Get GM Working Plan

Chapter 1: Executive Summary

Greater Manchester (GM) stands as a beacon of ambition, resilience, and innovation—a city region of 3 million people, larger than Wales and Northern Ireland, and fastest growing economy in the UK. GM's unique strength lies in its collaborative spirit: ten local authorities, a dynamic Mayor, and a legacy of voluntary cooperation drive a bold vision—**a thriving city region where everyone can live a good life and share in the benefits of growth**.

What Makes GM Unique?

- **Trailblazer in Devolution:** GM leads the UK in devolved powers, pioneering integrated approaches across transport, regeneration, health, and skills. The GMCA, NHS GM, and a network of partners deliver joined-up solutions at scale.
- **Diverse, Young, and Growing:** GM's population is younger and more diverse than the national average, with rapid growth in key sectors like digital, green economy, and life sciences.
- **Systemic Partnership:** Deep-rooted collaboration across public services including the NHS, DWP/JCP, education, training and employment support providers, employers, the VCFSE sector, and communities enables GM to tackle complex challenges with agility and shared purpose.

The Challenge

Despite its strengths, GM faces persistent barriers:

- **Employment Gap:** GM's employment rate (71.8%) lags behind the national average, with 24.5% of working-age residents "economically inactive"—a figure driven by health, disability, and disadvantage.
- **Health and Inequality:** Poor health is both a cause and consequence of unemployment. 126,900 residents are "inactive" due to long-term health conditions, and inequalities persist across age, ethnicity, gender, and geography. 120,000 people experience multiple disadvantages, from homelessness to substance misuse.
- **Skills and Opportunity:** While qualification levels are rising, 9.1% of working-age residents have no qualifications, and too many young people are not achieving Level 2 by age 19.

The GM Solution: A Whole-System, Evidence-Led Approach

Narrowing the gap between the Greater Manchester employment rate and the national rate and moving closer to achieving an 80% employment rate is fundamental to achieving our aims of growing our economy and making sure all our people can live well. The Get GM Working Plan sets out our collaborative approach to recognising this ambition and is built on four pillars:

1. **Prevention:** Invest in community-powered, place-based support—integrating health, skills, and employment services across the statutory and VCFSE sector through the "Live Well" model to provide everyday support in every neighbourhood. Prioritise early intervention, digital inclusion, and confidence-building to break cycles of disadvantage.
2. **Growth:** Drive inclusive economic growth by aligning skills and employment support with GM's growth sectors and locations, supporting SMEs, and expanding good work through the GM Good Employment Charter and Keep Britain Working vanguard. This will provide good employment opportunities for our residents, providing a clear line of sight to high-quality jobs and ensuring GM is a great place to do business.
3. **Health:** To tackle increasing number of people who are unable to work due to their health or disability fully integrate health, skills and employment support, scaling up existing innovative models to help residents overcome health barriers and move closer towards, move into, and remain within work.
4. **System Conditions:** Maximise GM's unique governance, data, research and devolution powers to streamline funding, align outcomes, and foster continuous improvement to create the conditions for opportunity and growth.

Now is the time for Greater Manchester to go further, faster. By harnessing its unique assets—collaboration, innovation, and devolved power—GM can lead the UK in tackling "economic inactivity," driving inclusive growth, and ensuring every resident has the opportunity to thrive.

Let's get GM working—together.

Chapter 2: Labour Market Analysis

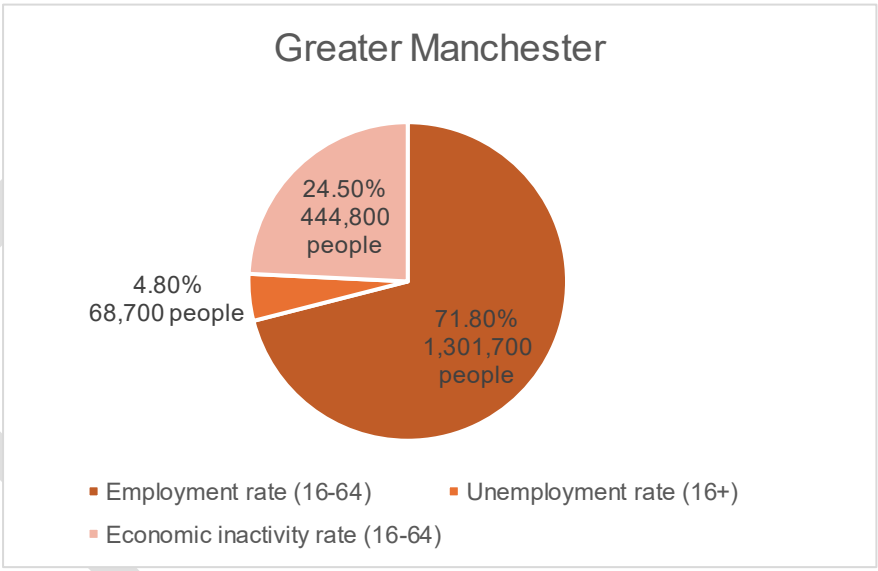
Note: This document provides high-level information, for detailed data and further insights, please refer to the Get GM Working Data Pack and associated data dashboards (see appendix).

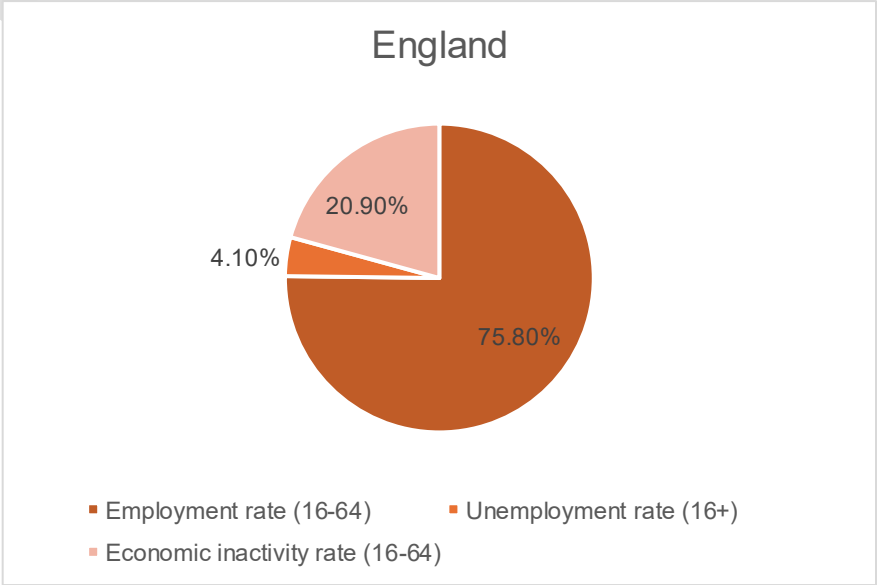
GM's Labour Market in Context

- GM is a relatively young city-region. In 2021: 20.4% of GM's population was aged 0–15, compared to 18.6% for England and 14.9% of GM's population was aged 65+, compared to 17.4% nationally. Between 2011 and 2021 the 0–15 age group accounted for 27.4% of GM's population growth, versus 13.2% for England.
- Despite being younger than the national average, GM is still experiencing population ageing, the proportion of residents aged 55+ rose from 25.5% to 27.4%, and ageing is uneven across GM.
- Over the past 20 years, GM's workforce has shifted toward professional occupations: increasing from 10.4% in 2001 to 20.2% in 2021.
- There have been declines in administrative, secretarial, and skilled trades roles, whilst elementary jobs have increased in number but decreased as a proportion.
- GM's transition from industrial to service-based employment has been more pronounced than the national average.
- These demographic and occupational shifts highlight GM's evolving labour market – understanding these trends is crucial for shaping future economic and social strategies.

Labour Market Participation[1]

Too many Greater Manchester residents are locked out of good work—by poor health, persistent inequalities, and a system that's too complex to navigate, resulting in GM having a lower employment rate than England and higher unemployment and "economic inactivity" rates.

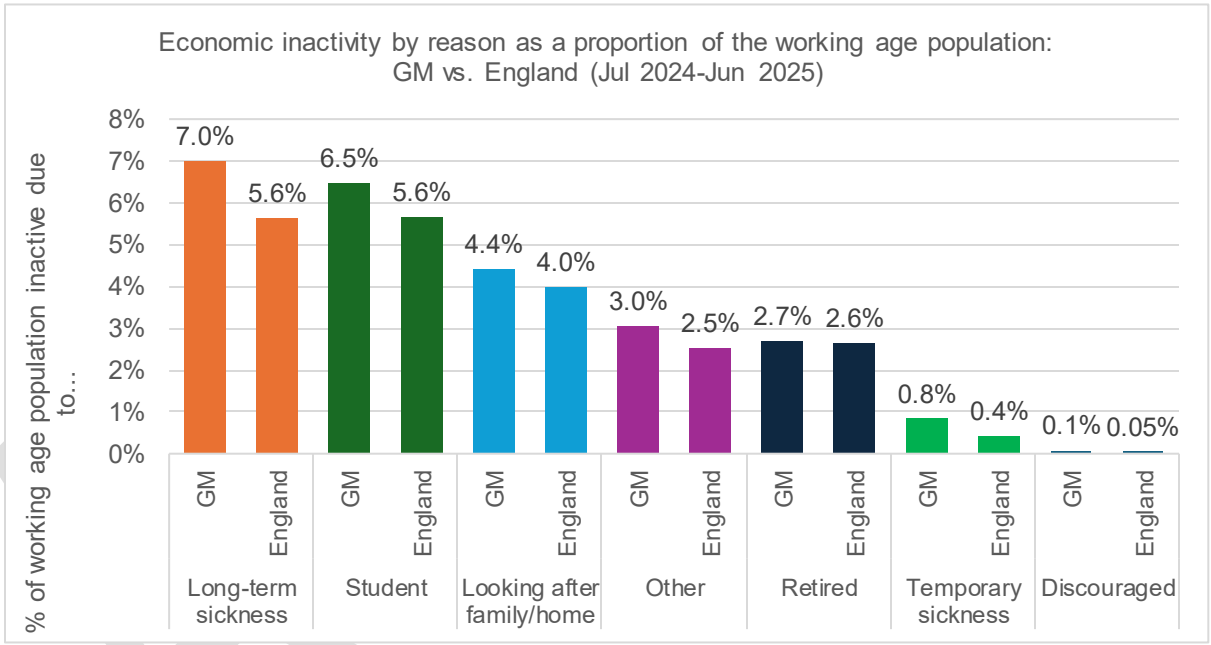




[1] The charts use the Labour Force Survey/Annual Population Survey (LFS/APS) unemployment measure rather than claimant count. This measure covers those aged 16+, whilst "economic inactivity" data only includes the working-age population (16-64).

"Economic Inactivity"[2]

- GM has 126,900 residents who are "inactive" due to long term poor health or sickness, accounting for 28.5% of those "economically inactive" and 7.0% of the working-age population.
- Importantly, the number of "economically inactive" GM residents who say they want to work is 79,600 people (ONS, Annual Population Survey), we need to support these individuals.
- GM has larger student population compared to the national picture, with 117,300 students making up 6.5% of the working age population in GM (or 26.4% of those who are "inactive"), compared to 5.6% in England.
- 4.4% of the working age population are "inactive" due to 'looking after family / home' (79,900 people or 18.0% of those who are "inactive") compared to 4.0% in England.
- GM has a slightly larger retired population than England; 2.7% of 16–64-year-olds are retired in GM (48,800 people and 11% of the "inactive" population), compared to 2.6% nationally.



Skills

- We have made significant progress on skills, the proportion of GM residents with no qualifications has nearly halved since 2008, the proportion of residents in GM with a level 2 qualification or above (i.e., GCSEs) was 83.5% in December 2024 (approximately 1.5 million people), whilst 43.4% had a level 4 qualification or above (i.e., higher education qualification) equating to c.750,600 residents. (NOMIS).
- However there is more to do as GM's population is still lower skilled than the national average; as of December 2024, 9.1% of the GM working age population were listed as having no qualifications (159,000 people). Skills are crucial to unlocking growth.
- Our young people are also lagging behind, in 2022/23, 17.2% of young people in GM did not achieve a Level 2 qualification by age 19, compared to 15.7% nationally.

[2] **Language of "Economic Inactivity":** Engagement with our residents and our GM Disabled People's Panel has told us that our residents think the terminology of "economic inactivity" is inaccurate, discriminatory and perpetuates false stereotypes. We are in ongoing consultation with our residents on alternative language to be used within the GM system which aligns with a social model of disability. In the current iteration of the plan, there are instances where the use of this term has been unavoidable where directly referencing DWP guidance or national statistics. For clarity the government define "economic inactivity" 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.

Demographic Analysis

Geographic

- There are significant geographical variances in employment, unemployment and "inactivity" rates across GM, at both neighbourhood and locality level.
- Trafford (15.6%) has the lowest "inactivity" rate and is the only LA below the England figure (20.9%). Bolton and Oldham have the highest at around 30%.
- Considering "inactivity" due to long-term sickness Trafford (3.3%) and Manchester (4.3%) are the only LAs below the England figure, compared with higher rates seen in Bolton (9.9%), Oldham (9.4%) and Rochdale (10.7%).
- Manchester has a higher proportion of students (35% of those who are "inactive"), compared to 26.4% for GM and 27% in England.

Age

- Younger and older people see higher "inactivity" rates, 45.8% of 16-24-year-olds and 29.4% of 50-64-year-olds are "economically inactive."
- 14.3% of young people aged 16-24 are unemployed. Young people are more likely to have never worked.
- The number of young people Not in Education, Employment, or Training (NEET) is rising, with 5.5% of 16-17-year-olds currently NEET, rising to 13.4% among priority cohorts (care-experienced and SEND).
- Older workers may face age discrimination both in work and in (re)entering the labour market after leaving employment, sometimes fuelling a lack of confidence, aspirations and expectation. Evaluation from Working Well (2021) found that job start likelihood decreases with age, from nearly 40% for 20-year-olds to around 20% for 60-year-olds.

Ethnicity

- While the GM white and mixed populations are most likely to be "economically inactive" due to long-term sickness, minority ethnic residents have lower employment rates: 65.9% of people who identify as 'mixed' and 57.8% of people who identify as Pakistani or Bangladeshi are in work, compared to 73.9% of white people. In the twelve months to June 2025, the unemployment rate for minority ethnic residents was 9.0%, compared to 4.8% overall.
- "Economic inactivity" varies significantly across ethnic groups and localities.
- Many minority ethnic individuals work below their skill level, often due to workplace discrimination and cultural factors.

Gender

- Women are more likely to be "economically inactive" (28.4%) compared to men (20.6%). However, the "economic inactivity" gap has substantially narrowed over time, reducing from 13.5 percentage points in the twelve months to September 2006, to 5.8 percentage points in 2024. This is due to both a rise in "economically inactive" men, but also a fall in "economically inactive" women.
- Women are more likely to be "economically inactive" due to caring responsibilities (82.5% female vs. 17.5% male) and retirement (55% female vs. 45% male) and often face slower career progression and wage growth due to part-time work, however the gender pay gap is lower than it was two years ago. Women are overrepresented among those who have never worked.

Health and Disability

- "Economic inactivity" is much higher amongst disabled people; 42.1%, compared to 17.5% of non-disabled people.
- About 38% of working-age people in GM have a long-term health condition, with just under 60% of these individuals in work compared to 64% nationally.
- Common health conditions include mental health issues and musculoskeletal (MSK) problems. Employment likelihood varies by condition: those with autism, learning difficulties, or severe mental illness, are least likely to be employed.
- The GM Disabled People's Survey 2022 revealed that disabled residents face significant barriers, including lack of appropriate support and inadequate pay.
- The number of fit notes issued increased from 44,900 in May 2019 to 54,084 in December 2023. Nearly 40% were for mental and behavioural disorders, with MSK issues being the second most prevalent (16.27%).

Multiple Disadvantages

- Up to 120,000 people across GM experience multiple disadvantages, which include: Veterans, Substance Misuse, Homelessness, Offenders/Ex-offenders, Domestic Abuse, Carers, Care Leavers and Migrants, including refugees and people seeking asylum.

GM Economy

- GM is the fastest growing economy in the UK- £100bn economy that has grown by 50% since 2000.
- We have 125,000 businesses employing 1.34 million people and nearly 400 businesses with turnovers over £50m/year.
- GM boasts diverse sector strengths and has been working since 2019 to develop five "frontier" sectors, including, digital, creative, the green economy, life sciences, and advanced manufacturing. GM has strong foundation economy sectors like health and social care, education, and construction.
- Inward investment creates 3,500-4,000 jobs annually, primarily in high-skill sectors like administrative, engineering, digital, and professional services.
- GM leads outside London for Foreign Direct Investment (FDI). Employment is projected to grow by 6% from 2023 to 2035, adding around 80,000 jobs.
- Despite this, GM's productivity is still 35% below London's. Narrowing this gap could add £13bn a year in GVA to the UK economy. The Greater Manchester Independent Prosperity Review (IPR) in 2019 found that "human capital factors" are the biggest contributors to low productivity.

Workforce

- GM's workforce is diverse but shrunk by 0.5% (approx. 6,000 workers) in the past year.
- The public sector employs 34.6% of workers – similar to other UK regions.
- GM has a higher concentration of workers in Financial, Business, and Professional Services than other regions, except London.
- Part-time employment has increased by 10% since the pandemic. Around 20% of workers are on zero-hours contracts, with variation by: sector, locality, age, gender, suggesting there is work to be done on job security.
- In recent years there has been a trend towards more secure employment – the proportion of self-employed workers has dropped from 13.6% to 10.4% over the past decade.
- Brexit has impacted the recruitment of semi-skilled and skilled workers, predominantly in hospitality, construction and logistics.

Progression at Work, Job Quality and Earnings

- GM trails the UK in average pay but has seen strong growth in hourly and annual pay, especially post-2020, growing faster than regions like the West Midlands and London.
- Real terms pay in GM has risen above 2008 levels. However, GM employees still earnt 39p less per hour than the national average in 2025, and 14.4% of jobs in GM workplaces pay below the Real Living Wage (RLW) (note this was lower than nationally, 14.6%). Work on the RLW needs to continue at pace.
- The GM resident survey indicates that 65% are satisfied with their job, 50% with their pay, and 68% with their hours. However, 15% of employed respondents fear job loss within the next 12 months, rising to 27% among those earning below the RLW.

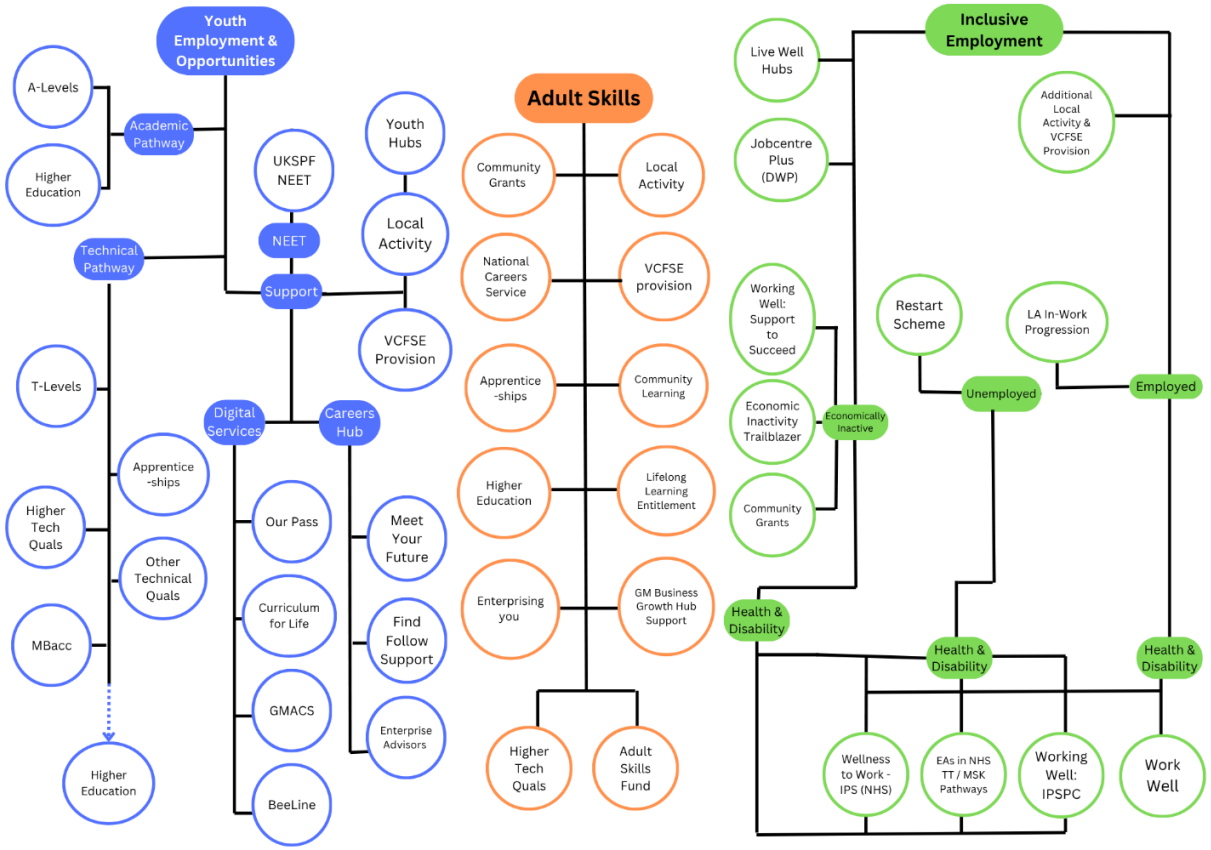
Sector Insights

- In addition to the frontier sectors set out in GM's Sector Development plans, the GM Local Skills Improvement Plan (LSIP) identified seven key sectors as "Gateways" – where there are high levels of good jobs, accessible technical education, and promise of future growth:
    - Manufacturing and Engineering
    - Financial and Professional Services
    - Digital and Technology
    - Creative Culture and Sport
    - Construction and Green Economy
    - Education and Early Years
    - Health and Social Care
- Most of these sectors are not low paying. Social care faces challenges with training and attraction, with workers shifting to higher-paid NHS roles. Education, and Healthcare are low-paying occupations but are expected to grow due to resistance to automation and rising demand. Automation and AI pose risks to well-paid sectors like Financial Services and Manufacturing.
- Financial and Professional Services contribute the highest GVA at £13.8bn, followed by Manufacturing and Engineering (£10bn) and Health and Social Care (£9.3bn).
- Health and Social Care has the largest workforce (207,000 employees), Financial and Professional Services, second largest (147,000 employees).

Chapter 3: Current System and Offer

GM has a well-developed system of employment, skills and health support which is built on:

- Learnings from 5 years of devolved adult skills funding and over 10 years of delivering Working Well employment support programmes.
- High levels of integration with local services, our Working Well programmes have achieved 10 times more integration than the North-West.
- A strong history of partnership working across stakeholders including health and DWP/JCP, supported by a network of engaged employers.
- Both pan-GM and locality provision which is commissioned and delivered by a breadth of stakeholders including GMCA, health, local authorities, the VCFSE sector, education and training providers, employment support providers and employer representative bodies at level.
- Mature relationships with national and regional government colleagues including DWP, DfE and other relevant departments.



The diagram illustrates the complexity of the current employment and skills landscape in 2025/26 financial year.

Resident Journey

From our resident voice engagement work we know that from their perspective the participant journey could be improved through:

- Clear access points for support rather than "*locked doors*".
- Flexible and person-centred support driven by needs to achieve longer term job outcomes rather than determined by benefits status and focussed on job starts driven by KPIs, "*ask what can help me*" rather than "*tick-box support*" which is "*too pushy*" and "*doesn't look deep enough*".
- A more coherent offer which reduces duplication and gaps, resulting in a "*powerful reset of the system".*
- A whole life offer which removes arbitrary age-related transition points that are driven by policy and funding, avoiding support given at "*not the right time*."

We have worked with the Elephants Trail community reporters to develop a video which raises awareness and understanding of creating places of hope towards good work, support for community-led health and well-being, and the potential for solutions to spread.: **Hope - creating Live Well centres 03.2025** (https://www.youtube.com/watch?v=wWINCzriOf4).

Chapter 4: Case for Change

The reasons why GM has higher levels of individuals unable to work due to health and disability, and a lower-than-average employment rate compared to other areas of the country are complex and multifaceted. Despite the maturity of GM's approach, several persistent challenges and gaps remain within the current support system. We have grouped these causes and challenges into four main themes– Prevention, Growth, Health and System Conditions.

Prevention

Drivers and Causes of Labour Market Issues: Barriers Faced by Individuals	Challenges and Gaps within Current System

• **Poverty and Deprivation:** 37% of GM residents under 16 live in poverty and 1.1 million residents live in the 20% most deprived areas in England. There is a strong correlation between poverty, ill health and low skills, key barriers to employment. The cost-of-living crisis has exacerbated the effects of poverty and increased levels of debt. 71% of residents are worried about the cost of living.
• **Multiple Disadvantage:** People experiencing a combination of intersecting problems and for many, their current circumstances are shaped by long-term experience of poverty, deprivation, trauma, abuse and neglect, are often the most vulnerable, experience health inequalities and face barriers to employment.
• **Geographical and Demographic Inequalities:** GM has a diverse population, but resident outcomes are unequal, and inequalities are prevalent. Interconnected inequalities further compound the disadvantage experienced, as does structural racism and discrimination, which can impact on progression within work as well as individuals taking initial steps towards work. This can be exacerbated for our migrant population. Some differences in outcomes may be linked to differences in cultural norms, for example around caring responsibilities.
• **Digital Exclusion:** Despite ongoing work since Covid, almost 400,000 people in GM are still digitally excluded with more than 1 million lacking essential digital skills. Residents can be digitally excluded due to access to equipment and internet connectivity, which creates a barrier in accessing support.
• **Confidence:** Working Well analysis found highly confident clients are more likely to start a job (36.7%) compared to the least confident (14.7%). In the WorkWell service confidence is the main non-health related barrier identified at referral. Confidence can impact ability to access support or undertake training. Social isolation, stigmatising language and previous poor experiences can impact an individual's confidence.
• **Long-term Unemployment:** Length of time out of work is linked to the ability to re-enter work. Analysis from Working Well shows that job start likelihood decreases the longer individuals are unemployed, from 49.7% for 0-6 months to 13.6% for 10+ years.
• **Work Experience:** There is strong correlation between work experience and likelihood of employment. Inequalities in access to experience exist which exacerbate inequalities in employment outcomes.
	• **Inconsistencies in Social Support Provision:** Access is unequal as it varies significantly across programmes.
	• **Confusing Customer Journey:** Multiple entry points create a fragmented experience for individuals, increasing risk of disengagement and inefficiencies. Delivering through a locality-led unified access model with impartial navigation across collocated services allows greater reach to residents, reduces transport barriers, improves transitions between services, and increases the likelihood of a holistic assessment of a residents' needs and barriers.
	• **Coordinated Careers Information, Advice and Guidance:** A cohesive, system-wide approach is essential to ensure that all residents are consistently supported – enabling any service they access to navigate their needs effectively and seamlessly guide them toward appropriate support.
	• **Gaps in Provision:**
	  ○ **Support For Moderate to High Health Needs and Disabilities**: Current support is insufficient for those needing bespoke, specialist support, such as individuals with autism or learning disabilities.
	  ○ **Progression for those Furthest from Work**: A dedicated progression offer is vital for long-term unemployed individuals, including those that have never worked and or have not worked for a long time and will not likely achieve work on other eligible provision.
	  ○ **Tailored Support for Demographic Groups:** Structural inequalities, including racism and discrimination, require targeted responses. Local, culturally competent organisations must be properly funded to support diverse communities.
	  ○ **Investment in Preventative and Outreach Work:** There is a need to proactively engage residents to ensure they can access support.
	  ○ **Work Experience:** Current access is unequal and opportunities for adults do not always exist.

Growth

Drivers and Causes of Labour Market Issues: Supply and Demand Factors	Challenges and Gaps within Current System
• **Demand and Supply Mismatch:** Employers are reporting increasing difficulties in filling vacancies with a lack of skilled candidates causing over half of all vacancies. • **Skills Utilisation:** GM employers conflate skills gaps with labour gaps, deeming a lot of applicants as lacking the required skills. While 70% agreed that they were affected by skills shortages, less than 25% recognised that their staff might lack the skills they needed (LSIP). • **Graduate Premium:** As participation in HE has grown, the number of graduate level jobs has not grown to match this - however graduates still exhibit higher rates of employment: 87.6% vs. 68% for non-graduates. • **Post-16 Sufficiency:** The number of young people in the city-region is rising more than elsewhere, worsening capacity and recruitment challenges. Between 2018-2023, GM saw a 17.6% increase in the 16-18 cohort, growing at nearly double the rate of the national average. This growth is set to continue, peaking in 2029, and will further increase the demand for education places. • **Poor Quality Employment:** The GM Good Employment Charter covers almost 200,000 employees in Greater Manchester; however poor quality employment can cause or exacerbate poor health; therefore, we need to ensure there is enough good work available. • **Unbalanced Economy:** Although we have areas of high-value economic activity, on average, there are more high-wage jobs in the southern part of Greater Manchester. Even our most affluent districts have pockets of deprivation and low economic activity. • **Faltering Employer Demand:** After peaking in 2022 and 2023, the number of job vacancies being advertised across the UK and in GM has dropped back to levels similar to pre-pandemic, indicating lower demand for skills and labour.	• **Employer Fatigue:** Multiple overlapping programmes with varied goals places excessive demands on employers, risking disengagement. • **Availability of 'Good Work':** The GM Good Employment Charter adopted an understanding of good work following an extensive consultation in the city region. Although there is acknowledgement that work and health are inextricably linked, we need to further explore this to continue to develop our understanding of good work in a GM context. Activity to drive economic growth needs to focus on stimulating demand as well as supply. • **Inclusive Employers:** Our residents survey highlights demographic variances in experiences of employment, with disabled residents and those from minority ethnic backgrounds reporting poorer experiences therefore a continued focus on inclusive employment practices is needed. • **Lack of Coordinated Employer Engagement:** There are a range of ways for employers to engage with the current system which drives employer disengagement and would benefit from a co-ordinated approach. • **Occupational Health Services:** Current provision is patchy and concentrated within large employers and in sectors where issues are more prevalent. • **Lack of Employer Investment in Training:** The proportion of workplaces training their workers has dropped from 66% in 2017 to 60% in 2022. In the last decade, employers are spending £1,100 less per person each year on training. • **Automation and AI**: The ongoing impact of automation and AI are creating gaps in entry level pathways for some occupations. The impact of this on the labour market is poorly understood given the pace of change.

Health

Drivers and Causes of Labour Market Issues: Health-related barriers	Challenges and Gaps within Current System
• **Poor Health Preventing Employment:** Research suggests addressing health inequalities could reduce 30% of the North of England's productivity gap and that as much as 75% of the variances in employment rates across GM is due to health. The fluctuating nature of some health conditions impacts an individual's ability to sustain work. • **Unemployment as a Driver of Poverty and Poor Health:** GM has relatively high levels of deprivation compared to the national average, ranking as the fourth most deprived combined authority out of 18 areas. (IMD 2025). This is in part driven by unemployment and income deprivation. Poverty in turn, is the single biggest driver of ill health, and the relationship is bi-directional: Poverty causes ill health, and ill health causes poverty. • **Poor Employment Causing or Exacerbating Poor Health:** Analysis of our Working Well programmes found that for those in work, experiences of their work are often a contributing factor to poor health in terms of overwork, bullying/harassment, working conditions, and job quality/security. Our disabled peoples' panel have told us that the additional stress of navigating inaccessible environments, facing stigma, or struggling with workplace inequality can also lead to poor mental health among disabled workers. • **Aging Population:** GM's population is aging yet an increasing number of older resident are living in poor health compared to England. Health problems are the main reason why older workers leave the workforce prematurely. Insights from the GM WorkWell programme confirm the highest number of referrals come from those age 50+ who are experiencing mental health and MSK conditions as health barriers to employment. • **Impact of Modifiable Risk Factors:** Despite the progress made by the GM approach to prevention, modifiable risk factors (including alcohol, tobacco and obesity) continue to drive poor health outcomes. Analysis from our Working Well programmes suggest only around a quarter of participants engage in physical activity or eat a healthy diet. GM has amongst the highest heart attack and stroke rates in the country, with high rates of excess deaths across cardiovascular disease and diabetes • **Health Inequalities:** There are stark health inequalities for GM residents, people become ill earlier, spend more time in poor health and die earlier than the national average. These inequalities are also interregional, for example male born in Manchester can expect to live an average of 5 years less than male born in Trafford.	• **Increased Demand:** Post-Covid pressures and worsening population health mean waiting lists have increased (including for mental health support) creating unsustainable pressure on the health system, which prevents some individuals from accessing work. This is compounded by pressures in adult social care. • **Healthcare Workforce:** Current staffing pressures and shortages increases pressure on current health service. • **Co-Morbidity Between Physical and Mental Health**: Co-morbidity is significant, but many health services are not designed to address this. • **Social Determinants of Health:** Despite progress around tackling health inequalities, for some residents, access to affordable, healthy food, green spaces and adequate housing is still limited. • **Commercial Determinants of Health:** the promotion and availability of harmful products (alcohol, tobacco and ultra processed food) continue to impact health outcomes in GM and undermine population health interventions. • **Health Education:** Increased health education would better support residents to address social determinants and manage their conditions. • **Occupational Health Services:** Occupational health services are a current gap in provision, particularly for smaller employers. • **Limited Integration:** Health and work services are not sufficiently integrated with sporadic examples of primary and secondary care integrated models across GM, which are often a result of time-limited funding so aren't fully embedded.

System Conditions

Drivers and Causes of Labour Market Issues: Systemic Barriers	Challenges and Gaps within Current System
• **Housing, Childcare, Adult Social Care and Transport Costs and Supply:** Evidence from our Working Well programmes and resident engagement suggests these are barriers to work. Residents with driving licences are more likely to be employed than those without. Disabled residents face additional barriers including transport and adult social care. • **Role and Perceptions of DWP/JCP:** DWP research[3] found that, of those who were "economically inactive" but wished to look for work and were receiving help to do so, only 8% were receiving support from a JCP adviser or Work Coach[4]. Perceptions of DWP/JCP tended to be negative, with a lack of trust linked to perceptions of an 'agenda' around making savings/cutting benefits and work capability assessments were also perceived in this way. The longer claimants had been out of work, the less they tended to welcome contact from DWP/JCP about work-related support. Evidence from GM's Working Well programmes and the New economic Foundation 'Terms of Engagement'[5] research supports this. • **Employment Practices:** Unequal access to opportunities, unfair and discriminatory recruitment practices, regional disparities in job opportunities, lack of accessible and inclusive workplaces, and reasonable adjustments all have an impact on an individual's success in employment, exacerbated by Access to Work delays, and inflexible employment models. • **Services Hard to Access:** Some residents have been described as hard to reach, however public and statutory services are often delivered in silos and not at neighbourhood level, making it difficult for some residents to navigate. This is worsened by inconsistent eligibility criteria and referral pathways and a lack of clear access points or trusted navigator. • **Eligibility Criteria:** Due to how current support is funded, this can often create exclusionary eligibility criteria which can prevent individuals from accessing support that meets their needs. • **Wider Accountability Systems:** Accountability measures will impact on the behaviour of providers and can sometimes restrict how providers may respond to an issue.	• **Targeting, Eligibility and Age-related Transition Points:** Programmes are often driven by eligibility criteria and output metrics rather than individual needs or sustainable outcomes. Most young people under 18 are excluded from accessing programmes such as Youth Hubs[6] and Adult Skills offers due to eligibility restrictions. Removal of eligibility restrictions would focus on individual need and sustainable employment outcomes in programme targeting. • **Complex and Conflicting Funding Streams and Procurement Processes:** Multiple funding sources with distinct requirements lead to duplication, inefficiencies, silos, and limited innovation. Disconnected programme cycles reduce coordination and integration, hindering relationships with providers and workforce development. This lack of coordination leads to duplicated efforts and increased costs with individuals often missing timely, appropriate support. Need for streamlined, unified funding models to reduce duplication and enhance innovation. • **Service Duplication and Provider Competition:** Numerous providers operate in the same space, causing competition for referrals and lack of coordinated transitions between programmes. A streamlined, impartial navigation system would guide individuals to the right support at the right point in time. • **Short-term Funding Cycles:** Temporary programmes disrupt continuity, causing loss of progress, expertise, and workforce capacity. Long-term funding would support a stable and effective system. • **Differing Outcomes Frameworks and Fragmented Data Systems:** Success is measured differently across programmes, making it difficult to evaluate overall impact. Multi-agency, whole-person outcomes measures and integrated data systems would support better analysis and decision-making. • **Varied Quality Standards:** Providers use different quality assurance models, resulting in varied service standards. Alignment of quality standards with GM's needs would enhance service relevance and consistency. • **Fragmentation of Statutory Duties:** Local Authorities have statutory duties for NEET young people; 16-19 education and training is commissioned by DfE to providers; 19+ education is funded through devolved Adult Skills fund; and DWP are now responsible for Apprenticeships and employment support. The fragmentation of accountability prevents development of one holistic youth employment journey which makes services harder to navigate and access.

[3] The work aspirations and support needs of claimants in the ESA Support Group and Universal Credit equivalent - GOV.UK

[4] There is no requirement for those in the ESA Support Group or UC equivalent to visit JCP, therefore those claimants who do attend are voluntarily engaging with JCP.

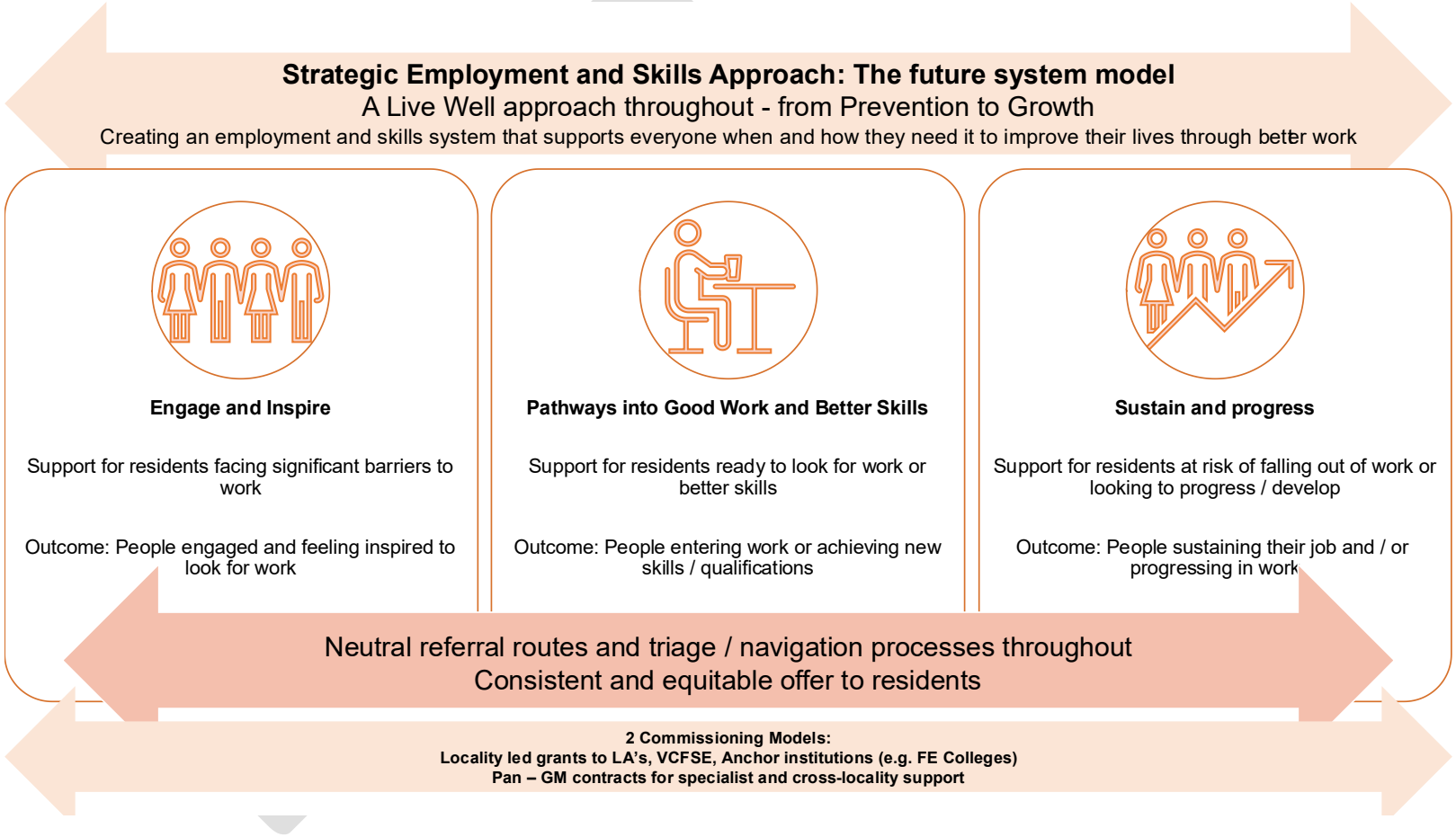
[5] Terms of engagement: Rethinking conditionality to support more people into better jobs

[6] Open to those 16-18 if meet conditions to claim Universal Credit.

A Whole System Approach to Health, Skills, Work and Wider Social Support

Vision statement: GM is a place where every resident is empowered to thrive through a locally driven, co-created system of employment, skills and health support—designed with and for communities and employers to tackle inequalities and unlock potential. We will achieve this through:

- **Outcomes not Outputs:** being clear about who, how and why we want to support particular groups of people, focusing on personalised support and multi-agency, whole person outcome measures.
- **Pathways not Programmes:** a set of services that do not duplicate or create competition and provide a minimum core offer.
- **People not Processes:** greater focus on prevention and focus on needs over circumstances, taking a names not numbers approach.



This will result in a whole system approach to employment, skills and health support. We have developed an approach which provides three clear pathways of support. The diagram outlines the three pathways including the level of need they are targeting, the types of support available and the intended outcomes.

Systems Change

To achieve this, we have identified four key mechanisms that drive system-wide change, that address the key drivers and causes of labour market issues and the challenges and gaps identified within the current system.

To support this, the appendix: Get GM Working Engagement, Governance and Role of Our Stakeholders, sets out in more detail the role of key stakeholders within the employment, skills and health support system and identities the unique levers they have for change.

Systems Change	Outcome	GMS Workstreams
Prevention: Working differently with our residents through developing a Live Well model of employment support.	Residents experience an integrated system delivered at neighbourhood level which has a no wrong door approach, joins the dots and hides the wiring and ensures they can access the right support, in the right place at the right time which is personalised and tailored to their needs.	• Everyday support in every neighbourhood • A clear line of sight to high-quality jobs • Healthy homes for all • Safe and strong communities • Digitally connected places and people • ICB: Fairer Health for All
Growth: Employers are equal and committed partners and co-create the design and shape of skills and employment activities.	Inclusive and sustainable economic growth that provides clear opportunities for all residents to connect to the economy and achieve meaningful employment through employer-led skills and employment support.	• A clear line of sight to high-quality jobs • A great place to do business • Everyday support in every neighbourhood • Healthy homes for all • A transport system for a global city region • Digitally connected places and people
Health: A system that acknowledges and responds to the interrelation of good work and good health.	Improved population health which is enabled by full integration of health, skills, work, and wider social support, which creates the conditions for people to move closer towards, move into, and remain within work.	• Everyday support in every neighbourhood • Healthy homes for all • ICB: Fairer Health for All
System Conditions: Improve ways of working with our stakeholders and maximise opportunities from devolution and our digital, data and research capabilities.	Stronger partnerships with shared ownership and accountability which deliver better outcomes. A streamlined system which aligns funding and commissioning to drive collective action, boosting efficiency, stability, and value. Enhanced understanding of needs to enable targeted, evidence-based, person-centred services, fostering continuous improvement and innovation.	• Everyday support in every neighbourhood • A great place to do business • A transport system for a global city region • Digitally connected places and people • Safe and strong communities

Outcomes Framework

The impact of this activity will be measured through an outcomes framework (see appendix- Outcomes Framework). Care has been taken to draw on existing outcomes frameworks (such as the Manchester Strategy and Integrated Settlement Outcomes Framework) to avoid excessive duplication.)[7]

[7] As part of Get Britain Working, a set of metrics were published – available at Get Britain Working outcomes - GOV.UK. These are noted.

Chapter 6: Priority Actions and Longer-Term Goals

Prevention

GM Live Well is Greater Manchester's commitment to ensuring great everyday support is available in every neighbourhood. It aims to tackle health, social and economic inequalities by changing how we work in our public services, and with people and communities. It will do this by growing the support, control, connections and resources to lead a healthy happy life through:

- A network of welcoming and empowering Live Well centres and spaces.
- Equal, connected and consistent support that brings together the best of our public services and sustainably-funded local VCFSE organisations.
- A Live Well workforce that collectively pulls support around individuals, families and communities.
- Integrated financial, housing, employment, well-being, health and social support as well as opportunities for social connection.
- Access from any neighbourhood and through our health service.

The next phase of Live Well is to fully integrate and evolve our employment support offers across the city region to support us to narrow the gap between the Greater Manchester employment rate and the national rate. To support this we have developed a Live Well Journey to Employment (see appendix).

"A Live Well Journey to Employment is an empowering, community-based approach that helps me build confidence, develop skills and take ownership of my future. It promotes and enables warm, personalised support rooted in my strengths, needs and aspirations — listening to my story, offering practical tools and encouragement, and connecting me to local networks and opportunities. I want good work that's meaningful and part of a good life—supporting my health, wellbeing, independence, and benefiting my family and community."

The below actions describe the changes needed to realise this vision and support progress in narrowing the gap between the Greater Manchester employment rate and national employment rate.

Prevention

Priority Actions:

Action	Outcome
Clear Access Points	Established in each locality, providing an objective, impartial and person-centred navigation approach and enabling greater co-location of services.
Community-led Outreach	Locality level proactive, asset-based outreach to increase reach to residents who find support hardest to access.
Community-led Live Well Offer	A cohesive offer which is not time-bound, is flexible, builds on strengths and supports people in place in a way that meets their needs delivered by communities, including support for cohorts where we know there are greater levels of need due to inequalities.
JCP Integration	Enhanced relationships and improved data sharing between JCP and system stakeholders, to support greater co-location and improve resident access to support.
New Jobs and Careers Service	A co-designed and co-delivered offer with local implementation that creates a service within GM that aligns with our Live Well vision.
All-Age Careers Strategy	A co-created strategy that embeds impartial, and accessible IAG underpinned by a system-wide quality standard to improve resident journeys.
Digital Access Solution	A fully scoped digital solution to improve access to support, which complements place-based access points.
Enhance VCFSE Capacity	Increased capacity and capability to deliver effective community-led provision.
Language and Terminology	A strengths-based approach to language which rejects deficit narratives, co-created with our Disabled People's Panel.
Placed-Based NEET Model	A holistic approach that reaches more young people and delivers better outcomes using local intelligence, connected to the national youth guarantee.

Longer-term Goals:

Goal	Outcome
Live Well Hallmark	A minimum expectation for access, navigation, and support services, ensuring a holistic assessment of need and a tiered and flexible approach to support, enabled through a collaborative programme of workforce development.
Address Structural Barriers	Tackle issues like travel passes and travel training, develop locality approaches to childcare provision and funding and digital inclusion, and maximise use of FCA regulated advice provision.
Resident Voice	Residents' voices are at the heart of support, recognising diverse living experience and ensuring residents influence what support is delivered and how, moving towards a model of co-production.
Measuring Progress on Equity	Participation and impact of support is tracked and evaluated from both a demographic and geographic perspective.
Address Gaps in Support	For those who need it the following support will be in place: • Work experience • In-work support and in-work progression • Self-employment, including social enterprises or cooperatives • Tailored activity for cohorts where we know there are greater levels of need due to inequalities.
Continuous Improvement	A fully implemented integrated offer which generates evaluative learning to support refinement of delivery.
Over 50s	Services for over 50s designed building on learnings from programme evaluations and Health Foundation programme.

Growth

The GMS and Local Growth Plan sets out an approach to growth which addresses the challenges we face currently with our rapid growth not being shared equally:

- Focusing on our growth driving sector and developing growth locations.
- Improving infrastructure and transport.
- Increasing the skills base and access to employment opportunities.
- Strengthening our business support and innovation ecosystem.
- Supporting more businesses to start up, scale up and build resilience.
- Building global partnerships opening up new markets and attract FDI.
- Ensuring growth provides good jobs through the Good Employment Charter.

The below actions focus on how we can drive forward inclusive economic growth which provides good employment opportunities for our residents.

Priority Actions:

Action	Outcome
Align Skills and Work Support to Inclusive Growth	Businesses can access and develop the talent they need through a system that responds to insights from the GM Labour Market Insights Unit and Employer Representative Bodies and the LSIP to connect residents with opportunities in inward investment, growth sectors, and innovation zones.
SME Support	SMEs are strategic partners in local training and provision and are able to identify workforce needs and navigate support available to provide good quality employment opportunities.
Business Growth Support Offer	A comprehensive offer for businesses to start, sustain, innovate and grow, generating the demand for employment and skills and creating more high-quality roles for GM residents.
Occupational Pathways	Maximise the workforce elements of growth locations, regeneration projects, and integrated transport ambitions, co-designing pathways with employers to provide clear lines of sight to the labour market for residents of all ages.
Career Progression	Residents who are on low incomes or in insecure work are supported to progress into new employment opportunities.

Longer-term Goals:

Goal	Outcome
Employer Engagement	A coordinated ecosystem approach to employer engagement which explores incentives to drive engagement.
Good Employment Charter	A refreshed charter which defines the standards for good work in GM, influences employment practices, and increase inclusive employment opportunities.
Public Sector	Ambitious diversity targets in place for public sector employers to embed inclusive recruitment practices and lead by example, and maximised social value opportunities that deliver employment and skills outcomes for residents.
Keep Britain Working Vanguard	Businesses take increased responsibility for employee health and wellbeing, augmented by appropriate support including occupational health and line manager development.
Data Capture	Capture comprehensive data on those benefiting from business support programmes, including monitoring diversity.
Increase Awareness of Fair Work	Residents more informed and able to make more informed employment choices and encouraging a stronger culture of good employment across the city-region.
Tackle Poor Employment	Challenge unfair and exploitative practices, improve relationships between employers and employees, raise awareness of workplace rights and responsibilities, and promote constructive resolution of workplace issues.
Support Migrant Population	Greater flexibilities to better support migrants in utilising their skills and qualifications for economic growth.
Retain Graduates	Increased graduate retention due to sufficient availability of graduate level jobs and GM being an attractive place to start a career.

Health

Good health is an enabler of good work, and good work supports good health. To tackle increasing rates of individuals unable to work due to poor health and disability, there needs to be full integration of health, skills, work, and wider social support system to support people to move closer towards, move into, and remain within work.

The new NHS 10 Year Health Plan describes three big shifts to how the NHS works which allies with the ethos of GGMWP, as the shift from sickness to prevention outlines a vision for delivering cross-societal approaches to health prevention, such as joining up support from across work, health and skills systems to help people find and stay in work.

Priority Actions:

Action	Outcome
Support for Health Barriers	GM residents experiencing poor health are supported to stay in or return to work through joint-delivery and further integration with health.
Innovative Activity	Build and scale innovative approaches to further integrate health and work interventions and good practice such as the colocation of employment advisors within primary and secondary care settings and community hubs, by maintaining the 'GM enabled, locality designed' approach and building on the successes and emerging evidence from the WorkWell delivery models.
Integration	Integration of primary, secondary, mental health care and VCFSE provision with employment and skills through, sharing best practice and amplifying what works.
Wider determinants of Health and Population Health	Comprehensive, whole system population health programmes that tackle health inequalities and the wider determinants of health and demonstrate their impact on improving residents' access to employment.

Longer-term Goals:

Goal	Outcome
Maximise Health and Care Touch Points	Fit notes, health checks, staff training, and pilot activities, including exploring fit note reform, are all maximised to improve outcomes for residents, via an approach coproduced with our Disabled People's panel and disabled people's organisations.
Deliver the GM Live Well vision	Providing residents with a holistic health, wellbeing and work Live Well offer all together in place.
Deliver Efficient Health Services	Reduction of waiting lists and improvements to health, through maximising opportunities such as Getting it Right First Time Further Faster to target communities who could remain or return to work through integration with employment support.
Future Workforce	HE students contribute to improving work and health outcomes, building on the Working Well: Roots to Dental programme.

System Conditions

GM has a strong history of partnership working across key stakeholders, underpinned by formal governance approaches and supported by coterminous boundaries across local government, JCP and health. GM is at the forefront of British devolution, and these unique system conditions need to be maximised, along with making better use of data, digital and research capabilities to narrow the gap between the Greater Manchester employment rate and the national rate.

Within the GMS we have seven underpinning principles: Collaboration, Reducing Inequality, People- Names not Numbers, Considering Future Generations, Data Enabled and Evidence Driven and Using Resources Effectively. The below actions demonstrate how changes within the employment, health, skills and wider social support system will be made in line with the above principles and reduce the gap between the national and GM employment rate.

Priority Actions:

Action	Outcome
Strengthen Governance	Robust system governance which enables shared ownership and accountability, formalises partnership and recognises living experience.
Integrated Settlement	Utilise an expanded Integrated Settlement to enable a shift towards prevention through a flexible and responsive approach to coproducing a design and commissioning strategy for a comprehensive health, skills, social and employment support system offer across GM and localities, which builds on the principles and learning from Working Well and Live Well, addresses diverse resident needs, reduce silos, gaps, and duplication of support and allows room for innovation.
Maximise Flexibilities, Build Capacity and Capability	Delivery of a streamlined offer that meets the needs of our residents, through maximising existing flexibilities and developing system capacity and capability.
Enhance Evidence Base	Expanded research evidence base, which includes links between work and health, understanding of good work in a GM context and system-level evaluation. Closure of current gaps in data which include carers and exploring factors related to sexuality, gender identity, migration status, faith and belief, and linking quantitative data to qualitative data from lived experience.

Longer-term Goals:

Goal	Outcome
Review Discretionary Support Funding	A coordinated approach across partners which reduces duplication of funding and maximises value for money.
Commissioning	Flexible and responsive commissioning, including joint, pan-GM and locality commissioning, consolidated grants to localities (double-devolution), and targeted investment into the VCFSE sector enabled by the integrated settlement, which promotes accountability, delivers efficiencies, creates stability, and drives value for money. Supported by a phased approach to commissioning, from evidence base to contract management, following standardised processes to maximise efficiency.
Standardised Outcomes Framework	In place across all integrated settlement provision to enable evaluation of outcomes beyond employment, including health and the impact on the wider household. Enabled through a data dictionary, standardised templates to streamline management information and consistent criteria for measuring outcomes, resulting in enhanced ability to evaluate and improve services.
Joint Data Unit	Enable progression of ambitions around data sharing, integration and rationalisation to enhance a seamless multi-agency offer, improving pathways and handovers for residents, support improved targeting and evaluation of activity and improve the research and evidence base.

Appendices

- Get GM Working Data Pack
- Get GM Working Outcomes Framework
- Get GM Working Engagement, Governance and Role of Our Stakeholders
- Greater Manchester Strategy (GMS)
- GM Local Skills Improvement Plan (LSIP)
- GM ICS Strategy
- GM Local Growth Plan
- Live Well Journey to Employment

Appendix: Get GM Working Outcomes Framework

No.	Type	Indicator	Breakdowns	Data source /
1	**Core**	**Employment rate** Definition: % of the working-age population (16-64) in employment	Spatial disaggregation: GM local authority Demographic disaggregation: age; sex; ethnicity; disability.	Source: Annual Population Survey (Office for National Statistics; ONS)
2	**Core**	**Claimant count (unemployment)**	Spatial disaggregation: GM local authority Demographic disaggregation: age; sex	Source: Claimant count (NOMIS)
3	**Core**	**% of the working-age population that is "economically inactive" (and % "economically inactive" due to ill-health – both short term and long term)**	Spatial disaggregation: GM local authority Demographic disaggregation: sex, age	Source: Annual Population Survey (ONS)
4	**Core**	**% of employees earning below the Real Living Wage (workplaces)**	Spatial disaggregation: GM local authority Demographic disaggregation: sex	Source: Annual Survey of Hours and Earnings (Office for National Statistics user-requested release)
5	**Core**	**Median pay (residents)**	Spatial disaggregation: GM local authority Demographic disaggregation: sex, part time and full time	Source: Annual Survey of Hours and Earnings
6	**Contextual**	**Health related benefits rate**	Spatial disaggregation: GM local authority	DWP Stat Xplore (PIP/UC Health/Incap). Requires calculation from Stat Xplore Benefits Combination dataset
7	**Contextual**	**Job vacancies (job postings)**	Total in GM (no spatial disaggregation). Vacancies by sector	Lightcast
8	**Contextual**	**GVA per hour worked**	Spatial disaggregation: ITL3 (International Territorial Level 3, reporting for 5 GM sub-areas)	Source: Regional and subregional labour productivity (ONS)
9	**Contextual**	**% of the working-age population with Level 4+ qualifications**	Spatial disaggregation: GM local authority Demographic disaggregation: age; sex	Source: Annual Population Survey (ONS)
10	**Contextual**	**% of the working-age population with sub-Level 2 qualifications**	Spatial disaggregation: GM local authority Demographic disaggregation: age; sex	Source: Annual Population Survey (ONS)
11	**Contextual**	**% of 16-17 year olds in education, employment or training**	Spatial disaggregation: GM local authority Demographic disaggregation: sex; ethnicity; special educational needs and disability (SEND)	Source: Participation in education, training and NEET age 16 to 17 by local authority (Department for Education; DfE)

Appendix: Get GM Working Engagement, Governance and Role of Our Stakeholders

Engagement

As a system-wide plan, stakeholder input is vital for both development and ensuring system-wide buy-in for the actions outlined. Our approach has been underpinned by co-production, involving people with lived experience, including GM Equalities Panels and a wide range of stakeholders including employers, VCFSE organisations, DWP, JCP and NHS colleagues and education, training and employment support providers. The table illustrates details of the engagement activities we carried out, supplemented by an online consultation survey.

The Greater Manchester Strategy

The Greater Manchester Strategy (GMS) was refreshed in summer 2025 and sets out our collective vision for the next decade: 'a thriving city region where everyone can live a good life.' We will do this through seven workstreams, which, together, will fix the foundations in life, make us a greener and more equal city region, help grow our economy and make sure everyone can live well.

1. Healthy homes for all
2. Safe and strong communities
3. A transport system for a global city region
4. A clear line of sight to high-quality jobs
5. Everyday support in every neighbourhood
6. A great place to do business
7. Digitally connected places and people

The Get GM Working Plan is a thematic plan that sits under the GMS and brings together activity across the seven workstreams under the following pledge:

By 2030 everyone will get the support they need, in their neighbourhood, to live well:

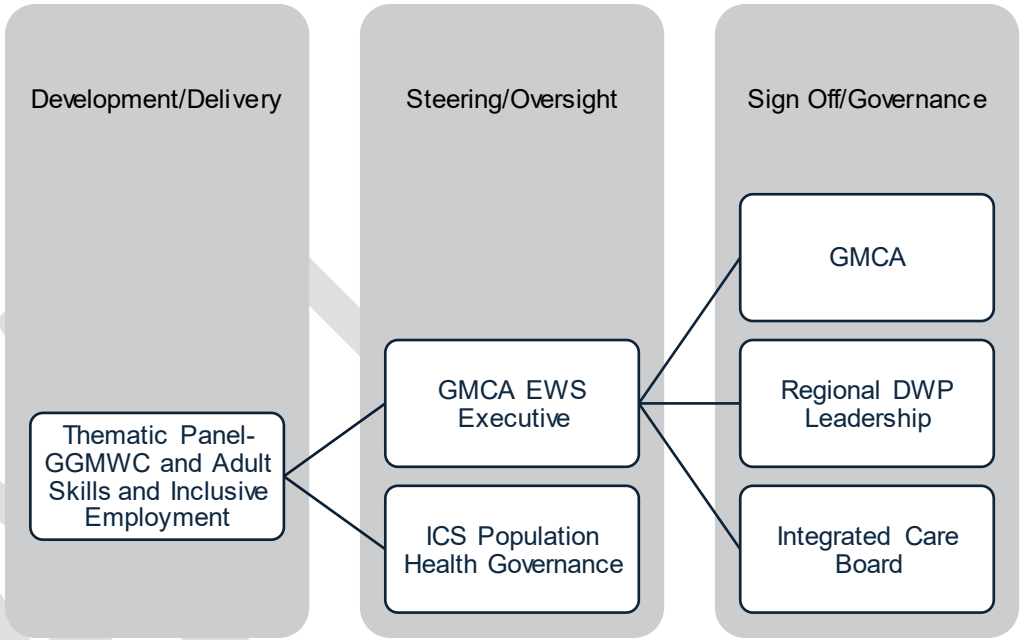
- Anyone requiring one will be able to access a bespoke Live Well appointment, via a network of Live Well centres, spaces and offers, providing practical help from debt to housing and more.
- We will narrow the gap between the Greater Manchester employment rate and the national rate, with good sustainable jobs, that pay well and provide equal opportunities for all residents.
- We will reduce the number of children living in poverty.

Stakeholder group	Engagement activity
Residents	• GMCA Equality Panels: Race, Youth CA, Disability and GM Equalities Alliance • Unseen Voices Panel (Multiple Disadvantage) • ICS Learning Disability Check and Challenge group • Existing lived experience voice from programmes and commissions
Local authorities	• Engagement via Directors of Place, Work and Skills Leads and Youth Careers and Participation Leads
DWP/JCP	• Engagement with both local and regional DWP and JCP colleagues
Employers inc. Employer Representative Bodies and Trade Unions	• Engagement via Business Growth Hub Match Events • Engagement via GM Chamber of Commerce • Engagement via Good Employment Charter Unit and Members
NHS/ICP	• Engagement with locality Directors of Public Health and Population Health governance • Engagement with Mental Health, Primary Care and Secondary Care system groups and Colleagues
Education and Training Providers including FE, HE and ITP	• Workshop with GM Learning Provider Network members (training providers) • Engagement with GM Colleges via Principals meeting, roundtable and three deep dive sessions • Engagement with HEIs via Civic University Board and Academics
Employment support providers	• Workshop with GM Employment Related Services Association (ERSA) Members
VCFSE	• Engagement via Voluntary Sector Northwest (VSNW)
Housing	• Engagement via GM Housing Provider Employment Group
GMCA colleagues	• EWS Management Meeting, Steering Group and Project Team • Workshop across wider GMCA Teams and Directorates

Governance

GM has a strong history of Governance ensuring key stakeholders form part of key decisions and development of any new provision/activity. The Greater Manchester Strategy (GMS) forms the key strategic ambition for GM and is driven forward by GMCA and the 10 local authorities as equal partners. Underneath the formal structures of the GMCA sits lead Political Portfolio Leaders and Chief Executive Portfolio Leads- this ensures a balance between GMCA and Local Authorities in terms of driving and developing policy. This plan will sit within the Technical Education, Skills and Work portfolio led by Cllr O'Brien- Leader Bury Council.

Greater Manchester's approach to technical education, work, and skills is designed as an interconnected system, integrating multiple governance and partnership elements. These arrangements link with other key portfolios such as Public Service Reform, Economy, Digital, and Environment, reflecting the broad relevance of the education, work, and skills (EWS) agenda. They also align with local government, public services, health, and transport, while engaging stakeholders to ensure decisions are informed by both data and lived experiences. Rather than starting from scratch, these new governance structures build on existing partnerships and advisory mechanisms, advancing Greater Manchester's ambition for system-wide improvements enabled by devolution.



The diagram illustrates how the Get GM Working Plan has been developed and approved through system governance, and how it will be implemented and monitored. Future iterations of the plan will follow the same process, and we anticipate an update on progress against the plan will be shared annually, with the full plan being reviewed at key intervals.

Thematic Panels: Recognising that GM's ambition cannot be owned, shaped or delivered by any single organisation, Thematic Panels have been established to formalise our joint ways of working and collaboration, gather intelligence from the ground up, and provide the system leadership and direction for the key policy areas within the EWS portfolio. This approach will better inform our work at a formative stage, drawing on a wider spectrum of views from valued partners and stakeholders more effectively. The Get GM Working Plan will sit in the Reducing Worklessness panel- this will include across GMCA directorates as well as key partners including JCP, VCFSE, LAs. This group will oversee the delivery of the plan and report back to the EWS Executive. The plan will also have a clear connection into the Prevention Demonstrator (Live Well) Governance as this forms over the next few months.

Get GM Working Collaborative (GGMWC): We established the GGMWC to lead the development and co-creation of a Get GM Working plan and to go further faster on work and health integration. The GGMWC is a formal partnership which has shared ownership and oversight of the Get GM Working plan. The GGMWC adds value to existing and future programmes of work, policy and strategy development and feeds into an oversight board consisting of senior leaders from member organisations, and through this group into formal governance structures within respective organisations where necessary.

EWS Executive: The EWS Executive has representatives of GM stakeholders and their networks from across the EWS landscape, including expert colleagues drawn from key stakeholders including local authorities, schools, FE, HE, independent training providers, employment support providers, Jobcentre Plus, careers service providers, VCFSE, health, GM's equalities panels. The role of the exec is to synthesise, oversee and validate GM level policy and activity relating to the EWS agenda. Led by the portfolio Chief Executive Lead, it enables sharing, coordination and direction of policy resulting from collaboration and intelligence gathering undertaken in partnership with stakeholders through Local Authorities, Thematic Panels, the Employer Integration Board (EIB) and wider GM networks. The EWS Executive then feeds into formal GMCA governance.

Role of Our Stakeholders

Category and Levers for Change	Organisation	Overall Function	Roles and Responsibilities in the EWS System	Unique Levers for Change
Local • **Anchor organisations within community** • **Governance** • **Commissioning** • **Collaboration and partnership**	GMCA	Governance, Policy and Commissioning	• Joint governance of delegated employment programme delivery and funding partner • Fully devolved powers for Adult Skills including funding, policy, and programme delivery • Commissioner of employment and skills programmes • Facilitates joint working across 10 GM local authorities and across thematic areas e.g. NHS, adult skills • Policy lead for employment and skills intelligence and delivery across GM	• Devolution • Comprehensive policymaking and commissioning • Regional collaboration
	NHS GM and ICP	Health and Care Delivery/ Policy	• Health and care delivery to residents to support health creation, health retention, and address health needs • Policy lead for health and health inequalities strategy • Commissioning of health-related employment services, • Link into frontline services for engagement and referrals • Funding partner • Provide good employment opportunities	• Health-focused commissioning • Addressing health inequalities
	Local Authorities	Service Coordination and Delivery, Commissioning and Engagement	• Coordinators of local integrated services • Providers and commissioners of employment support • Engagement with residents via frontline services • Policy lead for local area and key source of local intelligence/data • Provide good employment opportunities	• Localised service delivery • Community engagement
National • **Devolution**	Jobcentre Plus	Service Provision	• Employment services provider and benefit administration • Referral routeways for target groups into contracted provision • Up-to-date information on services available to GM residents • Soon responsible for National Careers Service delivery	• New jobs and careers service approach • Direct employment services
	DWP	Governance and Policy	• Joint governance of delegated employment programme delivery and funding partner	• National policy leadership

			• Policy lead for national employment support and benefits, including Access to Work	• Employment programme governance
	Department for Education		• Commissioner and funding partner of national skills and careers services • Policy lead for national skills and training	• National education policy • Skills funding
Community • **Commissioning supply chain** • **Collaboration and partnership** • **Ways of working with residents**	VCFSE / Third Sector	Community-Based Services	• Providers of services including employment, skills, and health • Community-based and sometimes community-led, which is key to engagement work with specific target groups • Have expertise and important source of evidence and insights • Provide good employment opportunities	• Community-led initiatives • Targeted engagement
	Housing Providers	Housing and Support Services	• Providers of services including employment, skills, and health • Community-based and key to engagement work with specific target groups • Have expertise and important source of evidence and insights • Provide good employment opportunities • Anchor organisation within community	• Housing-focused support • Community integration
Providers • **Commissioning supply chain** • **Collaboration and partnership** • **Ways of working with residents**	Employment Support Services	Service Delivery	• Procured partners responsible for contracted delivery (employment and skills) • Insights into design and delivery of services on the ground to influence the system and future delivery • Evidence and data on participant needs • Specialist skills in employment support, needs analysis, identifying and removing barriers, and knowledge of specific cohorts and support needs	• Specialised support services • Ground-level insights
	Education and Training Providers including FE Colleges and HEIs	Education and Training	• Providers of services including skills and employment • Engagement with residents via frontline services • Engagement with businesses and employers • Evidence and data on learner needs • Provision of research and intelligence (HEIs) • Anchor organisation within community	• Specialised skills and employment services • Research and intelligence
Employers • **Collaboration**	Employers and Employer Representative Bodies (ERBs)	Employment Opportunities	• Provide good employment opportunities • Provide evidence and insights into skills needs • Provide business support (ERBs) • Responsibility for LSIP (Chamber of Commerce and GMCA)	• Direct employment opportunities • Business insights