



THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

Social Policies and Distributional Outcomes

in a Changing Britain

City-region devolution in England

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SPDO research paper 2

November 2018



Social Policies and Distributional Outcomes research programme

This is one of a series of research papers in the research programme Social Policies and Distributional Outcomes in a Changing Britain (SPDO), which aims to provide an authoritative, independent, rigorous and in-depth evidence base on social policies and distributional outcomes in 21st century Britain. The central question to be addressed is: What progress has been made in addressing social inequalities through social policies? The research programme is ambitious and comprehensive in scope, combining in-depth quantitative analysis of trends in social inequalities and social divides with detailed and systematic public expenditure and social policy analysis across ten major social policy areas over the period 2015-2020, together with broader reflection on the changing nature of social policies and distributional outcomes over the 21st century. It adds to (and will reflect on) the previous Social Policy in a Cold Climate (SPCC) research programme covering the period 1997-2015, extending and broadening our analysis of public expenditure, social policies and distributional outcomes using the most recent datasets available, resulting in a unique evidence base on trends in social inequalities and social policies going back to 1997. Innovative extensions included within SDPO include: coverage of additional areas of social policy (e.g. physical safety/security and complex needs/homelessness); emphasis on the new context for social policy making (including devolution and BREXIT); assessment of a broader range of multidimensional outcomes; and the inclusion of additional breakdowns (e.g. migration status). It will also have a forward looking component, identifying the key challenges for social policy in the 2020s. More information and other publications in the series are available at the project webpage: <http://sticerd.lse.ac.uk/case/new/research/spdo/default.asp>

Acknowledgements



The authors thank the Nuffield Foundation for funding this project. The Nuffield Foundation is an endowed charitable trust that aims to improve social well-being in the widest sense. It funds research and innovation in education and social policy and also works to build capacity in education, science and social science research. The Nuffield Foundation has funded this project, but the views expressed are those of the authors and not necessarily those of the Foundation. More information is available at www.nuffieldfoundation.org.

We are grateful for the research assistance provided by Alex MacDougall and Anisa Jahan Ali, and to the many people who provided comments on an earlier draft of this paper. They included Gwyn Bevan, Tania Burchardt, Bea Cantillon, Francesca Gains, Alan Harding, John Hills, Chris Murray, Mark Stephens and Polly Vizard, as well as, more informally, attendees at a University of Manchester 'Devo-Hub' seminar, an LSE CASE seminar, a NIESR seminar and those who attended the Social Policy Association Conference 2018 symposium on Devolution, Deals and Divergence. Responsibility for all errors and omissions rests with the authors. The paper draws on Office for National Statistics (ONS) statistics which are subject to Crown copyright and are reproduced under the Open Government Licence v.3.0.

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1. Introduction

This paper explores recent developments in the devolution of powers to subnational governments in England and its implications for social policy making and the distribution of economic and social outcomes.¹

It is generally agreed that England is currently an outlier among other developed nations in terms of the degree of centralisation of power within national central government (Clark, 2012; Travers, 2012; Blochliger, 2013), although historically local government had a much fuller role (Crewe 2016). Decentralisation of decision-making tends to be shallow, involving localized decisions on service provision, rather than deep, involving a transfer of power over policy aims and methods, (Vaneecloo *et al.*, 2006; Banting and Costa-i-Font, 2010). Fiscal autonomy is limited. In 2014/15 London received 69% of its income from central government transfers, compared to 26% of city income in New York, 33% in Berlin and 46% in Madrid (Slack, 2016). In the context of devolution to Scotland, Wales and Northern Ireland (and to some extent to London) in the last twenty years, questions have increasingly been asked about the organisation of English government, with calls for further decentralisation (Hazell, 2006). In the last decade the position has begun to change, through a series of negotiated deals transferring powers to individual city-regions, the establishment of combined authorities and, from 2017, the addition of city-region mayors. Although arising principally from an economic development motivation, devolution appears to offer new possibilities for addressing social inequalities: more effective targeting of policies towards need; a greater focus on inequalities through different political priorities; and possibly beneficial innovations in social policy given the opportunity to address issues and integrate policies and services at sub-national levels. On the other hand, in the context of austerity policies and small-state political philosophies, there are also concerns that devolution may lead to a fragmented and diminished welfare state, 'postcode lotteries' and increasing inequalities as already-advantaged areas are able to capitalise on their greater assets and capacities to the benefit of their citizens while less well-favoured areas cannot.

We explore these tensions in this paper through an analysis of social policy devolution to date. In the first half of the paper, we look at the picture as a whole, describing and assessing the development of devolution and discussing the evidence and debates about its importance or not for social policy. In the second half, we look closely at what is happening in practice, with a focus on Greater Manchester (GM) where devolution is most advanced. We describe the devolution process in GM, review plans and progress overall and in three contrasting policy areas (health and social care, employment, and crime and policing) and consider implications for distributional outcomes. Drawing on the insights from this case study as well as the broader evidence and debates, we conclude with some reflections on the significance of these developments for social policy-making and distributional outcomes in England in years to come.

¹ A complementary paper in this research programme looks at country level devolution within the UK.

2. Understanding 'devolution' in English social policy

The terms 'devolution', 'decentralisation' and 'localism' are often used interchangeably but can describe quite different processes and levels of autonomy (Box 1). Devolution itself tends to mean the creation or strengthening of sub-national levels of government to create some form of autonomy over local matters, but this autonomy can be of different kinds: *political autonomy* (local political actors taking on leadership and agenda-setting roles independent of central government); *administrative autonomy* (to set or adjust policies and spending) and/or *fiscal autonomy* (to raise taxes).

Some of the things we sometimes refer to as devolution might be more accurately described as delegation – a transfer of managerial responsibilities only. Within this category a whole range of arrangements might be possible, some giving extensive administrative autonomy and others not. For example, national government might set objectives and delegate all managerial responsibilities for meeting them. Or it might retain significant control over issues like service standards, quality control mechanisms, and delivery regulations, leaving sub-national governments with limited room for manoeuvre.

Box 1: Forms of decentralisation: a four-part classification

- **Devolution:** involving the creation or strengthening of sub-national levels of government which are substantially independent of the national level. Involves *political autonomy* and *administrative autonomy*. May involve *fiscal autonomy*.
- **Delegation:** involving transfer of managerial responsibility for defined functions to organisations outside the central government structure (which may be functional or geographical) and only indirectly controlled by the central government, although ultimate responsibility resides with central government.
- **Deconcentration:** Involving the transfer of administrative responsibilities to local offices of central government ministries i.e. within same organisation.
- **Market Decentralisation (or privatisation)** involving the transfer of government functions to voluntary organisations or private enterprises, which are regulated by government to some extent.

Source: after Rondinelli et al. 1983; drawing on further discussion in Bankauskaite and Saltman (2007), Pike et al. (2012), and Torrisi (2010).

Other forms of decentralisation are also identified - such as the localisation of decision making within government departments (deconcentration) or a transfer of responsibilities to non-state actors (market decentralisation) although these tend not to be described as devolution. There may of course also be other ways in which central government can be more or less supportive of subnational

governments – for example in the provision of local data, practice lessons, or joint central-local working. These do not need to involve any formal decentralisation.

The English social policy landscape is made up of a patchwork of national and subnational arrangements for decision-making and delivery which has evolved over time and incorporates all of these kinds of arrangements in different formations. There are differing assumptions in different policy areas about what should be decided nationally and what locally. There are also multiple different geographies relating in some cases to sub-national electoral geographies, but in other cases to administrative delegation, and concepts of manageability and scale. In addition to subnational governments with multiple functions (local Councils), there are elected officials with responsibility for particular areas (Police and Crime Commissioners), quasi-governmental bodies (e.g. NHS Trusts), and government appointees with subnational roles (e.g. Regional School Commissioners). In some areas of policy, non-state actors (e.g. private prison providers, Academy Trusts, employment support contractors) are responsible for much local provision and are accountable directly to central rather than to subnational government.

A few contrasting examples illustrate the complexities. There has never been a national police force in England, although in Scotland a national force was established in 2013 through the merger of eight regional forces. Whilst bound by national legislation, policing has always been locally administered and accountable, on county geographies (including the former metropolitan counties created by the 1972 Local Government Act). Funding is mainly centrally determined, but local accountable bodies also raise a 'precept' as part of Council Tax, to pay for policing in their areas: a form of fiscal devolution. Schooling has also traditionally been localised, originating in local School Boards, and for many years schools were run by Local Education Authorities (LEAs) (on county geographies in the shires but on district geographies in towns and cities). These LEAs, which made decisions on the distribution of centrally allocated funds, allocated places, appointed staff, owned and maintained buildings and provided support and advisory services. In the last two decades, the powers and responsibilities have been gradually diminished in moves towards greater policy centralisation alongside market decentralisation to individual schools and to non-state, non-geographic trusts and federations. Meanwhile, employment support is relatively highly centralised (Finn, 2015) with policies designed by the Department for Work Pensions (DWP) and delivered locally via Jobcentre Plus – a form of administrative decentralisation (deconcentration) – alongside, increasingly, contracting out of support for the long-term unemployed and other specialist support (e.g. the Work Programme and Work Choice, and the new Work and Health programme). While attempts have been made to tailor employment support provision to local needs, initiatives aiming to promote greater integration and coordination at local-level have had to work within the confines of a centrally prescribed policy programme are often not sustained over the longer term.

Thus city-region devolution is by no means the only set of non-central arrangements for decision-making and delivery, nor is it the only thing that has recently changed. In addition to those changes already mentioned, we have seen

a return to localisation of social security with local decision-making on Council Tax Benefit (now Council Tax Reduction) and the Social Fund and the introduction of Discretionary Housing Payments (House of Commons Communities and Local Government Committee, 2011). Reform of local government finance, including local retention of business rate income, is also a substantial decentralising change, the effects of which can only be understood alongside the effects of cuts to local government grants from central government, which have been substantial (NAO, 2018).

We propose, however, that city-region devolution may be a particularly significant development in the evolution of English social policy-making for three main reasons. First it is beginning to shift central-local relationships in specific policy areas, potentially resulting in local variation and in policy innovation. Health and social care is the most prominent example, with devolution to city-regions being part of a broader move to enable the integration of health and care. Second, it is doing this in multiple policy areas simultaneously, to new larger-scale institutions which cover larger, functional economic areas and also have powers over economic development, transport and planning. This suggests the possibility of a new urban-scale integration of economic and social policies to address economic and social outcomes in new ways, and possibly even a re-thinking of what constitutes social policy. Third, it is granting a degree of political autonomy at the city-region scale, with combined authorities and directly-elected Mayors, thus potentially challenging the national political consensus on what should be done to address poverty, inequality and re-distribution. It is this proposition and its different elements that we explore through the remainder of the paper.

3. The emergence of city-region devolution

City-region devolution is not a 'one-off' change but rather a process that has been in train for over a decade (or more if London is included) through a gradual shift to larger scale geographies and series of individually negotiated deals (see Box 2)

Arrangements in London have been different from those in other cities for many decades, since the establishment of the London County Council in 1889, the Greater London Council (GLC) as a strategic authority in 1965, and the Greater London Authority (GLA) in 2000 (after a period of 14 years with no top tier authority in the Capital after the abolition of the GLC in 1986). The GLA has powers over transport, development and strategic planning, fire and rescue and policing. With its inception came the introduction of the office of Mayor of London, England's first 'metro mayor', and also the London Assembly, an elected body with advisory and scrutiny powers including the power, with a two-thirds majority, to amend the Mayor's budget and to reject the Mayor's draft statutory strategies.

The New Labour government of the early 2000s had plans for further political devolution (Cabinet Office and DETR, 2002), to regions outside London, but the overwhelming defeat of the proposals in a North East referendum led to their abandonment. The shift to a city-region, rather than a regional scale, came in 2006 with the Local Government White Paper (CLG, 2006) which signalled the possibility of powers and resources being devolved to enable and support economic growth, thus making some moves back towards the situation of Metropolitan County Councils, which were established in 1974 and abolished along with the GLC in 1986. A first step was the establishment of Multi-Area Agreements (MAAs) which were voluntary agreements between adjacent local authorities and central government to facilitate cross-boundary collaboration, establish collective targets and performance indicators and possibly to pool budgets. MAA areas were invited to apply for freedoms and flexibilities from central government in order to enable their economic development plans – covering employment, skills, housing and infrastructure, business and enterprise (Russell, 2010). Between 2008 and 2010, 15 MAAs were signed off. Not all were city regions, but most of the large conurbations outside London were included: Greater Manchester, Leeds City Region, Birmingham, Coventry and the Black Country, South Yorkshire, Tyne and Wear, Liverpool City Region, Tees Valley and the West of England. MAAs were only intended to be short term, but the Local Democracy, Economic Development and Construction Act 2009 made provision for more formal structures in the form of economic prosperity boards and combined authorities (CAs). Greater Manchester was the first CA to be established, in 2011.

Under the Coalition government elected in 2010, city-region devolution accelerated. The Localism Act of 2011 introduced the Core Cities Amendment which allows local councils to make the case for being given new powers to promote economic growth and set their own distinct policies, and in 2012, the first wave of City Deals was agreed with the 'Core Cities' – the eight largest cities outside London. A further wave involved 18 smaller cities. These deals were, as the title suggests, negotiated individually with government, giving each city new

powers in exchange for greater responsibility to stimulate and support economic growth in their area. Their stated aims were: 'to give cities the powers and tools they need to drive economic growth': to 'unlock projects or initiatives that will boost their economies'; and to 'strengthen governance arrangements' (Cabinet Office 2012 no page number).

Box 2: The evolution of city-region devolution

1965-1986	Greater London Council
1974-1986	Metropolitan County Councils for the areas centred on Birmingham, Leeds, Liverpool, Manchester, Newcastle/Sunderland and Sheffield
2000	Greater London Authority and Mayor of London
2008-2010	Multi-Area Agreements established in most city-regions
2009	Legislation makes provision for Combined Authorities
2011	First Combined Authority (Greater Manchester)
2012	First Wave of City Deals
2013	Second Wave of City Deals
2014	First Devolution Deal (Greater Manchester)
2015-2018	Further Devolution Deals to other city-regions and extending powers in Greater Manchester and London
2016	Cities and Local Government Devolution Act
2017	First metro mayors outside London: Greater Manchester, West Midlands, West of England, Tees Valley, Liverpool City Region, and Cambridgeshire and Peterborough.
2018	Sheffield City Region elected

The process of negotiating city deals led in some cases towards the establishment of CAs, while in Greater Manchester, the already well established CA sought to negotiate more powers, resulting in the first 'devolution deal', in 2014. The CA model has now become the main vehicle for devolution. Moreover, government indicated that it would look more favourably on deals which also established the office of Mayor. In July 2015, government invited proposals and since then deals have been signed in eight other cities, including Greater London which already had a combined authority and Mayor. A deal was also signed with Cornwall in 2015, an exception to the city-region pattern. In addition to these areas, twenty four other bids were put to government. Some of these have subsequently been abandoned, whilst others have not yet come to fruition. The National Audit Office (2016) notes concerns about the capacity of central government to progress the deals, the lack of a timeline and the frustration of areas which had bid but not been progressed and the lack of additional capacity for the work involved in forming CAs and preparing deals. In 2016 the Cities and Local Government Devolution Act made provision for combined authority Mayors and the first Mayors outside London were elected in May 2017. At the time of writing there are seven Mayors, in Greater Manchester, the West Midlands, Liverpool city region, Tees Valley, the West of England, Cambridgeshire and Peterborough, and Sheffield city

region, in addition to the existing London Mayor. The Act also extended the functions of combined authorities beyond economic development and transport. At the same time, the government has also been changing the basis of local government in finance in general, moving from a grant basis to a model of retention of business rates (which were formerly returned to government). Combined authorities have been able to pool some of their retained business rates, and some are piloting 100% business rate retention before its national introduction.

Three important aspects of the way that devolution has developed mean that its current pattern is extremely uneven, such that it is hard to describe as a single phenomenon for which a single 'effect' can be identified. One is the geographical aspect. Since the deals have been with groups of authorities, the roll out of devolution has depended on the capacity of adjacent local authorities to form themselves into larger units which can agree on the terms of a deal. City Deals were done with 'city-regions' and individual cities and their geography depended very much on the individual city and the scope of their proposal. Nottingham's deal, for example, focused on a particular part of the city of Nottingham. Devolution Deals were struck with CAs, some of which mapped on to City Deal areas, some not. There has been the additional complication of the Local Enterprise Partnership² (LEP) geographies. LEPs also did deals (Growth Deals) with government. In some cases the LEPs are coterminous with CAs or city regions, but other cases not. Some areas have been operating on the same geography for the purposes of all these deals but others have not (see Appendix 1). The West Midlands has a particularly complex geography, with the West Midlands CA comprising seven constituent local authorities with full voting rights (Birmingham, Solihull, Coventry, Sandwell, Dudley, Wolverhampton and Walsall), but also ten other local authorities and three Local Enterprise Partnerships (the Black Country LEP, Coventry and Warwickshire LEP and Greater Birmingham and Solihull LEP) which themselves cover three counties. These inform policy but have fewer voting rights. In practice the process of agreeing, and disagreeing, over geographies has held up devolution deals in a number of cases. For example in the North East, a North East Combined Authority comprised of the seven local authorities of Northumberland, North Tyneside, Newcastle-upon-Tyne, South Tyneside, Gateshead, Sunderland and County Durham was formed in 2014 and announced a devolution deal in 2015 which would have seen a mayor elected in 2017. However, the four latter-named authorities subsequently withdrew their support for the deal, and it was not until early 2018 that a new deal was struck just with the North of Tyne authorities (Northumberland, North Tyneside and Newcastle-upon-Tyne) which will see them have a directly elected Mayor in 2019. Greater Manchester and Liverpool City Region, which have been able to settle on stable geographies throughout and where the LEP boundaries and Combined Authority Boundaries are coterminous, have been at a considerable advantage in this

² Local enterprise partnerships (LEPs) are business-led bodies were set up by the Coalition government in 2011 to help determine local economic priorities and lead economic growth. Growth deals were signed with LEPs, which do not necessarily have the same geographical boundaries as combined authorities.

respect. As we discuss later, Greater Manchester also has a history of collaboration which precedes, and some would argue has helped to bring about, formal devolution, and has as a result been able to secure a more extensive set of devolved powers than other areas.

A second important aspect of the process has been the 'bespoke' nature of the deals, with each area putting different proposals to government and being able to make more or less convincing cases. The result of this is that each area has a different set of powers and flexibilities. Most have some commitments in relation to employment and skills, transport and land/economic development. Some have wider planning and/or housing powers while relatively few have negotiated the devolution of other public services like health and social care integration, or aspects of the justice system (see also Sandford 2018, Appendix 1).

Third, different government departments have had different degrees of enthusiasm about devolution. Behind the list of 'devolved powers', the meaning and extent of devolution is highly variable and some major areas of policy are not devolved at all. In the health and social care case, devolution is extensive in one sense, with the entire health budget being devolved along with responsibility for delivery of all services from accident and emergency services to primary care and public health. On the other hand accountability is still to the NHS and its regulatory bodies and decision-making flexibility constrained by national clinical and procurement frameworks. In other policy areas, devolution is in some respects fuller but more partial – for example, the Adult Education Budget has been devolved, but apprenticeships have not, and there has been no devolution of 16-18 funding or of any powers over the school system. In other cases, such as some areas of employment and justice policy, devolution represents only an opportunity to trial new approaches within the context of a broader policy agenda, i.e. without the autonomy associated with fuller devolution. These nuances are illuminated in more detail through the Greater Manchester case study. Reviewing these developments, Ayres *et al.* (2017) conclude that there has been no 'devolution revolution' but instead the establishment of a set of new centre-periphery partnerships within an overall central autonomy model.

4. Devolution debates

Before turning to explore how these developments are playing out in the most advanced case, Greater Manchester, we consider some of the debates around them and their potential implications for social policy, drawing on existing literatures, our own analysis, and the feedback we received on sharing versions of this paper with different audiences. We identify and explore three main axes of debate.

Governance restructure or insignificant blip?

The first debate concerns whether devolution can be regarded as a significant development in the evolution of governance structures in England (as devolution to Scotland, Wales and Northern Ireland has been for the UK) or whether it is a mere 'blip' or temporary policy experiment that is 'here today and gone tomorrow'. This is largely a political question and the answer probably depends on a number of unknown variables not least the fall-out from Brexit in terms of regional economic trajectories, regional identities and political realignments.

Devolution certainly appears to be a relatively fragile development. As the National Audit Office (2016) has commented, devolution has never been a firm plan, but has evolved over time without a clear sense of direction.

'Despite several iterations of deals, the Government's approach to English devolution still has an air of charting undiscovered territory. It is in explorer mode, drawing the map as it goes along. Some of the opportunities and obstacles are becoming clearer, but we still do not have a clear view of the landscape or, crucially, an idea of the destination.' (NAO 2016)

Notably since the departure of George Osborne from government in 2016, the government has not taken any major steps to advance devolution, causing Hunter (2017) to call for a 'reboot', based on a clear vision, principle and statement of 'red-lines', and a consistent geography (counties), and a set of stages or packages for areas to move through in becoming more autonomous. In relation to this paper, it might also be observed that devolution has not primarily been about social policy, but about economic growth, and with the exception of the limited devolution of health and social care, the big spending areas of social policy (taxes and benefits and education) are not within the scope of the current agreements. This arguably makes it easy for government to cancel the social policy devolution that does exist if it proves unsuccessful in terms of economic growth and regional rebalancing.

However it may also be argued that while city-region devolution accelerated under George Osborne, it was a policy initiated under Labour and with cross-party support. While growth was the initial objective, Sandford (2018) notes that Her Majesty's Treasury in 2015 were advocating further decentralising power not just to further economic growth but to maximise efficiency and the integration of public

services, while George Osborne³, speaking in May 2015, pitched the goals of devolution in terms of local democracy and social policy as much as in terms of growth:

"Here's the deal: We will hand power from the centre to cities to give you greater control over your local transport, housing, skills and healthcare. And we'll give the levers you need to grow your local economy and make sure local people keep the rewards. But it's right people have a single point of accountability: someone they elect, who takes the decisions and carries the can. So with these new powers for cities must come new city-wide elected mayors who work with local councils. I will not impose this model on anyone. But nor will I settle for less"

All of these arguments, growth included, chime with the current political mood, not just in England but in the UK as a whole, for a redistribution of economic and political power away from Whitehall. Moreover, whatever the government's current intention, the genie is now out of the bottle, with Mayors in place and combined authorities growing in competence and confidence. Turning back may prove more difficult than going forward.

Opportunity for social policy change or case of 'policy dumping'?

The second set of arguments relates to whether any meaningful social policy change can be expected from devolution. The main argument that it can was put strongly by the Core Cities themselves in their 2013 'prospectus', in which they argued that national policies are insufficiently varied to cater for the strengths and needs of different places and that national agencies struggle to join up with local agencies, meaning that social policy problems are not prevented, and the cost of responsive services (social security, social care, and health) is increasing. Cities, they argued, need to be able to reform services locally and invest in prevention, and crucially to be able to coordinate across services and join them up locally, with all public money in a 'single pot' spent according to a single local plan. Cities also need to be able link economic and social policies, designing economic policies in order to improve living standards and reduce social and spatial inequalities, and social policies in order to drive productivity increases and stimulate growth. These arguments were reiterated by Blond and Morrin (2014) who proposed that place-based integration is the only way in which complex and interlocking social problems and challenges can effectively be addressed and costs reduced; decades of vertically 'siloed' social policies emanating from individual Whitehall departments having been demonstrably not up to the job.

However, even some of those who favour devolution in principle have argued that it is currently insufficient in scale to be meaningful, with very little local autonomy, major areas not devolved and hardly any tax raising powers. Moreover, powers are being extended at a time of budget cuts. In the context of a 25% real terms

³ HM Treasury, "Chancellor on building a Northern powerhouse", 14 May 2015

fall in local authority income between 2010-11 and 2015-16, with a further 8% anticipated between 2015/16 to 2019/20 (NAO, 2016), devolution would appear to be about doing more with less. Etherington and Jones (2016), drawing on a case study of Sheffield City Region, argue that the limitations of austerity are likely to eclipse the benefits of devolution.

Ayres (2016) also notes that unlike country-level devolution, the shift of powers to city-regions has come about through 'informal governance', uncodified and non-institutional arrangements where networks and relationships play important roles. This may lead to quicker decision making but also to less transparency and accountability (see also Gains et al. 2016) which may have contradictory consequences for the quality of social policy-making. It is also worth noting that there are very limited additional central government funds to enable CAs to do the social policy innovation work that might lead to significant change, raising an interesting question about who pays for the costs of devolved government. CAs may set levies on constituent councils and they may develop new policy teams through secondments and other collaborative working arrangements. Mayors can also set a Council Tax precept, although to date only Greater Manchester's Mayor has done this.

All these arguments lead to suggestions that rather than policy being opened up to new approaches, it is being 'dumped' on organisations with dwindling resources and with little capacity to innovate (MacLennan and O'Sullivan, 2013; Waite *et al.*, 2013)

Good or bad for the distribution of outcomes?

Third, there are debates about whether devolution will lead to a fairer distribution of economic and social outcomes than is currently the case under a centralised model.

Should powers continue to be extended and exercised, there is clearly potential for distributional effects, since the 'devo areas' include a substantial minority of the country as a whole and a larger proportion of poorer areas with higher social and economic need. Depending on which deal geographies are used, between 41 and 46 per cent of the population of England is covered by a city-region devolution arrangement. If London is excluded, between 25 and 30 per cent of the non-London English population is covered. Given that the major city-regions of England are also where poverty and disadvantage are concentrated, the coverage of poorer areas and individuals is greater (Table 1).

Table 1: Coverage of devolution arrangements across key city regions, data for 2011

	Based on City Deal geographies (plus London)	Based on Devolution Deal geographies (i.e. Combined Authority geographies, plus London)
England population	45.6%	40.8%
Out-of-work benefit claimants, working-age	53.5%	49.6%
Neighbourhoods (LSOAs) in 10% most deprived	66.9%	65.4%

Sources: ONS Mid-Year Population Estimates for Local Authorities 2011; IMD 2015; DWP Out of Work Benefit claimants (via NOMIS).

Note 1. As described above, the geography of deals is evolving and sometimes contested. See Appendix 1 for further details of city geographies and definitions applied here.

Note 2. Out-of-work benefits include those in receipt of JSA, ESA and other incapacity benefits, lone parents, and others on income-related benefits.

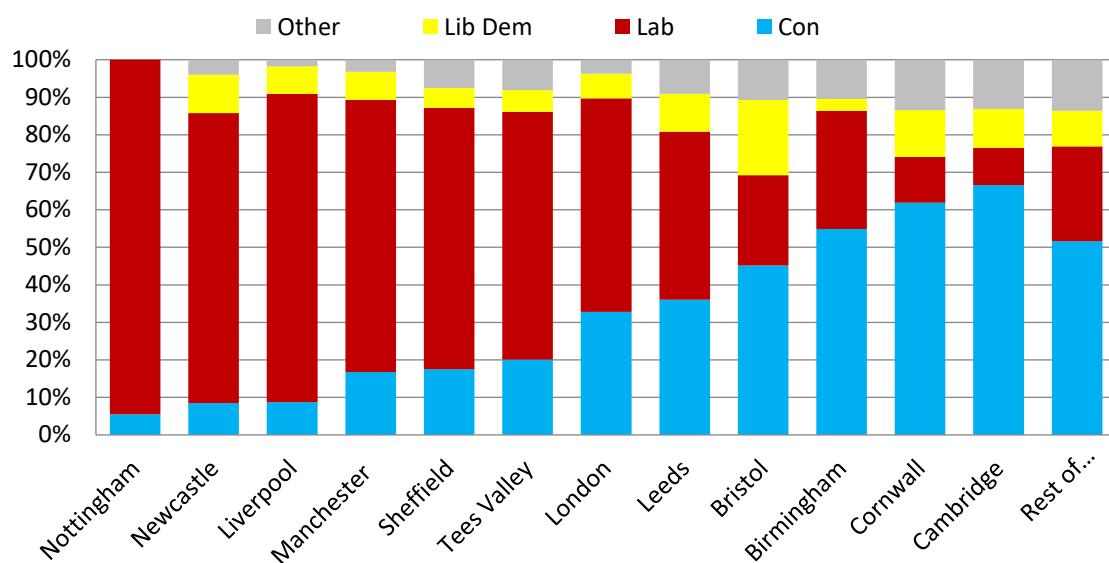
Note 3. We use 2011 data or as close to that date as possible as a pre-devolution baseline. Much of the source data for the IMD 2015 dates from the period 2011-12

With the exception of Bristol and Cambridge, the city-regions to which powers have been devolved thus far have been areas of higher social and economic need than the country as a whole. Appendix 2 outlines the median Local Authority level indicators for each city-region. Comparing outcomes at city-region level to the average for England, a familiar pattern emerges with the more prosperous city regions in the South – Cambridge, Bristol - registering better than average outcomes across the board, whether we consider qualification levels, healthy life expectancy, or employment (though with the exception of London which has more mixed outcomes). The data also shows that disparities in outcomes at city-region level have also widened over time on some indicators. Looking at the proportion of the working-age population with low or no qualifications in 2017 compared to 2011, Sheffield, Nottingham, Tees Valley, Manchester, Leeds and Liverpool are all more than 2 percentage points above average on this indicator. Bristol and Cambridge have above average Healthy Life Expectancy at birth, while estimates for many of the other city regions are far lower than average, though some (e.g. Tees Valley, Leeds) have managed to reduce the gap in recent years.

Whether devolution leads to these disparities narrowing or not depends on a number of factors, most obviously whether policies actually vary in significant ways and whether they are better policies than those produced by central government. There may conceivably be effects beyond those of specific policies:

for example in the capacity of elected political leaders and combined authorities to mobilise and coordinate assets and resources, and to redistribute within areas in ways which make a significant difference to the most marginalised places and people. Much may depend on the will of the new holders of power to implement redistributive policies. The large industrial cities are traditionally Labour strongholds so, as in Scotland and Wales, devolution is moving powers principally to areas which are in opposition to many of the current government’s social policies (Figure 1). Overall 51% of local councillors across all city regions were Labour party representatives, compared to 25% in the rest of England but this increases to over 70% in the Liverpool, Manchester, Sheffield and Newcastle city regions.⁴

Figure 1: Share of local council seats at city-region level – 2015



Source: The Elections Centre, Council Compositions by Year, 1964-2015. Council seats are aggregated for all the local authorities within the city region. It should be noted that council sizes vary considerably across city-regions – e.g. Conservative-controlled Selby council in Leeds city region had just 31 seats compared to 99 in labour-controlled Leeds. Local council control will be another factor affecting the kinds of policies pursued locally.

On the other hand, of the seven city-region Mayors thus far elected, only three are Labour: Andy Burnham (Greater Manchester), Steve Rotherham (Liverpool) and Dan Jarvis (Sheffield). Tees Valley, West Midlands, West of England, and Cambridgeshire and Peterborough all elected Conservative mayors. Turnouts were relatively low (between 21 and 33%) and with the exception of Andy Burnham and Steve Rotherham, no Mayors won an outright majority in the first round of voting (see Appendix 3 for more detail). Conservative majorities were thin, introducing some challenging political configurations in some areas. Andy Street, elected as the conservative mayor of the West Midlands in 2017, chairs a

⁴ Over 90% in Nottingham but this is the City Council area only – the city deal area, as there has to date been no devolution deal for the East Midlands.

combined authority with seven constituent local authorities, four of which are Labour majority councils, two with no overall control, and one Conservative council. His mayoral budget was initially rejected by the WMCA board in early 2018.⁵

There are also some clear risks to the prospects of inter-regional or intra-regional inequalities being reduced through devolution. One is that too much is expected of local strategies either to drive economic growth in the face of national and supra-national influences or to affect social outcomes. While the cities may be enthusiastic about the prospect of making more decisions locally, the actual powers and resources devolved are small in the grand scheme of things, and the main tools of redistribution are not in local hands. NAO (2016) points out that devolution has five main financial implications, which will only become fully clear over time: additional investment funding linked to Deals; shares of existing central government budgets going directly to local areas; devolved powers over European funding; devolved powers over taxation and; funding to support housing growth. They calculate that the first of these totals c £247 million annually, or around £16 per head. This compares with £4.4 billion that the same authorities spend annually on capital spending. Shares in existing funding are expected to be fiscally neutral, while new post-Brexit arrangements over former European funding will also not yield new money but simply a say in how money is spent. Devolved powers over taxation relate, in the first instance, to pilots of full business rate retention, a funding model likely to result in higher returns to more advantaged areas, while funding to support housing growth relates to the devolution of housing loan funds not to additional funding. There are no powers yet over what may be seen as the principal instruments of redistribution – individual and household taxes and social security.

Geographical incoherence is another concern. The principle of place-based integration would suggest that decision-making powers and services should be moved onto the same boundaries (Hitchcock *et al.*, 2017), coterminous with other subnational arrangements (e.g. for health or transport). However, as we have seen this is not the case. Moreover, those areas which are able to put sufficiently compelling entrepreneurial cases to central government seem to be being advantaged over those who are not, regardless of need. Some commentators have also pointed to a lack of scrutiny for new CAs and Mayors (Gains, 2016; CLG Select Committee, 2017), and thus insufficient safeguards to ensure that good policy decisions are made or that they are accountable to electors.

Finally, it has been argued that giving policy responsibilities to local areas, tied to their ability to deliver economic growth, undermines the principles of the national welfare state and absolves central government from the responsibility of redistribution between economically better positioned and more successful areas

⁵ City Metric article, 09/02/18: The West Midlands Combined Authority declined to approve mayor Andy Street's budget. What happened?, Claire Spencer <https://www.citymetric.com/politics/west-midlands-combined-authority-declined-approve-mayor-andy-street-s-budget-what-happened>

and those less well favoured (Waite *et al.*, 2013; Peck and Tickell, 2002). The result is likely to be that inequalities widen rather than narrow.

International evidence appears inconclusive on these points, partly because of the difficulty of translating findings from very different governance systems. In a study of the impact of devolution of education, health and long-term care policy to regional level in Spain over the 1980s and 1990s, Costa-Font found that devolution led to reduced inter-regional disparities, but the effect varied between parts of social policy, perhaps because of differences in how they were managed and governance at regional and sub-regional level (2010). Political decentralisation accounted for approximately one third of the decline in regional inequalities in health care, and one fifth in education, but barely any variation in long term care. Rodríguez-Pose & Ezcurra (2010) also found that decentralisation can be an equalising force between regions in rich countries. However, it matters what is meant by devolution. Costa-Font and Perdakis (2018) suggest that a 'systems model' of decentralisation (where the whole health system is devolved to subnational units, as in Spain) gives rise to significant policy interdependence, much more so than a 'federacy model', where only a few territories gain devolved responsibilities. On this basis, we might not expect to see very different policies or outcomes in the UK model. Bevan *et al.* (2014: p115), reviewing health care devolution at a country level in the UK, concluded that "it does not appear that the increasing divergence of policies since devolution has been associated with a matching divergence of performance. In addition, there is little sign that one country is consistently moving ahead of the others", although there were areas such as hospital waiting times in which England and Scotland performed better than Wales and Northern Ireland. In some aspects of performance, early divergences narrowed over time perhaps because of cross border comparisons and learning. Morelli and Seaman (2007) argued that devolution to Scotland had not led to reductions in intra-regional household income differences.

In the remainder of this paper we explore some of these issues and debates by reviewing how the devolution experiment is working in practice in Greater Manchester, the most advanced example to date. We start with an overview of the GM case before focusing on three policy areas: health and social care (the most significant element of devolution in terms of spending); employment (a traditionally highly centralised policy area); and policing (which has seen a shift from administrative to political decentralisation and where there are (modest) tax-raising powers. Other areas would obviously be worthy of exploration in a fuller study. For each case, we describe the extent and nature of devolution and review the plans and progress made to date. Drawing across the general and specific cases, we draw some conclusions about the apparent implications for social policy and distributional outcomes, extending the understanding that can be gained from a review of devolution as a whole.

5. The Greater Manchester Case

The evolution of devolution in GM

As we describe above, GM was the first combined authority in 2011, struck the first devolution deal and has the most extensive set of powers of any CA. However, it is generally agreed in GM that devolution did not begin in 2011, with GM as a passive recipient, but has been 'in progress' for many years, with GM an active player helping to drive central government moves towards devolution both under Labour and the Coalition/Conservatives.

In Box 3 we set out a brief chronology of devolution. We start with the 1972 Local Government Act which established Greater Manchester as a top tier strategic authority on its ten Borough geography, which has remained stable ever since. This Metropolitan County of GM was abolished in 1986 (like the GLC) but coordination between the ten authorities on matters of economic development, housing, planning and transport (together with the relevant statutory bodies) continued through the formation and operation of the Association of Greater Manchester Authorities (AGMA).

AGMA had no formal functions but operated as a joint committee, with 'commissions' (for the economy, health, environment and others) and, increasingly, joint policies and initiatives. For Kenealy (2016, p. 574-575), for example, the decision of Greater Manchester's leaders to continue with aspects of city-level governance after 1986 helped 'set in motion a process of creating softer, less formally institutionalised spaces' where local leaders could discuss and take forward strategic decisions.

In 2009, following an independent economic review, AGMA produced the first Greater Manchester Strategy. This growing strategic coordination and confidence put GM in a position to advocate the benefits of city-region governance for cities other than London to the then Labour government, and to offer to pilot formal city-region status, reflected in the Local Democracy, Economic Development and Construction Act of 2009, leading to CA status in 2011.

Crucially, the geographies also remained stable in the transition to the Coalition government, with the new Local Enterprise Partnership also being formed on the GM geography and working closely in partnership with GMCA. The second Greater Manchester Strategy in 2013 was a joint strategy of GMCA and the LEP. Speaking with one voice and an already-developed city-region strategy, GM was well-placed to push for a further extension of powers, resulting, with a receptive Chancellor of the Exchequer in George Osborne, in the devolution deals of 2014 and beyond.

Box 3: The evolution of city-region devolution in Greater Manchester

1972	Local Government Act
1974	Establishment of Metropolitan County of Greater Manchester with 10 LAs
1986	Abolition of Metropolitan Counties. Establishment of AGMA
1994	City Pride Partnership
2005	City Region Development Programme published, extending into parts of Cheshire
2009	Manchester Independent Economic Review (MIER)
	First Greater Manchester strategy – ‘Prosperity for All’
	Legislation enables establishment of combined authorities for city regions
2011	Establishment of GM Combined Authority (GMCA)
	Also Local Enterprise Partnership on same boundaries
2012	GM City Deal (allowed ‘earn back’ of portion of tax revenues resulting from infrastructure investment. Also a GM Investment Framework, Housing Investment Fund, and Skills and Apprenticeship Hub)
2013	Refreshed GM strategy “Stronger Together”
2014	LEP Growth Deal Devolution Deal
2015	Interim Mayor appointed
	Further devolution announced (including health and social care)
2016:	Further devolution announced
2017:	Election of Mayor Third Greater Manchester Strategy “Our People, our Place”

(For a more detailed account of changes in governance structures relating to economic development between the 1970s and 2010s see Deas 2014)

Powers and funding

Box 4 lists the key elements of the successive GM devolution deals. By way of summary, it can be observed that the majority of devolved powers are in policy areas related to economic development: business support, planning and transport, housing investment, and skills. Health and social care devolution is the biggest exception and there have also been some ‘deals’ in respect of children’s services, criminal justice and employment support. These are important exceptions because they create a much broader role for city-region authorities, reaching into social policy areas.

Box 4: Summary of GM Devolution Agreements

2014

- New directly elected Mayor from 2017 (powers listed overleaf).
- Devolved business support budgets, including Growth Accelerator, Manufacturing Advice Service and UK Trade and Investment (UKTI)
- Control of the Apprenticeship Grant for Employers and power to reshape and re-structure Further Education (FE) provision within GM.
- Control of an expanded Working Well pilot.
- Joint commissioning of next phase of the Work Programme with DWP.
- Invited to develop business plan for integration of health and social care.

2015

- Devolved health and social care.
- GM to retain 100% of growth in business rates. Mayor to have power to raise business rates supplement (subject to approval of LEP and cabinet)
- Power to establish GM Land Commission.
- Mayor to have power to implement Community Infrastructure Levy; responsibility to develop a plan to tackle land reform issues and identify strategic sites for housing.
- Government commits to bus franchising. Network Rail to work with GM to explore how/if rail stations can be devolved.
- GMCA to review adequacy of whether post-19 skills training programmes

2016

- Life Chances Investment Fund to bring together budget with similar aims such as Troubled Families, Working Well Pilot and Life Chances Fund.
- Flexibilities to form a single pot for investment in economic growth.
- Role of PCC to be merged with that of Mayor. Greater autonomy to prison governors around education in prisons; greater flexibility in links between prisons and local health and social services; GMCA to work alongside Youth Justice Board and create new devolved youth justice systems; Justice and Rehabilitation Executive Board created to help align services.
- Adult skills: planning for full devolution of adult skills.
- Pilot of 100% business rates retention in Greater Manchester.

2017

- £243 million over 4 years via Transforming Cities Fund, aiming to enable 'priority transport projects', improving connectivity/reducing congestion
- GM one of 3 areas in £28 million Housing First pilots (rough sleeping)
- Commitment to work in partnership with Government to develop a local industrial strategy.
- Skills Advisory Panel to plan and influence post-16 provision.
- Commitments to work with government across policy areas including trade/investment, housing, skills, offender management, employment support.

Sources: HM Treasury and GMCA (2014, 2015, 2016, 2017)

Some of the powers are devolved to the office of Mayor; others to the CA. The Mayor's formal powers are mainly concerned with economic development matters; transport, strategic spatial planning, the Housing Investment fund, and the earn-back deal. In addition, the Mayor takes responsibility for policing and crime and fire services. The Mayor chairs the CA, with the leaders of the ten local authorities forming his Cabinet so he also leads in terms of the powers delegated to the CA, but is not solely responsible. Moreover, the CA can provide additional checks and balances to Mayoral powers: it has the power to approve or veto the Mayor's budget and the spatial development framework requires its unanimous approval. The Health and Social Care Partnership is formally accountable to NHS England not to the Mayor or CA.

No single budgetary pot has been created as recommended by the Core Cities. Some of the agreements involve budgetary devolution (health and social care, business support and adult skills) but others are much more modest: the capacity to pool or align budgets, to co-commission with central government, to review provision and services, or to have more flexibility around service design. There is very limited fiscal devolution (only the business rate retention pilot and the bringing of the police precept under the control of the Mayor). The Mayor is also allowed to set a mayoral precept to support his office and functions and has done this (approximately £9 per band D household).

In very approximate terms, based on analysis in the 2014 'Growth and Reform Plan' (GMCA, GMLEP and AGMA 2014), we estimate the total devolved budget to represent less than around one third of the overall public spending budget in GM, with most of this being health and social care,⁶ although of course some other public spending is also controlled locally already. A further question that might be asked is whether devolution has brought extra money to GM – i.e. has the pot increased? We have seen no clear analysis covering all budget streams and the whole period in question. The National Audit Office (2016) estimated that Greater Manchester had at that time secured £30 million per year in additional investment through its City Deal earnback mechanism, as well as the equivalent of £88.9 million per year from the Local Growth Fund. A £450m transformation fund supports the integration and reform of health and social care. There are specific additional funds, for example the £300 million to support housing growth, and the £243m announced in the 2017 Autumn Budget Transforming Cities Fund (transport). Much smaller pots have been made available through the Mayoral Capacity Fund (£2m) and for pilot projects (for example for various health initiatives and rough sleeping), which have arguably been attracted to Greater Manchester because of devolution but are not an integral part of a devolution settlement. The total of these pots would need to be set against cuts of local authority spending and other public sector budgets (including some that have

⁶ The Growth and Reform Plan estimates that approximately £22bn p.a. of public funds were spent in GM at that time. Accurate figures are not given but the graphic representation suggests that c £5bn of this was health spending, £4bn local authority spending (non schools), £1.5bn schools, £3.5bn pensions, £4.5bn other cash transfers, and £3.5bn other. As we detail later, the health and social care budget currently is around £6bn, and smaller pots have also been devolved.

been devolved, such as the Adult Education Budget) in the same period, an analysis that is beyond the scope of this paper.

Plans and Progress Overall

In this section, we attempt to summarise relatively briefly what has evolved in Greater Manchester in the 'devolution era', based on our reading of policy documents, observations and informal conversations with many of the key actors in the process.⁷ This account also sets the context for looking at specific policy areas.

Overall approach

As we have indicated earlier, the formal process of devolution has been as much led by Greater Manchester as by central government, such that the agreements of 2014 onwards have formalised existing processes and modus operandi and enabled their development and extension. Since the Manchester Independent Economic Review of 2009 and particularly since the GM Strategy of 2013 and the accompanying Growth and Reform Plan of 2014, GM (CA) has been articulating through its policy documents and actions exactly the arguments set out in the Core Cities prospectus of 2013, in which it was of course a key player. There is a core strand of arguments that relate to the better integration and consolidation at the city-region level of economic development powers and funding streams, as reflected in the devolution agreements. But beyond that, GM has consistently made the case for, and begun to enact, a more holistic form of city-region governance going well beyond economic development functions.

The key propositions are as follows:

- That social policy reform is essential for economic growth and that this can be best done at the city-region level.
- That reform means a fundamental shift to more investment in prevention.
- That by the twin strategies of promoting growth and investing in prevention, cities such as GM, which currently draw down considerable resources from the UK Treasury in response to high levels of poverty and deprivation, can instead become net contributors to the nation's finances. The Growth and Reform Plan's estimate of £22bn p.a total public spending was set against an estimated tax contribution from GM of £17.8bn. The plan claimed to be able to eliminate this gap by 2020-21 through economic growth and through investment in preventive services and public sector reform.

Earlier versions of the Greater Manchester strategy were largely dominated by economic strategies, since social policy functions rested with central government

⁷ The two first-named authors are themselves participants in the devolution process, involved in the development of strategy and action plans in different ways, and also in observing and commenting on the process from an independent standpoint as part of the Inclusive Growth Analysis Unit (www.manchester.ac.uk/inclusivegrowth)

or local authorities. However, with the acquisition of new powers through the devolution agreements, the election of a Mayor with a mandate to take a leadership role in the direction of the city-region as a whole, and with increasingly mature collaborative working, the Greater Manchester Strategy of 2017 emerged as 'single local plan' for the city-region (as the Core Cities had advocated). By comparison with other city-region strategies which remain largely focused on the official roles of combined authorities and Mayors, the GMS goes well beyond these roles and sets out a vision and priorities for GM which cover virtually all aspects of urban life and indeed is set out as a 'lifecourse approach' in which better outcomes are envisaged from early childhood through to end of life (Figure 2).

The document is usually described by those involved in the GM machinery as 'Our GM Strategy' emphasising that it does not belong to the Combined Authority but is the collective will and responsibility of all GM organisations and citizens. An accompanying document, an 'outcomes framework' which sets specific measures and targets, has also been developed – an important move that signals GM's willingness to be held to account in its deal with central government as well as to local electors. Notably, and consistent with the 'our GMS' approach targets are set for areas over which the CA has no responsibility, such as school-age education.

Figure 2: Summary of GM Strategic Priorities



Source: GMCA (2018) Our People, Our Place

Governance arrangements and the role of the Mayor

Following this strategic approach, a growing machinery of government at GM level is being developed to deliver the GMS outcomes. Each of the ten Council leaders and Deputy Mayor who make up the Mayor's cabinet has a portfolio – again not

limited to the economy, transport and the environment but extending to social policy issues including 'young people and cohesion', 'education, skills, work and apprenticeships'; 'housing, homelessness and infrastructure', 'safe and strong communities', 'healthy lives and quality care', 'community, cooperatives and inclusion', and 'age-friendly Greater Manchester and equalities' as well as digital and culture.

At an operational level, a growing number of 'partnership boards' is being established to develop plans and drive the delivery of the GMS.⁸ The GM Health and Social Care Partnership Board is a key one, but there is also a Skills and Employment Partnership and the 'GM Reform Board' which oversees public sector reform. The Reform Board itself has sub-boards – including a Children's Board which itself has sub-boards dealing with, for example, education and employability, youth justice, children's health and well-being, and school readiness. Membership of these boards overlap, in order to enable coordination of strategies. A Wider executive Leadership Team, (WLT) comprising the Chief Executives of all 10 local authorities along with the Chief Executives/Officers of the NHS in GM, Police and Fire Services, and the Growth Company, under the direction of a Greater Manchester Chief Executive, has strategic and executive oversight.

Some of these boards are statutory, but many are not, although they tend to operate like statutory bodies with publicly available minutes and sometimes public meetings. What is striking, however, is not only the breadth and complexity of this new governance apparatus, but its modus operandi: these are not official reporting structures on the whole but partnership groups set up to work collaboratively to achieve a set of city-region goals through better coordination, standardisation and service reform. Members are appointed rather than elected. Ayres' (2016) description of 'informal governance' is recognisable here, while Lorne et al. (2016 p2), writing about the reform of health and social care, describe "a shift from contractual to relational modes of interaction" and a system of "managed consensus" which seeks to negotiate or broker agreement and to raise the costs or consequences of defection from such consensus.

Pooling of finances is also increasing. Under AGMA, local authorities had been accustomed to making financial and in-kind contributions to support cross GM functions, analysis and policy units collaborations (e.g. procurement frameworks) and grants. From 2015/16 they entered into a business rates pool (also with Cheshire) in which GM authorities contributed two thirds of their levy to GMCA and from 2017/18 they are piloting 100% business rates retention on the basis that for each local authority 50% of business rate growth is retained by the local authority and 50% goes to GMCA. These arrangements start to open up the possibility of (modest) redistribution within GM, as well as strengthening the GM-

⁸ These structures are not yet finalised – and at this stage fully up to date information is not available on the GMCA website.

wide functions, collaborations and cross boundary learning that could also support such measures.

The final twist in the emerging story of GM devolution has been the introduction of a Mayor. A mayor was not part of the original plan, nor theoretically integral to the achievement of it. In fact, in the run-up to the election of the Mayor in 2017, existing leaders were still intending to finalise a new GM strategy for publication one month before the election, and it was commonly remarked that the Mayor would have a marginal role – often described as ‘just one of 11’ political leaders.

However in practice, it is widely agreed that the election of the Mayor has altered both the direction and tone of policy-making in GM. Firstly Andy Burnham adopted a more explicit focus on social justice and equality in his campaigning – pledging to turn Manchester into a ‘beacon of social justice to the country’ (Burnham for Mayor, 2016), as well as an economic powerhouse.

Secondly he has prioritised social issues in his public statements, not necessarily those over which any powers have been recently devolved. Most notably, he announced on his first day in office a pledge of end rough sleeping and a Mayor’s Homelessness Fund, to which he donates part of his salary. However, he has also taken a particular interest in improving ‘school readiness’, appointing Lucy Powell MP to champion the issue and launch a new strategy to improve outcomes. Other issues relate to investing more in young people (pledging to introduce free travel for 16 to 18 year olds and a UCAS style scheme for apprenticeships, as well as a ‘curriculum for life’) and to tackling social isolation among older people. The Mayor (formerly the Member of Parliament for Leigh, one of Greater Manchester’s more peripheral and less prosperous areas), has also been vocal about the need to make sure all areas of GM benefit from economic prosperity, announcing a Town Centre Challenge and putting Salford City Mayor Paul Dennett in charge of a review of the emerging spatial development framework. Following a manifesto pledge, work is underway on an employer charter to help drive better workplace standards and wages. The Leader’s portfolios reflect many of the Mayor’s interests and priorities.

Thirdly, in a city-region where there was a widely held perception of ‘top-down’ and ‘behind-closed-doors’ policy making, the Mayor has adopted a noticeable emphasis both on widening participation in policy-making (with a manifesto developed through an open consultative process, emphasis on supporting the voluntary and community sectors, establishment of Youth Combined Authority, insistence on improving the gender balance at Combined Authority meetings) and on a politics which is ‘about people’. Emblematically there was a marked shift from the draft Greater Manchester Strategy (a rather formal, official document) to the final version, entitled ‘Our People, Our Place’ and populated with brightly coloured infographics depicting the GM priorities.

Fourthly, as the only elected politician representing Greater Manchester as a whole, the Mayor has been able to contribute to a stronger sense of Greater Manchester identity and to speak for Greater Manchester in lobbying central

government and on national policy issues. Examples include his 'standing up for Greater Manchester' following the Manchester Arena terrorist attack, during the hill fires of summer 2018, and when Northern Rail's timetable revisions caused serious disruption to the city-regions rail services. Regional disparities in transport funding and powers have also been a recurring theme, and in September 2018 he gave a major speech in Westminster on Brexit, explaining how 'No Deal' would be "a disaster for Greater Manchester".⁹

In the same speech, Burnham set out his own view of the value of devolution, which has provided 'a unifying focus on place' and the ability to focus on issues and solutions. Devolution, he argued "is not just a series of technical changes to the machinery of Government. It has had a profoundly positive effect on the culture of our city-region. It has created a new energy; a sense of possibility; a shaft of light in an otherwise gloomy political scene. It has allowed us to give a level of engagement to our leaders in business, the universities, the faith and voluntary sectors in developing new policy solutions that you can never provide from a national level".

Arguably these wider policy-making contexts may be more important in the long run than any of the immediate outcomes from the modest powers that have been devolved to date. And devolved powers are of course handed down into this context and shaped by it. With this in mind we now turn to some specific areas to examine how devolution is playing out and what difference it might make.

⁹ https://www.greatermanchester-ca.gov.uk/downloads/file/807/english_devolution_the_best_answer_to_brexit

6. Health and Social Care

The evolution and nature of devolution

The first formal steps towards devolution in health were taken in the November 2014 Greater Manchester Agreement, with the GM Health and Social Care Devolution Memorandum of Understanding (MoU) published in April 2015 and an additional Population Health MoU in July of that year. This MoU allowed the establishment of the GM Strategic Health and Social Care Partnership Board (GMH&SCP) to produce a health and social care strategy. Devolution formally started in April 2016 when the GMH&SCP took on the £6bn health and social care budget, alongside a £450m Transformation Fund to support developments and improvements to the overall system.

GM health and social care devolution, the first for any city-region, has attracted a lot of attention, both as an experiment in decentralisation and health and social care integration. Simon Stevens, Chief Executive of the NHS, described it as potentially “*the greatest act of devolution ... in the history of the NHS*” (cited in Quilter-Pinner 2016 p 2). However, the experiment is perhaps not as radical as it first appears. Firstly, it is a clear case of delegation rather than devolution (Torrisci *et al.*, 2000). GMH&SCP has a strategic oversight of all healthcare but NHS hospitals are still subject to national government targets and national quality standards, and employees and commissioning groups have the same responsibilities as their counterparts across England. The GMH&SCP chief officer is an employee of NHS England and is accountable to them not to the GMCA or Mayor (BMA, 2018).¹⁰ NHS Improvement and the Care Quality Commission (the health and care regulators in England) will also continue to monitor the safety, quality and finances of NHS organisations in Greater Manchester (BMA, 2018, GMCA, 2015c). GMH&SCP can set objectives, plan and commission services and delivery, manage expenditure and allocate budget, but it cannot generate revenue through new health taxes or user charges, set different pay or conditions or workforce standards, or change entitlements to medicines or services or thresholds for access (Quilter-Pinner 2016).

Secondly, this is one element in a much wider process of decentralising health and social care in England. Lister (2017) describes a “dramatic” change in national health and social care policy since 2013 characterised by a shift towards decentralised models of locally integrated care, and thought to stem from several factors, most pressingly an unprecedented funding crisis in health and social care and an upsurge in demand for services, particularly for adult social care and complex care (Barker, 2014; Ham, 2015). ‘Integrated care’ is a new model intended to produce a person-centred approach and whole life cycle approaches through closer collaboration of providers, including joining up GP, hospital, community and mental health services, moving specialist care out of hospitals into

¹⁰ The MoU does, however, include an important commitment that all decisions that affect Greater Manchester will be subject to GMCA consultation (AGMA *et al.*, 2015).

the community, offering older people better, joined up health, care and rehabilitation services, acute care collaborations and new approaches to improve coordination or urgent and emergency care to pressure on A&E departments (NHS England, 2014). 'Vanguard' and 'pioneer' status were awarded to local areas experimenting with these approaches between 2013 and 2015, prior to Greater Manchester's health and social care devolution agreement, and NHS England's five year forward view document effectively rolled these approaches out across the country, designating 44 geographical areas (or 'footprints') covering the whole of England where NHS organisations were required, with their relevant authorities, to form partnerships and produce Sustainability and Transformation Plans (STPS). The new policy framework specified that the models should be adapted to develop services appropriate to local need supported by "*meaningful local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied*". (NHS England, 2014. p.28). Indeed GM's strategy - "Taking Charge of our Health and Social Care" (GMCA, 2015c) was a development of its STP. What marks GM out is the delegation of the health budget; the status of having been granted 'devolution'; and the simultaneous devolution of powers in other policy areas, creating the potential to address the social determinants of health outcomes in a coordinated way.

Plans and Progress

Public facing documents from GMH&SCP make it very clear that devolution is an opportunity for radical change, with an aim '*to deliver the fastest and greatest improvement in the health and wellbeing*' of the 2.8m people living in GM (Heppolette, 2016 p5). It is argued that the £6bn currently spent on health and social care '*has not improved the long term outcomes for people living in GM*'. Consistent with the broader rhetoric of GM devolution, devolution of health and social care is said to mean two main things: "*the freedom and flexibility to do things that benefit everyone in Greater Manchester... after all local people know what Greater Manchester needs*" and "*making these decisions together as a region, with our health and social care services working alongside our local authorities*"¹¹. GM's claim that devolution will also deliver reductions in spending is also strongly in evidence. Given the insufficiency of health and social care funding in relation to rising demand, the transformation proposed is argued to be necessary in order to avoid a £2bn gap in GM's public service finances by 2021 (Heppolette op.cit p5)¹². As a result, GMH&SCP' four strategic objectives relate not just to promoting better health but to financial sustainability (Box 5).

¹¹ GMH&SCP website: <http://www.gmhsc.org.uk/about-devolution/> (accessed 5th June 2018)

¹² Of course, GM's public finances are not being treated as a single pot in this way at present, so if the benefits of local integration and integrated care have been overestimated, this will not in actual fact lead to cuts in other GM budgets. However, this framing is critical for the GM narrative, that by doing better at prevention it can cut costs, reduce demand for responsive services and benefits and become a net contributor to the public finances overall.

Box 5: Strategic Objectives for Greater Manchester Health and Social Care Partnership

- Transforming the health and social care system to help more people stay well and take better care of those who are ill.
- Aligning our health and social care system to education, skills, work and housing.
- Creating a financially balanced and sustainable system.
- Making sure our services are clinically safe throughout.

Source: Heppolette (2016)

Seven key population health goals are set out. Consistent with the life course approach of the wider GM Strategy (GMS), these are grouped under three life course stages: Start Well (with targets to reduce the number of low-weight births and to improve early years development); Live Well (with targets to increase economic activity and family income as well as to reduce deaths from major disease; and Age Well, with more people supported to stay well and live at home for as long as possible, (GMH&SCP, 2017a). Notably these go beyond the functions of NHS or social care delivery.

According to Walshe et al (2016), the plan for service transformation to achieve these goals addresses six perceived problems, not particular to GM:

- Acute, primary and specialised services are fragmented, siloed and separately commissioned.
- Hospital centred models of delivery are poor at managing chronic disease.
- Health outcomes are poor relative to the rest of England and there are wide inequalities within the region.
- Public health policies and processes are inadequate and ineffective.
- Health services are managed, funded and led separately from other local services.
- Costs and pressures are rising and unsustainable.

GM's plan to tackle these problems (the GM Transformation Portfolio) is broad and ambitious. A key element is the establishment of 10 locality care organisations (LCOs) and programmes, one for each local authority area, which integrate services and focus on prevention. It is at this level that social care budgets are being integrated with health (see later).

There are four main 'transformation themes' designed to address the problems identified in current structures and to achieve greater efficiencies: a 'radical upgrade' in prevention; transforming community-based care and support; standardising acute and specialist care; and standardising clinical support and back-office functions. A fifth 'transformation theme' is often described as a set of 'enabling programmes' (workforce, commissioning, estates and information management and technology). Most specifically, there are programmes developed across the conurbation to address particular issues and conditions: mental health, cancer, learning disability, children's services and dementia. The

key point is that this is not a collection of projects or experiments in better design and delivery of specific aspects of care (although these exist). It is an experiment in system transformation, integration and coordination based on the idea that this can be achieved in a place in ways that are not possible when decisions are all shaped nationally.

Appendix 4 provides a fuller description (although still a summary) of the detailed plans as they were towards the end of 2016, giving a flavour of the approaches being taken, and some of the key actions to date. One thing which may be observed from the table is that much more of the plans and progress report is devoted to health than to social care, probably because changes to social care are likely to emerge principally from the creation of LCOs and the integration of budgets and commissioning at the local level, not from the GM wide planning that has arisen from the delegation of national budgets to GM level. We summarise progress in this first two years under four main areas.

A principal area of activity has been the establishment of new **GM wide governance structures and ways of working**. The GMH&SCP itself is a key development, as is the close relationship with GMCA and the Mayor. The Partnership is a key player in the design and delivery of the GMS, recognising the early acknowledgement in the devolution process that health inequalities are as much social as health problems (Segar *et al.*, 2015). It reports regularly to GMCA. Its Board includes members representing the local authorities and NHS organisations, primary care, NHS England, housing providers, the community and voluntary sectors, Healthwatch, GM Police and the GM Fire and Rescue Service, ensuring GM's emergent wider decision-making processes. GMCA itself now has authority over public health with public health programmes now planned and delivered across the whole city-region.¹³

All areas have an LCO in some stage of development. Tameside's, the most advanced, demonstrates the model. Its "Care Together" brings together NHS Tameside and Glossop CCG, Tameside Metropolitan Borough Council, Derbyshire County Council, and Tameside Hospital NHS Foundation Trust¹⁴, to deliver joined up health and care services (Tameside LCO, n.d; GMH&SCP, 2017b), through an Integrated Care Organisation (ICO) guided by a Single Commissioning Function (SCF) with a £442 million joint budget, and with the Chief Executive of Tameside Council as the Accountable Officer.

At the GM level, a Joint Commissioning Board and a GM Commissioning Hub are in place working across GM strategic programmes including Social Care, Cancer, Mental Health and NHS Specialised Services. A feature of all these new structures is an emphasis on co-production and particularly on the involvement of patients, service users and the voluntary and community sector. Notably "2.8m residents" and "300,000 carers" are listed in official documents alongside statutory organisations as part of the health and social care system (Heppolette 2016, p.4).

¹³ This does not take any powers or responsibilities away from the individual local authorities, but they now work alongside the Combined Authority (BMA, 2018: GMCA, 2015b).

¹⁴ Now known as Tameside and Glossop Integrated Care NHS Foundation Trust

Healthwatch has formal board level representation, as does the VCSE sector (GMH&SCP, 2017b), whose contribution to better health was formally recognised in January 2017 through the signing of a memorandum of understanding, and is being increasingly recognised in programmes such as the 'cancer champions' (volunteers who support people with cancers and work in local communities to spread messages about cancer prevention), and the 'community navigators' programme, helping patients to find the right support in the voluntary sector.

Consistent with the development of these new governance structures has been the development of a range of **GM-wide strategies, standards and delivery models**. Cancer is a priority and £10m has been allocated over three years to the GM Cancer strategy to support earlier and better diagnosis, improved and standardised support for living with and beyond cancer. 2017/18 saw the introduction of the GM Make Smoking History strategy which aims to reduce smoking rates by one-third by 2021, as well as new GM wide strategies for increasing levels of physical activity, reducing substance misuse, better ageing, and learning disabilities. A new GM Children and Young People Health and Wellbeing Framework has been agreed with key commitments on better mental health, improved support for those with long term conditions, more integrated early years services and better support to schools and colleges to support good health. Work is underway on a transformation programme for social care.

While the first two years of activity have mainly been occupied with establishing these new collaborations and plans and with allocating transformation funding accordingly, some **changes in delivery** are beginning to be evident. As an early step in a four year, £41m programme of primary care reform, all localities now have seven day access to General Practice, with evening and weekend appointments available through primary care hubs, bookable via usual GP practices. Implementation is underway in standardising acute and specialised care in general surgery, acute and emergency medicine, gynaecological cancer, urology cancer and oesophageal cancers, and twelve other areas now under review. There has been a substantial new investment in mental health, particularly focused on children, young people and new mothers, including developing a new multi-agency crisis care pathway, enhancement of community eating disorder services to improve access and waiting times above national levels, and introducing a mental health lead in each school.

Lastly, there have been a number of **pilot projects**, some of them funded under NHS Vanguard programmes, trialling new approaches. For example, the Cancer Vanguard piloted a free health check and scan service for smokers and ex-smokers in supermarket carparks. 80% of the cancers identified were early stage and treatable compared with 20% identified through usual pathways. This will be available across GM from 2020. £7.5m funding has recently been secured from NHS England to become a Local Health and Care Record exemplar to accelerate record sharing and patient access to information. In the public health area, GM is now the world's first city-region committed to the 'Daily Mile' with 43% of GM schools signed up to providing a daily mile long walk or run.

In his report to GMCA introducing the 2017-18 Annual Report of the GMH&SCP (GMCA and NHS in GM 2018), Lord Peter Smith, Chair of the Partnership, therefore argued that:

"The health and social care landscape in Greater Manchester is changing fundamentally. We are now seeing a system emerge with: a population health system that keeps people well; and at scale community offer that builds from the assets in our neighbourhoods; a step change in commissioning with new place-based models and a pooling of health and care budgets unmatched anywhere in the country; and hospitals working even more closely together providing specialist expertise to consistent quality standards".

Evidence of impact of the measures taken to date is necessarily limited and the Health Foundation's evaluation is not yet available. Some indicators appear to be showing improvement. For example, satisfaction with GM practices is up marginally and above the England average, and in March 2018, there were 1,821 fewer acute hospital beds occupied by patients whose transfer was delayed than at the same time the previous year (GMCA and NHS in GM 2018)

However, there are still areas of concern. GM is still well below target in terms of achievement of the 4 hour Urgent Care standard, below the 18 week referral standard, and below the standard for diagnostic waiting times, and for access to psychological therapies (GMCA 2018). The challenges of simply delivering an improved health service under financial and demographic pressures highlights the scale of ambition of the GM plans to simultaneously achieve widespread reform.

7. Employment

The evolution and nature of devolution

Greater Manchester's initial City Deal (GMCA 2012) included a rather limited and exploratory set of employment and skills policies. It outlined plans to create a City Apprenticeship and Skills Hub, to develop a plan for a pilot scheme to incentivise employers to invest in skills, and a pledge to explore ways to adjust outcomes payments for skills provision. Subsequent deals have provided the opportunity to develop some of these proposals, but the focus has also shifted to take in, *inter alia*, the development of an employment support pilot, integration of business support services, devolution of the Adult Education budget, and co-commissioning of the Work and Health programme.

Employment support, or activation policies, are one aspect of employment policy but they form a central part of the employment devolution story in Greater Manchester. Over the course of the devolution negotiations, an initial employment support pilot has been implemented and expanded and now underpins plans for a whole population 'Working Well' employment support 'ecosystem' (GMCA 2018i). This is a significant development in the wider context of what is a highly centralised system of support and was not inevitable. Previous attempts to introduce flexibilities and co-ordination across services and sectors at local-level have been short-lived (Finn 2015). For example, Greater Manchester was designated a City Strategy pathfinder in 2006. The pathfinder supported the development of local partnerships comprising partners from the ten local authorities and other public sector organisations, Jobcentre Plus, union and employer representatives, and skills bodies (GM City Strategy 2007; Green and Adam 2011). However, the Department for Work and Pensions' explicit focus on local partnership working across sectors did not last. Soon the Work Programme was contracting out services to private and third sector providers under a 'black box' commissioning model, with Greater Manchester's services included within the North West, Greater Manchester and Cheshire and Warrington contract package area. One legacy of the pathfinder was that the coordinating body for the City Strategy, the Commission for the New Economy, was later designated a statutory Employment and Skills Board in 2010 and assumed responsibility for developing skills and employment strategy.

There now appears to be an emerging role for cities in the design and delivery of employment support, particularly when it comes to supporting the development of the networked, integrated support that is likely to be particularly important for those facing multiple barriers to work (Whitworth and Carter 2017). But some context is needed. Overall, activation policies in the UK remain highly centralised. Mainstream provision is largely the responsibility of the Jobcentre network, which is accountable to the Department for Work and Pensions (DWP). While *some* areas have influenced the commissioning and/or design of specialist support services, for example via the Work and Health programme, the parameters for this support have been set nationally. The Work and Health programme is more narrowly

targeted than the employment support programmes that it replaces and therefore attracts a smaller overall budget – estimated to be at least £130 million in 2019/20 compared to combined expenditure of £540.8 million in 2015/16 for the programmes it replaces (Powell 2018). The funding available for Greater Manchester is £53 million (roughly equivalent to £10.6 million per year of delivery), £29 million of which is DWP funding with the rest coming from European Social Fund investments (GMCA 2018i: 3). Ten years ago the DWP outlined its preference for a conditional, ‘something for something’ approach to devolution where power would be devolved only where plans align with departmental objectives. Areas would also need to demonstrate their success in moving people into work, and/or an ability to supplement national spending (DWP 2008). This conditional approach to the devolution of employment support is still very much in evidence today.

The devolution deals have also included responsibilities and commitments relating to skills, education, transport and business support, all of which have the potential to impact on employment outcomes. While there is no space to trace the evolution of each of these policy areas here it is worth noting that the simultaneous devolution of policies affords the opportunity for places like Greater Manchester to adopt a more expansive view of ‘employment policy’, cutting across government departments and policy areas. Evidence of this approach can be seen in Greater Manchester’s Work and Skills strategy, discussed below, which includes plans to shape business support services, reform the wider work and skills system and address skills gaps. Greater Manchester is also one of the trailblazer areas currently developing a Local Industrial Strategy (Centre for Cities 2018).

Plans and Progress

The employment policies emerging in the context of Greater Manchester’s devolution deals are framed by the priorities of the Greater Manchester Strategy and its twin ambitions for ‘growth’ and ‘reform’ (discussed in section 4). Specific priorities and policies are outlined in the related Work and Skills strategy for Greater Manchester (currently covering the period to 2019/20) (2017h). It is notable that as powers and responsibilities have been secured, or delegated, an attempt is made to integrate them with existing governance and policy structures, and/or long-standing policy goals.

Greater Manchester’s ambition is to:

“re-focus and re-organise the Work and Skills system to ensure the system better delivers against the needs of the economy, the needs of individuals and GM’s aspirations” – GMCA (2017h: Annex A)

This accords with wider arguments for devolution, which have suggested local flexibilities would make it possible to address longstanding employment and skills system challenges, including a national employment support programme that has failed to address the barriers faced by those furthest from the labour market, poor coordination of services for those with complex barriers to employment, and a mismatch between the supply and demand for skills (CESI 2014; LGA 2017).

Table 2 provides a thematic overview of a few key elements of the current Work and Skills strategy. It does not detail all ten priorities discussed in the strategy, instead picking out wider ambitions: to improve employment-related support, raise skill levels and retain more graduates, raise employer demand for skills and support progression, and also to embed work and skills priorities across other policy areas.

As previously noted, Greater Manchester has progressed from developing a pilot initiative aiming to improve employment outcomes for incapacity benefit claimants to plans for a 'whole population approach to work and health' aiming to offer interventions across the 'employment lifecycle' to ensure that people can stay in or return to work where possible (GMCA 2017f, GMCA 2018b). The Working Well employment support pilot ran from 2014 to 2016 and was designed and jointly funded by the Greater Manchester Combined Authority and the Department for Work and Pensions with the aim of supporting Employment Support Allowance (ESA) claimants in the 'Work Related Activity Group' to enter and sustain work. The pilot was subsequently expanded, with support offered to a wider group of claimants. Later, Greater Manchester was able to secure a co-commissioning role in the DWP's Work and Health programme.

Evidence of impact across the wide-ranging policies outlined in the Work and Skills strategy is limited, but there is some performance data and evaluation evidence for the initial Working Well pilot. This has highlighted positive outcomes broadly in line with expectations (2018h). The pilot aimed to support 5,000 people, moving 20% into work, and for 75% of those moving into work to sustain employment for at least 50 out of 54 weeks. The GMCA's latest evaluation report notes that 4,700 people had been 'attached' to the pilot and there had been 610 job starts (2018b). This is a job outcome rate of 13%, or 19% discounting clients who left the programme early. It is also claimed that the programme offers 'something that previous programmes have not: a genuine personalised approach, working with clients to address barriers to work and move them into jobs' (GMCA 2017a). An external study offers a more qualified assessment: broadly, it finds participants were not more likely to move into work, but time spent in work did increase (Learning and Work Institute 2018) (see Appendix 5 for further detail and references).

The devolution of the Adult Education Budget is one of the more significant developments in funding terms – estimated to be worth in the region of £92 million to GM in 2019/20. Opportunities to shape provision and link to city-region priorities are currently being explored, with the GMCA signalling that they hope to be able to make a 'long term shift in emphasis away from just 'second chance' essential skills' towards funding supporting growth and productivity for residents and businesses (GMCA 2018k). Under current arrangements, much of the Budget is directed toward funding statutory entitlements to lower level provision (Round 2018).

While local skills strategies have traditionally focussed on skills supply and reducing gaps and shortages (Sissons and Jones 2016), the Greater Manchester Strategy recognises the need for more demand side measures: 'an exclusive focus on reforming the skills supply system will be insufficient: supporting businesses

to move up the value chain will also enable skills performance.’ (GMCA 2017h). One way of achieving this, according to these proposals, is for the combined authority to work with employers to support investment and improve skill utilisation with the aim of enabling firms to compete based on skills and innovation. There is recognition that ‘employers need to be at the heart of creating good jobs’ (GMCA 2017g: 31). Andy Burnham’s manifesto set out plans to establish a Mayor’s business advisory panel and to develop a ‘Good GM Employer’s Charter – setting out the basic standards and actions expected of good businesses’ (Burnham for Mayor 2017). The charter is now being designed in consultation with local stakeholders, including businesses (GMCA 2018h). Other manifesto ideas, including a call for the Apprenticeship Levy to be overseen by the mayor, and for it to become a broader Skills Levy – are yet to be realised.

Table 2: Thematic summary of key employment and skills priorities and policy developments

Goal	Mechanisms	Progress and plans (as of early 2018)
Better support for those poorly served by national employment support programmes	<p>Re-designing support for people who have been out of work for long periods (Work and Health programme)</p> <p>Developing specialist support for hard-to-reach groups</p> <p>Introducing early assessment of need into all back to work schemes</p> <p>Piloting employment support programme for those aged over 50</p>	<p>Work and Health programme commissioned and delivery starting early 2018</p> <p>Further pilots in development</p>
Raising education standards & skill levels	<p>Improve educational attainment with a focus on age 16 GCSE attainment and Level 3 qualifications aged 19</p> <p>Increase the number and quality of apprenticeships – shifting balance more toward advanced and higher level apprenticeships in growth sectors</p> <p>Join up activity within schools, further education and training providers and universities in GM to ensure progression to degree-level or equivalent qualifications</p> <p>Work with GM universities to connect graduates with employment opportunities in Greater Manchester’s SME base and retain more graduates</p> <p>Address gaps in basic and generic skills which run across sectors</p>	<p>Supporting further education providers to offer high quality learning facilities particularly where linked to GM priority sectors (through Skills Capital)</p> <p>Developing a Public Sector Apprenticeship Approach for Greater Manchester</p> <p>Pilot to promote diversity in apprenticeships with DfE/ESFA and other pilot areas</p> <p>Developing a digital action plan</p>

<p>Raising demand for skills and increasing access to good jobs</p>	<p>Develop and implement a world class jobs and progression service with Jobcentre Plus.</p> <p>Working with employers (including through devolved business support services) to encourage investment in skills, improve skill utilisation and enable firms to compete on the basis of higher skills and greater innovation</p>	<p>Aiming to deliver a Productivity and Inclusive Growth Programme via Growth Hub</p> <p>Developing a GM Employer charter, and drafting and piloting criteria for an apprentice employer quality mark (to be integrated with the employer charter)</p>
<p>Embed work and skills priorities across policy areas</p>	<p>Ensure relevant programmes – including ESF programmes, business support activity and GM Health (particularly mental health) programmes – have strong work and skills component</p> <p>Use procurement and commissioning opportunities to secure key outcomes</p>	<p>Commitment to promote charter secured through Work and Health commissioning</p> <p>Undertaking early impact evaluation of using a Real Living Wage outcome for Work & Health Programme</p>
<p>Structural reform to the GM work and skills system (a cross-cutting theme)</p>	<p>Moving to a focus on outcomes rather than outputs – progression to further learning, sustainable employment and higher earnings</p> <p>Ensuring that education and training at level 3 available in all parts of GM</p> <p>Developing specialist and technical provision at Level 3+ in areas linked to GM growth sectors in centres of excellence within GM</p> <p>Improving careers education, information, advice and guidance</p>	<p>Planning for the devolution of the Adult Education Budget (19+ excluding apps and traineeships) from 2019/20</p> <p>Overseeing and contributing to the Area Based Review, the JCP Estate Review and the One Public Estate programme</p>

Note: this table is not a comprehensive list of current activity. Source: GMCA (2017e, 2017h, 2017g, 2018h)

A further development in 2017 was the announcement that GM, along with other mayoral combined authorities, would produce a Local Industrial Strategy (LIS) with the UK Government. This will be aligned with the national Industrial Strategy but will also reflect local strengths and challenges and the actions that could be taken to 'boost productivity, earning power and competitiveness' (GMLEP 2018). The strategy will guide the use of local and national funding streams, and so may have an important influence over future employment policy.

Analysis of local labour market indicators shows some of the challenges that remain to be addressed. Some measures are moving in a positive direction. Median resident earnings have been rising, reaching £22,030 in 2017 but are still £1,713 below the average for England (GMCA 2018j). The proportion of employees earning above the Living Wage has also increased and is in line with the average for England (78% of employee jobs in GM are paid the Living Wage). Note though that resident wages tend to lag behind the wages of those who work in the city and the gap between resident and worker wages is particularly wide in Manchester local authority (Manchester City Council 2018).

According to the performance monitoring dashboard for the Greater Manchester Strategy, the skills, pay and employment indicators are broadly on target, but there are areas of concern. There has been little progress on reducing disparities in employment rates for working-age residents with a disability, or those from ethnic minority backgrounds (GMCA 2018j). In 2017 47.0% of disabled people in Greater Manchester were in employment compared to 52.9% in England. It is not possible to trace changes in these indicators to specific policy actions, but how change occurs is also important given our interest in distributional outcomes. The earnings target might be achieved by attracting more high-skilled residents rather than supporting the skill development of those who currently live in the city region. Alternatively, supporting long-term unemployed residents to enter what is likely to be low paid work could depress median resident earnings. Understanding how improvements in distributional outcomes are achieved, not just if they are achieved is important.

8. Crime and Policing

The evolution and nature of devolution

The area of crime and policing is a different example again, since city-region devolution has occurred in an already devolved area.

Local police services have always been locally accountable, most recently (since 1964) to local police authorities, made up of elected members of local authorities, magistrates and independent members, albeit with a national programme of inspection. Greater Manchester Police (GMP) was established on the GM boundary in 1974. A change in local accountability took place following the Police Reform and Social Responsibility Act 2012, which abolished police authorities (which were seen as unaccountable to local communities) and replaced them with directly elected Police and Crime Commissioners (PCCs), responsible for setting objectives for their area through a police and crime plan, setting the budget and precept, and bringing together community safety and criminal justice partners 'to make sure local priorities are joined up'. PCCs are scrutinised and supported by Police and Crime Panels made up mainly of local councillors, with a small number of co-opted independent members. From 2012 to 2016 all police force areas (except London) had a PCC. In London, the functions of the PCC were taken on in 2012 by the Mayor's Office for Policing and Crime, under the control of the Mayor of London, and these arrangements were extended under the city-region devolution deals to Greater Manchester (from 2017) and the West Midlands (in 2020). In Greater Manchester, these functions are exercised in practice by a Deputy Mayor for Policing and Crime scrutinised by the Police and Crime Panel.

The change brought by 'devolution' in policing is not, therefore, one of the granting of extra powers to subnational governments, but a shift of powers from a locally elected Police and Crime Commissioner to a locally elected Mayor (a politician) who also has responsibility for a range of other functions. The possibility that the role may also develop in a different way is signalled by some additional funding flexibilities - PCC funding to be rolled forward to future years along with an expansion of the interventions eligible for victim funding.

It is worth noting that Greater Manchester has also taken on some additional powers in relation to criminal justice services: a greater role in the commissioning of offender management services; greater autonomy for prison governors including in the provision of education; and more involvement in future plans for the local courts estate. There are indications that further devolution is being considered: through the Youth Justice Review GM will develop plans for a more devolved youth justice system, and options are being considered to devolve the custody budgets attached to female offenders, young offenders and those with shorter sentences (fewer than two years) to Greater Manchester Combined Authority. GM will pilot GPS and sobriety tagging. Some similar powers and flexibilities are included or signalled in devolution deals in London, Liverpool and the West Midlands. They suggest the intention not only to try new approaches but

to enable less 'siloed' provision. As the 2016 GM devolution deal (HM Treasury and GMCA 2016) puts it¹⁵: *'allow more local flexibility, innovation and better coordination with other local services including healthcare and accommodation'* (no page number).

Finally, it is important to recognise that although devolution of crime and policing only took effect in May 2017, this was the culmination of a process of increasing political involvement and of increasing integration with other aspects of city governance as other forms of devolution advanced. Of particular importance in this account is one individual, Tony Lloyd, who was GM's PCC from 2012. Lloyd, a former Labour MP, became interim Mayor in June 2015, holding the office alongside that of PCC, and was thus very closely involved in GM's emerging devolved arrangements¹⁶ and strategic integration. He also stood for the Labour nomination for Mayor which was won by Andy Burnham. As with the other areas covered in this paper, therefore, devolution needs to be understood more as a process than as a neat 'before and after' scenario.

Plans and Progress

The Mayor's first Police and Crime Plan - 'Standing Together'¹⁷ was published in February 2018. The plan is subtitled "Our plan for police, community safety, criminal justice services and citizens in Greater Manchester", and identifies three main priorities for the next three years: 'keep people safe', 'reduce harm and offending' and 'strengthen communities and places'.

We summarise the plans under these headings in Table 3 and more fully in Appendix 6. The plan also contains a section on 'better services' which goes beyond policing to the broader influences on offending and on community safety, as well as setting out police finances and funding plans.

The new plan has substantial continuities with previous plans and annual reports under the PCC, such as the emphasis on taking a multi-agency approach with services working together, the importance of public consultation and improving services for victims. Indeed, Tony Lloyd's last plan as PCC (Lloyd 2016) points to the potential of devolution to bring services together, and notes some early examples, including introducing a 24/7 helpline for police so that they can have immediate access to the information that allows them to keep people out of a police cell when they are in mental health crisis. There is also evidence of continuity from the PCC period to Mayoral period of piloting new services and projects to come up with new ways of dealing with social problems, and there are

¹⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/508116/Further_Devolution_to_Greater_Manchester_Combined_Authority_FINAL.pdf

¹⁶ see for example <https://www.gmpcc.org.uk/news/mayor-to-lead-on-justice-devolution/>

¹⁷ http://www.greatermanchester-ca.gov.uk/download/downloads/id/519/police_and_crime_plan_-_standing_together.pdf

signs that through devolution the opportunities to do this have increased, for example with more control over education and training in prisons.

Table 3: Brief Summary of Priorities: GM Police and Crime Plan

Priority/Area	Summary of commitments/plans
<p>Keeping people safe</p>	<p>“Protecting and caring for people who live, work, socialise and travel in Greater Manchester. Protecting those who are vulnerable and those who are victims of crime or at risk of being victimised. Building resilience, feelings of safety and confidence in policing and community safety”</p> <p>Includes:</p> <ul style="list-style-type: none"> • New Commission on Preventing Hateful Extremism and Promoting Social Cohesion • ‘Problem-solving teams’ to address anti-social behaviour (ASB) • Piloting mental health nurse support for responders at police call centres • Piloting ‘edge of care responses’ • Training for frontline workers on forced marriages • Roll out new service to help ‘provide and coordinate support’ for victims of crime
<p>Reducing Harm and Offending</p>	<p>“Preventing anti-social and criminal behaviour including the most serious offending and terrorism by solving problems, intervening early and rehabilitating offenders to build confidence in criminal justice”</p> <p>Includes:</p> <ul style="list-style-type: none"> - Multi-agency problem-solving and place-based teams to prevent offending and re-offending - Devolution of education and training in prisons - A partnership approach to tackling serious organised crime - Integrated Offender Management teams - A service to better coordinate restorative justice
<p>Strengthening communities and places</p>	<p>“Helping to build resilient and resourceful communities including online communities and protecting the places where people live, work, socialise or travel. Supporting the delivery of the IT systems, buildings, roads, street lighting and other public assets needed to solve problems in a 21st century society”</p> <p>Includes:</p> <ul style="list-style-type: none"> - Safer Travel initiative - Reducing and preventing rough sleeping - Place-based integrated services to help people help themselves e.g. through life skills or parenting classes - Protecting high profile or temporary events from terrorism - Working with communities on shared understanding of citizen’s rights and responsibilities

The new plan also has some differences of tone and content from PCC plans, notably consideration throughout of the determinants of offending and other social problems, with references made to GM's industrial heritage, inequalities in life chances, cuts and shrinking services and gaps. As well as the needs of victims of crime, emphasis is placed particularly on offenders' needs and potential vulnerabilities, with a focus on the wellbeing of offenders and those at risk of offending as well as on reducing (re)offending.

In both these respects, there is strong evidence, reinforced in the 'better services' section of the plan, of the Greater Manchester approach to public service reform: place-based integration with an emphasis on early identification and prevention. There are commitments to building capability through a multi-agency workforce development programme, frontline workers and officers including identification of those at risk of being victims to or perpetrating sex offences, awareness of the Universal Credit process, and recognising adverse childhood experiences, so-called honour-based abuse and modern slavery. Particularly visible is an emphasis on strengthening joint working with the NHS, as well as a recognition of the role of the voluntary sector in building safe communities, and the role of businesses. These developments are consistent not just with health and social care devolution but with the broader tone set by the Mayor – his new emphasis on the importance of the voluntary sector, liaison with businesses and attempts to galvanise collective and coherent responses to social issues such as rough sleeping. We also observe that the new plan is in some respect less political than previous plans which criticised government decisions to 'slash' and 'axe' police budget, while the new plan takes a broader focus in contextualising Greater Manchester in terms of its history, demographics and needs – possibly a reflection simply of different individual approaches, but perhaps also of the different approach that may be taken by a Mayor with responsibilities for whole-city governance rather than a PCC with responsibilities for just one aspect, heavily constrained by central government funding.

A new tool available to the Mayor has been the opportunity to increase the funding available to the police, not a function of his Mayoralty but of the government's decision, for the 2018/19 year, to relax the cap on the local police precept. Since 2010/11, increases had been limited to 1.99% per year – anything more than this demanding a local referendum. Between 2011/12 – 2014/15 incentives were also offered for freezing or cutting precepts, in the form of additional temporary grant funding. Most police forces (GM included) had seen increases of just under 2% each year until 2017/18, at the same time as experiencing substantial cuts in government grant. Crawford et al (2015) show that considerable differences in police funding have opened up between areas since the early 2000s, with metropolitan areas like GM tending to rely more on government grant (and not to have made big increases in police precept prior to 2010) while 'shire' forces have been more likely to raise money locally. With reductions in grant since 2010 and a cap on the precept, this has meant that the forces that saw the smallest increases in funding over the 2000s have also seen the biggest cuts since. Responding to this situation, the GM Mayor took full advantage of the new 2018/19

flexibilities (to increase the precept by up to £1 per month per Council Tax band D household) – raising the precept by £12 per year (up 7%) for a Band D household, generating an additional £8.8m. This has been pledged towards recruiting at least 50 additional police officers (a drop in the ocean against the 2000 lost since 2010), ensuring no reduction in PCSO numbers, ensuring a front line police presence in every community and improving the non-emergency 101 service (GMCA 2018e). However, we cannot attribute this to Mayor/PCC differences nor to political differences with central government. Our analysis of Council Tax (police) statistics shows that median rise in 2018/19 for all forces was 7%. Labour PCCs were slightly more likely to make higher increases than Conservative or Independent PCCs but the differences were slight. It remains to be seen how these patterns play out in future. In Greater Manchester, the Mayor’s inclination to raise the police precept in future years may conceivably be affected by the fact that he also levies a Mayoral precept, which contributes to additional Council Tax increases.

9. Discussion and Conclusion

City region devolution developed rapidly under the Coalition government and has come into effect in practice since 2014/15, with the election of Mayors in 2017 and 2018 adding a new political dimension. Although England remains extraordinarily centralised by international comparison, a lot has happened in a short time. In the English context, this is a radical experiment.

The GM case suggests that devolution needs to be understood not in the limited terms of the specific powers and responsibilities moved downwards from central government, but as a shift to a new mode of urban governance, with strategic coordination and decision-making also moving upwards from individual local authorities, and with new networks, links and partnerships formed vertically and horizontally within the area.

Moreover, while devolution may formally be confined mainly to economic development, transport and planning powers and tied to economic growth ambitions, it is understood, at least in GM, as a far broader opportunity for wide-ranging social policy reform. Principles of this reform include greater co-ordination of services in local places, a shift in emphasis and spending towards prevention of problems, and greater responsiveness to local people (both individually as users of services and as communities with distinct and varied needs). Some of these changes can come about through place-based policies and collaborations which do not require formal powers and budget delegation, although some cannot.

GM is, in many ways, at the forefront of approaches that would appear to address some of the acknowledged limitations of current national-level social policies. The principles have echoes of New Labour's early place-based programmes for tackling social exclusion as well as the later Total Place pilots, and to some extent of David Cameron's 'Big Society'. The approach in health and social care very much exemplifies the ambitions of the NHS five-year forward view to "*get serious about prevention*" (NHS England, 2014, p.9) and the Barker review on the integration of budgets and commissioning (Barker et al. 2014), and heeds the warnings of the Wanless report twelve years prior that failing to tackle prevention would lead to a crisis (Wanless, 2004). The current approach also has roots in the Marmot review of health inequality in 2008 which developed a series of approaches and recommendations that are now included in this subsequent strategy such as: whole life-cycle approaches to tackling inequality: person centred approaches to tackle complexity of care: and far closer collaboration of providers including Local Government (Marmot *et al.*, 2010). Across the piece, the emerging interest in merging economic and social policies, for example in seeing policies on procurement and commissioning and employer behaviour as key to improving employment and health outcomes, suggests a more promising policy model than one in which social policies simply respond to the fallout from labour market inequalities.

At the least, therefore, it seems likely that the current devolution experiment will produce some interesting pilots and innovations to address some of the problems

that seem intractable to national policy-makers. It may also suggest the beginnings of a new model of joined-up city-region government, with the potential to link economic and social policies, vary policies substantially, pool resources across places and move funds from one social policy 'pot' to another. For this reason, and because the areas covered tend to be those with higher economic and social needs, we argue that this is a development that needs to be taken seriously both for the organisation of social policy-making in England and for the potential effect on the distribution of outcomes.

However, there must be considerable concerns about whether the experiment will deliver on its promise and be sustained and extended, for three reasons. One is that it has developed incrementally and haphazardly, and lacks coherence and central government commitment. A limited range of social policy areas are devolved and mostly not the areas which are the big spenders or big levers of economic and social outcomes. The powers devolved are patchy and do not support the wide-ranging policy integration envisaged. For example, there is devolution of the Adult Education Budget but not of apprenticeships or 16-18 education nor, crucially, any powers to intervene in the school system. Much of what is labelled 'devolution' so far is selective delegation, within a centralised system of policy and accountabilities, which may limit the progress that can be made by partnerships and collaboration. While changes are happening apace, beyond health and social care there have been few additional resources provided/decentralised from Whitehall to support the work of policy innovation and service transformation. Beyond the mayoral precept, cities do not have powers to raise funds for this capacity themselves. There is very limited (almost non-existent) fiscal devolution. A complex machinery of government is developing with huge ambitions and programmes of work but little resource.

A second and related reason is that the conditions for these social policy reforms are very challenging. Systems are being expected to make major reforms and deliver better results at a time when pressures are rising, some other aspects of national social policy (such as Universal credit and Child Benefit cuts) are adding to social and economic challenges, and overall budgets are shrinking. While we have not been able to produce a full budgetary analysis (nor have we seen one) it is clear that limited 'new money' for devolution in various one-off pots has come alongside substantial cuts to local government budgets and services. Whitehall driven cuts present a particular problem to the joining up of services locally. For example, the Working Well model depends partly on the availability and quality of a wider set of services which are not directly supported by the Work and Health programme. Whether they can be sustained in the context of a larger employment support programme, and alongside ongoing cuts in public spending remains to be seen. Moreover, while there is evidence in the GM case of attempts to target particular places and communities to reduce inequalities within the city-region it is not evident how gaps between GM and the rest of the country can be closed without additional funding in relation to need.

Third, while the Greater Manchester experiment is progressing rapidly, there may be difficulties in translating it to other areas. GM has the advantages of well-

aligned geographies and a history of collaboration, which is not the case everywhere. Central government has not even made commitments to taking up the findings of pilots and rolling them out more generally. It has certainly not made any commitments to moving towards a federal system. At present devolution remains a piecemeal and bespoke set of negotiated arrangements; a fragile settlement.

Overall then, the implications for UK social policy are potentially profound, but the experiment is in its very early days. During the course of this research programme, evidence should begin to emerge not just about whether different outcomes are achieved from specific projects, pilots or service designs, but whether the new Greater Manchester governance model, given the considerable limitations under which it is operating, can begin to produce significant policy variation with the potential to affect either intra-regional or inter-regional inequalities. Firmer conclusions may then be drawn.

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Appendices

Appendix 1: City-region geographies covered by City and Devolution deals

City region geographies are often fuzzy. For the purposes of estimating the coverage and scale of city-region devolution in the 2010s, we focus on a sample of cities comprising the eight large cities that were included in the first wave of City Deals and those urban areas which have subsequently agreed Devolution Deals (as of early 2018).¹⁸ This leaves us with eleven 'city-regions': the table below describes the local authorities that were associated with the City and Devolution Deals agreed by each of these areas.

Table: A1.1 Overview of 'city deal' and 'devolution deal' geographies

	City region	City deal geography LA areas	Devolution deal geography Core Combined Authority local areas	Devolution deal geography Associate/non-constituent LAs
1	Greater Birmingham / West Midlands	Birmingham, Bromsgrove, Cannock Chase, East Staffordshire, Lichfield, Redditch, Solihull, Tamworth, Wyre Forest	Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall, Wolverhampton	Cannock Chase, North Warwickshire, Nuneaton & Bedworth, Redditch, Rugby, Shropshire (CC), Stratford-on-Avon, Tamworth, Telford & Wrekin, Warwickshire (CC)
2	Bristol / West of England	Bath and North East Somerset, City of Bristol, North Somerset, South Gloucestershire	Bath and North East Somerset, City of Bristol, South Gloucestershire	
3	Greater Manchester	Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, Wigan	<i>No change</i>	
4	Leeds / West Yorkshire	Barnsley, Bradford, Calderdale, Craven, Harrogate, Kirklees, Leeds, Selby, Wakefield, York	Bradford, Calderdale, Kirklees, Leeds, Wakefield	York
5	Liverpool	Halton, Knowsley, Liverpool, Sefton, St. Helens, Wirral	<i>No change</i>	
6	Nottingham	Nottingham*	<i>Yet to be agreed</i>	

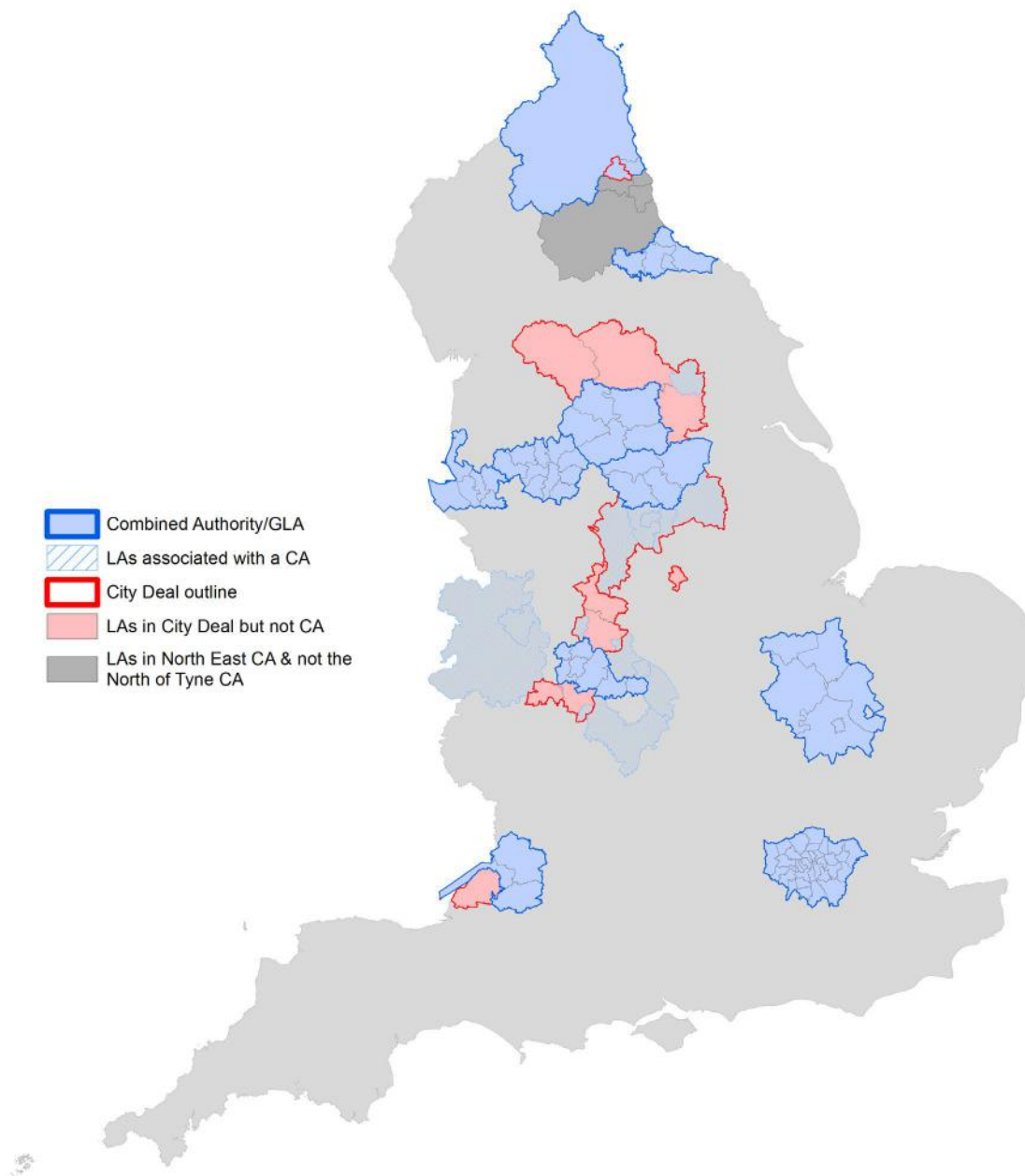
¹⁸ Growth Deals were also agreed with all Local Enterprise Partnership areas, many of which overlap with these geographies

7	Newcastle / North of Tyne	Newcastle upon Tyne*	Newcastle upon Tyne, North Tyneside, Northumberland ¹⁹	Durham, Gateshead, South Tyneside, Sunderland
8	Sheffield	Barnsley, Bassetlaw, Bolsover, Chesterfield, Derbyshire Dales, Doncaster, North East Derbyshire, Rotherham, Sheffield	Barnsley, Doncaster, Rotherham, Sheffield	Bassetlaw, Bolsover, Chesterfield, Derbyshire Dales, North-East Derbyshire
9	Greater Cambridge / Cambridgeshire & Peterborough	Cambridge, Cambridgeshire (CC), East Cambridgeshire, Fenland, Forest Heath, Huntingdonshire, King's Lynn and West Norfolk, North Hertfordshire, Peterborough, Rutland, South Cambridgeshire, St Edmundsbury, Uttlesford	Cambridge, Cambridgeshire (CC), East Cambridgeshire, Fenland, Huntingdonshire, Peterborough, South Cambridgeshire	
10	London	<i>No City Deal</i>	London boroughs (32) and City of London	
11	Tees Valley	Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland, Stockton-on-Tees	<i>No change</i>	

Note: these geographies are only indicative. The degree of involvement of local areas in each deal is not always clear: in this instance, where a LEP or County Council is among the signatories to a deal but constituent local authorities were not direct signatories they are not included unless the Deal was *only* signed by a LEP (e.g. Birmingham). City Deal geographies were identified based on analysis of Deal documents, Devolution Deal geographies adapted and updated from Sandford, M. (2018) Devolution to local government in England, HoC Library Briefing Paper 07029, London: House of Commons.* indicates that the LEP for the area was named but did not appear as a signatory to the City Deal. Barnsley was involved in both the Leeds and Sheffield City Deals and is now a constituent member of the Sheffield Combined Authority.

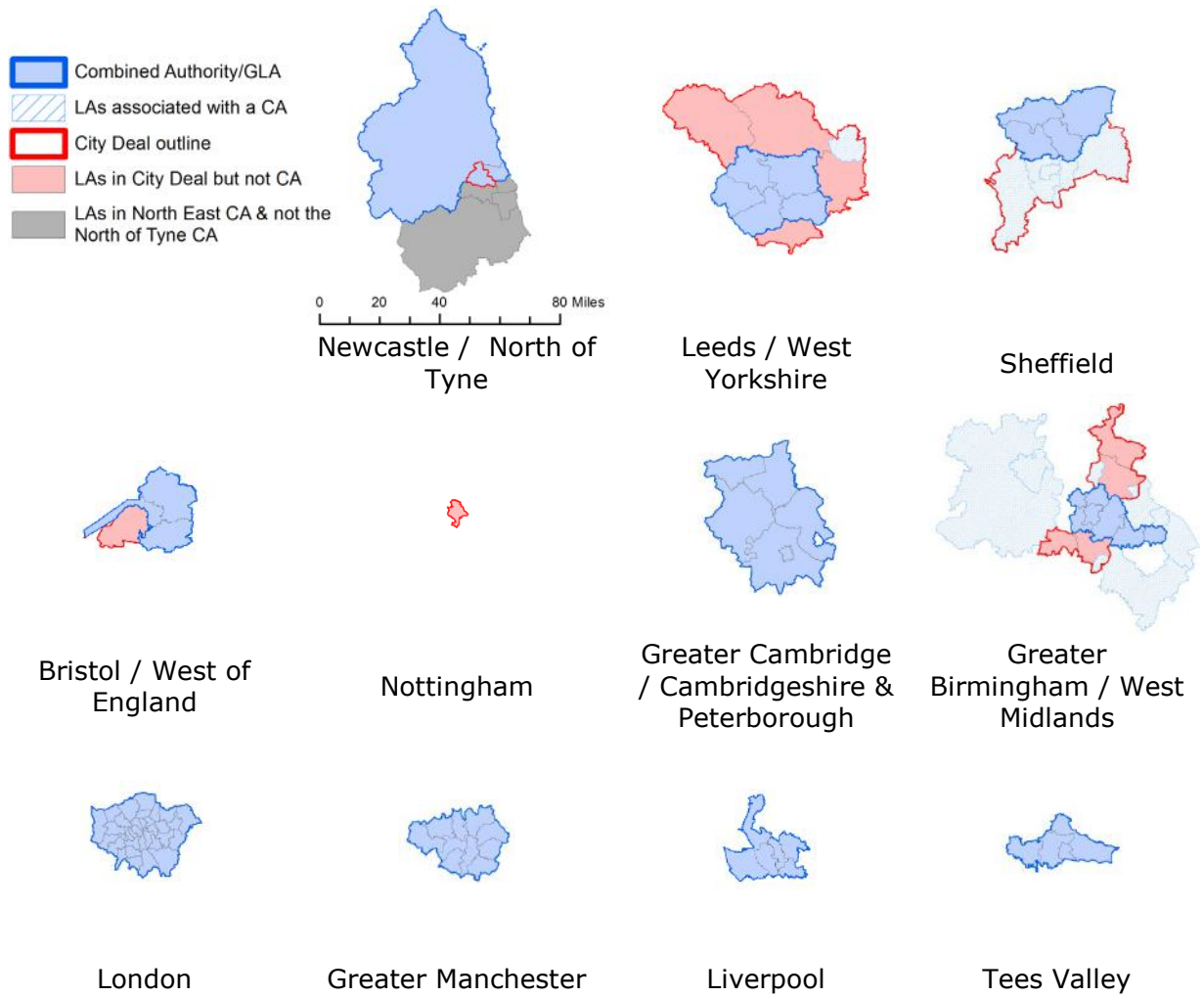
¹⁹ The previous North East Combined Authority would have included Gateshead, South Tyneside, County Durham and Sunderland – these areas will be non-constituent members of the North of Tyne CA.

Figure: A1.1 Overview of 'city deal' and 'devolution deal' geographies



Note: LA = Local Authority, CA = Combined Authority, GLA = Greater London Authority. The map describes the Deal geographies of those large cities that were in the first wave of City Deals (8 areas encompassing Liverpool, Birmingham, Bristol, Manchester, Sheffield, Nottingham, Newcastle and Leeds) and those city regions that have subsequently agreed devolution deals (London, Cambridge, Tees Valley). Geographies have been identified based on analysis of Deal documents and Combined Authority websites and are indicative. The map focusses on local authority participation in these deals – some City Deals were also signed by LEP areas, and some Combined Authorities have also designated 'observer' organisations. Note that the North of Tyne devolution deal area represents part of what was originally constituted as the North East Combined Authority (areas within the NE Combined Authority but not the North of Tyne are indicated in dark grey). Warwickshire County Council is also a non-constituent member of the West Midlands Combined Authority, covering Birmingham, but is not mapped as one of its lower tier authorities (Warwick) is not a member. Cornwall Unitary Authority, not shown, also secured a Devolution Deal.

Figure: A1.2 Overview of city-region devolution deal areas



See notes for Figure A1.1 above.

Appendix 2: City-region data indicators

Table 2.1 median values for local authorities in each city-region

City region	IMD rank 2015	IMD Crime domain rank	Proportion of 16-64 population in employment		Proportion of 16-64 population with no or low qualifications		Proportion of KS4 pupils eligible for Free School Meals		Healthy life expectancy at birth - men (years)	
	2015	2015	2011	2017	2011	2017	2011	2017	2010-2012	2012-2014
Nottingham	10	18	59.0	57.4	26.6	22.5	29.6	23.2	58.7	57.8
Liverpool	44	104	66.6	70.25	27.3	22.4	25.3	18.9	60.0	59.7
Greater Manchester	58	76	66.6	72.85	26.0	21.5	16.3	17.2	59.9	60.2
Tees Valley	78	106	60.7	68.5	28.6	23.5	16.8	16.7	59.1	60.4
Newcastle	81	187	65.9	71.3	25.6	19.3	17.6	16.8	58.7	58.9
Sheffield	85	133	67.9	73.2	27.1	23.9	14.5	14.3	59.5	59.9
London	86	28	67.8	74.9	18.8	12.6	21.8	16.2	62.8	64.1
Leeds	101	100	69.0	74.55	23.2	20.8	13.6	13.7	60.9	61.9
Greater Birmingham	144	149	71.4	78.7	26.9	18.3	10.4	10.3	64.8	63.6
Greater Cambridge	241	248	76.0	79.65	21.8	19.3	7.3	8.7	65.0	66.1
Bristol	246	203	73.4	78.8	18.9	13.6	8.4	8.7	65.3	66.8
MIN	10	18	59.0	57.4	18.8	12.6	7.3	8.7	58.7	57.8
MAX	246	248	76.0	79.7	28.6	23.9	29.6	23.2	65.3	66.8
England	-	-	70.0	75.1	23.8	18.4	13.9	13.1	63.4	63.4

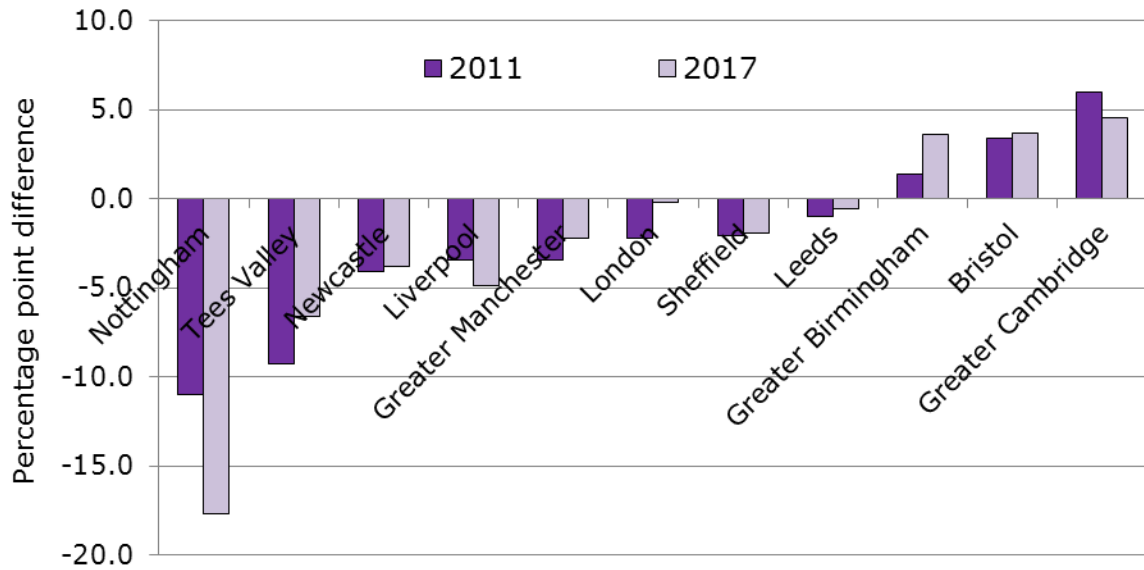
Note: 1. City-regions are defined and named based on their 'City Deal' geographies, see Appendix 1. Cities are listed based on the median IMD ranking of their constituent local authorities

2. We have used 2011 data or as close to it as possible as a pre-devolution baseline. Much of the source data for the IMD 2015 dates from the period 2011-12. 3. Data for FSM eligibility and male healthy life expectancy at birth only available for upper-tier authorities. Where estimates are missing at local authority level (as for Birmingham, Cambridge, Leeds, and Sheffield), estimates for upper tier authorities are taken into account when estimating LA-level medians.

3. 'No or low qualifications' relates to people who have no qualifications (NVQ) and those with qualifications at NVQ 1 only.

Sources: ONS (2016) Healthy life expectancy (HLE) and life expectancy (LE) for males at birth by upper tier local authority (UTLA) in England, 2010 to 2012; employment and NVQ estimates from Annual Population Survey (via Nomis); FSM estimates from DfE data on 'Achievements at GCSE and equivalent for pupils at the end of KS4 by free school meal eligibility and Local Authority; Index of Multiple Deprivation 2015

Chart A2.1 Disparities in the proportion of 16-64 year olds in employment



Note: all graphs show difference between median LA indicators for each city-region and the figure for England overall at two time points

Chart A2.2: Disparities in the proportion of 16-64 year olds with 'no or low' NVQ qualifications (below Level 2)

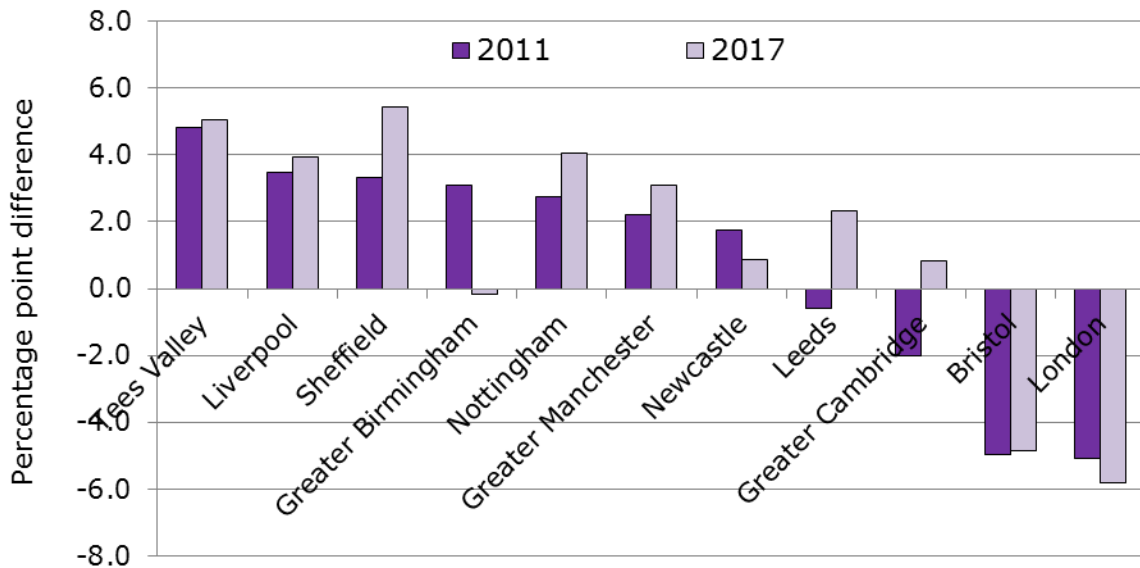
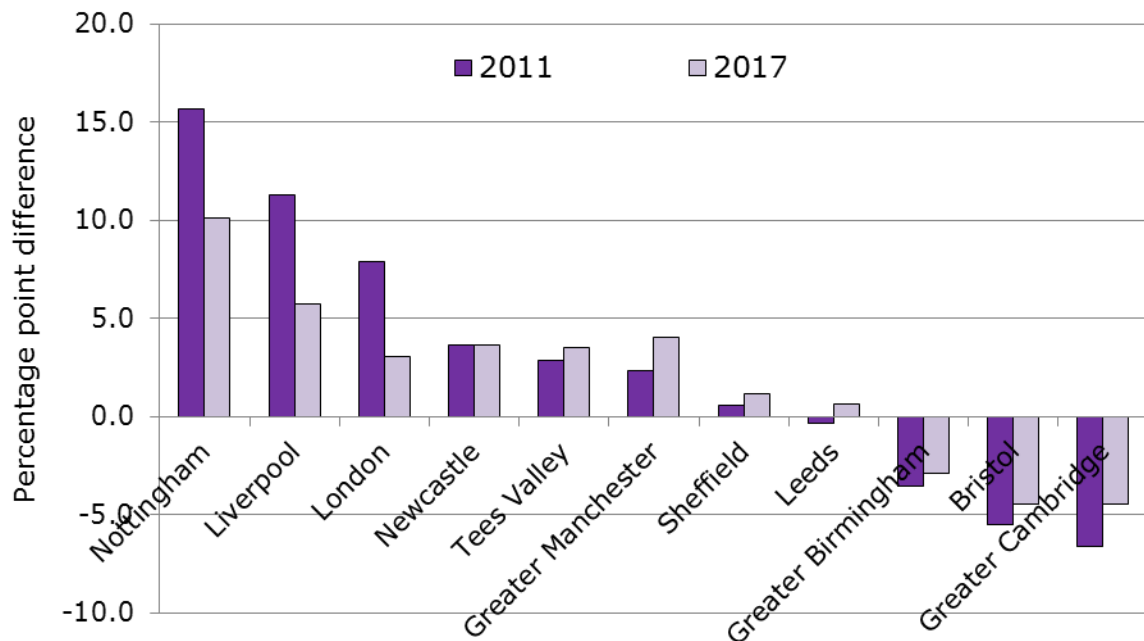
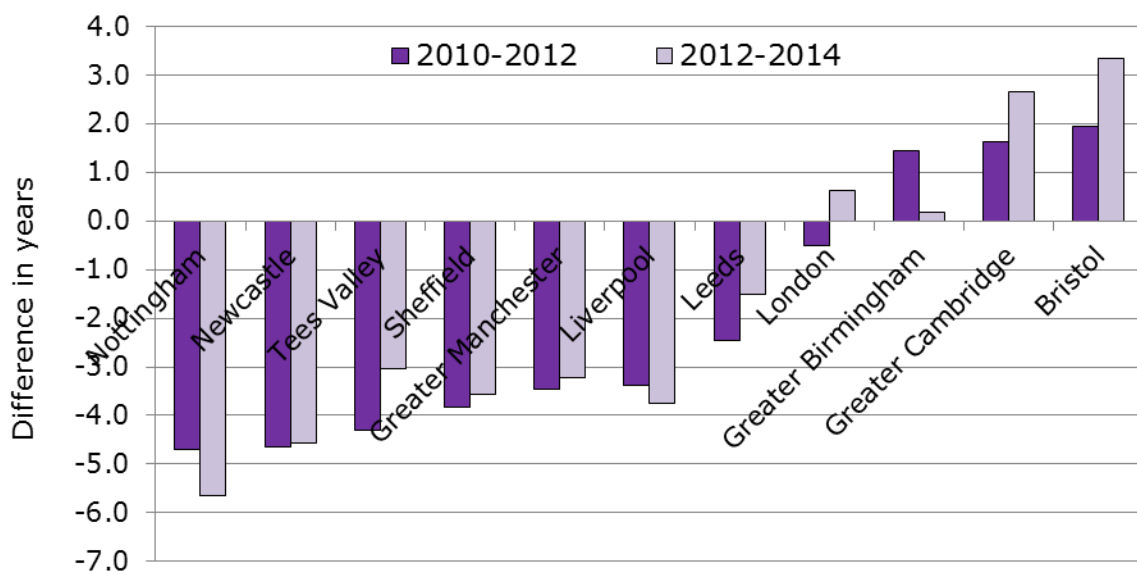


Chart A2.3: Disparities in the proportion of KS4 pupils eligible for Free School Meals



Note: Data on FSM eligibility only available for upper-tier authorities. Where estimates are missing for some local authority areas in a city region (as for Birmingham, Cambridge, Leeds, and Sheffield), estimates for upper tier authorities are taken into account when estimating LA-level medians.

Chart A2.4: Disparities in Healthy Life Expectancy at birth, men (years)



Note: Data for healthy life expectancy at birth only available for upper-tier authorities. Where estimates are missing for some local authority areas in a city region (as for Birmingham, Cambridge, Leeds, and Sheffield), estimates for upper tier authorities are taken into account when estimating LA-level medians.

Appendix 3: Results of Mayoral Elections 2017 and 2018

Combined authority	Mayor	2017 Results – first and second round (2018 in Sheffield)	Turnout (% of registered electorate)
Cambridgeshire and Peterborough	James Palmer (Conservative)	CON candidate wins 38.0% in first round, 56.9% in second round (against LIB DEM candidate)	32.9
Greater Manchester	Andy Burnham (Labour)	LAB candidate wins 63% of votes in first round	28.6
Liverpool City Region	Steve Rotheram (Labour)	LAB candidate wins 53% of votes in first round	25.9
Tees Valley	Ben Houchen (Conservative)	CON candidate wins 39.5% in first round, 51.1% in second round (against LAB candidate)	21.0
West of England	Tim Bowles (Conservative)	CON candidate wins 27.3% in first round, 51.6% in second round (against LAB candidate)	29.3
West Midlands	Andy Street (Conservative)	CON candidate wins 41.9% in first round, 50.4% in second round (against LAB candidate)	26.3
Sheffield	Dan Jarvis (Labour)	LAB win 48% 1 st preference, 62.6% 2 nd preference votes 74% of total vote	25.4

Sources: House of Commons Library (2017) Turnout, Social Indicator, 2633; Dempsey, N. (2018) Local Elections 2018, HoC Library Briefing CBO 8306; and Council local election sites.

Appendix 4: Summary of Health and Social Care Plans and Progress

Transformation Themes	Plans	Progress to Date
<p>Radical Upgrade in Population Health Prevention</p> <p>A population health plan based on five pillars: Starting Well, Living Well, Ageing Well, People Powered Health, and System Reform</p>	<ul style="list-style-type: none"> - New model for integrated early years services. - New delivery models to engage multiple disadvantaged communities e.g. through social prescribing, pathway into work, self-care and health literacy - health as a social movement - testing ways of shifting power to patients and citizens - developing proposals for embedding social value into GM commissioning - To grow a culture of asset based care within LCOs - Exploring physical activities intervention for elderly to prevent falls - Joint work with housing providers to tackle fuel poverty, support housing options which sustain independent living 	<p>Part of Starting Well Campaign:</p> <ul style="list-style-type: none"> - GMC HSCP invested £1.5M into oral health care for children 0-5yrs in Oldham, Rochdale, Salford and Bolton. - £2M+ investment proposal towards the School Readiness Initiative for young children in GM - Agreed investment plan of £1.7M into reducing the number of women and their partners smoking during pregnancy. <p>Living Well:</p> <ul style="list-style-type: none"> - Establishment of GM “Making Smoking History” strategy to reduce smoking by a third by 2021 - Agreed plan to invest £1.7M+ to reduce smoking in pregnant women and partners <p>Ageing Well:</p> <ul style="list-style-type: none"> - Work programme set up to improve the quality of care in care homes. <p>People Powered Health:</p> <ul style="list-style-type: none"> - In Oldham new community services where service users go regarding skin, heart, stomach concerns to specialists closer to home. - Social care service users across GM now more involved in GM Health and Social Care Partnership decisions.

**Transforming
Community-Based
Care and Support**
Developing
integrated working in
local areas

- Aiming to combine healthcare, social care and wellbeing groups together as a first point of call within the community (a single hospital service)
Development of 10 integrated local care organisations (LCOs) involving all health and social care providers work collaboratively to provide care to a defined population.
- Aiming to take charge of GM’s primary care medical standards
- New models of social care
- Primary care strategy based on ‘people powered health’, actively managing people in the community and integrated professional working.

- Dental Local Professional Network: Baby Teeth DO Matter Campaign leading to better quality and accessed to preventative primary dental care.
- Local Eye Network collaboration with Health Education England enabling communities to independently manage minor eye conditions.
- GM now an implementation area for Multispecialty Community Provider (MCP) contract- allows GM to follow a new model of care giving them freedom to tailor care based on population needs (backed by funding, commissioning and contract).
- Strengthened relationship with 15,000 volunteer and community organisations associated to healthcare via formal agreement and £1.1m funding.
- LCOs progress development in all 10 LAs now supported by investment from GM Transformation Fund (almost £275M invested).
- Neighbourhood LCOs leading to many innovative ideas such as:
 - o Creation of community navigators directing people to community services that can help with their health concerns.
 - o Working with other sectors like housing, employment and policing to work together and combat ill health.

Standardising acute and specialist services to the best evidence

Rationalising and standardising services

- Proposal of concentrating specialist services in four single hospital services (Hub sites) to ensure consistent consultant presence in A&E and Acute Medical wards 12 hours a day, 7 days a week
- identifying 8 priority areas (paediatrics, maternity and obstetrics, respiratory and cardiology, MSK and Orthopaedics, breast, urology, neuro-rehabilitation and vascular) for clinical redesign-
- A GM Urgent and Emergency Care operational Hub to monitor and respond to pressures

- Now providing urgent primary care services on a 24/7 basis across GM – an alternative to A&E.
- Set up of GM Urgent and Emergency Care Operational Hub to monitor A&E activities and respond to early warnings (control centre).
- £41M investment in GP practices for the next 4 yrs. to improve access and quality GP practices.
- Introduction of GM Primary Care Standards to improve and maintain good GP practices across GM
- Major Campaign set to prepare for winter leading to more influenza vaccinations across GM (for vulnerable groups) and encouraging visits to pharmacy (rather than alt. primary care services) at first sign of illness.
- Salford Royal, Central Manchester, Royal Oldham, Stepping Hill/Stockport now specialised in emergency and planned high risk operations.
- Salford Royal now main surgical centre for stomach and throat cancer for GM
- First stage of hospital merger completed- the Single Hospital Service (SHS) to form Manchester University Foundation Trust.
- £30M capital funding given for Salford Royal development of their major trauma services.

<p>Standardising back office and support functions Ensure consistent standards and efficiencies through sharing ideas, ways of working, buildings, technology, research and development and training</p>	<ul style="list-style-type: none"> - Programme of work around five areas: Procurement, Hospital pharmacy, Pathology, Radiology and Corporate functions - Back office includes finance, tech, HR, business intelligence. 	<ul style="list-style-type: none"> - £10m of funds for creation of digital health projects across the 10 localities - Set up of a single Wi-Fi standard for all of health and social care across GM allowing connect connection from any location. - Agreement signed with Heath Education England giving region more freedom over how GM trains their workforce.
<p>Enabling better care Strategies and improvement programmes across workforce, IM&T, estates, commissioning, incentive, and medicines operation.</p>	<ul style="list-style-type: none"> - New workforce transformation strategy to identify shortage and attract talent. Includes establishing GM as high quality brand with international training fellowships scheme. Work on nurse recruitment and retention. - rationalising and maximising use of estates - a GM capital financing strategy - and new approaches to commissioning, contracting and payments - Pipeline of innovative proposals to be rapidly trialled for managing COPD, a Healthy Hearts initiative, Hepatitis C elimination and a service for families following still birth. - GM Wide IM&T strategy built on five key pillars; Empower, Integrate, Connect, Collaborate and Understand. Strategy has been 	<ul style="list-style-type: none"> - New £20M Medical and Surgical Centre opened at Stepping Hill Hospital - Report commissioned on incentives for Nursing and Allied Health Professionals exploring incentives in place to improve the recruitment, retention and return of them in GM. - 240 nursing associate places secured for GM - Wrightington, Wigan and Leigh (WWL) NHS FTT hosting international training fellowship schemes to support more international doctors to work in GM. - £63M capital investment for Healthier Together implementation at Manchester Royal Infirmary, Royal Oldham, Salford Royal and Stepping Hill. - £30M capital investment for Salford Royal to broaden their quality of major trauma services. - Agreement signing with Health Education England to give the region more control of what happens in GM healthcare.

	<p>developed and moving towards implementation.</p> <ul style="list-style-type: none"> - Incentivising reform intended so primary, community, social and acute providers are encouraged to work together to form one enabling work stream. 	
<p>Cross Cutting Themes</p>		
<p>Mental Health and Well Being a system wide approach to service delivery, focused on understanding the holistic needs of individuals and their families, within their community contexts</p>	<ul style="list-style-type: none"> - Developing a GM Mental Health Commissioning Framework - A suicide prevention strategy - An approach to street triage - Common standards for eating disorder and ADHD services 	<ul style="list-style-type: none"> - Investment of £134M towards mental health in GM (largest in the country) - Almost £80M of this investment dedicated to children, young people and mums; those most vulnerable to mental health issues - Establishment of Greater Manchester Resilience Hub supporting those affected by Manchester Arena attack.
<p>Cancer A new GM Cancer Board and Cancer Plan. Establishment of the National Cancer Vanguard, with 2 other partner areas</p>	<p>New strategies are based around domains of prevention, earlier and better diagnosis, improved and standardised care, living with and beyond cancer.</p> <p>A focus on Commissioning, provision and accountability, Patient experience, User involvement, Research and Education</p> <p>A lung health check pilot, a national pilot of a pathway for people with non-specific symptoms.</p>	<ul style="list-style-type: none"> - Consistently meeting national target of waiting 62days wait from referral to treatment. - GM now part of NHS England Cancer Vanguard - An extra £2.3M funding going into GM's cancer research. - Look towards implementing Lung Health Check pilot study programme across GM - Signed up 5,000 Cancer Champions that will use experience and knowledge to support those at risk of/diagnosed with cancer.

<p>Learning Disabilities and Autism Building on an initial NHS 'Fast-Track' programme to develop an integrated, whole system approach to addressing needs</p>	<p>plan to improve employment opportunities for people with learning disability, a new carers charter, a work programme to improve quality of care homes Transforming care to reduce numbers of people living in hospital environment, specialist support in place 24/7, £1m investment for new autism services and early intervention for children and young people with complex needs.</p>	<ul style="list-style-type: none"> - Plan established to improve employment opportunities for those with learning disability. - New Carer's Charter developed - Work programme set up to improve the quality of care homes - A Specialist Support Team now available that liaises with Community Learning Disability Teams available 24/7. - £1M secured for Transforming Care in GM to develop autism services as well as early intervention for young children with complex needs too.
<p>Children's Services: a fundamental review</p>	<p>A fundamental review of the way that all services for Children are delivered in the region.</p>	<ul style="list-style-type: none"> - Health and Wellbeing board created to oversee service changes for up to 777,000 children.
<p>Dementia</p>	<p>Dementia United offer/model. include investment of £2m in "Dementia United" (involving a long term support plan with plans for a whole system of named coordinators of care, ensuring a care plan and at least one annual review for each person as well as a diagnosis and referral within six weeks)</p>	<ul style="list-style-type: none"> - Consistently high rates of dementia diagnosis (77%) and higher than the national average. - £2M investment into Dementia United Programme to improve quality of life post dementia diagnosis in GM. - By 2020/2021 older people will receive diagnosis and referral within 6wks.

Appendix 5: The case of “Working Well” in Greater Manchester

1. Working Well Pilot

The Working Well pilot was designed and jointly funded by the Greater Manchester Combined Authority and the Department for Work and Pensions with the aim of supporting Employment Support Allowance (ESA) claimants in the ‘Work Related Activity Group’ to enter and sustain a job. The pilot aimed to work with claimants who had completed two years on the Work Programme without moving into sustainable work and referrals were made primarily by Jobcentre Plus staff.

The idea was that participants would be allocated a key worker, someone who would help them to identify and discuss the barriers they faced, and who would identify relevant services and help to coordinate interventions. In practice the support on offer varied across areas, with each local authority drawing up a Local Integration Plan outlining the services available. Support was generally available to help address skills barriers, employment, and health issues and housing problems. Although the emphasis differed between providers, the programme ended up offering a sort of qualified ‘work-first’ approach, working to address the barriers participants faced, while keeping the objective of moving into work in view. In-work support was also available for up to 12 months after a participant moved into work.

The full outcomes data from the pilot is not yet available but a 2018 evaluation report indicates that there were 4,700 attachments to the programme, and 13% of the people that were ‘attached’ to the programme started a job (rising to 19% if those leaving the programme early are discounted). This is broadly in line with the target of moving 20% of people into work. Of those starting work more than a year before, 43% sustained work for more than 50 weeks. Many of those starting work were employed in elementary or sales occupations (25% and 20% respectively (2017f)). A separate early impact assessment, which attempted to assess whether the pilot was more effective at helping people to move off benefits and into work compared to standard Jobcentre Plus provision, found that while the pilot did not seem to increase the chances of individuals moving into work, it did increase the time they spent in work (Learning and Work Institute 2018).

The Pilot was subsequently expanded, with the Expansion project targeting a wider set of benefit claimants including those on Jobseeker’s Allowance. Referrals are no longer being made to the Working Well Pilot or the Extension but the new Work and Health programme draws on learning from these initiatives (GMCA 2018i).

2. Working Well - Work and Health (2018-)

The Working Well (Work & Health) Programme was co-commissioned and designed by the DWP and Greater Manchester Combined Authority. The contract was awarded to ‘InWorkGM’, an alliance of Ingeus, the Growth Company (which is accountable to the GMCA) and health and disability specialists Pluss and

Pathways CIC. The overall aim is to support disabled people and those who are long term unemployed to find quality, sustained work.

The design of the programme in Greater Manchester does differ from the wider Work and Health programme, and particularly in relation to the provider payment system. In GM, as in other areas, providers will receive a service delivery fee (equivalent to 30% of total funding) but the criteria for job outcome fees, which are paid once those moving into work receive earnings that exceed a set threshold within a specified period, are loosely based on payment of the Living Wage rather than the enhanced minimum wage (the so-called 'National Living Wage') as in other areas. Providers will either claim:

- An 'earnings fee', where a participant receives earnings equivalent to working for 16 hours a week for 6 months at the Real Living Wage over a 21 month period;
- Or a 'higher earnings fee', where a participant receives earnings equivalent to working for 16 hours a week for 6 months at the Real Living Wage over a consecutive 6 month period.

It is hoped that this flexible payment structure will incentivize providers to support people into well-paid jobs, as well as recognising that 'for some people only working a small number of hours a week is the right thing for them and their health' (GMCA 2018i). In Greater Manchester the Work and Health programme has also been supplemented by the European Social Fund, increasing the overall investment from £29m to £53m.

Appendix 6: Summary of priorities Greater Manchester Police and Crime Plan

Priority/Area	Summary of commitments/plans
<p>Keeping people safe “Protecting and caring for people who live, work, socialise and travel in Greater Manchester. Protecting those who are vulnerable and those who are victims of crime or at risk of being victimised. Building resilience, feelings of safety and confidence in policing and community safety”</p>	<ul style="list-style-type: none"> • New Commission on Preventing Hateful Extremism and Promoting Social Cohesion • ‘Problem-solving team’ with key worker to coordinate package of actions to support and challenge individuals and families involved in anti-social behaviour (ASB). • Greater Manchester Drugs Early Warning System • Fraud: GMP piloting an Economic Crime Awareness Service, working with banks and businesses to identify suspicious activities, raise public awareness of how to protect against fraud and disrupt fraudulent behaviour. • Extending network of volunteers supporting people experiencing domestic abuse • Piloting mental health nurse support for responders at police call centres • Piloting ‘edge of care responses’ to support families to stay together where possible and support people leaving care. Commissioning independent evaluation of safeguarding systems. • Continuing ‘Footsteps’ project which works with children who have been missing from home • Building on ‘Guardian Project’, partnership approach between NHS, police and criminal justice partners towards female genital mutilation • Continuing the Modern Slavery Coordination Unit and ‘Stop the Traffik’ GM network of voluntary organisations. Develop a complementary network of businesses. • Expand training for frontline workers in identifying warning signs of possible forced marriages. • Roll out new service to help ‘provide and coordinate support’ for victims of crime.
<p>Reducing Harm and Offending “Preventing anti-social and criminal behaviour</p>	<ul style="list-style-type: none"> - GM prisons and partners jointly commissioning family support services for offenders, families and friends. Piloting a collaboration with between counter-terrorism police and mental health partners to

<p>including the most serious offending and terrorism by solving problems, intervening early and rehabilitating offenders to build confidence in criminal justice”</p>	<p>assess vulnerable individuals and identify those with diagnosable mental health problems.</p> <ul style="list-style-type: none"> - Extending multi-agency ‘problem-solving’ used with female offenders to young people to prevent re-offending - Developing assessments by trained health staff so vulnerable individuals in custody affected by issues such as mental ill-health, homelessness or learning disabilities, are helped to access appropriate support as soon as possible - place-based multi-agency teams using indicators of factors related to offending such as non-payment of rent. - Lobbying Ministry of Justice (MoJ) for a secure school. Engaging with businesses to develop mentoring schemes for young people. - Devolution of education and training in prisons: - Commitment to develop more age appropriate interventions delivered by youth and adult offending services working more closely together. Greater use of Intensive Community Orders. - Programme Challenger -a ‘partnership approach to tackling serious organised crime’ - Greater Manchester Spotlight Integrated Offender Management teams – collaboration between police, probation and community rehabilitation working with local services to reduce reoffending of those who have committed acquisitive crimes, violent crimes or domestic abuse. - will introduce over the next 12 months a service to better coordinate restorative justice across GM.
<p>Strengthening communities and places “Helping to build resilient and resourceful communities including online communities and protecting the places where people live, work, socialise or travel.</p>	<ul style="list-style-type: none"> - Commit to developing use of the Community Safety Accreditation Scheme to deal with less serious traffic violations - Safer Travel initiative making transport hubs safer, improving accessibility, maintenance, lighting and CCTV as well as 50 new PCSOs to patrol transport network. - Commitment is made to reducing and preventing rough sleeping, making sure frontline workers have knowledge of Universal Credit and options for those at risk of homelessness as well as simplifying the process for securing housing.

Supporting the delivery of the IT systems, buildings, roads, street lighting and other public assets needed to solve problems in a 21st century society”

- **Place-based integrated services** to help people help themselves e.g. through life skills or parenting classes. Commitment is made to asset-based community development, using community safety funds,
- **Protecting high profile or temporary events from terrorism**
- **Crime prevention through ‘target hardening’ and ‘designing out crime’**
- Over the next 12 months will explore how to develop **a network of cameras across GM.**
- A commitment is made to ‘working with communities to establish a number of agreements that set out a shared understanding of **citizen’s rights and responsibilities** in creating strong communities and places’