



This document is intended to inform consideration of public service delivery by the UK Government. Many aspects of public service policy delivery are devolved in Northern Ireland, Scotland and Wales. It is the benefit of devolution that the Devolved Administrations can tailor their policies and thus deliver public services to meet the specific needs of those parts of the UK. We hope that where the Devolved Administrations face similar challenges in public service delivery, this research will provide a helpful resource for discussion.

A number of public servants, academics and other experts have contributed to this study. We are very grateful for their contributions, which have been invaluable in the development of this report. However, the report as a whole does not necessarily reflect the views of any individual participants.

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# Foreword



Britain's public services are in better shape than ever before. In 1997, we trailed international competitors on both investment and performance. Today services are radically better. Crime is down 39%, with violent crime

down by 40%. Public satisfaction with the NHS is at an all-time high. Over 70,000 more nurses are caring for patients than 10 years ago, and long waiting times have been virtually eliminated. In our schools, nearly 70,000 more young people a year are gaining five or more good GCSEs.

These changes are no accident. They are due to Britain's outstanding public servants, our action to close Britain's public service investment gap – and strong leadership from the centre. But the reality is that we dare not stand still. The next few years will present three big challenges for Britain's public services. As we help to build new industries and create new jobs, we will need to give every citizen the power to take advantage of the new opportunities of the decade ahead. We will need to confront long-term changes in British society as our citizens age. And we will need to meet and exceed rising expectations for services to be as convenient as the private sector and personalised around citizens' changing needs.

We can't address this future by cutting spending on vital services. Vital targeted investment is part of our strategy for creating growth in the economy, growth that will help create prosperity, jobs and help deal with the fiscal position. But as the Budget made clear and those leading public services recognise, while future projections are very uncertain, our pathway back to fiscal balance will also involve a slower rate of public spending growth in the years ahead.

We believe this demands a radical dispersal of power to patients, parents and citizens and a drive to free up the front line of public services. We have made great strides in our work of repair, closing the historic investment gap with health and education spending up to the OECD average – and so innovation must now become the key force of change in the years ahead. In the next decade, we will need to be radical about power; realistic about money; and relentless on innovation.

That is why we conducted this study. It sets out insights from the best examples of innovative services, showing how to raise standards and provide greater value for money.

We show how five key changes lie behind the 'power shift' that is changing the relationship between citizens and state, front line and the centre, around the world:

- using entitlements to put power in the hands of users of services;
- transforming accountability of services through real-time, highly local information, often delivered digitally;
- incentivising the creation of tailor-made, personalised services which citizens can shape;
- answering people's ambition for prevention rather than cure; and
- a new professionalism in front-line staff and leaders.

Delivering this agenda is now under way. In our recent strategy for *Building Britain's Future*, we set out a programme for empowering people with new entitlements to high-quality education, health care and policing. We aim to be world leaders in making information on services accessible. As services are scrutinised for ways to deliver greater value to the taxpayer, we will learn from how the best services are delivering higher quality at lower costs by reducing the number of services trying to tackle the same problems in partial ways. More than anything, we will ensure that citizens and those who work on the front line are able to drive greater innovation themselves.

A handwritten signature in black ink that reads "Liam Byrne". The signature is fluid and cursive, with a long horizontal line underneath.

**LIAM BYRNE**

Chief Secretary to the Treasury and  
Minister for Public Service Reform

# Introduction



Image courtesy of Sundhed.dk

# Introduction

**1. The need for public services to innovate rapidly in order to match the best services around the world has never been greater.**

The United States, for example, had one of the highest rates of university education for much of the 20th century, but in the last 15 years the rate has remained relatively stable while countries such as Poland, Denmark and the Netherlands have significantly surpassed it.<sup>1</sup> Health systems that have been world leaders in treating acute illnesses and injuries, such as the French system, are by no means certain to be the best at supporting the rapidly rising number of people with chronic health conditions. The nimble development of online services is allowing 'leapfrogging' in the provision of high-quality transactional services. South Korea, for example, has moved quickly to develop one of the best public internet-based job searching systems in the world.

2. Examples such as these demonstrate two lessons. Firstly, that public services cannot stand still if Britain is to compete with the rest of the world – continuous improvement and innovation are needed. Secondly, looking at leading-edge practice across the world should spark our thinking about how public services should develop – there is much we can learn from others. This study, drawing on examples from around the world, therefore highlights some of the innovations and thinking that could keep Britain at the forefront of service improvement.

**'In fast-moving areas like education, if a country stands still on reform for a decade, it is almost impossible for it to recover.'**

*Andreas Schleicher, Head of the Indicators and Analysis Division, Directorate for Education, OECD*

3. Britain is facing the current global economic downturn with public services in better shape than ever before. Sustained investment and reform have given communities in England, for example, access to Children's Centres with the flexibility to respond to their changing family needs, as well as schools with better teachers, their own neighbourhood policing teams, hospitals with the shortest waiting times in history and far more personal support and advice for those seeking work.
4. How should services develop further in the years ahead? Overall, the importance of public services is likely to grow rather than diminish. For example, sources of increasing wealth creation – such as the emerging low-carbon, life science and pharmaceutical, and digital industries – will create new opportunities. But every person, and the country as a whole, will only have the potential to benefit fully if they have access to excellent schools, training and employment services. As the baby boom generation ages, they have the

opportunity for far more active retirements than their parents' generation, but this potential will only be fully achieved if they have access to world-class health and social care.

5. Such benefits of excellent services are the reason why the Government is continuing to invest in them. The Government's strategy for *Building Britain's Future* affirms the importance of public services in delivering fairness and prosperity, and sets out new pledges on and entitlements to better health, education, training and policing.
6. Services are, however, likely to find delivering further improvement in the years to come more challenging than over the last decade. The combination of responding to new economic opportunities, serving a significantly larger older population and tackling the potential legacies of the current global recession will put pressure on many services. Progress has already been made in delivering many of the 'easy wins' in service improvement, such as tackling the worst-performing schools and hospitals.
7. Above all, the rate of growth of public spending is set to be lower than in the decade that has passed.<sup>2</sup> This will require stepping up the drive to improve value for money by taking hard decisions on priorities as needs change, redesigning services, sharing assets better and

cutting bureaucracy.<sup>3</sup> Identifying and delivering such value will need to be a shared endeavour between central government, local government and services, front-line professionals and citizens.

8. An acceleration of innovation will therefore be required across public services.

**‘Developed countries around the world have entered a new period governed by two big facts:**

- **Many people face hard times and uncertainty, when the support and security provided by public services is more, not less, important.**
- **For everyone, including governments, using financial resources carefully and doing more with less matters more than ever.’**

*Tom Bentley, Policy Director for the Deputy Prime Minister of Australia*

9. This paper aims to contribute to thinking about such innovation. We draw on nearly 50 interviews with leading experts in public service reform from around the world, in which we probed specific

elements of service innovation and wider lessons for service management.

10. The analysis is not intended to be exhaustive. Equally valuable lessons will come from recent service innovations in Britain and from the insights of service users and those who work on the front line.<sup>4</sup> Our services are often already ahead of those in other countries, but we have not usually sought to highlight domestic innovations in this paper. Nor could all the innovations be replicated in the UK; many arise from different structures of public service provision, cultural norms, local conditions and financial constraints.<sup>5</sup> In considering lessons, it is also important to recognise that the public services that are covered in this study are delivered by the Devolved Administrations of Scotland, Wales and Northern Ireland and by local authorities. It will be for these bodies to consider the most appropriate insights. At a time of necessary innovation, however, the best organisations look outward – for practices which can be replicated and to spark new ideas and challenge existing ways of thinking.

**Innovation and greater productivity in the next few years are likely to come from services forging stronger relationships with citizens**

11. The source of much improvement in public services around the world over the last 30 years has been better management. Services have been set clearer objectives. Accountability has been clarified. Scrutiny has been formalised.
12. Britain has often been at the forefront of these changes. The Government’s 30 Public Service Agreements (PSAs), for example, have provided a clear set of medium-term goals around which service strategies and targets are developed. Comparative information about the performance of schools, hospitals and local authorities has challenged these services to raise their quality. Over the past decade this has been supported by historically high levels of investment in public services.

13. However, to respond to the challenges services face, this approach needs to be built upon. Our work highlights the way in which the drive for innovation and improvement in the best services is increasingly coming from a new relationship between citizens and services.

14. To address effectively major needs in society, such as those arising from chronic health conditions, inadequate child wellbeing and antisocial behaviour, it is necessary to give citizens and communities a greater role, enabling them to bring their own insights, time and energy to meeting their own needs in partnership with services.

15. Achieving not merely adequate standards in services, but high-quality, personalised responses to the aspirations of millions of citizens, rests on ensuring that people can better direct services themselves. At the same time, front-line professionals need enhanced freedoms, skills and links to their local communities, in order to respond better to service users.

16. Enabling a new relationship between citizens and professionals requires a change in the way government operates. It involves stepping back from day-to-day management while providing strong leadership on strategic issues such as promoting fairness, building service capacity, and

establishing a framework for services and citizens to drive improvement themselves (see box on page 9).

17. This is why over recent years the Government has been streamlining targets, giving more weight to citizen perceptions, increasing the role of local government and the autonomy of service leaders, and focusing direct intervention on services that fail to meet reasonable standards.<sup>6</sup>

18. It is why a greater diversity of public service providers has been encouraged, for example through the voluntary sector and social enterprises, to match the heterogeneity of people's needs and aspirations. It is why the Government has continued a long-term investment strategy in services and is building the capacity of those who work in them.

19. These wider issues of governance and management are essential elements of further reform. This study, however, has a more specific focus. It examines some of the changes that will be most important at the interface of front-line professionals and the citizens they serve. We consider insights from around the world – which we hope will help to foster further innovation in service provision – on five specific elements of this new relationship with citizens:

- empowering citizens through **stronger entitlements**;
- empowering citizens through **better information** on services;
- developing more **personalised** services;
- working with people to deliver more **preventative** services; and
- the **new professionalism** required to deliver these changes within services.

# Achieving 'excellence and fairness' in public services

Over the last year, the Government has established a new framework for improving public services in Britain. Building on previous phases of reform – including better performance management and greater choice and contestability – further improvement will rest on better empowering citizens, fostering a new professionalism and government providing more strategic leadership. This vision was recently strengthened in *Building Britain's Future*, which sets out how citizens will be given greater power, particularly through new entitlements such as those for patients to be treated rapidly by the health service and that for pupils falling behind at school to be given one-to-one support. This study builds on this framework, focusing on the relationship between citizens and professionals.



Sources: *Excellence and fairness: Achieving world class public services*, Cabinet Office, 2008; *Working together: Public services on your side*, HM Government, 2009; *Building Britain's Future*, HM Government, 2009

## Lessons from around the world

### 1. Stronger entitlements

20. In the best public services, strong entitlements embed, and extend to all, key standards of access and quality to core services. It is from this foundation of fairness and security that greater personalisation, professionalism and innovation develop. The most successful approaches to strengthening entitlements:

- **embed equity and clarify accountability** for citizens, for example through national entitlements to childcare and high-quality health care, as seen in the world-leading Finnish and Swedish public services;
- combine **rights and responsibilities** in public services, as exemplified by Australia's new 'Compact with Young Australians' which sets out an entitlement for all under-25s to education, work or training, with corresponding obligations on young people; and

- back up entitlements with **simple, strong redress**, to empower people to directly spark improvements, and keep matters out of the courts. The most effective systems use redress not only to compensate people if entitlements are not met, but to **restore** the service or **resolve** the problem. Swedish health services, for example, offer citizens health care in another area and travel costs if waiting time entitlements are not met.

## 2. Empowering citizens in the information age

21. A revolution in the use and re-use of information on public services is being stimulated by new online technologies, giving the potential to empower citizens to hold services to account far more easily than in the past. The leading-edge systems, such as StateoftheUSA.org and data.gov, are not only disseminating information rapidly. They are also **breaking down government monopolies on information presentation and use** by making it easy for people to analyse information themselves. At the same time, blogs, wikis and other web 2.0 tools are enabling citizens to get more deeply involved in validating information and collectively making decisions. In Cologne, for example, participatory budgeting uses new technology to give citizens a stronger voice over how public money is spent.

## 22. The shift required for governments to enable such changes is cultural as much as technical.

It is no coincidence that American public services have been at the forefront of these changes, for they already had an understanding that all government information should be in the public domain. Government should, however, do more than just liberate information. The global leaders will be those who invest in ensuring that information is high-quality and balanced, can be shared through common standards and facilitates joint working by professionals and citizens.

## 3. Personalisation

23. Service Canada gives people access to nearly 80 government services, and the choice of accessing online, in person or by post. Wraparound Milwaukee, in the USA, provides a single system of tailored care for children with serious emotional disturbance, with a lead professional responsible for each child. These are just two examples of how services designed around the needs of the person, as opposed to traditional organisational structures, are delivering better outcomes and, in the process, building stronger relationships with citizens.
24. As service budgets get tighter around the world, people are asking whether personalisation is affordable. We highlight how **the integration and tailoring of services can save money,**

## by reducing unnecessary activity, exploiting a second generation of e-government, and using lead professionals better.

Service Canada, for example, saved C\$292 million in the first year. Several thousand dollars per child are typically saved by Wraparound Milwaukee as it keeps more children out of hospital.

25. Underlying these specific personalisation practices, the best services are **giving people greater control**. Rather than just providing one-off choices between services, such as a single choice between schools, they are providing people with continuous opportunities to control services. For example, personal budgets for jobseekers in Australia and for those with mental health needs in Oregon are giving people the opportunity to shape every element of the service they receive.

## 4. Prevention

26. Innovative services are not just investing in programmes which support healthy living, chronic disease management, children's early years development and preventing reoffending. They also deliver these measures in far more **collaborative partnerships** with citizens than do traditional services. They are releasing the motivation, insights and resources of citizens themselves. In particular, they are:

- stimulating such partnerships by improving and sharing the **diagnosis of problems**, from precise, local crime mapping in Chicago to the innovative use of technology to keep diabetes patients in touch with their doctors on a daily basis in the Netherlands and elsewhere;
- **pooling resources across agencies to problem-solve** – working with people in a more flexible way to tackle the root causes of their needs, for example in the Harlem Children’s Zone; and
- embedding a **culture of collaboration** by empowering people through greater peer support and by improving performance management systems.

### 5. New professionalism

27. Finally, a more productive relationship between citizens and services relies on better unlocking the creativity and motivation of front-line professionals. High professional standards are the starting point for such developments. Teachers in Singapore and doctors in New York achieve these not just through good selection and training, but by frequent benchmarking of performance against their peers. **The best systems successfully combine such benchmarking processes with a high degree of professional ownership of processes for improving quality.** For example, in Sweden clinicians

own and contribute to data held on National Healthcare Quality Registries, which then informs developments in practice.

28. We also find that the best systems are bringing professionals more closely together through chains of providers, such as among some schools in the USA, so that new knowledge and practice are rapidly disseminated. They do this while remaining strongly embedded in their local communities through the involvement of users and volunteers and by working closely with other local providers. For example, large third sector organisations in Germany provide excellent public services nationwide by combining local responsiveness, which encourages local innovation among professionals and volunteers, with channels to disseminate best practice across the country systematically.

### From innovation to implementation

29. The insights from international examples such as those detailed in this paper, together with innovation and learning within services, will help inform the work of HM Treasury, the Cabinet Office and other government departments in considering ways of delivering better services for the user and driving greater value for money for the taxpayer. In the coming months, for

example, departments will be setting out more details about the development of entitlements in health and education in England. Across services, the Government will be looking to increase transparency.<sup>7</sup> Within services, major programmes are under way to personalise and simplify the support provided to citizens. From services, the Government is seeking to understand better the challenges professionals face and the proposals they have for improvement. Through such measures, we are confident that the improvements in public services which have characterised the last decade will be accelerated in the years ahead.

# Chapter 1: Rights and entitlements



In Finland national rights protect fair access to health care for all citizens

## How can public services give citizens maximum power while guaranteeing high standards for all? Clear entitlements with strong, simple systems of redress can help citizens themselves ensure public services are of excellent quality and fair.

1. Patients in Sweden who are not given access to care within three months can expect their local council to pay for them (including any travel costs) if they wish to be treated in another area or in the private sector. The Health Care Guarantee, introduced in 2005, halved the number of local councils not meeting the standard in just seven months.<sup>8</sup> It now forms a core entitlement for all citizens. Many councils which have devolved responsibility for health care provision have gone further (see case study box on page 14).
2. Fair access and quality in the best public services are not merely designed with citizens in mind: they are driven by them. Because patients in Sweden are offered the redress of an alternative service provider and travel costs if their entitlements are not met, services really take note of them. Likewise, young people in Australia are able to demand better training and support during a global economic downturn thanks to new guarantees, and users of online services in the Netherlands have access to high-quality e-government services thanks in part to rights under an e-Citizen Charter.
3. Entitlements and redress for citizens enable professionals and services to look out to their local people rather than up to central government. They allow professionals to focus on delivering for citizens, rather than on costly bureaucracy. This is because, backed up by redress, rights replace the traditionally complex processes by which individuals and communities spark improvements in their services. They reduce the need for top-down targets, because citizens themselves hold more of the power to ensure equal access to quality and standards in services.<sup>9</sup>
4. Looking at high-performing public services around the world suggests that these impacts mean that clear entitlements, backed by simple redress mechanisms, often form a foundation for a strong relationship between citizens and their services. In particular, we find that:
  - Entitlements can **clarify accountability**, with a **reduced need for central targets and bureaucracy**. They are often part of systems in which decisions over how to deliver services are entirely matters for local managers and political leaders.
  - Entitlements are most effectively used to **drive equity of access and quality in public services** – embedding fairness.
  - **Strong, simple redress** is critical to realising entitlements and driving service improvement. Providing alternative provision, triggering action to improve services or making available simple processes and support if entitlements are not met can avoid expensive legal processes and better meet people's needs.

**'The incentive to hospitals means that between October 2008 and May 2009 the number of people waiting too long for care has halved.'**

*Berlith Persson, National Coordinator,  
Swedish Waiting Time Guarantee*

## The '0-7-90-90' health care guarantee, Sweden

Patients in Sweden have a clear set of national guarantees of timely health treatment. Health care is government-funded on a principle of equal access but heavily decentralised to county councils. From the mid-1990s, health care reforms have been focused on cutting costs and improving access to specific treatments.

In 2005, the Government issued care guarantees for all procedures, based on the '0-7-90-90' rule, which stipulates instant contact with the health system, seeing a general practitioner within 7 days, consulting a specialist within 90 days and a maximum 90-day wait for treatment.

This guarantee stipulates that if the entitlement to be treated with three months cannot be met, patients may choose to be treated at another hospital in the district, within another council's area or by a private provider, with their own local council paying for the care and any travel costs.

Patients also have the right to seek treatment in another EU country for planned care if they cannot get the care in Sweden within the normal waiting times.

In Sweden, 86% of people say they want to go to another hospital if their care guarantee is not met.

Within just seven months of the rule being introduced, the number of patients waiting longer than three months for treatment dropped by half. The guarantees now serve as minimum standards supporting continued improvement. All local time limits are now shorter than the maximum.

Some counties have also introduced their own redress mechanisms over and above this – in Jönköping, for example, a scheduled visit at a health care unit is free of charge if it is more than 30 minutes late.

Since autumn 2008, the equivalent of only £77 million has been allocated to give further incentives, to meet the guarantees – this has been shared between county councils where 80% of cases meet the three-month guarantee. This approach halved again the number of people waiting between October 2008 and May 2009.

The guarantees are also supported by training of staff in how to inform patients

and in how care providers and county councils can better collaborate to manage capacity and deliver the guarantees. An information campaign, a film and a new website, including daily information on choices and waiting times for major procedures, help all citizens make an informed choice of hospital.

Sweden has some of the lowest levels of health inequalities in the world, and comes first in league tables of health for children in Europe as analysed by the University of York.

Sources: Calltrop, J. *Sweden's 0-7-90-90 care guarantee: Where simplicity meets pragmatism?* 2007; *Child poverty and child wellbeing: Where the UK stands in the European League Table*, Child Poverty Action Group, 2009

## Entitlements embed equity, clarify and strengthen accountability in public services

5. Entitlements clarify and clearly communicate everybody's rights to public services, promoting fairness. For example, women with children in the Nordic countries who want to work are supported by universal entitlements to high-quality childcare. So are their children. This equal start is one crucial reason why Sweden, Finland and Denmark are near the top of world leagues for child wellbeing, and have high levels of social mobility.<sup>10</sup>

**'Many developed countries use rights and redress for citizens to support better public services and better value for money. It is a myth that people's expectations of services are insatiable: they want a good service, and people to put things right. Often, it is more vulnerable and excluded groups that need this most.'**

*Ed Mayo, Chief Executive,  
Consumer Focus*

6. Simpler accountability in public services also makes for stronger accountability. The UK is a leader in the setting of national strategic outcomes, through Public Service Agreements, and in sophisticated local performance management systems.<sup>11</sup> In recent years, as services have improved, the number of targets has also sharply declined.<sup>12</sup> Yet in citizens' practical experience accountability for public services can often be opaque and indirect.
7. Entitlements are one way a number of European countries make clear to citizens and service leaders the relative responsibilities, not just between the individual citizen and the state in general, but between different levels of governance. In more federal states, such as Germany, national entitlements, including to social security and social care insurance packages, set at what people can – and, by implication, what they may not – expect from their public services wherever they are and wherever they are in the country.
8. Such clarity is good not just for individual citizens. It also underpins service improvement. One of the common features we have found looking around the world is that in the best services – whether the Swedish health service or the Canadian school system – everyone is clear what the critical priorities are and who is responsible for delivering them.
9. International experience also suggests that by establishing a base of fair access and standards, entitlements allow for local innovation and flexibility in services. This, in turn, means a far leaner central government. In the Nordic countries national entitlements, for example to universal health care, sit alongside significantly decentralised and diverse provision. Finland's considerable devolution of health care responsibility to local government during its early 1990s recession was facilitated by protecting core rights of access for all patients. Finland's central government now has a far more focused role, protecting key entitlements but not managing the detail of delivery. Civil servants are also freed up to focus strategically on cross-cutting issues – Finland is a world leader in joining up services.<sup>13</sup>
10. In Denmark, the management and quality assurance of childcare has been devolved to local authorities. Central government did get more involved in prescribing aspects of quality and providing substantial investment as childcare infrastructure was being expanded.<sup>14</sup> Once this initial phase was completed, however, central government's role focused on guaranteeing entitlements.

11. Across the world, a diverse range of public, private and third sector service providers, along with greater devolution to local government, has often helped meet the diversity of people's needs and aspirations. Such diversity has also driven innovation and value for money. Entitlements have helped maintain these benefits of flexible provision, while providing security and equity for all citizens. While all parents in Finland, for example, have a right to full time childcare for pre-school children, this is provided by a mix of public and independent providers.<sup>15</sup>

### Entitlements form the basis of a stronger relationship between citizens and their services

12. Public services can only deliver better health, education, crime reduction and other outcomes when responsibilities are shared with citizens, whether as parents, patients or local residents. This depends on empowered citizens knowing what they can expect from public services – what services and quality should be delivered in return for public investment. It also depends on people knowing clearly what is expected of them – their responsibilities on which fairness depends. As many countries struggle with

## Social rights and minimum standards in health and childcare, Finland

In Finland, rights are used to guarantee services and set minimum standards for the whole country. Basic rights to education, sufficient health care and income security are set out in the constitution.

Municipalities have an obligation under public law to organise services, and ways of providing social welfare and health care can vary considerably, drawing on public and private sectors. Municipal councils are responsible for health, social care and other public services, often facilitating greater integration. The central government is small and strategic.

However, in order to ensure standards and equity in this decentralised system, Finland was one of the first European countries also to set out specific rights for parents and patients on a national basis. In the context of its early 1990s recession, the 1990 right to childcare for children under three years of age was introduced, and then extended to all children under school age. The number of children in municipal day care rose from 178,000 in 1994 to 220,000 in 1999.

Another example of how Finland relaxed its central steering of municipalities while guaranteeing equitable delivery of core public services is in health care. Maximum waiting times were set out in national legislation which came into force in 2005. This also set out universal principles of care which support medical professionals' decision-making, and reduced major regional differences in how health care is organised.

To support transparency and performance, health care providers publish information online about waiting times. The number of those who had been on waiting lists for more than six months was halved over a four-month period.

Finland's is among the very highest-performing health care systems against OECD measures of healthcare quality, while per capita expenditure is below average.

Sources: Jarvelin, J. *Health care systems in transition: Finland, 2002*; Ham, C. and Dickenson, H. *Governance of health care in small countries, University of Birmingham, 2008*; *National strategy report on social protection and social inclusion 2008, Ministry of Social Affairs and Health, Finland, 2008*; *Health at a glance, OECD, 2007*

complex and costly social issues and adjust to lower spending growth, frameworks of rights and responsibilities which help to unlock the resources of local communities – their time, voices and support – are becoming even more important.

13. In Australia, for example, entitlements to employment, training or education for young people are being strengthened, along with responsibilities to 'earn or learn' (see case study box opposite).<sup>16</sup>
14. We have also found that entitlements can enable and encourage wider engagement in public services, for example, entitlements such as the right to information about services and to a choice of services drive parental engagement with schools. The Netherlands' Exceptional Medical Expenses Act sets out seven rights concerning care for those with a long-term illness or disability, relating to functions that support greater independence and control for users, including access to a personal budget.<sup>17</sup> In the Netherlands, entitlement to a choice of channel (including digital channels) through which to access public services has led to improved levels of online engagement.<sup>18</sup>

## Compact with Young Australians

Young people in Australia are being given a new guarantee of employment, training or further education. The guarantee also places new responsibilities on unemployed young people – if a young person or their parents want to receive some government benefits the quid pro quo is that the young person must be working or earning a core qualification.

The recently introduced 'Compact with Young Australians' is based on three principles:

- Anyone under the age of 17 must be in full-time school, training or work.
- Anyone under the age of 20 who is not working will be provided with a training place for core qualifications.
- Anyone under the age of 25 who is not working is guaranteed a training place to ensure they have the skills needed to be part of the recovery.

As part of Australia's response to the global recession, this new guarantee aims to bring forward by five years the country's target for 90% of young people to be suitably qualified. It is expected to provide up to 135,000 young people with higher qualifications. It also aims to address inequalities in life chances, with indigenous Australians currently about half as likely to have the core 'year 12' qualification as non-indigenous Australians.

An additional 'Compact' with the recently unemployed will ensure that, from 1 July 2009, workers aged over 25 years who are made redundant will be entitled to a training place towards a government-subsidised vocational education and training qualification, where this will result in the individual achieving a higher qualification.

This new entitlement will be offered until the end of 2011, and then reviewed.

15. More broadly, looking at services as a whole we have not found evidence that empowering citizens through clear entitlements and open redress mechanisms has led to more adversarial or litigious relationships. Indeed, the countries where such approaches are most used, such as in Scandinavia, are often the countries where professionals, parents and patients have some of the most positive and productive relationships (as chapter 5 sets out in more detail). The pressure on services to look ‘outwards’ appears to stimulate greater engagement rather than confrontation. Moreover, lawyers themselves have called for greater clarity about people’s rights in public services, and for simpler systems of redress, in order to reduce public bodies’ liabilities, costs and legal claims.<sup>19</sup>

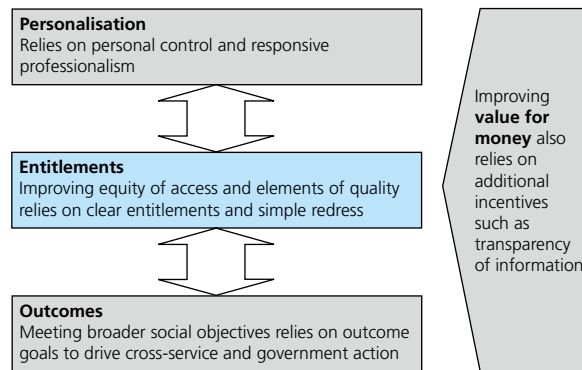
## Entitlements are used to drive access and quality in public services

16. In the most successful systems, entitlements sit within wider mechanisms to support the delivery of social and economic objectives and improve value for money. High-level outcome targets which cross a range of services, efficiency audits and careful regulation still have a role.<sup>20</sup> Canada’s Patient’s Bill of Rights and waiting-time guarantees in health care sit within a world-class

performance management system that aligns funding streams to strategic outcomes, driving cost effectiveness and delivery.<sup>21</sup>

17. Entitlements for citizens are particularly useful to maintain and drive access and quality in services. Unlike top-down targets, entitlements can be owned and policed by citizens themselves. They put the focus of accountability between the service and the user, rather than between the service and the Government.

**Figure 1: The role of different drivers of service improvement**



18. Entitlements around the world have often been initially developed through service charters. These were often largely based on improving ‘customer service’ in public services, and

brought in alongside the introduction of better performance monitoring and management in public services. Many helped change the culture of services. From the early and mid-1990s, charters of quality in services have been introduced in similar forms in France, Spain, Germany, Italy, Canada and Australia, often drawing on the UK’s service charters.<sup>22</sup>

19. In recent years, stronger entitlements have increasingly focused on a smaller set of high-priority standards, rather than seeking to specify minor aspects of customer service. Waiting times in health services are particularly meaningful to patients and are also indicators of productivity. This is why they are the most common entitlements found in other countries. Such focused entitlements to access services can help to narrow equity gaps. For example, they may be useful in increasing awareness and take-up of services such as health checks among more disadvantaged groups, helping to tackle health inequalities.

20. The best entitlements to public service access are those which support broader social outcomes, as well as individual aspirations. For example, the evidence clearly shows that childcare represents an investment for a society in terms of both child wellbeing and long-term

economic growth.<sup>23</sup> In childcare, parents need reliable guarantees of access, while entitlements support a more equitable take-up.<sup>24</sup> It is no coincidence, therefore, that it is a service most European countries, including now the UK, offer as a universal entitlement.

### Redress is critical to realising entitlements in a cost-effective, self-reinforcing system

21. The best public service systems are those where it is not a struggle for people to fight 'the system'. Simple, immediate redress, tied to specific guarantees, helps circumvent the bureaucratic processes and costs associated with complex complaints and litigation. Furthermore, it provides a far more powerful drive for improvement than aspirational charters. Simple redress ensures that entitlements are not hollow – that they directly assure quality and access to services for citizens.
22. People want redress at the most accessible level, but our analysis suggests that the development of redress mechanisms lags behind that of entitlements in most public service systems. In one survey in the UK a few years ago, 78% of those asked thought that redress systems in the public sector were less responsive than those in the private sector.<sup>25</sup> That was despite central government alone spending £500 million on

## The e-Citizen Charter, the Netherlands

In the Netherlands a recent charter sets out how citizens can expect to be treated in an age of advanced information and communication technologies. It includes, for example, rights to interact with services through a choice of 'channel', such as through the telephone or internet, and rights to accessible performance information. It sits alongside the Dutch Government's aim to have a public service with 'less red tape, fewer regulations and less procedural complexity', reducing administrative costs by 25%.

Ten principles of quality are formulated as rights of citizens. At the heart of the charter are two entitlements: 'Government ensures that my rights and duties are at all times transparent' and 'Government compensates for mistakes and uses feedback information to improve its products and procedures.'

A programme called Citizenlink, with a 'People's Panel' and online discussion boards, supports the enforcement of the charter. Following the recommendation of the OECD peer review, the charter has been adopted as the national standard for public service delivery. Since 2008,

the Government has used the charter to examine and benchmark the performance of its services. Quality codes have been developed to turn the general principles of the charter into specific implementation measures, which are then used in (for example) hospitals to measure compliance with the charter.

While it is a national charter, to make the charter more enforceable and accountable every city mayor is required on an annual basis to present a report to the city council explaining why standards have or have not been met. Municipalities then take action to address the mayor's recommendations.

The Netherlands ranks in the top five of OECD and United Nations countries for the provision of e-services to citizens, and the charter has won a UN Public Service Award.

Sources: Poelmans, M. *Reinventing public service delivery by implementing the e-Citizen Charter, 2007*; Bayens, G. *E-government in the Netherlands: An architectural approach, 2006*

redress mechanisms annually, of which the vast majority went on administrative costs rather than financial compensation.<sup>26</sup> Moreover, the complexity of complaints processes can exclude more disadvantaged user groups, such that ‘those who complain are not those who have most to complain about.’<sup>27</sup>

23. In the leading-edge innovations in redress around the world, citizens get support and information to access their entitlements and clear, simple routes to obtain redress.
24. In many countries, redress simply takes the form of compensation. In Ontario province in Canada, for example, new parents who do not receive a birth certificate for their child within 15 working days get their charge (around C\$25 to C\$45) refunded.<sup>28</sup> But making amends for falling short does not have to mean financial compensation to individuals. Often, what most people want when things go wrong in public services is an apology, an explanation, and, decisively, action to ensure that it does not happen again.<sup>29</sup>
25. The best examples of redress therefore go further than compensation. They offer people action when standards fall short: redress works either to restore the service for the individual, or to resolve the problem for all. Patients in Canada, Sweden and Denmark, for example, are given the redress of access to health care in another municipality

if national maximum waiting time guarantees are not met. In public services where replacing or exiting the service is not so straightforward, redress can also involve triggering intervention to tackle poor performance in existing services. In Finland, for example, learning from complaints against schools is a part of the school improvement strategy. Similarly, where health rights are not being met by local councils the central ministry will get more involved.

26. Do such systems of redress have to be costly? Our analysis suggests that the power of more immediate redress means that it often assures a good local service, with few people actually having to access it. Guarantees in Sweden led to waiting times falling dramatically with only a few people actually changing their health care provider.
27. When it is designed correctly, redress can also save public money and professionals’ time by maintaining pressure on performance but reducing the need for heavy top-down management systems. Before recent reforms to local authority targets in England, independent accountants estimated that each council typically spent £1.8 million on reporting to central government each year.<sup>30</sup>

**‘There are no additional funds for the e-citizen charter in the Netherlands. It works by organisations being ‘named and shamed’ if they have not met people’s entitlements to access services.’**

*Matt Poelmans, Director, Citizenlink, Netherlands*

28. When entitlements are not met or resolved at the service level, independent, expert judgement may be required. In some countries, such as Austria, ‘people’s panels’ have been developed to make initial decisions on complaints about health care, significantly reducing the legal costs and compensation bill. In the UK and around the world, ombudsmen adjudicate upon disputes and provide redress without the need to go to court.
29. Ombudsmen are independent and impartial. They investigate complaints referred to them by individuals and in appropriate circumstances provide redress, without involving lawyers.<sup>31</sup> They also play a role in improving services more widely. For example, the Parliamentary and Health Service Ombudsman in the UK frequently makes recommendations for systemic change, such as recent improvements in tax

## The National Ombudsman, Netherlands

A National Ombudsman for the Netherlands was created by law in 1981 and enshrined in the constitution in 1999. The National Ombudsman is the public face of an independent expert body. Appointed by Parliament for a five-year tenure, the Ombudsman acts as 'a single person to counter an often faceless bureaucracy'.

As part of an administrative law system of redress for citizens, the Ombudsman has strong powers of investigation. He or she can inspect all public bodies, reports annually to Parliament and makes recommendations to government. The ombudsman role facilitates individual redress, while also driving wider improvement in services. The annual report 'names and shames' agencies with poor complaints records to drive accountability, while agencies are supported to improve.

The remit began with central government and the police, but now covers all 500 autonomous government bodies and the provinces. Municipalities can either choose to be covered by the National Ombudsman, or develop their own body. A single free telephone number enables people to

access services, while the Ombudsman's casework approach involves a staff member working closely with complainants to assess their claim and support them through the system.

This approach means that most complaints about services are dealt with within just six weeks, and people's rights to services are protected without issues escalating to litigation. In 2008, 45% of complaints were submitted digitally to the Ombudsman's website. In the same year, 89% of complaints were resolved through direct intervention from the Ombudsman, and a further 7% resulted in an investigation of an authority. Compared to the potential cost of litigation, the cost is relatively low – the system runs on just over €12.4 million a year.

Source: *The citizen in chains: 2008 annual report of the National Ombudsman of the Netherlands, National Ombudsman's Office, The Hague, 2008*

credits following a series of complaints.<sup>32</sup> In Australia and New Zealand, this role for the Ombudsman – to improve administrative practice for all – is a statutory obligation.

- 30.** Looking around the world, ombudsmen have also developed innovative practice in providing an integrated and casework approach for citizens across public services, and in improving accessibility. A single ombudsman for the full range of public services, such as the Dutch National Ombudsman, enables citizens to get support across, for example, their health, social care and benefits services. This prevents people being pushed 'from pillar to post' and concerns falling through the cracks.
- 31.** Alongside this, the best ombudsman systems make it easy for people, including vulnerable groups, to use them and to know about their entitlements, through investing in public awareness, single telephone lines and direct online 'petition' systems.<sup>33</sup> In Australia and New Zealand, for example, issues do not have to be put to the Ombudsman in writing.

## Conclusion

- 32.** The UK Government is increasingly using entitlement approaches across public services as part of a vision for public services driven by strategic government and empowered professionals and citizens.<sup>34</sup> The NHS Constitution, the Policing Pledge, and most recently the new pupil and parent guarantees and NHS waiting-time entitlements, will strengthen the rights of those who use services. The Government has recently signalled an intention to go further on redress too.<sup>35</sup>
- 33.** Our survey reinforces the potential of entitlements, backed by simple redress and better information, to empower all citizens. They can help citizens work together, with professionals and with their local services. Not only that: by providing powerful incentives to improve quality and equity, entitlements can drive productivity and performance without central government bureaucracies having to do so. From such a secure base of high and fair standards can spring greater personalisation, professionalism, innovation and efficiency in public services.

## Chapter 2: Empowering citizens in the information age



Through participatory budgeting, employing web 2.0 technology, citizens in Cologne prioritise what matters to them, for example local residents opted to transform this open space (see page 34)

## Improvements in public services and effective citizen empowerment rest on enhanced transparency of information.

1. Over the next two years, the US Government is embarking on what promises to be the largest fiscal stimulus of the economy since the great depression. It will also be one of the most transparent fiscal programmes ever undertaken – the online portal Recovery.gov is empowering US citizens to see how the fiscal stimulus is being used in response to the recession.
2. The American Recovery and Reinvestment Act provides for unprecedented levels of transparency of financial information at the federal level. As part of a drive to improve efficiency and root out unnecessary spending, citizens are being given easy access to information on how, when, and where their tax money is being spent. Recovery.gov will provide information on federal grant awards, loans and contracts – with federal agencies providing data on how they are spending the money and recipients of federal funding providing information on how they are putting the funds to use. Although the site is still in its early days, citizens are keen to access the information – the site received an average of 4,000 hits a second on its launch in February 2009.<sup>36</sup>
3. The recent US federal experience is just one example of a revolution in the use and re-use of information – new technologies are providing opportunities to open up information as never before. Through this, citizens and communities are being empowered to make better-informed decisions over which service providers to use; to hold governments and public services to account; and to participate in dialogues and decision-making processes about the health and future of their services.
4. Through the 1980s and 1990s, the systematic central collection and provision of information on public services was strengthened or undertaken for the first time in the UK and in other countries. Often relatively crude measures and indicators were used in the first generation of league tables of, for example, school performance. Nevertheless, this was an important step – enabling the public to glimpse the quality and performance of individual public services in their area for the first time. During the late 1990s and 2000s performance indicators designed for public consumption were extended in the UK, for example, to the health and police services. At the same time measures became more sophisticated – for example the use of ‘value added’ indicators in schooling and ‘annual health checks’ in health care. Transparency was also improved by making additional sources of information more easily available and accessible – for example the putting online of Ofsted inspection reports in 2005. Most recently, websites such as NHS Choices have been empowering citizens to comment on and review public services – helping them to make informed decisions on which services to use. However, from looking at emerging opportunities around the world it is clear that there is scope to go much further.
5. The advent of new technologies gives rise to new opportunities to open up data as never before. In the best public services the availability, timeliness and overall quality of information for citizens far surpasses what it has been possible to offer in the past. Simultaneously, citizens are now able to play an active, innovative, role. They are no longer just ‘users’ of information; rather, they are being empowered to contribute to and re-use information through technologies such as web 2.0. This is breaking down government monopolies on information.
6. The opportunities that these new technologies present come together with new pressures from citizens who want and expect easy access to useful information.<sup>37</sup> Four out of ten people consider that providing more information on public services is a top priority for service improvement.<sup>38</sup>
7. Our survey indicates that rapid changes in technology and citizen expectations mean that the provision of far better information should

form the second element of a new relationship between citizens and services, supporting and building on clearer entitlements. To achieve this, services and professionals need to:

1. **count what counts:** collect high-quality data in the first place, and combine performance data with information on wider social outcomes so that citizens have reliable and balanced information at their fingertips;
2. **open up information for use:** make information (including performance and financial information) available so that citizens can compare services and make informed decisions, drive improvements in services, and hold government to account from the bottom up;
3. **open up information for re-use:** make information and data available so that it can be easily re-used by citizens – mobilising a wealth of expertise to facilitate innovative use of data by citizens; and
4. **harness the power of networks:** use interactive technologies, such as web 2.0, to break government monopolies on information creation and open up dialogue between and among citizens and professionals.

## Counting what counts – balanced and reliable performance information

**‘Governments must put their weight behind the right kind of information – balanced information that does not make artificial or misleading distinctions between “good” and “bad” services.’**

*Ari-Veikko Anttiroiko, Adjunct Professor,  
University of Tampere, Finland*

8. The empowering of citizens through information rests on that information being both balanced and reliable. In the past, the design and provision of performance information for public consumption had a number of significant problems – the measures used were often relatively crude, giving an unbalanced and even misleading view of the performance of professionals and organisations. Looking around the world the collection and use of information has, in recent years, become far more sophisticated. Crude output measures of performance have been supplemented or replaced with information that enables citizens to develop a richer understanding of the services they use and rely upon.

9. One of the most important developments is the **increasing use of balanced performance information** – bringing together data on a variety of measures, such as the wellbeing of service users and the contribution of individual organisations to spreading best practice, as well as the perceptions and experiences of service users, professionals and the wider community. The White Paper *Your child, your schools, our future: Building a 21st century schools system*, sets out plans to introduce school report cards for all schools in England from 2011, so as to provide robust, comparable data on outcomes across the breadth of school performance, including pupil attainment, progress and wellbeing, and a school’s success in reducing the impact of disadvantage, as well as parents’ and pupils’ views of the school and the support they receive.<sup>39</sup> These cards will be similar to the school report cards used in New York, a world-class example of how to provide citizens and professionals with reliable, balanced performance information. The New York school report cards award each school a letter grade, A, B, C, D or F, based on its score across three categories of information: the school environment, student performance and student progress. A good range of data is used in this process, including statistics on attendance, academic assessments and graduation rates.

**‘Pupil expectations and perceptions are important indicators of successful education systems.’**

*Fenton Whelan, author of Lessons learned, 2009*

10. In a similar way, Healthcare Quality and Efficiency Reports in Sweden provide citizens with at-a-glance comparable and balanced information on health care services across the country.
11. Alongside the use of tools such as balanced scorecards to make the performance of public services more transparent, leading-edge practice around the world is working to **bring together performance information on individual public services with data on wider social outcomes**. For example, the State of the USA project is looking to bring together mainly quantitative data on the full range of economic, social and environmental outcomes. The project aims to empower 120 million Americans to assess the progress of the USA for themselves.

## Healthcare Quality and Efficiency Reports, Sweden

Good-quality, easy-to-understand and comparable information on the performance of health care services across Sweden is provided for citizens and professionals in the form of annual Healthcare Quality and Efficiency Reports.

The Swedish National Board of Health Welfare produces an at-a-glance report of health care performance indicators across the country every year. The report focuses on the relative performance of the county councils and regions which provide health services. Results of regions are compared against 101 quality and performance indicators, using a standard bar chart format for easy comparison.

A good range of indicators is used in an approach similar to a ‘balanced scorecard’: there are 63 indicators of medical quality, 9 indicators of patient experiences, 14 indicators of availability of care; and 15 indicators of costs (such as the cost of health care per person, the cost-

effectiveness of treatments and indications of the savings that could have been made if more efficient treatment options had been used). For example, the 2007 report identifies around £21 million in possible savings, region by region, if cheaper statin drugs had been prescribed.

The reports cost around £600,000 a year to produce. Initial evidence indicates that they have successfully provided a benchmarking tool for local areas/regions, as well as information for users of health care services and citizens more generally.

Importantly, an evaluation found that county councils are using the reports as a stimulus to deal with quality and efficiency issues. Overall, the reports have pushed quality of health care up the political agenda in local areas.

Sources: *Quality and efficiency in Swedish healthcare*, The National Board of Health and Welfare, Sweden, 2008; The National Board of Health and Welfare, Sweden; Swedish Health Care (an independent management and training organisation)

**‘Organisations must be encouraged to demonstrate that there is public value at the societal, institutional and system levels.’**

*Jocelyne Bourgon, President Emeritus,  
Canada School of Public Service and  
former Canadian Cabinet Secretary*

12. Importantly, information on wider social outcomes can supplement comparable performance data on individual services. For example, in Baltimore, USA, the Citistat system provides data on service delivery and performance, while the Vital Signs site provides data on the 40 key outcome indicators that ‘take the pulse’ of the city’s neighbourhoods by measuring progress towards stronger neighbourhoods, improved quality of life, and a thriving city. Bringing the two together empowers individual citizens, local communities and society as a whole to make better-informed decisions and to ensure public services that respond to the wants and needs of all sections of society.

## State of the USA

State of the USA (SUSA) aims to bring together data across the full range of economic, social and environmental outcomes, in order to empower US citizens to diagnose and understand the health of their society. It is a highly ambitious project with multi-sector backing.

A website, [www.stateoftheusa.org](http://www.stateoftheusa.org), will provide easy access to credible, reliable information as well as a forum for the public to engage on key issues including education, health and public safety. SUSA is spearheading the use of enhanced transparency to promote ‘social intelligence’ nationwide – that is, a more complete understanding of what is going on in a society and what may happen in the future. This requires bringing together

data from individual public services, government, business, non-governmental organisations and others. In doing so, far more sophisticated analyses and diagnoses of the present state of affairs and of how to improve things can be undertaken.

Initially, SUSA will draw on official Federal Government statistical systems – enabled by the US Federal Government’s commitment to improve transparency of information. However, the ambitions of and driving force for the project go well beyond government – local communities, businesses and active members of wider civil society will contribute to and use the data provided. The information and analysis will empower everyone to assess the USA’s progress.

Source: [www.stateoftheusa.org](http://www.stateoftheusa.org)

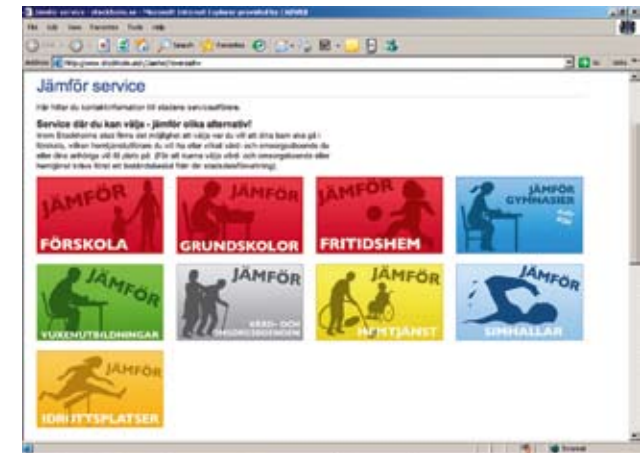
## Opening up information for citizens

### Information for citizens to compare services

13. If good information is to empower citizens to make informed decisions about the services they want to use, then the first step is to make it possible for citizens to compare services. While websites such as NHS Choices are providing opportunities for citizens to have their say on the services they have experienced and to view comparative information about a range of services, some other countries have gone further faster. They provide more information that is easily searchable, with comparison sites for services that are currently only partially covered in the UK. They combine comparative information with additional tools and facilities to access services online.
14. Childcare provision in the Nordic countries is significantly decentralised with a variety of providers, but as discussed in chapter 1 it sits within a framework of national entitlements to childcare as a principle. In Stockholm, the City Council has recognised that in order to ensure, in this context, that parents' and children's entitlements are met, it is essential to provide comparative information on the childcare providers available. Therefore, since July 2008, a

website has provided comparative information,<sup>40</sup> including staff-to-pupil ratios, the percentage of staff who are graduates and the location of the nursery on a standard-format map. Users of the site can search by distinctive features, such as pedagogic approach, as well as dietary, cultural or religious criteria. Having searched through the information available, citizens are able to apply online for a place for their child at their selected provider. The website and the online application process have cut by 50% the amount of time spent administering information and application forms.

15. Information for citizens on domestic help, social care services (see case study box opposite), care homes, schools, adult education and leisure services are also provided on the Stockholm City Council 'compare services' website. Similarly, in the Netherlands the 'KiesBeter' website provides information to help citizens make better choices, with several types of indicator including coverage of services, medical quality and information on common treatments.



16. The provision of comparative information is often successfully combined with opportunities for citizens to access services online. For example, Sundhed.dk, discussed in chapter 3, enables patients to have online consultations with health care professionals and access transactional services such as prescription services.

## Online information to compare social care services in Stockholm

To help citizens in Stockholm to make decisions on which provider of social care services to choose, the City Council has developed a website which contains high-quality, easily searchable and comparable information.

All providers are presented in the same format – with the name, a short description of the services offered and a location map. Alongside this, data gathered from surveys of users is presented in an at-a-glance form – for example, the percentage of users who are ‘satisfied with the work the staff carry out’, who report that ‘staff respond to them in a good way’, and who have been able to ‘reach staff when necessary’.

Information is presented on which services the provider subcontracts out, such as evening/night services and food preparation services, as well as on the subcontractor used. More detailed information is also provided on the mission and aims of the service provider – spelling out the benefits to citizens of using its services.

For example, some providers use this as an opportunity to describe their links with clinicians and other professionals, their length of experience in the industry and their areas of expertise.

The information is searchable by area of the city and by organisational form (for example municipal, cooperative or private sector). Cross-comparison functions on the site make the information even more accessible. Around 60,000 unique visitors use the ‘compare services’ site each month.

The site cost around £250,000 to set up and has led to substantial efficiency savings by reducing telephone calls and by moving the applications process online – the time spent on tasks such as information provision and application processing has reduced by around 50%, leading to annual savings of more than £500,000.

Source: Stockholm ‘compare services’ website; Stockholm City Council

### *Information for citizens to hold government to account*

17. Information is being made available not only to inform personal decisions. There are also broader collective purposes for **enhancing transparency – to strengthen and secure the accountability of governments and public service providers**. Across the USA over the past few years, individual cities have started a transformation in the way they make government data available. For example, a number of cities have used Citistat systems as part of results-oriented approaches to driving improvements in services. The Kennedy School of Government has estimated that these systems can lead to significant savings – up to \$100 million over four years in the case of Baltimore. Similarly, citizens in Washington DC now have easy access to useful information on government and public services; citizens themselves designed some of the applications for the presentation and analysis of performance data (see case study box on page 30).

18. Making performance information transparent is essential if citizens are to be empowered to hold governments and public services to account. However, leading-edge governments and services around the world are now also **making financial information transparent** so that citizens can assess and compare the efficiency of services for themselves. The challenge is to bring performance information and financial information together. The USA, at city and federal level, is leading the world in empowering citizens through access to clear information on how public money is spent and what is achieved as a result of this expenditure. Websites providing information on a national basis, such as [www.recovery.gov](http://www.recovery.gov), are building on what has been achieved by individual US cities. For example, the Open Book portal in New York state gives citizens access to up-to-date information on how public money is being spent. It provides easy-to-use search tools as well as access to catalogues of raw data which can be re-used and re-interpreted by interested members of the public, researchers and academics.

## Democratisation of government data, Washington DC

The starting point for political leaders in Washington DC is that all information should be in the public domain. Data streams from the city government's agencies have been opened up to citizens, and to enhance the quality and usefulness of the information all systems are now running on Google applications, which improves data uniformity and makes it far easier to compare data.

In addition, an open contest called 'Apps for Democracy' gave members of the public the opportunity to build computer applications to make the data more accessible and easy to use.

In all, 47 successful applications were created, representing \$2 million in value for the city government, while the programme cost around \$50,000. This represents a 4,000% return on investment for the city.

Data transparency has been combined with sharpened accountability and improved decision-making by the city's senior executives – the Mayor discusses with his department heads the outcome measures to use for assessing future performance of public services, with weekly accountability and performance sessions which are often broadcast on television.

The city's approach has driven improvements in performance in a number of key service areas. For example, reducing health care waiting times for children in non-emergency situations was set as a priority through public consultation: 85% of children are now seen in 72 hours, compared with 21% in 2005.

Sources: iStrategyLabs; *Leadership in customer service: Creating shared responsibility for better outcomes*, Accenture, 2009; *GMAP Washington: Government Management Accountability and Performance Program*, National Governors Association, 2006



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## Opening up information for re-use

- 19. Making information available for re-use** is the next step in the information revolution in public services. Governments do not have a monopoly on innovation and excellent ways of presenting and analysing data. Accordingly, the best systems are mobilising the expertise of citizens by making data available for re-use, or what is commonly referred to as 'data-mashing'. For example, Data.gov in the USA is opening up a whole variety of datasets generated by the executive branch of the Federal Government for citizens to view and re-use (see case study box on page 32).

## Open Book portal, New York

Open Book New York was launched in 2008 as part of a series of reforms to make government spending more transparent to citizens. The website gives citizens easy access to information on how state government is spending tax dollars. Its purpose is to give the public a roadmap to follow their tax dollars through government to public services.

Easy-to-use online search tools identify spending for 3,100 local government agencies and more than 100 state agencies, and display more than 60,000 state contracts in real time. These tools help taxpayers find out how much government spends on everything from travel and employees' salaries to public safety and consultants. In addition, a new tool has recently been launched to help citizens track the use of \$26.7 billion of federal aid that New York State is due to receive over the next two years, in response to the recession. Users can search by state agency, category of spending and federal programme title, and data is updated daily.

Source: Office of the State Comptroller, New York

- 20.** Where governments have acted to release information, this has led to data being re-used in ways that cross traditional policy and departmental boundaries. For example, in the USA the District of Columbia site StumbleSafely brings together information on local bars and clubs, including the latest updates on nightlife, with crime data to help people plan safer routes home. A more open information regime in the USA has also given rise to a plethora of non-government websites designed for citizens to compare public services according to standard measures and at the same time participate in online communities and access relevant information and resources. For example, greatschools.net was inspired by an individual teacher committed to increasing parental involvement in education – the site provides easily accessible comparable information on schools, as well as community forums and online groups for parents to discuss similar topics and issues.
- 21.** The World Wide Web has grown so quickly and successfully over recent years primarily because it is underpinned by 'open standards' – making it possible for anyone to contribute to its development or to access what others have made available. It is this quality that makes the Web so useful for people around the world. One interesting development, highlighted by our survey, is that governments and leading

## Data.gov makes information available for re-use

The purpose of Data.gov is to increase public access to high-value, machine-readable datasets. The development of the portal is a high-priority 'open government initiative' for the new US administration.

The portal increases the public's ability to find, and use datasets that are generated and held by the Federal Government. Information is made available in easily accessible formats, for example at-a-glance maps, as well as in the form of raw data catalogues – ideal for re-use by those with specific areas of interest and expertise such as researchers, community groups and interested members of the general public. Data.gov is continuing to grow. For example, the Sunlight Foundation is running a contest, 'Apps for America 2', to showcase the creativity of web developers in the design of applications that provide the public with easy access to data provided through Data.gov.

Sources: [www.data.gov](http://www.data.gov); [www.sunlightlabs.com](http://www.sunlightlabs.com); Office of Science and Technology Policy – Executive Office of the US President

public services around the world are beginning to recognise the importance of not merely making information available, but making it available in standard formats so that it can be easily viewed, used and manipulated by citizens. It is for this reason that in Washington DC, for example, all city government systems are run on Google applications (see case study box on page 30). It is also one of the reasons why in Spain maps have been made available for re-use – making it possible for performance data on public services to be presented on standard maps, for example to show locations or track variations geographically.<sup>41</sup>

22. Innovative strategies are being employed by governments around the world to mobilise expertise outside government in order to make better use of public information. The 'Show Us a Better Way' competition in the UK is an excellent example of how governments can open up opportunities for the public to suggest innovative uses of information. A similar contest in Belgium, 'Innovative and Creative Applications', prompted skilled members of the public to develop 35 online applications for public benefit, despite offering only a small amount of prize money. Similarly, the Apps for Democracy contest in Washington DC led to 47 online applications being created, representing \$2 million in value for the city

government, while the programme cost only around \$50,000 (see case study box on page 30).

## Harnessing the power of networks

23. In some instances governments and providers of public services have responded to the World Wide Web by simply transferring information from paper to an electronic format. This shift does have some advantages, making it easier to find and search information previously only available on paper, but this is far from harnessing the full potential of interactive technology such as web 2.0. Web 2.0 is the second generation of web development, facilitating collaboration and dialogue between online participants – through blogs, wikis and other interactive forums. Leading-edge services are now recognising the significance of opportunities presented by new interactive technologies.

**'The internet is now fostering opportunities for the opinions of citizens to be included in the design and delivery of services.'**

*Professor Reto Steiner,  
University of Berne, Switzerland*

**24. The most innovative governments and public services are opening up dialogues with citizens** – this is having a dramatic effect on policy development and public consultation. Citizens, experts and policymakers can be brought together through web 2.0 to engage in discussions, share knowledge and ultimately develop better policy to improve social outcomes. There have been successful moves in this direction in the UK, such as Downing Street e-petitions. However, in Seoul, for example, discussions of policy issues and opportunities for the city government to obtain feedback from citizens have been opened up even further through systematic, ongoing dialogues between experts, policy-makers and citizens (see case study box opposite).

**25.** The opening up of a dialogue and discussion on policy-making only goes part of the way to realising the full potential of knowledge and information sharing through interactive technology. **Interactive technology excels at bringing together dispersed knowledge and expertise to improve the outcomes of public services.** For example, the Peer-to-Patent project in the USA enables decisions to be made on patent applications using information obtained via an online community. Anybody who is interested may submit information published prior to the filing date of an application for comments on

the application. Each application is discussed in an online forum, which enables participants to vote on the most relevant prior applications, with the 10 most applicable publications submitted to the patent examiner for consideration during examination. Initial indications are that 2,000 peer reviewers are participating in the project and 72% of participating patent examiners want to see Peer-to-Patent implemented as regular practice.

**26.** Most powerfully of all, **web 2.0 is being used to offer citizens the opportunity to participate more deeply in decision-making processes.** For example, the city of Cologne in Germany has used web 2.0 to empower citizens to participate in making decisions over how its budget is spent (see case study box on page 34).

## The Cyber Policy Forum, Seoul, Korea

The Cyber Policy Forum is an online discussion forum focusing on a different topic each month. The city government makes a proposal and an expert is invited to comment on it. Citizens are then free to post opinions on the site. The forum provides citizens with an opportunity to discuss openly and understand policy issues, and for government to obtain feedback on issues and ideas. There are two parts to the forum – one for adults and one for young people. The forum has strengthened consultation processes by raising public awareness and understanding of political issues. Some of the most interesting contributions are taken forward into the formal policy-making process.

Seoul in Korea has been recognised as having one of the world's best e-governments over the past three years. The city ranked first out of 100 cities in a worldwide UN survey of e-government. The initial budget for the forum was around £14,000, with recorded online hits for different topics varying considerably, depending on levels of public interest. The most popular topic to date is reforming the bus system in Seoul – with around 20,000 hits.

*Source: Digital governance in municipalities worldwide, United Nations, 2007*

## Participatory budgeting through web 2.0 in Cologne, Germany

Participatory budgeting was introduced in Cologne as part of a wider agenda in the city of 'services for citizen participation'. The municipal administration recognised that to put citizens at the centre of governance it is necessary to give them a say over public funds.

Participatory budgeting has been piloted in the city through an e-participation internet platform. The platform empowers citizens to participate in planning the budget by submitting proposals, comments and assessments, and submitting votes for or against specific proposals.

The system encourages ongoing online discussions, rather than dialogue always being part of a tightly time-limited event. To manage the flow of conversation and to target contributions, the interactive website was carefully and transparently overseen by forum facilitators.

The success of the project is due, not least, to its high profile across the city – the project was publicly advertised and information leaflets were sent to each household.

The levels of involvement in Cologne surpass comparable projects elsewhere in Europe – around 5,000 proposals were submitted during the first trial and more than 52,000 votes were entered. There were around 120,000 unique visitors to the website.

The pilot phase of the project cost approximately €300,000 to set up and run. The initiative is now developing towards the introduction of improved systems in 2010.

Sources: The UN Public Service Awards, 2008; *Cologne – The Participatory Budget*, Cologne City Council, 2009

## Conclusion

27. New technologies are providing opportunities to open up information as never before. Governments around the world are responding to this technological revolution by re-evaluating the approach they take to information transparency. The shift required, however, is more than just a technical one. The starting point for government in countries such as the USA, which are at the leading edge of information transparency, is that government information should be in the public domain and easily available for use and re-use by citizens. This approach is underpinned by freedom of information legislation and practices which actively promote openness in government. Across other countries, government cultures will similarly need to change, possibly prompted by changes in legislation.
28. The need for a change in the culture of governments, however, should not be used as an excuse to diminish the role of government. It would be a mistake for governments simply to step back. Rather, they should act as strategic leaders – ensuring that balanced and reliable data is collected and then released in easy-to-use, uniform formats that all sections of society will find useful. Only if governments play this role will citizens and communities be genuinely empowered to make informed decisions, hold government to account and participate in dialogue and interaction.



## Chapter 3: Personalisation

An online portal called Sundhed.dk has empowered citizens in Denmark to access information on health care and contact clinicians (see page 42)

## The challenge for public services around the world is to meet rising expectations for more joined-up, tailored services and greater fairness but still improve value for money.

1. Coping with a new baby can be a stressful time for any parent. But for those with a newborn in Nova Scotia, Canada, life is made a little bit easier. Bringing together provincial and federal services, new parents in Nova Scotia can now register the birth of their child, apply for a birth certificate, a Social Insurance Number and child tax benefits all in one easy application in the hospital where their child is born.
2. This is one of the outcomes of the creation of Service Canada. In 2005, the Canadian Government set up Service Canada, a 'one-stop' delivery network providing multichannel access to over 77 government programmes – allowing citizens to choose how they want to interact with different services, not the other way round. Service Canada is driving forward ever-increasing integration of public services in Canada. The 'Bundled Birth Services' initiative in Nova Scotia is an example of such innovative service delivery and is now being rolled out to other areas across Canada.

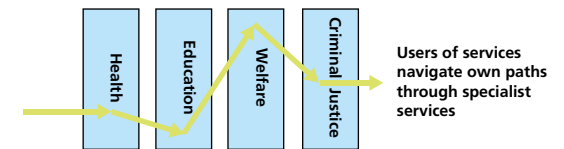
**'There is huge potential in "one point of access" systems like Service Canada, especially in terms of efficiency savings. The real gains will come from getting all customers through the same door, triaging them effectively, and answering as many queries on the spot as possible.'**

*Marcus Robinson, Managing Partner, PricewaterhouseCoopers*

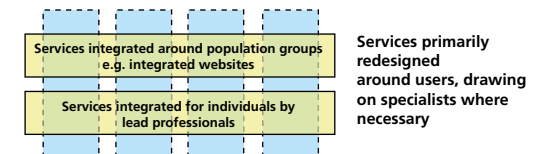
3. Service Canada is just one example of how the best public services across the world are moving from a 'one-size-fits-all' approach to one which joins up and aligns services around people's full range of needs. The concept of personalisation encompasses two main ways of making services more person-centred – firstly, joining up and integrating services across traditional service boundaries so that they are simpler to use, and secondly, tailoring services and channels of access to users' specific needs. Often these two aspects of personalisation come together. They characterise a new generation of services able to reach out and develop effective relationships with citizens who are empowered with stronger rights and better information.

**Figure 2: From siloed to personalised services**

Traditional service delivery models can be disjointed and siloed



Integrated service models help users to move horizontally between delivery chains



## Why does personalisation matter and is it possible to have more of it at a time of fiscal pressure?

4. Personalisation is, of course, what the best teachers, doctors and judges have always strived to achieve. But the system has often been stacked against them: too often services can be static and siloed, leaving people to negotiate a host of different agencies to get the services they need.

## Service Canada, Canada

Service Canada is a 'one-stop' delivery network providing access to over 77 different government programmes, with a strong focus on transactional services such as benefit payments. Citizens can access Service Canada in person at one of 329 Service Canada Centres or 222 outreach and mobile sites, online and through various free phone numbers. Service Canada also operates the Government of Canada's 1-800-O-CANADA national telephone line where citizens can access general information on the comprehensive range of programmes and services available to Canadians.

Service Canada was created in 2005 to make access to government programmes and services faster, easier and more convenient, and to respond to the challenge of maintaining a national government presence across the full geographical breadth of Canada.

In 2007–08, Service Canada handled 9.2 million visits, responded to 51 million calls, paid out more than C\$74 billion in benefits, posted more than 1 million job adverts, and interacted with 55,000 community organisations. Over 90% of

the most commonly requested government services are available online. Research has shown that 84% of service users are happy with the overall levels of service they got from Service Canada. In 2005–06 Service Canada accumulated efficiency savings of C\$292 million.

With an excellent national framework now in place, Service Canada is continuing to drive forward ever-increasing integration of services – for example, piloting with the Government of Ontario a scheme to provide national, municipal and community services in one location in Ottawa, including an online process for parents of newborns to register the birth of their child, and get a provincial birth certificate, Social Insurance Number and child tax benefits in one application.

The next phase of the pilot aims to create a single automatic application process for all services relating to newborns.

Sources: *Leadership in customer service: Creating shared responsibility for better outcomes*, Accenture, 2009; Service Canada

5. In recent years, innovators have started to challenge these embedded systems. They have developed services which are both more integrated and flexible in their response to people's needs: for example, more specialist treatment for conditions such as cancer; flexible employment support through Jobcentre Plus Personal Advisers; and better assessments of children's particular educational needs.

**'The concept of patient-centred services has become accepted across the majority of developed countries.'**

*Mark Pearson, Head of Health Division, OECD*

6. Talk about the personalisation of services has been frequent for more than a decade. Delivery has been slower. Looking around the world, however, we see there are some powerful forces driving personalisation from a leading-edge innovation towards becoming mainstream practice:
  - **The continued rise of a service culture means greater demands on public services:** the emergence of new markets, more flexible provision of services and more sophisticated tailoring of products in the private sector has given people a greater appetite for customer

service. Many now want the same choices from public services.<sup>42</sup> Over half of respondents to one MORI survey in England strongly agreed that public services should fit around their changing lives.<sup>43</sup> Likewise, as people have generally become busier, significant proportions state that 'being able to contact them at weekends and in the evening' is something they want from public services.<sup>44, 45</sup>

### 'What characterises Singaporean public services is a real focus on the customer experience, and the flow of people through public services.'

*Professor Kishore Mahbubani, Dean of Lee Kuan Yew School of Public Policy, National University of Singapore*

- **The benefits of joining up services are becoming greater and more evident:** the rise in the number of people with chronic diseases and other complex needs mean that services have to adapt to manage people up and down pathways of care. The highly successful outcomes of the Kaiser Permanente Foundation health care system in California, for example, has been built on providing person-centred, integrated packages of care around the needs of individual patients from the hospital to the home.<sup>46</sup> These benefits are particularly evident in health care, but also extend much further. For example, there are real gains to

be had in further joining up employment, welfare and training provision, and different elements of the criminal justice system. There is also huge potential to join up and integrate different transactional services – for example, queries to local authorities can be much more effectively and quickly dealt with if the people answering the phone can cover a whole range of local authority services.

- **Services have to become tailored if they are to promote fairness for all:** the emerging evidence points to fairness for all in the future requiring services which adjust to the level of need of the individual citizen. Providing the same service to everyone often leads to unequal outcomes, particularly for those with the greatest needs. For example, in health, the best drug or alcohol rehabilitation or mental health care relies on closely tailoring what is provided to the specific needs of the individual. Tailoring can lead to huge gains: in Finland around one in five students receive extra support from specially trained professionals known as special education teachers – and partly as a result, the bottom 10% of students in Finland perform at a higher level than the bottom 10% of students in any other country in the world.<sup>47</sup>

7. This strong weight of evidence behind personalisation means the debate across the world is shifting from whether to personalise services, to whether it can be afforded in the current global economic downturn. Some people argue that greater personalisation simply means pressure for additional services at an additional cost. **Our conclusion from looking across the world is that personalisation can actually, if managed effectively, be part of the answer to rising needs and tighter resources.** Leading international examples show it is possible to re-engineer services so that instead of adding an extra layer of service, they become simplified, better targeted, and more tailored.
8. In particular, the best systems are accelerating three approaches:
  - **streamlining transactional services** so that they are more integrated for the user, for example by making it easier to claim a range of benefits online;
  - **using lead professionals** to better engage with people with complex needs who access a range of services; and
  - **giving users of services genuine control**, for example by providing new funding mechanisms, not just one-off choices.

## Special education teachers, Finland

In Finland, children who may need extra help to keep up with their peers get additional support early. Classroom teachers are responsible for identifying students who need support. For those who do, the school employs special education teachers to provide additional support one-to-one or in small groups.

There is, on average, one special education teacher for every seven to eight classes, and over 20% of all Finnish pupils receive one to four hours of special education in their own school. The key principles of this extra support are providing more time by more instructors, and alternative approaches rather than more of the same.

When learning difficulties stem from problems outside of school, the special education teacher is responsible for assembling a team of other relevant professionals such as welfare officers, health care workers and social workers.

The results of this systematic early intervention speak for themselves: socio-economic background is a weaker indicator of performance in Finland than any other OECD country.

By the age of 15, the bottom 10% of Finnish children are two years ahead of the bottom 10% in France in maths and two-and-a-half years ahead in reading. This equity of outcomes distinguishes Finland from other high-performing school systems – for example, the top 10% of New Zealand students perform at the same level as their Finnish counterparts but the bottom 10% are a year and a half behind.

While the Finnish system does rely on employing around 5,000 special education teachers, Finland have achieved this (and topped the PISA ratings) while spending only 0.2% more of GDP on education than the UK.

Source: Whelan, F., *Lessons learned: How good policies produce better schools*, 2009; *Government at a Glance*, OECD, 2007

## The best public services in the world are joining up and streamlining transactional services and making better use of online communication

9. What world-leading public services have in common is that they make sure users do not have to navigate various different hurdles to get the public services they need. Rather, they fit within their lifestyles. This is not a new aspiration. The 1918 Haldane report into the machinery of government considered the idea of organising government around 'the persons or classes to be dealt with' but in the end decided that a more practical departmental structure would be organised around the main functions of health, education, defence and other services.<sup>48</sup> In recent years, this 90-year-old aspiration has started to be realised.<sup>49</sup>
10. One of the most successful examples in the UK is Jobcentre Plus. Jobcentre Plus has brought together employment and benefits services and given people the choice of accessing services and support in person, over the phone or on the internet. This has delivered over £450 million in efficiency savings between 2004–05 and 2007–08. An international overview

suggests, however, that there is scope for British services to go much further.

11. Looking at world-leading examples, Service Canada (see case study box on page 37) has led the way since 2005, bringing together over 77 government programmes, partly driven by the need to integrate services in areas with a low population density. Similarly, Centrelink in Australia is a highly advanced national system of 300 'one-stop shops', with integrated telephone, online, in person and mail access points, distributing around A\$70.5 billion in social security payments every year and processing around 6.6 billion electronic customer transactions each year. Centrelink reduced the cost of service delivery on a remarkable scale: in 2003–04 approximately A\$270 million were returned as efficiency savings to the government. This has resulted in cumulative savings to the budget of A\$1.352 billion for the period 1997–98 to 2003–04.<sup>50</sup> Building on Centrelink, Job Services Australia came into force in July 2009, replacing nine previous employment services and programmes with an integrated one-stop shop.
12. Service Canada, Centrelink and Job Services Australia do not stand in isolation. Our survey highlights a series of rapid developments that are integrating services and making them easier for citizens to use:

- **Tell us once:** many services across the world are simplifying the collection of data from citizens and sharing it more intelligently so that people do not have to keep answering the same questions over and over again for different public services.<sup>51</sup> This 'ask me once' vision has been taken the furthest in Belgium, where the creation of the Crossroad Bank has drastically reduced the number of forms people have to complete and introduced a safe, sophisticated data-sharing system – saving taxpayers significant sums of money every year (see case study box opposite).
- **One telephone number for all services:** following the example of the 311 non-emergency telephone number in New York and the successful spread of similar integrated telephone services across the USA, even countries with relatively fragmented public services such as Germany are looking to develop a single telephone number for services. France has already introduced a 3939 number across the whole of the country for nationally-provided services, backed up by online access at [servicepublic.fr](http://servicepublic.fr), and cities such as Paris have introduced similar phone numbers for integrated access to local services.
- **Sharing space and resources with the private sector:** in Australia, the police are building stronger relationships with local people by co-locating with private sector businesses – police shopfronts have been set up in shopping centres

and central business districts. And in France, public service one-stop shops also provide services for private utility companies, delivering economies of scale.

13. The greatest opportunities for joining up and tailoring services lie in the next generation of e-government. Although e-government strategies need to recognise that many people are still not online or prefer not to access services in this way, broadband internet coverage is growing fast across countries. In 2008, 65% of households in the UK had access to the internet at home, an increase of 46% since 2002, and this is projected to rise rapidly.<sup>52</sup> As set out in the recent Government strategy, *Digital Britain*, this opens the door to new opportunities for public services to shift some transactional services almost entirely online, with a safety net for those unable to access services online.<sup>53</sup>
14. One of the opportunities e-government offers is to enable people to use a mixture of ways to engage with all services, rather than simply confining e-government to traditional transactional services. A simple example of the way in which e-government is developing into new areas is the Police on the Web scheme in Belgium. This allows people to report thefts or vandalism online 24 hours a day, with a direct, immediate connection to a police officer. The online declaration is legally binding and

submitting it takes 15 minutes compared to a minimum of two hours at a police station. Going further than this, the Sundhed.dk website in Denmark helps take the pressure off front-line services by providing personalised online access to health information, medical history, consultations with professionals and transactional services such as prescription renewals and purchase (see case study box on page 42).

### **For people with complex needs, world-leading systems are bringing services together through a new generation of lead professionals and pooled budgets**

15. People with complex, multiple problems have the added challenge of getting access to the range of public services they need to get their lives back on track. Too often, they have to negotiate numerous different government agencies and deal with a collection of different professionals in different places and changing faces within services. And too often this can mean that the services they receive are impersonal at a time when a close personal relationships are essential for supporting and encouraging them to address the interrelated challenges they face.

## **Crossroad Bank, Belgium**

The Crossroad Bank was set up in 1990, and rationalised exchanges of information between employers, citizens and the state by abolishing 50 paper declaration forms entirely, reducing the length of the 30 remaining paper declaration forms by two thirds, and introducing 210 electronic services for direct information exchange between different government agencies. Some 686 million electronic exchanges took place in 2008.

It also developed an information network to facilitate the sharing of information between different agencies. It does not store information itself, but instead acts as an 'information broker' to connect the requester of the information to the holder of the information and authorise the exchange. This is backed up by a law banning government agencies from asking citizens for information which is held by another government agency. Citizens can opt out of some of their data being shared and there is an independent oversight body.

The Crossroad Bank was created in response to growing administrative chaos, the possibility of large-scale fraud and poor service delivery. Before the creation

of the Bank, there were 3,000 different government agencies exchanging 1 million lengthy paper forms, meaning citizens and employers had to fill in countless forms to repeatedly provide the same information to government agencies.

The new system has reduced the administrative burden on employers by €1.7 billion a year, and is estimated to have made very significant gains in efficiencies for government, although there are no figures available. For example, the number of data errors have been reduced from 40% when the forms were on paper to 1.5–2% now. This has substantially reduced the staff resource needed both in correcting errors and contacting employers for clarification.

Similarly, while the cost of a conventional letter and stamp per paper exchange was €0.5 per exchange, the cost of an electronic exchange is €0.01. It has also allowed citizens applying for one entitlement to be automatically given all other associated benefits.

Source: Crossroad Bank, Belgium

## Sundhed.dk, Denmark

Sundhed.dk (*sundhed* means 'health' in Danish) is an internet portal which brings together health information and online health services in one place, with personalised features for citizens over the age of 15 who apply for a free digital signature.

While the information available to citizens who do not log on is comparable to the service provided by the NHS Choices website in England, Sundhed.dk provides enhanced functions for citizens who choose to log on.

This includes prescription renewal, ordering prescriptions online, online consultation with health professionals, access to individual medical histories since 1977, access to the Electronic Health Record kept by hospitals, access to personal medicine profiles, personalised information, and the opportunity to make a living will or register as an organ donor.

Evaluation shows that one third of citizens seeking information on their health through Sundhed.dk are reassured and choose to delay or not book a visit to their GP, leading to a net saving of approximately 900,000 consultations with GPs per year. The move to electronic prescriptions has also led to annual savings of more than €12 million. These results compare favourably with the annual running cost of the portal at around €5 million.

In terms of outcomes, 70–80% of health professionals say that direct patient access to health information and professionals has increased co-responsibility, improved self care and led to higher patient satisfaction, and 91% of users consider that the security measures used by the portal mean their personal information is safe.

Source: [www.sundhed.dk](http://www.sundhed.dk)

**16.** There are about 140,000 families in England who experience multiple disadvantages and interface with more than five services at the same time.<sup>54</sup> This generates enormous economic impacts: estimates indicate that a family suffering from depression, alcohol misuse, domestic violence, short periods of homelessness, and being involved in criminality can cost between £35,000 and £80,000 per year. Taking into account the wider costs to the economy and society, economic impacts can rise to between £55,000 and £115,000.<sup>55</sup>

**17.** For a far wider group, times of life transition, such as the birth of a child, leaving education or preparing for retirement, can also bring challenges which require the use of a number of services at once. As with transactional services, the best services in the world have recognised that duplication is wasting money for government and opportunity for service users.

**18.** Over the last two decades, services in Britain and around the world have therefore tried to coordinate services for those with greatest need to achieve better outcomes and to save money. Merging organisations, multi-disciplinary teams, case conferences and working collaboratively with third sector support services are all common in public services today, and there is no doubt that there have been real improvements in the coordination of services. But the best services appear to have a common characteristic.

**19.** People having fewer, more productive relationships with **lead professionals** – someone who can negotiate a package of support with users across different service boundaries – characterises the most successful programmes.<sup>56</sup> One of the best examples is Wraparound Milwaukee in the USA. Instead of caring for children with mental illness in institutions, Wraparound Milwaukee uses strong lead professionals to work with the family and the child to design a tailored package of support which allows the child to remain at home in a caring family environment. This leads to better outcomes for the children and also provides real evidence that a lead professional approach can lead to significant savings: the cost of the Wraparound Milwaukee programme is \$3,850 per child per month, compared with \$27,000 per child per month for inpatient psychiatric care (see case study box on page 44).

**20.** Similarly, the Homeless Outreach Project in British Columbia provides coordinated help to homeless people through one lead professional. The lead professional makes initial contact with the homeless person, takes them to the welfare office to assist with their application through a special fast-tracked process, and then secures housing for the person – usually in one day. The lead professional also provides ongoing support over the longer term to help the person stay in

accommodation, for example making referrals to drug or alcohol addiction services, accompanying them to appointment and negotiating on their behalf.

**‘Lead professionals are often an excellent way to join up and tailor services to meet individual needs and expectations – producing better outcomes for citizens, families and communities, as well as being very good value for money.’**

*Judith Smyth, Director Public Governance and Commissioning, Office for Public Management*

**21.** In Australia, the Logan Beenleigh Young Person’s Project is a prominent example. This was set up as an experiment in moving away from the traditional model of service delivery for complex cases, which was characterised by lots of different government and non-government organisations all trying individually to make an impact on the life chances of the young person. The project project now provides coordinated intensive support to young parents, pregnant teenagers and other vulnerable young people through Lead Support Coordinators. These coordinators are professionals drawn from existing agencies who work closely with the young person to design

a tailored package of support. This example demonstrates the importance of collaboration, not just between government agencies, but also with third sector organisations which are trying to help exactly the same cohort of young people.

**22.** Our analysis also suggests that there are some common elements to the most successful lead professionals. Firstly, it is important that those in the lead have some element of control over the budgets. Without being able to flex resources, lead professionals are far less able to design or procure services which suit the individual. Linked to this, successful lead professionals must have a high level of authority in the system, taking on a strong professional role alongside the coordination of care. Finally, they do not simply coordinate services, they also directly challenge users of services to plan a stronger role for themselves.<sup>57</sup>

## Wraparound Milwaukee, USA

Wraparound Milwaukee acts as a single system of care for children with serious emotional disturbance in need of comprehensive mental health care and supportive services who are at imminent risk of institutional placement. It uses pooled budgets from the agencies who used to provide care separately for these children to knock down funding (and therefore delivery) silos.

Wraparound Milwaukee becomes the sole payer of services for the child, with a lead professional working closely with the family to coordinate a comprehensive package of services. Working in partnership, the lead professional and the family choose from between 70 different support services to create the right package. There is one lead professional per ten young people and all families also have access to 24/7 mobile crisis intervention services and a family advocacy group.

Wraparound Milwaukee was designed in 1995 and its philosophy is 'one family, one case manager', one plan. It serves around 900 children at any given time, and operates with a budget of \$40 million a year. Since starting the programme in

1995, daily residential treatment usage has been reduced from 375 young people per year to 80, with the average length of stay down from 12 months to 4.5 months, and psychiatric hospitalisation has been reduced from 5,000 inpatient days to 300 days.

This has generated huge efficiency savings because the cost of care for a child in Wraparound Milwaukee is \$3,850 per month compared with \$8,500 per month for residential treatment or \$27,000 per month for inpatient psychiatric care.

The government department providing the bulk of the funding is able to contribute the same amount as it did in 1996, even though the price of residential treatment has doubled, the programme serves three times more children, and outcomes for the children have improved over this period.

Source: Wraparound Milwaukee

## Delivering day to day control to citizens, not just one-off choices

23. Personalisation is enabled through practices such as one-stop shops, e-government and lead professionals. But to drive these and other person-centred approaches, citizens often need to be given greater power over the services they receive. The debate on choice has been focused on one-off choices such as choice of hospital or school. Yet international evidence suggests that the greatest improvements often come from also giving people more ongoing, day-to-day control over the services they receive.<sup>58</sup> The most advanced systems are therefore building on institutional choices to provide ongoing, day-to-day control for people over the services they receive.
24. Although this control can be given in non-budgetary ways, such as through care plans, international examples highlight the frequent importance of moving the money from a static administrative pot and into the hands of service users themselves, especially with the support of a lead professional. This form of control complements entitlements to core services, giving people the power to ensure more specific aspects of their care are personalised.

**‘Personal budgets have real potential for improving the lives of citizens by giving them greater control over the services they receive.’**

*Vidhya Alakeson, Department of Health and Human Services, Washington DC*

25. The UK has introduced personal budgets and direct payments to offer more choice and control to service users in social care, and is establishing pilots of personal budgets in health care and other areas. But, there is still more we can learn from international practice. In Oregon in the USA, for example, people with mental health conditions are helped to live independent lives through a personal budget of \$3,000 a year. They are assigned a personal advisor to identify goals and how to best use the personal budget to buy goods and services which will help them achieve these aims.
26. While the Oregon example is very small in terms of the number of clients the programme takes on each year, other international personal budget initiatives are on a much larger scale. In Australia, the Employment Pathway Fund gives those searching for employment a sum of money to spend on goods or services to help themselves back into work – for example, driving lessons, work clothing, training courses, apprenticeship

## Personal budgets for mental health patients, Oregon

The Empowerment Initiatives Brokerage (EIB) is a not-for-profit organisation operating in Multnomah and Clackamas counties in Oregon which aims to help people with serious and persistent mental health needs to live independent lives. It works by giving clients a one-time personal budget of \$3,000 to be used over a one-year period. The personal budget is provided in addition to traditional clinical services, and must be spent on goods and services which improve an individual’s mental health. In contrast to the traditional Medicaid system, which operates under strict medical necessity criteria, the EIB gives greater flexibility over how the money is spent in recognition that a much wider range of treatments and supports can have a positive impact on mental health.

Its board and staff are entirely made up of people who have had personal experience of being treated for a psychiatric disability. During the intake process, participants are assigned a ‘resource broker’ who works with them to identify goals in each of six areas: personal health, productivity, hobbies, home environment, personal relationships and spirituality. The individual

and resource broker then work together to plan steps to achieve each goal, including how best to use the \$3,000.

This programme has had some very successful results. While the personal budget does require some additional investment (the programme costs \$3,000 for the personal budget and \$6,449.28 in running costs per client per year), evaluation shows that there is potential for enormous cost savings overall. For example, at the beginning of the one-year demonstration period, 9 out of 25 individuals were in education or competitive employment, compared with 23 out of 25 in education or employment and using significantly less mental health services at the end of the year. Competitive employment increased by over 300% and substantial increases in education leading to employment were noted during the one-year demonstration. Survey data from EIB customers indicate a high level of satisfaction with services and a highly positive impact on their mental health recovery.

Source: Department of Human Services, Addictions and Mental Health Division, Oregon State

fees, mental health or drug and alcohol counselling, and even haircuts. Similarly, across the USA, Flexible Service Dollars are being used where children need intensive social care support from public services – the Flexible Service Dollars are a personal budget which allows the family and child to design a package of care to meet their individual needs. The programme is intended to enhance the child’s quality of life, improve the likely success of treatment or to help the family keep the child at home.

**27.** The Netherlands has also extended personal budgets to a whole range of services, including childcare, social care, and services for disabled people – and giving people more choice and control in this way has led to high levels of citizen satisfaction. However, the large scale uptake they have experienced, especially around childcare, has highlighted the untapped demand in the system and has led to budgetary challenges.<sup>59</sup> International experience shows that there is huge potential for personal budgets to make real differences in people’s lives, but that success and achieving value for money depend on the details of how programmes are designed and managed.

## Conclusion

- 28.** Empowerment through entitlements and information will only foster a new relationship between services and citizens if services can also reach out and meet people’s aspirations. Without this, services will fail to achieve better outcomes for people and will not command the trust and respect which must underpin collective provision.
- 29.** Our findings suggest that to achieve this, services need to go beyond simply trying to improve their individual interactions with people and embark on a new wave of joining up and tailoring. The good news is that this can also raise productivity and save money.
- 30.** These changes do not necessarily require mergers of services into ever larger units. In fact, small, agile providers of services, such as the best of the third sector, have a vital role in personalising services. But personalisation does require some fundamental changes in the way individual services collaborate such as:
  - creating a shared front office through which the public can engage with diverse providers of transactional issues such as tax and benefits, employment advice and reporting crime; and

- introducing new lead professionals with pooled and flexible budgets held by the professionals or users themselves.
- 31.** For these changes to be embedded in the way services operate, government will need to offer leadership by:
- establishing standards for transactional services, such as protocols for sharing information;
  - incentivising multiple providers to join up in different configurations for different groups in the population;
  - ensuring that professional boundaries do not undermine the greater use of lead professionals; and
  - joining up funding streams.
- 32.** But more importantly than any of these, government needs to ensure citizens have the control necessary to ensure that services work with them to meet their needs.

## Chapter 4: Prevention



Harlem Children's Zone provides support from birth to college across a huge range of services, acting as a counter-balance to the problems faced by many poor families and their children (see page 54)

## Public services have to get better at halting problems in the making in order to cope with growing pressures on services.

1. Preventing and managing chronic health conditions such as diabetes, asthma and heart disease is arguably the biggest single challenge facing public services in the UK. By 2025, an estimated 18 million people in England alone will be suffering from at least one long-term condition, around 3 million more than today.<sup>60</sup> This will have a significant economic impact: the UK economy stands to lose £16 billion over the next 10 years through premature deaths due to heart disease, stroke and diabetes.<sup>61</sup>
2. The UK is not alone. The four big chronic conditions – cardiovascular disease, diabetes, cancer and chronic respiratory disease – are responsible for over eight out of ten deaths in Europe.<sup>62</sup> Across the world, chronic conditions exact an estimated toll of up to 6.8% of a country's GDP, and in many developed countries, heart disease alone can account for between 1–3% of GDP.<sup>63</sup> Nor have developed countries experienced the peak of the problem – these figures are expected to rise in line with an ageing population and record levels of obesity.<sup>64</sup>

3. Health systems are already starting to reshape around managing these conditions, rather than the traditional threats of infectious diseases and injuries; nearly six out of ten GP appointments and nearly eight out of ten hospital beds are dedicated to them in the NHS.<sup>65</sup> But if societies are to avoid the human and financial costs of chronic conditions from spiralling, they will need to accelerate measures to prevent ill health.

## Greater investment in prevention is crucial, but investment alone is insufficient. Stronger collaboration between professionals and users define world-class services

4. Looking across the world, the case is growing for stepping in to deal with problems early. The evidence of cost effectiveness is not just in health: it runs from reducing reoffending to early years services.<sup>66</sup> This mounting evidence has meant more weight being given to preventative investments by the UK Government over the last few years, spearheaded by Sure Start Children's Centres, the Change 4 Life healthy living programme, more targeted services in education such as child and adolescent mental health services, Youth Offending Teams, the Family

Nurse Partnership programme and more active employment and retraining advice.

5. Although there is a temptation to cut back on this kind of investment in tough financial periods, the experience of countries like Finland in the 1990s suggests that governments often regret, with hindsight, the long-term costs of making such short-term savings.<sup>67</sup> The challenge being grappled with in the best systems around the world is not, therefore, deciding whether to maintain spending on prevention, but working out how to get better value out of the money already being invested.
6. There are many potential ways of getting better value for money out of preventative spending – such as rolling out better technology, using medicines such as statins in health care, or using new professional practices in criminal justice and employment services. However, our international research suggests that there is significant untapped scope for driving **better value for money by mobilising the time, motivation and energy of citizens**. Without an effective partnership between citizen and state, many chronic and complex problems are impossible to prevent – and any spending might achieve very little. It is through such participation that the new relationship we advocate between citizens and services can be most productive. This can require very close, one-to-one relationships between

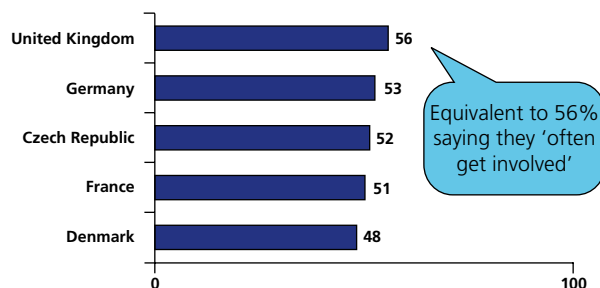
individual professionals and service users. It also relies on mass involvement: prompting millions of patients to better care for themselves every day, and more parents across the country to get involved in their child's education.<sup>68</sup>

**'Relational services, such as getting someone out of long term unemployment, have to mobilise the citizen more effectively if they are to be successful.'**

*Professor John Alford, Professor of Public Sector Management, University of Melbourne*

7. A flourishing of such partnerships between services and users – sometimes called co-production – may sound unrealistic in a time of growing consumerism. In actual fact, the evidence shows that many people want to play a more active role in the services they receive.<sup>69</sup> A Department of Health survey in 2007 found that over 90% of patients would like to be more active self carers, while a EU survey in 2008 shows that people are willing to contribute more time to public services.<sup>70</sup>
8. People in the UK are already getting more involved in areas such as their health, improving community safety and looking after the local environment than people in other European countries.<sup>71</sup>

**Figure 3: Levels of citizen participation in public services in EU countries**



9. Some services are already developing such partnerships. The Family Nurse Partnership programme, for example, provides guidance for vulnerable young parents from pregnancy until their child is aged two. Central to the Family Nurse Partnership is the relationship between the nurse and the mother. The family nurse uses techniques and practical activities to help the mother build her self-confidence and make changes in her life and behaviour, so she can care well for her baby and lead an independent and successful life. Building on US experience, the programme is now being tested in 30 sites across England, expanding to 70 by 2011.
10. However, there are opportunities to go much further. Where people's resources have been released, the impact can be significant. For example, international analysis shows that

students better managing their own learning can improve exam results by the same amount as reducing class sizes by a third.<sup>72</sup> And self-care programmes for those with diabetes and other long-term conditions can reduce visits to GPs by up to 69% and hospital admissions by up to half.<sup>73</sup>

**'At the moment, we are only touching the tip of the iceberg in terms of the potential of self care.'**

*Professor Chris Ham, Professor of Health Policy and Management, University of Birmingham*

11. As the evidence for greater collaboration strengthens, the crucial question for governments is working out how to unlock this potential more systematically. Our international survey suggests that there are some common first steps:
  - better **diagnosis of needs** and **more intelligent targeting of resources**;
  - moving towards a **problem-solving approach** for people with complex needs; and
  - a culture of wider measures to empower users, such as through **greater peer support** and more

**direct budgetary control**, greater incentives to partnership working in **performance management** and changes in **professional culture**.

### The best services in the world engage users by investing in better diagnosis and more intelligent targeting of resources

12. No service can prevent problems properly if they do not understand exactly what they are trying to prevent and what the underlying causes are. Leading examples of prevention and early intervention across the world therefore take the time to work out the risk factors behind a problem, and invest in ways of identifying them. They collect and use high-quality, real-time data as a trigger.
13. Good diagnosis might seem like common sense, but in fact it marks a significant cultural shift in some senses. Traditionally information has too often been collected on an ad hoc basis or held protectively by the professional – it was not so long ago that patients had to fight even to see their own health records.<sup>74</sup>
14. Good diagnosis is, however, not easy. In health, for example, cancer services are trying to get to grips with the lack of awareness of symptoms among the public, including late presentation among lower socio-economic groups. Employment services are exploring ways of improving their assessment of the support people need to return to work. And in crime prevention, the debate is focused on better understanding risk factors behind offending, so that preventative programmes are only targeted at those with the highest chance of committing crime.
15. Our international survey gives some insights into the opportunities for better diagnosis and, flowing from this, more intelligent targeting of resources. Investing in ‘real-time’ or regularly updated online information is often enormously important if people are to be prompted to act. A good example in policing is the CLEAR Map website in Chicago (see case study box opposite). CLEAR Map systematically publishes data on crime in each local area, allowing officers to direct resources towards areas where new problems appear to be emerging, and citizens to see whether their street or local area is at risk of rising crime or gang activity. Other cities across the USA, such as New York, have well-established similar approaches. While the UK is making big leaps in this direction through the introduction of neighbourhood policing teams and online crime maps, citizens in the USA have access to much more detailed information – down to the time, type and exact location of each individual crime reported.

**‘Neighbourhood policing ensures local issues are spotted early and quickly followed up by police working together with the local community, preventing potential problems from arising in the first place.’<sup>75</sup>**

*Peter Neyroud, Chief Constable and Chief Executive, National Policing Improvement Agency*

16. CLEAR map works by making high-quality information accessible online in a format that the public can easily use. But the possibilities of new communications technology in diagnosing risk go much further than simply making information available. It is increasingly used for two-way remote conversations between services and users. For example, the gold standard of care for chronic conditions such as diabetes is not a weekly trip to the doctor’s surgery. World-leading care is now based on regular doctor/patient email contact, underpinned by daily self-reporting of symptoms by users and remote monitoring by professionals (see case study box on page 52).

## CLEAR Map, Chicago

Prior to the implementation of the CLEAR (Citizen Law Enforcement Analysis and Reporting) system, the city of Chicago frequently outranked other metropolitan areas in homicide and violent crime rates. Chicago police officers spent valuable time at their desks searching for criminal data and filing paperwork instead of fighting crime on their beats. The CLEAR system was therefore launched in 2003 to provide one source of real-time crime data, easily accessible remotely by officers out on the beat, in police cars or at crime scenes. Using CLEAR's crime mapping capabilities, officers can efficiently pinpoint hot spots of criminal activity and focus deterrent efforts accordingly. Chicago Police Department are also using this capability to provide citizens with a tool to assist them in problem-solving and combating crime and disorder in their neighbourhoods.

The public-facing CLEAR Map website allows citizens to search for crimes which have happened in the last 90 days, and to filter results by address, police beat, school, park, community area, type of crime, time of day and even by very

specific locations such as the local corner shop. The results are displayed by map, graph or table and each crime result shows the incident number, the street in which it happened, the time, the crime type, the specific location (e.g. domestic), and the beat number. The website also allows citizens to submit crime prevention tips online, and find local community groups they can join to combat crime in their neighbourhood.

The set-up costs of CLEAR Map were \$9,000 for two servers and \$20,000 for software, and the system has annual software maintenance costs of around \$2,500. However, the previous system took 16 hours of manpower a week, whereas CLEAR map takes around 20 minutes of manpower a week. Crime rates have dropped every year in Chicago since CLEAR went live in 2003, with 613 fewer homicides and 8,734 fewer shootings between 2004 and 2006 – although there has been no evaluation of how much this can be attributed to the introduction of CLEAR map.

Source: Chicago Police Department; Ash Institute for Democratic Governance and Innovation, Harvard University

**17.** This approach, which is already being used successfully in countries such as the Netherlands, France, Germany and the USA, and is currently being piloted in some areas of England, keeps patients out of hospital by providing early warning signs. Given the average cost of an NHS bed is around £200 per patient per day, initiatives which keep people out of hospital offer huge potential for managing the rising cost of chronic disease.

**18.** Good diagnosis also starts a long time before a problem materialises. In Japan, for some years citizens aged between 40 and 74 years old have been entitled to an annual check to see if they are at risk of developing adult lifestyle diseases such as diabetes – a model which is now being introduced in England through the ambitious NHS Health Check programme which aims to prevent cardiovascular disease, diabetes and kidney disease. It is estimated that this five yearly check will prevent at least 9,500 heart attacks and strokes a year and protect 4,000 people a year from developing diabetes.<sup>76</sup>

## Health Buddy pilot, the Netherlands

In order to tackle the growing burden of chronic disease, the cities of Utrecht and Nieuwegein in the Netherlands are piloting a personalised home health monitoring system for patients with chronic obstructive pulmonary disease, which allows daily communication between patients and health care professionals.

The system relies on a device called Health Buddy which connects to the internet in a patient's home using an ordinary telephone connection. Each day, the patient responds to a short automated survey of around 12 questions by pressing buttons on the Health Buddy.

The completed survey is uploaded to a website at a preset time and simultaneously the next day's individualised survey is downloaded. The nurse retrieves the responses remotely from the website and reviews them, allowing a judgement to be made about whether any intervention is necessary.

This daily monitoring allows early warning signs to be picked up quickly without the costs and inconvenience associated with the patient physically coming to the surgery or hospital, and also allows doctors to easily adjust medication to reflect any changes in a patient's condition.

Health Buddy also acts as an educational tool to remind patients to take their medication properly, to make lifestyle changes which may help their condition, and to provide daily tips on managing their condition.

Although there are no results available yet for the Netherlands pilot, a previous study in the US has shown that the system reduced hospitalisations by 52% for heart failure and 43% for cardiovascular disease, and resulted in 36% fewer days in hospital for those admitted with cardiovascular disease. A similar study in the Veterans Health Administration health system in the USA found that 96% of veterans in the

study group reported that the technology helped them stay healthy, hospital admissions decreased by 60%, and bed days of care decreased by 68%. Emergency room visits for these veterans decreased by 66%. Nurse home visits decreased by 81% and medication compliance increased from 68% to 93%, while pharmacy utilisation declined by 59%.

The Health Buddy system is estimated to cost, with clinical triaging, around £6 per patient per day. There are currently 50,000 patients using the system in the USA, 400 in the Netherlands pilot and 300 in Germany.

Source: Kimmelstiel, C., Levine, D., Perry, K., Patel, A. et al. *Randomized, controlled evaluation of short- and long-term benefits of heart failure disease management within a diverse provider network: The SPAN-CHF trial*, 2004; Kobb, R., Hoffman, N., Lodge, R. and Kline, S. *Enhancing elder chronic care through technology and care coordination: Report from a pilot*, 2003

## ‘Leading health care systems across the world are doing more and more real-time, proactive identification of problems.’

Nicolaus Henke, Head of McKinsey’s European Healthcare Practice

19. Alongside initiatives to prevent problems in adulthood, there is a growing recognition that what happens in the very early life of a child – and even before he or she is born – has a huge impact on their chances throughout life. In the USA, an initiative called Kids Count, developed by a private charitable foundation, is systematically gathering data from across the USA to track the characteristics that contribute to early childhood risks. The aim is to provide a tool which benchmarks child outcomes and risks to child wellbeing, such as the percentage of low birth weight babies, to allow policy-makers at a local and national level to develop policies which tackle the key risk factors which have a negative impact on outcomes in later life.



20. However, Kids Count relies on private initiative and investment. Our survey suggests that while public services across the world are often intervening early with school-age children or teenagers when they **exhibit signs of a problem**, they are not yet systematically looking at risk factors in very young children to **halt problems before they happen**. This is partly due to legitimate fears of stigmatising children and parents unnecessarily and partly because the evidence for taking this approach is still relatively fresh.

21. It could be argued that Britain, in this respect, is among the world leaders. For example, the ‘Think Family’ programme, which is being rolled out to every local authority, seeks to secure better outcomes for children, young people and families with additional needs by coordinating the support they receive from children, adult and family services. This means that parental risk factors such as going to prison or having a serious drug or mental health problem are identified and addressed alongside support for children and other family members.

22. Evidence shows that intervening early and in a coordinated way to support these families is cost-effective. For example, Family Intervention Projects, which coordinate the support provided to the most challenging families, have proved effective in reducing a range of risk factors for families such as antisocial behaviour, risk of homelessness, offending, poor parenting and poor school attendance, and the average costs per family are around £14,000 per year. This expenditure is nominal when compared with other costs to the taxpayer that can be incurred by these families – which one study estimated at being between £250,000 and £350,000 per family per year.<sup>77</sup>

23. Similarly, the Healthy Child Programme (established for the first years of life in 2008 and currently being developed for 5–19-year-olds) will outline good practice frameworks for the delivery of services so that children and young people's needs are met early to prevent the onset of serious health problems later in life. But all countries are likely to need to get better at diagnosis, interventions and sharing data without undermining people's privacy.

**World-leading services recognise that success in complex cases relies on a problem-solving approach with coordinated action between different agencies**

24. In the late 1990s, with crime levels in New York still high, much of the justice system was absorbed in processing the arrests being made by the police, and the focus of managers was on getting as many offenders through the courts as quickly and efficiently as possible. But in one part of Brooklyn they were taking a different approach. In the neighbourhood of Red Hook, the concept of **problem-solving justice** was developed. This approach sought to quickly get to the root cause of persistent reoffending

## Harlem Children's Zone, New York

Harlem Children's Zone is a holistic approach to rebuilding a community so its children can stay on track through college and go on to the job market. Harlem has suffered from generations of economic deprivation, leading to high crime rates, high unemployment and worse health outcomes for its almost entirely black residents.

The goal of the project is to create a 'tipping point' so that children are surrounded by an environment of college-orientated peers and supportive adults. The pipeline begins with The Baby College, a series of workshops for parents of children aged 0–3. The pipeline goes on to include programmes for children of every age through to college, such as the Harlem Gems preschool programme. The network includes in-school, after-school, social health and community building services, in addition to Promise Academy schools.

Health programmes include the Asthma Initiative, teaching families to better manage the disease, and an obesity programme to help children stay healthy.

This approach has achieved some big successes, especially in driving up educational achievements. In 2009, 87% of Promise Academy 8th graders performed at that grade level in maths, compared with an estimate of only 7% among black 8th graders nationally. A very recent evaluation by Harvard University found that the Promise Academy students outperform the typical white student in New York City in maths.

The overall budget for 2009 is over \$66 million, an average of \$5,000 per child. Only one third of this comes from government, with the majority coming from charitable donations from individuals and business. Following on from the demonstrable success of the Harlem Children's Zone, President Obama is planning to create 20 'Promise Neighbourhoods' across the USA modelled on this project.

Source: Harlem Children's Zone; *Are high quality schools enough to close the achievement gap?*, Harvard University, 2009

and bring together the combined resources of criminal justice agencies, other public services and the wider community to 'solve' these issues. Opened in 2000, the Red Hook Community Justice Centre has pioneered practical ways of punishing offenders, such as painting over graffiti or sweeping the streets, and ways of successfully tackling individual and community causes of crime, from job training to rehabilitation courses.

25. The Liverpool Community Justice Centre, which opened in 2005, is reproducing this problem-solving approach in the UK, with successful results – well over eight out of ten of those brought to justice in the area plead guilty, compared with six out of ten before the Centre was opened. The Government has already rolled out aspects of the approach to other areas across England and Wales and is creating Community Justice Teams in 30 areas of the country.
26. The application of tightly-managed problem-solving approaches to prevention is, however, relevant across a far wider range of public services. The more difficult, personal and varied the problems a person has, the more that success depends on focus and coordination from services and a level of commitment from the user.

## Justice Reinvestment, Texas

When the 80th session of the Texas Legislature convened in 2007, elected officials faced a dilemma: whether to spend half a billion dollars on building and running new prisons to accommodate the rising number of people expected to be incarcerated, or to use some of the money to explore how to control that growth.

After conducting an analysis of the state's prison population, they designed a 'Justice Reinvestment' programme which was intended to avoid the need for new prison building by reducing reoffending.

The analysis found that the prison growth was largely a result of increased probation revocations and reduced capacity in residential treatment programmes serving people on probation and parole (especially for substance abuse and mental illness).

In response, a package of ten complementary services ranging from probation outpatient and residential treatment to in-jail substance abuse and mental health treatment were either

created or given substantial additional funding. Lead professionals coordinated packages of treatment and support from among these services for those at high risk of reoffending.

From January 2007 to December 2008, the Texas prison population increased by only 529 individuals. The projected increase for that period without the Justice Reinvestment programme was 5,141 individuals. Some \$523 million had been earmarked for building and running new prisons. The Justice Reinvestment programme stabilised the prison population at a cost of \$241 million, leading to overall savings for the state of \$282 million as a result of avoiding the need to build new prisons.

Source: *Justice Reinvestment in Texas*, Justice Center, April 2009

27. North of Red Hook, the Harlem Children's Zone is taking a similar approach in coordinating action to address children and young people's needs across the board, rather than considering each issue in isolation. Harlem Children's Zone is intended to provide support from birth to college across a huge range of services, acting as a counterbalance to the problems faced by many poor families and their children, such as a severe lack of money, the threat of crime and violence, the prevalence of drugs, poor housing, inadequate schools and substandard health care.

28. While Harlem Children's Zone is a not-for-profit community organisation, parts of the public sector in the USA are also at the forefront of developing innovative problem-solving approaches (possibly reflecting the greater intensity of complex social problems in parts of the USA). For example, the 'Justice Reinvestment' concept is a process where funds which are currently spent (or planned for the future) on imprisoning offenders are instead used to support locally-based initiatives which tackle the underlying reasons behind crime. One recent example is the Justice Reinvestment programme in Texas, which diverted money from prison building to provide a huge range of coordinated rehabilitation services, halting the fast-growing prison population by reducing reoffending. A similar initiative in Oregon combining reparation with treatment, training

and other support for young offenders, reduced youth imprisonment by 72%, saving \$17,000 for each person not sent to prison.<sup>78</sup>

### The best systems are leading the way in putting relationships at the heart of public services

29. World-leading examples of preventative health, education, policing and welfare systems also indicate that it is not enough to roll out individual preventative programmes, better diagnosis and problem-solving approaches. These are all important developments in delivery practice but, in isolation, they are an insufficient response to the challenges of chronic disease and the need for greater engagement in education, reskilling and reducing crime. The underlying challenge is to create a systematic culture of partnerships with citizens, based on valuing the contribution which people can bring to addressing their own needs.<sup>79</sup>

30. Our analysis indicates that achieving this culture shift requires some wider developments:

- Empowering **people with greater confidence and control**. Personal budgets, such as the scheme for mental health patients in Oregon discussed in chapter 3, are one way to change the power relationship between services and users. Encouraging greater peer support can also be

particularly important for empowering people to work with services. The Joint Care programme in Denmark (see case study box opposite) shows that bringing patients together to support each other's recovery can have a huge impact.

**'Public services in Denmark are recognising the enormous potential for bringing citizens together to share their knowledge and expertise – it is being shown that this approach improves outcomes for everyone.'**

*Christian Bason, Director, MindLab, Denmark*

- Changes to performance management systems to **reward collaborative approaches and the achievement of long-term outcomes**. In Singapore, for example, teachers and schools are assessed according to a broad range of well-balanced performance criteria rather than narrow short-term outputs. Across the world, inspectorates and commissioners of services often need to give more weight to assessing the quality of relationships with users.

**Figure 4: Principles underlying a culture partnership**

**1. Everyone has something to contribute**

Everyone's contributions are encouraged – such as motivation, time, knowledge and caring for others

**2. Responsibilities need to be shared and contributions reciprocal**

Responsibility and power is shared, and decisions are negotiated

**3. Family, community and peer relationships matter**

Family, community and peers are vital for achieving some types of change – individuals often cannot prevent problems on their own

- Developments in **professional culture** – embedding awareness of the strengths and potential of user knowledge and resources from the start of professional training, and throughout a professional's career. For example, in Denmark, health visitors facilitate peer support networks for new mothers called 'Mummy Groups'. This not only supports mothers directly, it can help integrate professional and user cultures.

## Joint Care, Denmark

The Joint Care programme at Vejle Hospital in Denmark aims to encourage rapid recovery from knee and hip operations. It has four basic principles. The first is wellbeing. Patients are encouraged not to wear hospital clothing so that they feel more normal and are less likely to slip into the mentality of feeling ill.

The second is peer support. Patients are treated in groups so that they can provide each other with support and reassurance – for example, if they all have pain at the same time after an operation, they feel it is a normal part of recovery.

The third is patient education. All patients come to a meeting together the week before surgery to be taken through the procedure and post-operative recovery. In this way, patients are made partners in the process.

The fourth principle is economies of scale. All patients have the operation in a 'conveyor belt' to achieve efficiencies in resources, and to enable them to recover at

the same time as a peer group. The cohort of patients are put in the same ward and pushed to do as much they can to recover quickly – for example, patients can mark the distances they manage to walk each day by markings on the floor, and benchmark their progress against their peers.

The results have been impressive. The number of knee and hip operations performed at the hospital has doubled between 2002 and 2008, but the total number of staff hours worked has only increased by 15%. The average length of stay in hospital for a knee operation has reduced from 6.5 days in 2005 to 3.9 days in 2008. The number of patients who are able to get out of bed on the same day of their operation was 95% in 2008, compared with 61% in 2005. In 2008, patient satisfaction among patients taking part in the joint care programme was 95%.

Source: Vejle Hospital, Denmark

## Conclusion

31. Considering the various lessons from international leading practice, the challenge for service managers is not just to seek to maintain or increase preventative budgets in tighter financial circumstances. They need to examine whether their preventative programmes are as collaborative as possible, including whether different agencies are genuinely focused on the problems which create greatest risks for people and whether they are targeting the right people in the first place. Such collaboration is probably the most important element of developing a new relationship between citizens and services in years to come. Only such partnerships between individuals, communities and services can address the rise of chronic health conditions, the persistent challenges of giving all children the best start in life, the need for people to retrain for new employment opportunities and unacceptably high levels of antisocial behaviour and crime in much of the developing world. The design of other elements of this relationship – entitlements, information, personalisation and professionalism – should therefore all be considered with the objective of strengthening such collaboration.



## Chapter 5: New professionalism and new organisations

Neighborhood Place partnership in Louisville, USA, has led to the co-location of public services to create 'one stop shop' centres (see page 67)

## World-class services unlock the creativity and ambition of world-class professionals

1. Over many years the Australian state of Victoria's government has developed a high-performing school system.<sup>80</sup> By 2003, however, the impact of programmes introduced by the state government had diminished. If education standards were to continue to improve, top-down approaches were not likely to be sufficient; rather, schools would have to drive culture change themselves.<sup>81</sup>
2. To encourage this, the State Minister of Education challenged each individual school to develop a performance and development culture. Accreditation required the schools to demonstrate that five criteria were being met, including: effective induction and mentoring for new teachers; multiple sources of feedback for all teachers; and, significantly, that teachers themselves endorsed the presence of a performance and development culture in their school. To reinforce local 'buy in' each school was able to develop the measures and the approaches that were used to demonstrate that the five elements were in place. By 2008, professional development and innovation was up and 94% of schools had been accredited as having a performance and development culture.

## A performance and development culture in schools, Victoria, Australia

The vast majority of schools in Victoria, Australia, have seen improvements in professional development in recent years. Teachers themselves have led much of the change.

In Victoria, by the mid 2000s many schools had developed a reputation for resisting change, especially when it came to programmes introduced from the centre. In response to this, the state government encouraged schools to drive culture change themselves, according to five high level principles/values of a performance and development culture. The criteria were: effective induction and mentoring for new teachers; use of multiple sources of feedback on individual teachers' effectiveness; customised teacher-development plans; and individualised professional development. The fifth criterion was especially significant as it required teachers themselves to endorse the presence of a performance and development culture.

Schools were able to develop their own measures by which to assess teachers' performance – increasing local 'buy in'

to improve performance against these measures. The process of accreditation was validated by Melbourne University to keep the process as objective and separate from government as possible.

The project fostered leadership and ownership of school improvement among 40,000 teachers in 1,600 schools – 94% of which had achieved accreditation by the end of 2008. Accredited schools saw sharp increases in professional development, interactive working and levels of school morale. Indications suggest that local level innovation has also increased. Evidence also indicates that as part of the process the 'goals' of classroom teachers and service leaders became increasingly aligned. The effects were most marked in the schools which had lower scores on these dimensions of professional life. These schools were often slower to seek accreditation – nevertheless, many of them went from below average levels of interactive working and school morale to significantly above average within three years.

*Source: Driving culture change, Boston Consulting Group, 2009*

3. Professionals leading the development of performance and development cultures in Victoria's schools exemplify how world-class public services unlock the creativity and ambition of professionals delivering services, fostering a new professionalism to that ensure that services are responsive, innovative and of a consistently high quality.
4. The performance of public services cannot exceed the quality of the professionals working in those services.<sup>82</sup> No matter how empowered the citizens, transparent the performance management system, personalised the service or collaborative the culture, poor-quality staff cannot be compensated for. The standards, innovative capacity and leadership of professionals is therefore the fifth important component of a strong, empowered relationship between citizens and services.
5. An essential step to achieving world-class professionalism is to ensure that the best people are recruited to work in public services. In recent years in the UK there has been some considerable success in recruiting and then holding on to the best people in public services. This has primarily been achieved in England through the development of new career routes, such as 'fast-track' routes into the police and teaching, improved career opportunities such as the new Nurse Practitioner role, and a broader drive to raise the status of careers in public service professions through high-profile initiatives such as 'Teach First', and more generally, through reinforcing the importance of public services for society as a whole.<sup>83</sup>
6. Evidence from around the world indicates that making public service professions more appealing, for example by raising the profile and status of these jobs, is an important step to recruiting the best people.<sup>84</sup> In world-class systems this is reinforced by the use of rigorous selection and induction processes. Ensuring that only the best are selected and therefore increasing the status of and competition for jobs attracts ever more committed and talented individuals. In the coming years the use of rigorous selection processes will be even more important as it becomes necessary to recruit a new generation of public servant. For example, in the USA nearly 50% of the career Federal public sector workforce are eligible to retire within the next seven years.<sup>85</sup>
7. The best selection processes around the world use one-off and more longitudinal procedures, for example the use of highly competitive one-off public examinations to recruit teachers in France,<sup>86</sup> more longitudinal induction and training for teachers, as in Shanghai, and the use of Master's qualifications to recruit and train highly skilled social workers in Sweden (see case study box on page 62).
8. Our analysis has found, however, that the best systems are characterised by more than just attracting and selecting the best people. As in the case of the performance and development culture in Victoria's schools, the creativity and ambition of professionals must also be unlocked, for example through professional ownership of the quality improvement agenda. Our survey indicates services which achieve this are characterised by the following:
  - **individual professionals comparing their performance with their peers**, so that each professional knows how their performance compares to their peers and how to improve;
  - **professionals owning the quality improvement agenda** – professional organisations, bodies and networks that own the quality agenda and are responsible for driving improvement;
  - **innovative organisational forms**, combining strong local accountability with high levels of professional expertise; for example, organisations operating as part of chains, networks and umbrella associations.

## Recruitment and training of highly skilled social workers in Sweden

In Sweden specialist social workers are trained and recruited through two-year Master's degree courses which follow an initial three-and-a-half-year social studies higher education programme. Entry to the Master's courses is only open to those who have already completed the initial social work training.

Individuals only gain formal social work authorisation following three years of relevant work experience and after providing evidence of external tutoring and their suitability to do the job (this is completed by two people who have been working with the applicant).

Entry to the initial higher education programme for aspiring social workers is highly competitive – in autumn 2008 there were nearly 7,000 applicants for social studies courses and just over 2,000 students were admitted.

## The best services in the world ensure that individual professionals compare their performance with their peers

9. Traditionally, professionals have combined a focus on learning specialist knowledge with relative isolation and autonomy once that knowledge is gained. In Singapore, a radically different approach to teacher training and professional practice exists: individual professionals are regularly and robustly assessed against a range of broad performance criteria. Individuals know how they perform compared with their colleagues and how they need to improve. This is combined with excellent professional and career development opportunities; for example, top performers often work in designated schools which have far more autonomy to innovate and lead the way for all schools to improve (see case study box opposite).
10. Our survey highlights the essential role of professional benchmarking so that professionals and organisations know how good they are and know how to improve.<sup>87</sup> For example, Quality and Efficiency Reports in Sweden empower citizens and professionals to compare health care across counties, indicating how far each county varies from those that offer the highest levels of quality and the most efficient services. They detail, for example, the cost savings each county could have made if they had equalled the performance of the most efficient counties,<sup>88</sup> while in Singapore, benchmarking in schools takes place at the level of the individual professional.
11. The best performance management systems do not just use benchmarking as a stick to beat poor performers. Rather, benchmarking is used as a way of reinforcing the development of professional practice and knowledge, as well as to prompt consideration of how services can help those they are there to serve. It reinforces professional motivations.<sup>89</sup>
12. Professional ownership of performance management is strengthened by extensive use of peer review and feedback, and by bringing together professionals with similar motivations to inspire, encourage and lead one another. For example, in Shanghai, teachers in their first year are assigned a professional mentor and junior teachers are regularly observed and provided with feedback to identify areas for professional development. Professional mentors have a very high status in schools – they are selected from among the best teachers in each school and are considered to have a highly prestigious role.

## Performance management in Singapore's schools

In Singapore top graduates are recruited to work in schools and high performance is rewarded professionally and financially.

The performance management system for teachers ensures that each individual professional knows how well they are doing in comparison to their peers and how to improve.

Each teacher is assessed annually against their professional peers, based on their contributions to the school and classroom, through four broad clusters of teaching competencies measured against a hierarchical scale from level 1 to level 5.

The criteria are broad, including aspects of teaching quality and the teacher's wider contribution to the school. An overall grade (between A and E) is then confidentially awarded to each teacher. A very small proportion of the teachers who have performed outstandingly can be awarded an A grade and will receive a significant bonus, up to the equivalent of around four months' salary. Smaller bonuses are also awarded to very good and good performers.

The performance management system works in tandem with a significant commitment to professional development: aspiring school leaders take a four-to-six-month full-time leadership programme and all teachers are entitled to 100 hours of training each year.

Evidence indicates that the fairness of the performance appraisal system and clarity of the criteria used lead to higher job satisfaction and motivation among teachers. The appraisal system reinforces a culture of high performance and professional commitment that is firmly in place.

Sources: Whelan, F. *Lessons learned: How good policies produce better schools, 2009*; 'Teacher appraisal and its outcomes in Singapore primary schools', *Journal of Educational Administration, 2008*

## The best systems give high-performing professionals ownership of the quality improvement agenda

**'Australia is realising that building a shared knowledge base between professionals – across public/private divides and across different states – is the key to spreading innovation and delivering better services.'**

*Peter Allen, Deputy Dean, Australia and New Zealand School of Government*

13. World-class services go beyond ensuring that professionals are engaged in their individual development. They also **inspire and motivate professionals to engage in processes for improving organisational and system performance**.<sup>90</sup>
14. Healthcare Quality Registries in Sweden have been instrumental in improving the quality of specific health care procedures and processes. Professionals are responsible for managing and contributing to the Registries, which contain relatively detailed information on patient treatment, interventions and outcomes. Aggregated data is then used by clinicians to

inform and improve their medical practice.<sup>91</sup> Similarly, the Alberta School Improvement Initiative involves professionals undertaking and evaluating discrete innovative research projects in a systematic way.

15. More radically, in some countries professional ownership of improvement has involved not just the development of new networks, but also the actual transfer of ownership of delivery organisations.<sup>92</sup> In England, for example, Central Surrey Nurses is a social enterprise formed by staff to provide health care services. In other countries developments have gone further. For example, childcare in Sweden is provided through private, third sector and public provision, with a significant role for staff cooperatives – 27 organisations offering childcare services in Stockholm are staff cooperatives.

**‘Where professionals are encouraged to lead and share innovation and research the results are impressive – all those in the system start to invest in service improvement.’**

*Sharon Friesen, President,  
Galileo Educational Network and  
Associate Professor, University of Calgary*

## National Healthcare Quality Registries, Sweden

In Sweden it is recognised that traditional patient record systems do not provide adequate data for professionals to drive and own quality improvement, so National Healthcare Quality Registries are used to systematically inform professional practice and research.

The Registries are owned and managed by medical practitioners – they use the data and have responsibility for their content and development, leading to very strong peer pressure to participate.

Participating clinicians provide detailed, frequently updated information on individual patients’ problems, interventions and outcomes of interventions in a way that makes it possible to compare data across individuals, groups of patients and across providers.

As such, the data can be used to benchmark providers and thereby drive improvements in standards within medical departments and hospital units. However, the Registries are not set up for the purposes of external quality control or the

exercise of authority, but rather to inform professional learning and continuous improvement.

Registry data have led to many improvements over time in a number of medical procedures, for example the quality of hip replacements – the incidence of one major complication after surgery has dropped by about 400%. Over seven years the Registries contributed to achieving over £500 million in savings as a result of driving the improvement of hip replacement operations. They have also helped to demonstrate that a host of medical procedures do improve the prospects of long-term survival for patients.

Sources: *National Healthcare Quality Registries in Sweden*, Swedish Association of Local Authorities and Regions, 2007; *Improving the performance of health care systems: From measures to action*, OECD, 2002

## World-class services employ innovative organisational forms that combine strong accountability to local communities with high levels of professional expertise

- 16. Professional quality and motivation can only be realised in an organisational environment which values the expertise and aspirations of users.** Our survey found that achieving both is a significant challenge. In the private sector the franchise model has been used for decades to rapidly disseminate standard operating procedures, while each outlet maintains some link with and responsiveness to local contexts. Organisational arrangements are starting to develop in public services which go some way to achieving this.
- 17.** For example, the Geisinger integrated health care system in the USA has strong central systems for identifying and rolling out best practice in diagnosis, treatment and aftercare across the organisation's health care facilities in Pennsylvania. Unacceptable variations in medical procedures and quality across the system are not tolerated. The proportion of cardiac surgery patients receiving all 40 components of best

## The Alberta Initiative for School Improvement

Through this innovative initiative in Alberta teachers are given considerable scope to conduct research projects on issues relevant to their individual schools and districts. The projects adhere to the broad goal and principles of the initiative; these have been updated recently to include a focus on 'parental and community collaboration with schools' (reflecting the increasing recognition internationally that involving parents in schooling is essential to improve performance; for further discussion see chapter 4).

All projects (over 1,700 to date) report their progress online to parents and fellow professionals. As part of the initiative, professionals also make links with projects across the state researching similar issues in a drive to help ensure findings are shared and disseminated.

Two areas of focus for research projects have been assessment for learning and student-led enquiry – professionals working in these areas have come together to share their project findings and best practice and are now leading the discussion on how to improve practice across schools through an online forum and professional events.

Independent research has shown statistically significant improvements in student performance across socio-economic groups, arising specifically from these projects on collaborative discipline-based enquiry along with assessment for learning.

Sources: Alberta Initiative for School Improvement; University of Calgary

practice identified by Geisinger increased from 59% in 2005 to, in effect, 100% in 2007. Simultaneously, links to the local community have been forged through community practice sites which in turn have strong links with specialty hospitals in a 'hub and spoke' design.

18. Similarly, the best chains of schools in the USA are developing leading-edge practice and are using this as a foundation to set up community schools across the country where there is strong local support. They do this while maintaining very high quality thresholds in terms of the staff who are recruited and in terms of membership of governing bodies – the pressure for high standards arises, in part, through the possibility that schools will be disassociated from the chain if they fall below expectations. The starting point is an excellent model of professional practice which is put into practice in numerous communities.<sup>93</sup>
19. Germany offers further insights into how such chains can be embedded in their local communities. *Wohlfahrtsverbände* are large third-sector associations in Germany delivering public services nationwide; they combine professional expertise with high levels of community responsiveness. The associations have nationwide organisational structures but operate through decentralised local bases, bringing professionals together with volunteers, families and peers to

deliver better outcomes. Significant innovation, such as better approaches to meeting the needs of vulnerable children, has arisen from the model.

20. Alongside introducing volunteers into professional networks and chains, we have also found that being embedded in communities can be enhanced if services are fused together or co-located in a local place. For example, Neighborhood Place partnerships in Louisville, USA have brought together public sector agencies to create community-based one-stop service centres to provide health, social care, welfare and education services all in one place for some of the most vulnerable and socially-excluded families in the city. Similarly, in Saskatchewan, Canada, the School Plus Program has brought about the co-location of health, education and social services in a school, making joining up between services much easier and convenient for both professionals and citizens and creating 'a new social institution'.

## The Knowledge Is Power Program, USA

The Knowledge Is Power Program (KIPP) is a chain of 82 schools through which innovations are quickly and easily rolled out. Quickly sharing best practice within the chain network, means continuous improvement.

Recent research indicates that schools in the USA that are part of chains perform especially strongly compared both with isolated schools and the public school system as a whole. More than 85% of students go on to college from schools run by KIPP. This compares with a national rate, among low-income students of the kind many KIPP schools serve, of 20%.

KIPP schools spend more on staff costs and finance a longer school day than most schools; however, KIPP schools in New York spend less per pupil than the average New York middle school. One way this is achieved is by keeping administrative costs very low. KIPP schools maintain very high quality thresholds for the recruitment of staff – only accepting 4% of applicants for its school principal programme.

Sources: [www.kipp.org](http://www.kipp.org); Whelan, F., *Lessons learned: How good policies produce better schools*, 2009; Edwards, B. and Crane, E., *California's charter schools: How are they performing?*, 2008

## Harbour 17 – Children’s Social Services, Germany

The Deacon Association in Kassel has developed an innovative approach to meeting the needs of vulnerable children in the community. The local association recognised that an increased number of vulnerable children (partly arising from an increase in immigration) would require a professional response. Rather than operating through professional silos, it was decided a better approach to meeting the mild to highly complex needs of children in the town would be through a new meeting point called Harbour 17.

At this community centre, volunteers provide services such as language training and other activities, while in the same context professionals work with individual children to assess and treat their needs.

The centre is a local response to a community need, but it was possible to fund and develop because of national-level support, and because professionals, volunteers and the wider community worked together within the same organisation.

Sources: The Deacon Association; University of Kassel

## Neighborhood Place, Louisville, USA

The Neighborhood Place partnership in Louisville has brought public services together into one-stop shops.

Neighborhood Place is a partnership of public sector agencies that have come together to create a network of 10 community-based one-stop service centres, usually near a school, providing health, social care, welfare and education services all in one place.

Providers all work together in the 10 sites to deliver immunisation and substance abuse services, childcare assistance, child protection, nutrition advice and social services. The services are provided to some of the most vulnerable and socially-excluded families in the city.

Citizens find the service useful – every day, approximately 1,000 families seek services at Neighborhood Places and 88% of clients rated their overall experience as ‘Excellent’ or ‘Good’. Importantly, 95% of service users said they would recommend the programme to someone who needed help.

The programme has meant many more children have been able to stay with their families rather than move into and then out of short-term foster care. This has obvious advantages for the children and families concerned and in addition has led to services saving an estimated \$890,000 a year.

Additional savings have come from the streamlining of services – paperwork within the Housing Authority was streamlined through the programme, leading to savings of around \$73,000 a year.

Source: Neighborhood Place, Louisville

## Conclusion

**‘The more space you give for flexibility and innovation, the more important it is to set expectations and standards.’**

*Alastair Levy, McKinsey and Company*

21. In the same way as empowering citizens requires government to play a new role, rather than stepping back, new professionalism relies on a shift in the way central governments operate. Government will increasingly need to act as a strategic leader by giving high-performing professionals and organisations the freedom and flexibility they need to deliver excellent community services. Central departments and national organisations will increasingly need to be builders of capacity and connectors of delivery organisations. They will need to invest in excellent recruitment, form partnerships with professionals to benchmark and raise performance and enable organisations to come together in networks and chains.
22. In many of the dimensions of new professionalism public services in Britain are well developed. However, some services are not as far advanced as in some other countries in ensuring that all professionals take leading

roles in defining excellence and driving forward the quality agenda, or in moving away from traditional organisational forms.<sup>94</sup> Looking around the world, these appear to be the most important next steps.

# Conclusion: From innovation to implementation

1. This paper has sought to highlight some of the ways of enabling citizens and services to forge new, more empowering and productive relationships. Such connections enable people's aspirations for personalised services to be better met; for the emerging challenges of chronic health conditions, retraining, the need for greater social mobility and community security to be more effectively addressed; and for people's sense of control over their own circumstances to be affirmed.
2. We have not sought to extrapolate an overall theory of public service governance from a series of specific case studies. The Government's framework for public service reform has already set out such an approach (see 'Excellence and Fairness' box on page 9). Rather, the innovations are intended to illuminate some of the most important likely dimensions of future improvement.
3. Looking at the examples of leading-edge practice as a whole does, however, provide some insights into the opportunities and challenges for government over the coming years.
4. Firstly, the innovations help demonstrate that it is possible to further improve the effectiveness and efficiency of many services in the current period of global recession. Australia's Centrelink, the Sundhed.dk health portal in Denmark, Health Buddy in the Netherlands and the Justice Reinvestment programme in Texas, for example, are improving outcomes and delivering greater value for money. CLEAR Map in the USA and Joint Care in Denmark help harness the power of civic action to tackle crime and aid patient recovery. Chains of school providers appear to be raising school productivity. A revolution in transparency should magnify the pressure on services to improve and reduce waste.
5. Secondly, looking at the best relationships between citizens and services has highlighted the importance of government effectively providing strategic leadership, while also opening up the space required for services to innovate and personalise. Some people point to the importance of productive relationships between citizens and services to argue that government should simply get out of the way. The innovations we found do not generally support such an assertion. Rather, they point to the importance of government setting the right frameworks and providing effective leadership.
6. National governments in Scandinavia set core citizenship entitlements, for example, to help facilitate more decentralised service management in health, education and welfare by ensuring fairness and clear accountability. More broadly, effective decentralisation of management is supported by improvements in accountability systems. Leading-edge personalisation, such as Crossroads Bank in Belgium or Wraparound Milwaukee, may be driven by nimble public, private and third sector organisations; but systematic joining up of services also relies on government setting standards and creating financial incentives for agencies to work together. Looking across the examples we have studied, three particular objectives stand out for governments that want to act more strategically:
  - **strengthening entitlements and promoting equity**, and ensuring services are held to account for delivering these;
  - establishing the **common standards required for services to connect up** – standards to enable services to join up around individual citizens, for professionals to benchmark their performance and organisations to federate, and for information to be used and re-used; and
  - establishing better incentives for **delivering greater innovation, quality and productivity**, such as incentives for providers and citizens to share responsibility and pool budgets and wider resources.
7. These broad conclusions and the insights from specific innovative practices already underpin many recent approaches to public service improvement. The recent Schools White Paper,

*Your child, your schools, our future*, for example, sets out new guarantees for parents and pupils, improves transparency through a new School Report Card and encourages the development of partnerships between schools. *Building Britain's Future*, the Government's plan to work with the British people to respond to the economic downturn, sets out similar measures across public services.

8. As we noted in the introduction, services in Britain are also already ahead of many other countries and equally good learning will come from within our own services. Further innovation will therefore be supported through better listening and learning from citizens and professionals on the front line, and from supporting those with the best ideas.<sup>95</sup>
9. Looking across the world does, however, reinforce the scope for further improvements. It should remind service leaders of the potential for new technological opportunities, workforce improvements and new practices to build stronger and more productive partnerships between citizens and professionals.
10. Over the coming months, the insights from international examples such as those in this paper, together with innovation and learning within services, will therefore help inform the work of HM Treasury, the Cabinet Office and

other government departments in considering ways of delivering better services for the user and driving greater value for money for the taxpayer. For example, departments will be setting out more details about the development of entitlements in health and education in England. Across services, the Government will be looking to increase transparency. Within services, major programmes are under way to personalise and simplify the support provided to citizens. From services, the Government is seeking to better learn from the challenges professionals face and the proposals they have for improvement. Through such measures, we are confident that the improvements in public services which have characterised the last decade can be accelerated in the years ahead.

# Endnotes

<sup>1</sup> In 1995 the tertiary education graduation level in the USA was 33% of the population; this had grown to 36% by 2006. In Poland, graduation level was 34% in 2000, and this had grown to 47% by 2006. In Denmark the equivalent graduation level was 25% in 1995, and this had grown to 45% by 2006. In the Netherlands the equivalent level was 29% in 1995, and this had grown to 43% by 2006. Source: *Education at a Glance*, OECD, 2008.

<sup>2</sup> *Budget 2009*, HM Treasury, 2009.

<sup>3</sup> The Gershon Review has already generated savings of over £23 billion.

<sup>4</sup> The Department for Business, Innovation and Skills is working with other government departments to support them in understanding how to promote and enable innovation in public services.

<sup>5</sup> Wherever possible, we have included any efficiency savings resulting from the international innovations we have highlighted. However, it should be noted that not all countries start from the same baseline as the UK, so these figures may not be exactly comparable to the UK context.

<sup>6</sup> For example, in PSA indicator sets.

<sup>7</sup> The Prime Minister has asked Tim Berners-Lee, the renowned MIT academic who led the creation of the World Wide Web, to help drive reforms that will get public information into the hands of citizens.

<sup>8</sup> Calltrop, J. *Sweden's 0-7-90-90 care guarantee: Where simplicity meets pragmatism?* Presentation to 'The Taming of the Queue' Conference, 2007.

<sup>9</sup> *From Citizen's Charter to public service guarantees: Entitlements to public services*, Public Administration Select Committee, 2008.

<sup>10</sup> *The child care transition: A league table of early childhood education and care in economically advanced countries*, Unicef, 2008; Blanden, J., Gregg, P. and Machin, S. *Intergenerational mobility in Europe and North America: A report supported by the Sutton Trust*, 2005.

<sup>11</sup> Such as the Comprehensive Area Assessment.

<sup>12</sup> *Performance Art*, Institute for Government, 2008.

<sup>13</sup> Mulgan, G. and Bury, F. (eds) *Double devolution: The renewal of local government*, 2006.

<sup>14</sup> Mooney A. et al. *Early Years and Childcare International Evidence Project*, 2003.

<sup>15</sup> The new universal childcare entitlement for three- and four-year-olds in the UK works on a similar model, with the free entitlement being provided by a mix of public and private providers.

<sup>16</sup> A similar approach to guaranteeing a place in education or training for those under 18, and apprenticeship places for every suitably qualified young person, has just been announced in the UK.

<sup>17</sup> *Personal budget: Purchase your own care in eight steps*, College voor zorgverzekeringen (CVZ), 2005.

<sup>18</sup> Poelmans, M. 'Reinventing public service delivery by implementing the e-Citizen Charter' in Cunningham, P. and Cunningham, M. *Expanding the knowledge economy: Issues, applications, case studies*, 2007.

<sup>19</sup> *Administrative redress: Public bodies and citizens*, The Law Commission, 2008.

<sup>20</sup> See for, example, the Swedish Quality and Efficiency Reports highlighted in chapter 3.

<sup>21</sup> Chabra, S. *Performance management case study: The Government of Canada*, Institute for Government, 2009.

<sup>22</sup> For example, Australia's Service Charter, 1997; Canada's Service Standards Initiative, 1995; France's Service Charter, 1992; Belgium's Public Service Users' Charter, 1992; Spain's Quality Observatory, 1992; and Italy's Charter of Services, 1994.

<sup>23</sup> Feinstein, L. and Duckworth, K. *Development in the early years: Its importance for school performance and adult outcomes*, 2006; *Effective Provision of Pre-School Education (EPPE) Project: Final report – A longitudinal study*, Institute for Education, 2004.

<sup>24</sup> *Next steps for early learning and childcare: Building on the 10 year strategy*, HM Government, 2009.

<sup>25</sup> *Citizen redress: What citizens can do if things go wrong with public services*, National Audit Office, 2005.

<sup>26</sup> *Citizen redress: What citizens can do if things go wrong with public services*, National Audit Office, 2005.

<sup>27</sup> *When citizens complain*, Public Administration Select Committee, 2008.

<sup>28</sup> *Measuring government service delivery in Canada: Performance under pressure*, Accenture, 2005.

<sup>29</sup> See, for example, a recent independent review of redress in local government, *Getting it right, and righting the wrongs*, Department for Communities and Local Government, 2009.

<sup>30</sup> *Mapping the local government performance reporting landscape*, PricewaterhouseCoopers for Department for Communities and Local Government, 2006.

<sup>31</sup> *When citizens complain*, Public Administration Select Committee, 2008.

<sup>32</sup> *Bringing wider public benefit from individual complaints: Annual report 2007–08*, Parliamentary and Health Service Ombudsman, 2008.

<sup>33</sup> *Citizen redress: What citizens can do if things go wrong with public services*, National Audit Office, 2005.

<sup>34</sup> *Working together: Public services on your side*, HM Government, 2009.

<sup>35</sup> *Building Britain's Future*, HM Government, 2009.

<sup>36</sup> Office of Management and Budget, USA.

<sup>37</sup> While it is clear that services users value high-quality advice and expert knowledge provided by professionals, they also want to make decisions for themselves – information will be required for citizens to make informed decisions. See *Real trends: Living in Britain 2008*, Ipsos MORI, 2008.

<sup>38</sup> *Strategic challenges*, Cabinet Office, 2008.

<sup>39</sup> The proposed report cards will also recognise partnership working between schools, and between schools and other partners; and place each school's outcomes in context so that fair comparisons can be made between the performance of schools with different intakes and challenges.

<sup>40</sup> Ofsted is looking to provide some information of this type on its website by 2010.

<sup>41</sup> Through Spain's IDEE initiative, maps can be re-used for non-commercial purposes (usually with no charge) and put on websites with authorisation from the National Centre of Geographic Information. This authorisation can be requested by fax or email and, on average, it takes two days to get a response.

<sup>42</sup> For example, in a European survey of patients, 80% of UK respondents thought they should have a free choice of hospital, 79% a free choice of specialists and 87% a free choice of GP (Coulter and Magee, 2003).

<sup>43</sup> MORI 2004.

<sup>44</sup> MORI 2006.

<sup>45</sup> Improvements to public services can themselves fuel higher expectations, but this is not a reason for simply maintaining the status quo.

<sup>46</sup> Light, D. and Dixon, M. *Making the NHS more like Kaiser Permanente*, 2004.

<sup>47</sup> Whelan, F. *Lessons learned: How good policies produce better schools*, 2009.

<sup>48</sup> *Report of the machinery of government committee*, Cmd 9230, Ministry of Reconstruction, 1918.

<sup>49</sup> *Service transformation agreement*, HM Treasury, 2007.

<sup>50</sup> [http://epress.anu.edu.au/anzsog/centrelink/mobile\\_devices/ch09s03.html](http://epress.anu.edu.au/anzsog/centrelink/mobile_devices/ch09s03.html)

<sup>51</sup> The Tell Us Once pilots in England are already testing this out for people who have suffered bereavement, given birth or changed address, but services may be able to go further.

<sup>52</sup> [www.statistics.gov.uk/CCI/nugget.asp?ID=8](http://www.statistics.gov.uk/CCI/nugget.asp?ID=8)

<sup>53</sup> [www.culture.gov.uk/what\\_we\\_do/broadcasting/5631.aspx/](http://www.culture.gov.uk/what_we_do/broadcasting/5631.aspx/)

<sup>54</sup> *Realising Britain's potential: future strategic challenges for Britain*, Strategy Unit, 2008.

<sup>55</sup> [www.hm-treasury.gov.uk/d/cyp\\_supportingfamilies290307.pdf](http://www.hm-treasury.gov.uk/d/cyp_supportingfamilies290307.pdf)

<sup>56</sup> Lead professionals have always characterised primary care and are becoming increasingly common in other services, but are not universally developed. For example, lead professionals are still rare in support for children with disabilities and are under-developed in offender management. The Social Exclusion Taskforce is already looking at ways in which such approaches can be developed further for those with complex needs.

<sup>57</sup> The evaluations of Family Nurse Partnerships in the USA suggest, for example, that nurses had 50% better outcomes than paraprofessionals.

<sup>58</sup> Evidence indicates that to empower citizens most effectively, one-off 'high stakes' choice, such as which school or hospital to use, should ideally be supported by a series of ongoing choices and decisions. Examples of ongoing choices include deciding which courses to study at school, which interventions to opt for as part of a chronic disease management personal care plan, or which services to commission through a personal budget. For example, evidence on the use of personal budgets for mental health care in Florida shows that ongoing choices helped individuals derive high levels of patient satisfaction by being able to quickly and easily combine clinical and non-clinical treatments to meet their own needs (Florida Peer Network). Evidence also indicates that ongoing choices are associated with increases in individuals' sense of personal control, self-efficacy and feelings of intrinsic motivation (see, for example, Deci and Ryan, 1985) and may help improve equity in the exercise of choice (see Burgess and Briggs, *School assignment, school choice and social mobility*, 2006).

<sup>59</sup> Waterplas, L. and Samoy, E. *Personalised allocation: the cases of Sweden, the United Kingdom, the Netherlands and Belgium*, 2005.

<sup>60</sup> *Raising the profile of long-term conditions care*, Department of Health, 2008.

<sup>61</sup> [www.kingsfund.org.uk/research/topics/longterm\\_conditions/index.html](http://www.kingsfund.org.uk/research/topics/longterm_conditions/index.html)

<sup>62</sup> [www.oecd.org/dataoecd/57/14/40324263.pdf](http://www.oecd.org/dataoecd/57/14/40324263.pdf)

<sup>63</sup> *Confronting the epidemic of chronic disease*, The Oxford Health Alliance, 2006.

<sup>64</sup> [www.oecd.org/dataoecd/57/14/40324263.pdf](http://www.oecd.org/dataoecd/57/14/40324263.pdf)

<sup>65</sup> *Future strategic challenges for Britain*, Strategy Unit, 2008.

<sup>66</sup> For example, the Washington State Institute for Public Policy reported that some offender rehabilitation programmes can lead to a total benefit (minus the costs) of up to \$13,738 per participant. *Offender re-entry initiative: Recommended criteria for the community transition coordination networks*, 2007, [www.wsipp.wa.gov/rptfiles/07-08-1202.pdf](http://www.wsipp.wa.gov/rptfiles/07-08-1202.pdf)

<sup>67</sup> Some preventative interventions in Finland were cut back in the 1990s, especially services focused on children and childcare.

<sup>68</sup> An understanding of behavioural, economic and social psychology is increasingly being used to improve mass participation, for example NHS social marketing programmes such as smoking cessation advertising. These approaches show impressive short- and medium-term impacts, although

sustaining change in the long term may require more profound cultural developments and economic and social incentives, rather than just 'nudging'.

<sup>69</sup> Coulter A. and Richards N. *Is the NHS becoming more patient centred?: Trends from the national surveys of NHS patients in England 2002–2007*, 2007. This paper found that up to half of patients in the UK currently feel under-involved in decisions about their care.

<sup>70</sup> *Self care support, the evidence pack*, Department of Health, 2007. This survey also found 50% of patients were 'not often' encouraged by health professionals to self care, and 33% were never encouraged by health professionals to self care.

<sup>71</sup> Loeffler, E. et al., *If you want to go fast walk alone, if you want to go far walk together: Citizens and the co-production of public services*, October 2008.

<sup>72</sup> William, D. *Does assessment hinder learning?*, 2006.

<sup>73</sup> *Self care support: The evidence pack*, Department of Health, 2007.

<sup>74</sup> The Access to Health Records Act, which established in law a patient's right to access their own medical records, came into force in 1990.

<sup>75</sup> As part of the Policing Pledge, from January 2009 every neighbourhood policing team is organising monthly public meetings and by the end of 2009 every member of the public will have had the opportunity to attend monthly meetings held by each of the 3,611 neighbourhood policing teams in England and Wales to agree local policing priorities.

<sup>76</sup> *Building Britain's Future*, HM Government, 2009.

<sup>77</sup> *Anti-social behaviour intensive family support projects: An evaluation of six pioneering projects*, Department for Communities and Local Government, 2006.

<sup>78</sup> Occasional papers OSI – US Programmes: Volume 3, No 3, Open Society Institute, 2003.

<sup>79</sup> In *No more throw-away people: The co-production imperative*, 2000, Edgar Cahn argues that many organisations providing public services fail to achieve optimum outcomes because they do not tap into the resources of users themselves. He calls this a deficit-based approach, where organisations view service users only in terms of their needs, as opposed to an asset-based approach, which focuses on the contributions that everyone has the capacity to make.

<sup>80</sup> OECD PISA results indicate that the Australian school system has good to excellent features and that although there are differences between states and territories, many of these are not statistically significant. Overall Victoria's system performed in line with the national average. See *Improving school leadership volume 2: Case studies on system leadership*, OECD, 2008.

<sup>81</sup> See *Improving school leadership volume 2: Case studies on system leadership*, OECD, 2008.

<sup>82</sup> See, for example, *How the world's best performing school systems came out on top*, McKinsey, 2007.

<sup>83</sup> The British Social Attitudes 2007/8 study found that in 1997 22% of public sector workers thought it was 'very important' that their job was useful to society; by 2005 that had risen to 32% and compares with 15% in the private sector. The effect is most marked among the youngest generation of public service professionals – in 1997 28% of 18–34 year olds said it was 'very important' for their job to be useful to society; by 2005 this had risen to 49% and compares with 19% in the private sector.

<sup>84</sup> See, for example, OECD advice to Finland in 2005 that the status of nurses would have to be raised if they were to continue to maintain the high professional standards which characterise the Finnish health care system as a whole.

<sup>85</sup> Office for Personnel Management, USA.

<sup>86</sup> Aspiring teachers in France are required to take a highly competitive public examination to be admitted as a trainee teacher (post Bachelor's degree) – only around 18% of candidates passed this examination in 2008, but all of these are offered teaching posts. There is a higher-level examination to become a teacher at Lycée level – in 2008 only 11% of candidates were successful in passing this examination and securing posts. Sources: National Ministry of Education, France; Tchibozo, G. *Institutional organisation, performance determinants and success strategies in secondary science teacher preparation in France*, 2005.

<sup>87</sup> There is a developed tradition of benchmarking of clinical performance in the USA. Studies in the mid-1990s in New York indicated that where surgeons benchmarked themselves against one another in key performance criteria, the result was an overall increase in performance. See, for example, *Do cardiac surgery report cards reduce mortality?*, 1995.

<sup>88</sup> See chapter 2.

<sup>89</sup> See discussion in Gawande, A. *Better: A surgeon's notes on performance*, 2007.

<sup>90</sup> In the UK the National Leadership Council has a wide-ranging work programme focusing on developing leaders at all levels of the system and across all roles. The programme aims to ensure that every member of staff demonstrates leadership. An 'emerging leaders' programme and a leadership for quality certificate will be a new standard in health care leadership, including for clinicians and non-clinicians who wish to be future leaders.

<sup>91</sup> There is a long tradition of professional peer review in modern professions across the world. Quality Registries are a simple way of broadening and validating these processes.

<sup>92</sup> This is further explored in *NHS Mutual*, a recent paper published by the Nuffield Trust which highlights the long tradition of employee ownership in the private sector; for example, in partnership models.

<sup>93</sup> The recent Schools White Paper encourages the development of clusters of schools and Accredited Schools Groups: chains of schools overseen by a single high-quality provider. This builds on developments seen through the Academies programme, whereby a number of Academy sponsors have set up chains of Academies; sometimes in one local area, for example the Harris Federation in south London, and sometimes more widely across the country, as in the case of the United Learning Trust.

<sup>94</sup> See, for example, *The NHS Next Stage Review: High quality care for all*, Department of Health, 2008 – 'quality at the heart of everything we do'.

<sup>95</sup> The Innovators Council, established in May 2009, will support such learning and development.

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