Public Service Reform Overview - Executive Summary

September 2017

1. Context

1.1 Over the past five years, GM has made significant progress in implementing successful reform programmes. The detail of this was provided in the 2016 Annual Report. We have also successfully made the case for significant devolution of responsibilities based (in part) on our capacity to marshal the public service system to deliver integrated, place-based approaches to delivering financial resilience and improving outcomes for GM.

1.2 However, historical opportunities and funding streams have meant that we have a mixed economy of reform programmes, often structured around services, themes or government departmental lines. With the further opportunities that come from GM devolution, it is important that we have a strategy that reimagines our reform programme. There is no one factor that links together services, other than the people who use them.

1.3 It is vital that we take our approach to reform to scale across the mainstream system, and that local partners build this into their medium and long-term financial plans and corporate strategies. Our reform principles must be built into everything that we do:

- A new relationship between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- An asset based approach that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.
- Behaviour change in our communities that builds independence and supports residents to be in control
- A place based approach that redefines services and places individuals, families, communities at the heart
- A stronger prioritisation of wellbeing, prevention and early intervention
- An evidence led understanding of risk and impact to ensure the right intervention at the right time
- An approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.

2. Reform over the Life Course

2.1 In this context it is useful to think about how services are delivered across the life course, how they support people to Start Well, Live Well, and Age Well within the families, communities and places where they live. The breadth of this agenda includes:

- Early Years
- Review of Services for Children
2.2 A brief status and direction of travel update on each of these areas of work is provided as Annexe I.

3. Integrated Place-based Reform

3.1 The opportunity presented by whole system integration has been recognised for some time within GM as a key priority. Reforming services and improving outcomes for all individuals and families through earlier intervention and prevention, as well as reducing demand across public services. This requires the convergence of existing reform activity in a place through Place-based Integration as the vehicle for bringing together the elements of reform across a citizen’s life course.

3.2 As our programme of reform has developed, Health & Social Care transformation has also increasingly moved beyond the strategic development phase of devolution and into implementation. Across the £22bn public service spend in GM, including the £6bn health & social care spend, partners in GM have recognised that we are ultimately working towards the same goal. Both Place-based Integration and the development of Local Care Organisations represent vehicles through which integrated models of reform can be delivered, and over time must come together as a single neighbourhood delivery model.

3.3 A brief status and direction of travel update on Place-based Integration and LCO development is provided as Annexe I.

4. Taking Reform to Scale - Redefining the Mainstream

4.1 There are numerous examples of how our approach to reform is moving beyond integrated delivery models on the frontline to breaking down barriers and siloes between organisations and service at a more strategic level. Most recently the joint commissioning of a new Liaison and Diversion contract, the Work and Health programme and the embedding of victim services within public service hubs. At a strategic level the establishment of task and finish group focused on the alignment of Health & Social Care with Public Service Reform is a significant step forward.

4.2 However what is required now is a step change from individual commissions and programmes to whole system reform. The current programme of place-based integration represents a first stage of testing this, however there is still a distance to travel before this becomes a mainstream embedded approach. This will require direct action on system constraints at every spatial level, for example the development of new performance regimes driven by a shared understanding of purpose and outcome, or negotiation with government around the perverse impact of siloed inspection regimes and legislation. It will require single locality leadership, leading from place not organisation, making joint decisions, sharing information and pooling budgets.

4.3. There are a number of opportunities for us to move in this direction already underway, as outlined below.

4.4 Reform Investment Fund
• Key vehicle for delivering GM’s ambitions for whole system reform. The Fund can support localities to invest in service transformation which will deliver sustainable place-based working in the mainstream for all complex families and individuals. This will be supported by the ambition set out in the all age Early Help Strategy.
• It is likely that other national funding streams will become available which it would be sensible to include in the fund, in particular those which are focussed on improving life chances amongst GM’s most disadvantaged communities. For example this might include domestic abuse, employment outcomes, housing or mental wellbeing.
• An MOU has been drafted between DCLG and GM which sets out the terms of the Fund, this is likely to be signed in the next few weeks.

4.5 Information Sharing & Technology
• An essential enabler of our ambition for reform will be the ability to establish effective solutions to the Information Governance challenges presented by truly integrated working models, as well as to build the technological infrastructure to support that both operationally and strategically. The establishment GM Connect is a significant step forward in providing us with the capability to develop the necessary solutions.
• For example work is underway to develop a digitisation pilot for services in the Early Years, turning paper records into an electronic record which follows the child. We are also in the process of scoping a Single Privacy Notice for GM Local Authorities, with the aim of improving the transparency with which we communicate with residents about how we use their data.

4.6 Workforce Development
• A strength of the place-based integration early adopters has been the impact on behaviour change amongst the frontline teams and operational levels of leadership.
• Effective behaviour change will be a key factor to taking this work to scale and to contribute to this GMCA is working closely with the Behavioural Insights Team to develop an induction programme for frontline staff and leaders as the work rolls out.
• We are also working with the Workforce Development Executive to establish a GM standards for conversational tools, alongside a repository of best practice.

4.7 Leadership
• Our approach has started to pinpoint the effective behaviours required amongst leaders to embed this way of working and support the wider vision for reform across GM.
• We are working with the GM Workforce Development Executive to lead and implement work to build place-based leadership capacity across GM, aligned to the existing Leading GM programme.

4.8 Governance
• The GM Reform Programme is currently governed by the Reform Board which comprises a wide range of partners across public services, including the health and social care system. There are a number of groups reporting into the Reform Board on each strand of reform.
• A recent refresh of the Reform Board has focussed the agenda on delivering four key priorities aligned to transitions in the Life Course and the priorities in the GMS; School Readiness, Work Readiness, Finding a Home, and Ageing Well. This is a timely opportunity to refresh and galvanise this leadership to
ensure it provides sufficient challenge across the system, as well as within organisations, and to take action on the system to ensure real change is being delivered.

4.9 Building on Community Assets

- There are already a huge range of organisations as well as formal and informal networks within our communities which support individuals and families, connect them with one another and with opportunities, and prevent demand reaching the front door of public services.
- Community and voluntary organisations are already working in partnership with public services, as well as local businesses, to help deliver solutions for some of our most complex and vulnerable residents.
- As our place-based approach develops there is an opportunity to work more collaboratively with these organisations across all sectors, both to make the most of the knowledge, expertise and trust they have within local communities and to ensure they are part of a problem solving solution.
- This approach to building on community assets provides an opportunity to explore what the new relationship should be, develop new investment models which promote sustainable community assets, and work together with communities to deliver a shared vision for GM.
Start Well - Early Years

- The GM Early Years Delivery Model (EYDM) was developed in 2012. It is an ongoing universal and targeted pathway based on consistent, integrated age-appropriate assessment measures promoting early intervention and prevention, implemented through assertive outreach and improved engagement with families with young children from pre-birth to school.

- Implementation of the EYDM has progressed at different rates across all areas of GM. More recently a number of workstreams have been progressing at the GM level including; a prototype for the digitisation of records in the Early Years in Salford, an investible proposition for a GM perinatal and infant mental health pathway, a bid into the transformation fund around oral health in the under 5s in four priority localities and investment in workforce development with regards smoking in pregnancy.

- We are in the process of establishing dedicated resource in GM to drive this agenda forward, and provide the expertise required, supported by a bid to the Transformation Fund which is in development.

Start Well - Children's Services Review

- Proposals around Services for Children in Greater Manchester submitted to DfE in April 2016 following the development of a comprehensive business case around seven priority areas; Youth Offending, Integrated Health, Education & Employability, Early Help, Complex Safeguarding, Looked After Children and Quality Assurance.

- Latest submission of the Financial Business Case in January 2017 that set out a funding request for £36.2m. Pending the result of the election the Minister is due to write formally to GM leaders outlining what is needed from their perspective and we anticipate that GM will need to provide a response to this in the next few weeks.

- Seed funding committed from each Local Authority, alongside Health and the Fire Service, to enable the first phase of implementation including; scoping for LAC sufficiency, development of a Care Leavers model, roll out of the Stockport model and restorative approach, business plan for the Complex Safeguarding hub and continued development of early help and edge of care planning.

Live Well - Work & Health

- Expansion of the Working Well reach and build on the foundations that are place to create a transformation Working Well health and employment system that is able to enact positive change at scale to improve population health, address the worklessness challenge and increase productivity.

- The is demonstrated by the four key areas of focus;
  1. In work – create healthy workplaces which reduce sickness absence and increase productivity
  2. Early Help - efficiently and effectively support workers to retain employment when suffering from poor health or disability
  3. Work & Health Programme - support those with more complex needs, but have a reasonable prognosis of returning to work with personalised support within two years
  4. Care & Support - create pathways to employment for those with more complex or enduring health conditions and also improving with quality of life for those for whom a return to work is not a realistic outcome
• This approach is aligned to key strategic change initiatives including employer engagement, priority populations such as those with mental health issues and older people, change in system infrastructure such as place-based initiatives and Local Care Organisations, and Job Centre Plus reforms.

Live Well - Complex Dependency

• Troubled Families has been the most significant delivery component of the Complex Dependency agenda to date, and GM is committed to working with 27,230 Troubled Families by 2020, and to date we have worked with 16,000 families.
• Through the Reform Investment Fund the next stage of this work will be to mainstream this way of working through the emerging all age Early Help strategy.
• Another key element of this service transformation is the development of Public Service Hubs within each locality of GM. Public Service Hubs will be the single central point of coordination and integration for cases with the highest complexity and risk across a locality.

Live Well - Justice & Rehabilitation

• We have implemented a number of new approaches to managing offenders;
  1. A whole-system approach to working with women offenders is being embedded across GM
  2. Intensive Community Orders (ICO) provide an alternative to custody for young men at risk of a custodial sentence with a focus on family support and specific support for care leavers
  3. Integrated Offender Management is the multi-agency response to some of our most persistent and problematic offenders, many of whom have multiple and complex needs.
• We have implemented new approaches to supporting victims of crime;
  1. STRIVE is a multi-agency approach to addressing domestic abuse, supporting victims, families and wider community to resolve issues that may otherwise potentially escalate and become worse over time.
  2. The Victim Referral and Assessment Service seeks to support victims of crime to cope and recover and offers practical support, as well as acting as a referral pathway to relevant services and partners.
• Evaluation of new models for Justice & Rehabilitation is ongoing, and continues to inform work to develop sustainable investment models. Similarly work is ongoing to explore the connectivity with wider integrated service provision, for example victim’s services will be embedded within Public Services Hubs, and opportunities to link Women’s Centres with emerging place-based teams are being identified.
• Recognising the wider determinants and protective factors around offending behavior the GMCA has embarked on joint commissioning of both an integrated contract for police custody health care and wider liaison and diversion with the Health & Social Care Partnership, and prison family support services with three prisons, the community rehabilitation company and Troubled Families.
• Work continues to implement our Devolution Deal which covers a range of Justice and Rehabilitation responsibilities, including better integration of justice and community provision, healthcare provision, employment learning and skills and youth justice provision. A GM Justice & Rehabilitation Devolution Roadmap has been developed, informed by a series of locality roadshows.
Live Well – Housing & Homelessness

- GM has been working to develop a new approach to homelessness through the DCLG trailblazer initiatives and also through a joint approach to implementing new legislation from April 2018. This approach will focus on an end-to-end system with a strong focus on preventing homelessness, through to working to address rough sleeping and the root causes of homelessness.

- Up to £1.8m has been awarded for a Social Impact Bond contract to work with entrenched rough sleepers. This will form a key part of our strategy to end the need for rough sleeping. Final funding is yet to be confirmed for the homelessness prevention and early rough sleeper streams but we are hopeful to have a committed figure by early July.

- Agreement has been reached to focus the work on 7 key themes; Data, Systems and Information, GM Hub Network, GM Social Lettings Agency Approach, GM Homelessness Action Network, GM Housing First approach, Consistent Pathways, Homelessness and Health co-ordination/integration and partnership.

- The work is being developed in partnership with the H&SC Partnership, the emergency services and GM housing providers.

- During the course of 2016 the GM Housing Providers and GMCA agreed a MoU, setting out areas of collaboration including in public service reform. Since the agreement was signed, providers have played key roles in a number of areas of reform, including our place-based integration work.

Age Well - Adult's Social Care Review

- Service providers in GM support over 26,000 residents with care at home costing more than £70m pa, and there are nearly 18,000 residential and nursing home beds operating at 90-100% occupancy in GM. Nearly 7,500 people with learning disabilities receive support costing c.£300m pa, and there are over 280,000 carers.

- Commissioning arrangements for adult social care services are under immense strain from significant funding pressures and fragile provider markets. The workforce in GM operates under a wide variety of role expectations, pay levels and terms and conditions; whilst the in-kind support provided by carers represents a vital resource that is not consistently and co-ordinated. Other fundamental issues such as housing quality, design and supply exacerbate these challenges.

- The Adult Social Care Transformation Programme aims to tackle this, in a structured and inclusive process engaging health and care commissioners with providers and service users (and their carers), seeking to design and implement innovative solutions to radically improve outcomes for people across GM.

- The programme has established priority workstreams on Care at Home, Residential and Nursing Care, Learning Disabilities and Support for Carers, as well as an emerging programme around housing. Across the four main workstreams, delivery groups led by Directors of Adult Social Services have identified priorities to focus on.

Age Well – Ageing Hub

- The GM Ageing Hub has been established to have oversight of a GM strategy on ageing and as a point of coordination for workstreams delivered by GM partners. It is intended to complement work taking place at a locality level,
including the development of age friendly locality plans, and works in conjunction with the GM Ageing Well Programme.

- Our aim is to create a shared culture and environment across Greater Manchester where academic research informs commissioning, policy and practice. We have some of the world’s leading academics in the field within GM and we are working to harness their research and insight to best effect.

- Lead by GMCVO the £10million lottery funded Ambition for Ageing programme aims to reduce social isolation of older people and promote age-friendly neighbourhoods in 24 wards across GM.

- In conjunction with the Centre for Ageing Better an over 50s worklessness pilot has completed its first phase in five areas of GM.

- We have recently been awarded three stars by the European Innovation Partnership for Active and Healthy Ageing and are working closely with the World Health Organisation to become the UK’s first age-friendly city-region.

**Place-based Reform - Place-based Integration (Integration at Neighbourhood level)**

- New delivery models are being designed against local demand; focussing on reduction and prevention, and building on community assets. These new models aim to maximise operational effectiveness within the context of reduced budgets and provide a space to continually test and refine models of integrated delivery in a place.

- Place-based Integration early adopter sites have been established in each locality within GM. The early adopter sites are using Systems Thinking methodology and a ‘design by doing’ approach with single public service frontline team working in each of the neighbourhoods.

- The aim is to build evidence to demonstrate the benefits that can be realised through working in this way, increase understanding of the extent to which frontline and leadership roles can be redesigned and recognise the competencies and powers required to deliver these new roles effectively.

- Importantly the work has also begun to identify and articulate blockages created by current system conditions that, if addressed at locality, GM or national level, would lead to enhanced effectiveness and future demand reduction.

**Place-based Reform - Health & Social Care Local Care Organisations**

- As work on Health & Social Care Transformation matures and moves into the delivery phase, we will increasingly need to understand the overlaps between the different programmes and where they will coalesce to deliver at scale in localities and across GM.

- The focal point will increasingly become the Local Care Organisation (LCO) in each place. This LCOs reflects the comprehensive analysis carried out on the shifts of activity from the acute to community sector required to deliver clinical and financial sustainability across GM.

- The LCOs will be the route via which a number of the Theme 1 Population Health programmes are delivered. This could include: capacity and capability development of person and community-centred approaches; the early years model; prevention at scale; and integrated lifestyle and wellness services.

- The LCOs will be the connection point for delivery of other key programmes where health and social care align with the wider programme of reform to ensure that residents are being supported to be well and independent within their communities.
Reform in GM

Donna Hall & Jane Forrest

September 2017
We want to shift our position from being a cost centre to a net contributor to national public finances

We are seeking greater control over the levers and resources available to the public sector, delivering the growth and reform that will support GM residents and businesses to thrive
Background: Progress with Reform

1,132 orders made over programme
65% were in work at the end of their order (completion between April – Sept 2016) against a target of 20%.
19% reoffending rate (April – Sept 2016), compared to national rate for this group of 29.2%

Locality led reform is taking place across GM, enabling the coordination and enhancement of programme activity

14,300 families engaged to date during phase 2 of the programme
3,000 positive outcomes claimed for to date during phase 2

Intensive Community Orders

4,985 referrals over programme
94% attachment rate
450 job starts, with more anticipated

Troubled Families

Working Well

Women Offenders

2,746 referrals over programme lifetime
72% of women assessed identify mental health and wellbeing as an issue to address, 89% have multiple needs
3% reduction of reoffending rate, compared to national average

Source: Annual Report January 2017

GMCA
BOLTON MANCHESTER ROCHDALE STOCKPORT TRAFFORD
BURY OLDHAM Salford TAMESIDE Wigan
Background: Reform Principles

- **A new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.

- **An asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focussing on the deficits.

- **Behaviour change in** our communities that builds independence and supports residents to be in control

- **A place based approach that redefines services** and places individuals, families, communities at the heart

- A stronger prioritisation of **wellbeing, prevention and early intervention**

- An **evidence led** understanding of risk and impact to ensure the right intervention at the right time

- An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.
Services are delivered across the life course, they need to support people to Start Well, Live Well, and Age Well within the families, communities and places where they live. The breadth of this agenda includes:

- Early Years
- Review of Services for Children
- Work & Health
- Complex Dependency
- Justice & Rehabilitation
- Housing & Homelessness
- Review of Adult’s Services
- Ageing
- Place-based Integration

Integration across the system requires the convergence of existing reform activity in a place, bringing together the elements of reform across a citizen’s life course.
Integrated Place-based Reform

- Across the £22bn public service spend in GM, including the £6bn health & social care spend, we are ultimately working towards the same goal.
Integrated Place-based Reform

- Place-based Integration and Local Care Organisations represent vehicles through which integrated models of reform can be delivered, and over time must come together as a single neighbourhood delivery model.

GM HSC and PSR Alignment

GM Outcomes Framework & Delivery of Taking Charge/Stronger Together

Common Areas of Assessment:
- Place-based leadership;
- Integrated commissioning;
- Focus on Early Intervention & Prevention;
- Asset-based approaches;
- Co-location of staff.

PSR x10

LCO x10

Hospital Group / Chains

LCO maturity Framework

Strategic assessment for PSR

GMCA BOLTON MANCHESTER ROCHDALE STOCKPORT TRAFFORD
BURY OLDHAM SALFORD TAMESIDE WIGAN
Taking Reform to Scale - Redefining the Mainstream

• Our approach to reform is moving beyond integrated delivery models on the frontline to breaking down barriers and siloes between organisations and services at a strategic level. Recent examples include:
  • Joint commissioning of a new Liaison and Diversion contract
  • Work and Health programme
  • Health & Social Care and PSR Task & Finish Group
• A step change is now required from individual commissions and programmes to whole system reform
• Place-based integration represents a first stage of testing this, however there is still a distance to travel before this becomes a mainstream embedded approach
• This will require direct action on system constraints at every spatial level, for example:
  • New performance regimes driven by a shared understanding of purpose
  • Negotiation with government around the perverse impact of siloed inspection regimes and legislation
  • Single locality leadership, leading from place not organisation; making joint decisions, sharing information and pooling budgets
Taking Reform to Scale - Redefining the Mainstream

There are a number of opportunities for us to move in this direction already underway:

Reform Investment Fund

- Support localities to invest in service transformation which will deliver sustainable place-based working for all complex families and individuals

Information Sharing & Technology

- The establishment GM Connect is a significant step forward in providing us with the capability to develop the necessary information governance solutions

Workforce Development

- A strength of the place-based integration early adopters has been the impact on behaviour change amongst the frontline teams and operational levels of leadership

- We are also working with the Workforce Development Executive to establish a GM standards for conversational tools, and with the Behavioural Insights Team to develop an induction programme for frontline staff
Taking Reform to Scale - Redefining the Mainstream

There are a number of opportunities for us to move in this direction already underway:

Leadership

• We are working with the GM Workforce Development Executive to lead and implement work to build place-based leadership capacity across GM, aligned to the existing Leading GM programme

Governance

• The GM Reform Programme is currently governed by the Reform Board which comprises a wide range of partners across public services, including the health and social care system

• The focus of the Reform Board has been refreshed to deliver four key priorities aligned to transitions in the Life Course and the priorities in the GMS; School Readiness, Work Readiness, Finding a Home, and Ageing Well

Building on Community Assets

• Our place-based approach provides an opportunity to explore a new relationship with communities, and develop new investment models which promote sustainable community assets, and to deliver a shared vision for GM