



The Greater Manchester Model

Our white paper on unified public services for the people of Greater Manchester

July 2019

**GREATER
MANCHESTER**
DOING THINGS DIFFERENTLY

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The Greater Manchester Model



Andy Burnham

Andy Burnham
Mayor of Greater
Manchester

Foreword by the Mayor of Greater Manchester

Greater Manchester is determined to make full use of our unique devolution settlement – the most advanced deal of any city-region in England – and turn it to the full benefit of our 2.8m residents.

As part of this, we want to change the way our public services work to support people to achieve their full potential and ensure nobody is left behind. That means integrating services around people, places and their needs, focusing on prevention, developing new models of support, and sharing information across the public sector to design and deliver better services. Put simply, we want to focus on names not numbers, and people not labels.

We are already making great strides in implementing this vision but now is the time to go further, and faster. That is why we are setting out the Greater Manchester Model – our white paper on unified public services for the people of Greater Manchester.

This new model will be based on a fresh relationship with citizens and will mean freeing up the frontline, devolving power and allocating resources around need more effectively. Each neighbourhood area will be served by an integrated place-based team, with co-located professionals from all relevant public services working together. These teams will be supported by more specialist teams operating at a locality, cluster or Greater Manchester level. Instead of a drive towards more institutions, fragmentation and outsourcing, it is about the very opposite – one integrated public service team ethos.

Aligning geographies around these neighbourhood areas allows us to start with the person and begin in the home. This will help to reduce pressure on acute and specialist services, allowing them to focus their resources on those who need it most.

This will be backed up by our drive to raise standards in the private-rented sector through the development of a Greater Manchester Good Landlord Scheme and our plan to improve people's working lives through the Greater Manchester Good Employment Charter.

Local areas are now ready to take the lead on implementing this model, and making it a reality for people in their places, while recognising that we need to take collective responsibility for ensuring everyone in Greater Manchester benefits.

We also believe that local bodies in Greater Manchester should now be trusted with more oversight and greater freedom from central government. More power to local bodies, more responsibility and the proper resources to make real change.

If we implement this model then the difference will be felt most where it matters most – in the lives of Greater Manchester's residents and by the public servants who work with them. Put simply, this model is better for services, better for staff and better for people.

I look forward to working with partners across Greater Manchester to make this vision a reality.

Introduction

This white paper sets out the Greater Manchester Model of Unified Public Services, which represents a significant milestone in our journey of reform.

About This White Paper

This white paper sets out the Greater Manchester Model of Unified Public Services (the 'GM Model'), which represents a significant milestone in our journey of reform over the last decade. We are now in a strong position to articulate our vision for public services well into the 21st century, and move from underlying principles to an entirely new operational model.

The white paper builds on the November 2018 announcement of our plans to radically overhaul public services across the city-region, summarised in 'The Greater Manchester Model: Further, faster'. This set out the six features we agreed would be fundamental to achieving our goals. Case studies throughout the white paper demonstrate how public service delivery is already changing and the way this should look and feel to our residents.

Having set out what the GM Model will look like in practice, and the key features that must be in place across Greater Manchester for it to be

Case Study

Lee's story: A police call-out leads to housing, employment and health support

A police officer is called out to reports of road accident involving a man who has crashed his bike. The officer checks the rider, named Lee, is unhurt and not in any danger, and that no crime has been committed.

Instead of just updating the relevant incident logs, and perhaps making some referrals before going to his next job – normal police practice in a 'traditional' public service model – the officer realises Lee is struggling because his bike is damaged and offers to help him home with it. This is a chance to engage with Lee, find out what is really going on and explore his underlying needs.

Lee opens up to the officer that he crashed the bike on purpose in an

attempt to end his life, and does not know where to turn to get help. Lee is struggling with depression and physical ill health, as well as drug and alcohol dependency. He has been through a separation, is not taking his medication, is currently out of work and believes he has no job prospects. He explains that he has poor literacy skills and has little money for food, clothes, gas or electric – and he feels nobody is listening or helping.

Again, a traditional model of public service would mean the officer would probably just signpost Lee to other agencies that might be able to help and hope he took their advice.

But under the GM Model the police officer is part of a single neighbourhood function for all public services in the area officers, in close contact with other public service team members he can call on for advice straightaway and

able to share the full situation with all partners. The team develops an individual package of support that works for Lee. He is not pushed to use services that did not work for him in the past simply because that is what is available.

Housing and employment in the team provide support with Lee's housing needs and around employment. Lee is now doing literacy learning, spends less money on cannabis so that he can heat his home, is in contact with his son (who he had not seen for some years), has redecorated his flat, and books and attends his GP appointments on his own. Lee is getting the right support and the neighbourhood team are enabling him to maintain things for the future.

As we built this model, a constant theme emerged – names, not numbers. We need a shift in philosophy, not just policy. We must focus on people in our communities who most need our support, and build integrated solutions around them rather than chasing the statistics that public services are forced to monitor by government departments and outdated commissioning practices.

fully realised, the white paper outlines our approach to implementation, evaluation and shared accountability.

We want this paper to present central government with a statement of our ambition and what we need to achieve that, including support for delivery. It gives our Greater Manchester partners a clear reference point for all future public service provision. It explains the context of the new GM Model, including previous strategies and plans, and outlines the place-led improvement approach that will enable us to implement the model.

What Devolution Makes Possible

When we talk about Greater Manchester public services, we mean all services to the public, regardless of sector or funding, and including our citizens' own role in them. Devolution holds the key to breaking down public service silos. It is already enabling us to move from being reactive and 'picking up the pieces' to a preventative, truly place-based and person-centred approach.

As partners in devolution we spend £22bn on public services delivered directly to Greater Manchester residents and/or within our city-region boundaries, including £6bn on health and social care, and are all working towards the same goal. Nowhere else in England has the architecture of devolution, governance and track record of collaboration that Greater Manchester does (see Chapter 1), enabling us to join up services on such a scale.

We want to seize this opportunity, and build on what has already proved successful through devolution, to integrate across all public services, including health, social care, early years, education, police and community safety, housing and employment. The GM Model sets out how we plan to do this. Our case study, 'Lee's story', shows how this can work in practice.

Why We Must Change

Greater Manchester has both many strengths and many challenges. Communities are growing increasingly complex. There is significant pressure on resources. We cannot respond with the same thinking and ways of working as we have always done (see Chapter 2 on the problems with a traditional approach). We need to change underlying organisational assumptions, previously driven by a siloed national government, so we can ensure public services build on the strengths of Greater Manchester's greatest asset – its people – and meet their needs.

As we built this model, a constant theme emerged – names, not numbers. We need a shift in philosophy, not just policy. We must focus on people in our communities who most need our support, and build integrated solutions around them rather than chasing the statistics that public services are forced to monitor by government departments and outdated commissioning practices.

We must move away from public services that screen people out to manage demand, only respond to need based on policy silos, have a referral culture and focus solely on people's problems. Instead we want a public service model that responds according to what matters to the person, is proactive and intervenes early, is integrated from the frontline through to senior leadership, and recognises strengths, not just problems.

Integration is not the end in itself but a means of ensuring relevant services secure better outcomes for people and the population as a whole.

Case Study

John's story: Holistic local care reconnects to the community and improves wellbeing

John, 69, has severe chronic obstructive pulmonary disease (COPD) and is on a number of medications to help control his symptoms. John had become isolated and depressed as he recognised that his condition was palliative. Over the last two years John has had several visits to A&E because of difficulty breathing, which gets worse when he panics. Twice he had to be admitted to the medical assessment ward until he stabilised.

On this occasion John made an appointment to see his GP because his breathing was getting worse. She started him on a rescue pack of prednisolone and amoxicillin to improve his symptoms, which had limited effect. The GP was able to talk to John about how he was coping, and she picked up that he was becoming depressed and lonely. He was struggling to maintain his hygiene and felt self-conscious about that. She discussed with

John the range of activities offered by the practice's 'health champions' and through a 'wellness prescription' arranged for him to meet one of them. The health champion encouraged John to join a weekly walking group and a singing club at a local café to improve his exercise capacity and help with his isolation. He was reassured the group walked as fast as the slowest and no one was left behind.

The morning after John's GP visit, his case was discussed at the integrated neighbourhood team 'huddle', including an assessment of his long-term condition management, his mental wellbeing and feelings of isolation. Between them, team members worked to help John stay independent in his own home. The housing triage service was brought in to make adaptations to ensure John was safe and able to manage the stairs. Social care assessed John in the bathroom and kitchen and provided aids so he could shower safely and rails to help him around house. A community nurse and community pharmacy technician helped John sort his

medications using a pill dispenser and showed him how to use his inhaler properly. The nurse also put John in touch with Citizens Advice to help with money issues that were causing him anxiety.

Since he was referred to the integrated neighbourhood team and the practice health champion, John's health and wellbeing has improved considerably. He enjoys the walking group, where he has met other people with similar conditions, and having a laugh with new friends. He feels it has helped him both physically and mentally – he has got stronger, gained confidence, and feels more empowered and enabled and less isolated. He can manage his medications more effectively, which is helping to stabilise his condition, and he is able to look after himself at home. With support from a local charity John is now getting help with cleaning and going shopping, which also makes it easier for him manage his finances, further reducing his anxiety and worry.

Our new model needs to address the critical risks that research and evidence have consistently shown us could further affect the life chances of Greater Manchester residents. These risks include:

- a shift towards purely reactive public services
- a reduction in our capacity and capability to solve problems and intervene early
- continued duplication of activity across organisational boundaries
- public service organisations moving apart rather than integrating services
- a lack of consistent engagement with communities and the voluntary, community and social enterprise (VCSE) sector in responding to need.

The adaptability of the proposed GM Model will help ease pressure on the acute system and specialist services. Its fresh thinking will help us, for instance, move away from the idea that hospitals are the default setting for care, police custody is the most appropriate intervention point for youth crime, and substance misuse services have to be delivered within a group environment.

What Will Be Different

Our model is about creating public services fit for the 21st century that focus on people, how they live their lives in communities, and their aspirations. It means developing a new relationship with our citizens that is based on mutual obligation. We want everybody to benefit from what our city-region has to offer. This means people having the best possible start in life, leaving education ambitious and equipped with skills for life, being able to access secure employment and safe accommodation, and living life to the full as they get older.

The starting point is for Greater Manchester residents to be connected and empowered in their communities. Public services will work with people to develop preventative approaches and intervene as early as possible when needed. Our case study, 'John's story', is an example of how this might make a massive difference to someone.

But to achieve this, our public services must work together better, with each other and the VCSE sector. We will need to develop new partnerships, including with the Department for Work and Pensions (DWP) and our local Jobcentre Plus.

Place is a crucial aspect of our model. It organises resources – people and budgets – into neighbourhood areas of around 30,000-50,000 residents. This will help make the most of high streets, local businesses and other community assets. We will try to co-locate services if this is appropriate,

both to use our public estate more effectively and foster the cultural change our model requires.

This reorganisation around place is a departure from traditional arrangements tied to specific themes or policy areas. But our new model is not about delivering everything at neighbourhood level.

Integrated neighbourhood provision may include services tailored to meet specific local needs, but specialist and acute services at both locality and Greater Manchester level will always play an important role too.

In turn, place-based teams will help manage demand in the acute sector and pressures on specialist services by addressing the underlying causes of A&E attendances, emergency admissions, police call-outs, repeat fire risks and many others.

Embedding the new model across Greater Manchester will enable acute and specialist services to formally connect with place-based teams and respond locally to specific issues driving repeat or inappropriate demand. This will help the whole system achieve our shared goal of preventative, person-centred services.

What We Need To Do

We have developed the way the GM Model will operate from the ground up. This has involved work with frontline teams, citizens and communities, local conversations and learning from examples of excellent practice already happening in Greater Manchester. Honest self-assessments of what we currently do have identified common themes across public service, health and care organisations in each of Greater Manchester's localities¹ and the city-region as a whole.

Through our analysis, we have developed a model that allows us to understand and respond better to demand on services and need as well as recognise strengths and assets.

There are two strands to our approach at neighbourhood level. The first focuses on integrating public services to address the current needs of individuals and families identified as clearly not coping, but who do not meet the threshold for costly specialist services. The second involves actively identifying and working with people at risk or approaching crisis, providing early intervention to prevent future problems.

This place-based approach is supported by the six key features of our operating model (see Figure 1). They highlight areas where we must make progress to realise our ambitions and improve outcomes for the people of Greater Manchester, including geographic alignment, leadership and accountability, our workforce and finances.

The model, and these six features (explored in Chapter 3), will need to inform future decisions about investment, and will require joint policy decisions at a Greater Manchester level as well as, importantly, a direct dialogue with central government to inform future devolution 'asks' (see Chapter 5).

Figure 1: **The Six Key Features of the Greater Manchester Model and What Success Means**

<p>Key Feature 1</p>  <p>Geographic alignment</p>	<ul style="list-style-type: none"> – Many services share coterminous service delivery footprints and integrated services are delivered at either Greater Manchester locality or neighbourhood. – 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 around 30-50k residents. All services can describe how they align capacity and capability at this level for mutual benefit. – Focused activity may be delivered below the neighbourhood service delivery footprint, which will be drawn together at the locality level.
<p>Key Feature 2</p>  <p>Leadership and accountability</p>	<ul style="list-style-type: none"> – Integrated leadership, accountability, performance and governance structures reflect the geographic alignment of services at Greater Manchester, locality and neighbourhood levels where appropriate. – 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.
<p>Key Feature 3</p>  <p>One Workforce</p>	<ul style="list-style-type: none"> – 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 person-centred 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.
<p>Key Feature 4</p>  <p>Shared financial resource</p>	<ul style="list-style-type: none"> – 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.
<p>Key Feature 5</p>  <p>Programmes, policy and delivery</p>	<ul style="list-style-type: none"> – 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 strengthens relationships.
<p>Key Feature 6</p>  <p>Tackling barriers and delivering on devolution</p>	<ul style="list-style-type: none"> – Each locality has a formal mechanism to identify, act on and escalate issues that impact on delivering the most effective 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.

How we will deliver

Implementation is underpinned by the GM Model itself, particularly the need for integrated leadership, accountability, performance and governance structures to drive it.

We will draw on the 'sector-led improvement' approach espoused by the Local Government Association, although we have refined its principles to suit our preference for 'place-led improvement'. This includes an emphasis on accountability locally, collective responsibility and 'horizontal support' from Greater Manchester organisations.

Collaboration is crucial, and must involve citizens and communities. There should be a focus on the strength of relationships across Greater Manchester and on identifying and sharing good practice. We must support our peers, and organisations at Greater Manchester level should facilitate work with localities.

Implementing the GM Model will not slow existing innovation down. In fact, it will provide the platform to propagate good practice across organisations and sectors, taking what works to scale for the maximum benefit of the people of Greater Manchester.

We need to challenge each other more to make the most of our collective power to bring about change. Collaboration is crucial, and must involve citizens and communities. There should be a focus on the strength of relationships across Greater Manchester and on identifying and sharing good practice. We must support our peers, and organisations at Greater Manchester level should facilitate work with localities.

We have already demonstrated our ability to manage and deliver effectively across the system of public services in Greater Manchester. Now we must secure and sustain this, and scale it up right across the city-region. To do so requires an effective collaborative relationship with central government that can explore the potential for greater freedoms and more autonomy through policy and legislative change.

We are now in a position to articulate the key areas we need to develop collaboratively with central government (outlined in Chapter 5), underpinned by a sustainable system of funding for Greater Manchester, with access to flexible resources we can invest locally to join up and integrate services and infrastructure. A broad, iterative and negotiable process with central government will enable us to trial various solutions to a range of issues together. This will also highlight opportunities for learning and the transfer of solutions to other parts of the country.

We will develop a series of proposed joint solutions with central government, based on four key areas:

1. Establish a place-based relationship between central government and Greater Manchester, moving away from single departmental conversations.
2. Develop a formal relationship between Greater Manchester and central government to support the delivery of our public service model, tackle the barriers that are not in local control and identify national good practice.
3. Create a single line of investment for reform through one Greater Manchester investment fund, working towards a place-based settlement.
4. Create and maintain an open dialogue around current and future devolution opportunities that support us to deliver services most effectively for the people of Greater Manchester.

Within these areas we will develop individual schedules that set out more detail and options for greater freedom and autonomy. As the schedules are developed, we will set out proposed joint solutions related to key policy areas, beginning with welfare reform and unemployment, and including health and social care, apprenticeships and skills, digital and information, and criminal justice. Where appropriate we will align these with areas for collaboration already agreed with government through the Greater Manchester industrial strategy. Over time we will develop schedules to cover other policy areas, such as housing, early years, policing and community safety.

Chapter One

What We Have Done So Far



Collaboration Between Services

Greater Manchester has always been a pioneer – we are proud to do things differently here, and through many years of cooperation, partnership working and innovation between the public, private and VCSE sectors we have developed a pioneering collaborative approach to identifying and promoting what matters most to our people and our businesses.

This collaboration was formalised in 2011 through the establishment of the Greater Manchester Combined Authority (GMCA), Greater Manchester Local Enterprise Partnership (LEP) and Transport for Greater Manchester (TfGM).

The publication of the Manchester Independent Economic Review (MIER) in 2009² provided us with a shared evidence base to underpin decisions regarding future priorities for strategic investment and a shared view of the future development of Greater Manchester's economy and the long-term drivers of change.

In 2017 we produced our third Greater Manchester strategy, 'Our people, our place'³, which builds on the substantial progress we have made since the first strategy, 'Prosperity for all', in 2009⁴ and the 2013 'Stronger together' refresh with its twin priorities of growth and reform. This latest strategy increases our focus on ensuring that the people of Greater Manchester can all benefit from economic growth and the opportunities it brings throughout their lives, setting out 10 priorities across the life course.

According to analysis of 2013/14 data, there remains a significant fiscal gap (£7bn) between tax receipts from Greater Manchester residents and economic activity undertaken within the region and overall public expenditure of £27bn (including our proportion of national spend, on defence and international development, for instance)⁵.

We need to make a concerted effort to reverse this position so that Greater Manchester is financially self-sustaining and makes a net contribution to the

3,200

Long term unemployed people found work

The first age-friendly city region

² <http://manchester-review.co.uk/>

³ <https://www.greatermanchester-ca.gov.uk/ourpeopleourplace>

⁴ https://secure.manchester.gov.uk/downloads/download/5729/greater_manchester_strategy_2009

⁵ https://www.greatermanchester-ca.gov.uk/media/1683/gm_strategy_stronger_together.pdf

nation's finances. It will be a considerable challenge to stimulate growth and reduce public service demand.

The shift enabled by devolution

Our ultimate ambition is to influence, if not control, all public spending in Greater Manchester. This history of collaboration, and the establishment of the GMCA, laid the groundwork for a series of devolution deals agreed with central government. The first, building on the Statutory City Region Pilot and signed in 2014, established our elected mayor's role and set out how our governance arrangements would evolve. In 2015 a second agreement brought together £6bn in health and social care funding and created a Greater Manchester transformation fund.

Devolution has given local public services control over decisions previously taken at national level, and increased our flexibility to reform them, including through the reform investment fund set up in 2016.

The GM Model represents the next big step, and the basis for future agreements with central government on devolution of powers, responsibilities and budgets.

We already have a strong track record of delivering reform programmes that focus on improving the life chances of our people, empowering communities, connecting everyone to the benefits of economic growth, and through this reducing demand on public services. We have shown we can apply our reform principles to have a really positive impact on specific groups and service areas.

For instance, we are now the first age-friendly city-region. Locally the Working Well programme has helped over 3,200 long-term unemployed people find work. Around 8,000 Greater Manchester families with multiple needs benefited from the first phase of the Troubled Families programme, and we have worked with a further 25,000 families during phase two. Responsibility for local Troubled Families funding has been devolved to Greater Manchester through our reform investment fund, enabling us to expand and strengthen the programme's early help offer to local families, and work towards a more sustainable model.

But we know from 'proof-of-concept' work in Greater Manchester neighbourhoods that to have a significant impact on people's life chances, at scale and across our whole population, we need to integrate all our services from the bottom up and recognise that each public service partner can contribute to another's objectives.

Other Plans for Transformation

Greater Manchester has seen economic, environmental, social and physical transformation over the past three decades, but we must do more to realise the full potential of our city-region, its people and communities.

The GM Model is a key point in our journey and brings together our work on public service reform, health and social care transformation and our first industrial strategy.

Our productivity levels still lag behind national and international benchmarks, but we plan to address this through the local industrial strategy we have developed in collaboration with central government – one of three ‘trailblazers’ in the UK chosen to do so.

This strategy sets out our joint plan with government for raising productivity and creating exciting, well-paid jobs in new industries. It aims to capitalise on our strengths in sectors such as advanced materials, health innovation, digital and creative industries, financial and professional services and green industries. It also seeks to tackle the underlying barriers to participation and productivity – around public services, education and skills, and infrastructure – engaging communities so that their ideas, energy and determination break down those barriers.

Our industrial strategy also provides a framework for aligning local and national decision making and investment, and supports efforts to create a more inclusive economy where all residents can contribute to, and benefit from, growth. In the meantime, while we continue to face regional inequality, stagnation of productivity rates and pay levels, and skill levels that are not yet improving, it is even more important that the GM Model helps us better serve our people through preventative and empowering public services.

The integration of health and care with other services in our localities is fundamental to the GM Model and provides the framework to deliver a population health system. Our prospectus, ‘Taking charge: the next five years’⁷, highlights key areas of differentiation, our potential contribution to wider health and public service ambitions, and opportunities for national partners to work with us to deliver on shared objectives.

We have already embedded governance, strategies and programme structures to support devolved health and care, and allocated funding for transformation. Now we are fully focused on implementing our plans. These include developing a local care organisation (LCO) in each locality, pooling health and social care resources through an integrated single commissioning function in each locality, new models of provision with hospitals, and a Greater Manchester-wide commissioning hub, digital and workforce collaborative, and ‘one public estate’ strategy.

Chapter Two Why the Model is Needed



Evidence For Change

Much of the learning and insight that has led us to develop the GM Model has been through a bottom-up approach to understanding how the traditional public service system actually works in practice for people who use it. Our model has been designed not by a distant, anonymous policy function but with frontline teams engaged in neighbourhoods on a daily basis, working with the real people who will be affected.

Figure 2: **Greater Manchester's key challenges**



*The Institute for Public Policy Research (IPPR) 2018 'State of the North' report showed, for example, that public spending fell in the north while it rose in the south, 2m working-age adults and 1m children live in poverty in the north, and the very lowest life expectancies in England are found in northern neighbourhoods.

Chapter Two

Why the Model is Needed

The need for a unified model of public services builds on opportunities and ambitions we have identified and established through our devolution journey so far, and across a variety of reform programmes.

Greater Manchester has already made significant progress in reforming its services. There are people now experiencing better life chances than they would have otherwise, thanks to a combination of our existing reform initiatives. In Chapter 1 we highlighted the successful work done to help long-term unemployed people and families with multiple needs through the Working Well and Troubled Families programmes. We need to take such approaches further, faster across the entire city-region. Although our focus is on Greater Manchester, we believe that by leading the way our model could benefit the nation through wider application across the country.

The Challenges We Face

Greater Manchester has many strengths but also has many challenges, as we noted in the introduction to this white paper. Some of the most significant are summarised in Figure 2.

A third of children who start school each year in Greater Manchester are classed as not 'school ready'. Over 2,000 16-17 year olds are not in education, employment or training. Greater Manchester residents will not live as long as people in other parts of the country. We will not be a net contributor to the economy until the £7bn fiscal gap between public expenditure and tax receipts in Greater Manchester is closed.

These stark realities have not sprung up overnight. They are inextricably linked to years of under-investment, a shifting emphasis in national priorities and funding, and the continuing north-south of England inequality gap⁸. The traditional approach to the organisation and delivery of public services can exacerbate conditions for people, families and communities.

In the context of the challenges we face, research and evidence has consistently revealed critical risks that could have a further negative impact on our residents. These are listed in the introduction to this white paper, and include duplicating and separating public service provision rather than pulling it together.

Why The Traditional Model No Longer Works

An analysis of our demand and needs, coupled with numerous case studies and 'customer-journey' mapping exercises, showed us how this traditional model of public services usually works in practice and provided a rationale for us to move to the GM Model (see Figure 3).

Figure 3 **Rationale for change to the GM Model**

Our Finding: The Traditional Approach	Rationale for Change: The GM Model
The majority of services have a screening process with an emphasis on screening people out. The assumption is that presenting another case horn coming in helps manage caseloads and reduces overall demand	We recognise that we need to deal with demand more effectively rather than simply managing an overall statistical reduction or by limiting access.
Individual staff and teams tend to deal with need as it 'presents' and give it a label as defined by organisational policy. These is often a failure to properly understand the context in which people ask for help and furthermore, individual staff and teams frequently respond to the same presenting needs without addressing the root cause and/or, underlying issues.	We recognise that we need to provide a service offer that is tailored to an individual's personal circumstances, takes account of, and seeks to address, root cause issues and connects people to the right support and opportunity at the point they need it.
The increasing volume of demand and shrinking budgets is often seen as overwhelming, the easy response is to raise thresholds and further ration access to resources.	We recognise that simply raising thresholds is not the answer, we need to intervene early and be proactive, we need to understand the collective spend across a range of organisations and direct this more appropriately.
Specialist services are often far removed from the front end of problem solving, by locating discrete expertise distantly behind a series of referrals and assessments the opportunity to intervene early or property understand the problem is missed.	We recognise the need to disaggregate the complexity of our systems so that people get the help they need when they need it. Specialist resources need to be able to respond to requests for their expertise to be pulled to the need rather than the need pushed around the system to them. This is about putting the right resources closest to the people that need them.
Responses to requests fix help or support are often from a fixed 'menu of options' often bound to limited time-frames, but standardised approaches don't always work for different people and communities.	We recognise that for local people local, personalised and flexible matters. One size does not fit all.
Complicated and fragmented policies can present professionals from using their common sense and responding to need in a timely manner.	We recognise that staff should be empowered to do the right thing and be allowed to take time to understand and then act on what matters to people, with them.
Decision-making often emanates top down from a single service silo and is limited by roles, remits and budget lines.	We recognise the need for an integrated approach to service provision but also to financial management, governance and accountability.
There is an emphasis on fixing what is wrong with people and being overtly focussed on problems.	We recognise the need to take a strength based approach with a focus on solutions not just problems.
Perceptions of communities and their needs are often based on data, abstract reports and assumptions.	We recognise the need for an ongoing conversation of understanding with communities and residents that supports or challenges standard data-sets and/or assumptions.

Accelerating The Scale And Pace Of Reform

Historically our reform programmes have largely been thematic in nature, for example, focused on early years, complex dependency or justice and rehabilitation. Each typically follows its own funding streams and performance frameworks back into central government and reporting to the relevant departments. There is evidence such programmes have improved outcomes and successfully addressed levels of demand generated by people in these specific areas. But we must be much more proactive and preventative.

We need a model of public services that provides an integrated response to the issues thematic programmes seek to address, and at the same time focuses on the strengths within communities that could prevent the need for such interventions. So rather than labelling a family 'troubled' and then delivering a package of support, we need to identify families showing early signs that things are not going well, and work with them to get back on track.

It is the notion of 'place' that brings various individual thematic strands of reform – and people – together. In 2015 we established 'place-based integration' as a cross-cutting reform programme to bring our thematic reforms together. The aim was to deliver 'proof-of-concept' integrated working in a number of neighbourhood sites across Greater Manchester, with a single public service frontline team for each place.

To begin to understand the requirements for system redesign, we brought together police officers, police community support officers, housing officers, family support workers, social workers, health visitors, mental health practitioners and a range of other roles. The methodology deployed by these teams involved working directly with people and communities to understand why the traditional system is often unable to do the right things and what better services could look like from their perspective.

The purpose of the proof-of-concept work was for localities to build evidence to demonstrate the benefits that can be realised through integrated working, increase understanding of the extent to which frontline roles could be redesigned in the future, and identify the skills, knowledge and powers required to deliver these new roles effectively.

Following the initial proof-of-concept work, each locality in Greater Manchester established its own neighbourhood adopter site to take this way of working forward. The learning and benefits implicit in this integrated way of working are clear but the pace and scale at which it has been rolled out so far means we now need to accelerate if we are to realise the benefits beyond marginal gains.

A Framework For Strategic Thinking

There are a number of significant policies and strategies in place across Greater Manchester, outlined in Chapter 1. Each may have its own distinct objectives for growth or reform, but we now see the need for a unifying model for public services that operate in this strategic context (see Figure 4). This will translate these policies into practice to provide the most benefit to people affected by them, and set the stage for further powers to be devolved to Greater Manchester.

Figure 4: **The GM Model in the context of other strategy and policy**



Implementing the GM Model means we can exploit the opportunity to integrate health with everything and everything with health, enabled by our elected Mayor for Greater Manchester, health devolution and mature collaborative relationships across sectors, including early years, education, policing and community safety, housing and employment.

Importantly, this will offer us the ability to tackle the underlying social determinants of poor health outcomes across the life course together, and demonstrate what it is to be a 'Marmot city-region'⁹. Each of the policy or strategic initiatives shown in Figure 4 is, or will be, framed within the GM Model – this will be the glue that binds individual services together and provides a specific sense of Greater Manchester to the way we do things here.

Responding To Demand For Services

We have conducted a number of analytical exercises to understand the true extent of the demands public services face and the actual context in which people present needs¹⁰. Our analysis covered multiple geographies and organisations, and the findings are consistent although size and scope may vary.

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Unsurprisingly, a key finding is that people often present with need to a number of different services over a similar timeframe. We found a lack of awareness or coordination between organisations about who does what, why and when. In many cases a single agency response is unlikely to be effective in fully addressing an individual's needs. For example, analysis of Greater Manchester Police (GMP) data shows that only 55% of demand on the force could be dealt with effectively by the police alone¹¹.

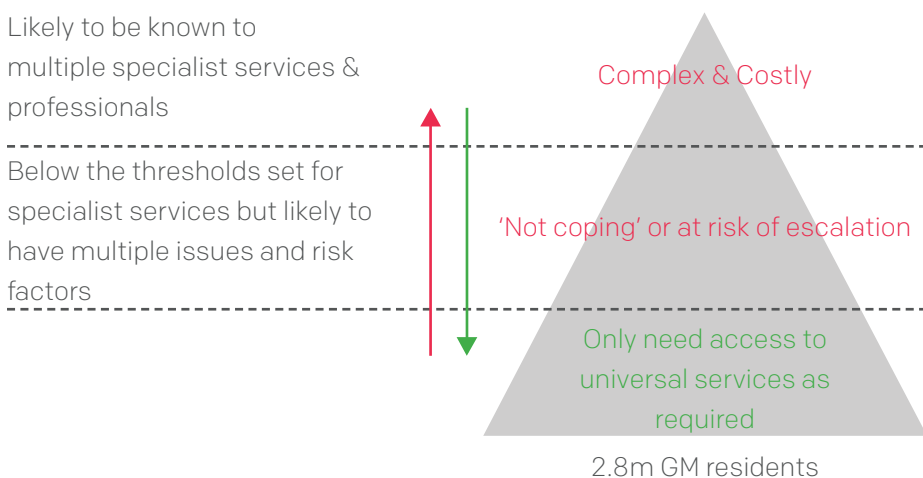
Through our analysis we have developed a model that allows us to understand, and respond better to, both demand on services and need from a person's perspective. The 'triangle of need' diagram shown in Figure 5 shows three broad categories that individuals and families may fall into, and can move across, in the context of needs presented to public services.

The ability to tackle the underlying social determinants of poor health outcomes across the life course together

People who are relatively independent, stable and with access to positive support networks are less costly to services on a per-person basis. They are in the lower segment of this triangle and generally present lower demand or need for specialist intervention. They only access universal services as and when required, such as to request a routine GP appointment or report a missed bin collection.

At the top of the triangle (and the opposite end of the spectrum) are those likely to have complex issues with numerous specialist services involved – someone with acute mental ill health or a prolific criminal with stringent management procedures in place. The middle of this triangle represents people who might be seen as 'not coping'. They are likely to be below the threshold for specialist services (or will not engage with them), but require more help than universal services can provide. If their support needs continue to go unmet, their problems are likely to escalate.

Figure 5: **Triangle of need**



⁹A network of local authorities in England (Stoke-on-Trent, Newcastle, Gateshead, Bristol, Somerset, Coventry) have been working over a number of years to develop a 'Marmot' approach to tackling health inequalities in their cities. This is based on the Marmot Review's 2010 report 'Fair society, healthy lives'. Greater Manchester strives to be recognised as the first Marmot city-region by improving people's health, wellbeing and life chances by reducing inequality across its 10 localities.

¹⁰The bottom-up approach to understanding what the GM Model should look like has involved in-depth cross-sector demand analysis exercises in each of the 10 localities to deep-dive the reality of public service delivery.

¹¹'Building better outcomes audit', Greater Manchester Police, July 2018.

Our analysis has shown that the majority (40-60%) of demand for public services is from those individuals/families in the middle of the triangle¹². They require more help than that provided by universal services but do not necessarily meet the thresholds set for specialist or acute services. Numerous longitudinal case studies of individuals and families in this group paint a picture of people 'bouncing around the system', always on the edge of crisis but never quite getting the help they need from the traditional public service model.

As well as a more proactive approach, we also need a more integrated and coordinated response to reactive demand.

A whole 'industry' of referrals, triages and assessments has become somewhat pervasive across public services. During our analytical exercises we discovered that over two years one person had been seen by 31 different public service teams, gone through 15 screening or assessment processes, and was subject to some kind of referral 13 times. Action was taken on eight occasions. When we looked at this person's initial needs it was clear that despite all this activity nothing was done to really help with these.

We need a system that does not deal with crisis or manage risk in lots of different ways. How we respond effectively to individual needs at neighbourhood level relies on a 'twin-track' approach to people, place and prevention (see Figure 6).

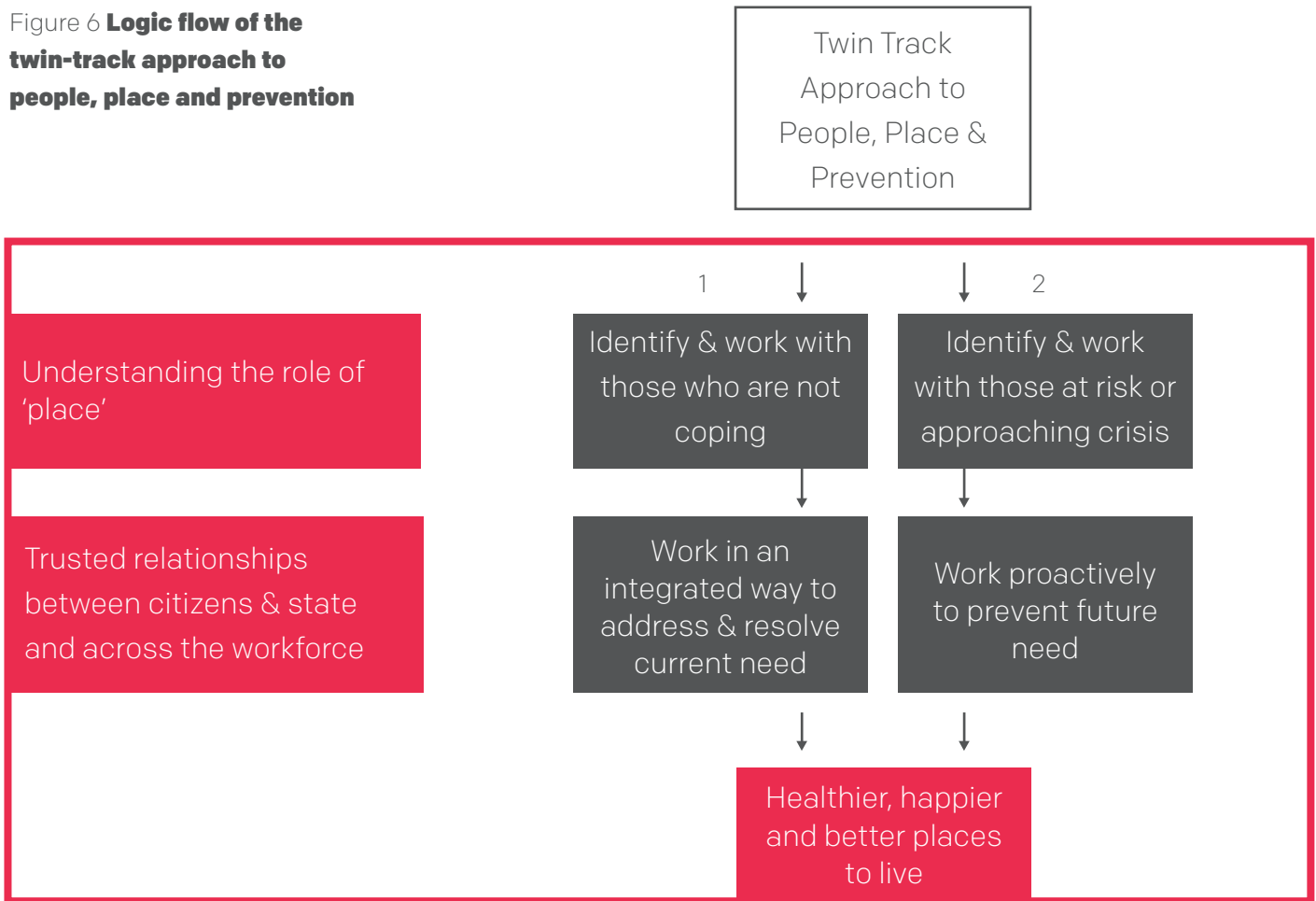
The first track is to identify and work with individuals and families who are clearly not coping, but do not meet the threshold for costly specialist or acute services. This requires integrated working across all public services to address their current need.

The second track makes early intervention a higher priority. It involves identifying and working with those at risk or approaching crisis, and providing help that de-escalates and addresses potential future problems. This is about working proactively to prevent future need.

The importance of 'place' in this context is an overarching factor to consider when working towards solutions, such as knowing a community's assets, building on community capacity, and understanding how the physical and built environment affects people. Our analysis shows that while this 'middle of the triangle' cohort may not meet a threshold guarded by any one single assessment, when viewed holistically there is much help that can and should be provided.

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Figure 6 **Logic flow of the twin-track approach to people, place and prevention**



Examples of outcomes would include



Leading to more inclusive growth and increased productivity

To respond effectively to demand in neighbourhoods it is essential to focus on the people who most need our support and build integrated solutions around them, with an emphasis on their own personal strengths, hopes and aspirations. We should do this by building on community capacity, enabling sustainability, and helping to grow capabilities in communities.

By addressing the needs of this at-risk group at an early stage we will also free up resources in the long run so we can continue to bolster the universal and VCSE sector services that play such important community roles. This preventative and proactive approach will lead to better outcomes, complementing our focused work to address issues such as school and life readiness, reducing homelessness and enabling people to age well. Collectively it will also contribute to better economic outcomes. Our case study on problem solving in Oldham shows how a specific incident can highlight multiple issues that need addressing.

Case Study **'Place-based' problem solving in Oldham**

Waste build-up in the garden of someone's house would normally be dealt with by issuing a notice for intended prosecution, or a fine, if the rubbish was not removed within a certain period. If waste reappeared, this would trigger another notice and so on.

Now place-based teams in Oldham look at environmental problems like this as a potential symptom of something more deep-rooted, not just a recurring nuisance. In one case, a resident

complained about used nappies piling up in a neighbour's garden. The integrated place-based team for the area did not respond in the usual way. Instead the team members – a police community support officer (PCSO), a housing officer, an environmental health officer, a health visitor, a community safety adviser from Greater Manchester Fire and Rescue Service and the council's Access Oldham service – pooled their individual knowledge and expertise and quickly established a multi-agency, geographical perspective of the problem, sharing information and drawing on their links with the community. In this way the team were able to

piece together a number of issues that were at play. Within a matter of hours they had linked the initial problem to safeguarding concerns, community tensions, rogue landlords and organised crime, all of which could then be dealt with in a joined-up way.

This integrated way of working – looking beyond just the problem that is first presented and focusing on what is really going on in the community, drawing on strengths and constantly striving for a better place – is at the heart of the GM Model of public services, and is better for everyone.

Planning For The Future

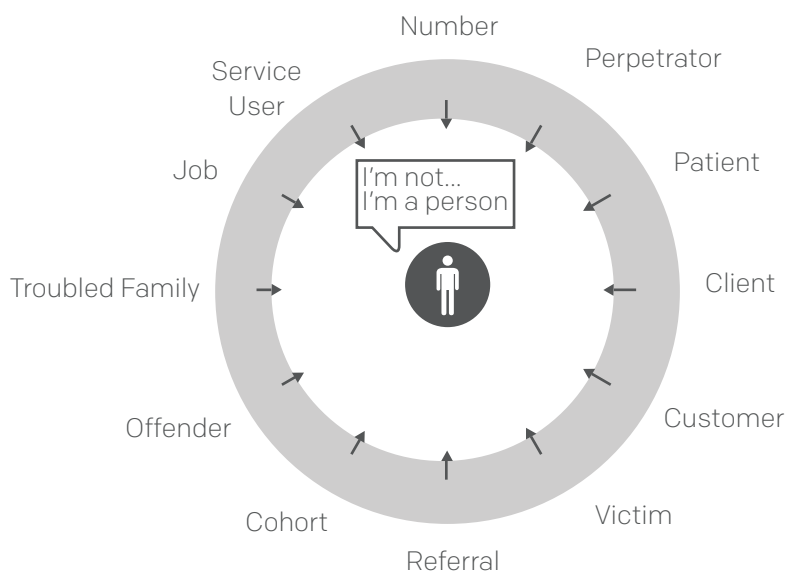
The traditional model of public service delivery remains grounded in how services and organisations used to operate in the late 19th century – indeed many of these principles can be seen in attempts to run services for people like a factory assembly line. Society was a lot less complex 100 years ago, a lot less diverse and a lot less connected. That is why we need a new public service model that is fit for purpose now and in the future – it must be based on names not numbers, focused on people not labels, and reflect 21st century thinking (see Figure 7).

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Figure 7: **Greater Manchester's commitment to being person-centred**

Names not numbers
People not labels



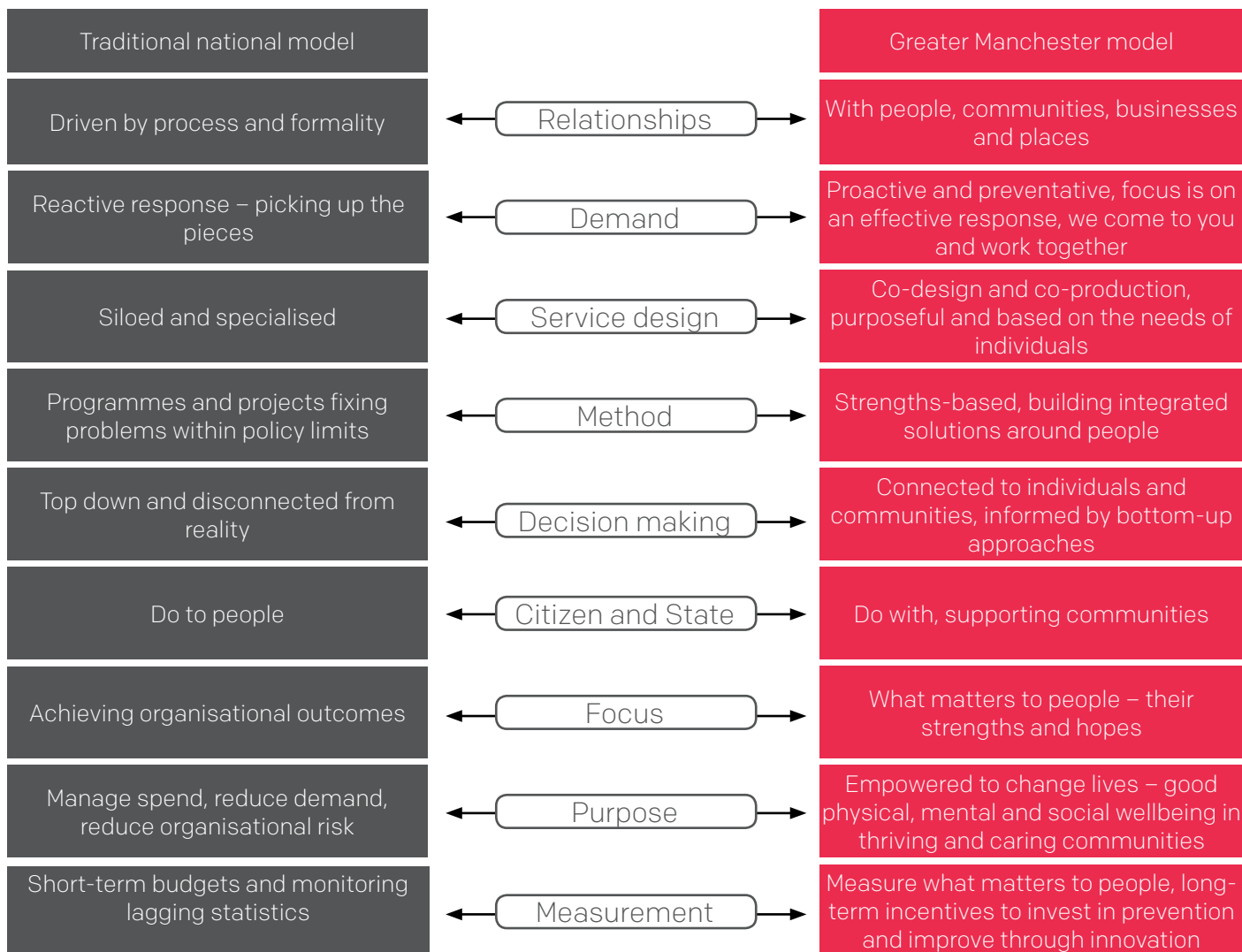
We are now in a position to articulate a model for 21st century public service delivery. We have identified how the GM Model compares with the traditional model across a range of characteristics (see Figure 8), and we understand the shift required in underlying organisational assumptions to ensure public services meet the needs and build on the strengths of Greater Manchester's greatest asset – its people.

An asset-based approach needs to run through our new model (and is one of the principles set out in Chapter 3). This involves mobilising the skills and knowledge of individuals and the resources within communities and associated organisations. Assets we can harness to improve outcomes include¹³:

- social assets based on relationships and connections with friends, family and neighbours
- community assets, including voluntary sector organisations working to improve health and wellbeing, and less formal groups such as book clubs
- physical assets, such as parks, libraries and leisure centres
- personal assets, including the knowledge, skills, interests, talents and aspirations of individuals.

¹³ <https://www.innovationunit.org/wp-content/uploads/2017/05/Greater-Manchester-Guide-090516.pdf>.

Figure 8: **Comparing the GM model with the traditional model**





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How We Developed The Model

The GM Model has not come out of the blue. We have been on a long journey of reform and integration throughout our history of collaboration and more recent devolution deals. We have spent time understanding how public services are experienced from the person's point of view, how the system works as a whole and what gets in the way. We have tested, adapted and built our evidence base, putting our common purpose above individual organisational interests.

We have developed our operating model from the ground up, working with frontline teams, citizens and communities, and being part of local conversations. Honest self-assessments have identified common themes across all public service, health and care organisations in each of the 10 localities and Greater Manchester as a whole.

From Principles To Practice

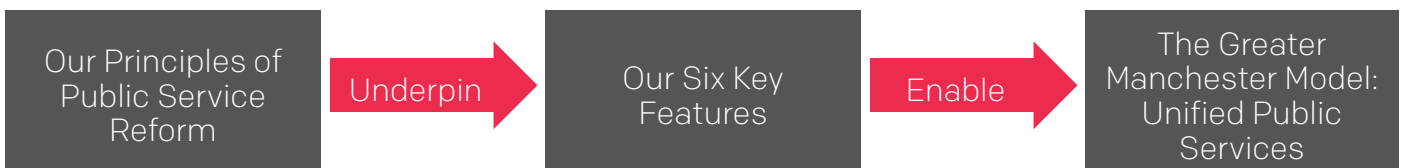
The GM Model is rooted in our long-held reform principles. These recognise that each public service partner holds the key to another's objectives, and that our objectives cannot be fully realised without a fundamental shift in the thinking, culture, policies and structures that underpin the current system, and that one cannot be done without the others.

Our principles are both simple and profound, and call for:

- 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 – we need to ‘do with’, not ‘do to’
- an asset-based approach that recognises and builds on the strengths of individuals, families and communities rather than focusing on their deficits
- behaviour change in our communities that builds independence and supports residents to be in control
- a place-based approach that puts individuals, families and communities at the heart redefined services
- a stronger prioritisation of wellbeing, prevention and early intervention
- an evidence-led understanding of risk and impact to ensure the right intervention happens at the right time
- an approach that supports the development of new investment and resourcing models, enabling collaboration with a wide range of organisations.

These principles have guided our approach and underpin our six key features, which will provide the underlying conditions needed to fully implement the GM Model (see Figure 9).

Figure 9: **How our principles and key features deliver the GM Model**



Our System’s Combined Strengths

In Greater Manchester we take the widest possible view of public services, harnessing the combined strengths of statutory services, the VCSE sector, 110,000 local businesses and the assets of our communities (see Figure 10). Our model sees public services as one system rather than a collection of institutions, and one integrated public service team with that ethos at its heart.

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Figure 10: **Greater Manchester's public services – together as one**



We need all these public service areas to be part of successfully implementing the model, relying on each other to work within a unified system and organising their people and resources in this way.

Essential Elements Of The Model

Our ability to achieve our objectives will depend on how we organise ourselves and apply our resources. We need to work as one across public services and with communities and have the following essential elements in place.

Community assets

We are fundamentally reshaping mainstream delivery, bringing together the skills, knowledge and experience needed to deal effectively with demand in each locality and neighbourhood, and ensuring services and staff in that neighbourhood share a common purpose and work in a holistic way with people and communities.

Each community's assets, including its people and businesses, lie at the heart of this approach. We need to radically change the way we commission and partner with communities and the VCSE sector, which should be part of the fabric of provision (as demonstrated by our case study on the Tameside Macmillan Unit). We want public services to truly know their communities and focus on 'names not numbers'.

Case Study

The Tameside Macmillan Unit – demonstrating the VCSE sector's value

There are over 8,450 people living with and beyond cancer in Tameside and Glossop, each with specific medical, practical and emotional needs. The Tameside Macmillan Unit provides a single point of access for all appropriate cancer assessment, treatment and support services for people living locally – placing the needs of the individual at the heart of the process.

The Macmillan Cancer Support charity works in partnership with

Tameside and Glossop Integrated Care NHS Foundation Trust to support people from the point of diagnosis right through their cancer journey.

The co-location of services means that support is integrated and wrapped around the individual. In the unit this includes Macmillan clinical nurse specialists, information and support services offering practical and emotional help, chemotherapy and outpatient services, complementary therapies, welfare rights advice, access to personalised community support and dedicated spaces for prosthesis and wig fitting as well

as support groups. The Tameside Macmillan Information and Support Service within the unit has mapped the community's assets and built important links with local organisations and groups to increase the support available to those living with cancer in the borough.

Since opening in 2017, the information and support service alone has had over 7,000 contacts with people affected by cancer and the integrated Macmillan benefits officer has helped people to claim over £163,000 in benefits and charitable grants.

Schools and general practices in particular have a significant impact on the lives of individuals, families and communities, and will play a central role in delivering the GM model.

Integrated neighbourhood functions

Our focus is on bringing services together at the neighbourhood level, designed around the person and their needs rather than around themes, policy areas or organisations. We will pull integrated neighbourhood models and teams into a single integrated function for each neighbourhood, encompassing the full breadth of public services, including:

- social care
- mental health
- community care
- primary care
- policing
- housing
- homelessness support
- environmental health
- community safety
- substance abuse
- early years and early help
- schools, GPs and primary care providers
- VCSE provision
- Jobcentre Plus, employment and skills support.

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Where possible, and appropriate, we will co-locate services to make best use of our public estate and other buildings in communities.

An integrated neighbourhood function will be able to respond holistically to local people's physical health, mental health, social care, housing, employment, welfare and skills needs, and address antisocial behaviour, crime, community safety and environmental issues.

Educational settings and GPs in particular will benefit hugely from having access to, and working closely with, this single neighbourhood function, preventing a reliance on referrals and working jointly to solve problems alongside staff and services with the full range of skills needed. Even if in some areas certain educational settings may align better at the locality level, they will still reap benefits from the single neighbourhood approach.

Political leadership

Elected members play a key role in leading delivery in a place and representing the voice of the community. The GM Model will allow elected members to make the most of this role, bringing the services that they call on closer to them and to the local residents they represent. Political leaders also have a big part to play in the model's strategic implementation and overcoming a range of barriers to optimise its effectiveness and secure the best outcomes for people.

Information and data

The GM Model requires an innovative and ambitious approach to the use of information and data to be successful. Agencies need to use and share data and information safely and intelligently, both to support day-to-day service delivery and plan future development.

We need to fundamentally change our information governance to build the trust and reassurances across partners this approach requires. The innovative use of information, consistency and leadership are essential. We must make sure the 'citizen voice' is heard and understand current attitudes to data sharing in Greater Manchester so we can have meaningful conversations with people about their information and its uses.

Although the single integrated neighbourhood function will be the primary delivery model, some public services will also operate at cluster or Greater Manchester level to provide acute or specialist capabilities.

We will need to bring services together at a locality level to ensure specialist services can be seamlessly pulled into each neighbourhood. These services have skills, knowledge and expertise for integrated neighbourhood functions to draw on, and may provide strategic insight, intelligence and coordination. They may also engage outwardly with regional and national agencies.

Elected members play a key role in leading delivery in a place and representing the voice of the community. The GM Model will allow elected members to make the most of this role, bringing the services that they call on closer to them and to the local residents they represent. Political leaders also have a big part to play in the model's strategic implementation and overcoming a range of barriers to optimise its effectiveness and secure the best outcomes for people.

Each locality should be served by a single integrated function that gathers intelligence, shares information and coordinates multi-agency resources around the most complex and costly cohorts. This will provide one 'front door' for these cohorts and bring together the full range of multi-agency functions and forums. The single locality function will work closely with the integrated neighbourhood functions, and have an overview of the whole system through its key coordination role across them all.

At locality level there will also be a single commissioning function covering all relevant public services. The shift to a single budget and place-based commissioning is fundamental to our model. All relevant public services will be commissioned on a shared geography rather than individual service basis, and underpinned by pooled budgets with clear and binding risk-sharing agreements and integrated governance in place.

The single commissioning function and the full breadth of public service delivery will be led and directed by a single leadership team, sharing accountability and breaking down barriers to integrated working.

At a Greater Manchester level, all relevant commissioning activity should embed the GM Model's six key features and work towards its delivery. A commissioning function for the whole city-region will work across all relevant public services and health and care activities, not only to incentivise the model but to develop the appropriate supporting framework needed, such as expanding pooled budget arrangements and commissioning holistically rather than thematically.

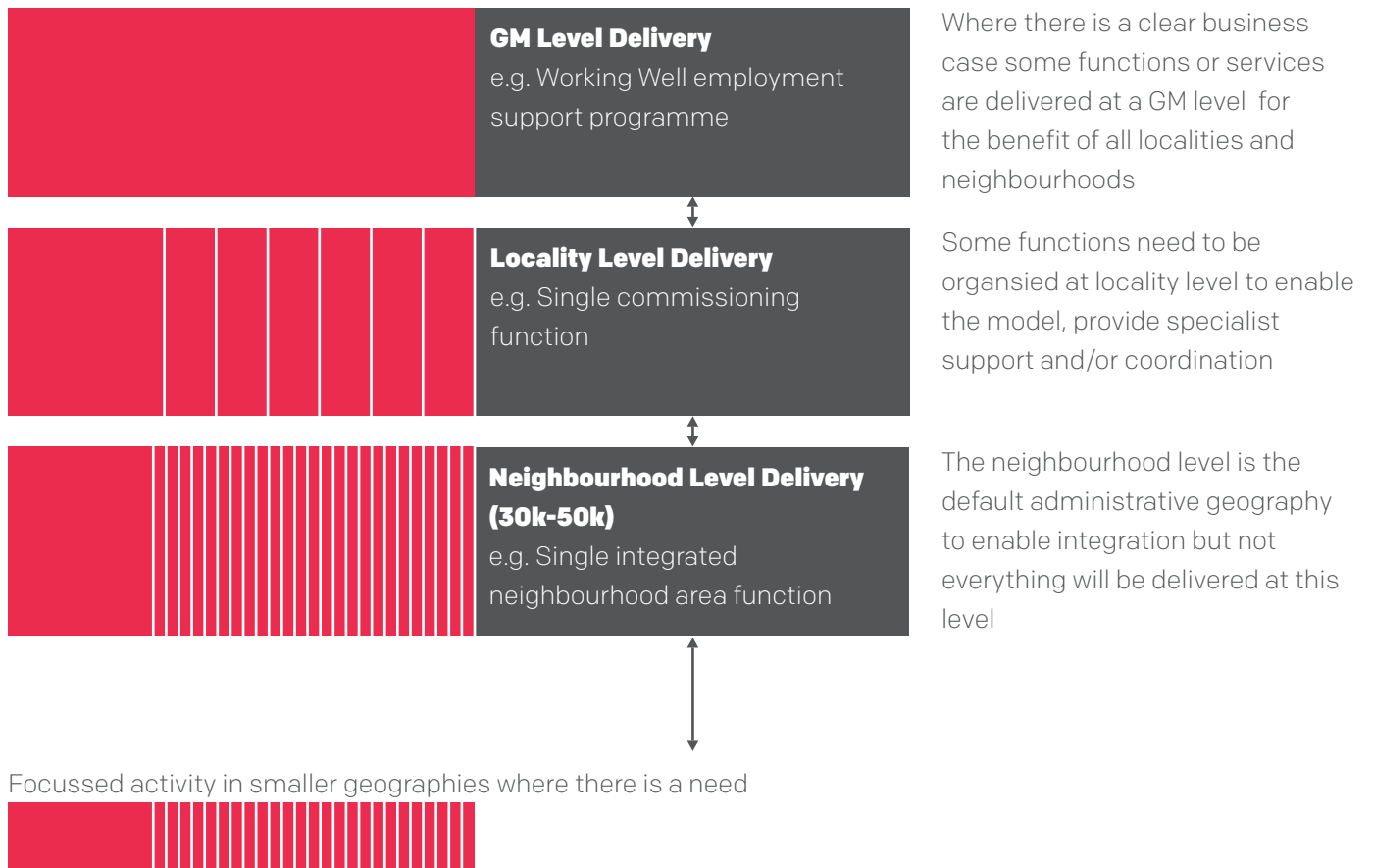
The Greater Manchester- level Joint Commissioning Board will mirror and support the integrated model in each locality and work across the full breadth of public services, health and care.

There will be some regional and national delivery mechanisms outside this framework of neighbourhood, locality and Greater Manchester working (see Figure 11).

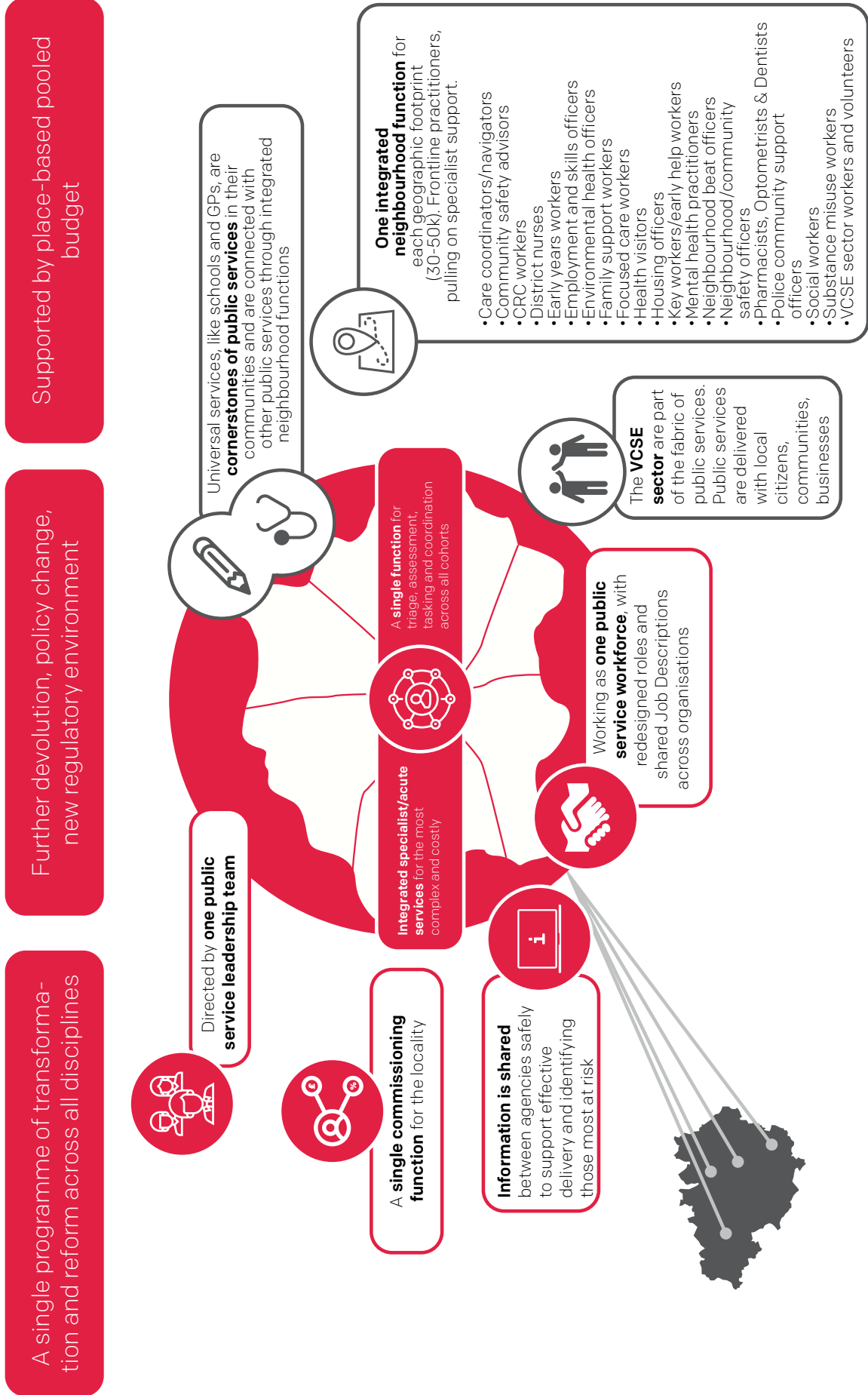
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Figure 11: **Spatial levels for delivery**



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.



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Key Features Of The GM Model

We simply cannot achieve the ambitions of our operating model (see Figure 12) without our six 'key features'. These are the elements of the public service system that our learning, work and self-assessments to date¹⁴ show us need to be in place if we are to progress further than our current position. Their absence would limit our ambitions and prevent full implementation of the GM Model across all Greater Manchester's communities.

The difference between having these key features in place, or not, is critical (see Figure 13). They provide the necessary architecture across the full breadth of public services and consistency across all our localities, neighbourhoods and communities.

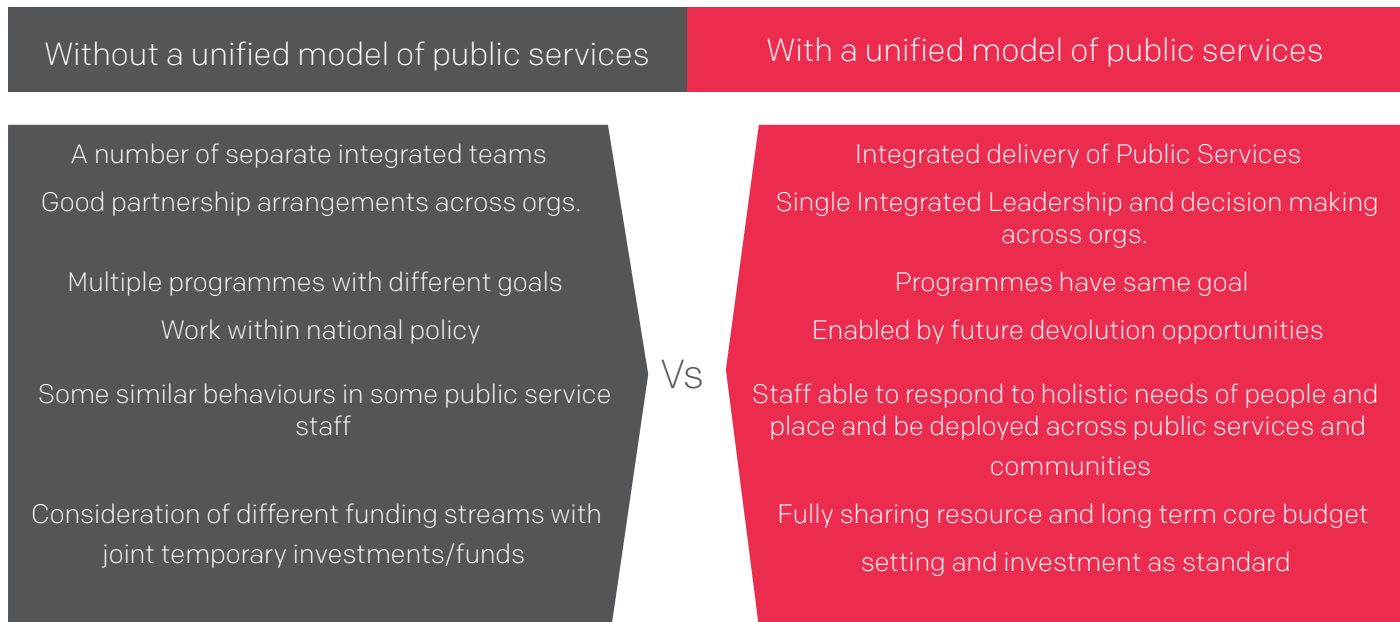
If we carry on with our transformational work without the key features in place we will end up without a unified system (as shown on the left of Figure 13).

And we cannot address the features in silos, working on one but not all; they are inter-related and mutually supporting, with each feature enabling or limiting others.

For example, we cannot integrate our programmes and delivery without integrated leadership and behaviours to drive and support this. We cannot look at sharing our workforce and being mobile across organisational boundaries without simultaneously considering the shared financial resources needed to do so. Fundamentally, our workforce is our greatest asset, and we will not achieve delivery of this model without enabling and equipping them to drive and embed the changes required.

¹⁴ A range of self-assessment exercises were carried out in 2018, including an assessment of the development of local care organisations, a strategic self-assessment of progress on reform and integration, and a self-assessment of progress to develop single commissioning functions. Findings from these all presented a number of similar issues that influenced the development of the key features.

Figure 13: **How public services might look with and without the key features**



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Key feature 1 – Our ambition for geographic alignment

Having clear, consistent and coterminous delivery footprints across the range of public service delivery is essential. This is one of the most basic building blocks of the GM Model and applies at all levels of geography, from Greater Manchester through to neighbourhood levels.

It should be stressed that the primary geography is that of the neighbourhood level, defined as encompassing populations of around 30,000-50,000 residents – small enough to enable connectivity to communities but large enough to form the framework for integration of public services. This is a default administrative arrangement, which allows services to integrate and provides the framework and opportunity to focus in on smaller geographies where there is a need.

Key Feature 1



Geographic alignment

Success Means

- Many services share coterminous service delivery footprints and integrated services are delivered at either Greater Manchester locality or neighbourhood
- The neighbourhood 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 around 30 - 50k residents. All services can describe how they align capacity and capability at this level for mutual benefit.
- Focused activity may be delivered below the neighbourhood service delivery footprint, which will be drawn together at the locality level.

Aligning geographies around these neighbourhood areas allows us to start both with the person and in the home. This will help to reduce pressure on acute and specialist services, allowing them to focus their resources on those who need it most.

Key feature 2 – Our ambition for leadership and accountability (for the whole public service system)

Leadership and governance arrangements are traditionally built around organisations, separate funding streams and traditional remits. This stops us from serving the holistic needs of our residents and communities. It also leads us to focus on our own individual outcomes and managing risk.

Integrated leadership and accountability is as much about approach and culture as it is about having integrated governance and shared accountability. Successful implementation of this key feature will see the locality developing and being directed by a single integrated leadership team across public services. Our case study shows how this is working in Tameside and Glossop.

Across Greater Manchester we want to have greater oversight over the full public service system, earning greater autonomy and ownership of our own performance, improvement and regulation. This is about much more than working in partnership. It is about leading and making decisions as one, according to the needs of each place, and on behalf of our citizens, as well as driving implementation of the operating model and challenging barriers to integration. We are all working to the same goal.

Key Feature 2



Leadership and
accountability

Success Means

- Integrated leadership, accountability, performance and governance structures reflect the geographic alignment of services at Greater Manchester, locality and neighbourhood levels where appropriate
- 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.

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Case Study

Coming together in Tameside and Glossop

The Care Together programme integrates leadership and budgets to address financial and other challenges facing Tameside and Glossop (T&G). This partnership and economy-wide approach unites Tameside Metropolitan Borough Council, NHS Tameside and Glossop Clinical Commissioning Group (CCG), and Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT).

The programme has focused on:

- Developing a single commissioner to drive the transformation of public services to reduce inequalities and improve sustainability by reducing demand
- Creation of an integrated care provider to deliver improved outcomes and patient experience as well as maximising efficiencies.

First the council and CCG came together under the single leadership of the council's chief executive. Then an integrated commissioning fund was established, underpinned by a robust financial framework. The two finance teams merged under the leadership of the CCG's director of finance and this single team now works collaboratively with the foundation trust's finance department. Together their driving ambition is to return to financial sustainability and derive greater value from the 'T&G £'. A monthly economy-wide finance report is produced that NHS England has cited as best practice. It includes a pan-economy savings/Quality Improvement Productivity and Prevention (QIPP) tracker, enabling stronger risk management and providing evidence of greater grip and control.

This approach was further strengthened by implementing one of the largest integrated commissioning funds, totalling

around £1bn. This has attracted significant national interest and resulted in Tameside and Glossop being asked to contribute to work led by the Department of Health and Social Care on changes to Section 75 of the NHS Act 2006 on local authority agreements to pool resources and delegate functions, in pursuit of greater integrated management of services.

There have already been positive developments:

- ICFT was awarded a rating of 'Good' in its most recent Care Quality Commission review and continues to improve on key performance measures.
- Collective £82m savings have been achieved over the last two years.
- There has been a £5m improvement in the provider deficit position to date and an £18.5m improvement is expected by 2022/23 due to identified transformational schemes.

Key feature 3 – Our ambition for one workforce

Investing in and supporting our workforce to deliver the GM Model is key to unlocking reform and unifying public services. By workforce we mean the full range of public servants and employers – those who do or can serve the public in any capacity, paid and unpaid, including nearly 0.5m volunteers¹⁵.

In implementing this model we will be able to ensure better working conditions, contribute to the development of our Greater Manchester Good Employment Charter, alleviate some of the issues around staff shortages, and improve diversity in the workforce. This will also support the delivery of the ambitions for improved productivity and job quality set out in the Greater Manchester industrial strategy (see Chapter 1).

Key Feature 3



One Workforce

Success Means

- 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 person-centred 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.

The GM Model will enable and empower our workforce to focus on the holistic needs of people and communities, and we will support and develop the necessary behaviours, roles and responsibilities across the whole of the public service workforce, across disciplines, organisations and levels of seniority. Again, this is as much about culture, behaviour and relationships as it is about putting in place the right policies, practices and organisational forms to allow our workforce to work in this way. It will lead to significantly closer working relationships and will in time allow us to begin to explore the potential for a range of new, shared job descriptions and supporting architecture, leading to a fully mobile public service workforce.

This isn't about eroding professional identities; we must value the fact that each profession has a different relationship with the public. It is about making best use of the full range of professions, skills and knowledge as part of a fully integrated model – enabling the change that our workforce is already pushing for. Our case study on the BeWigan programme demonstrates their appetite for a more proactive approach.

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Case Study

New Wigan workforce training focuses on people and community assets

BeWigan is a workforce programme for public service staff across Wigan to support the 'Wigan Deal'. It aims to create a shared culture that demonstrates a fresh approach to public service, celebrates people and their achievements, and has a focus on the future and how Wigan will achieve its priorities. BeWigan recognises that the talent, skills, knowledge and experience of the local workforce are at the heart of everything Wigan strives to achieve, and are the locality's most valuable asset in getting the best outcomes for people.

Building on the success of the Wigan Deal and the BeWigan experience, the Healthier Wigan Partnership has launched a bespoke health and care workforce experience. This innovative interactive training session is called 'Our Deal for a Healthier Wigan' and promotes a wholesale approach to asset-based working, where staff undertake a different conversation with residents to understand and build on their strengths, promote the use of local community assets and empower individuals to take responsibility for their own health and care.

Staff from integrated teams across the health and care workforce are coming together for this experience, which is

underpinned by ethnographic principles and approaches. Using scenario-based exercises and hearing case study examples, staff are able to understand, using practical applications, how they can best support local people to thrive and live healthy and happy lives, reducing reliance on health and care services and promoting independence.

Over 1,000 of Wigan's workforce were expected to take part in the first six months. The partnership's aim is to have the entire workforce trained to use this approach in future, fully appreciating how prevention can help individuals in the long term, and to offer Wigan

Key feature 4 – Our ambition for shared financial resource

The ability to marshal the full public service resource in a locality is integral to the GM Model. Success in this key feature will not just enable us to move further but to move to a truly sustainable model of public service.

At source it is financial constraints that act as the ultimate limiting factor, This is not simply a comment on the amount of resources available, but on arrangements, policies and regulations that prevent flexible use of resources across the system. Even when we are able to prevent and avoid cost in one area of the public purse, or one service, we are unable to reap the benefits to the system – indeed, budget reductions in one area can create additional financial pressures elsewhere.

Shared financial resource will allow us to focus on delivering efficiency in achieving outcomes rather than on the bottom line of organisational budget statements. Some of this will require financial reform and freedom over revenue and capital resources, such as flexibility and freedom from a range of grant conditions attached to public funds. To support this, we will need greater system oversight at a Greater Manchester level, including more devolved performance management arrangements and further delegation of regulatory arrangements.

- Once the GM Model is operating it will bring together resources so that we can work as one and be more flexible in how we:
- pool our resources and simplify funding flows
- move resource around the system
- remove disincentives to integration and working effectively, and incentivise reform
- move from a reactive to proactive cost profile
- move beyond episodic, theme-based funding streams to whole-system budget management.

Key Feature 4



Shared
financial
resource

Success Means

- 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.

Chapter Three

The Greater Manchester Model Explained

Case Study **Pooled and flexible funding to drive reform at pace**

The Greater Manchester Reform Investment Fund was established following the fourth devolution agreement with government in 2016. Its purpose is to bring together funding to provide greater flexibility to invest in and support innovative approaches that transform public services.

The government agreed to bring together a number of funding lines into a single Greater Manchester pot to invest alongside local funding in driving system-wide reform. To date the fund has

included reprofiled funding for the Troubled Families and Working Well programmes, the government's Life Chances Fund and Homelessness Social Impact Bond. However, there remains an opportunity to increase the scale and impact of the reform investment fund by bringing together additional government funding pots to support service transformation in Greater Manchester, and by increasing flexibility around those funds.

The fund's intention is to facilitate investment in reform at greater pace and create efficiencies of scale; it does not replace the culture change, pooling of resources and investment needed

at a locality level. Over the next 12 months there is a significant opportunity to increase the impact of this fund and to match its scale to the scale of our reform ambitions. We will galvanise new sources of investment in Greater Manchester by combining different models such as fundraising with impact investment funders, co-investment with local commissioners, recycling investments that generate a return, and offer Wigan

Key feature 5 – Our ambition for integrated programmes, policy and delivery

We know that simply aligning our approaches across a range of disciplines, models and organisations is not enough to deliver the GM Model. We need to organise resources – people and budgets – around neighbourhoods rather than around themes and policy areas in the traditional way. To make this a reality, we must also be determined to apply this throughout our own programmes, policies and delivery models.

If we are going to work as one, our own programme architecture and delivery cannot continue to be fragmented and driven by traditional thematic and siloed models. Furthermore, this new way of working absolutely cannot be an add-on to mainstream delivery. The exact opposite is true – this has to be mainstream delivery encompassing the full range of public services and becoming core delivery.

Without this we will continue to have multiple integrated models and multiple integrated teams, each with its own duplicate capacity, with some similar stated principles at a strategic level but fragmented governance and divergent delivery in practice.

An important enabler in this area is digital technology. We are currently designing a technology architecture that will support secure information sharing across both health and wider public services, to inform more comprehensive and holistic support for families and citizens. This capability will deliver cost savings through the use of common technology platforms and will also enable access to more accurate information, improve engagement with the people who use our services, and empower organisations to share information more effectively.

Key Feature 5



Programmes,
policy and delivery

Success Means

- 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 strengthens relationships.

Key feature 6 – Our ambition for tackling barriers and delivering on devolution

We want to put in place a completely new model of public service delivery, completely breaking down the silos that exist between public services and designing the whole system of public service delivery around people and communities.

This absolutely requires us to challenge the status quo, relentlessly and systematically tackle barriers to implementing the new model and seize the fullest range of opportunities presented by devolution. We will formalise our local arrangements, which will drive us, at pace, to identify and put in place solutions to the barriers to full implementation. This will encompass a range of policies, procedures and cultural issues right across the public service system. Some of this is within our power and some requires us to work together with national government to overcome the limitations and put in place the missing pieces of the jigsaw in our devolution journey (covered in Chapter 5).

We believe we are demonstrating effective stewardship of the Greater Manchester system, not least in health and care and our Working Well programme. However, to maintain the pace of those achievements and the confidence we have in securing and sustaining improvements will depend, at least in part, on our collaborating effectively with national bodies and exploring the potential for policy and legislative change.

We want to consider devolved solutions to a range of current limitations and broad structural issues. These include system oversight, national targets and performance management, regulatory environment, inspection regimes – in particular, those imposed by Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), the Care Quality Commission (CQC) and Ofsted – inflexible funding and resources, and the legal basis for new organisational structures, as well as specifics around VAT rules to support integration. We should also highlight the missing pieces of devolved responsibility that are fundamentally related to our ability to deliver – we have a level of devolved responsibility around health and social care but no corresponding responsibility around some important Department for Work and Pensions (DWP) functions, powers and resources.

The range and scale of our ambition means there needs to be a single conversation between Greater Manchester and central government rather than multiple conversations with various government departments, and we will require a formal mechanism to do this. Our initial and developing 'asks' of central government are set out in Chapter 5. Individual schedules will focus on the mechanisms we need to put in place with central government to progress. The approach will be aligned with our plans to work with government to implement the Greater Manchester industrial strategy and our existing devolution deals, so that we have a single conversation across our growth and reform objectives.

Key Feature 6



Tackling barriers and delivering on devolution

Success Means

- Each locality has a formal mechanism to identify, act on and escalate issues that impact on delivering the most effective 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.



Chapter Four How We Plan To Make It Happen

Place-Led Improvement

Having set out what the GM Model of unified public services looks like, and the six key features that need to be in place across Greater Manchester for it to be fully realised, this chapter outlines our approach to implementation, evaluation and shared accountability.

There is a strong emphasis on identifying and sharing good practice and learning, a peer support process is at its centre and it sees Greater Manchester-level organisations providing a supporting and facilitating role working with localities. Accepting that each locality will have their own local priorities – as much as possible we need to progress in the same direction, at the same speed.

When we talk about Greater Manchester in this context, we are not referring to a Greater Manchester-level function but to the powerful collective made up of our 10 localities, which come together as a strong, collaborative alliance. The implementation approach outlined here draws on the principles of sector-led improvement¹⁶, but we will apply it across the full range of place-based public service organisations relating to the GM Model. For our purposes, we refer to our approach as 'place-led improvement'. Implementation of the GM Model will be based on the following tenets.

- Individual public service organisations in Greater Manchester are responsible for leading the delivery of improved outcomes for people in their area.
- Implementation of the GM Model does not require, and is not intended for, any transfer of statutory responsibilities from public bodies to the Greater Manchester Combined Authority (GMCA).
- Individual public service organisations in Greater Manchester should consider themselves accountable locally for the implementation of the GM Model.
- There is collective responsibility for the implementation of the GM Model across Greater Manchester as a whole.
- The role of GMCA is to provide tools and 'horizontal support' to facilitate implementation of the GM Model.

¹⁶ Sector-led improvement (SLI) has been developed by the Local Government Association (LGA) in response to nationally imposed inspection and assessment regimes. The approach has primarily been applied to local authorities in the field of children's and adult social care, and more recently extended to public health, prevention and early intervention through the LGA's care and health improvement programme. The approach has proved effective and is well supported.

Introducing place-based working in Greater Manchester has taught us that to move further, faster, we need to step up our level of challenge with each other, as well as our pace and acceleration, if we are to bring about the radical change required. Building on the strength of trust and relationships across sectors and organisation that already exists will be fundamental to this.

Overall Aims And Approach To Implementation

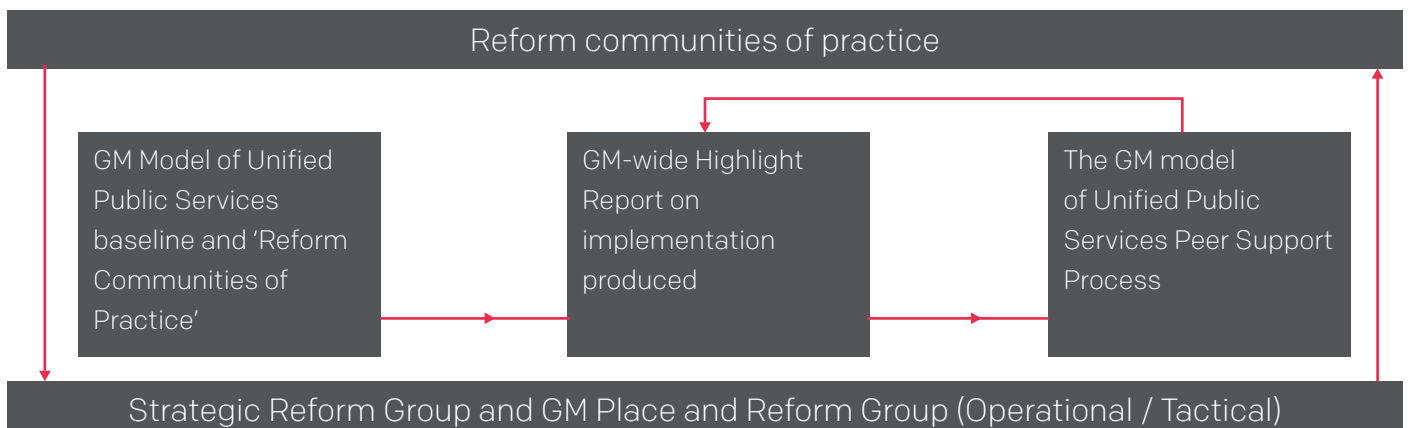
The implementation process must have stated aims that capture how we intend to embed the GM Model. The following three aims will focus our collective efforts:

- To provide better outcomes for the people of Greater Manchester through more effective public services
- To put in place the six key features of the GM Model for all relevant public services in Greater Manchester
- To be recognised as a world leader in public service delivery, providing learning and direction for others.

Our implementation approach builds on collaboration and focuses on the strength of relationships across Greater Manchester, recognising that a 'one size fits all' approach does not work. There is a strong emphasis on identifying and sharing good practice and learning, a peer support process is at its centre and it sees Greater Manchester-level organisations providing a supporting and facilitating role working with localities. Accepting that each locality will have their own local priorities – as much as possible we need to progress in the same direction, at the same speed.

Figure 15 provides a visual representation of the implementation approach as a whole (summarised in Figure 14). This is intended to be cyclical and iterative rather than linear.

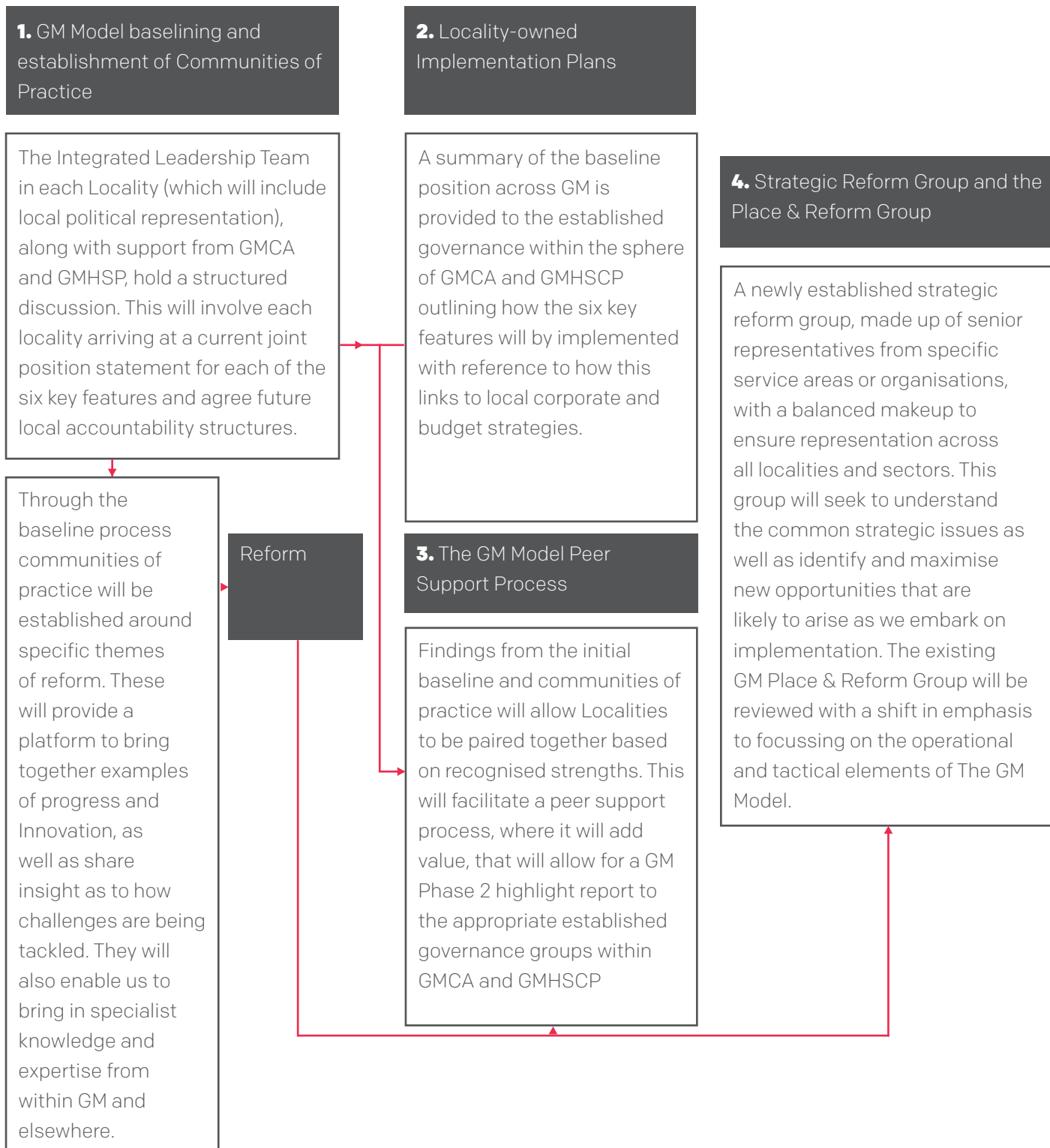
Figure 14: **Place-led improvement approach to implementation of the GM Model**



Chapter Four

How We Plan To Make It Happen

Figure 15: **GM Model of Unified Public Services: 'Place-led Improvement' Approach**



Aim 1: To Provide better outcomes for the people of Greater Manchester through more effective public services

Aim 2: To put in place the six key features of the GM model for all relevant Public services in Greater Manchester

Aim 3: To be recognised as a world class leader in public service delivery, providing learning and direction for others

Evaluation framework underpinned by the principles of the GM Model of Unified Public Services

The Stages Of Implementation

Part 1: The baseline position

Every locality will determine its baseline position against each of the GM Model's six key features. The locality's integrated leadership team – including local political representation and with support from GMCA and the Greater Manchester Health and Social Care Partnership – will hold an informed and structured discussion on the current position. This discussion will focus on the 'success descriptors' of each of the six key features, taking into account work conducted so far, future plans and recognised challenges.

The baseline process should include and reflect local citizens' views. It will also seek to establish 'reform communities of practice' that will provide a platform to bring together examples of progress and innovation, as well as share insight on how localities are tackling challenges presented by implementation. The reform communities of practice will make it possible to bring in specialist knowledge and expertise from Greater Manchester and elsewhere.

It will also be important to establish a Greater Manchester-level baseline position against the six key features for relevant organisations, including GMCA, the Greater Manchester Health and Social Care Partnership, Greater Manchester Police and the Greater Manchester Fire and Rescue Service. Independent support and challenge from the GMCA portfolio lead for reform and others on the Greater Manchester-level baseline position will add considerable value.

We expect this first part of the implementation approach to take 12 months to complete, including agreeing local structures for further implementation.

Part 2: Identifying joint solutions and local priorities

Each locality's integrated leadership team will work with GMCA and the Greater Manchester Health and Social Care Partnership to identify joint solutions based on local priorities. Every locality will then put together its own GM Model implementation plan, outlining how the six key features will be embedded across all local public service, health and care organisations. These plans may be drawn from, or reference, existing local plans rather than forming a separate document. They should reference how implementation of the GM Model links to, and affects, existing corporate and budget strategies within individual organisations.

We will provide the appropriate governance boards within the sphere of GMCA and the Greater Manchester Health and Social Care Partnership with a high-level summary of implementation progress across Greater Manchester. When all the locality plans are ready, we will create a Greater Manchester-wide implementation plan that will include the Greater Manchester-level baseline position. At this point we will have a

Chapter Four

How We Plan To Make It Happen

more informed picture of delivery timescales across and within Greater Manchester.

The findings from the initial baseline and reform communities of practice will give localities the opportunity to pair up, based on their recognised strengths. If it adds value, this 'buddy' system will facilitate a peer support process, which will inform a high-level Greater Manchester implementation report that will be summarised for appropriate governance boards. We expect this peer support process to finish within 12 months of the initial baseline exercise in each locality.

Creation of strategic and reform groups

To achieve the ambition set out in this white paper, we need to understand common strategic issues as well as identify and maximise new opportunities that are likely to arise as we embark on implementation. So we will form a new strategic group, comprising the right balance of senior representatives from specific service areas and organisations to ensure representation across all localities and sectors. This group will meet on a bi-monthly basis and will take on a supporting and coordinating role to help localities implement reform. It will feed into other established Greater Manchester groups, as appropriate, within the recognised GMCA and Greater Manchester Health and Care Partnership arrangements.

In light of this white paper and the creation of the new strategic group, we will need to review the existing Greater Manchester Place and Reform Group and its terms of reference, ensuring these specifically cover the GM Model's implementation.

The reform communities of practice will feed insight and recommendations into existing Greater Manchester governance arrangements if appropriate.

Evaluating Progress

A visible, consistent and straightforward evaluation process will drive learning and improvement as we embark on the GM Model's implementation. The evaluation framework must be built using both quantitative and qualitative measures. It will need to understand the leading indicators that point to successful change and improvement in the short term, but also those 'lagging' indicators that may appear when we view the cumulative effect of implementation in the longer term and geographically, such as the impact on population, system-level measures and finance.

Evaluation is about understanding the impact we are having on people's lives, constantly learning and adapting our approach. It is not about stifling innovation or an overemphasis on chasing metrics, but about putting the necessary conditions for a value-based performance environment in place.

Our three overall implementation aims (set out earlier in this chapter) lend themselves to this form of evaluation. We need to understand how we are progressing with the GM Model's implementation both as a whole and with each of the key features and across localities. We also need to show what impact this approach has on the people of Greater Manchester as it becomes embedded, at an individual or family level and across wider communities and geographies.

While we need to evaluate the implementation process itself, we also want to see what the new evaluation and performance frameworks will look like when they sit alongside the operational GM Model. These new approaches and products will build on good practice examples of various whole-system dashboards and performance frameworks we are already developing. There will also be a direct link to the outcomes framework for the Greater Manchester strategy, 'Our people, our place'.

Accountability And Expectations

The place-led improvement approach to implementation described above sets out a robust methodology that underlines our shared expectations around the delivery of the GM Model. We need to hold ourselves to account as we progress this work. All locally elected members should have a strong and central role in driving the model's implementation at neighbourhood level.

We have produced a reform protocol to help us understand what to expect from each other and where we are jointly accountable. This states that, at a locality level, all relevant public services will:

- work to implement and deliver each of the GM Model's six key features (as described by their success criteria)
- ensure the citizen's voice is central to how we design and deliver services at locality level and in neighbourhoods
- model the right culture locally to deliver this change across the whole public service system
- work across Greater Manchester to share ideas, innovation and learning, identifying solutions to overcome barriers together
- work to embed the GM Model's key features in all commissioning, and commit to mainstreaming investment in reform
- develop an empirical understanding of the barriers to our ambitions, and make the case for further devolution where identified, ensuring all voices are heard at a local and Greater Manchester level
- support development and delivery of an evaluation approach, pooling knowledge and evidence, to ensure Greater Manchester can make a strong case to central government.

Chapter Four

How We Plan To Make It Happen

The same expectation and accountability needs to exist at a Greater Manchester level. At this level all relevant public services will:

- consistently articulate and enable the delivery of the GM Model's six key features across all areas of work
- ensure the citizen's voice is central to how we design and deliver services at a Greater Manchester level
- model the right culture at a Greater Manchester level to deliver this change across the whole public service system
- lead collective action where issues are common or require collaboration, with an emphasis on solutions, not problems
- work with central government to develop a single flow of investment, using new models that incentivise reform
- work towards embedding the model's key features in all commissioning activity across the full range of public service, health and care activity
- work closely with localities to build the case to central government for further freedoms that will enable delivery of the model and allow us to realise our ambitions
- establish an ongoing evidence base for the model, bringing together the best evidence to make a strong case to government.

There needs to be a very clear role for elected members, who will play a hugely important part in driving implementation forward, and also asking the right questions through local accountability mechanisms. Local political representatives will be central to the GM Model's operation on a day-to-day basis and should have a vested interest in its implementation, which will be much more effective with their support and involvement than without it.

GMCA should also play an important role, being accountable for the support, assistance and tools provided throughout this implementation process. GMCA will need to continue to develop the way in which it supports and works with localities and others in a horizontal fashion, and build insight into the reality of implementing the work, ensuring that a bottom-up approach remains as we move to full implementation of the GM Model. We expect that the 'place-led improvement' approach will become a core component of our developing governance infrastructure and may be further developed and applied to support us other areas of work.



Chapter Five

Working With Central Government To Enable Change

Our white paper has set out an operating model that will shape the entirety of our public service landscape, and is the culmination of a long history of collaborative working in Greater Manchester, building on our devolution deals to date, and informed and driven by a bottom-up understanding of the needs of people and communities right across the city-region. This chapter looks at how we want to collaborate with central government to achieve our ambitions, both generally and in specific policy areas.

The Need For Effective Collaboration

We have already demonstrated our ability to manage and deliver effectively across public services in Greater Manchester. But to secure and sustain this, and scale up right across the city-region, we must work with central government to explore the potential for greater freedoms and more autonomy through policy and legislative change.

We are now in a position to articulate our most important initial ‘asks’ – the key areas we need to develop collaboratively with central government to provide the most effective services for the people of Greater Manchester and excel as a national and world leader in public service delivery. We must have a sustainable system of funding for Greater Manchester to underpin this, with access to flexible resources that can be invested locally to join up and integrate services and infrastructure.

A broad, iterative and negotiable process with central government will enable us to trial various solutions to a range of issues together. We should focus initially on the broad mechanisms we need to put in place, and then on more detailed work and negotiation around specific policy areas.

We are taking a sequenced approach to developing and setting out ‘asks’ based on four key areas. Over time we will develop a series of schedules within each one, both for the whole system and for policy-specific areas, setting out more detail and options for greater freedom and autonomy. Figure 16 sets out this framework for change.

Chapter Five Working With Central Government To Enable Change

Figure 16: **A framework for working with central government to develop joint solutions**



This schedule approach to developing joint solutions means we view the process as an organic one that can respond to emerging issues and to collaborative discourse. The joint solutions outlined later in this chapter reflect the current situation; over time they will widen to cover other policy-specific areas, such as housing, early years, education, and community safety.

The Building Blocks Needed To Progress

We know what good looks like from a whole-system level, and this can provide the building blocks with central government (summarised here) to jointly progress a range of policy-specific areas of work.

There is a place-based relationship between Greater Manchester and government, moving away from single departmental conversations:

- Transitional governance arrangements are in place to support a shift to integrated governance, enabling us to explore and test options for longer-term system oversight and integrated governance across the full public service landscape.

There is a formal relationship between Greater Manchester and government to support delivery of our public service model, tackle barriers outside local control, and identify national good practice:

- A formal mechanism is in place to develop and negotiate solutions to implementation. This should be a single channel of dialogue between Greater Manchester public services and all central government departments. It should take account of, and aim to address, the impact of current national inspection and regulatory regimes, which can conflict with unified local delivery.
- This also includes a review of public service governance arrangements at a locality level and working with government to remove barriers to more integrated governance arrangements.

There is a single line of investment for reform through one Greater Manchester investment fund, working towards a place-based settlement:

- A solution is developed with central government that enables Greater Manchester to bring together a range of transformation, reform and various departmental grant funding streams into a single line of investment.
- This also provides the necessary testing that enables us to work towards a wider place-based settlement beyond transformation funding and towards core budgets.
- To support this, an exemption from a range of grant conditions is negotiated, particularly in relation to commissioning, so we can remove barriers to further integrated commissioning by the increased use of pooled budgets across our public services and provide the necessary freedoms to innovate.
- Greater control of a wider range of public spending is negotiated with central government to implement the GM Model and provide better outcomes for our residents.

Chapter Five

Working With Central Government To Enable Change

An open dialogue is created and maintained around current and future devolution opportunities, supporting us to deliver the most effective services:

- Beyond putting in place the necessary conditions and formal mechanisms across the whole system, an open dialogue is in place that enables us to swiftly and effectively develop joint solutions to specific policy 'asks' as they develop. For example, a joint 'task group' is put in place to explore greater autonomy of Jobcentre Plus and the welfare system through further delegation from the Department for Work and Pensions (DWP).

Our Initial Plans For Joint Solutions

Policy area	The proposal	What needs to change
Employment and welfare	Shared accountability to improve the employment rate and reduce benefit dependency in Greater Manchester, as part of a formal partnership between GMCA, DWP and the Department for Education (DfE)	<p>We need the following to ensure we have a quality and consistent place-based approach to employment and welfare:</p> <ol style="list-style-type: none"> 1. Local autonomy for Jobcentre Plus, operating as part of the Greater Manchester public service system 2. Joint development of an in-work progression offer, with a focus on older workers and those with a health condition or a disability 3. Joint design of commissioned employment support and development of an over-50s employment programme, to provide targeted support to this age group 4. Ability to test flexibilities in the welfare system and agree a joint approach to welfare reform, such as: <ul style="list-style-type: none"> – co-produced approach to managed migration for people with health conditions, supported by data sharing – Universal Credit (payment frequency, direct payments to landlords, split payments) – joint approach to housing payments and quality accommodation through a 'good landlord' scheme.
Skills	Joint work between Greater Manchester and central government to explore opportunities to connect national and local post-16 skills and work policies.	We need a more effective and supportive offer in the skills and employment system for post-16s across the city region.

Our Initial Plans For Joint Solutions

Policy area	The proposal	What needs to change
Health and social care	<p>Greater flexibility and power over the levels and drivers of developing a fully integrated and devolved health and care system, specifically:</p> <ul style="list-style-type: none"> – integrated care – financial reform – population health 	<p>Integrated care</p> <ol style="list-style-type: none"> 1. We want the government to work with us to consider the legal basis, and develop legislation and policy, for the following: <ul style="list-style-type: none"> – new organisational and contractual forms in health and care (and wider public services) – removing restrictions on integrated commissioning, VAT and pensions rules to support integration and issues affecting competition and choice – as signalled in the NHS long-term plan. <p>Financial reform</p> <ol style="list-style-type: none"> 1. We want to develop opportunities to simplify funding flows (at both system and provider level) including multi-year funding settlements to support system-level planning, integration and delivery of transformational change. 2. We need greater ability to pool revenue budgets between health and local authority funding streams (and potentially other public bodies). 3. We want to use different capital funding sources, including local authority prudential borrowing, to support multi-purpose capital schemes. <p>Population health</p> <ol style="list-style-type: none"> 1. We want to work with government to explore an early years funding model that encourages cross-sector provider collaboration to raise standards and provides children’s services with the resources they need.

Policy area	The proposal	What needs to change
Criminal justice	<p>Agree a memorandum of understanding (MoU) with the Ministry of Justice (MoJ) that enables co-investment and co-design focused on the integration of services within the GM Model and improved outcomes for people in the criminal justice system</p> <p>The MoU will focus on the following specific areas:</p> <ul style="list-style-type: none"> — youth justice transformation — ‘smarter’ justice — reform of adult offender management — improving the victim journey. 	<p>Youth justice transformation</p> <p>We need to agree and explore approaches to:</p> <ul style="list-style-type: none"> — resettlement from custody — data sharing — safeguarding — youth to adult transitions — prioritisation of activity with specific cohort. <p>‘Smarter’ justice</p> <p>We need to work together to:</p> <ul style="list-style-type: none"> — improve awareness of community sentences — enhance problem-solving approaches. <p>Reform of adult offender management</p> <p>We need to work jointly to test how the new probation model can work in a devolved way, which recognises that a unified approach in Greater Manchester would result in optimum delivery.</p> <p>Improving the victim journey</p> <p>We need to explore local interdependencies for victims and witnesses in the criminal justice system to support co-designing and co-commissioning services. This includes:</p> <ul style="list-style-type: none"> — local alignment of services for witnesses — sustainability of the victim services grant — engaging with the MoJ review of the Criminal Injuries Compensation Scheme — developing a wider scrutiny role, including monitoring the Code of Practice for Victims of Crime.

Our Initial Plans For Joint Solutions

Policy area	The proposal	What needs to change
Digital and information	Establish Greater Manchester as the national exemplar for digitally enabled citizens, based on the integration of local and national data and the use of analytics and artificial intelligence (AI) to improve outcomes for residents	<ol style="list-style-type: none"> 1. We need to work together to put in place a public service data exchange forum through which Greater Manchester can communicate and provide evidence of issues and blockers in relation to information sharing in a way that can truly influence change nationally. This body would help develop and own a roadmap through data standards, legal gateway, sharing mechanisms, policies and strategies can be agreed and tested through the Greater Manchester Digital Enabling Citizens programme. 2. We want to provide a digital licence for 'ages and stages' questionnaires used by health visiting functions across the UK and currently only available on paper. 3. We want to support creation of a national applied data ethics and innovation centre, based in Greater Manchester, to provide an 'on the ground', place-based focus for work on data ethics and trust that encourages inward investment and links with the new national Centre for Data Ethics and Innovation advisory body. 4. We want to work with government to support and accelerate current conversations with the National Data Guardian and Department of Health and Social Care to include health and care data in the provisions of the Digital Economy Act 2017 to allow local authorities to share adult social care data.

<p>Voluntary, community and social enterprise (VCSE)</p>	<p>To work with government to put in place the conditions for an effectively resourced, highly skilled and empowered VCSE ecosystem in all localities as part of the GM Model.</p>	<p>We need to explore opportunities in the following areas:</p> <ul style="list-style-type: none"> — devolution of relevant budgets, or release of funds, to Greater Manchester as part of a programme to provide appropriate and sustainable core funding to the VCSE sector in the city-region — the investment of transformation funding to create an effective and sustainable system for social prescribing in Greater Manchester — policies that enable community-led and community-owned housing and land ownership — financial incentives for social enterprise and cooperative solutions — development of the Public Service (Social Value) Act 2013.
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Policy area	The proposal	What needs to change
Early intervention and prevention	<p>Establish an agreement with government that Greater Manchester receives an allocation of funding to support its work on early intervention and prevention that it can coordinate at a city-regional level through our Reform Investment Fund. The (pre-agreed) amount could represent a top slice of cross-government funding streams that are focused on prevention.</p> <p>Where there is no scope to free up specific funding for transformation, flexibility should be applied to how funding is used, for example, Greater Manchester’s existing agreement on Troubled Families funding.</p>	<p>The current way that government funding focused on early intervention and prevention is received is often fragmented, uncoordinated and limited by specific requirements. This creates siloed working and makes it difficult to invest in transformational activity at any real scale.</p> <p>It is therefore proposed that GMCA receives an allocation of transformation funding to support its work on prevention that will:</p> <ol style="list-style-type: none"> 1. Recognise the need to join up the prevention agenda where there is a significant overlap in cohorts 2. Enable it to invest in more transformation approaches to prevention through its place-based teams, either through direct investment in transformational activity or ‘double running’ 3. Enable Greater Manchester to have greater flexibility and autonomy over the use of funding, recognising that it has demonstrated that it will still deliver on the outcomes that government hopes to achieve (such as Troubled Families) 4. Help remove the risk of siloed approaches and behaviours that are often driven by the requirements of specific funding streams.

Conclusion



The right support at the right time, in the right place, to live happy and fulfilling lives.

What Can People Expect From The GM Model?

People's lives are complex, sometimes messy, different and ever changing. We all live in communities – sometimes for a lifetime, sometimes only briefly, sometimes together and sometimes alone. Some of our needs are constantly changing as we travel through life but some things stay the same. We want to be listened to as people in the context of our own lives and we want the right support at the right time, in the right place, to live happy and fulfilling lives.

The GM Model recognises this and puts in place an entirely new way of working with people, families and communities with strong relationships at its core. Residents can expect a flexible and all-inclusive response from a unified public service that is set up to respond to the reality of their lives. This starts with every contact a resident has with us – not only will this be a 'no wrong door' approach, regardless of need, age or circumstance, but the way we engage with people from the very start will be different – instead of saying 'this is what we have' or 'we do not deal with that', we will instead ask 'what can we do to help you live a good life?'

More than this, we will not just wait until someone comes to us, wait for people to 'fit us' or things have got 'bad enough' for us to intervene, but be proactive in communities, not just listening but understanding. Residents will know us, they will see us working together and think of us as a part of their communities and their lives.

When people do need us, no longer will we pass them onto someone else or 'refer on'; we will have the freedom to respond based on what they require. When more specialist help is required, it will be there, when and where it is needed.

The GM Model puts in place the necessary foundations for us to do this. For the most part it will be in the background, but will look and feel different to residents primarily through our workforce, in communities, very much

present and working as one team. Residents will regularly see GPs working with schools, police officers working with nurses, housing officers working with employment officers, pharmacies working with council officers.

We will be working together from places close to people, sharing or working from the same buildings and working as part of the community. We will know the people and they will know us – getting the model right means that they will no longer see ‘us’ as ‘them’.

Our Commitment To Delivery

Greater Manchester’s public services are committed to the delivery of the GM Model. As we explained in detail in the place-led improvement and reform schedule sections of Chapter 4, we have developed protocols that set out our expectations of each other and the commitments we will be jointly accountable for delivering.

These make it clear that implementation of the GM Model will be based on certain tenets, including the responsibility of individual public service organisations for leading the delivery of improved outcomes for people in their area and to consider themselves locally accountable for implementing the model.

All relevant public services in every one of our 10 localities will work to deliver the model’s six key features and share ideas, innovation and learning across Greater Manchester, identifying solutions to overcome barriers together. We must embed these features in our commissioning activity, both locally and across the full range of public, health and care services.

At Greater Manchester level, relevant public services should support and enable delivery of the key features, leading collective action if common issues arise or require collaboration, and focusing on solutions rather than problems.

Both locally (including in neighbourhoods) and at a Greater Manchester level, we need to create the right culture for change across the whole public service system. And we must ensure that the voice of our citizens is at the heart of how we design and provide services.

We are committed to mainstreaming investment in reform and to working with central government to develop a single flow of investment, utilising new models that incentivise reform. Together we will develop a real understanding of any barriers to realising our ambitions, and build the case for further freedoms to overcome them. Our case to government will be as strong as possible, backed by an evaluation approach, ongoing evidence base and pooled knowledge.

Our planned changes will not require any statutory responsibilities to be transferred from public bodies up to the GMCA. But the 'GMCA family' is committed to providing the necessary tools and support to help implement the GM Model. Collectively we have a responsibility for implementing the GM Model across Greater Manchester as a whole.

