

AGENDA FOR

HEALTH SCRUTINY COMMITTEE

Contact: Chloe Ashworth
Direct Line: 0161 253 5130
E-mail: C.Ashworth@bury.gov.uk
Web Site: www.bury.gov.uk

To: All Members of Health Scrutiny Committee

Councillors: C Cummins, J Grimshaw, S Haroon, K Hussain, O Kersh, C Morris, L Smith, S Smith (Chair), C Tegolo, R Walker and S Walmsley

Dear Member/Colleague

Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

Date:	Thursday, 19 March 2020
Place:	Meeting Rooms A&B
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

3 PUBLIC QUESTION TIME

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

4 MINUTES *(Pages 1 - 4)*

Minutes of the meeting held on 15th January 2020 are attached.

5 LEARNING DISABILITY RESPITE REVIEW *(Pages 5 - 18)*

Kez Hayat, Commissioning Programme Manager to provide an update at the meeting. Report attached.

6 CARERS UPDATE

Update to be provided at the meeting. Report to follow.

7 URGENT CARE UPDATE *(Pages 19 - 22)*

Nicky Parker, Programme Manager Urgent Care to provide an update at the meeting. Presentation attached.

8 CORONAVIRUS (COVID-19)

Lesley Jones Director of Public Health Bury to provide an update.

9 DEVELOPMENT OF THE ONE COMMISSIONING ORGANISATION - INFORMATION ONLY *(Pages 23 - 26)*

Nicky O'Connor Interim Director of Transformation, Communities and Wellbeing has provided a report for information only.

10 URGENT BUSINESS

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 15 January 2020

Present: Councillor S Smith (in the Chair)
Councillors J Grimshaw, S Haroon, K Hussain, O Kersh,
C Morris, L Smith, C Tegolo, R Walker and S Walmsley

Also in attendance:

Ms Kearsley – HM Coroner, Manchester North
Mark Dalzell – Supporting HM Coroner
Catherine McKenna – Supporting HM Coroner
Jon Hobday – Consultant in Public Health, Bury Council
Warren Heppolette – Executive Lead, Strategy and
System Development
Nicky O'Connor – Chief Operating Officer, Heath and
Social Care Partnership
Dr Jeffrey Schryer, Bury CCG Chair
Julie Gonda, Interim Executive Director Communities
and Wellbeing
Neil Long, Assistant Director, Bury Council
Nicky Parker, Programme Manager
Lesley Jones, Director of Public Health, Bury Council
Marcus Connor, Corporate Policy Manager, Bury Council
Adrian Crook, Assistant Director, Bury Council

Public Attendance: Two members of the public were present at the meeting.

Apologies for Absence: Councillor C Cummins

HSC.1 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.2 PUBLIC QUESTION TIME

There were no questions from members of the public present at the meeting.

HSC.3 MINUTES

The minutes of the meeting held on 07 November 2020 be approved as a correct record.

Point HSC 5 – it was agreed that the report on performance indicators be brought in the next municipal year.

Point HSC 9 – was to be covered on the agenda.

HSC.4 DEATHS AND BURIALS IN THE BOROUGH

Ms Kearsley, HM Senior Coroner, Manchester North, Mark Dalzell and Jon Hobday Consultant in Public Health provided a presentation on non-invasive post mortems.

Ms Kearsley stated that Manchester had led the way in this area. This service can be offered but at a cost of £500 and are not suitable in all cases. It was also noted that there are a limited number of scanners available and these required specialist radiographers and radiologists, which are limited in number.

Members of the committee raised questions on literature available to families on non-invasive post mortems, and it was confirmed that there is limited information available due to changing situation with regards the availability of the service.

It was also stated that costs of storage of the deceased while waiting for a non-invasive post mortem to be carried out are not passed on to the families but met by the coroner.

Members of the committee raised questions about the availability and suitability of the service and it was confirmed that although there were around 2,300 requests for non-invasive post mortems each year, around 1,400-1,500 were still subject to a regular post mortem. Even if non-invasive post mortems were used, the pathologist would still have to carry out an external examination of the body.

It was suggested that a task and finish group be set up following the Motion to Council last April. However, Ms Kearsley stated a meeting was already arranged in the next few weeks to discuss a business case for non-invasive scanning for Rochdale, Oldham and Bury.

Members of the committee also raised questions on the costs of Muslim and Jewish burials, as these seemed to be higher than in other areas; also the role of councillors out of hours. Neil Long attended the meeting and stated that systems were in place for burials for every day of the year, so members of the public could contact the Council directly. The costs charged were only the costs of the vault, the specification of which had been developed in conjunction with the community.

It was agreed:

That the report be noted.

HSC.5 UPDATE ON DEVELOPMENT OF THE OCO

Warren Heppolette, Executive Lead, Strategy and System Development and Nicky O'Connor, Chief Operating Officer, Health and Social Care Partnership provided a presentation to members. The presentation covered issues such as meeting social care delivery at a local level; recognising the important of population health; and reducing smoking.

Members of the committee noted the issues raised with the lack of radiologists and radiographers raised in the previous presentation. Warren Heppolette agreed to raise this in Greater Manchester.

Questions were also asked about if occupational therapists were a less expensive alternative to nurses. However, it was confirmed that there was no salary differential and training was very similar. It was also confirmed that work was done with schools and universities around training and with employers over apprenticeships to attract young people to the workforce.

The Chair thanked Warren Heppolette and Nicky O'Connor, especially for providing the wider Greater Manchester picture.

It was agreed:

That the update be noted.

HSC.6 URGENT CARE REVIEW (FOR INFORMATION)

Dr Jeff Schryer, Bury CCG Chair and Nicky Parker, Programme Manager, Urgent Care Review provided a verbal update and presentation on the Urgent Care Review.

Members of the Committee noted the difficulties with sharing information and patient confidentiality. It was confirmed that this is something being worked on as it applies across Greater Manchester.

Questions were also asked about online booking of appointments, and it was confirmed that this is a service offered by all practices to patients registered to do so. The walk-in centre option as part of the consultation was also applauded as it was noted that people often had a perception at least of having to wait a long time for a GP appointment. Dr Schryer offered to provide some more data on this matter. The successes of a triage system run by some practices was noted, however, Dr Schryer stated this was not universally provided as all practices operate as businesses and it is up to them to develop their own service delivery models, although he believed all surgeries in Bury did offer this.

It was agreed:

That the update be noted.

HSC.7 INTERMEDIATE TIER REVIEW (FOR INFORMATION)

Adrian Crook, Assistant Director, Communities and Wellbeing and Julie Gonda, Interim Executive Director Communities and Wellbeing provided an update on the review.

Members of the committee raised a number of questions and it was confirmed that this review would only reduce capacity where the service was currently not fully utilised. It was also noted that while pressures remained

on the service, it was about managing this and balancing service delivery options to be the most effective; for example intermediate care at home was seen as a most beneficial, allowing people to recover faster. It was also confirmed that the quality of accommodation was also regularly assessed.

It was agreed:

That the update be noted.

HSC.8 LEARNING DISABILITY RESPITE REVIEW (FOR INFORMATION)

Julie Gonda, Interim Executive Director Communities and Wellbeing provided an update on the review. It was confirmed this was the third of three significant reviews being undertaken, especially for learning disabilities and respite services. The service is provided to a very small customer group, around eighty customers, and so the review will focus on individual needs.

More detail is expected in the future and a further report will be presented.

It was agreed:

1. That the update be noted.
2. A further update be presented to a future meeting.

HSC.9 UPDATE ON THE NOTICE OF MOTION – TACKLING OBESITY (FOR INFORMATION)

Lesley Jones, Director of Public Health presented a report on progress on tackling obesity, since the Motion of Notice at Council. A range of initiatives are currently in place, including the Daily Mile in school and healthy eating.

Members of the committee noted the positive actions in the report, but also stressed the important of building on the success of things like the London Olympics and promotion of local facilities, such as the Manchester Velodrome.

It was agreed:

That the update be noted.

COUNCILLOR S SMITH
Chair

(Note: The meeting started at 7.00 pm and ended at 9.15 pm)

Health Overview & Scrutiny Report



REPORT TO :

**HEALTH OVERVIEW AND SCRUTINY
COMMITTEE REPORT**

DATE: 10th March 2020

SUBJECT: Learning Disability Respite Review

FROM: Julie Gonda (Executive Director)

CONTACT OFFICER: Kez Hayat (Commissioning Programme Manager)

TYPE OF DECISION: Information/Discussion

FREEDOM OF INFORMATION/STATUS: Not confidential

SUMMARY:

This report provides the Health Scrutiny Committee with information regarding the progress of the Service Review of Learning Disability Respite/Short breaks provision. These are services which are commissioned by both Bury CCG and the Local Authority.

OPTIONS & RECOMMENDED OPTION:

The Health Scrutiny Committee is requested to note the update provided, including the next steps for progress made so far.

IMPLICATIONS:

The outcome of the review will inform next step including:

- Ensure that it meets the needs of service users in terms of capacity, performance and quality.
- Identify areas for development and improvements to benefit service users and enhance their experiences and inform future commissioning
- Commission an equitable and sustainable service.
- Improve outcomes for Service Users and their family where possible
- Achieve financial savings.

Corporate Aims/Policy Framework:	Transforming Care Agenda Care Act 2014
Statement by the S151 Officer:	N/A
Financial Implications and Risk Considerations:	N/A
Statement by Executive Director of Resources & Regulation:	
Equality/Diversity implications:	An EIA and QIA will be completed as part of the review process.
Considered by Monitoring Officer:	This will be taken through the Governance process as appropriate.
Wards Affected:	All
Scrutiny Interest:	For information

1.0 SUMMARY

1.1. This report provides the Health Scrutiny Committee with an update on progress against the Service Review of Learning Disability Respite/Short Breaks provisions commissioned by Bury Local Authority (LA) and the CCG.

1.2. Attached is a presentation with high level updates against the project milestones.

2.0 MATTERS FOR CONSIDERATION/DECISION

2.1. The Health and Overview Scrutiny Board is requested to note the progress made so far and next steps.

3.0 BACKGROUND

3.1. A savings proposal and financial update report was submitted to the CCG Governing Body meeting on the 28th August 2019.

3.2. The report proposed a number of schemes and service reviews for prioritisation and development in 2020-21 which was based on the work undertaken to date and discussions at the Clinical Cabinet and Professional Congress. It can be noted that savings targets have been attributed to these reviews in line with service redesign and delivery of value for money principles.

3.2. This report highlights progress made to date against the action plan.

4.0 BODY OF THE REPORT

Attached presentation

TRACKING/PROCESS

DIRECTOR:

Chief Executive/ Strategic Leadership Team	Executive Member/Chair	Ward Members	Partners
Scrutiny Committee	Committee	Council	

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Learning Disability (LD) Respite Review

Julie Gonda
(Executive Director, Bury Council)

Rational For Change

There is a need to understand the respite provision for Bury residence especially for those with complex health needs including LD Cohort.

Potential for patients and families to go into crisis if suitable respite is not in place at the right time to meet needs.

Need to ensure current resources are utilised most efficient way additional pressure on existing universal health & wellbeing services.

The cost of spot purchasing could be significantly higher than what is currently commissioned.

The current usage is not equitable for all Bury residents requiring respite care.

Background

Commissioning of LD respite/short breaks are undertaken separately by LA and CCG.

There is a lack of shared detailed knowledge across the LA and CCG of the needs of the Learning Disability cohort

There is no single point of access to respite and short breaks in the borough.

The CCG is funding Cambeck, although some of the clients do not have complex health needs/meet the criteria for access.

In the current review (2019/20) some clients are using the service for 48 nights in the year rather than the commissioned 28 nights per person.

Some of the existing clients have been using the service over a very long period of time (20 years +) and now have elderly parents, therefore If they are no longer to use Cambeck, they will require alternative support.



Bury

ical Commissioning Group



Work undertaken

Work underway to understand the actual needs of individuals accessing Cambeck Close, for both adults and children.

Reviews of existing clients are being undertaken by Children and Adult Social Workers, GPs and continuing Health Care representatives, to understand the needs of its customers.

A mapping of services commissioned by the Local Authority for respite breaks is underway, for both adults and children.

Other models of respite being delivered across Greater Manchester and Nationally are Being reviewed to ensure that opportunities regarding efficiency, good practice and innovation are taken into account.



Bury

ical Commissioning Group



Reviews undertaken

view of current LD cohort based at Cambeck Close was undertaken to ascertain:

Which agencies customers are known by

Overall support plan costs

How many nights respite at Cambeck is accessed and the associated cost

The risk if Cambeck was not part of the customer package

Professional judgement as to whether any element of double funding is in place or over prescription of service to meet need

Any alternative options we may be able to offer, (Shared Lives/PA's etc)



Bury

ical Commissioning Group



Review Themes

emerging themes from Childrens' reviews:

Administration of medication, monitoring of equipment, to preventing harm by child's actions i.e. removing gastro tube. Require turning to avoid bed sores.

Some linked with night disturbance, most are impact of managing the behaviour constantly on the rest of the household.

Parent health need compromises their ability to meet caring responsibilities usually physical needs of the child.

Mixture of disturbed sleep and become active and require supervision and restless behaviour and require comforting

Monitoring, disturbed sleep. Need of recovery medication, Emergency intervention.

The impact of the disabled child on siblings being able to "enjoy" family life – none disturbed nights.

Review Themes

Reviews for adults is still being undertaken. Some of the emerging themes:

'Shared Lives' and 'Home for Home' services would be a potential alternative option as this enables the adult or child to remain in a home environment with consistent carers.

Further work is underway to identify specific needs of the group of people who currently use Cambeck Close for respite purposes.

Identify opportunities for exploring alternative options that may provide more of a quality of life experience for the customers, whilst meeting the need for the main carer to take a break.

Finalise the work regarding LA costs and number of clients receiving respite/shorts breaks;

Define a menu of options for respite care, with financial implications.

Engagement with service users to understand if the current provision is meeting needs and if an alternative is a viable option

Outcome

The review has highlighted:

There are potential gaps in respite provision.

Not all clients have health needs that requires bed based respite

Individual needs are multifaceted and require different levels of respite.

Availability of choice needs to improve

There is potential duplication of provision (bed based respite as well as traditional day care)

National and local policies need to reflect future respite model in Bury

Next Steps

Next steps:

Complete review of Cambeck Service User to identify suitable alternative respite provision.

Engagement with service Users to offer alternative respite.

Options paper with recommended options for CCG commissioned respite provision to be taken through Governance process April/May 2020.

Develop the services that are available currently and widen the availability of new and personalised options for people as part of new model of respite for Bury.

Market analysis and procurement options

Develop implementation plan September 2020

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SCRUTINY REPORT

MEETING: Health Scrutiny Committee

DATE: 19th March 2020

SUBJECT: Urgent Care Public Consultation; process

REPORT FROM: Dr Jeff Schryer

CONTACT OFFICER: Nicky Parker, Programme Manager, Urgent Care
Nicky.parker1@nhs.net

1.0 SUMMARY

The Governing Body of the CCG commissioned a strategic review of Urgent Care Services in September 2020. Health Scrutiny Committee received a presentation on progress at its meeting in January. The Review set out a number of proposals to improve the urgent care system in Bury which have been tested through a public consultation exercise. This report sets out the Urgent Care Public Consultation process.

2.0 MATTERS FOR CONSIDERATION/DECISION

Urgent Care Public Consultation process

3.0 BACKGROUND

3.1 The objectives of the Urgent Care Review are:

- Improve performance of 4 hour waits to support Pennine Acute in gaining their full share of the Provider Sustainability Fund.
- Mitigate growth and reduce the percentage of the budget spent on Urgent Care.
- Deliver a minimum of £2.6m savings from Urgent Care Services “in scope”.
- Redesign to simplify access points to improve patient experience.
- Work towards achievement of the GM UEC Improvement and Transformation Plan.

3.2 The following services are in scope for the Urgent Care Review in Bury:

- Urgent Care Treatment Centre.
- Emergency Department at Fairfield General Hospital.
- Walk in Centres at Moorgate and Prestwich.
- GP Out of Hours Service (BARDOC).
- GP Extended Access.

- GP Extended Working Hours.
- Green Car Service.
- Same Day Emergency Care.
- GM Urgent and Emergency Care Improvement and Transformation Delivery Plan including the roll out of GM Clinical Assessment Service.

3.3 A four week public consultation exercise has been completed as well as a Quality Impact Assessment and an Equality Impact Assessment.

4.0 Urgent Care Public Consultation process

4.1 The four week consultation throughout February 2020 captured views from Bury people registered with a Bury GP practice, Bury health care professionals and other local interested parties.

The purpose of the consultation exercise was:

- To inform local people, stakeholders and health care professionals about proposals to improve urgent care services in Bury.
- To capture the views and feedback from all identified stakeholders including local people, health care professionals, local third sector organisations and groups.
- To identify any concerns about the proposals.
- To answer any questions about the proposals.

4.2 A press release was issued to the media to launch the consultation and posted online and on social media platforms. Media coverage was secured in the Bury Times and online, BBC Radio Manchester also referenced the consultation as did the daytime local news.

4.3 An online survey was prepared with hard copies for return by freepost made available in GP practices, Walk-in Centres, the Accident and Emergency Department at Fairfield General Hospital, the Urgent Treatment Centre, the OCO and Council reception areas, neighbourhood libraries and to Healthwatch Bury. Copies were also available on request by phone.

Healthwatch shared the consultation documents during their engagement work including at the Outpatient's Department at Fairfield General Hospital and at a local supermarket.

4.4 A helpline number was included in the consultation document to provide support in completing the survey.

4.5 Information was posted on the CCG website homepage with a link to the consultation document and the 'Listening to your feedback page' was updated to mark the timeline for the consultation. Information to promote the consultation was posted on the One Community engagement platform.

4.6 An issue of the CCG's public E-newsletter 'Health Matters' was issued with information about the consultation. A schedule of social media ran throughout the consultation period, tagging key partners, this included links to videos with the call to action to view the consultation document and complete the online survey and to come along to a public meeting.

- 4.7 Information about the opportunity to share views was cascaded electronically via the Voluntary, Community and Faith Sector Alliance, Healthwatch Bury, Northern Care Alliance, Pennine Care NHS Foundation, Bury Local Care Organisation and through GP Practices to reach patients and members of Patient Participation Groups. A poster promoting the consultation was posted on GP Practice reception information screens, hard copies were also offered to Practices and the Walk-in Centre following a request at a public meeting. Reception and PALS teams were given a briefing note to enable them to help with enquiries
- 4.8 A presentation to describe the case for change and proposals was prepared for Public and stakeholder meetings. Two public meetings took place, one in the day time and one in the evening and requests for presentations to specific groups or meetings were welcomed. 27 people attended. Individuals could book a place or come to the event without booking. An Eventbrite booking page received 319 views. Views could also be sent to the CCG by letter or by e-mail.
- 4.9 A data verification process has been undertaken by Bury HealthWatch and their comments will taken into account in the final report to the Strategic Commissioning Board on 23rd March, 2020.
- 4.10 A Quality Impact Assessment and Equality Impact Assessment have also been completed and will be included in the Strategic Commissioning Board report.

5.0 The Public Consultation proposal

- 5.1 The public consultation document put forward a number of proposals and Bury people were asked for their view.

There were five proposals for an urgent care operating model:

- Option One proposed no change to the current model
- Option Two proposed redesigning urgent care at Fairfield General Hospital without building a new purpose built urgent care facility and embarking on a patient education/information campaign
- Option Three builds on Option Two and proposes a simplification of in and out of hours primary care access through community triage across the locality
- Option Four builds on Option Three and proposes the use of technology to support the new delivery model
- Option Five builds on option Four and proposes building a new purpose built urgent care facility, including moving the walk in centre from Moorgate

- 5.2 Additionally, people were asked if they supported

- the implementation of online access to GP appointments to sit alongside current appointments
- the development of an enhanced Urgent Treatment Centre at Fairfield General Hospital, located in front of the Accident and Emergency Department.
- the development of a community triage service to help people get an appointment in the most appropriate service

- 5.3 People were asked what support they might need for each of the options proposed.

- 5.4 The survey also collected equality monitoring data, a question about location of their registered GP and postcode data

6. Next steps

- 6.1 The public consultation period has now ended and the data has been analysed by the CCG. The data verification exercise has been completed by Healthwatch in the last few days. The data and comments received will be presented to the Strategic Commissioning Board on 23rd March 2020 for a decision about next steps.

7. Conclusion

- 7.1 The Health Scrutiny Committee is requested to to note the Urgent Care Public Consultation process

Nicky Parker
Urgent Care, Programme Manager
Nicky.parker1@nhs.net
March 2020

Health Overview & Scrutiny Report



REPORT TO : **HEALTH OVERVIEW AND SCRUTINY
COMMITTEE REPORT**

DATE: 19 MARCH 2020

SUBJECT: **PROGRESS ON THE DEVELOPMENT OF THE ONE
COMMISSIONING ORGANISATION**

REPORT FROM: **Nicky O'Connor**

CONTACT OFFICER:

TYPE OF DECISION: **To note the contents**

**FREEDOM OF
INFORMATION/STATUS:**

SUMMARY:

This paper gives an update on the most recent developments around the One Commissioning Organisation (OCO) which goes live on 1st April 2020. Staff have now been placed into the new structure, following the completion of a 90 day consultation in early January. A number of organisational development programmes are in place to support staff to deliver new ways of commissioning that support the health and care of the citizens of Bury. Work is also underway to develop the commissioning strategy and plan for the OCO, which will sit underneath the Bury 2030 strategy as part of its delivery approach.

Now the structure of the OCO is in place, a recruitment campaign has begun to find the new leader for the OCO and it is intended that the Executive Director of Strategic Commissioning will be recruited to by end March 2020.

**OPTIONS &
RECOMMENDED OPTION**

IMPLICATIONS:

Corporate Aims/Policy	Do the proposals accord with the Policy
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Statement by the S151**Officer:****Financial Implications
and Risk****Considerations:**

Statement by Executive**Director of Resources &****Regulation:**

Equality/Diversity**implications:**

Considered by**Monitoring Officer:**

Wards Affected:

Scrutiny Interest:

1.0 SUMMARY

This paper gives an update on the most recent developments around the One Commissioning Organisation (OCO) which goes live on the 1st April 2020. Staff have now been placed into the new structure, following the completion of a 90 day consultation in early January. A number of organisational development programmes are in place to support staff to deliver new ways of commissioning that support the health and care of the citizens of Bury. Work is also underway to develop the commissioning strategy and plan for the OCO, which will sit underneath the Bury 2030 strategy as part of its delivery approach. Now the structure of the OCO is in place, a recruitment campaign has begun to find the new leader for the OCO and it is intended that the Executive Director of Strategic Commissioning will be recruited to by the end of March 2020.

2.0 MATTERS FOR CONSIDERATION/DECISION

The progress to date of the development of the OCO

3.0 INTRODUCTION

Bury, as a health and care system, has been moving forward on its journey towards integrated care. The development of an integrated commissioning function, overseen by a Strategic Commissioning Board is an integral and crucial element of this.

The One Commissioning Organisation (OCO) has been planned intensively over the last 9 months and will 'go live' on 1st April 2020.

This integrated structure, bringing together the commissioning functions of Bury CCG and Bury Council is a partnership between the organisations with the aim of improving the health and care of the Bury population, utilising the full strength of

both organisations through strategic commissioning:

- Commissioning based on outcomes, standards, a strategic plan and supporting financial arrangements
- Focussed on people and place including education and skills, employment, housing, environment health and care
- Working with provider partners to design services fit for the 21st Century

4.0 NEW ORGANISATIONAL STRUCTURE

The staff consultation on the new organisational structure completed in January. Staff have now been allocated to the new teams (directorates) of the OCO which are:

Community, Secondary Care, Children's, Public Health and Nursing/Safeguarding and Quality Improvement.

These teams are supported by the newly created Corporate Core where finance, business intelligence, performance and governance will sit.

The post of Executive Director of Strategic Commissioning to lead the OCO is currently being recruited to with the intention of making an appointment by end of March, and the individual being in post by June/July.

5.0 STRATEGY DEVELOPMENT

Building on the opportunity of the developing Bury 2030 strategy, there is now a need for a clear, shared and compelling vision owned by the OCO team, providers of health and care services and the people of Bury. This vision needs to encompass the move towards population health management and prevention, focus more on community development, primary care and wider public health interventions aimed at tackling the determinants of ill health. This vision must also be aligned with the need to deliver the Council and CCGs financial duties and achieve progress towards the major regulatory standards and targets.

It will be crucial that the vision for the OCO enables citizens through community and voluntary groups and ensures that Bury is a place that attracts inward support. We must also create technological partnerships to maximise existing data and more effectively use data and analytics to support the right interventions to support people's health and care.

Work is underway to develop and finalise the vision for the OCO and supporting strategic commissioning plan, which will in turn form part of the overall Bury 2030 strategy.

6.0 ORGANISATIONAL DEVELOPMENT

As previously reported, the organisational development plan has been orientated around the international model called McKinsey 7s model. This tool which analyses an organisation's design, looks at 7 elements – strategy, structure, systems, shared values, style, staff and skills.

Activities that have most recently taken place or are planned for the OCO include:

- A development programme for the Strategic Commissioning Board members to enable the development of strategy, culture and new ways of working
- Skills analysis and team building sessions for OCO staff to commence in April to help form new teams, embed values and support the development of a new culture
- Problem solving training to support new ways of commissioning
- Supporting 11 staff from the OCO to undertake an intensive commissioning programme with the Greater Manchester Commissioning Academy

7.0 BRANDING

Work is underway as part of the developing Bury 2030 strategy to ensure all staff feel part of the Council and CCG by creating new ways of demonstrating the brand of Bury and creating a set of associations for staff and citizens. This will be a no cost and will be created by the communications team but will help staff associate with the OCO. Examples will include styles of email addresses, PowerPoint presentations and lanyards.

Nicky O'Connor
Director of Transformation
Bury OCO
