Date: 30 October 2015
Discussed by Leaders:

Title: Public Service Reform – Developing Our Approach

Portfolio Leader: Tony Lloyd (GM Interim Mayor)
Chief Executive Portfolio Holder: Donna Hall (Wigan Council)

Summary:

Leaders considered the attached paper proposing next steps in developing the GM reform agenda. Building on the arguments put forward in our Spending Review proposals, the paper makes the case for redefining the reform programme: placing people and place at its heart.

Status:

Leaders noted the report and supported the independent study to provide a clear and credible evidence base in relation to the role of society and its relationship with public services and the need to progress as pace to ensure to ensure alignment with the health agenda.

Lead Contact officer
Andrew Lightfoot
a.lightfoot@manchester.gov.uk
GMCA & AGMA INFORMAL LEADERSHIP MEETING

Date: 30 October 2015

PUBLIC SERVICE REFORM: DEVELOPING OUR APPROACH

PURPOSE OF REPORT

This paper sets out proposed next steps in developing the GM reform agenda. Building on the arguments put forward in our Spending Review proposals, the paper makes the case for redefining the reform programme: placing people and place at its heart. The paper:

- Sets out the rationale for redefining our approach, taking a person-centered, whole life course and place-based approach.
- Suggests a new set of principles to underpin our work.
- Highlights the leadership challenge in implementing new approaches to public service delivery and sets out proposals for the next steps in developing the GM Leadership Framework.
- Proposes the development of a clear evidence base to support our understanding of society across GM, complementing the MIER, which gave credibility and profile to the approach being taken in GM in relation to the economy.
- Sets out progress in developing arrangements to integrate local services supporting the delivery of reform in relation to Complex Dependency, and next steps in creating a GM delivery framework that provides a framework to further embed integration.

The report asks Leaders to note:

- The revised principles underpinning the GM reform agenda.
- Work to develop a data sharing framework for GM as a key enabler of reform, ensuring access to personnel and data as required. Leaders are also asked to note the opportunities for consideration of integrated IT options across GM that will be generated through this work.
• The development of the GM Leadership Framework and approve alignment of individual leadership development activity across GM with this framework.
• Proposed next steps in the development of New Society.
• Work underway to develop a delivery framework for Complex Dependency to support integration of services to deliver our reform agenda.

CONTACT OFFICERS:

Donna Hall
Lead Chief Executive for PSR
Donna.Hall@wigan.gov.uk

Andrew Lightfoot
GM Strategic Director Public Service Reform
a.lightfoot@manchester.gov.uk
1. BACKGROUND

1.1 Across Greater Manchester, we are working together on the radical reform of public services through a series of challenging and ambitious programmes. The need to address the £5 billion gap between public spending and income generated in GM is a clear driver for change. The scale of financial challenge facing GM public services will continue over the coming years and continues to be a driver for change. But we also have the ambition to improve outcomes for our residents, increasing independence and reducing the rising demand on public services. Devolution to GM provides a unique opportunity for the next phase of GM reform: ensuring all residents are equally connected to current and future economic growth across GM.

1.2 The reform programmes and pilots that GM has implemented over recent years have achieved impact. However, the rising demand caused by complex issues within individuals and families continues to pose a challenge. This paper sets out a series of proposals to help us address this challenge.

1.3 Underpinning the proposals in this paper is the need for a clearly defined view of what success looks like at both the GM level and each of the ten boroughs. Our view of success must ensure we do not reach a position where we achieve our GM targets and yet some areas fall even further behind.

1.4 This paper therefore advocates a redefined reform programme with people and place at its heart. It recognises the need for a new relationship between citizen, state and society and the need for this to be fundamental to our reform principles. This is not only true for the way we deliver services but the way we co-design our reform programmes. We also need to find a way to better integrate our two approaches to reform:

- A centralist approach to negotiating freedoms and resources for GM with Government, along with GM targets and implementation.
- A place-based, asset-based approach to reform.

1.5 A revised set of reform principles are included in this paper, reflecting both our approach to implementation and the workforce behaviours, values and ethos that should underpin reform in GM.

1.6 To deliver our refocused reform agenda, we must increase the pace and scale of reform, operating at a level that enables us to realise the savings
that reform can generate and ensuring we are working with all communities to become increasingly resilient. Delivering on this agenda poses a significant leadership challenge for public services: driving change in culture and approaches to delivery that will be required to embed change. The GM Leadership Framework has been developed with this challenge in mind and will be aligned with the ambitions of our reform programme.

1.7 Supporting the redefinition of our reform programme, this paper also sets out the rationale for developing a socially focused evidence base to complement the work of the MIER, which made the case for viewing GM as a functional economic geography. ‘New Society’ will develop an evidence base that supports our ambitions to link greater numbers of our citizens and communities to the growth opportunities across the conurbation.

1.8 While making the case for a redefinition of the GM reform programme, we must recognise the positive work that is already underway in implementing an integrated programme of reform across GM. Building on the work areas have done to develop integrated responses to addressing complex dependency, this paper sets out next steps to support the implementation of the revised GM reform principles. A GM delivery framework for tackling complex dependency will provide a structure to address local and GM wide barriers to delivering integrated, whole system, responses to the challenges we face. This work will integrate all strands of the existing Public Service Reform Programme.

2. OUR REFORM PROGRAMME

2.1 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. It is easy to see why there is a temptation to reform services one at a time, on a thematic basis, because we can focus resources around specific drivers for change, and we cannot reform everything all at once. We have tested approaches to reform with smaller, tightly defined cohorts: our challenge now is to scale up approaches to reform that are achieving impact.

2.2 However, with the further opportunities that come from GM devolution, it is important that we have a strategy that reimagines our reform programmes. In one sense, there is no one factor that links together services, other than the people who use them and the places in which they live. In this context it is useful to think about how services are delivered across the life course and how they support people to Start Well, Live Well, and Age Well in the
place they live. In some ways this is an arbitrary construct but it is a reminder that public services need to be designed around people’s needs and expectations; and that services should always be relatable to personal experiences. Age, health and economic status, possibly along with perceptions of the role of the state, are all factors that determine people’s use of services at any one time in their life.

2.3 The Marmot Review, *Fair Society, Healthy Lives*, recognises that people’s health is determined by many social factors. To reduce health inequalities, we must focus on wider policy objectives around early years, healthy places and standards of living. If we recognise the core basis of public services is to help people live as well as they can and as independently as they can for as long as possible, then it may be important that we revisit the Marmot objectives and attempt to structure and prioritise our reform activity around the areas that achieve the best outcomes. By maintaining this focus we can design services which are able to do the right thing for people in the first place.

2.4 We are all familiar with the evidence. A recent report by Citizens Advice estimates that GPs are spending nearly a fifth of their consultation time dealing with non-medical issues such as housing, unemployment and debt problems and that this had increased over the past year.¹ In Wigan, primary care clinicians report that this figure can be up to 40%. Often they are unable to provide the necessary support and when issues aren’t addressed they can escalate, placing more demand on the system. This clearly demonstrates that any consideration of health and care reform must include wider determinants to ensure a person centred timely approach. This picture is replicated across local services where frontline professionals are dealing with issues outside their sphere of expertise.

2.5 Our existing reform programme has sought to tackle this issue through the delivery of integrated programmes of support. While these models of integration are achieving impact, we know that to make sustained change in peoples lives we need to intervene earlier and address the underlying and complex issues people face through an integrated system response.

2.6 By understanding the impact of single agency / single issue decision making, we begin to see that the over-riding factor in limiting our impact is when we fail to place the individual and the family (in the context of their lives and their communities) at the heart of what we do. Driving an integrated, person-centered response will create the right system for reducing the numbers in the overlapping ‘complex’ cohorts we identify in a

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¹ ‘A very general practice: How much to GPs spend on issues other than health?’ Citizens Advice, Policy Briefing, May 2015
sustainable way. This approach will also enable us to minimise the numbers where issues escalate and place ever increasing costs and demands on the system. Individuals and families with complex dependencies do not have single issues that can be effectively dealt with through a set of well-developed approaches that focus on single symptoms.

2.7 The individuals, families, and communities we are supporting require a system that understands the issues, takes ownership, and eradicates duplicated effort. A system that brings together a single assessment and plan in partnership with the right professionals. A system that has quick access to the right interventions that are sequenced in the right way to get results, deal with the root cause and support the individual and family to a position of self reliance. Our reform approach must be whole system pulling together and joining up programmes on health and care reform, tackling complex dependency, employment and skills reform, justice and rehabilitation, early years, troubled families, and new areas of reform as they emerge.

2.8 To deliver on our ambitions for GM, our reform programme should therefore be repositioned around the life course, taking into account the context of places in which our residents live. There should be clear integration between the PSR programme and health and social care reform.

3. OUR UNDERSTANDING OF PLACE

3.1 Our understanding of place is also important in redefining our approach to reform. The benefits of working across the Greater Manchester conurbation are clear as we take greater control of key determinants of economic growth and health and care spend through the devolution agreement. By working jointly we can take advantage of economies of scale and shared learning. However there is a danger that we take standardisation too far and forget what is truly local\(^2\). We should be about setting standards, not standardising.

3.2 Our approach to reform needs to be flexible to accommodate different spatial articulations of place such as city-region, district or neighbourhood. Whole system change will require a mixed economy of regional and locally delivered programmes and services. This involves a careful balance between maximising the advantages that come from GM devolution alongside understanding the value of locally driven services that build on...

\(^2\) Saving money by doing the right thing. Why 'local by default' must replace 'diseconomies of scale' Locality March 2014
individual and community assets. At present we take insufficient account of the impact on place of the decisions we take across the public sector. Through devolution, we have an opportunity to address this, particularly the challenge of ensuring all local services (including health partners) are engaged in relevant work at all spatial levels.

3.3 We should work at three spatial levels in developing our approaches to reform:

- **At a Greater Manchester level:** There are benefits GM can realise from economies of scale, collective negotiating power, new investment models and collaborative evaluation. Working at the GM level (or at cluster level, bringing together a number of local authority areas) also enables us to realise the benefit of collaboration to support low volume, high cost cohorts where specialist skills are required. However, we must not divorce high-end services from a wider approach to place-based reform and prevention: they must remain part of an integrated local approach.

- **Along Local Authority boundaries:** We can start to describe common approaches that have been agreed and endorsed by the city-region but tailored to the local area, sharing best practice across local authority boundaries. For example, the Early Years eight stage delivery model, and the development of consistent approaches to Public Service Hubs.

- **At neighbourhood level:** We must focus on integrated place based services that are able to be responsive to local need and build on the assets of the community. This means one front line team, knowing their area and each other. It must remain person centred, starting with one person at a time, understanding their needs in context of their family and their community, and building up a true picture of demand locally. Wherever possible services should be delivered within the community (encouraging local innovation), close to home and from a flexible asset base.

3.4 The integrated place-based pilots that have recently started in Wigan and Tameside provide an opportunity to share our understanding of integrated neighborhood working, enabling front-line workers from different agencies to work with members of the community to co-design services around a place, understanding and building on local assets. Co-location of frontline workers will be fundamental to realising our ambitions. GM should use One Public Estate and the GM Land Commission to support more effective use of the assets we collectively hold. The leadership challenge in delivering on both the GM and local reform agenda must be recognised, ensuring all places are supported to progress in delivering on our reform principles.
4. OUR PRINCIPLES AND VALUES

4.1 Over the past five years, public services across GM have made difficult decisions to deliver significant spending reductions. This is a position that will continue over the period covered by the next Spending Review. The delivery of reform will inevitably lead to consideration of future organizational models, as well as commissioning and decommissioning decisions.

4.2 Building on the existing principles that have underpinned the reform programme to date, and with a continued challenging fiscal landscape, a broader set of principles is now proposed: making clear that a new relationship between citizens and the state (supporting the empowerment of local communities) is at the heart of our approach. Proposed reform principles are:

- **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 well being, 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.

4.3 Reforming public services in line with these principles will build our capacity to deliver better integrated and responsive services that are enhanced by robust and timely information. Effective use of data will be a key enabler of reform over the coming years and is an issue that we must address collectively if we are to make best use out of the collective data we hold across public services.
4.4 Data sharing is an issue repeatedly raised as a barrier to our capacity to build a clear picture of where to target our resources across GM. With improved data sharing and technical capacity to share we can better identify those people and families in need of support. By better interrogating the collective data we hold we will also put ourselves in a better position to understand where the likely future challenges for GM might be.

4.5 To inform longer-term decisions on our approach to data use of information, work is now underway to shape a GM approach to information. KPMG are supporting this work, considering the cultural, technical, and legislative barriers to data sharing. The work is split into two elements:

- **Proof of concept**: This work will examine how data sharing and data analytics can support GM’s capacity to identify and tackle complex dependency. It will help us understand where we can and are using data well, where it could be improved, and where we have barriers around data use that we should seek to address. The conclusions of this work will be of value beyond the confines of complex dependency, informing developing thinking on use of data in a range of areas, including health and social care.

- **A data sharing collaboration roadmap**: Building on the focus of the proof of concept work, the data sharing collaboration roadmap will provide a framework for the cross-sector governance, principles, technical requirements and analytical approach GM will require if we are to make more effective use of the collective data we hold. The roadmap will give GM a framework to address the range of factors that impact on our capacity to make better use of our data, along with clear timescales for delivery. While the roadmap will be informed by the proof of concept work, the recommendations made will be broader, providing a starting point for a cross-sector approach to information and ICT development in GM.

4.6 This initial work will provide GM with some clear choices on how we might seek to develop our information sharing work over the longer-term. This work will give us opportunities to consider a range of issues, such as sharing and integrating IT solutions, development of shared data governance standards, and opportunities to build analytics more firmly into decision making. The work will support collaboration between councils and other public services across GM, building on existing examples of joint activity. It will bring opportunities to secure the necessary strategic ICT skills that individual organisations across GM may struggle to find individually. It will also support more efficient and effective ICT functions. A separate paper on ICT collaboration can be brought to a future meeting.
5. Our Leadership and Workforce

5.1 A further key enabler of reform will be our collective workforce. To deliver a changed relationship between citizens and the state we need to change the way we work. Change not only of our systems, services and processes but our workforce behaviours, values and ethos. This change in mindset is needed both at leadership level and in the frontline workforce: making reform happen in practice. For our frontline workforce this means, the freedom to focus on what is important to an individual and family, having a different conversation to identify assets unconstrained by tick box assessments. For our administrative functions it means moving to a role of enabler, breaking down bureaucracy and working with the community. Supporting our workforce to deliver this change we need to ensure they have access to the right information to make informed decisions and are supported by leaders who champion a new approach to public services.

5.2 We need to develop a common language and a core set of behaviours for our workforce, supporting and driving a redefinition of public services in GM. The GM Leadership Framework is being developed to support and deliver this step change in the way we lead our organisations, services, and places. The Framework will play a role in supporting the achievement of all aspects of the GM Strategy, delivering growth and reform across the conurbation.

5.3 Leadership development in GM is currently fragmented and typically organized through professional disciplines or organisational boundaries. While programmes increasingly acknowledge and include the need to work collaboratively this is often a secondary element of focus. These programmes will continue, but they can be strengthened in GM through the development of a GM Leadership Framework.

5.4 GM is developing a Leadership Framework that has its foundations in ‘Place’ and is flexible enough to accommodate different spatial articulations of place such as city-region, district or neighbourhood. It should promote leadership across organisational boundaries. This will need to connect to, complement and enhance existing programmes of leadership and support – but also challenge provision that doesn’t support our ambitions in GM. Challenge is likely to apply particularly to national programmes where current focus and delivery is out of step with the high leadership skills and expectations being set for GM.

5.5 As the GM Leadership Framework is developed, a set of expectations for GM leaders will be agreed. As a starting point for engagement, the draft
expectations we will consult on are set out below. The GM Leadership Framework should help develop leaders who:

- Understand the GM ambition and the need for it be delivered in all corners of GM.
- Understand the challenges associated with transforming places as well as organisations and systems and have the ability to lead within, and on behalf of their organisations, systems and places: taking responsibility for whole system outcomes.
- Have an asset based approach (focusing on strengths, not deficits).
- Are adept at understanding and working with evidence, stories and data.
- Ensure all decisions are informed by professional/clinical information and judgment together with consideration of the consequences for the people and places impacted by those decisions.
- Are democratically astute and champion accountability.
- Build strong connections and relationships.
- Act with authenticity and integrity.
- Have a deeply held sense of purpose to create the conditions where people can thrive.
- Connect with and respect other people's stories and history.
- Are resilient, curious and relentless.

5.6 The GM Leadership Framework will bring together a collection of materials and programme of activity that can be tailored to meet the needs of individual Leaders. It will include:

- Short on-line introductions to key aspects of Greater Manchester and activity underway through main themes of growth, reform and devolution.
- A series of ‘gatherings allowing key themes to be explored in face to face events, where the focus will be on connecting, building strong collaborative relationships and building a leadership collective.

5.7 The Leadership Framework will also include a range of broader elements, supporting Leaders to share learning, develop understanding of innovative approaches to leadership, and undertake job swaps, shadowing, secondments and coaching. The intention is to design activities that offer a range of different approaches to learning and development, supporting people to learn in many different forums. Each activity needs to be
designed with the leadership expectations and behaviours in mind as well as a clear focus on outcomes for GM citizens and the places they live (connecting leaders to people and place). We will focus on combining the day job with learning and weaving personal learning and development through the framework. The spine of activity that we are proposing will form the basis of the Leadership Framework is set out at Annex 1.

5.8 The core GM Leadership Framework offer will start in early 2016, allowing time for commissioning high quality contributors and providing advance notice for GM Leaders. The GMCA Communications team will develop an engagement campaign, promoting the GM Leadership Framework. There will be an ongoing strong connection between GM communications work and the GM Leadership Framework, ensuring our internal and external communications are supporting and reinforcing our leadership expectations.

5.9 The Framework will align with broader GM leadership and capacity building activities underway, such as the GM Social Work Academy and the GM Commissioning Academy (development of which will now be taken forward under the umbrella of the GM Leadership Framework).

5.10 Early estimates of potential development costs are that year one costs for developing and implementing the framework will be £177k, falling to £113k in year two. We are working on the principle of developing a framework that provides open access to leadership development opportunities, building a connected GM leadership community.

6. **NEW SOCIETY: THE EVIDENCE BASE TO SUPPORT REFORM**

6.1 Supporting the redefining of the reform programme, there is recognition of the need to develop a clear and credible evidence base in relation to the role of society and its relationship with public services. This should complement the work of the MIER, which set the context and evidence for viewing GM as a functional economic geography. The MIER is well understood across GM and within Government. We now need a complementary robust evidence base to make the case for a focus on early intervention and prevention, social productivity and reform of public services.

6.2 Much of the success of our ambitious agenda for growth and reform in GM is predicated on a new relationship and ‘deal’ between citizen, state and society. Work to deliver the GM Strategy: *Stronger Together* is posing...
significant questions about the role of the public in public services, as well as what it will mean to be a citizen in GM in the future.

6.3 The way individuals, families and communities are interacting with services is changing, transforming the role of the state into one that delivers the appropriate services at the right time. We are seeking to create the conditions that enable people to become resilient and empowered, increasingly focusing on identifying where preventative services can achieve improved outcomes, greater efficiencies and reductions in overall demand on services.

6.4 Under the banner of ‘New Society’ we will develop an evidence base that supports our ambitions to link greater numbers of our citizens and communities to the growth opportunities across the conurbation. This work will consider successful, cost effective ways to encourage, incentivise or mandate behaviour change. We will aim to uncover innovative ways of connecting all our residents to growth, identifying levers that are not currently part of our policy response to tackling issues of complex dependency. This work will draw on the existing evaluation work taking place across the GM reform programme as well as a broader review of national and international evidence and thinking. New Society will create the narrative and ‘route map’ for prevention and early intervention, social productivity and reform of public services.

6.5 Beyond a research role, New Society would also provide an open and independent space through which stakeholders could progress new approaches to citizenship, community empowerment and improving social outcomes. Early work has indicated demand for an approach that uses practical projects as a way of mainstreaming creative thinking. It has also demonstrated the need for a dynamic and interactive place based research network that also provides a shared platform for creativity and innovation. This needs to be underpinned by a shared data, intelligence and evaluation resource, one that includes the importance of qualitative information.

6.6 New Society would provide a place through which work on creating the conditions for a new relationship in GM is driven and coordinated. This would form part of the wider GM network and infrastructure, connecting in to all GM workstreams and the ten Districts. A network of stakeholders will be required (national, city-region and local) to help develop and shape the work of New Society.

6.7 The proposal is that New Society works to identify and fill the gaps in our social narrative. This will form a year long work programme consisting of two principal outputs:
• **Evidence review paper:** This will help us understand the ‘as is’ situation in GM bringing greater understanding of GM’s society to better respond to its structural strengths and weaknesses; we currently lack an evidence base. This will be crucial to inform GM’s political and officer leadership that the current understanding of the opportunities and challenges faced by the city region need strengthening outside of our current knowledge areas. This exercise will include data gathering, outline of ambition, and international comparators. The output will be a comprehensive understanding of GM’s baseline and the gap between that and GM’s vision.

• **MIER for Society:** Following the initial paper, we propose to deliver a companion publication to the MIER enabling us to answer the question - how can we enable all GM residents to thrive?

6.8 A MIER for society will help us to:

- Examine what ‘public services’ means and changing ideas of citizenship in GM.
- Understand the potential for a higher long-term growth rate through quantifying the economics of early intervention and prevention, and the economic contribution from a connected/thriving society i.e. value of being stronger together.
- Analyse the links between the neighbourhood, district and city region for residents mapping GM as an interconnected social space.
- Analyse the conditions which promote and sustain resilient places and populations.
- Analyse the resilience of GM residents and outline the innovative ways in which this could be increased, for example through the collective endeavour in addressing challenges e.g. around social norms (activity/obesity/alcohol/DV etc).
- Map and propose new ways of using asset based approaches that will encourage resilience and growth, for example through social enterprises.
- Establish the means by which Greater Manchester’s growth could be shared as widely as possible within the city region, and beyond; identifying stubborn areas of economic and social deprivation and outlining ways in which this can be addressed.

6.9 Developing the initial scope of work for New Society will include an assessment of resource requirement. The March Budget 2015 made provision for £350k funding for GM to support ‘Sharing Cities’ pilots. The funding is intended to support the development of an approach to building
community capacity. Government is keen to see this work incorporate digital technologies, unlocking barriers to accessing services; tackling isolation and exclusion. It is suggested that the funding is also used to support initial development of New Society. Further funding sources also need to be explored as the scope of initial work is developed.

7. REIMAGINING REFORM: IMPLEMENTATION

7.1 With the revised GM reform principles in mind, and – over time - drawing on evidence that emerges from our New Society work, we must also consider how GM supports the development of local arrangements to deliver reform. Work is now underway to scope and develop a delivery framework for Complex Dependency. This will address local and GM barriers to a whole system approach to reform. It will align and integrate existing strands of the PSR programme.

7.2 GM has a priority to tackle complex dependency. Work to address this challenge has progressed significantly in the last 12 months. There is recognition both at GM and borough level of the need to implement an integrated offer at scale for our most complex residents, and to put in place effective early intervention to improve outcomes and prevent the flow of demand into services in future. This offer needs to support GM’s ambitions for growth and increased productivity by supporting these families and individuals to improve their skills and ultimately progress into employment. The emerging work stream on place-based integration will be a key component of ensuring the system response to Complex Dependency is integrated at frontline level in neighbourhoods as well as acting as an enabler to creating community resilience.

7.3 The coming months present both a further challenge and opportunity given the significant upscale required to work with our target number of families and individuals through the Troubled Families (TF) and Working Well (WW) programmes (27,200 and 50,000 respectively). There are also timely opportunities presented by the whole system reviews of services for young offenders, services for children and Integrated Offender Management (IOM). Likewise we need to ensure the changes brought about by Health & Social Care devolution, in particular the place-based approach to public health, are integrated with the approach to tackling complex dependency.

7.4 Alongside the development of the GM reform landscape, all local services continue to face significant financial challenges. The pressure to respond to current levels of demand with shrinking resources makes it imperative that
we implement effective approaches to reduce dependency on public services and make the most of assets in our communities. There is no room for duplication of activity between partners if we are to achieve the outcomes and budget savings required.

7.5 The recent submission to the Government’s Spending Review (SR) set out GM’s ambition for a more integrated approach to tackling complex dependency, supported by a single fund. Whether this ambition is realised through this SR or not, there is a need to ensure that delivery of reform keeps pace with our ambition and we can evidence the impact of a more integrated approach on the ground, providing a platform for further devolution in GM.

7.6 Recent reviews of current reform implementation arrangements have highlighted significant positive practice across GM. However, there remains a sizable variation in pace and scale of progress. If we are to realise our ambitions and deliver on our revised principles, we need to take stock, redefining how we work in a place. To achieve this, we need to address issues of duplication around commissioning and delivery. We also need to focus on building the evidence base to ensure local reform offers are of sufficient quality across the sub-region to achieve sustainable outcomes and reduce demand.

7.7 Following the development and agreement of the GM complex dependency spine, each local authority area has been developing local implementation models. Though incorporating common elements, these naturally differ to reflect the priorities and challenges of individual places. Reviews of progress in local implementation against the spine highlights variable progress. Although there is a good shared understanding of the characteristics of complex dependency, there is still a tendency to carve this into smaller cohorts which results in a focus on single issues and creates thresholds. The recent reviews of reform implementation arrangements have highlighted four common barriers to swifter progress that GM can seek to address through a clear delivery framework for implementation of reform activity:

a) **Duplication:** Without effective integration between reform programmes locally there is a considerable risk of duplication of integration functions and activity with families and individuals, particularly as delivery is scaled up and overlap between cohorts increases. This has the potential to recreate the siloed services that PSR aims to avoid. However if this issue is addressed at both GM and local levels there is an opportunity to increase efficiency and reduce costs, whilst improving the services experienced by residents.
b) **Commissioning for Complex Dependency:** Commissioning to support our work tackling complex dependency must be effectively co-ordinated and (where appropriate) undertaken collectively. This will reduce risk of duplicating processes or appointing multiple providers to deliver very similar services to slightly different cohorts. GM can also realise savings through economies of scale.

c) **Building the evidence for reform:** There are some very good examples of evaluation of reform programmes across GM. However we are not currently in a position to bring these together as a sufficiently robust evidence base around the impact of our work on Complex Dependency to inform strategic decisions, or help us understand which of the approaches taken locally are working best. Steps have been taken to better resource this but it still remains a significant challenge.

d) **Quality assurance:** Achieving sustainable outcomes requires an offer for families and individuals that is not only integrated but effective in changing behaviours and increasing resilience and self-reliance. This needs to be supported by appropriate workforce development. Despite common principles there is considerable variation in the means of assessing need and understanding presenting demand, as well as in the response or intervention people receive in different places.

7.8 To reduce demand for reactive services effectively not only do reform programmes and services tackling complex dependency need to be better integrated, but these principles of working should be influencing the way all our services operate. Across the continuum from universal, community based services to specialist or statutory provision evidence would support the need for shared objectives of intervening as early as possible with a person centred, integrated and effective response. Without effective management of demand at the earliest opportunity we will continue to see a flow of individuals and families with complex and entrenched problems.

7.9 To some extent integrated working is evident in all areas of GM and certainly there is an ambition to embed this further. Observations from this work suggest that embedding reform and integration locally is facilitated by a number of factors. In particular where a clear vision has been articulated and driven forward by strong leadership, and also where there has been focus on the development of a single Public Service Hub. Where Public Service Hubs have developed this has facilitated reform and driven a genuinely integrated approach in a number of ways through: co-location of staff; creating a single infrastructure for triage and intelligence sharing around cases; bringing together a wide spectrum of agencies; acting as a test bed for new ways of responding to need; driving more integrated working more widely across the system; shared conversations; joint
assessments of risk; and shared knowledge and skills. This in turn has promoted and enabled workforce behaviour change and development. Early evidence shows that better outcomes and reduced demand are achieved in cases where services are working in this way.

7.10 Building on this progress, we now need to understand where there is duplication of effort and resource, where there is time wasted responding to failure demand in the system and to evidence the impact of reform in terms of reduced demand as well as efficiency. There needs to be a ‘push and pull’ of resources between PSR strands which is flexible to resource requirements. There are also opportunities to improve the cost effectiveness of commissioning decisions if thought is given to the most appropriate spatial level and scale to deliver outcomes cost effectively.

7.11 To support a drive towards greater integration, GM has made proposals through our Spending Review submission to enable better integration between existing programmes of activity operating across places. We have argued that greater alignment of existing budgets (such as Troubled Families and Working Well) and outcome frameworks for individual programmes will enable an increase in the pace and scale of work that has already had positive impact. It will also enable us to better identify and tackle areas of duplication. While greater freedoms and flexibilities would help enable integration of budgets, GM must also address the cultural challenges that can limit our capacity to drive integration in existing budgets. For example, a natural extension of integrated budgets and delivery models will be to consider issues such as:

- The role of health visiting in the context of a new approach to Early Years provision and the current review of services for children.
- The focus of Mental Health related funding and the need to align with achieving positive employment outcomes.
- Alignment of skills and employment support for GM reform programmes

7.12 Further flexibilities from Government will assist in enabling place-based integration across GM. However, realising our ambition for the next phase of the GM approach to public service reform also requires local flexibility. A focus on place and early intervention and prevention requires clear and comprehensive integration arrangements across a range of services. Those professionals on the frontline of engagement with the public (including schools and GPs) will have a vital role to play in identifying individuals and families in need of integrated support and signposting others to appropriate early help services. This shift will require new approaches to coordinating services in a place, consideration of our
collective approach to commissioning, and thought on the roles staff at all levels of organisations will need to fulfil.

7.13 Work to develop a more integrated approach to our work is underway. Pilots in Wigan and Tameside are at an early stage but will provide valuable insight to help shape a GM approach. These pilots build on what has been learnt through in depth analysis of issues and public service demand in a place. Utilising a systems thinking method, new ways of working will be tested during a four week proof of concept phase in each locality. This will involve setting up a core team of staff from across partners agencies that will be based in the area. Staff will be released from their current workload to take a different, problem solving approach to the people and issues causing demand in a neighbourhood. These pilots provide an opportunity to understand system constraints currently placed on services and professionals that can limit their ability to intervene early, understand the root causes of issues, share information with one another and develop practical and effective solutions to permanently solve problems. Fundamentally, we will learn the extent to which frontline roles can be redesigned, the skills and knowledge required to deliver new roles effectively and the extent to which resources can be reduced. We will learn how specialist services such as substance misuse or mental health can be commissioned differently to be better integrated with place model and the extent to which statutory service thresholds can be dissolved.

7.14 These pilots will generate learning across a wide range of services. For example, they will enable social workers to intervene where a case does not meet current thresholds, a police officer to develop an alternative solution where previously enforcement would have been first response, primary healthcare professionals to work more closely with other services, and commissioned services to work outside their current contractual remit. The pilot period will give services the opportunity to examine their role within a community and how assets in the community are best utilised, both in the form or buildings and local people and networks.

7.15 The pilots will explore and understand how demand upon public services is driven by place. For example, looking at the issues generated by illegal trading and the impact this has on vulnerable young people. It will also consider the role private businesses play in joint problem solving approaches. The pilots will include a focus on innovative joint work around these kinds of issues, for example Trading Standards and licensing working together with the Police, Fire as well as people support services.
7.16 The learning from these pilots will inform broader discussion across GM about how we deliver the next phase of reform, in line with the principles highlighted earlier in this paper.

7.17 The argument for reimagining reform set out in this paper presents both the imperative and opportunity to work towards a more consistent, fully integrated, and place based delivery framework for complex dependency across all localities in GM. This framework will be developed in collaboration across GM services, ensuring our revised reform principles are at the heart of our future approach.
DEVELOPING A GREATER MANCHESTER LEADERSHIP COMMUNITY
Social Media comms campaign to mobilise energy, excitement and enlist supports from GM Leaders at all levels

GM LEADERSHIP GATHERINGS

GM VISION - SHARED PURPOSE
Expectations and behaviours of GM Leaders, Focus on connections, relationships, building trust, influence, emotional intelligence, being and belonging

SENSE OF PLACE - CITIZENSHIP AND LEADERSHIP IN GM
Understanding the economics of growth, leading in a place, building shared narrative, understanding power and influence, insight and intelligence, stories and data, navigating the relationship between, citizens, state and society

THE ART AND SCIENCE OF FUTURE PUBLIC SERVICES
Collaborative delivery, innovation, the role of the public in public services, commissioning for people and place, social value, radical redesign and future proof services with communities

SOCIAL SYSTEMS AND ORGANISATIONAL CHANGE
Behaviour change, mobilising energy for change, building alliances in a place and across systems, leading through ambiguity and complexity, asset based approach

GRADUATING
Celebrating together, making pledges, sponsoring a new public sector graduate

CREATING A MOVEMENT – OPEN SOURCE TO ALL GM LEADERS
Flipped classroom knowledge sharing, GM social sharing platform
Aim is to build a community of informed active leaders who share knowledge generously and feed their curiosity

BOLTON
BURY
MANCHESTER
OLDHAM
ROCHDALE
SALFORD
STOCKPORT
TAMESIDE
TRAFFORD
WIGAN