



Centre for  
Public Impact  
A BCG FOUNDATION

# Human Learning Systems

Toby Lowe, Visiting Prof of Public Management, CPI  
<https://www.linkedin.com/in/toby-low/>



# 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:

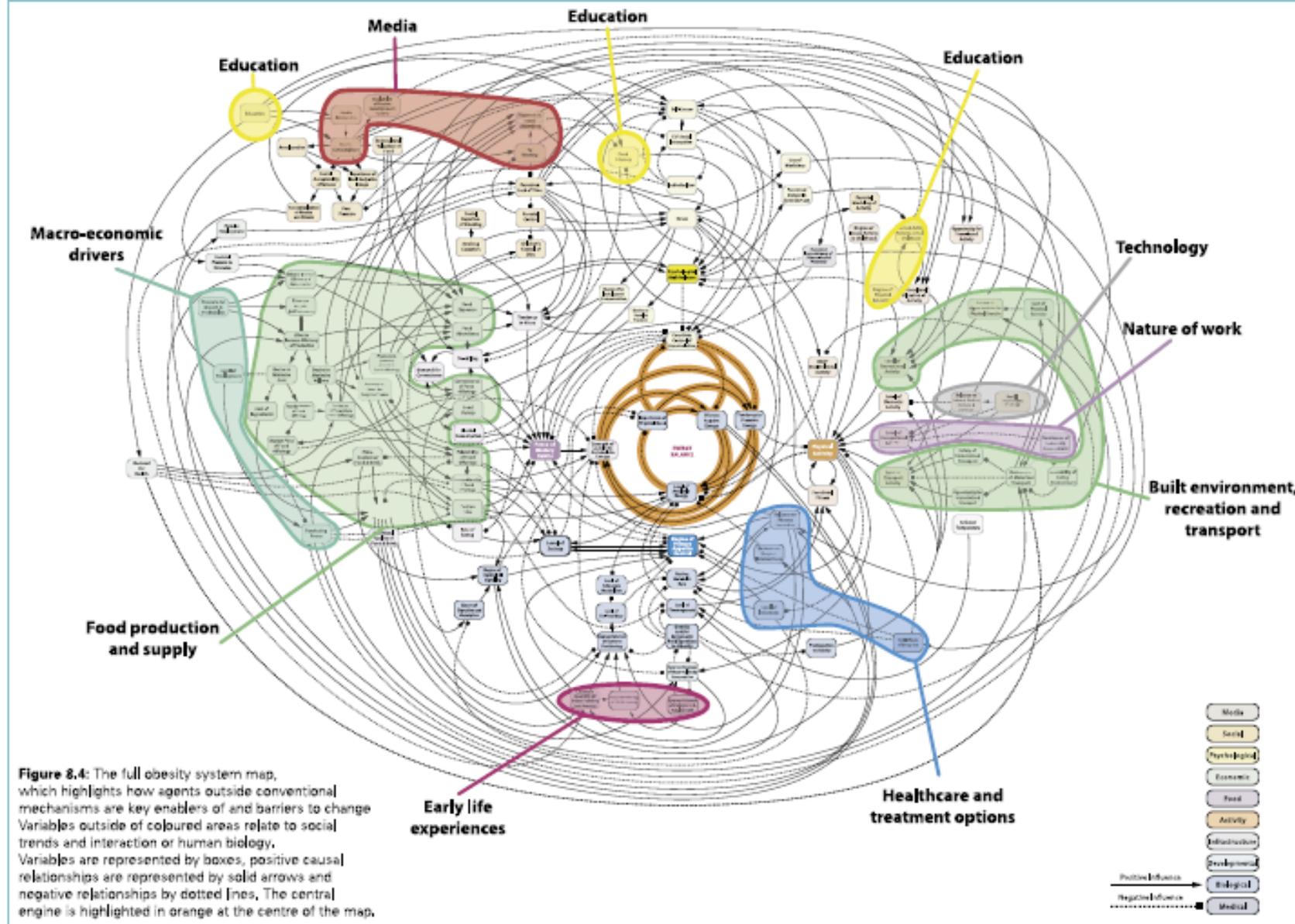
**If we want to achieve real outcomes,  
we need to do public management  
very differently**



# 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

=

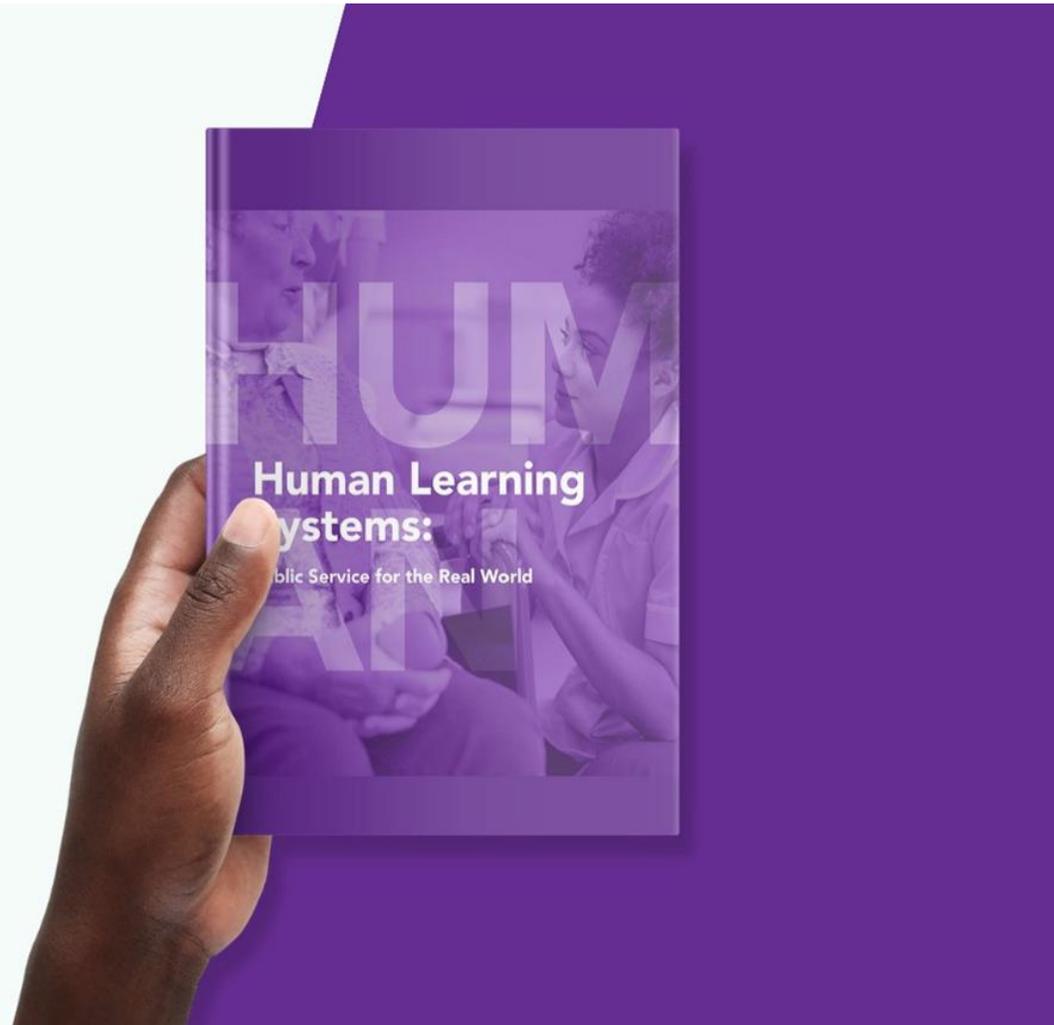
**Organising to continuously learn together**





# Human Learning Systems

Public service for  
the real world



[www.humanlearning.systems](http://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.**

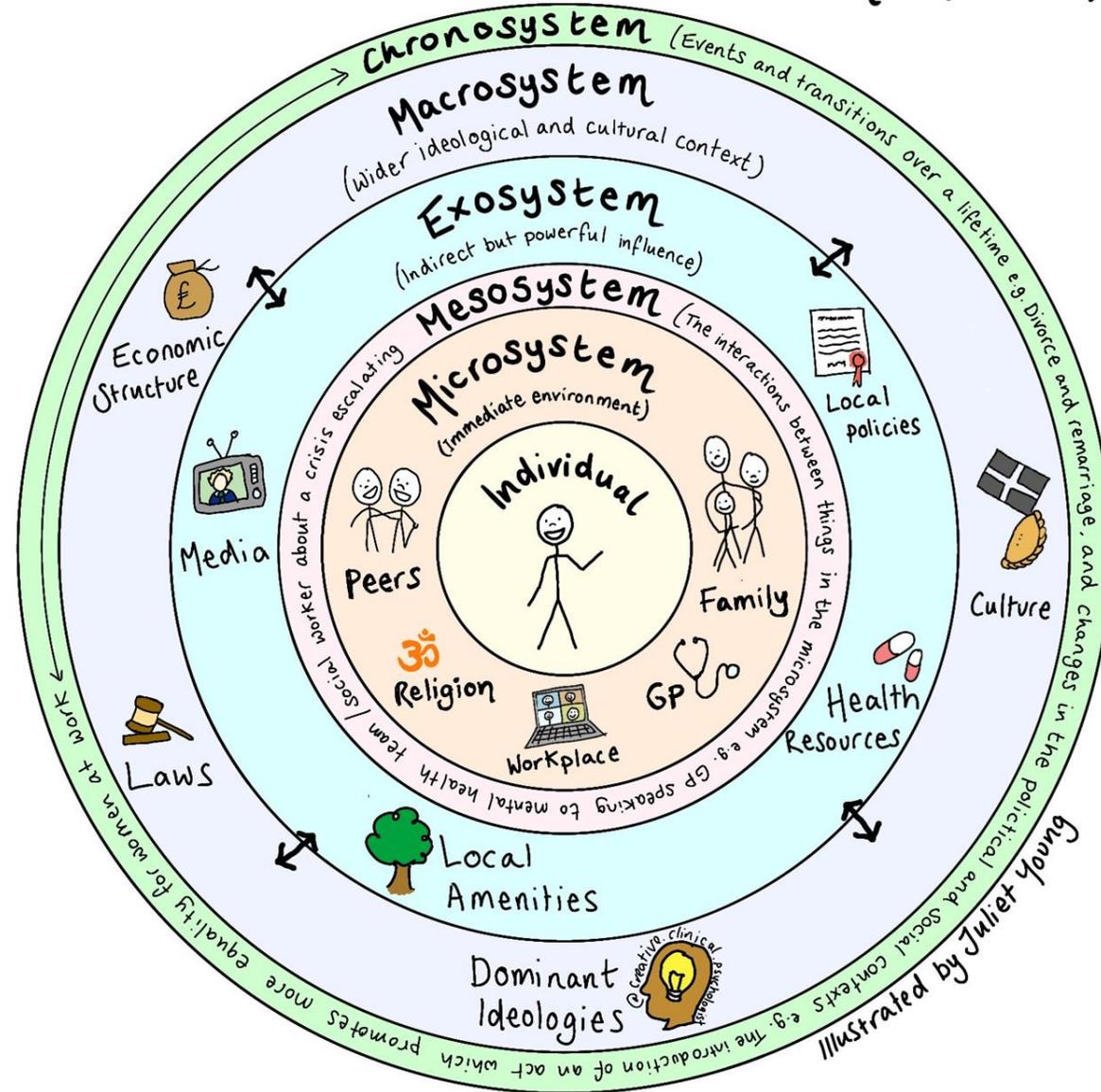


How is a desirable outcome created  
in each person's life?

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

# Ecological Systems Theory

(Bronfenbrenner, 1979)



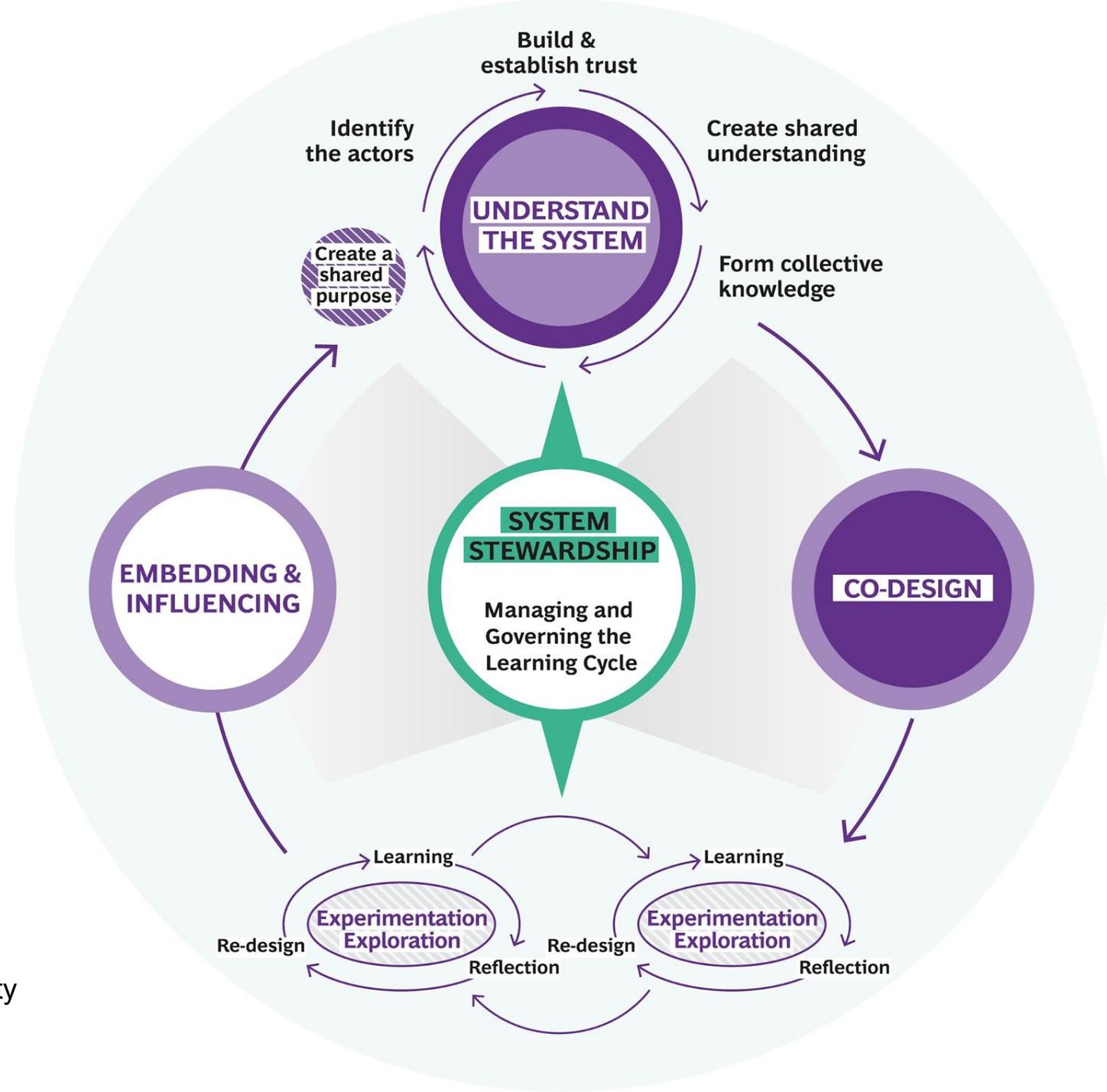
How can public management respond  
to this reality?

**Learning as a management strategy**

How could we help someone who experiences chronic pain?

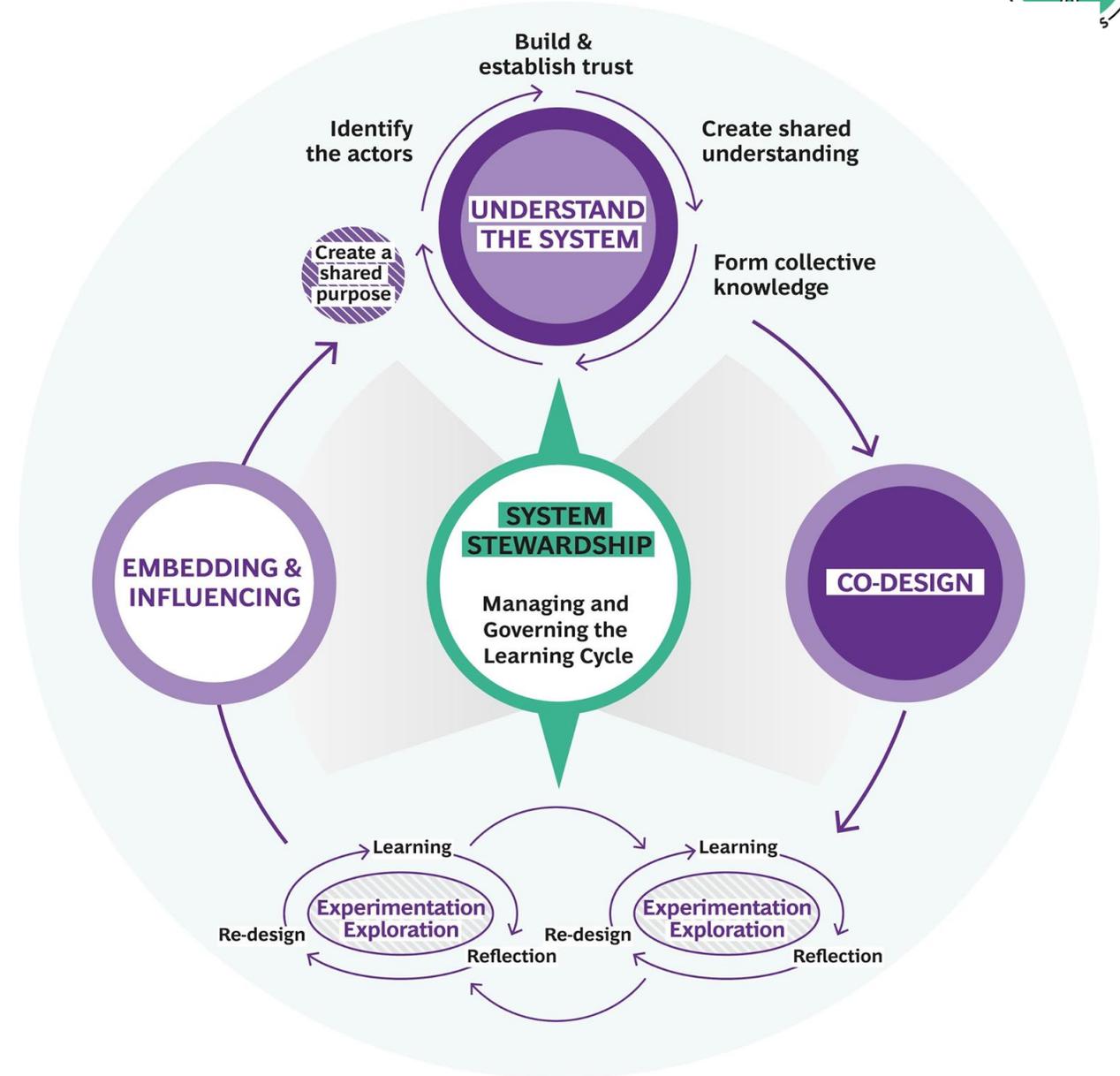
Running a Learning Cycle with each person = Bespoke public service

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





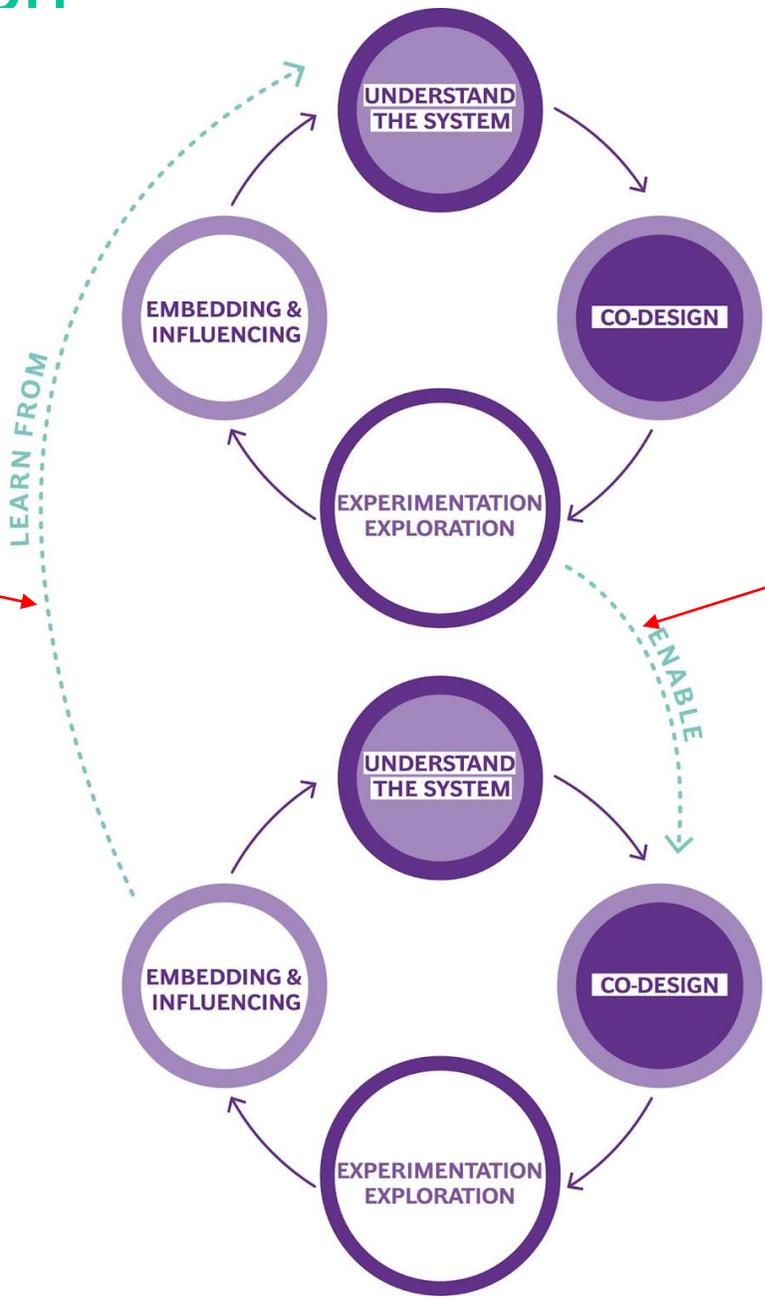
# Questions for “organisation” system scale:

**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?

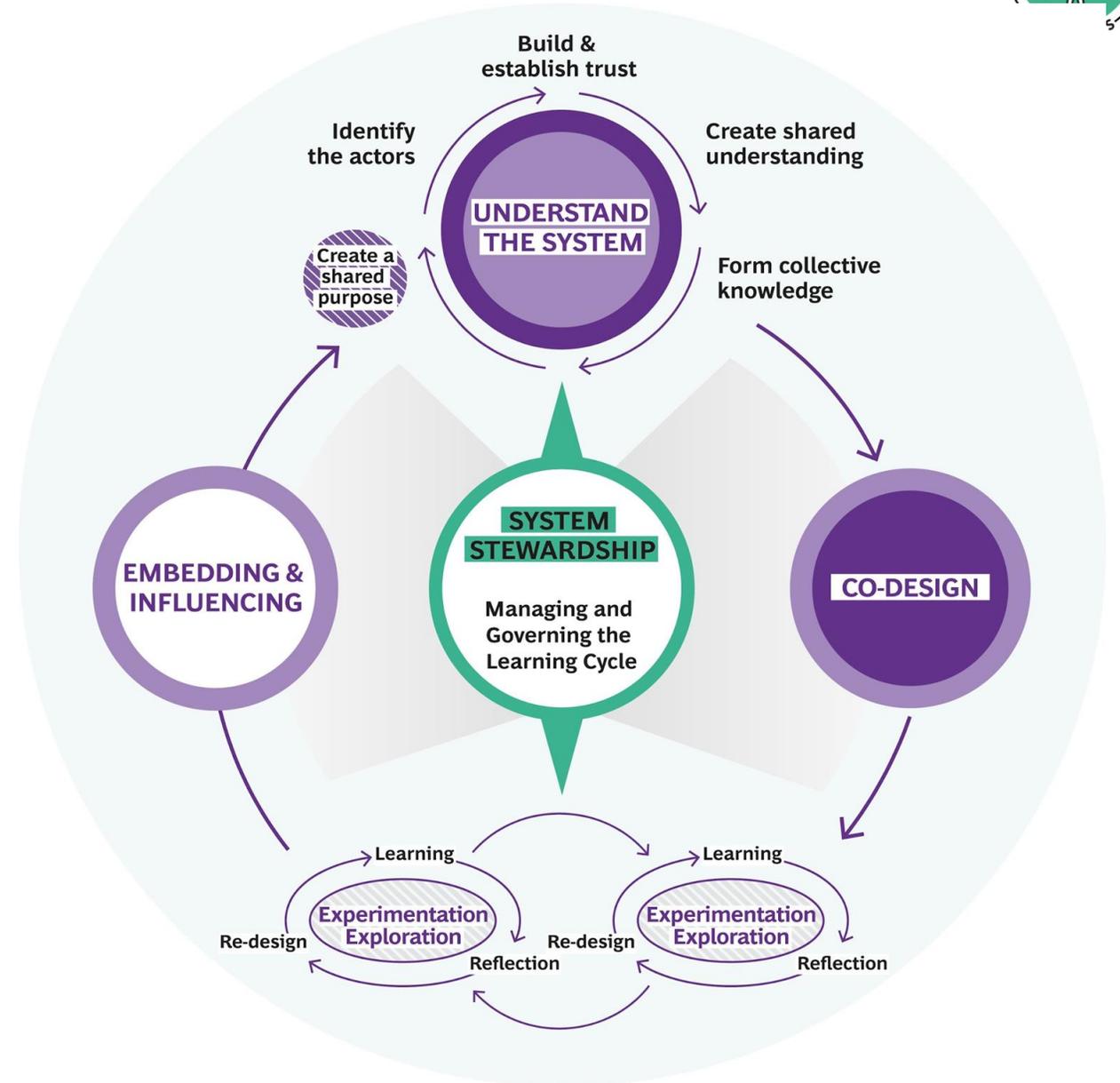
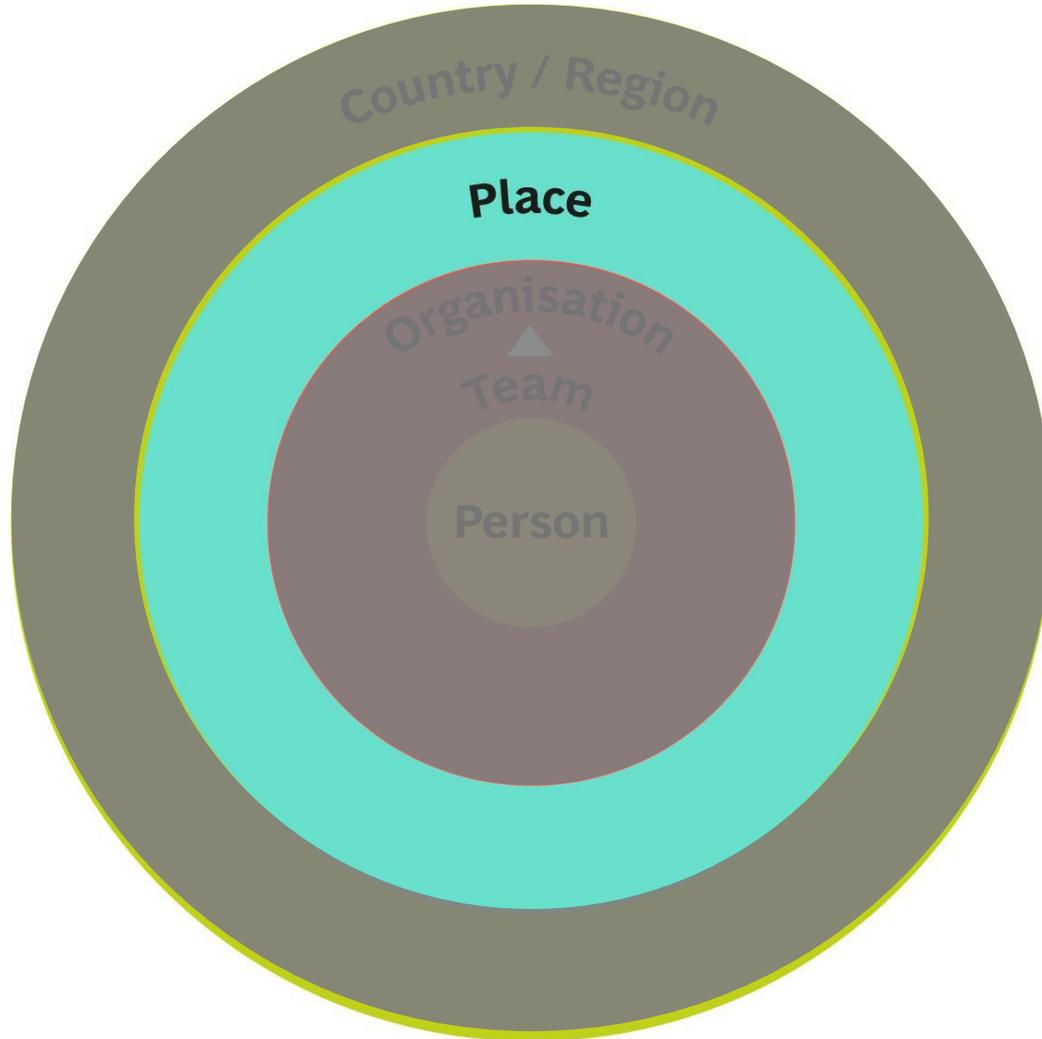
Team

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/>

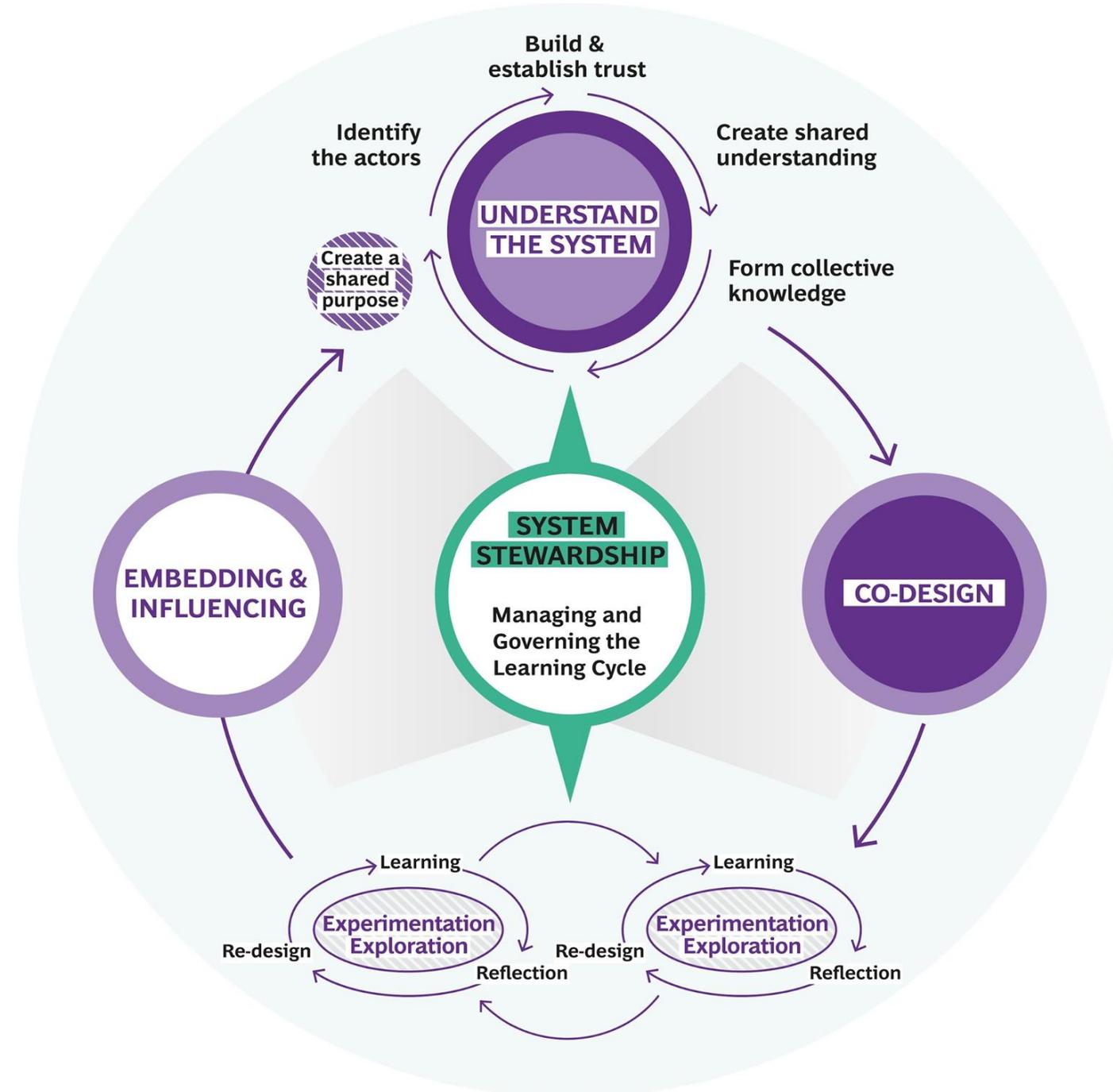


# Swedish International Development Agency (SIDA)

# 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

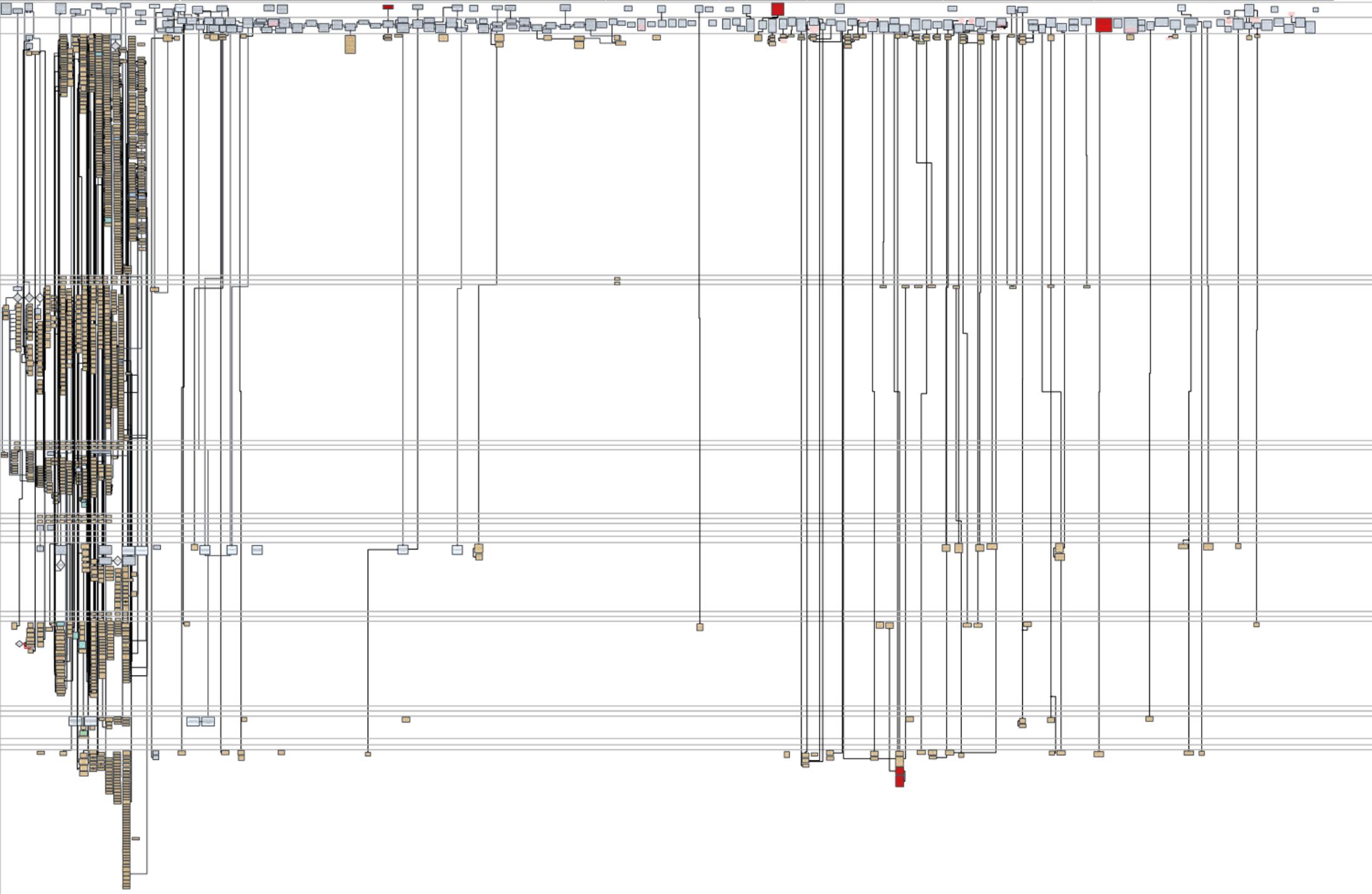


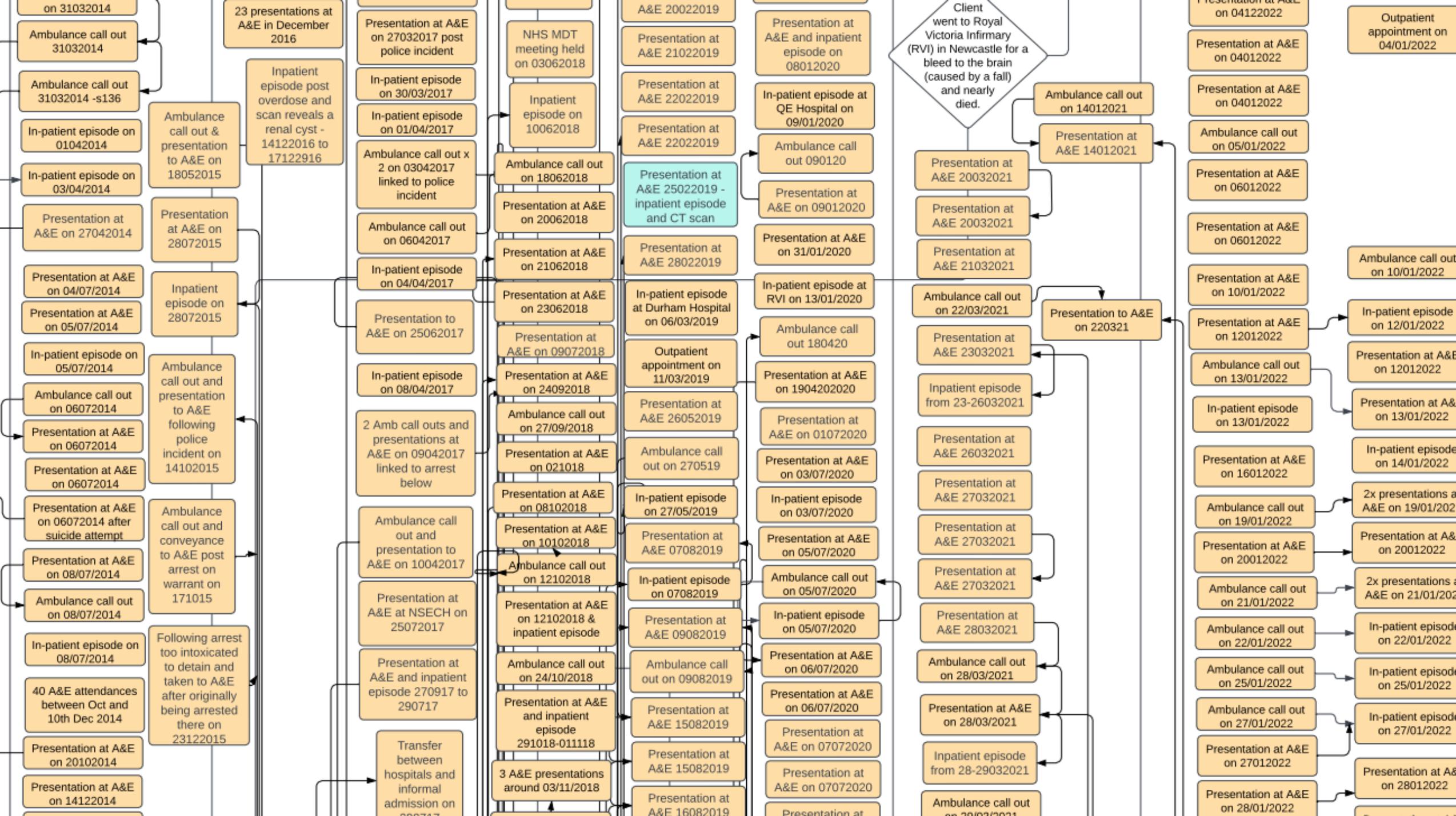
Isn't a bespoke approach more  
expensive?



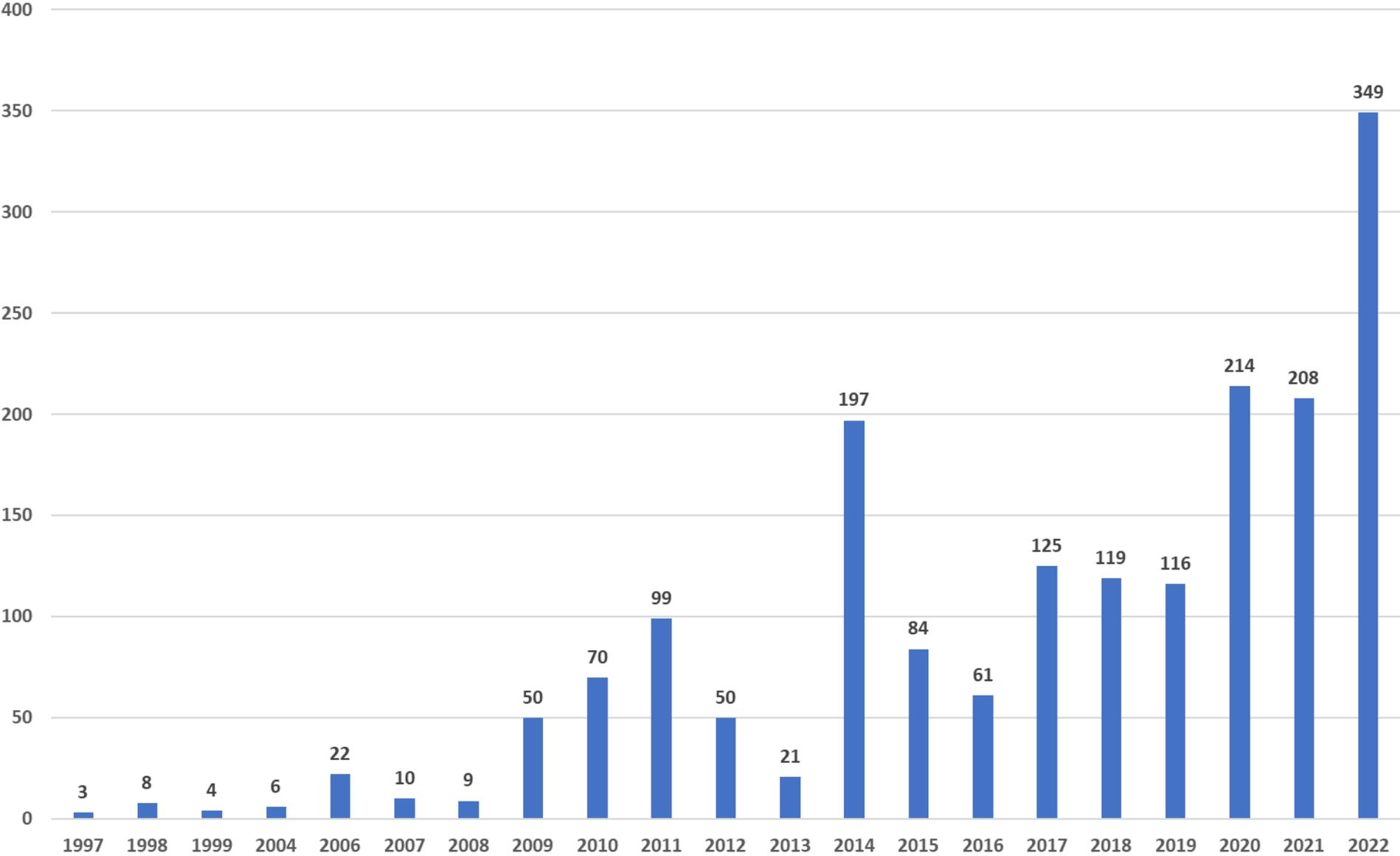
# The wastefulness of our current approach

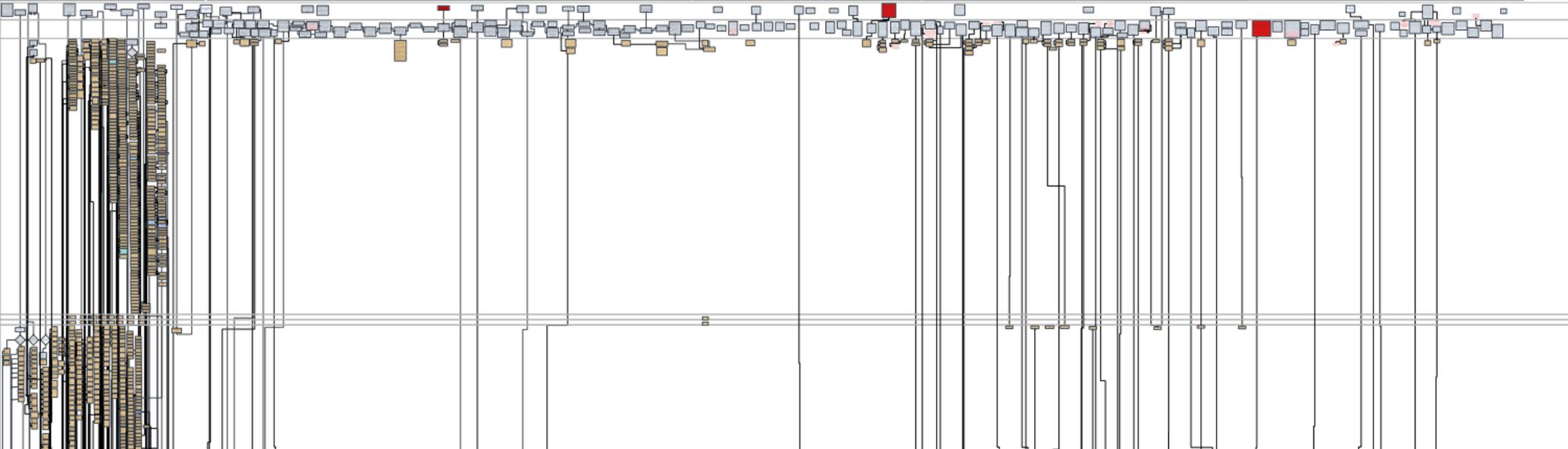
**John's public service interaction over 10 years  
14 different public services...**





John: Interactions with services by year



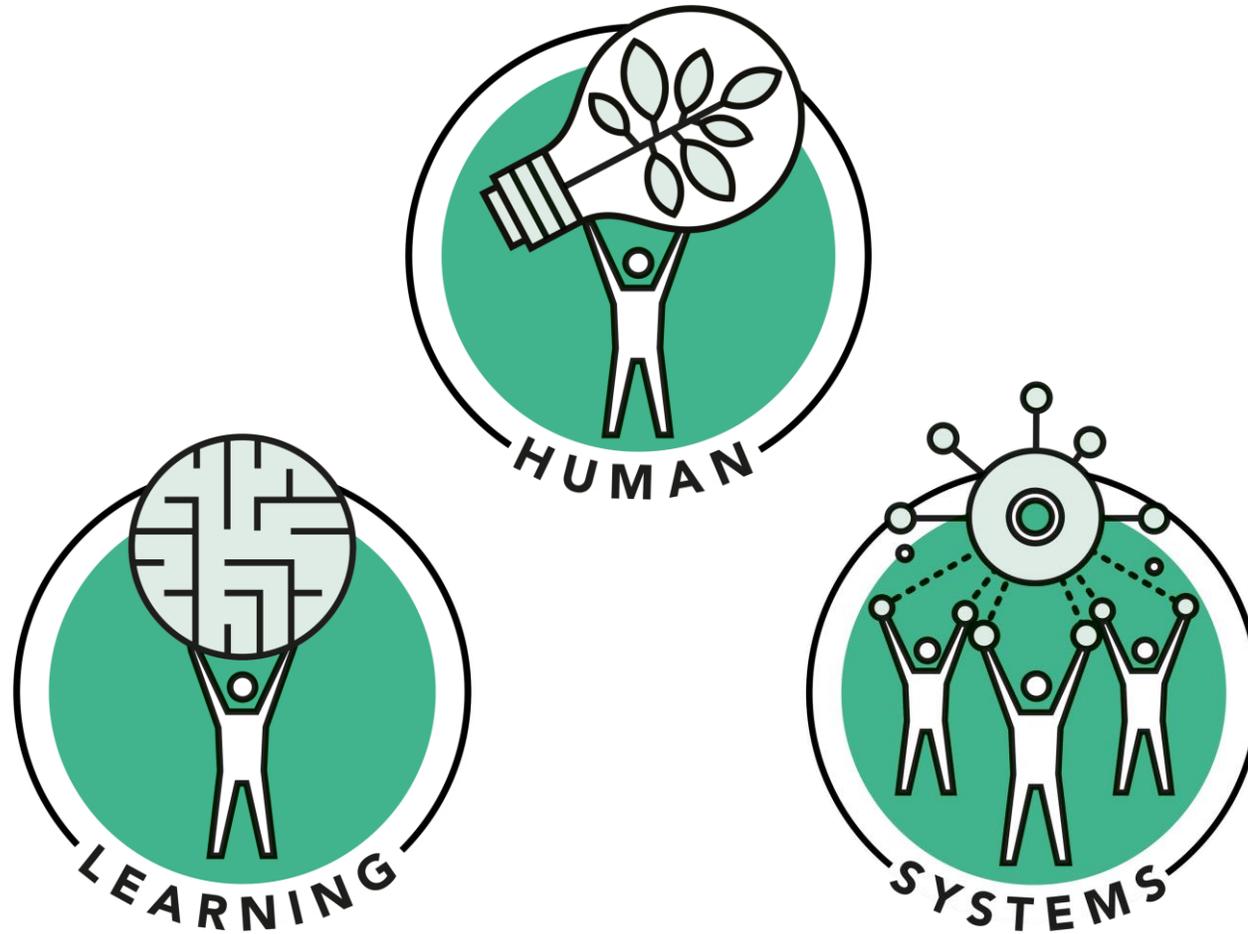


### Pre-Liberated Method

- 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**



[www.humanlearning.systems](http://www.humanlearning.systems)



Centre for  
**Public Impact**  
A BCG FOUNDATION

Draft