

**Minutes of the meeting of the
NHS Greater Manchester Integrated Care Partnership Board
held on Friday 15 December 2023 at Manchester Town Hall**

Present

| | |
|-------------------------------|--------------------------------|
| City Mayor Paul Dennett | NHS GM Integrated Care (Chair) |
| Sir Richard Leese | NHS GM Integrated Care |
| 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 Heppollette | NHS GM Integrated Care |
| Luvjit Kandula | NHS GM Integrated Care |
| Claire Norman | NHS GM Integrated Care |
| Rob Bellingham | NHS GM Integrated Care |
| David Boulger | NHS GM Integrated Care |
| John Herring | NHS GM Integrated Care |
| Stephanie Butterworth | Tameside Council |
| Chris McLoughlin | Stockport Council |
| Eamonn Boylan | GMCA |
| Steve Wilson | GMCA |
| Gemma Marsh | GMCA |
| Andrew Lightfoot | GMCA |
| Elaine Mottershead | GMCA |

ICPB/31/23 Welcome and Apologies

Resolved /-

That apologies be received and noted from Alison Page, Councillor Bev Craig, Debbie Watson, Dharmesh Patel, Jane Pilkington, Janet Wilkinson, Joanne Roney, Kathy Cowell, Mandy Philbin, Manisha Kumar, Noel Sharpe, and Sam Simpson.

ICPB/32/23 Chair's Announcements and Urgent Business

There were no announcements or urgent business.

ICPB/33/23 Declarations of Interest

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

ICPB/34/23 Minutes of the Previous Meeting held on 29 September 2023

Resolved /-

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

ICPB/35/23 Implementing the Integrated Care Strategy – Mission 3, Helping People to get into, and stay in, good work

This agenda item was presented by NHS GM Officers David Boulger and John Herring with GMCA Officer Gemma Marsh. A presentation had been circulated with the agenda pack and slides 1-23 were highlighted to the Committee.

Comments and questions

- A member asked about people with learning disabilities and autism as a considerable cohort that typically face challenges when looking for work. It was suggested that jobs and recruitment could be structured differently to remove some of the barriers. In response, it was noted that the data intelligence and evidence would be crucial to helping make improvements. At the same time, there would be further work to do with employers. Members were directed to information about existing programmes, contained in the appendices, with an acknowledgement that more work needed to be done. It was also noted that a report was commissioned last year through the Greater Manchester Disability Panel. and Breakthrough UK which could be shared with

members if required. The report was based on the experiences of staff working in local authorities and health settings and suggesting what employers could do to improve the experiences of people with neuro-diverse challenges.

- There was a discussion about barriers in recruitment, from the application process to the language used. “Over-professionalism” often resulted in recruiting from the same groups of people. Recruitment should consider characteristics and not just skills, particularly in the health and social care sector. A member reported on very successful local jobs fairs and officers confirmed that, whilst they had not attended on the day, they had some involvement in the events, worked with local officers and provided the recruitment toolkit.
- It was acknowledged that there were some challenges around pay and conditions for people who worked in health and social care. A member highlighted that one school leaver in every ten needed to choose a career in health and social care work to meet future demand. This might not happen if the sector conditions remained the same. There needed to be further work and training, particularly with colleges and universities to develop a single career pathway that people aspired to. In response, it was noted that work was ongoing around the provision of different routes eg. the technical pathway alongside the academic pathway. There were still challenges to meet such as the costs involved for employers in apprenticeships and T levels but there should be recognisable career paths. Partnership work was ongoing with GM Apprenticeship and Career services, the NHS, schools, colleges etc. The Adult Education Budget was a significant resource that had been devolved to GMCA with opportunities to direct it to help move, shift, and upskill people into the right areas.
- A GP representative talked about their experience of being one of the members of the Good Employment Charter. Most health and care providers were motivated to work in the sector to care for patients and residents and, in addition, to look after their staff. It was important for the employers to get the support and links to their services which would enable them to do this. The Chair acknowledged the importance of sharing good practice amongst good employment charter members, particularly smaller

providers that might face more challenges in meeting some requirements. The comments were noted by officers who gave an example of working with a Credit Union to establish an offer that had been made available to all health and care staff which could be accessed directly by individuals and was independent of their employment status.

- A member raised concern about demographic and geographic disparities in employment rates and education opportunities. Reassurance was given that data evidence and intelligence sat at the heart of the integrated care model and Greater Manchester was using it in innovative ways to drive delivery. There was a wider conversation ongoing within NHS GM about how the data could highlight those who were most likely to be economically active and the impact that could have. It should also be recognised as an opportunity to unlock potential rather than attempting to fix a problem.
- A member welcomed the information about technical career pathways as another route for people who could benefit from alternatives to the traditional academic pathways. It was important that any jobs created needed to be “good work” as poor-quality work often led to illness and further support needs. In response, it was agreed that young people leaving school could be confused about their choices and there needed to be clear and equal access to jargon-free information that helped people to make informed choices about jobs and education.
- Devolution had already given opportunities to do things differently alongside ongoing partnership work between relevant organisations and mainstream provision with opportunities for co-design.
- Officers welcomed the Committee’s input in ensuring that they reached their communities. The aim now was to see measured increases in the data on apprenticeships, technical education pathways and employment.

- A member talked about concerns around the adult social care sector facing a recruitment crisis and acknowledged that the lack of a clear career path contributed to that. There was also a crisis with GPs that were migrating to other countries because of work pressures in the UK. Not enough was being done to encourage new GPs to enter the profession. Officers responded that work was already ongoing with colleagues in Tameside on blended roles for social care and how, for example, the district nurse pathway could be developed. The technical education route would give further opportunities for aligning roles to a path in social care. The comments about GPs were acknowledged and it was noted that there was similar concern about social workers. The Good Employment Charter was one way of looking at some of the issues such as pay, conditions and work pressures as it promoted flexible work and good culture in organisations.
- There was a suggestion that whilst the programmes and pathways were being developed, we should also look to the public procurement framework contracts and build in some of the standards around training, development, and career progression .
- There was discussion about workforce planning for the future. Long-term illness affected 50% of an ageing population and this, with medicalisation of a whole range of conditions, highlighted serious challenges to the long-term sustainability of health and care in its current format. To make “working well” type programmes successful, there needed to be more business planning and expenditure at a local level to ensure to maximise the local benefits. It would be crucial for more people to choose a career in health and social care and that would mean more attractive career options. There were currently approximately 90,000 full-time equivalent employees in NHS GM and more in the wider care sector. These employees could be good ambassadors for the future generation of employees providing they did not feel undervalued, demoralised and under pressure. It was acknowledged that the current pressures of the sector could be creating mental and physical health problems amongst the employees, who would then become future patients.

- It was noted that the good employment charter and the NHS as an anchor institution would be crucial to inclusive employment. There should also be a focus on the fact that poverty could occur within employment and progression was therefore equally important.
- The correlation between half a million people on medical waiting lists in Greater Manchester and the difficulties in getting people into, and staying in, work was noted. The two highest ranking conditions for economic inactivity were mental health and musculoskeletal conditions.
- Officers highlighted that national conversations illustrated that Greater Manchester was coming from a position of relative strength. Whilst there was still much more work to be done, our peers were not in the same position in terms of partnerships and integrated work across health, local government, GMCA and other key stakeholders such as the Chamber of Commerce and the Growth Company.
- An example was given of a programme some years ago when the University of Manchester and the Central Manchester Hospitals, worked together to recruit locally from the immediate vicinity i.e. Ardwick, Hulme, Moss Side and Rusholme. The programme focussed on making entry-level employment more accessible to local residents and, as a result, the reputation of the employers within the community changed. The local workforce was committed, productive and retention rates rose. Local recruitment events would be a good way of reaching communities and replicating these outcomes. Officers acknowledged this and there was already ongoing work for similar programmes in different areas
- There was a business case to be made about the wider benefits of people being in work and how and where those benefits could be realised. Further conversations were needed with the Government about the holistic economic impact of employment and health and where future investment should be targeted. There should be consideration to health investment and how it could contribute to the public purse through economic growth, tax benefits etc. There was a strong cost-benefit analysis

undertaken on the first health and work programme and this should be repeated, not least for the purpose of making a case for further devolution.

- An example was given about a programme in Wigan, approximately four years ago, where an ethical framework was developed for home care providers with the intention of ensuring better conditions e.g. staff being paid for travel time. It resulted in more contracts being awarded locally. The groundwork of this collaborative approach with providers proved beneficial during the pandemic when companies shared staff to maintain services. It was highlighted that 41% of all home care visits in Wigan were now done by walking or cycling; 86% lived in the locality where they provided the care; 50% of the workforce were under 30 years old despite the general demographic of health and care workforce being 50+. This was a good example of how recruitment and employment could impact on other areas such as congestion, clean air, and active travel.
- A representative from the Directors of Children's Services talked about the sophisticated data available across Greater Manchester to indicate the barriers of employment connected to the availability and affordability of childcare. The Greater Manchester School Readiness Board provided a good opportunity to make links in this area. Officers welcomed this given there was a timely piece of work looking at the Adult Education budget and the proportion that was spent on learner support and specifically childcare in excess of the free 30 hours.
- The Chair commented on how this employment and health agenda linked to the housing and homelessness crisis. Many people across the region did not currently have safe shelter and this would clearly impact on their ability to be economically active. There was a three-year budget for the NHS and GMCA to tackle homelessness and rough sleeping and more connections needed to be made. Officers responded that the increase of good available data intelligence and engagement promoted inclusion across health groups in the broadest sense and the groups that faced the most significant multiple challenges to achieving good health would be the focus.

The Chair summarised the key headings from today's discussion:

- Business planning.
- The importance of organisational culture in attracting and retaining staff.
- Recruitment – the processes and the language used
- The challenges faced in losing staff to international markets.
- The future of devolution and the opportunities that might present.
- Good employers and the opportunity for the NHS and local government to be leading examples.
- Sharing best practice across the region.
- The work needed to assist people with neuro-diverse challenges to access good employment and education options.
- Data intelligence and evidence to address geographical and demographic inequities and proportionate universalism.
- Simplification of pathways to employment, education, and training.

Resolved /-

- That the report, *Foundations for Change*, commissioned through the Greater Manchester Disability Panel. and Breakthrough UK, be shared with members.
- That the recommendations as set out in the report be agreed:
 - The update on Mission 3 be noted and reaffirmed as a priority for the NHS GM Integrated Care Board
 - The following key next steps be agreed:
 - 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.

ICPB/36/23 Date and Time of Next Meeting

It was noted that the next meeting would be held on 22 March 2023 at 1pm.