

The Big Society:  
*A framework for policymakers*

April, 2011



**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.

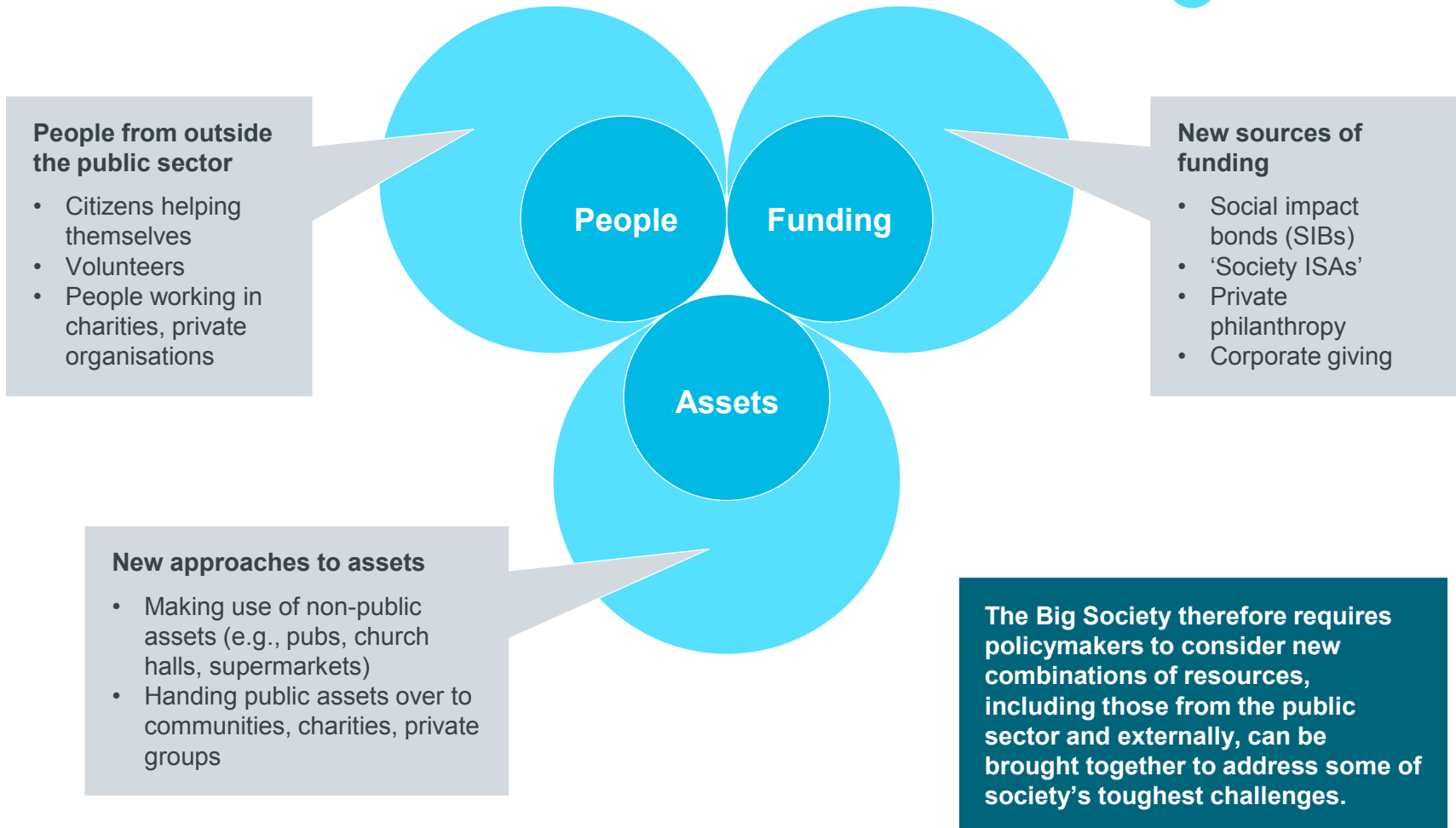
# Making change happen usually requires a combination of people, funding and assets

## HEALTHCARE EXAMPLE

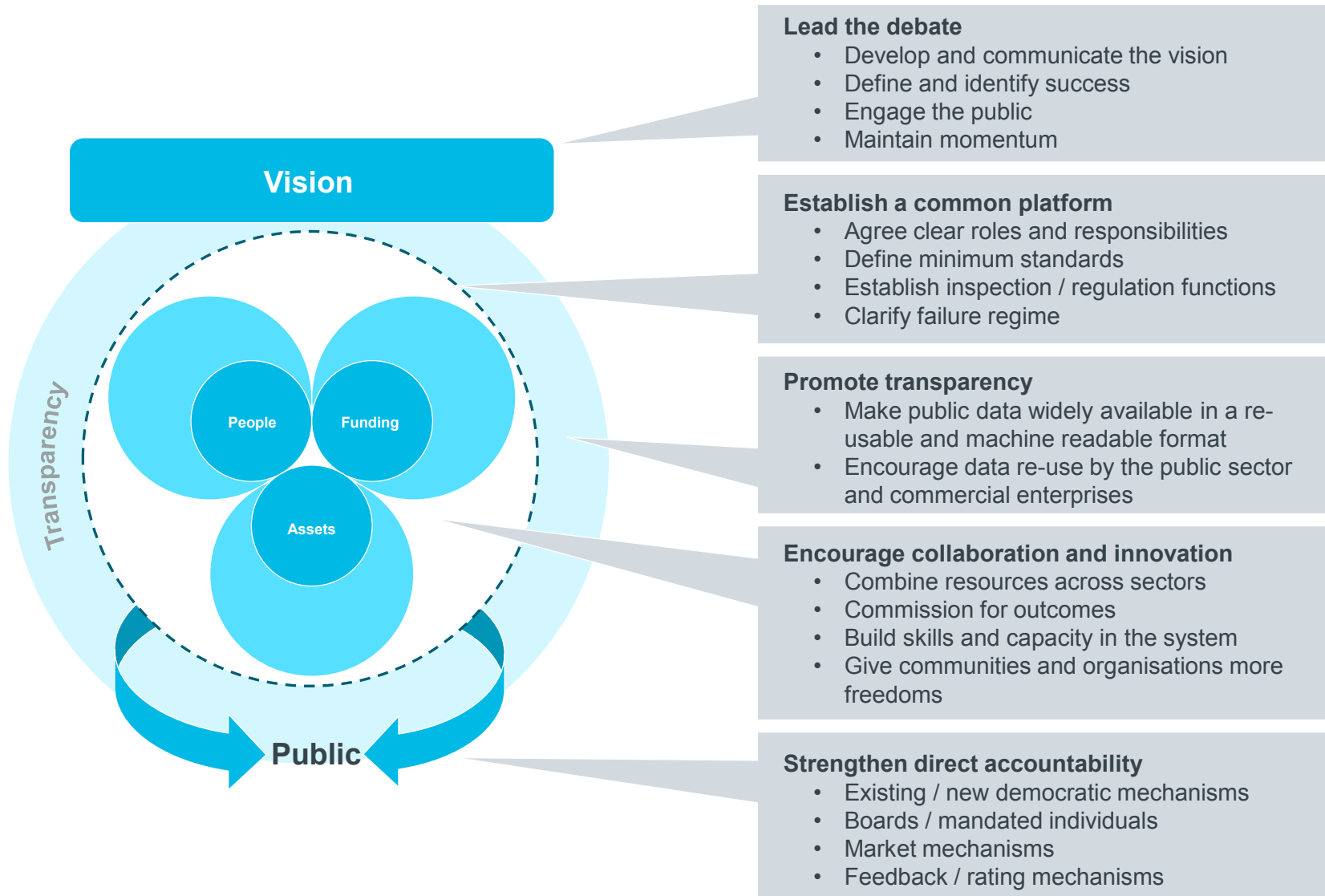


# The Big Society argues that we should expand our view of the resources available to tackle social issues

- State resources
- Non-state resources



# The Big Society implies five key roles for government



|                                               | Progress                                                                                                                                                                                                                                               | Challenges                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Lead the debate</b>                        | <ul style="list-style-type: none"> <li>• Strong high level Big Society vision communicated by PM and widely debated</li> <li>• Indication that majority of public now recognise and are supportive of Big Society themes</li> </ul>                    | <ul style="list-style-type: none"> <li>• Translating the overall Big Society vision into <b>individual policy areas</b></li> <li>• Defining <b>what success looks like</b> and identifying early examples</li> <li>• <b>Maintaining momentum</b> through a period of public sector cuts</li> </ul>                   |
| <b>Establish a common platform</b>            | <ul style="list-style-type: none"> <li>• Many top down targets removed with a greater emphasis on common standards and minimum requirements</li> <li>• Strong inspectorates and regulators already adapting to Big Society agenda</li> </ul>           | <ul style="list-style-type: none"> <li>• Striking the appropriate balance between setting common standards and <b>encouraging local innovation</b></li> <li>• Shifting Whitehall mindset to <b>reduce tendency to intervene</b></li> <li>• Establishing coherent <b>failure regimes</b></li> </ul>                   |
| <b>Promote transparency</b>                   | <ul style="list-style-type: none"> <li>• Public Sector Transparency Board established</li> <li>• New “presumption of transparency”</li> <li>• Several important public data sets released including COINs and departmental spending</li> </ul>         | <ul style="list-style-type: none"> <li>• Creating a <b>culture shift</b> in the public sector to actively promote transparency</li> <li>• Encouraging the required “<b>pull</b>” from the public for public data</li> <li>• Understanding the implications of greater transparency for <b>procurement</b></li> </ul> |
| <b>Encourage collaboration and innovation</b> | <ul style="list-style-type: none"> <li>• Ring-fencing reduced and greater freedoms handed to local authorities</li> <li>• Plans for Big Society Bank underway</li> <li>• National Citizen Service</li> </ul>                                           | <ul style="list-style-type: none"> <li>• Strengthening and broadening <b>commissioning skills</b> to move beyond traditional “procurement”</li> <li>• Breaking down national and local <b>silos</b></li> <li>• Building <b>civil society capacity</b> to engage and implement</li> </ul>                             |
| <b>Strengthen direct accountability</b>       | <ul style="list-style-type: none"> <li>• Proposals for elected police and crime commissioners</li> <li>• Mayoral referenda in England’s 12 largest cities outside London</li> <li>• Strengthening market mechanisms in education and health</li> </ul> | <ul style="list-style-type: none"> <li>• Clarifying how <b>competing forms of direct accountability</b> will interact</li> <li>• Understanding the implications of greater direct accountability for <b>Parliamentary accountability</b></li> </ul>                                                                  |

|                                               | Progress                                                                                                                                                                                                                                                                                                                                                  | Challenges                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Lead the debate</b>                        | <ul style="list-style-type: none"> <li>DH, CLG etc make the argument for community care, the potential civic resources available, and impact choice of provider will have on outcomes</li> </ul>                                                                                                                                                          | <ul style="list-style-type: none"> <li>Maintaining a coherent vision between responsible departments</li> <li>Maintaining momentum</li> </ul>                                                                                                                                                                                     |
| <b>Establish a common platform</b>            | <ul style="list-style-type: none"> <li>Minimum standards for care e.g. Remove targets with no clinical justification</li> <li>Adapt risk management, including use of public assets e.g. Big Society Public Liability Insurance</li> <li>Test rules of the game e.g. Personal health budgets</li> </ul>                                                   | <ul style="list-style-type: none"> <li>Remove barriers to professional involvement</li> <li>Overcoming potential clashes in system design</li> <li>Maintaining central accountability only for common platform and NHS Outcomes Framework</li> <li>Time lag in knowing effectiveness of common platform and responding</li> </ul> |
| <b>Promote transparency</b>                   | <ul style="list-style-type: none"> <li>Transparency of performance data e.g. On avoidable deaths</li> <li>Patient rating providers e.g. Hospital ratings</li> <li>Individual control e.g. Personal health records</li> <li>Accessible national quality indicators e.g. NHS Outcome Framework</li> </ul>                                                   | <ul style="list-style-type: none"> <li>Actively use information to make informed choice</li> <li>Local differences in data analysis</li> <li>Ensuring transparent outcomes</li> <li>Avoiding NHS Outcomes Framework being used to performance manage providers</li> </ul>                                                         |
| <b>Encourage collaboration and innovation</b> | <ul style="list-style-type: none"> <li>Community involvement e.g. Time banks for care</li> <li>Employee led social enterprise e.g. Right to Request</li> <li>Innovation in GP commissioning e.g. Patient hotels</li> <li>Market mechanisms e.g. Personal budgets, PbR</li> <li>Community take up of public assets</li> </ul>                              | <ul style="list-style-type: none"> <li>Managing risk of negative community interactions</li> <li>Avoiding gaming</li> <li>Avoiding supplier/community induced demand</li> <li>Siloed funding may prioritise acute care</li> </ul>                                                                                                 |
| <b>Strengthen direct accountability</b>       | <ul style="list-style-type: none"> <li>Market accountability e.g. choice of provider, consultant led team, GP practice and treatment</li> <li>Informed choice e.g. Provider ratings</li> <li>Local democratic accountability e.g. LAs responsible for joining up NHS, social care and health services</li> <li>Within community accountability</li> </ul> | <ul style="list-style-type: none"> <li>Sufficient capacity to allow choice</li> <li>Moral hazard for vulnerable citizens</li> <li>Ensuring provider VfM when financial and clinical accountability lies with GP</li> <li>Public confusion between local democratic and GP accountability</li> </ul>                               |