# Quality In Local Government - a programme for quality improvement in municipal services

## 1. Why the Quality in Local Government programme?

The "Quality in Local Government" programme is a broad approach working to realise the Minister of Local Government and Regional Development's vision for the municipal sector:

- Municipalities will be an actively-democratic arena where people want to participate.
- Municipalities will provide high quality services.
- Municipalities will be dynamic community developers facilitating collaboration between public agencies and voluntary organizations.
- Municipalities will be a good place to work.
- All municipal sector activities will be characterized by high ethical standards.

The programme will be implemented as a partnership between the government, the Norwegian Association of Local and Regional Authorities (herby referred to as KS), and the labour organisations and will contribute to strengthening the reputation of local government.

The aim of the partnership: To increase the quality and efficiency of local government services through effective collaboration between elected representative and local government employees, leading to improvements that are evident to local residents. Reducing absenteeism among local government employees is a specific goal.

Many municipalities are working effectively on quality assurance and reducing absence due to illness. These efforts will form the basis for further progress.

This memorandum outlines the overall programme.

The overall approach includes the following:

- Have strong support from local elected representatives and quality in local government initiatives, strengthen and extend existing efforts.
- Activities should build on work already under way or completed, in order to reinforce and extend existing efforts. We refer in this context to the bilateral quality agreement between KS and the government.
- The focus is on care for elderly and disabled people and nursing and education for children and young people.
- Local collaboration must involve employees who work directly with the public.
- Municipalities shall primarily draw on their own resources, with assistance from the project's resource teams.
- All activities must be endorsed by local elected representatives.
- Participating municipalities must commit themselves to concrete targets for reducing absence from work due to illness.

- Activities must be implemented within municipalities' agreed financial limits.
- The intentions of the Main Agreement (between the Confederation of Norwegian Business and Industry and the Norwegian Confederation of Trade Unions) will be safeguarded.

Quality Municipalities Memo as attachment to invitation letter KRD 18.12.06

#### Formulation and progress

- The project will consist of two largely parallel components. One involves measures to reduce absences from work due to illness. The other concentrates on other quality improvement measures in the municipality.
- The first and immediate phase is to start work in a small number (10-12) of preselected municipalities that have a high level of employee absenteeism due to illness, especially in services relating to general care, nursing and day care.
- The invitation to all municipalities was sent out before Christmas 2006, with an application of 31.01.07 for the first intake. An inception conference for the first 50 municipalities was held in mid March 2007.
- In parallel, appropriate tools to address employee absenteeism due to illness are identified. Experiences are summarised and necessary tools developed continuously as needed. Systems for evaluation, communication and profiling are developed. A second inception conference was held in June for a further 50 municipalities.
- During 2008 a further 100 municipalities joined the project. Inception conferences are held twice a year, as each new group of municipalities joins the programme.
- It is intended that more than half of the municipalities in the country will participate.

## 2. Organisation

Central organisation is by means of a *Political Contact Meeting*, attended by the political leaders of the participating ministries, management of KS and management of the participating labour organisations. The contact meetings are chaired by the Minister of Local Government and Regional Development and are held about twice a year to develop policies for collaboration and address relevant issues.

At the administrative level, a *Steering Committee* has been established to take responsibility for the professional and technical content of the programme, the selection of participating municipalities and to oversee implementation. The steering committee is chaired by Minister of Local Government and Regional Development and is made up of administrative level representatives of the participating ministries, KS and the participating labour organisations. The *Secretariat* is organised by KS. The secretariat has central operational responsibility for the programme and will work closely with the steering committee. KS has operational responsibility and is responsible as an employer for the project manager and advisers.

Local organisation of the partnership is adapted according to individual municipalities' goals. Each participating municipality decides for itself how the work will be organised, but must ensure representation from elected representatives, management and employee organisations in managing the work. All activities must be endorsed by all local labour organisations. The project is politically and administratively owned by the local partners and these must be actively

involved in municipal efforts, including formulation and follow up. The local project is put together by *elected representatives*, *managers and union representatives*/*employees*. Employees who participate directly in the provision of services to the public must be involved in all phases of the project. Elected representatives should take part in both planning and implementing the project. The municipalities must also ensure that sufficient analytical expertise is available and that processes are in place for developing plans and establishing targets in areas where improvement is needed. Municipalities must describe in their applications how the participating parties will collaborate.

The criteria on which municipalities are selected are motivation to work on reducing absence due to illness and motivation for targeted work on quality that is consistent with the project's overall objectives. The municipalities will be given direct guidance and follow up, primarily through participatory networks.

Advisers from the project, the Labour and Welfare Organisation (NAV) and other external resources assist the networks and municipalities. During the start up phase, the project drew on resource persons and expertise from among the partners' own experts. All local advisers are given the same training.

The *project manager and secretariat* and advisers maintain ongoing contact centrally, regionally and locally with all involved parties. This includes NAV, KS in the regions and counties, as well as county governors and organisations. The main tasks of the project manager are to:

- organise collaborative network together with the municipalities
- ensure direct assistance for the municipalities from the available resources
- communicate the results of the work.

The project manager prepares suggestions for specific project plans with milestones. The parties to the agreement provide workforce resources, to work directly with and assist the project manager.

# 3. Start up phase with main focus on absence due to illness

The aim of the first phase is to reduce employee absences due to illness in the municipalities, to reduce pressure on national insurance benefits. This work will focuses on measures aimed at the municipality as employer during the sick pay period (one year). For the 12 municipalities already selected for this phase, a start up conference was held in January 2007.

Each municipality is required to devise a project plan that describes goals, measures, deadlines, responsibility, reporting and evaluation. The municipality must prepare binding targets for reducing absenteeism due to illness. The project plan should show how the project sets targets, develops indicators and reports on target achievement. The targets for absence due to illness must apply to all levels.

Processes for identifying focus areas and measures to reduce absence due to illness and improve attendance were vital to the implementation of both the start up phase and the main phase. Good

descriptions exist of tried and tested methods from a bottom-up perspective. Examples of these include *Flink med folk, Medarbeiderskap*, the model municipality trial, the manning evaluation *FRYD*, *LØFT* and employee surveys. R&D work has identified a number of critical success factors for local work on absence due to illness. This knowledge must be applied in the start up phase of work on employee absence due to illness.

In addition to the bottom-up perspective, it is also essential to ensure there is a focus on top management. Work on absence due to illness and quality improvement is largely about leadership, endorsement, good management systems, as well as a focus on results and priorities that have been properly thought through at a high administrative and political level.

To improve follow up with people who are off sick, attention must be given to the actual absences due to illness and routines for follow up. The Stoltenberg Committee's model presented on 6 November 2006 gave a lead here. The heart of the follow up is management commitment and the sick person's own assessment of their ability to work.

## 4. Main phase - better quality for local residents

### The impact of the work should be:

- That local residents notice an improvement in the quality of their contacts with local government.
- That employee absence due to illness in the municipal sector is reduced.

The implementation and methods described under "Start up phase with main focus on absence due to illness" (section 3) applies to all new municipalities entering the project. The following describes the work involved in service quality.

#### Quality

It is one of the project's goals that improvements in the quality of services after municipalities participate in the Quality in Local Government project are evident to local residents and others who receive local government services. The direct contact, dialogue and interaction between municipal staff and local residents has been chosen as the central quality control focus for the programme.

There are a number of definitions and terms that explain what quality is, including within each municipal service area. In this project, it is important that we do not make the definitions of quality too complex and fragmented. It is also the intention that the understanding of quality should be linked to daily practice in the municipalities at each point of service, as well as in the contact between service provider and service recipient.

Quality is about considering needs and meeting expectations. This means that there are two approaches to improving quality:

- Creating realistic expectations by providing good information
- Improving results

Based on this, in our context we can regard quality as:

- What local residents might expect in their contact, dialogue and interaction with the municipality
- perceived quality in the contact between municipal workers and local residents

To sum up, this is all about quality in the performance and delivery of services. When working on quality, the content of the service, the terms on which the service is given and the way in which the service is performed must all be focused on. The *terms on which the service is given* may be availability, regularity and continuity, predictability and punctuality, correctness and clarity, flexibility and adaptation.

However, nothing is perceived as having sufficient quality unless there is a focus on the *way in which the service is given*. How a service is delivered is about the contact, dialogue and interaction between service provider and service recipient. Local residents rightly expect to be seen, heard, treated with respect and taken seriously. This is the starting point for developing practices for the contact between the municipal employee and the person receiving the service, and is a primary focus in the project.

Every municipality and service within must discuss and reflect on the concept and characteristics of quality in their own activities, based on the aims of their efforts. Evaluating one's own quality and setting oneself targets for quality are a central part of the project, together with identifying areas for improvement within the municipality and implementing appropriate measures.

The provisions regarding quality in current legislation and regulations, such as quality in nursing and general care, and the guidelines of the quality agreements between the government and the municipal sector are taken as a starting point. Work on quality in this project is carried out within existing frameworks for resources. Quality improvement measures that make local residents more satisfied should also reduce employee absences due to illness.

#### **Examples of methods and models**

In order to work towards targets for quality improvement, the municipalities must know something about where they stand at the moment. In other words, they must be measured, and a situation analysis based on statistical material and a basis for measuring changes must be completed before the municipalities start implementing quality improvement measures. It is vital that this factual basis is perceived as legitimate by both parties: employees and employers (at both political and administrative levels).

We must create appropriate indicators for quality of the service we are focusing on. Our basic information should give us a picture of the quality of the service and tools to develop it further. This should be chosen from sources that already exist and preferably that the municipalities already have data on or experience of. A number of sources and methods may be relevant and we indicate some of these below.

**Networks.** Since 2002, all municipalities have been able to participate, in learning networks - networks among municipalities for renewal and efficiency. The learning network is about comparing yourself with others so as to learn and get better at what you do. It offers an arena for analysis, the exchange of information and learning, as well as assistance with interpreting the results and initiating measures where the municipality sees they are necessary. Briefly, the method involves the municipalities reviewing selected services, comparing efficiency and quality and exchanging information and experience. This is done with a focus on best practice for improvement measures and efficiency in their own municipality.

These reviews, analyses and comparisons create a solid background for improvement measures. The network arena helps the municipalities become more conscious of how they work and are organised. The municipalities' productivity, efficiency and quality is analysed in the networks and one can make comparisons with other municipalities and see how changes occur over time. This gives a better basis for discussion and decisions on priorities, both politically and administratively. The improvement work that is set in motion is characterised by better information and interaction.

The **model municipality methodology** was basically a three year trial that was implemented in some municipalities. The aims of the project were greater resource efficiency and better quality of services provided and as an alternative to putting municipal service out to competitive tender. The common denominator for the tools applied in the trial was that the municipalities should carry out development work with the aid of initiatives from the employees.

The working practices were consensus-based with steering committees consisting of politicians, administration and employees. The idea was that the municipalities' own employees' experience of the services was a good starting point for creating ideas about how the services could be improved, proving to be a worthwhile exercise. As such, a great many ideas were developed and realised. Employees' wellbeing increased, the parties to the tripartite collaboration were positive about it, absence due to illness decreased and efficiency increased in the activities that carried through the projects. The model municipality trial also helped to achieve the goal of qualitative improvement to service provision in the municipalities.

The model municipality methodology has been further developed and in the latest project the focus has moved more towards involving local residents, pilot strategies and quality than in the earlier projects.

**User surveys** provide an indication of perceived quality. What do users - or families and guardians - think about the quality of the service they receive? User surveys not only provide useful information about what users think of the quality of a particular service, they also provide a good basis and starting point for dialogue with users about developing and improving the service. User surveys are therefore an important quality assurance tool for the municipalities.

**Employee surveys** give an indication of employees' satisfaction with their own workplace. Wellbeing in the workplace is essential if the municipality is to deliver good services, recruit and hold on to the right employees and keep absence due to illness down. In the same way as with user surveys, employee surveys give an indication of quality at the workplace, but they are primarily a tool for continuing work on the working environment, as collaboration between employee and employer.

**Measured (objective) quality.** It is important to arrive at some (few) indicators that are perceived as objective as regards how the service is delivered. Such indicators should be defined on the basis of what the intention of the service is, and should be closely aligned with what the users think is important about how the municipality delivers the service. It is always difficult to agree on indicators for measured quality. Naturally there must be indicators for every service area that is chosen. Some of the indicators given on <a href="https://www.skoleporten.no">www.skoleporten.no</a> and <a href="https://www.bedrekommune.no">www.bedrekommune.no</a> could be used.

KOSTRA (municipality-state reporting) is the national information system that provides management information about municipal service provision. The information is intended to give a better basis for analysis, planning and management, including giving a basis for assessment of whether national targets are being met. KOSTRA is also a central tool in which individual key figures can be used together with other data, such as data about user satisfaction. The Directorate for Education and Training and the Directorate of Health and Social Affairs gather data at user level through the GSI and VIGO systems for primary, secondary and upper secondary schools and through IPLOS for the nursing and care sector. IPLOS is a tool for documentation, reporting and statistics for municipalities and central authorities. Registration is mandatory for all municipalities and it is a part of KOSTRA. Figures for quality have been developed in KOSTRA in recent years and in March 2007 quality indicators were published under their own tab in KOSTRA for the first time. These were based on objective data that already exists in KOSTRA.