers. The procurement process instead appears to have created what was described by one partner as an *"in group – out group culture"* that had, and continues to have, an impact upon the homelessness sector across Glasgow. Stakeholders talked about the Alliance having caused damage to the third sector in Glasgow, and stakeholders told us that this is still felt now.

Amongst some Alliance members it was hoped that sub-contracting of providers might have remedied this, however there were differing views on how and if this was possible, with some members of the ALT believing sub-contracting was not possible. It was felt that this is particularly the

case for those who were not awarded the Alliance contract, not just as a result of the award but also due to the way that the service design phases were conducted. Providers who were not part of the Alliance reported finding the service design phase to be extractive and raised concerns around expectations to provide intellectual property to organisations who had become to be seen as competitors. This is clearly a significant move away from the values and principles intended at the outset. In hindsight, it might be suggested that the attention and resource committed to relationship building prior to the procurement process was equally, if not more, necessary post award.

Staff turnover within both the Alliance and the HSCP was also identified as significantly altering relationships between individuals and organisations. Some Alliance members described how the power dynamic changed as a result of staff turnover, and that this had an impact on the ability of the ALT to make decisions, resulting in further discussions on decisions that had already been made. Stakeholders noted that significant time was spent building effective relationships between ALT members early in the process, and this investment of time was not replicated later in the process, as staff members changed. Some stakeholders also described a change in the values of some Alliance members, this also appears to have coincided at a time when the Alliance moved from planning into an action stage of the agreement. An important point related to the commitment to ending homelessness, rather than getting a *"return on investment"* for time spent on the Alliance. It was also felt by some that this had an impact upon the wider functioning of the ALT.

There were mixed views on the relationships within the ALT, and that these changed over time. Some people told us that the early relationships were strong, at times difficult, but generally effective. Where conflict did arise, this was able to be managed, either within or outside of ALT meetings due to the strength of relationships that had formed. However, we heard that staff turnover had an impact on the Alliance in a number of ways. Some felt that due to staff turnover, the culture and relationships centred around alliancing values, and which had been fostered through the consultation process, were lost. This was described as *"diluting the ethos"* of alliancing as the trust and shared vision of the Alliance, present during its inception, was lost.

Leaders coming in to the Alliance were reportedly not necessarily familiar with the aims of alliancing and how these would be achieved. Some stakeholders told us that, as a result, relationships became increasingly strained, and meetings often ended with some members of staff upset and in tears.

Some people described the ALT meetings as *"traumatic"* and told us that a minority of *"loud voices"* dominated the discussion and made it difficult to reach agreement. It was felt that as a result of staff

turnover the principles and values around alliancing became less apparent. We would also suggest that as pressure to deliver, from both the HSCP and the Alliance member organisations, increased so did the strain upon relationships, not all of which were well established. This, combined with the increased management and oversight of the Alliance by the HSCP in its later stages, consolidated perspectives of the more traditional power dynamics which exist within commissioning, although these were well received and valuable to the Alliance.

The Covid-19 pandemic significantly impacted many aspects of the implementation of the Alliance however for many the move to online meetings was particularly detrimental to relationships. It was felt that *"a lot was lost"* due to the transition to virtual meetings and particularly in how relationships were maintained and how difficult conversations or decision could be had. The rapid change of priorities and, especially within the early months of the pandemic, the focus upon crisis management will have inevitably resulted in less time for members to invest in the Alliance relationships.

4. Summary of lessons learned

In this section we summarise the key themes that emerged from the review. These have been grouped into eight thematic areas and are summarised in figure one as a multiple cause diagram. Multiple cause diagrams are a way to visualise the reasons behind changes or events in complex systems[13].

[13] The Open University. Multiple Cause Diagrams. Link [last accessed 20.03.24]

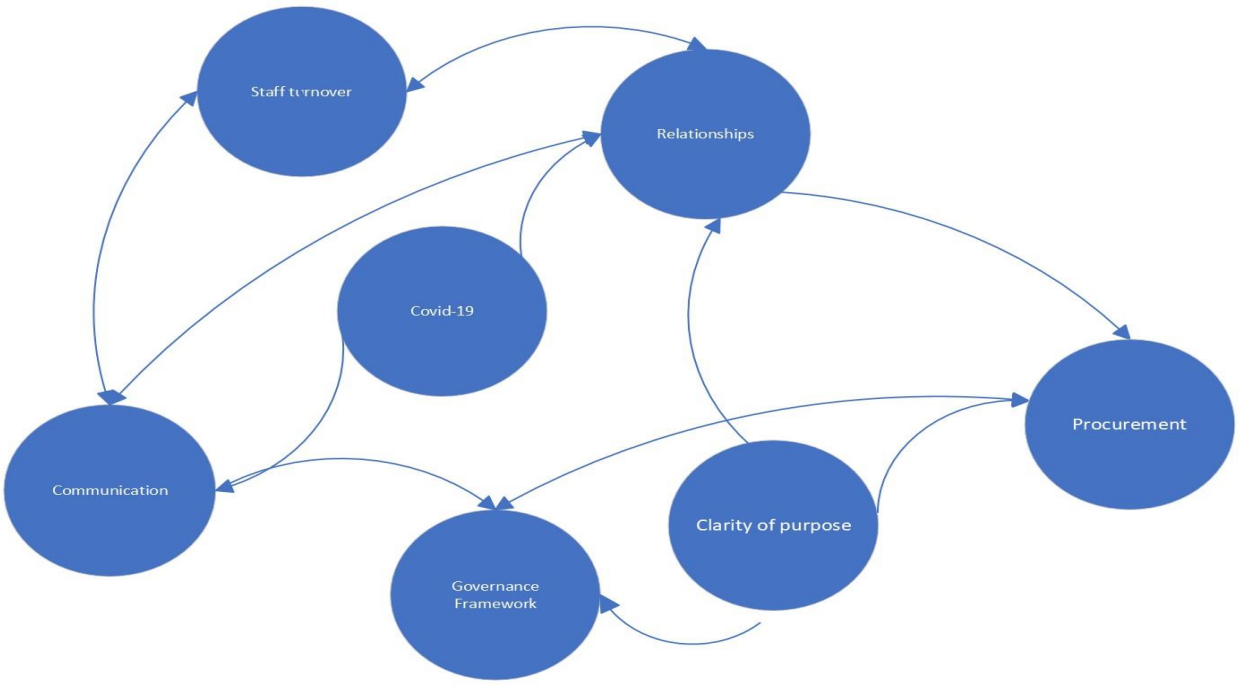

Figure one: multiple cause diagram

Taking a whole-system approach is seen as a benefit of alliancing, particularly where highly complex problems require complex solutions. By taking a system-wide approach, alliances seek to reduce fragmentation of local services, improving outcomes for service users. The alliance model has potential to reduce service duplication, make the system easier to navigate and increase cost-effectiveness.

Alliances have been used as a means of service reconfiguration, with varying levels of success. Aligned goals and good pre-existing relationships between commissioners and partners have been key to successful implementation, as well as considering whether the model is appropriate to the local context.[14]

In the context of homelessness, many commissioners have been encouraging alliancing as a way of managing the provider 'market', particularly alongside the recognition of the importance of input from people with lived experienced.[15] The intentions of the GAEH were different from these and centred upon the transformation of services to better meet people's needs. There is emerging evidence that Alliancing can provide this and improve outcomes such as reduced homelessness, improved quality of life for service users and increased access to services.[16]

Common challenges that have been identified in the literature relating to in alliance commissioning in health and social care include:

- A complex legal and regulatory context – it is important to get technical advice early on.
- Building and maintaining relationships across organisations and communities – furthermore, competition between organisations during procurement stages may impede alliance working.
- The process of negotiating an alliance contract can be time-consuming – even where there is a history of collaboration between alliance organisations.
- 'Consultation fatigue' among people with lived experience – especially where they have given insights that have not resulted in change.

[14] Sanderson, M., et al (2019) New Models of Contracting in the NHS. *Policy Research Unit in Commissioning and the Healthcare System* Link. [Accessed: 6/2/24]
[15] Blood, I., Pleace., . Alden, S. and Dulson, S., (2020) A Traumatised System: Research into the Commissioning of Homelessness Services in the last 10 years Link. [Accessed: 6/2/24]
[16] Gilmer, T., et al (2010) Effect of Full-Service Partnerships on Homelessness, Use and Costs of Mental Health Services, and Quality of Life Among Adults With Serious Mental Illness Link. [Accessed: 8/2/24]

- Navigating existing government structures – especially where service providers are branches of larger organisations which have their own organisational norms.[17] [18]

It appears that the GAEH was able to navigate a number of these challenges and there was a significant investment of time and resource in the consultation and preparation stages of the commissioning process. However as is represented in the multiple cause diagram, in figure one, there are a number of things that impacted on the Alliance's ability to deliver the changes that had been planned. These included:

- Staff turnover and relationships
- Covid-19
- Communication
- Governance
- Clarity of purpose, and
- Contractual and procurement challenges

It is apparent that there were many variables, and many changes over the lifetime of the Alliance that impacted on the ability of the Alliance to deliver.

Staff turnover impacted on relationships, confidence, approach and the 'collective memory' of what had been undertaken to get the Alliance as far as it had come. Whilst it is important to note that staff turnover cannot be avoided, and following the pandemic there was a time of upheaval within the labour market, the resignation of two successive Directors had a substantial impact. To mitigate against this in future, discussing, agreeing and documenting the values, behaviours, culture and ways of working for the Alliance would be a valuable element of a structured induction process to be delivered by the AMT/ALT. This could be accompanied by an agreement to regularly review and challenge each other to operate within the behaviours and adherence to the Alliance Principles, and to challenge each other if this does not happen consistently.

The impact of the Covid-19 pandemic should not be under estimated in terms of the disruption to ways of working and workloads in the sector in the short term, as well as the changes to

[17] National Development Team for Inclusion (2019) Alliance Commissioning and Coproduction in Mental Health. Link. [Accessed: 6/2/24]
[18] Moran, V., (2018) Investigating recent developments in the commissioning system. *Policy Research Unit in Commissioning and the Healthcare System* Link. [Accessed: 6/2/24]

homelessness policy more generally. As a result of this, some momentum was lost, and more time was spent focusing on the changes needed to work remotely, as well as dealing with increased workloads. However the opportunities that the pandemic brought in relation to new and different ways of working, and the application of these for the Alliance, were not fully realised. Ensuring that future system change work is accompanied by embedded processes to capture learning should be considered.

Communication within the ALT was regular and consistent. However, as a result of staff changes, there was a feeling the progress stalled, and some decisions were discussed again and again. Communication between the ALT and the wider sector was strained and has been heavily criticised by service providers. There was a 'communications gap' between the ALT and the HSCP, and service providers felt they were unable to get information relating to existing contracts, and that decisions were not made for a period of time, causing them operational challenges. In the service co-design sessions, service providers felt that information, and intellectual property, was being extracted from them, and the communications were very one way. During this period, service providers felt that the ALT was planning to 'carve up' the existing contracts, and this created a feeling of mistrust within the sector. Some stakeholders feel that this has cause lasting damage to the third sector.

The clarity of purpose for the Alliance was clear, and there was a strong commitment to ending homelessness from all of those involved. However, at the time of contract award, there was a lot of operational detail still to be agreed. Despite the significant contribution of time and resource from all parties in the build up to the formation of the GAEH it appears that both the HSCP and the Alliance were underprepared for what would be required to operationalise these details. Partners were able to unite behind an ambitious vision, but agreeing the detail was more difficult, particularly when individual organisations would potentially lose 'market share' as the Alliance progressed. The required efficiencies, and the scope of these across the sector, bred suspicion that there were other agendas behind the formation of the Alliance. As a result of this the principles of doing the 'best for people using the services' appears to have been overshadowed.

The governance, delegated authority and decision making were particularly difficult for the Alliance members and the HSCP staff. In the beginning of the Alliance, there was a willingness and commitment to work differently. As time progressed however there was a difficulty due to how the parties understood the requirements of schedule part 10, this became a significant obstacle which ultimately proved impassable. The willingness of the HSCP to review contractual terms once progress in service redesign and commissioning had been made was lost resulting in an impasse.

Progress towards service redesign and achieving the aims of the GAEH were unable to be taken. For the Alliance the contractual and procurement process was seen as a key barrier. This contrasts with perspectives in the GHSCP in which the Alliance not taking responsibility of partner providers and testing the process was seen as a fundamental barrier to progress. This lack of progress resulted in the deadlines for service redesign being missed, in-turn impacting upon partner providers, this was one of the triggers for the development of the oversight group. Whilst the oversight group was positively received by the ALT, in hindsight it was felt that an earlier formation of this group would have been beneficial.

Despite the challenges, all those we spoke to were able to identify a number of positives identified as a result of the Alliance. It is worth highlighting that these include:

- All organisations involved in the Alliance were determined to make it work and had a shared vision, with other partners and the HSCP. There remains a commitment to the principles and values of ending homelessness by all those involved, even if this is delivered through a different model in the future. There is hope that the YOU framework can deliver this, although some scepticism remains.
- Power sharing changed as a result of the Alliance model and was different to what had existed previously. Many stakeholders feel that this is a positive disruption.
- Co-production and lived experience being embedded into the ways of working was considered to be a positive step by all involved. It was felt that this has been the start of a cultural change within the system, perhaps most evidently seen in the shifts in language used.
- Despite the challenges there is no appetite amongst providers to revert back to older models of commissioning and there is still a recognition of the need, and willingness to be involved, in system change.
- There remain positive relationships across Alliance partners that was developed through the openness and transparency that membership of the group facilitated.
- There are still opportunities to reflect and learn from the experience of the Covid-19 pandemic and apply this.

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