



Centre for
Public Impact
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Human Learning Systems

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Overview

Questions:

How can public service help people to create real outcomes in their lives?

How should it be managed to enable that?

- How is an outcome created?
- Learning as Management Strategy
- Examples of Human Learning Systems in practice
- Isn't a bespoke approach more expensive?



My key message:

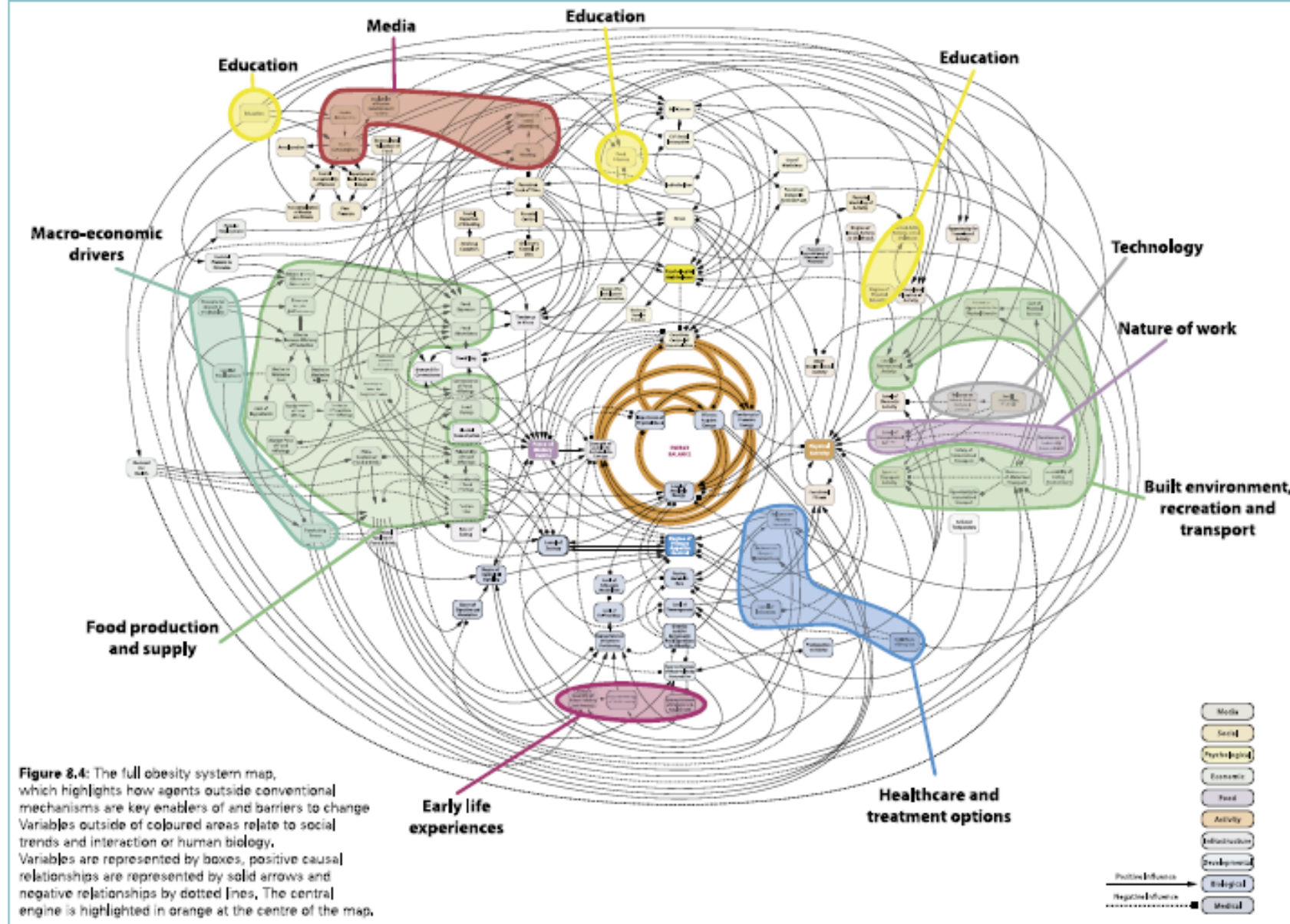
**If we want to achieve real outcomes,
we need to do public management
very differently**



A shared starting point

The purpose of public service is to help people to
create good outcomes in their lives

How is an outcome created?



Vandenbroeck, P., Goossens, J. and Clemens, M. (2007), *Foresight Tackling Obesity: Future Choices - Building the Obesity System Map*, London: Government Office for Science



Implications for public management

- **Outcomes are not delivered by organisations / programmes / pathways**
- If we want to achieve outcomes in the world, then **management needs to move away from a “delivery” mindset**



Question:

If places want to create real outcomes,
what should they do?

Embrace the complex reality of how outcomes are made

=

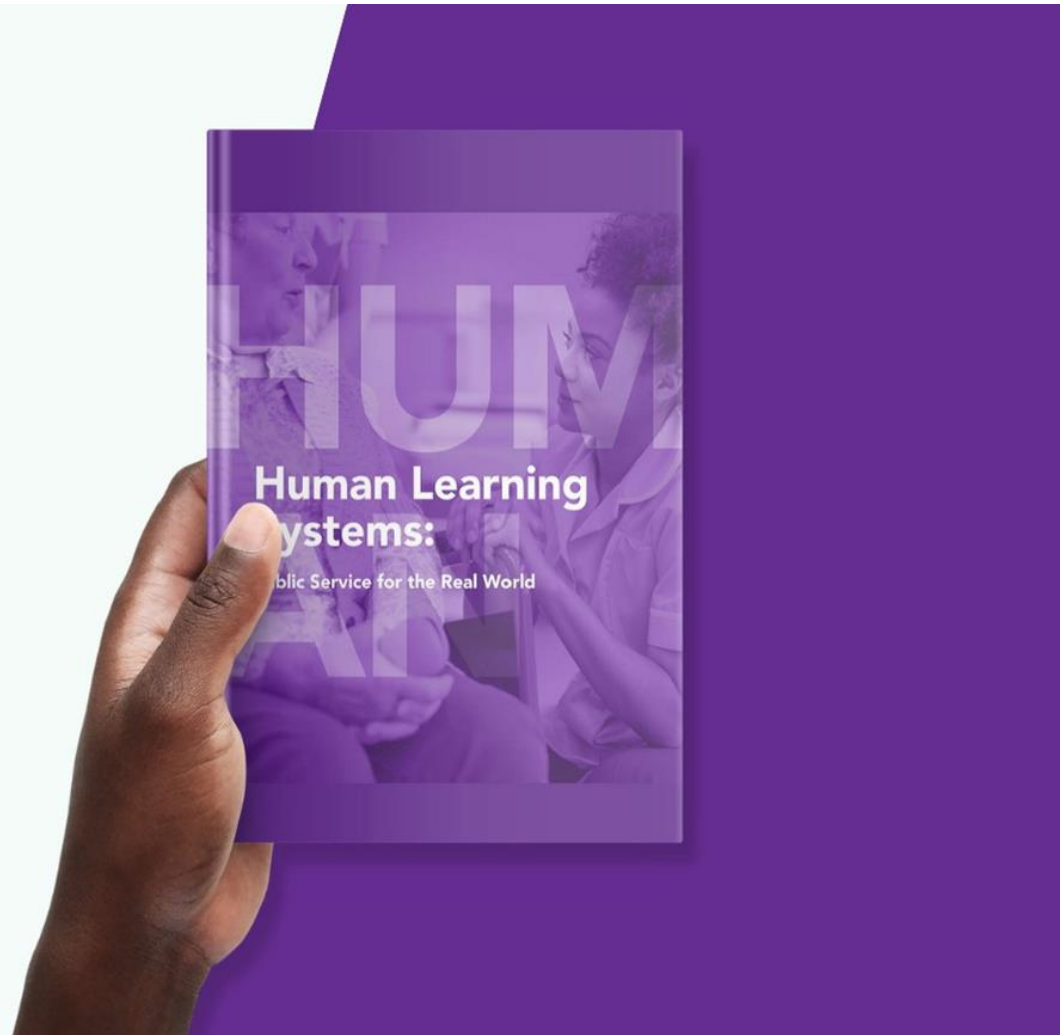
Organising to continuously learn together





Human Learning Systems

Public service for
the real world



www.humanlearning.systems



“A way of **making public service more responsive to the bespoke needs** of each person that it serves

It creates an environment in which **performance improvement is driven by continuous learning and adaptation.**

It fosters **in leaders a sense of responsibility for looking after the health of the systems.**

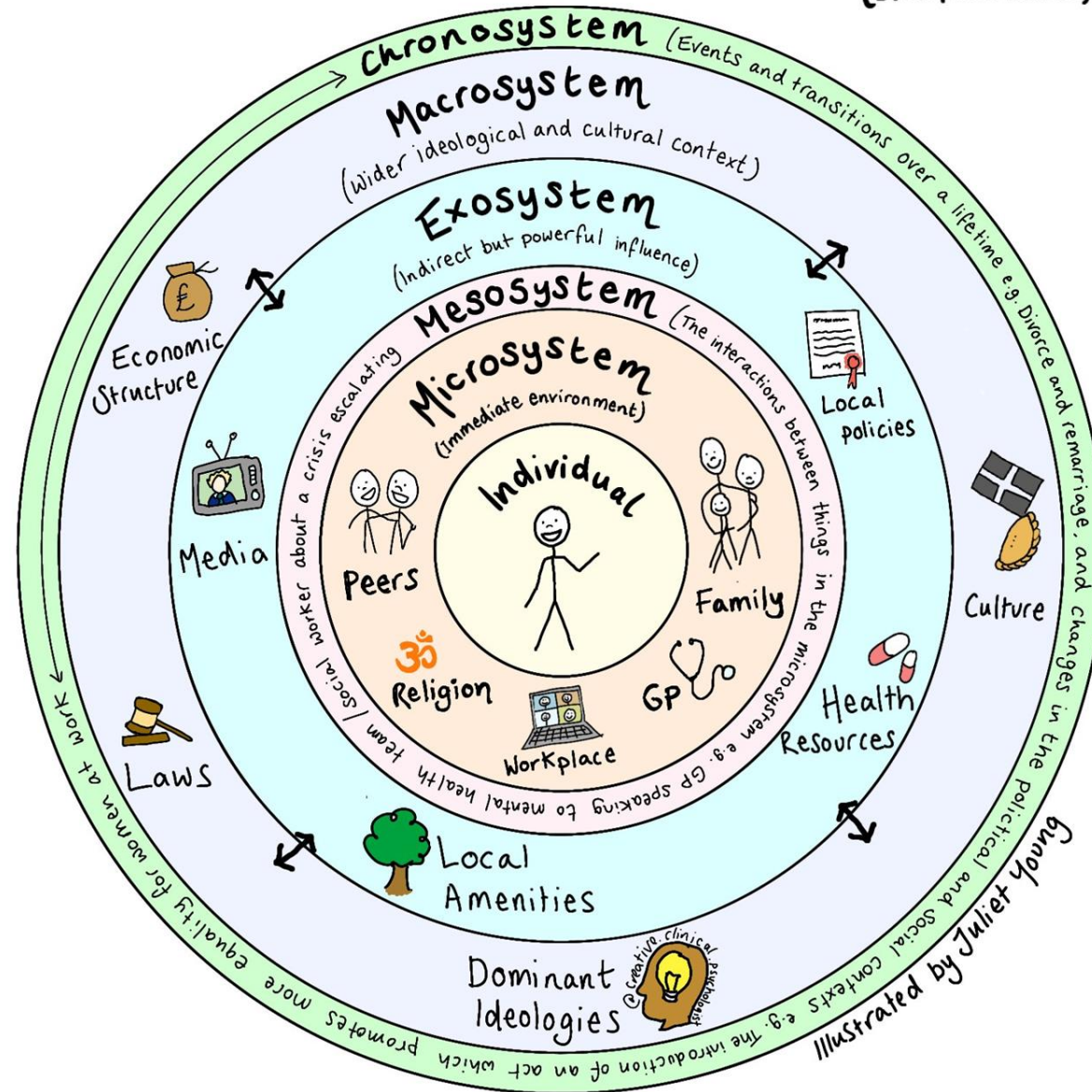


How is a desirable outcome created
in each person's life?

**Each person's life is a unique complex system
that creates outcomes**

Ecological Systems Theory

(Bronfenbrenner, 1979)



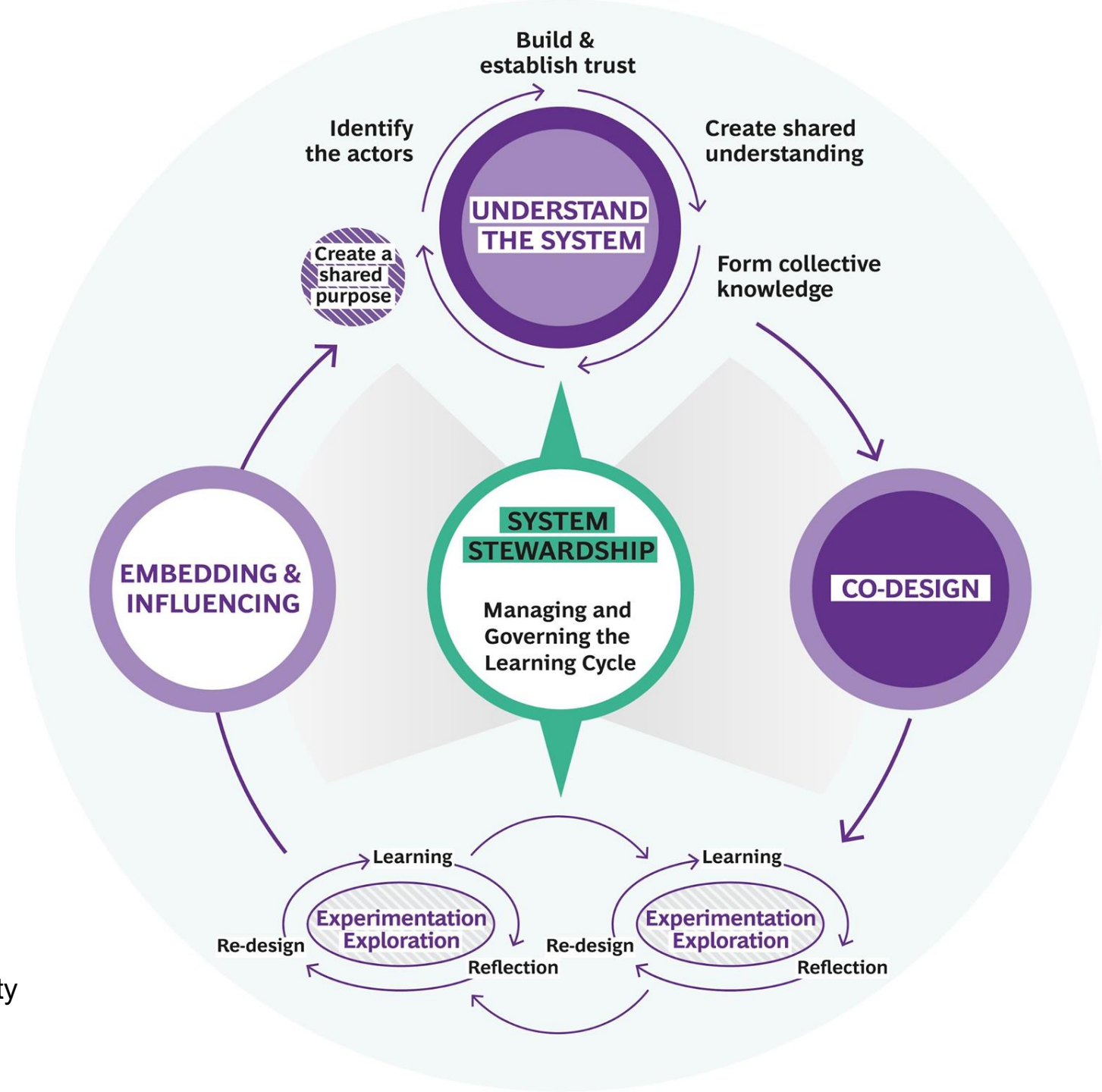
How can public management respond
to this reality?

Learning as a management strategy

How could we help someone who experiences chronic pain?

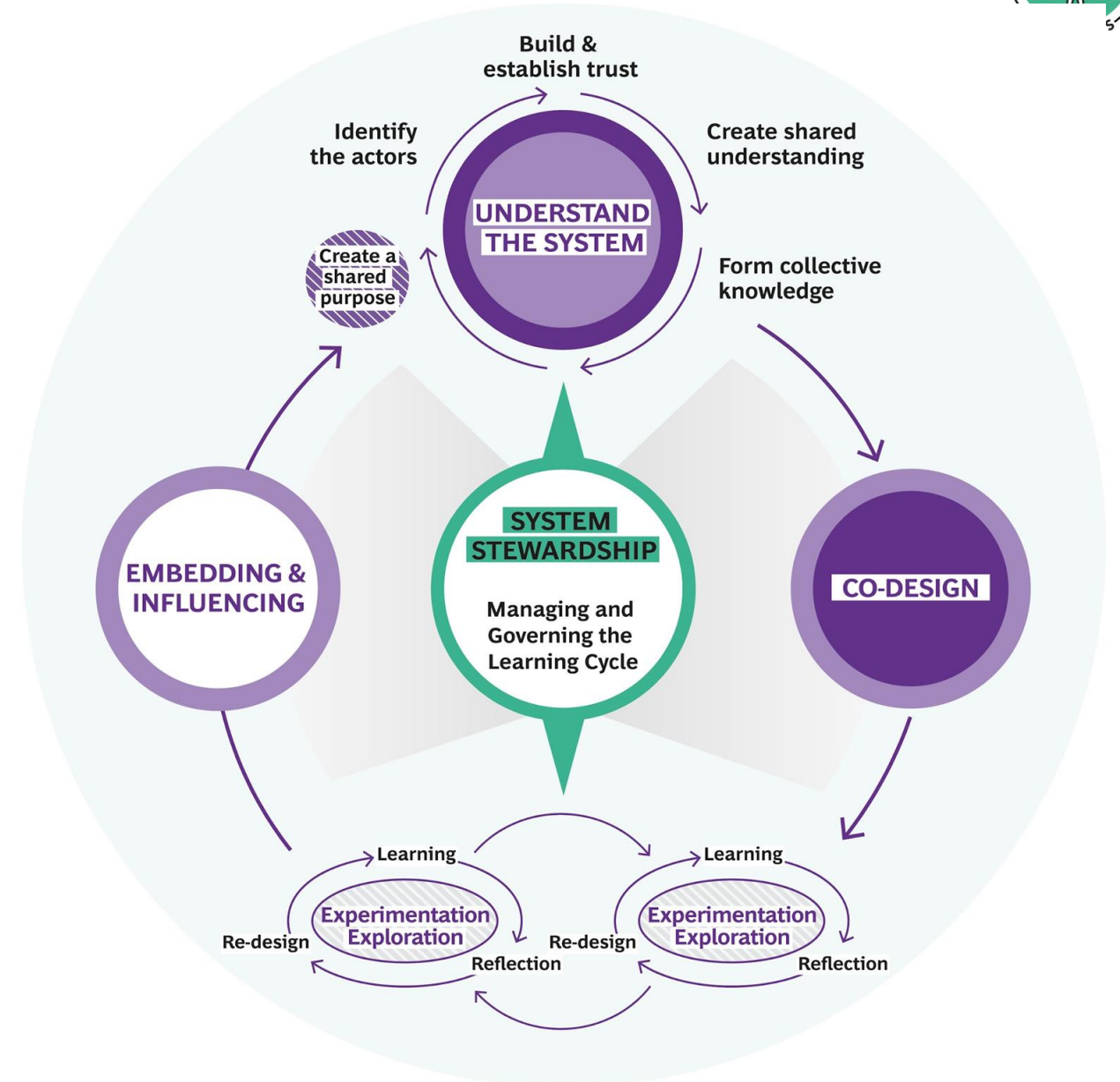
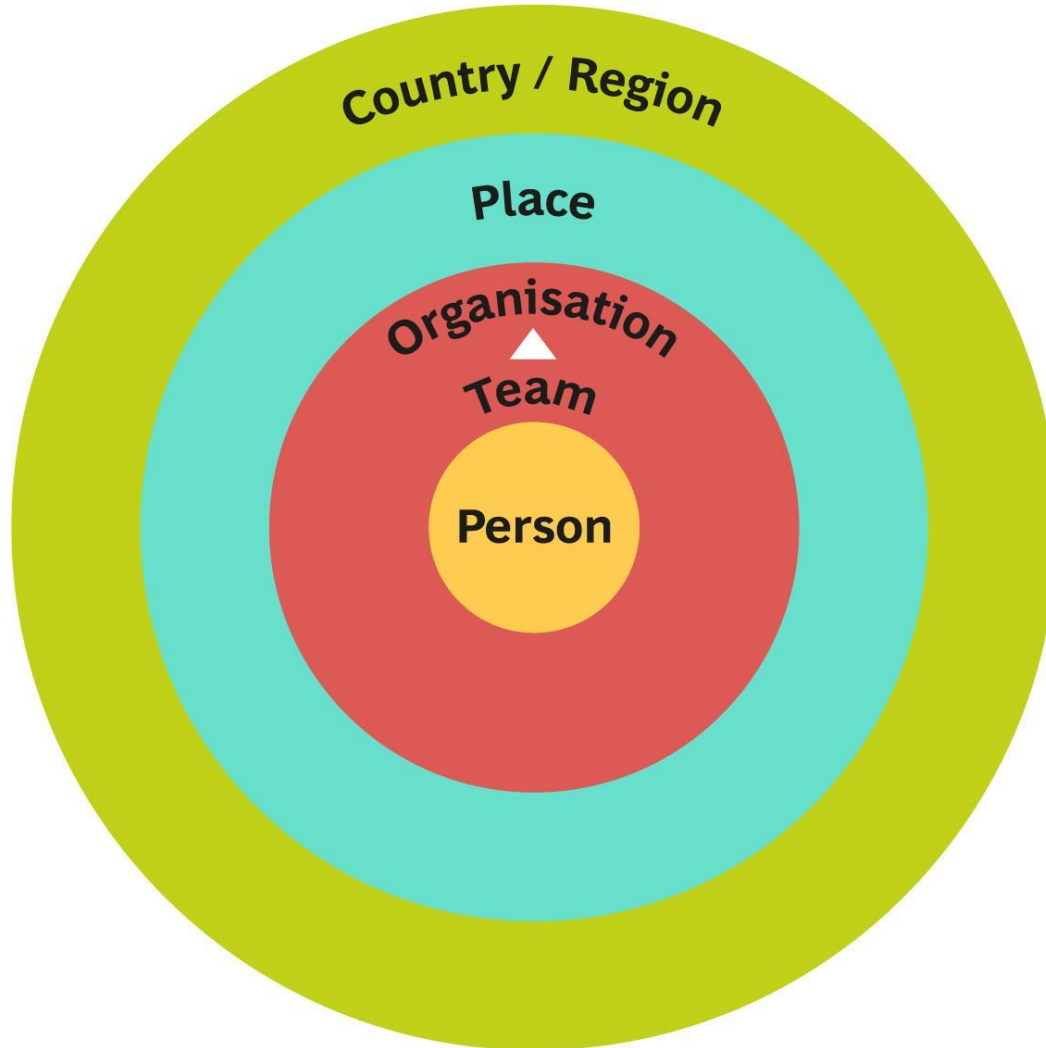
Running a Learning Cycle with each person = Bespoke public service

McDonald, H and Lowe, T (2024) "Chronic Pain, Complexity and a Suggested Role for the Osteopathic Profession", International Journal of Osteopathic Medicine





Learning as a management strategy at different system scales





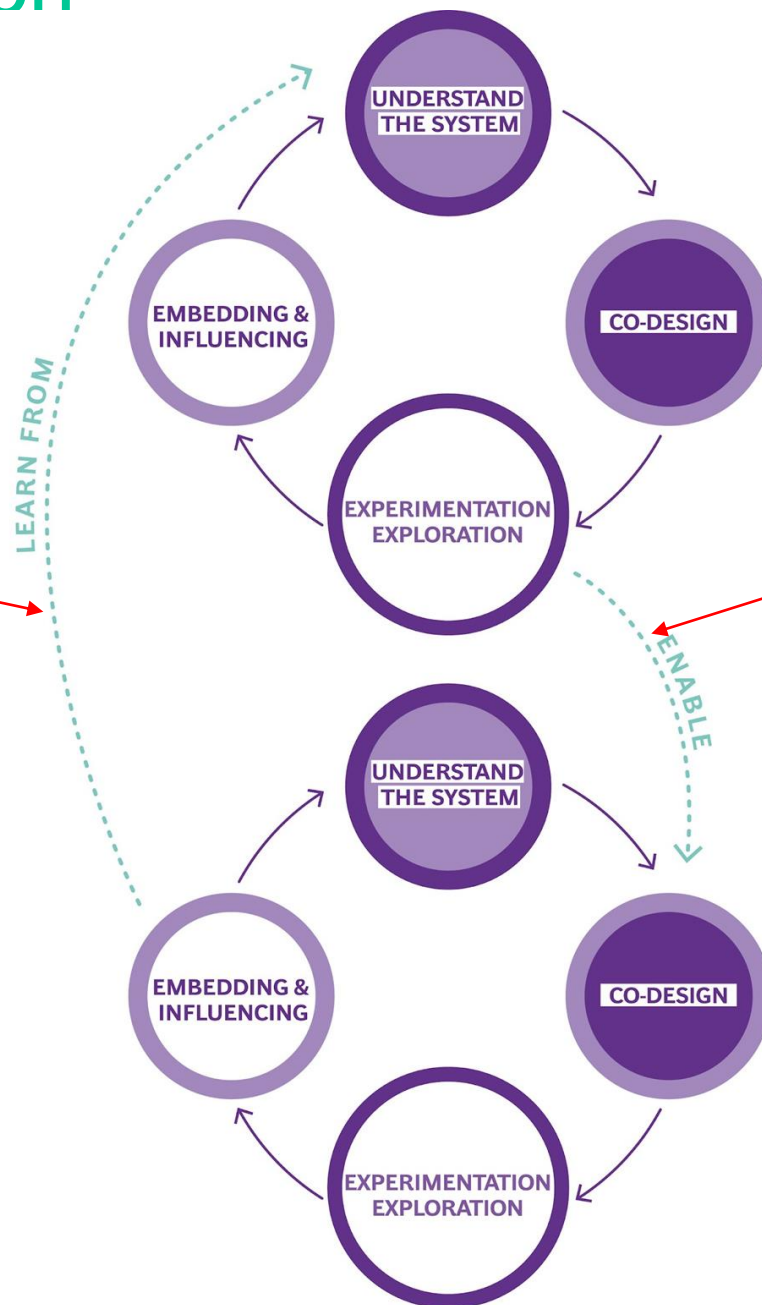
Questions for “organisation” system scale:

Challenge to ‘Business as Usual’

- What are maximum case loads for workers?
- What information systems do we need?
- What shared reflective practice spaces?
- What staff capabilities?

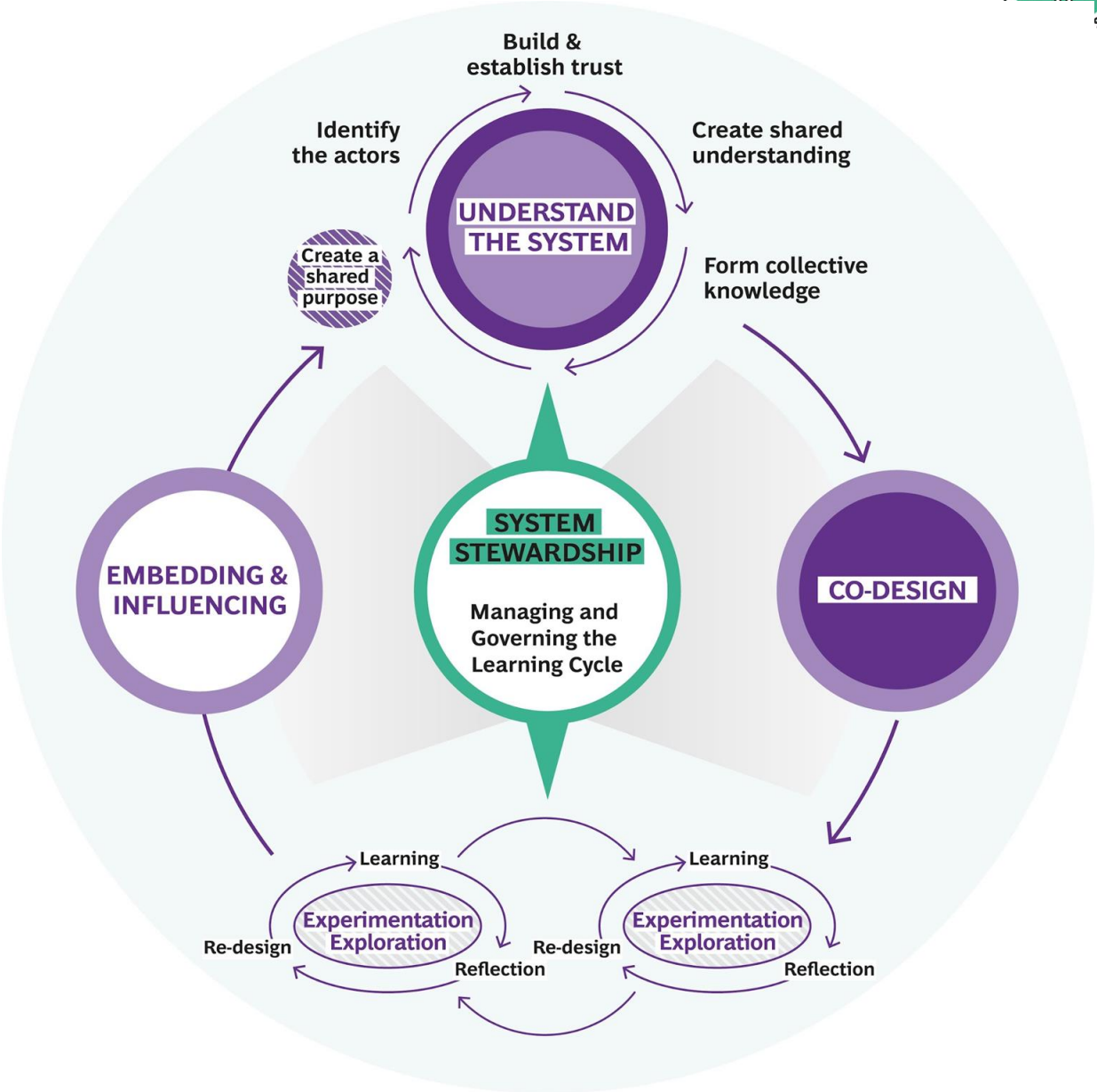
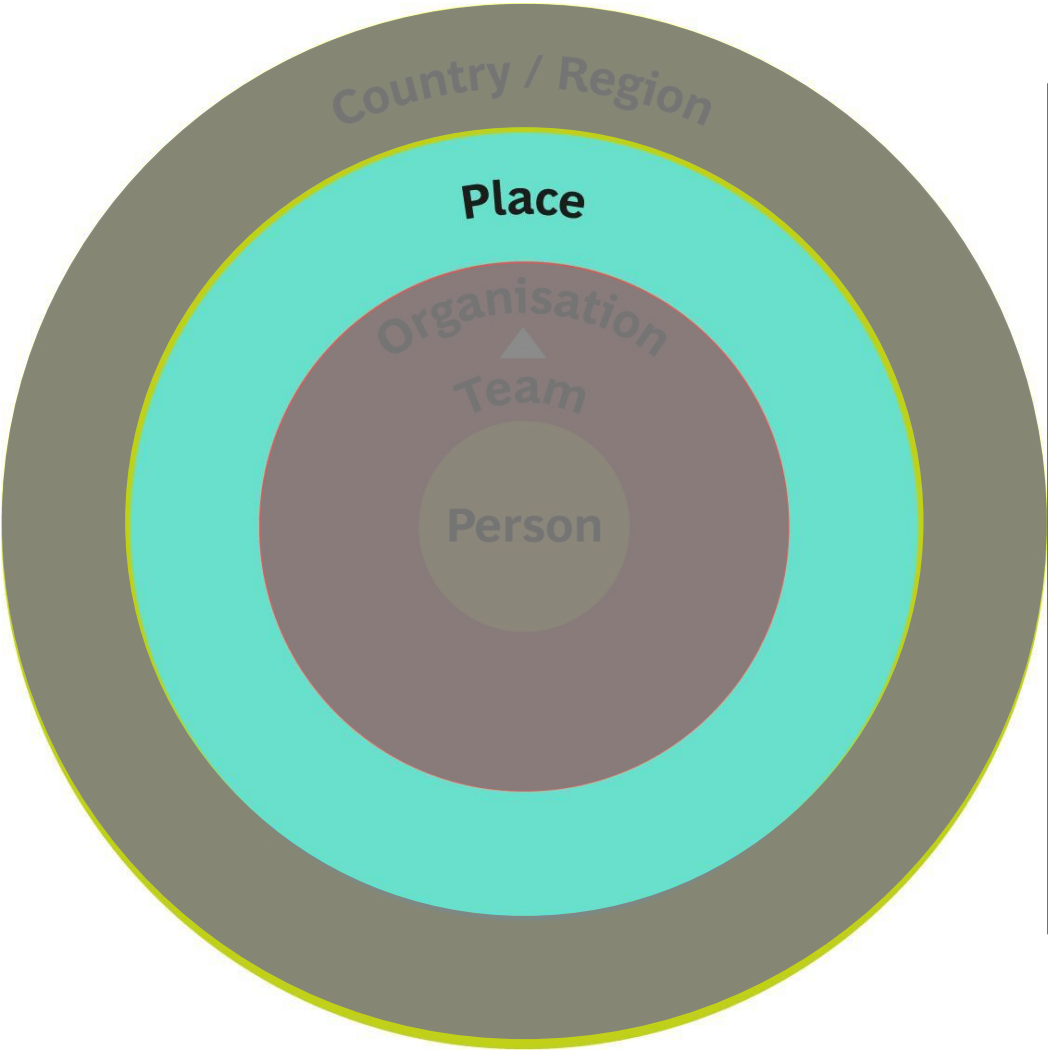
Team

Person



Change to ‘BaU’

What can NENC do to become a learning system?





What can commissioning do?

- Make the money behave differently - **commission for learning (cycles)**
- Set expectations around Learning as Management Strategy
- **Act as learning system** – responding to learning from others by undertaking own Learning Cycles
- Help leaders develop **learning behaviours and cultures**

Examples in practice



(Just a few) local scale examples in practice

- Plymouth Council & Alliance
- **Thurrock Council**
- Changing Futures Northumbria
- **North Lanarkshire Health & Social Care Partnership**
- Liverpool Combined Authority

Over **50 case studies** at:

<https://www.humanlearning.systems/case-studies/>

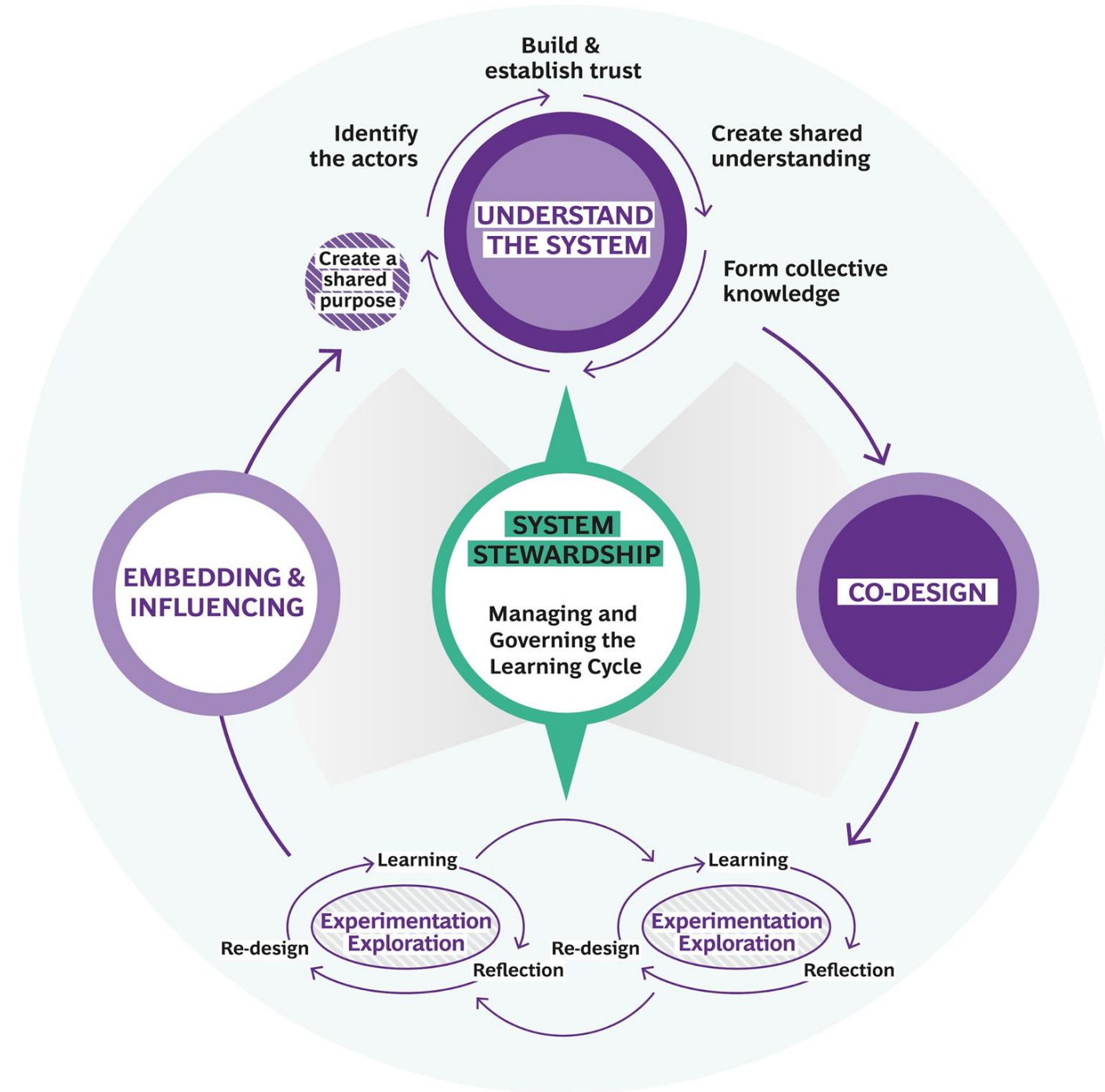


Swedish International Development Agency (SIDA)

Example: SIDA Systems Experimentation Fund

Key messages:

- Funding for experimentation and learning – funding to support organisations to undertake a Learning Cycle
- Funded organisations report operating more effectively in their contexts
- An application process that actually supported and enhanced the work

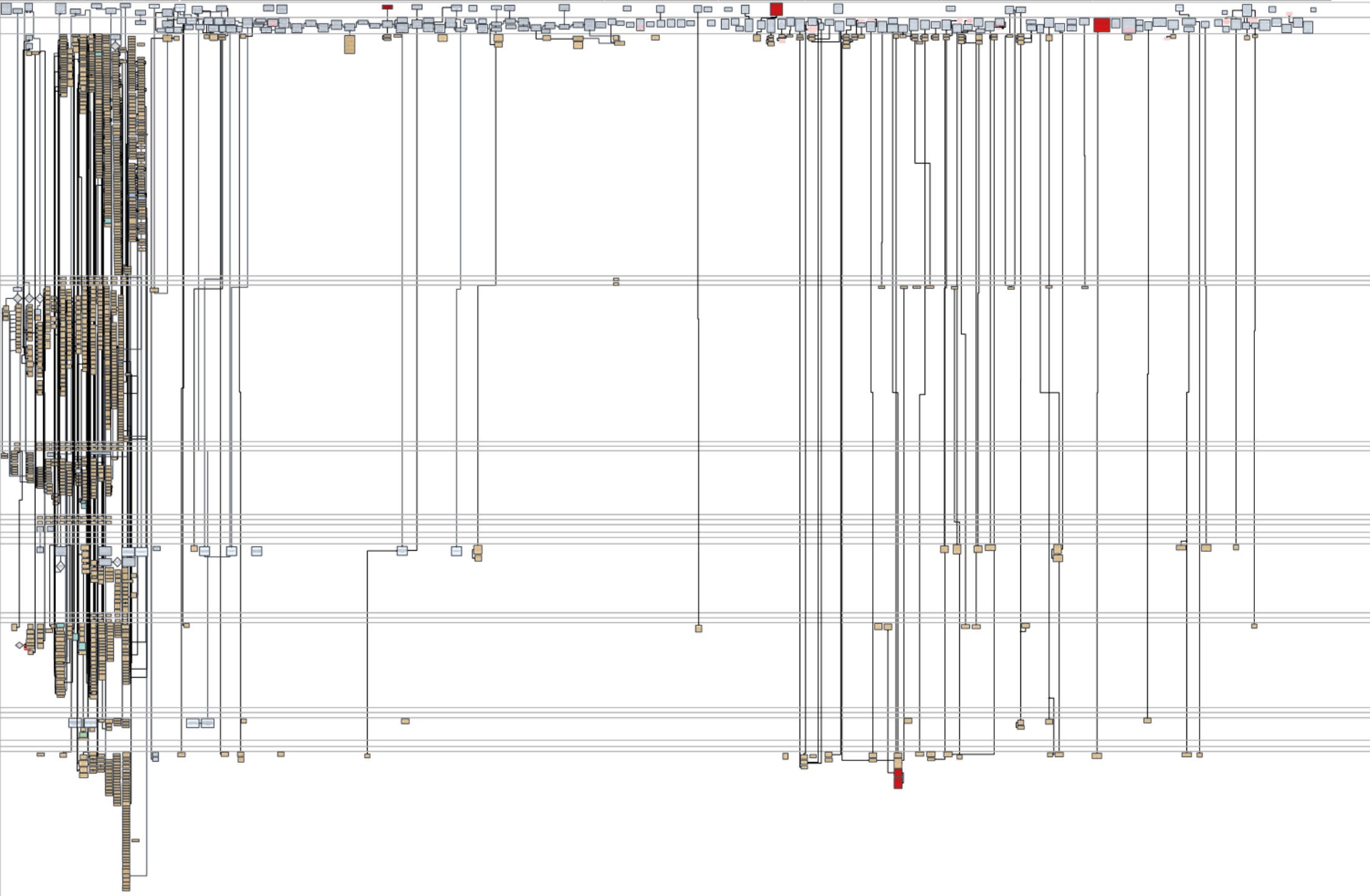


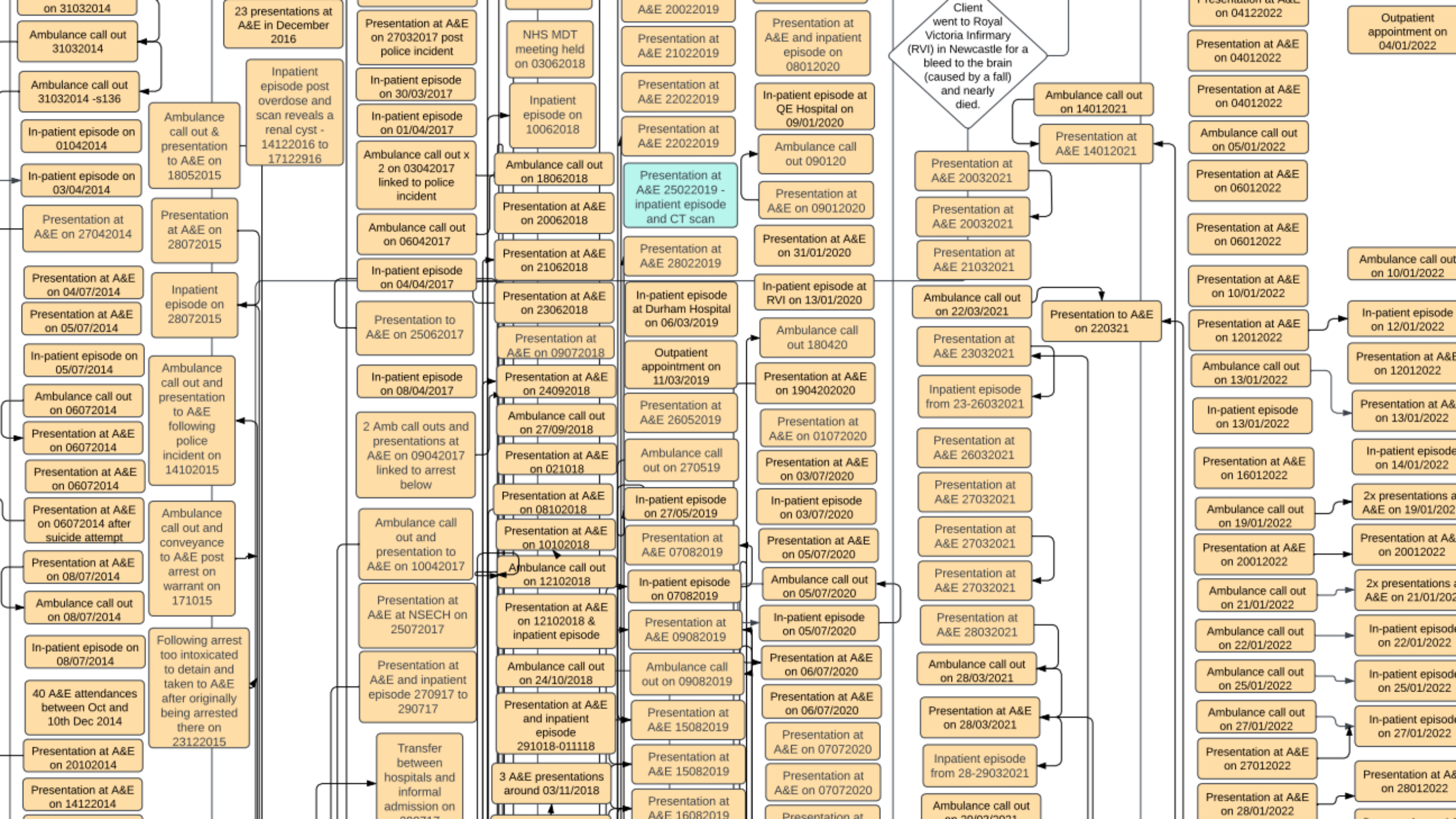
**Isn't a bespoke approach more
expensive?**



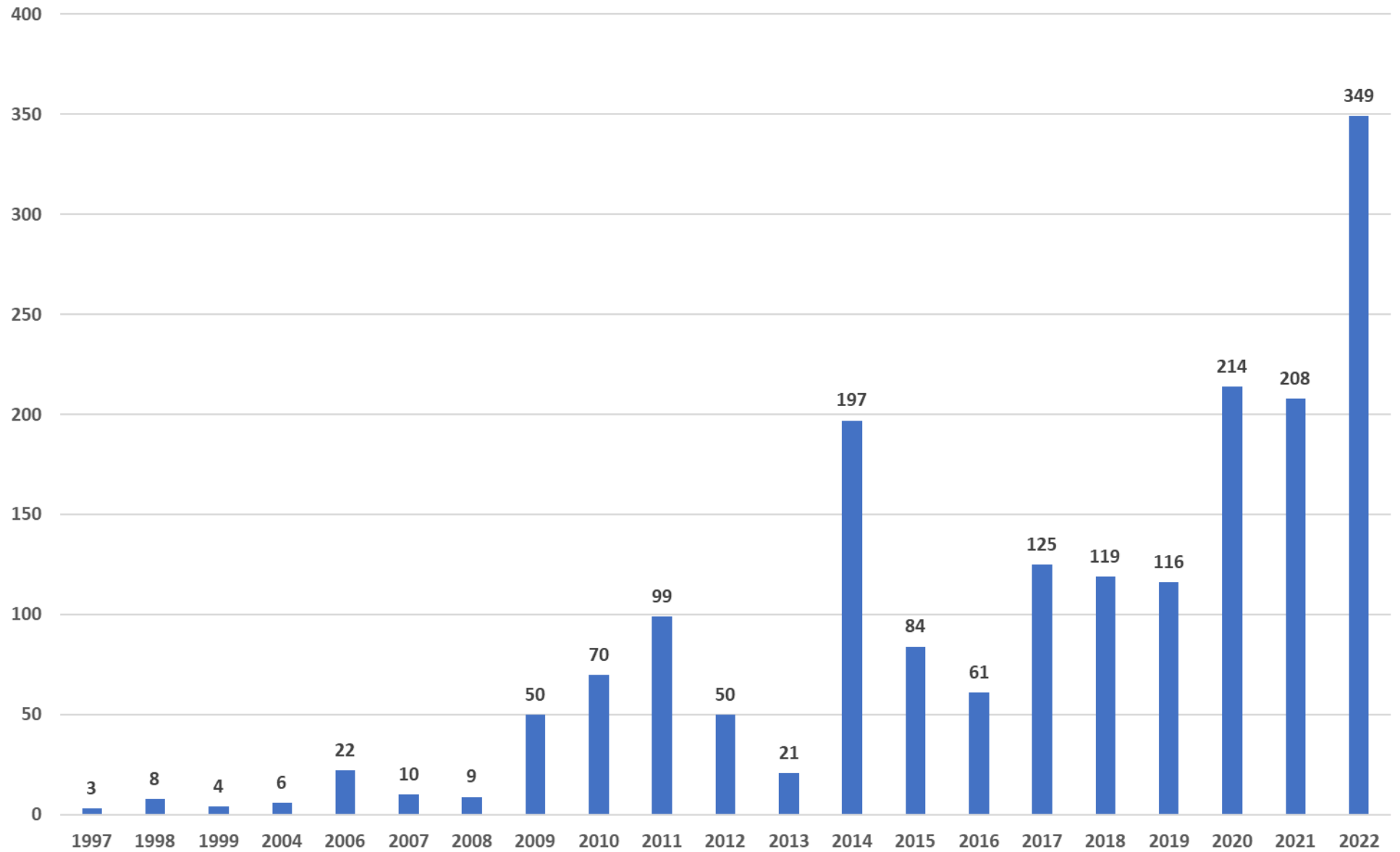
The wastefulness of our current approach

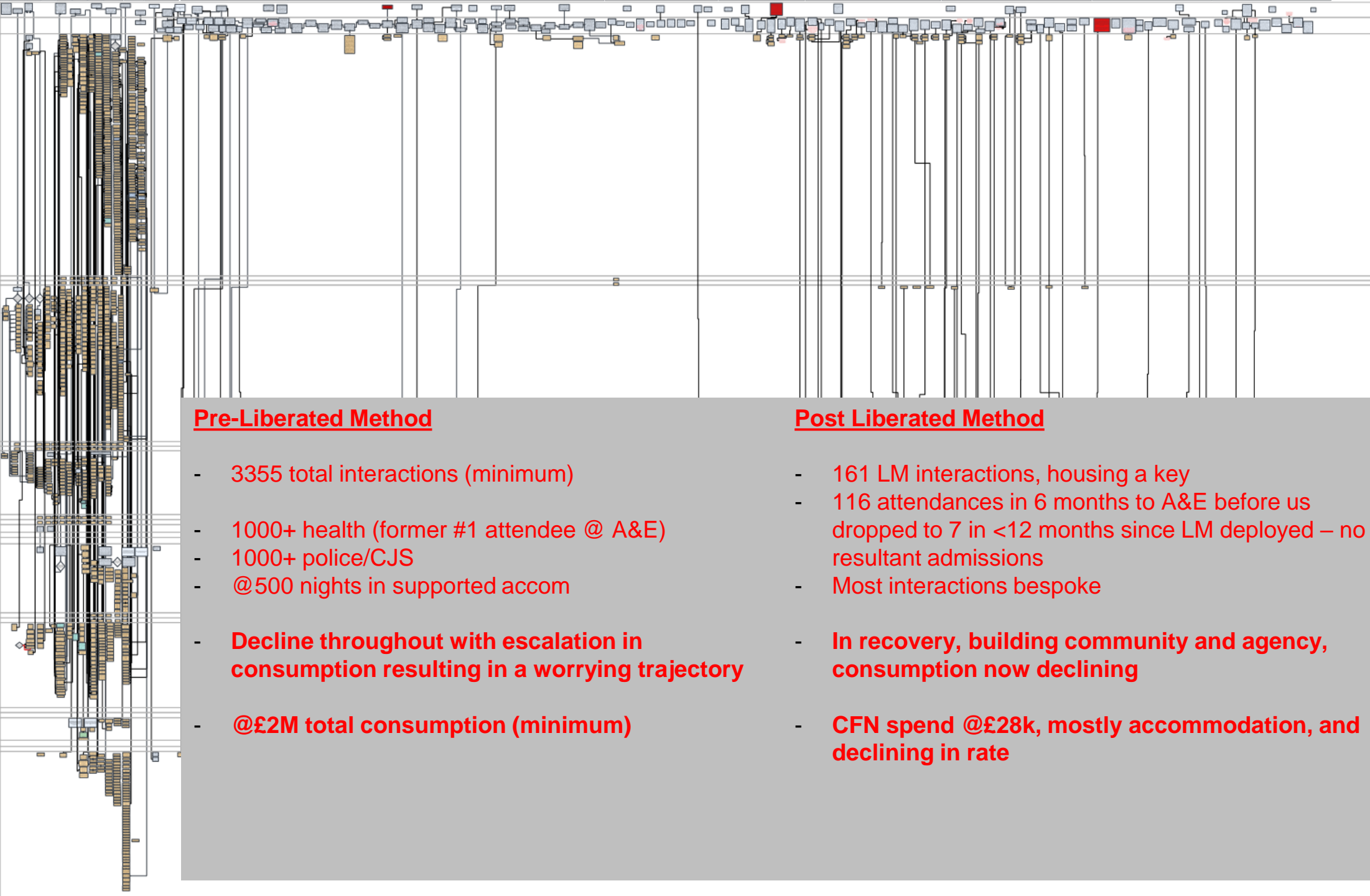
John's public service interaction over 10 years
14 different public services...





John: Interactions with services by year



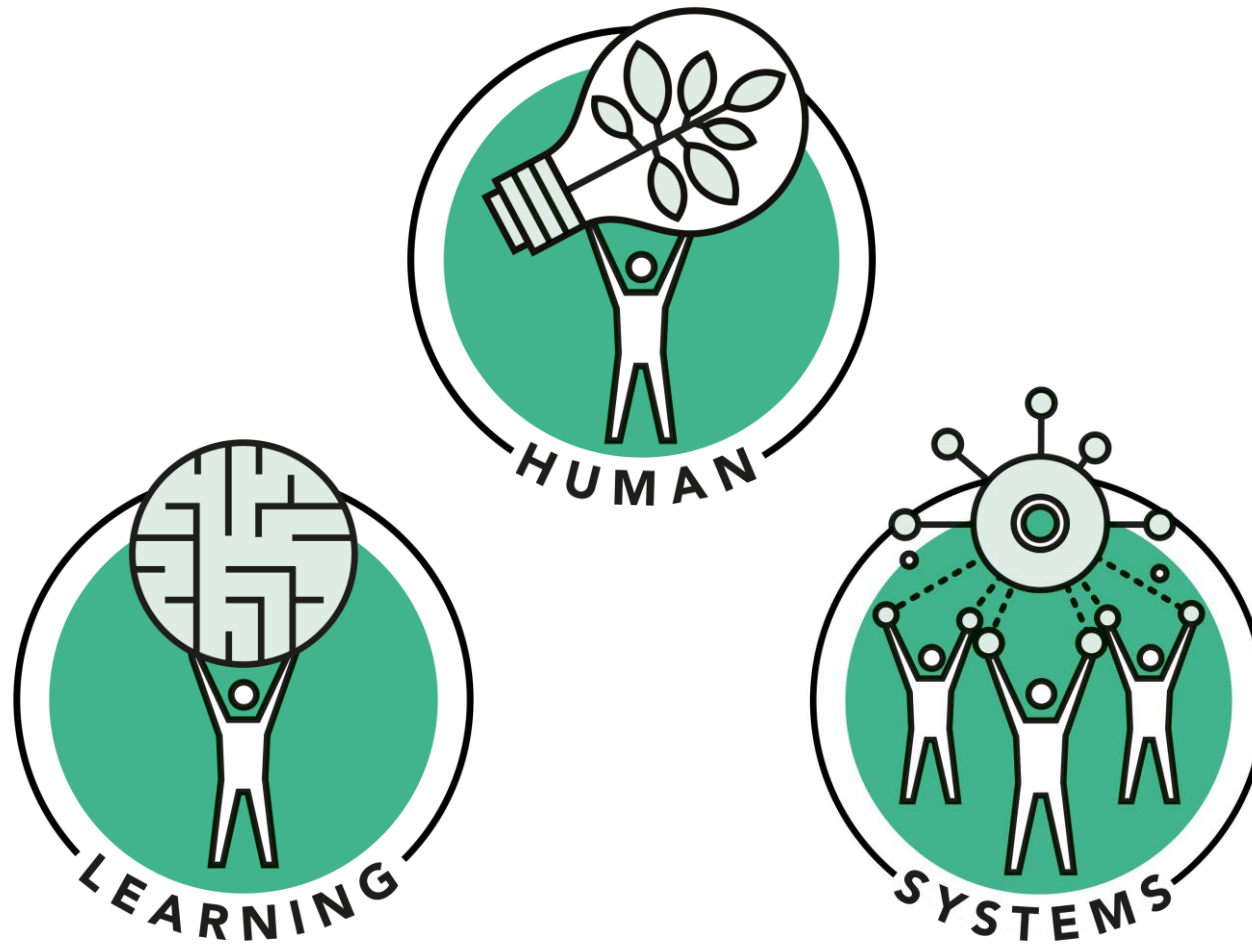


Pre-Liberated Method

- 3355 total interactions (minimum)
- 1000+ health (former #1 attendee @ A&E)
- 1000+ police/CJS
- @500 nights in supported accom
- **Decline throughout with escalation in consumption resulting in a worrying trajectory**
- **@£2M total consumption (minimum)**

Post Liberated Method

- 161 LM interactions, housing a key
- 116 attendances in 6 months to A&E before us dropped to 7 in <12 months since LM deployed – no resultant admissions
- Most interactions bespoke
- **In recovery, building community and agency, consumption now declining**
- **CFN spend @£28k, mostly accommodation, and declining in rate**



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