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**A 2020 Vision for Public Services**

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Public services matter. Read any newspaper, view any broadcast and invariably it is the state of the schools and the hospitals, the trains and the courts that dominate public and political discourse. Public services are the bread and butter of British politics. Delivery is how modern government is judged. Concern about the NHS and crime, immigration and education top the list of contemporary public worries. That might be an unfair public reckoning – in my view it is - but there is now a consensus that the immediate priority for the incoming Prime Minister, Gordon Brown, will be to address those concerns.

With a likely general election perhaps just two years away there will need to be decisive action to win back both public and staff support. The temptation to avoid will be reaching for that most dangerous of political remedies: the quick fix, the pilot programme or the sticking plaster. None of these will do. They are no substitute for the most precious commodities needed to bring about improvements in the public services: clarity, courage and consistency.

Tonight I want to argue that winning back public support in the short term needs to be built on fundamental change for the long term. I will make the case for a paradigm shift in control in the public services from the State – indeed beyond any institution – to the individual citizen. And if this is the direction the new Prime Minister charts, he will begin in a far better position than many think. For that he has much to thank his predecessor, Tony Blair. Overall there has been good progress in Britain's public services in the last decade. But as we move into the post-Blair era - and into post-Blair politics - this is the time for a candid assessment of what has gone right and what has gone wrong in the last ten years. Or as Gordon Brown put it last week, the Government listening and learning. The post-Blair political agenda should be built on a full and open debate about future policy direction. Tonight is my contribution to the debate on the future of Britain's public services.

In essence my case is this. Public services today are in transition between a twentieth century model and a twenty first century one. Out of a barrage of initially timid, sometimes incoherent but finally more far-reaching reforms there has emerged an increasingly clear view about both the point of departure and a preferred point of arrival for this journey. Point A was the old model: characterized by state control, monopoly provision and a provider-dominated culture. Point B is the new: one with the citizen in control, a mixed economy of provision and a user-led culture. After a decade of reform some services have progressed more than others along this path of change but none have yet reached their final destination. The issue is not so much structural. It is cultural. Too many patients still too often feel they are treated like numbers not individuals. Too many parents have to fight their way through a labyrinth of bureaucratic appeals processes to get their child into the school of their choice. And too many elderly or disabled people still find themselves unable to get the seamless service they want from health and social care. They find themselves in a kind of no man's land stuck between one model and the other, between a rhetorical future where the citizen is in control and the present reality of a public service culture that all too often still denies them control.

The issue now is whether the journey is completed or truncated. A fudge will not work either in the interests of the public who use the services or those who provide them. With all due deference to Lord Giddens, this time there is no third way. My argument will be that a 2020 vision for public services is one where the state is less in charge and the individual is more in charge. I will argue that such a model is the best response to the fundamental changes that will affect how public services are organized, funded and delivered in the next decade.

In the last decade Tony Blair's government has made two significant advances when it comes to the public services.

The first is to have delivered substantial improvements in their delivery. I know this is heavily contested and that many dispute such a claim. Newspaper headlines scream NHS deficits, immigration chaos, crime crisis. And of course beneath the headlines there are some very real problems. Equally there is much very real progress. The creaking estate of Victorian schools and pre-war hospitals has been modernized. Staff numbers, whether police or nurses or teachers, have increased in some cases dramatically. The same is true of childcare places and criminal offences brought to justice. Overall crime has fallen. The bugbear of the

old NHS – long waits for treatment – has been beaten. Standards in schools and admissions to universities have both risen. Compared to a decade ago public services are in a far better position practically.

Second, the Blair government has put them in a far better position ideologically. A decade ago the consensus was that public services were a symbol for a basket-case Britain of inefficiency and over-manning. In those days, the grass was always supposed to be greener on the other side: whether that was the French health system or the German welfare state. Today our continental cousins are the ones experiencing turmoil and it is often British reforms in health, education and welfare that attract attention and imitation. The old consensus was that our public services were part of Britain's problem. Today they are seen as part of the solution. It is one of the Blair Government's unspoken achievements to have put public services, for so long neglected both in terms of resources and reforms, at the top of the political priority list. The latest evidence for this seismic shift in the political landscape has come in the unlikely form of the Conservatives painful inching towards this new centre ground of British politics. The fact all three main political parties now claim that public services come first is an ideological victory for progressive politics. It is often said that Tony Blair won by taking the centre ground. Actually his genius has lain in reshaping the centre ground.

It has been a bruising battle. It has left many public service staff – and not just the Prime Minister – with scars on their back. Public services arguably have seen more change in the last decade than at any point in the previous five. It is easy to forget just how fundamental the change has been. When we came to office what was so striking was the virtual absence of means and incentives to bring about improvement. Standards and targets were absent. Today both are focussing effort and delivering results. Pay systems were a hangover from the 1950s. Reform here has delivered not just better recruitment and retention but new careers whether for classroom assistants or nurse consultants. At best, systems of inspection were rudimentary. At worst, poor performance was hidden from public view. Today services are rated and information is published. Good services earn rewards. Poor services get support and intervention. Back then the old monolithic structure of public services was still dominant. Now devolution is the order of the day with primary care trusts and NHS foundation hospitals, city academies and trust schools, police basic command units and elected mayors. And for all the Thatcherite talk of markets and choices back in 1997, both were largely missing. It took a Labour government to open up the public services to a

bigger role for the private and voluntary sectors and, for the first time, to let NHS patients choose in which hospital they are treated.

I do not say we have got it all right. Mistakes have been made. Processes have not always been smooth. Our approach has sometimes looked as though it was vacillating between centralising distrust and grudging devolution. In the first term the accent was on top-down targets and prescription from the centre. I for one quickly learned that improving services run by committed and clever professionals will not happen through finger pointing or blame gaming. So in the second term there was a welcome change in tone towards greater devolution and diversity.

There has, however, been inconsistency across the reform programme. In the police, courts and probation services many powers have been centralised. In the health service they have been devolved. In education parents have no right to choose the school that is right for their child whereas in health patients do enjoy the right to choose hospital. The Government argues – for example in its recent policy review document – that different services require different approaches. And there may be something in that. But I think the real explanation lies elsewhere.

There has been at the heart of New Labour an unresolved ambivalence about the modern roles of the State and the citizen. From the mid-nineteenth century the State took on more roles and responsibilities. In large part this accretion of power was necessary and it was right. State action was needed to guarantee clean water and safe streets. The expansion of a market economy relied on legal rights and clear rules which again only the State could uphold. And in the creation of the Welfare State – with its jewel in the crown the NHS – the State offered equity and security as an antidote to the deprivation and injustice of an era of economic upheaval and total war in a way that charitable endeavour and employer philanthropy could never hope to match. And yet by the last quarter of the twentieth century it was becoming clear that too much State could be as bad as too little. When Labour got on the wrong side of that argument we lost. The Berlin War was about to tumble and with it the ideological perversity of state-communism. In economic policy Western Governments had demonstrated a poor record of picking winners but losers had developed a consistent habit of picking governments. State regulation had come to stifle market innovation. So in the Thatcherite reforms of the 1980s – most notably the great privatisations – power was moved from the State to the market. And in the New Labour reforms of this new century – most notably the creation of new institutions like an independent Bank of England, NHS

Foundation Hospitals, City Academies and now Trust Schools – power has been moved again from the State to new service providers. But what neither Thatcherism nor Blairism have successfully done is moved power from the State to the individual.

Blairism has been stuck between two philosophical traditions: a Fabian social democratic model where progress is secured through the state exercising power on behalf of citizens and a Mutual model where it is secured not through the state controlling but the State empowering communities and citizens to realise their own advance. Of course both traditions share common ends, the eradication of poverty for example, but they prioritise different means – the dispensing of state benefits on the one side and the opening up of educational opportunities on the other. The decades-long divide between statist and mutualist in Labour ranks has not by-passed New Labour and in my view explains much of the confusion about both the purpose and the shape of the Blairite public service reform programme. Diversity, devolution, even democracy (in the case of NHS Foundation Hospitals) on their own do not empower the citizen. Only giving individuals real power will make that happen.

I very much welcome recent statements from Gordon Brown indicating his belief in a different style of governance in which local communities and individual citizens share in both power and responsibility. Shortly I will go on to explain what I believe this could mean for the future direction of public service reforms. But before I do I want to describe why the modern progressive left should take this territory as our own.

First, equity. A fair society requires strong public services. And here Britain has much of which we can be proud. An NHS where care is based on need not ability to pay. An education system which rejects selection and is comprehensive. Poverty falling both in relative and absolute terms. And an economic and welfare policy that has helped 2.5 million more people into work.

But progress has to be tempered with caution. Few would claim ours is yet a fair society or that the equity principle in our public services has always been matched by practice. In health, for example, uniformity in provision has not produced uniformity of outcome. Despite higher health needs patients from lower socio-economic groups were 20% less likely to get a hip replacement and 30% less likely to get a heart operation than patients from higher ones. Similarly, while the number of pupils with free school meals obtaining five or more good GCSE passes has improved at a faster rate than pupils who are not entitled to them, the

education gap between rich and poor remains stubbornly wide. Selection by academic ability may have largely gone from our schools system but selection by social position lingers. There might not be an overt marketplace in education but there is a covert one. There is an estimated £25,000 premium on house prices in areas served by the best performing state schools. In the top 200 state schools only 3% of pupils get free school meals compared to a national average of 15%. We need to find new ways of breaking the equation whereby the poorest services are still too often in the poorest communities.

Second, demography. One-size-fits-all does not suit a modern Britain that is increasingly diverse both in its social make-up and its ethnic background. Different communities have different needs. Public services need to become far more responsive if they are to successfully meet them. And as our society ages as well as changes - with over one quarter of Britain's population becoming elderly by 2050 - so too must the pattern of our health, leisure and care services. As the post-war baby boomer generation grows old it seems unlikely to me that we will tolerate the inevitability of a council-decided care home in the way previous generations of the old have done. We are far more likely to want to live out the end of our lives cared for in our own homes by people we choose with budgets we control.

And as our population ages so chronic disease will become the new frontier in medicine. What differentiates diseases like diabetes, arthritis or dementia from other forms of illness is that they become a permanent fixture of people's lives. It is with them 24/7. And as doctors caring for patients with long-term conditions have observed, patients can understand their disease better than they do and are often in the best position to manage it. That could mean giving people, through our unrivalled UK primary care network of pharmacies, GP surgeries and community services, the practical help they need – blood pressure monitors, testing kits, food co-ops – to improve their own health. And in turn that means patients ceasing to be passive recipients of care in a system that denies them both power and responsibility to instead being in charge and more responsible for their own health.

Third, changes brought by technology also make likely the advent of more citizen-controlled services. Better IT, although complex to introduce, will allow services to focus on satisfying individual, not just collective, need. And in our generation pharmacogenetics will apply the lessons of the human genome project to the production of medicines capable not only of beating genetic disease but of tailoring specific drugs

to meet the needs of the individual patient. In the meantime the rising tide of chronic disease will drive the focus still harder away from episodic treatment – largely in hospitals – towards earlier preventative action and continuity in treatment – often in the community, then as monitoring and treatment technology evolves, into the home. And telemedicine will find a parallel in education through distance learning where the individual student is able not just to search the world-wide-web for information but can receive remotely the best teaching from experts based in any part of the world.

Fourth, money. We are living through an unprecedented period of growing investment in public services. Funding per pupil will have doubled by 2008. By then health spending will have trebled. But the good times are coming to an end. My colleague Charles Clarke has argued that could mean more co-payment on the margins or even hypothecation of taxes. But with taxpayers proving resistant to putting their hands ever deeper into their pockets – however we ask them to do so – the most likely outcome in the next decade is a lower rate of spending growth than we have seen in the last decade. The problem is that resources might slow but pressures won't. So the accent will be ever more on improving productivity and value for money. In other words as resources slow down, reform will need to speed up. Driving efficiency improvements are likely to take many forms. There is compelling evidence, for example, that if patients are brought inside the tent, rather than being kept outside – if they are participants in rather than simply being recipients of decision making – they can drive costs down not up. As Angela Coulter puts it in her comprehensive study of patient decision-making: “patients often prefer more conservative and cheaper treatments than their doctors are inclined to recommend. Shared decision-making could be one of the best ways to ensure more appropriate uses of health care resources.” The Wanless Report estimated that high levels of engagement with individual patients could save £30 billion over twenty years. Certainly evaluations from both the US and the UK show that policies which give patients direct control over their own care budgets manage to combine higher levels of personal satisfaction with lower levels of public spending than traditional forms of service delivery.

Fifth, expectancy. We live in a world where people are more informed and inquiring. And they are demanding a greater say. In part that reflects people's desire for order and security in a world where globalised forces feel out of control. It also reflects the fact that while people have become more empowered as consumers they have not as yet become empowered as citizens. Technological change is shifting the economy from one

based on the production of standardised goods and services to one where the emphasis is on customisation to meet individual need. The internet is daily making that transfer of power even more real. Ordinary consumers are getting a taste for greater power and control in their lives. They expect services tailored to their individual needs. They want choice and expect quality. It is not that the public want schools or hospitals to behave like supermarkets or salesrooms. The relationship people desire is not merely a transactional one. They want a personal one. To be treated as an individual not just another number.

Together these five fundamental changes argue for a single-minded new purpose for public service reform – the empowerment of the individual citizen. That means moving once-and-for-all beyond previous models of public service improvement. Crudely they have been a nationalised industry model encapsulated in the old style NHS of the 1950s and 1960s. The introduction of general management into the NHS in the 1970s heralded the arrival of a new public management theory where first rigorous performance management and then in the 1980s and 1990s quasi-markets were to be the driving force behind change.

The Blair reforms adapted these models and added to them in the recognition that securing services that are responsive to users requires a mix of levers. Top down pressure obviously has a key role. Here the central State needs to ensure stable funding, sensible standards and a flexible system of regulation. And if public service improvement is to be self-sustaining rather than top-down driven other sorts of pressure are needed. Hence, the sideways pressure that Blairite reforms brought to bear on health and education through competition and incentives.

But as health secretary in Tony Blair's government I learned that laws, directives, penalties and rewards - top down pressure and sideways pressure - cannot by themselves deliver patient-centred services. What struck me so forcibly was that successive generations of reforms had all tried to use pressure from above to force organisations to meet individual need rather than giving individuals the power to shape services according to their own needs from below. My conclusion was that services designed around the needs of patients had to put power and – with it - responsibility into the hands of patients. The introduction, for the first time, of patient choice in the NHS was designed to introduce a new kind of pressure for improvement - bottom up pressure from the people who use services and the communities that rely on them.

It is this bottom-up approach to improvement that I believe should be the focus of the next phase of reform across the whole of the public services. This is not to suggest the abandonment of every target any more than it is

to argue for the stifling of competition – in my view either would be a mistake. Rather it is to accept that a centrally driven improvement programme yields ever decreasing results and that making improvement self-sustaining needs a new reform dynamic. That must mean moving beyond narrow consumerism. It is not passive consumers but active citizens who can contribute a new dimension to improving public services.

Some dismiss this as a misplaced fixation with the much-maligned middle class. I believe it is a quite legitimate objective of public policy to keep the middle classes on board our public services by ensuring they are responsive and personalized to their needs. But what I propose is not some sort of crude pandering to consumerism. It is a progressive policy which has as its principal objective the empowerment of the citizen. That means recognising in a way that previous reforms have not done that there is a power gap in society that, as progressives, we should want to close. The people who stand to gain most from such an approach are the very people who have least power, usually the poorest. So what have been seen in the past as sometimes competing objectives – public service reforms and social justice programmes – should in future be reconciled as compatible one with another. It is not slowing down on reform that will deliver greater equity. It is speeding up.

I now want to spell out what some of the detailed policy implications might be of such a new reform agenda.

First, power should move from the centre to the local. Of course the central State will continue to be a key player. In previous speeches I have characterised its modern role as being strong where citizens individually are weak – providing collective security and opportunity – and weak where citizens individually are strong – exercising personal choice and responsibility. As Sir Michael Barber argues in his compelling new account of life inside No 10, when it comes to the public services this would mean a new role for the centre in setting strategic direction and creating capacity for improvement. But the central state itself should be running less not more. Local problems require local solutions. The State must cease to nationalise responsibility for deep-seated problems that rely on action by citizens not just governments. It is doing things with, rather than to people, that holds the key to improving health, fighting crime, regenerating neighbourhoods and protecting the environment. So proposals like that for a national NHS Board should be rejected. They take us in completely the wrong direction. Towards a policy of nationalisation not devolution. Instead Whitehall should not just be re-organised but should be capped in its scale and scope. Whitehall is the one part of the public services that has largely escaped

Tony Blair's reforming zeal. It should do so no longer. The same disciplines that nowadays apply to other parts of the public services should finally and equally be applied here. Departments should work to transparent outcome-based contracts agreed with No 10. Senior civil servants pay should be made more dependent on performance against such contracts. Where Whitehall functions (aside from those covering vital constitutional and propriety matters) can be subject to periodic external competition they should be.

And there should be a new guiding principle in our governance: subsidiarity, in which power is passed to the lowest possible level consistent with the wider public good. Where individual citizens can exercise control – such as over health and education – that should be the norm. Where not – as over policing – control should be housed in the community. To guarantee that power and resources move from the centre to the local a new constitutional settlement should be agreed. I plan to say more about this in a parallel lecture next week at Durham University but measures here could include freeing local government and its system of funding from much central government control. Where services are failing communities should have the legal right to have them replaced. And building on the Foundation Hospital model a new form of public ownership - community-run mutual organisations - could take over the running of local services like children's centres, estates and parks with local police and health services made more directly accountable to local people through the ballot box as part of a raft of policies designed to democratise our democracy.

Second, the transition from public sector to public services should be completed. The post-war model was one monopolised by public sector providers. As with any monopoly - public or private – the inevitable consequence was unresponsiveness, even indifference to user need. Indeed that was the fatal flaw inherent in the utility and railway privatisations of the 1980s. Under the guise of competition, they merely handed control from one form of monopoly ownership to another. Although the then Conservative government introduced some diversity of provision into local government, ancillary and administrative services it was the Labour Government that made diversity a reality in mainstream health and education services. In the NHS for example the new independent treatment centres have not only delivered productive quality care for NHS patients they have also helped drive down costs in private hospitals and leveraged improvements in NHS hospitals. Indeed the presence of competition is strongly associated with short waiting times in many countries. There is equally compelling evidence, not least from

Scandinavia, that the introduction of external competition has driven similar improvements in state schools.

Of course competition pure and simple cannot bring about improvement in what are complex services delivering multiple outcomes to their users. And there are whole tranches of services where competition is inappropriate or impossible – hospital A&E services are a case in point. Here performance management and organisational collaboration have a bigger role to play. But where it can be applied, managed competition gives organisations a sharp reason to focus on delivering better services to users. In other words, competition is more than bringing in extra capacity to a service. That is why it should be extended not retracted. For service users diversity in provision is a pre-requisite of them being able to exercise some control. There remain whole tracts of the public services where the public sector still enjoys a virtual monopoly. Help for benefit claimants, adoption and foster care, or services which support the police and the courts are all cases in point. So new assumptions should guide policy. Services should be subject to a level playing field where public, private and voluntary sectors are able to compete to be providers. Commissioning and providing should, wherever possible, be separate functions. And existing services which fail to meet a minimum standard of provision – such as GPs who fail to tackle health inequalities – should be subject to external competition. The destination should be a genuine mixed economy of provision across the public services in which the public sector no longer controls but partners providers from other sectors.

Third, the governing model in our public services should move from one that is driven from the centre by standards and targets to one driven from below by incentives and users. Inspection bodies and burdens should both be reduced. In parallel a new assumption should guide how public services are financed: resources should follow results. By and large services are currently funded according to an assessment of what they should spend rather than what they actually do. Obviously need is a good indicator particularly when it comes to assessing the extra cost of providing services in disadvantaged communities. Indeed there is a good case for giving schools extra resources if they take more children from poorer areas. So the baby should not be thrown out with the bathwater. But it always struck me as perverse that the lack of financial incentive on local NHS organisations meant that the best performers got nothing while the worst were usually bailed out for their failure to deliver. The new system of payment by results is designed to address that irrationality by incentivising improvements in service. Other services should follow where the NHS has led. Schools, for instance, should receive part of

their funds according to the value they add to their pupils' education. In turn, health and local council services could adapt the value-added tables that measure how far pupils have improved while at school as part of a radical rethink on how we measure local service performance. The move should be away from assessing inputs and activity rates towards measures that assess outcomes and experiences. And to ensure the focus is on improving the quality of the user experience, the payment of providers should in part depend on how users themselves assess how local services are performing.

And just as organisations respond to incentives so too do individuals. A public service ethos - however strong it is - is not enough by itself to bring about user-focussed, citizen-controlled services. Pay reform has yielded mixed results in the past decade but for the next decade it should be given new impetus. As Gordon Brown has more than once hinted there needs to be a greater element of local and regional flexibility in how public servants are paid to better align the incentives on the individual and the organisation so that both are rewarded for service improvements. Indeed by shifting power from the central state to local services I believe we can rekindle the engagement and enthusiasm of public service professionals diminished by top-down driven reform. More freedom, better careers and improved pay - each linked to local improvements in service performance and productivity - could form part of an overarching new relationship between central government and public servants in which power and resources - and with them responsibility and accountability - are passed from the centre to the frontline.

Fourth, reform should move beyond merely giving individual citizens choice to giving them control. Of course there are some services where it would be hard for an individual to exercise either choice or control. Most citizens are hardly in a position to choose their individual police officers. Here, as I argued earlier, giving communities a greater say over their local services will be important. As Julian le Grand has rightly argued, however, voice alone does not confer power. For a start it is unevenly distributed. To guarantee a fairer spread of opportunities individuals need to have more direct forms of power in their own hands.

I know for some this is conceding too much to citizens' rights. But I believe bringing citizens inside the decision-making tent is the best way to get people to assume responsibilities. During my time as health secretary I learned from initiatives like the Expert Patients Programme that relocating power to individuals makes it possible to ask people to

also accept responsibility. That is why I support the notion of an NHS Constitution which would set out the rights patients enjoy – to be seen within a certain time for example – alongside the obligations they owe, such as turning up for their appointment.

In the NHS patients are already able to choose their hospital. The next stage is to let them choose forms of treatment. In social care direct payments already allow some older and disabled people to customise care according to their own need. The next stage is to give far more people the option of their own individual budgets so that rather than having to choose from a pre-ordained menu of services citizens can formulate their own menu. Parents who have children with special needs could choose to have a budget – worth the annual cost of the conventionally provided service – so that they can personalise care according to their specific family circumstances. So too could people who are in training, avoiding the mistakes made with Individual Learning Accounts. In previous speeches I have suggested how the same principle could apply in both health and education. I proposed an NHS Credit which would be payable to patients with chronic conditions - starting with those in the most deprived areas - to give them the choice of direct control over the services they received. In parallel, an Education Credit could be made available to parents with children in failing schools so they could use it to choose an alternative school. Again since the schools that are failing are often in the poorest parts of the country the benefits would disproportionately go to the least well-off.

In other words, in the model I advocate choice becomes not just a means of securing service improvement but of enhancing citizen empowerment. And to those who fear that this all smacks too much of an American-style market model they should look instead at social democratic countries such as Denmark and Sweden where such reforms are common-place. Progressives would make a huge strategic mistake if we shied from this ground in the mistaken belief that it belongs to the Right rather than the Left. David Cameron wants less State. We should want a different sort of State – one that empowers not controls.

This is a progressive proposal with a core progressive purpose. It is to change the distribution of power in society so that people have more control in their lives. That is why I came into politics. It is the same dream that motivated the men and women who founded the Labour Party a century ago: a Britain run by the people, not an elite; one governed from the bottom up not the top down. The basic belief that this generation of Labour politicians shares with that generation is about

harnessing collective power to better develop individual human potential. As Labour's first leader Keir Hardie himself once proclaimed "Socialism is not help from the outside in the form of state help. It is the people themselves acting through their organisations, regulating their own affairs." This is the tradition of William Morris, Robert Owen, T H Green and R H Tawney. In this ethical, reformist tradition the state enables more and controls less. Of course there has been another tradition in the Labour Party: one of top down control where power and trust is put in the state rather than in the people. A decade ago the creation of New Labour was a recognition that the world had changed and that the role of government had to change too. In economic policy, the top down approach of the past, based on the policy of nationalisation, was abandoned. It is time for all aspects of policy to follow. The paradigm shift I believe is now necessary is one where the State and institutions have less control and citizens and communities have more.

We long since realised the folly of being labelled as the party of the producer. We have come to know the benefits of being the party of the consumer. With the Conservatives, fearful of their own ghosts and now seemingly driving in the other direction, New Labour has a great opportunity. It is time to resolve any ambivalence in our hearts as well as our heads. To unashamedly become the party of citizen and community empowerment. To apply for the modern age our party's historic insight that disadvantage is overcome not just by fairly distributing wealth and opportunity but also by more fairly distributing power in society. Reforming public services is not a betrayal of those values. It is a means of realising them.