AGENDA FOR

HEALTH SCRUTINY COMMITTEE

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To: All Members of Health Scrutiny Committee

Councillors: J Grimshaw, K Hussain, C Birchmore, R Brown, N Bayley, E FitzGerald (Chair), J Harris, E Moss, M Walsh, M Hayes and I Rizvi

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:	Wednesday, 25 January 2023
Place:	Council Chamber, Town Hall, Bury, BL9 0SW
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 MINUTES OF THE LAST MEETING *(Pages 5 - 10)*

The minutes from the meeting held on 09th November 2022 are attached for approval.

4 MATTERS ARISING

5 PUBLIC QUESTION TIME *(Pages 11 - 14)*

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

6 MEMBER QUESTION TIME *(Pages 15 - 16)*

A period of up to 15 minutes will be allocated for questions and supplementary questions from members of the Council who are not members of the committee. This period may be varied at the discretion of the chair.

7 WINTER PRESSURES UPDATE

Verbal update from Will Blandamer, Executive Director Health and Adult Care, Adrian Crook, Director of Community Commissioning and Councillor Tariq Cabinet Member for Health and Wellbeing.

8 SERVICE RECONFIGURATION *(Pages 17 - 24)*

Report from Moneeza Iqbal Director of Strategy attached.

9 NORTHERN CARE ALLIANCE CQC REPORT *(Pages 25 - 28)*

Report from Heather Caudle, Chief Nurse Northern Care Alliance attached.

10 GREATER MANCHESTER MENTAL HEALTH TRUST UPDATE *(Pages 29 - 40)*

Will Blandamer, Executive Director, Health and Adult Care - Bury Council, Adrian Crook Director of Community Commissioning, Sian Wimbury (Programme Director) and Andrew Maloney (Deputy CEO and Exec lead for the programme) will present.

11 SYSTEM WIDE WORKFORCE WELLBEING AND RETENTION *(Pages 41 -*

46)

Report attached from Caroline Beirne - Assistant Director of Workforce, IDC.

12 URGENT BUSINESS

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

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Agenda Item 3

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 9 November 2022

Present: Councillor E FitzGerald (in the Chair)
Councillors J Grimshaw, K Hussain, C Birchmore, E FitzGerald, J Harris, E Moss, M Walsh, M Hayes and I Rizvi

Also in attendance: Will Blandamer, Executive Director of Strategic Commissioning, Adrian Crook, Director of Community Commissioning, Cath Tickle, NHS Bury, Kath Wynne-Jones, NHS Bury, Ian Mello, NHS Bury, David Latham, NHS Bury, Chloe Ashworth, Democratic Services, Councillor Lancaster

Public Attendance: 1 member of the public was present at the meeting.

Apologies for Absence: Councillor R Brown and Councillor N Bayley

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HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.2 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.3 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 20th September 2022 were agreed as an accurate record.

HSC.4 MATTERS ARISING

Matters arising:

1. The Task and Finish Groups for Carers and the Social Isolation and Loneliness have met and will be reported on later in the meeting.

HSC.5 PUBLIC QUESTION TIME (Pages 7 - 10)

Notice had been received of 1 question. The Chair advised that copies of the questions had been circulated to all Councillors. The Chair also gave an undertaking to make these available on the Council Web Site.

Questioner	Topic	Responding
Robin Ward	Patient/Carer involvement	Will Blandamer

HSC.6 MEMBER QUESTION TIME (Pages 11 - 12)

Notice had been received of 1 question. The Chair advised that copies of the questions had been circulated to all Councillors. The Chair also gave an undertaking to make these available on the Council Web Site.

Questioner	Topic	Responding
Councillor Lancaster	SEND Services	Will Blandamer

HSC.7 OVERVIEW OF ELECTIVE CARE WAITING POSITION

Catherine Tickle, Commissioning Programme Manager presented an overview of Elective Care and Cancer Recovery and Reform Board Update.

Catherine Tickle advised the Committee that there is a specific focus on long waiters across all elective care specialties (72+ week waits) and cancer long waits (62+ day waits), as the key priority areas identified by Greater Manchester Integrated Care Board, for the next phase of recovery following the pandemic. Catherine Tickle also advised the range of initiatives in place to support recovery at a Northern Care Alliance Group level and Bury Locality level are outlined in the presentation slides.

A member acknowledged that waiting lists were not good prior to the pandemic, therefore for context can members be provided with an outline of pre-pandemic waiting times in comparison to now. In response Catherine Tickle advised she will provide a response to the committee on pre-pandemic waiting times. Prior to the pandemic there were programmes of work to address the waiting duration however most of the increased demand is in Mental Health support.

In addition, Councillor Tariq, Cabinet Member for Health and Wellbeing stated that a number of elective operations are being cancelled. In assurance to the Committee Catherine Tickle confirmed that the utilisation of surgical hubs are being considered and we need to keep appointments and procedures happening by ringfencing the site and time. A further way of reducing cancelations it though theatre utilisation.

A member questioned what contingency plans are in place for the workforce risk identified within the presentation. Catherine Tickle advised Committee Members that there are certain specialties where we have seen a reduction in the workforce, an example is in dermatology. There is a Greater Manchester workforce strategy which links to training programmes including developing staff along with considering how services can deliver care in different places at different times. Kath Wynne Jones advised there is a Strategic Workforce group that has been set up and bury is facing similar issues to those nationally. The Group is looking into what makes Bury attractive to work in, methods such as recruitment fairs in central bury venues and parts of the community have taken place to start to identify people.

Discussions took place regarding dermatology and the transformation programme. Catherine Tickle advised that at a locality level General Practitioners have been equipped to help provide some treatments and triaging. In addition, there is a pathway in place so people are triaged, and this is about to be piloted in Salford Royal by EDERMA and will mean there will be a clinician between primary and Secondary care. In addition, at a Greater Manchester Level there is a reduction in the number of referrals. It was requested the Councillor Grimshaw be sent the total number of beds at Salford and if dressings can be done in the unit.

In response to questions regarding pre-operation to surgery time waiting and cancelations members were informed there is improvement. Whilst Covid is still an issue effecting or posing risk to service delivery including still being the largest contributor of staff time. Committee members asked if it is possible to try and obtain data on cancelled operations.

It was agreed that members note the report and thank you to officers who provided the update.

HSC.8 URGENT CARE SYSTEM

Kath Wynne-Jones Chief Officer, Bury Integrated Delivery Collaborative and David Latham, Programme Manager provided an overview of the presentation within the agenda pack. Members were informed Bury performs typically well compared to Greater Manchester. Work is currently being undertaken on resilience, community-based care, Fairfield General Hospital have an internal improvement plan, and the implementation of care which is part of the filiality model is all underway.

The Committee were informed about system meetings that are in place to discuss pressures and plans for the delivery of services.

Councillor FitzGerald, Chair highlighted and asked for comment on the recent death of a patient in an ambulance at Fairfield General Hospital. In response Will Blandamer, Executive Director advised this was an incident that occurred on the 18th October. It is subject to a serious incident review being led by the Director of Nursing for the Bury Care Organisation which is part of the Northern Care alliance that runs Fairfield General Hospital and local community services.

The patient had been referred for ambulance transfer from a care home to Accident and Emergency at Fairfield General Hospital. There was a queue of ambulances waiting to unload due to pressures in the department. The patient however was regarded as clinically stable with close monitoring not only by the paramedics but a nurse, 2 A&E doctors, and a nursing Sister who provided IV antibiotics. The patient then rapidly deteriorated and despite further attention from senior paramedics on site, and an A&E doctor, sadly passed away.

There will be a system learning event, including in particular colleagues from Rochdale as the deceased was a resident of Rochdale and was known to services in that locality. The event will seek to understand if there is anything that could have been done differently and what changes may be required.

It is not clear whether the ambulance queue was a contributory factor in death of the patient although it is clear A&E nursing and medical staff, as well as pandemics were involved in the monitoring and pro-active care of the patient. Nevertheless, we recognise the circumstances of ambulances queuing to offload patients at the Hospital is not ideal. Like other urgent care systems, the Bury system is under very significant pressure and this is manifest most obviously in the pressures at the front door of the Emergency Department. The report later in the meeting will describe the actions being taken to address these pressures. On behalf of the health and care system in Bury we would like to extend our sympathy to the family of the deceased. We would like to assure the Scrutiny Committee that colleagues at Fairfield General Hospital have maintained close contact with the family at this difficult time and we understand that the family were very appreciative of the care that delivered.

A member thanked officers for increased communication and another member complimented the rapid response team.

Discussions took place regarding the understanding officers had on re-admission rates. Members were informed that data is not shared well across Greater

Manchester, and this is a national issue which effects officer awareness of re-admissions.

Members questioned the details of what the 'Virtual hospital' offer is, in assurance members were informed it is about giving care in people's own home that is appropriate and managed virtually by a consultant team.

Discussions took place regarding walk in centers in helping stem the pressure on Accident and Emergency from not being able to access General Practitioner appointments. Members were informed that Prestwich walk in center has not operated for a number of years, but officers are committed to looking at the role and function of the service and no decision has yet been made. Members were informed that the proportion of GP patients in Bury being seen out performs the National average and there is no direct correlation between difficulty getting GP appt and A&E and the correlation is between how near you live to A&E and attending.

It was agreed:

1. Members note the progress made in the urgent care system
2. Will Blandamer to speak with Cllr Birchmore about the vaccination programme for booster vaccinations and flu immunisations

HSC.9 LATE AUTUMN ADULT SOCIAL CARE REFORMS

Adrian Crook, Director of Community Commissioning provided an update on the Adult social care reforms. On 1st December 2021, a White Paper on the future of adult social care was published. The policy components of the reform reflect the transformation currently underway in Bury: improved housing options, assistive technology, a commitment to the workforce, sustainability of the care sector and greater choice and control for our residents.

Bury awaits further updates but will plan and prepare for what the paper sets out which is ambitions in technology, housing and adaptations. None of us want to be dependent on it.

Discussions took place regarding plans for more staff with the budget constraints, in response members were informed there is still modelling taking place regarding the number of staff required but the additional money should be able to fund the staff required.

Councillor FitzGerald, Chair asked for a further update to come back in July 2023.

HSC.10 UPDATE ON TASK AND FINISH GROUPS

EdenfieldThe Chair, Councillor FitzGerald thanked Andrea Tomlinson for the support she has provided to the task and finish groups.

The two groups have now had their first meeting which set the scope of the group. One of the groups is about Carers and following the first meeting it was felt young people were missing from the conversation therefore the plan is for the next session to invite the chair of Children and Young People Scrutiny and the Cabinet Member for Children and Young People. The meeting also covered discussions about the positive effects of Communities identifying support needs and how to engage with people who do not have a community network.

The second group covered Social Isolation and Loneliness and it was evident following discussion that young people are not considered much under this topic. There is a current steering group that has Councillor involvement which is currently being reviewed. It was discussed how often, faith-based groups are better at spotting signs of social isolation and loneliness and it may be useful to invite some groups to meet with the task and finish group.

Councillor Tariq, Cabinet Member for Health and Wellbeing informed the Committee that recently a Greater Manchester Integrated Care Partnership took place in Bury and the discussion was loneliness and isolation. It reported that each locality needs to have a scoping exercise to pick up the signs of vulnerable residents.

HSC.11 EDENFIELD

Councillor FitzGerald also updated members following the private briefing members received on Edenfield. Councillor FitzGerald did advise a further update will be organised as and when necessary. In addition, members were informed that Councillor FitzGerald did discuss this matter with the Chair of the GMCA Health Scrutiny and it was agreed that it won't be reviewed on a GM level until there is a conclusion to the police enquiry.

COUNCILLOR FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 9.45 am)

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Question 1

From Cllr Elliot Moss on behalf of Mrs Proctor

Could you tell me when the above is due to reopen. I have used it several times over the years with good outcomes I am old enough to remember John Reid now Lord Reid I believe opening it .

I find it strange that such a facility remains closed after jabs are available at pharmacies In the meantime could you tell me which walk-in centres in the Bury area are operational Many thanks Patricia

Answer 2

The Walk In Centre at Prestwich was suspended at the start of the Covid pandemic in 2020 to accommodate the Covid Management Service – an important response to the rapid escalation of the pandemic. Since 2021 the Walk In Centre accommodation has been used as a base for the Vaccination Service for Prestwich and the south of the borough.

The Northern Care Alliance who are responsible for the provision of the Walk In Centre in Prestwich are working to understand the steps necessary to re-establish the service, and are doing so in the context of a substantially different context to the provision of the urgent care system in the borough in the nearly 3 years since its suspension.

Considerations include the availability of workforce , reflections and evaluation on the effect of the transition of the Moorgate WIC to the front end of Fairfield General, and the changing nature of demand for health and care including higher levels of acutely unwell patients. There is also a different landscape of provision – including for example access to community pharmacists for advice and guidance, enhanced primary care based services, and access to 111 and digital access to primary care.

Northern Care alliance are also reflecting on national guidance that requires a full review of any provision that was temporarily suspended during the pandemic, and also the policy direction of promoting bookable access rather than walk in access to patients.

In developing the proposals of the next phase of provision in Prestwich there are other opportunities to bring additional services to be available for local residents– notably the provision of additional lower level diagnostic testing (e.g. phlebotomy, spirometry, and some lower-level cardiac diagnostics), and a potential test of change model of support for frail older residents.

Finally the provision of the WIC needs to be considered in the context of the tremendous opportunity of the wider regeneration of Prestwich town Centre.

Northern Care Alliance are working with all health and care system partners to explore all aspects of the above and will develop a proposal with residents of Prestwich for discussion in due course.

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Public Enquiry at Scrutiny Committee in Feb 2023

A question asking for the data on the number of SEND Tribunal Hearings in Bury

Please see the below data setting out the number of tribunal since 2017

Data on number of tribunals are submitted annually to the DfE as part of the SEND 2 return

Please note that the data relates to the date a tribunal as submitted. Currently hearing can be pending over 6 months due to the delays within the Tribunal Court.

		Reasons for the submission				
Year	Total submitted	Refusal to assess	Refusal to issue	Provision / name of school	Sections within the EHCP	
2017	14	9	1	2	2	
2018	18	9	2	0	7	
2019	20	10	0	1	9	
2020	14	4	0	0	10	
2021	15	1	1	3	10	
2022	22	12	0	0	10	

What is of note is that where the tribunal was based on the refusal to assess over 50% of those requests were where parents had made the application for the Education Health Care Needs assessment. We are currently working on the format of the request forms to ensure that it is user friendly for parents in term of evidencing need

Michael Kemp 04-03-23

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Question 1

Cllr Kevin Peel

Can the Cabinet Member update members on progress with our NHS partners in developing a new Diagnostic Hub in Bury?

NCA have opened their first in Oldham, others are progressing. We seem to be at the bottom of the list. I wonder whether we might take steps to push it forward a bit faster. And why not use the former walk-in centre that now sits half empty I understand.

This is critical to ease pressure on Fairfield and GPs.

Answer 1

The improved diagnostic capacity and availability is recognised to be an important element of NHS recovery arrangements.

The Northern Care Alliance (NCA) is developing Community Diagnostic Centre (CDC) Hubs in Oldham and Salford, with the Oldham Hub serving patients from the Northeast Sector, including Bury. Bury patients will also be able to access the Salford Hub where more convenient. The Oldham Hub was launched in December 2022 and the Salford Hub will launch in summer 2023.

In addition to the Hubs, the NCA is working with Bury to establish Spoke sites off the main CDC Hubs. This model will ensure the locality has access in the community to routine diagnostic tests (e.g. phlebotomy, spirometry, and some lower-level cardiac diagnostics). Non-routine or more complex diagnostics are being delivered via the purpose-built CDC Hubs (e.g., MRI scans, blood gases, endoscopy). It is a national requirement for spoke sites to offer a major imaging modality -for the Bury sites this will be ultrasound scans (non-obstetric).

A task Group made up of key stakeholders from across Bury is working with NCA colleagues to complete a business case for submission in February 2023 to secure funding from NHSE as part of the national CDC programme. The current plan informed by analysis on disease prevalence from Public Health is to develop two spoke sites giving access to routine low-level diagnostics close to home - a spoke in Radcliffe will have a cardiorespiratory focus and a spoke in Prestwich with a frailty focus. The current site of the currently suspended WIC in Prestwich is being assessed as a potential spoke.

As a borough Bury is also using the opportunity to explore bringing Dexa scan provision into the locality as Bury patients currently must travel outside of the borough to access these tests. The CDC Hub and Spoke Model represents one element of the current diagnostic offer in Bury – creating further access to diagnostics in the community, alongside other primary care, community, and secondary care-based diagnostics already in operation across the borough.

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Agenda Item 8

SCRUTINY REPORT

Bury COUNCIL

MEETING: **Health Scrutiny Committee**

DATE: **25th January 2023**

SUBJECT: **Disaggregation of clinical services from the previous Pennine Acute Hospitals Trust footprint**

REPORT FROM: **Moneeza Iqbal, Director of Strategy**

CONTACT OFFICER: **Will Blandamer, Executive Director, Health and Adult Care**

1.0 BACKGROUND

In 2021, MFT acquired the North Manchester General Hospital (NMGH) site, and Salford Royal Foundation Trust (SRFT) acquired the remaining sites of PAHT, creating the NCA. Since then, due to the way in which digital systems and clinical rotas operate, there are some services which operate across the two providers which have not yet been 'disaggregated'. This means that the services still need to be split between the two organisations using an agreed set of principles: including splitting of the workforce, budget and waiting lists.

2.0 ISSUES

This paper provides an update about the work to date to split key services between the providers, and in particular to highlight those areas where this could potentially mean a change to the location where patients access services. It describes the process and criteria used to determine the best solution that ensures services previously part of PAHT continue to be safely delivered by the NCA and MFT respectively. Fundamentally, this process aims to deliver better care for patients through establishing services that are safe and sustainable, but also that use the best evidence available and operate as close to the patient as possible.

In the coming months, there are some key services that will go through this process of disaggregation including Cardiology, Gastroenterology, Urology and Rheumatology. Largely these changes will mean patients can choose to access services from an NCA site or from a MFT site. Initial assessment suggests there is minimal change for Oldham residents for these services.

3.0 CONCLUSION

Scrutiny Committee is asked to receive the report updating on the progress to disaggregate services from PAHT between the NCA and MFT, and to support the approach described to identify and agree the best option for our population .

List of Background Papers:-

Urology Reconfiguration – Health Scrutiny Committee Tuesday 18th January 2022

Contact Details:-

Moneeza Iqbal, Director of Strategy, Northern Care Alliance NHS Foundation Trust
Sophie Hargreaves, Director of Strategty, Manchester University Hospitals NHS Foundation Trust

Introduction and Purpose

This document presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the remainder of the PAHT sites into the Northern Care Alliance (NCA). In particular, planned service changes in the context of previously agreed decisions taken in Greater Manchester to disaggregate services from the legacy PAHT and integrate North Manchester General Hospital (NMGH) into MFT and the remainder of the PAHT sites into the NCA.

The paper provides the following:

- A reminder about the background to the acquisition of the Pennine Acute Hospitals Trust
- An overview of the disaggregation approach and context of complex services
- A high-level assessment of the likely impact on Bury patients

Strategic Context

In January 2016, healthcare partner organisations in Manchester commissioned an independent review of the disposition and organisation of hospital services. This review concluded that the most effective route to achieve clinical, safety and efficiency benefits was to create a single hospital trust for Manchester. The findings of the report were endorsed by all the participating organisations.

At the same time, PAHT was facing significant challenges. Following many years of financial difficulties, a CQC inspection identified material problems with standards of care, and in August 2016 the Trust was rated as Inadequate. The NHS Improvement regional team undertook an option appraisal in respect of the long-term future of PAHT, and this concluded that the preferred option was for NMGH to be acquired by MFT, and for the other PAHT sites to be acquired by SRFT. MFT formally acquired the NMGH site and services through a commercial transaction on 1 April 2021, and SRFT acquired the remaining elements of PAHT through a statutory transaction on 1 October 2021 and became the Northern Care Alliance (NCA).

MFT and the NCA developed business cases to support the acquisitions, and these recognised the potential to deliver benefits through integrating former PAHT clinical teams into larger single services operating across the Manchester and NCA footprints respectively. However, both business cases also identified the significant legacy challenges in the former PAHT services, particularly in relation to financial sustainability and the need to invest in infrastructure (including Estate and Digital).

In its 15 years of independent operation there was some significant integration of services across the PAHT sites. The process of disaggregating these is therefore complex. MFT and the NCA have strong post-transaction joint working arrangements with significant progress-to-date and are continuing to work through these structures to agree the most appropriate timing and approach for disaggregation of these complex service arrangements.

NCA and MFT are progressing their plans for investment in the former PAHT sites and services, including new and improved buildings, equipment and information systems. On digital investment, MFT successfully rolled out the new electronic patient record (EPR) across the Trust (including NMGH) in September 2022.

Without the implementation of integrated information systems within the new organisations it will not be possible to operate single services effectively, and the benefits of organisational integration will not be optimised.

Disaggregation

Overview

At the time of the transaction, it was agreed to minimise any changes in clinical/patient pathways for 'Day 1' as a means of ensuring a safe and smooth transition. To support this agreement, a series of Service Level Agreement (SLA) arrangements were put in place to oversee the delivery of patient pathways across the North Manchester, Bury, Oldham and Rochdale hospital sites. However, both MFT and the NCA have agreed that, over the coming months and years, the SLA arrangements should be wound down and accompanied by the sustainable integration of NMGH services into MFT and Bury/Oldham/Rochdale services into the NCA. This process is often referred to as the 'disaggregation' of legacy PAHT services and has been ongoing since the transactions were completed in 2021.

The process of disaggregation has required significant collaboration and co-operation between the NCA and MFT. It is a complex and wide-ranging piece of work that has implications across a variety of areas including workforce, IM&T, finance and governance. The work to disaggregate services must be handled carefully and with due regard to minimising the impact on patients, and staff. The initial work to disaggregate services was overseen by the legacy PAHT Board and was also evaluated by NHSEI as part of the Transaction Review process.

For each specialty or pathway that is being disaggregated, a working group of clinical experts in that specialty is convened to review the current service and develop the best clinical model, whilst a range of information including patient feedback, clinical outcomes and equality analysis is analysed to understand which options will deliver the best model for patients.

Progress

At the time of the transactions, approximately 90 SLA arrangements were in place across a range of clinical and corporate areas. As of October 22, approximately half of these arrangements had been stood down. The SLAs that have been concluded to date represent the most straightforward disaggregation processes that have impacted low numbers of staff and have not required any changes to patient pathways.

A recent catalyst for change has been the introduction of MFT's new electronic patient record (EPR) programme in September 2022 which brought the North Manchester site, and other hospitals within MFT, together under one system called HIVE. Until that point, NMGH, while being run by MFT, was part of the previous digital infrastructure supporting PAHT. Key services including Clinical Haematology, Sleep services and Foetal Medicine pathways were disaggregated prior to 'go live' of this new system to ensure that patients could be safely managed within one system. For patients accessing these services this has meant either remaining under the care of an NCA, or ex-PAHT service, or choosing to move under the care of an MFT clinical team. For example, Clinical Haematology services are based at the Royal Oldham Hospital, however some patients living in North Manchester were able to move their care to newly created pathways delivered from North Manchester General by MFT.

These changes were considered by Scrutiny committees in the affected localities, in July 2022 and followed the agreed GM Service Change Framework – see appendix 1.

PAHT Complex Services

The processes of disaggregating services from the legacy PAHT footprint have benefitted from excellent working relationships between MFT and NCA. Whilst good progress has been made, there are a residual set of services that present the most complex challenges in respect of service disaggregation.

These are services that will potentially require a change in location or change in patient flows. As such, there has been strong engagement and early discussions with all relevant commissioners / localities[1] through a series of large-scale meetings and close working with all partners to ensure a collaborative approach to developing service change proposals.

4.1 Which services are affected?

The following services are to be disaggregated in the next wave. This means that the services are split between the two organisations using an agreed set of principles. This includes splitting of the workforce, budget and waiting lists. In the main, service provision remains the same however there will be some elements of service change to ensure alignment of services to each respective organisation. Furthermore, in the majority of cases services will be provided within both the NCA and MFT offering patients the choice of which service to access.

Phase 2 – changes to be made by September 2023 and current estimate of patient numbers impacted

- Cardiology - estimate impacts 400 to 600 patients in total
- Gastroenterology – Numbers to be confirmed
- Rheumatology – Numbers to be confirmed
- Urology – 6 specialist pathways affecting 10 to 100 patients

(This last specialty Urology builds upon previous work and developments shared with the Bury Health Overview Scrutiny Committee (HOSC) describing planned changes to improve the quality and outcomes of Urology services. This was part of an Elective Care Programme update)

Phase 3 – changes to be made after September 2023

- Ear, nose and throat (ENT)
- Urology – further pathways
- Trauma & Orthopaedics
- Vascular Surgery

4.2 Providing the best care for our population

The integration of these services into MFT and NCA single services respectively, maximises the opportunity to realise the benefits envisaged in the organisational restructuring of PAHT as determined by NHS Improvement. Moreover, it delivers safe and clinically sustainable service for the populations of Bury, Oldham, Rochdale and North Manchester.

For each service or clinical pathway, the following steps are taken,

- A joint working group of clinicians is established to oversee development and agreement of clinical models.
- This group works jointly to understand the options for safely integrating or re-providing services within MFT and NCA and develop proposals which support the following,
    - Quality
    - Health inequalities
    - Efficiency - reduction in waiting times as well as being delivered within existing costs
    - Patient experience
    - Deliverability e.g., we have the right workforce
    - Travel and access for the population
    - Strategic fit e.g., alignment with any wider clinical decisions such as GM Cardiac pathways

[1] Manchester, Bury, HMR, Oldham, Trafford, Salford and Specialist Commissioning

The process will include a review of a long list of options, followed by a detailed appraisal of shortlisted options, with clinical consensus on the preferred way forward. These service change proposals will follow the Service Change Framework agreed by the Greater Manchester Integrated Care Board (GM ICB) including an assessment of whether they constitute 'substantial variation'. See appendix 1 for the Service Change Framework. Scrutiny committee will be asked to consider these service change proposals in the spring of this year.

In relation to the travel time analysis - a detailed travel analysis will be undertaken to understand the impact of the proposed changes on the NMGH catchment population. This will consider the impact for residents living in the catchment area on journey times by car and public transport (including bus, tram and a combination of the two). The analysis will also consider the impact on the cost of travel.

In relation to patient engagement – a range of existing feedback on the services affected, as well as use of routes such as engagement with key patient groups is being undertaken to understand more about how any potential changes to pathways should be made, and how these can improve patient experience.

4.3 What does this mean for the Bury population?

For the Bury population, typically the key hospital sites patients use depends on the part of Bury they live, and therefore which is closest. This means that some patients access the Royal Bolton Hospital, a large number access services at Fairfield General Hospital, which is part of the Northern Care Alliance FT, and those in the South of Bury are more likely to access services at the North Manchester General Hospital site. When services are disaggregated, or separated, from what was the PAHT footprint, services at North Manchester General become part of wider MFT pathways.

Patients who are referred to a clinic at North Manchester General will be under the care of MFT and therefore, which may include services at other MFT sites, including Manchester Royal Infirmary. The changes being made will not affect where patients access outpatient clinics, but will affect where any follow on care as part of that pathway is delivered.

Table 1 below summarises our current understanding of the impact on Bury patients.

Table 1: High level estimated impact on Bury

Specialty	Impact on Bury
Cardiology	Patients from Bury (as well Rochdale, Oldham and North Manchester) requiring specialist cardiac intervention are largely seen at Fairfield General Hospital's Silver Heart Unit. There are no changes to the service provided in Bury, however, in the future a patient who is referred to North Manchester General to see a cardiologist would receive their specialist cardiac intervention at another MFT site, rather than at Fairfield General Hospital.
Gastroenterology	Plans are being developed to integrate the NMGH gastroenterology service within the MFT Group. This will allow residents in the NMGH catchment who require inpatient care to be treated within MFT instead of the Royal Oldham Hospital as at present. Residents of Bury will continue to receive inpatient gastroenterology care at the Royal Oldham, but some in South Bury who would normally access North Manchester General will be offered to receive care at this site.
Rheumatology	Patients from Bury access Rheumatology outpatients at Fairfield General Hospital, and for a small number requiring a specialist procedure attend the Rheumatology Unit at Rochdale Infirmary. As part of developing a pathway

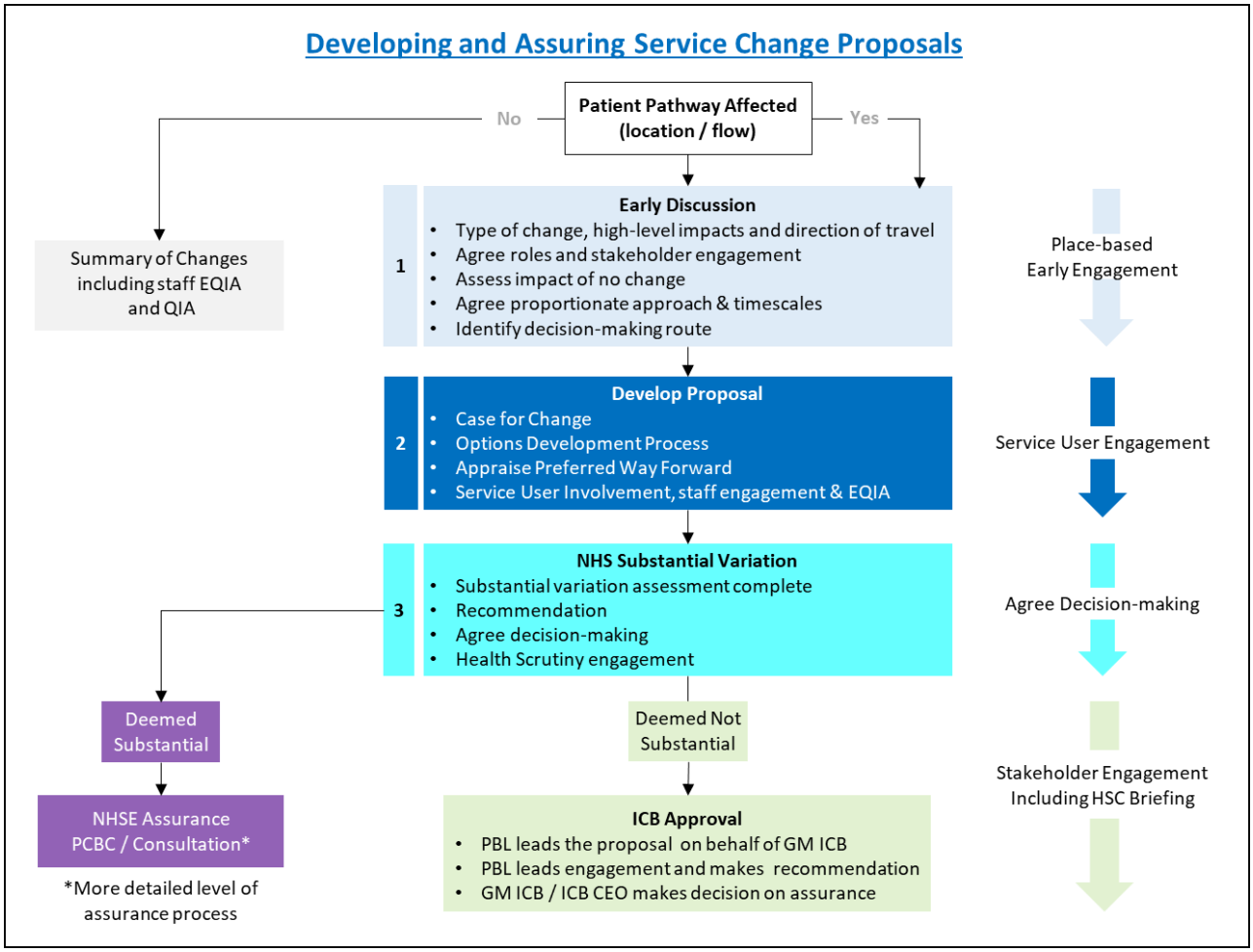
	within MFT which includes NMGH, there will be new Rheumatology pathways created linked to wider MFT sites. For some Bury patients who choose to be seen at North Manchester General, they may receive relevant medical procedures at MRI
Urology	In implementing previously agreed Greater Manchester changes to Urology pathways, MFT will develop inpatient provision to support the North Manchester site within MFT organisation. The first step of this change will see choice increased as some very highly specialist Urology pathtways are provided at an additional site with MFT, as well as at the Royal Oldham Hospital site. This will build upon pathway changes NCA will enact which have previously been considered by Bury Health Scrutiny Committee in January 2022.

5. Next steps and recommendation

Over the coming months clinical colleagues at MFT and NCA will continue to work together to develop the clinical pathways described above. We plan to undertake a more detailed analysis of the preferred options, including equality analysis, travel analysis and patient feedback. This will enable an assessment of whether any of these changes constitute a substantial change.

Bury Health Overview and Scrutiny Committee is asked to support the approach described to identify and agree the best options and endorse the progress MFT and NCA have made to disaggregate services from the legacy PAHT footprint. The service change proposals will be shared with Bury Health Overview and Scrutiny Committee in the spring.

Appendix 1: Service Change Framework for GM ICB



Agenda Item 9

SCRUTINY REPORT

Bury COUNCIL

MEETING:	**Health and Scrutiny Committee**
DATE:	**25.01.2023**
SUBJECT:	**CQC inspection outcome**
REPORT FROM:	**Heather Caudle, Chief Nurse Northern Care Alliance**
CONTACT OFFICER:	**Jacqui Burrow, Deputy Chief Nurse**

1.0 BACKGROUND

Unannounced Inspection commenced on 8th August 2022 and concluded following the well led element of the inspection on 26th September 2022. Prior to the inspection in July 2022, we had carried out a detailed self assessment against the key lines of enquiry and had rated ourselves as requires improvement.

1.1 The CQC Inspection was carried out using a risk based approach based on data and intelligence gathered. Areas of concerns had flagged with CQC based on information from external reporting (STEIS, waiting times, quality and performance indicators), enquiries they had received from the public and staff, and from themes they had become aware of through Incidents, complaints and RCAs. In particular a focus of the inspection in Fairfield General was the treatment and care of people with disordered eating, following a PFD order issued to the organisation in November 2021.

1.2 Areas inspected by CQC:

- Salford Care Organisation – Medicine, Surgery, Urgent and Emergency Care
- Oldham Care Organisation – Medicine, Surgery, Urgent and Emergency Care and Maternity
- Bury Care Organisation - Medicine, Urgent and Emergency Care
- Rochdale Care Organisation - Maternity

1.3 Areas of good practice were also identified one of which for Fairfield General Hospital was:

<u>Fairfield Urgent and Emergency Care</u>

- Local leaders supported and encouraged staff to suggest and make improvements within the department in order to improve staff wellbeing. For example, a member of staff had suggested a garden be built for staff outside the department. Local leaders supported the member of staff in drafting and submitting a business case and through the process of having the garden built. Local leaders were working with staff to improve the garden, for example planting herbs and vegetables and new furniture.

2.0 ISSUES

When NCA became a legal entity - Salford's current rating of outstanding was adopted for the NCA, and any previous Pennine Acute Trust overall Ratings were no longer applicable. Ratings were given for each core service inspected but an overall rating for Bury, Rochdale and Oldham were not given.

2.1 The overall rating for the Northern Care Alliance following the inspection is Requires Improvement.

2.2 The final report was published on the 22nd December 2022 and this was accompanied by a statement made by the Chief Executive Officer that acknowledged the report findings and that some improvements were already underway. There were 120 recommendations made within the report, categorised as 'Must Do' or 'Should Do' actions which now need to be addressed to ensure that the NCA is not placed at risk of breaching a Health and Social Care Act Regulation or one of the CQC Fundamental Standards. We must also ensure that the care and safety of patients remains one of our key priorities alongside the wellbeing of staff.

2.3 Overall Rating for the Northern Care Alliance

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement ↓ Dec 2022	Requires Improvement ↓ Dec 2022	Good ↓ Dec 2022	Requires Improvement ↓↓ Dec 2022	Requires Improvement ↓↓ Dec 2022	Requires Improvement ↓↓ Dec 2022

2.4 Several main themes emerged from the inspection which alongside the must and should do actions will be included as part of the overall improvement plan. These include - Visibility of senior leaders; although this did not emerge as a theme for Fairfield general, Culture, Information Management, Governance, Staffing, Mandatory Training, Patient Flow and Waiting Times, Policy Management, Medicines Management, Shared Learning

3.0 CONCLUSION

3.1 Under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, CQC have asked for a written report of the action we are going to take to meet the associated regulations and any other legislation. This is currently in development and due for submission with the CQC by 31st January 2023.

3.2 To mitigate any gaps in controls, optimise opportunities to harmonise clinical practices across the Trust, identify areas of good practice and to link with improvement work that is already underway, actions have been mapped across all sites regardless of the initial core service that the CQC originally identified recorded the action against so that we can ensure that we address issues in their entirety. Learning from all areas inspected will be applied across the entire organisation; the result for Bury being that some of the developments will enhance work already in train rather than only addressing areas in deficit.

3.3 Quality Standards & Improvement Board has been established to monitor and oversee the progress of the action plan – chaired by the Chief Nurse. The Group Assurance and Compliance Team will provide oversight to the action plan on behalf

of the NCA and provide reports on progress to EQC, Audit Committee and Group Board and partners as required.

4.0 SAFEGUARDING IMPLICATIONS

To outline any safeguarding imlications in relation to the report.

List of Background Papers:- CQC Report: Northern Care Alliance 22.12.22

https://api.cqc.org.uk/public/v1/reports/23f2f780-a69c-4ab4-a563-f3b8a0059a60?20221222080855

Contact Details:-

[Report Author]

Executive Director sign off Date:_____

JET Meeting Date:_____

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Greater Manchester Mental Health NHS Foundation Trust

25 January 2023

Bury Overview and Scrutiny Committee

Andrew Maloney Deputy Chief Executive
Sian Wimbury Programme Director

Improving Lives

Background

- GMMH declared a critical incident on 12th September 2023 following serious concerns raised regarding care and treatment at the Edenfield Centre, Prestwich.

- The incident management response has been categorised as a three-stage approach:
  - **Phase 1: Diagnostic**
  - **Phase 2: Improvement**
  - **Phase 3: Transformation**

- The governance and programme management structure was mobilised including
  - **A dedicated Programme Management Office.**
  - **An overarching steering group, the Executive Incident Management Team.**
  - **Eight defined workstreams.**

Immediate Actions Pre and Post Broadcast

Greater Manchester Mental Health NHS Foundation Trust

08 – 28 September 2022

- Clinical reviews by the Multi- Disciplinary Team of patients identified were completed.
- Enhanced Edenfield Management Team deployed.
- Edenfield Centre closed to new patient admissions, revised gatekeeping process established and mutual aid commenced.
- Immediate HR interventions.
- External Clinical Review led by Dr David Fearnley commenced.
- Greater Manchester Police opened Operation Crawton.
- New Freedom to Speak Up Guardian appointed.
- Increased independent advocacy activated.
- Unannounced night-time quality visit across GMMH inpatient services.
- The Trust submitted further correspondence to the BBC regarding safeguarding and data protection concerns.
- Communication strategy and support plan finalized for pre and post broadcast for all staff, service users, families and public.
- GMMH Helpline number was published
- The Greater Manchester Police (GMP) contact number was also published.
- GMMH declared a Critical Incident.

Key dates and activities taken

Greater Manchester Mental Health NHS Foundation Trust

27 September:	Regular **staff** and **stakeholder briefings** commenced.
28 September:	GMMH **Helpline** established and publicised with the remit of supporting people post Panorama broadcast.
29 September:	Immediate **day 1 actions** taken, to continue to improve patient and staff safety & GMP Operation Crawton launched.
29 September:	Phase 1: **Diagnostic action plan** developed and actioned accordingly.
06 October:	Initial **Rapid Quality Review** meeting with NHS E
07 October:	NHSE/GMMH Cells commenced.
10 October:	Commissioned **Good Governance Institute.**
18 October:	Commissioned **Law by Design.**
24 October:	**'Ask Neil' Whole Trust** Staff engagement Event held.
25 October:	Chief Executive Officer and Chief Nurse hosted conversation with **service users and carers.**
31 October:	1st Draft GMMH **Single Service Improvement Plan (SSIP**), shared with GMMH Board of Directors (part 2).
31 October:	Findings from the GMMH Commissioned **Independent Clinical Review** shared with Trust Board of Directors (part 1).
31 October:	**Draft BAF risk** regarding Edenfield shared with Trust Board.
22 November:	Letter received from NHSE advising that GMMH would be placed in Intensive Support **Segment 4** of the NHSE Oversight Framework and **NHSE commissioned Independent Review**.
24 November:	**CQC published Well led** inspection report with suspended rating
29 November:	Final **Rapid Quality Review** meeting with NHS E
30 November:	NHS E Improvement team **commenced working in** GMMH
5 December:	2nd conversation held with **service users and carers** with an independent chair**.**
14 December:	1st NHS E & GMMH **Improvement Board** held
18 January:	Improvement plan **workshop** with NHS E held- review latest draft SIP
19 January:	Trust Executive Management Committee – review latest draft SIP

GMMH and Bury Safeguarding supporting the Edenfield Incident

- Bury locality Safeguarding lead identified to link with GMMH
- All service users named in the annex were subject to usual safeguarding processes including a face to face safeguarding review to ensure their safety.
- Safeguarding referrals were (and continue to be) made as appropriate.
- Bury Safeguarding taking a lead role with regards to coordination of safeguarding referrals and links with other safeguarding boards.
- An additional designated Safeguarding Lead deployed to be a key member of the Edenfield Senior Leadership Team working with the Principle Social Worker at the Edenfield Centre to ensure an appropriate safeguarding response.
- All Highly Sensitive Incidents subject to 72-hour reviews and include a review of:
  - If a safeguarding referral has been made.
  - If a Person in Position of Trust (PIPOT) referral has been made.
  - What safety plans have or need to be put into place now in relation to staff movement and transfer.
- GMMH commissioned additional Safeguarding support
- Ongoing regular meetings with Bury Safeguarding leads

Additional Context CQC

CQC warning notices	Date of Issue	Action Required By
Community-based mental health services for Adults of Working Age – Central Manchester CMHTs	27/04/2022	31/07/2022
Fire and ligature safety – Acute Wards for Adults of Working Age and PICU and Forensic Inpatients or Secure Wards	06/07/2022	31/07/2022
Medicines management - HMP Wymott	30/08/2022	25/10/2022
Safe staffing and governance	23/09/2022	31/12/2022 – Safe Staffing 31/03/2023 – Governance
Community-based mental health services for Adults of Working Age – Central Manchester CMHTs	04/11/2022	04/01/2023
Woodlands Hospital	20/12/2022	31/01/2023 30/03/2023

CQC Well led Inspection 13 June – 7 July 2022. Report published 24th November 2022

Overall trust quality rating:	**Inspected but remains suspended**	
Are services safe?	Inadequate	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive?	Requires Improvement	
Are services well-led?	Inspected but remains suspended	

GMMH Improvement Plan

The key pillars of Improvement focus on the fundamentals of high quality, safe and effective care, with core underpinning principles:

- Developing a positive, open, empowering culture.
- Raising the patient and staff voice and showing it is listened to.
- Improving quality and safety through clinical and professional standards within agreed Models of Care.
- Creating insight and intelligence by triangulating information.
- Scalable and sustainable improvement and transformation.

A single improvement plan is being developed and includes immediate actions and longer-term ambitions:

- Targeted actions and resources to support Edenfield recovery and transformation, including recommendations from the GMMH Commissioned External Clinical Review.
- Actions to deliver against CQC section 29a requirements and Well Led recommendations.
- Actions from Regulation 28's.
- Actions following the letter from Claire Murdoch 30.9.22 regarding quality and safety of MH, LDA inpatient services.

Pillars of improvement in the Improvement Plan

- **Patient Safety**
- **An Open, Listening Organisation**
- **Clinical** and **Professional Standards**
- A **Well Governed** and **Well Led** Trust
- **Empowered and Thriving Workforce**

Areas identified for priority focus

Patient safety/ Good quality care

- Safer staffing (MDT)
- Reducing Restrictive Practices
- Medicines management
- IPC, Fire and Ligature safety

Clinical and Professional Standards

- Model of care and clinical strategy
  - AFS (Inc commissioning)
  - CMHT
  - Wider inpatient services
- Clinical skills training
- Development of clinical networks
- Accreditation

Empowered and Thriving Workforce A Supported and Motivated Workforce

- Staff safety (linked to safer staffing)
- Staff engagement
- Education and training
- Appraisals and Supervision
- Leadership development

*Including NHS P staff

An Open, Listening Organisation

- Culture: Empowerment and Equality
- Freedom to Speak Up
- Strengthening the patient voice
- Board visibility
- Psychological safety

A Well Governed and Well Led Trust

- Corporate Governance review
- Quality governance review
- Leadership& Board development
- Data quality and visibility

Next steps with the Improvement Plan

Greater Manchester Mental Health NHS Foundation Trust

Engagement

Robust compliance and assurance

Continue to develop, agree & implement the governance structure

Sequencing for delivery, capacity and resourcing plan

Incorporate all legacy S29 actions, Reg 28 and learning from deaths

Consideration of transformation vs improvement

Expand and update the RAG coding

Brand Identity

Key forthcoming dates and activities

Greater Manchester Mental Health NHS Foundation Trust

30 January:	Trust Board – **review** latest draft SIP
9 February:	NHSE Improvement Board – **review** latest draft SIP
10 February :	**Launch** of SIP engagement plan
	Staff briefing and online resources and feedback methods publicised
	Stakeholder briefing distributed and published
From 10 February :	Staff and service user **engagement activity** launches for 4 weeks
	Statutory and other stakeholder meetings – SIP shared for feedback
27 February	Trust Board – **review latest draft SIP**
9 March	NHSE Improvement Board – **review latest draft SIP** (Sign off date TBC)
Q1 TBC:	Recovery Support Package **Entry Meeting** with NHS E and GMMH
TBC:	NHS E **confirmation** of Independent Review

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SCRUTINY REPORT

Bury COUNCIL

MEETING:	**Health Scrutiny**
DATE:	**25th January 2023**
SUBJECT:	**System wide workforce wellbeing and retention**
REPORT FROM:	**Lindsey Darley, Director of Transformation and Delivery, Bury IDC**
CONTACT OFFICER:	**Caroline Beirne, Assistant Director of Workforce, IDC** Caroline.Beirne1@nhs.net

1.0 BACKGROUND

Request from Health Scrutiny for a report on Workforce Wellbeing and Retention programmes system wide.

This is a report on behalf of the Strategic Workforce group of the Bury Integrated Partnership. All partners in the health and care system in Bury recognise the pressures on workforce well being at this time, following Covid and with enormous demand pressures in the system. The Strategic Workfoce group brings together workforce leads from health and care organisations to address issues of common concern

2.0 OVERVIEW

Bury System Workforce Wellbeing report incorporating retention programmes

The purpose of this report is to:

- share the key themes from the system wellbeing workshops that have informed the development of the proposed actions/activities
- enable key partners/stakeholders and specialists to shape the system work in its developmental stages.
- enable the committee to appraise the proposed actions/activities and support work on to collaborate on as a system/organisational aligned priority basis.

CONTEXT

The origins of organisational health and wellbeing offers has mostly been from a place of reactivity e.g. occupational health services to support staff who were off long-term sick to assist in returning to work. Similarly, of the limited retention programmes offered, they are also reactive and triggered when an individual has already made the decision to leave employment. There has been a gradual shift to a more preventative approach with a growing recognition for the need to support staff wellbeing to enable staff to keep themselves well and remain with their current employer. However, it is noted that organisations adopting a more preventative approach require some key factors for success including organisational culture alignment, financial resources for wellbeing offers, leadership modelling etc.

The workforce mindset and behaviours towards their own wellbeing and accessing organisational provision at the earliest point of recognition will need to be supported to ensure the focus is on prevention and maintaining wellbeing as regular practice. In addition, and central to this, is our inclusive approach to improve the parity and scope of service reach if we are to enable our whole system workforce to really take care of themselves.

Covid-19 provided a national/global recognition of the importance of looking after our own wellbeing in particular our mental health, with stress/burnout increasing in our health and care workforce. Some organisations have responded with increasing their offers to the workforce in this area and/or widening offers that support a more holistic approach to wellbeing. With increasing demands on health and care services, emotional/physical challenges through covid supporting our workforce with their wellbeing has never been more crucial.

Background

Workforce wellbeing is a GM and shared Bury systemwide workforce strategic priority. It was agreed with workforce colleagues at the system wide workforce groupto hold workshops on wellbeing to assist us to develop our shared understanding of what our current position is and start to consider how we could add value/address any gaps/challenges by working together.

Design and Delivery of the wellbeing workshops

Two wellbeing workshops were designed with the following key objectives:-

1. Develop a shared understanding of Burys health and well being strategy
2. Consider how our organisational culture affects workforce wellbeing and workforce retention
3. Create an awareness of the GM wellbeing offers available and how they can support our local wellbeing strategies
4. Gain an understanding of GM wide retention strategies and ensure alignment
5. Develop our shared understanding of the range of workforce wellbeing offers/support available across our organisations in the Bury system and how these support the retention strategy
6. Understand our strengths in offers/consider our gaps in offers for our system workforce
7. Explore current approaches to engage our workforce in understanding what their level of well being is/wellbeing needs are and how this affects our design of wellbeing offers
8. Identify areas in which workforce retention is a specific concern and how an effective wellbeing programme may support staff in remaining with their current employer
9. Think about our own wellbeing and what are our own personal reflections and take aways from the session

The two workshops were delivered via teams utilising and extending the workforce across the system (WAS) meeting from 1.30-5 and were chaired by Lindsey Darley, Director of Workforce transformation and delivery and Emma Arnold, IDC Workforce Transformation Lead. Key speakers from GM (Greater Manchester Health and Social Care Partnership, Greater Sport, GM Resilience Hub) and our system partners presented their workforce wellbeing offers including initiatives to improve retention i.e. Bury Council, Persona, PCFT, NCA. Bardoc, Primary Care and VCFA all confirmed that these are areas for development.

Key themes from wellbeing workshops

The below points contains the synthesis of the feedback from the breakout sessions at the two workshops:-

- Recognition that culture impacts on wellbeing in terms of staff engagement/uptake of offers, management/leadership behaviours e.g. permissions, conversations/support, the way in which we work can have an effect on wellbeing e.g. back to back team meetings. Organisational culture was recognised as a key factor in why people leave their current employment
- Acknowledgement that a greater range of offers had been put in place by organisations for their workforce in a short timeframe to respond to covid as a supportive measure. The ambition therefore is to build upon these programmes as a health and care system, extending current programmes beyond organisational boundaries and supporting our smaller employers eg PVI providers.
- We were unclear on the current position of the wellbeing levels of all of our workforce to be able to understand what our workforce wellbeing needs specifically are and therefore whether we have the right offers in place to meet these needs. Recently published national and local organisational reports eg staff surveys, CQC reports have identified that wellbeing levels have been reducing and affecting workforce retention.
- Partner organisations had a range of wellbeing offers categorised on the whole in different ways but with a similar offer/s using different language
- There were gaps for some partners in offers and strengths in offers from others, with a willingness for wellbeing leads to share resources (where possible acknowledging restrictions of commissioned programmes)
- Evaluation of current/new offers uptake/impact is believed to be inconsistent across organisations or has not yet taken place. The larger organisations are currently better resourced in these areas and have been able to continue to build on their offers.
- Desire from the group to role model/be change agents and champions of workforce wellbeing.
- Noticed that only 2 partners have a dedicated wellbeing lead for their organisation and others has some element of leadership siting within a workforce/OD portfolio or for our smaller organisations, none at all. Their remits were also across other boroughs and wider than health and social care teams.

Key proposals for consideration

In relation to the above synthesis the following are key proposals for consideration for the system to collectively work on to add value:-

- Design and undertake a system wide baseline assessment of our levels of workforce wellbeing recognising that there may be tools being used by some organisations/best practice in this area to utilise.
- Develop and agree project metrics to support assessing impact of wellbeing offers/workforce wellbeing levels
- Working with our wellbeing leads/designated individuals to consider how we share resources to enable the production of a Bury wellbeing offer and address any key gaps/challenges to this.
- Design and undertake an evaluation of our current offers to identify whether our workforce feel they are accessible, effective, and meet their needs
- System wide Organisational Development (OD) programme to align organisational cultures and ensure that the Bury offer supports wellbeing and retention regardless of employing organisation
- Cultural transformation from a reactive model of wellbeing to a more preventative and holistic model encompassing
    - How we support our workforce to understand their own wellbeing needs and identify their strength and where they want to pay attention

- Strengthening the employee voice across the whole system through co-design, engagement in design of tools/comms whilst recognising that they work across a range of settings e.g. frontline, remote workers so this would need to be appropriate to their needs
- How we provide our workforce with the permissions to prioritise their well being
- How we enable our managers and leaders to have different conversations with their workforce about wellbeing and model healthy leadership behaviours
- How we pay attention/notice our ways of working that could be having an adverse effect on our wellbeing

Key tools to support us to implement the above

There are a range of tools available to both organisations and at GM level that would enable us to progress the above proposals. These include but aren't limited to the following: (It is recommended that a full scoping is undertaken to understand what tools we have access to as a system)

- NW Leadership Academy Healthy Leadership Behaviours Framework
- Coaching/strength based conversational skills training
- Survey monkey/Menti
- NCA Wellbeing conversations template

Engagement in development of proposal

The workforce across the system and wellbeing specialists (GM and system partners) have reviewed the themes, proposals and tools to share their ideas and views on this and whether this would add value to existing organisational work/could join up any planned work in this area. The feedback has been positive on this that there is strength in a collective approach in this area.

There was support for a wellbeing network group to be established to enable the group to collectively work together on taking the proposals forward should this be agreed as a priority for system partners to collaborate on.

Next steps and presented to the Strategic Workforce Group

The strategic workforce group noted the following proposals:-

- To provide organisational approval and support for our partners wellbeing leads/reps from organisations to work collectively to progress the above proposal elements listed to strengthen our offers/approach to workforce well-being across the whole system
- Approve the submission of a collective bid to GM (Bid max is £30k)/supporting funding for a temporary project manager post for 9-12 months to lead the work proposed with our organisations with support from the LCO Workforce Transformation Lead. This post will provide a key enabling function for workforce wellbeing and retention programmes system wide.
- A system wide Organisational Development Manager to undertake a professional diagnostic programme, beyond organisational boundaries, and design/develop/deliver a culture change programme ensuring consistency throughout Bury.

Additional resources as described above have now been acquired with the Project manager and Organisational development manager recently taking post within the System Wide Workforce hub under the direction of Lindsey Darley, Director of Transformation and Delivery.

It is also worth noting that whilst the wellbeing and retention of our primary care workforce is imbedded within the system wide workforce programme, we recognise that there will be some unique workforce challenges amongst this group. As a consequence, a workshop is to take place with our primary care colleagues on 23rd January 2023 lead by Lindsey Darley, Director of Transformation and Delivery to identify specific concerns and determine support available via the strategic workforce group and delivered by the workforce hub.

Similarly, we will align the Bury responses with the GM Wide Primary Care Provider Board workforce wellbeing programme. This programme recognises key areas for wellbeing within the Primary Care Workforce which include foccussing on promoting wellbeing support for individuals and teams, identifying current challenges preventing the workforce from accessing support, working together to manage pressures and improving engagement.

Work continues with system wide HR directors and Organisational leaders to develop the Bury System Wide Workforce Strategy with recruitment, retention and workforce wellbeing identified as key priority areas.

It is anticipated that the strategy document will begin the approval process in February 2023 with GM submission by the deadline of 31st March 2023.

2.0 ISSUES

Whilst Current Workforce Priorities for Bury are being identified as part of the developing Workforce Strategy, it is to be noted that both workforce wellbeing and retention have been confirmed by Strategic Workforce Group members as significant priority areas.

3.0 CONCLUSION

The committee is asked to note the contents of the report and to facilitate the presentation of the system wide Workforce Strategy at a future Health scrutiny meeting.

4.0 SAFEGUARDING IMPLICATIONS

Non identified at this stage

List of Background Papers:-
n/a

Contact Details:-

[Report Author] Caroline Beirne/Emma Arnold/ Lindsey Darley
Authors:
Emma Arnold – Workforce Transformation Lead, IDC
Caroline Beirne - Assistant Director of Workforce, IDC
Lindsey Darley – Director of Transformation and Delivery, IDC

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