The Greater Manchester Model

Our White Paper on Unified Public Services for the People of Greater Manchester
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Schedule 1
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 three millions residents.

As part of this, we want to change the way in which 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 new 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 start in the home. This will help to reduce pressure on acute and specialist services, allowing them to focus their resources on those that need it the most.

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

Local areas are now ready to take the lead on implementing this model, making it a reality for people in their places, whilst 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 that 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.

Mayor of Greater Manchester
Commitment to Delivery

Greater Manchester’s public services are committed to the delivery of The GM Model of Unified public services. The following protocols set out our expectations of each other and the commitments we will be jointly accountable for delivering.

Implementation of the GM Model will be based on the following tenets:

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

In each of the ten localities of Greater Manchester, all relevant public services will:

- Work to implement and deliver each of the six key features of The GM Model as described by their success criteria.
- Ensure that the citizen’s voice is placed at the centre of the way we design and deliver services at a locality level and in neighbourhood areas.
- Model the right culture at a local level to deliver this change across the whole public service system.
- Work across GM to share ideas, innovation and learning, identifying solutions to overcome barriers together.
- Work to embed the key features of our public service model within 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 when identified, ensuring all voices are heard at a local and GM level.

• Support in the development and delivery of an evaluation approach, pooling knowledge and evidence, to ensure GM is able to make a strong case with central government.

At a Greater Manchester level, all relevant public services will:

• Consistently articulate and enable the delivery of the six key features of the public service model for Greater Manchester across all areas of work.

• Ensure that the citizen’s voice is placed at the centre of the way 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 just problems.

• Work with central government to develop a single flow of investment, utilising new models that incentivise reform.

• Work towards embedding the six key features of the GM Model 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 in GM, bringing together the best evidence to build a strong case with government.
EXECUTIVE SUMMARY

1. This White Paper sets out the Greater Manchester (GM) Model of Unified public services. It represents a significant milestone in our journey of reform over the last decade; articulating our vision for 21st century public services, moving from principles to a new operational model. For central government it is a statement of our ambition and our ask, for Greater Manchester partners it is the reference point for the delivery of all future public services. This is the culmination of our journey of devolution to date; set in the context of the Greater Manchester Strategy ‘Our People, Our Place’, the GM Health & Social Care Prospectus and our Industrial Strategy. It provides an outline of a place-led improvement approach to the implementation of the model and the relationship we want with central government in supporting the delivery of this.

2. Devolution holds the key to breaking down the silos between public services and moving from ‘picking-up-the-pieces’ to a preventative approach which is truly place-based and person-centred. In Greater Manchester ‘public services’ means all services to the public, regardless of sector or funding, and recognises the role of citizens in this. Our model is about creating public services fit for the 21st century; focussed on people, how they live their lives in communities, and their aspirations. It means developing a new relationship with citizen’s based on mutual obligation. We want everybody to benefit from what our city region has to offer; to have the best possible start in life, to leave education ambitious and equipped with skills for life, to have access to secure employment and safe accommodation, and able to live life to the full as they get older. This starts with our residents being connected and empowered in their communities, with public services working with people to develop preventative approaches, and when they are needed intervening as early as possible. To achieve this we know our public services need to work together, and with the Voluntary, Community and Social Enterprise (VCSE) sector, better. All our services need to be asset-based, adaptable, preventative and integrated in place. This is not just a shift in policy, this is a shift in philosophy.

3. Across the £22bn public service spend within GM (on public services delivered directly to GM residents and/or within GM’s boundaries), including the £6bn health & social care spend, partners have recognised that we are ultimately working towards the same goal. Nowhere else in England has the architecture of devolution, governance and track record of collaboration which will enable us to join up services at this scale. We want to build on this success, and the model of health devolution, to develop a new partnership with DWP and our local Job Centre Plus. Greater
Manchester has a unique opportunity to integrate across all public services, including: health, social care, early years, education, police and community safety, housing and employment. The Greater Manchester Model sets out how we plan to do this.

4. Greater Manchester has many great strengths but also has many challenges. The ever growing complexity within communities, combined with significant pressures on resources means that we can’t respond with the same thinking or the same ways of working as we have always done. A shift is needed in the underlying organisational assumptions which have been driven by a siloed national government, to ensure public services meet the needs and build on the strengths of Greater Manchester’s greatest asset – its people. Our operating model has been developed from the ground up, working with front-line teams, citizens and communities, being part of local conversations and based on examples of already excellent work across Greater Manchester. In addition, we have undertaken honest self-assessments, which have identified common themes across all public service, health and care organisations in each of the ten localities\textsuperscript{1} within Greater Manchester and Greater Manchester as a whole.

5. Our model includes organising resources – people and budgets – in neighbourhood areas of around 30,000-50,000 residents as a common currency for integration. By doing so this will pick up the important role of High Streets, local businesses and other community assets. Where possible, and appropriate, we will co-locate to make the best use of public estate and to help foster the cultural change needed. These delivery footprints may include bespoke focussed integrated responses within them and will also be supported by specialist and acute services at locality and/or GM level. This reorganisation around place is a departure from traditional arrangements tied to specific themes or policy areas. We are moving 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. We are building a model of services that responds based on what matters to the person, is proactive and intervenes early, is integrated from the frontline to senior leadership and recognises strengths not just problems. As we have built this model, a constant theme has emerged; names, not numbers. Focus on the people in the community who most need our support, building integrated solutions around them rather than chasing the statistics that public services are forced to monitor by Whitehall departments and outdated commissioning practices.

\textsuperscript{1} The ten localities of Greater Manchester are Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan.
6. It is important to stress that this model is not about delivering everything at the neighbourhood level. There will always be an important role for the acute system, as well as specialist services, that need to be delivered on a much wider geographic footprint. Implementing this model will help ease pressure on the acute system and specialist services by moving away from the idea that hospitals are the default setting for care, that police custody is the most appropriate intervention point for youth crime or that substance misuse services have to be delivered within a group environment. Place-based teams will help manage demand in the acute sector and pressures on specialist services by addressing some of the underlying causes behind issues such as A&E attendances, emergency admissions, police call-outs, repeat fire risks and many others. As the model embeds across GM, acute and specialist services will be able to formalise their connectivity with place-based teams so that the issues that are driving repeat or inappropriate demand on them can be responded to locally. This will help the whole system achieve our shared goal of preventative, person-centred services. Integration is not the end in itself, it is through the integration of relevant services that we will secure better outcomes for people and the population as a whole.

7. In the context of the challenges we face the research and evidence has consistently revealed the critical risks that could further impact on the life chances of residents. These risks include a shift towards reactive only public services, a reduction in the capacity and capability to problem solve and intervene early, continued duplication of activity across organisational boundaries, public service organisations shrinking apart rather than integrating services and a lack of consistent engagement with communities, and the voluntary, community and social enterprise sectors in responding to need.

8. 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. Effectively dealing with need that presents at the neighbourhood level relies on a twin track approach to people, place and prevention. Firstly, identifying and working with those individuals and families who are clearly not coping in their life, but do not meet the threshold for costly specialist services - an integrated way of working across all public services to address current need. The second track to the approach requires giving a much higher priority to early intervention; it is about identifying and working with those at risk or approaching crisis and providing early help that deescalates and prevents future problems from occurring - working proactively to prevent future need.
9. The six key features of our operating model (Fig. 1) highlight those areas in which it is essential we make progress if we are to realise our ambitions and improve outcomes for the people of Greater Manchester. The model, and these six features, 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.
### Fig. 1. The Six Key Features of the GM Model of Unified Public Services

| Key Feature 1 | Many services share coterminous service delivery footprints and integrated services are delivered at either Greater Manchester, locality or neighbourhood level.  
| | The neighbourhood level is the building block for local care organisations and the foundational unit for delivery recognised across public service organisations.  
| | Neighbourhood level delivery aligns to populations of around 30k-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. |

| Key Feature 2 | 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. |

| Key Feature 3 | 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 the 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 shared culture across organisations displayed through shared assumptions, values and beliefs that enable this way of working. |

| Key Feature 4 | There is a clear understanding of the full public spend across the locality including how this operates at each neighbourhood level.  
| | A mechanism is in place to pool transformation and reform funds for collective benefit.  
| | There is a single commissioning function which pools budgets across all public service, health & care organisations. Integrated core budgets exist where relevant e.g. neighbourhood functions. |

| Key Feature 5 | 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 | 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. |
10. Having set out what The GM Model looks like in practice and the key features which need to be in place across GM for it to be fully realised, the paper outlines our approach to implementation, evaluation and shared accountability. Implementation is underpinned by The GM Model itself, in particular the need for integrated leadership, accountability, performance and governance structures to drive it. Our implementation will be informed by the Sector-Led Improvement (SLI) approach espoused by the Local Government Association, we refer to our approach as ‘Place-led Improvement’ and have refined the principles of SLI accordingly. This includes an emphasis on accountability locally, collective responsibility and horizontal support from GM organisations. Implementing the GM Model will not slow existing innovation down, 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 step-up the level of challenge with one another and ensure we maximise the collaborative power across GM to bring about the change required, including with our citizens and communities. The implementation approach is collaborative in nature; it focuses on the strength of relationships across GM, there is a strong emphasis on identifying and sharing good practice, a collaborative peer support process is at its centre and it sees GM level organisations providing a supporting and facilitating role working with localities.

11. We have demonstrated our ability to manage and deliver effectively across the system of public services in Greater Manchester but securing and sustaining this, and scaling up right across GM, now requires an effective collaborative relationship 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 the key areas we need to develop collaboratively with central government. Underpinning all of this will need to be a sustainable system of funding for Greater Manchester, with access to flexible resources, to be invested locally to join up and integrate services and infrastructure. This will need to be a broad, iterative and negotiable process with central government which will enable us to trial various solutions to a range of issues together and highlighting opportunities for learning and transferability more widely across the country.

12. We are taking a sequenced approach to developing and setting out a series of proposed joint solutions with central government. These are based on four key areas within which we will develop a series of schedules over time, setting out more detail and options for greater freedom and autonomy:
a. Establishing a place-based relationship between central government and Greater Manchester, moving away from single departmental conversations.

b. Developing 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.

c. Creating a single line of investment for reform through one Greater Manchester Investment Fund, working towards a place-based settlement.

d. Creating and maintaining an open dialogue around current and future devolution opportunities, which support us to deliver services most effectively for the people of Greater Manchester.

13. 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 & skills, digital & information and criminal justice. These will be aligned, where appropriate, with the areas for collaboration agreed with Government in the Greater Manchester Industrial Strategy. Over time we will develop schedules to cover other policy areas for example housing, early years, policing and community safety.
CASE STUDY A: WHAT DOES THE GM MODEL LOOK AND FEEL LIKE TO RESIDENTS?

A Police Officer attended an incident which was reported as a male who had crashed his bike on a road. The officer attended the incident and determined no crime had been committed, and the male wasn’t in any danger – in a traditional model the officer would have updated the relevant logs, perhaps made some referrals and left the scene to attend his next job.

However, in this case the officer realised the male, Lee, was struggling to get his bike home because it was damaged. So he offered to help him home with it, which gave him the chance to engage and speak to Lee to understand what was really going on. Rather than simply focussing on the presenting issues and referring Lee on the officer was able to explore his underlying needs.

Lee opened up to the officer and said he had crashed the bike on purpose in an attempt to end his life and said he didn’t know where to turn to get help. There were a range of things going on in Lee’s life which meant that a different response was needed. Lee had been suffering from depression and ill physical health as well as drug and alcohol dependency, he had been through a separation, wasn’t taking his medication, was currently out of work and believed he had no job prospects. He explained that he had poor literacy skills and had little money for food, clothes, gas or electric – from his point of view he thought nobody was listening or helping.

In a traditional model of public service the approach would have been for the officer to complete a referral, not having chance to speak or understand what was going on. The officer would have to signpost Lee on to other agencies which he thought may be able to help and hope that Lee took their advice.

The Greater Manchester Model means that the officer works as part of a single neighbourhood function for all public services in the area, this means having face-to-face contact with other public services in the team, calling on them for advice straight away and knowing the full situation from all partners. The team works on an individual package of support that works for Lee and services that hadn’t worked for him in the past were not pushed on him simply because that’s what was available.

Housing Officers and Employment Officers in the team were able to support with Lee’s housing needs and provide support around employment, focusing on what he needed. Lee is now doing literacy learning, spending less money on cannabis so that he can heat his home, is in contact with his son who he hasn’t seen in a number of years, has redecorated his flat and books and attends his GP appointments on his own. Lee is getting the right support and at the neighbourhood team are enabling him to maintain things for the future, a far cry from what looked like a bike crash and a brief police call out.
CASE STUDY B: OUR INTEGRATED ‘BIOPSYCHOSOCIAL’ APPROACH TO HEALTH ISSUES

John is a 69 year old man with severe 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 2 years John has had several visits to A&E because of difficulty breathing, which gets worse when he panics. Twice this has resulted in him being admitted onto the medical assessment ward until he has stabilised.

On this occasion John made an appointment to see his GP as he realised his breathing was getting worse. His GP 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 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 Health Champions and through the wellness prescription made arrangements for him to meet with one of them.

The Practice Champion encouraged John to join the Wednesday walking group and the singing club which takes place in 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, so John arranged to meet the Health Champion the following Wednesday. After seeing his GP, John’s case was discussed the following morning at the integrated neighbourhood team huddle where the team were able to assess his long term condition management, his mental wellbeing and feeling of isolation. At the huddle the integrated neighbourhood team picked up his case and between them worked together to support John to be independent in his own home. By bringing in the housing triage service, some adaptations were made to John’s house to ensure he was safe and able to manage the stairs. Social care assessed John in the bathroom and kitchen and was able to provide aids so he was safe to shower and rails to help him around house. His community nurse and community pharmacy technician helped John sort his medications with the help of a dossett pill box and educated him how to use his inhaler. The nurse also put John in touch with Citizens Advice to help him with some debt issues as this was a source of anxiety for him.

Since being 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 to his own, and enjoys having a laugh with new friends. He feels it has helped him both physically, in getting stronger and also mentally in gaining more confidence, feeling more empowered and enabled whilst reducing his isolation. He is able to manage his medications more effectively which is helping to stabilise his condition and he manages to look after himself at home. With support from a local charity he is now getting help with cleaning and going out to do his shopping which is helping him manage his finances and reduce the anxiety and worry.

In John’s own words, he says that he now wakes up feeling like he is living every day when he used to wake up feeling like he was dying every day.
CHAPTER 1

THE GREATER MANCHESTER JOURNEY SO FAR

A HISTORY OF COLLABORATION

14. Greater Manchester has always been a pioneer – we powered the industrial revolution; the cooperative and trade union movements have spread around the world; and the Manchester-led campaign to repeal the corn laws ushered in the start of the modern global economy. Our Greater Manchester Model is a pioneering approach to delivering public services, which are fit for people in the 21st century.

15. We are proud to do things differently in Greater Manchester and through more than thirty years of cooperation, partnership working and innovation between the public, private, voluntary, community and social enterprise sectors we have developed a unique approach to identifying, and promoting the interests that matter most to our people and our businesses. This collaboration was formalised in 2011 through the establishment of the Greater Manchester Combined Authority (GMCA), the Local Enterprise Partnership (LEP) and Transport for Greater Manchester (TfGM).

16. The publication of the Manchester Independent Economic Review (MIER) in 2009\(^2\) 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 GM’s economy and the long-term drivers of change. The third Greater Manchester Strategy, ‘Our People, Our Place’ (2017)\(^3\), builds on the substantial progress we have made since the first strategy was published in 2009\(^4\) and the 2013 refresh\(^5\) with its twin priorities of growth and reform. This 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 ten priorities across the life course.

\(^{2}\) http://manchester-review.co.uk/
\(^{3}\) https://www.greatermanchester-ca.gov.uk/ourpeopleourplace
\(^{5}\) https://www.greatermanchester-ca.gov.uk/downloads/file/9/stronger_together_-_greater_manchester_strategy_summary
17. According to analysis of 2013/14 data there remains a significant fiscal gap, of £7 billion, between tax receipts from GM residents and economic activity undertaken within the sub-region and the overall public expenditure of £27 billion (including GM’s proportion of national spend e.g. defence, international development)\(^6\). Reversing the position to one in which GM is financially self-sustaining and makes a net contribution to the nation’s finances represents a considerable challenge, requiring concerted effort both to stimulate growth and reduce public service demand.

**FROM COLLABORATION TO DEVOLUTION**

18. This history of collaboration, and the establishment of the GMCA, laid the groundwork for the series of devolution deals which have followed. Greater Manchester signed its first devolution deal with central government in November 2014, establishing the role of the elected Mayor, and setting out a staged approach to the evolution of Greater Manchester governance arrangements, towards our ultimate ambition of influence, if not control, over all public spending in GM. This agreement was shortly followed in 2015 by the bringing together of the £6 billion Health & Social Care Funding and the establishment of the Health & Social Care Transformation Fund. Since the devolution agreements, GM has had increased flexibility to reform our public services in a range of areas, including the establishment of a Reform Investment Fund in 2016. These agreements have given local public services control over decisions previously taken at national level. The GM Model represents the next step in this staged approach, it is the basis upon which future agreements with central government around the devolution of powers, responsibilities or budgets will be made.

19. The focus of reform in Greater Manchester has always been on improving the life chances of our people, empowering communities, connecting everyone to the benefits of economic growth in the region, and through this reducing demand on public services. Greater Manchester’s track record of delivering reform programmes has demonstrated that the application of our reform principles to specific cohorts can have a significant impact on outcomes whether it be Early Years, Working Well, Troubled Families, Women Offenders or Health and Care.

20. We have helped over 3,200 long-term unemployed people find work through the local commissioning of Working Well. In Phase 1 of the national Troubled Families programme GM worked with, and achieved sustained outcomes for c.8,000 families with multiple needs. Since

\(^6\) Greater Manchester Tax and Spend Analysis 2013/14, Version 1, 23rd October 2015
Phase 2 began in 2014 we have worked with a further 25,000 families with over 40% having achieved sustained outcomes. This has been enhanced by the devolved responsibility for the investment of Troubled Families funding via our Reform Investment Fund that has enabled us to expand our reform ambitions in localities, strengthen the early help offer for families and work towards a more sustainable model. In March 2018 GM became the first Age-Friendly City Region. However, we know from proof-of-concept work in neighbourhoods that in order to achieve impact on life chances at scale across our whole population we need to integrate all our services from the bottom-up, across our places. The GM Model is rooted in integration in every neighbourhood, recognising that each public service partner can contribute to another’s objectives.

21. Devolution holds the key to breaking down the silos between public services and moving from ‘picking-up-the-pieces’ to a preventative approach which is truly place-based and person-centred. Our model is about creating public services fit for the 21st century; focussed on people, how they live their lives in communities and their aspirations. This starts with our residents being connected and empowered in their communities, with public services working with people to develop preventative approaches, and when they are needed intervening as early as possible.

WHERE WE ARE NOW – INDUSTRIAL STRATEGY

22. Greater Manchester has seen economic, environmental, social and physical transformation over the past three decades. However much more needs to be done to realise the full potential of Greater Manchester, its people and communities. The city-region’s productivity levels lag behind national and international benchmarks and it is still the case that too many of our residents are left behind.

23. Greater Manchester is one of three trailblazer areas in the UK that has worked collaboratively with central Government to develop a Local Industrial Strategy. This strategy builds on ‘Our People, Our Place’ as well as the Government’s industrial strategy and is grounded in a robust evidence base, developed by leading experts through the Greater Manchester Independent Prosperity Review.

24. The Industrial Strategy is 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.

25. The Greater Manchester Industrial Strategy 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. With continued regional inequality, stagnation of productivity rates and pay levels, and skill levels not improving, it supports the case for better serving our people through preventative and empowering public services.

WHERE WE ARE NOW – HEALTH & SOCIAL CARE DEVOLUTION

26. The integration of health and care with other services in localities – such as local authorities, the police, and the voluntary and community sector – is a fundamental building block of The Greater Manchester Model of Unified public services and provides the framework in which a population health system can be delivered for citizen’s and communities.

27. Greater Manchester is now moving into the third phase of our operation as a devolved Health and Care system. The first phase – lasting until April 2016 – was focused on establishing the devolved settlement for health and care in Greater Manchester. The second – broadly until autumn 2017 – saw us embedding our governance, strategies and programme structures as well as supporting the allocation of the majority of the Health & Social Care Transformation Fund.

28. This third phase has an absolute focus on implementation of our plans, building on key elements including the development of 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 GM wide architecture such as the commissioning hub, digital and workforce collaborative and a ‘one public estate’ strategy.

29. Our Health & Social Care Prospectus (Taking Charge the Next 5 Years: 2019) outlines progress against our ambitions and our remaining challenges. This will define our future direction for the devolved health and care system and will form the basis of our response to the Government’s 10-year plan for the NHS. We are starting to see the difference we always believed devolution could make. The prospectus 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. It will lead to a fresh five-year GM health and care plan for the period 2020-25 which will need to be agreed with the national bodies in the latter part of 2019.

WHERE WE ARE NOW – THE GREATER MANCHESTER MODEL: FURTHER FASTER

30. This white paper represents a key point in our journey. GM is now able to describe in detail for the first time our Greater Manchester Model of public service delivery, which brings together our work on public service reform with health and social care transformation, and alongside the Local Industrial Strategy, responds to the findings of the Independent Prosperity Review. This model reflects a level of consensus amongst public service leaders that probably doesn’t exist anywhere else in the country. We have established this leadership through the Greater Manchester Reform Board which is Chaired by the GM Mayor, and has Chief Executive/Officer level representation from across the public sector, including health, local authorities, housing, education, employment, policing, fire, as well as the Voluntary, Community and Social Enterprise Sector.

31. We are developing a new model for public service delivery based on people, place and prevention. The changes we are making are developing in all parts of Greater Manchester. The shift to sharing financial resource and place-based commissioning supported by integrated leadership is fundamental. Single Commissioning Functions are creating the conditions for new delivery models predicated on people and place rather than organisation. This is a platform for a relentless focus on prevention, early intervention and joined up working across health and care, wider public services and the VCSE sector.

32. We are doing this within a locality delivery model based on neighbourhood areas of around 30,000-50,000 residents, rather than around themes, policy areas or organisations. Each neighbourhood area will be served by an integrated place-based team with co-located professionals from all public services working together. There will be one conversation about the people who are most in need and new thinking about how best to deploy local resources - statutory, voluntary or community - to build person-centred solutions in a place. These teams will be supported by more specialist services operating at Locality and/or GM level, and it may also be the case that more focussed activity takes place in very specific geographies where there is a need. The Greater Manchester Model sees public services as one system, serving the place, rather than a collection of institutions. This is a whole systems, whole society approach.
CHAPTER 2
THE NEED FOR A GREATER MANCHESTER MODEL OF UNIFIED PUBLIC SERVICES

INTRODUCTION

33. This chapter provides insight into our thinking and learning over recent years that has led us to the development of the Greater Manchester Model of Unified Public Services. Much of this learning and insight has been through a bottom-up approach to understanding how the traditional public service system actually works in practice for the people that use it. Our model has not been designed from a distant, anonymous policy function it has been designed with the frontline teams that are engaged in neighbourhoods on a daily basis, working with the real people that are affected by these things we call ‘strategy’ and ‘policy’. The need for a unified model of public services builds on the opportunities and ambitions we have identified and established throughout our journey so far and across a variety of reform programmes, it offers a vision for an alternative approach to the traditional way of organising and delivering public services.

34. Greater Manchester has already made significant process in its reform journey and there are people now who are experiencing better life chances than they would have if it wasn’t for a combination of our existing reform initiatives. As referenced in chapter 1 we have helped over 3,200 long term unemployed people into work through the Working Well programme and Phase 1 of our Troubled Families programme has achieved sustained outcomes for over 8,000 families with multiple needs and a further 25,000 families have been engaged as part of Phase 2, with over 40% having achieved sustained outcomes. We now recognise the need to take these approaches further, faster across the entire conurbation. Although the need for a Greater Manchester Model is described here we believe that by leading the way our approach could benefit the nation through much wider coverage across the country.
THE GREATER MANCHESTER CONTEXT

35. Greater Manchester has many great strengths but also has many challenges. The ever growing complexity within communities, combined with significant pressures on resources means that we cannot respond with the same thinking or the same ways of working as we have always done.

36. The fact that around 1/3 of children starting school each year in Greater Manchester are classed as not “school ready”, the fact that there are over 2,000 16-17 year olds not in education, employment or training and the fact that residents in Greater Manchester will live fewer healthier years of their lives than the national average presents a significant challenge. There is also a £7 billion fiscal gap between the £27 billion overall public expenditure in GM (including GM’s proportion of national spend e.g. defence, international development) and the tax receipts and economic activity undertaken within the city region. GM will not be a net contributor to the economy until this is closed. These stark realities have not sprung up overnight; they are the inextricability linked to years of under investment, shifting emphasis in national priorities and funding, and the continuing national north-south inequality gap.\(^7\) As will also be shown, the traditional approach to the organisation and delivery of public services is another contributing factor that can exacerbate conditions for people, families and communities.

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\(^7\) The IPPR North’s ‘State of the North’ report 2018 showed for example: Public spending fell in the North while it rose in the South, 2 million working-age adults and 1 million children live in poverty in the North and the very lowest life expectancies in England are found in northern neighbourhoods.
37. In the context of the challenges we face research and evidence has consistently revealed the critical risks that could further impact on the life chances of residents. These risks include a shift towards reactive only public services, a reduction in the capacity and capability to problem solve and intervene early, continued duplication of activity across organisational boundaries, public service organisations shrinking apart rather than integrating services and a lack of consistent engagement with communities, and the voluntary, community and social enterprise sectors in responding to need.

38. Historically our reform programmes have largely been thematic in nature, for example Early Years, Work and Skills, Complex Dependency, Troubled Families and Transforming Justice & Rehabilitation. Each typically follow their own funding streams and performance frameworks back into central government reporting to the separate departments of Whitehall. It has been evidenced that these programmes have improved outcomes and successfully addressed levels of demand generated by those that fall within one of these individual thematic areas, however we have identified the need to be much more proactive and preventative. We need a model of public services that provides an integrated response to the issues these thematic programmes seek to address whilst at the same time focusses on the strengths within communities to prevent the need for such interventions. Rather than a family being labelled ‘troubled’ and then a package of intervention being delivered, we need to identify and work with families that might be showing signs that all is not as well as it could be and work with them to get things back on track.

39. It is the notion of ‘place’ that brings various individual thematic strands of reform together, it is also what brings people together. In 2015 we established ‘Place-based Integration’ as a crosscutting reform programme to start to bring our thematic reform programmes together. The aim was to deliver ‘proof-of-concept’ integrated working in a number of neighbourhood sites across Greater Manchester with the concept of a single public service frontline team for each place. This involved bringing together police officers, PCSOs, Housing Officers, Family Support Workers, Social Workers, Health visitors, Mental Health Practitioners and a range of other roles to begin to understand the requirements for system redesign. 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 their 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.

THE STRATEGIC LANDSCAPE IN GREATER MANCHESTER

40. As has been described in the previous chapter there are a number of significant policies and strategies in place across Greater Manchester. Each of these policies or strategies may have their own distinct objectives, be it in the sphere of growth or reform, but there is now a recognised need for a unifying operating model for the public services that operate in this strategic context, to ensure the very best for the residents of Greater Manchester. A model that translates these policies into practice for the people that are affected by them and sets the stage for further powers to be devolved to Greater Manchester.

41. By implementing The GM Model we can exploit a unique opportunity. With an elected Mayor for Greater Manchester, Health Devolution and mature collaborative relationships across sectors we have the opportunity to integrate Health with everything and everything with Health. This includes early years, education, policing and community safety, housing and employment. A particularly important part of this will be the ability to tackle together the underlying social determinants of poor health outcomes across the life course and demonstrate what it is to be a ‘Marmot City Region.’

Fig. 3. The Greater Manchester Model in the context of other strategy and policy

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8 A network of local authorities in England (Stoke, 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 ‘Fair Society, Healthy Lives’ publication (The Marmot Review 2010). Greater
within The Greater Manchester Model of unified public services – this will be the glue that binds individual services together and provides a sense of Greater Manchester to the way we do things.

UNDERSTANDING DEMAND AND NEED

42. 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 needs are presented by people.\(^9\) This analysis has been conducted across multiple geographies and multiple organisations and whilst the size and scope has varied the findings have been consistent.

43. Unsurprisingly, one of the key findings is that people often present with need to a number of different services over a similar timeframe and we find a lack of awareness or coordination between organisations as to who is doing what, why and when. Another key finding is that in a large proportion of cases a single agency response is unlikely to be effective at fully addressing the needs of an individual, for example a recent analysis of police demand data showed that only 55% of demand on GMP could be dealt with effectively by the police alone.\(^10\)

44. Through our analysis we have developed a model that allows us to understand and respond better to demand on services as well as need from a person’s context. The diagram shown in Fig. 4 below shows a view of three broad categories that individuals and families may fall within, and can move across, in the context of needs that present to public services. Those 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 and will only access universal services as and when they need them e.g. request a routine GP appointment, report a pothole in the road or a missed bin collection. Those people at the opposite end of this spectrum would be at the top of the triangle, they are likely to have complex issues with numerous specialist services involved, for example they could be acute mental ill health cases or prolific criminal with stringent management procedures in place. The middle of this triangle represents those that could be described as ‘not coping’. They are likely to be below the threshold for specialist services (or will not engage with

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\(^9\) The 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.

them), but require more help than that provided by universal services and as un-met support continues their problems are likely to escalate.

45. Our analysis has shown that the large majority of demand for public services (ranging between 40-60%) is from those individuals/families in the middle of the triangle. 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 cohort 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.

46. In addition to the need for a more proactive approach, we have also identified the need for a more integrated and coordinated response to reactive demand. An industry or referrals, triages and assessments has become somewhat pervasive across public services. One of our analytical exercises showed that one individual had presented to 31 different public service teams over a period of two years, during this time they were subject to 15 screening or assessment processes, on 13 occasions they were subject to some kind of referral and in 8 instances some form of action was subsequently taken. When their original presenting needs were looked at it was determined that there had been no response to help improve these despite all of this activity. We need a system that is not disparate in the way it deals with crisis or manages risk.

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11 This is based on findings from the cross-sector demand analysis conducted with localities.
47. Effectively dealing with need that presents at the neighbourhood level therefore relies on a twin track approach to people, place and prevention. Firstly, identifying and working with those individuals and families who are clearly not coping in their life, but do not meet the threshold for costly specialist or acute services, this requires an integrated way of working across all public services to address current need. The second track to the approach requires giving a much higher priority to early intervention, it is about identifying and working with those at risk or approaching crisis and providing early help that de-escalates and prevents future problems from occurring - working proactively to prevent future need. The importance of ‘place’ in this context is seen as an overarching factor that should be considered when working towards solutions, for example knowing the assets in the community, building on community capacity and understanding the impact of physical and built environment on people. Our analysis has shown that whilst 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.

Fig. 5. Logic Flow of the Twin Track Approach to People, Place & Prevention
48. We have found that to respond effectively to the stock and flow of demand in neighbourhoods it is essential to focus on the people in the community that most need our support and build integrated solutions around them, with an emphasis on their own personal strengths, hopes and aspirations. This should be done 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 that we can continue to bolster universal and VCSE sector services that play such important roles in our communities. Furthermore, we know that this preventative and proactive approach will lead to better outcomes, complementing the focussed work we are undertaking to address issues such as school readiness, life readiness, reducing homelessness and enabling people to age well which taken collectively also contribute to better economic outcomes.

**CASE STUDY C: ‘PLACE-BASED’ PROBLEM SOLVING IN OLDHAM**

The build-up of waste in the garden of a residential property would normally be dealt with by issuing a notice for intended prosecution or a fine if the rubbish is not removed in a set period of time. If waste reappears, this would trigger another notice being issued and so on, and so on.

Place-based teams in Oldham are now looking at these types of environmental problems as a potential symptom of something more deep-rooted rather than just a reoccurring nuisance. One such example involved a complaint from a local resident about the accumulation of used nappies in the garden of a neighbouring property. This complaint was given to the integrated place-based team covering that neighbourhood and rather than responding in the usual way they decided to follow the issue around the geography. The team - made up of a PCSO, a Housing Officer, an Environmental Health Officer, a Health Visitor, a Community Safety Advisor from the Fire Service and Access Oldham – maximised the collective insight of their own individual knowledge and expertise and proved that the whole really is greater than the sum of its parts. After quickly establishing a multi-agency perspective of the problem to solve through timely information sharing and drawing on their links with the community, the team were able to piece together a number of issues that were at play. Within a matter of hours the presenting problem of a pile of nappies in a garden was linked to safeguarding concerns, community tensions, rogue landlords and organised crime, all of which are now being dealt with in a joined-up way.

This integrated way of working, looking beyond just the presenting symptoms and focussing 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 – it’s better for everyone.
TRADITIONAL SERVICE DELIVERY: AN OUTSIDE-IN PERSPECTIVE

49. Findings from our demand and needs analysis have also revealed a rich picture of how the traditional model of public services operates in practice. Again, numerous case studies and customer journey mapping exercises have highlighted how this traditional model of public services can work in practice and how this provides a rationale to move to The GM Model:

<table>
<thead>
<tr>
<th>OUR FINDING: THE TRADITIONAL APPROACH</th>
<th>RATIONALE FOR CHANGE: THE GM MODEL</th>
</tr>
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<tbody>
<tr>
<td>The majority of services have a screening process with an emphasis on screening people out. The assumption is that preventing another case from coming in helps manage caseloads and reduces overall demand.</td>
<td>We recognise that we need to deal with demand more effectively rather than simply managing an overall statistical reduction or by limiting access.</td>
</tr>
<tr>
<td>Individual staff and teams tend to deal with need as it 'presents' and give it a label as defined by organisational policy. There is often a failure to properly understand the context in which people seek for help and furthermore, individual staff and teams frequently respond to the same presenting needs without addressing the root cause and/or underlying issues.</td>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
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<tr>
<td>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 properly understand the problem is missed.</td>
<td>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.</td>
</tr>
<tr>
<td>Responses to requests for 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.</td>
<td>We recognise that for local people local, personalised and flexible matters. One size does not fit all.</td>
</tr>
<tr>
<td>Complicated and fragmented policies can prevent professionals from using their common sense and responding to need in a timely manner.</td>
<td>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.</td>
</tr>
<tr>
<td>Decision-making often emanates top-down from a single service silo and is limited by roles, remits and budget lines.</td>
<td>We recognise the need for an integrated approach to service provision but also to financial management, governance and accountability.</td>
</tr>
<tr>
<td>There is an emphasis on fixing what is wrong with people and being overly focussed on problems.</td>
<td>We recognise the need to take a strength-based approach with a focus on solutions not just problems.</td>
</tr>
<tr>
<td>Perceptions of communities and their needs are often based on data, abstract reports and assumptions.</td>
<td>We recognise the need for an ongoing conversation of understanding with communities and residents that supports or challenges standard data-sets and/or assumptions.</td>
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</table>
50. We have found that the prevailing traditional model of public service delivery remains grounded in the underlying assumptions of how services and organisations operated at the turn of the last century – indeed many of these principles can be observed through attempts to run services for people like an assembly-line factory. Society was a lot less complex 100 years ago, a lot less diverse and a lot less connected. That’s why we need a vision for a new public service model that is fit for purpose now, and for the future. A model that is based on names not numbers, focussed on people not labels and a model that reflects 21st century thinking.

Fig. 7. Greater Manchester’s Commitment to being person-centred

51. Having extensively studied the traditional model of public service delivery we are now in a position to articulate a model for 21st century public service delivery. We have identified how our Greater Manchester Model of public services compares with the traditional model across a spectra of characteristics (see Fig. 8 below) and we also understand the shift needed in underlying organisational assumptions to ensure public services meet the needs and build on the strengths of Greater Manchester’s greatest asset – its people. We also know that an asset-based approach needs to run through the Greater Manchester Model. This involves mobilising the skills and
knowledge of individuals and the resources within communities and associated organisations. The types of assets that can be harnessed to improve outcomes include the following:\(^\text{12}\)

- **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

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\(^\text{12}\) Greater Manchester Public Health Network 2016
CHAPTER 3

DESCRIBING THE GREATER MANCHESTER MODEL OF UNIFIED PUBLIC SERVICES

SETTING OUT THE MODEL

52. The case for change is clear, the benefits are there for the taking at both a Greater Manchester and national level. We know that this requires us to go further with The Greater Manchester Model. We believe that this model makes us different and better prepared to face the challenges of the present and the future.

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

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

55. The model allows each locality across GM to link into the whole GM system rather than through single elements of a fragmented system. This in turn enables and promotes a unified delivery model for the people and communities across all localities in GM. The model can act as a nexus point to maximise the effectiveness of a range of initiatives such as the Prevent agenda, tackling serious and organised crime and identifying and responding to adverse childhood experiences.

56. The six key features of our operating model (Fig. 1) highlight those areas in which it is essential we make progress if we are truly to realise our ambitions and improve the life chances of people in Greater Manchester. The model, and these six features, will need to inform future decisions about
The Greater Manchester Model

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.

FROM PRINCIPLES TO PRACTICE

57. Our model is rooted in our long-held reform principles which recognise that each public service partner holds the key to another’s objectives and more profoundly that our objectives cannot be fully realised without a fundamental shift in the thinking, culture, policies and structures which underpin the current system and that one cannot be done without the others.

58. Our principles have provided the foundation of the public service model for Greater Manchester and are both simple and profound:

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

59. These principles have served us well in guiding our approach but we now recognise that they cannot be fully achieved without key changes to our underlying architecture across the whole public service landscape. These principles underpin our six key features, and it is these six key features that provide the underlying conditions needed to enable full implementation of The Greater Manchester Model.
In Greater Manchester we see public services in the widest possible scope; harnessing the combined strengths of statutory services, the voluntary, community and social enterprise sector, 110,000 local businesses and the assets of our communities. The Greater Manchester Model sees public services as one system rather than a collection of institutions. One integrated public service team with that ethos at its heart.

Fig. 10. Greater Manchester’s Public Services – together as one

Successful implementation of our model means that all areas of the public service, in this broadest possible scope, need to be part of implementing this model. Every part of the system of public service delivery will rely on the rest of the system to be working towards this common goal and organising people and resources in this way.

Our ability to rise to the challenges we have set out and to fully realise our principles will be dependent on how we organise ourselves together and apply our resources. We are fundamentally reshaping mainstream delivery, bringing together the skills, knowledge and experience needed to deal effectively with demand in each geographic area, and ensuring services and staff in that neighbourhood share a common purpose, working in a holistic way with people and communities.

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. This will mean that we are able to bring a range of integrated neighbourhood models and teams together in a single integrated neighbourhood function, which will be able to respond holistically to physical health,
mental health, social care, housing needs, employment, welfare and skills needs, antisocial behaviour, crime, community safety and environmental issues. By co-locating where it’s appropriate we will make best use of public estate and other buildings in communities. We will also need to bring services together, above this, at a locality level. This is both about ensuring specialist services can be seamlessly pulled into the neighbourhood and also having the ability to work as one effective public service within the locality and across GM.

64. 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 maximise their role as place-based leaders within this new operational setting, bringing the services that they call on closer to them and to the local residents they represent. The GM Model also provides a role for political leaders through the strategic drive of implementing the model and overcoming a range of barriers to optimise effectiveness and secure the best outcomes for people.

65. The operating model means that a single integrated neighbourhood function is the primary delivery model for public services (for populations of around 30,000-50,000 residents). Intervening early and responding to the person in the context of their community. Clearly, this does not mean that everything is delivered at this level, some services also operate at cluster or GM level providing acute or specialist capabilities needed at that level.

66. The assets within those communities, alongside universal services, are at the heart of this approach. Each neighbourhood should be served by a single integrated place-based team with co-located professionals from all public services working together. Data and information will be shared between agencies safely to support day-to-day delivery and used intelligently to plan future development. We will integrate the full breadth of public services at the neighbourhood level through this single function. This will encompass:

- Social Care
- Mental Health
- Community Care
- Primary Care
- Policing
- Housing
- Homelessness Support
- Environmental Health
- Community Safety
- Substance Misuse
- Early Years and Early Help
- Schools, GPs and Primary Care Providers connected with other public services through this single integrated neighbourhood function.
- VCSE Provision
- JCP, Employment and Skills Support
67. The work of Schools and General Practices have a significant impact on the lives of individuals, families and communities and will play a central role in delivery of the model. Educational settings and GPs 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 - coming together to work as one team. It is recognised that in some areas some educational settings may align better at the locality level but will still reap benefits from the single neighbourhood approach.

68. At a locality level specialist services operate which have skills, knowledge and expertise that can be drawn on by the integrated neighbourhood function, or to provide strategic insight, intelligence and coordination. There is an expectation that public services truly know their communities and are able to plan and respond as one, the focus being on ‘names not numbers’.

69. To do this, each locality should be served by a single integrated function that brings together 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 works in close conjunction with the integrated neighbourhood functions and is able to have an overview of the whole system with the key coordination role across each of the integrated neighbourhood functions.

70. The locality level also sees a single commissioning function in place which to cover all relevant public services. The shift to the idea of a single budget and place-based commissioning is fundamental. Commissioning of all relevant public services is done on a shared geography rather than an individual service basis and is therefore 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 is led and directed by a single leadership team, sharing accountability and breaking down barriers to integrated working.

71. Similarly, at a Greater Manchester level, all of our relevant commissioning activity should embed the six key features and work towards delivery of the model. This also means that we will have in place a commissioning function at the GM level (through the Commissioning Hub) which works across the full breath of all relevant public services, health and care activities not only to incentivise this model but also to develop the appropriate supporting framework to enable this (e.g. expanding pooled budget arrangements, commissioning holistically rather than
thematically). This is supported by the GM level Joint Commissioning Board which mirrors and supports the integrated model in each locality and, again, works across the full breadth of public services, health and care.

72. Services also operate at cluster, or GM level providing acute or specialist capabilities needed at that level, and engaging outwardly with regional and national agencies.
Fig. 11. The Greater Manchester Model

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

A single programme of transformation and reform across all disciplines
Further devolution, policy change, new regulatory environment
Supported by place-based pooled budget

Directed by one public service leadership team

Information is shared between agencies safely to support effective delivery and identifying those most at risk

Universal services, like schools and GPs, are cornerstones of public services in their communities and are connected with other public services through integrated neighbourhood functions

A single function for triage, assessment, tasking and coordination across all cohorts

Integrated specialist/acute services for the most complex and costly

One integrated neighbourhood function for each geographic footprint (30–50k). Frontline practitioners, pulling on specialist support.

• Care coordinators/navigators
• Community safety advisors
• CRC workers
• District nurses
• Early years workers
• Employment and skills officers
• Environmental health officers
• Family support workers
• Focused care workers
• Health visitors
• Housing officers
• Key workers/early help workers
• Mental health practitioners
• Neighbourhood beat officers
• Neighbourhood/community safety officers
• Pharmacists, Optometrists & Dentists
• Police community support officers
• Social workers
• Substance misuse workers
• VCSE sector workers and volunteers

The VCSE sector are part of the fabric of public services. Public services are delivered with local citizens, communities, businesses

Working as one public service workforce, with redesigned roles and shared Job Descriptions across organisations
73. We want to put people at the centre of public services and recognise them as part of their communities. The VCSE sector should be part of the fabric of public services and public services should be delivered with local citizens, businesses and communities. This also means a radical change in the way we commission and partner with communities and the VCSE sector, we work as one across public services and we work as one with communities.

**CASE STUDY D: INTEGRATED SERVICE DELIVERY IN PRACTICE – THE TAMESIDE MACMILLAN UNIT**

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 in Tameside and Glossop – placing the needs of the individual at the heart of the support process.

Macmillan work 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 mean that support is integrated and wrapped around the individual. In the Unit this includes Macmillan Clinical Nurse Specialists, information and support services for practical and emotional support, chemotherapy and outpatient services, complimentary 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 asset-mapped the community, building 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.
74. To be successful the GM Model requires an innovative and ambitious approach to the use of information and data. We recognise that to build the required trust and reassurances across partners the way in which information governance is approached needs to fundamentally change. This is as much about the innovative use of information as it is about the consistency and approach of leadership, which will be essential to achieving this.

75. As part of this new approach to information and data across the public service system, we recognise the importance of ensuring the ‘citizen voice’ is heard and understand where attitudes to data sharing are in Greater Manchester. This allows us to have meaningful conversations with citizens about their information and its’ uses.

KEY FEATURES OF THE GREATER MANCHESTER MODEL

76. We simply cannot achieve the ambitions of our operating model without having in place a series of ‘Key Features’ which enable this. The Key Features are those elements of the public service system which our learning, work and self-assessments to date\textsuperscript{13} show us need to be in place if we are to progress further than our current position. Their absence act as limiters to our ambitions and prevent full implementation across all our communities in Greater Manchester. The difference between having these key features in place, or not, is critical, they cannot be addressed in silos, we cannot work on one but not the others, as they are mutually supporting with each feature enabling or limiting the other. The operating model and the features rely on being able to address these issues and put in place the necessary architecture across the full breadth of public services and consistency across all our localities, neighbourhoods and communities.

77. The diagram in Fig. 13 illustrates the difference between having the key features in place and not, i.e. without and with. If we carry on with our transformational work without the key features in place we will end up without a unified system (as show in the left of Figure 14):

\textsuperscript{13} 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 which influenced the development of the key features.
78. All of the six key features are interrelated and each relies on the other for its success. We cannot work on one or some in isolation of the others. For example, we cannot integrate our programmes and delivery without having integrated leadership and behaviours which drive and support this. We cannot look at sharing our workforce and being mobile across organisational boundaries without simultaneously considering shared financial resources which support this. Fundamentally, our workforce are our greatest asset and we will not achieve delivery of this model without enabling and equipping our workforce, allowing them to drive and embed the change.

**Key Feature 1 – Our ambition for Geographic Alignment**

79. 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 model and applies at all levels of geography from the Greater Manchester level to the super-local level. 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 the 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 much smaller neighbourhood levels where there is a need.

80. Aligning geographies around these neighbourhood areas allows us to start with the person and start in the home. This will help to reduce pressure on acute and specialist services, allowing them to focus their resources on those that need it the most.
Key Feature 2 – Our ambition for Leadership and Accountability (Of the Whole Public Service System)

81. Leadership and governance arrangements are traditionally built around organisations, separate funding streams and traditional remits preventing us from serving the holistic needs of our residents and communities and leading 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. Across GM we want to have greater oversight over the full public service system, earning greater autonomy and ownership of our own performance, improvement and regulation. It should be stressed that this about much more than working in partnership but leading and making decisions as one according to the needs of each place, on behalf of the citizens, driving implementation of the operating model and challenging barriers to integration - working to the same goal.

Success Means:

- Many services share coterminous service delivery footprints and integrated services are delivered at either Greater Manchester, locality or neighbourhood level.
- The neighbourhood level is the building block for local care organisations and the foundational unit for delivery recognised across public service organisations.
- Neighbourhood level delivery aligns to populations of around 30k-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 level but this will stack into the neighbourhood service delivery footprint, which will be drawn together at the locality level.

- 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.
CASE STUDY: TAMESIDE INTEGRATED LEADERSHIP TEAM AND POOLED BUDGET

Tameside & Glossop (T&G) has a significant financial challenge and agreed a novel partnership and economy wide approach between Tameside Metropolitan Borough Council, NHS Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS FT (ICFT) to address the issue. The Care Together Programme was created to drive two main programmes:

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

Initially the Council and CCG came together under the single leadership of the Council Chief Executive. Secondly, an Integrated Commissioning Fund was established and underpinned by a robust financial framework. The two finance teams merged under the leadership of the CCG Director of Finance and this single team now works collaboratively with Finance at ICFT with the driving ambition to return to financial sustainability and derive greater value from the ‘T&G £’. A monthly economy wide finance report is produced which NHS England has cited as best practice; including a pan economy savings/Quality Improvement Productivity and Prevention (QIPP) tracker, enabling stronger risk management and evidence of greater grip and control.

This approach was further strengthened by implementing one of the largest integrated commissioning funds, totalling c. £1 billion. The fund has attracted significant national interest and resulted in T&G being asked to contribute to the work led by the Department of Health and Social Care on changes to the Section 75 legislation in pursuit of greater integrated management of services. There have already been positive developments including:

- ICFT awarded a rating of ‘Good’ in most recent CQC review and continues to improve on key performance measures
- Collective £82m savings achieved over last two years
- £5m improvement in provider deficit position to date and £18.5m improvement expected by 2022/23 due to identified transformational schemes.
Key Feature 3 – Our Ambition for One Workforce

82. The workforce is our greatest asset, we recognise that investing and supporting our workforce to deliver this model is key to unlocking reform and unifying public services. By workforce we mean the full range of public servants; those who do or can serve the public in any capacity, paid and unpaid including nearly half a million volunteers\(^{14}\). In implementing this model we will be able to ensure better workforce conditions, contribute to the development of our 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.

83. The GM model will enable and empower the workforce to focus and work 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. This 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 has a different relationship with the public. This 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 are already pushing for.

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14 State of the VCSE in GM, 2016/17, Sheffield Hallam University
The Greater Manchester Model

CASE STUDY F: ‘OUR DEAL FOR A HEALTHIER WIGAN’ - WORKFORCE PROGRAMME

BeWigan has been introduced as a workforce programme for public service staff across Wigan and to support the Wigan Deal. The purpose of BeWigan is to create a shared culture that illustrates a fresh and unique approach to public service, celebrates people and their achievements, and has a focus on the future and how Wigan will achieve its priorities. Wigan recognises that it is the workforce that is the most important asset in accomplishing the best for customers - the talent, skills, knowledge and experience of the workforce are at the heart of everything Wigan strives to achieve.

Building on the success of the Wigan Deal and the BeWigan experience, the Healthier Wigan Partnership have launched a bespoke health and care experience. This innovative interactive training session is called ‘Our Deal for a Healthier Wigan’ and promotes a whole scale 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, from 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.

The training is expected to see over 1,000 of the borough’s workforce in the first six months. Longer term, the partnership’s aim is to have the full workforce trained to use this approach for the future - fully appreciating how prevention can help individuals for the long term and giving Wigan Borough residents the right conversation and best experience they can.

Key Feature 4 – Our ambition for Shared Financial Resource

84. The ability to marshal the full public service resource in a locality is integral to the model. It is success in this key feature which 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 which act as the ultimate limiting factor and it should be stressed that this is not simply a comment on levels of resources available but arrangements, polices and regulations which 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 simply focussing on the bottom-line of organisational budget statements. Some of this will require financial reform and freedom over revenue and capital resources (e.g. freedom and flexibility 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. The operating model will bring together resources so that we can work as one and be more flexible in how we:

a) Pool our resources and simplify funding flows  
b) Move resource around the system  
c) Remove disincentives to integration and to working effectively and incentivise reform  
d) Move from a reactive to proactive cost profile  
e) Move beyond episodic, theme based funding streams to whole system budget management

**CASE STUDY G: THE GREATER MANCHESTER REFORM INVESTMENT FUND**

The 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.

Government agreed to bring together a number of funding lines into a single GM pot to be invested alongside local funding in driving system-wide reform. To date the fund has included re-profiled Troubled Families Funding, DCMS Life Chances Fund, Homelessness Social Impact Bond, and DWP Working Well Funding. However, there remains an opportunity to increase the scale and impact of the fund by bringing together additional government funding pots to support service transformation in GM through the Reform Investment Fund, and by increasing flexibility around those funds.

The Reform Investment Fund intends 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 our reform ambitions. We will galvanise new sources of investment in GM through combining different models such as; GM fund raising with impact investment funders, co-investment with local commissioners, recycling investments that generate a return, and increasing the scale of investments.
Key Feature 5 – Our ambition for Integrated Programmes, Policy and Delivery

85. We know that simply aligning our approaches across a range of disciplines, models and organisations is not enough to deliver The Greater Manchester Model. Delivering the model will mean organising resources – people and budgets – around neighbourhoods rather than around themes and policy areas as is traditionally done. In order to make this a reality, we also need to be determined to apply this throughout our own programmes, policies and delivery models. In order to work as one, our programme architecture and our delivery models cannot continue to be fragmented and driven by traditional thematic and siloed models. Furthermore, this model 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.

86. 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.

87. 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 engagements with the people who use our services and empower organisations to share information more effectively.

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

88. We want to put in place a completely new model of public service delivery, completely breaking down the silos which exist between public services and designing the whole system of public service delivery around people and communities. We will systematically act on barriers which prevent us fully implementing The Greater Manchester Model. This absolutely requires us to challenge the status quo, relentlessly tackle barriers to delivering The Greater Manchester 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 policies, procedures and cultural issues across the full breadth of 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 missing pieces of the jigsaw in our devolution journey.

89. 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.

90. 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 HMIC, CQC and OFSTED, inflexible funding and resources, legal basis for new organisational structures as well as specifics around VAT rules to support integration. We also highlight the missing pieces of devolved responsibility which are fundamentally related to our ability to deliver i.e. we have a level of devolved responsibility around health and social care but no corresponding responsibility around some important DWP functions, powers and resources.

91. The range and scale of ambition means that we need to have a single conversation between Greater Manchester and central government rather than multiple conversations with various government departments and that in order to do this we need to put in place a formal mechanism to do this. Our initial and developing asks of central government are set out in Chapter 5 as well as through the individual schedules of this White Paper. These will focus on the mechanisms we
will need to put in place with central government to progress as well as known specific asks of particular areas of work. 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.

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.

CASE STUDY: WHAT TO 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 in order to live happy and fulfilling lives.

The GM Model of unified public services 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 don’t deal with that’ we will instead ask ‘what can we do to help you live a good life?’.

More than this, we won’t just wait until someone comes to us, wait for people to ‘fit us’ or things have got ‘bad enough’ for us to intervene but we’ll 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’ll have the freedom to respond based on what is needed. 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 and for the most part will be in the background but it will look and feel different to residents primarily thorough 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’ll 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’ll no longer see us as them.
CHAPTER 4

IMPLEMENTATION OF THE GREATER MANCHESTER MODEL

PLACE-LED IMPROVEMENT

92. Having set out what The GM Model of unified public services looks like and the six key features that are needed in place across GM for it to be fully realised, this chapter now outlines an approach to implementation, evaluation and shared accountability.

93. It should be noted that when we refer to ‘GM’ in this context we are not referring to a GM-level function we are referring to the powerful collective that is made up of the ten localities of Greater Manchester that come together as a strong, collaborative alliance. The implementation approach outlined here is drawn from the principles of sector-led improvement\(^{15}\) however we will apply this across the full range of place-based public service organisations to which The GM Model relates. For our purposes then we will refer to our approach as ‘Place-led Improvement’ and implementation of The GM Model will be based on the following tenets:

a) Individual public service organisations in Greater Manchester are responsible for leading the delivery of improved outcomes for people in their area

b) Implementation of The GM Model of Unified Public Services does not require, and is not intended for, any transfer of statutory responsibilities from public bodies up to the Greater Manchester Combined Authority

c) Individual public service organisations in Greater Manchester should consider themselves accountable locally for the implementation of The GM Model of unified public services

d) There is collective responsibility for the implementation of The GM Model of unified public services across Greater Manchester as a whole, and

e) The role of the GMCA family is to provide tools and horizontal support to facilitate implementation of The GM Model of unified public services.

\(^{15}\) Sector-led Improvement (or SLI) has been developed by the Local Government Association in response to nationally imposed inspection and assessment regimes. The approach has primarily been applied with local authorities in the field of children’s and adult’s social care and more recently extended to public health, prevention and early intervention through the Care and Health Improvement Programme. The approach has proven to be effective and continues to have high levels of support across the sector.
94. Learning from the introduction of place-based working in Greater Manchester has shown that to move further, faster we will need to step-up the level in which we challenge each other as well as our pace and acceleration if we are to bring about the radical change required. Building on the existing strength of trust and relationships across sectors and organisation will be fundamental to this.

**AIMS AND PROPOSED APPROACH TO IMPLEMENTATION**

95. It is important for the implementation process to have stated aims that capture our overall intent with regards to embedding The GM Model of unified public services, to this end three aims have been articulated to focus our collective efforts, they are:

- **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 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

96. The implementation approach described here is built on collaboration, it focuses on the strength of the relationships across GM 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 GM level organisations providing a supporting and facilitating role working with localities. Accepting each locality will have their own unique challenges and local political priorities – as much as possible we need to progress in the same direction, at the same speed.

97. The diagram on the next page provides a visual representation of the implementation approach, this is intended to be cyclical and iterative rather than linear and the following paragraphs provide a narrative to this. A summary of this approach is shown in Fig.14. below.

**Fig.14. Place-led Improvement Approach to Implementation of The GM Model**
Fig. 15. GM Model of Unified Public Services: ‘Place-led Improvement’ Approach

1. GM Model baselining and establishment of Communities of Practice

   The Integrated Leadership Team in each Locality (which will include local political representation), along with support from GMCA and GMHSCP, hold a structured discussion. This will involve each locality arriving at a current joint position statement for each of the six key features and agree future local accountability structures.

2. Locality-owned implementation Plans

   A summary of the baseline position across GM is provided to the established governance within the sphere of GMCA and GMHSCP outlining how the six key features will be implemented with reference to how this links to local corporate and budget strategies.

3. The GM Model Peer Support Process

   Findings from the initial baseline and communities of practice will allow Localities to be paired together based on recognised strengths. This will facilitate a peer support process, where it will add value, that will allow for a GM Phase 2 highlight report to the appropriate established governance groups within GMCA and GMHSCP.

4. Strategic Reform Group and the Place & Reform Group

   A newly established strategic reform group, made up of senior representatives from specific service areas or organisations, with a balanced make-up to ensure representation across all localities and sectors. This group will seek to understand the common strategic issues as well as identify and maximise new opportunities that are likely to arise as we embark on implementation. The existing GM Place & Reform Group will be reviewed with a shift in emphasis to focussing on the operational and tactical elements of The GM Model.

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 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
98. The first part of the implementation approach will involve each locality determining their baseline position against each of the six key features of The GM Model. This will involve the Locality Integrated Leadership Team, including local political representation and with support from GMCA and the GM Health & Social Care Partnership holding an informed and structured discussion as to the current position. This discussion will be focussed around the ‘success descriptors’ of each of the key features (detailed in the previous chapter) taking into account work conducted so far, future plans and recognised challenges. It will be important for the baseline process to include and reflect the views of local citizens. The baselining process will also seek to established ‘Reform Communities of Practice’ that will provide a platform to bring together examples of progress and innovation, as well as share insight as to how localities are tackling some of the challenges presented by implementation. The Reform Communities of Practice will also enable us to bring in specialist knowledge and expertise from within GM and elsewhere.

99. It will also be important to establish a GM-level baseline position against the six key features for relevant organisations (e.g. GMCA, GM H&SCP, GMP, GMFRS etc.). Independent support and challenge from the Portfolio lead for Reform and others as to the GM-level baseline position will add considerable value.

100. It is anticipated that this first part of the implementation approach will be completed over a period of 12 months and importantly this will need to include agreeing local structures for implementation going forward.

101. The second part of the implementation approach will involve the Integrated Leadership Team from each locality working collaboratively with GMCA and GM Health and Social Care Partnership to identify joint solutions based on local priorities. This will result in each Locality putting together their own GM Model implementation plan outlining how the six key features will be embedded across the breadth of all public service, health and care organisations in their locality. It may be that the implementation plan is drawn from or references existing local plans rather than being a separate document in itself. Importantly these plans will make reference to how implementation of the GM model links to and impacts on existing corporate and budget strategies within individual organisations. A high-level summary of implementation progress across GM will be provided to the appropriate GM governance boards within the sphere of GMCA and GM H&SCP. Once all locality plans have been articulated a GM-wide implementation plan will be constructed which will also draw in the GM-level baseline referred to above. At this point there will be a more informed picture of delivery timescales across and within GM.
102. The findings from the initial baseline and Reform Communities of Practice will provide the opportunity for localities to pair-up based on recognised strengths. This buddy system will then facilitate a peer support process, where this will add value, that will inform a high-level Phase 2 GM implementation highlight report which again will be summarised for appropriate GM governance boards. It is anticipated that this Phase 2 peer support process will be completed within 12 months of the initial baseline exercise in each locality.

103. To achieve the ambition set out in this paper it will be necessary to understand common strategic issues as well as identify and maximise new opportunities that are likely to arise as we embark on implementation. In response to this a new group will be formed made up of senior representatives from specific service areas or organisations, with a balanced make-up 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 assist localities in the implementation of reform, feeding into other established GM groups, as appropriate, within the recognised GMCA and GM H&SCP arrangements.

104. It will be necessary to review the existing GM Place and Reform Group in light of this White Paper and the establishment of the strategic group referred to above. This will mean reviewing the terms of reference of the GM Place & Reform Group, adding specific mention to implementation of The GM Model.

105. The Reform Communities of Practice will feed insight and recommendations into existing GM governance arrangements as appropriate.

**EVALUATION FRAMEWORK**

106. A consistent, straight-forward evaluation process with visibility will be key to driving learning and improvement as we embark on the implementation of The GM Model of unified public services. It will be important that the evaluation framework is built using both quantitative and qualitative measures. It will need as much emphasis on understanding the leading indicators that point to successful change and improvement in the short term as well as those lagging indicators that are apparent when the cumulative effect of implementation is viewed in the longer term over a geography such as impact on population and system level measures, fiscal impact and so on.
107. When we talk about evaluation this means that want to be able to understand the impact we are having on people’s lives. This is about constantly learning and adapting our approach, it is not about stifling innovation or an overemphasis on chasing metrics but is about us wanting to put in place necessary conditions for a value-based performance environment.

108. The three implementation aims referred to above lend themselves to this form of evaluation. We will need to understand how we are progressing with the implementation of The GM Model overall as well as progress in each of the key features and across localities. We will also need to be able to show the impact of this approach for the people of Greater Manchester as it embeds, at an individual or family level and across wider communities and geographies.

109. Whilst we need to evaluate the implementation process itself we also need to form a picture of what the new evaluation and performance frameworks will look like sat alongside an operationalised GM model of unified public services. These new approaches and products will build on good-practice examples of various whole-system dashboards and performance frameworks that are already being developed, there will also be a direct link to the Greater Manchester Strategy outcomes framework.

SHARED ACCOUNTABILITY

110. 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, there will be a need to hold ourselves to account as we progress this work. It is important that there is a strong and central role for all locally elected members in driving local implementation of the model at neighbourhood level.

111. The following reform protocol has been produced to assist with understanding our expectations of each other and what we will be jointly accountable for in this context. At a locality level all relevant Public Services will:

- Work to implement and deliver each of the six key features of The GM Model as described by their success criteria.
- Ensure that the citizen’s voice is placed at the centre of the way we design and deliver services at a locality level and in neighbourhood areas.
- Model the right culture at a local level to deliver this change across the whole public service system.
- Work across GM to share ideas, innovation and learning, identifying solutions to overcome barriers together.
- Work to embed the key features of our public service model within 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 when identified, ensuring all voices are heard at a local and GM level.
- Support in the development and delivery of an evaluation approach, pooling knowledge and evidence, to ensure GM is able to make a strong case with government.

112. The same level of expectation and accountability needs to be in place at a Greater Manchester level. At a Greater Manchester level all relevant Public Services will:
- Consistently articulate and enable the delivery of the six key features of the public service model for Greater Manchester across all areas of work.
- Ensure that the citizen’s voice is placed at the centre of the way 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 just problems.
- Work with central government to develop a single flow of investment, utilising new models that incentivise reform.
- Work towards embedding the six key features of the GM Model 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 in GM, bringing together the best evidence to build a strong case with government.

113. As is outlined in the implementation approach there needs to be a very clear role for local political leaders. These leaders will play a hugely important role in driving implementation forward themselves as well as asking the right questions through local accountability mechanisms. As is
described in the previous chapter, local political representatives will be central to the operation of The GM Model on a day-to-day basis and so will have a vested role in implementation. Implementation of the model will be more effective with the support and involvement of local political leaders and elected members and less so without it.

114. There also needs to be a role for the GMCA family who should be accountable for the level of support, assistance and tools provided throughout this implementation process. The GMCA family will need to continue to develop their offer in supporting and working with localities and others in a horizontal fashion. The GMCA family will develop an offer of support for localities and others and build insight to understand the reality of implementation in the work, ensuring that a bottom-up approach remains as we now move to full implementation of The GM Model. It is anticipated that the ‘Place Led Improvement’ approach can be further developed and applied to support in other areas.
CHAPTER 5

KEY AREAS FOR DEVELOPMENT WITH CENTRAL GOVERNMENT

115. This White Paper has set out an operating model that will shape the entirety of the public service landscape in Greater Manchester. This model is a culmination of our long history of collaborative working in Greater Manchester, building upon 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.

116. We have demonstrated our ability to manage and deliver effectively across the system of public services in Greater Manchester but securing and sustaining this, and scaling up right across GM, now requires us to collaborate effectively with central government to explore the potential for greater freedoms and more autonomy through policy and legislative change.

117. We are now in a position to be able articulate the key areas we need to develop collaboratively with central government in order to provide the most effective services for the people of Greater Manchester and excel as a national and world leader in the delivery of public services. Underpinning all of this will need to be a sustainable system of funding for Greater Manchester, with access to flexible resources, to be invested locally to join up and integrate services and infrastructure.

118. This will need to be a broad, iterative and negotiable process with central government which will enable us to trial various solutions to a range of issues together. As such, we need an approach that enables us to focus initially on the broad mechanisms we will need in place and then more detailed work and negotiation around specific policy areas.

119. We are taking a sequenced approach to developing and setting out these asks. These are based on four key areas within which we will develop a series of schedules over time, for both the whole system and policy-specific areas, setting out more detail and options for greater freedom and autonomy. The diagram in Fig. 17 below sets out this framework for change.
As we are taking a schedule approach to developing our joint solutions we view the process as an organic one that can respond to emerging issues and to collaborative discourse. The joint solutions related to specific policy areas that are outlined here represent the state of development current at the time of publication of this white paper. We envisage that over time our joint solutions will widen to cover other policy specific areas such as housing, early years, education, and community safety, for example.

WHAT GOOD LOOKS LIKE

As part of this framework for change we want to work with central government to develop joint solutions to support implementation of this model. We know what good looks like from a whole system level which will provide the building blocks to enable us to jointly progress a range of policy specific areas of work. This is set at as follows:

There is a place-based relationship with Greater Manchester, moving away from single departmental conversations:
a. Transitionary governance arrangements are in place which support movement to integrated governance. This would explore and test options for longer term system oversight and integrated governance across the full public service landscape.

123. There is a formal relationship with Greater Manchester to support the delivery of our public service model, tackle barriers which are not within local control and identify national good practice:

a. A formal mechanism is in place between Greater Manchester Public Services and Central Government 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. This should take account of and aim to address the impact of current national inspection and regulatory regimes which can be in conflict with unified local delivery.

b. This also includes a review Public Service Governance arrangements at a locality level (below Greater Manchester level) – i.e. working with government to remove barriers to more integrated governance arrangements.

124. There is a single line of investment for reform through one Greater Manchester Investment Fund, working towards a place based settlement:

a. A solution is developed with central government which enables Greater Manchester to bring together a range of transformation, reform and various departmental grant funding streams into a single line of investment.

b. This also provides the necessary testing which enables us to work towards a wider place-based settlement beyond transformation funding and towards core budgets.

c. To support this, an exemption from a range of grant conditions is negotiated particularly in relation to commissioning which will enable us to remove barriers to further integrated commissioning through increased use of pooled budgets across GM public services and provide the necessary freedoms to innovate.

d. Greater control of a wider range of public spending is negotiated with central government to implement the Greater Manchester Model of unified public services, provide better outcomes for the residents of Greater Manchester.
125. An open dialogue is created and maintained around current and future devolution opportunities which support us to deliver the most effective services to the people of Greater Manchester:

a. Beyond putting in place the necessary conditions and formal mechanisms across the whole system, an open dialogue is in place which enables us to swiftly and effectively develop joint solutions to specific policy ask as they develop (For example, a joint ‘task group’ is put in place to explore greater autonomy of Job Centre Plus and the welfare system through further delegation from DWP)
**SCHEDULE 1:**

**JOINT SOLUTIONS WITH CENTRAL GOVERNMENT: POLICY SPECIFIC**

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<th>Policy Area</th>
<th>The proposal</th>
<th>What needs to change</th>
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| 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 DfE | In order to ensure that a quality and consistent place-based approach to employment and welfare is in place, the following conditions are required:  
1. Local autonomy for Jobcentre Plus, operating as part of the GM 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 for 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:  
   a. Co-produce approach to managed migration for people with health conditions, supported by data sharing.  
   b. Universal Credit (payment frequency, direct payments to landlords, split payments).  
   c. Joint approach to housing payments and quality accommodation through Good Landlord Scheme. |
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<tr>
<td>Skills</td>
<td>This will be taken directly from our proposals to the Spending Review in development as part of our Industrial Strategy, including integration with employment and welfare as described above.</td>
<td>This will be taken directly from our proposals to the Spending Review in development as part of our Industrial Strategy, including integration with employment and welfare as described above.</td>
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| Health and Social Care | Greater flexibility and power over the levels and drivers of developing a fully integrated and devolved health and care system. Specifically:  
  - Integrated Care  
  - Financial Reform  
  - Population Health | **Integrated Care**  
  1. Work with us to consider the legal basis for, and develop legislation and policy for:  
     - 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.  

**Financial Reform**  
  1. Work with us 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. Greater ability to pool revenue budgets between health and local authority funding streams (and potentially other public bodies); using different capital funding sources including local authority prudential borrowing to support multi-purpose capital schemes. |
### The Greater Manchester Model

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| Population Health | 1. 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.  
2. Working with DfE, negotiate changes to the current inspection regime to ensure it recognises Greater Manchester’s innovative approach to early years development.  
3. Greater local control of health and justice spending to develop new placed-based approaches to better meet the health and social care needs of children and young people with learning disabilities in the criminal justice system, and the children of prisoners.  
4. Develop a jointly funded new care model for vulnerable and marginalised women.  
5. Co-design of local probation services and new innovative community sentences including their payment mechanisms.  
6. Exploring opportunities for devolved capital from Homes England and NHSE, particularly in relation to the provision of an effective and sustainable supported housing market. | **Youth Justice Transformation**  
To agree and explore approaches to  
- Resettlement from custody  
- Data sharing  
- Safeguarding  
- Youth to adult transitions  
- Prioritisation of activity with specific cohort  |
| Criminal Justice | Agree a Memorandum of Understanding with the Ministry of Justice which enables co-investment and co-design focussed on the integration of services within the GM Model and improved outcomes for people in the criminal justice system.  
The MoU will focus on the following specific areas: | |
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<td></td>
<td>• Youth Justice Transformation</td>
<td>Smarter Justice</td>
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<td>• Smarter Justice</td>
<td>Working together to:</td>
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<td>• Reform of Adult Offender Management</td>
<td>• Improve awareness of community sentences</td>
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<td>• Improving the victim journey</td>
<td>• Enhance problem solving approaches</td>
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<td>Reform of Adult Offender Management</td>
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<td>To work jointly with Greater Manchester to test how the new probation model can work</td>
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<td>in a devolved way, which recognises that a unified approach in Greater Manchester</td>
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<td>would result in optimum delivery.</td>
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<td>Improving the Victim Journey</td>
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<td>To explore local interdependencies for victims and witnesses in the criminal justice</td>
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<td>system to support co-designing &amp; co-commissioning services including:</td>
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<td>• Local alignment of services for witnesses</td>
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<td>• Exploring sustainability of the victim services grant</td>
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<td>• Engaging with the MoJ review on the Criminal Injuries Compensation Scheme</td>
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<td>• Developing a wider scrutiny role including monitoring the Victim Code of Practice</td>
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<td>Digital and</td>
<td>Establish GM as the national exemplar for digitally enabled citizens based on</td>
<td>1. Work with to us to put in place a Public Service Data Exchange Forum through which</td>
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<td>Information</td>
<td>the integration of local and national data and the use of analytics and AI to</td>
<td>GM can communicate and provide evidence of issues and blockers in relation to</td>
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<td>improve outcomes for residents.</td>
<td>information sharing in a way that can truly influence change nationally. This body</td>
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<td>would help develop and own a roadmap through data standards, legal gateway,</td>
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<td>sharing mechanisms, policies and strategies can be agreed and tested through the</td>
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<td>GM “Digital Enabling Citizens” programme.</td>
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<td><strong>Voluntary, Community and Social Enterprise</strong></td>
<td>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</td>
<td>2. Provide a digital licence for Ages &amp; Stages Questionnaires used by Health Visiting functions across the UK and currently only available on paper.</td>
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<td>3. Support creation of a National Applied Data Ethics and Innovation Centre based in GM 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.</td>
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<td>4. Work with us to support and accelerate current conversations with National Data Guardian and Dept of Health to include health and care data in the provisions of the Digital Economy Act to allow local authorities to share adult social care data.</td>
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<td><strong>Early Intervention &amp; Prevention</strong></td>
<td>Establish an agreement with Government that GM receives an allocation of funding to support its work on early intervention and prevention that it is able to co-ordinate at a city-regional level through the GM Reform Investment Fund. It is proposed that the (pre agreed) amount could represent a top slice of cross government funding streams that are focussed on prevention.</td>
<td>To explore opportunities in the following areas:</td>
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<td>1. Devolution of relevant budgets, or release of funds, to GM as part of a programme to provide appropriate and sustainable core funding to the VCSE sector in GM.</td>
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<td>2. The investment of transformation funding to create an effective and sustainable system for social prescribing in GM.</td>
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<td>3. Policies that enable community-led and community-owned housing and land ownership.</td>
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<td>4. Financial incentives for social enterprise and co-operative solutions.</td>
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The current way that Government funding that is focussed 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. It is therefore proposed that GMCA receives an allocation of transformation funding to support its work on prevention that will:

1. Recognises the need to join up the prevention agenda where there is a significant overlap in cohorts
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|            | Where there is no scope to free up specific funding for transformation flexibility should be applied for the use of funding, for example GM’s existing agreement on Troubled Families Funding. | 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. Enables GM 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 (e.g. Troubled Families)  
4. Helps remove the risk of siloed approaches / behaviours that are often driven by the requirements of specific funding streams |