

# A citizen-led approach to health and care

## Lessons from the Wigan Deal

Chris Naylor  
Dan Wellings

June 2019





# Contents

Key messages	3
<b>1 Introduction</b>	<b>5</b>
<b>2 'The cavalry are not coming': origins of the Wigan Deal</b>	<b>11</b>
<b>3 A 'different conversation' with local people</b>	<b>18</b>
<b>4 Building a new culture</b>	<b>26</b>
<b>5 'Holding our nerve'</b>	<b>37</b>
<b>6 Investing in the community</b>	<b>42</b>
<b>7 Place-based working</b>	<b>51</b>
<b>8 Is the Deal real?</b>	<b>59</b>
<b>9 Towards a new social contract</b>	<b>69</b>
<b>10 Discussion</b>	<b>75</b>
Appendix A: Research methodology	86
Appendix B: Overview of financial savings made by Wigan Council	88



References	92
About the authors	96
Acknowledgements	97



# Key messages

- Public services can get better results by ‘working with’ rather than ‘doing to’, drawing on the strengths and assets of individuals and communities to improve outcomes. This is known as an ‘asset-based’ approach and would require fundamental changes to the way services are delivered.
- Since 2012, Wigan Council has transformed its approach to delivering local services, underpinned by the idea of a new relationship with the public that has become known as the ‘Wigan Deal’. This has included working closely with communities, the NHS and other partners to develop a radical new approach to improving the health and wellbeing of local citizens.
- Working with service users and communities in an asset-based way involves a significant cultural change, and bringing this about requires bold leadership and constancy of purpose. Making this kind of transformation also needs to be a long-term commitment – leaders in Wigan have taken a consistent strategic path over several years, bringing the workforce together around a shared vision and ethos.
- This kind of approach is likely to have the greatest possible impact when it becomes a shared way of working across all of the services operating in a place. In Wigan, the council has led the development of the new approach, but in other areas the leadership may come from the NHS or elsewhere. The critical point is not which organisation leads the way, but that the journey is a place-based endeavour that all agencies go on together.
- At the heart of Wigan’s success is a set of positive attitudes and beliefs about the potential of staff and local people to bring about improvement, and a willingness to tolerate the risks involved in doing so. An enabling style of leadership has been central to this – leaders have given frontline staff permission to try new things based on their conversations with people using services.
- Effective communications and marketing are indispensable in bringing about cultural change of this kind. Wigan Council has devoted considerable time and effort to staff engagement, ensuring that employees understand what



the organisation is trying to achieve through the Deal, and their own role in achieving it.

- A new form of commissioning is required to support such an approach. Wigan Council has moved from a transactional commissioning model to a more collaborative one in which voluntary and community sector organisations are seen more as partners than service providers and are actively supported to develop and improve.
- Wigan's journey shows that it is possible to achieve substantial savings while protecting or improving outcomes, but only if services are genuinely transformed and upfront financial investment is available to help bring about new ways of working. Wigan Council has been able to take an invest-to-save approach, using its reserves to fund transformation.
- NHS organisations have the opportunity to forge a new relationship with the public that harnesses the strengths and capabilities of individuals and communities. The example of the Wigan Deal shows what is needed to introduce an asset-based approach to health at scale. A key question is whether the NHS is willing and able to adopt a culture that gives service users more control and allows frontline staff greater freedom to innovate.
- National NHS organisations need to think more broadly about the important role that local authorities can play in health. This role is not limited to hosting public health teams or commissioning social care services. Wigan shows that local authorities can help 'set the tone' for their local system, drawing on links with communities to deliver public services in a fundamentally different way.
- While there is evidence that significant progress has been made in changing the way staff in Wigan see their role and how they work with service users, the perception of the wider public, beyond direct users of care, appears to have been harder to shift. This demonstrates how challenging it is for one local system to build a new relationship with the public in isolation.
- The Wigan Deal is still a work in progress and should not be seen as a panacea – the approach will need adapting to local circumstances if adopted elsewhere. However, the journey that Wigan Council and its partners have taken contains some powerful insights, which could have a major impact if considered more widely in other local authorities, in the NHS and in public agencies of all kinds.



# 1 Introduction

Public services have long been seeking a holy grail: how to improve the quality of services and achieve better outcomes for local people while containing or reducing costs. The period of austerity in the United Kingdom and elsewhere over the past decade has made this question more urgent but, in truth, it is one that is as old as the welfare state itself.

In this context, Wigan appears on some measures to have achieved a minor miracle. Since 2011, Wigan Council has needed to identify savings worth more than £140 million in response to the dramatic cuts in funding flowing from national government to local authorities, and as part of this it now employs around 1,000 fewer people (losing roughly a fifth of its workforce). Despite this, several key metrics tell a story of improvement over the same period. Healthy life expectancy has increased significantly, bucking the trend for stagnation seen in the England-wide figures. Care Quality Commission assessments indicate that the quality of social care services in Wigan has improved, and Wigan performs well compared with national and regional benchmarks at supporting people to leave hospital and to remain in the community rather than in long-term residential care. Staff engagement has improved and in March 2019 the *Local Government Chronicle* named Wigan the Council of the Year.

If these improvements are as good as they seem, how have they been made at a time when councils across England have been under relentless financial pressure?

Wigan's recent history is a story of ambitious and ongoing transformation in terms of how public services are delivered, and how public servants understand their role. This process started with the council but is spreading more widely across other partner organisations in the area, including in the NHS and voluntary sector. It consists of the following key components:

- working with local people in an 'asset-based' way that seeks to recognise and nurture the strengths of individuals, families and communities and to build independence and self-reliance



- creating a culture in which innovation is encouraged and frontline staff are permitted to make decisions for themselves and rethink how they work
- empowering communities, including by investing in local voluntary sector organisations and community groups
- creating the conditions for closer partnership working between agencies.

At the heart of this is an attempt to strike a new relationship between public services and local people, based on a set of principles that council leaders describe as being ‘simple but profound’. The term that has been coined locally to encapsulate the new approach is the ‘Wigan Deal’.

This report provides an independent critique of the Wigan Deal and tells the story of why it was developed and how it has been put into practice. We argue that while many of the components of the Deal have also been explored in other parts of England, there are valuable lessons to be gained from understanding the journey that Wigan has taken, particularly from its systematic attempts to work with local people and communities in a way that builds on existing strengths.

The Deal offers a compelling case study of ‘transformational change’ that seeks to fundamentally alter how the council and its partners go about their business (see the box on page 7). It is also a story of an organisation needing to make bold decisions in order to live within its means, searching for a way to cope with austerity. The approach taken to managing the council’s finances is therefore an integral part of our account.

This report is based on extensive fieldwork, including interviews and focus groups with staff from Wigan Council, partner organisations and local people, as well as analysis of available data (see Appendix A for details on our methodology). It is not a formal evaluation and does not seek to prove definitively what the improvements seen in some metrics can be attributed to. However, in section 8 we describe some of the outcomes that appear to demonstrate the impact of the Wigan Deal and we explore the challenges involved in measuring this. We also describe the views of service users and local residents, which in some cases reinforce the story of success and in others add a note of caution.



### What is 'transformational change'?

The Wigan Deal is an example of what has been termed 'transformational change'. Changes of this kind involve the emergence of an entirely new state, prompted by a shift in what is considered possible or necessary, which results in a profoundly different structure, culture or level of performance (Ackerman 1997). The King's Fund has carried out research which suggests that successful transformational change in health and care is more likely to happen when a number of enabling conditions are in place, as listed below (Dougall *et al* 2018).

- Transformation is often best brought about 'from within', led by frontline staff and service users, rather than being driven by external pressures such as national targets.
- Bringing about transformation requires collaborative styles of leadership in which powers and responsibilities are distributed throughout an organisation or system, and with relationships that cut across boundaries.
- Transformational change in health and care systems often involves an organic approach, with the strategic direction emerging over time rather than being specified in advance, albeit guided by a core purpose that remains constant throughout.
- Following on from this, learning and adapting are a critical part of the process of transformation and organisations need to have the right data and skills to be able to change direction when necessary.
- Significant time is often required to allow new relationships to be built and for trust to be established before transformation can take place.

The most important conclusion from our research is that the Wigan Deal illustrates how local authorities, NHS organisations and other agencies can strengthen services and improve population health outcomes by engaging with people – staff and the public – in a different way. The report sets out what it can look like to develop this new relationship with employees and communities. The King's Fund has previously stressed that to improve population health, public services need to focus not only on helping individuals but also on nourishing the places and communities we live in, in part because social relationships, norms and networks have such a profound impact on our health and wellbeing (Buck *et al* 2018). Wigan provides a case study, showing how partnerships with local communities can be cultivated in practice.





While the protagonist in this story is a local authority, we argue that the Wigan Deal represents an approach to delivering public services that a wide range of agencies can learn from, including NHS organisations. But this kind of approach is likely to have the greatest possible impact only when it becomes a shared way of working across all of the services operating in a place. In Wigan, the council has led the development of the new culture that is now spreading across its partner organisations, but in other areas the leadership may well come from the NHS or elsewhere. The critical point is not which organisation leads the way, but that the journey is a truly place-based endeavour that all agencies go on together.

Leaders in Wigan are themselves cautious about the replicability of their work, advising others to learn from their process of transformation rather than the specific solutions developed – echoing the findings of our previous research on transformational change (Dougall *et al* 2018). As the following sections will make clear, the most remarkable features of this process have been a striking consistency of approach, highly effective leadership and a sense of self-belief and pride among people working in a wide range of services. If these features alone could be replicated, that in itself would be a very positive development.

## About Wigan

Emblazoned across the lanyards that Wigan Council staff wear is the word ‘Believe’. The slogan has its origin in one of the town’s recent sporting victories. The sport that Wigan is best known for is rugby – the Wigan Warriors being one of the most successful teams in the history of rugby league. However, in May 2013 it was football that made local people beam with pride. Wigan Athletic had defied the pundits’ predictions by earning a place in the FA Cup final, and went on to defeat the vastly better-financed Manchester City with a last-minute goal – claiming Athletic’s first-ever major trophy in its 81-year history.

In the crowd during one of the matches leading up to that famous victory stood a man holding a placard reading ‘Believe in Wigan’. The phrase captured the moment, and it caught on. Other supporters used it and it was written across the front of the bus that carried the conquering team through the centre of town on their victory parade. Since then, ‘Believe in Wigan’ has been a mantra that Wigan Council has used to invoke a sense of pride in place. It is a phrase that could be the subtitle for much of what it has attempted to do through the Wigan Deal.

1

2

3

4

5

6

7

8

9

10

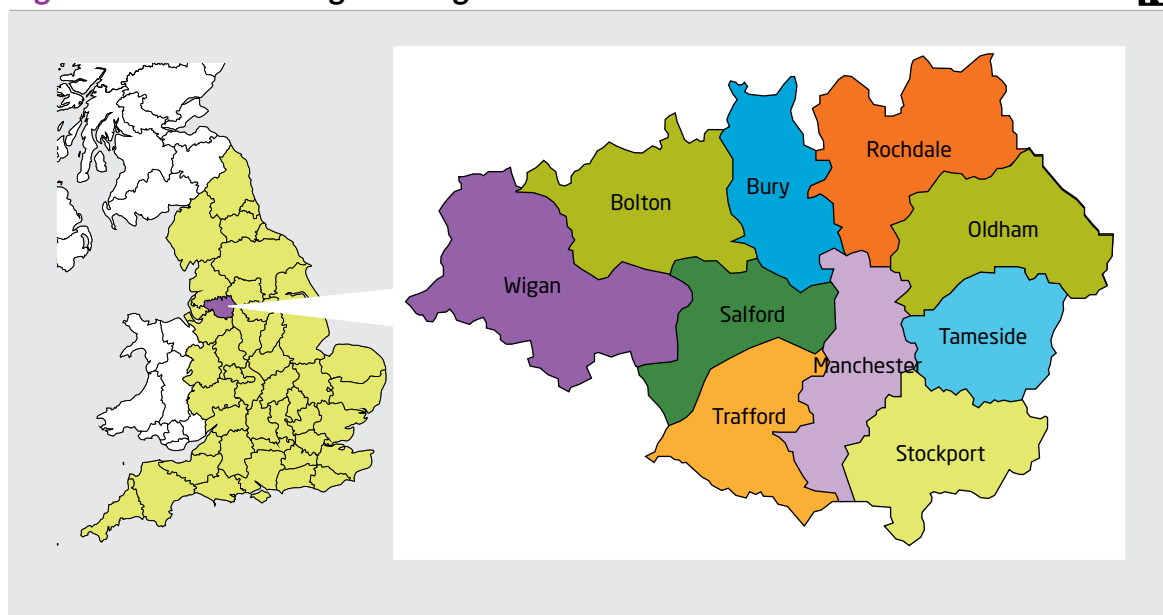


The Metropolitan Borough of Wigan lies in the north-west of England in the industrial heartland between the cities of Liverpool and Manchester (see Figure 1). It covers a population of 325,000 people and is largely urban but with some sizeable rural areas. Within its boundaries are the towns of Wigan and Leigh and a number of other towns and villages.

Wigan's booming industrial-era economy was built on cotton mills and coal mines. The decline of heavy industry in the 20th century created mass unemployment and complex social problems whose legacy can still be felt today. Relative to the rest of England, there are significant levels of deprivation in most parts of the borough, and higher-than-average rates of obesity, mental health problems, homelessness and other challenges.

Wigan is one of the 10 boroughs of Greater Manchester that since 2011 have collaborated through the Greater Manchester Combined Authority (see Figure 1). The council and local NHS organisations are also part of the Greater Manchester Health and Social Care Partnership, created in 2015. This partnership holds a number of devolved responsibilities and plays an important role in shaping the strategic direction for health and care across the 10 boroughs. Some of the public services provided to Wigan residents, such as police and fire services, are commissioned at Greater Manchester level rather than within the borough.

**Figure 1** Location of Wigan in England and Greater Manchester





Compared with other boroughs in Greater Manchester, the population of Wigan is relatively homogeneous in terms of ethnic diversity, with nearly 98 per cent of the population identifying as White British. The population is relatively stable, with many (although by no means all) residents having lived in the borough for much of their lives, adding to a strong sense of local identity.

Wigan is also more politically homogenous than many areas, at least in terms of support for the main political parties. The council has had a large Labour majority since it was created in 1974, with a smaller number of Conservative and independent councillors. As discussed in section 10, political stability may have been a contributing factor in explaining Wigan's ability to implement major and, at times, contentious changes – although we argue that it has not been the main factor and is certainly not a necessary condition for success.

NHS organisations providing health care services to local residents include Wrightington, Wigan and Leigh NHS Foundation Trust – which provides acute hospital care and (since 2019) community health services – and North West Boroughs Healthcare NHS Foundation Trust – which provides mental health services. There are 61 general practitioner (GP) practices across the borough, and these vary significantly in size, with a relatively high number of single-GP practices.



## 2 'The cavalry are not coming': origins of the Wigan Deal

*We took the view that the cavalry are not coming, and that using reserves to prop up services would be the road to destruction.*

(Elected member, Wigan Council)

It is unlikely that Wigan's leaders would have embarked on such an ambitious programme of reform if their hand had not been forced. The shape that the reforms took drew on a number of sources of inspiration (as discussed below), but the initial stimulus for change came from the brute reality of budget cuts. In this section, we describe how Wigan's response to austerity came to take the form it did, and how the financial imperative dovetailed with ideas initially developed quite separately about working with local people in a radically different way.

In 2010, the mood in local government was sombre. Councils across England faced unprecedented reductions in the grants they received from central government. In the case of Wigan, these cuts led to an effective reduction in its budget of around 40 per cent, phased in over 10 years (Wigan fared somewhat worse than many areas because central grants accounted for a larger proportion of its overall income than elsewhere).

For the first two years of austerity, Wigan Council responded to this challenge by taking a well-trodden path. It shaved 20 to 25 per cent off the budget of each department, in common with many other councils across England. However, over this period, key figures increasingly made the argument that this approach – often called 'salami slicing' – would not be sustainable for long.

Several of the council's senior political and executive leaders began to take the view that a different approach was needed. These included the Leader of Wigan Council, Lord Peter Smith, his then deputy (now Leader) David Molyneux, and the council's Director of Finance, Paul McKeivitt. Smith had first-hand experience of making cuts to the council's budget in the wake of the economic recession of the



early 1990s, and this earlier experience influenced his response. A consensus view began to develop among the leaders that the depth and duration of the anticipated cuts meant that the council needed to make more fundamental changes to how it operated. In their view, austerity was here to stay for the foreseeable future – there would be no reprieve, no reversal of national policy, no ‘cavalry’ coming to save the day. Based on this argument, an approach to financial management was developed based on four core principles.

First, there was agreement that the council needed to manage demand by putting in place measures that would mean local people required less in terms of formal services. Political and executive leaders agreed that in order to live within its rapidly diminishing means, the council would need to both reduce future demand for services and manage existing demand more efficiently. Crucially, they recognised that this would require upfront investment in prevention and early intervention (as discussed in more detail in later sections).

Second, rather than reducing budgets incrementally through salami slicing, the finance team worked closely with the leaders of each spending department to explore what could be done differently, and what support and resources they would need in order to introduce any proposed changes. This process included benchmarking services in Wigan against services in other councils and drawing on evidence from elsewhere. By taking an inclusive and systematic approach to budget-setting, directors were encouraged to take ownership of the savings plan for their department and to think broadly about how they could do things differently rather than paring back their existing services.

Third, from the outset, more cost reduction programmes were set in motion than it was thought would be needed to deliver the required savings, on the assumption that some of the programmes would fail or might take longer than anticipated to deliver savings. This approach proved useful – in the first few years there was indeed some slippage but the council’s ‘accelerated savings plan’ meant that it still had room for manoeuvre.

Fourth, the council agreed to draw on its financial reserves strictly for the purposes of enabling transformation but **not** to support revenue spending (day-to-day running costs). The principle here was to use reserves as a way of investing in the future rather than to maintain existing services. This might include funding project



management support to help introduce new ways of working, covering double-running costs or investing in new technologies. As an example, in adult social care, reserves were used to fund additional social workers on a temporary basis to reassess all existing care packages with a view to tailoring support to individual needs and ensuring that resources were being targeted efficiently (see the box below).

### **Bob's story: finding more to life than day care**

Bob is a 33-year-old man who has a learning disability and lives with his mother. As part of a review of Bob's care package, a social care officer became involved with the family. At the time of the review, Bob spent two days a week in day care and was not involved in any independent activities.

The social care officer spent time with Bob and found out more about his life, what he wanted to achieve and what was important to him. Bob wanted his days to be busier, but he lacked the confidence to try new things. He also wanted to be healthier. Travel had become hard for him since losing his father, who was the driver in the family, and he now relied on his mother to escort him. The social care officer also learnt that helping other people was very important to Bob – he had some previous work experience at a care home and had loved doing this, but he felt nervous about doing something similar again.

The social care officer liaised with a community knowledge officer in the council responsible for gathering information on the resources, services and opportunities available in local communities (see section 6). Various suggestions were shared with Bob, who chose to try volunteering at a day centre for people living with dementia. To help him prepare for this, Bob agreed to be supported by a community link worker (see section 6) who built a trusting relationship with him and assisted him with travel training, road awareness and completing the necessary pre-employment checks. At first, the link worker accompanied Bob until he felt confident enough to be independent.

Bob enjoyed his role at the day centre and within three months he felt ready to take on another role in a work environment. The social care officer and community knowledge officer found a volunteer placement in a charity shop in a neighbouring town. Bob visited the shop and said he would like to give it a go. The same community link worker helped Bob to learn the new bus route so that he could travel independently.

Bob has now requested to leave day care services and to continue with his volunteering roles. He has had the opportunity to develop new skills, relationships



and ambitions, and to grow in confidence. Walking and using public transport has allowed him to become more active and his health has improved as a result. He sleeps better and his mother has more respite from her caring responsibilities. As well as being better for Bob, the current arrangements are also less costly than his previous care package both to the council and to Bob's family (who no longer need to pay a contribution to his care).

Bob's mother said: 'I cannot believe the change in him over the last few months, he is a much more confident person.' Bob agreed, saying: 'I am happier, more confident and love travelling on the new bus.'

Taken together, the four principles represented a concerted attempt to focus on achieving long-term financial sustainability, beyond balancing the books in the here-and-now, on the assumption that the national fiscal outlook would remain bleak for some time to come. In line with this shift in emphasis, the finance team changed how it reported to the council's Cabinet. For example, rather than giving monthly reports on whether spending on adult social care was within budget, the Cabinet was asked to back a three-year transformation plan, clear in the knowledge that there would be 'bumps in the road'. The ability to secure political support for changes such as this has been indispensable in Wigan – something we discuss further in section 5.

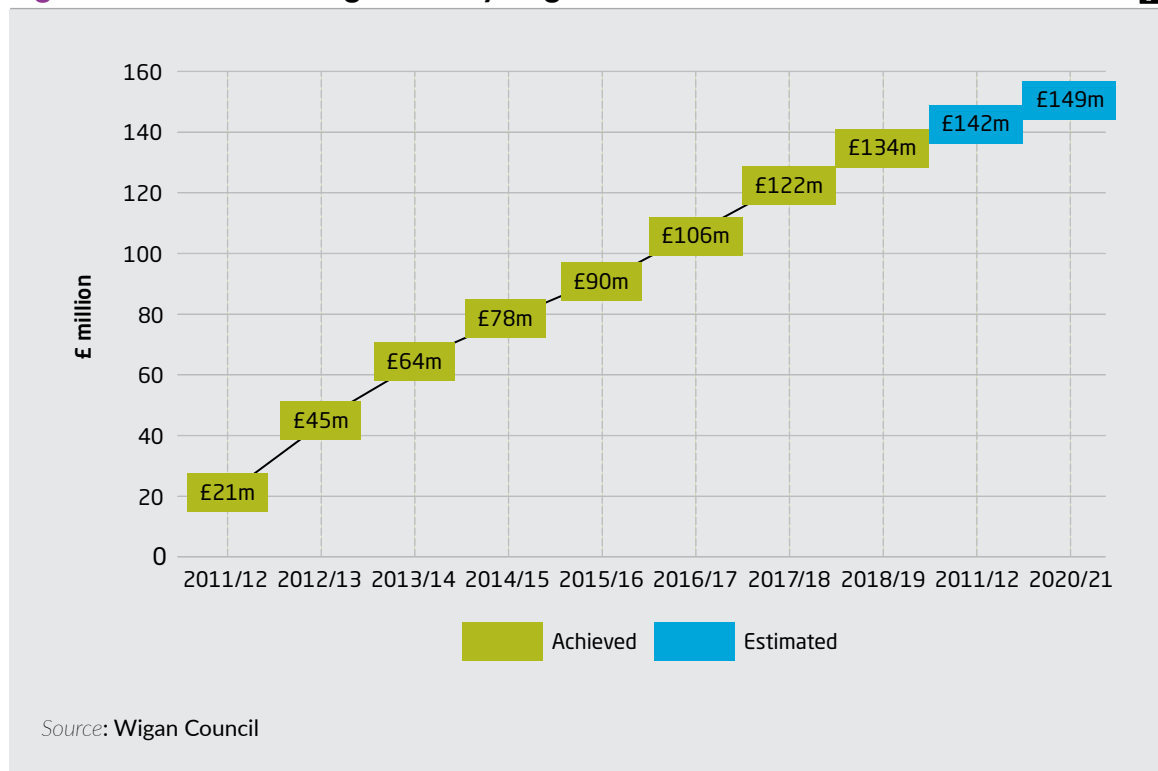
The overall profile of the estimated financial savings made by Wigan Council since 2011/12 is illustrated in Figure 2. For further details on the scale of the savings and how they have been apportioned across the council's various directorates, see Appendix B.

## Developing a new vision for public services

While financial pressures undoubtedly focused minds, the ideas that shaped what later became the Wigan Deal were not primarily about saving money but rather about improving lives. The Deal grew in the intersection between these two agendas, an attempt both to manage demand and to transform the way public services are delivered. It was influenced significantly by two innovation projects that Wigan had been involved in – Nesta's Creative Councils programme and the Life programme.



**Figure 2** Estimated savings made by Wigan Council since 2011/12



Wigan was one of 17 local authorities involved in the Creative Councils programme, which was developed by innovation foundation Nesta in partnership with the Local Government Association. Between 2011 and 2013, Wigan received financial and technical support through this programme to test new policy solutions, initially focused on the idea of using personal budgets in social care to create a ‘Wigan pound’ that would help support the local economy. This original idea did not gain traction, but Wigan’s involvement in the programme did nonetheless leave an important legacy as a result of some of the support provided.

The support package provided to Wigan through the Creative Councils programme included working with an anthropologist, Dr Robin Pharoah. At first, Pharoah was commissioned to help the council conduct in-depth qualitative research in local communities in Wigan as part of a research project to better understand the lives and needs of people living there. To do so he trained a small team of frontline social care staff in ethnographic research techniques. Developed by anthropologists for observing and understanding other cultures, these techniques emphasise the importance of setting aside assumptions and preconceptions, and taking time





to listen, to observe and to explore the world through the eyes of the person or people being studied. One of the pivotal moments in the early history of the Wigan Deal came when this group of social care professionals started adapting these techniques for use in their daily practice. They began pushing themselves to find out more about what their clients valued in life, asking them broader questions and having what became known as ‘different conversations’. This then became the bedrock for a wholly new approach, at first for adult social care and subsequently for other public services. Section 3 tells this part of the story and explains how it led to the launch of the Deal.

The council’s thinking was also shaped through its involvement in the Life programme – part of a series of experiments initiated by a social enterprise called Participle, which was founded by social entrepreneur Hilary Cottam to test how the concept of ‘relational welfare’ might be put into practice in communities across England. The idea at the heart of this concept is that our relationship with the welfare state has become too passive, too transactional – we pay taxes, we receive services – and that a new model is needed that sees citizens as active participants (see section 9). In the relational welfare model, a crucial role for public services is to support people and communities to develop their own capabilities, and in particular to help people to build new relationships that support them to make progress in their lives. The Life programme was targeted at families with complex needs, often in contact with multiple agencies but with little positive impact on their lives. As Cottam describes in her book *Radical help*, the programme aimed to allow families to progressively take greater control over their lives, with professionals working as facilitators, helping participants to make their own plans and to strengthen their capabilities – including their ability to build positive relationships, to work, to be part of a community and to live a healthy life (Cottam 2018).

Having become aware of the Life programme’s work in Swindon, Lord Peter Smith, Leader of Wigan Council, was keen for Wigan to become one of the next sites to be involved. As a result, in 2012 a Life Team opened in Wigan, consisting of a small number of professionals seconded in from a range of local agencies. The team worked with families in the Worsley Hall area in a highly flexible, facilitative way, operating out of two converted council houses in a local estate, within walking distance of the families involved in the programme. Over time, this facility began to function as a hub for the local community. By 2013, an evaluation of the Life Team’s work was showing positive results, including better outcomes for families



and reduced use of other services (Cottam and James 2014). Although the results were based on a relatively small number of families taking part in the programme, they helped to encourage local political and executive leaders in the council to ask whether it might be possible to deliver public services in a very different way. As observed by a senior leader of Wigan Council: 'We were spending a fortune containing people's problems but sometimes not actually helping them to move on.'

## Two agendas converge

In this section we have described two strands of thinking that gained currency in Wigan in the early 2010s. First, there was the argument that a sustainable response to financial austerity would require a major transformation of public services, supported by upfront investment in new ways of working. Second, evidence was emerging from innovation projects such as the Creative Councils and Life programmes that by working with local people in a different way, the public sector might be able to not only improve services but also reduce costs.

An important figure in bringing these two agendas together was the council's new Chief Executive, Donna Hall. Hall joined the council in 2011 and was appointed Chief Executive in 2012 (a post she remained in until early 2019). As discussed more fully in sections 3 and 4, Hall made at least two crucial contributions. The first was to see an opportunity to reset the strategic direction of the council. The guiding principle in this would be the idea of building a different type of relationship with the public, drawing on the ethos seen in the innovation projects in adult social care and elsewhere (see section 3). The second was her ability to embody the principles of this new approach in her own style of leadership and, with the support of the executive team around her and many others across the council, to cultivate a new leadership culture in the organisation (see section 4).



## 3 A 'different conversation' with local people

*It really simply means a different relationship with the community. Less patriarchal, less patronising, less 'we know best', but [more] we need you, we need to work with you.*

(Children's services manager, Wigan Council)

Fundamental to everything that Wigan Council has done over the past few years has been an attempt to change the nature of the relationship between the staff delivering services and those in receipt of services. At its heart, this shift has been about working alongside people based on what will work for them, taking into account their individual circumstances and not assuming that public services have all the answers. It is about 'working with' rather than 'doing to', using an 'asset-based' or a 'strengths-based' approach (see the box below). Rather than focusing on what service users **can't do**, it looks at what they **can do** and builds on that.

*It is having the freedom to work in a way that makes it better for our residents in Wigan. I have got freedom to work in a different way. It is building on relationships and getting to know people and not looking at the negative aspects and looking at positive aspects of what skills they can bring.*

(Social care manager, Wigan Council)

The Wigan Deal did not land fully formed – rather, it is an example of what has been called an 'emergent strategy'. The new way of working came about as a result of trying out new things and adopting more widely those approaches that were seen to be making a difference. One of the seeds of this new approach was sown when Dr Robin Pharoah trained a small number of frontline social care staff in research techniques to help conduct an evaluation as part of Nesta's Creative Councils programme, including the ethnographic component described in section 2. The aspect of the training that turned out to be key was practising having 'different conversations' with service users – conversations that are more open and exploratory, and that encompass a person's strengths and interests as well as their needs.



### What is 'asset-based working'?

The concept of asset-based working has its origins in the field of community development, drawing on the work of Jody Kretzmann and John McKnight in low-income communities across the United States (Kretzmann and McKnight 1993). Kretzmann and McKnight's research highlighted that in communities of all kinds there are strengths, relationships and various types of resources that can be mobilised for the good of local people. Asset-based community development seeks to identify and build on these strengths rather than focusing only on addressing weaknesses or problems.

In health and social care there has been an increasing policy emphasis in recent years on the potential offered by asset-based approaches. Related ideas include 'social prescribing', which usually involves patients being guided towards appropriate community resources by trained individuals working in GP practices or elsewhere ([The King's Fund 2017](#)). The types of assets that can be harnessed to improve health outcomes include the following (Innovation Unit, Greater Manchester Public Health 2016):

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

There is a growing number of initiatives in health and social care in England that include some element of asset-based working. For example, several of the 'vanguard sites' involved in NHS England's New Care Models programme trialled social prescribing or similar approaches ([Naylor and Charles 2018](#)), as have the demonstrator sites involved in NHS England's Healthy New Towns programme ([The King's Fund 2018](#)). Asset-based working has also become a key principle in the Greater Manchester model of public service delivery ([Greater Manchester Combined Authority 2018](#)), with many of the boroughs in the region exploring similar ideas to Wigan.

Stuart Cowley, Wigan Council's Director for Adult Social Care and Health, saw that those staff who had undergone the training were starting to work in different



ways with their clients, bringing the ethnography element of their training to bear on their daily practice. Cowley was new in post, having been appointed Director for Adult Social Care and Health in 2012, and strongly believed that a different approach was needed in social care. He told us that the council at the time was 'reaching for something but didn't know what it was' and that in the different ways these members of staff were working he and his colleagues saw a glimpse of what this 'something' might be. Cowley and others thought that it could be extremely powerful if all social care staff in Wigan were to start working in this way, and the decision was taken to roll the training out across the entire directorate.

While the original cohort of staff received two to three days of training, this was reduced at rollout to one day to make it easier to scale up, and a train-the-trainer approach was used to ensure that it was sustainable over time. The training encourages staff to start from a different place when talking to clients, exploring what they want to achieve and what their ambitions and aspirations are, and then working with them in partnership to achieve these. The idea is that the conversation considers the whole person – their life story, family, social networks, environment, health and wellbeing – before moving on to any elements of formal assessment that need to be conducted.

*It means when you are sat with someone you are working with, you are not going through your form to see what it is you need to do. We will train you, support you, give you the tools to have a different conversation. You can teach that to people if they have got the right attitude and want to work in that way.*

(Social care manager, Wigan Council)

The training is both theoretical and practical. It takes staff through the principles of an anthropological approach; encouraging staff to leave behind preconceived ideas and to start with a 'blank mind', understanding people in their environment and their wider community and focusing on what is important to them. It asks staff to think what that person and the people around them can offer to their own care and support. While this can be described as an asset- or strengths-based approach, it was not badged as that at the time. It was framed more in terms of reconnecting with communities and residents, breaking down boundaries and using what resources people and communities in Wigan already had available to them. As a voluntary sector leader noted: 'There are a lot of people out there whose skills and energy go untapped.'



The practical part of the training involves going into the community and having unscripted conversations with local residents. For many, this can be an uncomfortable experience at first, but staff we spoke to said that this was one of the most powerful components of the training and they described feeling the benefit of reconnecting with people on whose behalf they were providing services.

### **How the new approach helped Georgina**

Through having different conversations with professionals, Georgina was supported to reconnect with her passions and regain her confidence.

Georgina is 94 years old and has dementia. She is cared for at home by her daughter and other family members. Her daughter had become concerned about Georgina's emotional wellbeing – Georgina seemed to have lost her confidence and was increasingly anxious about most aspects of her daily life.

In the course of assessing Georgina's needs, the adult social care team learnt that she used to be a teacher and that her memories of teaching were very important to her. The professional conducting the assessment asked Georgina and her daughter more about her past, finding out what she taught and where, and what she remembered most. Crucially, these details were recorded as part of her assessment, making it easier for service providers to offer Georgina a personalised service.

Georgina was referred to Central Day Centre in Wigan where she now attends five days a week. Staff at the day centre used the information in the social care assessment to think about how they could help Georgina to regain her confidence and avoid becoming increasingly isolated and dependent. They introduced Georgina to people with similar backgrounds in education and schools, making use of her daughter's contacts in local schools as well as their own knowledge of other people who used the day centre. They arranged for Georgina to visit a local school, where she told them the smells of the sports hall brought back memories of her years as a physical education teacher.

Over time, Georgina's confidence in social situations improved to the extent that she now acts as a 'reader leader' in the day centre, reading short stories and poems to groups of fellow attendees. The staff are exploring ways of building on this progress, for example by supporting Georgina to read to groups of children in a nearby nursery. She has also started writing short stories herself, and the richness of her imagination and vocabulary has become apparent.

Georgina's family say that her mood has improved significantly as a result of the support she has been offered – she is sleeping better, is more talkative and smiles more often. For the first time in years, she is writing greetings cards to family and friends.



## A council-wide approach and the dawn of ‘The Deal’

What started with a few members of staff gained momentum with the appointment of Donna Hall as Chief Executive of Wigan Council in 2012. Together with other colleagues, Hall saw in this way of working something that could offer a new direction for the council as a whole. The emerging approach in social care was based on a different relationship at the individual level between a social care professional and a client. Extrapolating this to the macro level, Hall and others took the view that a different relationship was also needed between the council and the public more broadly. This new relationship would be based on a spirit of reciprocity borne from a sense that if Wigan was to make it through austerity unscathed, it would be through professionals and residents working together as one. By 2013, this concept had been branded as the ‘Wigan Deal’.

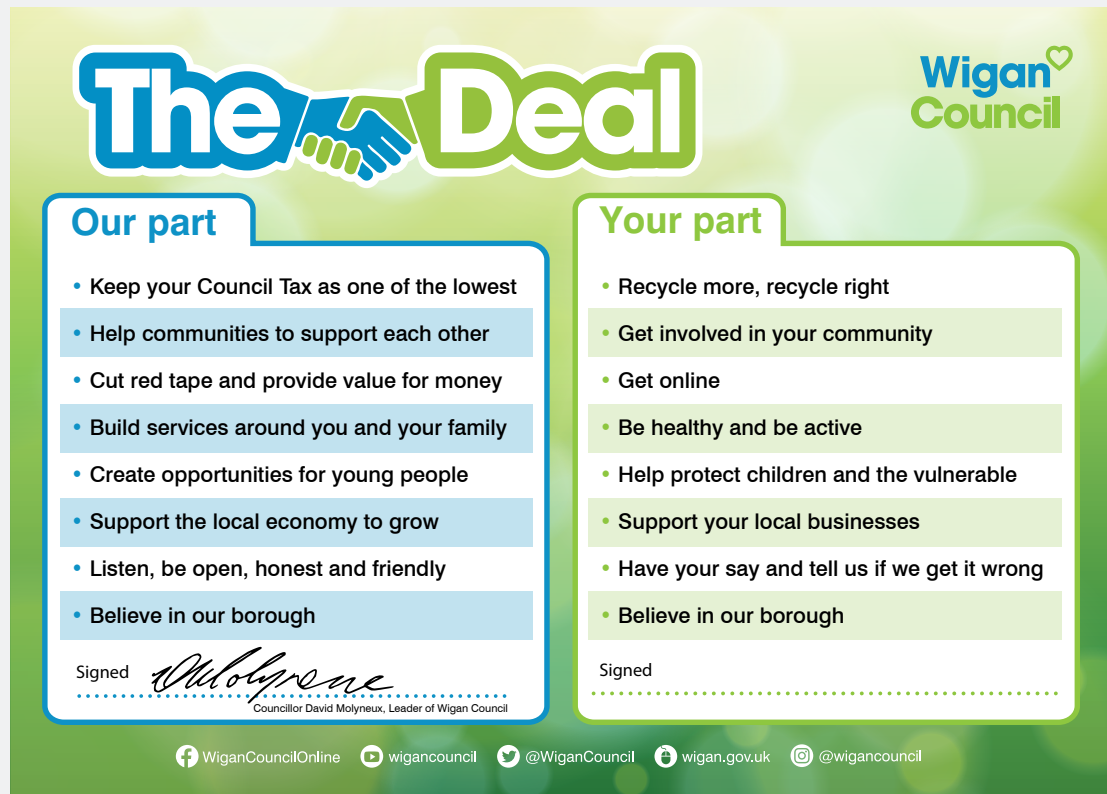
As part of this, an early decision was to roll out the ethnographic training – now referred to as ‘Deal training’ – across all council staff, including those not in public-facing roles. The thinking was that those in more backroom functions needed to have the same sense of connection to those who they were serving. Individual staff members have been encouraged to interpret the training in a way that feels meaningful to them – for example, one person we interviewed described the new approach in terms of ‘getting out and about and talking to local people with an open mind’ and then feeding the insights gleaned from those conversations back into decisions being made about the council’s work.

Leaders at the council were clear that while the Deal was about working with residents in a different way, it was also about managing demand for services in straitened times. The Deal meant inviting residents to do their bit, to contribute and take responsibility where relevant, and in return the council vowed to provide appropriate services and keep council tax as low as possible. The public-facing aspect of the Deal was formalised as being a ‘give-get’ agreement between the council and local people (see Figure 3).

While this notion of ‘our part’ and ‘your part’ is perhaps the most visible manifestation of the new approach, it was clear from the people we spoke to that the Deal has come to mean much more than this – it is an umbrella term that encapsulates the broad transformation that the council has been trying to achieve, and has become what one council executive referred to as ‘a relentless

**Figure 3** The Deal between Wigan Council and local people

K



Source: Wigan Council

thread running through all our work'. The Deal is therefore a construct with several different dimensions to it. It is, at the same time:

- a response to austerity
- a way of bringing staff together around a shared vision
- an attempt to change the nature of the relationship between citizens and the council
- a new way of working with service users framed around strengths and assets
- a different approach to engaging with external partners.





The different conversations with service users were the start of the journey and are at the core of what the Deal is about (for examples, see the box below, ‘Bob’s story’ on page 14 and ‘How the new approach helped Georgina’ on page 22). However, it was clear that in order to deliver against those different conversations, a new culture had to be put in place and processes and systems developed that allowed staff to make real, practical changes to services. How this was done is the subject of the next section.

### **Different conversations in children’s services**

Wigan Council’s Director of Children’s Services, James Winterbottom, wanted to ensure that the principle of having different conversations that tap into people’s strengths and assets was also applied to the council’s interactions with children and families. This became formalised through the council’s ‘Deal for Children and Young People’.

An example of what this looks like in practice relates to case conferences in child protection. In the past, case conferences were dominated by large groups of professionals meeting with parents, each taking their turn to describe their concerns about the family. Winterbottom described the negative effect this historic approach sometimes had on the parents:

*Everyone started to describe how terrible this family was... after 40 minutes of this, the dad was physically rocking in his chair. At the end of the meeting, everyone agreed the need for a child protection plan, and ideally the family would understand what this meant from being involved, but they did not have a clue what had happened to them in the meeting, so how are things going to change and improve?*

(James Winterbottom, Director of Children’s Services, Wigan Council)

The council now takes a very different approach to interactions such as these, using methods that have been developed and tested in other local authority areas – such as ‘family group conferences’ and the Signs of Safety model – which are designed to not lose sight of risk but also to identify strengths and support those involved to find solutions within their own family and support networks. A similar meeting today might involve eight members of the child’s extended family and only two social care professionals. Winterbottom summarised the ethos behind this approach with reference to a recent case: ‘The answer is here in this family – how can we help you to resolve these issues? They own the issues. The whole family wanted to come to a solution. In the old model, that child could well have ended up in care.’

1

2

3

4

5

6

7

8

9

10



This example illustrates how the concept of asset-based working is seen in Wigan as being relevant not only to people with low-level support needs but also to situations where there are high levels of complexity and risk. Wigan has seen a reduction in the number of children in care and a significant reduction in the number of court proceedings. It has also eliminated the use of external out-of-borough placements for children. As Winterbottom commented: ‘We needed to have the bravery to work with families, not to “do intervention” to them in the belief that people need fixing.’



## 4 Building a new culture

*Without the culture of trying new things without having to ask for permission, I don't think it would have been possible to do this. In the last organisation I worked for, this would not have happened.*

(Social care professional, Wigan Council)

*It doesn't feel like a job, it feels like a movement. It's so motivating.*

(Social care professional, Wigan Council)

*I have never worked anywhere where there is such a degree of flexibility to innovate and take risks.*

(Health care professional)

The story of the Wigan Deal can be seen as a case study of effective organisational development and cultural change. The new way of working with local people described in the previous section had to become embedded deeply and broadly if it was to have a lasting impact. What is most notable about Wigan's story is the extent to which the ideas around asset-based working and 'different conversations' have become common currency as a result of clear leadership and constancy of purpose over time.

This process of building a new culture is still a work in progress and, as discussed in section 5, it has not always been an easy one. Nonetheless, there are some clear lessons to take from Wigan's journey.

### Permission to innovate

Just as different conversations were starting to be had with service users, there was a recognition that different conversations between staff and management were also needed. Staff needed to feel they had the licence to act on what they heard from service users and work in different ways based on those conversations. Social care leaders in Wigan began to stress that frontline staff should feel they have permission to innovate and know that they will be backed by management in doing so. This necessitated a change in culture, building trust with staff and giving them the confidence to try new things and, crucially, to sometimes fail.



*I like to give staff permission to try new things... There are statutory and legislative things that they have to adhere to so that can make a permissive approach more difficult but where possible they do try and do new things. Sometimes the answer might be no but you look at other options rather than no being the first answer.*

(Social care manager, Wigan Council)

Bringing about this change has taken considerable time and effort and a constant reinforcing of messages. Managers needed to show staff that they would be supported to try new things and not be blamed if things did not work immediately. The culture the council has attempted to create is one in which, when a new approach is not successful, teams are encouraged to use this as an opportunity for learning and understanding what could be done differently.

Individual case stories, such as the one described in the box below, have been actively used to demonstrate to staff that the council's leaders are serious about allowing staff to be more flexible in how they deliver services.

Creating a climate where innovation is encouraged has also meant taking a different attitude to risk. Some interviewees held the view that, in the past, services 'had

#### **A positive approach to risk: 'we will back you'**

In the centre of Wigan, not far from the town hall, is a branch of Marks & Spencer. Members of the adult social care team sometimes took older people on trips to the shop, and one team member was asked by colleagues what the thinking was behind this. She replied that the visits helped to get people out, tackling social isolation. She was asked whether shopping was something that the people she was working with had expressed a particular interest in. The answer was that she did not know. She was encouraged to find out more about what her clients like doing and whether there were any other activities they might be interested in trying.

A couple of months later, she arrived at the team base looking worried and had an incident to report. She said that one of the people she was working with had broken their wrist. When asked what they were doing, she replied 'roller-skating'. This, it transpired, was something her client had always wanted to try. She was asked whether the person had capacity to make an informed decision about the activity and to understand the risks involved. The answer was yes. The manager replied: 'Well, in that case you're fine and we will back you.'



The most important element of the story was that the person involved went back to her team and said: 'They actually mean it!' The incident had taught her that managers really did want frontline staff to try new things based on what they learnt in their conversations with service users. The permission to innovate was not just rhetoric, it was real. The story was powerful in its effect because it gave others clear evidence that they could do the same.

gone too far in protecting people from risk' and that, in the name of protecting clients from harm, professionals also inadvertently prevented people from doing things that could be a beneficial part of their recovery and growth. The council has moved towards a concept of positive risk-taking based on consciously balancing potential harms against potential benefits. A social care manager reflected on the importance of staff feeling supported to take positive risks, saying that 'One of the most important messages we conveyed to staff is that we will carry the risk with you.'

In developing this notion of positive risk-taking, the council has consciously tried to ensure that the principles of the Wigan Deal are extended to situations that are intrinsically high risk. In children's services, this has included exploring ways of having a strengths-based conversation with vulnerable young people where there are safeguarding concerns.

*We purposefully chose two really difficult complex safeguarding issues to test out the Deal [in children's services]. We chose child exploitation and adolescent mental health and asked what the Deal response would look like to these issues and we ran a project which got independently evaluated really successfully so that gave us the confidence to say if you can do this...*

(Children's services manager, Wigan Council)

### Setting the tone from the top: 'humble but bold'

A widespread view among our interviewees was that one of the most critical factors in building the new culture has been the leadership style and behaviours that have become established in the council. We heard how the executive team had made efforts to be accountable, transparent and approachable, and to bridge the gap between senior management and wider staff at the council. An example of this is the regular 'Listening into Action' sessions, which give staff the opportunity to ask



questions of the Chief Executive and other senior leaders and to offer suggestions for improvement. As well as happening on a council-wide basis, sessions following the same model are held within each directorate, led by the relevant director.

The Listening into Action sessions are one of many ways in which the council's leaders try to ensure that a clear sense of shared purpose is communicated and reinforced. Significant emphasis has been placed on internal communications and marketing, and this has played a central role in facilitating the cultural changes that the council has been trying to achieve. For example, a weekly email bulletin sent to all council staff includes stories that illustrate how specific members of staff have exemplified the ethos of the Wigan Deal through their work. Some directors also use online videos to try to communicate with staff and the public in an engaging way.

Senior leaders used the phrase 'humble but bold' to describe the leadership style needed to help bring about cultural change. In Wigan this has involved letting others lead the way whenever possible but also taking difficult decisions when necessary (see section 5). The leaders offered advice for public sector leaders wanting to bring about similar cultural changes in their own organisation (see the box below).

#### **Cultural change: practical advice for leaders**

Senior leaders in Wigan offered the following practical lessons for public sector leaders attempting to bring about similar cultural changes in their own organisations.

- Create political **and** organisational support for the changes you want to introduce.
- Build a cohesive team around you.
- Constantly listen hard to staff and local people.
- Build trust with staff and give them permission to take risks.
- Identify champions early on and then seek to build momentum.
- Maintain your personal energy levels.



## Positive, accountable, courageous

An important part of the cultural change in Wigan Council has involved specifying very clearly the values, attitudes and behaviours that are compatible with the ethos of the Wigan Deal and that are needed to build the new relationships that underpin it. The three core values are described as being **positive, accountable** and **courageous**. These values have been incorporated into all human resources materials and processes, including those used for recruitment, induction and appraisal.

The council has introduced a new approach to recruitment called ‘Hire with your Head’, which has involved a shift from skills-based to values-based recruitment. The format of job specifications has been changed to reflect this, with a section included describing the culture the council wants to achieve and how staff are expected to contribute to this (see Figure 4). The council has also introduced a programme called ‘Why Wigan?’ as part of its recruitment strategy to build the reputation of the council externally, telling the story of what it is trying to do and how that would improve life for residents. The objective of this is to encourage applications from people whose personal values are aligned with the way of working being brought about through the Deal. As observed by one member of

**Figure 4 Personal values and behaviour aligned with the Wigan Deal that staff are expected to demonstrate**



staff: 'We can teach people technical skills but you can't teach people attitude. You need people everywhere that want to do whatever it takes.'

A strong emphasis is placed on induction when people join the council. In addition to the Deal training outlined in section 3, all new and existing staff take part in a half-day immersive experience called the 'Be Wigan Experience'. This aims to reinforce the council's values and explain the behaviours that the council expects of staff, including how the council aims to work with local people and external partners.

Building on the idea of a deal between the council and local people, the council has also introduced a 'Staff Deal' (see Figure 5). This is based on the same concept of reciprocity seen in the Deal between the council and local people (see Figure 3), describing 'our part' as an employer and 'your part' as a member of staff.

Figure 5 The Staff Deal



**Staff Deal**

**Wigan Council**

**Our part**

- Provide strong, honest and visible leadership
- Reward your commitment and hard work
- Care for your health and wellbeing
- Listen to you and put your ideas into action
- Support you to give something back
- Offer opportunities to learn and grow
- Be one team, one council
- Believe in you

Signed   
Alison McKenzie-Folan, Chief Executive

**Your part**

- Listen, be open, honest and friendly
- Be efficient, flexible and professional
- Care for your health and stay active
- Tell us how we can improve
- Give something back whenever you can
- Take any opportunities to learn and grow
- Be one team, one council
- Believe in yourself and our borough

Signed

WiganCouncilOnline | wigan council | @WiganCouncil | wigan.gov.uk | @wigan council

Source: Wigan Council





Line management and appraisal processes have also been redesigned. Staff have 'My Time' and 'My Time Extra' meetings with their line manager, in which line managers are encouraged to develop a more rounded view of the member of staff and have the same kind of different conversations that frontline staff have with clients. Appraisals and performance reviews are used as an opportunity to assess people's performance against the expected attitudes and behaviours as well as technical skills and competencies.

### Building pride in the workforce

One of the themes we heard repeatedly in our visits was the renewed sense of purpose that staff felt in their work. Cultivating this has been a key part of rolling out the Deal across the council. People repeatedly told us that the new approach had reconnected them with why they had wanted to work in public service in the first place. Efforts have been made to ensure that this sense of purpose is not limited to staff who have direct contact with residents but instead is felt across the whole council, so that someone working in payroll, for example, would understand the connection that their work has to making a difference to people's lives:

*People, regardless of role, understanding what that impact is to the bigger picture.*

(Human resources professional, Wigan Council)

*Now we can actually do the things we came in service to do... We really wanted to make a difference to people's lives but couldn't do that previously and now we can. It is people's attitudes and behaviours that have changed.*

(Social care manager, Wigan Council)

There was also a recognition that staff needed to be freed up to work differently, spending more time working directly with residents and service users. The bureaucratic burden needed to be reduced so that less time was spent on processes and procedures that did not directly contribute to improving outcomes. The intention has been to build a culture in which the ideas for improvement come from the front line, with managers then enabling changes to take place.

*The introduction of the Deal meant staff had more scope to do more things, where things were very red tape before.*

(Social care manager, Wigan Council)



*A lot of it is not driven by managers – managers just unblock the way – it is staff coming up with ideas and doing things better.*

(Human resources professional, Wigan Council)

## Spreading the new culture across the council

Many people in Wigan talked about the process of change as being a ‘movement’. But it was certainly not one that everyone bought into from the start – it has encountered some resistance, particularly early in the process (see section 5). The rollout of the Deal across the council was carefully planned to pre-empt potential opposition, for example around the accusation that asset-based working was simply a way of making cuts to services seem more palatable. The council used an approach where champions or advocates were identified in the early stages to promote the message to others, while carefully managing those who might be expected to push back. An interviewee described how support for the Deal was built incrementally: ‘The approach gradually won more and more converts. Some people became disciples early on and then picked new disciples.’

As more people became persuaded of the benefits of the Deal, the ideas around different conversations and giving staff permission to innovate spread rapidly from adult social care into related areas such as children’s services (see the box below). Over time, they have also become an increasingly important part of people’s thinking in less closely related parts of the council’s work. For example, refuse collectors and other staff in environmental services have taken part in an ‘Eyes and Ears’ training programme, equipping them to identify safeguarding concerns or early warning signs that someone in the community might need more help (Barton 2018). Concerns are reported to a multi-agency safeguarding hub, which then co-ordinates whatever response might be needed. The programme is intended to help staff feel more connected to the communities they work in and empowered to take action to help.

Innovations such as this illustrate that the principles of the Wigan Deal have now spread across the council. However, the cultural changes are still a work in progress. Interviewees from some partner organisations observed that the new ethos is more firmly embedded in some of the council’s teams and directorates than others, with a more traditional culture still in evidence in parts of the organisation. Indeed, the



## Taking a different approach to foster care

The Wigan Deal gave staff in the Children's Services Directorate permission to rethink how they support children and families, with a focus on intervening early and preventing situations from deteriorating and reaching crisis point. The Director of Children's Services, James Winterbottom, told us that he and his colleagues gained confidence from seeing the success of the new approaches being used in adult social care services, and decided to embark on a similar transformation for children's services.

Foster care is one area where there have been several innovations. A shortage of foster placements in the borough led the council to examine what it could do to better support existing foster carers. Having looked at schemes across England for inspiration, the council adopted the Mockingbird programme developed by The Fostering Network ([The Fostering Network undated](#)). This approach is based on the idea of replicating an extended family so that foster carers can turn to each other for peer support and respite care. When a foster family needs respite, the child is looked after by another local foster carer for a period of time rather than the placement breaking down, with the emotional and financial costs that would bring.

This example illustrates that new ideas do not need to originate in Wigan to be adopted – the council has been open to initiatives developed elsewhere. Having the principles of the Deal in place has allowed people to test external ideas against a set of agreed values and ways of working, asking: 'Is this doing things **with** people, not **to** them?'

In a further example of being willing to think differently, the council on at least one occasion has offered to pay for an established foster carer to have their home extended because the family were willing to accommodate more children but could not do so because of space limitations. The council calculated that the cost of building an extension would be less than the cost of placing a child with an independent foster carer out of the area, and that this solution would also be better for the child. Interviewees told us that there is a culture of being open to trying out bold ideas like this where a case can be made for them.



council's leaders told us that it is only relatively recently that they began to feel confident that a critical mass in the workforce supports the changes.

*It's only in the last year or two that we've reached tipping point in terms of the majority of frontline staff really believing in this way of working.*

(Senior leader, Wigan Council)

*There are still changes to be made. At the top it's great, and at the bottom, but it's the middle. And [resistance to change] seems to be strongest in certain departments – the more traditional departments.*

(Voluntary sector leader)

## Extending across the wider system

While the cultural changes have gone furthest in the council, we saw evidence that some of the values and working practices associated with the Deal are beginning to take root in other organisations in Wigan. A care home provider described how the council had worked with them to help their staff to adopt 'Deal behaviours' (for example, creating new working practices that give more power to frontline care staff). Similarly, voluntary sector organisations told us that they felt that the sense of having permission to innovate applied to them as much as to council staff.

This expansion is part of a conscious effort by the council and its partners to spread the principles of the Deal across the public and voluntary sectors in Wigan. For example, the Be Wigan Experience is increasingly being used as a developmental tool for Wigan as a whole, rather than just the council – all clinical commissioning group staff have taken part in it, as have board members from Wrightington, Wigan and Leigh NHS Foundation Trust, some GPs, police officers and others. The Deal training has also been provided to partner organisations, including clinical commissioning group staff, the executive team of the Wrightington, Wigan and Leigh NHS Foundation Trust, staff from local voluntary sector organisations and others.

However, there is still further to go in bringing all partners on board. As discussed further in section 10, some of the cultural changes relating to power, innovation and risk challenge deeply set professional norms, particularly in the health sector. One GP described some of the language around the Deal as 'raising antibodies' among some of his colleagues, and there was a general recognition that NHS



partners are still in the process of articulating how the principles of the Deal might apply to their work.

In gaining wider traction, the council has begun to relinquish some ownership of the Deal, avoiding framing it as a ‘clever idea from the council’ that everybody else should adopt, and instead positioning it as something that is owned collectively and that can serve as a common framework for local partners to co-ordinate around.

Throughout the process of building a new culture, both within the council and more broadly, there has been a constancy of purpose in the approach being taken and a clear-eyed recognition that change of this nature does not come easily or quickly. In the next section, we discuss how Wigan Council dealt with the challenges and how leaders kept faith in the changes they were attempting to bring about.



## 5 'Holding our nerve'

*It's not been easy – it's been four years of really hard slog.*

(Elected member, Wigan Council)

*In some areas, the criticism that shifting responsibility to communities is actually just a fig leaf for cuts is absolutely spot on – but Wigan is completely different.*

(External consultant)

Major change rarely happens without challenges. The approach described in the previous sections has meant asking large numbers of people to work in a different way. This has involved making some difficult decisions, and at first it required having faith in an as-yet unproven proposition. In our interviews we heard one phrase used more than any other, with the people involved in leading the change describing the need to 'hold our nerve' in the early years. In this section we describe the challenges encountered during that period, and the factors that gave leaders in Wigan the tenacity to continue despite these difficulties.

One of the most sensitive issues has been workforce changes. Financial austerity has meant that councils across England have made significant reductions in their headcount. In Wigan, the council now employs around 1,000 fewer people than it did in 2010. Part of Wigan's approach has been to attempt to make a virtue of necessity, using the imperative to reduce staff numbers as an opportunity to reshape the workforce in a deliberate, targeted way. The goal has been to ensure that the council retains staff with an appetite to work in a different way, so that services are delivered by people with skills and values that are aligned with the principles of the Deal. What this has meant in practice is that, rather than reducing headcount through natural wastage and voluntary redundancy, teams at all levels in the organisation have been restructured, existing staff have been interviewed for new posts, and those who have not been offered jobs have been given compulsory redundancy. Council leaders argue that while this was not the easiest path to take, it has left the organisation in a better position for the future. The view of one of the human resources professionals we interviewed was that 'We have open and honest



conversations with people when they're not right for the organisation. There are very few places that get that right.'

In adult social care, moving to an asset-based approach based on having 'different conversations' with clients has been associated with dramatic changes in the composition of the social care workforce – so much so that detractors initially argued that it was 'a cuts agenda dressed as personalisation'. An audit of 300 cases conducted over a 6 month period established that 40 per cent of clients had low complexity needs and could potentially be supported by other staff rather than by registered social workers. Based on this analysis, and facilitated by other changes that aimed to allow social workers to focus more on those tasks that require their specific skills and training, the number of social workers in Wigan was reduced from 233 in 2011/12 to fewer than 100 in 2015/16. In their place, a new 'social care officer' role was created from 2013/14 onwards (see the box below). This role has been a crucial ingredient in the shift to asset-based working described in the previous sections.

#### **Social care officers: a key part of the new approach**

The transformation of Wigan's social care workforce hinged on the introduction of a new social care officer role. Social care officers perform similar functions to social workers but focus on less complex clients. This includes holding a caseload, undertaking assessments and reviews, and drawing up care and support plans, but not managing safeguarding issues.

Social care officers are an important part of the Deal because it can often be easier for a social care officer rather than a social worker to spend the additional time needed to have a different conversation with clients and to gain a more rounded understanding of the person.

To be recruited as a social care officer, an applicant must have a social care qualification and/or relevant experience working with people who access social care services. 'At the time of writing, there were 52 social care officers working across the borough.'

In the first two years of the process of workforce restructuring, Wigan Council encountered significant pressure from trades unions. Unions wrote to local councillors arguing that the council was reducing spending unnecessarily quickly, costing people's jobs. The council's approach to managing this criticism has been to have an ongoing dialogue with unions so that there is an understanding of the



strategic direction being taken and the opportunities it creates for existing staff and for creating new kinds of jobs. Senior leaders have also worked hard to keep councillors onside, with both political and executive leaders investing a lot of time explaining the rationale for the plans, arguing that, by making major changes now, the council and its employees would be in a much more secure position in subsequent years.

Local residents and service users have also challenged decisions. One early decision was to replace a residential facility for people with learning disabilities with supported accommodation. The proposals initially drew strong opposition from the public, including a demonstration, a petition and a complaint to the ombudsman. However, now that the alternative has been put in place, the view of social care professionals we interviewed was that the supported accommodation has helped people to become more independent, more active and part of their local community, as well as being lower cost.

The council took a similarly bold decision in relation to day centres – specifically, to reduce the number of centres it provides from 14 to 4, and instead to commission voluntary and community sector organisations to create a new and more diverse range of services to take their place, including through a number of new community hubs (see the box below). There are now around 70 community interest companies providing services to people in receipt of personal budgets in the area. People involved in providing these services argue that local people have more choice as a result and are more likely to be able to find a service that suits their individual needs.

### **Hindley Community Centre**

When Amberswood Day Centre in Hindley (a town in the borough of Wigan) closed in 2012, Sam Broxton, a local resident with a passion for helping the community, saw the opportunity to create a new community hub using a different model.

The initial vision was modest – to take over the operation of a tearoom that previously existed in the day centre through a community asset transfer, and to use this as an opportunity for creating volunteering placements for local people of all ages and abilities. However, the potential to do much more soon became clear. The building was significantly underused, so Sam set up a community interest company called CRISP Communities CIC to run the tearooms and to use the adjoining rooms and spaces to offer a range of community activities.





To take advantage of the opportunity, CRISP Communities CIC applied to the council for funding through the Deal for Communities Investment Fund (see section 6) and was awarded £120,000 over three years. This allowed it to employ a community development worker to organise community activities and projects, using the centre as a base, and a second member of staff to run the tearoom (which creates an independent revenue stream to support its work as well as volunteering placements).

A wide range of activities are now available in the community centre, largely staffed by volunteers. These include craft sessions, a reading group, drama workshops, summer camps and drop-in sessions with health trainers, job centre staff and others. In all of these, the emphasis is on using the skills available in the local community. There is also a library in the same building, operated by the council's library service.

The staff of CRISP Communities have taken part in the Deal training to understand the principles behind the council's asset-based approach and now deliver this training to other local charities and social enterprises. Sam Broxton told us that the Deal for Communities Investment Fund allowed 'local people who are passionate about something to run with their ideas'.

In the early years of the Deal, something akin to a leap of faith was needed from the finance team. Moving to asset-based working and investing in prevention and early intervention were seen as invest-to-save propositions that would put the council in a better position to manage demand. However, although intuitively plausible, there was little hard evidence that these investments would deliver the financial returns that would be needed. A senior leader in Wigan Council remarked that 'We are in an innovation space rather than evidence-based practice - we're making some assumptions intuitively with just enough evidence to suggest it's going to work.' In the first year or two the new ways of working did not always show immediate results, particularly in financial terms. During this period, leaders had to look elsewhere for sources of reassurance.

One form of evidence that has played a critical role in building self-belief and maintaining momentum is service user stories. We were struck that all the council staff we interviewed, from senior leaders to frontline professionals, were able to recount specific cases of local people whose lives had improved as a result of the Deal. We heard numerous examples of how these individual stories have been used to build support. For example, service user stories have been used in a very proactive way to show Cabinet members how the changes being introduced in



adult social care are leading to better outcomes for people in receipt of services. These stories are also shared widely with staff across the council using the communication channels described in section 4.

Another key factor that enabled people in Wigan to push ahead with change was the strength of political support from local councillors, and the commonality of vision between political and managerial leaders. For example, the decision to make bold transformations to adult social care services rather than managing cost pressures through ‘salami slicing’ would not have been possible without the vocal and consistent support of the portfolio holder for adult social care, Keith Cunliffe. Political leaders worked with the council’s officers to develop a positive narrative articulating why the changes would lead to better services for local people, and Cabinet members played an important role in communicating this narrative to other councillors. Frontline staff told us that having the backing of local politicians and other senior leaders gave them the confidence to hold their nerve through difficult points in the process of change.

It is notable that political support for the Deal exists across both of the main two parties in Wigan (Labour and the Conservatives). In gaining this bi-partisan support, it has been helpful that the Deal is a broad concept that can be framed in ways that appeal to people in various roles and on both sides of the political divide. Labour councillors tend to see the Deal as being about strengthening public services and improving the life chances of people living in marginalised communities. At the same time, Conservative councillors see it as being consistent with Conservative values around giving greater responsibility to communities and avoiding an over-reliance on the state. As discussed further in section 10, our view is that this ability to transcend partisan politics is one of the most important characteristics of the Deal when thinking about replicability and relevance beyond Wigan.

*I see the Deal as being about core Conservative principles... We’re giving more responsibility to communities. I’m actually quite supportive of it despite it being implemented by a Labour council.*

(Conservative councillor)

*For me these are very much socialist principles. Going to the ends of the earth to make things right for people.*

(Labour councillor)



## 6 Investing in the community

*You can't just reduce public services and expect the voluntary sector to pick up the pieces. You have to cultivate an environment where people can come forward with ideas.*

(Elected member, Wigan Council)

*It's not about dumping on the community; it's about recognising that sometimes community is the very best place to do something.*

(Social care manager, Wigan Council)

A crucial component of the Wigan Deal has been a commitment to strengthening both the local voluntary sector and the community itself. Wigan's approach has been based on the premise that communities are an indispensable resource for improving health and wellbeing, but not necessarily a free one. In this section we describe four ways in which Wigan Council has sought to stimulate development in communities and the voluntary sector:

- the Deal for Communities Investment Fund
- a collaborative commissioning relationship
- citizen-led public health
- community link workers.

### The Deal for Communities Investment Fund

Small-scale voluntary sector projects and community groups can be among the hardest hit when local authority and NHS commissioners are under pressure to reduce spending. Wigan took the view that cutting these budgets would be a false economy, and that supporting grassroots activities needed to be a priority if the council was to meet its strategic goal of reducing future demand for services by improving health and wellbeing.



The Deal for Communities Investment Fund was launched in 2013 to support community groups and projects across Wigan through small investments (up to £2,000), start-up investments (up to £10,000) and 'big idea' investments (more than £10,000). Between 2013 and 2018, £10 million was invested through this route. The significance of the fund, however, is less about its financial value and more about how it has stimulated a different way of working between the council and local community groups.

The principle behind the Deal for Communities Investment Fund is that the money given is an investment rather than a grant, and the expectation is that projects should be self-sustaining after a period of time (although in practice some do continue to receive ongoing support from the council). Monitoring of organisations receiving money from the fund has been deliberately light, based on the concern that placing onerous requirements on recipients would strangle innovation and prove counterproductive. A senior leader in the council argued that 'We used to spend so much money and time on monitoring and evaluation and it stymied the creativity of the voluntary sector.' Rather than using rigid performance indicators, monitoring is now based on the high-level goals that will be achieved for local people, with the recipient organisation itself taking a key role in setting these goals.

Voluntary sector leaders explained that receiving money through the Deal for Communities Investment Fund had been extremely valuable to them, partly because of the money itself but equally importantly because of the wider support package that comes with it. The council works very closely with organisations receiving the funding to help them to develop their services and scale them up, including by providing recipients of larger investments with named mentors in the council. Many of the organisations that have benefited are very small, grassroots community groups, in some cases with limited experience of applying for funding. Several told us that receiving money through the fund had given them the credibility and confidence to apply for additional money from other funders. By March 2018, the Deal for Communities Investment Fund had helped beneficiaries to obtain an additional £5.5 million in match funding from external sources (Wigan Council 2018).

An internal evaluation estimated that over its first four years, the fund delivered a social return on investment of £1.63 for each £1 invested (Wigan Council 2018). The main financial benefits came from:



- supporting people into employment
- reducing demand for health, social care and other public services
- the provision of food parcels
- volunteers' time contribution.

The council also estimates that, over the first three years, the 'big idea' component of the Deal for Communities Investment Fund led to at least £1.2 million in direct savings for the council, and that these savings would be recurrent in subsequent years (Wigan Council 2018).

A significant proportion of funding has been used to establish new community hubs across the borough and to provide activities aimed either at the entire community or at specific target groups such as young people, older people or vulnerable adults (see the two boxes below for examples).

### **Sunshine House**

Sunshine House is a community centre in the Scholes area of Wigan, which was established by local community activist Barbara Nettleton. It grew out of a residents' association started by Nettleton in 1996 to tackle concerns about antisocial behaviour, housing issues, drug dealing and other matters. It is based in a building that Nettleton acquired from the council through a community asset transfer.

Sunshine House offers a wide range of services, largely delivered by volunteers. There is also a social care worker on site three days a week.

A core value at Sunshine House is to maintain the dignity of people using the centre. For example, it offers a pantry service based on co-operative principles, which allows members to buy donated food and toiletry items at low cost. This is designed to be less stigmatising than a traditional food bank.

Sunshine House was awarded £150,000 through the Deal for Communities Investment Fund, allowing Nettleton to make a step-change in terms of the scale and diversity of services available. There is now a cafe, a community shop, memory classes, healthy living services, a writers' group, welfare advice and a wide range of social activities at the centre. The police provide drop-in sessions to talk about community safety issues, and a relationship has been developed with the



Department for Work and Pensions that allows people who have been long-term unemployed to gain work experience at Sunshine House to build up their confidence and skills. Money from the Deal for Communities Investment Fund has also supported expansion into new premises, creating extra space for meetings and activities. Part of this space is now rented out as a meeting/conference facility, providing Sunshine House with an ongoing source of revenue.

Nettleton describes the Deal as being 'the best thing to happen to Wigan in 20 years', and credits the Deal for Communities Investment Fund specifically with being much more flexible than other funding routes, allowing organisations like Sunshine House to 'change tack' when they realise that a different approach is needed.

### **Greenslate Community Farm**

Greenslate Community Farm was established in 2012 as a result of a community takeover of a disused council-run education farm on the outskirts of Wigan. It is run largely by volunteers and is overseen by a community benefit society, which local people can join as members, giving them the right to vote on decisions about the governance of the farm.

The farm received £90,000 through the Deal for Communities Investment Fund and this helped it to secure a subsequent capital grant from Public Health England to improve the facilities available at the farm. This has allowed it to accommodate a growing range of public health, educational and therapeutic activities, including a drug and alcohol recovery programme run by the charity Addaction that allows people taking part to remain integrated in the community rather than receiving support in a residential facility. In keeping with the principles of the Deal, the programme takes a strengths-based approach, focusing on the aspirations and potential of each participant, and gives a prominent role to peer mentoring from 'recovery champions'.

The farm also offers day care placements for people with learning disabilities, accepting self-referrals as well as referrals from health and social care professionals.

The produce grown on the farm is sold through an onsite shop and cafe.



## A collaborative commissioning relationship

The approach that local authority and NHS commissioners take towards the voluntary and community sector varies significantly in different parts of England (Baird *et al* 2018). Through the Deal for Communities Investment Fund and other funding routes, Wigan has attempted to adopt what it sees as being a more mature commissioning relationship based on partnership – working with voluntary sector organisations collaboratively to improve quality.

*[We are] stopping the waste of energy that can happen in a traditional provider-commissioner relationship where there is an obsession with what can be measured rather than what really matters... Moving from line-by-line contract management to a more strategic relationship.*

(Social care manager, Wigan Council)

This amounts to a deliberate blurring of the purchaser-provider split. It was clear from our interviews with voluntary sector leaders that the change in approach had been noted and appreciated – they now saw the council as both a commissioner and a partner. Some told us that they have a closer and more collaborative relationship than voluntary sector organisations in other parts of England have with their local authority. One commented: ‘We’ll get people from the council spending several days with us. Peers elsewhere ask: “How did you manage that?” Because they struggle to get anyone from the council to turn up even to a meeting.’

It was also apparent in our interviews that the sense of having permission to innovate, described in section 4, extends to partners in the voluntary sector, making them feel freer to try new things without the fear that they will have their funding removed if it does not work first time: ‘They allow you the room to grow and develop, and to try doing something in a different way’.

The council has encouraged voluntary sector organisations to work together more closely to avoid duplication and ensure that the various services and resources available across the borough are linked together (for an example, see the box on page 47). Funding is often conditional on agreeing to work in partnership with other organisations. Tender documents emphasise collaboration, shared endeavour and abiding by the principles of the Deal. The council supports new social enterprises by putting them in touch with similar organisations to learn about funding routes, governance structures and other matters. The council also supports a local



charity, Community Partnerships, which provides training and support to the voluntary sector.

*A big part of the Deal is about stopping working in silos and bringing people together. We're starting to see a lot more partnership working between various voluntary sector organisations... Five years ago nobody spoke to anybody.*

(Voluntary sector leader)

### **Collaborating to improve population health through sport**

In 2018, Wigan Council recommissioned weight management services for men. The contract was awarded to a partnership of voluntary sector organisations involving the council's main provider of leisure services (a social enterprise called Inspiring Healthy Lifestyles) and the two community foundations that Wigan's two major sporting teams – Wigan Warriors and Wigan Athletic – have established. The thinking behind the bid was to make the most of local sporting assets and to use the collective strengths of the three partner organisations in a much more co-ordinated way.

Men referred to the scheme take part in a 12-week weight management programme, which uses the same training facilities that the teams of the two clubs use (a significant attraction for many of the programme's participants). There is a strong focus on social interaction and having fun, so that participants build new social networks that help them to maintain their lifestyle changes after completion of the course.

Inspiring Healthy Lifestyles acts as the prime provider and co-ordinates the programme. Staff in the wellbeing team in Inspiring Healthy Lifestyles work with men as they graduate from the programme to help them move on to other sporting or recreational activities available in the local area to continue the progress they have made.

The Managing Director of Inspiring Healthy Lifestyles, Pete Burt, told us that there has been more collaboration rather than competition between voluntary sector organisations in Wigan since the launch of the Deal, and that the council now strongly encourages partnership working. Team members from Inspiring Healthy Lifestyles have taken part in the council's Deal training and have adapted it so that it can be rolled out to their entire workforce. Through this approach to delivery they build on people's needs, strengths and assets to motivate and empower individuals to maintain and improve their own health.





The collaborative approach to improvement also applies to care home providers. Where the Care Quality Commission has assessed the quality of a home as being inadequate, the council works alongside the provider to put together a service improvement plan. The council has also supported the creation of care home hubs, which bring together neighbouring care homes to share ideas and resources (for example, arranging trips for residents jointly). Care home providers are expected to co-operate with their competitors in these hubs regardless of commercial rivalries.

Despite being based on partnership, the approach to commissioning does have a hard edge to it. If an organisation is not willing to work with the council using a collaborative approach to improvement, the view is that it should not be working in the borough at all. We were given an example of a service provider that was 'exited from the borough' within three months because it became clear that it was unwilling to co-operate in improvement work.

### Citizen-led public health

Wigan Council's Director of Public Health, Kate Ardern, is another important character in the history of the Wigan Deal. Ardern has led the borough's public health team since 2008 (having been appointed jointly by the council and the former primary care trust) and now also has responsibility for leisure services and green spaces. The public health team has been a powerful advocate for asset-based working and has developed what it refers to as a 'citizen-led' approach to public health. At the heart of this is an attempt to empower local people to lead health improvement activities through a number of roles, including community health champions, young health champions, dementia friends and autism friends. In Ardern's view, the approach is about 'giving control back to local people', based on the reality that 'the lack of control many people experience in their lives is what leads to them being unhealthy.'

At the time of writing there were more than 1,300 health champions in Wigan plus almost 900 cancer champions and 500 heart champions. Health champions are provided with eight hours' training over seven to eight weeks and have the opportunity to receive a health improvement qualification accredited by the Royal Society for Public Health. The training syllabus covers looking after your own health, peer mentoring techniques, understanding health assets in your community, and the principles of health promotion campaigns.



More than 200 young people have participated in the young health champions programme. Young health champions perform various functions, including supporting health improvement activities, helping with campaigns and social media messaging, and doing direct peer-to-peer work in schools. All apprentices in public sector organisations in Wigan have the opportunity to become a young health champion.

There are more than 10,000 dementia friends in Wigan and efforts have been made to ensure that the council and its partners make full use of the major potential resource this represents. In Wigan, dementia friends are supported to take part in a wide range of activities, including training council staff to be more dementia friendly, supporting the work of the local carers centre, and working with local businesses to make them more sensitive to the needs of people with dementia.

Based on the success of the dementia friends programme, Wigan Council launched an autism friends programme in 2017. As part of this, a one-hour training session has been delivered to council staff, the police, the fire service, schools, doctors and local businesses, aiming to increase awareness about autism. Local people with autism and their families are involved in designing and delivering training sessions – around 50 autism champions have been recruited and trained to help deliver the sessions. There are currently about 4,000 autism friends across Wigan. There is also a wider ambition for Wigan to become the first autism-friendly borough in England, and some local businesses have already made tangible changes to create autism-friendly environments.

The approach to public health in Wigan takes inspiration from pioneering work conducted in North Karelia in Finland between the 1970s and the 1990s. The key element of this that Ardern and colleagues have attempted to recreate is the idea of engaging local citizens in a broad-based movement to improve population health and reduce inequalities, supported by all parts of the public sector. In Wigan, this has included trying to ensure that health-promoting resources in communities, such as parks and green spaces, are protected and invested in, as well as supporting health care professionals to play a bigger role in population health, for example through the Healthy Living Pharmacy programme and a similar Healthy Living Dentistry programme (a large majority of Wigan's community pharmacies and almost all dental surgeries are now part of these accreditation schemes) (see [National Institute for Health and Care Excellence, 2016](#); [Pharmaceutical Services](#)



**Negotiating Committee, undated**). Taking inspiration from North Karelia was one of several examples we encountered illustrating the council's willingness to learn from and adapt ideas from elsewhere.

## Community link workers

Community link workers are a linchpin in Wigan's approach to health. They are local people with a detailed knowledge of their community, recruited to support people with the non-medical aspects of health. This includes providing health coaching, which involves building people's confidence and their ability to take control of their health and wellbeing.

Community link workers were first introduced in Wigan in 2015. They are based mainly in GP practices and accept referrals from adult social care, community matrons (senior nurses who work with people with one or more long-term conditions) and others, as well as GPs. At the time of writing there were 16 full-time equivalent community link workers working across Wigan. The role is seen to have been highly successful and there are currently plans to double this number.

Local GP Mohan Kumar told us that, in some practices, the presence of community link workers has brought about significant cultural changes, for example with voluntary sector organisations now being invited to practice multidisciplinary team meetings to talk about how they can work together better. Community link workers attend both these meetings and also 'service delivery footprint huddles' (see section 7). They are commissioned jointly by the local authority and clinical commissioning group and are funded through the clinical commissioning group's primary care budget.

Community link workers receive support from three community knowledge officers based in the council whose job is to systematically map assets across the borough. The community knowledge officers provide both a resource that community link workers can draw on and a feedback route into the council so that community link workers can share intelligence about local needs and gaps in services. Community knowledge officers are responsible for updating Wigan's Community Book, an online platform listing local services, groups and activities.

The community link worker model in Wigan is closely aligned with plans for a national rollout of link workers announced in *The NHS long term plan* (NHS England 2019).



## 7 Place-based working

*Integration itself doesn't save money, but it's a precondition to prevention, early intervention and building different relationships with communities and individuals.*

(Senior leader, Wigan Council)

Wigan's strategy of building different relationships with local people and communities requires close partnership working between the various services engaged with them. Multi-agency working is therefore a core part of the Wigan Deal. Several health and care professionals we interviewed said that the Deal means never saying 'that's not my job' but instead working flexibly across organisational boundaries.

In this section we tell the story of how local agencies have come together in Wigan to attempt to work in a 'place-based' way. Wigan is far from alone in trying to develop closer working between health, social care and other partners, but there are distinctive features of the Wigan approach that need to be understood. The development of its partnership structures has happened in parallel with the development of the Deal, and it is an important part of the story not least because these emerging structures are now being used to spread the principles of asset-based working through other agencies so that there is a coherent strategic approach across Wigan.

### Multi-agency working in 'service delivery footprints'

To create a structure for multi-agency working, the borough has been divided into seven areas known as 'service delivery footprints'. The boundaries of these seven areas (see Figure 6) were designed to reflect 'natural' communities in the population as far as possible, and have been in use since 2017 after a successful pilot of multi-agency working in one neighbourhood.

A notable feature of Wigan's service delivery footprints is the breadth of organisations that are restructuring their teams or aligning staff with the footprint structure – the intention is that the footprints become the common currency for all local system partners, not just health and social care partners. For example,

**Figure 6** Seven neighbourhoods supporting place-based working

K



the police force has rearranged its officers’ beats so that these cover the same geographies as the footprints. Wigan’s main provider of mental health services, North West Boroughs Healthcare NHS Foundation Trust, has been exploring options for aligning its services with the seven footprints, and two named hospital consultants per footprint create a link with acute care services provided by Wrightington, Wigan and Leigh NHS Foundation Trust. Footprint boundaries are also very similar (although not identical) to the clusters that GP practices have formed in Wigan.

Each footprint has a weekly ‘huddle’ facilitated by a footprint manager. A huddle is a multi-agency problem-solving forum intended to allow workers from different agencies to discuss people they have concerns about and to get the information and advice they need directly rather than having to make a formal referral to engage other agencies. Attendance is voluntary, and often includes representation from children’s services, adult social care, ‘Start Well’ workers (see the box below),



district nurses, health visitors, school nurses, housing, antisocial behaviour teams, the police, community link workers, employment and welfare services, and voluntary sector organisations. One agency may offer to lead on behalf of the others depending on who has the best relationship with the client.

### **Start Well: a multi-agency approach to children's services**

Wigan's 'Start Well' programme brings together a range of services for families, children and young people, including early intervention services, health visiting, school nursing and youth justice provision. This is set to expand over time to also bring community health services under the common management structure, including community nursing, audiology, physiotherapy, speech and language therapy, occupational therapy, learning disability nursing and children's dietetics.

Schools and GP practices have been given a central role in Start Well services, with the borough's five family centres being put under the leadership and management of five primary schools. The approach recognises schools and GP practices as community 'anchor points' and puts services in places where families already spend time and have existing trusted relationships. Practical changes being made include consolidating contacts for families in the six to eight weeks after having a baby, by giving parents the choice to have several appointments during a single visit to their GP practice, for example so that they can see a health visitor, have a maternal health check and get their baby vaccinated in one visit.

In keeping with the principles of the Wigan Deal, Start Well services have emphasised peer support and community-based delivery, designing services with local residents and staff. Community organisations, such as churches and groups from the voluntary sector, have a key role in the delivery of Start Well provision and a growing number of services are led by 'parent champions' who are given training to support other parents in their local communities.

Each service delivery footprint has a base that staff from participating agencies can choose to work out of. Being co-located in these hubs allows interactions between agencies to happen organically outside of the weekly huddles and helps to strengthen relationships. It is becoming increasingly common for staff from some agencies to choose to base themselves in the hubs for two to three days a week.



The footprint manager role has been an important part of the approach. As well as facilitating the conversation during huddles, footprint managers take responsibility for connecting people in different agencies and building links with the local community, including local councillors. They also feed back general themes and intelligence picked up in huddles to an appropriate team in the council, for example if it becomes clear that more services are needed in a specific part of the borough to counter social isolation.

Discussions in service delivery footprint huddles tend to focus on issues around welfare and social deprivation. A different structure – ‘integrated community services’ – is used as the basis for integrating health and social care services, with more of a focus on older people and people with multiple long-term conditions (discussed further below). Various ways of creating a connection between service delivery footprints and integrated community services are being explored, such as inviting service delivery footprint managers to integrated community service meetings.

Profiles of each service delivery footprint have been produced, drawing on data from health, social care, housing and other partners. In keeping with the principle of asset-based working, these locality profiles include information on local assets as well as needs. Their purpose is to help partner organisations build up a more rounded understanding of local communities and identify where investments should be focused.

At its best, place-based working in service delivery footprints can be a powerful tool that allows agencies to make fuller use of the available assets in families and communities. For example, it is common for several agencies to be working with different individuals in the same family, and in the past there was sometimes limited communication between these agencies. Through the footprints, agencies are able (with consent) to share information and deliver a whole-family approach that allows each family member to play their part in working towards a better outcome.

For an example of the benefits of multi-agency working in service delivery footprints, see the box on page 56.



### Tom's story: acting quickly as a system

People were becoming worried about Tom. Aged 14, he had been passed between several foster carers and was not settled in his home life. He had been caught shoplifting, was frequently truant from school and his foster parents were struggling to cope. The big concern was that his foster placement was at risk of breaking down and that this would have a major detrimental effect on him.

Multi-agency working in service delivery footprints meant that local partners were able to intervene quickly to prevent the situation from escalating further. A police community support officer raised Tom's case at a footprint huddle. The footprint manager recognised that swift action was needed and convened a dedicated meeting within days, involving the support officer, Tom's social worker, his school and the council's Targeted Services team (which works with young people involved in low-level offending, either one-to-one or in groups).

The Targeted Services team agreed to start one-to-one work with Tom. For several months, members of the team visited Tom and his foster parents at home to build up trust and rapport. As a result of this work, Tom joined one of Wigan's weekly 'youth voice' groups (also known as youth councils) through which young people identify issues that are of concern in their local community and design projects that aim to tackle these issues and improve their neighbourhood. Over time, Tom became an active member of the group.

The issues that brought Tom to the attention of local agencies appear to have been resolved. The relationship between Tom and his foster parents has improved significantly, as has his attendance at school.

Staff involved said that having existing relationships with other professionals working in the service delivery footprint and knowing the 'go to' person in other agencies means that they can respond more quickly in cases such as Tom's. Without this, securing the involvement of other agencies can involve making a formal referral and being placed on a waiting list – with the risk in Tom's case that his issues may have escalated in the meantime and reached a crisis point.

## Healthier Wigan Partnership

Since 2015, Wigan has been part of the Greater Manchester Health and Social Care Partnership. Across the region, every borough involved in the partnership has been supported to establish a 'local care organisation' bringing together providers of





health and social care services. In Wigan this takes the guise of the Healthier Wigan Partnership, which began operation in 2017.

The partnership includes Wigan Council, 61 GP practices and the providers of acute hospital care, mental health and community health services. The initial focus is on redesigning out-of-hospital care and implementing asset-based working across the various services involved, as articulated by a 'Deal for Health and Wellness' agreed by the council and NHS partners in 2016 (see Figure 7).

Partnership structures like the Healthier Wigan Partnership are developing in many parts of England. A distinctive feature of Wigan's approach has been to try to build a different way of working from the ground up. Partners took an early decision that the priority should be to enable frontline teams to work together in practice

**Figure 7 The Deal for Health and Wellness** **K**



<h3>Our Part</h3> <ul style="list-style-type: none"> <li>• Ensure there are a wide range of facilities within local communities including parks, open spaces, leisure, safe cycling routes, good quality housing.</li> <li>• Ensure easy, timely access to good quality GP services, seven days a week, to screen, diagnose and treat and prevent disease as early as possible.</li> <li>• Support families to ensure their children have the best start in life.</li> <li>• Support people to live well, helping those who are unemployed into work or training and helping them benefit from the fastest growing economy in the UK.</li> <li>• Assist people to age well by keeping them healthy and connected to their communities for as long as possible in their own home.</li> </ul>	<h3>Your Part</h3> <ul style="list-style-type: none"> <li>• Keep active at whatever stage of life.</li> <li>• Register with a GP and go for regular check-ups – taking charge of your own health and wellbeing.</li> <li>• Quit smoking. Drink and eat sensibly and encourage your children to do the same.</li> <li>• Take time to be supportive parents or guardians, encouraging children to be the best they can be.</li> <li>• Take advantage of training and job opportunities, setting high aspirations for yourself and your family.</li> <li>• Support older relatives, friends and neighbours to be independent for as long as possible.</li> <li>• Get involved in your local communities.</li> </ul>
---	--

*Source: Wigan Council*



before completing detailed discussions about the legal and contractual basis of the partnership. A reported benefit of this is that narratives and case studies illustrating tangible benefits for local people and practical challenges encountered have been fed up into strategic decision-making and have helped to make discussions at that level more concrete.

The partnership is currently based on a non-binding alliance agreement, with a formal board and a system leadership group sitting beneath it. An important and distinctive element of the design is that GPs have a majority of votes on the board (seven out of twelve) – this was seen to be necessary to secure the support of local GPs. There is also political representation (unusually for a body of this kind) in the form of the two portfolio holders for children’s services and adult social care.

The focus on integrating health and social care teams at the front line builds on the development of integrated community services in Wigan. Three integrated community services teams provide a single management structure for adult social care, community nursing and community therapies. These have provided a useful vehicle for spreading asset-based working into the NHS as social care staff who had already been through the transformation as part of the Deal were able to persuade their NHS counterparts of the benefits and help them to anticipate potential challenges.

### Integrated commissioning arrangements

Whereas the Healthier Wigan Partnership is primarily a vehicle for bringing together **providers** of health and care services, partnership working is also developing between **commissioners** in Wigan. There is a history of joint commissioning between Wigan Council and the NHS. A joint commissioning agency was almost ready to be launched in 2010 but this was sidetracked by structural reforms in the NHS brought about as a result of the Health and Social Care Act 2012, with the shift from primary care trusts to clinical commissioning groups.

A new Integrated Commissioning Committee was established in shadow form in 2018, taking on formal authority from April 2019. This will have significant influence over a combined budget of £683 million (consisting of a pooled budget of £327 million plus an ‘aligned’ budget of £356 million). The committee brings



together political and clinical leadership and is co-chaired by the leader of the council and the clinical chair of the clinical commissioning group. As in many other Greater Manchester boroughs, there are also some joint leadership posts across the two organisations, including a joint chief finance officer since 2018.

Steps such as these have brought the council and the clinical commissioning group closer together structurally. Perhaps more significantly, they were also reported to be bringing about cultural changes. From 2018, the Deal training was rolled out to staff in the clinical commissioning group, and this was seen as an important step towards building a shared culture and language around the need for ‘different conversations’ with local people and commissioning services that strengthen community assets.

Overall, place-based working is maturing in Wigan as in many other parts of England. The principles of the Deal are increasingly becoming embedded across the local system, and the NHS is beginning to embrace the ideas and language that have been developed through it. The most distinctive features of place-based working in Wigan include the breadth of organisations involved and the emphasis on bottom-up change, driven by members of staff.



## 8 Is the Deal real?

*Attribution is a nightmare, but you can feel the difference it's making.*

(Social care manager, Wigan Council)

As stated in section 1, this report is not intended to be an evaluation. Nonetheless, the question of what impact the Deal is having for people living and working in Wigan is of course fundamental. To borrow a phrase used in Wigan, is the Deal real?

In this section we describe the metrics and frameworks that are being used in Wigan to assess whether the Deal is having the desired impact. We review some of the evidence that leaders in Wigan have used to demonstrate that local people are indeed beginning to benefit from the new approach. We also draw on a peer review that the Local Government Association has conducted and on our own research. In doing so, we explore both the ways in which the Deal appears to be having an impact and where further work may be needed to ensure that the benefits are sustained and spread over time.

### Measuring the impact of the Deal across Wigan

When the Deal was launched, leaders in Wigan Council felt strongly that it was the right thing to do, and at first there was not a concerted effort to define it precisely or agree how its impact would be measured. As discussed in previous sections, the Deal developed organically and the initial sense that it was working was based more on individual case studies and stories from the front line than on quantitative measurement. The Local Government Association's peer review conducted in 2017 concluded that while this organic growth has had merits, a more structured approach may be needed in the next stages of the Deal's development: '[M]uch of the growth of the Deal to date has been organic and innovative: more structure and order may be needed to ensure impact can be achieved in more difficult areas' ([Local Government Association 2017](#), p 2).

The importance placed on using qualitative insights has continued, and local health and social care teams are often highly proactive in capturing the first-hand experiences of people using their services, whether through formal consultation



exercises or informally. However, over time this has been complemented by an increased focus at the strategic level on agreeing how the impact of the Deal can be demonstrated using harder quantitative metrics.

To gain a high-level picture of how well the health and care system in Wigan is performing overall, the council and its partners have developed a shared outcomes framework that both the Healthier Wigan Partnership and the Integrated Commissioning Committee use. This has been designed to include metrics that reflect the preventative approach being taken in Wigan, measuring the ‘upstream’ determinants of population health (for example, school readiness) as well as more traditional system performance measures (such as waiting times). A key challenge in this has been striking the right balance between meeting national reporting requirements and finding measures that capture the new way of working.

The shared outcomes framework in Wigan is a work in progress and new metrics will be added as data systems mature, including proposed ‘core transformation metrics’ to be measured across the 10 boroughs of Greater Manchester. The dashboards that the Healthier Wigan Partnership and the Integrated Commissioning Committee use to monitor performance are structured around seven objectives (see the box below).

#### **Shared objectives for the health and care system in Wigan**

- Objective 1: To treat all children and young people equally and make sure that they feel safe and care about their education, health and future employment.
- Objective 2: To enable physical and emotional wellbeing, increase independence and reduce reliance on health and social care services.
- Objective 3: To orientate resources towards early intervention and to ensure that people have access to timely and responsive services in the right place at the right time.
- Objective 4: To deliver more co-ordinated, integrated and informed personalised care, in the most appropriate community setting.
- Objective 5: To increase the number of years that people are healthy and reduce the difference in life expectancy between communities.



- Objective 6: To make sure that Wigan residents' experience of health and social care is one that demonstrates a good experience of care and enhanced quality of life.
- Objective 7: To reduce the need for institutionalised care and avoid re-admittance.

In the council's Adult Social Care and Health Directorate, a 'Making it Real' quality assurance framework has been developed to understand how well the principles of the Wigan Deal are being embedded across the directorate, with a focus on continuous improvement and consistency. This framework involves bringing together data and insights from a number of sources, including:

- surveys conducted with service users, carers and staff
- a peer-to-peer audit process that staff use to review cases
- feedback from staff in the council and provider/partner organisations
- a staff self-assessment tool
- complaints and safeguarding reports
- a citizens' reference group
- 'mystery shopper' approaches
- a set of 'I statements' measuring what is important to service users, carers and families (under development).

The Making it Real programme also includes a workshop methodology, designed to allow a deeper dive into specific service areas. These 'Checking the Deal is Real' workshops involve a multidisciplinary group, drawn from relevant partner organisations, who review and discuss cases using a structured methodology. Before each workshop, an analysis of activity, costs and client mix in the specified service area is conducted, along with a review of randomly selected case studies. Around 10 of these workshops were conducted in the 12 months prior to the publication of this report, covering areas such as mental health discharge, home care and supported housing.



## Impact on people using health and care services

Given that the Wigan Deal started in adult social care, it is in these services that we might expect to see the greatest improvements in terms of the quality of services delivered to local people. Care Quality Commission assessments support the view that, in general, adult social care services in Wigan provide a good quality of care, albeit similar to the national average. The proportion of services that the Care Quality Commission has rated as good or outstanding is similar to the England average (see Table 1). All of the social care services delivered directly by the council are rated as good or outstanding. For care homes, the rate of improvement in recent years has been the third-highest nationally.

**Table 1 Outcomes for people using adult social care services**

Indicator	Wigan	England
Percentage of adult social care locations rated as good or outstanding by the Care Quality Commission (as at 1 May 2019) – community	82.6%	86.8%
Percentage of adult social care locations rated as good or outstanding by the Care Quality Commission (as at 1 May 2019) – residential	86.0%	81.6%
Delayed transfers of care (daily average per 100,000 population aged 18+, January to December 2018)	4.8	10.7
Percentage of people aged 65+ who received re-ablement services and were still at home 91 days following discharge (2017/18)	90.8%	82.9%
Overall satisfaction of people who use services with their care and support (2017/18)	65.9%	65.0%

Sources: Care Quality Commission 2019; NHS Digital 2018

Given the focus on supporting people to live independently and in the community, it is worth noting that the proportion of older people still at home 91 days after discharge from hospital is significantly higher in Wigan than in England as a whole (Care Quality Commission 2019). Rates of delayed transfers of care from hospital – often taken as an indicator of the effectiveness of the functioning interface between health and social care – are among the lowest in England (Care Quality Commission 2019). Rates of emergency re-admissions from care homes are also lower than the England average (Care Quality Commission 2019).



Data on user satisfaction with adult social care services tells a less clear story. In 2016/17, data from the national Adult Social Care Survey suggests there was a marked dip in satisfaction rates, which then recovered in 2017/18 to a level around the England average (NHS Digital 2018). The council believes that the temporary dip may have been attributable to one-off changes introduced in 2016/17, such as the ‘re-zoning’ of home care, which meant that some people started receiving their care from a different provider. Nonetheless, the reported benefits of moving to asset-based working in adult social care have not so far been reflected in the national survey data, and it is not clear whether this is because overall satisfaction has remained unchanged or because the metrics or methodology used for the national survey do not capture the kinds of changes that have taken place (for example, those who were helped to avoid needing formal care or who regained full independence would, by definition, not be included in a user survey).

### Impact on staff

A palpable sense of positivity and pride is evident in people working in health and social care in Wigan. This perhaps provides one of the strongest indications that there is something in the Deal worth learning from.

While we should acknowledge that we did not interview a representative sample of the local workforce, staff at various levels in the system consistently told us that the cultural changes in the council over the past five years have been profound and have made frontline staff feel more able to perform their duties to the best of their abilities. This was also a key finding of the independent Local Government Association peer review, which involved gathering views from more than 300 people in Wigan Council and partner organisations (Local Government Association 2017).

*I would say that staff in Wigan have more pride in their jobs than ever before.*

(Service delivery footprint manager, Wigan Council)

*I wouldn't work for another council.*

(Social care manager, Wigan Council)

Data from staff engagement surveys broadly supports this qualitative information. From 2013 to 2016, Wigan Council commissioned an external supplier to conduct its staff survey. The aggregate measure that the supplier used to give an overall





measurement of workplace engagement improved by 18.5 per cent over this four-year period. The response rate for the survey also improved, going from 62.4 per cent in 2015 to 72.4 per cent in 2016. The overall engagement score compared very well to other organisations and, on the basis of this data, *The Sunday Times* named Wigan Council as the best council to work for in England in 2016.

In 2017, Wigan Council moved to conducting its own internal staff survey and so results are not comparable to previous years. The survey was designed to measure how well staff understood the Deal and what it meant for their work. Overall, the findings suggest that the workforce understood the Deal and felt that it is making a difference both to how the council works and their level of engagement with the organisation. Some of the key findings from the survey include the following.

- Ninety-two per cent of staff agreed with the statement 'I understand the Deal'.
- Eighty-eight per cent agreed that the Deal is changing the way the council works.
- Eighty-seven per cent agreed that the Staff Deal helps them understand what is expected of them.
- Eighty-three per cent agreed that corporate and directorate 'Listening into Action' sessions enable them to hear about key priorities.
- Seventy-seven per cent agreed that the senior leadership team provides visible leadership.
- The top four words that staff used to describe working at Wigan Council were 'proud', 'happy', 'valued' and 'positive'.

Looking at the results for individual directorates, the data suggests that the Deal is having more of an impact in some areas than others, as might be expected. For example, while 94 per cent of staff working in the Adult Social Care and Health Directorate agreed that the Deal is changing the way the council works, this figure dropped to 77 per cent in the Economy and Environment Directorate. Similarly, 68 per cent of staff in the Resources and Contracts directorate agreed with the statement 'the Deal has made a positive impact to how I work', contrasting with 85 per cent in the Adult Social Care and Health Directorate.

While these figures suggest that the Deal may be more embedded in some areas than others, it should be acknowledged that even the lower figures are still very high, and further work



is being done to embed the Deal across all directorates. Overall, the survey results strongly indicate a workforce that, for the most part, supports the new way of working.

## Impact on population health

Wigan's headline achievement in relation to population health is a significant increase in 'healthy life expectancy' from 2009–11 to 2015–17. Healthy life expectancy is a composite measure reflecting how long people tend to live in a state of good health. The rate of improvement was faster in Wigan than in most of its 15 nearest 'statistical neighbours' (councils with a similar population and geography), with only three of these seeing similarly positive results (*see* Table 2) ([Public Health England 2019](#)). As shown in the table on page 66, healthy life expectancy across England was largely stagnant over the same period, meaning that the gap between Wigan and the national average is now substantially smaller.

Over the past six years, premature mortality from cardiovascular disease and from cancer have both fallen faster in Wigan than in England as a whole ([Public Health England 2019](#)). Among other factors, these results may be attributable to a significant reduction in smoking rates and higher rates of physical activity. The proportion of adults in Wigan who are physically active increased from 48 per cent in 2012 to 55 per cent in 2015, during which time the England average did not change ([Public Health England 2019](#)) (after 2015 the methodology for measuring physical activity rates changed, creating a discontinuity in the data).

There have been some notable improvements in relation to specific issues that have been identified as priorities in Wigan. For example, school readiness has been a particular focus for children's services in Wigan and this appears to have improved significantly, catching up with the national average on some metrics over the past three years ([Public Health England 2019](#)).

It is not possible to attribute these improvements in population health outcomes directly to the Deal or indeed to any specific actions that public agencies in Wigan have taken. However, the improvements observed are striking in part because they represent a reversal of the trends seen in Wigan before the council and its partners embarked on a different way of working. A decade ago, many health outcomes in Wigan were worsening, and the gap between Wigan and the rest of England in terms of healthy life expectancy was widening.



**Table 2** Change in healthy life expectancy in Wigan compared with its nearest statistical neighbours and the England average

Nearest neighbour rank	Local authority	Women		Men	
		Healthy life expectancy (2015-17)*	Change since 2009-11*	Healthy life expectancy (2015-17)*	Change since 2009-11*
	Wigan	62.6	+ 31 months	60.5	+ 19 months
1	Tameside	57.6	+ 2 months	58.1	+ 2 months
2	Rotherham	57.4	- 31 months	59.3	+ 16 months
3	Doncaster	61.1	+ 22 months	61.8	+ 44 months
4	St Helens	58.4	- 35 months	57.9	- 36 months
5	Wakefield	56.7	- 52 months	58.9	+ 5 months
6	Bolton	59.4	- 34 months	62.9	+ 19 months
7	Kirklees	58.7	- 17 months	62.7	+ 26 months
8	Bury	63.8	+ 14 months	59.8	- 13 months
9	Calderdale	64.4	+ 1 month	61.6	- 5 months
10	Dudley	60.9	- 30 months	59.6	- 29 months
11	Barnsley	61.0	+ 41 months	59.7	+ 26 months
12	Stockton-on-Tees	60.9	- 13 months	56.6	- 58 months
13	Telford and Wrekin	62.4	+ 42 months	60.9	+ 12 months
14	Rochdale	59.6	+ 10 months	57.6	- 26 months
15	Halton	57.7	- 28 months	59.4	0 months
	England	63.8	- 2 months	63.4	+ 5 months

Improvement Decline

Source: Public Health Outcomes Framework (Public Health England 2019)

\*Note: Healthy life expectancy is calculated by combining data from three years

Although many of the trends point in the right direction, Wigan still has some significant challenges in relation to population health (Public Health England 2019). There has been little success in reducing childhood obesity, and among 10- to 11-year-olds excess weight has increased (as it has nationally). The percentage of adults classified as overweight or obese remains higher than the England average (71 per cent compared with 61 per cent). Breastfeeding rates are low (28 per cent



at six to eight weeks compared with 43 per cent nationally) and although school readiness has improved across the borough, in the most deprived communities as many as 80 per cent of children are assessed as not meeting the necessary level of development when they begin primary school. Wigan is becoming healthier – rapidly so on some metrics – but there is still scope for more to be done.

### Impact on finances

Reprising the argument made in section 2, the Wigan Deal came about through the convergence of two concerns: the desire to improve outcomes through the adoption of an asset-based approach, and the need to manage demand in order to remain financially sustainable. On the latter of these, an important result is that Wigan Council is now in a significantly better financial position than it was in 2010/11.

This is best illustrated by the comparative financial position of the Adult Social Care and Health Directorate. In 2011, the council projected a £6.9 million overspend in adult social care, but by 2017/18 it had achieved a balanced budget and it is projected to do so again in the following two years, having delivered around £30 million of recurrent annual savings. Wigan's success in developing a progressive approach to adult social care that appears to have controlled demand growth is one of the most striking elements of the story of the Deal and is a significant achievement in itself.

For further details on how Wigan Council's financial position has changed since 2011 and the savings it has made in different spending areas, see Appendix B.

### Is the Deal real?

Taken together, the evidence reviewed in this section suggests that some significant improvements have been made in Wigan over recent years on a number of fronts, despite major cuts to the council's budget.

The Local Government Association, in its peer review, strongly endorsed Wigan Council's overall approach, concluding that 'the Deal is an exemplar of how to engage with communities, energise council culture and change the relationship between the citizen and the local state' ([Local Government Association 2017](#), p 3).



It also offered suggestions for further strengthening the council's work, for example by improving economic growth and prosperity to tackle the socio-economic factors driving poor health:

*To an extent the Deal has been about addressing some of the difficult consequences of worklessness and deprivation, including poor physical and mental health, which have caused a reliance on the public sector, particularly the council and the NHS. The next step will be taking the approach to a greater level of prevention, and making inroads into deprivation.*

*(Local Government Association 2017, p 3)*

It will always be difficult to prove definitively that the improvements seen in some metrics Wigan can be attributed to the Deal. Nonetheless, the measurement challenge is something the council and its partners will need to continue working on both to inform ongoing improvement and to provide assurance to regulators and others.

In terms of the benefits for local people, so far in this report we have focused largely on the evidence relating to people in direct contact with health and social care services. A broader question is whether the Deal has changed the relationship between the general public in Wigan and public services. This is the question to which we turn in the next section.



## 9 Towards a new social contract

Any society rests on a set of agreements – explicit or implicit – which describe the relationship between citizens and government. This includes agreements about the responsibilities of individuals (obeying the law, paying taxes) and the things that the state provides in return (public services, protection). Political theorists refer to this as the ‘social contract’ between the people and the government.

In the UK, as elsewhere, the social contract was fundamentally rewritten in the wake of the Second World War. Building on progressive reforms in the 19th and early 20th centuries, the coming of the welfare state changed our collective sense of what we as citizens are entitled to and what the purpose of government is. The former expanded to include universal access to health care, free at the point of use, and government took on a larger role in providing not just a minimal safety net to counter destitution but also a much broader range of responsibilities related to improving the health and wellbeing of the population.

In recent years, commentators have asked whether the social contract in the UK needs revisiting. For example, as described in section 2, the social entrepreneur Hilary Cottam has argued that existing ways of delivering public services have all too often disempowered the people they are there to help, leaving people feeling unable to make changes in their lives and their communities. Cottam and others have used the concept of the ‘relational state’ to describe alternative ways of delivering public services that emphasise the role that services can play in empowering and engaging local people and enabling citizens to ‘tackle shared problems together’ (Muir and Parker 2014).

Similarly, a recent report published by the New Local Government Network argues that a new relationship between citizen and state is needed based on closer collaboration and handing over power and resources to communities (Lent and Studdert 2019, p 13). The authors argue that the competing ‘state paradigm’ and ‘market paradigm’, which dominate political debate about public services, are in fact



both equally ill-equipped to meet today's needs, and that 'paradigms that enshrine hierarchy or see citizens only as atomised consumers will add to a growing sense of alienation and frustration with public services and the state' (Lent and Studdert 2019, p 7).

The King's Fund has argued that the relationship between the public and the NHS should also be re-examined to ensure that there is a sustainable social contract for health and health care; Ham et al (2018) suggest that the concept of 'shared responsibility' may be a helpful way of framing this debate, with this being quite different from the one-sided focus on 'personal responsibility' for staying healthy that sometimes predominates in discussions about our relationship with the NHS and our health. Shared responsibility emphasises the need for staff to have permission to work differently to fully involve patients and the public in decisions about health and wellbeing, and for cultural changes in NHS and other organisations to help staff to work in this kind of way.

In Wigan, one way the Deal can be understood is as an attempt to develop a new social contract between the public sector and local people, based on a balance of responsibilities as well as rights. This is seen most directly in the graphics produced by the council and its partners summarising 'our part' and 'your part' (see pages 23 and 56). In this section we ask how much progress Wigan has made in establishing this new relationship.

The previous section shows that there have been some notable successes. For people who are in direct contact with the service areas in which the culture of the Deal is most firmly embedded – for example, in adult social care and children's services – it can clearly be seen that a new relationship is emerging that sees service users becoming active partners in rather than passive recipients of care. It is also clear that staff have changed their role in the relationship. But to what extent has the overall relationship between the citizens of Wigan and the state changed? Has the Deal led to a shift in terms of how residents across Wigan view their relationship with the council and other public services?

Surveys of residents provide one way of answering that question. The available data does show a significant improvement in residents' perceptions about Wigan Council between 2008 and 2016 – a time period during which the national trend was for declining resident satisfaction with local government (Local Government Association 2018). For example, 65 per cent of residents stated that they were satisfied with the



way Wigan Council runs things in 2016, compared with 41 per cent in 2008, while the proportion of people saying the council provides value for money increased from 30 per cent in 2008 to 50 per cent in 2016. Between 2014 and 2016, the percentage of people who would speak positively about the council to other people increased from 37 per cent to 43 per cent. At the time of writing, data on resident satisfaction beyond 2016 was not available and so it is not known whether these improvements have been sustained.

Surveys of residents only provide headline indicators; to understand a relationship requires having a more in-depth conversation. To explore the issue further we conducted four focus groups with local residents, chosen to reflect a cross-section of the general public in Wigan (see Appendix A for details on our methodology). For a summary of the results of these groups, see the box below. Overall, the groups made it clear that there is still more to be done to explain the Deal to local people and to gain public consent for the new relationship it intends to bring about.

Many of the participants in the groups said that in principle they saw some merit in the idea of an agreement outlining what the council and its partners are responsible for, alongside those things that individuals and communities can take responsibility for. However, in practice they wanted much greater reassurance that the council and indeed other people in their community are meeting their part of the bargain before committing to making the changes being asked of them.

There was also understandable cynicism, after a long period of austerity, that the Deal was a way for the council to save money rather than to improve how it works with residents; some perceived it as a fig leaf for cuts. Many of the participants were not aware that a large proportion of the budget for local authorities came from central government rather than local taxes, and as a result some were inclined to place responsibility for cuts onto the council. This influenced their views about the Deal and the motivations that lie behind it.

These results should come as little surprise. Re-setting a well-established relationship between the public and the state is clearly a major undertaking, and there are real limits on what a local authority like Wigan could feasibly achieve over a few years, particularly given the wider economic context. It was notable that residents' views about the council (and the area generally) were influenced particularly by certain issues such as rubbish collection, crime, antisocial behaviour





and perceived public safety. Some of these are within the council's direct control (rubbish), others less so (crime), but either way they seem to be overshadowing progress being made on other fronts that are less visible to the majority of residents, such as social care or public health.

It should also be acknowledged that the public's relationship with the state is shaped by interactions with many different services, and there is not always a clear understanding of which organisations are responsible for what, particularly when it comes to health and social care. For example, 63 per cent of people think that the NHS provides social care services for older people ([Ipsos MORI 2018](#)).

Given these challenges, it is questionable how far a council could fundamentally reshape the relationship between citizens and the state in isolation. Achieving this would require a co-ordinated effort between all public agencies, sustained over time. This is what the Wigan Deal is starting to become, but even if all public agencies in Wigan fully embraced the Deal, it is likely that it would still take a significant period of time to change a relationship forged over many years.

### **Key findings from our focus groups with local residents**

We conducted four focus groups with a sample of residents from Wigan and Leigh (see Appendix A for details on our methodology). The findings from these groups offer an important counterweight to professional perspectives on the Deal and illustrate that there are still many challenges in Wigan that need addressing.

#### **Life and public services in Wigan**

The prevailing view in three of the four groups was that Wigan had deteriorated as a place to live over the past ten years and that some public services were struggling to provide a good service to local people. This perception appeared to be largely driven by three issues that were mentioned particularly frequently:

- worries about crime increasing and cuts to policing – the police were seen as increasingly difficult to reach and less likely to come out when contacted, and this was linked to a rise in crime, particularly drug-related crime
- the move to bin collections once every three weeks – unease around this had been made worse during the hot summer of 2018, with young parents needing to dispose of nappies finding it particularly difficult



- concerns about access to GPs – many participants had stories about how difficult they found it to get appointments with their GP in a timely manner, although this varied by GP practice.

Some linked these issues to reduced public spending nationally while others blamed the council, arguing that local people were paying a lot of money in council tax and that this was unfair when they felt that the quality of local services had declined.

*It is money behind all this, the government cuts, the council have only got so much money to spend.*

(Resident, focus group participant)

*We're paying more for poorer services across the board.*

(Resident, focus group participant)

It is important to note that while the majority of participants had largely negative perceptions of public services in Wigan, those who had more frequent contact with health and social care services tended to report more positive experiences. In particular, the group of people aged 65+ had a significantly more positive perception both of public services and of life in Wigan in general. This group also had much greater awareness of wider services on offer locally, including community groups and activities they could access.

Several people across the groups reported having difficulty in getting through to the council by telephone. This was a particular concern for the group aged 65+, some of whom did not have access to the internet.

### **The Deal**

Around half of the focus group participants had either heard of the Deal or said that they recognised the logo when we showed it to them. However, there was little clarity about what it meant, with most saying that they did not know what the Deal was. A few associated it with residents being asked to recycle more, and one said that he had seen a local television news report about it.

Respondents were shown a copy of the 'Our part, your part' graphic to comment on (see page 23). Across all of the groups there was some support for the principle of the Deal as expressed in the graphic, but also widespread scepticism that this approach was being carried out in practice. A common response was that local people were, in the main, already doing 'their part' and that the council should be doing their part anyway without this being conditional on what residents do. Some



people were concerned that it was a way of making cuts to services by asking people in the community to do more.

*They do less and you do more.*

(Resident, focus group participant)

*Most of us are already doing our part and we're waiting for the council to do their part.*

(Resident, focus group participant)

*This is the first time I've ever seen this. How do they expect anyone to do it if we don't know about it?*

(Resident, focus group participant)

For some, the tone of the graphic jarred and was seen as 'a bit preachy'. Another concern for many was that while some people are already doing their part, not everyone in the community could be relied on to do so and that this would therefore be unfair for those who meet their part of the bargain. Some people linked this with concerns around immigration and worried that newer communities in the area with different values would be less likely to fulfil their side of the Deal. One participant commented: 'If everyone takes part then it works but [some] people don't.'

Most participants felt that the council had not done its part in keeping council tax low (one of the pledges in the Deal graphic) – they said that council tax had increased in the past few years. Our understanding is that this is the result of the adult social care precept (councils have been given the power to increase council tax to pay for adult social care services) and increases levied at the Greater Manchester level for police and fire services, which are paid alongside council tax.

Despite some of the concerns raised about the idea of a deal between public services and local people, there was a strongly held view from some, particularly in the older people's group but also in some other groups, that people should 'do their bit' and that there should be shared responsibility in the community for the wellbeing of the local neighbourhood and its residents.



## 10 Discussion

### Transforming the culture of public sector organisations

It is important to understand that the Wigan Deal is not, in a literal sense, a deal. Its most visible and public-facing aspect – the ‘our part, your part’ graphic – may give the impression that the key step that Wigan Council has taken has been to strike an explicit bargain with local people about the balance of rights and responsibilities. However, in reality this is only one component of the Deal, and the worst possible outcome would be for other parts of England to set about recreating this kind of agreement without appreciating the major cultural transformation that needs to sit behind it.

To reiterate the argument we made in section 4, the Deal has been a profound cultural change within the council and its partners. It is a way of working that has taken time and considerable effort to embed. At the heart of this new culture is a set of positive beliefs about the potential of frontline staff and of local people. For other areas seeking to replicate the Deal, fostering this set of beliefs and the different behaviours that go with them should be the first priority.

The approaches needed to bring about this kind of cultural change will be context specific. However, we would like to highlight three characteristics of the transformation in Wigan that may be instructive.

First, Wigan’s journey has been marked by a series of bold decisions rather than incrementalism. These have included training all staff in asset-based working, radically changing the composition of the workforce in adult social care, and replacing staff who were unwilling or unable to adopt new ways of working. As discussed in section 5, a key theme in the story has been ‘holding our nerve’ in the face of significant obstacles.

Second, and related to the above, there has been a striking constancy of purpose in the senior leadership team and this has been mirrored at other levels in the council. A common vision was forged early on between executive and political leaders, and both groups worked hard to keep councillors and other influential stakeholder groups onside.



Third, a huge amount of energy has been put into communications and marketing to build a shared sense of purpose. The concept of the Deal and the principles it encapsulates are reinforced at every available opportunity. Stories from staff and service users have played a particularly important role in this, providing tangible examples of how local people have benefited from the changes under way. There has also been close attention paid to the language used to describe these changes (see box on the importance of language and communication).

Senior leaders in Wigan have identified '10 essential components' of their approach to transformation, which they have learnt from their experience of implementing the Deal (see the box below). These provide useful insights for other areas wishing to embark on a similarly ambitious process of change.

#### The Deal – 10 essential components

- **A strong narrative** – a simple concept that everyone can understand but is profound in its implications.
- **A belief that this is a movement, not a project** – rooting the approach in public service values: 'It's why I became a social worker.'
- **Leadership at every level** – commitment and senior sponsorship.
- **Workforce culture change** – training and core behaviours that define how we work, whatever the role.
- **A different relationship with residents and communities** – building self-reliance and independence.
- **Permission to work differently** – leadership backing: 'We will support you.'
- **Redesigning the system** – testing our systems, processes and ways of working against our principles: 'Do they make the culture and behaviours we want more or less likely?'
- **Enabling staff with the right tools and knowledge** – using new technology to support new ways of working and new roles.
- **A new model of commissioning and community investment** – market development and new arrangements for commissioning.
- **Supportive enabling functions** – breaking down barriers to progress and facilitating the change.

*Source: Wigan Council*



### The importance of language and communications

A key lesson from the Wigan Deal is that giving careful thought to language is essential. There have been many initiatives in health and social care over the past few years aimed at working differently with service users, including asset-based working, social prescribing, shared decision-making, personalisation, self-management, community involvement, patient engagement and peer support – to name just a few. We saw examples of all of these being put into practice in Wigan. However, it was notable that, in the main, staff did not use the kind of terminology listed here. Instead, they talked about having ‘different conversations’ or simply ‘listening to people’. Sometimes the proliferation of terms only serves to confuse rather than clarify, obfuscating the overall goal of changing the nature of the relationship between those in receipt of services and those who provide them.

Wigan Council has ensured that the message has been simple and has remained the same over time and across different areas of work. The constancy of language has not only allowed staff to be clear on what they are trying to achieve but also ensured that they share a common sense of purpose. The concept of ‘the Deal’ is used throughout interactions that staff have with the council, from their initial induction, to one-to-one meetings with their managers, to team meetings, to regular internal communications and to conversations with other staff.

The council has also recognised the importance of storytelling. Stories play a key role not only in reinforcing messages but also in showing others how to solve problems, and in demonstrating that risk will be shared and that people will not be blamed for trying new things. The council has consciously used stories to share success and to help staff to reconnect with the difference they can make to people’s lives.

### How replicable is the Deal?

To some extent, Wigan’s journey can be seen as a case of the right ingredients coming together in the right place at the right time. As the scale of the challenges presented by austerity became clear, a group of senior leaders in the council (political and managerial) converged on a shared vision of what the strategic response should be, informed by the encouraging results of local experiments with asset-based working. This response involved working with communities in a different way, creating a new organisational culture, and investing in prevention and early intervention. A consensus quickly developed that this was the right approach both to improve outcomes for local people and to put the council on a sustainable



financial footing. Critically, there were leaders at all levels in the system with the skills needed not just to agree this vision in principle, but also to put it into practice.

There is nothing in the core principles of the Deal that could not in theory be replicated elsewhere. Indeed, many other parts of England have included similar ideas in their own strategic plans. However, if anything sets Wigan apart it is its success in bringing about tangible, systematic changes that make concepts such as ‘asset-based working’ more than an appealing soundbite.

There are several contextual factors in Wigan that may have helped in developing and implementing the Deal. Politically, the borough has been highly stable over time. The Labour Party has had a large majority since the borough was created in 1974, and currently controls 60 out of 75 seats. Some of the people we interviewed argued that the dominance of one party had been a significant factor, with local councillors remarking that having a safe majority can make it easier to take difficult decisions and think long term, beyond electoral cycles. However, others challenged this view and suggested that a lack of political competition can just as easily lead to stasis.

There is also a strong sense of history and place in Wigan. It was very noticeable that a large proportion of the staff members we interviewed lived in the local area, and in many cases had done so for most or all of their lives and had connections to the communities they were serving. Given that getting to know the local community is a central part of the Deal, this strong local identity and knowledge can only have helped.

Another feature worth noting is that Wigan is part of the Greater Manchester devolution agreement, which is unique in England in several significant ways. Leaders in Wigan told us that peer pressure and learning from the other boroughs in Greater Manchester had been helpful, as had transformation funding from the Greater Manchester level. Perhaps most significantly, the way that the Greater Manchester Health and Social Care Partnership is set up gives local authorities in Greater Manchester a much greater role in setting the strategic direction for the health system than in many other parts of England.

While these and other factors may have played their part, our assessment is that the most critical ingredient in Wigan has been the quality and consistency



of leadership. In this report we have described the role that several senior leaders involved in developing the Deal have played, but equally important has been the commitment of managers at all levels in the council and in key partner organisations. The development of the Deal has been very much a team endeavour rather than being the handiwork of a few individuals, and cultivating effective and consistent leadership across the organisation – not just at the top – has been crucial. This has been an example of what has been referred to elsewhere as ‘collective leadership’ rather than ‘heroic leadership’ (West *et al* 2014).

As discussed in section 5, political leadership has also been a vital part of the story, and we were struck by the willingness of some councillors to make the Deal a non-partisan issue and to find common ground despite political differences. The amorphous nature of the Deal has helped with this – as described in section 3, it is an umbrella term that resists simple definition and has allowed different people and parties to recognise their own values within it.

The consensus among Wigan’s leaders is that the approach they have taken is transferable provided the necessary ingredients are in place (see the box on page 76 on ‘10 essential components’). The specific solutions developed in Wigan will not be right in every part of England, but the underpinning ethos – harnessing the power of communities, working with local assets and trusting and empowering staff – is something that is very widely applicable.

One final factor is timing. It is worth noting that by beginning the process of transformation before the impact of austerity had taken full effect, Wigan may have made its journey easier. Some were of the view that it would be harder to embark on this journey today, particularly for councils that have already used up a significant part of their reserves maintaining services. The challenge in these cases will be to find other sources of financing to cover the costs of transformation while continuing to deliver services to local people.

### Does Wigan show that austerity can work?

It would be possible to take the Deal as evidence that public services can be improved even while dramatically reducing spending. Going further still, it could be argued that austerity has been actively helpful in Wigan, because having a





'burning platform' forcing the council to think differently. Our view is that this latter argument would be a misreading of the story of the Wigan Deal.

It is true that austerity was one factor that prompted Wigan's leaders to search for a different way of delivering public services. Senior leaders in the council decided that they could not continue with the *status quo*, knowing that cuts were coming and that the solutions they were providing were not meeting the needs of the population. In building the initial consensus that change was needed, the financial pressures therefore played a role.

However, it is also true that financial cuts have made it harder, not easier, to implement the new approach that was adopted. We saw clear evidence that once the initial coalition for change had been established, some of the reforms in Wigan could have gone further and faster had more funding been available. For example, partner organisations described the difficulty of finding the time to engage in multi-agency working in Wigan's service delivery footprints as a result of having to reduce staff numbers.

In short, austerity provided the impetus to work differently but it is not the case that austerity was a necessary condition for the Wigan approach to be successful. People we interviewed were also clear that a further round of budget cuts beyond 2020/21 would be extremely difficult and would risk undermining the progress that has been made through the Deal. As an elected member of Wigan Council commented: 'We've managed to hold back the tide, but it's not something you can keep on doing continually.'

### What can the NHS learn from the Deal?

Many of the ways in which Wigan Council is working with people using its services have their equivalents in policy and practice in the NHS. Chapter 2 of the *NHS five year forward view* outlined an approach not dissimilar to that taken by Wigan (NHS England *et al* 2014). However, despite a number of initiatives, both national and local, aimed at changing the way the NHS works with patients and service users, the reality is that there is still some way to go before this way of working becomes widespread. This raises the question of whether some characteristics of the NHS make it harder for these kinds of approaches to be adopted in health care.



A key element of the Deal is the permission granted to staff to innovate and take risks. Wigan Council has tried to move away from a blame culture and to remove the fear of failure that limits people's willingness to try new approaches. In marked contrast to this, NHS organisations tend to work in a very different way, with a less permissive approach to risk.

It would be easy to argue that the level of risk in health care, and the urgency of the situations that health care professionals sometimes need to respond to, limit the extent to which NHS organisations can replicate the shift that Wigan Council has made towards asset-based working. When someone arrives at an emergency department in an ambulance, there is often little time for a different conversation exploring the patient's strengths and aspirations. However, this argument only holds for specific kinds of acute hospital care. As the Chief Executive of Wrightington, Wigan and Leigh NHS Foundation Trust, Andrew Foster, told us, asset-based conversations could be highly applicable and have a significant impact in many areas of a hospital's work, including discharge planning, outpatient clinics and working with frequent attenders in emergency departments. Beyond the hospital walls, the relevance of the Deal is even clearer, with direct applicability in primary care, mental health care and community health services.

The approach to leadership that has developed in Wigan is something that the NHS would do well to learn from. It is a form of leadership that sets a clear direction, takes bold and difficult decisions, and allows members of staff to develop ideas for doing things differently. It aims to empower staff at all levels – leaders in Wigan speak of the need for humility and 'servant leadership'. The council has backed staff to work with service users to develop alternative solutions, crucially giving frontline staff the agency to act on what they learn through these conversations. Interviewees suggested that this way of working can sometimes be counter-cultural in the NHS. A key question is whether a culture in which managers spend their time looking up to national bodies and regulators rather than out to the populations they serve can make meaningful progress towards asset-based working. As we have argued before, to grow a culture of this kind, the NHS will need to put greater emphasis on enabling 'reform from within' rather than relying on external enforcement to drive up standards (Ham 2014).

Perhaps the most striking characteristic in Wigan, in a public sector that is often looking for the next new policy or initiative, is the constancy of purpose. Wigan's



leaders have looked for inspiration from elsewhere but always tried to build on what they are doing rather than to shift direction. This ability to stick to a local strategy over time can be challenging in the NHS where there are often significant tensions between local, regional and national imperatives. Given the policy shift away from organisational sovereignty and towards place-based systems of care, it will be important for NHS England and other national bodies to learn how to engage with local systems in a way that allows them to maintain a steady strategic direction over time.

### How can national NHS organisations support this kind of approach?

National organisations cannot mandate the kind of changes seen in Wigan, but they can remove the barriers that make it harder for them to take root.

First, there needs to be much greater recognition that the leadership for improving health and care services and addressing the wider determinants of health may come from local authorities as much as from the NHS. Crucially, the role of local authorities in health and care is not limited to commissioning social care or hosting public health teams. Wigan shows that local authorities can help to ‘set the tone’ for their local system, introducing new norms around partnership working and enabling a place-based approach to develop that brings together the various agencies involved in supporting local people. The council’s knowledge of local neighbourhoods and links with communities have been a vital resource in establishing a different approach to delivering public services.

This critical role is often underplayed in NHS policy-making, which sometimes acknowledges the principle of working closely with local government, but then drives implementation of national strategy at a pace that means that, in practice, genuine engagement with local government and other partners is all but impossible. The early history of sustainability and transformation partnerships is a case in point – the pace at which the initial plans were created made it difficult for many local authorities to play a meaningful role in the process, at least initially (Alderwick *et al* 2016). It is important to ensure that this history is not repeated with the transition to integrated care systems.

Second, and related to the above, there is an opportunity to review how the performance of local systems is measured and what data is used to do so. At the



moment, many of the tools used to determine whether integration is working rely on measures that only capture a small part of what systems such as Wigan are trying to achieve. Measures such as emergency admission rates and patient and service user experience from surveys such as the GP Patient Survey and the Adult Social Care Survey do not adequately capture effective cross-system working and only provide a narrow view of the performance of individual service segments. The development of an 'integration index' signalled in *The NHS long term plan* (NHS England 2019) provides an opportunity to develop new measures, but ultimately this needs to go further and become a broader 'place-based index' that includes measures reflecting the shift to population health systems in addition to the established emphasis on measuring the integration of health and social care services (Alderwick et al 2015).

Third, building on our earlier remarks about the styles of leadership needed to bring about asset-based working at scale, national NHS leaders (including professional regulators and the Royal Colleges) need to reflect on how the blame culture that has been allowed to develop in some parts of the NHS stands in the way of improvement (Wise 2018; West et al 2017). In Wigan, the kind of enabling relationships between service users and frontline professionals that the council has been seeking to build is mirrored and modelled at the top of the organisation and actively cultivated throughout its directorates. To work differently with local people, frontline professionals need to be confident that they have permission to innovate and take appropriate risks. In organisations where the default response to failure is to blame rather than to learn, the positive culture seen in Wigan is unlikely to take hold.

Fourth, as *The NHS long term plan* has done, policy-makers should move from talking about personal responsibility for health to shared responsibility (NHS England 2019). The word 'responsibility' can often feel loaded, understandably raising concerns about people in a position of authority telling others that their health problems have come about because they are not taking enough responsibility for their lives. Instructing people to take more responsibility only perpetuates the 'them and us' nature of the relationship that people working in Wigan (and in this field more generally) are trying to move beyond. In Wigan the word responsibility is used but it is about supporting people to take more responsibility when they can, based on what matters to them, rather than expecting them to do it alone.



Finally, national NHS organisations can help remove financial barriers to change. Wigan’s approach has been based on the premise that communities are an indispensable resource for improving health and wellbeing, but not a free one. Upfront financial investment was needed to help bring about new ways of working and to increase capacity in the voluntary and community sector. Wigan Council was able to take an invest-to-save approach, drawing on financial reserves to fund transformation. National organisations can catalyse change by ensuring that local systems have access to transformation funding, and by keeping these funding streams separate from funding for day-to-day running costs.

## Conclusions

Wigan does not offer a simple, ready-made solution that other areas can adopt overnight. The Deal has been at least six years in the making and is still a work in progress, as its architects readily admit. However, the story of Wigan’s journey contains some powerful insights, which could have a major impact if considered more widely in other local authorities, in the NHS and in public agencies of all kinds.

The Deal has given public servants in Wigan a set of guiding principles that inform how they work with each other and with people using services. The examples described in this report paint a compelling picture of professionals feeling liberated to practise in a different way, making better use of the strengths of service users and the communities they live in. In terms of the outcomes this approach has delivered for the local population, the available data is encouraging if not yet definitive.

More ambitiously, has the Deal fundamentally changed the relationship between citizens in Wigan and the state? We would argue that it has not done so yet – and that to expect it to have done so would be setting the bar unrealistically high. But if we do believe that a new paradigm is needed for delivering public services in the 21st century, the Wigan Deal perhaps shows what kind of work would be needed to bring about that kind of shift.

The council’s new chief executive, Alison McKenzie-Folan, is clear that the Deal will continue to evolve over the coming years, but through reinforcing its core principles rather than through a wholesale change of direction. In the closing months of 2018 the council and its partners launched a major series of public engagement events to articulate a vision for the future of the borough, known as the ‘Deal 2030’. One



of the main themes expressed by those who took part was a strong desire to live in communities where people care for each other. Building this sense of community togetherness could be an important step in improving the health and wellbeing of the population, in Wigan and beyond.



# Appendix A: Research methodology

The material on which this report is based was gathered primarily over the course of seven days of fieldwork conducted by a team of researchers from The King's Fund. During that fieldwork and through follow-up telephone calls, we conducted 44 individual and group interviews with a wide range of stakeholders, including:

- senior leaders from Wigan Council and local NHS organisations
- frontline health and social care professionals
- representatives from voluntary and community sector organisations
- community health champions, autism friends and dementia friends
- service users and family members
- local politicians
- health and care leaders from the surrounding region, including those in leadership roles across Greater Manchester and the North West more broadly
- external consultants involved in supporting Wigan Council's transformation programme
- representatives from other public services, including schools.

We recorded the interviews and used the recordings to produce a set of detailed notes for each interview. We then analysed the notes thematically. Quotations from these interviews are presented in the report in a non-attributable way except for a small number of instances where we gained permission from the interviewee to include their name.

The fieldwork also included an observational component. We conducted site visits to see the work of local community organisations in action, took part in an abridged



version of the Wigan Deal training programme, and observed a multi-agency ‘huddle’ in one of Wigan’s service delivery footprints.

To gain insights into the perspectives of local people, we conducted four focus groups in Wigan and Leigh. A recruitment agency recruited the participants in these groups independently, with a brief that made sure we involved a cross-section of the community. Potential participants were screened to ensure there was a broad mixture in terms of age, gender and socio-economic background (one group was conducted with people aged 18–40 years, two with people aged over 40 years, and one with people aged over 65 years). We also made sure that the groups included people living with a long-term condition and people with caring responsibilities.

We reviewed internal documentation provided by Wigan Council, including evaluation reports and written case studies describing service user stories. We also reviewed relevant external publications, including the feedback report from an independent ‘corporate peer review’ process scrutinising Wigan Council’s performance, published by the Local Government Association ([Local Government Association 2017](#)).

We also analysed routinely available quantitative data giving an indication of the performance of the health and social care system in Wigan, including data from the Public Health Outcomes Framework published by Public Health England ([Public Health England 2019](#)), data from the Adult Social Care Outcomes Framework published by NHS Digital ([NHS Digital 2018](#)) and the local authority area data profile for Wigan produced by the Care Quality Commission ([Care Quality Commission 2019](#)).





# Appendix B: Overview of financial savings made by Wigan Council

Local authorities in England are required by law to have a balanced budget. In 2010/11, the balanced budget requirement for Wigan Council was £245.8 million. By 2019/20, this had fallen to £231.2 million. The 'real' reduction, however, has been much greater than these headline figures suggest, because over this period councils have also had to absorb a number of additional costs as a result of inflation, demographic change, the removal of specific national grants such as the Education Services Grant, and the transfer of new functions such as public health teams to local authorities. Wigan Council estimates that if its budget had risen in line with these growing costs, its budget for 2019/20 would have been £373.4 million. This means that in order to balance its budget, the council has needed to identify approximately £142.2 million in annual recurrent savings by 2019/20. For an illustration of the basis of this savings target, see Figure 8.

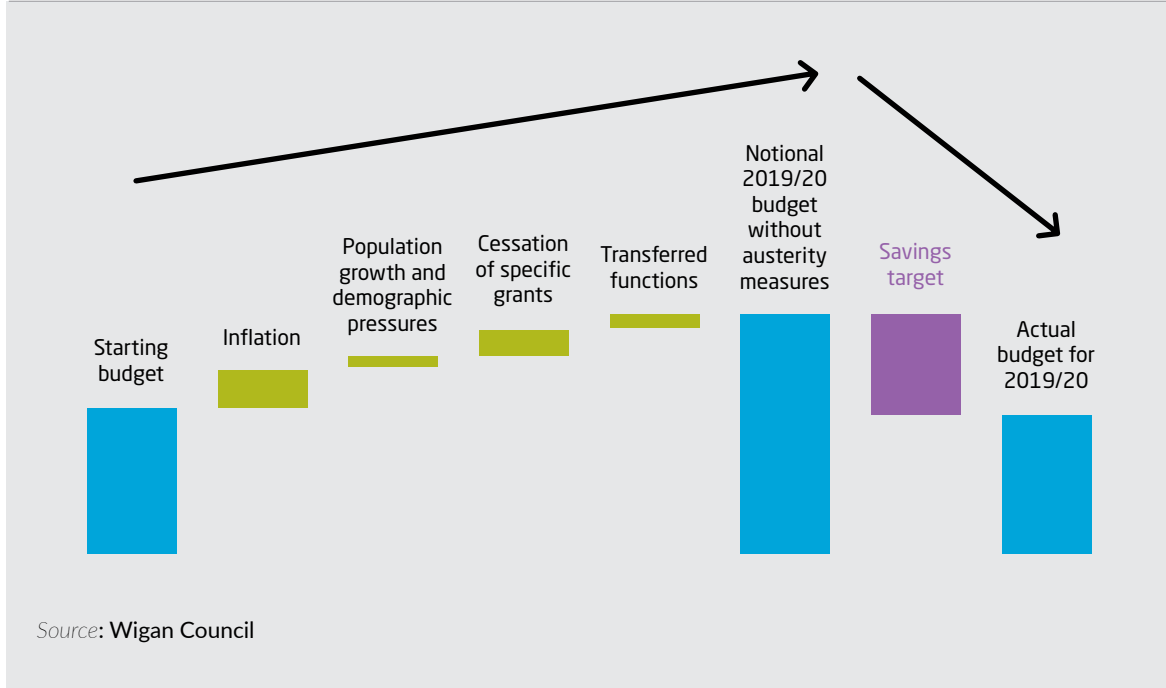
By 2020/21, the savings required of the council will have reached £149 million. The council deliberately front-loaded its transformation programme, with the largest savings targets falling in the first three years – part of its 'accelerated savings plan' (see section 2). For a profile of the savings that Wigan Council has made since 2011/12, see Figure 9.

These savings have not fallen evenly across the council's spending areas. Based on the calculations outlined above, between 2010/11 and 2019/20, the resources available to the council have effectively fallen by almost 40 per cent. The equivalent figures for adult social care and children's services are around 10 per cent and 20 per cent respectively, indicating that these areas have been protected relative to other spending areas (as has been the case in many councils). In proportionate terms, much larger savings have come from support services such as legal, property and financial services and from changes to financial arrangements such as refinancing debt repayments.

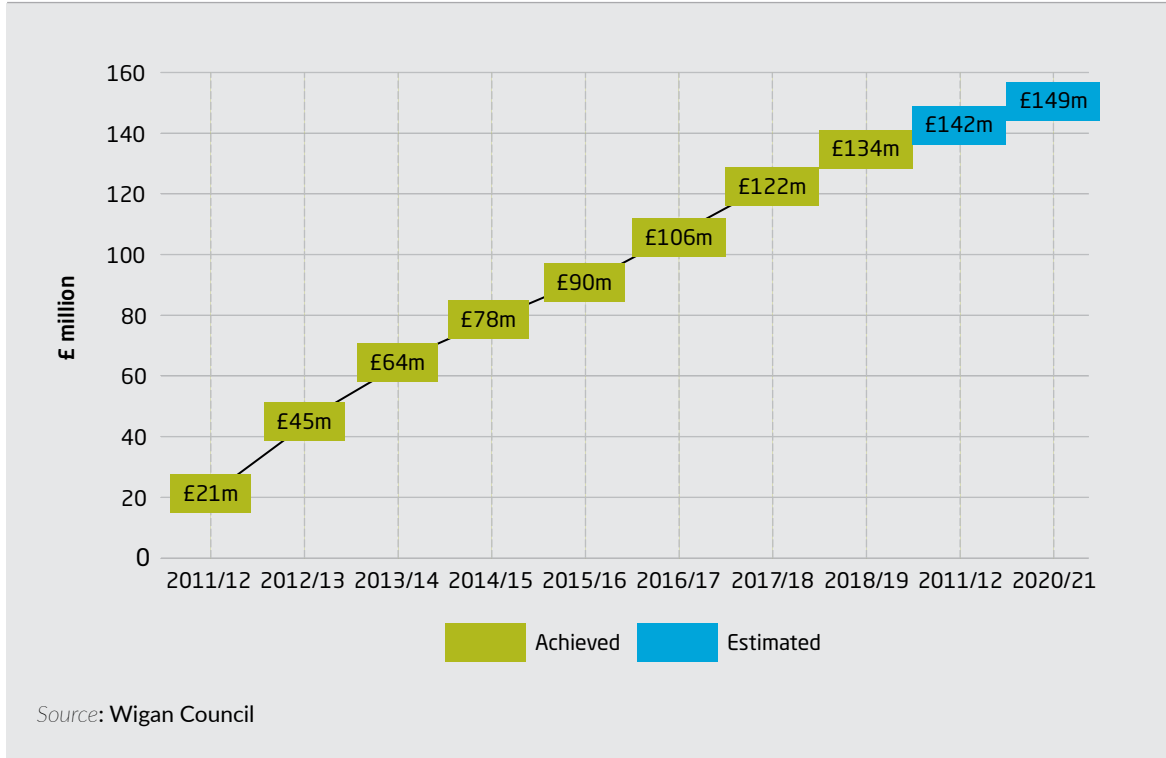
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10



**Figure 8 Additional cost pressures and the resulting savings target for 2019/20**



**Figure 9 Estimated savings made by Wigan Council since 2011/12**





For an overview of how savings targets were apportioned between the council's main spending areas, with illustrative examples of how savings were made, see Table 3.

**Table 3 Savings targets for specific spending areas**

Spending area	Savings target	Examples of how savings were made
Adult social care and public health	£30 million	<ul style="list-style-type: none"> <li>Reassessing all care packages to identify opportunities to deliver care in a more cost-effective way, making better use of individual assets and tailoring care to personal needs.</li> <li>Moving away from a building-based model of day care support, which has meant that the number of day centres that the council operates has reduced from 14 to 4, with the council instead investing in community organisations providing a more diverse range of alternatives at less cost.</li> <li>Redesigning supported accommodation based on multiple-occupancy housing, with care and support shared across several tenants, strengthened community connections and investment in assistive technology.</li> </ul>
Children's services	£22 million	<ul style="list-style-type: none"> <li>Restructuring Early Help and Children's Centre services into a new, integrated Start Well service.</li> <li>Reviewing education policy and service provision to increase income generation and reduce costs (for example, with some services winning business from other local authorities).</li> </ul>
Housing, the environment, leisure and culture	£44 million	<ul style="list-style-type: none"> <li>Bringing arm's-length bodies responsible for housing management, libraries and cultural services back in-house.</li> <li>Changing waste collection to three-weekly collections, with improvements to recycling rates as a result, and optimising routes for collection vehicles.</li> <li>Investing in sports and leisure facilities to raise income levels, thereby reducing the council's budget contribution to the provider of these services (Inspiring Healthy Lifestyles).</li> </ul>
Support services	£20 million	<ul style="list-style-type: none"> <li>More cost-effective use of legal, financial and property services.</li> <li>Reviewing office accommodation in all council buildings, which led to a rationalisation of office buildings and a resultant reduction in repairs and running costs.</li> <li>Increasing the use of technology to generate efficiencies.</li> <li>Merging the collection of business rates, council tax and housing rents.</li> </ul>



**Table 3 cont'd**

Spending area	Savings target	Examples of how savings were made
Balance sheet/ financing/ debt	£30 million	<ul style="list-style-type: none"> <li>• Reprofile debt repayments resulting from capital expenditure (through changes to 'Minimum Revenue Provision' charges).</li> <li>• Repaying historic debt at maturity, thus reducing interest repayments (for example, paying off high-interest loans).</li> <li>• Using internal cash to fund capital programmes wherever possible to avoid new borrowing.</li> <li>• Paying voluntary redundancy costs directly rather than via the pension fund, decreasing the overall cost to the council by a reduction in employer contribution rates.</li> <li>• Refinancing a Private Finance Initiative scheme.</li> </ul>

Source: Compiled from interview data and additional information provided by Wigan Council



# References

Ackerman L (1997). 'Development, transition or transformation: the question of change in organisations' in Van Eynde DF, Hoy JC, Van Eynde DC (eds), *Organization development classics: the practice and theory of change – the best of the OD practitioner*. San Francisco: Jossey-Bass.

Alderwick H, Dunn P, McKenna H, Walsh N, Ham C (2016). *Sustainability and transformation plans in the NHS: how are they being developed in practice?* London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/stps-in-the-nhs](http://www.kingsfund.org.uk/publications/stps-in-the-nhs) (accessed on 23 April 2019).

Alderwick H, Ham C, Buck D (2015). *Population health systems: going beyond integrated care*. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/population-health-systems](http://www.kingsfund.org.uk/publications/population-health-systems) (accessed on 23 April 2019).

Baird B, Cream J, Weaks L (2018). Commissioner perspectives on working with the voluntary, community and social enterprise sector. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/commissioner-perspectives-voluntary-community-social-enterprise-sector](http://www.kingsfund.org.uk/publications/commissioner-perspectives-voluntary-community-social-enterprise-sector) (accessed on 30 April 2019).

Barton P (2018). 'Why staff are eyes and ears of our communities'. Blog. Available at: [www.nlgn.org.uk/public/2018/why-staff-are-eyes-and-ears-of-our-communities](http://www.nlgn.org.uk/public/2018/why-staff-are-eyes-and-ears-of-our-communities) (accessed on 23 April 2019).

Buck D, Baylis A, Dougall D, Robertson R (2018). *A vision for population health: towards a healthier future*. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/vision-population-health](http://www.kingsfund.org.uk/publications/vision-population-health) (accessed on 23 April 2019).

Care Quality Commission (2019). *CQC local authority area data profile: older people's pathway: Wigan Local Authority*. London: Care Quality Commission. Available at: [www.cqc.org.uk/publications/themes-care/local-authority-area-data-profiles#profiles-w](http://www.cqc.org.uk/publications/themes-care/local-authority-area-data-profiles#profiles-w) (accessed on 23 April 2019).

Cottam H (2018). *Radical help: how we can remake the relationships between us and revolutionise the welfare state*. London: Virago.

Cottam H, James R (2014). *The Life Programme: a report on our work*. London: Participle Limited.

Dougall D, Lewis M, Ross S (2018). *Transformational change in health and care: reports from the field*. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/transformational-change-health-care](http://www.kingsfund.org.uk/publications/transformational-change-health-care) (accessed on 23 April 2019).



Greater Manchester Combined Authority (2018). *The Greater Manchester model: further, faster: reforming public services*. Manchester: Greater Manchester Combined Authority. Available at: [www.greatermanchester-ca.gov.uk/media/1676/greater-manchester-model.pdf](http://www.greatermanchester-ca.gov.uk/media/1676/greater-manchester-model.pdf) (accessed on 23 April 2019).

Ham C (2014). *Reforming the NHS from within: beyond hierarchy, inspection and markets*. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/reforming-nhs-within](http://www.kingsfund.org.uk/publications/reforming-nhs-within) (accessed on 23 April 2019).

Ham C, Charles A, Wellings D (2018). *Shared responsibility for health: the cultural change we need*. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/shared-responsibility-health](http://www.kingsfund.org.uk/publications/shared-responsibility-health) (accessed on 23 April 2019).

Innovation Unit, Greater Manchester Public Health (2016). *Greater Manchester guide: developing asset based approaches to primary care: best practice guide*. London: Innovation Unit. Available at: [www.innovationunit.org/publications/greater-manchester-guide-developing-asset-based-approaches-to-primary-care](http://www.innovationunit.org/publications/greater-manchester-guide-developing-asset-based-approaches-to-primary-care) (accessed on 23 April 2019).

Ipsos MORI (2018). *State of the state 2017–18: austerity, government spending, social care and data*. London: Ipsos MORI. Available at: [www.ipsos.com/ipsos-mori/en-uk/public-perceptions-austerity-social-care-and-personal-data](http://www.ipsos.com/ipsos-mori/en-uk/public-perceptions-austerity-social-care-and-personal-data) (accessed on 23 April 2019).

Kretzmann JP, McKnight JL (1993). *Building communities from the inside out: a path toward finding and mobilizing a community's assets*. Chicago: ACTA Publications.

Lent A, Studdert J (2019). *The community paradigm: why public services need radical change and how it can be achieved*. London: New Local Government Network. Available at: [www.nlgn.org.uk/public/2019/the-community-paradigm-why-public-services-need-radical-change-and-how-it-can-be-achieved](http://www.nlgn.org.uk/public/2019/the-community-paradigm-why-public-services-need-radical-change-and-how-it-can-be-achieved) (accessed on 23 April 2019).

Local Government Association (2018). *Polling on resident satisfaction with councils: round 21*. London: Local Government Association. Available at: [www.local.gov.uk/polling-resident-satisfaction-councils-october-2018](http://www.local.gov.uk/polling-resident-satisfaction-councils-october-2018) (accessed on 23 April 2019).

Local Government Association (2017). *Corporate peer challenge: Wigan Council: 9th–11th October 2017: feedback report*. London: Local Government Association. Available at: [www.wigan.gov.uk/Council/Performance-and-Spending/Peer-Review.aspx](http://www.wigan.gov.uk/Council/Performance-and-Spending/Peer-Review.aspx) (accessed on 23 April 2019).

Muir R, Parker I (2014). *Many to many: how the relational state will transform public services*. London: Institute for Public Policy Research. Available at: [www.ippr.org/publications/many-to-many-how-the-relational-state-will-transform-public-services](http://www.ippr.org/publications/many-to-many-how-the-relational-state-will-transform-public-services) (accessed on 23 April 2019).

National Institute for Health and Care Excellence (2016). 'Healthy Living Dentistry'. National Institute for Health and Care Excellence website. Available at: [www.nice.org.uk/sharedlearning/healthy-living-dentistry](http://www.nice.org.uk/sharedlearning/healthy-living-dentistry) (accessed on 26 April 2019).



Naylor C, Charles A (2018). *Developing new models of care in the PACS vanguards: a new national approach to large-scale change?* London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/developing-new-models-care-pacs-vanguards](http://www.kingsfund.org.uk/publications/developing-new-models-care-pacs-vanguards) (accessed on 23 April 2019).

NHS Digital (2018). 'Measures from the Adult Social Care Outcomes Framework, England - 2017-18'. NHS Digital website. Available at: <https://digital.nhs.uk/data-and-information/publications/ci-hub/social-care> (accessed on 23 April 2019).

NHS England (2019). *The NHS long term plan*. London: NHS England. Available at: [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk) (accessed on 23 April 2019).

NHS England, Care Quality Commission, Health Education England, Monitor, Public Health England, Trust Development Authority (2014). *NHS five year forward view*. London: NHS England. Available at: [www.england.nhs.uk/five-year-forward-view](http://www.england.nhs.uk/five-year-forward-view) (accessed 26 April 2019).

Pharmaceutical Services Negotiating Committee (undated). 'Healthy Living Pharmacies'. Pharmaceutical Services Negotiating Committee website. Available at: <https://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies> (accessed on 26 April 2019).

Public Health England (2019). 'Public Health Outcomes Framework'. Data tool. GOV.UK website. Available at: [www.gov.uk/government/collections/public-health-outcomes-framework](http://www.gov.uk/government/collections/public-health-outcomes-framework) (accessed on 23 April 2019).

The Fostering Network (undated). 'The Mockingbird programme'. The Fostering Network website. Available at: [www.thefosteringnetwork.org.uk/policy-practice/projects-and-programmes/mockingbird-programme](http://www.thefosteringnetwork.org.uk/policy-practice/projects-and-programmes/mockingbird-programme) (accessed on 24 April 2019).

The King's Fund (2018). 'Supporting the Healthy New Towns programme'. The King's Fund website. Available at: [www.kingsfund.org.uk/projects/supporting-healthy-new-towns-programme](http://www.kingsfund.org.uk/projects/supporting-healthy-new-towns-programme) (accessed on 23 April 2019).

The King's Fund (2017). 'What is social prescribing?'. The King's Fund website. Available at: [www.kingsfund.org.uk/publications/social-prescribing](http://www.kingsfund.org.uk/publications/social-prescribing) (accessed on 23 April 2019).

West M, Collins B, Eckert R, Chowla R (2017). *Caring to change: how compassionate leadership can stimulate innovation in health care*. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/caring-change](http://www.kingsfund.org.uk/publications/caring-change) (accessed on 23 April 2019).

West M, Eckert R, Steward K, Pasmore B (2014). *Developing collective leadership for health care*. London: The King's Fund. Available at: [www.kingsfund.org.uk/publications/developing-collective-leadership-health-care](http://www.kingsfund.org.uk/publications/developing-collective-leadership-health-care) (accessed on 23 April 2019).

Wigan Council (2018). *The Deal for Communities Investment Fund. Evaluation of the Small & Start Up Investments for Round 4. Evaluation of Big Idea Investments Rounds 2-4*. Wigan: Wigan Council.

1

2

3

4

5

6

7

8

9

10



Wise J (2018). 'Survey of UK doctors highlights blame culture within the NHS'. *British Medical Journal*, vol 362, p k4001. Available at: [www.bmj.com/content/362/bmj.k4001.full](http://www.bmj.com/content/362/bmj.k4001.full) (accessed on 23 April 2019).





## About the authors

**Chris Naylor** is a Senior Fellow in Health Policy at The King's Fund. He conducts research and policy analysis and acts as a spokesperson for The King's Fund on a range of topics. He contributes to The King's Fund's work on integrated care and health system reform, and has particular interests in mental health and the relationships between people, place and health. Chris has previously worked in research teams in a number of organisations, including the Institute of Psychiatry, Psychology and Neuroscience at King's College London and the Public Health Foundation of India in Delhi. He is also an executive coach and works with leaders in the health system to support change at the local level. Chris has an MSc in public health from the London School of Hygiene & Tropical Medicine and a BA in natural sciences from the University of Cambridge.

**Dan Wellings** is a Senior Fellow in Health Policy at The King's Fund, where his areas of interest include patient and staff experience and public perceptions of the NHS and social care system. Before joining The King's Fund in April 2017, Dan was Head of Insight and Feedback at NHS England. The Insight and Feedback Team is responsible for the commissioning and running of a number of national surveys, including the GP Patient Survey, the National Cancer Patient Experience Survey and the NHS Staff Survey. In addition, the team oversees the Patient Reported Outcome Measures (PROMs) programme as well as the implementation and development of the Friends and Family Test. Dan has also worked as Research Director at Ipsos MORI, specialising in public attitudes to the NHS and social care. He has an MSc in public health from the London School of Hygiene & Tropical Medicine.



# Acknowledgements

This research was based on extensive fieldwork, interviews and observation, which would not have been possible without a great many people in Wigan being extremely generous with their time and candid with their thoughts. We would like to express our gratitude to everybody in Wigan who helped us with the project.

We would also like to acknowledge our colleagues Simon Bottery, David Buck and Pinchas Kahtan, who took part in our fieldwork and contributed to the thinking that shaped this report, and Deborah Ward, who conducted data analysis in support of the project.

Our work would not have happened without the enthusiastic leadership of Professor Sir Chris Ham, the former Chief Executive of The King's Fund, whose commitment to seeking out examples of innovation in health and care has benefited us all.

Finally, we would like to thank reviewers who provided comments on draft versions of this report, and whose insights helped to strengthen the final publication.



**Published by**

The King's Fund  
11–13 Cavendish Square  
London W1G 0AN  
Tel: 020 7307 2568  
Fax: 020 7307 2801

Email:  
publications@kingsfund.org.uk

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

© The King's Fund 2019

First published 2019  
by The King's Fund

Charity registration number:  
1126980

All rights reserved, including the  
right of reproduction in whole or  
in part in any form

ISBN: 978 1 909029 93 4

A catalogue record for this  
publication is available from  
the British Library

Edited by Rowena Mayhew

Typeset by Peter Powell

Printed in the UK by  
The King's Fund

**The King's Fund** is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible health and care is available to all.

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)  [@thekingsfund](https://twitter.com/thekingsfund)

As the NHS and local authorities face ongoing financial pressures and growing demand for services, a new approach is needed that allows people to take greater control over their health and wellbeing. One area that has responded to these challenges is Wigan, with the implementation of the 'Wigan Deal'.

*A citizen-led approach to health and care: lessons from the Wigan Deal* provides an independent critique of the transformation that has taken place in Wigan over several years with the aim of reframing how public servants and local people understand their roles in creating successful, healthy communities. The report looks at why the Deal was developed and how it has been put into practice, highlighting four main components of the transformation:

- working with local people in a different way that recognises the strength of individuals and communities
- giving frontline staff greater freedom to innovate
- investing in communities through local voluntary sector organisations and community groups
- delivering integrated services through place-based working.

Wigan's journey provides vital insights into how the culture of public services can be radically changed through committed leadership. These insights could have a major impact if considered more widely in other local authorities, in the NHS and in public agencies of all kinds.

The King's Fund  
11-13 Cavendish Square  
London W1G 0AN  
Tel: 020 7307 2568

Charity registration number: 1126980

[www.kingsfund.org.uk](http://www.kingsfund.org.uk)

ISBN 978-1-909029-93-4



9 781909 029934