

UNISON North West

Response to the Consultation on the Greater Manchester Locality Plan

UNISON North West represents employees in health and social care. This brief document presents our initial thoughts and concerns about the Greater Manchester Locality Plan entitled *Taking Charge of our Health and Social Care*, published on 18 December 2015.

The development of the Plan involved many stakeholder organisations: the 37 statutory organisations under the GM SPB, social care and residential care providers, third sector providers and patient groups. However, despite the Plan stating that “the scale of change will impact significantly on our workforce” (p. 8) there was no employee or trade union involvement in the development of this document.

The Plan states that a “critical part of our work between January and March 2016 will be to engage with people across GM and staff working in the health and social care system, about the direction of travel and the changes we are proposing” (p. 52). We therefore wish to take the opportunity now to comment on the draft Plan.

Future consultation arrangements

UNISON would appreciate the opportunity to be more fully-involved at an earlier stage in the development of strategies impacting upon our members.

We note that in the section on governance arrangements (p. 24) there is mention of various boards and forums but no reference to the new Greater Manchester Workforce Engagement Board or the Greater Manchester Health & Social Care Devolution Partnership & Engagement Forum. We hope that these can be included in the final document and that they can be important channels for our on-going engagement.

The Plan states the principle that “GM NHS will remain within the NHS and subject to the NHS Constitution and Mandate” (p. 24). This provides a further avenue for more union engagement in accordance with the principle of partnership set out in Agenda for Change.

Quality employment in Greater Manchester

We believe that good quality employment is vital to improving health outcomes in Greater Manchester.

There is a welcome concern in the Plan with improving work in order to improve health. Amongst the improved outcomes sought from the reforms described in the Plan is that “more GM families will be economically active and family incomes will increase” (p. 10). This will be measured by the number of parents in “good work”, as reaching the England average will result in 16,000 fewer children living in poverty.

Elsewhere in the Plan, better health is presented as being instrumental to better productivity:

“The reform of health and social is vital to improving GM’s productivity by helping people to become fit for work, get jobs, get better jobs and stay in work longer” (p. 5).

The Plan details initiatives to promote health in the workplace and more participation in the labour market by those aged over 50 and the long-term unemployed (pp. 32-3), but there is no sustained consideration of how the quality of employment can be improved.

It is disappointing that there is no mention of the living wage in the Greater Manchester Plan. The living wage does feature in the Manchester City Locality Plan, which makes a commitment that “...Manchester will ensure that everyone is paid at least a real Living Wage. This will be particularly important in social care...” (1.3 – emphasis added). The Locality Plan goes on to state that “[t]he NHS and social care providers have a key role to play as employers of Manchester residents and families” (2.4). We would like to see something similar in the Greater Manchester document.

More fundamentally, we are concerned that the current draft of the Plan does not have sufficient focus on the socioeconomic causes of poor health outcomes in Greater Manchester.

Workforce implications of commissioning and service delivery change

We are supportive of rational planning in the use of public resources, and the Plan has a welcome emphasis on collective planning across organisations rather than atomistic decision-making (p. 21, 22).

The Plan is very strong in stating that service provision should be “unhindered by artificial and bureaucratic barriers” (p. 8) and we have questions about what this means in practice for the workforce.

- What does the skills and employment passport, designed to enable more flexible movement of the workforce from April 2016 (p.16), mean for employment status and terms and conditions?
- What do the various new delivery models outlined in the Five Year Forward View mean for our members (p. 28)?
- What are the implications for employment of the proposed standardisation of clinical support and back office functions (p. 28)?
- How will adherence to Agenda for Change terms and conditions be ensured?

The questions in the above list, which is not exhaustive, are important in that we need to ensure that staff are not adversely affected by the process of change proposed.

Building the skills and capacity for improved health and social care services

The Plan recognises that a “fit for purpose health and social care workforce” is a critical enabler of transformation and there is a need to address skills and capacity shortages (p. 8).

Part of the skills-need identified in the Plan relates to reducing demands on public services through training staff to better promote self-care (p. 31) and to “consider work as part of the therapeutic intervention” (p. 32).

More fundamentally, there is also an intention to have staff working in multi-disciplinary integrated neighbourhood teams (p. 36) which will require an up-skilling of staff. To achieve this will need a concerted effort by a number of organisations – including trade unions. Developing the workforce could involve high quality apprenticeship schemes, links with

universities, and sector skills councils. It should involve use of the *Agenda for Change Knowledge and Skills Framework*. We would expect to play our part in developing a Greater Manchester strategy for ensuring we have the necessary skills and capacity to help improve health outcomes.

Countering inadequate public service delivery / capacity in the private sector

The Plan identifies some areas of concern that we share about key parts of our health and social care system. The provision of both social care and nursery places are predominantly provided by private sector organisations and as such can be more difficult to reach through public policy.

We welcome the identification of:

“real risks of significant market failure in domiciliary, residential and nursing care... [impacting on] hospital discharge planning” (p. 6).

and the need for:

“A GM wide approach to further improving high quality early education and child care and increasing the skills and qualifications of the early years and child care workforce” (p. 32).

We agree with the identification of these areas as ones of strategic importance in the achievement of improved health outcomes, and are supportive of GM-wide attempts to find ways of making successful public policy interventions in these areas.

Is the emphasis on individual behaviour fair or effective?

We are concerned that a ‘new deal with the public’ and emphasis on individual responsibility could imply the withdrawal of health and social care services from those seen to not meet their obligations. We would appreciate clarification in the document that this is not the case.

Moreover, it is not clear that anything new is being proposed to counter the “rising burden of illness caused by lifestyle choices like smoking, drinking and obesity” (p. 6) so would discourage assumptions of cost savings in this area.

Interaction between Central Government policy and plans in GM

It is apparent that while Greater Manchester works to plan services in a more rational and joined-up way, changes in Central Government policy can work against this ambition.

For example, we would view the ending of NHS bursaries as detrimental to efforts in Greater Manchester to increase training opportunities for local citizens and to ensure we have sufficient skilled staff to work in health and social care.

Similarly, Central Government moves toward ending local authority involvement in schools can be seen as running counter to efforts to align commissioning decisions. Academy schools commission some community health services for pupils, and it would be better if these decisions were democratically accountable.

We believe that it is important for the authorities in Greater Manchester to both keep in mind the risk of Central Government policy changes impacting on plans in the city-region and to be able to raise concerns to national policy-makers.