

NHS GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD

DATE: Friday, 31st May, 2024

TIME: 1.00 pm

VENUE: Conference Rooms 1 & 2 - (Greater Manchester Pension Fund building), Guardsman Tony Downes House, 5 Manchester Road, Droylsden, M43 6SF

AGENDA

1. **Welcome and apologies**
2. **Chair's Announcements and Urgent Business**
3. **Declarations of Interest** 1 - 4
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.
4. **Minutes of the meeting of the Integrated Care Partnership Board held on 22 March 2024** 5 - 10
To consider the approval of the minutes of the meeting held on 22 March 2024.

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.

5. Appointment of a new Voluntary, Community and Social Enterprise (VCSE) sector rep to the ICPB

To receive a verbal update.

6. NHS GM Integrated Care Partnership Strategy Update - 11 - 56 Supporting our Workforce and Carers

To receive a report of Janet Wilkinson, Chief People Officer, NHS Greater Manchester Integrated Care and Stephanie Butterworth, Chair of GM ADASS and Director of Adult Services, Tameside Council

7. Date and time of next meeting

The next meeting will be held at 1:00pm on Friday 26 July 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: Edward Flanagan, Senior Governance & Scrutiny Officer
✉ edward.flanagan@greatermanchester-ca.gov.uk

This agenda was issued on Thursday, 23 May 2024
on behalf of Julie Connor, Secretary to the Greater Manchester Combined Authority,
Churchgate House, 56 Oxford Street, Manchester M1 6EU

Declaration of Councillors' Interests in Items Appearing on the Agenda

Name and Date of Committee.....>

Agenda Item Number	Type of Interest - PERSONAL AND NON PREJUDICIAL Reason for declaration of interest	NON PREJUDICIAL Reason for declaration of interest Type of Interest – PREJUDICIAL Reason for declaration of interest	Type of Interest – DISCLOSABLE PECUNIARY INTEREST Reason for declaration of interest

Please see overleaf for a quick guide to declaring interests at GMCA meetings.

Quick Guide to Declaring Interests at GMCA Meetings

Please Note: should you have a personal interest that is prejudicial in an item on the agenda, you should leave the meeting for the duration of the discussion and the voting thereon.

This is a summary of the rules around declaring interests at meetings. It does not replace the Member's Code of Conduct, the full description can be found in the GMCA's constitution Part 7A.

Your personal interests must be registered on the GMCA's Annual Register within 28 days of your appointment onto a GMCA committee and any changes to these interests must notified within 28 days. Personal interests that should be on the register include:

1. Bodies to which you have been appointed by the GMCA
2. Your membership of bodies exercising functions of a public nature, including charities, societies, political parties or trade unions.

You are also legally bound to disclose the following information called Disclosable Personal Interests which includes:

1. You, and your partner's business interests (eg employment, trade, profession, contracts, or any company with which you are associated).
2. You and your partner's wider financial interests (eg trust funds, investments, and assets including land and property).
3. Any sponsorship you receive.

Failure to disclose this information is a criminal offence

Step One: Establish whether you have an interest in the business of the agenda

1. If the answer to that question is 'No' then that is the end of the matter.
2. If the answer is 'Yes' or Very Likely' then you must go on to consider if that personal interest can be construed as being a prejudicial interest.

Step Two: Determining if your interest is prejudicial

A personal interest becomes a prejudicial interest:

1. where the wellbeing, or financial position of you, your partner, members of your family, or people with whom you have a close association (people who are more than just an acquaintance) are likely to be affected by the business of the meeting more than it would affect most people in the area.
2. the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice your judgement of the public interest.

For a non-prejudicial interest, you must:

1. Notify the governance officer for the meeting as soon as you realise you have an interest.
2. Inform the meeting that you have a personal interest and the nature of the interest.
3. Fill in the declarations of interest form.

To note:

1. You may remain in the room and speak and vote on the matter

2. If your interest relates to a body to which the GMCA has appointed you to, you only have to inform the meeting of that interest if you speak on the matter.

For prejudicial interests, you must:

1. Notify the governance officer for the meeting as soon as you realise you have a prejudicial interest (before or during the meeting).
2. Inform the meeting that you have a prejudicial interest and the nature of the interest.
3. Fill in the declarations of interest form.
4. Leave the meeting while that item of business is discussed.
5. Make sure the interest is recorded on your annual register of interests form if it relates to you or your partner's business or financial affairs. If it is not on the Register update it within 28 days of the interest becoming apparent.

You must not:

Participate in any discussion of the business at the meeting, or if you become aware of your disclosable pecuniary interest during the meeting participate further in any discussion of the business,
participate in any vote or further vote taken on the matter at the meeting.

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**MINUTES OF THE MEETING OF THE
NHS GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP BOARD
HELD ON FRIDAY 22 MARCH 2024 AT CIVIC CENTRE, OLDHAM**

PRESENT

City Mayor Paul Dennett	NHS GM Integrated Care (Chair)
Sir Richard Leese	NHS GM Integrated Care
Councillor Sean Fielding	Bolton Council
Councillor Eamonn O'Brien	Bury Council
Councillor Barbara Brownridge	Oldham Council
Councillor Keith Holloway	Stockport Council
Councillor Eleanor Wills	Tameside Council
Councillor Jane Slater	Trafford Council
Warren Heppolette	NHS GM Integrated Care
Luvjit Kandula	NHS GM Integrated Care
Mark Fisher	NHS GM Integrated Care
Claire Norman	NHS GM Integrated Care
Rob Bellingham	NHS GM Integrated Care
Mandy Philbin	NHS GM Integrated Care
Eamonn Boylan	GMCA
Ed Flanagan	GMCA
Steve Wilson	GMCA
Stephanie Butterworth	Tameside Council
Tracey Vell	PCB + Health Innovation Manchester
Noel Sharpe	Bolton at Home
Alison Page	Salford CVS
Councillor Tamoor Tariq	Healthwatch
Rowena Burns	Health Innovation Manchester
Janet Castrogiovanni	GM Primary Care Provider Board

Tom Hinchcliffe	NHS GM (Manchester locality)
Alison McKenzie-Folan	Wigan Council
Caroline Simpson	Stockport Council
Claudette Elliott	Pennine Care NHS Foundation Trust
Heather Fairfield	Healthwatch
Rebecca Fletcher	Oldham DPH
Janet Croft	

ICPB/01/24 WELCOME AND APOLOGIES

RESOLVED /-

That apologies be received and noted from Evelyn Asante-Mensah, James Bull, Councillor John Merry, Joanne Roney and Debbie Watson

ICPB/02/24 CHAIR'S ANNOUNCEMENTS AND URGENT BUSINESS

The Chair welcomed Councillor Sean Fielding from Bolton Council who had replaced Cllr Linda Thomas on the ICPB

ICPB/03/24 DECLARATIONS OF INTEREST

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

ICPB/04/24 MINUTES OF THE PREVIOUS MEETING HELD ON 15 DECEMBER 2023

RESOLVED /-

That the minutes of the meeting held on 15 December 2023 be approved as a correct record.

ICPB/05/24 IMPLEMENTING THE INTEGRATED CARE STRATEGY – MISSION ON RECOVERY OF CORE NHS AND CARE SERVICES

The Board received an update on one of the six missions within the GM Integrated Care Partnership Strategy – Recovery of Core NHS and Care Services. The update on this mission was presented in the form of the draft 2024/25 Operational Plan for the ICS. The

plan outlined how all partners would work together to improve the health of the city region's population as outlined in the ICP Strategy.

In addition, the plan set out the actions necessary to address the challenges facing the health and social care system in Greater Manchester which included: -

- a growing population health deficit
- a performance and quality deficit
- an underlying financial deficit

In addition to the Operational Plan for 2024/25, proposals included the development of a Sustainability Plan that would chart the path to addressing all parts of the deficit, including returning the system to financial balance, over a three-year period.

In the discussion that ensued the following points were raised: -

- All public services faced the pressures of increasing demand for services and a reducing budget. Bringing down costs and the deficit would limit investment potential in the short term but would enable increases in future investment potential.
- Seen across the NHS and in GM, the NHS workforce had increased at the same time as productivity had reduced. This was cited largely as a result of the Covid pandemic.
- The importance of ensuring all partners were involved in providing solutions to the challenges outlined was stressed. It was also noted that Primary Care Providers were not in a budget deficit but were being weakened by reducing budgets, which reduced the capacity to deal effectively with the problems outlined.
- It was noted that pursuing a preventative care model would see increased investment into primary care services.

- Representatives of Health Innovation Manchester offered to present at a future meeting on their work.
- Current commissioning pathways were highlighted as damaging to the VCSE sector with small spending cuts having a disproportionately large impact on small organisations. It was reported that contracts were awarded very late and for only short periods of time. Many contracts were due to expire at the end of March 2024 and no contracts went beyond March 2025. This practice was described as destabilising the VCSE sector. It was noted that improvements should be made to the commissioning and contracting of services, giving greater emphasis on social value, prioritising spend in GM and supporting the valued GM VCSE sector.
- It was noted that there was a willingness in GM to train more GP's and other NHS professionals locally but these numbers were capped at a national level. The result being staff shortages and high proportions of staff hired from overseas, the national figure for nurses being 90%.
- It was reported that the primary care sector was shrinking at an alarming rate, with pharmacies in GM reducing from 674 to towards 500. Improving engagement with the primary care sector at an early stage when developing proposals along with better support was proposed.

RESOLVED /-

That the update on the Mission on Recovery of Core NHS and Care Services be noted.

ICPB/06/24 THE DEVELOPMENT OF THE GREATER MANCHESTER JOINT FORWARD PLAN FOR CHILDREN AND YOUNG PEOPLE

The Board received a report on the partnership approach being taken in relation to the development of a Joint Forward Delivery Plan for Children & Young People (CYP) within the Strategic Financial Framework for CYP across Greater Manchester in order to:-

- have a single set of system strategic priorities for CYP
- enable strategic business planning moving forward
- inform planning & commissioning through a joined up approach as defined in place driven by user experience and feedback
- enable a re-purpose of resources
- develop and implement new delivery models to improve service performance and optimise models of care e.g. Balanced System for SEND
- achieve an understanding of cost v impact on outcomes

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

- The Directors of Childrens Services in Local Authorities had been engaged throughout the process shaping the agenda and enabling a focus on delivering the best possible services for children and young people using the collective resources of GM.
- The framework was resourced at a Greater Manchester level and delivered at a locality level.
- It was noted that this was a journey and there was scope for further improvements, with long waiting times for an assessment for neurodiverse conditions given as an example.
- Commitment of all partners was needed to ensure success in this area.

RESOLVED /-

That the ambition for our Children & Young People across Greater Manchester through the development of a whole system Integrated Care Partnership approach to the delivery of the 'Giving every child and young person the best start in life' part of the Joint Forward Plan in line with the Strategic Financial Framework be endorsed.

ICPB/07/24 PEOPLE AND COMMUNITIES PARTICIPATION STRATEGY

The Board received a report on the People and Communities Participation Strategy which set out a new vision and ways of working with local residents and communities across the partnership. This brought together and built on the strong existing partnership work that already took place with localities.

It was reported that proactive engagement was taking place across communities by joining existing groups and where necessary setting up new groups. This was seen as true engagement rather than consultation.

RESOLVED /-

That the content of the report be noted.

ICPB/08/24 DATE AND TIME OF NEXT MEETING

The next meeting would be held at 1:00pm on Friday 31 May 2024.

NHS Greater Manchester Integrated Care Partnership Board

Date: 31 May 2024

Subject: Mission Five: Supporting our Workforce and Carers.

Report of: Janet Wilkinson, Chief People Officer, NHS GM and Steph Butterworth, Chair of GM ADASS and Director of Adult Services, Tameside Council

PURPOSE OF REPORT:

The purpose of this report is to provide a comprehensive overview of the work taking place across Greater Manchester, at Integrated Care Board, sector and locality level to deliver the fifth mission of the ICP Strategy: Supporting Our Workforce and Carers.

It demonstrates the ambition and priorities, as well as the governance framework, progress to date and key challenges and risks.

The report has been prepared by NHS Greater Manchester but brings together information and case studies from a variety of programmes – including the Adult Social Care programme, Primary Care, and the ten GM localities.

RECOMMENDATIONS:

The NHS GM Integrated Care Partnership Board are requested to:

- Note the scale of work being undertaken to deliver on the workforce mission and progress to date.

- Recognise the ongoing challenges, a number of which are outside GM's control.
- Consider areas where members of this Board can champion the work taking place and support spread and roll out.

Contact officer(s)

Name: Anna Cooper-Shepherd

E-Mail: anna.cooper-shepherd1@nhs.net

**Mission Five:
Supporting our Workforce and Carers.**

Janet Wilkinson

Chief People Officer, NHS Greater Manchester Integrated Care

Stephanie Butterworth

Chair of GM ADASS and Director of Adult Services, Tameside Council

**Greater
Manchester
Integrated Care
Partnership**



Background and context

Supporting our Workforce and Carers

Overview from the ICP Strategy:

“We will promote integration, better partnership working and good employment practices, as well as supporting our workforce to be well and addressing inequalities in the workplace. We want more people choosing health and care as a career and feeling supported to develop and stay in the sector. We will consistently identify and support Greater Manchester’s unwaged carers.”



Our strategy



Greater Manchester
Integrated Care
Partnership

 **Greater Manchester
People and Culture Strategy
2022-2025**

Setting out a shared ambition for
the health and care workforce



This is a strategy for every member of our health and care workforce and a 'One Workforce' approach is a key theme throughout this strategy.

www.gmintegratedcare.org.uk/workforce

Our ambition



Building on our people journey over the last six years we will continue to support the development of a resilient and sustainable workforce in health and care. We want our people to work together as **one workforce**. We want them to feel **valued** and **supported**, to **feel safe** and that their **wellbeing matters**, as well as enjoying a sense of **empowerment over their professional and personal growth**.

“We want our workforce to be **representative of the communities we serve**, at all levels and we want our people to be supported by **compassionate leaders** to work **flexibly** and to reach their potential.

“We want Greater Manchester to be the best place to work in health and care and as a system we want to work with our partners to act as exemplars of truly ‘**good employment**’. We want our people to be their best, to meet the future needs of our integrated care system and to continue to provide our population with the best possible care. ”



Scope

The People and Culture Strategy and supporting governance is responsible for supporting Greater Manchester to address workforce challenges through a number of lenses:

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The NHS People Plan

Health and social care
integration

The Adult Social Care
White Paper

The NHS Long Term Plan

The GM ICP Strategy

The GM Strategy



Our people picture in Greater Manchester

Our workforce in numbers



NHS

88,995



Adult social care

63,000



Primary Care

22,000



Paid employees in
VCSE sector

75,610



Total of

249,605

Plus

496,609 Volunteers

280,000 Unwaged carers

* Figures taken from People and Culture Strategy, March 2023

Key workforce challenges

Page 20

Recruitment
and
retention

Health and
wellbeing

Lack of
diversity

Lack of
parity across
the system

Culture
change

Financial
challenges

Cost of living
crisis



Our priorities



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Workforce integration

We continue to improve the way we work together across health and care to achieve our shared goals.



Good employment

We look after our people and use our influence to improve employment standards for others, as part of our commitment to addressing broader health inequalities.



Workforce wellbeing

We provide the support and space for our people to maintain good health and wellbeing and make sure help is on hand when it's needed.



Addressing inequalities

We are committed to having a workforce that represents the communities we serve at every level and where our people are treated fairly and with respect.



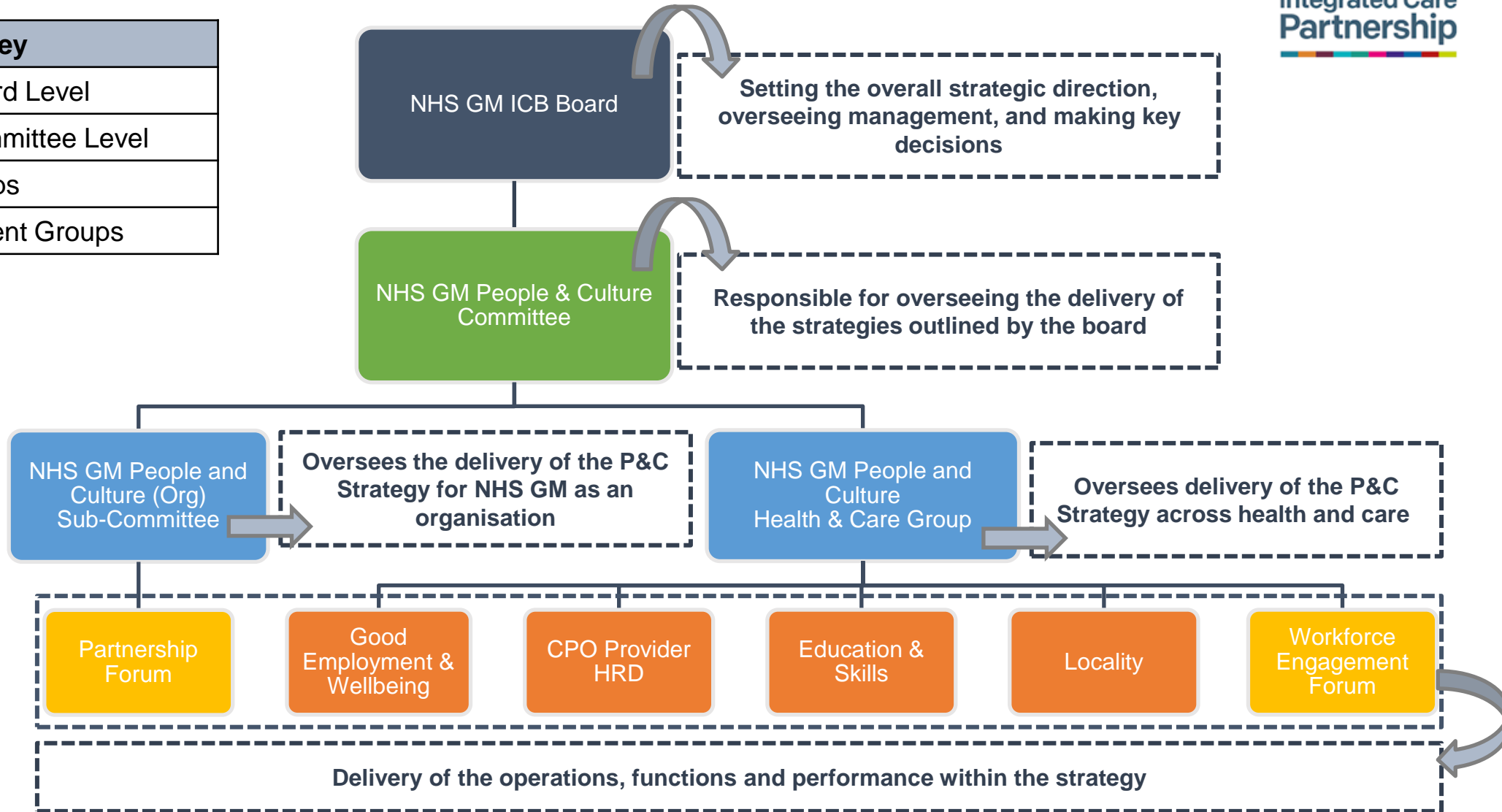
Growing and developing our workforce

We support our people to develop and are always finding new ways to plan, grow and retain our workforce for the future together.



Our Governance

Key	
	Sub - Board Level
	Sub - Committee Level
	Sub-Groups
	Engagement Groups



Strategic Risks

Workforce Integration

RISK: There is a risk that we do not have the resource or capacity to adequately support the integration of our health and care workforce.

CAUSE: Increased requirements for the ICB to focus resources and capacity on statutory duties and leading NHS provider and locality oversight

Good Employment

RISK: There is a risk of being unable to attract and retain our workforce

CAUSE: The lack of a consistent approach to maintaining good employment and the inability to pay the Real Living Wage in certain sectors are contributing factors. This inconsistency may stem from budget constraints, varying organisational priorities or inadequate funding allocations, leading to disparities in employment standards across the sector.

Workforce Wellbeing

RISK: There is a significant risk that high levels of sickness absence will reduce workforce productivity across health and social care.

CAUSE: Factors such as illness, injury or burnout due to work-related stress may contribute to high levels of sickness absence. The lack of promoting employee wellbeing, providing adequate support and resources may also be another factor.

Addressing Inequalities

RISK: There is a risk that financial challenges could impact on the resource allocated to ICB and organisation level activity to improve the experience of members of our workforce with protected characteristics.

CAUSE: Limited budget, varying priorities or lack of prioritisation may lead to insufficient funds, time and attention allocation to diversity, equity and inclusion initiatives.

Growing and developing our workforce

RISK: There is a risk that the increasing headcount restrictions across the system could prevent recruitment to key shortage areas .

CAUSE: Financial Improvement Programme restricting recruitment/increase in headcount due to increase during the pandemic.

Our strategy in action



GM People and Culture System Delivery Plan – Summary

Overview

- 50 deliverables were identified as part of the People & Culture System Delivery Plan for 2023-24. These included activity being delivered by various teams at NHS GM, as well as projects funded by the Workforce Development investment and the work of NHS Providers too.
- These deliverables were reviewed at six and 12 months in a report that was presented through the People and Culture Governance.
- The dashboard below highlights progress against delivery for the deliverables in each of the five priority areas of the strategy at the end of the first 12 months.

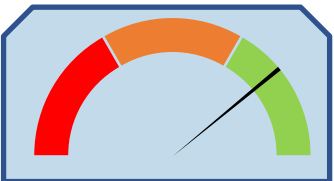
Highlights

- Disability Framework, self-assessment tool, and reasonable adjustment pilot delivered, supporting key recommendations for Health and Social Care.
- Cancer care coordinators – award winning, now being rolled out wider and creating positive patient impact
- Recruitment and retention toolkit finalised and launched March 2024

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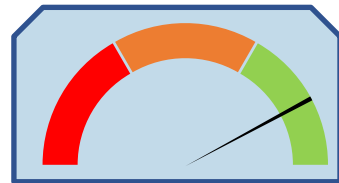
Priority Areas – Progress To Delivery Indicators

Workforce Integration



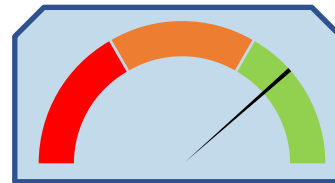
- GM Recruitment and Retention Toolkit completed
- Organisation Values and Behaviour Framework co-designed
- GPN Fellow programme established
- Cross Organisation Mutual mentoring scheme established

Good Employment



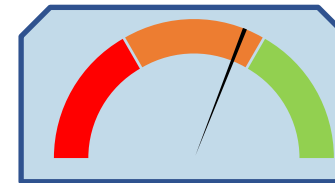
- Targeted engagement & roll out of the GEC to wider primary care providers
- GM ICP wide Credit Union offer established and launched across ICP system
- Updated resources on GM Access, pastoral support and on-boarding for MSWs and IR Nurses and improved sickness absence resources across Provider Trusts

Workforce Wellbeing



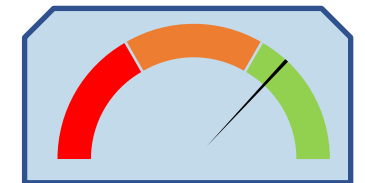
- Provision of wellbeing sessions/resources for the VCSE sector
- Scaling People Services Outline Business Case Completed
- ASC providers via the good employment charter, featuring what good looks like in terms of recruitment & retention. Set of criteria that guides employers how to support staff.

Addressing Inequalities



- Delivery of the multiple disadvantage framework in collaboration with GMCA
- Pilot programme to focus upon people, communities and leaders who experience racial inequality
- Stepping Up programme -Pilot to focus on people, communities and leaders who experience racial inequality, who want to develop and progress their career beyond bands 5 and 6 leadership

Growing and developing



- Social Care Academy website due to be launched in April 2024
- Social Care Learning Environment Group have launched the SC Guide
- Cancer education being built into curriculum at under- and post-graduate level
- 2 practice educator roles in place supporting ACCEND/TPEP
- VCSE leadership development programme launched

Overview of key activity/areas of progress



Workforce Integration

It is our priority to improve the way we work together and support our workforce to have a wider understanding of how our system operates. A system that is truly integrated will result in less hospital admissions, better discharges and ultimately keep more people well at home. Workforce integration is a vital component for this and our work in this area starts with creating a more integrated culture and ways of working, and includes better opportunities to work across the system, more consistent inductions, development opportunities and shared networks.

The ICB has a key role to play in integration – particularly in relation to collaboration and culture change.

On Tuesday 12 March NHS GM hosted the **Greater Manchester Workforce Summit 2024** at The People's History Museum. Over 120 health and care leaders responsible for supporting the delivery of the GM People and Culture Strategy came together for this year's theme: Unlocking Our Potential.

The event included a keynote speech, panel discussion and workshops. It was fully funded by our 12 exhibitors who provided stalls in the exhibition space.

Feedback from delegates has been really positive, with lots of colleagues leaving with new ideas and actions such as reviewing recruitment approaches and barriers to attracting diverse talent and exploring Good Employment Charter Membership



CASE STUDY: System Leadership

Background

A key recommendation from the ICB's Governance and Leadership review in 2023 was the development of a system leadership approach for GM - to promote a behavioural shift towards a system-first mindset, fostering a culture of collaboration, allowing leads to meet regularly to review progress and embed new ways of working.

Progress to date

- In August 2023; an implementation plan was agreed and included:
- Utilising the six ways of working within the GM ICP Strategy as the starting point for defining the system leadership culture we want to see in Greater Manchester
- Working closely with system boards, committees and key groups to support them to better understand why they are in existence, what they are responsible/accountable for, how they are acting within a system leadership framework and therefore what capability and capacity they need to carry this out.
- Exploring cultural diagnostic tools to provide baseline data on system partners' perspectives on the culture of collaboration and partnership existing across the system currently.

Next steps

Work over the last six months has highlighted **the complexity of our ICB's operating model and the challenge in meeting our statutory functions and supporting a place-based approach to supporting stronger communities**. The next focus will be on 'the why, what and how, both the mechanics/process system AND the human system and dynamics, the importance of embedding the agreed ICP strategy ways of working as a behavioural standard and the alignment of system leadership development work with "live" system activity.

It has been a mistake to separate design and development in the past. The plan for the next year, which includes four leadership sessions, aims to work on both together in **a way which enables us to design systems and processes in line with our aims and what we want to see culturally and develop people and groups to work effectively into those systems.**

CASE STUDY: GM Blended Roles

Background

The GM Blended Roles programme originated through a trailblazer pilot undertaken within the Tameside locality, as a collaboration between the local authority, independent social care providers, and the District Nurse Team. It focused on how to create improved career pathways for the workforce and better support for individuals, through the development of integrated health and social care roles. This was in a context where there were well documented issues with recruitment and retention across home care, challenges with caseloads for home care and district nursing teams, and service users and families were reporting a disjointed experience of care and support and lack of person-centred conversations.

Progress to date

Through closer working between teams, development of joint protocols, and upskilling of the home care workforce, the Tameside initial rollout saw considerable success in terms of individuals' care and support, home care worker and district nurse experience, and repurposing of District Nurse time to concentrate on more complex nursing activity. The programme has now been expanded to incorporate wound care and insulin administration, and using the Tameside model, this is gradually rolling out more widely across GM, with over 400 home care workers trained this year in the Oldham locality. Care providers report: Better care for individuals, Improved relations between carers and residents, Easier to manage diabetes patients with cognitive issues, Improved development opportunities for staff and Fewer delayed /missed insulin doses

Next steps

- Some individual localities, including Tameside, have invested in the additional capacity to sustain a blended roles model for the locality, and a one-year pilot programme has begun in Oldham focusing on blended AHP roles. The ambition for Greater Manchester is that by the end of 2025-6:
- All GM localities have (with their NHS Trust partners) agreed a protocol for delegation of healthcare tasks to independent ASC providers that supports the roll out of a Blended Roles programme
- 80% of localities have fully rolled out a Blended Roles programme and established a sustainability programme for basic / refresher training and ongoing competency assessment
- Each locality will have articulated a role description for an integrated, community-based health and social care job role, with underpinning training and competencies, that will be instrumental in promoting career progression opportunities and pathways across health and social care careers, with a positive impact on recruitment and retention



Good Employment

There is currently significant disparity in experience of good employment across our workforce. While we recognise that there are some areas that are outside our control as an Integrated Care Partnership, we not only want to improve the employment of those directly employed by the NHS and local authority organisations but use our influence to drive improvements in primary care, social care and the voluntary sector. Our primary focus in year one has been on increasing engagement and membership with the Good Employment Charter – which has seen membership grow from zero to 17, along with 123 supporters (see case study).

Real Living Wage (RLW): The establishment of the GMCA RLW Health and Care Steering group will provide an opportunity to escalate the scale of the sector wide challenge to meet the Good Employment Charter membership criteria as well as RLW, and also highlight specific barriers health and care partners experience. It will also equip our Mayor to have conversations nationally, to lobby policy makers and influence decision making. Discussions are also underway with NHS Trust HRDs/Deputy HRDs and GM Procurement colleagues, to scope facilities management contracts across GM Trusts, to understand which are RLW employers, conduct cost analysis of uplifting contracts to RLW and review good practice contracting models with providers such as Sodexo who are engaged.

CASE STUDY: Good Employment Charter

Background

From April 23- Mar 24 NHS Greater Manchester allocated Workforce Development funding to fund a programme manager to improve engagement with the Greater Manchester Good Employment Charter amongst health and care employers, particularly within social care.

Progress to date

Our first health and care organisation, a GP practice in Wigan, became a Good Employment Charter Member in March 2023.

As of April 2024, we now have 17 members and 123 supporters from within health and care, including our first NHS Trust, the Northern Care Alliance, which received its membership in March 2024. NHS GM is also on track to achieve membership status in June.

Further resources and support networks have been established to share good practice and lessons learned from existing members, including the [GM Good Employment Charter Implementation Toolkit for Health and Care](#) which brings together a wealth of information and guidance to assist employers with adoption of the Charter to drive up employment standards and address the challenges that are leading to high staff turnover rates, difficulties with filling key vacancies and workforce morale.

Next steps

Continue to influence health and social care system partners, particularly around the Real Living Wage campaign, and foster good relationships to enable engagement across the wider supply chain.

Leverage system champions across primary care, social care, secondary care, and community providers to socialise the good employment movement and increase registrations of support to the GM Charter.

Promote, support, and contribute to GM Charter activity and events and publicise across a diversity of health and social care communications platforms.

Bolton GP Federation's journey to full member status

PRIORITIES 2024/25

Culture, vision and values.

Workforce planning using the new ICP principles, based on a 'skills first' approach.

Role diversity to optimise patient outcomes.

Practice Manager development in line with modern general practice thinking.

BACKGROUND

A diverse workforce of 250+ clinical and non-clinical roles.

Breadth of expertise - various roles such as GPs, ANPs, Pharmacists, GPNs, Paramedics, Pharmacy Technicians, Social Prescribing Link Workers, and Physicians Associates.

Lead employer for Greater Manchester Training hub providing over 11,000 training days per year.

PROGRESS

Feb 2024 – the Federation became the 1st of its kind to be awarded member status of the GM Good Employment Charter, having been judged to excel in all seven characteristics of Good Employment (secure work, pay, recruitment, health and wellbeing, flexible working, engagement and voice, people management).

The award places Bolton GP Federation amongst employers across multiple sectors, leading the good employment movement in Greater Manchester.

HOW

Oct 2023 – supporter application accepted.

Project of work to provide evidence of the 7 characteristics of Good Employment:

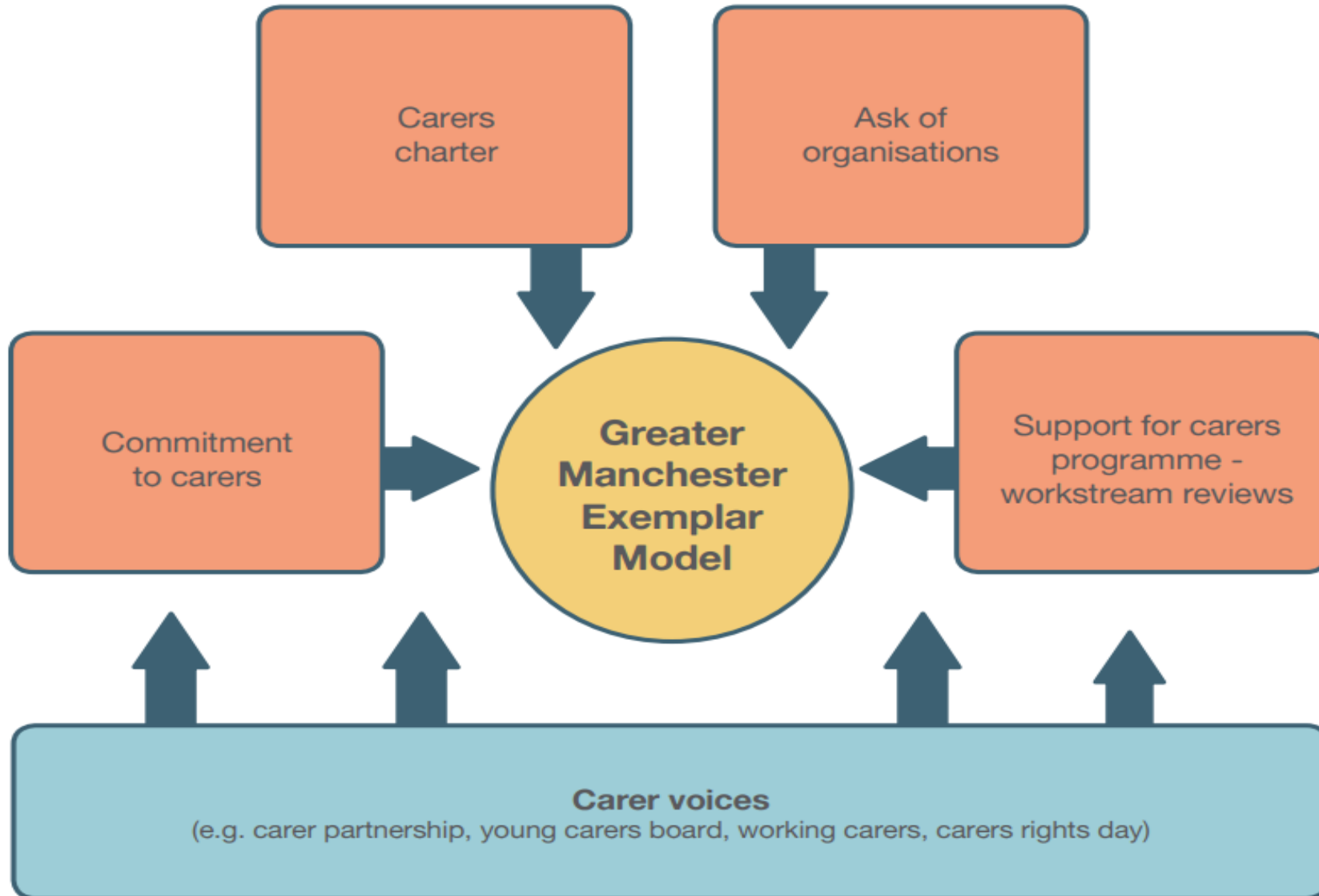
5 stage assessment process:

- Expression of interest
- Member readiness questionnaire
- Membership readiness questionnaire
- Technical panel assessment
- Recommendation to Good Employment Charter Board

MEMBER



Support for Carers



Through our living well at home transformation programme, we support embedding the Greater Manchester Carers Charter and Exemplar Model consistently across localities, with a focus on co-producing solutions to supporting carers who experience health inequalities and social injustices.

All local services and organisations, including adult services, third sector carers' centres, breaks schemes and other carer-specific services, have a vital role to play in supporting carers. **Through better identification by the whole system, we can ensure that carers get the right help at the right time and stop them going into crisis.**

Action to support carers

While carers would not identify themselves as members of our workforce, it is important to recognise the valuable role they play in supporting our health and care system.

- **Our commitment to Carers in GM** is to support the implementation of an integrated approach to the identification, assessment and meeting of carers' health and wellbeing needs.
- **Carers Charter** sets out that we believe all carers have a right to be respected, valued and supported, equally in their caring role, as experts for their cared for and as individuals in their own right – it documents how we aim to collectively improve how carers are supported in their invaluable roles.
- **Carers Exemplar Model** sets out how, through building on good practice, locally and nationally, and by listening to the needs of carers, we can create a coherent service offer for carers. This model aims to enhance the standard of carer services and reduce variation in service delivery across localities, whilst supporting localities to effectively assess what is needed.



Identifying unwaged carers

Successes In 2023

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Influenced NHSE policy on carer contingency planning

Bolton and Salford increased their carer assessments

Manchester have introduced a carers identification card

Oldham have introduced a self-referral into carers services

Tameside have employed a carers activity co-ordinator to promote carer services

£1.96m awarded to GM local authorities for innovation activity for supporting carers

Priorities in 2024

Carer data from GP linked dataset into Tableau

Accelerated Reform Fund innovation project on supporting Carers to be identified and support as part of discharge process

Continue to embed Carers Charter

Promote identification of carers across all health and social care organisations - we should all be identifying carers in our workforce and supporting them in the workplace

CASE STUDY: Supporting working carers at MFT

Background

Manchester University NHS Foundation Trust (MFT) have long been committed to finding solutions that accommodate the challenges of combining work with caring responsibilities. A range of MFT staff networks were in place but not one for staff as carers.

Overview

We started with the launch of a Carers Passport to identify our staff carers, enable a discussion with line manager about adjustments they may need and agree procedures if the carer is urgently needed by the cared-for person. This was supported with on-line resources with guidance for managers and employees, sources of support, FAQs and practical ideas for flexible adjustments.

An Employee Carer Network was created with the first meeting having over 70 carers join and membership has continued to grow. Members have created a recognisable brand for their network (as seen in this paper). The network members focus on just talking to each other to share their experiences and offer support. A development session was provided to support carers in preparing for conversations about their needs to create a carers Passport. We are now working together on what they feel is important to see in managers training.

A quote from carer Sinéad: 'Just to let you know I went to my first carers network meeting, and I came off buzzing! I loved it. I really felt like it was a productive hour and that there are so many others battling work versus caring. Thanks for introducing this to me!'

During carers week in June, we have coffee mornings across our sites to give carers the opportunity to have an hour away from caring and work responsibilities.

Next steps

Our next focus is inviting guests to the network to offer the advice, support and information our carers have identified would be useful for them.

The medium-term aim is to deliver and embed achieving Carers Confident Accreditation Scheme. We recognise carers have super busy lives so their commitment and engagement for actions is challenging. For this MFT Staff Network we need to think differently about how we can create space for engagement whilst meeting the need of the carers for time to share their experiences and support each other.



Workforce Wellbeing

The need for a Greater Manchester approach to workforce wellbeing emerged as a response to the pandemic which exposed the lack of access to good wellbeing support, particularly in areas where the people are non-NHS employed, such as primary care, social care and the VCSE sector.

- **Health & Wellbeing Toolkit & Champions Network**

The NHS GM Health & Wellbeing Toolkit is in its third year of production and continues to have an important role to play in supporting the wellbeing of our health and care workforce in Greater Manchester. It is a focal point for wellbeing support and resources for anyone who works in health and care and beyond and has grown into a movement for better wellbeing in the workplace. It supports employees to self-manage personal health and wellbeing and develop the confidence of managers to hold regular wellbeing conversations.

The third edition of the toolkit has moved beyond responding to need, to look at how we proactively create good, sustainable wellbeing cultures in workplaces. The toolkit has been updated to include new sections on stress and burnout and a wellbeing quiz which has been accessed by 670 people since June 2023.

In addition to the toolkit, a network of 82 Wellbeing Champions, spread across all localities and teams, has been established and is regularly supported by the NHS GM P&C Wellbeing Team with bi-monthly CPD and network sessions, and email bulletins.

Testimonials from Wellbeing Champions

“We spend so much time at work it’s important that people are happy and healthy, and this includes a person’s mental wellbeing; particularly during times of change. For some Covid has blurred the lines between work and home life and presented new challenges. An individual’s wellbeing is more important than ever, and a wellbeing champion can help to support an individual to be happy and healthy as staff are our greatest asset.” (LW)

“I would encourage anyone with an interest in health & wellbeing to become a Champion as it is a very positive thing, and it ensures you keep an eye on your own wellbeing as well as those of others. There is access to amazing resources and if you have a passion about health & wellbeing then this is a great role we can do as well as our day job to make sure everyone is happy and thriving.” (HK)

- **Improving Occupational Health access in primary care:** NHS GM have partnered with Stockport NHS Foundation Trust to provide Occupational Health Services for NHS GM colleagues and Needlestick and Blood Born Viruses provision for all four disciplines within Primary Care in collaboration with Wigan, Wrightington and Leigh as a hub and spoke model. This service provision has been in place since April.

CASE STUDY: Carers Manchester

The ability for carers to take a break from their caring lives is essential so they can maintain their own health and wellbeing.

In Manchester, the provision of an effective respite provision is a key priority for the partners in Carers Manchester and is the number one issue raised in all our conversations with carers.

One of our recent successes in providing carers with a break has been our partnership with the Bridgewater Hall and the Hallé orchestra which gives our unpaid carers access to free matinee concerts. This partnership started pre-covid and has given us access to nine concerts, with 238 carers attending in total.

As well as providing access to world class performances, the concerts provide the opportunity for carers to meet each other and staff from Carers Manchester in a clearly identified space within the Bridgewater Hall. The benefit that this partnership has on carers can be seen from the following quotes:

“Attending the concerts gives me the opportunity to relax and enjoy the music in a beautiful setting.”

“Pure escapism. Please continue. Excellent for being in the moment.”

“I bring my son who I care for and this is the only outing he gets due to his health condition.”

“It gets me out of the house. Meet other people. Really enjoy the music.”

What next? The Hallé is now taking their summer break and have unfortunately decided to end their Wednesday matinee concerts. However, in recognition of the benefits these concerts have had, they will instead be offering free tickets for weekday ‘Rush Hour’ concerts and Sunday matinee concerts. These will form an integral part of the respite offer for carers throughout 2024/25 and will be complemented by Carers Manchester Partners:

- Developing a new overarching respite strategy for carers in the city
- Creating a new carers lived experience panel who will co-produce the respite strategy –
- Ensuring that all carers breaks opportunities, offered by all of our partners, are publicised effectively through our Carers Manchester website



Addressing Inequalities

We are proud of the diversity of our workforce across Greater Manchester and want it to be something that we celebrate. But before we can do that, we have a long way to go to ensure there is equal access to opportunity so that we see diversity at all levels – from the front line to board level.

- Establishment of an **Equality Professionals Network (EPN)** to bring EDI leads, trade unions and organisations together to help co-ordinate, collaborate, share good practice, overcome challenges and support one another in the delivery of equality duties, frameworks, strategies and plans across GM. It will work as an advisory body to share a clear evidence-base to understand and address key and emerging issues, and to participate in challenging and strategic conversations to influence change, provide input, advice and guidance in the development of plans, policies, strategies and services.
- Establishment of a **BAME Leadership Council** – to advocate for provide a collective and influential voice for Black, Asian and Minority Ethnic (BAME) staff members and to work with BAME Communities to ensure NHS organisations and/or health and care providers are proactively addressing health inequalities that are affecting BAME communities across GM.
- Through Health Education England Workforce Development funding, funding was allocated funding to pilot the **Inclusive Public Services model**. Phase 1 in Bury and Rochdale saw community engagement to understand the barriers and perceptions to working in public services which lead to the development of 7 opportunities for change in inclusive recruitment focusing on ethnicity and disability. Additionally, the cross organisation mutual mentoring programme was developed. This was the first of its kind in public services. Phase 2 saw the project scope grow to public services in Oldham and Salford with a development of a community of practice and [a live example toolkit](#) for inclusive recruitment specifically focussed on ethnicity and disability. This resource is embedded within the GM Recruitment and Retention toolkit. Funding has now been secured from the GMCA for the next two years to support the Inclusive Public Services project being rolled out as part of a wider programme of work. The scope will now cover all public services across the 10 GM districts.
- Across Greater Manchester (GM), we know there are many people who have experienced, multiple disadvantage. These are people who have experienced a number of disadvantages created by the system, who present with a combination of multiple, interconnected needs. **A GM Multiple Disadvantage Framework** has been developed for the health and care sector, which includes a set of recommendations based on an extensive scoping piece and drawing on best practice from across our conurbation and beyond. The framework highlights not only what can be actioned by individual organisations but identifies systemic barriers that may need to be overcome collectively, and identification of key enablers drawn from learning elsewhere. The aim was to explore how the health and care sector might improve the way we recruit and retain individuals who have experienced multiple disadvantage, and might this group be better served (from an experience and potentially outcomes perspective) when accessing services. From an organisation and system perspective, this could also support addressing the current workforce challenges it is facing by purposefully reaching into an underutilised group with valuable lived experience. Furthermore, this group also have poorer health outcomes (costing the system more) and cause increased pressure within certain parts of the system (e.g. higher usage of accident and emergency services). The Multiple Disadvantage Framework is currently being socialised across our system and will be launched late summer once that feedback has been incorporated.

CASE STUDY: Disability Framework

Background

Following the successful co-production of Foundations for Change's Disability Framework in 2022, which guided employers to improve the way they supported members of their workforce with a disability, the next phase (again supported by funding from the GM Health Education England), in 2023/24 focused on socialising the Framework to develop understanding and encourage implementation in the GM Integrated Care Partnership and introducing the Social Model of Disability as the essential underpinning model to Foundations for Change.

Progress to date

Developed a training package which includes the social model of disability and disabled identity, barrier identification and action planning, reasonable adjustments, and the Equality Act, and how to use the Framework to support future actions. 72 participants were supported over 10 sessions. Sessions were rated 4.6/5 and respondents would all recommend the training to others. Quotes from participants included: "Being more mindful of all environments and making sure accessible to all, our office for example has a lot of equipment in that doesn't necessarily need to be in office and reduces amount of space available making it more challenging for anyone with any mobility issues".

As a result of participating in the training there have been:

- Requests for further training for wider teams.
- Requests for input into developing solutions in specific workplaces.
- Implementation of quick fix responses to immediate barriers.

Next steps

Socialising the Framework will continue, ensuring the Framework is included embedding on organisations intranets and e-learning

Support employers to understand and implement the need for safe spaces for disabled staff to explore the Social Model via a social media campaign and other communication campaigns.



Growing and Developing our Workforce (1)

Growing our workforce is vital to addressing the immediate workforce crisis. But ensuring this is done in a coordinated, informed and sustainable way is just as important. Therefore, our priority is both growing and developing our workforce. This includes reaching out into our communities, developing attractive career pathways, understanding where our gaps and challenges lie, thinking innovatively around how we fill those gaps and how we continue to develop our people so they want to stay.

- The **GM People Services Vanguard** is a collaboration between NHS GM and NHS Trust HR Directors and is looking at scaling opportunities across NHS organisations, some of which will be enabled by digital and others by establishing lead provider status. The vision is set to reduce corporate running costs with a focus on consolidation, standardisation, and automation to deliver services at scale across ICS' footprints across GM so that *we deliver digitally enabled people services at the level where they will benefit the most from scale and have the greatest impact*. Digital tools will be most effective if the underpinning processes are efficient and consistent. Therefore, this programme of work is medium to long term as 'levelling up' work needs to be done in readiness. Five priority areas have been agreed within scope of this programme with the opportunity to add further areas and projects in due course:
 1. HR Portal and chatbot: a shared platform for basic staff queries
 2. Recruitment: automation, AI, digital ID checks, potential shared services
 3. Occupational health: led employer model, Stockport to provide services for others in GM
 4. 'Levelling up' wellbeing: absence management software, consistent staff offer, rapid access
 5. ESR: opportunities for consistency and system service to build resilience
- The **Greater Manchester Cancer Academy** aims "to support the development of a sustainable lifelong learning model for the non-medical workforce designed to meet the current and future needs of the population." It exists to inspire, educate, and improve and since launching in 2022 have seen exponential growth. The Academy covers all care settings, inclusive of those who work in a generalist role but need cancer knowledge (if 1 in 2 people will get cancer in their lifetime, then anecdotally 50% of any one person's workload could be people affected by cancer). The Academy has emerged from its pilot and is now in 'Phase 2' = establishing the Cancer Academy as the Greater Manchester 'digital hub for Cancer Education' to enable a single point of access for all learners within the GM cancer system.



Growing and Developing our Workforce (2)

- **VCSE Workforce Development:** The People and Culture Governance allocated a significant investment (£345,000) of HEE Workforce Development funding to support the GM VCSE Workforce Development Programme. The aim is to support development of the VCSE workforce and encourage employers to start focusing on ways to improve workforce capability and put some support and infrastructure in place across GM. The scope of the project includes work across 6 key areas; HR support, Recruitment, Inclusion, Personal Development, Leadership Development and Wellbeing. The outputs to date include creation of a GM workforce Hub, specifically created for the VCSE sector, which compiles useful information, tools and resources all in one place so that it can be easily accessed by employees. Creation of a GM Recruitment Hub enables advertising of VCSE vacancies across GM, which also aids collaboration and alignment of processes between GM Local Infrastructure Organisations. The leadership, inclusion and development programme includes a range of masterclasses, workshops, coaching opportunities, and resource sharing to increased capability in the VCSE sector to support and nurture this critical workforce.
- Following the very successful delivery of [cross-sector recruitment events](#) delivered in collaboration by NHS GM and the Northern Care Alliance (and many other system partners) to remove the barriers to recruitment and support local communities into entry level roles, an implementation guide was produced by NHS GM to support knowledge mobilisation of the learning from these events. This forms part of the wider Greater Manchester [Recruitment and Retention toolkit](#), which also includes a wealth of best practice, resources, and alternative approaches to recruitment and retention and was launched earlier this year. These cross sector recruitment events were highly commended by the Health Science Journal in 2023, a finalist in the Working Smarter award in the Healthcare People Management Awards (HPMA) 2023 and have recently been nominated for an NHS Parliamentary award.

CASE STUDY: NHS Provider Collaboration

Overview

A Temporary Staffing task and finish group (T&F) was set up as part of the Workforce Efficiency Programme, being led by NHS Provider HR Directors and the ICB. This group has been focused on making progress against the national targets for improving temporary staffing, particularly:

- Eliminating use of off-framework agency
- Reducing spend on temporary staff (as a percentage of the overall pay bill)
- Improving compliance with national price caps.

It is a priority for financial recovery as temporary staff have a higher cost to the system than substantive staff. In 2023/24, temporary staffing spend in GM was £555m.

Progress to date

Significant progress has been made on improving the quality of and access to temporary staffing data. This enables the ICB and the Trust Provider Collaborative to understand GM use of temporary staff and respond as a system to challenges. The data evidences progress, e.g. GM agency spend is ahead of target at 2.3% of the pay bill. All providers committed to eliminating off-framework agency. Off-framework agency was being used in 6 providers and is now only being used in 1. There is a plan in place to eliminate use of off-framework agency completely in GM.

A GM Temporary Staffing Strategy is in development following stakeholder engagement.

Next steps

Elimination of off-framework agency use in GM.

The aim is to sign-off and publish the Temporary Staffing Strategy in July 2024. The priority will then be to collaboratively develop the underpinning action plan, which is anticipated to be developed by staff group.

Part of the action plan will involve building on the discussions on pay rates for temporary staff/additional work and opportunities for consistency. The objective of this would be to prevent 'inflated' pay rates and the associated cost to the system.

The T&F will monitor and evaluate progress against the strategy. KPIs will be reviewed regularly against national updates and benchmarks.

CASE STUDY: Social Care Academy

Background

The GM Adult Social Care Transformation Programme set out in 2023 to develop a GM Social Care Academy, that would support the creation of an integrated workforce providing excellent care and support, through enriched roles, increased aspiration and a common vision of providing first class, person-centred care. Workforce challenges across the adult social care sector are significant, not least due to insufficient funding, but despite this there are many opportunities to raise the profile of roles within adult social care, and to create improved career pathways and upskilling opportunities.

Progress to date

- Step into Care sector-based work academy has now trained and recruited 149 people into social care roles using a values-based approach
- The GM Blended Roles (District Nursing) Programme continues to expand with over 400 further care staff trained
- A pilot Blended Roles Programme for AHP workforce launched in January 2024 focussing on occupational therapy and falls prevention
- A comprehensive CPD upskilling programme for the clinically registered ASC Workforce was launched in September 2023. This was accompanied by an upskilling programme for the wider ASC workforce, comprising priority areas of training identified by ASC providers, including mental health and dementia care.

This will all be underpinned by the creation of a GM Social Care Academy online resource to be launched June 2024, providing a single access point for training, resources and guidance for the ASC workforce, employers, commissioners, educators and partners

Next steps

- Careers promotion – raising the next generation of social care workforce To meet future need and secure future talent we need a diversity of roles and clearer career pathways. This includes increasing perceptions of social care for those in education, and supporting social care employers to offer good employment opportunities
- Building on the great outcomes from the Step into Care programme and what this is showing us in terms of attracting more diverse talent, we want to support those furthest from the workforce to get into work, and put values at the heart of recruitment
- Introducing new roles that enrich jobs and make them more attractive for people coming into the sector with transferable skills, or support them to use their comparable skills differently, by introducing new roles that create improved integrated opportunities for people to progress through their careers, if this is what they aspire to do. If we are to promote great opportunities in care, we need to be able to articulate those pathways, and support people in navigating their way so that there are clear destination points.

CASE STUDY: Bury Flex Model

Background

Our Independent Provider Care sector highlighted a key workforce challenge was immediate access to experienced care and support skills. For some this meant a reliance on agencies, for others, shifts were left unfilled, additional care plans could not be met leading to pressure in our health and care services. Bury ICP with UTS designed Bury Flex, which was commissioned as a pilot in October 23.

What is Bury Flex?

It builds a local and centralised person centered “pool” of compliant and trained candidates that are “Ready to Work” that services can utilise on a casual contract basis to fill immediate shifts for example due to sickness, holiday or unfilled permanent vacancies, enable the cover of addition care packages. It involves easy to use digital platforms and tools to reduce time for managers and workers in filling vital shifts. It improves quality and consistency of workers and care provided and gives Domiciliary providers increased access to available drivers.

Progress to date

- The pilot has worked across three providers in Bury: 1 Residential and 2 Domiciliary.
- Each provider averages 150 hours of understaffed shifts per week. As an estimate, on average for circa 85 providers (for all providers in Bury) this would mean 12,750 hours per week are unfilled which equates to an immediate staffing shortage of 340 FTE (based on 37.5 per week).
- Currently Bury Flex has 19 Flexible Workers that are available to fill open shifts – current average worker availability per week is 18 hours.
- Bury Flex since February 24 has filled approximately 900 hours, and this is increasing as more providers come on board.

Next Steps

- Our ambition is to bring more providers on board and increase the number of workers however there is funding constraints to this.
- A centralised bank, or shared workforce requires providers to adopt a change of mindset and open up access to opportunities in a different way.

CASE STUDY: Community Based Recruitment Approaches (Manchester and Trafford)

Background

A high number of administration and clerical vacancies in community services were creating capacity issues and in turn leading to access delays for patients and additional workloads for existing administration staff and clinicians. Furthermore, when applications were received, candidates often cancelled interviews.

It was clear our traditional IT-based recruitment approach was not working, and a new approach was needed. Our HR BPs and Equality and Diversity Lead developed this new approach, with support from MFT's Widening Participation Team.

Progress to date

We went back to the drawing board, with the aim of reaching digitally-excluded and under-represented members of our communities. We developed one-stop-recruitment events in community spaces, using our tagline **#WeAreCommunity**. The aim was to make a one-stop-event that local people could turn up at, talk to our staff, be interviewed once for several roles. Two initial recruitment events were organised in accessible community venues in Trafford and North Manchester. Everything that was needed was available on the day – a warm welcome a chance, a chance to chat to current team members, through to strength-based interviews on the day. The events were promoted using posters in health centres, community centres, local shops, and barbers and in community WhatsApp groups and job centres to create a word-of-mouth approach aiming to reach a new cohort of people looking for work. Most attendees pre-registered using our advertised QR-codes, providing valuable EDI information.

Impact To Date and next steps

100% fill-rate for vacancies offered, 136 people registered, 120 people attended and 91 elected to be interviewed on the day:

28 full and part time posts were offered to candidates currently under-represented in our admin workforce (BAME, disabled people and males),

65% of total appointees were unemployed with 27% of appointees having been unemployed for longer than 12 months.

All interviewees received a phone call the day after the event to offer positive feedback to help build confidence and supporting their recruitment journey.

Filling vacancies has helped improve services and reduce waiting times.

Recruiting under-representative groups in our communities into 'good work' means organisations will also help address health inequalities in Manchester and Trafford.

This initial pilot has since been replicated to support care home and home care providers in South Manchester, attracting 267 people with 51 being interviewed on the day and 35 job offers made, and we plan to use the approach regularly in future to support our recruitment needs.

CASE STUDY: Stockport Multi-professional Integrated Learner Experience (SMILE)

Background

SMILE is a TPEP (Targeted Practice Education Programme) project, funded by HEE and piloted in Stockport. Organisations across Stockport collaborated to implement an innovative model of pre-registration healthcare professional learner placements.

Progress to date

The model has successfully:

- Improved learner experience and placement value
- Highlighted career opportunities in primary, social and community care, with learners seeing them as career destinations of choice
- Promoted the wide range of services and support available to Stockport patients
- Supported the relationships between, and integration of, our wider workforce (including VCSFE organisations) to optimise patient pathways
- Increased understanding of different roles and how collaborative working improves the quality of patient journeys

SMILE has had 40 learners across 3 cohorts from eight clinical disciplines, spanning a wide range of age, life experience, and socio-economic backgrounds, attend placements with 36 Stockport-based services. The learners come together each week to share their experiences and undertake multi-disciplinary care planning, culminating in a showcase of their learning.

Evaluation data has shown improved perceptions of careers in primary, social and community care and participants would recommend the placement for future learners.

“I found the TPEP programme a very unique experience, I am so grateful to have attended. I have gained much more knowledge and have a better understanding of pharmacy, the role of fragility-centred care in Stockport, and our responsibilities as health care professionals.” (participant)

“Our experience hosting learners from various professions has been overwhelmingly positive. Their presence has been invigorating, and they seamlessly integrated into our team, providing fresh perspectives and insights. Through discussions with the learners, we have witnessed first-hand how the programme has opened unexpected opportunities and broadened understanding of not only our organisation but health and care overall. By engaging in this initiative, we feel we have not only been a part of the development of future healthcare professionals but thanks to the programme it has enabled us to strengthen our relationships within health and care.” (Placement provider)

We have implemented the model into 3 of our 6 Primary Care Networks (PCNs) and aim to expand this across all of Stockport. Other GM localities are also considering adopting the model.

Working with partners

Partnership working

In Greater Manchester we have an established record of close partnership working with trade union colleagues. The Greater Manchester Health and Care Workforce Forum was established in 2017 and is Co-Chaired by the Chief People Officer at NHS GM and a nominated union representative. The purpose of the forum is to provide a platform for discussion for GM-wide matters - including engagement, as well as co-development and co-production.

Recent activity/discussion has included:

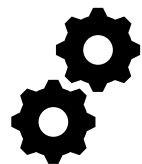
- A shared statement on MARS – to ensure unions are engaged on any decisions to implement such schemes.
- Development of the GM approach to social value and incorporating good employment practices.
- Engagement on workforce strategies and plans such as the Primary Care Blueprint and Mental Health Workforce Strategy.
- NHS Job Evaluation and sharing access to training.

TU membership is also threaded throughout the P&C Governance structures – including membership on the Committee, Health and Care Group and also Co-Chair of the Workforce Engagement Forum.



NHS GM /GMCA Aligned Work

Collaborative programmes of work



Technical career pathways
(including MBacc)



Step Into Care pre-
employment programme



Adult Skills Development
opportunities



Workwell Programme



Multiple Disadvantage

Supporting development of aligned delivery plans
(for other sectors and functions)



NHS GM People & Culture 24/25 deliverables

Developing technical career pathways into health & care

Work together to focus our educational offer and future workforce
and career planning and supply

Improve the support and equity of provision for people to remain well
and productive in the workplace

Adoption of the good practice frameworks to improve workforce
inclusion, with a particular focus on race and disability (such as
antiracism framework)

Underpinning deliverables

Continue to share best practice and ways of working to support
integration and collaboration

Looking forward

Priorities for 2024/25

- NHS GM has set priorities for the P&C Function for the next year (see Appendix One).
- All ten localities are refreshing their local workforce plans as part of the ongoing locality assurance process.
- Currently aligning the other delivery plans which support this strategy – from social care, to primary care, mental health, cancer and many more, to ensure everything comes together and aligns to support our overarching ambitions.
- In April 2025 – full review of strategy delivery and priorities going forward.



Asks of ICP Members

1. Note the scale of work being undertaken to deliver on the workforce mission and progress to date.
2. Recognise the ongoing challenges, a number of which are outside GM's control.
3. Consider areas where members of this Board can champion the work taking place and support spread and roll out. Are your own organisations leading by example?



Appendices

Proposed 24/25 P&C Function System Delivery Deliverables

1 Workforce Integration	
1	Utilise an OD approach to create culture of collaboration
2	Enable Leaders to work across traditional boundaries to support service integration
3	Make it easier for our workforce to move between health and care organisations
4	Continue to share best practice and ways of working to support integration and collaboration
5	Analyse the staff survey data readily available across GM health and care system to identify trends and opportunities to share best practice
6	Supporting development of aligned delivery plans (for other sectors and functions)
7	Support the scaling of People Services across GM NHS Providers through NHS England's The future of NHS human resources and organisational development, to reduce corporate running costs with a focus on consolidation, standardisation, and automation to deliver services at scale across ICS' footprints.
2 Good Employment	
8	Improve the work place experience of our health & social care workforce, by establishing and support the elements that make good work places, such as adopting Good Employment Charter recommendations, and Real Living Wage
9	Improve access to staff benefits
10	Improve ongoing engagement and work place practices, such as improve line manager support and training, flexible working
11	Continue to develop how we recognise and celebrate our workforce, through activities such as the GM Champion Awards
12	Continue to work in close partnership with trade unions and share good working practice, to improve engagement and relationships, and preparing for any potential industrial action
13	Work with our system partners to improve employment practices around the CQC well led domain

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Proposed 24/25 P&C Function System Delivery Deliverables

3	Workforce Wellbeing
14	Address the impact of poor wellbeing across our workforce, recognise root cause and resulting symptoms, and improve pathways to services and resources that support our people to access wellbeing support when needed
15	Improve the support and equity of provision for people to remain well and productive in the workplace
16	Enhance workplace services and provision available to our workforce, with equity and relevance for all health and care colleagues, aligned with universal services
4	Addressing Inequalities
17	Building a leadership culture that is committed to addressing our city-region's health inequalities
18	Work with the ICB EDI team to support the Development of an Equality, Diversity and Inclusion Implementation Plan for inclusive workplaces
19	Delivery of the national Stepping Up programme at scale
20	Supporting the system to build trained trainer capacity to enable rollout of the Oliver McGowan Mandatory Training programme across GM
21	Adoption of the good practice frameworks to improve workforce inclusion, with a particular focus on race and disability (such as antiracism framework)
5	Growing and Developing our Workforce
22	Work together to focus our educational offer and future workforce and career planning and supply
23	Develop and deliver the Greater Manchester Retention Framework: focussing on the experience of our health and care people and integrated roles
24	Support our People Teams to develop by creating a development plan for our HR and OD colleagues
25	Embed a system approach to workforce planning and transformation - working across an integrated health and care system at place and neighbourhood to improve system-wide workforce insights
26	Developing technical career pathways into health and care
27	Support alignment to and delivery of the Long Term Workforce Plan

New deliverable