

Public sector impact studies

Healthcare: Rochdale's integrated health and care model





The problem

Rochdale's public services face a profound challenge given that 47.4% of its population lives within the most deprived quintile in England. This concentration of deprivation is a primary driver of poor health, creating complex, multi-faceted needs that the conventional, siloed model of public service delivery is ill-equipped to manage.

The fragmented approach whereby the NHS, social care, housing, and other agencies operate independently, inevitably fails to address the wider social determinants of health, leading to a reactive cycle of crisis management. The result is consistently high demand on acute services like A&E, poor long-term population health outcomes, and the inefficient use of limited public funds.

This public sector impact study is based on a talk at Productivity Pitches, a series of events hosted by the Institute for Government and The Productivity Institute, which aims to share and support ways to improve public sector performance levels. The talk is available to watch on the [Institute for Government's website](#).



The innovation

In response, Rochdale has implemented a comprehensive model of integrated health and care. This intervention is not a singular programme, but a systemic restructuring of how resources are managed, based on a set of core operating principles. Its key components include:

A population-centric governance philosophy: The model's foundational principle is the subordination of individual organisational objectives to the collective health and wellbeing outcomes of the local population. This requires all partner agencies - spanning the NHS, local government social care, community services, and the third sector - to align their strategies and resources toward a common set of goals.

A formalised cross-sector governance structure: Termed the 'social operating model', this structure functions as the primary mechanism for integration. It convenes senior leaders and managers from all partner agencies for regular, bi-weekly meetings dedicated to joint risk assessment, intelligence sharing, and collective decision-making. This forum is designed to dismantle institutional silos and foster a culture of shared accountability.

Strategic reallocation of resources for prevention: The model grants leaders the managerial discretion to deploy resources across traditional organisational boundaries to fund upstream preventative measures. A key example was the reallocation of £500,000 from the conventional NHS winter pressures budget - typically reserved for acute hospital capacity - to a 'warmer homes scheme'. This intervention targeted a key social determinant of health (inadequate housing) to prevent the onset of respiratory and other illnesses, thereby reducing future demand on acute services.





The impact

The model's effectiveness has been highlighted through analysis of key performance indicators, particularly in comparison to regional benchmarks:

- **Reduced demand on acute services:** Despite a demographic and deprivation profile that would predict high utilisation, Rochdale consistently demonstrates the second lowest per capita rates of A&E attendance within the Greater Manchester region, second only to Trafford, which is a wealthier and younger borough.
- **Enhanced system efficiency and patient flow:** The borough of Rochdale reliably records the lowest rates of delayed transfers of care in Greater Manchester. This metric points to a highly coordinated system that effectively manages the transition of patients from acute hospital settings to appropriate community or residential care.
- **Demonstrable cost-effectiveness:** An analysis found Rochdale's locality hospital model treated common conditions for 47% less than a conventional district hospital, with patient outcomes proving to be the same or better. This finding indicates significant productivity gains are achievable through a preventative, system-wide approach.

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Takeaways

The Rochdale model's success can be understood as the strategic deployment of 'organisational capital' – defined here as the accumulated trust, shared norms, and robust inter-agency routines that enable collective action. It is this intangible asset that underpins the system's tangible successes. It is this capital that allows leaders to take calculated risks, such as reallocating funds to preventative schemes, confident that partner agencies will put in the effort to use those resources effectively. The case study demonstrates that achieving such integration is less a matter of deciding on a specific technology or policy and more about the deliberate, long-term investment in this capital. The development of this capital required three critical factors:

- **First, it demanded patience and persistence.** The presenters emphasised that the current state of integration was the result of over a decade of sustained effort, predating formal devolution mandates. This long-term investment allowed relationships to mature beyond individual personalities into institutionalised trust, creating a resilient network capable of withstanding personnel changes and external pressures. This durational aspect highlights that organisational capital, unlike financial capital, cannot be rapidly injected into a system. It must be accrued incrementally over time.
- **Second, the creation of the 'social operating model' was instrumental.** This structure provided the formal architecture for capital formation. By establishing a regular, predictable forum for interaction, it lowered the transaction costs of collaboration and normalised cross-silo communication. It created a space where a shared language and a collective understanding of system-level challenges could be forged. This routine-based interaction is the mechanism through which individual relationships are created and co-ordinated into a durable, system-wide asset.
- **Third, leaders secured stakeholder buy-in** by grounding the initiative in a powerful local narrative, namely Rochdale's identity as the birthplace of the co-operative movement. This strategy transformed the abstract goal of 'integration' into a tangible continuation of a proud local legacy. This appeal to a shared identity made collective action feel authentic and necessary, rather than imposed, thereby accelerating the development of the trust and shared purpose that is required for this form of organisational capital.



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