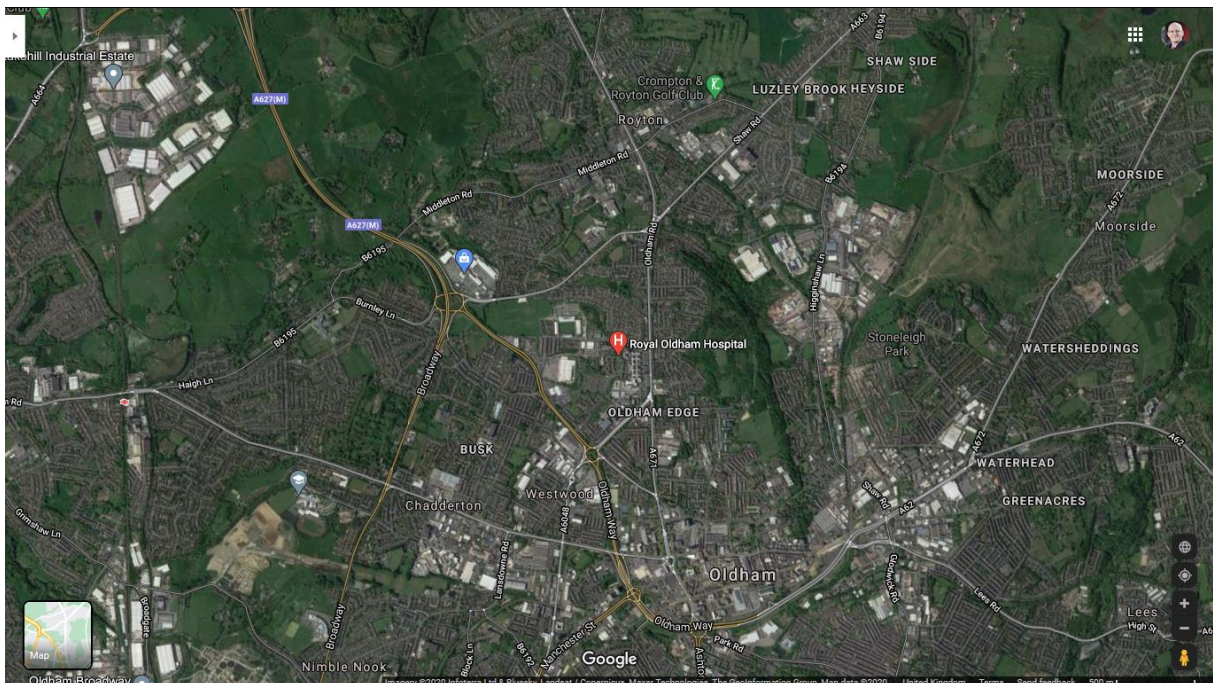


# Employer attractiveness insight - Oldham



## Interim report for the Northern Care Alliance NHS Group

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## Summary

The Northern Care Alliance NHS Group's 'anchor mission' is to maximise its influence on the underlying cause of ill-health – poverty – including by widening access to quality work for local communities.

The anchor organisations in Oldham want to grow their own workforce to reflect the communities that they serve.

Oldham Care Organisation (Royal Oldham Hospital and community health services) is the largest employer in the borough, but only 45.5% of its workforce live in the borough, most of whom are on lower pay grades. There is an opportunity to purposefully fill vacant positions with people from local communities (especially from low-income areas) to increase this to 50% by 2025.

With a particular focus on Coldhurst, this interim report reflects the perceptions of local people on the NCA / Oldham Care Organisation as an employer, and what could be improved. The aim is to use this insight to create a new pre-employment offer and thus improve recruitment.

While local people think of the NCA as a good and attractive employment option, they also perceive that opportunities are restricted, inclined against Oldham people, and with limited progression within the hierarchy.

Key barriers to employment perceived by local people are: a lack of local visibility; ineffective advertising; discrimination; and the application process.

Local people suggested a range of potential solutions, especially: direct, face-to-face outreach into communities and neighbourhoods; effective, realistic marketing and advertising targeted where local people go; and learning from, and working with, other agencies. They also raised: strengths-based approaches; opportunities to gain experience; creative approaches for the recruitment process; and quality feedback for those who are not successful.

For effective recruitment processes, there is scope and potential interest from local people for co-production of solutions with communities, if done appropriately.

To engage and build trust with local people, there were calls for outreach and the use of social events and incentives. Young people in particular came up with a range of creative activities for co-design. Many people also requested transparency and accountability to local people on performance.

## **1. Background**

The Northern Care Alliance NHS Group (NCA) wants to be an anchor institution that uses its power in a deliberate and purposeful way to support the economic development of place. Its 'anchor mission' is to maximise its influence on the underlying cause of ill-health: poverty.

The NCA's Anchor Mission for People includes to be a good employer by:

- aspiring to be a Living Wage employer, paying the real Living Wage
- achieving the Greater Manchester Good Employment Charter standard
- becoming a social mobility index employer by 2021 and be in the top 75 by 2023

One aspect of the NCA's anchor potential is widening access to quality work for local communities, with a particular emphasis on those furthest from the labour market. Quality work means stable employment, paying at least the real Living Wage and offering fair working conditions, work-life balance and career progression.

The NCA is committed to increase by a minimum of 5% the number of staff who live in the communities it serves over the next five years (by 2025), with the greatest increase being from areas of low income.

## **2. Oldham**

The initial focus is Oldham, closely followed by Rochdale.

On the English indices of deprivation 2019<sup>1</sup> (IMD), Oldham's position has worsened overall since 2015, although some of this may be down to data quality. Patterns are much the same as previously, with one area of Greenacres / Waterhead falling into the most deprived 1% nationally.

Oldham has a significant proportion of wards within the most deprived 10% or 20% in England on almost all of the measures within IMD, with the exception of Barriers to Housing and Services.

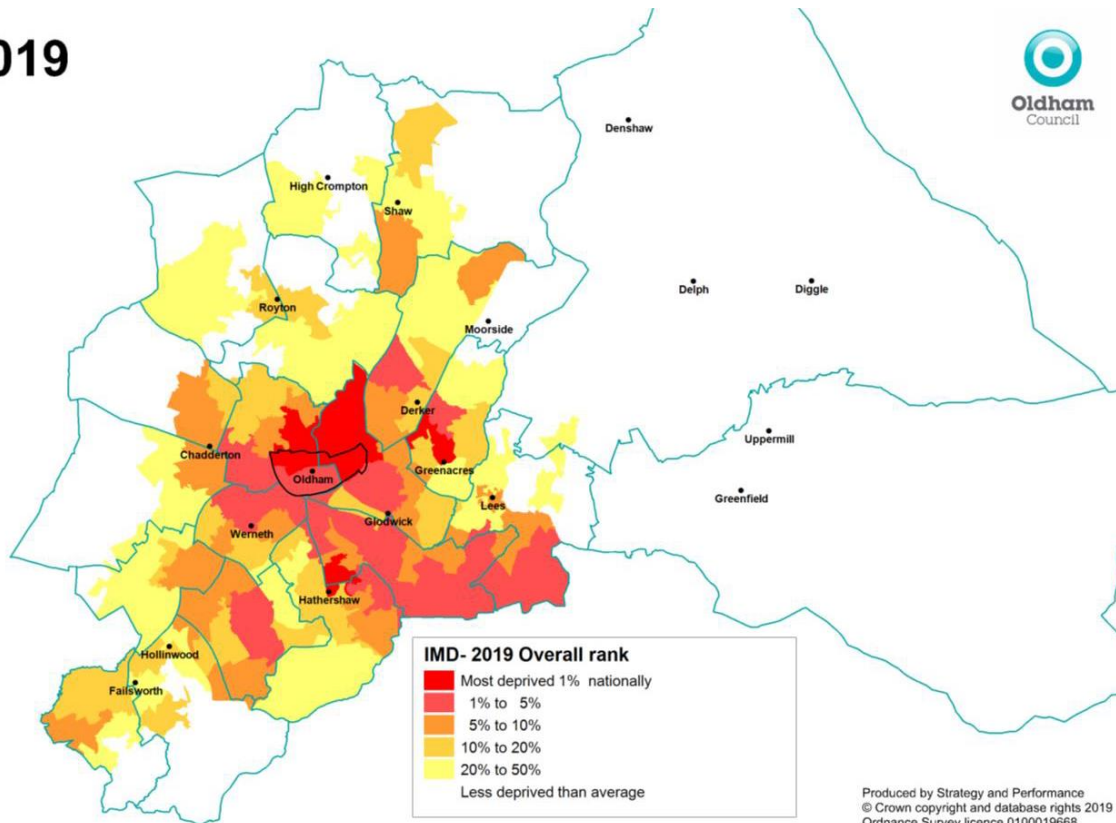
Half of wards are in the most deprived 20% in England overall, as well as in domains on crime, employment, income, education skills and training, and health.

It is worth noting that for adult skills, as in 2015, Coldhurst shows the most deprived position nationally (of 7,180 wards), and St. Mary's 7<sup>th</sup> worst (was 9<sup>th</sup> worst). These are the only results in the most deprived 20 wards nationally.

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<sup>1</sup> Burroughs M. (2019) Indices of Deprivation 2019. Ward level and further analysis (Oldham Council)

2019



The health of people in Oldham is varied compared with the England average. Households in Oldham have one of the 20% lowest income districts/unitary authorities in England and 22% (11,755) of children live in low-income families. Life expectancy for both men and women is lower than the England average. Life expectancy is 11.5 years lower for men and 11.2 years lower for women in households with low income in Oldham than elsewhere in the borough.

Oldham Care Organisation (Royal Oldham Hospital and community health services) is the largest employer in the borough, with health and social care making up 14.2% of the entire local labour workforce, which has seen a 20% growth in the years 2009-2017.<sup>2</sup>

The current NCA workforce data for Oldham is:

Live and work in area	Work in area, but live in NCA catchment	Live outside NCA footprint	Total
1,151	606	773	2,530
45.5%	23.9%	30.6%	100.0%

CLES (the Centre for Local Economic Strategies) did a review of Royal Oldham Hospital in February 2019<sup>3</sup>. In particular, its report reviewed

<sup>2</sup> Ali M. (2019) *Oldham Local Economic Assessment 2019*, Oldham Council

<sup>3</sup> CLES (2019) *Oldham Anchors: Royal Oldham Hospital*

employee spend by geography (including levels of low income), by salary and also by the part-time and full-time split.

In the financial year 2017-2018, Royal Oldham Hospital spent a gross £116,033,882 upon 3,878 different employees' salaries (including part-time staff):

- over £35 million gross (41% of total employee wage spend) was spent with 1,762 individuals resident in Oldham (45% of all Royal Oldham Hospital staff)
- over £73 million gross (85% of total employee wage spend) was spent with 3,358 individuals resident in Greater Manchester (including Oldham) (87% of all Royal Oldham Hospital staff)
- over £38 million is spent on employee wages across 1,596 residents of the nine other Greater Manchester authorities

CLES found differences between full-time and part-time employees:

- 59% of Royal Oldham Hospital employees are full-time and take home 65% of gross wages paid out by the hospital; the remaining 42% of staff are part-time and take home 36% of gross wages paid out by the hospital
- when full-time-equivalent wages are considered (that is, annual salary on a full-time pro-rata basis), there is still a gap in the wages between full-time and part-time positions, suggesting that proportionately, full-time jobs are more likely to be higher paid positions than part-time jobs at Royal Oldham Hospital

An analysis by CLES showed that lower skilled / lower paid jobs are more likely to be filled by Oldham-based residents, causing the average salary among Oldham residents to be significantly lower (£22,248) than the same figure across other Greater Manchester boroughs excluding Oldham (£34,708) or for employees who live outside of Greater Manchester (£38,876).

A comparison of Royal Oldham Hospital's expenditure on Greater Manchester resident employees' wages by areas of deprivation found that:

- 1,053 staff members living in Oldham (62% of all Oldham-resident Royal Oldham Hospital employees) live in areas in the 50% most deprived in the country with an average salary of £23,596.
- This percentage is nearly identical to the number of Greater Manchester-resident employees living in the 50% most deprived areas in the country (61%), although Greater Manchester-residents have a higher average salary of £26,357.
- 657 staff members living in Oldham (38% of all Oldham-resident Royal Oldham Hospital employees) live in areas in the 50% least deprived in the country with an average salary of £27,036.
- This percentage is nearly identical to the 1,277 Greater Manchester-resident employees living in the 50% least deprived areas in the

country (39%), although Greater Manchester residents have a higher average salary of £37,526.

If you are an Oldham resident, you are unlikely to earn more than £30,000 per year working at the Royal Oldham Hospital, no matter how affluent your area is. Greater Manchester residents are, however, more likely to be able to break through that £30,000 year level if they are resident in the 50% least deprived areas.

Recent pre-employment programmes run by the Oldham Care Organisation have been:

- Bridging the Gap supported internship programme (2016-2019)
- Pennine Acute NHS Trust pre-employment programme (2016-2018)
- Prince's Trust Get Into Hospital Services pre-employment programme (2018-2019)

### **3. The context**

On 14 November, 2019, the Oldham Leadership Board considered a progress report on the Partnership Local Wealth Building Programme. Within this, one of the five key areas identified is workforce, with work led by a Partnership workforce group (which includes NCA).

It was stated that what Oldham wants to achieve are:

- Oldham's workforce to represent the communities that it serves.
- To 'grow our own' workforce and increase the pipelines and pathways for Oldham people to access and progress in our organisations.

The priorities and next steps were identified in the table overleaf.

It was agreed that the Partnership workforce group would do analysis across all participating organisations on the wards where the partners have lower workforce representation. They would then agree the wards upon which to focus and undertake insight to understand the reasons why recruitment from these wards is lower than desired. Following this, the partners will develop a joint tactical plan to increase the number of people that they collectively employ from these wards and set appropriate targets. They hope to build on good practice that already exists in this area, such as the Positive Action Team work done by Greater Manchester Police.

<b>Priority / commitment</b>	<b>Council baseline</b>	<b>Partner baseline (and target if set)</b>	<b>Next steps</b>
Increase % of people employed in Oldham with a focus on increasing representation from our poorest/ underrepresented areas	68%  £36.8 million to Oldham resident employees in wages  Oldham spent £682,000 on Oldham employee wages in the 1% most deprived wards nationally	Royal Oldham 45% - target to increase to 50%  Identified Coldhurst as an area of focus  Oldham College 44% Oldham Community Leisure 66% First Choice Homes 64%	Undertake analysis across all participating organisations on the wards where we have less representation and develop 3 or 4 places to focus on.  Undertake insight work to understand why we do not recruit from these areas to consider culture, recruitment process, aspirations etc.  Develop a tactical plan for each area and a set of targets to increase representation from these wards
Increase the average pay for Oldham employees and increase pathways through the system		Northern Care Alliance set targets for Oldham residents to break £30k pay ceiling	Identify work areas where we can identify clear pipelines and pathways. For example, Health Scientist roles with the NCA
Maximise the Apprenticeship levy to create Oldham opportunities		80% of learners at Oldham College are residents but only 60% of apprenticeships are in Oldham	To be determined.



#### 4. The opportunity

For the Oldham Care Organisation and NCA Group corporate functions based at the Royal Oldham Hospital, the current turnover rate is 9.41% or 208 vacancies. In one year (July 2018 to July 2019), there were 63 vacancies in bands 1-4:

Agenda for Change pay band	Clinical	Non-clinical	Estates and facilities	Total
1 <sup>4 5</sup>	0	0	0	0
2 <sup>6</sup>	38	13	0	51
3 <sup>7</sup>	5	5	0	10
4 <sup>8</sup>	0	2	0	2
Total	43	20	0	63

The NCA's anchor mission is to purposefully fill such positions with people from local communities. Each locality will develop a trajectory that anticipates likely vacancies over time to achieve a minimum of 5% improvement by 2025. As the table above illustrates, there are enough vacancies at bands 1-4 to enable this to be achieved. The task is, however, not only about lower band jobs but also about careers. More detailed analysis undertaken in Oldham showed that there were few local people who had a salary of over £30,000 per year.

#### 5. Initial steps

The Oldham Leadership Board has agreed to lead the wider 'anchor' strategy. There are four anchor organisations that have done the CLES baseline analysis: Oldham Care Organisation; Oldham College; Oldham Council; and Oldham Leisure Services. They have committed to work together on employment and procurement activities. Therefore, as well as each organisation having its own aspirations, there is the opportunity for system-wide changes.

The driver diagram below summarises the work to date with Oldham which has come out during early exploration with key stakeholders.

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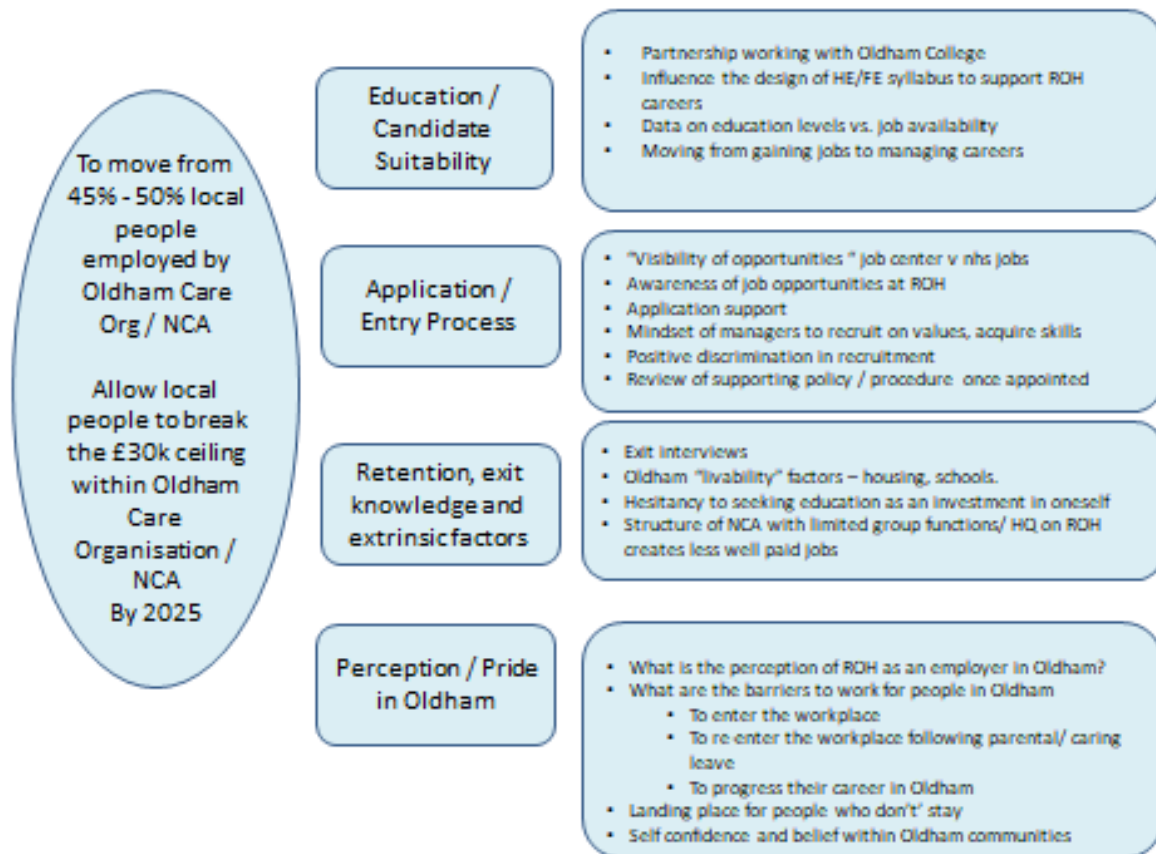
<sup>4</sup> Following the 2018 NHS pay deal, band 1 closed to new entrants from 1 December, 2018.

<sup>5</sup> Examples of roles at band 1 are: domestic support worker; housekeeping assistant; driver; and nursery assistant.

<sup>6</sup> Examples of roles at band 2 are: domestic support worker; housekeeping assistant; driver; nursery assistant; domestic team leader; security officer; secretary/typist; and healthcare assistant.

<sup>7</sup> Examples of roles at band 3 are: emergency care assistant; clinical coding officer; estates officer; and occupational therapy worker.

<sup>8</sup> Examples of roles at band 4 are: assistant practitioner; audio-visual technician; pharmacy technician; dental nurse; and theatre support worker.



The NCA has submitted a bid worth £50k to the Opportunity Fund in Oldham which will focus on volunteering, work experience, pre-employment programmes in the wards with lowest income in Oldham, focusing on young people aged 16-25 years old.

A test of change has commenced in Coldhurst in Oldham, which is the electoral ward within which the Royal Oldham Hospital is physically located. Through this the NCA's outreach, visibility and pre-employment programmes can be targeted to specific communities within each locality.

To work towards employing at least 5% more local people in each of the NCA's localities by 2025, work with the Oldham Care Organisation will be done in February 2020 to develop locally agreed trajectories that match areas with high turnover / vacancies with pre-employment and apprenticeship opportunities.

The next stage of insight would be to develop the NCA's in-house capacity to do this level of analysis and to be able to track this over time. This will also require it to analysis its workforce data to an electoral ward / neighbourhood and compare this to areas of low income. The NCA will then work at a micro level with 2-3 neighbourhoods in each locality.

## **6. The challenge**

Through the different schemes on offer across the NCA, there is a high conversion rate into paid jobs, but the initial intake is not fairly reflecting the local population.

For example, the Black, Asian and minority ethnic representation within the workforce falls within 3% of the Oldham BAME population. If overseas doctors are excluded, however, it does not mirror the demography of the local community.

So, how can the NCA workforce be more representative of the community it serves? More specifically, the Oldham Care Organisation is the biggest employer in Oldham; how does it also become the most attractive?

## **7. The insight wanted**

Understanding the baseline: how is the NCA / Oldham Care Organisation perceived as an employer? For example: impenetrable; 'jobs for the boys'; or connected and part of the community? What are the (perceived) barriers to employment? Are our assumptions correct?

## **8. The desired outcome and impact**

To use the insight to review, co-design and co-produce the NCA's new pre-employment offer: that is, the ways in which the NCA recruits volunteers, offers pre-employment opportunities and ultimately recruitment into paid jobs and career opportunities.

To bring the NCA closer to local communities and build up trust with them.

## **9. Approach**

Unlimited Potential used various ways to gain / consolidate qualitative insight into the barriers that local people from local-income communities face in gaining employment with the NCA at the Oldham Care Organisation.

For practical purposes, rather than taking a whole borough approach, the work focussed on:

- one geographical population – Coldhurst; and
- people from Black, Asian and minority ethnic communities
- while being mindful of communities of identity by: age (including young people not in education, employment or training); care leavers; caring responsibilities (including young carers); disability; ex-offenders; military service; race; religion or belief; sex; and sexual orientation.

The work incorporated:

1.	Exploratory conversations with key people locally: <ul style="list-style-type: none"> <li>• Heather Green (Vice-Principal, Oldham College) 20/2/20</li> <li>• Rohema Khan (Get Oldham Working) 18/2/20</li> <li>• Zaiem Khan (District Co-ordinator - Coldhurst, Oldham Council) 18/2/20</li> <li>• Shaid Mushtaq (Councillor, Cabinet Member for Economy and Skills, Oldham Council) 26/2/20</li> </ul>
2.	Engaging local people via voluntary, community and faith networks in the selected communities.
3.	Using qualitative methods appropriate to each group, such as deep democracy, focus groups and social media monitoring, to seek their insights in order to: <ul style="list-style-type: none"> <li>• define the problem - discover how the NCA / Oldham Care Organisation is perceived as an employer</li> <li>• determine the (perceived) barriers to employment</li> <li>• discover potential solutions with local people (including community strengths, and examples from any local employers perceived positively by local people)</li> <li>• design ways to engage and build trust that people like</li> </ul>
4.	Produce a report of the learning, both specific to NCA and more generic for all local employers, with a view to potential co-production with local people of new solutions for effective recruitment processes.

In-depth focus group discussions were held with local people at:

- Oldham College – 6 March, 2020 [9 participants]
- My Coldhurst – 7 March, 2020 [4 participants]
- OL1-Oldham group – 17 March, 2020 [5 participants]
- Oldham Youth Council – 18 March, 2020 [11 participants]

These 29 participants included:

- 20 young people / young adults [69.0%]
- 15 women [51.7%]
- 17 people from Black, Asian and minority ethnic communities [58.6%]

Due to the 'lockdown' restrictions imposed by Government due to COVID-19 (coronavirus) and the significant level of digital exclusion in the local area, it was not possible to run effective discussions with local people in other identified groups from late March onwards.

In addition, the project engaged in *Growing the New Economy: co-operative and social enterprise place-based innovation*, a conference held at Queen Elizabeth Hall in Oldham on 12 February, 2020, which was supported by Oldham Council, amongst others.

## 10. Define the problem - discover how the NCA / Oldham Care Organisation is perceived as an employer

Local people's main perceptions of the NCA / Oldham Care Organisation as an employer were:

### Positively:

It was seen as a **good option for people**: "aspiration for our children"; "attract people with social conscience – sense of pride."

It was seen as an **attractive option for employment**: "rewarding"; "could be eye-opening"; "not routine, interesting".

It offers **practical benefits**, including: local work with "less travel and commuting"; and the opportunity to retrain (once inside the organisation).

### Negatively:

It was seen as an **unattractive workplace**: "dull ... depressing"; "stressful"; "testing ... underfunded"; "wages are poor"; "outsourcing – zero hours contracts, etc."

It was frequently perceived that **opportunities are restricted or closed**: "if you're not part of the crew, it is difficult to get in"; "look at some, but not all, applications"; "NHS experience is more valued than other experience"; "you must have an NHS background"; "you need three years' experience".

It was also often perceived that employment was **not reflective of and inclined against Oldham people**: "the organisation is not representative of the local community"; "the first time ever that I have heard that the NHS in Oldham wants to engage BME communities"; "they think that people from elsewhere [outside Oldham] are better"; "they won't give us opportunities, volunteering, etc."; "people don't think they will get a job there any way".

There were also a few perceptions of a **hierarchy with limited progression**: "very hierarchical"; "no progression if you get a lower-level job".

A few people perceived that the **only jobs available are clinical**: "just doctors and nurses".

## 11. Determine the (perceived) barriers to employment

Local people perceived the key barriers to employment as being:

A **lack of local visibility**: “too much online”, while not everyone has access to IT; website “not friendly” or unknown; “never seen the NHS as employer at mock interviews, schools, etc.”

**Ineffective advertising**: “advertise internally not externally”; “word of mouth”; “not wide”; “have to search for NHS jobs, even online”; “sector specific”; no NHS links on Greater Jobs, Indeed, etc.

There were frequent perceptions of **discrimination** on various grounds, including accent, gender, race and disability. Some people also perceived a preference for older people, as well as lower pay for people under 25.

Some people felt that **certain levels of qualification are required** to be eligible for employment.

The **application process** was perceived as long and bureaucratic, with difficult application forms, and no feedback provided.

There were a few comments about having **not enough apprenticeships** on offer.

With regard to **communities** themselves, there were a range of comments about them being siloed and isolated, with a lack of ambition and/or a ‘benefits culture’. There were particular concerns about young men, and also about language barriers for some people. A few people also felt that there was a **lack of knowledge about how to apply**.

## **12. Discover potential solutions with local people**

Local people suggested these potential solutions:

There was an extremely strong and frequent call for **direct, face-to-face outreach** into:

- communities and neighbourhoods: “get out and about”; “be visible and present”
- schools: “inspire in schools”; “talks to give hope/aspiration in high schools”; “NHS within school agenda/curriculum”
- colleges: “come into college to explain”; “come and talk; interactive, practical examples”
- youth organisations: such as Mahdlo and Oldham Youth Council
- town centres and local events
- job centre
- pop-up shop and open days

There were even more suggestions about **effective marketing and advertising**:

- better, more accessible information

- framing of language, including: hope (compare to the Army's "Be the Best"); emphasising 'our NHS' as something to give to; promoting the benefits of work and working locally (such as well-being, mental health, and lower travel costs); and highlighting the non-clinical jobs available
- using real examples: actual staff; 'day in the life' video; on Snapchat
- advertising where people go: community venues (e.g. cricket and football clubs, Wetherspoon's, Tesco, mosques, bus stations, libraries); in health care premises; on buses, in libraries and on toilet doors; on bus and McDonald's tickets, betting slips and where people swipe; videos, positive messages and quizzes on social media (Snapchat, Instagram, Twitter, Tik Tok, then follow on); and advertisements on YouTube and TV

People suggested **targeting**: local people; in deprived areas; young people and young adults.

Opportunities for **learning from, and working with, other agencies** were raised: learning particularly from Greater Manchester Police and the Army; join up with other large local employers to pool resources – 'Oldham needs ...'

The adoption of **strengths-based approaches** was highlighted: "respecting what people bring"; having presentations about people's life experiences and what they already have, and then see what roles might fit.

Many people wanted offers of **opportunities to gain experience**, including: shadowing; training; work experience; apprenticeships; and mentoring.

There were many suggestions for the **recruitment process**: assessing adverts and statements for appropriateness; more guidance, tips and support through the system; informal conversations before applications; screening without application forms (at least for some jobs); interviews if local people meet essential criteria; working interviews (not question and answer) – "try me in practice"; phone and group interviews; make-up of recruitment panels that reflect the local population.

There were requests for **feedback** if people were not successful, to help them learn and improve, and to encourage applications.

A few people mentioned **terms and conditions**, particularly having more part-time roles.

### **13. Design ways to engage and build trust that people like**

Local people suggested these ways to engage and build trust with them:

There was again a call for **outreach**: “come and talk to us”; “go where young people go”; with an emphasis that this needs to include senior NHS people.

The use of **social events** was raised to attract local people and to bring groups together.

It was suggested that **incentives** would be helpful, such as: food; prize draws; goodie bags. There was also a suggestion of sponsorship by large organisations – for example, “if 1,000 people engage, we will donate an incubator”.

Young people in particular came up with a range of **creative activities for co-design**, such as: games; ‘cheque book’ and other exercises; participatory theatre, dance, drama and video.

Many people requested **transparency and accountability**, including: sharing of targets and data on applications, recruitment, etc.; transparency about performance; monitoring and evaluation; and direct feedback to local people and communities.

#### **14. Potential co-production with local people of new solutions**

For effective recruitment processes, there is scope and potential interest from local people for co-production of solutions with communities, if done appropriately.

This means combining the mutual strengths, capacities and expertise of local communities with those of the NCA / Oldham Care Organisation, to work with one another on an equal basis to achieve positive change. Working from the principle that those who are affected are best placed to co-design solutions, co-production means decision-makers and citizens working together to create a decision or approach that works for them both.

The more that local people are involved in creating the solutions, the more that local people will believe and trust in them.

Co-production is a mind set or culture. It is not the same as the consultation or involvement of local people, or co-design between organisations, although these have their place. It is about relationships, recognising the value that citizens and communities bring, alongside professionals and, crucially, sharing power equitably.

Working well together takes time, energy and commitment, but the results are worth it. We need to include everyone’s voice if we truly want to overcome the challenges of disadvantage, inequality and ill-health, and address their key determinants.