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ON **DEV** O health



- 04** Health and social care devolution: it's complicated
Julia Segar, Anna Coleman and Kath Checkland
- 08** Devo Manc — a new era in health and social care
Lord Peter Smith
- 11** The Times They Are A Changin' — but will we see the difference?
Ruth Boaden
- 13** Savings, services and silver bullets — is integration all it's cracked up to be?
Frances O'Grady
- 17** Devo Manc — risk, opportunity or threat?
Diane Coyle
- 20** Why I'm unconvinced by Cameron localism and Devo Manc chatter
David Walker
- 23** Who benefits from devolution? It depends who's in control
Su Maddock
- 27** Devo Manc is a far cry from 'business as usual'
Helen McKenna

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Health and social care devolution: it's complicated

Devolving health and social care decisions to local politicians and professionals adds further complexity to an already complex system — and does not guarantee that the correct or popular decisions will be taken — argue Julia Segar, Anna Coleman and Kath Checkland.

'[Keep Wythenshawe Special](#)' is a campaign led by clinicians from Wythenshawe Hospital. A protest march, a judicial challenge and an ongoing campaign supported by local MPs are responses from the campaign to the decision to site some specialist services at Stepping Hill Hospital in Stockport rather than at Wythenshawe Hospital in Trafford.

This decision is part of the [Healthier Together programme](#), which seeks to rationalise hospital care across Greater Manchester (GM) ensuring equality of provision across the conurbation. Hospitals are to work together, forming networks and sharing consultant expertise.

To this end, hospitals across GM have been placed in four groups, and within those groups 'specialist' and 'local' hospitals have been identified. This decision, that so dismayed Wythenshawe Hospital clinicians, came after lengthy deliberation including an extensive public consultation. The decision makers were representatives of GM's 12 Clinical Commissioning Groups (CCGs).

Local decisions by local people?

Why should this protest be seen as anything other than a local grumble? The reality is that it has great significance in light of the devolution of health and social

care that is one part of the '[Devo Manc](#)' initiative which rolled out in April 2016.

Healthier Together predates 'Devo Manc', but is also seen as a crucial part of health and social care devolution. A common mantra of those working to achieve devolution is that decisions affecting the people of Greater Manchester should be made in the region, by Greater Manchester people.

Health 'Devo' enthusiasts argue that sharing local expertise and co-operation across GM, as embodied in the initiative, will enable joined up services and pooling of budgets resulting in efficiencies.

There is already a strong and positive history of GM practitioners successfully working together across both health and social care. This positive track record coupled with a sense of being 'Greater Manchester' people is buoying up the proponents of health and care devolution. However, there are also obvious challenges and tensions to be faced in the immediate future.

Lines of accountability

The 'Keep Wythenshawe Special' campaigners have argued that there has been a lack of accountability in the Healthier Together decision-making process.

Leaving aside the particular case of Wythenshawe Hospital, we would argue that the lines of accountability within the new structures and organisations for Greater Manchester's health and social care devolution are complex and blurred.

Even without devolution, health and social care organisation is downright complicated. The ►

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reforms brought about by the [Health and Social Care Act 2012](#) caused a huge upheaval. Organisations like Primary Care Trusts, which planned and commissioned hospital care, were dismantled and new organisations, CCGs, were created. Responsibility for many aspects of local public health moved from NHS organisations into local authorities, and new national level organisations — NHS England and Public Health England — were formed.

In the few years since these reforms were instituted, further reorganisations and shifts in responsibilities have taken place. Clinicians, managers and public health professionals have been moved into, out of, and between organisations and the speed of these changes has been breath taking.

Further complications

All over the UK the dust is still settling on the 2012 reforms, but in GM a whole new tier of organisational structure has also been formed to deliver health and social care ‘Devo’. Across Greater Manchester there are 12 CCGs, 10 local authorities, 14 hospital trusts, one ambulance trust, and one NHS England team. The [Greater Manchester Health and Social Care Strategic Partnership Board](#) has been formed with representatives from all of these organisations. Under this umbrella sit two new partnership groups: a Joint Commissioning Board, which brings together all local commissioners of health and social care services and a Federation Board, which brings together all the major health and social care providers.

How these structures will operate in practice is not yet clear; what is clear is that an extremely complicated

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system has received a further dose of complication.

The issues of accountability are particularly complicated. For example, CCGs are accountable for aspects of their performance to NHS England, but they are also membership organisations and so their governing body is accountable to their member GP practices. In addition, most CCGs declare on their websites that they are accountable to their patients, and they remain subject to the dictates of a variety of regulatory

bodies, such as NHS Improvement.

Co-operation and competition

Greater Manchester’s CCGs, along with their partners, have now taken on a commitment to look beyond the interests of their own members and patients and take a broader view. Likewise, hospital trusts are being called upon to undertake more co-operative work. This runs counter to the imperative for hospital trusts to compete with one another and for commissioners to seek the best way to spend their resources by choosing between providers. Local authorities have a very different management structure, with locally elected political leaders adding yet more ways of thinking about what it means to be accountable.

Taking all of this together, it is far from clear how the different incentives, objectives and regulatory pressures experienced by individuals and their organisations can be reconciled in order to deal with difficult and contentious decisions.

Thus we return to ‘Keep Wythenshawe Special’. The Wythenshawe clinicians feel that their hospital has been downgraded and their unsuccessful legal challenge ►

was brought against the 12 Greater Manchester CCGs with whom the Trust now sits on the GM Strategic Partnership Board. This example illustrates some of the in-built tensions in the system.

Organisations accustomed to viewing one another as competitors must now become more closely allied, and local accountabilities will have to be weighed against

the responsibility under 'Devo' to consider the wider needs of the GM population. 

These issues are further explored in a special Devolution issue of the journal *Representation* which brings together expert analysis from academics and practitioners in the field.

Julia Segar has a background in social anthropology with a particular interest in medical anthropology. She is a Research Fellow in the Centre for Primary Care in the Institute of Population Health at The University of Manchester where she has worked on a range of projects. She is a member of the Health, Policy, Politics and Organisation Group (HiPPO).

Anna Coleman has a background in local government policy and research. She has worked at The University of Manchester for many years on various aspects of health-related policy. Since 2012 she has been a Research Fellow in the Health Policy, Politics and Organisation (HiPPO) Research Group within the Centre for Primary Care, Institute of Population Health, where she is deputy leader.

Kath Checkland qualified as a GP in 1991, and still works one day a week in a rural practice in Derbyshire. She is Professor of Health Policy and Primary Care in the Centre for Primary Care at The University of Manchester. Her research focuses upon the impact of health policy changes on the NHS. She is co-lead of the Primary Care Theme for NIHR Collaboration for Leadership in Applied Health and Care Research Greater Manchester (<http://clahrc-gm.nihr.ac.uk/>), and Associate Director of the DH Policy Research Unit in Commissioning and the Healthcare System (www.prucomm.ac.uk)



Devo Manc — a new era in health and social care

Developed control of health, and integration with social care, creates an opportunity to improve care outcomes, improve value for money and decide local priorities for Greater Manchester, argues Lord Peter Smith.

On 1 April, Greater Manchester led the way by becoming the first region in the country to have devolved control over integrated health and social care budgets — a combined sum of more than £6 billion. It means that — for the first time — local leaders and clinicians are able to design services to directly meet the needs of local communities.

History in the making

As Chair of the Greater Manchester Health and Social Care Strategic Partnership Board, I have seen first-hand the progress that has been made since the historic signing of the Memorandum of Understanding in February 2015, which took place between all of the major public sector bodies of the region and Whitehall.

It is an exciting opportunity to improve services and address many of the health issues facing our region. Our long-term vision for devolved powers is simple: to ensure the greatest and fastest possible improvement to the health and wellbeing of the 2.8 million people of Greater Manchester. The process of devolution provides us with the tools to make this happen.

Establishing the new system has been the crux of our focus for the past 12 months, and we

have made unprecedented and unrivalled progress in this regard. Quite frankly, the progress we have made has been revolutionary for the region.

We've had to agree and establish a new governance structure that has both strategic oversight for all matters relating to health and social care services and the accountability to make big, bold decisions that can truly deliver the levels of transformation we are seeking to achieve.

Inspirational unity

The progress has been made possible by the unprecedented partnership working shown by the 37 organisations involved. That unity has been inspirational as we prepare for full devolution — and new ways of working that see more integration between health and social care and improving outcomes across Greater Manchester.

We have the opportunity to address some major health inequalities that affect the region, while also giving us flexibility to tackle the ongoing financial strains that are creating a £2billion gap in our public service finances — making it difficult to provide the level of care we want to. This has to change.

The scale of the challenge requires a major new way of thinking and a change in behaviour from everyone across Greater Manchester, from decision-makers and local organisations, to health-care workers and patients. We want to create a health and social care system that works together at the heart of the community, helping people to live healthy, independent lives.

In late December, we revealed a five-year vision for ►

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services across Greater Manchester, underpinned by four key long-term goals:

- **Creating a transformed health and social care system that helps many more people stay independent and well and takes better care of those who are ill**
- **Aligning our health and social care system far more closely with the wider work around education, skills, work and housing—we spend our £22 billion effectively**
- **Creating a financially balanced and financially sustainable health and social care system—we spend our £6 billion effectively and spend no more**
- **Making sure that all of the changes needed to do this are carried out safely so the NHS and social care continues to support the people of Greater Manchester during the next five years**

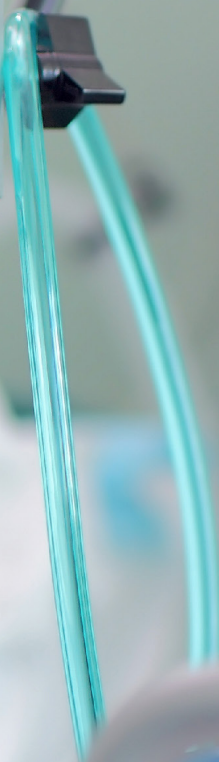
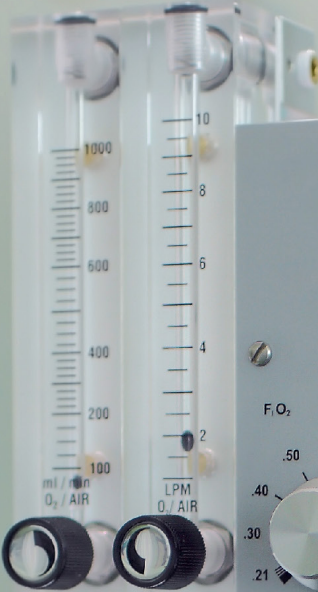
We want to create a health and social care system that works together at the heart of the community, helping people to live healthy, independent lives.

By achieving these objectives we will make great strides in transforming the health and wellbeing of Greater Manchester's 2.8 million residents.

It's not going to be an easy process, and we're undertaking huge amounts of work with innovative ideas coming thick and fast as we look to define exactly what a Greater Manchester health and social care system looks like.

We have the support of health and care organisations—our challenge in this fast-paced environment is to make sure we take our staff and of course the people of Greater Manchester with us. That's our focus for the coming months at this historic time for our great city region. [OD](#).

Lord Peter Smith is Chair of the Greater Manchester Health and Social Care Strategic Partnership Board and the GMCA lead for health and wellbeing. He has also been leader of Wigan Council since 1991



The Times They Are A Changin’— but will we see the difference?

The Devolution of health and social care to Greater Manchester in April has been heralded as the dawn of a new era—one that can deliver the fastest and greatest improvement to the health and wellbeing of 2.8 million people. But, asks Ruth Boaden, will any real change be seen?

This time last year I was being repeatedly asked, “what does *it* mean?” at a national workshop of NHS research leaders. *It* referred to the devolution of health and social care funding to Greater Manchester (and I was from Manchester), but at that time neither I, nor anyone else, really knew what it meant, or what the implications were.

One year on, however, I’ve been reflecting on what might (or might not) be different for the average citizen in Greater Manchester (GM), those working within health and social care, the leaders of the system and those who research these issues and I’m not sure that most people will notice anything—perhaps apart from the developing promotional campaign: Taking charge of our Health and Social Care.

The same hospitals, doctors, social services and local authorities will continue for now with the same funding challenges, which are not unique to GM. Will the formal powers given to the Greater Manchester Joint Commissioning Board—which sits under the Greater Manchester Strategic Health and Social Care Partnership Board—for commissioning more than £800m of activity, including cardiac surgery and specialised cancer services, make any

noticeable difference for people from April onwards?

People involved in their local communities may have attended some events, but there has been criticism of the lack of public involvement and in particular ‘local democracy’ in the process to date, which has been described as ‘autocratic’ and ‘secretive’. A Select Committee report in February 2016 argued that “local leaders and the Government must make far greater efforts to communicate with and engage the public so they embrace devolution as a positive development too” and urged the Government to “up their game” because of “rushed timetables for negotiation, and a lack of openness about deal negotiations”.

Whether the leaders in GM can take the public with them is one of the big challenges (or perhaps the biggest): “our focus must be on people and place, not organisations...there will be a responsibility for everyone to work together”.

There were recently two surveys about health and a consultation about the new powers. On 9 March, the GM health and social care devolution team reported that 91% of the almost 10,000 respondents to the survey (<0.5% of the GM population) had identified—by clicking on one of nine questions online—“some feature of their health and wellbeing that they would like to improve”—a small and slow start. The GM strategic plan is clear that a ‘new deal’ will require “brokering of a new relationship with the people of GM”—something hugely complex and never achieved elsewhere, as a paper by Kath Checkland and colleagues has shown. ▶

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Whilst health or social care staff might have taken part in discussions about ‘integrating care’ within a local area, and each local authority area has developed ‘locality plans’ for closer working together of health and social care, as well as other public services, they might have had to do that anyway—as all other areas of England are now required to do this through [the Sustainability and Transformation Planning process](#).

In GM, people with ideas and outline plans to develop their existing partnerships may now have more focus and impetus, but it is still early days for any change to be seen on the ground. The opportunity to consider planning and provision of care across the whole GM area is enormous, and has already progressed considerably in terms of many hospital and [mental health services](#), with interesting implications from chief executives [now working across more than one organisation](#) likely to develop.

I sense a new spirit of optimism and partnership across Greater Manchester at a senior level, although no one knows whether this will remain when local implications become clearer. The ‘transformation fund’, which has been allocated to GM, in addition to the devolved running budgets (£6bn), has far more calls on it than it can afford, with the prioritisation and allocation process being subject to considerable scrutiny.

If you were the chief executive of a hospital, working more closely with other partners seems sensible—both locally and across Greater Manchester. But what if that then meant your hospital losing services,

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despite your local population and staff wanting them to continue? The current [perverse financial incentives](#) for people to attend hospital remain, and while individual organisations are required to balance their books, changes will be difficult. This is recognised by the devolution leaders who are committed to addressing it, but whether they can—and in time—will be a test of the real extent of devolution

Social scientists (like me) who research change and its implications are excited about this opportunity on the doorstep to ‘research’ this ‘experiment’. Multi-method research—the quantitative analysis that can highlight change in outcomes, along with the qualitative research that can explain ‘how and why’ these changes happened—will generate more learning for the whole system. This is ‘real-world’ research and evaluation, without a neat controlled environment, or the luxury of determining timescales; already bringing new challenges for researchers and funders—which [some of us are taking up](#). Tensions between the speed at which the system needs research to deliver ‘answers’, and the rigour of the analysis underpinning this, will remain on-going challenges.

Whilst devolution means that “The Times They Are A Changin’” in services, in how people act, in how organisations work together and in how research is done and has an impact, I think we will see no real change any time soon. Perhaps this time next year things will be noticeably different, and as the next general election draws nearer change in more than the public sector balance sheet will be even more critical. **OD**

Ruth Boaden is Director of the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester, and Professor of Service Operations at Alliance Manchester Business School.

Savings, services and silver bullets— is integration all it's cracked up to be?

Manchester will have its work cut out plugging the funding gap in the current economic climate, and greater integration of health and social care, while essential, may not deliver savings or reduced hospital admissions, argues Frances O'Grady.

A new architecture

With the [Cities and Local Government Devolution Act](#) receiving royal assent at the beginning of the year, we may be a very big step closer to a new kind of architecture for local government and public services in many parts of the country.

With devolution deals working their way through the Treasury pipeline and local political tensions yet to be fully resolved, we are facing a paradoxical situation where things seem to be moving very quickly and yet very slowly at the same time.

In Greater Manchester, of course, it is full steam ahead, with mayoral elections set for May 2017 and the Combined Authority already taking direct control of a health and social care budget of £6 billion.

Northern Powerhouse rhetoric

For trade unions, devolution poses a number of risks and challenges but some real opportunities too. So what does this mean for unions and how do we intend to respond? Greater Manchester is a good place to start.

But first let us consider the bigger picture. The new devolution proposals for the English regions are a priority issue for the TUC, indeed 'making devolution work' has become one

of the five key themes of our campaign plan this year.

Our members know from bitter experience that the highly centralised political economy of the UK has left too many parts of the country behind. In fact, [recent reports](#) suggest that regional economic imbalances are growing.

The TUC has long been a champion for a more dynamic approach to regional development—enhancing democracy and accountability through bringing decision-making closer to communities, designing and delivering public services more responsive to local needs, harnessing the voice of public service workers and the people they serve and stimulating economic growth through local control over infrastructure and an active industrial strategy.

Yet the Osborne model being driven through the new Act poses real concerns. The 'Northern Powerhouse' rhetoric clashes with the reality of massive cuts to public services, [reform to local government funding](#) that may exacerbate regional inequalities, [disproportionate public sector job losses](#) and a government washing its hands of strategic industries like steel.

Devolution deals

The devolution deals agreed seem light on both resources and democracy, characterised by backroom deals between council leaders and Treasury officials with few stopping to ask what local people want out of it,

while imposing directly-elected mayors on communities that had previously rejected the model.

Few of the deals so far have used the new powers to restructure public services and authorities have displayed understandable caution given the financial ►

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constraints they face. But we can assume bolder approaches will be taken in future. Public service unions are wrestling with the implications for the workforce, employment standards and collective bargaining.

What will it mean for jobs? What will it mean for national agreements and will we see new attempts to push through regional pay? And how will we achieve closer integration of workers on very different sets of pay and conditions? Nowhere is this more pressing than in health and social care. Which brings us back to Greater Manchester.

Health and social care integration remains the most eye catching and problematic component of Manchester's deal. Achieving a coherent and deliverable plan, that brings together two very different public services across a complex and fragmented commissioning and provider landscape, is an enormous challenge. Not to mention the ambitious aim of achieving financial sustainability with a £2bn funding gap to plug. Then there is the existential question about how to maintain the 'National' in a devolved NHS.

Much of this will remain unresolved; some of it necessarily. The TUC welcomed safeguards in the legislation that protect national standards and regulation in health but this will complicate lines of accountability in a devolved setting. Likewise, we will be adamant in our defence of national collective bargaining. Health unions successfully saw off previous attempts to break away from Agenda for Change by the [South West cartel](#) and will be vigilant against moves towards regional pay that emerge from any devolution deals.

The Government may be dismayed to hear calls for more funding so soon after delivering what the Chancellor described as the “biggest ever commitment to the NHS since its creation”, but this is a crisis of their own making.

With the potential for significant changes to service provision, it is crucial that unions have a voice in this process. We have worked hard with the leaders in Greater Manchester to agree structures to build dialogue and partnership with unions across the public sector.

The [Joint Protocol](#) signed by the leaders of GMCA and the North West TUC establishes a Workforce Engagement Board, bringing unions together with leaders to discuss and manage the changes arising from redesign

and integration. We are under no illusions that change will be easy, but this approach may help build the kind of robust relationships that will help mitigate some of the worst impacts.

Financial straight jacket

There is much to admire in the [GMCA Plan](#). Bringing services and providers closer together will help to address some of the dysfunction and fragmentation across health and social care. Arguably, the plans represent a positive move away from the chaotic dislocation of the Government's 2012 reforms, with the 37 different participant organisations in Greater Manchester talking more of co-ordination and collaboration and less about competition.

But all of this is over-shadowed by the financial straight jacket imposed by the Treasury and the Government, its obsession with arbitrary budgetary surplus targets and its on-going failure to seriously address the funding crisis in the NHS and our social care system — both absent from the Chancellor's budget statement in March. ►

The much vaunted up-front funding given to the NHS in the Spending Review is already looking meagre, much of it disappearing into bailing out astronomical provider deficits and increased employer NICs payments. Elsewhere, the budget for public health has been slashed — just the kind of investment into preventative measures that are integral to the success of the Manchester plan. The two per cent precept given to councils to raise money for social care will raise barely a third of the [£6bn funding gap identified by the Health Foundation](#).

The Government may be dismayed to hear calls for more funding so soon after delivering what the Chancellor described as the “biggest ever commitment to the NHS since its creation”, but this is a crisis of their own making. After all, contrary to George Osborne’s claims of largesse, [average yearly increases in NHS spending amount to around 0.9 per cent](#) across this spending review period, compared to an historical average of 3.7 per cent. Government spending as a proportion of GDP is falling.

Plugging the gap

Manchester will have its work cut out plugging the gap in this fiscal climate. Many agree the long-term solution lies in funding increases linked to productivity gains delivered through new ways of working, focusing on prevention and integration. But we should caution against glib assumptions that greater integration and prevention, with increased care in primary and community settings, will inevitably lead to significant savings, even though it might be the right thing to do for patients.

Few people have faith in the NHS finding the [£22bn savings](#) targeted in the Five Year Forward View and [research](#) shows that, while patient care improves, there is no evidence to support assumptions that integration between health and social care leads to significant cashable savings or reduced hospital admissions.

So, while integration remains an essential, albeit often elusive aspiration for improved health and care services, it may prove to be far from the silver bullet that many in NHS England, the Treasury or indeed Greater Manchester are hoping for. **OD**

Frances O’Grady has been an active trade unionist and campaigner all of her working life. She has been employed in a number of jobs from retail to the voluntary sector before working for the Transport and General Workers Union. Appointed as Campaigns Officer for the TUC in 1994, she became General Secretary in January 2013, the first woman in history to hold the post. Fair pay remains a core ambition — she was on the Resolution Foundation’s Commission on Living Standards, and has been a member of the Low Pay and the High Pay Commissions. Frances was born in Oxford, has two adult children and lives in North London. She is an alumna of The University of Manchester.



Devo Manc — risk, opportunity or threat?

The handing over of the health budget to Greater Manchester authorities carries both risk and opportunity says Diane Coyle, who argues that delivering on data and analysis will be key for policymakers.

The risk is obvious: as with the entire Devo Manc process, those concerned have to make it work. They have to spend the devolved funding effectively, deliver the services involved to a higher standard and gain democratic legitimacy among their voters in what has so far been a top-down process.

The opportunity lies in being able to reshape the way public services are structured, and to align them better with the needs of local people and businesses. An obvious example is integrating health and social care. This might save money, although [The King's Fund](#) has warned of dangers in trying to join up the services with inadequate funding. More importantly, it ought to improve the care received by people who need it.

Locally accountable

It will make Greater Manchester more like many other European regions, such as Scandinavia, where the two are combined, and are locally rather than nationally accountable. The voice of local people will be louder in Manchester than it can ever be in Whitehall. The [evidence](#) given to a recent House of Commons select committee inquiry persuaded the MPs that this experiment was both essential and likely to succeed in Greater Manchester.

The changes that came about in April with the devolution of powers still represent a step into the

unknown, and the priority will be making services work smoothly without hitting organisational stumbling blocks. Beyond that, there is an even wider opportunity, which is joining up all Greater Manchester services in support of a vision of what a genuinely thriving region will look like — joining up economic growth, better opportunities for everyone, improved health and wider wellbeing.

Economic growth of the conventional kind — profitable businesses, investment, plenty of jobs, rising incomes — is important. Without it, it is hard to achieve other aims. The conventional economic statistics show that Greater Manchester has a long way to go to catch up with the south-east in terms of productivity or incomes per person, although improving the out-of-date and inadequate regional statistics is something the devolution agenda has made essential.

Data is king

Professor Charles Bean's independent [Review of Economic Statistics](#) highlighted the importance of better regional data: "This is a long-standing need, but one that has become more pressing with the increased emphasis on the devolution of decision-making power to the nations, regions and cities of the UK. The lack of information to diagnose the specific economic challenges facing geographic units below the level of the UK as a whole represents a handicap for policy and business decisions."

One obstacle to doing so is the cost of the data collection methods if extended to all relevant regions. However, the report recommends looking at the use of 'administrative' data, in other words information already held by government bodies such as HMRC.

The changes that came about in April with the devolution of powers still represent a step into the unknown.

Another possibility is looking to new data techniques such as web scraping (the process of obtaining data from websites). It will be vital for users of the statistics, including regional policy makers, to work with the Office for National Statistics to prioritise the information needs, and to think creatively about cost-effective ways of providing the statistics that will be vital for local democratic accountability.

Economic health check

The relevant information will not just consist of the conventional economic measures, however. Increasingly policy makers around Europe and the other rich [OECD](#) countries (The Organisation for Economic Co-operation and Development) are looking 'beyond GDP' to measure how well the economy is performing. In the UK, the Office for National Statistics has begun to publish national [Economic Wellbeing indicators](#) including, for example, measures of income distribution, unemployment and household wealth.


The New Zealand Treasury has introduced a [Well-being Framework](#) that goes wider than economic measures

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to include indicators such as local environment, health, safety, housing and culture. The [European Union is developing a similar framework](#) and is also drafting a set of [regional social progress measures](#). Greater Manchester is mid-table overall but scores poorly on nutrition, health, and medical care, as well as education.

Many of these approaches are in their early stages, and require more

work to be fully developed. Of particular importance in the devolution context is working through exactly the set of indicators relevant to holding policy makers to account.

There is every reason to think a one-size-fits-all approach will not be appropriate, and the specifics will need tailoring to the local needs and priorities. But for all the need to work out how to implement it, and find the relevant data, this approach could offer Greater Manchester a way to think about pioneering an integrated set of policies and services. These could reinforce each other to address the levels of deprivation in some parts of the region, tackle known shortcomings in health and wellbeing, develop the skills needed locally, and so deliver widely-based economic growth and prosperity. 

Diane Coyle is Professor of Economics at The University of Manchester. She is author of [GDP: A Brief But Affectionate History](#), [The Economics of Enough](#) and [The Soulful Science](#). Professor Coyle is a member of the Natural Capital Committee and an ONS Fellow. She was previously Vice-Chair of the BBC Trust, a member of the Migration Advisory Committee and the Competition Commission.



Why I'm unconvinced by Cameron localism and Devo Manc chatter

Devo Manc's control of health is at the centre of the Government's localism policy—but the policy is a sham, argues David Walker.

Lack of attention

Since the 'historic day' in 2015 when the Health Secretary stood alongside the chancellor in signing the Greater Manchester health devolution deal, Jeremy Hunt has not — it's fair to say — spent much time or attention on the project. Nor, it would appear (and more to the point) has the Chief Executive of NHS England, Simon Stevens.

It's not that Stevens is uninterested in devolution or, better put, ways of organising the NHS at sub-regional level to secure better integration. Where elected local government fits is not unimportant, but less pressing than inserting acute hospitals into new geographies of care—except 'inserting' is too active a verb.

Who holds the purse strings?

Aside from finance, health administration is a mess of competing jurisdictions. On the ground, health services regulator Monitor (shortly to become part of NHS Improvement) is perceived by many providers as the main mover and shaper, through the 'sustainability and transformation plans' it is insisting they draft, with or without any local government participation.

Perhaps Greater Manchester councils have more profile than in other urban areas, but the NHS still holds the purse strings. Greater collaboration must not be mistaken for some general movement towards devolving social policy.

For health, substitute education. The Government

proposes to change the criteria by which the centre allocates money to schools.

Cameron era 'localism'

Education Secretary Nicky Morgan would doubtless be able to claim cutting out councils is consistent with Cameron era 'localism'. Heads and governors and parents are, she might say, more authentically local than councillors and officers.

If challenged about Cameron's preference for chains of academy schools, she could respond that no chain is (yet) as big as a metropolitan district or shire county in the number of schools it runs, let alone a city region such as Greater Manchester.

The truth is, however, that Nicky Morgan doesn't appear to feel herself under any obligation to defend the inconsistency of the Cameron approach to devolution within England. Whatever George Osborne says, despite the moves within the NHS, sincere commitment to move power away from ministers, especially financial power, is notably absent.

Even as voiced by the Government's policy intellectuals such as Michael Gove or Oliver Letwin, its 'localism' is a farrago. For Gove, the justice minister, accountability takes the form of prison

..despite the moves within the NHS, sincere commitment to move power away from ministers, especially financial power, is notably absent.

governors competing with one another in leagues constructed by his department. Meanwhile Letwin airily (in a recent appearance before the Lords Constitution committee) talks of local governments: the deliberate plural encompasses police and crime commissioners as well as mayors and councillors, who ►

can be safely left to fight it out amongst themselves.

Control and conspiracy theories

“Precise configurations and neatness” are less important than people having a sense of control, Letwin said. But ‘control’ is the antithesis of much of the Government’s health and welfare policy. Andrew Lansley wanted, through the [2012 Health and Social Care Act](#), to abolish ‘control’ and substitute clinician competition. Control of a major component of infrastructure—housing and planning—has been removed from local government. New social policies—for apprenticeship for example—have been reserved for the corporate sector.

Some conspiracy-minded people say that the contradictions are far from accidental. They take their text from Letwin’s pronouncements over the years in favour of breaking down the state by sowing confusion in bureaucratic ranks and rendering accountability incoherent; they cite younger Tory philosophers such as Nick Boles, the skills minister, who lauded ‘chaos’ in public services as a means of clearing the ground.

Government is rarely so single-minded; it’s more a chapter of accidents—especially when departmental autonomy in Whitehall is more marked than ever.

Take the intervention by the Chief Inspector of Schools, Sir Michael Wilshaw, criticising northern councils for failing to improve schools, without addressing the serial reductions in local authority involvement in

...police and crime commissioners as well as mayors and councillors can be safely left to fight it out amongst themselves.

school management and finance over the past decades—or the willed disjuncture between schooling, apprenticeship and vocational training that has recently been widening.

The Northern Powerhouse will ‘splutter and die’ if young people in Manchester and Liverpool lack skills to sustain it,

Wilshaw said. “I am calling on local politicians, be they mayors, council leaders or cabinet members, to stand up and be counted, to shoulder responsibility for their local schools, to challenge and support them regardless of whether they are academies or not”.

Where’s the accountability?

Localism, he appears to be saying, means taking responsibility for services run by others, while finance is moved away from local government and (so successive studies by the National Audit Office and others have explained) accountability disappears into a Sargasso Sea somewhere between schools, academy chains, the Schools Funding Agency and Parliament.

In his pronouncement, Wilshaw displayed the true face of Cameron localism. It’s a tic, an opportunity for speeches; it does have political and philosophical content, but when it’s unpacked, there is little affirmation of belief in multi-purpose elected authorities, whether regional or citywide.

And for all the Devo Manc chatter, those ‘purposes’ don’t include health. **OD**

David Walker is contributing editor at Guardian Public. Formerly a leader writer with The Times and the Independent, he edited Guardian Public before joining the Audit Commission as managing director, communications and public reporting. He was a member of council at the ESRC and chairs Understanding Society. His books include (with Polly Toynbee) Cameron’s Coup and Unjust Rewards.



Who benefits from devolution? It depends who's in control

If the Devo Manc experiment is to work, local leaders and the staff who deliver services must be given the power and flexibility to innovate, says Su Maddock.

Many are sceptical about devolution, yet city leaders are confident that with greater control and freedoms they can improve their cities and local economies. The [Core Cities Devolution Declaration](#) states that by working with the Government they can 'rebalance, reform and renew Britain'. This is not a pipe dream and is already happening in the [Core Cities Group](#) and in many smaller cities.

Greater control

All eyes now are on the Manchester consortium's strategy for improving health and social care, with a £6 billion devolved budget. Greater Manchester's political leaders are confident they can put in place an integrated and seamless service and make savings through more innovative personal services that improve health and wellbeing.

Northern cities have embraced devolution as a route to greater control. This is unsurprising as the UK has one of the most centralised governments in Europe — and this centralisation is associated with widening inequalities and under-performance in many cities, particularly in northern England.

City leaders also welcome devolution as a way of raising finance and to inject local strategies with social values. Devo Manc is not just about business and infrastructure investment,

but also building people's capacities, improving health, redesigning services and addressing inequalities.

Cities have been growing in confidence in spite of local government cuts. It is local government leaders who have been driving locality partnerships. Local leaders have increasingly demanded greater control over local finance and to lead strategies for housing, planning, waste, carbon capture, training, social care and health. The combined authorities have sought powers and freedoms for better governance, as well as financial settlements. The [2016 Devolution Act](#) came into place in April.

The focus has now shifted from individual authorities and services to new ways of working across wider conurbations within the Core Cities Group. It is intended that this will transform and integrate care, share utilities and socialise procurement through such initiatives as the West Yorkshire Procurement Forum.

Protocol and convention

The Government has devolved £6 billion to Greater Manchester's Health and Social Care strategy, which aims to deliver seamless and personal care across the conurbation. What is exciting is that there is a recognition that if this is to succeed staff must work in a seamless way, irrespective of place, service and professional boundaries.

Public service innovation has been dogged by protocol and convention for years. Innovation has failed to become a reality because there has been little transformation of day-to-day operations, or incentives for staff to innovate. Staff will now be allowed to dump the 'rule book'

**All eyes now are
on the Manchester
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and focus on what people want. For the first time, the top team are serious about reorganising for people. Two pilots are in place in Oldham and Tameside and the transition process has clout because it will be chaired by [Sir Howard Bernstein](#).

Smaller cities such as York, Swindon, Peterborough and Plymouth, with tighter geography and creative leaderships, have been working for some time on people-as-assets strategies to tackle social problems such as troubled families, and are now ahead of the game in terms of utilising new technologies with local communities, the arts and universities in whole system redesigns.

Smart cities

Universities are key to attracting and retaining youth—you only have to look to Plymouth, Bournemouth and Bolton. Running alongside the devolution process is the [Smart Cities](#) agenda, which encourages a whole system approach to utilising digital technologies. However, the market and growth of smart digital technologies needs to be harnessed to social and environmental ends: without the smarter local governance which the devolution agenda is driving, Smart Cities will fail to do more than increase the sales of apps.

Devolution will continue to be a political battleground between those in the cities and the Government, which views devolution as a solution to low productivity and slow business growth, and as a way to end the block grant to local government. The Government's approach to devolution is shallow and relies on the ability of mayors to lead change, but the issue is not individual leadership; it lies in the need for new

One reason that people are watching Manchester's healthcare strategy is that the local leadership is serious about throwing out the rule book and allowing staff to innovate.

forms of local governance and collaborative leadership.

It is the assumptions that underpin devolution that matter. The way that it works is different in every place, but there are common themes and challenges—not least in making devolution deliver, especially on healthcare and training for young people.


Government cuts and power

The leadership challenge is in driving a strong narrative

for devolution, which makes explicit the connections between devolution and public sector reform through which devolved authorities are strong enough to argue for a fair financial settlement. Sceptics are suspicious that the Chancellor is adopting city devolution as a way of hiding the severity of local government cuts and of devolving not just budgets, but government responsibilities. [Professor Parkinson](#) and others have pointed out that devolved investment does not match the reduction in local government funding.

Devolution can be pulled towards serving local interests, or it can be constrained by the Government's complacent free-market economics. The core cities devolution agenda is more radical than that of the Government. Those outside the core cities say that most civil servants and MPs have not accepted devolution as a step change towards a new settlement with the cities and regions. An [Institute for Government report](#) argues that the Government's way of engaging with local leaders is poor, that Whitehall officials expect applications and bids to be submitted with little guidance within ridiculous timetables, that officials give little time for discussion, and that negotiations occur in a vacuum. ►

One reason that people are watching Manchester's healthcare strategy is that the local leadership is serious about throwing out the rule book and allowing staff to innovate. If the Government is watching this process, it

is just possible it could lead not just to the devolution of power to city leaders, but also to those staff who actually deliver public services. 

Su Maddock is Honorary Fellow of the Manchester Institute for Innovation Research and Visiting Professor at the University of the West of England. She is former Director of the Whitehall Innovation Hub. She was the Labour Party Parliamentary Candidate for Torbay in 2015.



Devo Manc is a far cry from ‘business as usual’

Greater Manchester has become the first region in England to be given new powers in the devolution of health and social care services from national government to regional decision-makers. But what makes this region’s devolution project so exciting is that its ambitions go way beyond the integration of health and social care, says Helen McKenna.

Halfway through the most financially austere decade in its history, with hospital deficits widespread and the dispute over the junior doctors’ contract still unresolved, the NHS could be forgiven for feeling it does not have much to celebrate. Talk of empowering health professionals and setting hospitals free to innovate (motifs of the Lansley reforms) have been swept aside in favour of a return to top-down command and control in a desperate attempt to prevent the Department of Health from overspending on its budget.

Bucking the trend

Yet one region appears to be bucking this trend.

While the NHS is caught up in negotiations with the national bodies over the complexities of the annual planning round, Greater Manchester has now commenced what has been described by NHS England’s Chief Executive Simon Stevens as ‘the greatest integration and devolution of care funding since the creation of the NHS in 1948’. Health and social care services in Greater Manchester are now being overseen locally by a

new Health and Social Care Strategic Partnership Board, made up of all NHS organisations and local authorities in the area, as well as other key stakeholders including the voluntary sector and patient groups.

Although what is currently happening in Manchester is technically more a case of delegation than devolution, particularly as formal accountabilities will remain with the national NHS bodies, it is nevertheless a far cry from ‘business as usual’.

For a start, several national budgets (including for some specialised services, public health, pharmacy and secondary dental services) will be delegated from NHS England to Greater Manchester. The region will also take on responsibility for £450m of ‘transformation funding’ over the next five years, with the freedom to invest in initiatives aimed at delivering the clinical and financial sustainability of local health and care services.

Perhaps the most important change, however, will be greater local determination over matters relating to health and care, the principle that “all decisions about Greater Manchester will be taken with Greater Manchester” now applies. While this may not (yet)

constitute full devolution, what it does mean is that Greater Manchester will have a seat at the national table when decisions are being taken which impact on the region.

Postcode lottery

While some commentators have expressed concerns that the devolution agenda risks creating a postcode lottery in relation to health access and

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outcomes, it is important not to overlook the fact that variation is already a feature of the NHS (as documented in the [NHS Atlas of Variation series](#)). In fact, mortality rates in Greater Manchester (adjusted for age) are so much higher than the national average that [health officials equate them to a jumbo jet full of passengers](#) crashing into the region nearly every month. Considered in this context, it is not surprising that the area has pushed for greater control over its own fate — sticking with the status quo does not appear to be a winning strategy (in terms of health outcomes) for the people of Manchester.

Here at The King’s Fund we are cautiously optimistic about the changes currently taking place. In exchange for more of a say over its own future, Greater Manchester is promising to deliver changes to health and care services that we and many others have long been calling for. In its final report, the [Barker Commission](#) called for an end to the historic division between health and social care, suggesting that local authorities and NHS partners integrate their budgets and create a single

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commissioning function. The work in Greater Manchester appears to be bringing this vision to life, enabling genuine integration across health and social care.

But what makes Greater Manchester’s devolution project so exciting is the fact that its ambitions go much further than the integration of health and social care to consider public

services in the round. This creates the opportunity to look beyond the role of health services in determining health outcomes to the (far more influential) wider social determinants of health — for example, the roles of early years, education, employment and housing. In taking this approach, Greater Manchester has recognised that the current focus on treating rather than preventing ill health limits the gains that can be achieved for communities, and that only by considering all of the elements that influence health can inequalities in health and wellbeing be properly addressed. **OD**

[Further analysis of devolution by The King’s Fund.](#)

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