

The Big Society: *A framework for policymakers*

April, 2011



Introduction



The Big Society is central to the government's vision for how public services can be improved. As the Prime Minister outlined in a speech last month, "from schools to the NHS, policing and prisons, we have developed a clear plan for modernisation based on a common approach. A Big Society approach, which empowers not only services users, but professionals that strengthens not only existing providers, but new ones in the private and voluntary sectors too."

It is vital for policymakers to understand how to translate the wider Big Society vision into practical implications for their areas. This is especially important at a time of public sector cuts when some elements of the Big Society vision (e.g., voluntary sector) are facing significant funding pressures. Without clarity of purpose, the Big Society agenda is at risk of being derailed.

The Institute for Government has developed a framework to help policymakers think about the Big Society. This framework is based on conversations with policymakers across Whitehall as well as a series of seminars held in conjunction with NESTA and the Design Council last summer.

The framework identifies five key roles for government in making the Big Society a reality.

- · Lead the debate
- Establish a common platform
- Promote transparency
- Encourage collaboration and innovation
- Strengthen direct accountability

The framework can be applied to any policy area to help policymakers identify potential areas of weakness. Recognising that many elements of the Big Society agenda will also require improved cross-Whitehall collaboration the use of a consistent framework across government departments should help encourage a 'joined up' approach.

Making change happen usually requires a combination of people, funding and assets

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HEALTHCARE EXAMPLE



People Funding

Assets



Hospital buildings and equipment



Traditionally, the State has seen itself as the primary provider of people, funding and assets when it comes to the provision of public services and tackling social issues. The Big Society challenges this point of view.

The Big Society argues that we should expand our view of the resources available to tackle social issues

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State resources



Non-state resources

People from outside the public sector

- Citizens helping themselves
- Volunteers
- People working in charities, private organisations

People Funding

Assets

New sources of funding

- Social impact bonds (SIBs)
- 'Society ISAs'
- Private philanthropy
- · Corporate giving

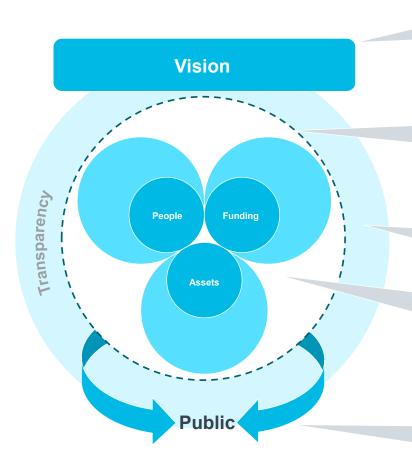
New approaches to assets

- Making use of non-public assets (e.g., pubs, church halls, supermarkets)
- Handing public assets over to communities, charities, private groups

The Big Society therefore requires policymakers to consider new combinations of resources, including those from the public sector and externally, can be brought together to address some of society's toughest challenges.

The Big Society implies five key roles for government

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Lead the debate

- Develop and communicate the vision
- Define and identify success
- Engage the public
- Maintain momentum

Establish a common platform

- · Agree clear roles and responsibilities
- Define minimum standards
- Establish inspection / regulation functions
- Clarify failure regime

Promote transparency

- Make public data widely available in a reusable and machine readable format
- Encourage data re-use by the public sector and commercial enterprises

Encourage collaboration and innovation

- Combine resources across sectors
- Commission for outcomes
- Build skills and capacity in the system
- Give communities and organisations more freedoms

Strengthen direct accountability

- · Existing / new democratic mechanisms
- · Boards / mandated individuals
- · Market mechanisms
- Feedback / rating mechanisms

Progress and challenges for government in the Big Society

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	Progress	Challenges
Lead the debate	 Strong high level Big Society vision communicated by PM and widely debated Indication that majority of public now recognise and are supportive of Big Society themes 	 Translating the overall Big Society vision into individual policy areas Defining what success looks like and identifying early examples Maintaining momentum through a period of public sector cuts
Establish a common platform	 Many top down targets removed with a greater emphasis on common standards and minimum requirements Strong inspectorates and regulators already adapting to Big Society agenda 	 Striking the appropriate balance between setting common standards and encouraging local innovation Shifting Whitehall mindset to reduce tendency to intervene Establishing coherent failure regimes
Promote transparency	 Public Sector Transparency Board established New "presumption of transparency" Several important public data sets released including COINs and departmental spending 	 Creating a culture shift in the public sector to actively promote transparency Encouraging the required "pull" from the public for public data Understanding the implications of greater transparency for procurement
Encourage collaboration and innovation	 Ring-fencing reduced and greater freedoms handed to local authorities Plans for Big Society Bank underway National Citizen Service 	 Strengthening and broadening commissioning skills to move beyond traditional "procurement" Breaking down national and local silos Building civil society capacity to engage and implement
Strengthen direct accountability	 Proposals for elected police and crime commissioners Mayoral referenda in England's 12 largest cities outside London Strengthening market mechanisms in education and health 	 Clarifying how competing forms of direct accountability will interact Understanding the implications of greater direct accountability for Parliamentary accountability

Big Society: Health and Social Care example

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	Progress	Challenges
Lead the debate	DH, CLG etc make the argument for community care, the potential civic resources available, and impact choice of provider will have on outcomes	 Maintaining a coherent vision between responsible departments Maintaining momentum
Establish a common platform	 Minimum standards for care e.g. Remove targets with no clinical justification Adapt risk management, including use of public assets e.g. Big Society Public Liability Insurance Test rules of the game e.g. Personal health budgets 	 Remove barriers to professional involvement Overcoming potential clashes in system design Maintaining central accountability only for common platform and NHS Outcomes Framework Time lag in knowing effectiveness of common platform and responding
Promote transparency	 Transparency of performance data e.g. On avoidable deaths Patient rating providers e.g. Hospital ratings Individual control e.g. Personal health records Accessible national quality indicators e.g. NHS Outcome Framework 	 Actively use information to make informed choice Local differences in data analysis Ensuring transparent outcomes Avoiding NHS Outcomes Framework being used to performance manage providers
Encourage collaboration and innovation	 Community involvement e.g. Time banks for care Employee led social enterprise e.g. Right to Request Innovation in GP commissioning e.g. Patient hotels Market mechanisms e.g. Personal budgets, PbR Community take up of public assets 	 Managing risk of negative community interactions Avoiding gaming Avoiding supplier/community induced demand Siloed funding may prioritise acute care
Strengthen direct accountability	 Market accountability e.g. choice of provider, consultant led team, GP practice and treatment Informed choice e.g. Provider ratings Local democratic accountability e.g. LAs responsible for 	 Sufficient capacity to allow choice Moral hazard for vulnerable citizens Ensuring provider VfM when financial and clinical accountability lies with GP

Public confusion between local democratic and GP

accountability

Within community accountability

joining up NHS, social care and health services