Get GM Working Plan

Whole system approach to tackling **labour market participation (employment, unemployment and economic inactivity*) and progression at work (earnings and job quality) to achieve an 80% employment rate/grow the economy (GM 70.9%)**

This is a **GM system plan,** which sets out a shared vision of how partners will work together to address the challenges highlighted and review progress against their plan and outcome indicators such as the local employment rate. **Not just about GMCA programmes** but all provision across all partners. Links to the **GMS**, **LSIP** and other plans.

The plan is to cover a **10-year period** and needs to outline **priority actions for the next 18-24 months alongside steps towards achieving longer-term objectives**. The plan needs to be published by **September 2025** and is to be reviewed frequently (suggested annually).
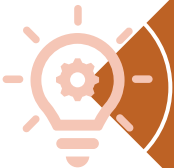
Purpose: to be used by the GM system to: develop **shared understanding** of issues, **manage and align** current provision, identify **collective action**, support better **integration of services** and set **longer term direction and strategy for future investments** targeting labour market challenges

National policy contextual factors that are important and impact this work but are **not in scope** of the Get GM working plan: **benefits and benefit reforms, employment rights bill and national insurance increases**

*DWP language- see footnote on slide 4

Guidance for Developing local Get Britain Working plans (England) - GOV.UK

Get GM Working: Labour Market Groups

Data refers to point in time and not flows. Intended to show different labour market groups and respective sizes. Reflects most recent available data as of April 2025.

Employed
1,282,000

Unemployed
66,000

Economically inactive
460,000

Employed - Long-term health condition
410,000

Employed - Disabled
248,000

Employed - No long-term health condition
872,000

Unemployed - Long-term health condition
27,000

Unemployed - Disabled
19,000

Unemployed - No long-term health condition
39,000

Economically inactive - Long-term health condition
256,000

Economically inactive - Long-term sick
151,000

Economically inactive - Disabled
240,000

Economically inactive - No long-term health condition
204,000

In GM, about 38% of working age people have a long-term health condition. Of these, just under 60% are in work (this latter proportion is slightly lower than the equivalent UK proportion of 64%).

In GM, there are approximately 256,000 people with a long-term health condition who are out of work and economically inactive. Of these, 151,000 give long-term sickness as the <u>main reason</u> for being inactive.

Figures are rounded for illustrative purposes. Information may include data from slightly different time periods and using different methodologies and draws on a variety of sources.

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Greater Manchester Labour Market Analysis

Economic Inactivity*: **Unemployment:** **NEET Rates:** **Skills:** **Vacancy Rate:** **Pay:**

25% of working-age residents in GM are inactive, highest in five years.

This includes **31%** of 50-64-year-olds

For **8.9%** this is due to ill health, significantly higher than the UK rate

5.3% of working-age people in GM are unemployed

18% of unemployed aged 16-24

3.9% increase in claimant count in Feb 2025.

5.5% of GM 16-17-year-olds were NEET or not known, **Numbers are rising in GM**

13.4% NEET among priority cohorts (care experienced and SEND support)

7.3% of GM working population have no qualifications

17.2% young people in GM did not achieve a Level 2 qualification by the age of 19

Job postings have been **falling** since early 2023

12% of vacancies in GM are hard to fill, due to lack of skilled candidates (LSIP)

GM is the **fastest growing** economy in the UK but productivity is still **35%** below that of London

Employees who work in GM earn **31p** less per hour than the national average in 2024

16.2% of jobs in GM workplaces pay below the RLW

*We will be consulting with our residents on the language to be used within the Get GM Working Plan. Where this phrase is used it is taken from DWP guidance or national statistics. For clarity the government define this as: People 16+ who are not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks. National statistics are grouped under the following reasons: long term sick or disabled, caring for home or family, student, retired, other.

Drivers and causes of labour market challenges

Barriers faced by Individuals

- Poverty and deprivation
- Multiple disadvantage
- Demographic and geographical variances in inequality, linked to age, sex, race, ethnicity, religion, disability, caring, language
- Digital inclusion
- Confidence
- Workplace experience

Health-related Barriers

- Link between poverty and ill health
- Prevalence of mental health and MSK conditions
- Ageing population
- Lifestyle factors: diet, exercise, access to green space

Systemic Barriers

- Housing costs and supply
- Childcare costs and supply
- Transport costs and supply (driving licences)
- Perceptions of DWP
- Employment practices
- Services hard to access
- Eligibility criteria
- Careers advice and guidance

Supply and Demand Factors

- Low skills utilisation and skills shortages
- Mismatch between labour market demand and supply
- Post-16 sufficiency
- Availability of 'good work'

Greater Manchester Education, Work and Skills Offer – Complexity of the Landscape
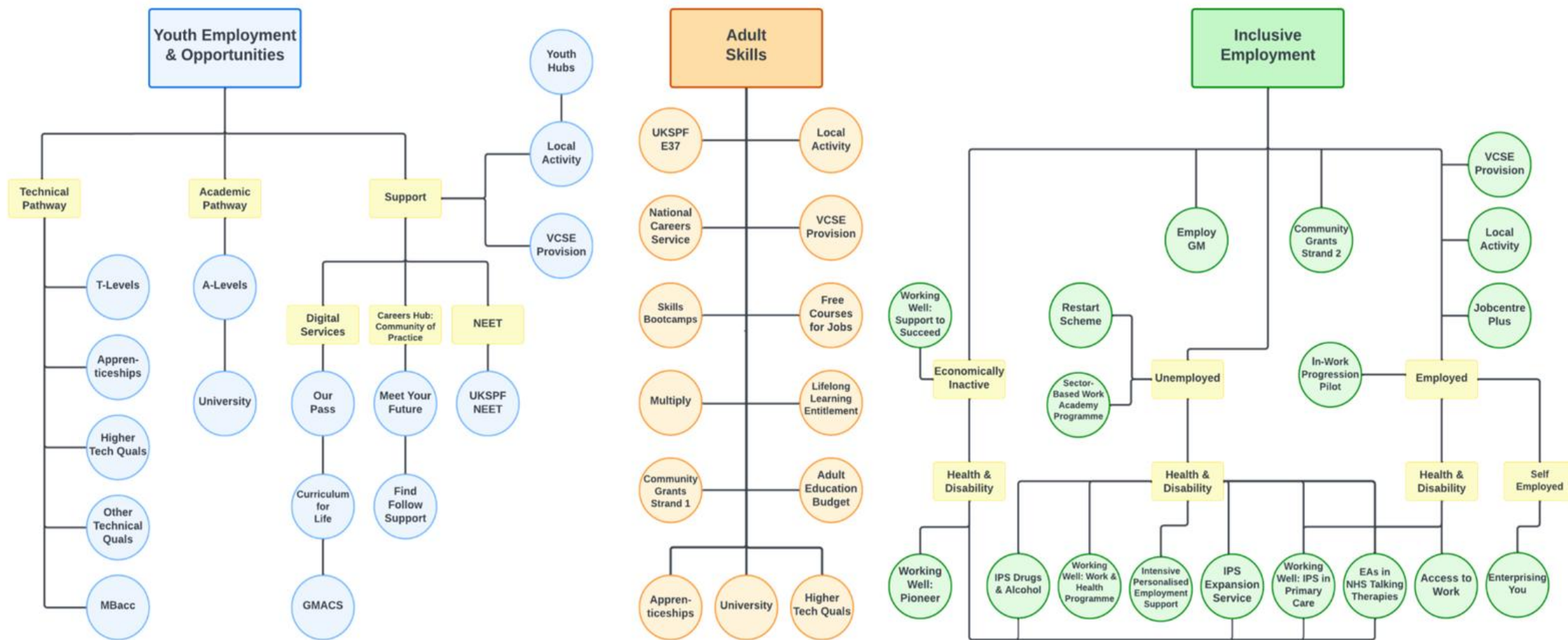
*Please note this is a legacy slide and doesn't reflect 25-26 delivery but is for illustrative purposes on the complexity of the landscape and to highlight inputs and resources

Assessment of Current Landscape

Challenges

- Varied funding and targeting/eligibility requirements (e.g. benefits status) creating silos, gaps and duplication, impacting VFM, across multiple commissioners
- Misalignment of statutory duties and commissioning (NEET)
- Differing output/outcome (starts vs sustained job outcomes) and quality frameworks
- Differing levels of social support
- Multiple front doors for residents and employers
- Fragmented data systems and requirements
- Short term funding and programmes
- Age related transition points that are driven by policy and funding and not resident life course/experience
- Multiple asks on employers
- Demand for health services

Gaps

- Availability of good work
- Neighbourhood level delivery
- Consistent single access point
- Consistent approach to careers information, advice and guidance
- Provision for moderate to high intensity health needs and disability support
- Progression towards work offer for people furthest away from the labour market, including multiple disadvantage
- Tailored support for communities experiencing racial inequalities and other demographic groups (intersectionality of inequalities)
- Data integration
- Further integration with services around wider social need
- Access to workplace experiences for all ages

Engagement questions

1. **Analysis:** Does what we know reflect experience and insights from your organisation? What would you change or add to this?

2. **Partners:** What is the role of your organisation?

Priorities: to achieve 80% employment rate

Engage and Inspire

Remove barriers to move residents and young people closer to work and learning

Pathways Towards and Into 'Good Work'

Support residents and young people to enter and sustain 'good work' through clear pathways

Sustain and Progress

Support residents and young people to sustain, progress and upskill within work

Underpinning Principles

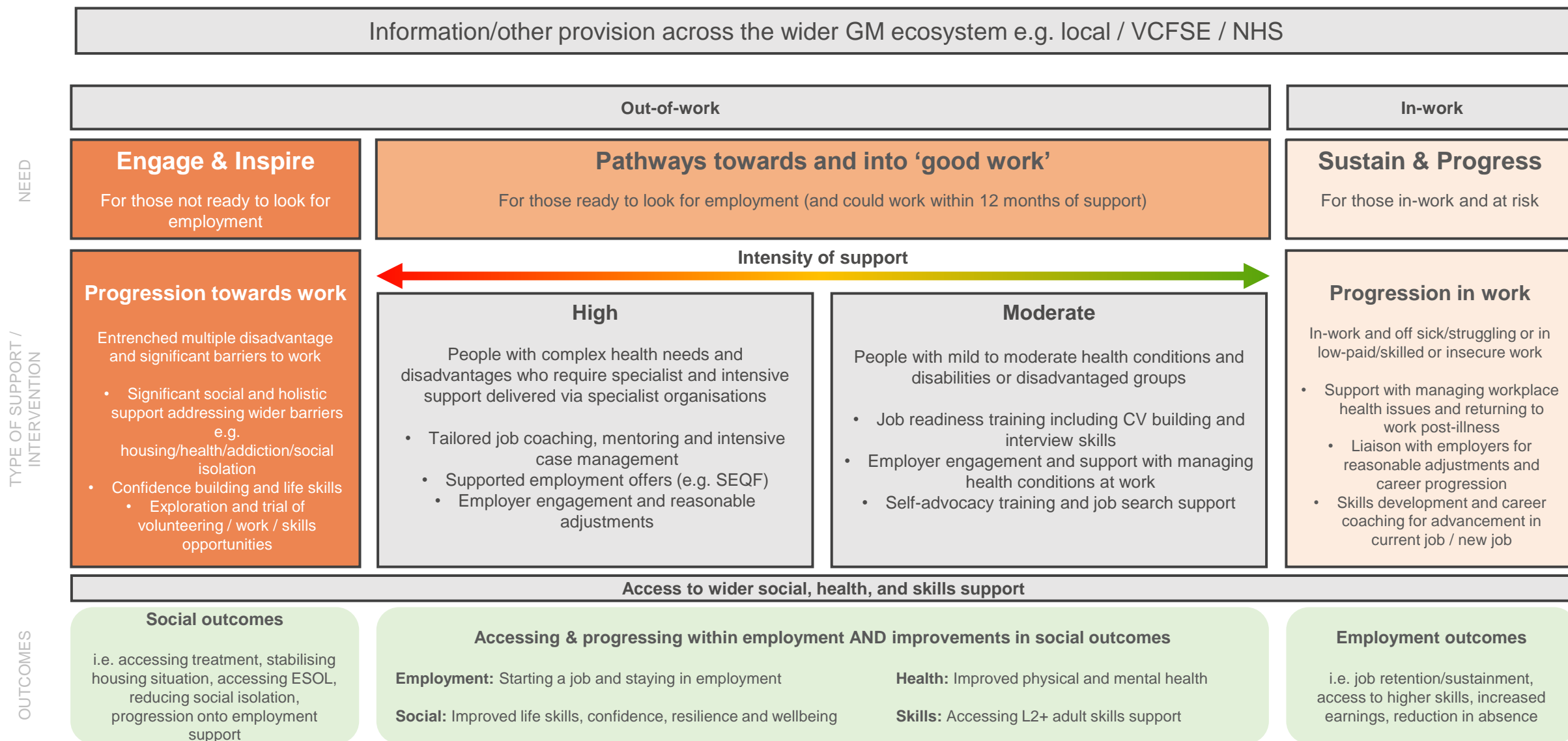Person and Place Centred

Enhancing Equalities Consistency and Efficiency

Enabling Factors

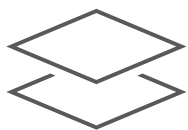Good Employers

Careers Advice and Guidance

Data Integration

Whole System Approach

Support for a full spectrum of needs

Information/other provision across the wider GM ecosystem e.g. local / VCFSE / NHS

	Out-of-work		In-work

NEED

| **Engage & Inspire**

For those not ready to look for employment | **Pathways towards and into 'good work'**

For those ready to look for employment (and could work within 12 months of support) | | **Sustain & Progress**

For those in-work and at risk |

TYPE OF SUPPORT / INTERVENTION

Intensity of support

⬅ ➡

| **Progression towards work**

Entrenched multiple disadvantage and significant barriers to work

• Significant social and holistic support addressing wider barriers e.g. housing/health/addiction/social isolation
• Confidence building and life skills
• Exploration and trial of volunteering / work / skills opportunities | **High**

People with complex health needs and disadvantages who require specialist and intensive support delivered via specialist organisations

• Tailored job coaching, mentoring and intensive case management
• Supported employment offers (e.g. SEQF)
• Employer engagement and reasonable adjustments | **Moderate**

People with mild to moderate health conditions and disabilities or disadvantaged groups

• Job readiness training including CV building and interview skills
• Employer engagement and support with managing health conditions at work
• Self-advocacy training and job search support | **Progression in work**

In-work and off sick/struggling or in low-paid/skilled or insecure work

• Support with managing workplace health issues and returning to work post-illness
• Liaison with employers for reasonable adjustments and career progression
• Skills development and career coaching for advancement in current job / new job |

Access to wider social, health, and skills support

OUTCOMES

| **Social outcomes**

i.e. accessing treatment, stabilising housing situation, accessing ESOL, reducing social isolation, progression onto employment support | **Accessing & progressing within employment AND improvements in social outcomes**

Employment: Starting a job and staying in employment   **Health:** Improved physical and mental health

Social: Improved life skills, confidence, resilience and wellbeing   **Skills:** Accessing L2+ adult skills support | **Employment outcomes**

i.e. job retention/sustainment, access to higher skills, increased earnings, reduction in absence |

Underpinning Principles

Person and Place Centred

Tiered Approach

Tailored and place-based support based on individual needs, ensuring that everyone receives the appropriate level of assistance at the right point in time and in turn reducing waste/driving VfM.

Holistic Assessment

Considers all aspects of a person's situation, through multi-agency collaboration in place leading to a more effective support offer.

Enhancing Equalities

Equalities Lens

Ensure an equalities lens is applied to all decisions to avoid increasing gaps in inequalities in line with the public sector equality duty.

Culturally Appropriate and Accessible

Recognising the diversity of our population and ensuring specialist provision is available.

Consistency and Efficiency

Streamlined Offer

Minimising duplication of efforts and resources, making the system more efficient and easier to navigate for participants.

Standardised Processes

Reduces variability in offers, standardises approaches to outreach and triage, leading to a more effective support offer that maximises impact.

Enabling Factors

Good Employers

Good Work

There is enough good work and inclusive opportunities available within GM employers to enable an 80% employment rate

Support Offer

Employers are able to easily understand and navigate the skills and employment support system which will enable them to recruit, sustain and train their workforce

Careers Advice and Guidance

Embedded into All Provision

High quality careers advice and guidance is a fundamental aspect of all employment and skills provision.

LMI informed

Ensuring the advice provided is LMI informed enabling a clear line of sight for GM residents into the economy, through education, skills and employment support.

Research and Data

Outcome Oriented

Consistent criteria for measuring system wide outcomes, and comparable data across different offers, enhancing the ability to evaluate and improve services.
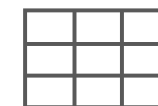
Insight Led

Intelligence and insight led approach to identifying priorities, and designing and delivering services.

Systems change vision statement:
Move from **programmes, processes and outputs to pathways, people and outcomes** to create a GM wide system that **supports our residents** and is **locally enabled, employer responsive** and **enhances equalities**.

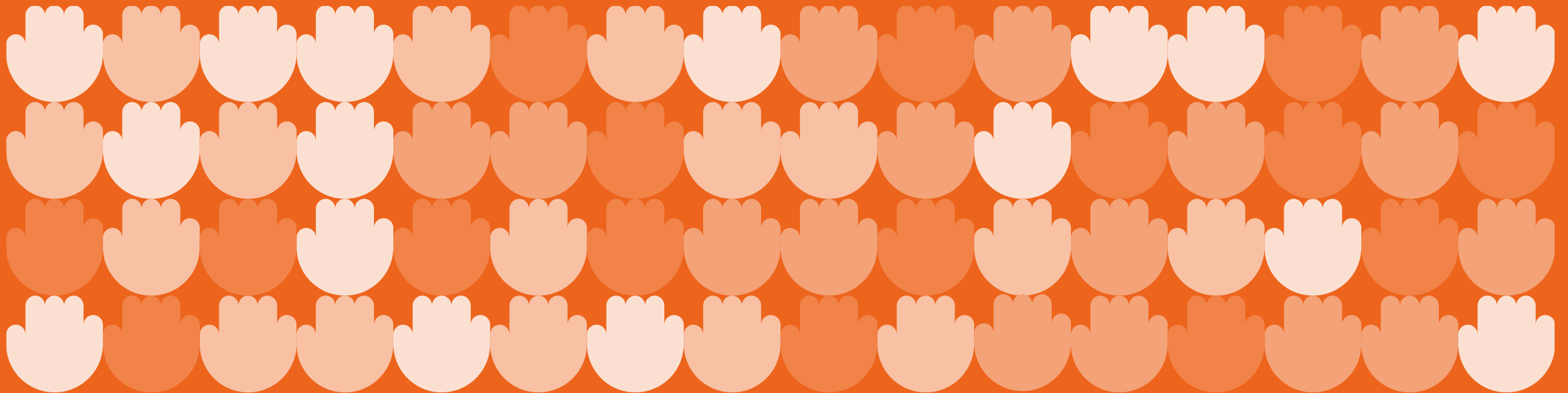| Mechanism	Systems Change	Outcome
Move from **programmes, processes and outputs to pathways, people and outcomes**	-Being clear about who, how and why we want to support particular groups of people focussed on multi-agency, whole person outcome measures- outcomes not outputs -A set of programmes/delivery routes that do not overlap, duplicate or create competition and form a minimum core offer- pathways not programmes -Greater focus on prevention and removal of the distinction between JCP/DWP benefits customers and others- people not processes	Create a GM wide system that supports our residents and is locally enabled, employer responsive and enhances equalities
Working differently with our residents- Live Well	-Supporting pathways to work through Live Well: Single point of access services in each locality, resident facing digital solution, colocation of services, VCFSE capacity building -Integration of JCP staff as part of New Jobs and Careers Service - Consistent approach to careers information, advice and guidance -Amplifying residents voice and responding to lived experience	Provide integrated services in a way that joins the dots and hides the wiring and provides a clear line of sight for our residents through to the economy
Maximising opportunities from devolution	-Expanding the Integrated Settlement and taking a more flexible and responsive approach to skills, work and health in the round through pooling DWP, Health, and Skills funding over multiple years enabling a shift towards prevention -Flexible and responsive approach to commissioning including: joint commissioning, blend of pan-GM and locality commissioning, consolidated grants to localities and targeted investment into VCFSE sector, based on what we know works and what our residents need rather than top-down national programmes	Enable the wider system to work collectively to address longer term shared outcomes, reducing silo working, duplication, increasing efficacy and achieving VfM
Governance and ways of working	-Establishment of Get GM Working Collaborative to enable collective ownership and oversight of the Get GM Working Plan -Strengthening of the Adult Skills and Inclusive employment thematic panel to provide a shared vision for GM -Employers are equal and committed partners	Robust GM system governance with shared ownership and accountability which formalises partnership working
Data integration across GM system	-Data integration across GMCA, LAs, DWP, NHS, VCFSE and other key partners, enabled through data sharing agreements, data integration platform, data standardisation and commitment of senior stakeholders	-Greater understanding of need to improve targeting and develop evidence-based interventions -Fully integrated services which are wrapped around an individual in a holistic and person-centred way: first contact, one data collection, multiple services -Improved evaluation of impact, including wider system outcomes -Expand and develop our research and evidence base to inform policy

Engagement

3. **Priorities:** Do you agree with the priorities (including enabling factors and underpinning principles)? What would you change or add to this? Which priority do you feel will make the most difference?

4. **System change**: Do you agree with the suggestions for system change? What would you change or add to this? What single change do you think would have the biggest impact?

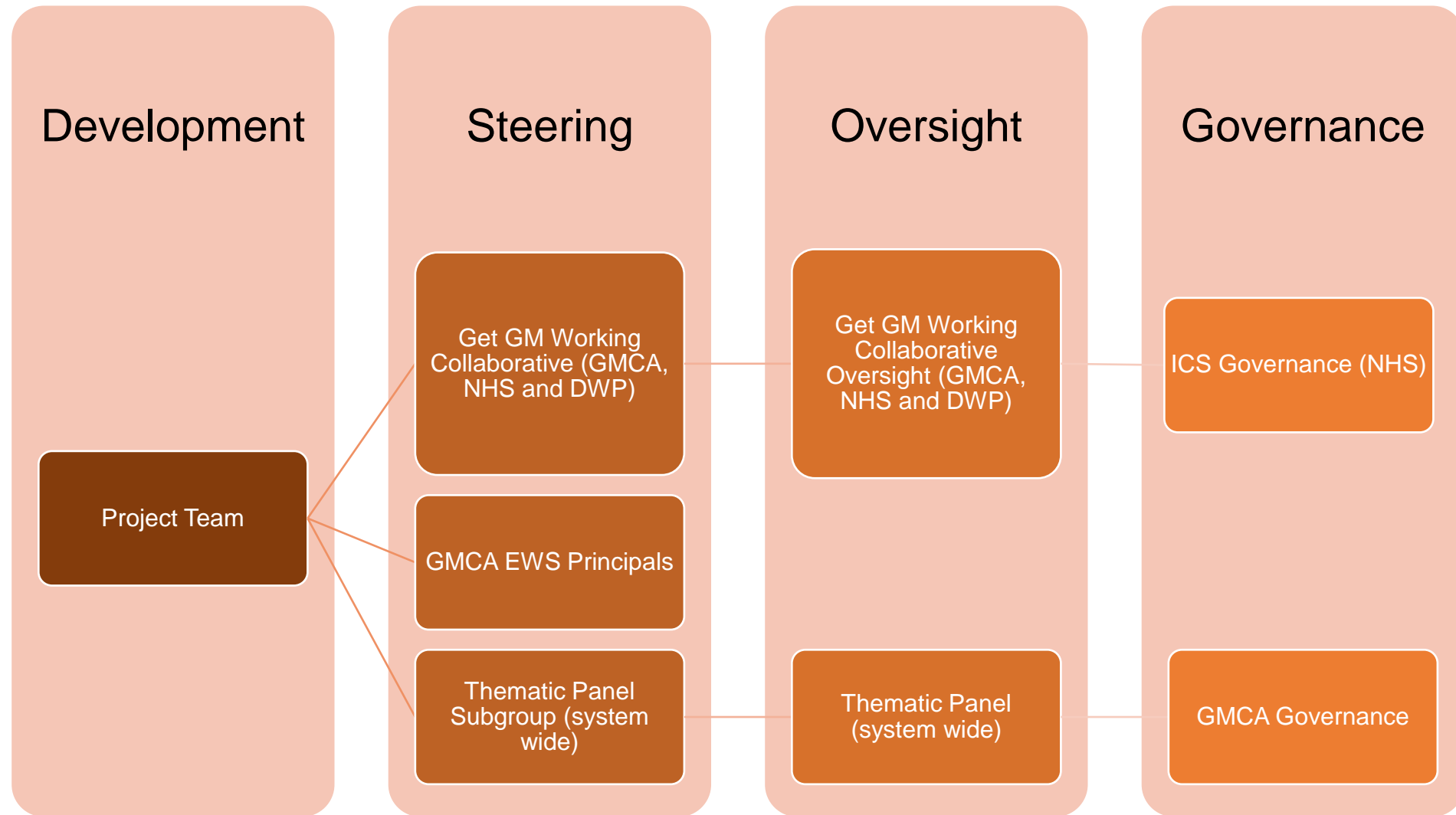5. **Action:** What actions are needed to support the priorities and system change? Which action would you prioritise?
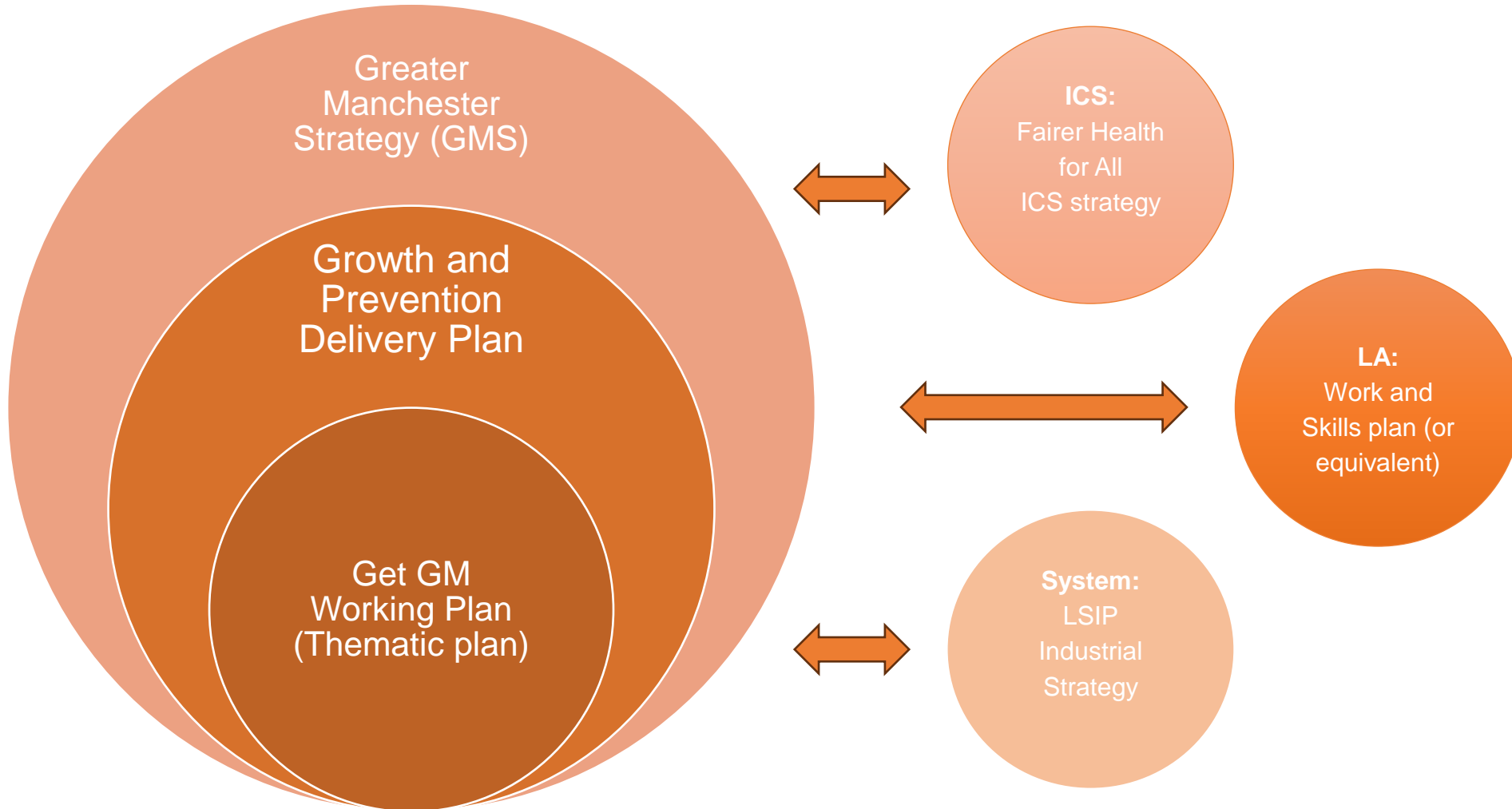
Next Steps

Development and Governance

Development	Steering	Oversight	Governance
Project Team	Get GM Working Collaborative (GMCA, NHS and DWP)	Get GM Working Collaborative Oversight (GMCA, NHS and DWP)	ICS Governance (NHS)
	GMCA EWS Principals		
	Thematic Panel Subgroup (system wide)	Thematic Panel (system wide)	GMCA Governance

Strategic Alignment

Engagement Approach

	Stakeholder group	Engagement activity
Adult Skills and Inclusive Employment Thematic Panel	Residents	• GMCA Equality panels: Race, Youth CA, Disability and Eq=Al • Unseen Voices panel • Existing lived experience voice from programmes and commissions, including economic inactivity* trailblazer
	Local authorities	• Engagement via local leads meeting
	DWP/JCP	• Engagement via DWP/JCP and GMCA meeting
	Employers inc. ERB and Trade Unions	• Engagement via Business Growth Hub Match Events • Engagement via GM Chamber of Commerce AGM • Engagement with Good Employment Charter Board
	NHS/ICS	• Engagement with locality directors of public health, and population health governance • Engagement with mental health and primary care system groups
	Education and Training Providers inc HEIs	• Workshop with GMLPN members • Engagement via GM Colleges Principals meeting and College Deep Dive • Engagement via Civic University Board
	Employment support providers and NEET providers	• Workshop with GM ERSA members
	VCSFE	• Engagement via Citizens UK and VSNW
	Housing associations	• Engagement via GM Housing Provider Employment Group
	Internal GMCA colleagues	• Workshop across wider GMCA teams and directorates
	EWS colleagues	• Management meeting, steering group and project team

*DWP language- see footnote on slide 4