

Guardian Conference

‘Managing New Realities 2007’

Integrated delivery of health, social care and housing

**“The integration of public services to deliver
personalised outcomes”**

(25-30 minutes plus Q&A)

DRAFT [2600 words]

[Introduction]

Thank you David [Brindle].

For the last 4 years this has been an important conference - not only because it brings together different professionals from a range of services, but because it focuses unrelentingly on the needs and experiences of the public, the people who use our services.

It’s their experience that drives all of us forward; not just the wrenching difficulties of their life experiences, but unfortunately too often the problems our services create for them in addition to the issues in their lives, and through all this the driving force of their aspiration for a better life for themselves and their families.

So to talk to my title. What is it that politicians expect? They expect all of us, politicians included, to develop services that provide clear assistance to people to develop their aspirations for the lives of people and their families.

It seems a simple outcome but after all my years back decades ago as a social worker in the North-East and as a community worker in Sunderland I know its very naïve to think that this is straightforward.

My current job has several aspects to it. I am concerned with Better Regulation, the Third Sector, transformational government, but today I want to draw from one aspect of my job as the Minister for Social Exclusion.

The argument I want to make is that personalisation of services matters to everyone. It's true that a service personalised around the public themselves will improve the way in which middle class people experience their public services, will put those services much more in line with their experiences of other services - but it's the more disadvantaged people that this will help the most.

It's pretty obvious really that personalisation matters much more to people who depend more upon public services for more of their life chances; and it matters even more than that to those people who have been socially excluded from the life chances of the rest of society.

The difficult reality for us to come to terms with is that, despite all our good intentions, some of that experience of social exclusion has been caused in part the failure of government to organise its services in a personalised way.

So if our aim is to construct for people who have been excluded, a personalised service that has to be delivered in an integrated way - what are the policy levers that will achieve that?

Let's start by all being honest about the size of this challenge. Back in the late 1970s, 30 years ago, I remember when I was a community worker; we were all talking about the same thing then. We might have used different words, talked about partnership rather than integration, and client centred services rather than personalisation, but the aims were the same. And some real progress has been made.

But most of the public services being provided to develop people's life chances are still conceived and developed in silos, and still delivered mainly with a very broad brush rather than around the personal lives of the people who need them. We, including and especially central government, do have a long way to go but - and this must be the point of today's conference - have some experiences to base that journey on.

I want to develop two of those principles of public service reform today.

The first is **commissioning for contestability** and the second is **different ways of empowering** the public

We know that real partnership, needs properly integrated services. These have to be delivered by a close coalition, working flexibly together to respond to changing demand. This means breaking down the traditional barriers between central and local Government, sharing powers and information about service users in a way which can deliver the best outcomes in health, care and housing.

It requires constant vigilance to strike the right balance between the principles of devolution and of leadership from the centre, while ensuring that services are designed and delivered with the full involvement of local communities.

But we have known that for some time - and whilst there has been some success in urging providers to work together to provide integration, the best way of achieving that is for commissioners to say that the integrated personal service is what they want to commission, and what they want to buy.

This may be an obvious thing, but if we only said we would buy services that were integrated, then it's very likely that those were the services that would be delivered. But I know it's not that simple. It's not that simple because, whilst in areas such as social services we have been using public money to commission services for the public for some time, this is relatively new in the NHS, is nascent in education, has begun in work and pensions and the report by David Freud, to be published later today, pushes this agenda even further.

Let's be honest, public servants still make their name as great providers - we still have some way to go to understand the importance of commissioning as the mainspring of change and improvement. We still have some way to go before we in the public sector can really understand that we can buy the public better services through different specs for different outcomes, and we still have a long way to go before we can say that that commissioning is carried out in an integrated way.

But all long journeys start with a small step, and in joint commissioning for contestable services we have made several of those already.

Every month I come across another new way in which joint structures have been created to buy joined up services. Only last week I learnt about the decision by the local authority and the PCT in Herefordshire to work towards a joint public trust for all the local authority and a higher proportion of public services are commissioned by joint structures and organisations. A few weeks ago in Hartlepool I visited a joint project commissioned from both health and social services which was making a genuine difference to people who might have otherwise been excluded.

So to recap the argument so far. We have to, in a deeper way, understand that we get the public services that we commission - and if we want integrated and personalised public services, then that is what we have to commission. If that is what we want, then we are much more likely to buy those services if we do that from some joint commissioning platform.

If we change how we commission will this change who provides? If we commission well, then we will be specifying to providers not who and how the service should be provided - but the outcomes that we want for the public - and I think this radically challenges the model of provision that we have developed in the past.

So if we are serious about personalised outcomes, then we must create and maintain a genuinely level playing field for commissioning to ensure that outcomes are developed by whoever is best placed to do so. Most typically at the moment, this has meant exploring opportunities for greater involvement of the Third Sector in service delivery.

This is particularly important from the point of view of making the most of the Third Sector's tradition of understanding and providing for some of society's most challenging groups in a way which the statutory sector has often struggled to do.

In fact as we know for some excluded people state services, the Government, can cause great fear and anxiety. Rightly or wrongly they feel we have created some of that exclusion and they will simply not work directly with us. That's why all the talk of the third sector is not some wish to be nice to people involved in voluntarism, it's recognition that in many aspects of services they are better placed to provide the sorts of services that we need to commission.

I know we have some way to go to create that level playing field - this is why we have created the new National Programme for Third Sector Commissioning, which was announced by the new Office of the Third Sector in my Department. It will train 2,000 commissioners in the use of the third sector in public service delivery. And the Government is committed to ensuring that central government commissioning frameworks reflect the principles of good commissioning.

So we need to be clearer about the outcomes that we commission for; we need to recognise we are more likely to achieve joint outcomes if the commissioning is carried out jointly; and we need to recognise that real contestability between commissioners will create new and different providers.

But what do all these organisational changes actually achieve in terms of personalisation of services?

As with so many things that depends what you commission. If you commission for a transfer of power from provider to the public then that is what you will get. The most powerful example of that transfer of power is with individual budgets.

The piloting of individual budgets in social care is the most extreme example of the transfer of power through commissioning since the individual ends up as her own commissioner. The Department of Health and the Department of Work and Pensions are currently piloting individual social care budgets in thirteen local authorities over an 18-month period.

The thinking behind this step is that individual budgets can put the citizen in the role of commissioner of his or her own service provision. And so individual people with care needs – or, as we set out in our Action Plan, an independent trusted third party working on their behalf – can use the budget to purchase a personalised package of care which meets their needs and preferences to a much better degree than existing provision.

Another example relates to children in care – shamefully one of the groups for whom we still see some of the very poorest life outcomes – and to children or young people who need additional support. Here, the Department for Education and Skills are testing an approach whereby a designated lead professional is given a budget with which to commission services for that child or young person directly from providers.

We should watch and develop this approach carefully not just because it will commission targeted, more responsive support much more effectively – but because through that commissioning it has the potential to extend the maxim of ‘choice’ in service provision to a group of young people who have up until now had decisions made very much for them.

And in a third example – next year we will roll out our ‘Pathways to Work’ scheme to all new Incapacity Benefit claimants. This provides support from a specialist personal adviser who can provide work-focussed interviews from JobCentre Plus, with targeted help that spans work- and health-related issues, and also financial incentives to return to work. So far pilots of this programme – based on personalised support and integrated interventions – have helped to get 25,000 people back into work.

But if we can’t have the person as commissioner, we can [still] commission very different services. The social exclusion action plan explores ways of commissioning in more creative ways to support the socially excluded.

Firstly, our **Health-led Parenting Support Projects**.

These are firmly based on one of the key Action Plan principles – that of early intervention to prevent later exclusion. We have designed this programme on the basis of strong evidence that parents would welcome more help with parenting - and research shows that disadvantaged families in particular can benefit considerably from additional support.

And so using international evidence of the effectiveness of Early Years Home Visiting Programmes led by health professionals, we are in the process of establishing demonstration projects in ten regions, aimed at providing more intensive support to at risk families from pregnancy until their children reach age two.

Secondly, there is the pilot scheme we are launching for **adults who are experiencing chronic and long term exclusion**. Taken as a whole a lot of resources can be expended on these individuals - but in these particularly challenging cases different services are still not being commissioned around the needs of the individuals concerned.

Every local area has a small number of adults who are some of the most prolific users of public services, but for whom the involvement of multiple agencies means we still fail to often to provide a co-ordinated package of support. So we want to commission alternative approaches to improving outcomes for people with chaotic lives and multiple needs, take forward the most promising approaches and use the findings to our policy development in the future.

For everyone, but particularly these frequent users of services, the ability to exercise choice is particularly important. But choice is only meaningful if it is informed. So lastly, I want to mention something about the availability of good information and advice as a tool to help citizens make more informed choices, based on their own needs.

As you know, more and more people are already driving this process themselves - sharing information and experience with each other and building their own support networks. I believe that this can be incredibly empowering – and not least for some of the most excluded groups.

So we are currently looking at the potential role for Government to facilitate this kind of networking - so citizens and service users can talk to each other about how best to help themselves and get the best out of the services on offer. This is an area where I'd be particularly keen to hear your views.

[Conclusion]

Let me end with a challenge to all of you attending this conference. I've spent nearly 10 years as a Government Minister but that decade hasn't removed from the sneaking suspicion that I always had that whatever framework we construct for innovation - nothing much happens unless people like you want to innovate.

So I'd like to take advantage of starting off this conference, by leaving you with three thoughts for the next two days:

- How do we better commission for outcomes that intrinsically involve the people the services are for?

- How do we better commission those services together to ensure that we are buying more integrated personalised services; and in doing so how can we create and preserve a level playing-field to ensure genuinely fair commissioning, and opportunities for all potential providers?
- How do we at the centre help you strike the right balance between a national standard to improve the commissioning of services and the absolute need to encourage more local innovation? We all recognise that there can be a tension here. But I feel strongly that we need to harness and make the most of the resulting creative energy – and involve at all costs turning the local-national tension into an inherent contradiction.

In conclusion, let me say that it's good to look at the agenda and see that my introductory slot is followed by 'a service user's perspective'.

This absolutely reflects the approach we need to take – listening hard to the experiences of those who actually use the services we're talking about at local level, rather than the reflections of Ministers. But I'm delighted to have been able to speak with you this morning and wish you well for the rest of the Conference.

ENDS