

**NHS GREATER MANCHESTER
INTEGRATED CARE PARTNERSHIP BOARD**

DATE: Friday, 15th December, 2023

TIME: 1.00 pm

VENUE: Council Chamber, Manchester Town Hall (entrance through Mount Street)

AGENDA

- 1. Welcome and apologies**
- 2. Chair's Announcements and Urgent Business**
- 3. Declarations of Interest**

To receive declarations of interest in any item for discussion at the meeting. A blank form for declaring interests has been circulated with the agenda; please ensure that this is returned to the Governance & Scrutiny Officer at least 48 hours in advance of the meeting.

BOLTON	MANCHESTER	ROCHDALE	STOCKPORT	TRAFFORD
BURY	OLDHAM	SALFORD	TAMESIDE	WIGAN

Please note that this meeting will be livestreamed via www.greatermanchester-ca.gov.uk, please speak to a Governance Officer before the meeting should you not wish to consent to being included in this recording.

4. Minutes of the previous meeting of the NHS GM Integrated Care Partnership Board 1 - 8

To consider the approval of the minutes of the meeting held on 29 September 2023.

5. Mission 3: Helping people get into, and stay in, good work 9 - 60

Report of Jane Pilkington - Director of Population Health, NHS GM;
John Herring - Director of Organisational Development and Culture,
NHS GM; and Gemma Marsh – Director of Education, Work and
Skills, GMCA

6. Date and time of next meeting

The next meeting will be held on 9 February 2024.

For copies of papers and further information on this meeting please refer to the website www.greatermanchester-ca.gov.uk. Alternatively, contact the following
Governance & Scrutiny Officer: Elaine Mottershead, Senior Governance & Scrutiny Officer
✉ elaine.mottershead@greatermanchester-ca.gov.uk

This agenda was issued on Thursday, 7 December 2023
on behalf of Julie Connor, Secretary to the Greater Manchester Combined Authority,
Churchgate House, 56 Oxford Street, Manchester M1 6EU

**MINUTES OF THE MEETING OF THE
NHS GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD
HELD ON FRIDAY 29 SEPTEMBER 2023 AT LEIGH SPORTS VILLAGE, LEIGH**

PRESENT

Sir Richard Leese	NHS GM Integrated Care (Chair)
GM Mayor Andy Burnham	GMCA
Councillor Linda Thomas	Bolton Council
Councillor Thomas Robinson	Manchester City Council
Councillor Barbara Brownridge	Oldham Council
Councillor John Merry	Salford City Council
Cllr Keith Holloway	Stockport Council
Councillor Eleanor Wills	Tameside Council
Councillor Jane Slater	Trafford Council
Councillor Keith Cunliffe	Wigan Council
Warren Heppolette	NHS GM Integrated Care
Luvjit Kandula	NHS GM Integrated Care
Paul Lynch	NHS GM Integrated Care
Professor Manisha Kumar	NHS GM Integrated Care
Claire Norman	NHS GM Integrated Care
Lynzi Shepherd	NHS GM Integrated Care
Sarah Price	NHS GM Integrated Care
Rob Bellingham	NHS GM Integrated Care
Dr Claire Lake	NHS GM Integrated Care
Jane Pilkington	NHS GM Integrated Care
Mandy Philbin	NHS GM Integrated Care
Eamonn Boylan	GMCA
Ed Flanagan	GMCA
Steve Wilson	GMCA
Debbie Watson	GM Directors of Public Health

Stephanie Butterworth	Tameside Council
James Bull	UNISON
Tracey Vell	Health Innovation Manchester
Noel Sharpe	Bolton at Home
Alison Page	Salford CVS
Evelyn Asante-Mensah	Pennine Care NHS Foundation Trust
Chris McLoughlin	Stockport Council

ICPB/22/23 WELCOME AND APOLOGIES

RESOLVED /-

That apologies be received and noted from Mayor Paul Dennett (Salford), Councillor Bev Craig (Manchester), Joanne Roney (Manchester), Lynne Stafford (Gaddum), and Mark Fisher (NHS GM Integrated Care).

ICPB/23/23 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

The Chair reported that two items at the end of the agenda were for information only and that future agenda would also include items for information only.

Members were encouraged to complete the survey sent to them seeking their input on the Board's future work programme.

The Chair reported that Steve Dixon, the Chief Delivery Officer up to April this year, had very sadly passed away in August. The Chair proposed that the collective condolences of the Board be passed on to Steve's family.

ICPB/24/23 DECLARATIONS OF INTEREST

There were no declarations received in relation to any item on the agenda.

ICPB/25/23 MINUTES OF THE PREVIOUS MEETING HELD ON 30 JUNE 2023

RESOLVED /-

That the minutes of the meeting held on 30 June 2023 be approved as a correct record.

ICPB/26/23 IMPLEMENTING THE INTEGRATED CARE STRATEGY - HELPING PEOPLE STAY WELL AND DETECTING ILLNESS EARLIER

The Board received an update on one of the six missions within the GM Integrated Care Partnership Strategy – Helping people stay well and detecting illness earlier. The report included an overview of the mission's priorities which involved tackling inequalities, supporting people to live healthier lives, upscaling secondary prevention and helping people to live well with long term conditions. Summary examples included: -

- Making Smoking History in Greater Manchester
- Ending All New Cases of HIV in Greater Manchester by 2030
- Tackling Alcohol Harm
- GM Moving
- Mental Wellbeing
- Early Cancer Diagnosis
- CVD Prevention – Blood Pressure Optimisation
- A Multimorbidity Approach – Manchester Locality
- GM Dementia and Brain Health Delivery Plan

During the discussed that ensued, the following points were raised: -

- Preventative care and early intervention were especially necessary as 6 conditions were causing 60% of deaths.
- Educational attainment and how positive young people felt about their future on leaving school impacted their health throughout their life. An integrated technical education system would help with that. The NHS had its part to play in providing clear career pathways. There were examples of positive practices across GM but more to do on making this more consistent across GM. People's own perceived ability to improve their lives was seen as key to their future health prospects.
- It was suggested that this twin messaging, of the health benefits of vaping for ex-smokers and vaping not being recommended for people who had never smoked, be

acknowledged in the document. Disposable vapes had been recognised as a major environmental concern.

- Patients with co-morbidities were currently under the care of various consultants. It was suggested that a better approach would be to have one consultant manage a patient's various conditions. It was recognised that a place- based person centred approach was still developing.
- Misinformation around vaccinations was highlighted as an issue to be addressed, especially in communities that did not access traditional news media, relying instead on social media.
- It was suggested that a section be included on behaviours, people needed to make positive life choices themselves. The NHS may need to work in different ways to encourage people to do this.

RESOLVED /-

1. That the update on the mission 'Helping people stay well and detecting illness earlier and that work is ongoing be noted.
2. That the Prevention and Early Intervention Framework as a visual representation of our collective approach to preventing poor health be endorsed.
3. That Fairer Health for All as our approach to ensuring that health inequalities are embedded across the work of NHS GM be endorsed.
4. That the approach set out within the NHS GM Clinical Effectiveness Programme be endorsed.

ICPB/27/23 GREATER MANCHESTER PRIMARY CARE BLUEPRINT

The Board received a report on the Primary Care Blueprint, setting out the vision for Greater Manchester Primary Care services that would thrive and address the needs of Greater Manchester (GM) communities as part of the wider GM Integrated Care Partnership. It was noted that in Greater Manchester, as of September 2023, there were circa 1,800 primary care providers, with a workforce of around 22,000. This comprised of

639 Community Pharmacies, 396 Dental Providers, 411 GP Practices and 345 Optometry Providers. Across the four disciplines, various themes were outlined along with four enablers under the headings: digital; estates; quality, improvement and innovation; and workforce.

In the discussion that followed, the points raised included: -

- The ambition shown in the document was lauded.
- All 4 primary care disciplines were struggling financially and from large numbers of staff leaving.
- The role of the VCSE in supporting primary care was acknowledged.
- National NHS contracts were sometimes a real obstacle to providing locally targeted services.
- The collaborative work in the primary care sector in GM was unique nationally. It was perceived as leading the way in terms of UK primary care reform.
- The Primary Care Blueprint was seen as a move to a social model for primary care.
- There was a concern raised on the deliverability of the blueprint given the pressures being experienced in the primary care sector.
- Primary care services in GM were not spread around the conurbation equally.
- Current estates funding models needed reform.
- Fluoridation of water supplies would improve the dental health of the population, particularly children. Consideration should be given to lobbying for fluoridation of GM water supplies.
- It was noted that telephone and digital consultations were preferred over face to face consultation by many people and freed up capacity for those that wished to access services in more traditional ways.
- The GM Mayor offered to assist with any lobbying required at a national level. It was suggested that a bullet point list be prepared for the GM Mayor, GM leaders and the Chair.

RESOLVED /-

1. That the Primary Care Blueprint be approved.
2. That Officers prepare a bullet point list for the GM Mayor, GM leaders and the Chair of the issues in the sector to be raised at a national level.

ICPB/28/23 GREATER MANCHESTER MENTAL HEALTH & WELLBEING STRATEGY REFRESH

The Board received a report on the refreshed GM Mental Health and Wellbeing Strategy. The strategy set out the priorities which had been agreed in consultation with stakeholders, public service partners, the VCSE sector and communities. They identified the priorities to focus on to achieve a step change in mental health and wellbeing outcomes for GM residents. The strategy's strapline was: 'Doing mental health differently'.

It was reported that the vision would be delivered through five strategic missions: -

- People will be part of mentally healthy, safe and supportive families, workplaces and communities.
- People's quality of life will improve through inclusive, timely access to appropriate high-quality mental health information, support and services.
- People with long-term mental health conditions will live longer and lead fulfilling and healthy lives.
- People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive.
- The mental health and wellbeing system recognises the inequality, discrimination and structural inequity people experience and are committed to developing more inclusive services and opportunities that people identify with and are able to access and benefit from.

It was noted that the approach to evaluating the delivery of the strategy was still being worked on through a series of workshops, although it would be overseen by the GM Mental Health Partnership Board.

In the following discussion, the points raised included: -

- Current staff shortages and the length of time it took to train new recruits would mean new approaches would be needed in recruitment and training.
- Many children in GM whose mental health was negatively impacted by the lockdowns during the COVID-19 pandemic, were still not receiving the support they needed. Mental health services provided in schools was seen as key.
- Consulting those with lived experience of poor mental health and accessing mental health services was seen as critical to monitoring those mental health services.
- It was reported that active work is underway with Greater Manchester Police to ensure the most appropriate system response to mental health calls. The strategy aims to provide the right care for the right people.
- The role of the VCSE sector was highlighted as an integral part of mental health crisis services.
- The strategy needed to be ambitious in order to reduce future demand.

RESOLVED /-

1. That the content of the report be noted.
2. That the vision, objectives and five strategic missions of the GM Mental Health and Wellbeing Strategy be endorsed.
3. That the GM Mental Health and Wellbeing Strategy as a key aspect of the GM ICP Strategy be endorsed.

ICPB/29/23 FORWARD PLAN FOR NHS GM INTEGRATED CARE PARTNERSHIP BOARD

The Forward Plan for development of the NHS GM Integrated Care Partnership Board had been circulated.

RESOLVED /-

That the Forward Plan be noted.

ICPB/30/23 DATE AND TIME OF NEXT MEETING

The next meeting would be held at 1:00pm on Friday 15 December 2023.

Greater Manchester Integrated Care Partnership Board

Date: 15th December 2023

Subject: Implementing the Integrated Care Strategy – Mission 3: Helping people get into, and stay in, good work

Report of: Jane Pilkington – Director of Population Health, NHS GM

John Herring - Director of Organisational Development and Culture, NHS GM

SUMMARY OF REPORT:

1. The [Greater Manchester Integrated Care Partnership Strategy](#) was approved by the ICP Board in March 2023 and is underpinned by a [Joint Forward Plan](#) which was signed of in June 2023.
2. A key part of the Board's role in the implementation of our strategy and plan will be to examine in depth the delivery of the six missions in the strategy with a focus on the key system actions we can take collectively to deliver the missions effectively, efficiently and with impact on health outcomes and inequalities.
3. This meeting of the Board will focus on Mission 3 - Helping people get into, and stay in, good work.
4. A slide deck is enclosed with this cover note which explores in more detail:
 - a) An articulation of why Mission 3 is important.
 - b) An overview of the priority actions in Mission 3

c) Updates on the progress and key next steps in relation to the priority actions:

- Enhance the scale of work and health programmes.
- Expansion of our Working Well System
- Develop good work.
- Work with employers to deliver GM Good Employment Charter
- Increase the contribution of the NHS to the economy.
- Develop the NHS as an anchor system.
- Implement the Greater Manchester Social Value Framework

d) An appendices providing additional data, case studies and information.

RECOMMENDATIONS:

The Greater Manchester Integrated Care Partnership Board is asked to:

- Note the update on Mission 3 and reaffirm this as a priority for the ICP Board.
- Confirm agreement to the key next steps set out within the report including:
 - Establishment of a GM Joint Inclusive Employment unit.
 - Bid to become an NHSE Work Well partnership vanguard.
 - Continuing to pursue the implementation of the Real Living Wage.

- Development of the health and care sector workforce development response to the opportunities within the GM devolution trailblazer deal.
- Continuing to identify and advance opportunities to further strengthen the role of the health and care sectors as an anchor system.
- Continuing to take practical steps to implement Social Value across the GM health and care system.

CONTACT OFFICERS:

Enhance the scale of work and health programme:

David Boulger – Assistant Director: Population Health (NHS GM)

david.boulger@nhs.net

Increase the contribution of the NHS to the economy

Dr Debs Thompson – Consultant in Public Health (NHS GM)

debs.thompson@nhs.net

Develop good work:

Anna Cooper-Shepherd – Head of Strategy and Business - Chief People Office (NHS GM)

anna.cooper-shepherd1@nhs.net

END

Deep Dive – ICP Strategy Mission 3: Helping People Get Into, and Stay In, Good Work

Page 12

Good work is one of the biggest determinants of health outcomes



Greater Manchester

Good work

“Having a job is good for our health, but the quality of our jobs makes the difference. Ensuring people have a safe, encouraging and supportive working environment will help keep them well and in work for longer. This is something that all employers can and should take steps to achieve.”

Duncan Selton
Chief Executive
Public Health England

For work to support a healthy life it should:

- Pay fairly and offer lasting security**

In 2017, on just under 62 million contracts, workers were paid less than the real living wage.
- Ensure good working conditions**

61% of workers in sectors employers have worked when asked for their top priority for improving pay.
- Enable a good work-life balance**

Employees working long hours a 2.5 times more likely to face a major chronic health problem.
- Provide training and opportunities to progress**

In work, 41% of people struggle to move on and 10% report work at present isn't helping.

The Health Foundation
© 2018. All rights reserved.

Page 13

“With 3.7 million working-age people in work with a health condition that is ‘work-limiting’ and 2.6 million economically inactive due to ill health, the country has a significant problem.

The impact of poor health on individuals and their families, whether they are in work or not, is considerable.

And for the country poor health in the working age-population will drag down productivity, the economy and add a huge avoidable burden on public services and employers.”

Dr Jennifer Dixon, Chief Executive, the Health Foundation

ICP Mission 3 - Priorities



Greater Manchester

a) Enhance the scale of work and health programmes

- Expansion of our Working Well System

b) Develop good work

Working with employers to deliver GM Good Employment Charter

c) Increase the contribution of the NHS to the economy

- Developing the NHS as an anchor system
- Implementing the Greater Manchester Social Value Framework

Enhance the scale and impact of employment and health programmes

Page 15



Employment and Health – What the data tells us



Greater Manchester

- Nationally, long-term sickness accounted for 28% of total economic inactivity at the end of January 2023, up from 23% at the start of 2019, making it the most common reason for economic inactivity.
- At the end of 2022, 54% of people who were economically inactive due to long-term sickness were aged 50 to 64 (around 1.4 million people).
- Ill health is largest reason behind the increases in economic inactivity amongst 50- to 69-year-olds.
- The number of economically inactive residents in GM stands at 421,500 residents, with 117,500 due to long term poor health or disability (June 2023).
- GM has less economically inactive residents due to long term sickness compared to the Northwest, but a greater proportion of economically inactive residents due to long term sickness than England.
- The most prevalent health conditions or disabilities for GM residents accessing the service is psychiatric disorders, such as depression, low mood, or anxiety, with musculoskeletal problems the second most prevalent condition

NB: More detailed data is available in the appendices

Greater Manchester Working Well System

A whole population approach to health, disability and work

Page 17

Economically Inactive

Support for economically inactive people with barriers such as complex needs or health conditions and/or disabilities who want to work, to find and sustain paid work.

Non-claimants, ESA Support and UC LCWRA claimants

Long-term Unemployed

Support for long-term unemployed with barriers such as health conditions and/or disability to find and sustain paid work.

ESA WRAG, UC LCW and wider UC claimants

At risk of ill health related job loss

Advice, guidance and/ or support for employees with health issues and/or disability at risk of falling out of work and newly unemployed with health issues.

In Work

Cohort comprises those in good health, people with risk factors and people with a disability and /or health conditions, including fluctuating conditions.

Our Working Well Ambition



- Our ambition is that **Working Well should embody Greater Manchester's employment and health offer.** Therefore, all employment support that relates to health should sit within the Working Well system whether this is commissioned by GMCA, DWP, NHS GM and even potentially LA's and VCSE. Working Well should be the umbrella for all employment and health-based interactions in Greater Manchester.
- **From** Working Well programmes have supported over **75,000** Greater Manchester residents to date, unpicking a wide range of barriers to work. Of these, over **26,000** people have found employment, many of whom were not likely to move into work without specialist intervention.
- We would like to further develop a **Working Well System that ensures all people that need and want support across health and employment get access to it in an integrated, co-ordinated and timely fashion.** This will involve truly understanding the evidence base, shaping new provision to meet need (the right support at the right point in time), plug gaps, drawing links and ensure no duplication of service offers.
- Devolution and new Gov initiatives (such as **WorkWell Partnerships**) give us the opportunity to develop **the Working Well system** to be truly partnership led and holistic to meet the needs of both GM's residents and the businesses seeking employees to fill vacancies and improve growth and productivity.

Our Collaborative Journey to Date



Greater Manchester

- NHS GM (and previously GMHSCP) has collaborated with GMCA and a wide range of system partners for almost a decade in recognition that economic inactivity and poor-quality employment are drivers of poor health and health inequalities in the city-region.
- It is also recognised that this is a bi-directional issue and that the relatively poor health of citizens within GM, is a barrier to economic productivity and the development of a strong and inclusive city-region economy.
- This has been a key long-term driver of devolution in GM.
- The existing level of collaboration is unique amongst ICBs in terms of its breadth and level of commitment and creates a platform for future collaboration which is beyond any other ICB in England.
- Our joint working goes beyond engagement and strategy and reaches into investment and joint delivery. However, we are not complacent and are committed to going much further.

Our Collaborative Journey (Existing Examples of Joint Working)

- ICB Strategic Co-Investment (£1million a year)
- Working Well: Talking Therapies Service
- Working Well: Early Help
- Working Well: Individual Placement and Support in Primary Care
- Step Into Care Pilot for Individuals with Complex Needs
- Combined Authorities Inequalities Programme

***NB:** Further Details on these are available in the report appendices*

1. Establish a **GM Joint Inclusive Employment Unit** to bring together NHS GM, GMCA and other key stakeholders as part of an integrated GM taskforce collectively focussed on increasing the extent to which good work drives good health in Greater Manchester.

Secure NHSE funding to become one of fifteen national [Work Well Partnership](#) vanguard sites, as part of an expanded and enhanced **GM Employment and Health Model** which further showcases how the unique collaborative arrangements and devolution opportunities that are in place allow us to do things differently and better in GM.

Page 22

Develop Good Work

Characteristics of Good Employment



Pay*



Secure Work



Engagement & Voice



Flexible Work



Recruitment



People Management



Health & Wellbeing

Membership Criteria 'Golden Thread'

Page 24



Equality, Diversity & Inclusion

GMgoodemploymentcharter.co.uk

Health and care and the Good Employment Charter - Implementation



- In March 2023 **Hawkley Brook Medical Practice in Wigan** became the first health and care member of the Good Employment Charter. We now have thirteen approved members (in primary care, social care and VCSE) and a further **100** organisations have pledged their commitment to raising standards of employment across Greater Manchester by officially registering as supporters of the GM Good Employment Charter.
- On Friday 15th September 2023 NHS GM and the GM Good Employment Charter team brought together leaders from across the social care system to explore innovative ways to tackle the employment challenges faced within the sector. Attendees included leaders from local authorities, NHS GM, the Greater Manchester Combined Authority, Transport for Greater Manchester, Manchester Metropolitan University, and social care providers. It was an energising event with lots of new ideas on partners can work together. The next step is to develop an action plan to take forward and work together to deliver meaningful change – including increasing membership numbers of the Good Employment Charter in social care.
- NHS GM is currently working to progress with its own application for approved membership. The aim is for approved charter membership by the end of this financial year.
- A community of practice** network has been established across primary care, social care, NHS trusts and community organisations to support employers to learn about best practice and implementation from exemplar employers; reflect on existing workforce practice and policy; and develop a greater understanding of the Charter membership application process and benefits.

Health and care and the Good Employment Charter - Challenges

Page 26



- The biggest challenge for health and care employers in joining the charter is implementing the **Real Living Wage**.
- All 10 Local Authorities are full members of the charter and are commissioning social care at RLW rates – although this is not necessarily checked within the commissioning or oversight processes. .
- NHS Trusts are reliant on the national pay review bodies and agenda for change for their directly employed staff. Many of our trusts also outsource their facilities roles, with Sodexo being the main supplier, and wage rates are at the national living wage rates. We are exploring options in terms of collective commissioning and hopeful that the national wage agreements will bring NHS wages above the real living wage, however, anything which increases the spend across trusts will not be supported in the current financial climate.
- With a continued squeeze in commissioning spend there is continuing pressure on primary care and VCSE sectors in being able to implement the real living wage.
- Where regulators rate services as inadequate or requiring improvement (particularly in the well led domain) we are cautious about bringing these organisations into membership. We would like employers to view the charter process as a way to address regulators concerns.
- Trade Union recognition and employee engagement, sick pay on the first day of absence and access to flexible work are also challenging areas for some employers across health and care.

Developing technical career pathways in health and care



- NHS GM is committed to improving the Greater Manchester economy; through our role as an employer, by attracting more people from local communities into health and care, and to building a sustainable workforce for the future. On Wednesday 13 December, health and care employers, universities, colleges and training providers will come together for a **roundtable event** to develop our sector's response to the Trailblazer Devolution Deal, which gives Greater Manchester a new role in strategic oversight of technical education for the first time.
- The roundtable will look to establish employer need, to ensure the technical offer is meeting the needs of system and recognise areas of good practice. It will also look to identify areas to build upon and prioritise as part of a pilot for Year 9 options for September 2024, including the proposed GM Baccalaureate within health and care. There will be a particularly focus on developing a GM approach, that brings NHS trusts, primary care and social care to develop an integrated approach.

Page 28 Increase the contribution of the NHS to the economy

Page 29

Developing the NHS as an Anchor System

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit

In England alone, the NHS spends £27bn every year on goods and services.



Using buildings and spaces to support communities

The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Working more closely with local partners

The NHS can learn from others, spread good ideas and model civic responsibility.



Reducing its environmental impact

The NHS is responsible for 40% of the public sector's carbon footprint.



Widening access to quality work

The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

Developing the NHS as an Anchor system



Greater Manchester

- Feb '23 - Launch of NHS GM Anchors Network with senior representation from each Locality and Trust alongside academic partners and GMCA. Discussions underway to broaden membership to include GM Housing, 10 GM, Alternative Provider Collaborative
- Participating in National Institute for Health and Care Research (NIHR) study: “How can the NHS maximise its role as an ‘anchor institution’, boost local economies and reduce inequalities?”

Page 34

Three working groups to share good practice (see examples in appendices that will be collated on the [Fairer Health for All Academy](#)) and develop shared delivery plans:

- local supply chain opportunities
- consistent local employment pathways
- vision, strategy and targets and a common approach to reporting – adapting the [UCL Partners Anchor Measurement Toolkit](#)

Implementing the Greater Manchester Social Value Framework

From April
2022

Net Zero and Social Value

All NHS procurements include a minimum 10% net zero and social value weighting. The net zero and social value guidance for NHS procurement teams helps to unlock health-specific outcomes (building on PPN 06/20). Net Zero and Social Value will be applied via the Evergreen assessment for NHS England Medicines tenders.

From April
2023/24

Carbon Reduction Plan

For all new contracts above £5 million per annum, the NHS requires suppliers to publish a Carbon Reduction Plan for their UK Scope 1 and 2 emissions and a subset of scope 3 emissions as a minimum (aligning with PPN 06/21).

From April 2024, this requirement will be proportionately extended to cover all new procurements.

From April
2027

Carbon Reduction Plan for all emissions

All suppliers will be required to publicly report targets, emissions and publish a Carbon Reduction Plan for global emissions aligned to the NHS net zero target, for all of their Scope 1, 2 and 3 emissions.

From April
2028

Product-level requirements

New requirements will be introduced overseeing the provision of carbon footprinting for individual products supplied to the NHS. The NHS will work with suppliers and regulators to determine the scope and methodology.

- NHS focused Social Value group established to share learning and ensure consistent approach to reporting, commissioning and contract management across Trusts and ICB contracts.

- Discussions underway to:
 - Review commissioning activity to ensure common approach for ICB spend and increase weighting from 10% to at least 20% (inline with local authorities and wider public sector)
 - Consider opportunities to use NHS provided Atamis system to allow standard reporting
 - Develop assurance mechanisms to ensure suppliers are delivering expected social value activity - Survey planned with top 100 NHS GM suppliers on their commitments that will utilize NHS England's Evergreen methodology to baseline their activity
 - Implement an online brokerage system to match “offers” with “asks” to ensure relevant social value delivered

Appendices

Page 35

Appendices – Enhance the scale and impact of employment and health programmes

Page 36

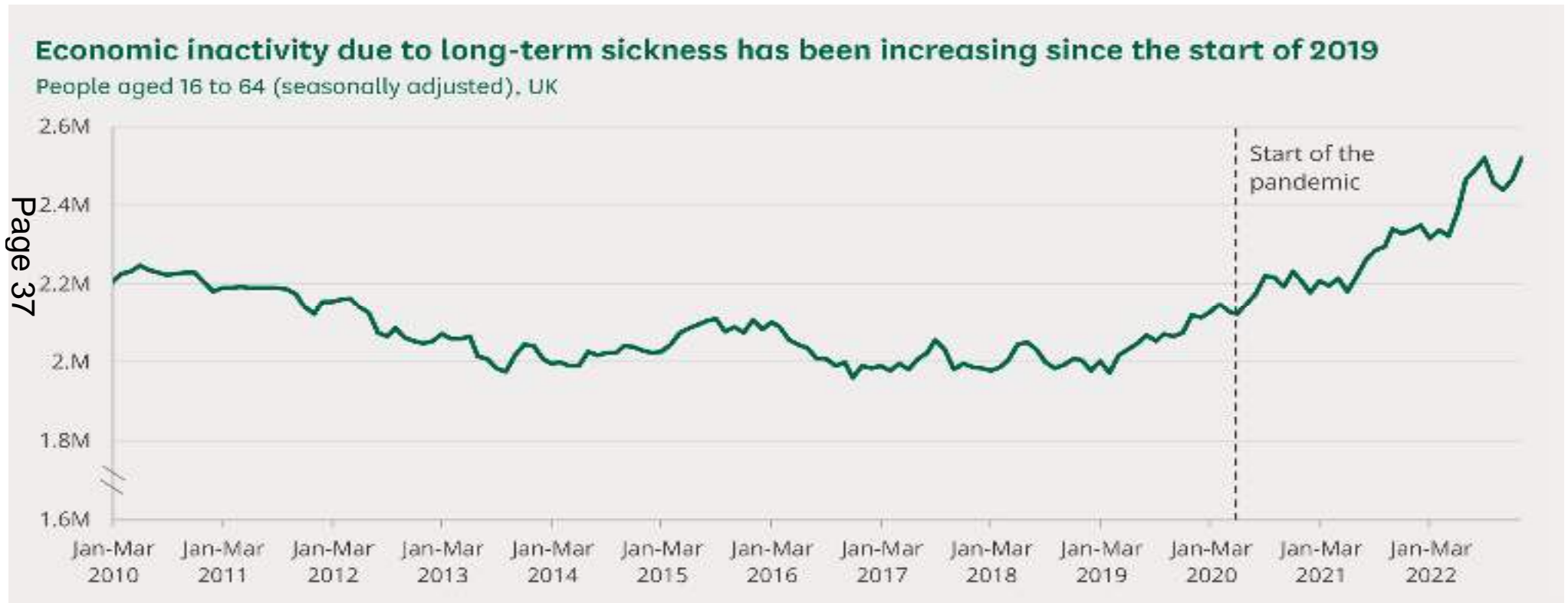


What do we know about Employment and Health nationally?



Greater Manchester

Nationally, long-term sickness accounted for 28% of total economic inactivity at the end of January 2023, up from 23% at the start of 2019, making it the most common reason for economic inactivity.



Source: <https://commonslibrary.parliament.uk/how-is-health-affecting-economic-inactivity/>



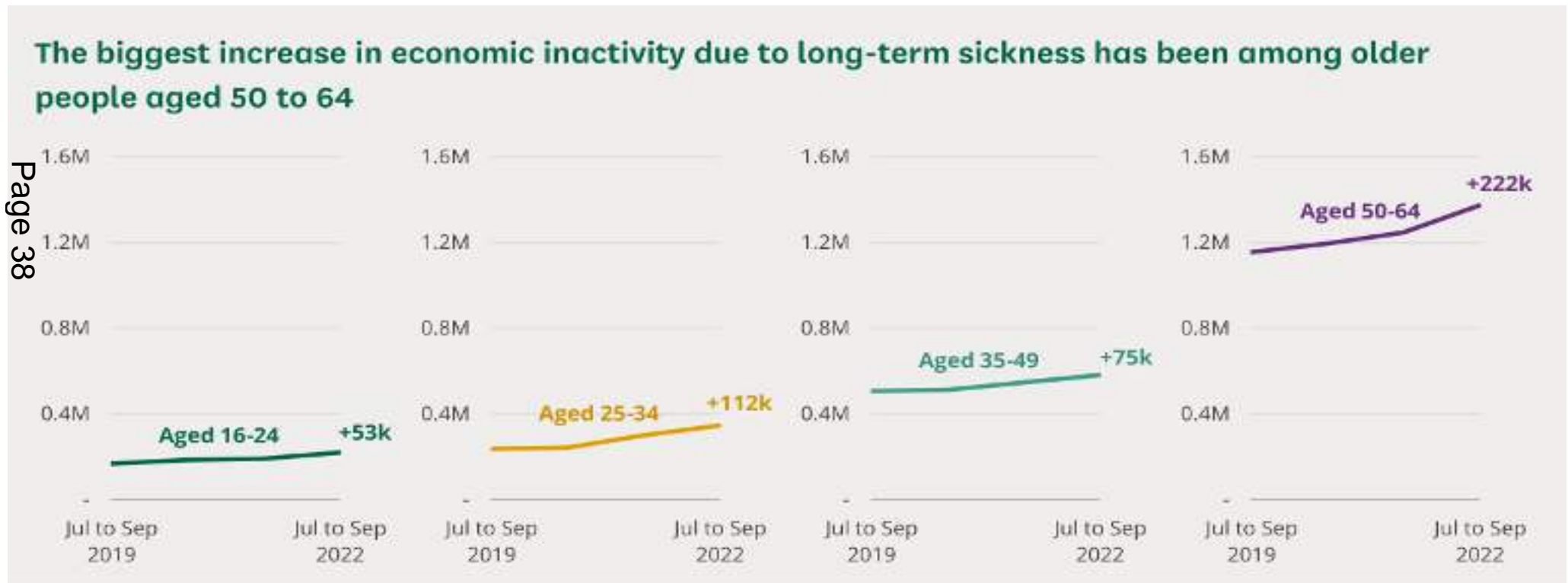
What do we know about Employment and Health nationally?



Greater Manchester

At the end of 2022, 54% of people who were economically inactive due to long-term sickness were aged 50 to 64 (around 1.4 million people).

Page 38



Source: <https://commonslibrary.parliament.uk/how-is-health-affecting-economic-inactivity/>

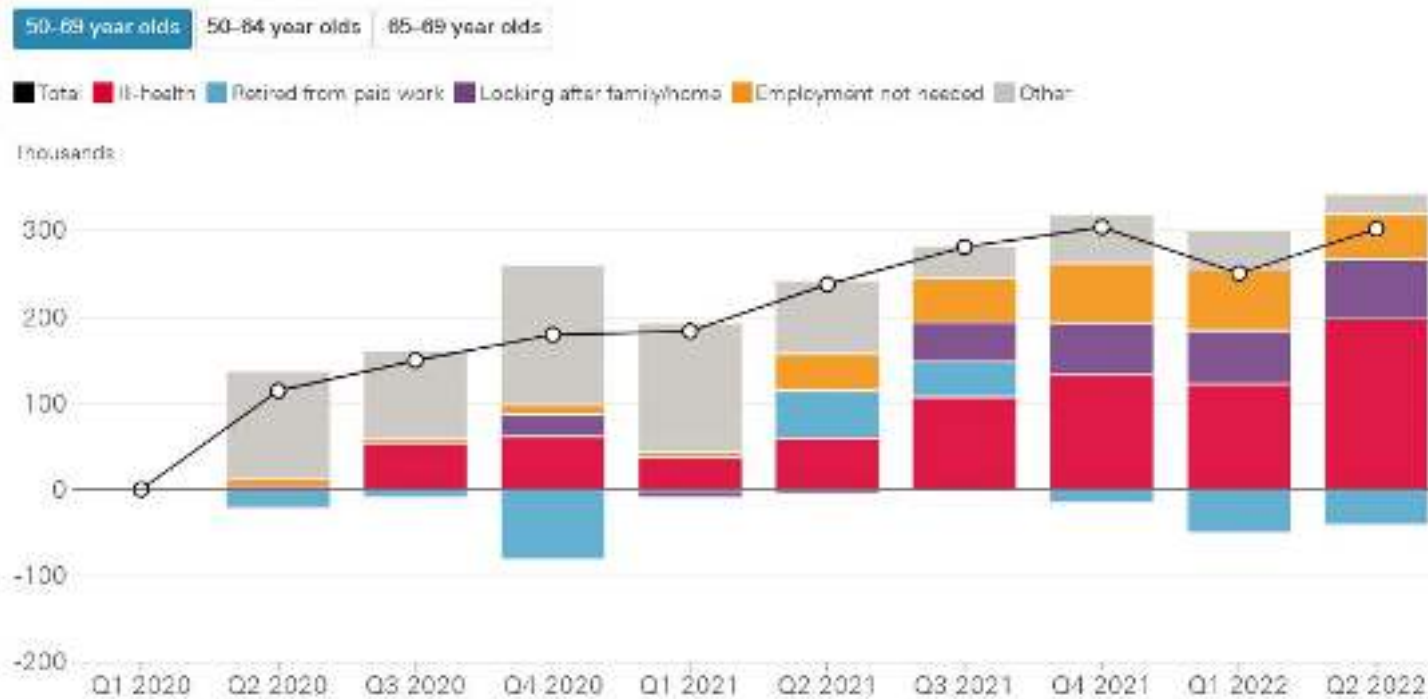
What do we know about Employment and Health nationally?



Greater Manchester

Ill health is the largest reason behind increases in inactivity in 50-69 year olds

Change in number (1,000s) of 50-69 year olds who are inactive by reason for inactivity: UK, Q1 2020 to Q2 2022



The Health Foundation © 2022 Source: Health Foundation analysis of the Labour Force Survey, Office for National Statistics, 2022 • Ill health is defined as temporarily sick or injured or long-term sick and disabled.

Source: <https://www.health.org.uk/news-and-comment/charts-and-infographics/is-poor-health-driving-a-rise-in-economic-inactivity>

What do we know about Employment and Health in GM?

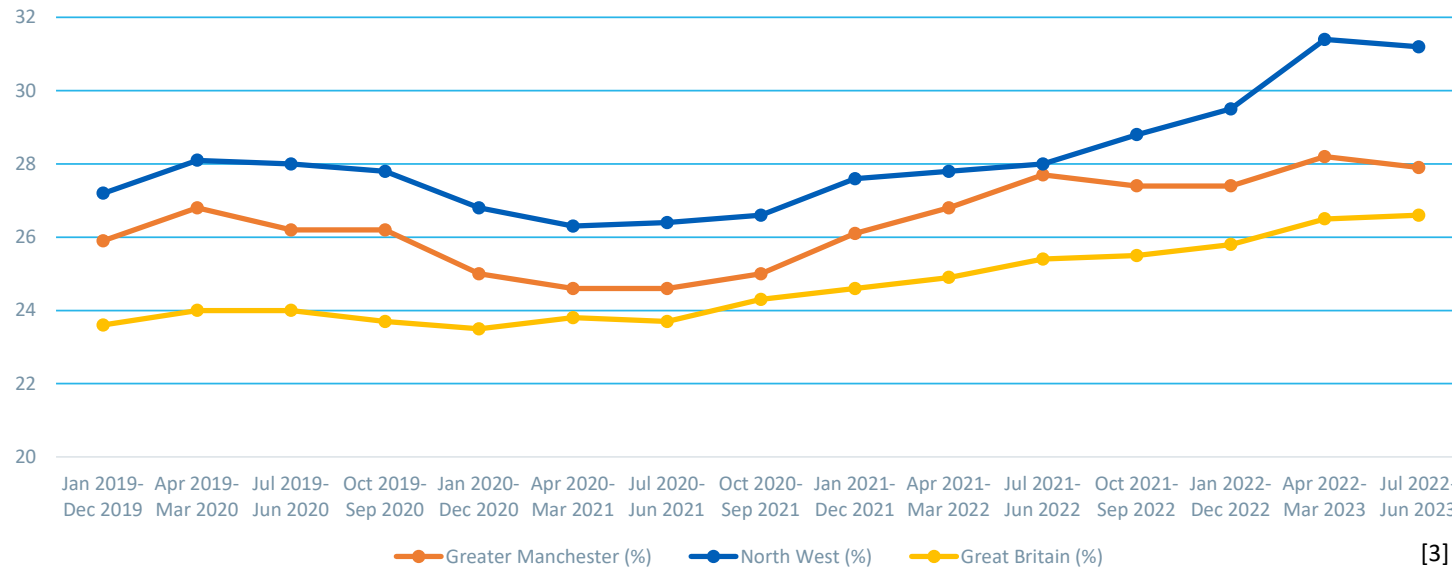


Greater Manchester

The number of economically inactive residents in GM stands at 421,500 residents, with 117,500 due to long term poor health or disability (June 2023). GM has less economically inactive residents due to long term sickness compared to the North West, but a greater proportion of economically inactive residents due to long term sickness than England. [2]

Economically Inactive - Long Term Sick %

Page 40



[3]

[1] GMCA Labour Market and Skills Dashboard

[2] [3]Office for National Statistics Labour Market Profile – Greater Manchester

What do we know about Employment and Health in GM?



Greater Manchester

Data held by the Working Well commissioned suite of programmes highlights that the **most prevalent health conditions or disabilities for GM residents accessing the service is psychiatric disorders, such as depression, low mood, or anxiety, with musculoskeletal problems the second most prevalent condition.** [3]

This information correlates with a national picture where research has found the main reasons for economic inactivity due to illness are mental ill health and musculoskeletal issues. [4]

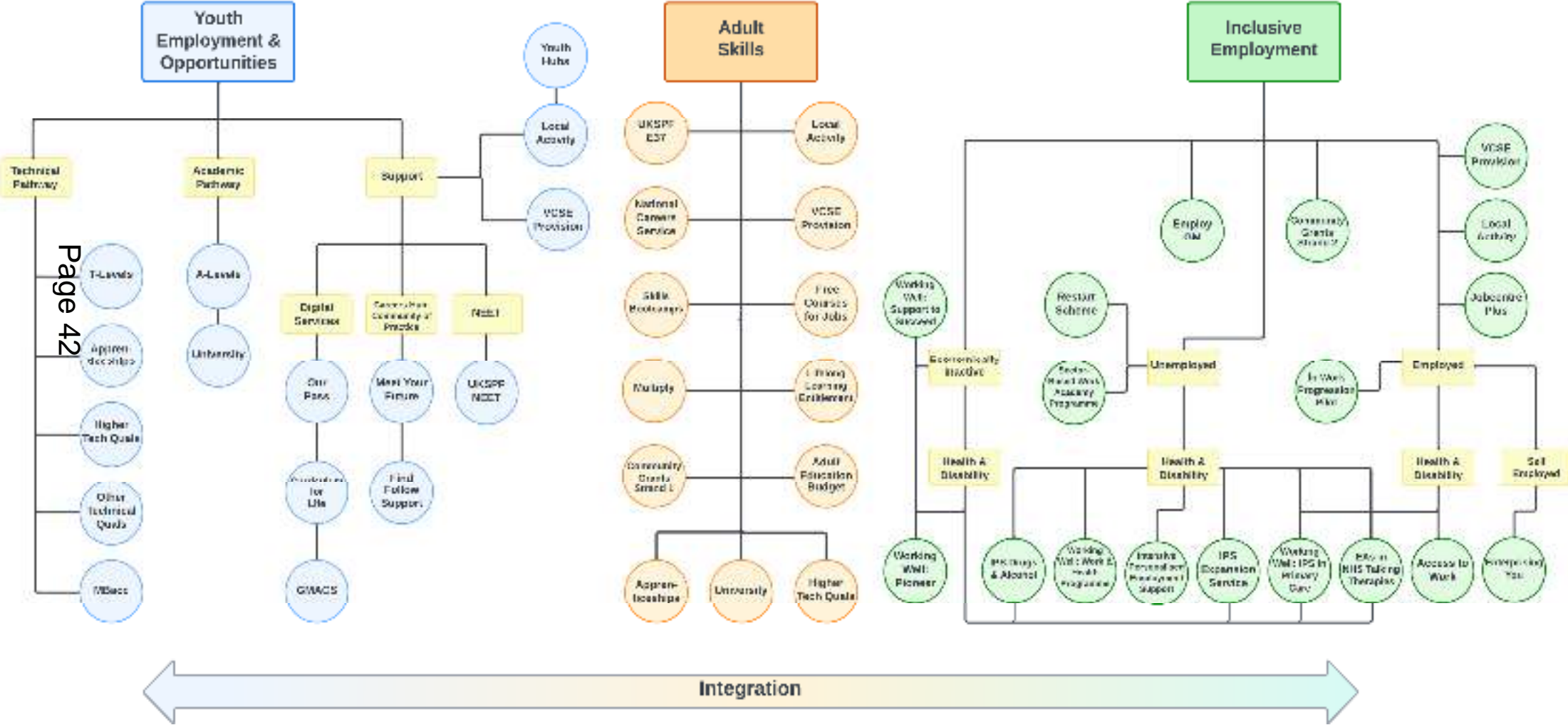
The GM Independent Inequalities Commission report and other data and research highlights that **GM residents' demographics, geographical location, and intersecting inequalities impact on ability to participate in the labour market.** [5]

[3] Data taken from Working Well dashboards

[4] IPPR research: [Getting better?: Health and the labour market | IPPR](#)

[5] [Independent Inequalities Commission - Greater Manchester Combined Authority \(greatermanchester-ca.gov.uk\)](#)

Greater Manchester Education, Skills & Work Landscape



Working Well: A Whole Population Approach to Health, Skills and Employment in Greater Manchester

	Working Well: Specialist Employment Service	Working Well: Support to Succeed	Working Well: Pioneer	Working Well: Work and Health Programme	Working Well: Individual Placement and Support in Primary Care
Service Offer	Support for people with complex disabilities and health needs to access and sustain paid work in the open labour market. Supported Employment (SE) for people with a learning disability and/or autism ; Individual Placement and Support (IPS) for people with a severe mental illness .	Short and intensive intervention to support those at a significant distance from the labour market to approach their barriers to work. A specific offer to those aged over 50, that will unlock their potential and approach age specific barriers and the inequalities they experience.	Provides economically inactive individuals with health conditions and disabilities intensive employment support using a place and train model which provides help to quickly move people into an open labour market job and support them to sustain that work.	15-month individualised support programme for long-term unemployed people with health conditions or disabilities . Bringing together expertise and local knowledge to include integrated health, skills and employment support to help participants to find and sustain work.	Support for people with physical or mental health disabilities to retain work if they are off sick/struggling or to move into competitive employment if they are out-of-work.
Referrals	<ul style="list-style-type: none"> SE: Referrals through LA Adult Social Care Teams, Disability Employment Advisors at Jobcentre Plus or through SEND Education Providers IPS: Referrals through Secondary Mental Health Care Teams 	<ul style="list-style-type: none"> Self-referral routeway Signposting organisations (Local Authorities, health organisations etc.). Community Outreach (VCSE) 	Referrals through Jobcentre Plus and outreach: Take the first step with Working Well: Pioneer In Work Greater Manchester Ingeus (inworkgm.co.uk)	Referrals through Jobcentre Plus.	Individuals can self-refer to this programme: https://www.gcemployment.uk/wwipsc Health professionals can also complete the initial enquiry form on behalf of the participant.
Performance	CTD – Data from August 2020 to end of September 2023: 1,485 referrals 906 programme starts 279 job starts 202 job outcomes Please note referrals to this programme have now closed.	This programme will be going live in January 2024.	The programme went live September 2023 and will support over 1,900 residents.	CTD – Data from January 2018 to end of September 2023: 37,164 'unique' referrals 26,207 programme starts 11,257 job starts 6,971 job outcomes	The programme went live September 2023 and will support up to 1,500 residents.

Working Well System



- We want a prosperous, self-reliant Greater Manchester with high employment and a wealth of job and training opportunities. However, unemployment has been a problem in the region for three decades.
- In response, Working Well is family of services that have been commissioned to support people with poor health and complex needs, experiencing or at risk of long-term unemployment. 'Working Well' refers to the relationship of both employment and health and is grounded in the principle that **'good work is good for your health'**.
- It started in 2014 with a small long-term unemployed pilot to challenge the Department for Work and Pensions' Work Programme and create a case for devolution. It has since developed into a system of devolved and test and learn provision that spans a whole spectrum of need
- Working Well programmes have **supported over 75,000 Greater Manchester residents to date**, unpicking a wide range of barriers to work. Of these, over **26,000 people have found employment**, many of whom were not likely to move into work without specialist intervention.
- At the heart of Working Well are the following **key principles**: keyworker model, 1-2-1 personalised and sequenced support, and integration with the wider GM ecosystem.

Our Collaborative Journey (Examples of Joint Working)



Greater Manchester

Strategic Co-investment:

Since 2022, NHS GM has contributed £1million a year to the GM Working Well programmes that are co-ordinated by the GMCA. This is a strategic contribution to the full GM work programme to improve system outcomes including:

Page 45

- Reducing GM's longstanding challenges around people falling out of work and into long term unemployment due to ill health
- Increasing participation amongst under-represented groups on specific provision and targeting intelligence led commissioning of future programmes with greater understanding for GM resident needs

These outcomes align with the Greater Manchester Strategy and ICP Strategy vision to make GM "***a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.***"

Our Collaborative Journey (Examples of Joint Working)



Greater Manchester

Working Well: Talking Therapies Service

- Bespoke and collaborative Mental Health support service commissioned by GMCA and delivered by Greater Manchester MH NHS Trust offering Working Well clients that were out of work as a result of poor Mental Health with immediate access to mental health support alongside their employment provision. This was at a time where waiting times for MH access were significantly high (9 months+)
- The pilot ended in late 2018 having supported 15,272 people, furthered the evidence base for the interrelationship between work and health and led to better outcomes for residents across.

Working Well: Early Help

- Between 2019 and 2022, GMHSCP allocated £4.5million in funding towards a GM-wide pilot programme, as part of the wider Working Well programme led by GMCA, aimed at supporting people with poor health to remain in employment.
- This was a nationally unique pilot project that supported 3,433 people to either stay in or return to work, with 72% of participants showing improvements in anxiety, 72% showing improvements in depression and 70% showing improvements in their ability to manage their health condition or disability.
- The evaluation of the pilot also provided wide-ranging insights that influenced our future plans not least strongly influencing the current 'Work Well' initiative announced in 2023 spring budget

Our Collaborative Journey (Examples of Joint Working)



Greater Manchester

Working Well: Individual Placement and Support in Primary Care

- New £3.7m programme designed to support up to 1,500 residents (between September 2023 and March 2025) with physical or mental health disabilities to move into competitive employment if they are out-of-work or to retain their work if they are off sick / struggling due to their disability. This programme is phase one of Universal Support.
- The Individual Placement and Support (IPS) model that underpins the programme has traditionally focused on supporting people with a severe mental illness accessing treatment through Secondary Care Mental Health services. However, this programme will expand on the model by taking referrals from primary care, including a wider cohort of participants and introducing a job retention element.

Step Into Care Pilot for Individuals with Complex Needs

- Working with colleagues in the ICB and Shelter GROW programme to create a pilot to allow individuals with complex needs to access the devolved AEB funded Step into Care programme utilising support from Working Well programmes.

Our Collaborative Journey (Examples of Joint Working)



Greater Manchester

Working Well: Roots to Dental

- Identified that an increasing number of participants across Working Well programmes have issues with their teeth, are living in dental pain and struggling to access an NHS dentist which is impacting on their ability to move into work.
- Set up a bespoke referral pathway into the University Dental Hospital of Manchester to provide Working Well participants with access to free dental treatment. Initially running as a pilot for 100 participants and if successful it will be implemented as a permanent pathway across all Working Well programmes.

Page 48

A routeway into Special Care Community Dentistry is also available for those with more complex needs who cannot access treatment through a regular dentist.

Set up a Greater Manchester IPS Steering Group to:

- Contributing to the Greater Manchester vision of link-up between employment and health focusing on the Mental Health space. Ensuring Senior Level IPS Leadership to facilitate integration, change and the right conversations across Greater Manchester. Be accountable for the effective collaboration and partnership and oversight of the IPS services in Primary and Secondary Care.
- Ensure the IPS project and employment aligns to the strategic direction of the Trust, the Five Year Forward View for Mental Health, the NHS Long Term Plan and all statutory requirements.

Our Collaborative Journey (Examples of Joint Working)



Greater Manchester

Combined Authorities Inequalities Programme:

- NHS GM and GMCA are joint participants in a national learning programme (funded by the Health Foundation) aimed at optimising the role that CAs can play in tackling health inequalities.
- This enabled GM to pull in a small amount of investment for a joint role focussed on reducing economic activity driven by poor health amongst those aged 50 to 64.
- The project will analyse and generate evidence and data to understand the issues and explore and test system change activity across employment and health.
- The GM project is part of a wider learning network of CA areas, led by a core policy team at West Midlands CA, enabling cross generation of ideas and sharing of learning.
- The focus on 50+ is important because:
 - A greater proportion of GM 50-64 year-olds are economically inactive (30.8%) compared with the UK average (27.5%). Just under a fifth of those say they would like to work.
 - Geographically there is disparity in GM: ranging from 37.6% in Manchester to 21.5% in Stockport. There is also disparity in economic inactivity relating to other intersecting inequalities, for example ethnicity.
 - Of all people aged 50-64 in the North-West who are economically inactive, 39.1% are long term sick and 1.8% are temporarily sick
 - Longer working lives and the cost-of-living crisis has brought into focus the need to understand how we best support people in mid-life and older to have fulfilling and good quality employment, and ensure that the GM economy benefits from their skills and experience.

Working Well In Action: Jamie brews up career in coffee shop

Page 50

Twenty-year-old Jamie is full of beans about his new job. Struggling to find employment while studying towards a degree, he sought advice from the Ingeus Working Well (Work and Health Programme) and found a job as a barista for a national coffee shop chain, which is proving to be just his cup of tea (or, rather, coffee).

Jamie, from Rochdale, started applying for jobs while studying for his degree in E-Sports/Gaming at his local college, but in September this year he realised he wanted to leave his course and find employment. Lacking in confidence and having little success with his applications, Jamie was referred by his local Jobcentre Plus to Keyworker Daniel in the Ingeus Working Well (Work and Health Programme) team in Greater Manchester. The programme offers tailored support to individuals with disabilities and health conditions who are seeking employment. Commissioned by Greater Manchester Combined Authority, it soon provided Jamie with the support he needed.

Jamie says, **“I’d applied for loads of jobs, too many to count. Danny really helped me with my confidence, especially with interviews as that was what worried me the most. I’m so grateful for the help he gave me.”** Through the programme, Jamie attended various support workshops to help him overcome his barriers, including a CV session, interview techniques and support for confidence and motivation. Daniel recalls, **“During Jamie’s time on the programme, we helped build his confidence and motivation, offering various employability courses to help him become more job ready”.**

“Following a successful training period with his new employer, he was employed permanently on a part-time basis. Since then, he has been offered a full-time contract – his manager and colleagues are really happy with his work ethic and reliability.” Initially, Daniel helped Jamie to look for a role in the gaming industry – which is where Jamie’s passions lie. While he isn’t ruling out a future career in that field, Jamie is discovering the catering industry and enjoying his work within it.

“The programme has been great in terms of helping me overcome various barriers and find employment that is local to me,” he explains.

“I’m loving my job! I’ve made lots of new friends and my confidence is getting better. I don’t have a clear plan for my career but I feel a lot more confident to look for another job if I wanted to. In the meantime, I’m really happy to have been offered full time hours and I’m looking forward to doing that.”

Working Well in Action

Page 51

Dedicated Donna takes good care

“I’m prone to anxiety and depression, and the constant delays, pain, and money worries piled up,” says Donna, 49, from Hazel Grove. “After two major operations in 2022, I was eager to retrain and find work, but had absolutely no confidence or idea where to start.”

When a scan for troublesome shoulder pain revealed a crushed disk in Donna’s neck, the consequences became more than medical.

The far-reaching impacts saw her unemployed for two years, her mental health plummet, and her finances seriously strained.

Yet her determination and passion to help others prevailed and, with support from Ingeus, she’s taking her caring outlook to a whole new level, both professionally and personally:

Taking good care of people is all in a day’s work for Donna. She also willingly volunteers to do it away from work.



“I couldn’t have done any of this without Wendy, she was always there for me, checking in, looking at every option for me, and helping me tackle my self-doubt. I always had the goal to return to work, but often thought I might not make it. I’m in such a happier place now. It’s important not to give up, no matter what, and having Ingeus at my back certainly helped me push on.”

Claire's Story

GMCA
GREATER
MANCHESTER
COMBINED
AUTHORITY

WORKING
WELL
GOOD THINGS COME TO
THOSE WHO TAKE THE
TIME

Working Well: Specialist Employment Service

An Employment Specialist provides so much more than assistance applying for jobs – it requires varied and personalised support...

Claire's Employment Specialist, Lisa, supported Claire with finances including a Universal Credit overpayment and council tax exemption on the grounds of Severe Mental Illness. Lisa also supported Claire in getting organised and encouraging independence including updating her care plan, cooking healthy meals and taking more control of her planner.

As well as supporting Claire's journey into work, which involved job searching, applying and attending the interview with her, Lisa also provided in-work support which included helping Claire to clearly communicate reasonable adjustments with her employer.

Claire found work with a nice employer. They have told her she has a job for life! She also volunteers at Bury Hospice.

Since moving into work Claire has:

- Successfully moved from being in a supported home to living independently
- Her mental health medication has been successfully reduced without any detrimental impact
- She has lost weight due to eating healthier meals and increasing physical exercise on her walk to and from work

"Thanks to the programme I have found a way of speaking up and being more confident. I feel like I have got my life back"



Appendices – Develop Good Work

Page 53



A new approach to recruitment: a case study



Greater Manchester

NHS Greater Manchester and key partners across the system have delivered a number of recruitment events at locality level.

Events in Salford and Oldham collectively attracted more than 500 people, with 144 job offers made on the day, 26 individuals registered for pre-employment programmes, and 122 were offered a volunteering opportunity to build skills and experience. Candidates had the opportunity to explore a range of entry-level roles as Healthcare Support Workers, porters, care workers, as well as roles in primary care and the voluntary sector.

The events have proved hugely popular with candidates and organisations alike; the feedback from both groups was extremely positive.

Analysis of the events also revealed a potential cost saving of 74% (£615) per candidate, which equates to an overall saving of over £50,000 for one event alone. Time spent hiring was also significantly reduced.

This work was a finalist in the Working Smarter category in this year's Healthcare People Management Awards and was highly commended in the Workforce Initiative The Year category at the HSJ Awards.

The step by step implementation guide can be found [here](#), this will form part of the forthcoming Greater Manchester Recruitment and Retention Toolkit.

These events have provided a novel recruitment model that:

- Helps break down barriers to recruitment
- Puts greater emphasis on lived experience
- Enables filling vacancies at scale
- Reduces the time and costs to recruit.

Step into Care: a case study



Greater Manchester

Step into Care is a pre-employment programme, providing training, an enhanced DBS and a work placement to all candidates who demonstrate they have the right values and commitment to work in care.

What benefits were realised? This year we wanted to focus on continuing delivery and expanding our successful sector based work academy by focussing on employer engagement to increase the number of available placements (i.e., vacancies) across all 10 localities, increasing spread and scale of the programme. Further increasing capacity for Step into Care programme by engaging other training providers to support their learners. Focusing on extending recruitment channels in order to achieve a larger cohort of learners on each programme. Building upon links made with housing associations to support tenant referrals and increase job starts within social care across GM.

Our first successful candidate from our partnership with Manchester Adult Education Schools shared their experience of the programme: "I emigrated to England from Hong Kong since January 2022. I have worked in the kitchen for a fast food chain, but I contemplate and question what I would like to be in the next 2 or 3 years. Kitchen experience for sure is not going to help me much. But it was valuable to me to have some experience in the working market. I came across the name of Manchester Adult Education Schools from the Manchester City Council. Therefore, I wait for the start of Health & Social Care Extended Diploma at Greenheys campus. After completing about 50% of the course materials, the school introduced our class to the Step into Care programme. It was in February that I applied for the programme. I had an interview with Kay and Priya online about my interest, expectation and availability for a potential placement which could be a real opening for me. A few weeks later, Step into Care introduced me to a placement possibility at one of the residential care homes of Stockdales: Care Practitioner. It would be a position that has duties and responsibilities similar to a senior support worker after intensive training. The placement was 24 hours. It was a 3-day placement of shadowing with experienced workers at the care home. I was able to experience the real "person centred" care practice through observations. As I am new to the practice of care service, the placement is an eye-opening experience to me. I have been able to talk to the care workers of Stockdales at different levels. I have been able to closely observe the level of service provided at different positions and how a learning disability care home is. Therefore, the placement gave me a good idea on how and what the work environment and job nature is. I am more prepared to start my work once I have the opportunity. I would trust Step into Care Programme is really a person-centred plan rather than just a career agent that cares about my concerns and encourages me to step forward and give it a try. I am reassured if the placement does not work out well, I still can polish my skills and have other opportunities. As a new emigrant in England, this type of career support and encouragement is highly appreciated. I am pleased to work in social care because I can support others to live in respect and dignity, I also share the values of equality and inclusion in the position. The placement led to a job opportunity for me in April. I joined Stockdales and have been working there for a month. I am confident I could pass the 6-month probation and be a professional care practitioner to support the service users there."

Stats: Over 100 participants have been supported to find work with social care organisations through the Step into Care pre-employment programme (see case study). The programme has developed new relationships with The Princes Trust and Manchester Adult Education, increasing the ability to reach a diverse cohort of candidates (see case study).

Impact: The GM-wide Step Into Care Programme would not have happened without Workforce Development investment. Since its inception the programme has supported over 100 people into social care roles, and this has made a huge difference by i) supporting individuals into work, ii) increasing recruitment into this understaffed sector, and iii) improving retention by ensuring those coming through the programmes are job and sector ready.

Appendices – Increase the contribution of the NHS to the economy

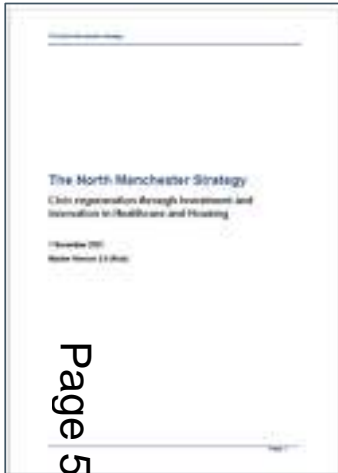
Page 56



North Manchester Strategy: Social Benefit Framework



Greater Manchester



Key objectives, activities and outcomes

The Manchester Directors of Strategy agreed to undertake a local stocktake of anchor activity in health and care across the five Health Foundation domains to help shape local action and collaboration

- The social benefit framework acts like an anchor strategy for North Manchester directing:
 - Priority action: education, employment and skills; health and wellbeing; community resilience; digital; zero carbon 2038
 - Priority cohorts: children and young people; people from a black, Asian or minority ethnic background; the over 50s
 - Priority geographies: reaching out from NMGH site in to surrounding neighbourhoods, wards and boroughs
- Convenes partners to drive civic regeneration through investment and innovation in healthcare and housing, encompassing:
 - Victoria North housing development (15,000 homes over 15-20 years) – led by Manchester City Council
 - Reprovision of Park House mental health facility – led by GMMH
 - Redevelopment of North Manchester General Hospital (NMGH) site – led by MFT
- Collective investment value c.£4.5bn over 20 years
- Underpinned by Social Benefit Framework,



What has enabled this work?

- Political and Chief Executive leadership at system level
- Placemaking and strategic alignment of the major projects with city priorities
- Established priority in Manchester Locality Plan and a Marmot exemplar in the city
- Framework and charter to direct action and coordinate effort. Adopted by statutory partners, lead contractors, local business network
- Strategic timeline for delivery and a focus on early wins - £8m+ social value released (year 1)
- Measurement via TOMs, impact measures and case studies
- Resources: social value managers on projects, social value group (lead partners and contractors), contractor workshops and guidance
- Clear place-based system governance arrangements

Key objectives, activities and outcomes

- Targeting 60% of workforce to be from Northern Care Alliance localities by 2025, specifically targeting pre-employment work at underemployed areas.
- Expanding pre-employment programme from 391 to 1000 per year by 2025 (total workforce size = 20,000).
- Established a NCA College alliance supporting 58 T-level health students, expanding to 90.
- Target to increase local procurement (influenceable) spend by 10% from a baseline of £8.4m – already achieved £11.6m, but not all this spend is recurrent.
- Developing a social value framework tool to support work in each NCA locality .
- Outreach into two communities within each NCA locality e.g. working with schools in those areas to develop employment pathways.

What has enabled this work?

- Developed with AQUA a social value framework tool to support work in each NCA locality.
- ‘The framework has 5 key areas and 6 enablers for anchor development and has been designed for NHS organisations who want to make social value creation part of the way the organisation operates, core to its strategy, business planning, policies, procedures and practices’
- reflected in a joint NCA / AQUA poster presented to the international integrated care conference in May 2021: -

MFT- Widening Participation Team

The MFT Widening Participation Team aims to increase and diversify our workforce through targeted engagement with our local communities.

Why?

- To tackle health inequalities and support the health and wellbeing of our local population through addressing the social determinants of health (unemployment, low income etc.), by supporting local people into good jobs, in line with the "Building Back Fairer" Marmot report
- To create a more diverse and representative workforce reflecting the community we serve, ultimately improving patient care (MFT Diversity Matters Strategy)
- Because as one of the largest employers in Manchester local authority we have a civic duty as an anchor organisation to support our local communities

To develop a 'grown our own' model to address short and long term recruitment challenges and to support the aims of the MFT and NHS People Plans

To achieve a high return on investment as a number of our programmes enable savings on recruitment and offer improved retention, improving our staff body and ultimately, patient care

How?



Grow our own

2021-22 Highlights

The vast majority of Widening Participation activity was paused during 2020-21 as a result of the COVID-19 pandemic and the team were redeployed to support across the organisation. Therefore 2021-22 has been very much focussed on recovery from the pandemic and restarting activity, and we are proud of what we have achieved.



GM Providers Procurement – Local Spend

	Bolton NHS Foundation Trust	Greater Manchester Mental Health NHS Foundation Trust	Manchester University NHS Foundation Trust	Northern Care Alliance NHS Foundation Trust	Pennine Care NHS Foundation Trust
Total Invoice Spend	£61.89m	£23.8m	£615.99m	£784.23m	£51.43m
Spend in GM (£)	£13.75m	£7.82m	£108.11m	£152.69m	£8.42m
Spend in GM (%)	22.21%	32.87%	17.55%	19.47%	16.38%

	Stockport NHS Foundation Trust	Tameside and Glossop Integrated Care NHS Foundation Trust	The Christie NHS Foundation Trust	Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	Greater Manchester Providers
Total Invoice Spend	£32.87m	£40.58m	£91.52m	£104.96m	£1.81bn
Spend in GM (£)	£2.09m	£2.44m	£8.84m	£14.66m	£318.82m
Spend in GM (%)	6.36%	6.03%	9.66%	13.97%	17.61%

Page 60

Data used: SCS AP analysis influenceable spend for 2021/22

Methodology: Spend in GM includes where supplier address in local system uses a Greater Manchester postcode from all AP spend, applied as a percentage against influenceable spend.