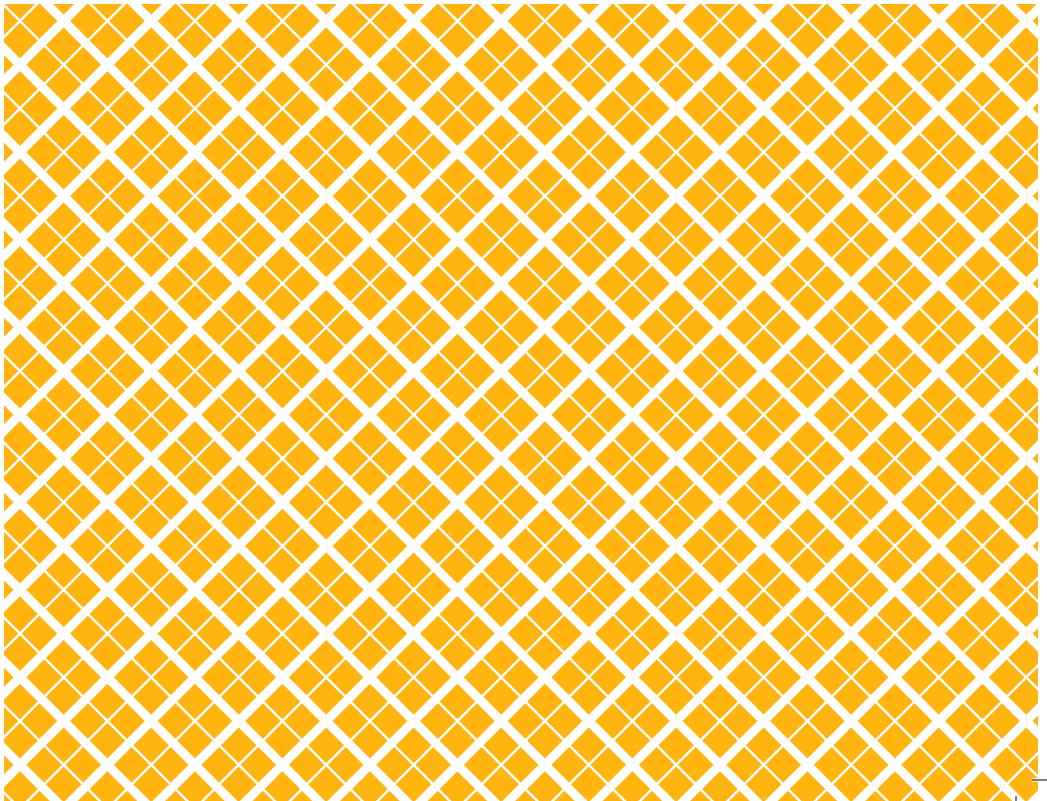


Protecting Public Services and Making Them Work For You

Public services policy paper
Policy Paper 119

**Autumn
Conference: 2014**



**Protecting Public Services
and Making Them Work
For You**

Public services policy paper

Policy Paper 119



Contents

Introduction	3
Executive summary.....	7
1. Our vision for public services.....	20
1.1 Principles for public service	21
1.2 The affordability challenge	23
1.3 Our approach.....	25
2. Integrated public services.....	28
2.1 Joined up public services.....	30
2.2 Better Outcomes Boards (BOBs)	31
2.3 Information.....	34
2.4 Freedom of Information in public services	37
2.5 Leadership and professionalism.....	39
2.6 Inspection and improvement.....	41
3. Flexible, accessible and accountable public services.....	44
3.1 Empowerment.....	45
3.2 Diversity of provision.....	47
3.3 Innovation	51
3.4 Measures	53
4. Pro-active public services.....	55
4.1 Early action	55
4.2 Staff and user involvement.....	58
4.3 Mutual support.....	60
4.4 Navigation	62
5. Applying our approach in schools.....	64

Protecting Public Services and Making Them Work For You

5.1	Attainment.....	65
5.2	Pupil premium.....	66
5.3	Teaching and learning.....	68
5.4	Standards: curriculum and exams.....	70
5.5	Schools structures.....	72
5.6	Accountability, improvement and intervention.....	74
5.7	New schools.....	75
5.8	Admissions.....	77
6.	Applying our approach in health.....	79
6.1	Mental health.....	80
6.2	Integrated care.....	83
6.3	Better care, closer to home.....	86
6.4	Information.....	88
6.5	PFI.....	89
6.6	Public health.....	89
6.7	Health and Social Care Act.....	90
7.	Applying our approach in transport.....	98
7.1	Commissioning local transport.....	99
7.2	Diversity of provision.....	101
7.3	Rail.....	102
7.4	Cars, cycling and walking.....	104
7.5	Ticketing.....	105
7.6	Open data.....	106

Introduction

Public services are vital to all our lives. When we are sick, need schooling, housing, support at times of trouble, or simply to get somewhere, we depend on them.

But in the coming years they face strains as never before. Squeezed public budgets, the demands of an ageing population, an increasingly wide range of organisations providing services, the demands of new technology and rising expectations are all together making the job of providing good quality public services harder than ever before.

Rural areas face particular challenges, including physical access and sustainability of many services.

In the face of all these challenges, Liberal Democrats will protect and improve our public services. We have long believed in public services, because they support the most vulnerable, and empower us all to have control of our lives.

A century ago it was a Liberal Chancellor, Lloyd George, who put in place the foundations for many modern public services. Half a century later, another Liberal, William Beveridge, created the blueprint for services as we know them now. We are committed to continuing that proud tradition by ensuring Britain has public services that will meet the needs of the twenty-first century.

More recently Liberal Democrats have argued the case for public services, making commitments to put 1p on income tax to invest in education, and for additional funding for the NHS, when these causes were far from fashionable. Now in government, we have been able to put this support into practice.

And so as they face the fresh challenges of the twenty-first century, Liberal Democrats will protect and improve public services. We will ensure that services that are free to use, remain free to use. We will ensure that they stay accessible to everyone, regardless of background or means. We do not want to privatise them. We will support and empower staff delivering public services so that they can focus on doing what they do best. And we will ensure services remain local, wherever you are, meeting the needs of local people in every part of our country. Public services are for everyone, and we will fight to ensure they stay that way.

But our ambitions for services for the public don't stop there. Many provide superb services, in a convenient and easy way, and at outstanding value. But many could be much higher quality. Many could be far, far easier to use – including making much better use of modern technology to provide better and new services. They could stop too often insisting that we work around what suits them, and respond instead to what we actually want from them. They could tackle their waste and stop doing things they don't need to do.

Perhaps more than anything, they could link up much better with each other, not treading on each other's toes, overlapping and contradicting each other – all while too often we are passed from pillar to post, not actually getting the simple thing we need.

Public services must be accountable, and meet the needs of our own town or area, not be squeezed into the straitjacket of one national model dreamt up by someone in Whitehall trying to design the same system for Penzance as for Manchester, for Newcastle as for Stratford upon Avon.

They must be services which let the professional trying to help us do just that, not be distracted by how to fill in a computer system that our issue doesn't seem to fit into. They need to

Protecting Public Services and Making Them Work For You

be human, allowing us to talk to a real person when we need to, and make sure those people are able to tackle our issue, when and where we need them.

We will:

- ensure that the NHS remains free to use, as it is today
- make it easier to use by GPs being open for longer hours, in the evening and weekends
- continue to ensure that every child is always taught by teachers who are qualified
- ensure that local transport is effective and sustainable, especially in rural areas
- help younger people to use it by offering two-thirds off bus fares to 16-21 year olds
- get different local public services to work better together, and focus on what's best for us locally, not for a government department in Whitehall
- ensure that private providers of public services provide a high standard of service – and give us all the right, when we think a provider of a local public service is simply not good enough, to trigger a change

Our vision is of public services which meet our needs quickly, efficiently, and are flexible and responsive. And for services which increasingly reach out to help stop us getting ill, or simply improve the quality of our lives, so that we need to use some public services less in the first place and can simply get on with our lives.

Protecting Public Services and Making Them Work For You

Liberal Democrats will protect and improve public services,
and make them work for you.

Executive summary

Liberal Democrats will protect public services, and make them work for you. We are proud of our long history of creating and developing public services, to support the most vulnerable and allow everyone to make the most of their opportunities. They must continue to serve us all – including meeting the particular challenges of ensuring sustainable and high quality services in rural areas.

In line with our remit, this paper sets out Liberal Democrat approaches to public services generally, and in particular schools, health (including the Health and Social Care Act 2012) and transport.

Public services are enormously diverse, and provided by many different types of organisation. However we believe some values must always lie at the heart of any public service (1.1.2):

- Quality
- Access
- Equal access for all
- Being joined up
- Being empowering
- Transparent and accountable
- Local
- Providing value for money

The ongoing pressures of public finances, public attitudes to funding, and the challenge of an ageing population mean that public services face difficult financial challenges. (3.2)

We believe public services must respond in innovative ways to:

Protecting Public Services and Making Them Work For You

- provide services more cost-effectively
- free up professionals so that they can focus on providing their services, not on meeting the needs of excessive monitoring
- draw on the frequently untapped energy and skills of users and the public to provide services more effectively and closer to their needs
- exploit ways which can sometimes prevent needs such as ill-health occurring, both improving lives for users and reducing demand on services
- break down barriers and contradictions between services
- make best use of modern technology and information approaches to provide more integrated and better services, including pre-emptively

We believe the most important priority for improving services over the next few years is to ensure staff are best able to meet the needs of their users and provide a good service – rather than changing structures, which can often distract attention for years from service quality and does not always achieve its aims. (1.3.2)

While sometimes structural change is necessary, we are clear that in general it will work best when it comes from local services, accountable locally, seeing how they can better meet the needs of their users, than from top-down re-designs from politicians. (1.3.2)

Integration

Too often different parts of public services are fragmented, working separately or even in conflict with each other. Simply bringing services together has the potential not only to provide users with a more seamless service, but also to be

Protecting Public Services and Making Them Work For You
more cost-effective and develop services innovatively and to
be pro-active. (2.1)

We would like to see different authorities responsible for
different public services simply coming together, without
major structural change, to see how they can together meet
the needs of both users and value for money. (2.1.3)

Although different public services will continue to be provided
by a wide range of different types of organisation, the decision
about whether any particular service should be provided or
commissioned should always be taken by a public authority, if
possible which is democratically accountable. (2.1.6)

We will allow local bodies responsible for services to come
together voluntarily, in the way they think best, in a Better
Outcomes Board, led by a local democratically-accountable
organisation, to share budgets and promote closer joint
working. Government will offer incentives for them to do so
through the structure of funding. We envisage a range of local
public services authorities participating, as well as existing
groupings such as Local Economic Partnerships, Health and
Wellbeing Boards, Local Transport Bodies and crime
partnerships. (2.2)

Modern approaches to managing information have the ability
both to provide more convenient services to users, and also
to provide better quality, more cost-effective and more pro-
active services. However information must be handled in ways
which ensure:

- the user always controls their own information and has
the ability to opt out of information-sharing if they wish
to
- access to it is strictly controlled, with those who gain
unauthorised access held to account and punished
- where data is aggregated for research purposes, it

Protecting Public Services and Making Them Work For You
must be anonymised. (2.3)

Freedom of Information obligations should apply to private providers of public services as well as to the public sector. Going further, arrangements with private providers should be more transparent, with information about their performance and value for money easily accessible. There should be a presumption in favour of 'open-book accounting' between authorities and providers. (2.4)

Investment in leadership is essential, across the public sector and at all levels. Where their decisions have an important impact on services provided to users, clerical and managerial staff should be required to meet professional standards in a similar way to professional groups such as nurses and teachers. (2.5.6)

Both the quality and integration of public services as a whole would benefit from more movement across different sectors during a career. We will promote integrated or common graduate trainee schemes, combined leadership development, and other career movement opportunities across different sectors. (2.5.3)

Inspection of services is a crucial element of accountability, and must be done much better, and much less burdensomely. However inspection must not be confused with ensuring good quality or improvement, which can only be achieved by services themselves and those who commission them. (2.6)

Flexible, accessible and accountable

An important objective for all public services is that they should be flexible enough to meet the personal needs of the actual user who needs them, as simply and cost-effectively as possible. They should work with users and the public to

Protecting Public Services and Making Them Work For You

deliver them as simply, locally and appropriately to their needs, as possible. (3.1)

We will give individual service users the right to request flexibility in delivering a service to them. An example would be a social care user who might want to request that the support to put them to bed for the night be provided in the evening, and not at 5pm, simply because that suits the service. This right will be modelled on the existing right to request flexible employment. If a provider refuses they will be required to offer to participate in a formal conciliation process with the user. (3.1.5)

We will ensure that private providers of public services provide a high standard of service. Where a sizeable proportion of a local population believe that a public service is being provided consistently poorly, there should be a 'community trigger' mechanism, under which they would require the authority responsible for the service to conduct a full review of who the best provider would be, and how the service is provided. This could be an effective route for holding to account or terminating the contracts of private providers. (3.1.6)

Given the diversity of different sectors providing public services ranging from transport and schools to health and justice, it is not possible to say that all public services must always be provided by either the public, private or voluntary sector. However all providers of public services must meet key tests, especially:

- Being genuinely accountable to their users and the wider public;
- Meeting common standards in accountability, applicability of freedom of information, data sharing, employment standards, and equity of government

Protecting Public Services and Making Them Work For You

funding

- Respecting the values we have set out for all public services, not just at bidding time but throughout their delivery;
- Being transparent about who the provider or bidder for a service is, and not hide behind deliberately complex and obscure structures. (3.2.9)

If a service is able to show that it meets fully the tests we set out then it should be able to attain a new status we will create of 'accredited public service'. (3.2.11)

Supporting staff in public sector organisations to innovate is very important: we will ensure they have the sufficient freedom, and the tools, both organisationally and personally, to do so. In particular central government needs to be better at understanding the challenges of delivering public services, and support them better. (3.3)

The use of targets to achieve improvement in public services has been controversial: while it may have helped deliver some high-profile improvements, it is also distorting and unhelpful to services as a whole. Measures for public services should be focussed on improvements in outcomes which end users would recognise and value, rather than be numerous and focussed on internal processes, should not set arbitrary thresholds, and be created in close discussion with the service concerned. (3.4)

Pro-active

A major opportunity for public services to serve the public better lies in understanding where focussing now can achieve improvements, and sometimes also save money, further in the future. Government should take up a range of ways of improving its consideration of the long-term impact of

Protecting Public Services and Making Them Work For You
expenditure. (4.1)

Staff and users are a significant resource for providing services better, more appropriately, and more cheaply, and in some cases with almost no involvement of the actual service at all. Public services should enthusiastically embrace this approach as a way to better, more appropriate and more sustainable services. We will require every public service organisation to have a strategy for involving users as partners in delivery of services. (4.2)

Mutual support among service users can also significantly improve their experience. We will create a right for people to pool their 'personal budgets', for mutual benefit, and also introduce a range of mechanisms for mutual support. (4.3)

Schools

The principles and approach we have set out can make major improvements to schools and learning. (5.0)

The most important factor in improving quality and educational attainment is the quality of teaching. Following our general view that equipping and supporting professionals must lie at the heart of good public services, we will create an Investing in Teaching package, which will include:

- supporting the creation of a Royal College of Teachers,
- a robust and consistent framework for teacher continuing professional development (CPD),
- a CPD Entitlement of 50 hours per year for each teacher,
- spreading established good models for leadership development and school-to-school improvement (5.3)

We will ensure every child is taught by a qualified teacher.

(5.3.8)

In line with our general view of measurement, we welcome the move to value-added measures for assessing pupils' attainment and the performance of schools. (5.4.1)

We will continue to ensure that there will be no return to an academic-vocational split in qualifications at age 16. (5.4.2)

We are proud of the introduction of the pupil premium which has provided £2.5 billion a year additional support to the most disadvantaged children. We have now followed this with an Early Years Premium for 3 and 4 year olds, which we will over time bring up to the funding level of the pupil premium for primary schools. In the longer term we will extend the pupil premium to 17 and 18 year olds. (5.2)

We will continue to slim down the national curriculum, which will be set by an independent Educational Standards Authority (ESA), rather than by Ministers, within an overall framework set by government. All state-funded schools will be required to teach the same 'core curriculum', a slimmed-down national curriculum. (5.4.5)

Arrangements for accountability, and responsibility for improvement and intervention in schools, are currently confused. Drawing on our general approach to inspection and measurement, we will ensure it is clear that responsibility lies first with the school itself, then with any grouping it is part of such as a diocese or academy chain, and then with the local authority, which will have a clear power and duty to intervene in all poorly-performing schools in their area. They will all, including local authorities and academy chains, be inspected by Ofsted to ensure they are doing their job well. (5.6.3)

We will support local Headteacher Boards, comprising successful heads of local schools, accountable to their peers.

Protecting Public Services and Making Them Work For You

The new regional tier for oversight of schools created by Michael Gove lacks accountability and is unnecessary, and we will abolish it. (5.6.4)

We will repeal the rule that any new school must be a Free School or Academy. Local accountability is crucial: we will give accountable local authorities the clear responsibility for planning schools places in their area. If a new school is needed, the local authority should commission what they judge would be the best school for their local area – for which they would be accountable to their electorate, and inspected by Ofsted. (If the individual local authority becomes effectively the 'backer' of one option, then the decision will be taken by a schools adjudicator independent of both the local authority and the Department for Education.) (5.7.1)

Where a significant proportion of local people, supported by an Ofsted judgement, believe a school is inadequate, they will be able to initiate an education form of the 'community trigger of change' and require the local authority to carry out a full review of the decision for a school to be an academy or free school, or other type of school. (5.7.3)

Schools should continue to be able to set their own admissions policy, to reflect any particular specialisms, subject to the national code. The local authority will then manage the system of admissions and appeals to ensure that every child has a fair chance and be treated on an equal basis. (5.8.4)

Liberal Democrats continue to believe that selection for state-funded schools should not take place on the basis of faith. (5.8.6)

Health

The approach to public services that we have outlined has significant implications for policy on health. Our pro-active approach can particularly both improve outcomes for users and be more cost-effective, and health is an exciting area for the potential for supporting patients and service users to play an active role in their own care. We will return the focus to care of the patient, and give NHS organisations the power to ensure care is integrated and co-ordinated. (6.0)

Liberal Democrats are clear that good mental health is as important as physical health to a good quality of life. We will introduce good practice standards for access to mental health services, and in the longer term we will move towards the balance of funding between mental and physical health services reflecting the extent of their respective health need, including through exploring new models of closer integration between them. (6.1)

We will ensure that CCGs and HWBs have identified champions for mental health. We continue to support the programme for Improving Access to Psychological Therapies (IAPT), and would broaden it beyond Cognitive Behavioural Therapy (CBT). (6.1.13 and 6.1.8)

Actually delivering on the promise of Integrated Care will be essential to providing appropriate, high quality and sustainable health and care services for the twenty first century. Liberal Democrats have led the way in government, with the Pioneers scheme, and we will continue to support local organisations coming together to deliver services in the way which best meets their local needs – including where this starts to break down the commissioner-provider split, as in Integrated Care Organisations (ICOs). We will be clear that competition rules will not be allowed to prevent this. (6.2)

Protecting Public Services and Making Them Work For You

We will pursue reform of tariffs to promote better quality care, in the longer term focussing on good health outcomes achieved rather than quantity of activity delivered. (6.2.10)

We will ensure that the NHS remains free to use, as it is today. (6.3.4)

We will ensure GPs are open for longer hours, in the evening and weekends, working in federations of GP practices, and the best use is made of pharmacists. We will ensure that appropriate use of modern technology is made to provide more accessible and better GP and other health services. We will allow you to be able to register with a GP of your choice, for example near where you work, and not only near your home. (6.3.6 - 6.3.9)

We will be clear that patients own their own health and care information. We support the NHS making the most of the significant potential of information and research to save and improve lives, but are clear that information for research must be anonymous, and there must be a clear right to opt out. (6.4)

We will support Trusts in negotiations with their PFI providers to achieve reductions in their payments, so that financiers make their fair contribution to tackling austerity in health services. (6.5)

Liberal Democrats are clear that competition must always come second to the needs of patients, and that any competition judgements relating to health must be made by the health-sector regulator Monitor rather than by the general Competition and Markets Authority (CMA). We will make clear that CCGs do not need to put services out to tender if they are happy with them. (6.7.1)

We support Health and Wellbeing Boards (HWBs) continuing to develop, with more elected local councillors sitting on them, and as they develop then taking on further responsibilities as each wishes to, including possibly responsibility for commissioning GPs locally. (6.7.10 and 6.7.11)

Transport

Local transport, especially in rural areas, has a crucial role in ensuring good and equal access to public services, and a good quality of life generally. (7.0.2)

We will ensure that local transport remains, is effective and sustainable, especially in rural areas. (7.0.2)

Arrangements for local public transport currently mean that the public and public authorities play very little role in ensuring a good service. We will create minimum standards for frequency and access for local public transport. We support the 'Quality Contracts' approach, under which local authorities and others work together with providers to agree a certain standard of service, and we will provide incentives to support Quality Contracts being implemented. (7.1.7)

We will particularly support small-scale voluntary or other providers to be able to bid to provide services, which are often more appropriate, flexible and make best use of modern technology, to meet the needs of local people. (7.2)

Any new significant infrastructure work done to rail or bus stations or when new vehicles are provided, should meet standards for disability access including providing audiovisual information to passengers. (7.0.5)

Protecting Public Services and Making Them Work For You

We will ensure that public bodies can bid for rail franchises: this would for example allow the current public-owned interim operator of the East Coast Mainline service to bid to run it permanently. (7.3.4)

We will make full use of modern technology to ensure that refunds for longer rail journeys which suffer delay or other problems are made automatically, and also much better arrangements when rail replacement services are needed. (7.3.1 and 7.3.2)

We will support the extension of 'smart ticketing' for public transport, which is both more convenient for passengers and can ensure automatically that they pay the best fare. It also has the potential to provide better linkages with other, non-transport services. We will require future bidders for transport contracts to make available real-time information for their services, on the model of Transport for London. (7.5)

We will help younger people to use public transport by offering two-thirds off bus fares to 16-21 year olds. (7.5.2)

1. Our vision for public services

1.0.1 Public services play a central part in all our lives. Ranging from the provision of our courts and justice services, to schools and hospitals, through to our armed forces, with many very different services in between, they together meet many of our vital needs and make our lives easier.

1.0.2 They are provided in numerous different ways. Some are provided directly by the traditional public sector. Many are provided by third-sector or private providers, either contracted by government to do so, or without any real government involvement at all. Some are controlled locally, some nationally, in either case perhaps by an elected body, or by an unelected one. Some have high political salience and significance; others, often just as important, do not. Some whole sectors of public services are almost entirely provided by the private sector; others are dominated by the public sector. A few have remained similar in structure for a long time; many others seem to be in a constant state of re-organisation. And the same services can look very different indeed in rural areas, to cities.

1.0.3 Perhaps of most interest to users, some are effective services, genuinely centred around the user's needs and leaving a positive sense of having provided a good service. Some are much less good. There is no hard and fast rule that one way always works best: it is, for example, no more true that the private sector always provides a good quality or good value service, than it is that the public sector always does.

1.0.4 We all also have an important interest in public services as funders of them, through our taxes, and sometimes also paying directly for using them.

1.0.5 So public services in the twenty-first century are an

enormously diverse range. But they have in common that public authorities have responsibility for either providing them directly themselves, or commissioning or contracting them from other organisations, for the benefit of the public generally. We consider in this paper, as we have been asked to do, firstly what the Liberal Democrat approach should be to all public services generally, and then specifically what this should mean for schools, health, and transport.

1.1 Principles for public service

1.1.1 No 'one-size-fits-all' approach is right for all parts of public services, given their enormous diversity today.

1.1.2 However in whatever way they are provided, and by whom, there are some values which we believe should always lie at the centre of providing any service to the public:

- a. **Quality:** Public services should be good. This is important: although it might seem obvious, good or poor quality is not always well understood, and debate too often focusses on how they are provided and by whom. Low quality might mean simply further inconvenience to the user, but it might also mean unnecessary deaths or permanently damaging the life chances of the most vulnerable.
- b. **Access:** Everyone, regardless of means, or where they live, should be able to use public services, in most cases free at the point of delivery. They should also increasingly be able to do so as easily and conveniently as they are used to accessing other services.
- c. **Equal access for all:** Public services must be equally accessible to everybody, and must be pro-active in

Protecting Public Services and Making Them Work For You

ensuring that they do not create barriers, deliberately or inadvertently, which restrict access to public services for some groups

- d. **Joined up:** People are entitled to expect that different services link up with each other. Not only should this mean that different types of providers across different parts of the public sector, should provide a seamless service to the individual, centred around their own personal needs, but doing so also unleashes significant power to improve services as a whole.
- e. **Empowering:** Public services should have as their aim providing a service to users so that they are able to have as much control of their lives, and over those services, as possible.
- f. **Transparent and accountable:** The public, who both use and fund public services, should be able to see, accurately and simply, how well those services are meeting their needs – and be able to hold providers effectively to account, wherever possible in a democratic way.
- g. **Local:** Services should be designed to meet the needs of, and be accountable to, their local users, not simply some national plan. It is especially important that they remain locally accountable in sparsely-populated areas. The vision of vibrant communities determining their own public services around their own needs and wishes, set out by the Local Government Association's *Rewiring Public Services* project, is one we share.
- h. **Providing value for money:** The resources which the public contribute to fund public services must be used cost-effectively, and whoever provides them must

Protecting Public Services and Making Them Work For You

operate on a responsible and sustainable economic basis.

1.1.3 We have consistently argued for professionals delivering public services to be given the tools, skills, and above all the freedom they need, to deliver good quality services.

1.1.4 We continue to see those who provide public services as their greatest asset. Many millions of people working in public services, in a wide variety of types of organisation, bring to life the values we have set out above in their work every day, despite the challenges of unprecedented austerity. We set out here proposals for supporting them to deliver good quality public services.

1.2 The affordability challenge

1.2.1 Funding of public services in the UK has undergone a squeeze over the last few years which is perhaps unprecedented. Questions of financial viability are often particularly acute in countryside areas. Those delivering public services have responded in highly innovative ways: for example local government has been particularly successful in recognising that simply making incremental changes will not suffice, and in making transformational changes to provide services in completely different ways.

1.2.2 The financial consequences of the 2008 crash will continue to be felt for several more years yet (with the UK Government still adding significantly to the national debt every year to fund services). But even once this period is over, the combination of the public's attitude to public funding levels, and especially of an ageing population and the global rise of other economies, means that the UK public sector will continue for decades to need to take innovative approaches to meeting the affordability gap.

1.2.3 One direct approach favoured by some, is to increase the scope for user charges for public services. The principle of asking a user to pay at least part of the cost of it, is widely established, in public services ranging from, for example, rail travel, to health prescription charges, to getting married. There is some evidence that charging for public services reduces demand for them.

1.2.4 However we do not believe that in general expansion in the scope of charging for public services is the right way forward. For the very same reason that charging can reduce demand, it reduces equal access to services. As we have set out clearly, equal and convenient access is a core part of the Liberal Democrat approach to public services. We believe that core public services must remain free at the point of delivery, regardless of usage, and funded through general taxation.

1.2.5 There is likely also to be benefit in encouraging innovation in funding to help stimulate investment in more sustainable public services. We would like to encourage more control for local government over future budgeting and funding of local services through local authority bonds and seed funding. We are also interested in how alternative forms of funding such as social impact bonds have encouraged the right behaviours, and can be developed further. They do however seem likely to be limited in scale at this stage.

1.2.6 However the big opportunity to tackle the affordability gap lies in changing the way in which public services are delivered. The plans we set out in chapter 4, on bringing services together, and 5, on making services more flexible and accessible, have potential to provide them more efficiently. Most of all, the proposals we outline in chapter 6, for public services to be more pro-active in helping citizens, can both help citizens and reduce their need to use some public services in the first place.

1.3 Our approach

1.3.1 Too often, politicians respond to the need to change and improve services by changing the structure of the organisations involved, merging some, closing down others, and creating other new ones. While having the right structures in place does have an important part to play, these kinds of changes cause huge disruption, and mean that often for years, staff are mainly focussed on how new structures will work rather than delivering good services to users.

1.3.2 In general we do not believe that major structural changes would be helpful for public services over the next few years. The right way to achieve improvement is through helping staff within existing structures to make those structures work best for passengers, pupils, patients and other users of public services. Any changes in structures should come from local services, accountable locally, seeing how they can better meet the needs of their users, rather than from monolithic top-down re-designs from Whitehall.

1.3.3 We set out in this paper three approaches which we believe could together transform the way we provide public services in this country.

1. Services are still too disconnected from each other, unable to work together, and to share information or effort to make services effective for individuals. We want to bring providers of different services together, to work out how they can best together meet the needs of local people.

2. They are still too bureaucratic and inflexible: we will help them work in a way which is centred around the user and the public. The legacy of the last Labour Government, and the instincts of some Conservative

ministers, in which everything is dictated and controlled from Whitehall, is still too much in evidence – despite the efforts of Liberal Democrats in government to roll back that tight central control. There are still too many perverse incentives which encourage gaming, wasting people’s time and wasting the capacity of the system. People are not the same, and it makes no sense – and wastes money – to design services which try to treat them as if they were. We want to build flexibility into services so that they work for everyone.

3. They are still tackling symptoms rather than causes: we will help them to be pro-active in tackling causes, not re-active in treating symptoms. We want to build services that can prevent things going wrong in the first place, whether it is by early intervention, by re-building informal networks of support around services, or by intervening across departmental boundaries to prevent the causes of crime, ill-health, and school failure.

1.3.4 This is the new agenda for public services.

1.3.5 We are not prepared to see either public services cease to serve everyone with what they need, as Conservatives are, or for them to carry on in their regimented, inflexible way, more concerned with targets than with people, as Labour are. We are not prepared to see the disappearance of effective, accessible services – or allow them to dwindle into online or private insurance companies – and this is our prescription for their transformation.

1.3.6 Liberal Democrats, as always, have a series of untapped resources at our disposal: the hands-on ability and experience of frontline staff, so shockingly ignored in the period of New Labour targets; the knowledge of local people

Protecting Public Services and Making Them Work For You

who use the services; and the time, willingness and ability to care of service users, who are too often expected to stay passive and easier to process.

1.3.7 This paper sets out how we will use these resources to transform our public service system – as a human-scale, effective infrastructure – in the next generation.

2. Integrated public services

2.0.1 One of the public's greatest frustrations is the problems caused by services' inability to link up with each other. Such problems seem entirely man made. Why is it that the bus stop and the train station, both there to serve the same public, seem so often not planned to link up together? Why must thousands of people who are medically fit be in hospital, rather than in a social care setting which is much cheaper and more importantly, much better for them?

2.0.2 We believe that services should be focussed on providing a service which is high quality and convenient, and as seamless as possible for the citizen.

2.0.3 We do not believe that significant structural change, formally merging and reconfiguring organisations is the right approach, but allowing existing staff and organisations to work together more effectively.

2.0.4 We believe public services teams need to be brought together at local level, so that they can share flexible budgets across departments and organisations, to encourage innovative approaches.

2.0.5 Liberal Democrats in government have begun to do this. There are already highly successful projects which have pioneered different ways of integrating services – from Family-Nurse Partnerships to Local Area Co-ordination and the Troubled Families Unit.

2.0.6 We believe integration is also the best way to humanise services, dissolve the departmental and professional boundaries between them, and allow them to share effort to reach out upstream of ill-health or social problems and tackle the causes.

2.0.7 One mechanism which many local services have used successfully is co-location of services. It can play an important role, in both getting delivery organisations to work better together, and to be more accessible to users. While this does not guarantee closer working, there are many examples of it helping to provide a more seamless service for users and more effective and efficient for professionals. Since it is not possible to co-locate people who work in the entire range of public services together, and improvements are not automatic, so choices about who is co-located and how are the key.

2.0.8 Transport is an essential part of the overall picture of public services, not just as a service in itself, but by letting people access the whole range of other public services (and indeed other services). This role is especially important in rural areas.

2.0.9 Schools have an important role to play in delivering our aspiration of integrated public services. Their libraries, sports fields and arts and other facilities are a community asset and should routinely be much more available to school children and the wider community, especially after school hours and on the 175 days a year when schools are not being used to educate children. For many people – parents and carers especially – schools make the perfect hubs from which to access local public services, including co-location of health, welfare and other community services.

2.0.10 Schools can of course also particularly play a role in joining up services for children. In the drive to promote school autonomy and academisation we have lost some of the spirit of integrated services that underpinned the every child matters agenda of the Children Act 2004 and the supporting idea of extended and full service schools.

2.1 Joined up public services

2.1.1 At present, responsibility for providing local public services is highly fragmented. Local authorities are responsible for making sure some services are provided: social care, housing, to some extent education, waste and environmental services such as roads, for example. Health services are the responsibility of a different set of authorities. Crime and justice are the responsibility of a different set again. Transport sometimes overlaps with some of these, but are often different. Responsibility for benefits and developing the local economy are a different set again. Many other services are the responsibility of a wide range of other bodies. Of these, only the local authority is accountable to local people.

2.1.2 We recognise the importance of these different functions, and them being provided by specialists. Police services and health services, for example, are very different and should be provided by specialists with a clear focus on their specific service. We are also keen to avoid significant further wholesale re-organisation of the structures and actual organisations responsible for these services, which evidence suggests often has a very limited positive impact on improving services, and in the initial few years, usually a highly disruptive one.

2.1.3 But we believe there are great gains to be made from bringing together those responsible for commissioning those services to consider them all together. Several programmes (perhaps most notably the Total Place and Community Budgets programmes, for example) have shown that this can allow a more effective focus on shared objectives which will provide a better service to the individual and save money for the system as a whole. There are good, small-scale, examples of one service agreeing to fund some work with another, in order both to improve people's lives, and reduce demand on

Protecting Public Services and Making Them Work For You
their own budgets.

2.1.4 We focus here on the authorities responsible for ensuring local services. The services concerned may be actually provided either by the same organisation (for example a Council providing its own waste services in-house), or purchased from an external provider (for example parks maintenance).

2.1.5 We believe it is crucial this process should also be led by people who are democratically accountable to local people.

2.1.6 Liberal Democrats continue to believe that decisions about whether a public service should be provided, distinct from providing it and determining exactly how that should be done, must be done by the relevant public authority, not by the provider.

2.2 Better Outcomes Boards (BOBs)

2.2.1 We like the model of incentivising local organisations to do this kind of working together, by making some funding available to those who do work together. This could be funded either by top-slicing existing funding, or by making new money available. There is some reason to believe that this kind of financial incentive is in practice necessary to get local organisations actually to work together.

2.2.2 The exact way in which this is done should be decided by those locally, rather than dictated from the top.

2.2.3 This broad approach has received remarkably uniform support from various people inside and outside the party who have given evidence to us.

2.2.4 We therefore propose that any group of at least three public authorities responsible for local public services could voluntarily come together to create a Better Outcomes Board (BOB), in which they would simply agree to commission some of their services together. We hope in many places it would include many more than three organisations, including for example local NHS commissioners, Councils, Police, fire services, job centres, DWP offices, and relevant private sector commissioners (eg utilities), if agreed locally.

2.2.5 The initiative for doing this, and exactly how they do it, should rest with local public service organisations, not a structure designed by central government.

2.2.6 The potential here for improved service is significant, and we should be aiming for it to have an impact on a significant proportion of relevant organisations' budgets. This may well be best phased in over time.

2.2.7 In return they would receive additional funding from central government, the spending of which to be decided by the BOB.

2.2.8 Central government departments should contribute some of their funding allocations to funds provided to BOBs. This would genuinely give local organisations the opportunity increasingly to decide how money would be best spent in their area, bypassing divisions created by organisation boundaries or Whitehall silos and allocation arrangements.

2.2.9 There would be a key condition: the process must be led by people who are accountable to the electorate, and be run in a transparent way. It would be up to the individual BOB to propose what form of leadership this should take in their area, and to nominate an appropriate democratically accountable tier.

2.2.10 No organisations would be required to merge, or change status. Legal responsibility for these services would remain with the current authorities (Council, CCG, Police etc), so they would be free to withdraw and make their own decisions independently if they wish. Participation is voluntary. Obviously, if they did so they would lose any financial benefits of participating.

2.2.11 BOBs could be used in a number of different ways, facilitating any kind of improved joint working, as thought best by the local organisations concerned, in their own local circumstances. They could be helped by the development of good practice standards and models for good linkages between services. We are excited by their potential to set the agenda for developing local public services holistically, and drawing in central government to support that, rather than central government departments setting the agenda in a way which suits them, and which is often fragmented.

2.2.12 Many groupings already exist to bring together different formal organisations. Health and Wellbeing Boards (HWBs) bring together health and social care organisations; Local Economic Partnerships (LEPs) convene organisations focussed on economic development; Local Transport Bodies (LTBs) clearly focus on transport. These do valuable work focussed on their own sectors, and we support them taking an increasingly important role.

2.2.13 We believe BOBs will add value by bringing together these groupings focussed on individual sectors, such as HWBs, LEPs, LTBs, crime partnerships and others, and making the most of the ambition to work across the whole of local public services in the interests of local people. In developing their proposal, BOBs may wish to draw on the arrangements made for City Deals, which are more focussed on an economic perspective, and taking forward national government objectives.

2.2.14 The ability of locally elected people to take the lead will be greatly enhanced if local government is even more fully representative of local people's wishes, and the party's existing policy of ensuring local elections which reflect the wishes of local people proportionally is very important.

2.2.15 We also believe that there would be benefit in central government departments taking a similar approach to seeing how they could work together for mutual benefit. We would like to see central government departments working together in joint funding bids to the Treasury, and the Treasury incentivising this financially, by increasingly expecting departments to work together.

2.3 Information

2.3.1 Developments in modern technology are bringing exciting new ways in which information can be used to improve public services. Liberal Democrats are however also always conscious of the potential for misuse of concentrations of information, and an important challenge for public services in the twenty first century will be finding the right balance.

2.3.2 Perhaps the most obvious benefits to users will be the opportunities for approaches like 'smart ticketing' to allow people to use different transport modes without needing to buy new tickets at every stage, and the ability for the best fare to be automatically calculated rather than users having to master complicated ticket pricing systems. The ability for patients to take their health and other needs data across different organisations and sectors also has great potential to make using health, social care and other services much more convenient, as well as more accurate and therefore reducing risks of potentially serious treatment errors.

2.3.3 The innovative 'midata' programme, developed and run by Liberal Democrats in the Department for Business, Innovation and Skills (BIS), allows consumers to access data about their energy consumption and other services which they can then use to explore the savings they could get with alternative providers.

2.3.4 This illustrates the way in which information can help users of services, while in turn shaping services to better meet people's needs. We would take further such steps to empower citizens and consumers to take control of their data.

2.3.5 However modern technology also offers the opportunity to understand at a more general level how users use services, and then develop them further in response to their needs and wishes. This can even allow them to predict and therefore prevent people needing services: the use of risk-profiling of particular groups of people by health services, and then providing them with preventive advice or services, is a good example. This could also include the potential to link across very different kinds of public services. Crucial to making best use of these opportunities will be ensuring that providers, from whatever sector, are obliged to make openly available relevant usage data so that any other provider, or potential provider, can make use of them to develop and propose new types of services. This offers exciting potential to radically remake public services around the needs and wishes of users.

2.3.6 Finally, publishing information about the performance of services, combined with increasingly sophisticated modern techniques for breaking it down and presenting it, can make a huge contribution to improved accountability of providers. This can then lead to reviewing and potentially changing them, for example through the community right to trigger a change in provider that we have outlined in section 5.1.6, or

other routes. Information published has to be the right information, however: we outline in section 5.4, on the use of measures, the dangers of creating and using performance information in ways which reduces rather than increases performance. Publishing performance information to hold providers to account must be done in line with the principles we have outlined there for supporting improved public services.

2.3.7 Clearly much of this kind of data, for example perhaps about someone's criminal record, is highly sensitive. Large organisations of all kinds continue to struggle to maintain the security of large amounts of personal data, and many examples over recent years attest that public organisations are no exception. And even when data has not been lost or unlawfully accessed, Liberal Democrats have rightly criticised proposals to make data available to very large numbers of staff working sometimes across dozens of public bodies.

2.3.8 We are clear that to make the best use of modern information management techniques to improve public services:

- the principle that every citizen, and not the organisation providing a service to them, owns the personal data about them, must be clearly established
- the opportunities of modern technology to implement an approach in which the user can choose to grant access to their data to those providing a service to them, for the time necessary, and not the other way round, must become a reality
- access to personal data about service users must be limited to those who genuinely need it to help them provide a service, or for an established law-enforcement need, and that staff who do access users' personal data

Protecting Public Services and Making Them Work For You

are held personally accountable for the specific need for doing so, with penalties for unjustified access strengthened

- where data about how large numbers of people use services is being processed, this must be anonymised so that individual people and their patterns of behaviour cannot be identified.

2.4 Freedom of Information in public services

2.4.1 The Freedom of Information Act 2000 (FOIA) has transformed the ability of the public to see detailed information about the performance of public sector bodies. The coalition government has extended its applicability to a range of other organisations and newer providers of public services such as academies. However at present the provisions of the FOIA only cover the public sector, and not the increasing number of private and voluntary sector providers of public services. This has generated concerns about the lack of a fair playing field. More broadly, it is a missed opportunity for policy makers to examine the merits of different approaches to service provision.

2.4.2 We believe that as a matter of principle, the rules and regulations which currently apply to public sector providers of public services, should apply equally to providers of public services in the private and voluntary sectors.

2.4.3 We are keen to encourage small and often charitable or voluntary sector organisations to provide public services, as they can often do so in a more flexible, responsive way than large organisations, and are often willing to do so for services that larger companies would not wish to bid for.

2.4.4 We therefore propose that Freedom of Information obligations apply to all contracts awarded which because of their size are already required to be advertised in the Official Journal of the EU (OJEU). For most contracts this would currently equate to a contract size of a little over £100,000. In the first instance, the public sector body which awards the contract should be the body responsible for administering FOIA requests.

2.4.5 While FOIA has been an effective tool, we do not believe that on its own it is sufficient. In order for the public to have better information about the quality, performance and value for money of public services in their area, we believe that much greater openness is needed from the public, private and voluntary sectors. Information on performance, contract values and the contracts themselves should be published online as a matter of course and in a way which enables easy comparisons across the public sector.

2.4.6 Too often, public sector bodies award contracts poorly and on terms that damage the interests of service users by focussing on lowest cost, or failing to understand the market they operate in. To address concerns around poor procurement and service outcomes, we believe that the National Audit Office should play a greater role in scrutinising the performance of contracts awarded by the public sector. As part of a move towards a more open process, there should be a clear presumption in favour of open-book accounting between authorities and their providers.

2.4.7 Further discussion will be needed to develop an approach which allows performance information to be made public, while protecting the intellectual property of providers and specific information on costs.

2.5 Leadership and professionalism

2.5.1 It is now quite widely recognised that leadership development is a key factor in improvement, across public services. Some parts of public services, in particular the military and some other uniformed services, have long invested in leadership development and have reaped the benefit. Other parts of public services have more recently started to do so, for example through the National College for Teaching and Leadership (NCTL), and the NHS Leadership Academy, with extensive programmes under way and yielding benefits. Successful improvement depends perhaps more than anything else on successful leadership, and developing leadership skills at all levels, not just the most senior. We strongly support services making the necessary investment in it.

2.5.2 Secondly, we believe developing leaders has a very valuable role to play in improving integration between different parts of public services. Most managers within public services spend their entire career within one particular service, with very little exposure to either different approaches or specific issues in other parts of public service.

2.5.3 We believe that some unified approaches to leadership development across different services, and potentially across the public/private/third sector divide could yield considerable benefits in making public service more likely to work across service boundaries in the interests of users. The way in which three formerly separate armed forces staff colleges have come together in the Joint Services Command and Staff College at Shrivenham could be a good model for doing this even more broadly across different public services. An active programme of support for managers and leaders to move across different sectors of the public service, in mid-career, would also be very useful.

2.5.4 We also believe that a common graduate management trainee scheme should be considered, with graduate trainees having experience across various different parts of public services before specialising in a career in management in the justice sector, local government, the NHS, or perhaps the civil service fast stream, or other specific services.

2.5.5 Finally, we believe it would help the importance of leadership in public services, for it to be more formally professionally recognised.

2.5.6 Good quality management is also very important. Public service staff, at all levels and across a wide range of different types of organisation and service, have an impact on the public's safety and quality of life which is no less than that of doctors, teachers and other professionals. The Francis Report into events at Mid Staffordshire NHS Trust, and the NHS' wider response to it, have also discussed the crucial role which non-medical professionals play in such services. We would like to see the concept of a kind of 'Hippocratic Oath' for public service professionals at all levels, and appropriate and non-onerous mechanisms for professional registration and regulation, requiring clerical and managerial staff and others in public services to meet certain standards in the same way as professionals such as doctors and teachers.

2.5.7 There is also an important role in capturing, understanding and spreading good practice in what is already being done to improve and integrate pathways within and across different sectors, so that it can scale up. We strongly support the range of different efforts within and especially across sectors to do this.

2.6 Inspection and improvement

2.6.1 We believe it is important to be clear about the role of inspection in delivering good quality public services, and about how it can help and how it cannot.

2.6.2 Most public services are inspected for how good quality a service they provide. Users of public services, commissioners, other providers and the public generally are entitled to have good quality information about how individual public services are performing: whether they are successful at delivering the service they are there to provide, and also whether they do so in a way which involves users and the public, is sustainable, and meets other objectives we have outlined.

2.6.3 Alongside simple measures of how well services achieve their aims for users, along the lines we have set out in section 5.4, inspection plays an important role in achieving this accountability of services. Ofsted reports, for example, clearly give a much richer picture of a school than simply its 5 A*-C percentage achieved last year. Successful inspection can employ a range of techniques, including for example 'mystery shopper' exercises, as well as formal observation by inspectors.

2.6.4 Where communities feel that providers are providing an inadequate service, they should be able to trigger a re-inspection, along the lines we outline for a trigger for reviewing public services more broadly, in section 5.1.6.

2.6.5 However politicians and the public debate frequently expect too much of inspection, expecting the inspectors themselves to 'improve' the services they inspect. By their very nature, inspection reports are retrospective, reporting on what has happened rather than what will happen. Clearly their

reports can point the way to failings and opportunities for improvement, and this is useful and something to which both service providers and their users should pay attention.

2.6.6 But relying on inspection to ‘drive improvement’ suffers from all the failings of over-reliance on other measures, which we consider in section 5.4. Service providers orient their work towards meeting the requirements of the inspectors, not providing a good quality service. Millions of staff providing services to the public on a day to day basis also know very well that the manner of, rather than the fact of, inspection can frequently become an extremely burdensome and stressful distraction from the business of providing good services. On top of this, it is also very expensive.

2.6.7 We are clear that good quality and actual improvement really comes from the features of good public services that we have highlighted in this paper – especially empowering frontline staff to provide good quality services which actually matter to users (and holding them clearly to account for how well they do so); linking up different services; involving the users and public; and ensuring control of exactly how services work is local, not centralised.

2.6.8 Both the Care Quality Commission (CQC) and Ofsted are currently taking steps intended to ensure that they provide their own service more effectively, and we welcome these. A role for professionals currently involved in delivering the kinds of service being inspected, is essential, for example. There is more broadly some useful learning currently happening about the role that inspection can most usefully play, and we welcome measures to spread this evidence-based good practice among quality regulators.

2.6.9 Even when doing their job more competently, however, inspectors' core role will remain helping us to hold providers to account for how well they are doing their job. Responsibility

Protecting Public Services and Making Them Work For You
for drawing on that and improving it can only sit with
organisations and frontline staff themselves.

3. Flexible, accessible and accountable public services

3.0.1 Public services are there to meet the needs of the public. On many occasions they do – often so well that we simply don't notice them. But too often the experience is of a poor quality service which does not provide what the user actually needs. Instead, de-motivated staff can spend their time working to priorities distorted by poorly-set targets, or continually tackling the consequences of the service's own failings, all at a higher than necessary cost. The tight control over services and frontline staff that was enforced by Whitehall during the Labour Government has made our services more inflexible and bureaucratic.

3.0.2 A Liberal Democrat view of human nature points the way to a fresh approach to how public services should be delivered, because we recognise that people's individual needs and abilities vary very widely. At the heart of this lies an unwavering focus on providing the passenger, patient, pupil or user with the service that they personally actually need. This also makes best use of the individual skills of the people delivering the service to do so, and to adjust it in the way most useful for the user, not try to adjust the user to fit the system.

3.0.3 We are clear that generally government should 'step back' and be interested in whether good services are delivered, not in details of how they are delivered

3.0.4 Liberal Democrats have already made extensive proposals for how services of all kinds, including public services, can work to serve users well, in our policy paper on consumer rights, *Are We Being Served?* (2009).

Protecting Public Services and Making Them Work For You

3.0.5 Formal choices between very similar providers do not amount to flexibility. We believe we need to go further so that services can be flexible enough to give people what they need, and so that professionals can get their interventions right first time.

3.0.6 We recognise there is a role for providers of a range of different kinds – including private, voluntary, and mutual sector providers, such as GPs. But they must be accountable and responsive.

3.0.7 A clear accountability framework is essential. We set out in this chapter how measures and targets can help in the task of achieving good services, and how we think they should not be used. We are also very clear that whenever possible public services should be under the responsibility of organisations which are accountable to local people, and can be sacked by them at the ballot box if they are not satisfied with the services they are receiving.

3.1 Empowerment

3.1.1 At the heart of the liberal view of humanity is active individuals in their communities, as far as possible in control of their own lives, and supporting each other.

3.1.2 This vision is a long way from the experience of interacting with many public services. At the heart of our vision is giving people the power to take control of services which tailor themselves around users. Public services also need to be able to advocate and anticipate the needs of those who are unable to advocate for themselves. This concern for the worst off is an integral part of the liberal approach to public service delivery.

3.1.3 We do not believe that one size does fit all, or that

users should have to put up with bad service – or that there should be no choice to shift when things go seriously wrong (not a choice people have now, unless they are articulate). Nor do we believe that choices that are only available to people who are literate and confident are real choices at all.

3.1.4 For Liberal Democrats, empowerment means that:

- a. Services are flexible enough to provide people with what they need, where and when they want it.
- b. They can work together with other people in their community to change the way services are delivered.
- c. They can get advice from professionals they trust, or peer support from other volunteers in the community.

3.1.5 As a specific mechanism for empowering citizens, we propose that there should be an individual ‘right to request’ flexible service delivery, modelled on the existing flexible employment right to request. It would apply in most services where users need flexibility that is not offered – for example when a social care user is being put to bed at 5pm, or when timetabling prevents pupils learning what they want to at A Level, or when long-term patients want a different pattern of repeat appointments. Providers could refuse, but would have to state reasons and publish them online. Building on the ACAS model for the right to request flexibility in employment, they would also have to offer to participate in conciliation run by ACAS or a similar body, with the user, to help achieve a mutually satisfactory outcome.

3.1.6 There should be the equivalent of a right of recall for services that have proved themselves to be incompetent in the opinion of a sizeable proportion of those using the service. This would be a ‘community trigger’ mechanism, which would come into effect if a sizeable group of people using the service said they believed it to be inadequate. If the trigger were pulled, the authority concerned would be legally obliged

to run a full and transparent process for reviewing the service and open it up to other potential providers, including public sector providers. This would be an effective way for local people to hold to account private sector companies now providing local services, in public, and lead to them being brought back in-house. Similarly it would allow services being provided on a conventional model, which were inadequate, to be challenged. We believe this is a vital, community-driven, check on poor quality providers, and a means of community redress on bidders which deliberately bid a below cost price to cut out more competent providers.

3.1.7 Contracts with providers should allow for users to have an individual right to shift providers of services. The right to shift would apply to social care providers, schools, housing maintenance and repairs, and hospitals, and would give people a right, in some circumstances, to take test results with them, so that they do not have to return to the back of the queue.

3.1.8 There should be systems allowing people to share their personal budgets. We will make sure the information systems to help social care users, and promised under the Care Act 2014, include signposts for people who want to share personal budgets or share time in other ways, so that their personal budgets can go further.

3.2 Diversity of provision

3.2.1 Some believe that services should almost always be provided by the private sector, and that this will almost always lead to higher quality services, at lower cost. At the other end of the spectrum, others hold a view that public services are always better provided from within the public sector. A quick look at the highly variegated landscape of public services in the UK (and beyond) shows that neither view is right.

3.2.2 The increasing emergence into public services provision of the private sector over recent decades has brought new techniques, new standards of service and new ways of operating. There are also examples of them raising standards and lowering costs in more mundane services, from waste to parks management – as indeed there are examples of them having the opposite effect.

3.2.3 Similarly, many much more traditional public sector services continue to deliver outstanding outcomes, and a very high level of innovation, often at exceptionally good value compared internationally and to private providers. They are also often good at linking to each other – though examples of them doing so poorly also abound.

3.2.4 Each sector has become adept at learning from each other, adopting and continually adapting to provide improved service. Both also continue to provide many examples of service which is simply poor, and with occasional spectacular failures.

3.2.5 The third sector has also increasingly become part of the mix of providers, learning from both as it has grown significantly as a provider, often highly innovative and leveraging skills that the other sectors have struggled to do – and in turn feeding back its own good practice into the mix of providers.

3.2.6 In line with our approach to flexible services generally, we believe that local and smaller scale organisations can often work best, and are generally preferable ways to deliver services. Government should provide support to encourage them. In particular, Government should support new mutuals as a mechanism for provision, and to help them be in a position to be considered fairly alongside other potential providers.

3.2.7 When considering contracting private or voluntary sector organisations to provide services, government should ensure that it will be in the interests of improving sources, rather than simply cutting costs. It needs to ensure that there is a diversity among providers, so that some providers do not enjoy a monopoly or oligopoly position, and it also needs to consider likely implications for costs in the long as well as the short term. It needs to ensure that it considers any specific factors such as whether the service is by its nature coercive which means it is not a normal 'service user' relationship with the state. And finally, government itself needs to ensure it acts in good faith in relation to potential providers, especially small organisations.

3.2.8 Given the wide diversity in ways in which services are provided, and by which sectors, it is not possible or sensible to say that all public services must always be provided by either the public, private or voluntary sector.

3.2.9 However what is important is that any provider of public services:

- Is genuinely accountable to their users and the wider public;
- Meets common standards in accountability, applicability of freedom of information, data sharing, employment standards, and equity of government funding;
- Respects the values we have set out for all public services, not just at bidding time but throughout their delivery;
- Is focussed above all on providing a high quality service to meet the needs of the actual user;
- Commits to acting fairly and in good faith, and not to exploit contractual provisions unfairly;
- Is actively willing to link up with other providers, to provide a more seamless and better service for users;

Protecting Public Services and Making Them Work For You

- Continuously reviews and innovates in their services to ensure they are best meeting users' needs;
- Has a commitment to equality;
- Sees a sustainable economic basis as an important part of a responsible approach, whether they are in the private, public or third sector;
- When things go wrong, co-operates with investigations, and not hide behind commercial confidentiality;
- Does not allow a rigid adherence to principles of competition to inhibit the sensible organisation of services; and
- Does not prevent the creation of new public services which will improve quality;
- Is transparent about who the provider or bidder for a service is, and not hide behind deliberately complex and obscure structures.

3.2.10 Where providers do not meet these principles, users and local people would be able to challenge their right to provide the service, using the community right to trigger change that we have outlined.

3.2.11 We believe these principles form the basis of a good quality public service, which is focussed well on the needs of its users and local population. We propose that those who meet these standards should become an accredited public service. This accreditation would act both as a standard of ways of working which provider organisations of all kinds could ensure they meet, and then as a guarantee to users that they do so. At this stage we would not require that every organisation providing or seeking to provide a public service should already have this accreditation, but that over time it would become increasingly recognised as a good basic standard of practice.

3.3 Innovation

3.3.1 Public sector services have a long track record in innovating to meet the needs of their users. We want to make sure they are best placed to continue to do so, and our proposals in this paper set out many ways in which we will do this.

3.3.2 First, we are clear that government needs to provide public services professionals with the tools to deliver good quality services, and hold them to account for doing so, but to let their professional skills and creativity be the root of how they do so. Liberal Democrats take a fundamentally different view of how to get the best from people from Labour's micro-management approach, and the instinct of too many Conservatives to distrust those providing services, which are still too pervasive.

3.3.3 Secondly, we welcome the creation of the Behavioural Insight Team and the 'What Works Units'. We also welcome the Cabinet Office's commissioning of research into the role for Randomised Controlled Trials, and other research, in learning what works best for public services delivery. We would like to see both extended, in particular by providing greater support to local and regional providers of public services to improve their administration and effectiveness.

3.3.4 Thirdly, we set out below an approach to measures which will hold staff to account effectively for what they do, but uses an approach to measures which is based on what delivers to the user what they actually need, not detailed and numerous specific process targets, which are both counter-productive and disempowering.

3.3.5 Fourthly, the approach to involving users of services, in a range of different ways, which we set out in section 6.2, will

also make the most of human creativity to innovate in delivery of services.

3.3.6 We set out through the paper various mechanisms for spreading good practice among services: not in an imposed top-down way, but by spreading information so that empowered staff and organisations, with a full understanding of their own local circumstances, can draw them in and adapt them for their own needs, thereby innovating themselves.

3.3.7 And of course throughout this paper we make proposals for improvements and developments in the way public services are delivered. The extent to which these proposals can improve services and lives will depend as much on how people delivering public services, from Chief Executives to frontline staff, take these ideas and make them real in their daily working lives and for their users, as it will on central policy-makers.

3.3.8 We would like to see an increasing move towards planning and procuring services on a basis of achieving good outcomes for end-users, not for a particular level of activity to be carried out, or on the basis solely of cost to deliver. This can be a very powerful mechanism for driving innovation to improve quality for users.

3.3.9 We also recognise the many complaints made by those who have to deliver public services that too often they are given impossible demands. Whether it is drawing up legislation, setting down policy or creating monitoring frameworks, Whitehall needs to get better at understanding how public services can be efficiently and effectively administered. We therefore want to see the recruitment and promotion process for senior Whitehall civil servants place a greater emphasis on understanding how organisations are run (rather than the current predominant focus on finding and promoting policy experts). We also believe that the executive

boards of all Whitehall departments should have ‘worker representation’ on them so that top level decisions are made properly informed by the perspective of realities on the ground.

3.4 Measures

3.4.1 Targets for public services to achieve particular objectives are often attractive, and indeed can be successful within their own limited terms. We have heard evidence that they have been very powerfully and successfully used to increase performance in areas including dramatically cutting NHS waiting times for operations, and much increasing literacy and numeracy in primary schools.

3.4.2 However we also know that they also tend to distort the provision of the service as a whole, and can cause unintended consequences. The specific narrow objective may be met, but the wider service can deteriorate as a result.

3.4.3 This doesn’t mean we can't use data or benchmarking to encourage professionals to compare their progress against others, and to improve. But it does mean that official measurement needs to be broad (like the NHS Friends and Family Test) and needs to make progress towards the ultimate purpose of the organisation more obvious.

3.4.4 A regime of numerous targets that are focussed on individual specific process steps, and are imposed by those with little understanding of the service, does not contribute to good public services.

3.4.5 On the other hand, measures can be useful in helping to provide a better service, generally when they are focussed on improvements which the end user would value and recognise, are few in number, do not have arbitrary

percentage thresholds, and are created in close consultation with those actually delivering the service.

3.4.6 Public services, like any organisation, change constantly, both in ways that are intended and unintended. We believe that wherever possible, changes should generally

- a. Have clear aims that the public understand and support
- b. Be grounded in evidence
- c. Be grounded in the experience of people who work in that service area
- d. Be monitored using the right measures so that we know whether the changes are working
- e. Use evidence from different approaches used within the different countries of the UK, and also from different local areas

4. Pro-active public services

4.0.1 One of the weaknesses of public services which are divided between different services, and by profession, is that they find it very hard to do more than tackle the immediate symptoms. They struggle to consider the long-term preventive opportunities rather than tackling the immediate short-term issues, especially if the savings from an investment fall elsewhere in the system. They find it next to impossible to reach out into the community and help prevent ill-health or school failure, or a range of other social problems that disrupt our society.

4.0.2 Liberal Democrats believe we need to transform public services to be pro-active – to intervene early where necessary and effective, to prevent where possible – in order to improve our lives and reduce the need for spending later on.

4.0.3 Integration and flexibility are both vital to achieving this, but they are not sufficient. We also need systems that allow us to budget across services, and we need our services to be able to rebuild supportive mutual networks around themselves.

4.0.4 The failure of services to tackle the prevention agenda pro-actively is one explanation why costs rose so fast during the Blair and Brown years, when contractors were rewarded for their own failure to intervene effectively.

4.1 Early action

4.1.1 Many public services provide things we will always want to encourage: for example education. However with others, such as treatment for illness, while clearly we will always ensure that it is there if needed, equally clearly it is better for both the patient and the service, and its cost, if the

need is prevented in the first place.

4.1.2 Many areas of public services have shown the value of prevention. For example, the Fire Brigade's investment of energy and resources in providing smoke alarms, and other fire prevention techniques, has reduced fires by nearly 40% within a decade. Immunisation has a clear and long-standing track record in both helping people and reducing demand for services. Public health work on, for example, preventing and managing diabetes and other chronic conditions, and reducing teenage pregnancies, can save the public services money. Initiatives such as Family Nurse Partnerships, initially in New York and now in the UK, have brought similar benefits.

4.1.3 Even once a genuine need exists, providers can then create unnecessary demand for their services – as well as additional inconvenience and sometimes harm for users – by not meeting them effectively. A simple lack of focus on the actual needs of the user, and the absence of linkages between different parts of public service, mean that much of their activity is often wasted on addressing the consequences of failing to resolve issues effectively the first time around – what is often referred to as ‘failure demand’. Services which have re-designed their services along the lines we have set out, have sometimes found that more than half of their activity is handling ‘failure demand’. Payment arrangements for both private sector and public sector organisations which remunerate on the basis of volume of activity carried out, rather than good results achieved, often make this worse.

4.1.4 There are also real benefits to be gained here, even in the short term, from taking a more integrated approach to delivering public services. Tackling traffic fumes in cities for example, would require collaboration by a number of services not necessarily led by the NHS, but would both benefit people's health and reduce demand on the health services.

Protecting Public Services and Making Them Work For You

4.1.5 Beyond the difficulties of projecting such benefits, the silo-ed approach to budgets mean that the incentives to individual organisations are against investing to make such savings, not for them. A number of initiatives have found that simply creating a mechanism to cross organisational boundaries can make savings in expenditure, as well as actually getting to the root of some of the real problems effectively for the first time. Again we believe the principles and specific policies we have outlined across this paper would help.

4.1.6 A change which would make an important difference here is the way that government considers the longer term. In principle, governments support the approach of planning for the longer term, and being willing to invest now in order to be more effective and save money in the longer run. But in practice this is not organised well in government, with no widespread structured approach for considering the impact of revenue spending for the long term, no real consistency or usage of linkages across government departments, and a general reluctance to invest in the hope of savings in future. This is partly the consequence of the patchy evidence base for generating cost savings in the long term which both the National Audit Office and Public Accounts Committee have noted in their reports urging action to tackle these issues.

4.1.7 Government should take a much more active interest in how investment in prevention can generate both better results and value for money, and where and how best this can and cannot be done. There have been some positive developments in recent years which may help to point the way: until relatively recently capital expenditure was treated by the Treasury as the same as revenue expenditure. It is now considered separately, and indeed capital investments do look at the likely benefits some decades down the track. Government should do this much more consistently for planned revenue expenditure. The Welsh government has also

helped to point the way here, exploring subjecting planned expenditure to a 'future generations test', and the idea of creating an Office for Future Generations.

4.1.8 We would like to see the use of tools such as 'ten year tests' for spending decisions, and the OBR to publish information about longer term drivers and costs and benefits, as well as the ONS developing a more robust statistical approach to support longer-term decision-making. Our approach set out in sections 4.1 and 4.2 to linking up those responsible for services at a local level, including pooling budgets, will make a real difference to integrated long-term consideration of costs and benefits.

4.1.9 We will also encourage all authorities responsible for services to require, where relevant, contractors to put in place systems capable of reducing need during the lifetime of the contract, and encourage the use of Local Area Co-ordinators, as pioneered in Derby and Middlesbrough, to work with clients early to help them find more informal ways of achieving what they want.

4.2 Staff and user involvement

4.2.1 Being pro-active is partly about releasing the energy and knowledge from frontline staff. Research demonstrates, for example, that patient satisfaction is higher in NHS Trusts with better rates of staff health and well-being, and that there is a link between higher staff satisfaction and lower rates of mortality and hospital-acquired infection. Involving employees in the design, delivery, and management of services makes use of their direct knowledge of users and their issues, and also improves employee engagement and sense of involvement. It is also more likely to shape a more positive experience for the user, who will have a more positive experience of staff, and receive a more reliable service that is

Protecting Public Services and Making Them Work For You
designed locally and can be personalised to address their needs effectively.

4.2.2 In addition to employees, experience shows that actively involving users and their friends and families in broadening what services can deliver, in their design and management, and providing friendly faces, or helping with small repairs, advice or outreach, can humanise services and enormously increase effectiveness.

4.2.3 This can be particularly powerful in places, such as rural areas, where the need for travel creates further barriers to communication with those not directly involved in delivering or receiving services.

4.2.4 To support this, we will extend the right to draw down powers for innovative local projects for local services, along the lines of the Sustainable Communities Act.

4.2.5 The wide range of public services demonstrate a whole spectrum of the involvement, or lack of involvement of users and public, ranging from:

- Being a passive user of public services (for example being allocated an NHS appointment).
- Having some say over how the service is delivered (being able to agree when the service will come to your house and fix your boiler).
- Voting for those who run or commission the service on your behalf (local government services).
- Personally being part of the group which runs the service (being a parent governor of your children's school).
- Being an active partner in delivering the service (helping with reading in your children's class at school, see below).

- Largely carrying out the service yourself, with appropriate expert support (managing your own diabetes, with support from the NHS).

4.2.6 We are clear that services are likely to work better, more closely in the interests of their users (their *raison d'être*), and more cost-effectively, when they are as far as possible up this hierarchy of delivering the service or involvement, as is possible for that service. Politicians can play an important role in encouraging people to do so, effectively giving people 'permission to get involved'.

4.3 Mutual support

4.3.1 Active involvement of users can help in formal service settings such as hospitals or housing offices, but also particularly in the very informal support that neighbours give neighbours where there is some kind of infrastructure in place to encourage them and support them. Many service users have huge amounts of experience and time which they would be willing to share.

4.3.2 The work of time banks and time credits in health and social care is one example of the impact that informal mutual support can provide in services, whether it is telephone befriending, small repairs or other mutual support groups.

4.3.3 One of the most important missing ingredients in public services is the infrastructure necessary for users to share their knowledge and life skills, and their time and ability to care, with other users – and for this also to be able to involve their families and neighbours. Again, this can be particularly powerful in rural areas.

4.3.4 This is the approach known as 'co-production', and in contrast to vague Conservative notions of a 'Big Society', is a

concrete approach. Building a preventive and supportive mutual infrastructure around local services could be a powerful approach to reach out into the neighbourhood and tackle the causes of future difficulties, whether it is the disaffection of young people or the loneliness of the old. We will expect local services to create an infrastructure around them that will enable mutual support, especially for the vulnerable moment when people come out of professional care.

4.3.5 One of the main effects of this, where it is most successful, is to blur the boundaries of services, and support the objective of integration. We will:

- Employ local people to act as catalysts who can work in every area to use local energy and willingness to encourage new ventures, to provide the evidence about the costs and benefits to the decision-makers – and to encourage existing ventures to take on new challenges.
- Make sure that social care signposting also directs people to the informal networks they need, rather than just formal carers which require money, so that they can find and give the support they need and work together to create their own services where possible.
- Expect every bid for a public service contract to explain how they plan to build social networks, and how they will encourage mutual support among users, or which project in the existing local infrastructure they will contract to achieve it.
- Require every public service organisation to have a strategy for involving users as partners in the delivery of services, whether it is a time bank or other mutual support system.
- Give rights to these mutual support groups to use organisations' rooms and facilities for meetings.
- Automatically enroll service users in mutual support

Protecting Public Services and Making Them Work For You
networks, unless they specifically want to opt out.

4.4 Navigation

4.4.1 One of the areas where mutual support might be extended is to provide help for people who have difficulties navigating around the system and the choices before them. Previous 'choice advisors' who were embedded in various services have mainly disappeared, and it is hard to justify another layer of professional advice in every public service. On the other hand, there is clearly a difficulty when it comes to helping people find their way between or within services, especially where English is not their first language or people who have difficulty with the internet for a variety of reasons.

4.4.2 Evidence suggests that this may be a problem for up to a third of service users, and most people – faced with service choices – want someone who has more experience than they do to ask: 'What would you do?'.

4.4.3 Helping users navigate services successfully, including across boundaries, should become an important part of the 'accredited public service' framework.

4.4.4 This is an obvious area for an extension of mutual support. We will:

- Encourage best practice within public service organisations for the first person that a user contacting a service speaks to, to take responsibility for helping the user navigate through the system and to access the service they want
- Pilot an extension to existing networks of 'health champions', health time banks, friends of hospitals and other volunteer and expert patient schemes, to train them to provide navigation support to other service users where

Protecting Public Services and Making Them Work For You

they need it.

- Extend other informal networks, like Neighbourhood Watch, to cover other social issues requiring people to keep an eye open to look after neighbours.
- Set up a public service volunteering umbrella organisation, to provide local mutual support schemes with national branding and support, and which can also provide training and qualifications for people who become more deeply involved.

5. Applying our approach in schools

5.0.1 We have set out in previous chapters our approach to improving public services as a whole. We have also been asked to consider how those approaches should inform specific policies in the area of schools policy.

5.0.2 We set out first what our focus on high quality public services means for schools, looking at pupil attainment, and how that is underpinned by both the funding system and the curriculum and exams system – also key to accountability.

5.0.3 Following our general view that equipping and supporting professionals must lie at the heart of good public services, we believe that the most central factor in high educational attainment is good quality teaching and support for teachers, and set out our proposals for supporting that.

5.0.4 We draw on our general approach to inspection and measurement to consider how improvement and intervention in schools should develop.

5.0.5 We outline how breaking down barriers between services can help pupils, and also how involving them and their families should play a role in improving attainment.

5.0.6 Finally, we make proposals for how the process for creating new schools and school admissions should ensure they both work fairly in the interests of all local people, and deliver high quality services.

5.1 Attainment

5.1.1 Educational attainment in England has significantly improved in recent years: for example the simple measure of the number of pupils achieving 5 A*-C grades at GCSE has risen from 44% in 1996 to 81% in 2013. The proportion of 11 year olds in maintained schools reaching the expected levels of literacy has risen from 57% in 1996 to 86% in 2013 (numeracy rising from 54% to 85%). Moreover, with 79% of schools now rated by Ofsted as good or outstanding we have made a great deal of progress towards the Liberal Democrat aspiration of a good local school in every community.

5.1.2 International comparisons of educational attainment are however less generous to the UK. The OECD's international comparison system of educational attainment, PISA, ranks the UK 26th out of 65 participating countries for mathematics and 23rd out of 65 countries for reading in their 2012 study. Too many young people still fail to achieve the 5 A*-C GCSE benchmark. Importantly, the UK showed little or no improvement in the PISA rankings from their previous studies in 2009 and 2006.

5.1.3 Children in rural areas in particular have not improved their attainment as quickly as in cities. Attainment by looked after children also remains often shockingly low.

5.1.4 While BAME educational attainment has improved, Black Caribbean and Pakistani pupils remain below average, with Gypsy, Roma and Traveller children a long way behind. There is also continued under-representation of BAME teachers especially in senior roles. We will tackle this by ensuring monitoring and accountability of schools' expenditure of the Ethnic Minority Achievement Grant, and by reinstating the requirement for the Ofsted inspection

framework to judge schools on their promotion of equality of opportunity and community cohesion.

5.1.5 Liberal Democrats in government have been ambitious in seeking to improve achievement. We have worked in particular to support disadvantaged young people to fulfil their potential in an education system that left so many of them behind.

5.2 Pupil premium

5.2.1 Social mobility has stalled in the UK and has even gone backwards. The reasons for this are complex but it is clear that the education system has not been playing its part in helping everyone to achieve their full potential. The pupil premium which the Liberal Democrats created, and have now implemented in Government, is perhaps the most effective and high profile mechanism for tackling this issue of any recent Government. The pupil premium now invests £2.5 billion extra a year in our most disadvantaged pupils. This is starting to narrow their achievement gap with pupils from better off families but this investment needs to be sustained at least at this level. Young people classified as 'young carers', who face a range of serious additional challenges to their education, should also attract the pupil premium.

5.2.2 We also believe, supported by the evidence, that the most effective time to invest to improve attainment, is in the early years, and investing in play-based learning approaches. In government, Liberal Democrats have therefore also introduced an Early Years Pupil Premium for 3 and 4 year olds that channels additional resources to the most economically disadvantaged children. Liberal Democrats would aim over time to increase the early years pupil premium so that it is at least at the same level as the pupil premium in primary schools. In the longer term we would also extend the pupil

Protecting Public Services and Making Them Work For You

premium to 17 and 18 year olds in line with the raising of the education participation age.

5.2.3 As we have set out, we believe providers of public services should be held accountable for the outcomes they achieve, not with the detail of how they do so micro-managed from the centre. We therefore continue to believe that the best way for the pupil premium to be managed is by those closest to how it can be most effective. Schools should continue to have discretion how they use the additional resources allocated to them through the pupil premium.

5.2.4 To make sure disadvantaged pupils are benefiting from the pupil premium we would continue to increase transparency over how the pupil premium is spent, with schools publishing information on their websites.

5.2.5 At present the pupil premium is a high-profile and transparent mechanism for increasing funding for schools teaching disadvantaged children, but the funding formula also provides other additional resources for schools targeted at disadvantage. We would like to build on the success of the pupil premium in seeing more of the funding intended to tackle disadvantage routed through it, where it clearly follows the child, and is transparent.

5.2.6 We welcome the government's move to tackle the historically anomalous allocation of resources to schools within England, particularly from the point of view of rural schools, and to move to a fair system based on an evidence-based formula.

5.2.7 Throughout all the changes to schools funding over recent years, Liberal Democrats have consistently and successfully argued that state-funded schools should not be able to make a profit, which could be taken out of education. We will continue to argue for this.

5.3 Teaching and learning

5.3.1 The single most important factor in whether schools provide a good quality education is the quality of their teaching – it is, after all, the central 'service' which they provide. While there is much debate about schools structures, we are clear that the greater need for improving achievement is to focus on ensuring good quality teaching.

5.3.2 One of the best ways in which government can support better teaching, is to support teachers. Liberal Democrats have long been clear that supporting and empowering individual professionals, and holding them accountable, should be at the heart of public services. We are clear that the most effective way of getting the best out of teachers is for the accountability framework to focus on holding them accountable for the outcomes they achieve, rather than to focus, as politicians have too often done, on prescribing how they teach.

5.3.3 Similarly, headteachers should have freedom to run their schools and manage their funding, held accountable for how successfully they do so, rather than in detail for how they do so.

5.3.4 We therefore support the creation of an 'Investing in Teaching' package.

5.3.5 As a first step in doing this, we support moves by the profession to set up a Royal College of Teachers, similar to the health royal colleges. We agree that this would help to raise the profile and status of teachers, and act as a voice for the profession. The Royal College would uphold teaching standards, through a membership structure, and spread information and training on the best teaching practice. It is

essential that a Royal College of Teaching is independent of government, but Liberal Democrats will support moves from the profession to establish this new body including providing initial funding to start the project should it be needed. We would also agree a phased transfer to it of professional responsibilities such as publishing professional standards for teachers, currently undertaken by the Department of Education.

5.3.6 One of the major barriers to supporting teachers to improve teaching is the lack of a clear common and robust framework for Continuing Professional Development (CPD). While teachers do attend INSET days every term, they are not generally part of a consistent high-quality CPD programme. We would like to see the Royal College of Teachers take a leading role in developing a robust CPD framework, drawing in the numerous individual programmes for supporting teaching excellence and leadership among teachers. We will consult on a proposal for a new CPD entitlement for all teachers of 50 hours per teacher per year (with flexibility to achieve as an average over a period of years), supported by additional funding, which would allow teachers to develop an Individual Professional Portfolio of accredited training and professional development, possibly supported by allowance for sabbatical training and development for long-standing teachers. We do not believe that government should impose a system of statutory re-certification on the teaching profession.

5.3.7 Teachers, headteachers and schools can learn a lot from other teachers, school leaders and other schools who have encountered similar problems and worked out how best to deal with them. This school-to-school help can be delivered in many different ways but the best examples come from London Challenge and we will ensure the lessons of this highly successful initiative can be applied in other areas of the country. We will ask the NCTL to develop an improved model for school-to-school improvement across the country.

5.3.8 Every child deserves to be taught by a fully qualified teacher. Liberal Democrats will make sure all teachers in state funded schools will have achieved, or be working towards Qualified Teacher Status (QTS), by September 2016.

5.3.9 Parents are of course a child's first and most important educators. One of the major distinctions between children who achieve well and those who under-achieve, is the extent to which their parents and family regard educating their children as part of their own role, and the expectations they have for their children. Education has to be a partnership between parent, teacher and child, all of them appropriately ambitious for the child, and the best schools actively engage parents in their child's learning. In the same way that government is increasingly supporting parents of younger children with parenting classes and sharing simple parenting messages like the '5 daily activities' to support a child's development, there is a role to offer more support to parents of school age children. This could include key 'public health' style messages on how to help your child learn and get the best out of school, as well as for example using technology to give parents real time information about their children's attendance, curriculum and progress. We would like to see schools, government and others with an interest in education providing services which draw on the opportunities of modern technology to support parents and family to participate in and support their children's learning.

5.4 Standards: curriculum and exams

5.4.1 In government Liberal Democrats pushed for and achieved a very significant improvement in the way schools are held to account. From 2016 schools will be held to account for the progress every one of their pupils makes. As a result schools will no longer be encouraged just to get a

Protecting Public Services and Making Them Work For You

certain number of pupils over the C/D GCSE borderline, but will be incentivised to improve the attainment of all pupils, including those getting the very highest and lowest grades. Similar progress measures are being introduced for primary schools too. By removing the perverse incentive to focus on some pupils, we have ensured that success for schools means success for all pupils, not just some.

5.4.2 We remain clearly opposed to any attempt to re-introduce an 'academic-vocational' split through a two-tier exams system at age 16.

5.4.3 The curriculum which lies behind the exams system is of course also crucial to children's education. There is a clear tension between prescribing a curriculum nationally and allowing local freedom. The national curriculum has proved its value, but as we have set out generally, we do believe that local freedom and the ability to ensure that what the service provides meets the needs of the individual user, not just those of the system itself, must be central. We also believe that the system should increasingly focus on ensuring that young people have certain capabilities and skills, and not on prescribing in detail the manner in which schools should teach them.

5.4.4 We therefore welcome moves to slim down the national curriculum, and would like them to continue. All state-funded schools, including academies and free schools, should be under the same obligation to teach the same slimmed-down National Curriculum, a 'core curriculum', which sets out the basic and essential knowledge and skills each child needs. This should include sex and relationship education, and religious education but not religious instruction, as part of Personal, Social and Health Education (PSHE). Beyond this, every school should have the same freedom to tailor lessons to individual needs.

5.4.5 We are also clear that while the schools system as a whole should be under democratically accountable control, it is no more appropriate for individual politicians to determine the specific content of the curriculum than it is for them to decide how exactly doctors should treat cancer. Government should determine the overall framework and objectives for the curriculum, but it must be set by experts to include the knowledge and skills needed to equip the pupils to succeed in modern life. The school curriculum must reflect the diversity of the country. Liberal Democrats would establish an independent Education Standards Authority (ESA) with responsibility for setting the national curriculum.

5.4.6 Beyond helping pupils achieve good exam results, schools also play a crucial role in helping develop young people and resilience skills for life.

5.4.7 A joined-up approach to improving educational attainment should be able to recognise and tackle the links between poor behaviour, exclusions and mental health needs. This is an excellent example of an issue which frameworks for working together such as HWBs and BOBs should address, considering the needs of the whole person, not a collection of isolated elements which different parts of public services deal with separately. Mental health of young people is an issue which HWBs should immediately consider how they can best address in their own area. We make further proposals in our health section for schools to be better equipped to identify mental health needs, and for services such as CAMHS to be more effective in playing their part in addressing them.

5.5 Schools structures

5.5.1 The best school systems are characterised by excellent teaching and high levels of professional autonomy within a strong regulatory framework. The Coalition

Protecting Public Services and Making Them Work For You

Government has introduced reforms to promote autonomous school structures such as 'free schools', of which there are now several hundred across the country, and the majority of secondary schools have now converted (or are in the process of conversion) to academy status. Liberal Democrats have long supported more autonomy for all schools: however the way these changes have been introduced means that we now have two distinct state-funded education systems in England governed by different sets of rules: those maintained by local authorities, including voluntary-aided schools run by churches, charities and others, and those accountable directly to central government.

5.5.2 As well as making the education system more complicated, more importantly this has also reduced the ability of the system to provide schooling which is joined-up, flexible, accessible, pro-active, high quality, accountable and fair.

5.5.3 Liberal Democrats are determined to address this.

5.5.4 We will ensure that whether a school is a maintained community school, a trust school, a voluntary aided or controlled school, or a free school or an academy they will all be treated equally in terms of:

- Ensuring properly qualified teachers
- Equitable admissions arrangements
- Curriculum freedoms
- Expectation of high standards
- Fair funding, ensuring academies do not receive additional funding
- Accountability to local communities through local authorities

5.5.5 All schools should be treated as public authorities for

the purposes of the Human Rights Act, and for public sector equalities duties.

5.5.6 We believe that there should be a Parents Guarantee that in any state school, their child will be taught by a qualified teacher, and they should be taught the same national curriculum.

5.5.7 Making these changes will ensure a fair playing field for all types of school to be able to provide a high quality education as part of a local community of schools, while avoiding further structural change distracting attention from the key priority of improving teaching and learning.

5.5.8 In Government Liberal Democrats have successfully ensured that new types of state-funded schools will not be able to operate for profit. We remain totally committed to this principle.

5.6 Accountability, improvement and intervention

5.6.1 One particular area of confusion has been the accountability of new types of schools, and ensuring that they provide a high quality service. For some new schools, where intervention to support improvement has been required, this has had to be done for a local school from a national level, which is neither proportionate, flexible or making sensible use of resources and abilities present locally.

5.6.2 We are clear that when improvement is needed, first-line responsibility must lie with the school itself to identify and tackle poor performance, drawing in support from elsewhere as needed.

5.6.3 If the school, whether a community school, voluntary-

Protecting Public Services and Making Them Work For You

aided, an academy or a free school, is part of a group, for example a chain of academies, or a church diocese, or other grouping, then they should then also have the responsibility to support it to improve. If further intervention is still needed because the school is not performing well, local authorities (LAs) should finally have the power and responsibility to act to support improvement in all under-performing state-funded schools in their area, whatever their status. This will not lead to local authorities intervening in schools which are doing well, but will allow and require them to provide support when any school in their area is under performing. While it is true that LAs have not always done this perfectly, there are now good examples of both traditional LAs and new 'chains' of academies doing this well and innovatively. Both local authorities and academy chains should be inspected by Ofsted for their performance of this function.

5.6.4 We believe the new and unaccountable regional tier for oversight of schools, created by Michael Gove, creates unnecessary bureaucracy, is too distant from schools, and we would abolish it.

5.6.5 The best local authorities work closely with local schools and excellent local headteachers, and many areas now have school-led trusts which provide improvement support to each other. We support this and believe that all local authorities and schools would benefit from being advised by a Headteachers Board, comprising successful local headteachers accountable to their peers.

5.7 New schools

5.7.1 The rise in the birth rate means that one of the biggest challenges facing the school system today is creating enough places for all children who need them. This should be a key responsibility of local authorities but the ability of new schools

to start up independently in an area has confused the process of planning for the right number of school places locally. This has been further distorted by the requirement that any new schools may not be 'traditional' community schools, but must all be academies or free schools. While clearly new schools are necessary when demand for places is rising, we are clear that local authorities, as the democratically accountable local decision-maker, should have the clear responsibility for local school places planning, and if new schools are required, the local authority should commission a new school. We would repeal the requirement that all new schools must be an academy or a free school, so that any type of new school can be considered. The local authority would then be able to consider any proposals for academies or free schools, along with any proposals for a community school, and make a decision. Where the local authority itself is a backer of one 'bidder', the decision would be taken by a schools adjudicator, independent of DfE and of the local authority.

5.7.2 New schools would only be funded where there is a demonstrated need for it, removing the problem of academies or free schools which create 'surplus places' reducing funding for existing schools in an area.

5.7.3 Replacing underperforming schools with new schools, or with new heads and leadership teams, has always been one of the key options for dealing with schools which do not provide their pupils with the high quality education they deserve. The opportunity for local people to propose to local authorities that a service be provided in a different way, or by a different provider, is also an important part of our own approach to providing flexible, pro-active and personalised public services, as we have set out. So in line with our proposal in section 5.1.6 for a 'community trigger for change' for underperforming public services, we propose that when an existing school is performing poorly (graded 'requires improvement' or 'inadequate' by Ofsted), and local people

demonstrate a wish for an alternative provider through a petition of a significant proportion of local residents to the Council, the local authority should be obliged to conduct a full legal process to review the best provider for the school. This would allow local authorities, where local people have asked for it, to tackle schools which are not providing a good service to local people, and to consider whether an alternative provider would be more effective. The decision on the provider should be taken by the local authority (again unless the local authority itself is a backer of one 'bidder', in which case the decision would be taken by an independent adjudicator). Local authorities would of course be accountable for their performance in how they use this mechanism to ensure good local schools, through their inspection by Ofsted, as well as to local people.

5.8 Admissions

5.8.1 We believe that all state-funded schools should serve the whole of their local population.

5.8.2 At present, admissions to local schools are run through a two-tier system, with the local authority determining admissions for community schools, but voluntary-aided schools and academies determining their own admissions policies, and therefore effectively functioning as their own admissions authorities.

5.8.3 Liberal Democrats are clear that all state-funded schools should be open to all, and that all local children should be treated equally.

5.8.4 It is right that schools should be able to set their own admissions policies, in compliance with the national code, which allows them to specialise in, for example, music or business if they wish to. However the local admissions

process to administer the policy and allocate individual children to schools, should be carried out by the local authority, rather than individual schools. Similarly, the appeal process against individual allocations should be run by the local authority, again clearly accountable for good performance in this through its inspection by Ofsted.

5.8.5 This will ensure that all pupils are treated fairly, and that all local schools play their part in delivering provision for Special Educational Needs (SEN), and meeting the needs of the community in a socially cohesive way.

5.8.6 Liberal Democrats have debated and agreed policy on faith-based admissions to schools in 2009, based on policy paper, *Equity and Excellence* (2009). This paper does not seek to make any change to existing policy, which would mean a move towards a position where selection for state-funded schools does not take place on the basis of faith.

6. Applying our approach in health

6.0.1 The approach to public services that we have outlined have significant implications for policy on health. We set out here how they should be implemented.

6.0.2 We are committed to ensuring access to healthcare which is not only free at the point of delivery, but convenient and high quality, while achieving value for money.

6.0.3 Liberal Democrats have long argued that health and social care services should be better integrated, and are now doing so in Government. Health and Wellbeing Boards, the Better Care Fund, the programme of Pioneers in integrated care, and better linkage with mental health, are all results of Liberal Democrat work in government. We suggest here some further ways forward to build on them.

6.0.4 We outline ways to make the most of the pro-active or preventive approach that we outlined in chapter 6, to both improve outcomes for users and be more cost-effective.

6.0.5 One of the most significant challenges that the NHS currently faces is the morale of staff, which is absolutely essential to providing high-quality care. This is one of many consequences for the NHS of the funding squeeze resulting from Labour's mis-management of the economy before 2010. As in other sectors, supporting and freeing up professionals will make a major difference to working conditions, improving staff morale, and improving services.

6.0.6 We have long argued for equal access to and investment in mental health, and in Government we have promoted ways of doing this.

6.0.7 We will return the focus to care of the patient, and give NHS organisations the power to ensure care is integrated and co-ordinated.

6.0.8 We have heard, and agree with, a very strong view that one of the highest priorities for the NHS over the next few years must be no further major structural changes in the near future. This message has been very strong from both politically independent health organisations, and from very different political perspectives.

6.0.9 Finally, health is an exciting area for the potential for supporting patients and service users to play an active role in their own care.

6.1 Mental health

6.1.1 As a party we have long championed the crucial importance of good mental health, and treatment of mental ill-health, to liberal goals of wellbeing and empowering people to make the most of their opportunities. We are proud that in government Liberal Democrat Ministers have taken concrete steps to improve mental health and mental health services.

6.1.2 We have long argued for parity of esteem between physical and mental health, so that a NICE-approved mental health treatment is just as likely as a physical health treatment to be prescribed for a patient who needs it. We believe the time has now come for this to be reflected in two things.

6.1.3 Firstly, there should be a set of good practice standards for access to mental health prevention and treatment, learning from the experience in physical health. These should be created with those most directly involved, in the way we have set out in section 5.4 on measurement.

Protecting Public Services and Making Them Work For You

6.1.4 Secondly, over time we would like to see funding for mental health within the overall NHS budget, including prevention, shift to reflect the relative size of the health challenge in relation to physical health. Doing this would make a major difference in maintaining and improving the mental health of the nation.

6.1.5 We also believe that parity of esteem and greater seamlessness could often be helped by mental and physical health services being provided together by organisations formally collaborating, for example through something like the New Zealand model of 'alliance contracting'.

6.1.6 A central part of our approach to public services as a whole is, where possible, to support people so that they do not develop a need, which means they do not then need help at all. In the area of mental health, there is much that can be done to help maintain good mental health or manage existing conditions, and approaches such as the 'dementia friendly communities' initiative are good examples which we would like to roll out more widely. Similarly, basic training for teachers should incorporate appropriate training in identifying mental health needs among their pupils.

6.1.7 Many lifelong mental health problems do indeed often develop during adolescence and young adulthood. There is an urgent need to ensure that the Child and Adolescent Mental Health Service (CAMHS) is fit for purpose and sufficiently accessible. It also needs to ensure that it helps users manage the transition better from CAMHS to adult mental health care. These problems often partly reflect the fact that different elements of this provision are commissioned separately by CCGs and by local authorities. We propose that these services should in future be commissioned together, as part of the Better Care Fund (BCF), owned by the Health and Wellbeing Board (HWB) which brings them together. As we have outlined in the schools section of this paper, mental

health of young people should be an immediate issue which HWBs should consider how they can best address in their own area.

6.1.8 To help people once a clear need has developed, we continue to support the Improving Access to Psychological Therapies (IAPT) programme, as important for maintaining good mental health and spreading wellbeing. As well as providing Cognitive Behavioural Therapy (CBT) it should also provide other appropriate 'talking therapies', and always be provided by professionals with a high standard of qualifications. We are however concerned that the expansion of CBT has led to reductions in existing more specialist provision, which is still needed, and we are clear that this needs to be maintained.

6.1.9 We have heard evidence that a significant number of patients in hospitals are there not principally for reasons of physical health but of mental health. We believe further commitment to the relatively small and new specialism of liaison psychiatry would, most importantly, provide better treatment to these patients which would return them to health more quickly, as well as releasing much-needed hospital space. We also believe it would be helpful as a support to GPs, who have the great majority of NHS contacts with patients. Initiatives to take forward the greater integration of public services, such as training in mental health for police and teachers as well as GPs, together with 'street triage' schemes which bring professionals such as nurses together with police on the front line, would help people to get the medical attention they need, and release resources currently tied up in treating such patients wrongly.

6.1.10 Patients with mental health conditions are not always treated in the most appropriate facilities for their level of needs: in particular we think there is a role for more mental health stepdown facilities, including medium-secure units. We

Protecting Public Services and Making Them Work For You
will review the shape of current provision.

6.1.11 We continue to be concerned that in some parts of the country, in particular in large urban areas, black and ethnic minority patients are disproportionately represented in in-patient services.

6.1.12 Throughout the evolution of mental health services, we believe our commitment to the central involvement of the user, in appropriate ways, remains very important.

6.1.13 Finally, at the structural level, we believe that key commissioning bodies such as CCGs and HWBs should have designated members to act as leads or champions for mental health.

6.2 Integrated care

6.2.1 One of our most important aspirations is that public services will provide a better service to the public if they are more integrated, and Liberal Democrats have long been at the forefront of making the case for primary and secondary healthcare, and social care, to be better linked up. The NHS, working alongside other public services, must increasingly learn to see the patient as a whole person, with their own personal range of chances, needs and ability both to control their own care and to contribute to the wider system. They must not only work in a fragmented way, with each individual service seeing just one isolated 'problem' and attempting to deal with that. This is true of all patients and service users, but is especially highlighted by the number of older people, which will steadily grow over coming decades, with multiple long-term medical conditions to manage. Treating different parts of the person in a fragmented way can lead to both a lower quality of service and patient harm. Current changes to services present both a challenge and an opportunity to

tackle this. Our approach to HWBs and BOBs will be powerful in bringing different players together, to tackle fragmentation.

6.2.2 We will take steps to make absolutely clear that competition rules will not prevent different parts of the NHS, and other sectors, from working more closely together for the benefit of patients.

6.2.3 Engaging those closest to services in re-designing pathways, to focus more directly on the actual needs of their patients, and eliminating bureaucracy, waste and unnecessary activity, is extremely powerful in improving both service for patients, and efficiency. This often works best when it brings clinicians together, as well as patients and service users, and we are keen for the creation of new more integrated pathways to make the most of these opportunities.

6.2.4 Liberal Democrats would increase investment in community public health programmes to redesign service delivery around the patient and help prevent long-term illness or to manage existing health problems.

6.2.5 The programme of 'Pioneers' in integrated care, launched by a Liberal Democrat health minister last year, embodies many of the ways we believe this approach should go forward.

6.2.6 Firstly, what matters should be provision of a good quality, joined up, service to the user. This does not necessarily mean they are provided by just one organisation; indeed changing organisations presents its own challenges which we consider elsewhere.

6.2.7 As guarantees of greater seamlessness of service, patients with long-term conditions and/or complex needs will have their own care co-ordinator and care plan that integrates the various services that they require and is supported by

Protecting Public Services and Making Them Work For You

access to a personal budget. This care coordinator will not only make access easier to healthcare and public services, but it could potentially reduce the costs by providing the most appropriate service the first time and reducing follow-up demands on individual agencies.

6.2.8 Secondly, the form that greater integration should take should depend on local circumstances and local wishes, not be dictated from the centre. Each participant in the pioneer programme has set out its own way it wishes to do this, and we believe this must continue to be the approach more widely. The way in which the NHS in some areas, for example through local Integrated Care Organisations (ICOs), is starting to bring different organisations together, in an evolving way by local organisations in response to local needs and preferences, points the way very helpfully to how we believe the NHS (and those it works with) should develop.

6.2.9 Finally, linking commissioning of different types of service for the same person, will again be important. We believe the way the Government is supporting Health and Wellbeing Boards (HWBs) to do this, supported by financial incentives for different sectors to work effectively together, points the way to a good approach to integration.

6.2.10 We will also review the 'payment by results' tariffs, the mechanism for funding much health work, to address perverse incentives within current tariffs, and the distortions they can lead to.

6.2.11 Other funding options should be explored further including a system of funding which is based on the size of the population concerned – so-called 'capitation funding' – rather than one based on paying for individual specific pieces of activity. It is important that funding streams support a preventative approach and the integration of services around patients' lives including continuity of care, where needed.

6.3 Better care, closer to home

6.3.1 Our health needs are gradually changing, as more and more people are living longer, but with multiple long term health conditions (LTCs) which need managing. This provides a challenge to the NHS which has been traditionally better set up to deal with one-off issues such as an operation or emergency treatment, than with many people with complex, overlapping, long term needs. The number of people with these kinds of needs coming to A&E has risen, and changes are needed to the way we provide services outside hospital to ensure that people get better care, closer to home.

6.3.2 NHS staff both in and outside hospitals are working very hard and delivering excellent care across the country, but it is essential that services are organised in a way that makes the most of this commitment. Our approach of providing services around the needs of the user will help deliver services which are higher quality and better value for money, as well as potentially more joined up, and more convenient.

6.3.3 Perhaps the greatest success of the NHS since its creation, has been ensuring that people are able to get medical treatment when they need it, without fear of the cost.

6.3.4 We will ensure that the NHS remains free to access.

6.3.5 We will improve access to health services through longer opening hours of GP practices, increased choice of which GP practice to register with, and the ability to access a wider range of health services from a single point of entry, such as A&E or a GP surgery.

6.3.6 This will be supported by encouraging GPs to collaborate with each other in federations to provide a fuller all-round, including out of hours, service. Federations would

Protecting Public Services and Making Them Work For You

also help GPs to work more closely with other health services and keep GP practices from being isolated from the rest of the health community. We will support local NHS commissioners to change the way services are provided in the community (such as district nursing) to join up more effectively with these GP services.

6.3.6 We will allow you to be able to register with a GP of your choice, for example near where you work, and not only near your home.

6.3.7 We will encourage more GPs to work in ‘under-doctored areas’, which are often generally deprived areas, through a GP Incentive for working in these areas.

6.3.8 There is a major opportunity to improve access to health care, make it more flexible and support people to manage their own health, through better use of modern technology. This includes apps to support prescriptions, support for diagnosis, and arrangements for making bookings and communicating with health professionals of all kinds. There are a range of ways in which some GP practices are now operating to contact patients more quickly by phone, Skype or email, which we support to be spread more widely. Clearly it is not appropriate for all consultations with GPs to be carried out in this way, but many simple conversations can be done much more conveniently for the patient, and cost-effectively for the service in these ways.

6.3.9 We specifically support closer working across the health system with pharmacists who, again, for suitable patients, can provide a much more accessible, cheaper and often more suitably qualified service. It is estimated that up to one-sixth of all current visits to GPs fall into this category. Appropriate ways of managing patient information appropriately to facilitate this linkage must be developed.

6.3.10 We also support greater co-location of services where it can improve linkages across primary care and secondary care, social care, and other public services, perhaps such as DWP and local authority offices. Services can also be joined up and people put in control by the use of personal budgets in social care but also potentially in health, such as in NHS continuing care where users can already request them. Users would have the further opportunity to ensure services reflect their needs, including being more joined-up, including with non-health services, if they were given some responsibility for holding some of the relevant budgets, by extending existing 'personal budgets'.

6.3.11 All of these will provide more convenient, quicker, closer, more cost-effective care to patients, by people who are more appropriate to provide it, than many people who simply go to A&E because they believe that is the only way they will be seen currently receive. This will be further reinforced by increasing arrangements to share patient information, with the patient in charge, among GPs, pharmacists and Emergency Departments.

6.4 Information

6.4.1 Patients should control their own health and other information, allowing access to professionals to help them, rather than the other way round. We would review the legislation on data in the NHS with a commitment to achieving these aims.

6.4.2 This will also enable better care by increasing communication between everyone involved in the patient's care and implementation of more patient-centred solutions.

6.4.3 Data sharing is crucial for health and social care research, and yields a wide range of innovative cross-sector

Protecting Public Services and Making Them Work For You

solutions. We support better sharing and access to patient information and medical records for research purposes. Data used for these purposes must be anonymised, and the patient must have the right to opt out of data sharing for research purposes or designate access to specific research programmes. Safeguards to protect confidentiality must be applied rigorously.

6.5 PFI

6.5.1 We believe that the way PFI debts are held by certain NHS Trusts both cost the NHS as a whole more than they should, by being fragmented, and distort services because some Trusts are required to service large PFI debts from within their annual income, and others are not. We will review the costs of PFI services to the health service as a whole. We will use the full bargaining power of central government to help Trusts in renegotiating PFI deals, so that financiers make their fair contribution to tackling austerity in health services. We will also explore ways to bring PFI debts together, in a way which does not cause further costs to Trusts not currently making PFI payments. Savings achieved in NHS PFI projects will always be retained locally to be reinvested in front-line services.

6.6 Public health

6.6.1 The return of public health to local authorities control recognises Liberal Democrat advocacy that good health is not just the absence of disease and infirmity but a state of complete physical and social wellbeing. Responsibility and accountability must lie where it is most effective, and local councils with their in-depth knowledge of the needs of the community and experience of integrated planning and services are best placed to achieve the cultural shift that is needed to provide community leadership and promote joined

up thinking and action across health, social care, education, leisure, housing and economic growth. We have seen encouraging reports that public health has in general been fully embraced by local politicians, managers and workers in councils and the professional leadership role of Directors of Public Health has been welcomed. Local authorities working on public health with other local partner organisations through HWBs, should also be an important part of the future picture.

6.6.2 We note the publication of the Public Health Outcome Framework and the five indicator domains. The shift from curative to a more preventative care model should ameliorate the cost impact on health and social care and have significant general economic benefits.

6.6.3 We will ensure appropriate safeguards are in place to protect the professional independence of public health professionals working as part of local authorities or Public Health England.

6.6.4 As public health is embedded in the local community we would encourage the further development of volunteering to work alongside professionals to help broaden and deepen what public services can do. Using systems and processes well established in hospitals, volunteers can help to break down barriers between professional care provider and recipients, especially older people, provide eyes and ears regarding the services being provided and act as 'public health champions'.

6.7 Health and Social Care Act

6.7.1 The Health and Social Care Act 2012 made widespread changes to the way in which commissioning of health in England is organised. As we have said we agree with the widespread view that perhaps the highest priority is that

Protecting Public Services and Making Them Work For You

there should be no further major structural changes in the NHS in the near future.

6.7.2 However the plan behind the most recent set of structural changes was not a Liberal Democrat plan. We have reviewed the major changes which the Act made and what further developments we believe would be right in these areas, for the benefit of patients and the public, and for staff. Liberal Democrats will continue to keep the impact of the Act under review.

Competition regime

6.7.3 The Health & Social Care Act made major changes affecting the way in which NHS organisations can work together, and this has led to some situations which have prioritised protecting competition over the clear needs of local patients.

6.7.4 We are very clear that the needs of patients must always come first, in a way which always permits quality and integration.

6.7.5 Firstly, we will ensure that all competition judgements about mergers of health providers are returned to a health-sector regulator (Monitor) rather than sitting under the general Competition and Markets Authority (CMA), and are always judgements about what will best meet the needs of patients and local people.

6.7.6 Secondly, we will make absolutely clear to all CCGs and other health commissioners, through Monitor, that they do not need to tender every service. Local doctor-led commissioners will continue to have the power to make their own decisions and will not be required to put services out to tender if they are convinced their local services are already providing the best possible services for their patients. It is

essential that local commissioning groups do not feel they have to bring in competition lawyers, and know that they have the absolute freedom to get the best services for their patients, without the need to tender services for no reason.

6.7.7 Thirdly, quality must always be the most important factor in commissioning and procurement decisions. Whilst we recognise the value of increasing choice and enabling innovation in services, we will ensure that duties on commissioners of health care give a higher priority to reducing inequality and integration of services than to promoting competition. We are clear that it is not appropriate for commissioners to procure health and social care on the basis of lowest cost. We will continue to ensure that the proposed EU-US Transatlantic Trade and Investment Partnership (TTIP), will not affect this ability of NHS commissioners to take decisions about providers in the best interests of their patients, and specifically not to increase access to the NHS for private providers of clinical services.

6.7.8 The previous Labour government introduced arrangements which paid private sector providers more for doing work than the NHS, sometimes even when they did not actually carry out the work. In government we have put an end to this.

Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards (HWBs)

6.7.9 CCGs, led by local GPs, now commission services to meet local health needs on behalf of their local population. They are becoming increasingly powerful in doing so, and we are keen to support them to do so. Many are finding new ways, especially through collaboration, which are equipping them increasingly well to play an active role as commissioners on behalf of their local populations.

6.7.10 Health and Wellbeing Boards (HWBs) are also playing an increasingly important role in influencing local services across a range of health and wellbeing areas. They can potentially reflect a very important element of ensuring good public services, by being led by people who are democratically accountable. More elected councillors should be members of HWBs, on a politically proportional basis, and reflecting all relevant tiers including District Councils. They can also play a very important role in linking up with other parts of public services, and we believe they should be important members of the BOB structures outlined in section 4.2. Importantly, since they already exist, and could have their membership and responsibilities adjusted relatively easily, they do not require any significant change to the organisational landscape.

6.7.11 In accordance with our general approach, the exact way in which individual HWBs evolve should be a matter for them themselves. However where they do so along the lines we have suggested, and are able to demonstrate robust and democratically accountable governance, we would like to see them taking over NHS England's current responsibility for commissioning GPs in their area, and potentially wider responsibility for local services. Some are already developing along these lines. It makes no sense, and is a major centralisation from the previous PCT arrangements, for commissioning of thousands of local GPs to be carried out by one national body which has no democratic accountability. It will be much better for patients, residents and local services for this to be done locally.

6.7.12 As always, the exact way in which HWBs take the lead in making local commissioning work, and how they work with other organisations locally, should be for them to suggest rather than for national government to impose.

6.7.13 In support of HWBs taking an increasingly important

role in driving, and being locally accountable for, a wide range of health and wellbeing outcomes, we would also like to see the funding channelled through the Better Care Fund (BCF) increase. Decision making about these funds should happen through HWBs, as they demonstrate increasing success and robust governance arrangements, to integrate planning and budgets at a local level. This would continue to make it an even more powerful engine for increased integration between different parts of public services, and in the interests of the 'whole citizen', rather than simply treating individual conditions or issues separately.

6.7.14 Following our view set out in chapter 5.4 of how measures can be best used in improving public services, we would like to see CCGs, HWBs and other commissioners increasingly challenging providers to achieve outcomes (for example higher life expectancy, and improved quality of life), rather than to deliver certain activity (such as so many procedures of a certain kind carried out).

6.7.15 Increased cross-sector collaboration in public services is essential for providing efficient solutions that best meet users' needs. Liberal Democrats support greater joined up primary and secondary care, social care and other public services. There should be greater use of pooled budgets for health (CCG) and social care (LA) through the HWB. The partners locally should decide how best to do this in their area: for example some CCGs might wish to ask the local authority to deliver on their shared joint commissioning strategy, while other local authorities might ask the CCG to take on that role. Others might give HWBs direct commissioning responsibility. HWBs are the right forum for agreeing the best approach locally. HWBs should be able to amend the commissioning plan of local commissioners.

6.7.16 To help ensure people with mental health needs get as good care as those with physical illnesses, HWBs and CCGs

Protecting Public Services and Making Them Work For You
should have designated mental health champions to help improve mental health services and further integrate them with physical healthcare.

Abolition of SHAs and creation of NHS England

6.7.17 Liberal Democrats argued for several years for the ending of the tier of Strategic Health Authorities (SHAs), as an unnecessary and unaccountable tier, and the Health & Social Care Act implemented this change.

6.7.18 However it is important that responsibilities are passed down to a more local level, and are made accountable, rather than passed up to a national level. As set out above, we would like to responsibility for commissioning local GPs to be passed to local HWBs.

Public health

6.7.19 The Health and Social Care Act made major changes to arrangements for Public Health, which we have considered in section 8.6.

Purchaser-provider split

6.7.20 The 2012 Act did not make any changes to the fundamental structure of the distinction between the commissioning function, and the provider function. Nevertheless we have considered this.

6.7.21 Since the 1990s, the NHS system has evolved so that commissioners control the funding, and purchase services on behalf of the public from provider organisations.

6.7.22 Supporters of this approach believe that this mechanism provides a powerful accountability for providers to provide high quality services and which in some cases a

commissioner could choose to commission from another provider. Since its introduction in the NHS, this split has become increasingly widespread across public services, in sectors ranging from for example prisons to many local government services.

6.7.23 Others point to the transaction costs of maintaining the purchasing system, and a view that the commissioner-provider split tends to fragment rather than integrate services. Views differ about on whether management costs of the NHS approach benchmark low or high against international comparisons.

6.7.24 The wide range of people who have given evidence to us have all been very clear that the major policy priority for the NHS in the next phase must be to avoid major structural change, and to allow the newly-created organisations formed over major changes in the last three years, to focus on delivering good quality services without further distraction. The purchaser-provider split lies at the absolute heart of the way the NHS works and its organisational structure, and it is inconceivable that it could be removed wholesale without enormous structural upheaval which would distract attention from providing good quality patient care for several years to come.

6.7.25 We also do believe that although there are improvements which should be made to the way commissioning functions which we set out in this chapter, splitting decision-making about what services should be provided from responsibility from actually providing them well, is an important accountability mechanism. We have argued across the public services for use of this power, and it is particularly important for services provided on a very large scale such as the NHS. As elsewhere, we would like to see this increasingly move to accountability for overall outcomes achieved, rather than of specific process or activity measures.

6.7.26 This approach is also in line with our general view about delivering good quality, integrated and flexible public services, that improvements should generally be driven bottom-upwards, and designed in close consultation with staff affected, not imposed top-downwards.

7. Applying our approach in transport

7.0.1 Reliable, high quality, sustainable and frequent public transport has a vital role to play in enabling the country to keep moving, the economy to grow and providing the public with access to the whole range of other public services. It is an essential component of sustaining integrated communities, where people want to live and work. Good local public transport also reduces carbon emissions, and improves local air quality, and a range of policies affecting transport are set out in policy paper *Green Growth and Green Jobs* (2013). We therefore focus here on ensuring good local public transport.

7.0.2 In line with our vision for public services, the principles of flexibility, accessibility and integration should be at the heart of provision of public transport. We want to see innovative approaches to fares, ticketing and a greater degree of choice for users. We want to see a stronger, more accessible network in regional and rural areas, greater disabled access and greater access for young people. Integration and common commissioning of services will lead to a greater degree of connectivity with other public services and a greater focus on the end-user.

7.0.3 Decision-making about transport must also become much more local. The decisions on the commissioning of transport, fare-setting and scheduling are best taken by local bodies who know the needs of local service users, especially in non-urban areas.

7.0.4 We believe that all authorities responsible for commissioning public transport services should set minimum standards of service on frequency, availability and access.

Protecting Public Services and Making Them Work For You

Providers would then publish their actual performance against these standards.

7.0.5 Improvements in recent years have shown what can be done to improve disabled access to various forms of public transport. However, disabled access remains inconsistent. We propose that when any significant infrastructure work is done to rail or bus stations or when new vehicles are provided, they should meet standards for disability access, including providing audiovisual information to passengers.

7.1 Commissioning local transport

7.1.1 Good local transport has a crucial role to play in linking with, and facilitating access to, the whole range of public services. But too often it seems that different modes of transport are not even able to link up to each other, let alone the hospitals, benefits offices, courts or schools that its passengers might be trying to get to.

7.1.2 From 2015 Local Transport Bodies (LTBs), made up of Councils, Local Enterprise Partnerships (LEPs) and others, will receive central government funding to commission and operate transport services within their area.

7.1.3 LTBs should allocate a significant proportion of their budgets to public transport, rather than simply allocating budgets to new road capacity or maintenance. Our proposals in section 4.4 will also deliver greater transparency and accountability in terms of contracts awarded and the performance of services provided.

7.1.4 We believe it is vital for locally democratically accountable people to be able to take the lead, and take advantage of opportunities for greater linkages. We strongly

encourage transport services and LTBs to link up with other local services more widely in the BOBs approach set out above in section 4.2.

7.1.5 Since local bus services were de-regulated in the 1980s, services have operated in an open market. This brought significant change to the provision of bus services throughout the country – leading to an increased quality of service in some areas but a less frequent and more unreliable service in others. Rural areas, in particular, have suffered as private operators have abandoned less profitable routes.

7.1.6 This type of open market approach to providing essential public services, while not unique across public services in the UK, is however different to the model for many other services, which are commissioned on behalf of the public and then provided by a wide range of different types of organisations. As in other areas, we believe local authorities or LTBs should have a real option to take a leading role on behalf of their citizens in commissioning local bus services.

7.1.7 Since 2000, local authorities have had the power to apply to run bus services in their area, under a franchise arrangement, known as a ‘Quality Contract Scheme’ (QCS). The local authority would set a framework of fares and timetables, and bus companies operate the service. For a number of reasons, no QCS have been implemented, but Nexus, the Passenger Transport Executive (PTE) in Tyne & Wear is at an advanced stage of public consultation on the adoption of a QCS and Metro, part of the West Yorkshire Combined Authority, has also publicly committed to considering a QCS.

7.1.8 Liberal Democrats believe that in some areas Quality Contracts can offer a way of providing better bus services – particularly in rural areas or those where communities are campaigning for better services. They bring an approach

common in other parts of public services, of accountable public authorities setting the framework, and other organisations, including smaller local organisations, providing them. They increase the range of options for local authorities in local discussions with bus operators. We will seek ways to incentivise LTBs, PTEs or local authorities to adopt a QCS. In addition to this, we will review the viability of supporting a limited number of pilot QCSs in strategic areas of the country (including a pilot targeted at a large rural area).

7.2 Diversity of provision

7.2.1 For Liberal Democrats a key component of a strong and sustainable public transport network across the entire country is an increased role for smaller local providers, particularly those from the social enterprise or voluntary sector. Provision is currently dominated by a few very large private sector operators and while these are sometimes the most effective providers for large urban areas, smaller providers are often able to be more flexible in the way they offer services, be more pro-active, and link more imaginatively to their users' needs or other public services. Hackney Community Transport (HCT) is an outstanding example of a social enterprise that delivers reliable and innovative transport services, ranging from commercial bus or 'park and ride' services to community transport and education/training services. The profits from the successful commercial contracts they are now winning around the country are reinvested in transport services in the communities they serve.

7.2.2 We will actively encourage the participation of social enterprise groups in the transport market by working with LTBs and other transport bodies to offer contracts for smaller routes, which are often by their nature more suitable for social enterprise or voluntary organisations.

7.2.3 We would allow operators to bid for routes not only on the basis of price but also quality, environmental impact and regularity. Councils would pay the successful operator their costs and a premium agreed at the time of bidding and will set the fare prices and keep the fares paid by passengers.

7.2.4 Very often smaller scale social enterprise transport schemes are centred on customers 'booking' or requesting journeys. There are a number of successful 'Dial-a-ride' schemes, throughout the country, including in Bristol, Swindon and London, where low cost transport is provided to those who have difficulty accessing public transport. The key feature of these schemes is that they are 'demand-led' and tailored to the individual needs of the customer on a particular day. We believe there should be a larger role for similar 'demand-led' schemes particularly in rural areas.

7.2.5 Developing technology offers the opportunity to expand this approach further, and to take innovative approaches used by providers in other sectors such as varying the cost of transport by the time of day and level of demand.

7.3 Rail

7.3.1 In recent years delays in public transport such as trains have improved, but passengers still frequently experience substantial delays. Although in principle passengers are often entitled to compensation, this is often difficult to claim, and far fewer claims are made than people are entitled to. The vast majority of train tickets for substantial journeys are now made by credit or debit or other electronic card, linked to the ticket they bought. Train companies are therefore in a position easily to reimburse automatically passengers who bought tickets for trains that they know were

delayed. We would require train companies to provide compensation automatically to passengers whose trains have been delayed. Where responsibility for the delay lies with Network Rail, the train companies are already reimbursed by them to cover this. This should be accompanied by increased publicity for how passengers who bought tickets without a card can continue to claim (although the number of passengers on long train journeys who pay in cash is small and declining).

7.3.2 A particular source of frustration is replacement of rail services by buses. Although sometimes necessary to allow maintenance or for other reasons, they cause considerable delay and inconvenience to users. Where this is unavoidable, train operators should make full use of the opportunities of modern information technology to provide passengers with full information well in advance, including prior to buying a ticket. Passengers who do have to travel should be entitled to a 50% refund of their fare by Network Rail. Facilities which are normally available on the train, such as the ability to take a bike, should also be provided in replacement services.

7.3.3 Current arrangements for rail franchising mean that while private operators can bid for contracts, UK public sector bodies are unable to bid, despite often being relatively popular with customers. This seems particularly anomalous since publicly-owned operators from other countries are able to bid for contracts in the UK.

7.3.4 Liberal Democrats will change the regulations so that public bodies, such as local authorities or groups of local authorities, can participate in the commercial tendering process. Such a change in the law would allow companies such as 'Directly Operated Railways' (DOR) to re-bid for the East Coast Mainline service. We would also undertake a review of the financing arrangements for such ventures so that the risk borne by the taxpayer is minimised, whilst at the

same time allowing for as close to a commercial transaction as possible to exist. We also agree with the principle that public bodies who successfully tender for transport services should reinvest any profits back into development of further transport services.

7.4 Cars, cycling and walking

7.4.1 The flexibility provided by cars and other road vehicles is a key part of flexible, convenient transport options for many people much of the time. Much of this falls outside the provision of public transport services, but there are steps we believe government should take in order to encourage the development of road transport in a way that reinforces our overall vision of convenient, flexible and local services. In particular, we welcome the initial steps taken to encourage the development of driverless vehicles technology. The government should go further in setting out a clear legal framework (including insurance liability) for its further development and should use its existing financial support arrangements for research and development to encourage the development of technology that is applicable to public service transport needs.

7.4.2 Cycling and walking must have an important place in local transport strategy given the convenience, and economic benefits that they bring. They are also an excellent example of how a joined-up approach can work well: taking exercise through these forms of transport can help keep people well, benefitting them, and reducing demand on health services. We will seek to actively promote investment in cycling and walking across the country and strongly encourage LTBs to make cycling a key component of their transport strategy from 2015 onwards. We will implement the recommendations of the 'Get Britain Cycling' report. In particular we would like to see extension of bicycle-hire schemes in cities beyond London

Protecting Public Services and Making Them Work For You

and a significant increase in adoption of cycle lanes, including major off-road cycle paths – similar to the 17 mile ‘Comber Greenway’ in Belfast. In addition to the creation of new cycle lanes we support a greater use of cycle ‘boxes’ at traffic lights or junctions and better signage designed to enhance safety of cyclists.

7.5 Ticketing

7.5.1 The cost of using public transport in many areas across the country has risen significantly in recent years. Some of those most hard hit have been young people, and as the age for compulsory participation in education or training rises to 18, we believe it is right to provide reduced-price access to bus transport, already extensively enjoyed by those aged over 65.

7.5.2 We will offer a discount of two-thirds off the cost of bus travel, to all 16-21 year olds.

7.5.3 As well as helping to ensure their continued participation in learning, extending reduced-price access for young adults will continue to develop use of sustainable forms of transport, and also help to ensure the financial viability of operators, particularly in less well-served areas.

7.5.4 As patterns of work and life have evolved, the way in which ticketing works has been slow to follow. In Government we have argued for more flexible public transport ticketing. We will build on this by supporting the expansion of part-time season tickets with a view to introducing an England-wide scheme, and off-peak season tickets. This will allow those who work part-time or in shift patterns to benefit from season tickets in the same way as those who work a five day working week.

7.5.5 As in other areas of public services, intelligent use of information now available, appropriately safeguarded, has the potential to make major strides in providing a better, more streamlined and seamless service. 'Smart ticketing' can make travelling across different transport modes easier and cheaper, ensure the lowest fare, and at an aggregate level allow service providers and commissioners to see patterns of how they could provide services better. We will support the roll out of smart ticketing arrangements, already now well embedded in a number of cities.

7.5.6 Our longer term goal is that the same smart ticketing systems would be used in all of the major cities across the country, in a joined up network, so that someone from travelling from Leeds to London or from Manchester to Sheffield could use the same 'smarter' ticket in their destination city as their home city. We would encourage LTBs to work together to incorporate this vision into their longer term transport strategies.

7.6 Open data

7.6.1 Transport providers commissioned by Transport for London now have to make real time information available about their services, in electronic format. This has allowed other providers to make this information available to customers in a real time way in accessible formats such as smartphone apps. All providers of public transport should provide this information openly, to allow maximum flexibility of access for users.

7.6.2 We will ensure that successful franchise bids will require a commitment to customer quality improvement, so services continually improve to meet passenger's needs such as providing free Wi-Fi and a sustainability commitment to ensure environmental impacts are managed.

Protecting Public Services and Making Them Work For You – Policy Paper 119

This paper has been approved for debate by the Federal Conference by the Federal Policy Committee under the terms of Article 5.4 of the Federal Constitution. Within the policy-making procedure of the Liberal Democrats, the Federal Party determines the policy of the Party in those areas which might reasonably be expected to fall within the remit of the federal institutions in the context of a federal United Kingdom. The Party in England, the Scottish Liberal Democrats, the Welsh Liberal Democrats and the Northern Ireland Local Party determine the policy of the Party on all other issues, except that any or all of them may confer this power upon the Federal Party in any specified area or areas. The Party in England has chosen to pass up policy-making to the Federal level. If approved by Conference, this paper will therefore form the policy of the Federal Party on federal issues and the Party in England on English issues. In appropriate policy areas, Scottish, Welsh and Northern Ireland party policy would take precedence.

Working Group on public services

Note: Membership of the Working Group should not be taken to indicate that every member necessarily agrees with every statement or every proposal in this paper.

Jeremy Hargreaves (Chair)	James Kempton
Liz Banks	Mark Pack
David Boyle	Ian Pocock
Julia Church	John Pugh MP
Helen Flynn	Peter Ramrayka
Andrew Forth	Rupinder Singh
Sandra Gidley	Paul Tilsley CBE
Lord Greaves	Anna Tucker
Linda Jack	Charles West
Baroness Jolly	Simon Wright MP
Richard Kemp CBE	

Staff:

Steve O'Neil

Comments on the paper are welcome and should be addressed to: Steve O'Neil Policy Unit, Liberal Democrats, 8-10 Great George Street, London, SW1P 3AE
ISBN: 978-1-907046-96-4 © August 2014

Further copies of this paper may be obtained, price £5 from: Liberal Democrat Image, The Workshop, Cheyne Way, Farnborough, Hampshire, GU14 8RX. Tel: 07505 412 467.
Email: info@libdemsimage.co.uk

Printed by Sarum Colourview Ltd, Unit 6 Woodford Centre, Lysander Way, Salisbury, Wiltshire SP4 6BU.

Cover design by Steve Lawson