



# **Shifting power to our people and communities**

**A conversation starter for public service  
and community leaders in Greater Manchester**



## A Greater Manchester journey

Public Services across Greater Manchester are on a journey to sharing power with the people and communities we serve; to create health, wellbeing and good lives. The Greater Manchester Strategy **“Our People, Our Place”** says that our success depends on confident individuals and communities having the power to shape their own neighbourhood.

This narrative sets out leadership strategies and practical changes that will be needed for partnerships between the formal ‘system’ and people and communities. This ‘conversation starter’ has been developed collectively through work led by New NHS Alliance (a movement of professionals and local people working to address and reduce health inequalities) in Greater Manchester. It is a resource for all those working to realise a shift of power across Greater Manchester, which:

- **sets out a vision of what it will be like when power has shifted – page 5**
- **shows what our destination could look like for our stakeholders – page 8**
- **gives context to a ‘Power Shifting Card Deck’ – a practical training and development resource for teams and individuals to take, use and adapt as you see fit – page 11**
- **suggests some of the ways system and community leaders can work to shift power – page 12**
- **and provides some examples of what Greater Manchester and each locality has achieved – page 18**

The ideas won’t resonate everywhere – some will seem obvious or already well understood, and there may well be gaps but we hope this helps encourage local discussion and provides an opportunity to take the time to think broadly about the realities of power and accountability where you are.



## Our ambition

We need citizens and communities to play their full part in keeping healthy and enabling everyone to live good lives – and hierarchical and centralised power systems don't support this. Traditional practice, where public sector commissioners determine what will work for large populations and statutory services deliver to them, can result in communities being 'done to'. Imbalances in power are evident across a wide range of factors - not least wealth, gender, race, sexuality, health and disability, so we need to think differently:

“

Across our country – and in civil society – too many people feel unheard, ignored, frustrated. Imbalances in power are often at the heart of the issue: who gets listened to, who makes decisions, who is in control. Change in society begins by changing ourselves in civil society, all of us. We want everyone to have the chance to make the contribution that only they can.

- **We will consciously create a healthy, sustainable and more equal civil society.**
- **We will address inequalities and conflict by seeking to understand power and oppression, recognising the power we have and supporting others to discover theirs.**
- **We will practice shared and distributed models of decision-making and control, such as citizen juries, community ownership and participatory grant-making.**
- **We will do whatever's needed so all those who want to can play a full part in the things which matter to them – not least those who have been excluded – so they can bring their wisdom and expertise.**

”

**Civil Society Futures' Call to Action** to us all  
(from the inquiry that ran from 2017-2018; a national conversation about how English civil society can flourish in a changing world)



## Using professional and personal power

This is not about taking on the world: it is about changing our world of work, how we use and share power, particularly that which comes from our professional position. It is about shaping how we lead multi-disciplinary community teams and embrace communities as part of the health and care system, and broader public services.

The idea of 'power shifting' underpins Greater Manchester's story of devolution and how we work together to change and improve the experience and lives of people and communities. The Greater Manchester Strategy talks about communities being in control, with people at the centre. This challenges our traditional way of working and requires a different relationship between people, communities and public services.

Professional power is useful, and often critical. There are times when we all need to draw upon the expertise and knowledge of people who have spent their lives studying, thinking and developing their practices. But we know professional power has its limitations. For example, in a health setting, while it is suited to diagnosing, treating and curing acute conditions and diseases, it is less suited to developing or growing the resilience necessary to prevent ill health or alleviating and managing the realities of life with long term conditions and disabilities. These professional systems can also become process driven, and this gets in the way of developing strong trusting relationships and relating in a 'human' way to people's real strengths and needs. To rise to the challenges facing us we need to complement

professional expertise. We need to rethink how professional power works with, and leaves space for, other partners.

People accessing support have expertise about themselves and their lives, alongside a wealth of skills and knowledge to offer the 'system' and their community. In individual interactions 'person centred' approaches help us listen much more deeply, and have a different conversation, putting people at the heart of designing their own support. A conscious shift away from bureaucratic ways of thinking and working can liberate those who are in a professional role to bring more of their own skills and assets to the table, along with those of the people we are here to support.

This also needs to happen at a collective level. Local communities understand what matters most to them, which solutions will work, and

how to support and invest in these to change things for the better. Working with them will make better public sector leaders. The New Local Government Network's 'The Community Paradigm' report explores this shift and practical approaches to collaborative decision making.

In doing this we will be working and learning alongside other leaders in communities. In Greater Manchester we are lucky to have a strong Voluntary, Community and Social Enterprise (VCSE) sector which often forms key pillars of our neighbourhoods, providing the local infrastructure and community assets to support local people and communities to work together. These leaders and those beyond, such as from faith groups, 'anchor' organisations like housing and registered social landlords and more are our partners and allies in this change.

# What does our destination look like – how will we be operating when we have shifted power?

**The people who use our services are well connected in communities around them and encouraged to reach their goals.**



## People:

- decide which communities they identify and connect with, which may change over time
- play active roles within their chosen communities
- have aspirations for their own lives, their families and communities
- have at least one person (and probably more) who they can rely on to work alongside them to help them connect with others and achieve their aspirations
- will never be put in the 'too difficult' box
- need crisis response less (on average and over time), including visiting their GP and A&E less frequently.

**Our communities co-produce solutions and services and influence commissioning decisions.**



## Communities:

- play active roles in making and keeping people well, including delivering services
- are central to finding solutions about what their communities need to become and stay healthy
- lead good lives because of what is available locally
- have access to funding and other resources to enable them to make things happen.

**Our voluntary/community sector leaders are well-networked: to each other, to the local community, to formal leaders and businesses.**



## Voluntary and community organisations:

- know who to talk to when they need to make things happen
- are funded to develop their leadership capabilities
- are recognised as an integral part of the health and care system, enabling collaboration, information-sharing and funding to deliver some services.

**Our frontline staff are equipped with skills in person and community-centred approaches:**

## Staff:

- know how to hold a 'strengths-based conversation' and it underpins how they think about and communicate with local people
- know how to listen well and to facilitate group consultations and meetings so that people can connect, share experiences and learn from each other
- know how to connect people into local groups, services and agencies in a way that is meaningful to the individual.
- feel empowered to act on what they hear, so that the support the individual or group receives is tailored to their specific circumstances.

**Our public service leaders work directly with community leaders so that the right opportunities are available for local people to help them to become and stay well and lead good lives.**

## Public service leaders:

- seek equal relationships and are comfortable with change
- continually challenge and question themselves, respond well to outside challenge and work differently as a result
- understand what it is that makes communities well and make sure everyone is working together to create the conditions for people to be well and lead good lives.

**Our senior public service leaders understand and interpret the key points being made by the communities of Greater Manchester when taking decisions at the highest level.**

## Senior leaders:

- recognise the value and support resident participation in planning and decision-making meetings, seeking increased and equal participation; to do this they regularly review and improve the way the meetings are run, are considerate of people and ensure inclusivity and relevance
- give permission to and value their leaders and workforce who are working in a truly person and community centred way
- work with staff and residents to identify and make positive change
- actively identify and work to remove the barriers to people and communities thriving.

**Our commissioners draw on the deep insights of our communities.**

**Commissioners:**

- find out what would be most useful in helping communities to thrive
- test our assumptions about ‘what works’ with our communities
- recognise the value of social as well as bio-medical solutions
- discover the key roles communities play in creating healthy inclusive and safe places
- are supported by procurement practices that allow and encourage community-led businesses to be commissioned when and where they support better health.

**Our success is measured on outcomes that are meaningful to local people.**

**We:**

- work with communities to measure what matters to them and don't call these KPIs
- measure how well we are doing as we are doing it, from the perspective of people and communities
- understand how these measures relate to more traditional measures and how we help to achieve nationally set outcomes.



“This knit ‘n’ natter group gets me out of the house, meeting new people.”

We have developed a set of cards, the **‘POWER SHIFTING CARD DECK’** that can be used to support learning of leaders within multi-disciplinary teams, but note they are not exclusive in their use. It's up to you to define the community you want to work with as you do the task on the card. You might want to apply it to a whole neighbourhood or to a small community within it.

The cards are prompts to help you reflect and act, with tasks linked to achieving the ten capabilities as detailed on pages 12 – 15.

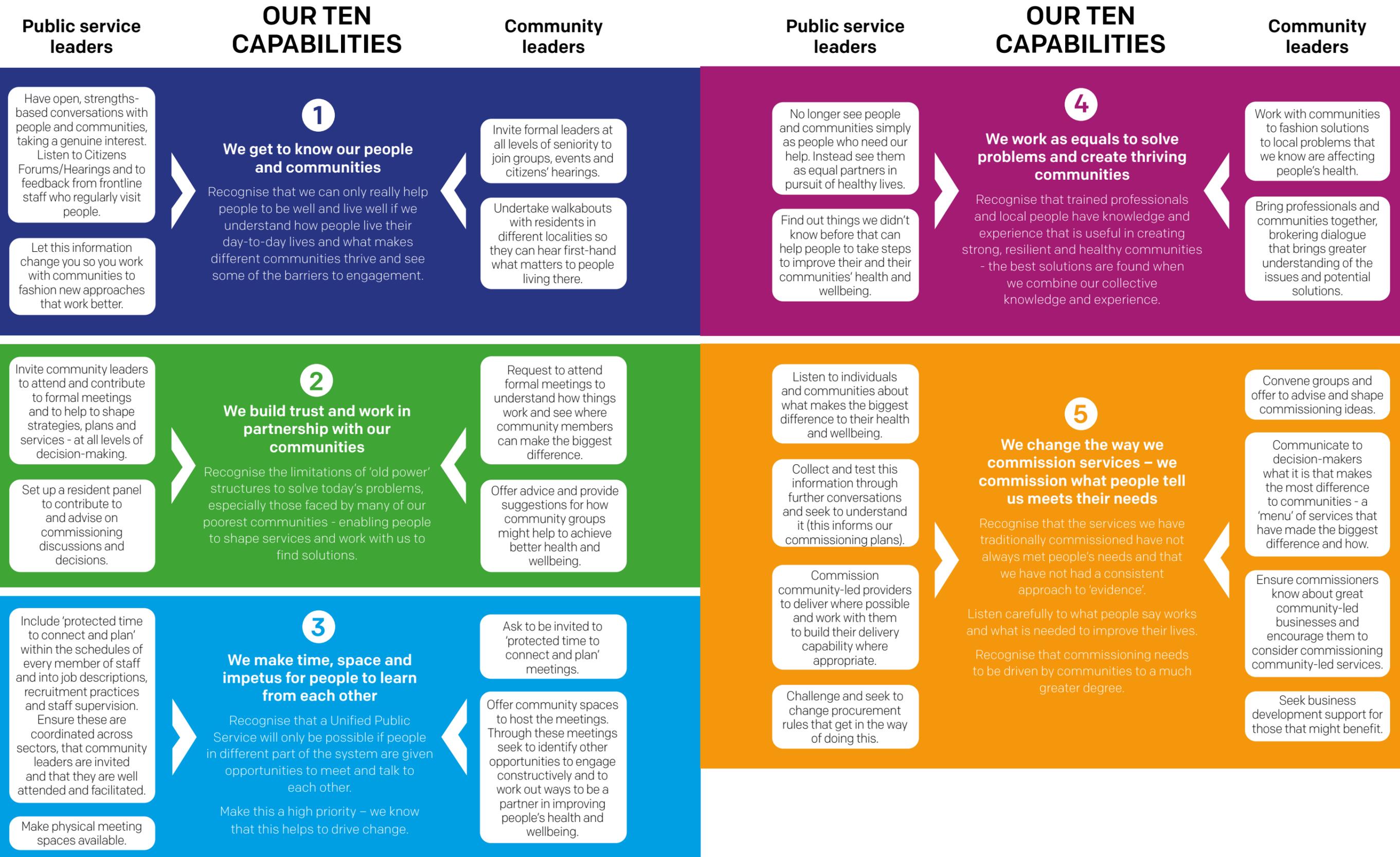
You can use these within individual support and supervision sessions, or in group meetings.



**You can email us for more resources**  
gm.workforce@nhs.net

There is a suggested 'log book' which can help keep a record of actions you go on to take and what you may then learn. You can download it here:  
<http://bit.ly/2N0fHqg>

# What can we do now to lead this change – how could we get to our destination?



**Public service leaders**

**OUR TEN CAPABILITIES**

**Community leaders**

**6**

**We seek examples of what works**

Understand, from the perspective of people and communities, what it is that makes the difference and supports wellness.

Collect stories that people across the system can learn from-what works for people and communities, and why.

Make funds available for collection of these examples and support for the communication channels to share them.

Encourage the workforce to draw on the examples and contribute their own as they learn about what works.

Gather and present stories of what works from communities - bring them to the attention of formal leaders and staff at every opportunity and use them to make points in meetings. These stories help to plan services and shape commissioning decisions.

**Public service leaders**

**OUR TEN CAPABILITIES**

**Community leaders**

**9**

**We change the way we measure success – we use measures that are meaningful to people**

Continue to generate new measures in partnership – led by communities and supported by professionals - as new situations arise. When people can see what is measured and it means something to them, it has the potential to change their behaviour.

Co-produce services with communities and ask people what would give them confidence the service is working. Work these into measures that are both meaningful to local people and that provide confidence among professionals.

Provide funds for communities to undertake their own monitoring.

Provide proposals to formal leaders for measures that communities tell us will help them to see progress towards a meaningful outcome.

Work with communities to develop their own measures and to monitor progress against them, sharing these with formal leaders.

**7**

**Support a networked voluntary sector**

Recognise the richness of our voluntary and community sector and put in place the means for them to play a bigger role as part of the health and care system.

Recognise the value in strong networks, developing relationships with community networks that already exist.

Fund training and development programmes for community leaders to develop their skills.

Recognise and treat community leaders as leaders within the system, inviting them to meetings, to contribute to strategies and plans and to have a say on activities.

Use funds provided to establish a leadership programme for community leaders to develop their skills and contribute constructively to mainstream health and care programmes.

Develop clear narratives on what needs to change for communities to fully play their part in improving health and wellbeing.

Make sure communities' voices are being heard at key meetings across the system.

**10**

**We know ourselves and use our personal and positional power to take us closer to our destination**

Make time for personal development, for raising our awareness of what is happening around us and how our behaviour impacts on others.

Encourage staff to shift the balance of power so that people with the least power are able to regain control over their lives.

Encourage ourselves and our staff to develop more equal and effective relationships with each other and with community leaders, to be happier and to play their role more effectively.

Develop more equal and effective relationships with public sector staff, enabling the resident voice to be heard and acted upon.

Help citizens to develop effective skills in communication and collaboration so that they can play bigger roles within the system effectively.

**8**

**We change the way we understand our accountability**

Realise that, in seeking to meet the demands of the health and care system, workers are sometimes neglecting and failing to respond to the real issues being raised by our patients, residents and communities.

Consider ourselves accountable to our communities, first and foremost.

Recognise where our decisions may vary from the requirements of NHS England or the Care Quality Commission (CQC) and not align fully with system expectations, work hard to articulate the reasoning behind them.

Understand the pressures the current system places on professionals to behave in a certain way and take certain decisions.

Support public service leaders to develop different systems of accountability that respond properly to the real issues faced by communities.



# What changes has Greater Manchester made and what is the impact on our people and communities?

Here is a selection of short videos from each of our Localities providing examples of the changes and their impact

**Greater Manchester**

<http://bit.ly/32UdHF6>  
People from across Greater Manchester came together to talk about how they can ensure people and communities are at the heart of their own health and wellbeing.

<http://bit.ly/2CPfQHC>  
Bolton, Stockport and Trafford are improving the experience of people at the end of their lives by asking people what is most important to them, and then delivering on this.

**Bolton**

<http://bit.ly/346exjL>  
Bolton is putting people at the centre of decisions about their health and care.

<http://bit.ly/33WwvoC>  
'From the Grassroots Up' celebrates the contribution of the community and voluntary sector in making Bolton a better place.

**Bury**

<http://bit.ly/2CTY2ex>  
Bury is helping people to wellbeing – Brian describes how peer support helped him overcome depression.

**Rochdale**

<http://bit.ly/2QsaD04>  
Rochdale citizens invite leaders to have a different conversation.

<http://bit.ly/37o6lrE>  
Rochdale's new pioneers put people at the heart of community development.

**Oldham**

<http://bit.ly/2Kx7usn>  
Oldham shows their approach to co-production for children and young people with special educational needs and disabilities, through song and dance.

**Wigan**

<http://bit.ly/33VQhkd>  
Wigan lays out the progress made in taking forward the Wigan Deal "It doesn't belong to any of us, it belongs to all of us".

<http://bit.ly/32YcuN0>  
Wigan is working with young people to test improved ways to prepare for adulthood.

**Trafford**

<http://bit.ly/2R0hBbQ>  
Trafford are bringing people together, from individual residents, businesses, community and faith groups, councillors, community leaders and public sector bodies, to work in partnership, share resources and enable new ideas to develop.

**Stockport**

<http://bit.ly/2QsFcTR>  
Stockport Family describes strengths-based approaches in action with families, and how multi-disciplinary teams work to support a place.

<http://bit.ly/2KrQQKI>  
Active Ageing Project - Age UK Stockport, Life Leisure, SMBC and Stockport Homes

**Tameside and Glossop**

<http://bit.ly/2Xo1jMp>  
Tameside and Glossop describe their health and social care transformation programme.

<http://bit.ly/2Xt1juH>  
Roy describes how the support he received in the community for his anxiety and depression was better than any medicine.

<http://bit.ly/2YYsLRD>  
Tameside is helping its residents 'Live Well at Home' through person centred conversations.

**Salford**

<http://bit.ly/2XnpHxE>  
Salford describes the shift towards people and communities taking more responsibility for their health.

<http://bit.ly/378rlrH>  
Salford celebrates the impact of the Third Sector Fund.

<http://bit.ly/2qt89Ek>  
Salford shares its work to become an age friendly city.

**Manchester**

<http://bit.ly/2QnPsg2>  
Manchester City Council articulates its vision: Our Manchester.

<http://bit.ly/2qWr6zf>  
Cora and Linda tell us how they overcame major barriers to their health and wellbeing with the support of Be Well a social prescribing service for Central and South Manchester.

**To find out more:**  
#GMcommunitywellbeing  
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0203 978 3278  
@GM\_HSC  
www.gmhsc.org.uk



This 'conversation starter' has been developed collectively through work led by New NHS Alliance (a movement of professionals and local people working to address and reduce health inequalities) in Greater Manchester

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