

Liberal Democrats Policy Consultation

Public Services

Consultation Paper 119



Spring Conference 2014

Background

This consultation paper is presented as the first stage in the development of new Party policy in relation to public services. It does not represent agreed Party policy. It is designed to stimulate debate and discussion within the Party and outside; based on the response generated and on the deliberations of the working group a full public services policy paper will be drawn up and presented to Conference for debate.

The paper has been drawn up by a working group appointed by the Federal Policy Committee and chaired by Jeremy Hargreaves. Members of the group are prepared to speak on the paper to outside bodies and to discussion meetings organised within the Party.

Comments on the paper, and requests for speakers, should be addressed to: Steve O'Neil, Public Services Working Group, Policy Unit, Liberal Democrats, 8 - 10 Great George Street, London, SW1P 3AE. Email: steve.oneil@libdems.org.uk

Comments should reach us as soon as possible and no later than Friday, 4 April, 2014.

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1. Introduction

1.0.1 Public services play a central part in all our lives. The way our rubbish is collected, our children are educated, we are treated when we are sick, and how we get around, all depend on them as well as countless other services which together meet many of our vital needs and make our lives easier. Public services range very widely, from the provision of our courts and justice services, through to our armed forces, with many very different services in between.

1.0.2 They are provided in numerous different ways. Some are provided directly by traditional government organisations. Many are provided by third-sector or private providers, either contracted by government to do so, or without any real government involvement at all. Some are controlled locally, some nationally, in either case possibly by an elected body, or by an unelected one. Some have high political salience and significance; others, often just as important, do not. A few have remained similar in structure for a long time; many others seem to be in a constant state of re-organisation.

1.0.3 Perhaps more directly of interest to users, some are good services, genuinely centred around the user's needs and leaving a positive sense of having provided a good service. Some are much less good.

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

1.0.5 No two public services are provided in the same way, and

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any attempt to generalize that one mechanism is always better quickly collapses in counter-examples and contradictions. It is, for example, no more true that the private sector always provides a good quality or good value service, than it is that the public sector always does.

1.0.6 No 'one size fits all' approach is the way to improve all parts of public services, given the enormous diversity of how public services are provided today. We do not believe that any single prescription for changes can be the right approach for all public services.

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

- **Quality:** Public services should be good. This is important: although it might seem obvious, good or poor quality is not always well understood, and we are often guilty of not looking closely enough at it, focussing instead on whether a service is being provided in a shiny new way, or conversely in a familiar way. Low quality might mean simply further inconvenience to the user, but it might also mean unnecessary deaths or permanently damaging the life chances of the most vulnerable.
- **Access:** Everyone, regardless of means, should be able to use public services, in most cases free at the point of delivery. Going further, they should also increasingly be able to do so as easily and conveniently as they are used to accessing other services.
- **Joined up:** People are entitled to expect that different services link up with each other. Not only should this mean that different providers and different types of providers,

across different parts of the public sector, should provide a seamless service to the individual, centred around their own personal needs, but doing so also unleashes significant power to improve services as a whole.

- **Transparent and accountable:** The public, who both use and fund public services, should be able to see, accurately and simply, how well those services are meeting their needs, and be able to hold providers effectively to account, wherever possible in a democratic way.
- **Local:** Services should be designed to meet the needs of, and be accountable to, their local users, not simply some national plan.
- **Providing value for money:** The resources which the public contribute to fund public services must be used cost-effectively, and whoever provides them must operate on a responsible and sustainable economic basis.

1.0.8 Liberal Democrats have a long track record of support for public services. We campaigned for an additional 1p on income tax to invest in education, and later for further investment in the NHS, when these views were far from fashionable. We have consistently argued for professionals delivering public services to be given the tools, skills, and above all the freedom they need, to deliver good quality services. More recently we have campaigned for the pupil premium, for greater investment in the early years, and since 2010 have been able to put these commitments into practice in government. Liberal Democrats have supported public services, and those delivering them, not from some political re-branding need, but because they are a core part of our view of modern society.

1.0.9 We continue to see those who provide public services as

their greatest asset. Many millions of people working in public services, in a wide variety of types of organisation, bring to life the values we have set out above in their work every day. Despite being in a time of unprecedented austerity, their dedication and skill continue to bring high quality services to the public. We believe there is more we should do to support them to deliver good public services, and set out some proposals for doing this over the following pages, along with other opportunities to improve the way that public services are organised.

Existing Liberal Democrat Policies

1.0.10 Policy paper 53, *Quality, Innovation, Choice* (2002) was the last extensive policy paper across public services and policy paper 108, *A Balanced Working Life* (2013), also considered family friendly public services as part of its scope. Policy paper 89, *Equity and Excellence* (2009) and paper 110, *Learning for Life*, (2013) both contain education related policies. Policy paper 84, *Empowerment Fairness and Quality in Health Care* (2008) contains health related policies. A wide range of transport policies are contained within policy paper 85, *Fast Track Britain* (2008).

Overarching Questions

1.0.11 Liberal Democrats are clear that we want to articulate a more equitable, effective, sustainable future for the delivery of public services. We believe some fundamental challenges for public services are:

- How should public services work?
- How can we make public services more joined up and accessible for the user?

- How should public services respond to the affordability challenge?

Questions

1. *Are these the most important objectives for the public services, and in particular for health, education and transport? Are there other important priorities that we should be addressing?*
2. *How can we ensure public services meet different people's needs and aspirations?*

Next Steps

1.0.12 In the light of the responses this consultation paper generates, more detailed proposals will be drawn up for consideration at the party conference in autumn 2014.

2. How Should Public Services Work?

2.0.1 Public services are there to meet the needs of the public. On many occasions they do – often so well that we simply don't notice them. However, too often the experience is of a poor quality service which does not provide what the user actually needs. Instead, de-motivated staff can spend their time working to priorities distorted by poorly-set targets, or continually tackling the consequences of the service's own failings, all at a higher than necessary cost.

2.0.2 A Liberal Democrat view of human nature points the way to a fresh approach to how public services are delivered. At the heart of this lies an unwavering focus on providing the passenger, patient, pupil or user with the service that they personally actually need. This also makes best of the individual skills of the people delivering the service, to do so, and adjust it, in the way most useful for the user, not try to adjust the user to fit the system.

2.1 Diversity of Provision

2.1.1 Some believe that services should almost always be provided by the private sector, and that this will almost always lead to higher quality services, at lower cost. At the other end of the spectrum, others hold a view that public services are always better provided from within the public sector.

2.1.2 A quick look at the highly variegated landscape of public services in the UK (and beyond) shows that neither view is right.

2.1.3 The increasing emergence into public services provision of the private sector over recent decades has brought new

techniques, new standards of service and new ways of operating into sectors sometimes now no longer even thought of as part of traditional public services as they were thirty years ago, such as airways and telecoms. There are also examples of them raising standards and lowering costs in more mundane services, from waste¹ to parks management – as indeed there are examples of them having the opposite effect.

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

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

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

2.1.7 We believe that any provider of public services needs to:

- Respect the values we have set out above for all public services, not just at bidding time but throughout their

¹ Private delivery of public services, Paul Grout, 2008
<http://www.bristol.ac.uk/cmpo/publications/publicservices/ppfinal.pdf>

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delivery;

- Be focussed above all on providing a high quality service to meet the needs of the user;
- Be actively willing to link up with other providers, to provide a more seamless and better service for users;
- Be genuinely accountable;
- See a sustainable economic basis as an important part of a responsible approach, whether they are in the private, public or third sector;
- Meet common standards in areas such as accountability, applicability of freedom of information, employment standards, and equity of government funding
- Not allow a rigid adherence to principles of competition to inhibit the sensible organisation of services; and
- Not prevent the creation of new public services which will improve quality.

Questions

3. *Do you believe this is the right basis for approaching provision by the public, private or third sectors?*
4. *What services should be provided from the public purse?*
5. *Are there some functions which should always be provided by public sector employees?*
6. *What arrangements should be in place to give all types of providers of public services the ability to provide the best quality services, and ensure transparency and accountability of*

providers?

2.2 Measures

2.2.1 Targets for public services to achieve particular objectives are often attractive, and indeed can be successful within their own limited terms, but we know now that they also tend to distort the provision of the service as a whole and can cause unintended consequences. The damage done by Labour's regime of central targets is that services are not effective enough to support the huge diversity of people using them. It makes innovation difficult, undermines frontline staff and maximises bureaucracy – and inflexible services are more expensive to run.

2.2.2 It means that services risk being overwhelmed by 'failure demand', the extra work required because the services let people down or because they are not as effective as they could be.

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

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

2.2.5 On the other hand, measures can be useful in helping to provide a better service, generally when they are focussed on improvements which the end user would value and recognise, are

few in number, do not have arbitrary percentage thresholds, and are created in close consultation with those actually delivering the service.

Questions

7. *What useful role can measures play – to hold services to account or learn whether changes are leading to improvements?*
8. *How can we best make it possible for services to be accountable, yet also set frontline staff free to do what they do best?*
9. *What, if anything, should be measured?*
10. *Who should do the measuring?*

2.3 Staff and User Participation

2.3.1 One of the main reasons that services remain so inflexible is that they are disconnected from the people who use them. There is research that demonstrates, for example, that patient satisfaction is higher in NHS Trusts with better rates of staff health and well-being, and that there is a link between higher staff satisfaction and lower rates of mortality and hospital-acquired infection. Too often, the people who know best what is needed at local level play little role in decision-making, and services are wasting one of their most important resources, service users, who are too often expected to stay passive. Further, overbearing and unresponsive systems disempower and demotivate staff to provide services in the way the user actually needs.

2.3.2 Involving employees in the design, delivery, and management of services would improve employee engagement

and sense of involvement. It is also more likely to shape a more positive experience for the user who can share in the benefits of interacting with enthusiastic employees and receive a more reliable service that is designed locally and can be personalised to address needs effectively.

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

2.3.4 Liberal Democrats will improve services with powerful local leadership, by giving more power to users – individually and collectively – and by setting frontline staff free to do what they do best, running service systems that treat people as individuals and which can learn, respond and improve.

2.3.5 We think that managing services closer to where people live and in human-scale units encourages user and staff involvement and innovative service design that values deep relationships between service users and front-line providers.

2.3.6 We propose to:

- Ensure that every organisation delivering public services effectively involves users as partners in the delivery of services;
- Ask any organisation bidding for a public service contract how they will, over the period of the contract, reduce users' need to seek help, and how they will encourage mutual support among users;
- Set up a public service volunteering umbrella organisation,

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to provide those local mutual support schemes with national branding and support, and which can also provide training and qualifications for people who become more deeply involved;

- Extend the right to draw down powers for innovative local projects for local services, along the lines of the Sustainable Communities Act; and
- Develop new roles for staff in public services as guides. A user's first contact in public services should have a responsibility to help them navigate their way through services until they have received the service they need. We also support the approach of volunteers – from health champions to expert patients and friends of hospitals – providing face-to-face navigation advice, on choice and other options, based in GP surgeries and other centres, to help service users find their way around the complex system.

Questions

11. *Do you think this is the right basis for approaching staff and user participation in the design, delivery and management of public services?*

2.4 Choice

2.4.1 Involvement of both users and staff can help greatly in ensuring that services achieve an important goal for Liberal Democrats, of being flexible enough to the needs of each individual user of services. Services need to be flexible enough to provide for the needs of a variety of individuals, and need to be able to intervene effectively and successfully, without constantly having to visit different agencies or revisit cases or any of the other

costs that happen when services are inflexible.

2.4.2 So when 'choice' just means that commissioners get to choose on our behalf, or when formal choice means an inflexible procedure that actually gets in the way of what people need – and especially when they need an open and human relationship with professionals – that moves away from what Liberal Democrats mean by choice.

2.4.3 We do not believe that one size does fit all, or that users should have to put up with bad service – or that there should be no choice to shift when things go seriously wrong (not a choice people have now, unless they are articulate). Nor do we believe that choices that are only available to people who are literate and confident are real choices at all – and that is a major constraint on the way the system works now in education and health.

2.4.4 For Liberal Democrats, effective choice means that:

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

Questions

12. *What should choice mean for Liberal Democrats?*
13. *How can we give power to people, individually or in groups, to have different options if they need it – or to shift the way they are treated when things go wrong?*

14. *Are there other ways in which the choices of people without transport, or who are excluded in other ways from the best care or education, can be given more power?*

2.5 Public Sector Using the Private Sector to Ensure Provision

2.5.1 In local government, we have seen Liberal Democrats support the idea that in some circumstances the state should give people the money to buy services privately if the public sector has let them down. This has been uncontroversial for small housing repairs, such as giving council tenants the money to get their own plumber if the housing service fails to fix a leak promptly. However, in other areas this approach would be highly controversial, such as if parents were given money to send their children to private school if the local state schools are struggling. In the 2010 general election manifesto, the party also proposed a more widespread use in the NHS of the idea that if you do not receive treatment promptly, you should be given the money to go private.

Questions

15. *How far should the party take the idea of giving people money to buy an alternative service where the usual public provision has failed?*

2.6 Approach to Change

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

- Have clear aims that the public understand and support;

- Be grounded in evidence;
- Be grounded in the experience of people who work in that service area; and
- Be monitored using the right measures so that we know whether the changes are working.

Questions

16. *Do you agree with this approach to change in public services?*

3. How Can we Make Public Services More Joined up and Accessible for the User?

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

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

3.1 Better Commissioning Co-ordination

3.1.1 We believe that there are major gains to be made from encouraging provider organisations to come together to see where they can co-operate to the mutual benefit of themselves, and more importantly, their users.

3.1.2 There are already examples of different public services providers, often of a range of different organisational types, co-operating voluntarily to do so, for example, through 'Locality working', and the Total Place and Community Budgets mechanisms.

3.1.3 In Government Liberal Democrats have supported the role

of Health and Wellbeing Boards (HWBs). Although experience so far varies, some are now becoming effective in bringing together different providers from some parts of the public sector.

3.1.4 The Coalition has come up with a mechanism, the Better Care Fund (BCF), for incentivising joint working by health and social care partners through HWBs, in holding back some of their funding and only releasing it if both partners can agree.

3.1.5 We believe that there is scope for much greater use of these approaches of encouraging partners to work together through co-operative arrangements, but without any significant structural change, and using funding mechanisms such as the BCF to encourage them to take this seriously.

3.1.6 Where this happens we believe it should follow the example of HWBs in giving the lead co-ordination role to a body which is democratically accountable, in the way that HWBs are by statute chaired by the leader of the local authority.

Questions

17. *Would it be useful to scale up the general approach of Health and Wellbeing Boards (HWBs) and the Better Care Fund (BCF) to bring all key local public services together into one co-ordinating body to incentivise working together and achieve seamlessness from the point of view of the user?*
18. *Should this co-ordinating body take a substantive role in directly commissioning and funding local public services together or should the role be confined to simply bringing them together?*
19. *How might such a co-ordinating body best be structured?*

3.2 Information and Data Sharing

3.2.1 A further mechanism whose power to bring services together is slowly becoming clearer, is sharing of information. All public services hold huge amounts of information about their users, which if brought together can enormously enhance the ability of services to understand and then meet the needs of their users.

3.2.2 It can even allow them to predict and therefore prevent people needing to use public services. The use of risk-profiling of particular groups of people within health, and then providing them with preventive advice or services, is a good example. The potential for more sophisticated use of information to help all public services provide a better service is clear.

3.2.3 Public bodies are subject to the Freedom of Information (FOI) Act which ensures that users have access to information to hold providers to account for decisions and plans made. We support an open data approach to the provision of data by public sector providers and seek to find ways to extend these requirements to all providers of public service. This gives users greater access to information both about the services generally, and greater control over their own data, in both ways giving them greater control over their range of choices.

3.2.4 However Liberal Democrats rightly have concerns about sharing of information about individuals, and a mature understanding of the potential for abuse. Such information will often be most useful when anonymised, and providing information at the level of a significant population. However sometimes its power will precisely depend on its linkage to individuals, and there will always be concerns about the robustness of anonymisation.

3.2.5 Liberal Democrats are likely to believe that any information held by a public service about them, such as perhaps their educational records, or their medical notes, should normally be their own property, not that of the service. One approach which is in many ways attractive to Liberal Democrats is for users literally to control the access of others to their own data, which is very possible through modern information systems, and only granting access to it to services as necessary for their needs.

Questions

20. *How important is the power of information to provide better services, and how should this be balanced against concerns about data security?*
21. *Is the approach of all users directly controlling their own data the right one, and is this practical and compatible with leveraging the power of data to provide services which better meet users' needs, including preventively?*
22. *Is the approach outlined above of requiring all providers of public services, from whatever sector, to make information about their operations available openly, right? What might be the consequences for some providers and the way they provide services?*

3.3 Co-location

3.3.1 One further mechanism which many local services have used successfully is co-location of services. While this does not guarantee closer working, there are many examples of it helping to provide a more seamless service for users and more effective and efficient for professionals. Since it is not possible to co-locate

people who work in the entire range of public services together, which services should be the priority to bring together, and what principles could usefully guide this?

3.4 Leadership

3.4.1 Ensuring good quality leadership is important in two different ways. Firstly, it is now quite widely recognised that leadership development is a key factor in improvement, across public services. Some parts of public services, in particular the military and some other uniformed services, have long invested in leadership development and have reaped the benefit. Other parts of public services are doing so now, with extensive programmes under way. Successful improvement depends perhaps more than anything else on successful leadership, and developing leadership skills at all levels, not just the most senior. It is an important lesson that public services need to learn from other sectors, and we strongly support services making the necessary investment in it.

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

3.4.3 We believe that some unified approaches to leadership development across different services, and potentially across the public/private/third sector divide could yield considerable benefits in making public service more likely to work across service boundaries in the interests of users. We also believe that a common graduate management trainee scheme should be considered, and that there should be other mechanisms for encouraging movement across sectors during the course of a

career, including possibly some exposure to other public services in the core professional training of staff such as teachers, nurses and doctors.

Questions

23. *What are the most effective ways in which we can improve the quality of leadership, at all levels, in public services?*
24. *How can we attract people with a wider range of entrepreneurial skills into working in public services?*
25. *Would there be benefits to encouraging wider cross-sector exposure and career paths, within the public sector? If so, what would be the best ways of achieving this?*

4. How Should Public Services Respond to the Affordability Challenge?

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

4.0.2 The financial consequences of the 2008 crash will continue to be felt for several more years yet (with the UK government still adding tens of billions of pounds to the national debt every year to fund services), but even once its direct consequences have passed, the combination of the public's views about public funding levels, and especially of an ageing population and the global rise of other economies, means that the UK public sector will continue for decades to need to take innovative approaches to meeting the affordability gap.

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

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

4.0.5 A much better approach to meeting the cost challenge of public services is to avoid the need for spending in the first place. An approach based on the principles we have set out, based around the whole personal needs of the individual user, would help to do this.

4.0.6 It could do this in a number of different ways. Firstly, simple lack of focus on the actual needs of the user, and absence of linkages between different parts of public service, mean that much of the activity of public services is expended on addressing the consequences of the fact that the issue was not resolved the first time around, often referred to as 'failure demand'. Services which have re-designed their services along the lines we have set out, have not uncommonly found that more than half of their activity is handling 'failure demand'. Providing services more efficiently is easier to say than to do, but we believe that the approaches we have outlined will have their part to play in reducing cost as well as in providing a service better focussed on the user's needs.

4.0.7 Secondly, quality of service as well as efficiency requirements would benefit from taking a longer term approach to investment in prevention. For example, youth crime costs £4 billion, and several initiatives have shown a track record of reducing it, but we spend 11 times as much on dealing with the

consequences of it (in imprisonment) as we do on preventing it². Projecting benefits over several years from initial investment can be very difficult, and some scepticism over projected benefits is often wise, but we believe there is more that can be done to invest effectively based on proven approaches, to improve lives and reduce costs, over a timescale longer than a Parliament.

4.0.8 Thirdly, there are real benefits to be gained, even in the short term, from taking a more integrated approach to delivering public services to targeted groups. A number of initiatives, such as the Government's Troubled Families Programme, have found that simply creating a mechanism to cross organisational boundaries can make massive savings in expenditure, as well as actually getting to the root of some of the real problems effectively for the first time. Again we believe the principles and specific policies we have outlined across this paper would help.

4.0.9 There may also be benefit in encouraging innovation in funding resources to help stimulate investment in more sustainable provision of public services. We are interested in how alternative forms of funding such as capital investment posts and social impact bonds might encourage the right behaviours. Allowing local government more control over future budgeting and funding of local services through local authority bonds and seed funding is an alternative approach to the affordability challenge.

Questions

26. *If we consider that prevention is better than cure, what do we need to do achieve this more effectively?*

² The Deciding Time, Early Action Task Force, 2013, http://www.community-links.org/uploads/documents/Deciding_Timefinal.pdf

27. *We believe that most public services, including most health and education services, as at the moment, should remain free at the point of access. Do you agree?*
28. *What might be more effective ways of responding to the affordability challenge than introducing new charges for accessing public services?*

5. Public Services Principles in Schools, Health and Transport

5.0.1 The principles discussed in this consultation paper guide a Liberal Democrat approach to developing public service policy which recognises the plurality and diversity in the way that public services are financed, commissioned, managed and provided to the public. What works for one service might not be right for another. We seek to give those that work and use the public sector the tools to create, innovate and share best practice across and within sectors themselves.

5.0.2 We now set out what this could mean specifically for policy in schools, health and transport.

6. Public Services Principles in Schools

6.0.1 We have set out in previous chapters some ideas and questions about the major challenges for public services and how they should be met. We have also been asked to consider how those approaches should inform specific policies in the area of schools policy, and we outline over the next few pages some of the policy areas where those approaches should lead to change in schools.

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

6.0.3 We believe that the most central factor in high attainment is good quality teaching and support for teachers, and set out our proposals for supporting that.

6.0.4 Finally, schools and the structures supporting them have undergone major change in recent years, and we consider what a response based on Liberal Democrat principles for public services should be.

6.1 Schools Standards: Attainment and Curriculum and Exams

6.1.1 The evidence is very clear that the level of children's educational achievement is very dependent on a wide range of factors about their life beside their innate ability, including their geographical location, their parents' educational and work

background, the quality of schools they attend, their parents' income, the expectations of those around them, and many other factors. We are clear that this means that children do not have equal access to a high quality education, and this must be our first priority for improving education.

6.1.2 Liberal Democrats initially created, and have now implemented in Government, perhaps the most effective and high profile mechanism for tackling this issue of any recent Government, in the pupil premium. This has successfully targeted additional resources on children from poorer backgrounds³. We continue to support it, and support the extension of this approach to a 'nursery premium' for the early years, where it will similarly have a major impact on children's life chances.

6.1.3 We have also looked at how the pupil premium could usefully develop: at present most children who attract the pupil premium do so on the basis only of one of the factors which may affect them, their parents' income, not the wider range of factors. (Looked after children and those with parents in the armed forces also receive it). The Government has also implemented it in a way which means that a child either attracts the full premium, or none, which is not in line with the Liberal Democrat proposal that it would be most effective if its level varies depending on the extent of deprivation.

6.1.4 We have looked at the case for refining it so that it more accurately reflects the individual circumstances of each child that affects their attainment. This would also allow a wider range of

³ Key Stage 2 results from December 2012 showed a three percentage point decrease in the attainment gap between Free School Meal (FSM) pupils and their peers since 2011, when children first started receiving the Pupil Premium
<https://www.gov.uk/government/news/primary-school-pupils-on-free-school-meals-close-gap-on-their-peers>

existing funding intended to tackle deprivation to be routed through the pupil premium: at present various aspects of the funding formula are intended to compensate for various individual factors, and there might be advantages to accountability and transparency, as well as more accurate targetting where it is deserved, to this being routed through the pupil premium. This would however make the pupil premium considerably more complicated.

6.1.5 The existing framework for schools being held to account for their performance predominantly through the percentage of their pupils achieving an absolute score against the measure of 5 A*- C grades including maths and English, has reinforced the inequality of the system. In Government Liberal Democrats have addressed this, and last year a Liberal Democrat schools minister announced a shift to an approach which will measure schools on the extent to which the children they are teaching progress against their expected attainment when they joined the schools⁴.

6.1.6 We believe this, and also broadening measurement away from an approach which focussed attention almost exclusively on the C/D boundary, will be very effective in improving the accountability of schools, while not causing disruptive changes to the exams system as a whole. We remain clearly opposed to any attempt to re-introduce an 'academic-vocational' split through a two-tier exams system at age 16.

6.1.7 The curriculum which lies behind the exams system is of course also crucial to children's education. There is a clear tension between prescribing a curriculum nationally and allowing local

⁴ Reforming the accountability system for secondary schools, Oral statement to Parliament, 2013, <https://www.gov.uk/government/speeches/reforming-the-accountability-system-for-secondary-schools>

freedom. The national curriculum has proved its value, but as set out above, we do believe that local freedom and the ability to ensure that what the service provides meets the needs of the individual user, not just those of the system itself, must be central. We also believe that the system should increasingly focus on ensuring that young people have certain capabilities and skills, and not on prescribing in detail the manner in which schools should teach them.

6.1.8 We therefore welcome moves to slim down the curriculum, and would like them to continue. We are also clear that while the schools system as a whole should be under democratically accountable control, it is no more appropriate for individual politicians to determine the specific content of the curriculum any more than it is for them to decide how exactly the NHS should treat cancer, and we believe that the curriculum should be the responsibility of an independent, unified, professional Educational Standards Authority (ESA).

Questions

29. *What more should we be doing to support improvement in attainment?*
30. *Do you agree that the new arrangements for schools to publish their pupils' attainment, based on value added, will improve accountability and performance of schools?*
31. *Should the exams system at age 16 remain integrated, or be separated for different areas of focus?*
32. *Would the different structure for the pupil premium that we have suggested above be a fairer, or better, arrangement? Would basing it instead on a 'basket' of relevant factors be practical, or*

its greater complexity unhelpful?

33. *Do you agree that the required national curriculum should continue to be slimmed down, and its content the responsibility of an independent authority rather than Ministers?*
34. *A joined-up approach to improving educational attainment should be able to recognise and tackle the links between poor behaviour, exclusions and mental health issues. What more should be done to support children and young people with mental health issues to succeed at school?*

6.2 Teaching

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

6.2.2 One of the best ways in which government can support better teaching, is to support teachers. Liberal Democrats have long been clear that supporting and empowering individual professionals, and holding them accountable, is at the heart of a Liberal Democrat view of public services, and of society more generally.

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

6.2.4 As a first step in doing this, we support the creation of a Royal College of Teachers, with a remit to raise the profile and status of teachers, and to act as a voice for the profession (in a

similar way to medical Royal Colleges).

6.2.5 One of the major barriers to supporting teachers to improve teaching is the lack of a clear common and robust framework for Continuing Professional Development (CPD) for teachers. While teachers do attend INSET days every term, they are not generally part of a consistent high-quality CPD programme. We would like to see the Royal College of Teachers take a leading role in developing a robust CPD framework, drawing in the numerous individual programmes for supporting teaching excellence and leadership among teachers. This should include an allocation of funding for teacher CPD, allowing teachers to develop an Individual Professional Portfolio of accredited training and professional development, possibly supported by allowance for sabbatical training and development for long-standing teachers. At the heart of this should be a situation in which good teachers have greater control over how they teach, held accountable by their outcomes, rather than detailed prescription for how they do their work.

6.2.6 An approach which has a proven track record in supporting improving teaching is federation-type arrangements between schools, and we support wider roll out of this approach.

6.2.7 Finally, one of the major distinctions between children who achieve well and those who under-achieve, is the extent to which their parents and family regard educating their children as part of their own role. The extent and nature of parental involvement varies very widely and it is not appropriate to attempt to insist that parents do particular things. However we do think it is appropriate to provide assistance and support to parents to help those who wish to, to play an active role in their children's education. We would like to see schools, government and potentially others with an interest in education, providing services which draw on the

opportunities of modern technology to support parents and family to participate in and support their children's learning.

Questions

35. *Do you support the proposal for a Royal College of Teaching? If one is created, what should the focus of its role be?*
36. *What is the best way for supporting teachers to ensure that their skills stay up to date?*
37. *Should teachers who have taught for several years since qualifying, be entitled to a period of sabbatical, to refresh and develop their professional skills?*
38. *What is the best way to try and narrow the gap in quality of teaching and best practice between higher performing and less highly performing schools?*
39. *What common standards should there be in relation to the National Curriculum across all schools? How should the National Curriculum develop?*
40. *Do you agree that parents should be able to be sure that if their child is in a state-funded school, they will be taught by a qualified teacher?*
41. *What else can we do to increase the quality of teaching?*

6.3 Schools Structures

6.3.1 The Coalition Government has introduced reforms which have created new forms of schools such as 'free schools', of which there are now several hundred across the country. There has also

been a major rise in the number of other schools which are academies (which determine their own admissions). These changes mean that we now have two distinct state-funded education systems in England: those maintained by local authorities and those accountable directly to central government.

6.3.2 In Government Liberal Democrats have successfully ensured that new types of state-funded schools will not be able to operate for profit, and that they will always be staffed by teachers who are qualified. We believe that all state-funded schools should continue to be required to meet good standards on an ongoing basis, and to serve the whole of their local population.

6.3.3 We do not believe it is appropriate for some state-funded schools to be required to teach the slimmed-down national curriculum, but not others, especially since the distinction is not made on the basis of their recognised performance.

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

6.3.5 Conservatives have enjoyed using rhetoric of 'freeing' schools up from local authority support, and of attacking LEAs for the way they have discharged their responsibilities, which have indeed had a mixed track record. However it is increasingly clear that it is neither practical nor right for thousands of individual schools around the country to be directly accountable to the Secretary of State, without the support available from a local or regional intermediate tier for a wide range of things from school transport to assistance with school improvement.

6.3.6 While it is true that LEAs have not always done this perfectly, there are now good examples of both traditional LEAs

and new 'chains' of academies doing this well and innovatively.

Questions

42. *What should be the arrangements, in the emerging landscape of school structures, for a 'middle tier' to support schools? One approach could be to require any organisation, whether an LEA or a 'chain', seeking to provide such support to be able to demonstrate that it meets a certain standard in doing so (much in the same way that schools need to do), and to be selected on that basis, irrespective of their own organisational status. Do you think this would be the right approach? Or should LEAs simply be responsible for supervising all schools in their area, including academies?*

7. Public Services Principles in Health

7.0.1 One of the most high profile areas where people will look for evidence of a Liberal Democrat approach to public services is in health. We therefore outline over the next few pages some of the policy areas where the approaches we think that public services should take, should lead to change in health.

7.0.2 Ensuring access which is not only free at the point of delivery, but convenient and functions well while achieving value for money, is a key challenge for the NHS, and we set out some suggested approaches and questions.

7.0.3 Liberal Democrats have long argued that health and social care services should be better integrated, and are now doing so in Government. We suggest some further ways forward to build on them.

7.0.4 Similarly, we have long argued for equal access to and investment in Mental Health, and in Government we have promoted ways of doing this.

7.0.5 Finally, the NHS has undergone major structural change in recent years and we outline our view that NHS staff should now be allowed an opportunity to focus on delivering the best services possible for patients. A service as large as the NHS will continue to evolve, but further changes should be evolutionary rather than revolutionary, and involve staff, and not major top-down structural change.

7.0.6 One of the most significant challenges that the NHS currently faces is the morale of staff, which is absolutely essential

to providing high-quality care. We believe that the approaches we have outlined can make a major difference to improving staff morale and the service.

7.1 GPs

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

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

7.1.3 Firstly, we would like to see GPs collaborating with each other in federations to provide a fuller all-round, including out of hours, service which people could be confident would be available and accessible when they need it. We need to support local NHS commissioners to change the way services are provided in the community (such as district nursing) to join up more effectively with these GP services. We are keen to understand the issues around being able to register with a GP of your choice, for example near where you work, and not only near your home. There are also

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a range of ways some GP practices are now operating in to contact patients more quickly by phone, Skype or email, which we support to be spread more widely. Clearly it is not appropriate for all consultations with GPs to be carried out in this way, but many can.

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

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

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

Questions

43. *Do you believe that this is the right approach to providing initial access to the NHS?*
44. *Should people be able to register with a GP near where they work, instead of near their home?*
45. *What other opportunities do you believe there are to provide a service which better meets our aspirations for public services?*

7.2 Mental Health

7.2.1 As a party we have long championed the crucial importance of good mental health, and treatment of mental ill-health, to liberal goals of wellbeing and empowering people to make the most of their opportunities. We are proud that in Government Liberal Democrat Ministers have taken concrete steps to improve mental health and mental health services⁵.

7.2.2 We have long argued for parity of esteem between mental and physical health. We believe the time has now come for this to be reflected in a set of good practice standards for access to mental health prevention and treatment. We also believe that parity of esteem and greater seamlessness would be helped by mental and physical health services being commissioned through the same structures.

7.2.3 A central part of our approach to public services as a whole is, where possible, to support people so that they do not develop a need, which means they do not then need help at all. In the area of

⁵https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273649/Closing_the_gap.pdf

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mental health, there is much that can be done to help maintain good mental health or manage existing conditions, and approaches such as the 'dementia friendly communities' initiative are good examples which we would like to roll out more widely. There is also an urgent need to ensure that the CAMHS service, for children and teenagers, is fit for purpose.

7.2.4 To help people once a clear need has developed, we continue to support the IAPT programme as important for maintaining good mental health and spreading wellbeing. We are however concerned that the expansion of CBT has led to reductions in existing more specialist provision, which is still needed, and we are clear that this needs to be maintained.

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

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

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

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

Questions

46. *What else should we do to improve provision of services to promote, maintain and restore good mental health?*

7.3 Integrated Care

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

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to tackle this.

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

7.3.3 Firstly, the form that greater integration should take should depend on local wishes and local circumstances, not dictated from the centre. Each participant in the pioneer programme has set out its own way it wishes to do this, and we believe this must continue to be the approach more widely.

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

7.3.5 As guarantees of greater seamlessness of service we believe patients or users with long term conditions, or with major or complex needs, should have their own care plan, integrating and planning together for the various different needs they have. This should be supported by a single care co-ordinator for each individual, with a remit to consider the needs of the whole person, not just from one service.

7.3.6 Central to this will be putting in place arrangements to allow access to information across organisational boundaries, in ways which respect the right of each user to control their own information.

7.3.7 Finally, linking commissioning of different types of service for the same person, will again be important. We believe the way the Government is supporting HWBs to do this, supported by

financial incentives for different sectors to work effectively together, points the way very helpfully to a good approach to integration, both between health and social care provision and across public services more generally.

7.3.8 A further change that could be made here is to review the 'payment by results' tariffs, the mechanism for funding much health work, to address perverse incentives within current tariffs, and the distortions they can lead to. Other funding options that should be explored further include a system of funding which is based on the size of the population concerned – so-called 'capitation funding' – rather than one based on paying for individual specific pieces of activity. It is important that funding streams support a preventative approach and the integration of services around patients' lives including continuity of care, where needed.

Questions

47. *Is this the right approach to providing integrated care?*
48. *What are the barriers to increasing integration of health, care and other public services?*
49. *Do you support the idea of changing from a system based on tariffs for activity, towards a capitation-based funding system? What would be the challenges of such a change?*

7.4 Making Commissioning Work Better

7.4.1 The NHS has undergone in the last few years one of the biggest set of structural changes in its history. This has caused massive disruption which will take several years to settle down, as staff and organisations adapt to new roles and making the new

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arrangements, whether they are right or wrong, work in the best interests of patients and the public. We have heard, and agree with, a clear message there should be no further major structural changes in the NHS in the near future.

7.4.2 However the plan behind the most recent set of structural changes was not a Liberal Democrat plan, and we believe that there are many ways in which the NHS could do things which would be better both for patients and the public, and for its staff.

7.4.3 Firstly, an urgent priority for the NHS must be to take forward the approach of joining up services that we have articulated in this paper. The NHS (and in its relationships to social care services with which many of its users cross over) abounds with problems derived from different organisations, and different pots of money, being responsible for different aspects of the same problems. This frequently creates a much poorer service for users and patients, and wastes resources. We would like to set a clear direction of travel towards services within the NHS bringing their organisations and budgets together both with each other, and with social care and other services. One basis for this which is starting to work is HWBs co-ordinating different partners to agree to work together, further incentivised by a funding mechanism, the Better Care Fund, which allows them greater resources to spend locally if they can do so.

7.4.4 As in other parts of public services, a less fragmented approach, with more combined authority for outcomes locally, would also encourage a greater focus on activities to prevent patients or users from later needing treatment at all.

Health and Wellbeing Boards (HWBs)

7.4.5 HWBs, established in 2013, normally each cover the area of

a county, or unitary authority area. The approach of using HWBs to help achieve greater integration has the potentially major advantage that they now exist so would not require major re-organisation. It would however require an evolution in their membership (bringing in some additional partners) and their role.

7.4.6 On their membership, in the debate over the creation of HWBs, Liberal Democrats argued for them to have a greater component of elected members, and we continue to support this. This in turn could pose issues about their size, though it is likely that if this were thought to be an issue, ways of organising themselves could be found which would allow them to continue to operate effectively.

7.4.7 On developing their role, one option which we might or might not want to pursue, could see them taking over the role of CCGs, which at present they simply oversee. At present, the need to avoid CCGs (led by GPs) commissioning services from those same GPs, means that this is carried out at national level: a major centralisation from the previous position of local commissioning by PCTs. This is clearly not in line with a Liberal Democrat approach. Would it be better for (more accountably-composed) local HWBs to commission GP services locally (and then probably also dentists, pharmacists and opticians)? Are there other options for doing this in a better way? In general we think that any approach should follow the same principle that most other local public services are commissioned by locally-accountable organisations.

7.4.8 It should also be noted that, in their first year of operation, not all HWBs are yet functioning fully effectively in the role envisaged for them.

7.4.9 However there could also be other options for local

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structures for improving integration, possibly envisaging a greater role for other existing local bodies, such as local authorities or CCGs.

7.4.10 Is it also necessary for all local areas to adopt the same structure for achieving this greater integration? If they are to be able to differ, how would arrangements for agreeing what each area does, work?

7.4.11 We say more about other ways of achieving more seamless care locally in our section on 'integrated care'.

7.4.12 We believe that the way PFI debts are held by certain NHS Trusts both cost the NHS as a whole more than they should, by being fragmented, and distort services because some Trusts are required to service large PFI debts from within their annual income, and others are not. We propose to explore ways to bring PFI debts together, in a way which does not cause further costs to Trusts not currently making PFI payments.

7.4.13 We believe that competition in the NHS needs to be a means to the end of providing better quality care, not an end in itself. We therefore think it is essential that competition does not trump the goals of quality or integration, so that local commissioners are free to make decisions in the best interests of their patients. We will carefully examine the impact of competition rules from recent reforms to see if there are areas where changes need to be made to provide better care for patients, without requiring major structural change.

7.4.14 In line with our general approach of seeking to bring together services to improve them, encourage helpful incentives and achieve efficiencies, we also want to seek to find ways, within the current broad structural arrangements, to bring down

transaction costs in the NHS.

Questions

50. *What would be the best structural way of achieving greater linkages between different organisations and budgets locally, between health, social care and other public services?*
51. *How do current commissioning arrangements contribute to fragmentation or integration of services? What could we do to address challenges here?*
52. *How can commissioning arrangements be simplified?*
53. *Do you agree with the idea of HWBs taking a stronger lead in helping to achieve greater integration between local health, social care and other providers?*
54. *Do you agree with the idea of HWBs, as they reach full capability, taking over commissioning of GP and other local primary care services in their area, from NHS England? Do you think there are any better options for commissioning these services?*
55. *What changes, if any, should be made to the composition of HWBs?*
56. *Do you support addressing the challenge of large PFI debts held by Trusts? What approach to doing this would be best?*
57. *What changes, if any, should be made to the current competition regime in the NHS?*
58. *Do any of the arrangements put in place by the Health and Social Care Act 2012 need review?*

8. Public Services Principles in Transport

8.1 A Local Strategy for Transport

8.1.1 Transport plays a vital role in ensuring access to public services, and all the other things we do, that is convenient, high quality, and frequent. A more flexible, locally managed, transport network therefore has a crucial role to play in promoting wellbeing across the whole population by improving access and joining up public services seamlessly.

8.1.2 The devolution of local major transport schemes to Local Transport Bodies (LTBs) from 2015 is a step in the right direction. Local transport authorities and Local Enterprise Partnerships (LEPs) will be charged with local decision making and implementation. Joining up transport services with other locally provided public services, as we have outlined above, will make it more likely that the local bus stops at the train station or that transport links are provided to the nearest hospital or doctors.

8.1.3 In England, outside London, some 80% of bus services are provided on a commercial basis⁶. Since 2000, local authorities have been able to opt for bus franchising under the Quality Contract provision of the Local Transport Act. However the complexity, risk and costs associated has meant that no local authority has yet successfully implemented this scheme. Bus use outside London has suffered significant decline in recent years⁷, and we would like

⁶ A new approach to rural public transport, Commission for integrated transport, 2008, <http://www.transportforqualityoflife.com/u/files/A%20New%20Approach%20to%20Rural%20Public%20Transport.pdf>

⁷ Department for Transport, statistical release, 2013,

to provide more effective support to local authorities so that they can consider realistic options for providing bus services directly.

8.1.4 For the person living in a rural or suburban area, who needs to get to their local doctor, and doesn't own a car, whether the service is provided by the local authority or a private provider is irrelevant. Each person's needs are different, and a dispersed, low population in rural areas can make regular services commercially unviable.

8.1.5 Greater access to broadband and mobile technology (including use by GPs), and creative solutions to providing employment and services closer to home is part of the answer but the importance of human contact and social interaction must also be recognised. Providing a more flexible, demand responsive transport service that could involve local communities as providers may be a more equitable solution and one that enables government to provide minimum access standards affordably.

8.1.6 In Switzerland a fully flexible pre-booked demand-responsive minibus service operates, which also provides links with traditional transport services. PubliCar services are available in 32 regions of Switzerland. The schemes serve rural areas and small towns with between 5,000 and 10,000 inhabitants⁸.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244332/annual-bus-statistics-2012-13.pdf

⁸ A new approach to rural public transport, Commission for integrated transport, 2008, <http://www.transportforqualityoflife.com/u/files/A%20New%20Approach%20to%20Rural%20Public%20Transport.pdf>

Questions

59. *How might the LTB be better linked in to other local public services bodies to provide services that seamlessly join up? What are the tools that would best make this happen?*
60. *Are flexible demand responsive public services a better solution to accessing public transport than providing serviced bus routes? How might social enterprises and local communities be encouraged to provide these services?*
61. *Should people have the right to expect a minimum standard of access to public services, regardless of where they live?*
62. *Should we move from a deregulated model of bus services to locally commissioned services?*
63. *Should state providers be able to compete alongside private providers for rail franchises and bus services?*
64. *The Government has reduced the extent to which the taxpayer subsidises rail fares – should this trend continue?*
65. *What if anything can be done to make the rail network more cost effective?*

8.2 Transport: Access for All

8.2.1 Building transport services from the ground up recognises that one size doesn't fit all for every local community. Beyond geography, transport is used by different sectors of society, all who have different needs and therefore approach transport differently, but who have a common expectation about what they want from their service – accessibility.

8.2.2 Access to public transport means different things for different people. If you are young, live at home, and don't have a job, it is likely to mean the ability to afford to get around. If you are in a wheelchair, work 9 to 5 but your bus pass doesn't work before 9.30am, and the bus doesn't have a wheelchair ramp, then access to transport is very much a physical issue.

8.2.3 Current ticketing pricing arrangements have often also become extremely complicated, with a very large range of prices, and passengers often having to master the intricacies of 'fare splitting' to get the best fare. While recognising the existence of differential pricing as a factor in services which are part of a competitive market, the current situation poses important issues about equity of access, and we would like to achieve greater simplicity in ticketing. New technology which is capable of making the necessary very complex calculations quickly may have an important role here, and we want to ensure the right arrangements are in place so that this can work.

8.2.4 For everyone though, regardless of who you are, we look to public transport services to be simple, easy to use, and seamless. Technology is an important catalyst to enabling this to happen and in providing:

- The flexibility to change modes of transport without having to buy a new ticket;
- A system that works out which is the most appropriate and affordable ticket to purchase,
- More personalised ticket options – single leg, part time and off peak season tickets, which all recognise that each persons' needs are different;

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- The ability to provide more simple, easy to understand zonal pricing in cities; and
- Increased access to data at bus stops and railway stations, on smart phones, and by phone.

8.2.5 Smart ticketing that can adapt to new technology over time, and an open approach to data which does not breach anonymity and confidentiality, are integral for making more informed decisions and being able to access public services in a simple and seamless way.

8.2.6 Technology is also having an impact on our use of private vehicles with electric vehicles increasing in popularity⁹ and driverless car technology, with its potential to make a major contribution to improving safety, moving from fantasy to a reality. It brings the potential to improve access for the disabled and elderly, increase safety, and reduce emissions.

8.2.7 There is huge potential for growth in sustainable transport that can help address factors that affect health and wellbeing as well as providing benefit for the environment.

8.2.8 Between 2000 and 2013 the number of cycles on London's main roads has doubled¹⁰ and demand for improved access to safe and convenient cycling is still strong. Public bicycle schemes have been successful in London and are increasingly being introduced in many cities around the world. Increasing the number of bike racks in considered locations (such as rail stations) can also encourage people to leave their cars at home.

⁹ CleanTechnica, Zachary Shahan, 2013, <http://cleantechnica.com/2013/07/25/electric-car-sales-increase-100-2013/>

¹⁰<http://www.sustrans.org.uk/sites/default/files/images/files/get%20britain%20cycling/get-britain-cycling.pdf>

8.2.9 In late December 2013, a 30,000 square foot pedestrian plaza was unveiled on Broadway in New York's Times Square four years after an initial pilot project. The plaza has achieved a 40 to 60 per cent decrease in vehicle-generated pollutants and business has benefited¹¹.

8.2.10 Access to all forms of transport, including cycling and walking, can be increased where people feel safe. Sweden's third-largest city Malmo has 307,000 inhabitants and is laced with 500km of cycle lanes, more than in Copenhagen. About a quarter of all journeys in the city are made by bike. In the 10 years from 2003 to 2012, the city has seen only 16 cyclists killed in an accident involving a car¹².

Questions

66. *Aside from cost, what are the barriers to investing in smart ticketing technology across Britain and how can these be addressed?*
67. *How can an open data approach be more effectively utilised within transport, and public services more generally?*
68. *Do you agree that young people should receive concessionary fares for using public transport? Are we willing to shift funding from other areas of public services to support this?*
69. *How can we encourage people to walk and cycle more?*

¹¹<http://www.sustrans.org.uk/sites/default/files/images/files/get%20britain%20cycling/get-britain-cycling.pdf>

¹² <http://www.theguardian.com/lifeandstyle/2013/nov/20/how-safe-are-worlds-cities-for-cyclists>

This Consultation Paper is designed to stimulate debate about Public Services and suggestions for distinctly Liberal Democrat policy in this area. The Working Group has identified key questions it would like to discuss but we also welcome thoughts and suggestions on any other important issues not covered in this paper.