

The Greater Manchester Model: Further, Faster

Reforming Public Services



This is a summary of the Greater Manchester model of public service delivery. It is about moving from the principles of place-based working, to a new operational model that embeds it in practice. This sets out what our operating model will look like and the key features our public services should be working towards to achieve this. This model and these key features have been built from an understanding of the needs of the people and the communities that we serve right across Greater Manchester.

We do things differently around here. We have always been a pioneers, at the forefront of innovation, we now want to be leading the delivery of a new model of public services

which places people at the centre. This requires a seismic change in thinking as radical as the creation of the welfare state and the NHS.

Westminster can no longer provide all the answers to the challenges facing our communities and devolution has given us energy, hope and a sense of possibility. We have already made great progress and are delivering results but we want to go further, faster. To achieve this we are setting out a completely new approach to public service. Instead of a drive towards more institutions. fragmentation and outsourcing, it is about the very opposite - a one integrated public service team with that ethos at its heart. We are now ready to embed this model of place-based integration system-wide. To succeed, there are barriers to remove and challenges to be overcome and this requires financial reform, workforce reform and culture reform

Our Greater Manchester model of public service delivery means organising resources – people and budgets – around neighbourhoods of 30,000-50,000 residents, rather than around themes or policy areas as is traditionally done. This new model will mean freeing up the frontline, devolving power, and allocating resources around need more effectively. Each neighbourhood should be served by an integrated place-based team - with co-located professionals from all public services working together.

We want to completely break down the silos which exist between public services that can lead to isolated decision making and a narrow focus to delivery. This often results in people being passed from pillar to post with no one truly listening to or understanding what people and communities really need.

We want to collaborate, as one public service, on prevention rather than individually picking up the pieces. We want to be proactive rather than reactive. We want to promote a model of public service delivery that is truly preventative and person-centred.

There are features which are key to this that will enable us to move from principles to the new delivery model. We need to be able to work to the same geographies, make decisions as one. Dedicated public servants need to be freed up to do what is right, what is needed at the front line and to lead across organisations. We all need to challenge the things that get in the way, we need to work towards a common purpose and we need to be able to combine our resources in a place to do this.

Some of this is within our gift if we work as one but Greater Manchester needs more power to take control of its own destiny. We believe Greater Manchester should now be trusted with more oversight of the whole system and greater freedom in the use of finance. More power, more responsibility and the proper resources to make real change. Our model for Greater Manchester sets out our common goal to help us do just that.

Andy Broken

Andy Burnham Mayor of Greater Manchester

From principles to practice

Our principles have provided the foundation of the Greater Manchester model.

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

It is now time to move from principles to practice.





£22 billion resource

£7 billion gap between public spend and tax income



Life expectancy 77.8Below England average of 79.5



2.8 million populationGrowth of 170,000+ in last decade



Life expectancy 81.3Below England average of 83.1



65,700 unemployed 4.9% down from 6.2% the previous year



7,892 net additional new homes
In 2016/17



1.7 million calls to police In the last year



441,000 aged over 65Growth of 50,000+ in last 25 years



1/4 of 16-19 year olds unemployed 15,300 (26.8%), up from 22.1% the previous year



£62.7 billion GVA



12,000 children not ready for school

At the end of early years foundation stage



268 rough sleepersAnd more than 18,000 people at risk of homelessness



In Greater Manchester we see public services in the widest possible scope; harnessing the combined strengths of our formal services, the voluntary, community and social enterprise sector, local businesses and the assets of our communities.

Public Services Together As One



10 local authorities



15,890 voluntary organisations, community groups and social enterprises



15 NHS trusts



10 GP federations



A Greater Manchester police service



A Greater Manchester fire and rescue service



10 clinical commissioning groups



Our Job Centre Plus partners



Greater Manchester probation partners



28 Greater Manchester housing providers



In 2016 we took charge of health and care in Greater Manchester. Our programme of work reflected a clear and distinct philosophy: that the NHS belongs as part of a wider system of population health, accountable to the people through the framework of local democracy.

What makes health and care devolution in Greater Manchester unique is our commitment to work as part of a connected public service system in our city region. The reform of health and social care is vital to improving GM's productivity by helping more people to become fit for work, get jobs and stay in work for longer. We can also harness the potential of the health and care system to contribute to innovation and drive economic growth.

As the only city region with health devolution, we are remaking the connection between health and other public services that has been lost down the years.

For our residents, this will be most clearly seen in our Local Care Organisations. Unlike other areas in the country that see integration solely through an NHS lens, our ambition through LCOs has always been much broader. It is through the neighbourhoods of 30k to 50k population on which the LCOs are built that health and care will connect with the full range of public services in GM and the community and voluntary sector.

In these neighbourhoods, health and care will play its full role in the Greater Manchester model of public service delivery. Our approach to the neighbourhoods has always been guided by a core principle: identifying who contributes to health creation and how they can be better connected.

Equally, we recognise our responsibility in health and care to work with all partners to change the way public services are delivered for our residents in GM. Public services, including health, are too often characterised

by short-term, uncoordinated reaction to crisis rather than an approach centred on early intervention, prevention and proactive support that draws on the assets of individuals and their communities. We must all work together to tackle this – particularly in the areas of workforce, digital and joined up budgets.

It is only through working in this way that we will secure the happy, healthy and hopeful lives that we seek for all of our residents. The Health and Social Care Partnership stands ready to play a leading role in this.

House

Jon Rouse CBE Chief Officer Greater Manchester Health and Social Care Partnership

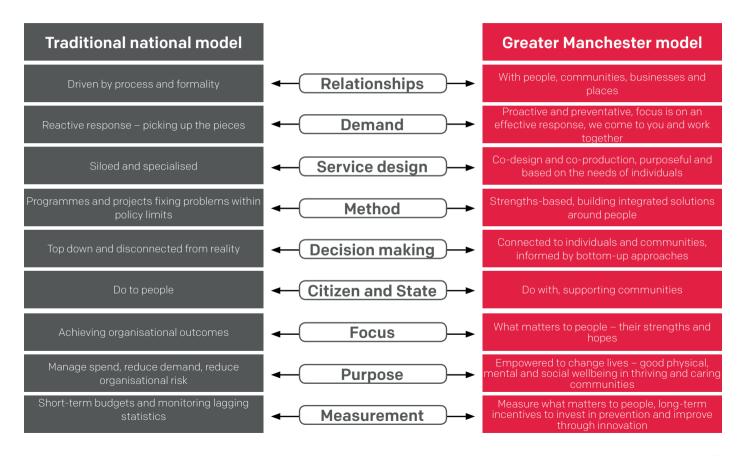


21ST CENTURY PUBLIC SERVICE DELIVERY

The prevailing national model of public service delivery remains grounded in the underlying assumptions of how services and organisations operated at the turn of the last century. Society was a lot less complex, a lot less diverse and a lot less connected 100 years ago. That's why we need a new public service model that is fit for purpose now, and for the future

In Greater Manchester we have extensively studied this traditional model of public service delivery and have identified where it falls short in managing need and fostering capability. We have identified the key features that distinguish our model from the traditional model and recognise the fundamental shift needed in these underlying assumptions to ensure public services meet the needs and build on the strengths of Greater Manchester's greatest asset – its people.

The Greater Manchester Model – What's different?



Place-based Reform: The Greater Manchester Model

Our focus is on bringing services together at the neighbourhood level, designed around the person and their needs. In order to do this we also need to bring services together, above this, at a locality level. This is both about ensuring specialist services can be seamlessly pulled into the neighbourhood and also having the right arrangements in place to work as one public service within the locality. The map provides an overview of what needs to be in place at both the locality and neighbourhood level to enable us to deliver our public service operating model.

Locality level

Specialist services operate at the locality level which have skills, knowledge and expertise that can be drawn on by the integrated neighbourhood function, or to provide strategic insight and intelligence. A single integrated locality function also exists to bring together intelligence and coordinate resources around the most complex and costly cohorts, providing one front door for those cohorts, and working in close conjunction with the integrated neighbourhood functions.

Neighbourhood level

Integrated delivery of services at neighbourhood level (30-50k population), intervening early and responding to the person in the context of their community. The assets within those communities, alongside universal services, are at the heart of this approach.

Services also operate at cluster, or GM level providing acute or specialist capabilities needed at that level, and engaging outwardly with regional and national agencies.

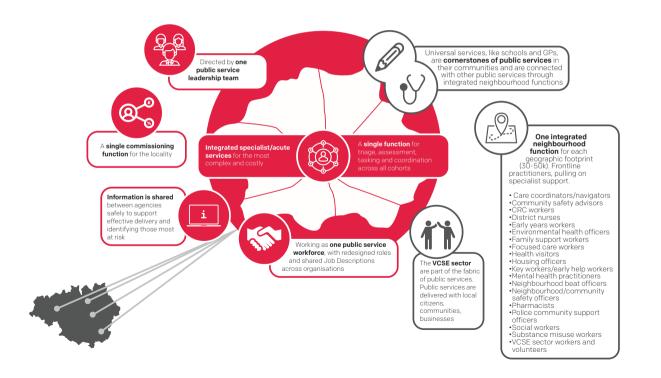
A completely new approach to public service delivery.

Breaking down the silos between public services, collaborating on prevention rather than individually picking up the pieces. Promoting a model of public service delivery that is truly preventative, proactive and person-centred.

A single programme of transformation and reform across all disciplines

Further devolution, policy change, new regulatory environment

Supported by place-based pooled budget





The landscape of policing is changing and crime is becoming ever more complex in nature. The demand for policing services continues to increase and so the prioritisation of scarce resources is of critical importance to ensure that we continue to protect the most vulnerable in our society. The public expectation of policing does not reflect the demands we face. It is imperative that we work more closely with the public, as well as other public services, to continue to enhance the services we deliver.

The Greater Manchester Police vision sets out the need to work with citizens and our statutory and voluntary partners to build better outcomes for the public. It recognises that we must work differently in this challenging environment to create the space to solve problems, keep people safe, and deliver against the Police and Crime Plan, 'Standing Together'.

Recent work we have carried out, with other public services, means we now have a much better understanding of the root causes of the demands faced by policing. It provides a compelling case for the need to overcome the information sharing, physical, cultural, and financial barriers which inhibit the integrated working required to stop the cyclical demand generated by an increasing number of often vulnerable individuals and families

A number of place-based early adopter sites have demonstrated how integrated teams have improved the life experience and outlook for individuals with complex needs by making the system more responsive to their aspirations, thereby reducing dependency on police and public services. The challenge for us now is in how to upscale these different working practices. Greater Manchester has embraced this challenge by adopting a shared operating model for public services that will provide a new offer to people in Greater Manchester, which places them at the heart of

improving their life opportunities. At the same time a more effective approach to complex social and health needs will release resources needed to tackle continuing threats from organised crime and address the growing problem of digital and digitally enabled crime carried out by individuals and groups who often victimise the most vulnerable in society.

Ian Hopkins QPM Chief Constable, Greater Manchester Police

KEY FEATURES OF THE GREATER MANCHESTER MODE

Setting out our model for Greater Manchester has not come out of the blue. We have been on a long journey of reform and integration throughout our history of collaboration and our more recent devolution deals.

We have spent time understanding how public services are experienced from the person's point of view, understanding how the system works as a whole and understanding what gets in the way. We have tested, adapted and built our evidence base, putting our common purpose above individual organisational interests.

Our operating model has been developed from the ground up, working with front-line teams and being part of local conversations. In addition we have undertaken honest self-assessments which have identified common themes across all public service, health and care organisations in each of the ten localities and Greater Manchester as a whole.

The six key features of our operating model highlight those areas in which it is essential we make progress if we are to truly realise our ambitions. These six features will need to inform our future decisions about investment, will require joint policy decisions at a Greater Manchester level and importantly will require a direct dialogue with central government to inform future devolution asks.

Key feature



"It's really easy to access services here, I know exactly who and where people are and can see them all working together in one place."

- All services share coterminous service delivery footprints and integrated services are delivered at either Greater Manchester, locality or neighbourhood level.
- The neighbourhood level is the building block for local care organisations and the foundational unit for delivery recognised across public service organisations.
- Neighbourhood level delivery aligns to populations of 30k-50k residents. All services can describe how they align capacity and capability at this level for mutual benefit.
- Focussed activity may be delivered below the neighbourhood level but this will stack into the neighbourhood service delivery footprint, which in turn stack up to the locality level.

Leadership and accountability

- Integrated leadership, accountability, performance and governance structures reflect the geographic alignment of services at Greater Manchester, locality and neighbourhood levels.
- Joint decisions can be made across organisations at each spatial level with an emphasis on leading for the people and the place as opposed to purely on an organisational or functional basis.

Key feature



"I feel like people really listen to me and what's going on in my life. I never thought I'd see people from the council, the doctors, the police, the housing office and the Job Centre all working as one team."

- There is a look and feel of one public service workforce functioning together, unrestricted by role titles or organisational boundaries – working for the place and people.
- Driving service effectiveness, focussing on prevention and taking a personcentred approach is at the heart of everything we do, based on a new relationship with citizens.
- Structures support this way of working through policy, practice and organisational form.
- There is a common culture across organisations displayed through shared assumptions, values and beliefs that enable this way of working.



- There is a clear understanding of the full public spend across the locality including how this operates at each neighbourhood level.
- A mechanism is in place to pool transformation and reform funds for collective benefit.
- There is a single commissioning function which pools budgets across all public service, health & care organisations. Integrated core budgets exist where relevant e.g. neighbourhood functions.

Key feature

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Programmes, policy and delivery

"I don't have to tell my story over and over again. I don't have to fill in hundreds of forms or go to assessments for different things, it feels like things are much more flexible."

- All strategic plans and change programmes work towards a common goal of integrated public service delivery.
- The key features of our operating model are embedded in the blueprint design of all programmes of work, driving out duplication and divergence.
- Multiple integrated delivery models come together as a single neighbourhood delivery model with this approach reflected at the locality and Greater Manchester levels.
- There is a shared knowledge of the strengths and issues in a place, human and digital capabilities form the basis of a collective intelligence across organisations that shapes decision making and strenghtens relationships.



- Each locality has a formal mechanism to identify, act on and escalate issues that impact on delivering the most effectives services for people or act as a barrier to wider and deeper integration.
- Greater Manchester is able to have a single conversation nationally around policy, legislative and financial flexibilities which support our ambitions and further strengthen our devolution deals.



Who is the model for?

Clinical commissioning groups

Community rehabilitation companies

GP Federations

Greater Manchester Combined Authority

Greater Manchester Fire and Rescue Service

Greater Manchester Health and Social Care Partnership

Greater Manchester Police

Housing providers

Job Centre Plus

Local authorities

National Probation Service

NHS Trusts

Other NHS bodies

Providers of public service, health and care commissions

Schools and colleges

Transport for Greater Manchester

Universal service providers

Voluntary, community, faith and social enterprise groups

For the benefit of all citizens of Greater Manchester



In Greater Manchester we currently face unprecedented challenges of increasing demand and reducing budgets. If we don't come together to radically reform our public services we will all fail our communities and police, council, DWP and NHS funding will not be sufficient to meet the growing needs of our communities.

Integrated place-based working in Greater Manchester is key to supporting our residents to lead happier and healthier lives as well as building community resilience and saving public money wasted on propping up a broken system. As the lead officer for Public Service Reform supporting Andy Burnham, Greater Manchester Mayor, I'm delighted to set out our public service model for Greater Manchester

We have a brilliant opportunity for all public services to come together with the community and voluntary sector to challenge ourselves to go further and to go faster in rolling out integrated place-based working.

As part of the Wigan Deal, which is a different relationship with our residents, we have developed with communities and partners seven fully integrated Service Delivery Footprint areas. Populations of between 30,000 and 50,000 have public services sharing data and joined up approaches in "huddle" meetings. Local police officers, drug and alcohol workers, housing staff, doctors, local community groups, veterans groups, hospital staff, children and adult social workers, Job Centre staff all work together to share information about residents who need our support. Through a trusted keyworker they build a different relationship and support everyone to achieve the life they deserve to live.

This approach enables us in Wigan and across all of Greater Manchester to deliver Andy's reform priorities of school readiness, life readiness, aging well and homelessness, working alongside local communities and investing in grass roots community projects.

We cannot achieve our Greater Manchester Strategy goals unless we work closer with our residents and stop passing them around a fractured system of expensive and reactive public services.

Jama Kall.

Donna Hall CBE Chief Executive of Wigan Council, and Accountable Officer of NHS Wigan Borough CCG. Greater Manchester Portfolio lead for Reform