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PPL at 10

- Introduction
- Why you should read this report
- Changing the narrative
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Introduction

PPL has been on quite a journey over the last ten years, as has the public sector. When we started out, some of our team today were still in school. Tony Blair was Prime Minister and we were at the heart of Europe. The original iPhone had just been launched and the financial crash had not yet happened. For the first time ever in the UK there were more people aged over 65 than under 16.

It feels fair to say that change has been the only constant since. Our public services in the UK are evolving to meet the pressures of today and of tomorrow. The challenges we face are real and, in many cases, common across the globe. Nonetheless, we feel that there are grounds for real hope.

We doubt many people reflect often on what reaching ten years of age meant to us at the time or what it felt like. When we founded PPL ten years ago, Claire had a new-born baby. This has turned out to be excellent forward planning as she now has a supply of ten-year-olds to remind her what it feels like to be ten. Apparently, ten-year-olds are really excited about what is ahead of them. Ten-year-olds don’t look back. They don’t say ‘I remember when I couldn’t ride my bike’. They talk about what they ‘can do now’ and what they ‘want to do next’.

PPL has grown and changed substantially in the past decade but it has an essence which has been, and will always be, part of its story. PPL is, at its heart, an organisation that believes that the world can be better and that making things better, even just a little, is a prize worth winning. PPL is also born of the belief that we work best and most effectively when we connect honestly and authentically with each other. This applies to our partnerships, our clients, the world around us, the people we impact and our colleagues.

Hard though it may be to believe when we see how far is left to go, as a country the UK has come a long way in improving public sector services. As a team we have changed more and done more than most people ever do. And we want to do more still.

PPL, like all of us, is not perfect - it is learning and growing all the time. We thought that ten years was a good moment to reflect on what we have achieved so far, to reach out with our stories and to consider what more we want to do as an organisation. If the last decade tells us anything, the next few years should be quite a ride!
Why you should read this report

This document is not a report in the traditional sense. It does not evaluate something finished or provide an in-depth measure of progress to date against pre-set goals. It does not consider all possible routes, and try to set a single way forward. It is more like a sprint review, in Agile terms; the Study phase of a PDSA cycle; the point in the journey where you look behind you to see how far you’ve come, which helps to push you forward.

Something we find inspiring about the incredible public servants we work with every day is their commitment to improvement. “Ok”, “just managing”, “mostly fine” has never been good enough for them. Even with financial and demand pressures mounting, managers and frontline staff alike are always asking, “How can we do better?”

We have written this report in that spirit – to highlight some examples of good practice, to ask some difficult questions, and to consider the future of our work and what makes us unique.

A big part of our journey so far has been understanding how consultancy can shape itself to meet the demands of complex and interconnected twenty-first century challenges. We don’t believe in one-size-fits-all models or in simply developing ever more strategies and plans. We understand how difficult it is to achieve lasting results and to change deeply embedded patterns of behaviour and relationships. We also understand how complex public sector environments can be. Our core expertise lies in delivering meaningful, practical change in this environment. It is what we do best, and what we enjoy doing most.

Read on for some true stories of how services really can be made better; for some honest reflections on the challenges facing the sector today; and for more about our unique approach. You’ll hear from our team, from the CEOs of our partner organisations, our very special PPL Senior Advisors and, of course, from our clients.

Do get in touch if you share our vision and want to work with us. By the time you get to our contact details we’ll have finished our moment of reflection and be back at work.
Read any report or strategy about public services written in the last ten years. Did it mention declining resources and rising demand? Thought so. The last decade has been dominated by a mantra of unprecedented pressures in public services.

Changing public services has been challenging but councils, clinics and communities have, in the main, shown that they are resilient, resourceful and responsive. In adapting, many organisations have found new and different ways to sustain the services that matter most and minimise impact on users. Relatively stable satisfaction ratings, however, may just indicate that we’ve heard the mantra and are pleasantly surprised to find that our public services are not as bad as we now expect.

Success for us at PPL means aspiring to more than this. Managing decline is not what we are about and the capacity to cut costs without consequence is not endless. Most organisations have gone well beyond low hanging fruit and are undertaking root and branch reviews of what they must do within an increasingly complex context.

Most public services are operating in a chaotic world driven by trends such as the ubiquity of technology, ageing and diverse populations and an unstable policy environment. That is not a context which is well suited to a traditional institutional response, even if additional resources become available.

This is why those delivering public services need to keep changing and adapting. And it’s why at PPL, we focus on change. We know money matters but we believe outcomes matter more. We are passionate about the purpose of public services and their potential to deliver better outcomes that make a positive impact on people’s lives.

PPL are working to change the narrative in the sector. We believe we can reorient towards inclusive growth, where wellbeing and wealth are considered side by side, and achieve public services that meet what people and places need today. To achieve this, however, we must focus on people and places, not services, and move away from uniform prescriptions to personalised and localised services relevant to the communities they serve. We have to take practical and pragmatic actions that deliver incremental gains where we find points that connect organisations to work together. We have to be forward-thinking and not remain restricted by existing institutional boundaries and silos. And, finally, we have to start somewhere. Taking the first steps by working with users, providers and partners to test new approaches, build confidence and gain momentum, is critical.
As part of PPL’s ten year anniversary, we have taken the time to look back across the hundreds of change project and programmes we’ve been involved in over the last decade – across the public, private and voluntary and community sector – and ask “what worked?”.

What we call the “Trojan Horse” approach is the distillation of that learning. It recognises that change is hard, but we all have to start somewhere; that it doesn't necessarily matter what that first step is, but it should be about co-creating something that no one individual or organisation could have created on their own; and using this first success, to open up broader opportunities to develop new and innovative ways of working, that deliver improved outcomes on the ground.

Our model of change

**THE TROJAN HORSE APPROACH**

**OUR MODEL OF CHANGE**

- **START TODAY**
  - Identify a point to start within your local system – don’t worry about picking the ‘right’ one. All that matters is that it is a point where people need to work together differently, to produce better outcomes.

- **DESCRIBE TOMORROW**
  - Work together to describe what good would look like, in practice, for all of those involved – and how you will make a difference.

- **CREATE A DIFFERENT FUTURE**
  - Start to change things, one step at a time – building confidence, connections, and refining as you go along. Don’t underestimate the power of changing something small to unlock a whole load of things which are big!
Public sector system transformations

what we do

• Addressing tomorrow today
• Making change a reality
• Transformation in practice: Epsom Health and Care
Many of PPL’s clients genuinely want transformation in how their services are delivered. They recognise that much of what they are doing at the moment is self-defeating and needs a longer term change to be able to get off the treadmill of overwork and failure.

That wish means they ask PPL to help them come up with a new tomorrow for their public services. In this work, our impact is judged both by how good we are at working with them to create a tomorrow and how quickly we can achieve this.

Most organisations who want a new tomorrow are having a very difficult time today. The majority of their staff feel they are going under and, if they are in the NHS, cannot imagine how they are going to cope as winter comes and demand increases from the present heavy impact.

When we talk to real staff doing real things, therefore, we often find a lack of engagement with our new tomorrow. Their concerns understandably revolve around the real tomorrow, coming after the real today. They come to the meetings we run to develop five year mission statements and visions and help us write, what are, in their minds, fairy tales before going back to the day-to-day difficulties of their current work in their current structures. I think they have a good point!

It really is no good saying to the public or staff that life will be very different under a different organisation, structure and culture without addressing their experience of the deep problems of today not a vision of five years from today.

Whilst it is true, therefore, that the process of cultural and service change takes a long time, it is our responsibility to listen to the problems that are being faced today and to show how these long term solutions can have an impact on their experiences of today. We cannot only present the full solutions as the result from five years of the grind of change. We need to be delivering real, tangible and present improvement for the staff and the public experience. Otherwise what we are doing is painting pretty idealistic pictures of a future that does not engage with the material world experienced today.

Professor Paul Corrigan CBE is the Chair of the PPL Advisory Group. Previously Director of Strategy and Commissioning of the NHS London Strategic Health Authority and a Special Advisor on Health to the UK Government, Paul is currently a non-executive director of the Care Quality Commission and working with NHS England to develop new models of care. In his spare time, he is also one of the UK’s leading opinion formers on healthcare and regularly contributes to the national debate in this space.
Making change a reality

Change is a conundrum; it is really hard to do but it is also inevitable. Very few people actively enjoy the process of change and yet change and improvement (both common sense and evidence agree) belong at the core of effective twenty-first century public services.

At PPL, we help people to manage this conundrum on a day to day basis, balancing challenge with necessity with excitement. Importantly, we actually do like change! Although we can certainly empathise with anyone who has been frustrated by a new IT system or a new office kitchen set up, we are intellectually interested in change. We’re interested in how to make change better, less painful and more impactful both for the people delivering it and the people it is designed to help. We are predisposed to believe change can be for the better.

We help people with change in a wide variety of ways. These include helping to design and implement new models of care, changing team behaviours, and influencing people to think differently about themselves and their potential. We use our theory of change as a tool to persuade our clients that they don’t always have to do exactly the right thing in the perfect way (that would take forever to do!). Often “good enough” is exactly what’s needed to allow us to move forward by small steps to prove that managing the change is possible.

I would draw out two key things that we have learned about making change a reality. Firstly, it’s about helping our clients start to make the change without knowing exactly what will come of it. Often the most interesting and difficult situations are where the end point is not known.

Secondly, it is the small victories that really demonstrate success to our clients. The day that new lanyards are given out to signify that people are part of one team, or the day when we are able to bring people together in one room to talk on a weekly basis, or the meeting we agree a shared update report between various teams. These moments signify that we’re moving in the right direction and doing the right things to manage the change in the way we want.

As these small victories add up, they become a groundswell of change that can take an organisation in a significant new direction.

Going on a journey through change to somewhere new is usually hard and uncomfortable! We happily go on this journey with our clients, however. We help them to see their small victories in the course of a longer journey and help them recognise they are on the right track for the long term.

Katie Lansdell
Associate Director

2. what we do - public sector system transformations
**Transformation in practice: Epsom Health and Care**

The origins of Epsom Health and Care (EHC) were in no way extraordinary. From it, however, we have drawn some powerful lessons about how to actually achieve integration. EHC now contains over 50 staff across acute, community health and social care working in an integrated team. All staff are actively involved in the co-production of the service, as are the lay partners who are formally part of the programme. On average 3 patients remain at home and 2 are brought home sooner each day. Over 1700 people have been cared for by the integrated team and the rate of non-elective hospital admissions at Epsom Hospital is 6% lower than the trend seen at neighbouring St Helier hospital.

Initially a proposed Vanguard programme that was not accepted, EHC emerged from partners agreeing that delivering integrated care was the right thing to do regardless. The partnership, a group of providers supported by PPL, went on to achieve much that other integration transformations fail to. From our experience, our top recommendations for anyone attempting an integration programme would be:

**Create a shared vision and commit to delivering it**

Even during mobilisation and business case creation, the EHC vision came first. This ensured that all decisions (not just the model of care) were focused on benefitting the citizens of Epsom. The vision was co-produced and continued to develop with leaders, staff and lay partners.

**Know the facts and ensure decisions are based on evidence**

We built the business case based on analysis of system data and from the feedback of staff working in the system so that we could be confident that the impact would be positive. More importantly, the partners accepted that any business case would not be perfect and that it is more important to deliver change than to be completely certain that the change will work (as this is not possible!).

**Be dynamic – a change in direction is not a failure if it is a reaction to reality**

Rather than halting the programme at the first hurdle (a unit that proved to be less cost-effective than planned), the partnership looked at what was not working and changed the service’s focus to match the real situation.

**Deliver real change as soon as you can**

Rather than trying to deliver the entire business case in one go, the EHC programme decided to take one element of this business case and deliver it in much shorter time scales. This approach was then applied throughout the programme. For example, EHC started with a pragmatic approach to simple contract arrangements that allowed initial service delivery and developed into more comprehensive consortium agreements.
Making the case for change

what we do

- Why are evidence and analysis important?
- Evidence in practice: People-powered health
- Evidence in practice – COBIC and PPL
Why is evidence important?

If you want someone to change the way they do something, you need to be able to tell them a persuasive story about why they need to change and why things will be better if they do. Different people are persuaded by different stories but what all varieties of convincing narratives for change have in common is a strong evidence base.

Strong evidence comes in many shapes and sizes. It might be a financial model and scenario about cost savings twenty years from now. It might be a personal story about how a vulnerable person’s life has improved now that their social worker and visiting nurse can meet to discuss their care. Our expertise in evidence-based change centres on providing the most appropriate and convincing groundwork available to power a narrative for change.

Our clients come to us with a range of problems and challenges that require evidence to solve. They might ask how they can know if a new service model is more effective than traditional models. They might want to know if moving towards an integrated care system (ICS) will save money as well as deliver benefits for patients. They might be curious about person and community centred care and want to know which of the many interventions available they should be investing in. They might have begun a Vanguard programme and need to evidence to the public that it is achieving positive outcomes.

These are difficult and complex problems that we would never attempt to answer in isolation. We will co-design a solution to the challenge with the client, based on what their audience will find convincing and supported by relevant and persuasive evidence. Our team engage with those closest to the issues, including service users and frontline staff. We have many years of experience working with government and public service organisations so we are equipped to understand, manage, and harness information in a robust, secure and accessible way.

Our offerings for evidence-based change are as varied as our clients but a typical approach would include some of (and sometimes all of) the following stages:

We pride ourselves on having helped our clients realise tangible benefits from the work we have supported them with. And there is so much more to do! As integration initiatives expand across the sector, as population demographics shift, as new funding situations come into play, and as public health challenges evolve, we want to help drive meaningful change based on the best knowledge and insights available during the next phase of the UK public sector’s story.
Long-term conditions (LTC) are one of the biggest challenges facing the NHS. People with LTCs account for more than half of all GP appointments, 65% of outpatients appointments and over 70% of all inpatient bed days. Improving LTC management is imperative if healthcare is to be delivered effectively and sustainably. There is growing evidence that improvements can be achieved by involving patients more closely in their care – by co-producing healthcare services.

If I was going to highlight one of many projects where evidence won the day and made a real difference to people and communities, I could do worse than choosing the People Powered Health programme (2011 – 2013). Working with the Innovation Unit and on behalf of the innovation charity Nesta, the programme involved co-producing improved outcomes with people living with a range of physical and mental health conditions. The business case we put together won the Management Consultancies Association Award for Innovation in 2013. More importantly, however, the programme showed that co-production works. Nick Dixon, at the time Joint Commissioning Manager at Stockport Council, said:

“The business case became a critical driver for change. It drew together new data in new ways and it created discourse between people who’ve never even met. In short, it was key to creating the very conditions we were so concerned it would disrupt. That’s in large part due to the support from the programme – their input has been illuminating and supportive in equal measure[.]”

The challenge was significant but so were the potential rewards. The partner organisations worked as a single team to support six localities to implement co-production in different ways - whilst simultaneously developing resources for application beyond the localities. Central to this was making the case for the value of co-production. This relied on a range of robust literature evidencing benefits from similar interventions in the UK and best practice globally, and early data and analysis from the six pilot sites which took part in the programme.

As well as supporting the six localities, the team published a programme-wide business case, setting out the broader case for change. It stated that:

It stated that “The NHS in England could realise savings of at least £4.4 billion a year if it adopted People Powered Health innovations that involve patients, their families and communities more directly in the management of long term health conditions”.

The programme created a repository of learning about co-production to support those embarking on the same journey, including qualitative and quantitative data, practical lessons learnt and policy recommendations to facilitate broader adoption; and helped shape and influence thinking and policy at a national level.

It also helped shape us. Our projects and programmes now routinely incorporate co-production, not just as the “right” thing to do (although it certainly is!) but as one of the few ways we can show will truly deliver meaningful and lasting change.
PPL partners COBIC and OptiMedis-COBIC UK are specialists in outcomes, population health and integrated care. Like PPL, our founders came from the public sector and we maintain strong public sector values. Our mission is to improve outcomes for citizens and patients and get better value for payers, especially tax payers. Importantly, our work is underpinned by our understanding that health and care systems behave more like complex adaptive systems than linear machines. We also believe that if change does not affect what happens at the front line then nothing has really changed.

So what does that mean in practice and for the way we work with clients? Although many people talk about complex systems, few genuinely apply systems thinking or systems theory to their work. Perhaps that is not surprising. It’s difficult and requires ditching many of the assumptions and methods that consultancies are comfortable with and sell repeatedly and profitably.

For example, a complex system cannot be explained by considering its component parts in isolation because the parts interact with each other. The interactions can be more important than impact of the individual components. And, of course, as systems are adaptive, then plans and progress need to evolve and adapt in light of the emerging effect of interventions. So, that means that the standard business cases, project and programme plans and exhortations to spread and scale change by simply repeating what happened elsewhere so often asked for by clients and provided by consultancies are at best likely to be misleading and almost always unsuccessful.

COBIC like to work at multiple levels in a system but always involving the front-line. We like to influence the mental models and narratives that people use to make sense of our world and our work.

Consider, for example our work together with PPL in Hampshire, alongside fellow partners NEL, Imperial College and Social Finance. Engaged by commissioners in part to apply the lessons learnt in delivering the one of the world’s most successful integrated care systems, Gesundes Kinzigtal, we conducted a population-wide needs analysis. Rather than address the issues unearthed in the usual top-down way, we then took the results to the front line as a prototype, brought together three practices with other community providers to use systems thinking to adapt the lessons from Germany to a specific English NHS context. We also learnt new lessons from this project around the challenges of supporting genuine data sharing between partners. See the poster opposite for what we achieved!
Introduction

Over 12 months, the Hampshire Consortium worked with local stakeholders and a ‘system integrator’ across Fareham & Gosport CCG to see whether the principles and lessons that have been successful in delivering all four dimensions of the quadruple aim in Gesundez Kinzigtal, Germany can be adapted and implemented in the English NHS. See diagram below.

What is System Integrator?

A system integrator helps the local health and social care system (or a locality) to support citizens to better manage their own health and, when they need it, get the right care, in the right place at the right time. It does so by analysing data, facilitating conversations and service redesign, and co-ordinating and influencing the resources allocated to a population group, bringing together the different elements of care. There is also a collective sense of accountability for the population served.

Results

1. Discussion led to the development of clinically relevant segmentation of the whole registered population
2. In each segment examples of actionable overuse, misuse and underuse of care were identified in specific patients together with opportunities for prevention
3. Plans to proactively tackle these issues are being delivered

Conclusion

• When supported by an integrator that convenes and facilitates data quality improvement conversations, groups of practices and their associated community and public health teams can take a population approach to their registered list and identify practical and reactive, proactive and preventative actions to improve health.
• This demonstrates the practical, front-line population health management can be achieved in the NHS, passed on a population size of 40,000.
Putting people at the heart of service design

what we do

• Putting people at the heart of service design
• The power of citizen centred services
• Person-centred care in practice: My Care My Way
• A note from our partners: National Voices
The NHS is the fifth largest employer in the world and employs almost 2% of the UK population. It is both a key employer and a provider of a vital service. These two elements explain, to a large extent its centrality to our social fabric and national identity. As a society, individually and collectively, we all have stories which explain the NHS’ place in our hearts, whether as a force for bringing us together as a nation during times of turmoil or deeply personal stories of providing care and comfort when we or our loved ones have been at our most vulnerable.

It is through these stories that the public know that the NHS is a force for good and a guardian of our most precious values. As with all organisations, however, it suffers from a number of perverse incentives. These can encourage it to ‘balance its books’ rather than to achieve its mission of delivering excellent healthcare.

Ensuring patient centricity in all decision-making by actively engaging and listening to patients and supporting them in co-designing their care, is key to ensuring that we balance sometimes diametrically opposed priorities. Before joining PPL, I worked across the NHS as a management consultant for over 15 years. Worryingly, the first time I engaged face to face with actual service users in a review of services (delivered for their benefit) was at PPL.

Whilst management consultancy can be a force for good, consulting business models typically focus on working for and answering to specific clients; at times this is not 100% aligned with the needs of patients and wider stakeholders.

Our focus is in doing what is ‘right’ for the client, which extends beyond financial and intra-organisational concerns, to looking at the bigger picture. What do service users want? How can we best serve them? What does this organisation exist to deliver and how can we make it better at doing that? How can we support our client’s partners in achieving shared goals? Our passion and commitment to delivering this in all our engagements, supports us in building long-standing relationships with individuals and organisations that feel the same.

Despite what PPL has achieved over the past decade, we know that there is more to be done. Over the next decade we remain committed to putting people at the heart of service design, so that ‘no decision about them, is made without them’.

Putting people at the heart of service design

Folarin Majekodunmi
Associate Director

4. what we do - putting people at the heart of service design
Shared Lives is exactly the sort of community-based model of support that health and care leaders are increasingly calling for to replace institutional or medicalised models of support for adults and older people. Our challenge is therefore to translate enthusiasm for our members’ work into commissioning and investment. Our partnership with PPL and the Social Care Institute for Excellence has helped us to do just that. PPL have brought a level of independence and rigour to their analysis of the evidence and data that we need in order for our model to be taken seriously during these challenging times for public services.

Through the Shared Lives service, an adult or a young person who needs long term care support is matched with a carefully approved Shared Lives carer by their local Shared Lives scheme. Together, they share family and community life. There are currently 10,000 Shared Lives carers in the UK. All are approved following rigorous recruitment and training by one of 150 regulated local schemes.

Half of the 14,000 people using Shared Lives move in with their chosen Shared Lives carer to live as part of their household and half visit for day support or overnight breaks. People receive safe, personal care and support, in a place which feels like home (or even is their home!). They also make friends and become more active, whether as a result of doing activities with their carer or through working as a Shared Lives carer for someone else.

The Care Quality Commission rates Shared Lives as better than all other forms of social care, including in terms of outcomes for service users. It is on average £26,000 a year lower cost per person for people with learning disabilities, and £8,000 lower cost per person for people with mental ill health, than the equivalent standard public service provision.

In my book A new health and care system: escaping the invisible asylum, I argue that we can learn from the highly personal, ‘asset-based’ ethos of Shared Lives and models like it to build a better, more effective and ultimately more human health and care system. We need to be able to combine human stories and hard data if we are going to realise that ambition for the future.
Will Reynolds, a former PPL-er now working in the sector as a commissioner, shares his reflections on how PPL achieves person-centred services through person-centred programmes, in particular on My Care, My Way.

I worked with PPL for several years over a wide range of projects but one in particular really exemplified the person-centred approach. It represented a radical shift from reactive, hospital-based service provision to a proactive model that delivers holistic care centred on the needs of older people.

West London CCG had made a significant investment in the My Care, My Way transformation programme, bringing 75 new members of staff to work within existing GP practices and integrated care centres. Nevertheless, they found a mismatch between the programme’s vision and the level of ownership, energy, staff motivation and capacity to improve on the ground. A programme that was expected to deliver person-centred care was not built on strong relationships with and between the people in the service.

PPL, with Innovation Unit as partners, facilitated a three-month ‘innovate and scale’ approach to co-produce an improved operating model. We based this on staff-led rapid design, testing and learning. We also supported a culture and infrastructure of continuous improvement across the service.

Over this short period, PPL were a catalyst for a step-change in implementation and set the foundation for scaling up the programme. Specifically, the project secured engagement and buy-in to proposed changes with over 100 people across five organisations. We tested and embedded practical changes to improve the working culture, improve ways of working and delivered ‘quick wins’ across nine practice teams to benefit the 4,475 people they serve. We created a MCMW ‘Quick Guide’, which outlined the roles, responsibilities, features and interfaces of MCMW, and formed the basis of new recruitment. And we strengthened the investment case to further develop the model. The plan set out a roadmap to reach not just older people but the whole population of 267,000 people between 2018 and 2020.

Key to the success of the programme was the ability to find ways to effectively communicate with partners, working with them to understand what they needed to do differently to deliver better care in the future. We recorded findings and reflected on lessons learned throughout, which were used to improve the service model for further roll-out. And we helped to strengthen the business case for scaling up the model.

“Person-centred”, as this example demonstrates, is not just an end goal at PPL (or worse, a buzzword). It is a way of working that values people – the real people working in tough frontline roles – as those who have the power to deliver transformational and holistic person-centred care.
In the last six years, the concept of ‘person centred care’ has moved from being the obsession of a small circle of expert advocates to a mainstream principle espoused by a wide range of NHS and professional organisations. Many factors have contributed to the spread of the idea. One has been additional evidence gathering and investigatory work, such as the Realising the Value programme. This helped pave the way for NHS England to establish a powerful ‘personalised care group’, armed with a Comprehensive Model for offering person centred care everywhere and at scale.

National Voices and PPL were collaborators in this programme, building on earlier links through Nesta’s People Powered Health work but also on conversations generated by our work on National Voices’ ‘narratives’. Narrative approaches – now rather trendily known as ‘framing’ – are an important way to refresh stale thinking and encourage people to focus on the objectives and outcomes of their work, rather than being imprisoned by existing patterns of activity.

In the case of integrated care, for 30 years it had been dealt with as a structural, technocratic issue to do with joining up systems and generating benefits for organisations. Not surprisingly, evaluations could rarely pinpoint benefits for end users.

Reviewing this history for the government in 2011, the King’s Fund and Nuffield Trust reported that the most important single action to progress integrated care would be to create a ‘single, compelling narrative’ so that everyone knew what they were working towards together.

National Voices was commissioned by the nascent NHS England, and the Local Government Association, to produce that narrative from the person’s point of view (working, along the way, with Think Local Act Personal). The result was a set of third person, or ‘I’ statements - such as ‘I tell my story once’, and ‘I always know who is responsible for coordinating my care’. This set did not only provide a common definition of ‘integration’ adopted by government, the NHS and all arm’s length bodies but was also widely influential as a reference point for discussions on person-centred care.

The key to its influence was twofold. First, it was an authentic description of what people wanted, based on full engagement and consultation with service users and carers. Second, we negotiated the statements with professional and managerial leaders, who were then comfortable to champion the outcome statements as a representation of what they wanted to achieve for their patients and populations.
National voices

Such ‘I’ statements have been used in many other places for a similar reframing. Mind, for example, brought together a range of statutory services to commit to a solid and sustainable Concordat on what should happen to people with mental distress in emergency situations.

This in turn was built into a National Voices and TLAP narrative on person centred coordinated care for people who use mental health services – one of the four additional narratives that we expanded out from the original.

Of these, the one for older people has helped shape CQC’s progressive work on integrated care, while the end of life narrative was the foundation for a new set of national Ambitions that now drive a cross-sector commissioning programme.

The ‘I’ statement device can become a gimmick. We keep seeing inauthentic, synthesised statements slapped into documents by civil servants as cover for their latest policy objectives. And ‘I’ statements don’t provide service managers with an obvious toolkit for getting from A to B in the reform of care.

But, well designed in coproduction both with service users and service leaders, they change people’s conception of the way things are and should be, enable new visions and goals, and begin to make sense of what it means to be person centred.

I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.

I tell my story once.

I am listened to about what works for me, in my life.

I am always kept informed about what the next steps will be.

The professionals involved with my care talk to each other. We all work as a team.

I always know who is coordinating my care.

I have one first point of contact. They understand both me and my condition(s). I can go to them with questions at any time.

When I use a new service, my care plan is known in advance and respected.

When I move between services or settings, there is a plan in place for what happens next.

I know in advance where I am going, what I will be provided with, and who will be my main point of professional contact.

All my needs as a person are assessed.

My carer/family have their needs recognised and are given support to care for me.

I am supported to understand my choices and to set and achieve my goals.

Taken together, my care and support help me live the life I want to the best of my ability.

I am as involved in discussions and decisions about my care, support and treatment as I want to be.

My family or carer is also involved in these decisions as much as I want them to be.

I have help to make informed choices if I need and want it.

I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it’s my own money, direct payment, or a ‘personal budget’ from the council or NHS).

I am able to get skilled advice to understand costs and make the best use of my budget.
Working for children and young people

what we do

• Our interest in services for children and young people
• Children and young people’s services in practice case studies
• Children and young people’s services in practice perspectives in complex children’s services
The project Impact
Despite successive governments’ attempts to improve the health and wellbeing of children and young people, there are still significant issues and inequalities facing under 18s in the UK. These include socio-economic variability in educational attainment, poor access to mental health services, increasing levels of child poverty and some of the highest child mortality rates in Western Europe.

We therefore see a real opportunity to enhance overall wellbeing for children and young people and their families. By tackling these challenges, we can work together to give people a much better start in life, and equip them with the skills and support to have long, healthy, happy and productive lives.

Many of the challenges listed above are rooted in socio-economic inequality. It can take up to five generations for descendants of a lower income families to reach the average income in their country. In order to tackle the challenges facing young people, we need to improve social mobility and give disadvantaged people the strongest possible start in life. We should therefore place our focus on support systems for early childhood education and care, alongside ensuring there is support available for children and young people transitioning to adulthood.

The government is of course under pressure from tight budgets but we feel that ultimately the most impactful interventions focus on prevention and early intervention accessed in early life, whether that be through improved access to education or more widely available appropriate care support.

Our interest in services for children and young people

Eilidh Cunningham
Analyst
Children and young people’s services in practice

CYP Outcomes Framework with COBIC

This project was focused on giving children and young people a voice in their health and care system.

We worked alongside one of our partners COBIC to develop a 0-25 Children and Young People’s Outcomes Framework for Hampshire. Within Hampshire, the population of people aged 0 - 25 is increasing alongside the demand for health and care services. The area’s move from measuring processes to measuring outcomes is motivated by a need to improve the population’s wellbeing while managing budgetary pressures.

We reviewed evidence from key policy documents and existing frameworks but we also engaged children and young people, families, services, providers, commissioners and other partners. We did this by attending numerous forums, workshops and interviews. We then populated the framework with baseline data and, finally, we tested and agreed the finalised framework with a reference group made up of young people and other stakeholders who had been involved throughout the process.

Through this co-design approach, we ensured the outcomes framework was owned by the system, with the power to drive real change, rather than just a means to an end. We influenced the Children’s Services approach to data review within Hampshire with a focus on the ‘transition to adulthood’, an area highlighted as an issue by children and young people themselves.

Mapping out postnatal boundaries for London Maternity Networks with NEL CSU

Through this project, we supported maternity services in London to make sure no mother and child falls through the gaps.

Expanding choice in maternity care in London means that women are increasingly travelling further to give birth, often outside their local hospital area. This can mean that discharging maternity providers are not always sure where women should be discharged to for postnatal care. Discharges to the wrong providers can lead to missed postnatal appointments and screening tests, compromising women and babies’ postnatal health.

PPL, in partnership with NEL CSU, created an interactive online tool designed for use by hospitals at discharge to ensure women and their babies are transferred to the correct provider responsible for postnatal care, and to also be available for women to help make informed decisions about continuity of care.

We worked alongside community midwives throughout the design and they were very supportive and appreciative when the mapping that was completed, recognising its potential impact to prevent women and their babies from falling through the net. The map will be welcomed by midwives, neonatal services and hospital trusts across London as it will reduce and simplify workloads. After a soft launch, the map will also be available to women in the community to help them to make informed choices about their maternity care.
Supporting children with Special Educational Needs (SEN) is increasingly important for local authorities (LAs), schools, and health services. Both the numbers and the proportion of pupils with SEN are rising in English schools, with over 1.275 million children (14.6% of all children) reported as SEN in January 2018, and over 250,000 (2.9%) requiring significant additional support. Growth in levels of need, coupled with budget constraints across local public services, are prompting councils across the country to seek more effective ways of working to help care for children who need extra help.

In 2017 I worked with PPL to support a local authority in a review of their borough’s demand for Special Educational Needs Services and their capacity to deliver. I have been a school governor of a Special School and have worked as a policy-maker on this topic so I was personally motivated to contribute to helping a local authority improve their services.

PPL rapidly assembled a team including statisticians, researchers, and those with expertise in engaging children and young people. Between us we developed a rich evidence base from which to draw recommendations. We surveyed parents and young people online and in focus groups to hear their experiences, and met with a wide range of professionals including teachers from special schools and social care teams. We attended regional LA groups to seek opportunities for shared working.

At our desks, we also reviewed the LA’s existing data sources, and data from statistical and geographical neighbours and national surveys. We researched, through academic and case study sources, good practice from across the country, following up with meetings and calls where possible.

None of these activities are particularly unusual. What is unusual is to find them combined in one project team. We used team members’ different perspectives to create a conceptual model of the local system so that we understood, as a team, whether and how changes we recommended would impact on demand and capacity, and whether they would improve the quality of the service experience.
This multi-disciplinary, multi-perspective approach had several implications for the recommendations we gave. Firstly, in several cases one professional group identified the behaviour of another professional group as driving up demand. By hearing all perspectives, we identified that reductions in other support services made professionals feel that escalation was the only route to securing a service. This understanding opened up a solution-focused conversation. Secondly, by hearing the voices of parents, as well as young people, we identified additional community and informal resources which could increase the overall capacity of the system. And finally, following up best practice case studies with meetings and calls allowed us to draw out aspects most relevant to the client LA’s context, and highlight working solutions to some of the LA’s most intractable issues.

Of course, the project wasn’t perfect. Some of our strands of work did not make as much progress as we would have liked – for example pressures in other LAs meant that the Regional Group led to some useful 1-1 conversations, but did not identify any new areas for joint commissioning. The team also found that it was hard to carve out time to come together and reflect on what we were all learning. I’m hopeful that future projects will be able to earmark protected “whole-team” time at an earlier project stage.

In systems under pressure, it is wholly understandable that organisations focus inwards: on altering their own structures to increase capacity or on identifying parts of their service provision that are less critical than others. But my experience of this SEN project chimes with other work I have done recently in services for young people leaving care and in children and young people’s mental health services (CAMHS).

In my work with CAMHS, local authority leaders were able to make visits to peers facing similar issues and to see how these areas were drawing in different partners to improve access and service quality, and to lever in additional resources from unexpected sources. They also saw how, by hearing the anxieties of parents, as well as young people, they could change expectations and find quicker and more responsive approaches to meeting the young people’s needs. By being open to the perspectives of those beyond “the usual suspects” these leaders were able to make progress on issues where they had previously been stuck.

Seeking out different perspectives takes time and effort, both of which are in short supply in local public services. But PPL’s experience in SEN, and my own experience elsewhere, suggests it is time and effort well spent.
Place-based change

what we do

- Why we believe in local places
- The power of place-based change
- Place in practice: North West London collaboration
Why we believe in local places

As nations grow more dysfunctional, cities are rising. When it comes to democracy, they command the majority. Rooted in ancient history, they still lean to the future. As we reach the limits of independence and private markets, they define interdependence and public culture. On a pluralistic planet of difference, they embrace multiculturalism. And as our times plead for innovation, they exude creativity. Reasons enough - good reasons - why mayors and their fellow citizens can and should rule the world.

Benjamin Barber If Mayors Ruled the World

So ends Benjamin Barber’s *If Mayors Ruled the World*. This thinking is increasingly relevant today as local leadership becomes where things are getting done. It is not so much that a mayor matters but what a mayor symbolises in terms of having a focus on local places, context and relationships.

Despite much of our government being highly centralised, there is much activity that is, or could be, done at the local level. And I would argue that it should be in order to reflect the problems, priorities and passions of those places. In the past, I have worked on a government programme to do exactly this. The difficulty lay with convincing local officers that they had the freedom to define the changes that they wanted to see. After years of having to meet rigid specifications and requirements, they still wanted to know what the criteria and requirements were. I spent hours on the phone explaining we meant it when we said they could set out their priorities – I’m not sure they truly trusted me!

This summer, the CQC completed a review of care for older people in twenty local areas, concluding that people receive the best care when people and organisations work together to overcome the fragmentation of the health and care system and coordinate personalise care around people. It also identified a need to remove barriers to collaboration and incentivise joined up working if this was to become standard practice. The ingredients they identified for effective system working included a common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers. They identified effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system, as crucial. And they highlighted the value of strong relationships, at all levels. These relationships should be characterised by aligned vision and values, open communication, trust, and common purpose.

Sport England are now undertaking local pilots of whole system approaches, aiming to prove change is possible at a population level. For them, the aim is to address inactivity, recognising that there are many influencing factors in communities. While they can set the direction, they want to encourage local partners to decide how it is done. Save the Children are looking to similar work around early years.

I would argue that these initiatives are part of an emerging agenda that requires changes at local and national level. It may be challenging for those working at national level to adapt to a more complex and inconsistent approach. For those in local areas, it will be about having the confidence and determination to look beyond their own organisation and align around shared goals and priorities, building strong, resilient relationships across boundaries. As Benjamin said in his opening words - ‘a surprisingly large area of municipal activity and cross border cooperation remains available to determined cities’.

Tim Pope
Associate Director
In Autumn 2018, it feels like we are at an uncertain cross roads. While central government is busy with Brexit, it is left to local areas to identify the solutions to address the big social policy challenges facing their communities. Local leaders must seize this moment and do what local public services are best placed to do – work with local people and partners to chart a new path toward a better local future. Place-based change.

This will involve exploring distinctive place-based outcomes rather than organisational need and looking beyond traditional partnerships to maximise the potential of new alliances and networks. It could mean district councils working creatively with county councils to address the physical infrastructure challenges faced by local care markets. It could mean local NHS organisations partnering with parish and town councils to deliver social prescribing. In identifying commonalities, developing shared understanding and language, and working to meet common goals, there is much to be gained for all public partners.

Place-based change will also require a reshaping of relationships between public services and local people. In the post-war period, public services have often defaulted to a paternalistic role ‘doing to’ citizens, who are conceived of as passive recipients. This approach ignores citizens’ strengths and disregards their agency. Moreover, in an age of disruption this approach is unsustainable.

On the flip side, public services’ relationships with the private sector has often been conceptualised in unhelpful terms. Businesses frame the interaction in terms of the cost of taxation and regulation. Local public services often shy away from proactive engagement with businesses. To remedy these situations local leaders must focus on asset based, local social contracts co-developed with constituents.

Local leaders can take comfort in knowing there are trailblazers leading the way. Take, for example, Wigan Council, which is transforming its relationship with citizens through the Wigan Deal. The Deal sets out respectively ‘your part’ and ‘our [the Council’s] part’ with mutual expectations on behaviours and responsibilities to achieve shared outcomes. This has supported a wholesale transformation, saving money and increasing resident satisfaction. Wigan is the only local authority in the country to rank in the top quartile of the Times Best Companies to Work For ‘Ones To Watch’ List.

A more recent example is the ‘Lambeth Made’ campaign to engage constituents in making a more child-friendly borough. It is premised on the Council acting as a ‘place shaper’ to tap into non-traditional local assets in constituents’ best interests. The campaign is jointly funded by private, public, and third sector partners in the borough. There is a mutual interest in its success and the realisation of their shared goal; improved lives and life chances for citizens.

These examples are part of a new generation of public service thinking that is moving on debates about who provides services and meeting needs to finding strengths and building on assets within places and people. They are what inspires us in our work. Now is time for local leaders to ask their communities, “what inspires you?”

The power of place-based change
North West London (NWL) is a large and diverse area made up of 8 boroughs, 2.3 million people and over £4 billion spent annually on health and care split across 8 local authorities, 8 clinical commissioning groups, 10 hospitals and numerous local providers. The challenges facing the health and care system mostly mirror those seen nationally; increasing demand driven by advances in medical practice and changing needs and expectations. In addition to this, there are specific local pressures, including some of the highest rates of long term conditions in the country.

NWL has a well-established history of joint working and has embarked on a plethora of initiatives and investments to improve health and care provision. A number of significant challenges to future quality and sustainability remained, however. NWL leaders recognised that to further improve services and provide care that truly met the needs of population, the service user’s perspective needed to be the organising principle. The challenge was translating this into reality.

**Embedding Partnership**

With the support of PPL, NWL embarked on a 5 year ‘Whole System Integrated Care’ (WSiC) programme, beginning in May 2013. From the outset, they worked in partnership with individuals from across the 8 boroughs to co-develop the vision and structure for embedding partnerships. By improving relationships across the system and building new ones with lay partners, it has been possible to move beyond the traditional boundaries of ‘consultation’. The teams moved instead towards ‘conversation’ and genuine partnership where partners learn and grow together in a unique environment, developing new solutions to long-standing problems.

**The Impact**

Lay partners were involved at all levels of the governance structure and played a key role in the co-design working groups. They brought diversity and courage, acting as ‘guardians of the vision’ and embedding expertise by experience. The qualitative impact of embedding partnerships has been captured in positive feedback from lay partners and professionals alike:

“Right from the beginning, lay partners were in the room, and that changed the whole tone... The way we thought, the way we worked together...”

Robyn Doran, Chief Operating Officer at Central and North West London Foundation Trust

**NWL-Wide Improvement**

In partnership with PPL, NWL have since embarked on a number of significant programmes to improve care and outcomes for their population, including the development of a new primary care model tailored to the different population segments across NWL, outcomes based commissioning and the identification of overarching NWL-wide commissioning priorities. PPL have really valued being able to develop a lasting relationship with the area and build on our knowledge and relationships to transform multiple aspects of the system. Working in a place-based way means working differently for different places but for NWL developing overarching strategies for the population has felt like the right approach. We look forward to seeing the positive impacts continue for years to come.
Empowering people

what we do

• Never underestimate the value of a bump in the road - a client perspective
• How do we help public sector services lead change?
Never under-estimate the value of a bump in the road
a client perspective

If I were asked to identify a common thread running through all of the work I have been lucky enough to have been involved with over the last decade I would say it would be ‘integration’. This has been true for me working as a commissioner supporting the development of a ground-breaking hospital at home scheme in Brent, at system level leadership supporting the North West London Collaborative Pioneer, and at place level establishing Epsom Health and Care as an integrated system, now positioned to be a leading part of a devolved Integrated Care Partnership in Surrey Heartlands.

Should I be asked what I have learnt over this past decade, however, it would not be about the power of integration. I knew that already and have built my career on my belief in it. It would be about the power of putting all of the great aspirations so easily signed up to in workshops and away days into practice. Once this is achieved, the partnership board that has to make real decisions about real outcomes and sharing of risk is much more focused. The integrated team that has to work with one clinical record and across traditional professional boundaries is so much more empowered. And the service that works across organisational boundaries and puts the patient and the carer at the centre achieves so much change beyond the team.

To achieve this ‘step change’ from thinking and planning to doing and learning requires a number of key components to come together. It cannot be achieved without a shared vision and a shared recognition that status quo is not an option. And these cannot be achieved unless there is genuine co-design with the people who really know: our citizens and our staff. It cannot be achieved without leaders who are in equal measure visionary and pragmatic. It is harder to achieve in a system which looks only inwards rather than outwards to learn – our motto has become ‘steal with pride’!

Most importantly, it cannot be achieved without ‘the system’ taking a shared risk and just getting on with it. Applying the principles of starting somewhere and going everywhere, PPL’s focus on making practical change, combined with a long term vision, has therefore been a real asset in supporting our teams with integration.

Over the past few years we have encountered many obstacles to progress. Without doubt our destination of joined up, person-centred care is the same but the route the SatNav of change is taking us has had to be updated a number of times! We have encountered many bumps in the road we did not see coming. Who would have predicted the power of the symbolism of a single identity, ethos and lanyard? Or how hard it is to give up your existing identity to transform into an integrated one?

The one thing we have learnt about bumps is that they show you are moving forward, not standing still. The important thing is to work together to negotiate them and to repair them in such a way that the people following behind don’t even know they were there.

So never under-estimate the power of the bump in the road. If you solve it together you create a much better way forward together.
How do we help public sector services lead change?

The scale of the changes we support in the public sector can be vast, challenging and often overwhelming. Yet it is excitement about the very scale and potential of these transformations that drives us to do the work we do. Most importantly when working on any change programme, the impact of our work should continue long after our time with our clients ends.

So how do we work with busy public sector leaders to achieve this? To support sustainable change, we build roadmaps for transformation collaboratively with our clients. We will plan to improve outcomes for patients and service users but also include developing capability in the staff and leadership teams for the future.

In our experience of supporting leaders and teams, we have found that it is crucial to:

Provide the space for leaders and their staff to be creative

For change to be successful in the public sector, everyone needs to be thinking differently. We help to inspire this by sharing experiences from elsewhere and by facilitating an environment that allows for creativity. We link up different people in the system, consolidate ideas, and pick up some of the heavy lifting to give our clients space to do the important thinking.

Ensure ideas are owned by the organisation from top to bottom

Ideas need to have support of the leadership to launch but will go nowhere if not recognised by the staff on the ground as well. Rather than approaching ownership and engagement as either bottom up or top down, we believe true co-production brings all people into the same space. All elements on the programme, from the model of care design to establishing a governance process, contain opportunities to engage people that should be taken.

Build capability over time

When a client no longer needs us because they have built their capability to manage change, we’ve succeeded. PPL is focused on providing the scaffolding to build change not on delivering the change itself.

Work not under direction, or in collaboration, but in true partnership

We do not work as “experts” telling organisations how their teams will work (which not say that we do not have expertise!). We aim to build trusted relationships to give leaders a space to test ideas and to build the partnership across the organisation to provide connections. We invest in the success and the risk of the work with our partners and clients and have a shared strategic goal to make a real difference.

Turn the page to hear from our clients directly about their experience of working with us.
We chose PPL to deliver our substantial training programme because we knew that we could learn from how they deliver client work and shared their values for high quality delivery in the public sector. It was a really excellent course – it has helped bring the team together and equipped us to deliver better support to the sector, and in turn improve health outcomes for the populations served by our significant, national client base.

Laura Churchill, Director of NEL Healthcare Consulting

As a small specialist consultancy, PPL punches above its weight. The individual consultants are excellent and always strive not simply to deliver what the clients want, but also what they need.

Tony Hunter OBE, Chief Executive, Social Care Institute for Excellence

At a time when we needed excellent professionals that had the skills, enthusiasm and vision to drive forward the children’s commissioning agenda, PPL provided the support we required - people that were enthusiastic about our vision and were committed to delivering real change and improved outcomes.

Director of Joint Commissioning, Local Authority/CCG

It was a pleasure working with PPL and their partners in COBIC. They are professional, friendly and efficient and they quickly identified our local opportunities and challenges. Their intelligence and innovative approach were contagious and helped ensure buy in to the project across Hampshire.

Mr Robert Pears, Medical Consultant in Public Health, Hampshire County Council
PPL at 10 behind the scenes

• My favourite mistake – How We Learn at PPL
• What makes a PPL-er?
• More ways to work with us
• The PPL Launchpad
• Our ambitions for the future
How do you feel about failure? Do you run from it at all costs? Perhaps you see it as an unpleasant but unavoidable part of life? Or maybe you welcome it as an opportunity? Your answers to these questions are more important than you might think, a fact highlighted by the research of Dr. Carol Dweck and her team into fixed and growth mindsets. Their work has shown that attitudes to failure, and beliefs about our ability to learn, have a direct impact on our personal success and achievement.

If you spend any time at the PPL office these days, you’ll hear us talking a lot about the growth mindset. It’s a core part of our overall approach to learning: How We Learn. We’re giving people permission to say ‘I made a mistake’ without fear of blame. We’re encouraging people to give, and receive, useful and meaningful feedback. We’re developing a culture that encourages people to keep asking the question ‘what do I not know...yet?’. This mindset shift is especially important in the world of consultancy where an unhealthy drive for perfectionism can often lead to unrealistic standards and an unwillingness to admit to mistakes.

How We Learn is part of PPL’s aim to keep people firmly at the heart of every project. We recognise that lasting results for our clients are not possible without ensuring that our people have the right support, skills, knowledge and motivation to succeed. We created How We Learn to ensure that every member of the PPL team can maximise their potential and, by doing so, can achieve outstanding results for themselves and the public services and communities they support.

My favourite mistake: How We Learn at PPL

How We Learn is centred around a modular training programme that covers the core skills needed to be successful at PPL. Each session is very practical and provides a valuable opportunity for the team to come together and solve complex real-to-life problems with opportunities for feedback and reflection. Most importantly, these practical sessions provide an opportunity to try – and fail – in a safe space with a clear focus on learning.

How We Learn is much more than a training programme, however. It encompasses everything we do at PPL. From proactively looking for signs of a growth mindset during recruitment, to induction, annual reviews, and people management conversations, we are constantly seeking ways to embed learning and growth into every important milestone and moment in an individual’s time at PPL.

In keeping with the growth mindset, we don’t claim to have achieved learning perfection just yet. This is an ever evolving and expanding process. And we’ve made mistakes along the way (ask me about these over a coffee one day)! But we’re really proud to be doing something that acknowledges and celebrates the perfectible nature of the human condition, and in doing so encourages people to strive to be the very best that they can be.
What makes a PPL-er?

Our team members come from a genuine diversity of backgrounds and life experiences. It’s almost impossible to sum them up succinctly! There are, however, are some key traits that our team share and that we look for when considering who to hire and work with. PPL-ers are:

**Driven, but also empathetic**
Alongside rigorous professional and academic qualifications, we view the attributes referred to unjustly as ‘soft’ skills as being the most important ‘PPL-er’ characteristics and attributes. The public sector is constantly undergoing transformation so our colleagues need to be adaptable, flexible and willing to listen and learn. People who can empathise with our clients, who take the time to understand them and support them in achieving their results, are a great fit for us.

**Curious, and willing to keep learning**
We look for people who can make change happen for our clients and assist with the delivery of innovative programmes. PPL-ers need to be receptive, be able to communicate ideas effectively, and take an analytical approach to both numbers and concepts. The work we do is intellectually stimulating and demanding. As a consultant with us, you might be explaining service changes through a game to a room of service users in the morning and analyzing complex financial data from multiple organisations to create a system-wide dataset in the afternoon. At PPL, therefore, we talk a lot about people with the growth mindset. We’re looking for that for people who want to come and grow their careers but also help our clients come and deliver on their ambitions. People who are excited about the potential of change and understand how difficult change is. People who want to work with teams and very much put services users and patients at the centre of delivering change with our clients and helping them adapt to the challenging public services face today.

**Committed to supporting better outcomes from public and community services**
We always look for people with a passion for what we do. This passion might have come from working in a public service and struggling to have the impact you wanted to have due to struggles with the system. It might have come from years of experience in healthcare consulting at a large consultancy or from working on change in the private sector and knowing that your expertise could help more people if it was applied to public sector challenges. It might have arisen from in-depth graduate research at university or from voluntary projects done alongside your studies. But all PPL-ers demonstrate it – it’s visible in discussions in the office when the team come together to discuss a challenge, in the debates at team drinks, and in the high standards and energy we bring to our work.
In addition to joining the PPL team as an employee, there are several other ways to join the PPL family.

**PPL Partners**

We have partnerships with several likeminded organisations who share our goals, aspirations and values. This enables us to call on a team of 250 consultants to deliver our projects, as we almost always work in partnership to some degree. Our partners are integral to our ways of working.

They are:

**PPL Senior Advisors**

Our PPL Senior Advisors are highly experienced professionals, now working as freelancers, who bring a wealth of knowledge in their fields to our projects. They have experience as doctors, think tank directors, charity chief executives, leading academicians, government advisors, elected councilors and more. They are what other companies might call “associates” - we consider them to be an integral part of our team and what we and our network can offer to our clients. Plus they make great party guests!

**PPL10**

Since 2007 PPL has donated over £50,000 to fund charitable causes in the UK and internationally, in addition to regular fund-raising events by individual staff and team-members. More broadly, our award-winning work with Nesta - the leading UK innovation foundation - has helped voluntary and community sector organisations develop “People Powered Health” working with communities across the UK.

The role of the voluntary and community sector is increasingly seen as critical to the future of our public services and our communities. For people working within the sector, recognition of the importance of their work at a local and national level doesn’t always feel like it translates into support for sustaining and growing impact on the ground.

We support charitable causes in a number of ways. We use our understanding, networks and relationships within the public sector to help develop services that engage and invest in voluntary and community sector partners for the benefit of local people and communities. We provide cost-effective access to evidence, data and skills to help organisations to demonstrate and build upon the value they bring. We provide funding and pro-bono consultancy support to charities to help them develop their organisations and their work. And we work with and across the sector to build capacity and co-produce health and wellbeing, promoting innovation and new models of care.

In 2017/18 we have supported 10 PPL charities through fundraising efforts. These ranged from supporting South London Cares, a charity that helps local people in the area to make connections across age barriers, to sending one of our team out to build a sand dam in Kenya with Excellent Development.

We take corporate responsibility seriously and see it as a core part of our mission that we will be pursuing for years to come.
The PPL Launchpad

PPL is a small organisation but one with a big agenda. We can’t achieve this without living these values ourselves. This is why PPL strives to be an organisation that works collaboratively with its employees, opting for a relatively flat hierarchical structure and giving our employees the flexibility and ownership of the direction of their roles.

We want everyone’s journey at PPL to be career defining. We achieve this through investment in training and development, emphasis on the growth mindset, and embedding a culture of values-driven work. We want our people to excel so we provide them with every opportunity to do so, progressing people quickly on their merits rather than as a reward for their time spent at PPL.

Through a focus on people management rather than line management we gain an understanding of what drives our team members and support them to continuously improve. This is key to allowing our people to fast-track their careers and, more importantly, gain an understanding of themselves and how they, as individuals, can make a real difference.

We aim to equip everyone with the essentials skills to either continue to do impactful work at PPL, or to bring these skills on to other organisations. Many of our former employees go on to bring their knowledge and skills back into the public sector, such as Joe Nguyen, former Associate director at PPL and now the Deputy Chief Operating Officer at Hillingdon CCG. When asked what he will be taking with him from PPL, Joe said:

“The passion for delivering public outcomes and our core values. Then there’s everything practical I’ll be taking with me too – the transferable management and strategic skills, analytical techniques, the connections with people that I’ve made over the years… everything really!”

Others have gone onto larger consultancies, such as Nicole Benghiat, who began her career at PPL straight from university. Nicole started as a summer intern and progressed to become a Consultant over the course of her time at PPL. She recalls

“Starting my career at PPL was invaluable – I was constantly surrounded by wonderful, passionate and supportive colleagues and encouraged to think independently and take ownership of my work from the very start, developing the core consulting and analytical skills that have stood me in such good stead ever since. Everyone at PPL is genuinely dedicated to making a real, meaningful impact across the public sector and doing the right thing for clients, and I have definitely taken these values with me as I moved to a larger consultancy. Not to mention the fantastic people I met and close friendships I made, which made working for a small company so rewarding!”

We want our employees to have a long and enriching experience at PPL but, if, and when, they leave, we want them to take with them the values that drive our work, the passion to create meaningful and sustainable change, plus a unique perspective on the sector.
Our ambitions for the future

PPL was founded on a belief that it is possible to make things better by bringing together rigorous analysis with creativity and empathy. We believed that this would enable us both to understand the root causes of the challenges our clients face and to design and implement solutions that would work in practice. This report describes the realisation of that vision and the results.

It makes us incredibly proud to remind ourselves of the PPL team’s achievements over the past 10 years. What makes us prouder still, however, is how we have achieved them. This report is, above all, a story of how people can come together to solve problems. It demonstrates how our impact as individuals can be magnified many times over by teaming up with others in delivery.

Whether through the voices of our clients, our current and former colleagues, our partners or our fellow travellers, the underlying story is the same. This is hard work. It is meaningful and it has purpose. It is worth doing well and we do it best when we find ways to do it together.

As we turn away from the immediate achievements and look to the future, the challenges appear ever more daunting. Our world remains highly complex and the challenges facing the sectors we work with are increasing even as we create and implement solutions.

What we have on our side, as we face these new challenges, is the learning, insight and experience that we have gained from the journey so far. This includes all the projects we have done, the conversations we have had (or those that with the benefit of hindsight we wish we had!), and the learning about what worked well and less well. These are powerful tools that will enable us, as a team, to grow, develop and achieve even better results and even more impact for our clients.

Collaboration, engagement, a willingness to test and learn, rigorous analysis of the current reality and evaluating the actual results are not just things we do because they sound nice. They are, in our experience, the things that actually succeed in delivering change in practice.

We would like to take this opportunity to thank everyone who has been part of PPL’s journey so far for what we have achieved together to date.

We believe that public services in the UK have now reached a crossroads that has been anticipated for a long time. The next decade will be a time of great challenge, shaped by a real need for people to think and behave differently if we are to achieve the outcomes we want for our society.

We are proud of the role that PPL has played over the past decade in delivering impact and improvement. We are determined that the learnings and insights from this achievement should, through our work, continue to play a key role in enabling and implementing changed behaviours.

Changing behaviours and creating different futures in the public sector is both exciting and challenging. Nevertheless, we know it will enable us all to live longer, healthier and more fulfilled lives. And that is a goal worth fighting for.
An award-winning consultancy

The Management Consultancies Association

• 2018 MCA Award for Consulting Excellence for Ethical Behaviour, Winner
• 2018 MCA Award for Change Management in the Public Sector, Finalist
• 2017 MCA Consulting Excellence in Client Service and Value Award, Winner
• 2016 MCA Award for Performance Improvement in the Public Sector, Shortlisted
• 2016 MCA Award for Change Management in the Public Sector, Shortlisted
• 2015 MCA Award for Best Use of Thought Leadership, Shortlisted
• 2013 MCA Award for Innovation, Winner

The Financial Times and Statista

• 2018 Recognition as one of the UK’s leading management consultancies

Patient Experience Network National Awards

• 2017 Award for Using Insight for Improvement, Finalist
• 2017 Award for Commissioning for Patient Experience, Finalist
• 2016 Award for Including Social Care to Improve Experience, Winner
• 2016 Award for Staff Engagement and Improving Staff Experience, Finalist

The Institute for Continuous Improvement in Public Services

• 2018 ICIPS Award for Collaboration, Runner-up
• 2017 ICIPS CEO Award for Excellence, Winner
If after reading this report, you feel as though you share our values and vision and would like to work with us at PPL, please do get in touch.

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