AGENDA FOR

HEALTH SCRUTINY COMMITTEE

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To: All Members of Health Scrutiny Committee

Councillors : J Grimshaw, R Brown, E FitzGerald, M Walsh, M Hayes, I Rizvi, C Boles, D Duncalfe, S Haroon, J Lancaster and L Ryder

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, 7 September 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 - 8)*

The minutes from the meeting held on 18th July 2023 are attached for approval.

4 PUBLIC QUESTION TIME

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

5 MEMBER QUESTION TIME

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.

6 SERVICE PATHWAYS OF THE FORMER PENNINE ACUTE TRUST FOOTPRINT - UPDATE *(Pages 9 - 74)*

Moneeza Iqbal Director of Strategy to provide an update. Report attached

7 HEALTHWATCH UPDATE *(Pages 75 - 124)*

Adam Webb, Chief Operating Officer, Healthwatch Bury CIC to provide an update. Reports attached.

8 GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP UPDATE *(Pages 125 - 128)*

Report from Warren Heppolette, Chief Officer, Strategy and Innovation, NHS Greater Manchester Integrated Care and Paul Lynch, Director of Strategy and Planning, NHS Greater Manchester Integrated Care attached.

9 ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS REPORT *(Pages 129 - 142)*

Report from Adrian Crook, Director of Community Commissioning attached.

10 URGENT BUSINESS

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

Agenda Item 3

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 18 July 2023

Present: Councillor FitzGerald (in the Chair)
Councillors R Brown, E FitzGerald, M Walsh, M Hayes, I Rizvi, D Duncalfe, S Haroon, L Ryder, R Bernstein and B Ibrahim

Also in attendance: Councillor T Tariq (Deputy Leader and Cabinet Member for Health and Wellbeing)
Will Blandamer, Executive Director for Strategic Commissioning
Jon Hobday, Director of Public Health
Adrian Crook, Director of Community Commissioning
Chloe Ashworth, Democratic Services

Public Attendance: No members of the public were present at the meeting.

Apologies for Absence: Councillor J Grimshaw, Councillor C Boles and Councillor J Lancaster

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HSC.1 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.2 DECLARATIONS OF INTEREST

Councillor Tariq declared an interest due to being a member of the Health Scrutiny and the Health and Wellbeing Board in Oldham and employed as the Manager of Healthwatch Oldham.

Councillor Rizvi declared an interest due to a close relative working for Liverpool National Health Service.

Councillor FitzGerald declared a prejudicial interest due to being employed as the Head of Finance at Yorkshire and Humber Academic and Science Network.

HSC.3 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 14th March 2023 were agreed as an accurate record.

HSC.4 PUBLIC QUESTION TIME

There were no public questions.

HSC.5 MEMBER QUESTION TIME

There were no member questions.

HSC.6 OVERVIEW OF HEALTH AND CARE LANDSCAPE

Will Blandamer, Executive Director for Strategic Commissioning provided a presentation to the Committee which gave an overview of:

- The Bury Integrated Care Partnership
- Locality Plan
- Locality Board
- Integrated Delivery Collaborative Board
- Neighbourhood Working
- Children and Young People
- Population health and health inequalities
- Greater Manchester operating model

Following Will Blandamer' s presentation Councillor Tariq, Cabinet Member for Health and Wellbeing provided an update to the Committee. Members were advised that officers for the services have worked hard, especially over the last twelve months with the reforms and move to the Bury Integrated Partnership. The partnership has face challenges around urgent care, elective care and reducing health inequalities. The Committee was informed about the good work on Neighbourhood Working and collaborative working with all partners. Adult social care has had many challenges to the budget but there is now the emergence of some projects such as accommodation targeted for adults with Learning Disabilities and Mental Health.

Members were invited to ask questions on the update they received.

A question was raised regarding savings to the Persona service. Members were informed that an employee consultation is taking place, this is not a public consultation and will not change the delivery of the service.

Members sought clarity on the reference to 'simplifying the system' and 'avoiding duplication'. In response Will Blandamer informed the committee that the presentations objective was to outline the system that is complex due to its size and cost. However, members were informed that work has taken place to improve the way in which patients navigate and travel through the system. During the pandemic it is acknowledge that some services were built on top of others and work is being done to unpick this and work with General Practitioners is taking place to explore any key lines of enquiries to support this work. Adrian Crook, Director of Community Commissioning exemplified this point to the Committee by outlining work to improve self-referral opportunities to a range of services.

Cllr Bernstein asked about financial collaboration and pooled budgets; in response the committee were advised by Will Blandamer that examples of this happened between the Clinical and Commissioning Group and Bury Council which allowed the achievement of shared objectives.

Discussions took place regarding the placement of the five neighbourhoods and the pairing on Radcliffe and Bury West. Members were informed that health and care services are informed by residents and work is taking place to reduced health inequalities.
It was agreed:

Members of the committee noted the update and take forward the points raised.

HSC.7 TASK AND FINISH GROUPS

Councillor FitzGerald, Chair advised that the final meeting with Councillor Tariq and Councillor Smith has not yet taken place and therefore asked the Committee to move this item to the next meeting.

It was agreed that:

1. The Task and Finish Group item be moved to the next meeting
2. Reports from the subgroups are shared with members formally so there is a shared understanding of the process and the issues.
3. Member's to inform Chloe Ashworth, Democratic Services it they would like to join a visit to the Carer's hub.

HSC.8 HEALTH INEQUALITIES STRATEGY UPDATE

Jon Hobday, Director of Public Health provided a presentation to the Committee on health inequalities. Reducing health inequalities is one of the main aims of Bury's 2030 LET'S Do It! Strategy.

The presentation included an overview of the following:

1. the Joint Strategic Needs Assessment
2. the Health Inequalities In Bury Position Paper
3. the underpinning framework
4. the governance and structure for reporting
5. the metrics to review progress

Discussions took place regarding the reference within the presentation to the walking a cycling strategy. In response members were informed by Jon Hobday, Director of Public Health advised in his role anything that can be done to promote active travel will be supported, including fit for purpose walking and cycling infrastructure. Further queries were raised regarding planned development that may stop the ease of access to safe walking and cycling routes. Jon Hobday offered to circulate details of the Walking and Cycling Forum where concerns can be channelled and explored in further detail.

A member questioned what work is being done for people with Learning Disabilities and severe Mental Health as this is identified in the report as those with the starkest health inequalities. Jon Hobday, Director of Public Health advised that those with severe mental illness (SMI) have a higher smoking prevalence so work has taken place with Pennine to have a 'swap to stop' initiative to provide vapes to support people with SMI to stop smoking.

In conclusion Councillor FitzGerald, Chair summarised that we have had a whole system update and the health inequalities update which has embedded the point that there is a social and medical issue when considering updates at Committee meetings.

It was agreed:

1. Officers be thanked for the update.

HSC.9 FORWARD PLAN

It was agreed:

1. This item be noted for information and discussed at the close of the meeting.

HSC.10 URGENT BUSINESS

There was no urgent business.

COUNCILLOR E FITZGERALD
Chair

(Note: The meeting started at 7.00 pm and ended at 8.20 pm)

Agenda Item 6

SCRUTINY REPORT

Bury Council

MEETING:	**Health Scrutiny Committee**
DATE:	**07th September 2023**
SUBJECT:	**Complex Services Pennine Acute Disaggregation**
REPORT FROM:	**Moneeza Iqbal, Director of Strategy, Northern Care Alliance NHS Foundation Trust** **Sophie Hargreaves, Director of Strategy, Manchester University Hospitals NHS Foundation Trust**
CONTACT OFFICER:	**Moneeza Iqbal, Director of Strategy, Northern Care Alliance NHS Foundation Trust** **Sophie Hargreaves, Director of Strategy, Manchester University Hospitals NHS Foundation Trust**

1.0 BACKGROUND

1.1 In 2021, Manchester Foundation Trust (MFT) acquired the North Manchester General Hospital (NMGH) site, and Salford Royal Foundation Trust (SRFT) acquired the remaining sites of PAHT, creating the Northern Care Alliance FT (NCA). Since then, due to the way in which digital systems and clinical rotas operate, there are some services that operate across the two providers that 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.

1.2 In September 2022 the first phase of complex services were disaggregated (Fetal Medicine, Clinical Haematology and Sleep Services), these were considered by Scrutiny Committees in July 2022.

1.3 A second phase (Cardiology, Gastronterology, Rheumatology and Urology (6 low volume pathways)) will be disaggregated in September 2023. Scrutiny Committees considered these proposals in January 2023.

1.4 The final phase of dissagregation is due to take place between January 2024 and March 2024 and includes Dexa (bone density) scanning, Ear, Nose & Throat (ENT), Trauma & Orthopaedics (T&O) and Urology.

1.5 This paper concerns this final phase, and in particular scrutiny's approval of the substantial variation assessments that have been developed to assess the scale of impact of these changes.

2.0 ISSUES

Introduction and Purpose

2.1 This document provides 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
- An overview of the engagement undertaken with patients to gain feedback and insights to inform these plans
- The likely impact on the group of Bury patients who typically use these pathways
- A summary of the substantial variation assessment for each specialty

Strategic Context to the Pennine Acute Transaction

2.2 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.

2.3 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).

2.4 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).

2.5 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.

2.6 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.

Overview of disaggregation

2.7 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 agreed that these SLA arrangements should be gradually 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.

2.8 The process of disaggregation has required significant collaboration and co-operation between NCA and MFT. It has involved splitting services between the two organisations using an agreed set of principles. This includes separating of the workforce, budget and waiting lists and is a complex and wide-ranging piece of work that has implications across a variety of areas including 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.

2.9 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 of disaggregation: phases one and two

2.10 At the time of the transactions, approximately ninety SLA arrangements were in place across a range of clinical and corporate areas. Now more than half of these arrangements have 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.

2.11 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.

2.12 Since summer 2022 NCA and MFT have been developing plans for the disagregation of 'complex services'. 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. A group established of lead commissioners from each Locality, chaired by the nominated GM ICB lead Mike Barker (Place Based Lead for Oldham) has overseen MFT and NCA's development of this work.

2.13 In September 2022, the first phase of complex services was dissagregated; Clinical Haematology, Sleep services and Foetal Medicine pathways. This was prior to 'go live' of MFT's new electronic patient record system EPIC.

2.14 The second phase of changes, will come into effect in September 2023 and includes some Cardiology, Gastroenterology, Rheumatology and Urology pathways. These changes were considered by the HMR locality Board in February 2023 and followed the agreed GM

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

Service Change Framework – see appendix 1. MFT and NCA are working closely to develop safe transition plans for this next phase of changes, as well as working closely with Localities to ensure that GPs and referrers are aware of the new options and changes to pathways.

Which services are affected in phase three?

2.15 The final phase three complex service changes are planned to be implemented between January and March 2024 and affect the following specialties;

- DEXA or bone density scanning
- Ear, nose and throat (ENT) pathways
- Inpatient Urology
- Trauma & Orthopaedic surgical pathways

2.16 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 services for the populations of Bury, Oldham, Rochdale and North Manchester.

2.17 For each service or clinical pathway, as with earlier phases, the following steps have been taken:

1. Clinical review
2. Patient engagement
3. Equality Impact Assessment
4. Travel analysis
5. Quality Impact Assessment

2.18 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 and safety
- ✓ 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

2.19 From this, detailed service change proposals have been developed. Patient engagement is then undertaken alongside equality impact analysis, travel analysis and quality impact assessment.

2.20 A detailed travel analysis has been undertaken to understand the impact of the proposed changes on the populations affected. This considers the impact for residents living in the affected catchment area on journey times by car and public transport (including bus, tram and a combination of the two). The analysis also includes an assessment of the costs of travel. This has been used to inform the completion of the 'Substantial Variation Assessments'.

2.21 A range of patient engagement approaches have been used including review of existing feedback on the services affected, as well as bespoke surveys and engagement events. These have included questionnaires or surveys in an outpatient setting, deliberative events and engagement with existing patient forums such as Healthwatch and locality patients groups where they are in place. Where appropriate deliberative events have been undertaken to understand more about how any potential changes to pathways should be made, and to consider mitigating actions MFT or NCA should make. This work has also been assured by

the Greater Manchester Integrated Care System via their engagement team and considered by the GM Engagement and Inclusion Assurance Group (EIAG).

Table 1 Summary of engagement activities and themes

Engagement activity	Service changes	Summary	How has this informed the proposals
Outpatient setting surveys	ENT Urology T&O	~300 surveys completed in 8 different outpatient clinics. These have shown that most patients arrive for their care by car. These have also shown patient views on the impact of travelling to other sites.	For urology, patients expressed a preference for travelling to MRI over Wythenshawe. This has informed the selection of MRI as the preferred option.
Deliberative events	T&O	Two deliberative events held with a total of 13 attendees. Over 400 former patients invited to attend. These events demonstrated a preference for activity to be delivered at NMGH where possible. Patients who live near NMGH gave examples of travelling to Fairfield General and Rochdale Infirmary multiple times during their pathway.	T&O – the proposed model is to provide as much of the pathway at the local hospital as possible with only limited elements (elective surgery) to be provided at a dedicated elective hub.
Healthwatch feedback	DEXA ENT Urology T&O	Manchester, Trafford, Salford, Bury, Rochdale and Oldham Healthwatch met. Healthwatch groups recognised the case for change and welcomed the proposals and welcomed the planned patient engagement. Feedback from Rochdale Healthwatch suggested improvements to letters sent to patients in advance of Phase 1 changes.	Letters to be sent to patients for Phase 2 will be updated in light of feedback from Rochdale Healthwatch.
Manchester Patient & Public Advisory Group	DEXA ENT Urology T&O	The group understood the challenge of delivering services across IT systems and recognised the case for disaggregation to avoid this. The group felt that support should be offered for patients with travel and travel costs. The group identified concerns about patients travelling by public transport who need to arrive for surgery very early in the morning.	Options to support patients with travel and travel costs will be reiterated with GPs and Booking Teams in advance of the changes so these can be promoted to patients. MFT have confirmed that where appropriate later start times can be accommodated for patients travelling by public transport.

2.22 The feedback obtained through these routes will be used to inform how the planned changes will be implemented.

2.22 The table below summarises the current and future plans for each area. An accompanying slide pack is also provided to explain the changes in more detail. The changes impact the NMGH catchment area. This includes residents living in wards in Salford, Bury, Rochdale, Oldham and Manchester (see appendix 2 for NMGH catchment map).

2.23 In line with the Service Change Framework agreed by the Greater Manchester Integrated Care Board (GM ICB), for each area an assessment of whether the new pathways constitute 'substantial variation'. See appendix 1 for the Service Change Framework and appendix 3 for each 'Subtantial Variation Assessment'.

Table 2 Summary of phase three services and future plans.

Specialty	Current and future services	Substantial Variation Assessment
DEXA: This is a test that measures bone density (strength). Results provide helpful details about a patient's risk for osteoporosis (bone loss) and fractures (bone breaks)	**Current services** • Patients who receive care at NMGH and need a DEXA scan as part of their diagnosis must currently travel to Royal Oldham Hospital for their scan. Note this affects consultant referred DEXA scanning only. **Future services** the above refernced NCA service at Oldham remains, but in addition; • To make a change to current patient pathway so North Manchester residents access bone density DEXA scans at Manchester Royal Infirmary (Manchester University NHS Foundation Trust), rather than Royal Oldham Hospital (Northern Care Alliance NHS Foundation Trust).	It is recommended that this **change does not constitute substantial variation** because it affects a limited number of patients and travel and access is similar or better for most of the population.
ENT: These services deal with conditions affecting the ears, nose or throat. These can include hearing, dizziness or balance problems, conditions affecting the voice, breathing or swallowing, ear/sinus infections and tonsillitis, injuries to the nose, or cancers of the mouth or throat	**Current services** North Manchester catchment currently receive ENT services from NCA clinicians based at: • Fairfield General Hospital (FGH) for inpatient and day case care for adults • Royal Oldham Hospital (ROH) for inpatient and day case care for children • Outpatient clinics are provided by NCA clinicians at NMGH **Future services** • Above NCA services remain, but in addition; • MFT to take on delivery of ENT services for the NMGH catchment population • For adults, provide 23-hour inpatient, day case and outpatient services at NMGH • For children, provide day case and outpatient services at NMGH, with	It is recommended that this **change does not constitute substantial variation** because it increases choice for patients by creating a new service at NMGH. Patients will now be able to choose to access existing services at Fairfield General Hospital and Royal Oldham as well as NMGH. For the NMGH catchment this represents services closer to home.

	overnight stay services at Royal Manchester Children's Hospital	
Trauma and orthopaedics: These services are concerned with the diagnosis and treatment of conditions of the musculoskeletal system including bones and joints and structures that enable movement such as ligaments, tendons, muscles and nerves.	**Current services** National guidance and best practice recommends that trauma (emergency) and planned T&O surgery is delivered in separate surgical hubs. This has been shown to reduce waiting times and improve outcomes. The PAHT service model was to run two services as follows: • Royal Oldham Hospital (trauma) and Rochdale Infirmary (planned surgery) provide care for Oldham and Rochdale residents • NMGH (trauma) and Fairfield General Hospital (planned surgery) providing care for the NMGH catchment and Bury populations **Future services** NMGH and the patient flows for this catchment will come under MFT. The MFT elective hub is at Trafford General Hospital. Therefore North Manchester residents needing planned T&O surgery will attend this hub. All outpatients, diagnostics and follow up care will be provided at NMGH, residents would only need to travel to the hub for their surgery. FGH catchment residents will now access trauma care at the hub at Royal Oldham for inpatient trauma and at Rochdale Infirmary for ambulatory care. This means patients who attend FGH A&E with a T&O emergency will no longer be transferred to NMGH and instead be transferred to Oldham.	Elective orthopaedic care affecting the NMGH catchment population. It is recommended that this **change does not constitute substantial variation** because patients will be able to choose whether to access their care at either the elective hub at Fairfield General Hospital as they do now or at the MFT elective hub at Trafford General Hospital. Parts of the catchment are closer to Fairfield General Hospital and others are closer to Trafford General Hospital. Trauma care affecting the Fairfield General Hospital catchment population – travel analysis shows that Royal Oldham is closer for the Rochdale population but further for some part of the Bury population.
Urology: part of health care that deals with diseases of the male and female kidneys, bladder, and prostate.	**Current services** NMGH is the inpatient Urology site for the whole of PAHT. Outpatients and other aspects of the service are provided across the PAHT sites. MFT and the NCA propose that urology services fully separate in Jan 2024. **Future services** The NCA have previously proposed and agreed the following model to commissioners: • Bury residents will receive inpatient care at Salford Royal Hospital • Rochdale and Oldham residents will receive inpatient care at ROH	It is recommended that this **change does not constitute substantial variation** because it affects a limited number of patients and 95% of current activity will remain as it is now at NMGH. Of the patients affected, a proportion are elective patients who can choose to have their care at either Royal Oldham Hospital or Manchester Royal Infirmary.

	For the North Manchester catchment • NMGH will provide local care including outpatients, investigations, day case and short stay low complexity surgery (95% of current patient care) • Robust on call arrangements will ensure safe care for emergency patients A small number of patients having complex planned surgery (~150) and patients needing an emergency admission (~550) will have this care at the specialist hub at MRI.	

What does this mean for the Bury population?

2.24 For the Bury population, typically the key hospital site that patients use depends on the part of Bury that they live – often patients choose their closest hospital. 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 Hospital 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 some diagnostics or surgery required as part of their treatment may include services at other MFT sites, including Manchester Royal Infirmary.

2.25 The maximum number of patients from each locality has been estimated based on historic activity levels. This is summarised for Bury in the table below.

Table 3: Estimate maximum number of Bury population impacted

Specialty/service	Estimated number of Bury population affected
DEXA	~60 (15% of 420 affected)
ENT	~1,340 (15% of 8,950 affected)*
Trauma and Orthopeadics - Planned surgery	~225 (15% of 1,500 affected)*
- Emergency surgery (~650 people)	400 (61% of 650 affected)
Urology	~105 (15% of 700 affected)

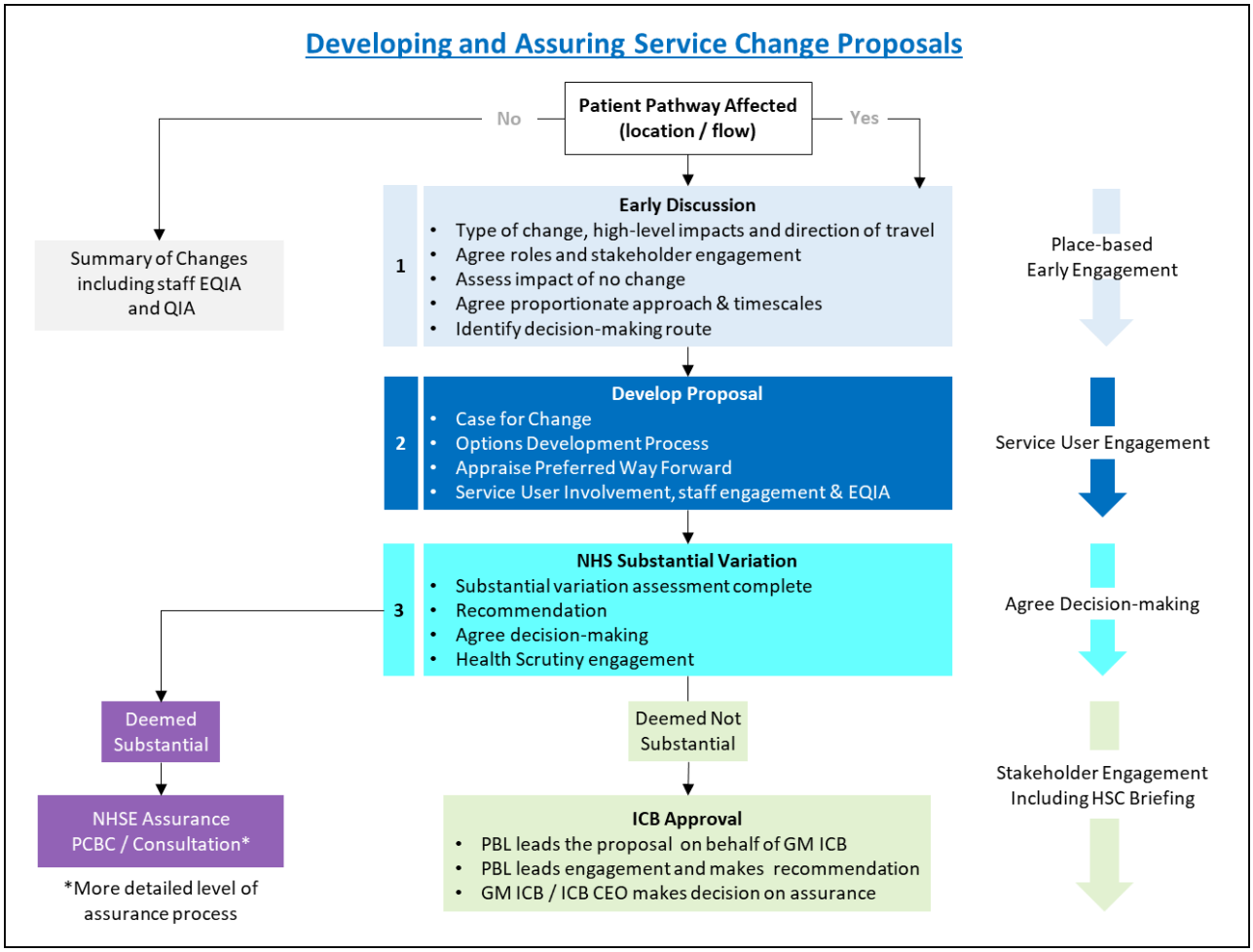
*This represents a proportion of the current patients. When implemented, Bury residents may choose to have their elective care at Fairfield General and as such this figure may be lower.

Next steps and recommendation

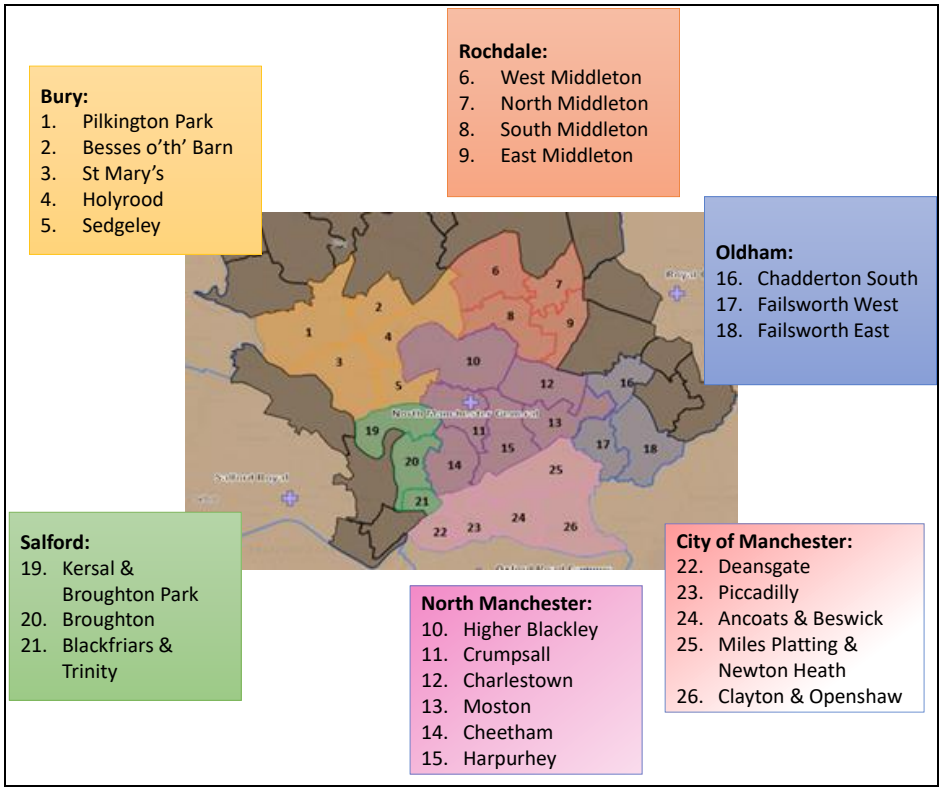
2.26 The preceding sections describe the background, progress to date and latest stages of disaggregation in order to provide Scrutiny with an overview of the phase three service changes and their impact. Further detail is available on request, however all of the above activities and developments have been overseen by a nominated group which includes representation from the Bury locality

2.27 Health Scrutiny committee is asked to endorse the assessment made by the sponsoring group that none of the changes identified in phase 3 constitute a 'substantial variation'.

Appendix 1: Service Change Framework for GM ICB



Appendix 2: NMGH Catchment map



Appendix 3: Substantial Variation Assessments

Service Change Proposal for DEXA Scans

The proposal is that the management and provision of consultant referred bone density (DEXA) scans for NMGH and its catchment population should be transferred from the Northern Care Alliance NHS FT (NCA) to Manchester University NHS FT (MFT) and be provided at the Manchester Royal Infirmary (MRI) site.

DEXA scans are not provided at the NMGH site and at present, patients from the NMGH catchment area who are referred by NMGH consultants travel to Royal Oldham Hospital (ROH) for this scan. Common referring specialties are rheumatology, breast, orthopaedics and elderly care. Patients often receive the rest of their care at NMGH but must travel to ROH for this specific diagnostic test. This means that most of the patient care is delivered in the MFT EPR "Hive", but these specific tests are provided for under NCA systems. There is a risk that information is lost when transferring information between MFT and NCA systems. This proposed change would bring all aspects of patient care for this cohort into MFT systems.

Substantial variation assessment: DEXA

Domain		
Patient Population Affected	• The patient population affected is the NMGH catchment for the outpatient DEXA scan service. • The population affected is largely those patients resident in North Manchester. • Currently residents in this area travel to ROH for this scan, it is proposed that this will be provided at MRI. • Based on historic activity patterns the change of location will affect approximately 420 patients per year (Manchester ~230, Bury ~60, Rochdale ~40, Oldham ~40 and Salford ~40 per year based on historic activity. • Patient choice will be maintained or improved. • Overall capacity will be maintained.	Not Substantial Variation
Access	• A full travel analysis has been completed for the affected population. • Currently residents in this area travel to ROH for this scan, it is proposed that this will be provided at MRI. • Public transport times are improved for most residents in the NMGH catchment area when comparing travel to MRI compared to ROH. Some residents in the east of the catchment area will experience increased journey times. Similarly, car journey times are improved for residents in the east and south of the catchment with residents in the west experiencing longer journey times.	Not Substantial Variation

Domain		
Type / Rationale for proposed service change	• The change forms a part of strategic plans to integrate NMGH into MFT to maximise the benefits of single services. The strategic approach has previously been agreed through a robust and rigorous process, with this proposal being one of several changes to achieve the previously agreed vision for a single hospital service for Manchester. • The implementation of the Hive Electronic Patient Record (EPR) system at NMGH has further necessitated the changes as the service currently navigates the complexities of working across two separate digital environments. This involves access to more than one system with increased potential for human error. • The proposal is a partial change to existing service provision with local access retained. There is no change to the service for patients from the Bury, HMR and Oldham locality catchments and an equivalent service provision for NMGH catchment patients.	Not Substantial Variation
Wider community & other services	• Limited/no impact on co-dependent services. • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. Benefits include the use of the new electronic patient record system across every MFT site and close digital integration with primary care. • There are no wider community impacts. • There is no adverse impact on health inequalities as current service provision will be maintained.	Not Substantial Variation
NHSE Four Tests & Stakeholder Views	• Support from clinical commissioners to be progressed alongside the development of plans. • Proposal supported by key stakeholders and will be further progressed alongside the development of plans. • Strong consultant staff engagement, input and support. • Communication with patients will explain the changes and offer the opportunity for further engagement. However, as patients are expected to receive care at their current location, and remain under their current Consultant, it is not intended to undertake an active Patient Choice exercise.	Not Substantial Variation

Recommendation:

It is recommended that the service change proposals for Dexa scanning **does not constitute substantial variation** and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board.

Key aspects of the rationale for this recommendation include:

- This change represents a small number of patients who already travel for this specific diagnostic test.
- This proposed change means an improvement in journey times for most of the catchment population.

Service Change Proposal - ENT

Electively, the ENT service for NMGH catchment residents includes outpatients (at NMGH and FGH), day case and inpatient elective care (FGH for adults, ROH for children). ENT cancer surgery is undertaken at MRI. Non-elective ENT presentations at NMGH for adults are treated on site (in the limited cases when immediate surgery is required) or transferred to FGH for adults or transferred to ROH for children.

ENT is typically a core service of a District General Hospital, however, there has not been a full ENT offer at NMGH for some time. This means that some NMGH catchment residents may need to travel to FGH or ROH for routine ENT outpatients and all minor procedures. Through the disaggregation of the service, MFT propose to create an enhanced ENT service at NMGH. This service would be provided for adults by the ENT Managed Single Service which is led by MRI. For children the NMGH service would be provided by RMCH clinicians. This will also allow emergency ENT provision at NMGH to be enhanced, through a locally based team of surgeons; at present, on call and inpatient care is provided on a visiting basis from FGH.

Disaggregation of the service and creation of this service at NMGH requires the following pathway changes:

Patient catchment	Pathway	Current Delivery Site	Proposed Delivery Site	Catchment Activity
NMGH	Adult acute inpatients	FGH	NMGH	250 NEL
NMGH	Adult day case and elective procedures	FGH	NMGH	350 DC, 110 EL
NMGH	Adult outpatient procedures	NMGH/ FGH	NMGH	6,000
NMGH	Paediatric acute inpatients	ROH	NMGH	25 NEL
NMGH	Paediatric day case and elective procedures	ROH	NMGH	200 DC, <5 EL
NMGH	Paediatric outpatient procedures	NMGH/ ROH	NMGH	1,500-2,000

*Excludes ENT cancer resections, which are currently and will remain undertaken at MRI

There are no planned changes for the NCA population and therefore this paper and assessment is only for the NMGH catchment.

Substantial Variation Assessment:ENT

Domain	Assessment	Assessment
Patient Population Affected	• Based on an initial review of 2019 activity patterns the change proposal will affect c.950 inpatients per year and ~8,000 outpatients from the **NMGH catchment.** This is broken down in the table above. For a locality breakdown see appendix 1. • This means that these patients will be able to access care for this core service closer to home whereas currently many adults and children need to travel – often for routine care. • Children within the NMGH catchment currently being referred to RMCH will also be able to access their outpatient and elective day case procedures at NMGH. • In addition, patient choice will be a key feature of the proposal, ensuring that these patients will still be able to choose to continue to access the existing provider/site for planned activity should they wish to do so. • Based on an initial review of 2019 activity patterns the change proposal	Not substantial variation

Domain	Assessment	Assessment
	will affect no patients from the **NCA catchment**. • The proposal ensures that there is no reduction in total capacity levels for the system.	
Access	**For NMGH catchment residents** • A full travel analysis has been completed. • Journey times to NMGH are shorter or considerably shorter for the NMGH catchment population compared to both FGH and ROH by both car and public transport. • When compared to FGH public transport journey times are the same or up to 60 minutes shorter to NMGH. • Journey times are improved to NMGH compared to ROH for the majority of the NMGH catchment population except for wards in Oldham – residents in these wards may wish to choose the NCA for their ENT care. • Travel costs are expected to decrease in all cases.	Not substantial variation
Type / Rationale for proposed service change	• The change forms a part of previously agreed plans to integrate NMGH into MFT to maximise the benefits of single services. This has been previously agreed through a robust and rigorous process with the service change proposal one of several changes to achieve the previously agreed vision for a single hospital service for Manchester. • The proposal changes existing service provision to significantly improve local access. • Emergency ENT provision at NMGH will be enhanced, through a locally based team of surgeons; at present, on call and inpatient care is provided on a visiting basis from FGH. Adult patients will no longer need to be transferred to FGH for their procedure. • There is no reduction in overall system capacity. • A full Quality Impact Assessment has been undertaken. Patient experience will be improved, and risks reduced. No adverse impacts were identified across any domain.	Not substantial variation
Wider community & other services	• There is no impact on any co-dependent services. • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. • There are no known wider impacts across the community. • A full equality impact assessment has been completed. The proposal will benefit the diverse and relatively deprived population of North Manchester, which should contribute to narrowing of health inequalities. No negative impacts of the proposed changes were identified. There will be a continuous review of the changes to ensure no negative impacts to any patients and rapid mobilisation of mitigations in the event impacts are identified.	Not substantial variation
NHSE Four Tests & Stakeholder Views	• Patients will continue to be able to choose where they would like to access care and can choose either an MFT or NCA pathway. • The proposals will be presented to the Patient and Public Advisory Group (PPAG) of Manchester Health and Care Commissioning, NCA Healthwatch and Manchester and Trafford Healthwatch. • A patient survey is also planned. • The proposed changes and new service provision are clinically led seeking to deliver consistently high-quality care. Care will be delivered to the same standards as at present, as a minimum. The future pathways will provide enhanced options for diagnostic pathways for patients. • ENT staff have been substantially engaged on plans and progress for the	Not substantial variation

Domain	Assessment	Assessment
	proposals through a combination of routine and extraordinary forums. Clinical and operational leadership are involved in all discussion and decision making with regard to the changes and have therefore been responsible for communicating with staff.	

Recommendation:

It is recommended that this change **does not constitute substantial variation.**
This proposal is to create a core ad comprehensive service at NMGH provided care closer to home with significant improvements in journey time and cost of travel for NMGH catchment residents.

This proposal allows for creation of safer emergency provision to the busy NMGH A&E and a more robust on call / out of hours rota. The ENT emergency service will be equitable to other Manchester ENT patients.

Table: estimated number of affected patients per locality per annum based on historic activity.

Locality	ENT
Manchester	4923
Bury	1343
Rochdale	895
Oldham	895
Salford	895
Total	**8,950**

Substantial Variation Assessment – Urology

NMGH is currently the inpatient Urology site for the former PAHT footprint. Outpatients and other aspects of the service are provided at ROH, FGH and RI. NCA and MFT have agreed that full disaggregation of the service is the preferred exit strategy in line with other complex services. This would mean that ~30% of activity is retained by MFT (the NMGH catchment population) and ~70% would be provided by NCA for its population.

The NCA have previously agreed a model of care for Urology with commissioners through a prior decision-making process. The model is as follows:

- Bury residents to receive inpatient urology care at Salford Royal Hospital
- Rochdale and Oldham residents to receive inpatient urology care at Royal Oldham Hospital

Therefore, the scope of **this paper is focused on the changes for the NMGH catchment.**
Once the service is disaggregated the service at NMGH will be considerably smaller than currently and it will no longer be viable to maintain the full current model of care at NMGH. Instead, it is proposed that NMGH provides a comprehensive suite of local care including outpatients, urological investigations, day case and short stay, high volume low complexity surgery. A robust on call arrangement is proposed to ensure safe care for patients presenting with urological emergencies. Complex inpatient urology surgery is proposed to be delivered at MRI.

This represents phase 1 of the urology single service model development within MFT. Wider discussions are underway to determine the longer-term model for urological care across MRI, Wythenshawe, NMGH and Trafford.

Substantial variation assessment: Urology

Domain	Assessment	Assessment
Patient Population Affected	• The NMGH catchment is affected by the proposal, this includes Manchester residents in the Northern part of the city, as well as a proportion of Bury (typically Prestwich and Whitefield) and HMR (typically Middleton) residents, who consider NMGH as their local district general hospital. • Most patients will continue to access care at NMGH for outpatient (~14,500 appointments per annum), day case (~1,350 procedures per annum) and high-volume low acuity urology surgery (~800 procedures per annum) and diagnostic services. • The activity data shows that approximately ~150 elective and ~550 non-elective inpatients (~4% of NMGH urology patients; of these an estimated ~385 are Manchester residents, ~105 Bury residents, ~70 residents from Oldham, Rochdale and Salford respectively) will be affected by the proposed changes and would receive care at MRI. These represent patients needing more complex inpatient care– likely once in a lifetime surgery. All outpatient care related to this surgery will continue to be provided at NMGH. • The proposal will include a review of patient pathways to ensure effective access to a full range of pathways designed to optimise care within MFT. • Patient choice will be a key feature of the proposal, ensuring that patients have a choice in which organisation to access for planned activity. The NHS constitution emphasises patient choice, and the patient will have	Not substantial variation

Domain	Assessment	Assessment
	access via the applicable DOS provisions.	
Access	• For the small number of urology patients who would receive their care at MRI, journey times to MRI compared to NMGH are longer by public transport and car for a proportion of the population affected. MRI is closer for a smaller proportion of the population. • However, MRI and NMGH are relatively close (~5 miles) and there are good transport links to the MRI for much of the population. • Patients will only need to travel for their inpatient care. All outpatient activity will be provided at NMGH.	Not substantial variation
Type / Rationale for proposed service change	• The proposed change forms a part of previously agreed plans to integrate NMGH into MFT to maximise the benefits of single services. This has been previously agreed through a robust and rigorous process. The service change proposal is one of several changes to achieve the previously agreed vision for a single hospital service for Manchester. • The proposal is a partial change to existing service provision with local access retained for outpatient, day case and high-volume low complexity urology and diagnostic services. • The proposal will see North Manchester catchment patients accessing inpatient care at established MFT services. • There is a strong focus on outcomes and clinical quality as phase 1 of the proposal forms part of the urology single service model development within MFT. • A key part of the proposal is to maximise care closer to home through the strengthening of ambulatory pathways. Intended benefits include a greater proportion of patients seen, treated and discharged without the requirement to be admitted to a bed. • There is also a strong focus on safety as phase 1 of the proposal will enable North Manchester catchment and NCA patients to receive care from one organisation and in one digital system. This will mitigate risks associated with the transfer of MFT and NCA patients and information between systems. • A QIA and EQIA have been completed and these support the principle of ensuring that incorporation of activity into MFT will have no negative impact on quality	Not substantial variation
Wider community & other services	• The changes release capacity at NMGH which could be reprofiled to support other North Manchester catchment activity. • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. Benefits include the use of the new electronic patient record system across every MFT site. • The patients who will access MFT services will be absorbed into the current MFT infrastructure • There are no known wider impacts across the community. • A full equality impact assessment and quality impact assessment has been completed.	Not substantial variation

Domain	Assessment	Assessment
NHSE Four Tests & Stakeholder Views	Strong clinical evidence base • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services within a single hospital trust for Manchester. Benefits include the use of the new electronic patient record system across every MFT site. • Similar hub and spoke models already exist and the model of care aligns to GIRFT recommendations including Urology Area Network developments Strong public and patient engagement • Public and patient engagement forms a key component of developing the service change proposal with continued activities to further enhance service user engagement. This includes bespoke surveys to be undertaken in outpatient settings, discussion of proposals at MHCC Public and Patient Advisory Group, Healthwatch presentations the development of a QIA and EQIA and full consideration of patient choice in terms of which organisation to access for planned activity. Strong staff engagement, input and support • There is strong engagement from clinical and operational staff involved in the service across MFT. A series of MFT urology workshops have been held to identify how the service at NMGH could be developed and delivered in the short, medium and long term. Clinical discussion to advance aspects of the clinical model are continuing and this includes clinical lead discussion with members of the Urology team, NMGH, MRI Medical Directors and inputs from Group Strategy and the WTWA Senior Leadership Team. • MFT and the NCA also have strong post-transaction joint working arrangements and continue to work through these structures to coordinate disaggregation of the more complex services which includes Urology. A bipartite clinical working group, workforce group and disaggregation group provide oversight, leadership and support for the phase 1 proposal which will see complete disaggregation of the historical PAHT footprint for urology as the NMGH urology service will fully separate from the NCA urology service.	Not substantial variation

Recommendation:

It is recommended that the service change proposals for Urology **does not constitute substantial variation** and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include:

- This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.
- Most patients will continue to access care locally at NMGH for outpatient, day case and high-volume low acuity urology and diagnostic services. Patients needing to access MRI will do so for once in a lifetime inpatient surgery. This model aligns with GIRFT recommendations.
- The change proposal has followed a structured approach with full support from commissioners/localities and clear evidence of service user involvement that will continue through to and beyond implementation of changes.

Domain	Assessment	Assessment

Service Change proposal - Trauma & Orthopaedics

Before transaction, Trauma and Orthopaedics (T&O) operated as a single service across the former PAHT footprint delivered from North Manchester General Hospital (NMGH), Royal Oldham Hospital (ROH), Fairfield General Hospital (FGH) and Rochdale Infirmary (RI).
Under PAHT, the Trust operated a two-axis model whereby NMGH and FGH served as one axis (with trauma surgery delivered at NMGH) and ROH and RI served as the other (with trauma surgery at ROH). All electives for the totality of PAHT were centralised at FGH with several day case operating lists at RI.

As part of the overall Transaction, NCA and MFT agree that full disaggregation of T&O services for North Manchester is the preferred exit strategy and agree for this to happen in line with other complex services by the 31 March 2024.

Once disaggregated, MFT will provide an orthopaedic elective and trauma service for NMGH catchment patients, and the NCA will provide an elective and trauma service for the FGH catchment patients, connecting into their wider organisational models.

Elective
The elective orthopaedic service on the NMGH/FGH axis consists of outpatients delivered locally and elective day case and elective inpatient procedures largely provided out of FGH, with some daycase procedures at RI.

After disaggregation, MFT will provide elective services to North Manchester catchment GP referrals and all NMGH A&E arrivals. The MFT site where day case and inpatient procedures are provided will be Trafford General Hospital (TGH). Patients will be able to choose whether to access their elective care at TGH or FGH. NCA will continue to provide elective service for Bury catchment GP referrals as well as FGH A&E arrivals. FGH A&E patients requiring Trauma surgery will be redirected to Royal Oldham Hospital (ROH).

A breakdown of proposed delivery sites following disaggregation is shown in the table below.

Trauma
The non-elective/trauma service consists of virtual fracture clinic (VFC), fracture clinic (FC), day case trauma, and inpatient trauma. This is serviced by a trauma rota covering each axis. Patients arriving at FGH requiring a trauma procedure are transferred by ambulance to NMGH for treatment. It is assumed that NWAS will continue to convey trauma patients to NMGH and ROH and current volumes are not expected to change.

After disaggregation, patients arriving at FGH A&E for treatment will no longer be transferred to NMGH for trauma care but instead will transfer (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma. There will be no change to the delivery of fracture clinics, these will remain at FGH.

There will be no change for residents living in the NMGH catchment area – these residents will continue to access trauma care at NMGH as they do now.

A breakdown of proposed delivery sites following disaggregation is shown in the table below.

Category	Service	Current site of delivery	Proposed site of delivery for (NCA)	Proposed site of delivery for (MFT)
Trauma Services	Fracture Clinic	FGH & NMGH	FGH (no change)	NMGH (no change)
	Day case	NMGH & RI (low volue)	RI	NMGH (no change)
	Inpatient	NMGH	ROH	NMGH (no change)
Elective services	Outpatients	FGH & NMGH	FGH (no change)	NMGH (no change)
	Day Case	FGH & RI	FGH & RI (no change)	TGH
	Inpatient	FGH	FGH (no change)	TGH

Substantial variation assessment: Trauma AND elective Orthopeadics

<table>
<tr><th>Domain</th><th>Narrative</th><th>Assessment</th></tr>
<tr><td>Patient Population Affected</td><td>The patient population affected by the proposed service change will predominately be those that live in the NMGH and FGH catchment areas.

Trauma – affects FGH catchment residents
• The trauma planning assumption indicates that activity derived via an A&E attendance will be served by the Trust associated with that A&E. Currently, Fairfield General Hospital (FGH) arrivals (NCA) are transferred to NMGH (MFT) for trauma procedures/treatment.
• Initial modelling (2019/20) has identified that approximately 650 patients are transferred from FGH A&E to NMGH per year for a trauma. The distribution by locality is as follows:
<table>
<tr><th>Locality</th><th>Estimated maximum number affected per annum</th></tr>
<tr><td>Bury</td><td>~400</td></tr>
<tr><td>HMR</td><td>~200</td></tr>
<tr><td>East Lancashire</td><td>~20</td></tr>
<tr><td>Bolton</td><td>~10</td></tr>
<tr><td>Oldham</td><td><10</td></tr>
<tr><td>Manchester</td><td><10</td></tr>
<tr><td>Other</td><td>~10</td></tr>
<tr><td>Total</td><td>~650</td></tr>
</table>
• Of these patients, 296 have an inpatient trauma procedure at NMGH, 170 have a day case procedure at NMGH and the remaining 188 patients are discharged without procedure
• Under the new clinical model, FGH patients will no longer be transferred to NMGH but instead will transfer (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma.
• There will be no change to the delivery of Fracture Clinic, these will remain at FGH.
• It is assumed that NWAS will continue to convey trauma patients to NMGH and ROH and current volumes are not expected to change.</td><td>Not substantial variation</td></tr>
</table>

Domain	Narrative	Assessment
	• People living in the NM catchment area will continue to access trauma services at NMGH as per the current service model, and there will be no change. **Elective** • For the NM catchment most people requiring planned / elective care will continue to receive a significant element of their care at NMGH, including outpatients, tests and diagnostic procedures. • Where patients require an operation/procedure, patients will be able to choose whether to access this care at the NCA elective hub at FGH as they do now or at the MFT elective hub at Trafford General Hospital. • This is expected to impact ~1,500 patients per year based on 2019 activity profile (it is estimated this could affect ~825 Manchester residents, ~225 Bury residents and ~150 residents from Oldham, Rochdale and Salford respectively). • The elective pathways for the NCA population will remain unchanged. • Patient choice will be a key feature of the proposal. The NHS constitution emphasises patient choice, and the patient will have access via the applicable DOS provisions. Some people who reside in the North Manchester General Hospital catchment area may choose FGH (Bury) for their surgery and this will mean that they will also have outpatient appointments and diagnostics at FGH. Others may choose to have their surgery at TGH. If so, they would have outpatient appointments and diagnostics at NMGH, and just the surgery element of their pathway at TGH.	

Access	**Trauma**
	• Residents in the NMGH catchment area will continue to access trauma services at NMGH. All elements of the trauma pathway will continue to be delivered from NMGH and little will change from a patient access perspective for patients in this area.
	• People living in the FGH catchment area, under the new service model, will no longer be transferred to NMGH for their trauma surgery but instead will transfer (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma. There will be no change to the delivery of Fracture Clinic, this will remain at FGH. NCA have sufficient capacity to take on this volume of trauma activity from FGH arrivals supported by pathway improvement and efficiency opportunities.
	• The key headline messages for trauma are related to the change in travel time for patients travelling/being conveyed to ROH or RI instead of NMGH under the new proposed clinical model:
	  ○ The average journey time by car for NCA patients overall is approximately 5 minutes shorter on average travelling to ROH instead of NMGH and 3 to 4 minutes shorter on average when travelling to RI instead of NMGH.
	  ○ For the likely FGH catchment mostly impacted by the change, the average journey time by car is longer by 1-2 minutes for Bury residents and shorter by 5-6 minutes for Rochdale residents when travelling to ROH rather than NMGH. When travelling to RI rather than NMGH by car, Bury residents will see a 2-3 minute longer
		Not substantial variation

Domain	Narrative	Assessment
	journey and Rochdale residents will see a 1-2 minute reduction. ○ The average journey time by public transport for NCA patients overall is approximately 12 minutes shorter on average travelling to ROH instead of NMGH and 12 minutes shorter when travelling to RI instead of NMGH. ○ For the likely FGH catchment mostly impacted by the change, the average journey time by public transport is longer increasing from 51 to 83 minutes for Bury residents and shorter by 20 minutes for Rochdale residents when travelling to ROH rather than NMGH. When travelling to RI rather than NMGH by public transport, Bury residents will see a 14-15 minute longer journey and Rochdale residents will see a 5-6 minute reduction. Some Bury residents may already choose to go to a different hospital site that is closer e.g., Bolton or Salford. ○ The patient survey conducted with 88 patients using NCA services indicated that 83% of patients travelled by car or taxi and 5% travelled by public transport to FGH. **Elective** • Outpatient and diagnostic activity will continue as per the current service model, both at NMGH and at FGH. More outpatient activity is likely to be delivered at NMGH than currently to ensure that people from the NMGH catchment area do not have to travel to FGH but can receive that element of their care at NMGH (patients can still make a choice). • However, people from the NMGH catchment area requiring an elective planned surgical procedure/operation will now be able to choose whether to access this at FGH in Bury or Trafford General Hospital. • Access for elective planned surgical procedure/operation for the NCA population will remain unchanged. • A detailed travel analysis has been undertaken. The key headline messages for elective are related to the change in travel time for patients travelling to TGH instead of FGH under the new clinical model: ○ The average journey time by car for the overall catchment area (North Manchester) is 3 minutes longer to TGH than to FGH (19 minutes compared to 16 minutes). ○ Average journey times by public transport are, on average, 12 minutes longer to TGH than FGH (76 minutes compared to 63.9 minutes) but are more direct with fewer interchanges. As such the cost of public transport is marginally lower. ○ Residents in the south of the catchment are closer to Trafford General; residents in the north of the catchment are closer to Fairfield General. Patients may therefore choose to attend their closest hospital.	

Domain	Narrative	Assessment
Type / Rationale for proposed service change	**Elective** • The service change forms a part of previously agreed plans to integrate NMGH into MFT to maximise the benefits of single services and is part of the transaction process. • It is paramount that a long-term and sustainable service model for the ongoing provision of trauma and orthopaedic services at NMGH is established for the NMGH catchment area. • The rationale for offering orthopaedic elective surgery at Trafford General Hospital as well as FGH for the NMGH catchment area is to maintain access to high quality, safe and highly reliable care, and to benefit from the treatment outcomes associated with a 'high volume, low complexity' clinical model, based on recommendations from GIRFT, which Trafford General delivers. These models of care are associated with a better patient experience, less variation and better patient outcomes. The models are reflective of recommendations made through GIRFT and TGH already operates a GIRFT type Surgical Hub for Orthopaedics, and this service would increase capacity to accommodate the transfer of NMGH patients. • The new clinical model for orthopaedics for the NMGH catchment area will benefit from the Single Service model rolled out across MFT, delivering high quality and good outcomes for patients, in a more effective and efficient way, sustaining services now and into the future. The NMGH service will benefit from the scale of the MFT T&O service and the size of the workforce. **Trauma** • Equally, changes to the provision of trauma care to the FGH catchment area will enable the NCA to scale up and benefit from a Trust wide single service model across multiple sites for T&O services • Consolidation of trauma activity will lead to better outcomes and shorter lengths of stay for patients in a more effective and efficient way. Patients will benefit from the strong T&O patient quality indictors at ROH (i.e. LoS and readmissions) • Patients will also benefit from improved treatment outcomes associated with a 'high volume, low complexity' clinical model at RI based on recommendations from GIRFT. These models of care are associated with a better patient experience, less variation and better patient outcome.	Not substantial variation
Wider community & other services	• The proposal forms part of large-scale plans to deliver patient benefits, high quality, and sustainable care with better outcomes through the creation of single services for NCA and MFT. For example, the recent deployment of a single electronic patient record across all MFT sites will derive significant benefits to the standard and quality of care. It means that patient records will be contained in one space and will not cross multiple digital systems in different organisations. • There are no other known wider implications or co-dependencies across the communities of the proposed changes.	Not substantial variation

Domain	Narrative	Assessment
NHSE Four Tests & Stakeholder Views	Strong clinical evidence base • The proposal forms part of large-scale plans to deliver patient benefits through the creation of single services for NCA and MFT. Benefits include the use of the new electronic patient record system across every MFT site. • Delivering a planned elective orthopaedic service adopting the HVLC (high volume, low complex) clinical delivery model will deliver a service that is high quality, highly reliable, effective, and sustainable. • Consolidation of trauma activity will lead to better outcomes and shorter lengths of stay for patients in a more effective and efficient way. Strong public and patient engagement • Public and patient engagement forms a key component of developing the service change proposal with continued activities to further enhance service user engagement. This includes, patient surveys and engagement events, discussion of proposals at Manchester Public and Patient Advisory Group, Healthwatch presentations the development of a QIA and EQIA and full consideration of patient choice in terms of which organisation to access for planned activity. The NHS constitution emphasises patient choice, and the patient will have access via the applicable DOS provisions. Support from clinical commissioners • Some of this work includes reorganising or restructuring services, and a process of engagement and dialogue with commissioners is being maintained to manage these changes. The proposal is being reviewed by Integrated Care Boards / Localities with the process led by the Place Based Lead for Oldham on behalf of the Integrated Care Board. The proposal has and will continue to be developed through a collaborative process with system partners. Strong staff engagement, input, and support • There is strong engagement from clinical and operational staff involved in the service across MFT and the NCA. A series of workshops have been held to identify how the service at NMGH and FGH could be developed and delivered in the short, medium, and long term. Clinical discussion to advance aspects of the clinical model are continuing with both organisations and this includes clinical lead discussion with members of the T&O teams and Leadership Teams. • MFT and the NCA also have strong post-transaction joint working arrangements and continue to work through these structures to coordinate disaggregation of the more complex services which includes T&O. A bipartite clinical working group, workforce group and disaggregation group will provide oversight, leadership and support which will see complete disaggregation of the historical PAHT footprint for T&O as the NMGH T&O service will fully separate from the NCA T&O service.	Not substantial variation

Domain	Narrative	Assessment

Recommendation:

It is recommended that the service change proposals for trauma and orthopaedic single service model development within MFT **does not constitute substantial variation** and that decision-making on the assurance of the change proposal should be taken through the Greater Manchester Integrated Care Board. Key aspects of the rationale for this recommendation include:

- This change is a consequence of previously agreed decisions taken on the formation of a single hospital service for Manchester (with NMGH to be integrated into MFT) and for the formation of the Northern Care Alliance with both organisations seeking to optimise patient benefits through the delivery of integrated single services.
- The key change for elective planned (inpatient/daycase) care affects residents in the NMGH catchment area. Patients will be able to choose whether to have their procedure at TGH or FGH. The travel analysis has demonstrated that the travel time, both by car and public transport to TGH is longer than to FGH, but not substantially. Travel to TGH by public transport is more direct with fewer changes. Travel by car is slightly more expensive, however, the cost of public transport is lower. The south of the catchment is closer to TGH; the north closer to FGH. There are existing mechanisms for patients and their carers to access support with travelling to hospital and the costs of travel. These will be promoted to patients through patient letters, MyMFT and referral / booking teams.
- The key changes for trauma care (patients presenting at A&E) affects residents in the FGH catchment, predominantly Bury. These residents will transfer from FGH (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma. The travel analysis has demonstrated that the travel time by car for Bury patients is minimally higher and for Rochdale residents is significantly low. By public transport, for all Bury residents is higher but lower for Rochdale residents. Some Bury patients may already choose to go to a different hospital site that is closer.

3.0 CONCLUSION

3.1 Scrutiny Committee is asked to endorse the assessment that the four service changes described do not constitute substantial variation.

Contact Details:-

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Executive Director sign off Date: 17/08/2023

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NMGH Complex Service Change Proposals

Bury Locality Board

4th September 2023

Purpose and background

Purpose
The purpose of this slide deck is to provide Scrutiny Committee with a summary of service change proposals arising from the dissolution of Pennine Acute Hospitals Trust (PAHT).

These changes are the final stages of a long term strategy for Greater Manchester that includes the dissolution of PAHT, the formation of a 'Single Hospital Service' for Manchester under Manchester University Foundation Trust (MFT) and the formation of the Northern Care Alliance (NCA).

Background – Timeline

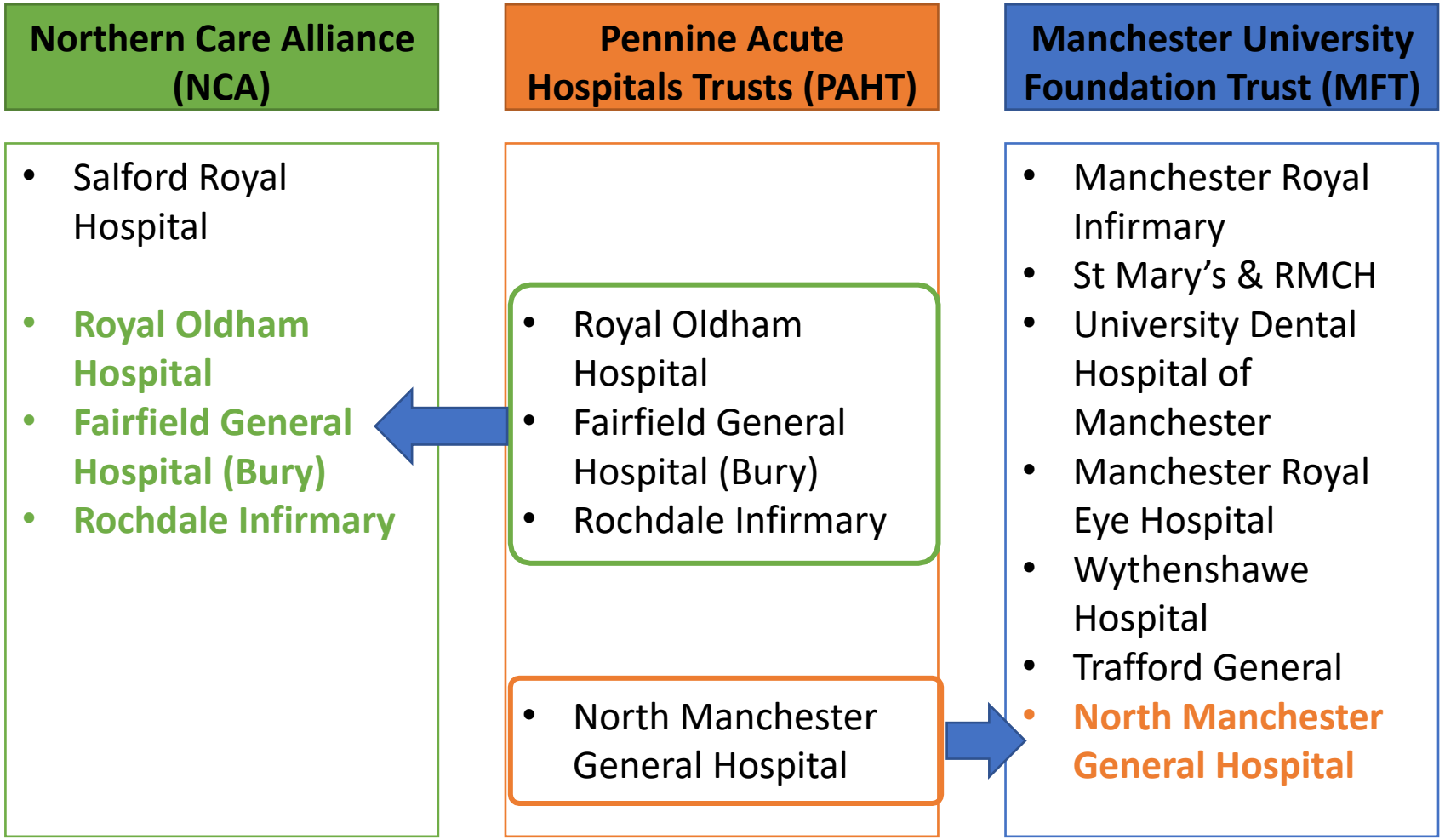
- **2016** - An independent review of hospital services in Manchester concluded the most effective route to achieving clinical, safety and efficiency benefits was to create a 'single hospital service' for Manchester. Prior to this Manchester Royal Infirmary, Wythenshawe Hospital and North Manchester General Hospital were all run by different organisations.
- **2016** – Pennine Acute Hospital Trust (PAHT; included Fairfield General Hospital in Bury, Rochdale Infirmary, North Manchester General Hospital and Royal Oldham Hospital) was rated 'inadequate' by the Care Quality Commission (CQC).
- **2017** - NHS Improvement undertook an option appraisal in respect of the long-term future of Pennine Acute Hospital Trust (PAHT). The preferred option was for North Manchester General Hospital (NMGH) to be acquired by Manchester University Foundation Trust (MFT), and for the other PAHT sites to be acquired by Salford Royal Foundation Trust (SRFT).
- **1st April 2021** – MFT formally acquired the NMGH site and services through a commercial transaction.
- **1st October 2021** – SRFT acquired the remaining elements of PAHT through a statutory transaction and became the Northern Care Alliance (NCA).
- **2021 to 2023** - MFT and the NCA have strong post-transaction joint working arrangements and are continuing to work through these structures to agree the most appropriate timing for disaggregation of the more complex services.

Background information – organisations and acronyms

Pennine Acute Hospitals Trust (PAHT) has been dissolved.

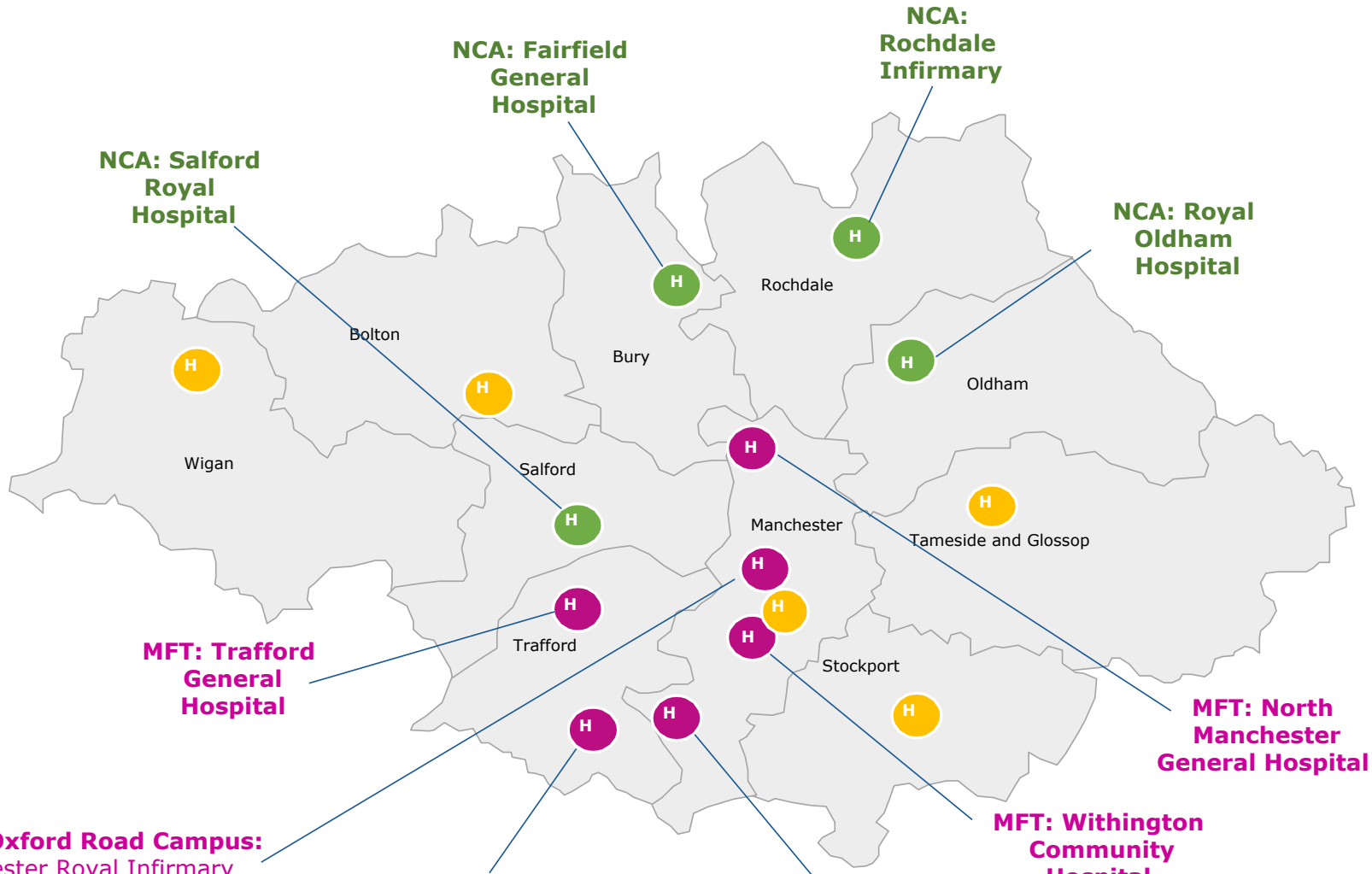
The Northern Care Alliance (NCA) has been formed between Salford Royal, Royal Oldham, Fairfield General and Rochdale Infirmary.

Manchester University Foundation Trust (MFT) has acquired North Manchester General Hospital.



Background information – organisations and hospitals

Map of Greater Manchester showing the **Manchester Foundation Trust (MFT)** and **Northern Care Alliance (NCA)** hospitals now that the dissolution of Pennine Acute Hospital Trust (PAHT) is complete.



Introduction – disaggregation of complex services

- PAHT had four hospitals and delivered services across these sites. This meant whilst a patient may attend for example NMGH for their outpatient appointment, they may have had diagnostic tests at another PAHT site. The same patient might also have had surgery and an inpatient stay on another PAHT site.
- 'Disaggregation' is the term used to describe the unpicking of these arrangements so that NMGH can be separated from the three other PAHT sites.
- Work has been underway since the dissolution of PAHT to disaggregate NMGH. Working relationships between MFT and NCA are strong and good progress has been made.
- The final stage has been a set of services that present the most complex challenges for 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 to ensure the impact on patients and residents is considered.
- A structured approach has been agreed to disaggregate complex NMGH services in a safe and effective manner.
- The first of these were considered in **July 2022** and included Clinical Haematology, Sleep Services and Fetal Medicine.
- A second phase was considered in **March 2023** and included Cardiology, Rheumatology, Gastroenterology and 6 Urology pathways
- A **third and final phase** is now being considered including DEXA (bone density scanning), Ear, Nose & Throat, Urology and Trauma & Orthopaedics. These changes are described in this slide deck.

Background information – NMGH Catchment

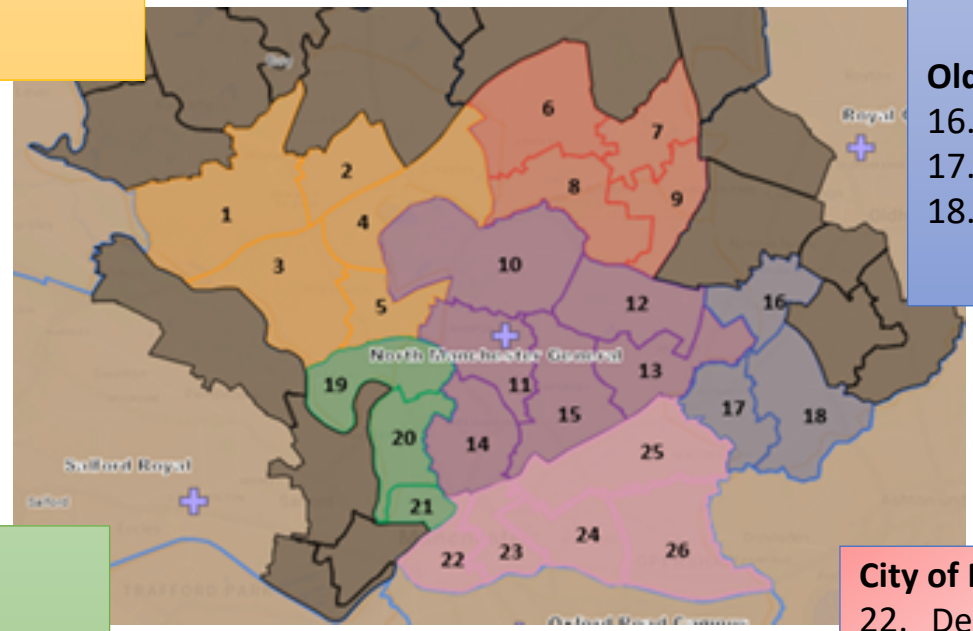
The ‘catchment area’ of North Manchester General includes a population of ~400,000 people from wards in Salford, Bury, Rochdale, Oldham and Manchester.

About 50% of patients attending NMGH are from Manchester.

This means MFT and NCA must engage with patients and stakeholders from each locality when disaggregating NMGH services.

Bury:
1. Pilkington Park
2. Besses o’th’ Barn
3. St Mary’s
4. Holyrood
5. Sedgeley

Rochdale:
6. West Middleton
7. North Middleton
8. South Middleton
9. East Middleton



Oldham:
16. Chadderton South
17. Failsworth West
18. Failsworth East

Salford:
19. Kersal & Broughton Park
20. Broughton
21. Blackfriars & Trinity

North Manchester:
10. Higher Blackley
11. Crumpsall
12. Charlestown
13. Moston
14. Cheetham
15. Harpurhey

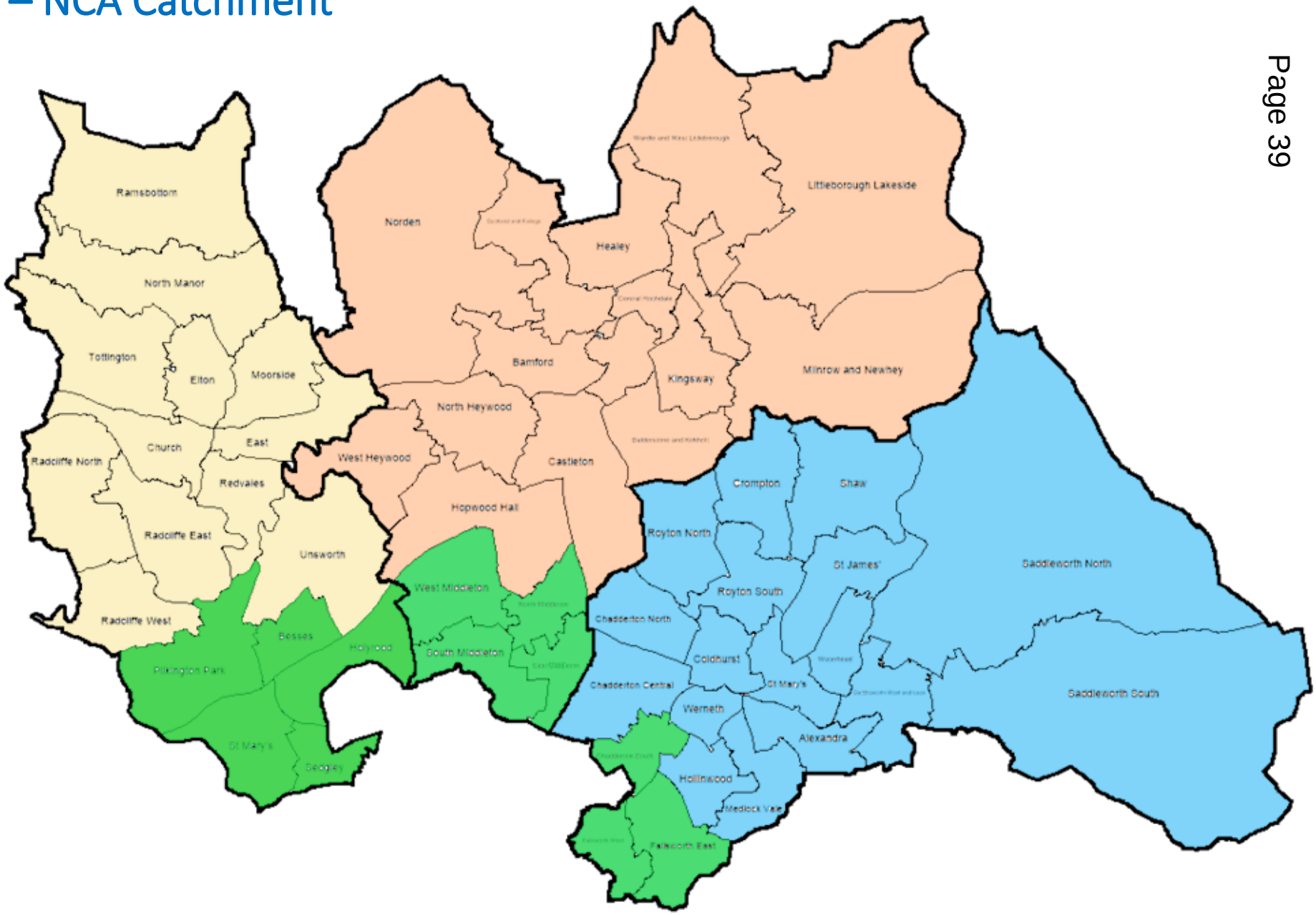
City of Manchester:
22. Deansgate
23. Piccadilly
24. Ancoats & Beswick
25. Miles Platting & Newton Heath
26. Clayton & Openshaw

Background information – NCA Catchment

The ‘NCA catchment area’ affected by these changes includes people from wards in Bury (yellow), Rochdale (orange), and Oldham (blue).

Note that the NCA also provides care for residents in the rest of Salford but they are not affected by these changes.

(The green area are the Bury, Rochdale and Oldham wards in the NMGH catchment area.)



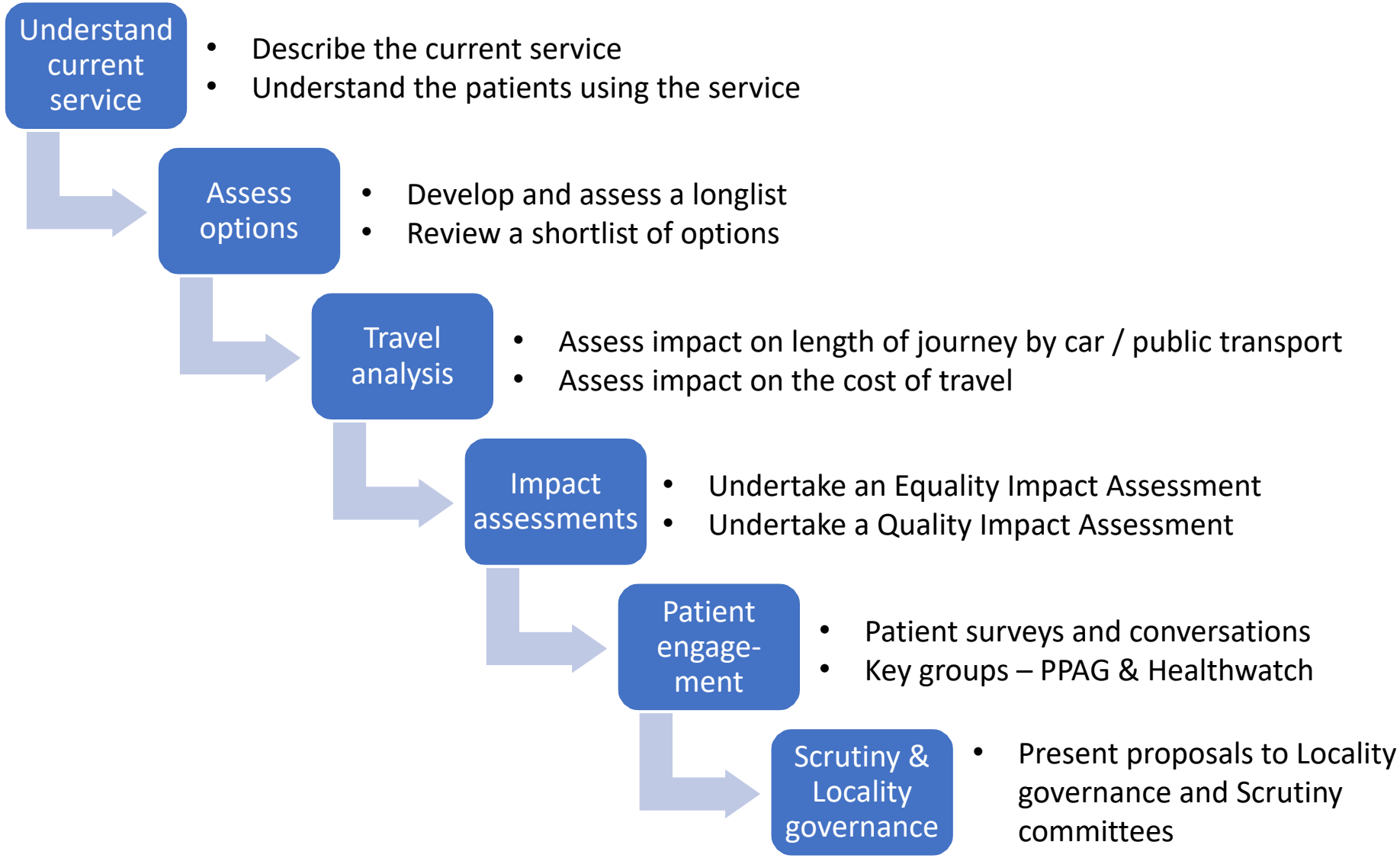
Background information – IT Systems

- NCA and MFT are progressing their plans for investment in the former PAHT sites and services.
- This includes the new Electronic Patient Record (EPR) system (called Hive) which was implemented across MFT including at NMGH in September ‘22.
- This means that MFT and NCA use different IT systems and as such when patients move between MFT and NCA provided services, their information crosses between the two IT systems.
- There is a risk that information is lost between systems.
- Features such as automatic notifications do not work across systems.
- For example, if an MFT patient has a test at an NCA site, the MFT clinician does not get an automatic notification when the result is available. Instead the clinical team must manually check in with the NCA team to access results. This has the potential to delay patient pathways.
- This is a key reason for disaggregation of many of the services.

Approach

For all the services in this presentation, the same approach has been taken as shown in the diagram, right.

Scrutiny committees are asked to consider if the proposed changes constitute substantial variation.



DEXA (Bone Density) Scanning

DEXA (Bone Density) Scanning

What is DEXA (Bone Density) scanning?

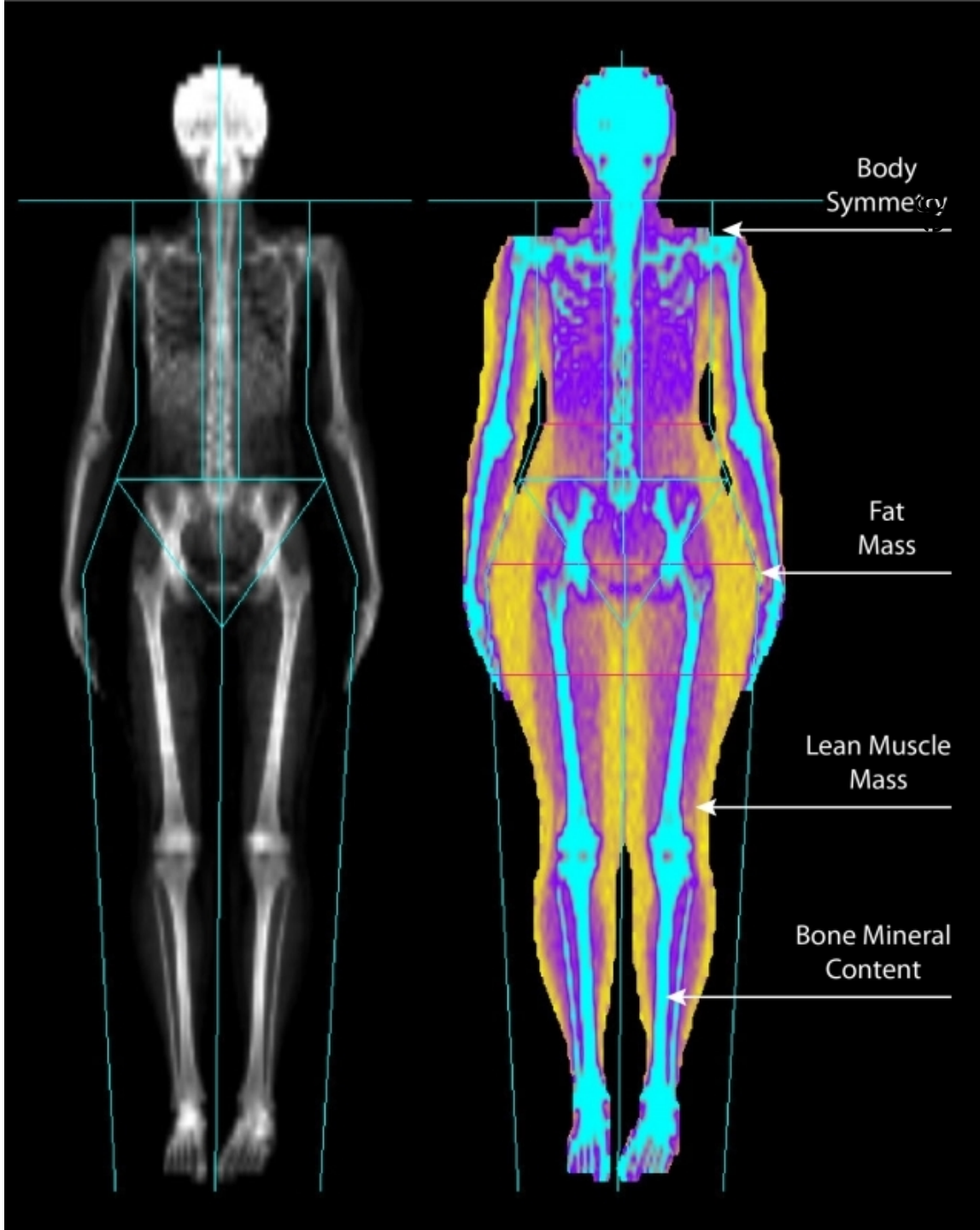
- DEXA (Bone Density) scanning is a test that measures bone density (strength). Results provide helpful details about a patient's risk for osteoporosis (bone loss) and fractures (bone breaks)
- This change affects patients in the **NMGH catchment**
- Approximately 420 residents who access outpatient specialty services at NMGH (typically breast, rheumatology, orthogeriatrics) subsequently require DEXA scans for bone density

Current Service Model

- Patients who are seen at NMGH who need a DEXA scans must currently travel to Royal Oldham Hospital for their scan

Key drivers for change

- The current pathway means that an MFT patient has a scan that is recorded in an NCA IT system. Working across two IT systems leads to a risk of patient information not being visible, accurate or complete
- Greater access to DEXA scans as MRI has two scanners
- The MRI DEXA is accessible for patients who use a hoist for mobility



DEXA (Bone Density) Scanning

Preferred way forwards

- To make a change to current patient pathway so North Manchester residents access bone density DEXA scans at Manchester Royal Infirmary (Manchester University NHS Foundation Trust), rather than Royal Oldham Hospital (Northern Care Alliance NHS Foundation Trust).

Travel Analysis

This proposed change would affect ~420 patients per year from the NMGH catchment.

A detailed travel analysis was conducted by reviewing and comparing travel times for the NMGH catchment to **MRI** compared to **ROH**. Key findings include:

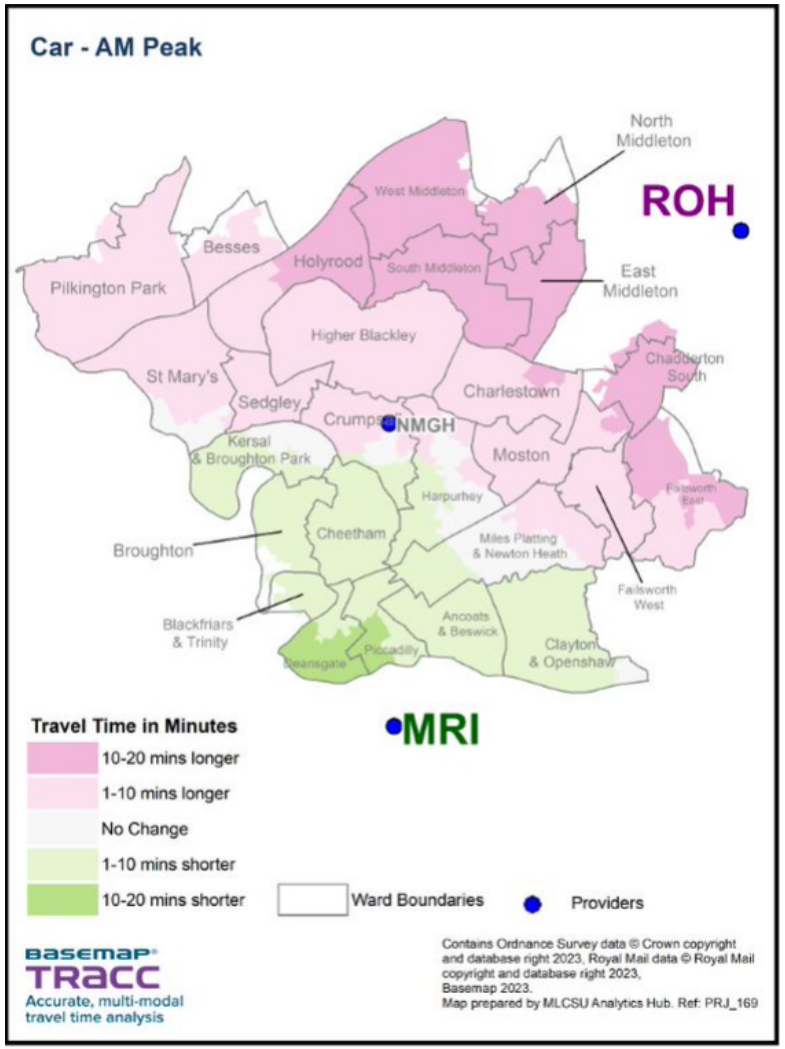
- Car journeys are longer on average by **+2.6 minutes** (13.8 minutes to ROH compared to 16.4 minutes to MRI). Journeys are shorter in 9 wards and longer for 17 of 26 wards
- Public transport journeys are shorter on average by **-9.1 minutes** (52.7 minutes to ROH compared to 43.6 minutes to MRI). Journeys are shorter in 17 wards and longer in 9 of 26 wards
- On average transport costs will be cheaper for car and public transport use, 23 pence and 69 pence cheaper respectively
- Car parking costs would be broadly similar.

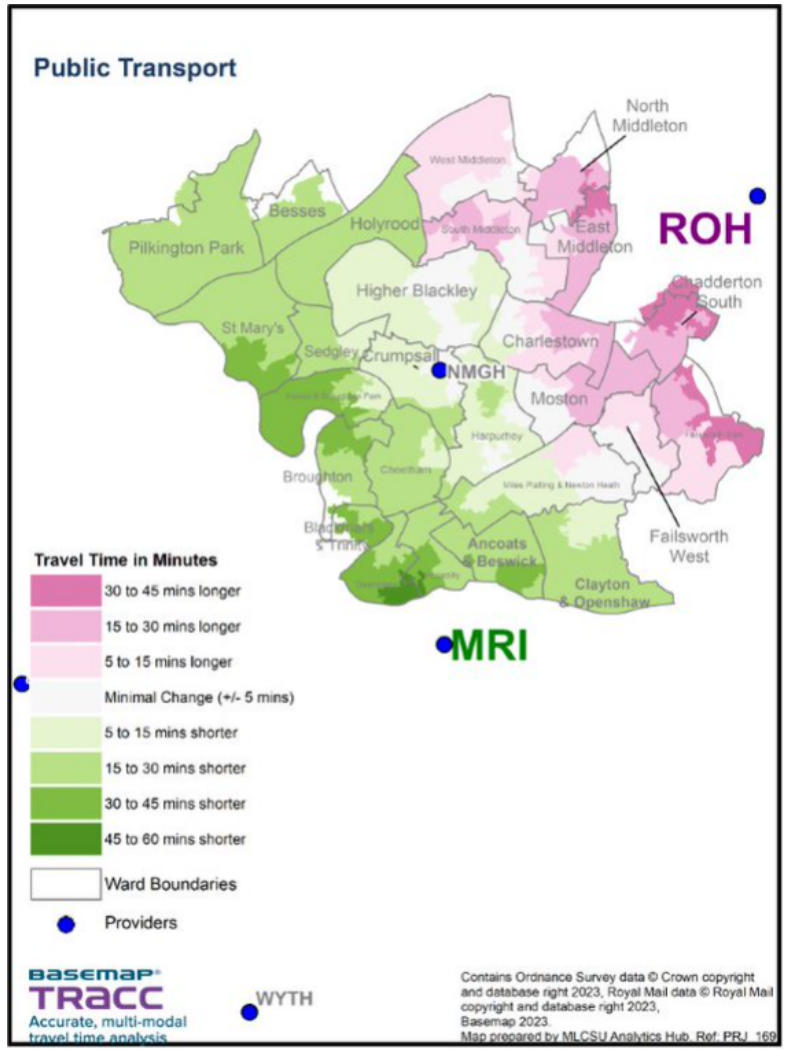
DEXA (Bone Density) Scanning – Travel analysis

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **MRI** is compared to the time taken to travel to **ROH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).





Urology

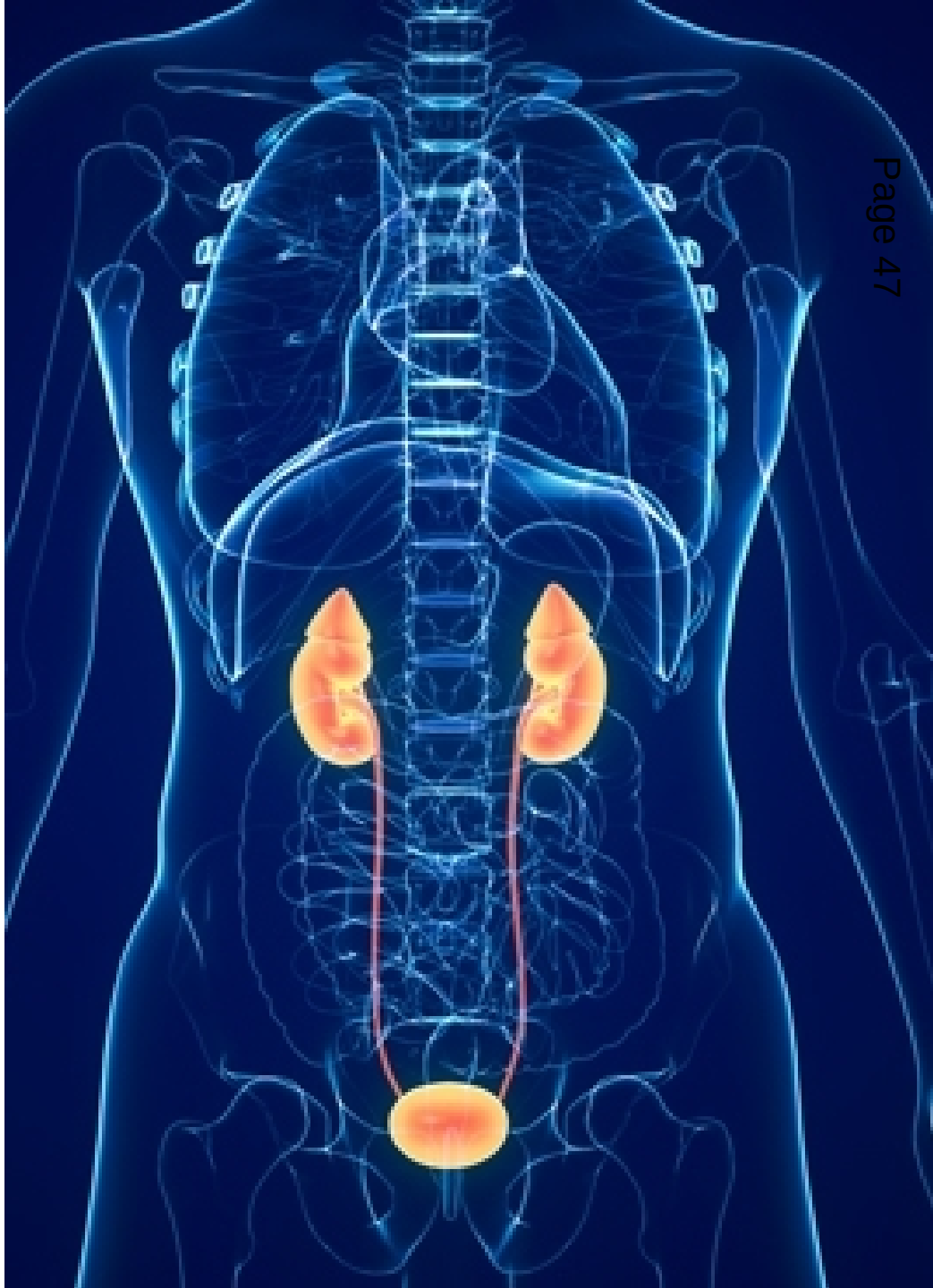
Urology

What is Urology?

- Urology is a part of health care that deals with diseases of the male and female kidneys, bladder, and prostate.
- This change affects residents in the **NMGH catchment**.
- More men than women access the NMGH urology service and the greatest proportion are between 51 - 74 years of age and of white British ethnicity.

Current Service Model

- Inpatient procedures are only provided at NMGH
- Outpatients are provided at all sites (NMGH, FGH, ROH and RI)
- Day case procedures are provided at two sites (NMGH and RI)
- Since September 2022, there has been a transition so that urology outpatient and day case work at the NMGH site has been used for North Manchester catchment patients
- Since September 2022, there has been a transition so that urology outpatient and day case work at the FGH, ROH and RI sites have been used for NCA catchment patients



Urology

Key drivers for change

- It was agreed some time ago that the best long-term solution for PAHT was for NMGH to operate as part of MFT, and for FGH, ROH and RI to operate as part of the NCA. This has now been implemented.
- NMGH is the inpatient Urology site for the whole of PAHT. Outpatients and other aspects of the service are provided across the PAHT sites.
- MFT and the NCA propose that urology services fully separate in Jan 2024
- The NCA have previously agreed the following model to commissioners:
    - Bury residents will receive inpatient care at Salford Royal Hospital
    - Rochdale and Oldham residents will receive inpatient care at ROH
- When the NCA move their inpatients from the NMGH site, approximately 30% of activity will remain which is not enough to provide a full inpatient service

Preferred way forward

- The majority of urology care for NMGH catchment residents will continue to be provided at NMGH. Around 95% of these patients attending NMGH now will continue to do so:
    - NMGH will provide local care including outpatients, investigations, day case and short stay low complexity surgery
    - Robust on call arrangements will ensure safe care for emergency patients
    - A small number of patients having planned surgery (~150) and patients needing an emergency admission (~550) will have this care at the specialist hub at MRI. An option was also considered to provide this at Wythenshawe but this was discounted because of the greater impact on travel
- The proposed changes will see North Manchester catchment patients access inpatient care at established MFT services
- A key part of the proposal is to maximise care closer to home
- Intended benefits include a greater proportion of patients seen, treated and discharged without having to be admitted to hospital

Urology

Travel Analysis

This proposed change affects patients needing emergency surgery (~550 patients) and planned complex inpatient surgery (~150 patients).

A detailed travel analysis was conducted by reviewing and comparing travel times to **MRI** compared to **NMGH** for the NMGH catchment. Key findings include:

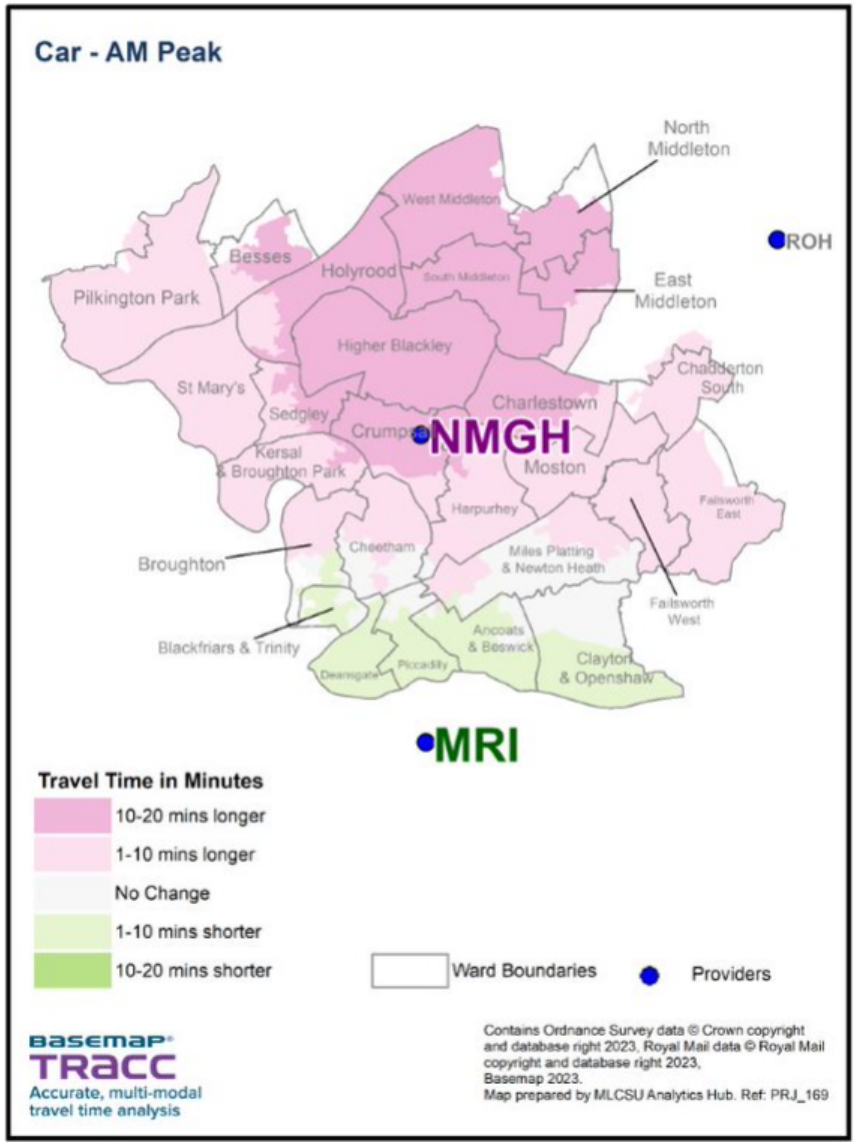
- Urology patients undertaking treatment at MRI instead of NMGH will experience longer car journeys on average (**+6 minutes**) and longer journeys via public transport (**+15 minutes**).
- Correspondingly average transport costs are more expensive for car and public transport use, 49 pence and £1.62 respectively.
- An option was considered for inpatient urology to be delivered at Wythenshawe however MRI was preferable because of the lesser impact on travel.

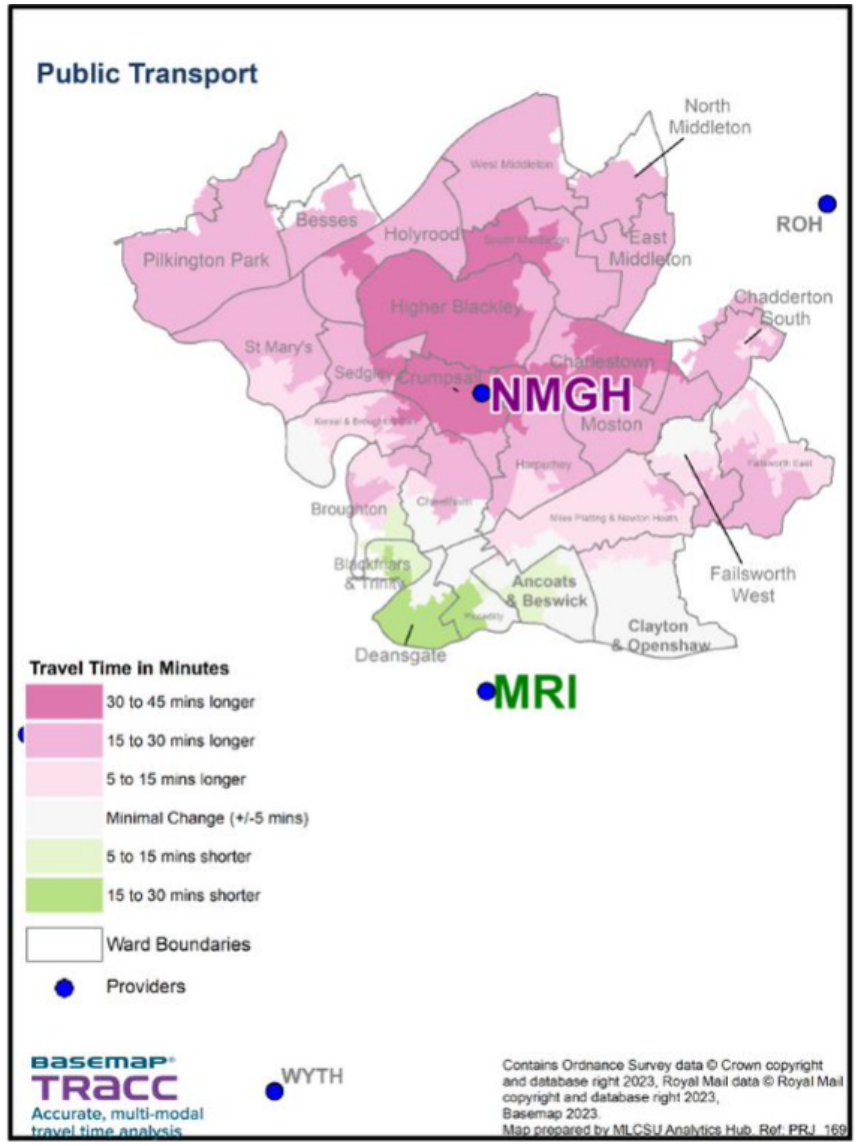
Urology – Travel analysis – preferred way forwards

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **MRI**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



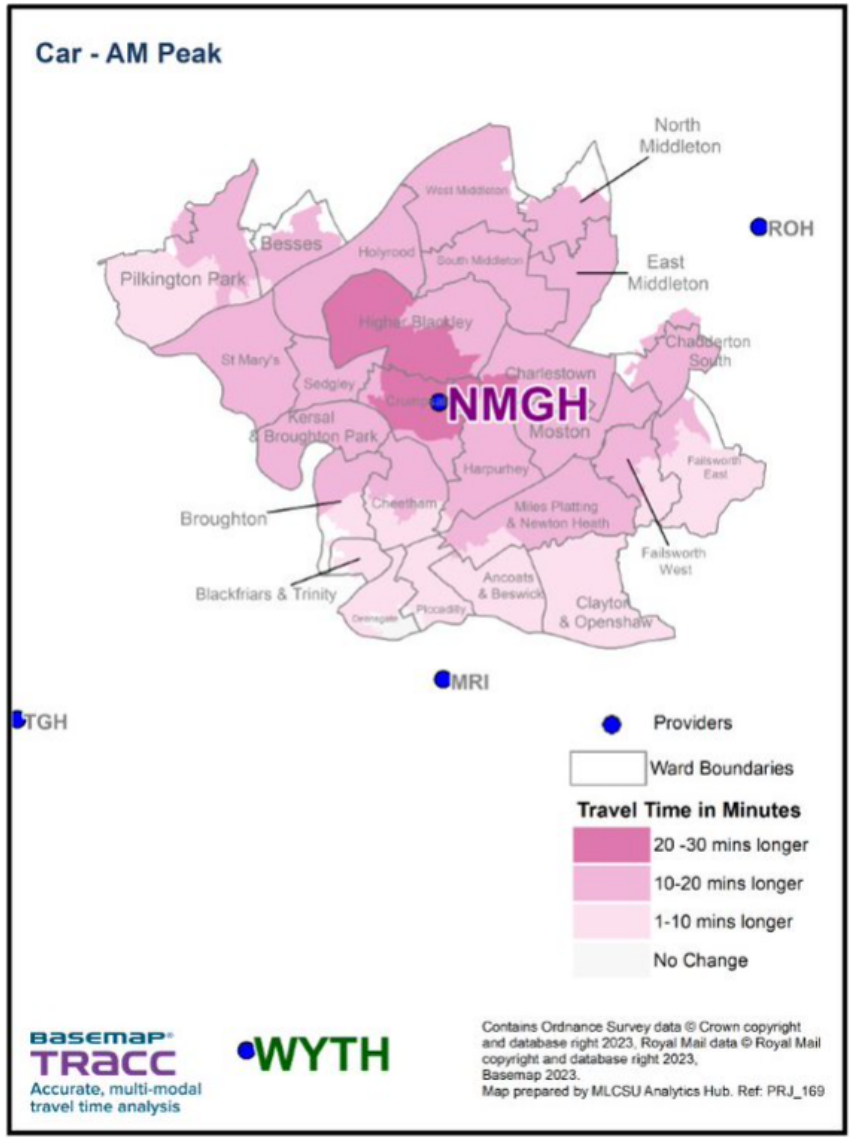


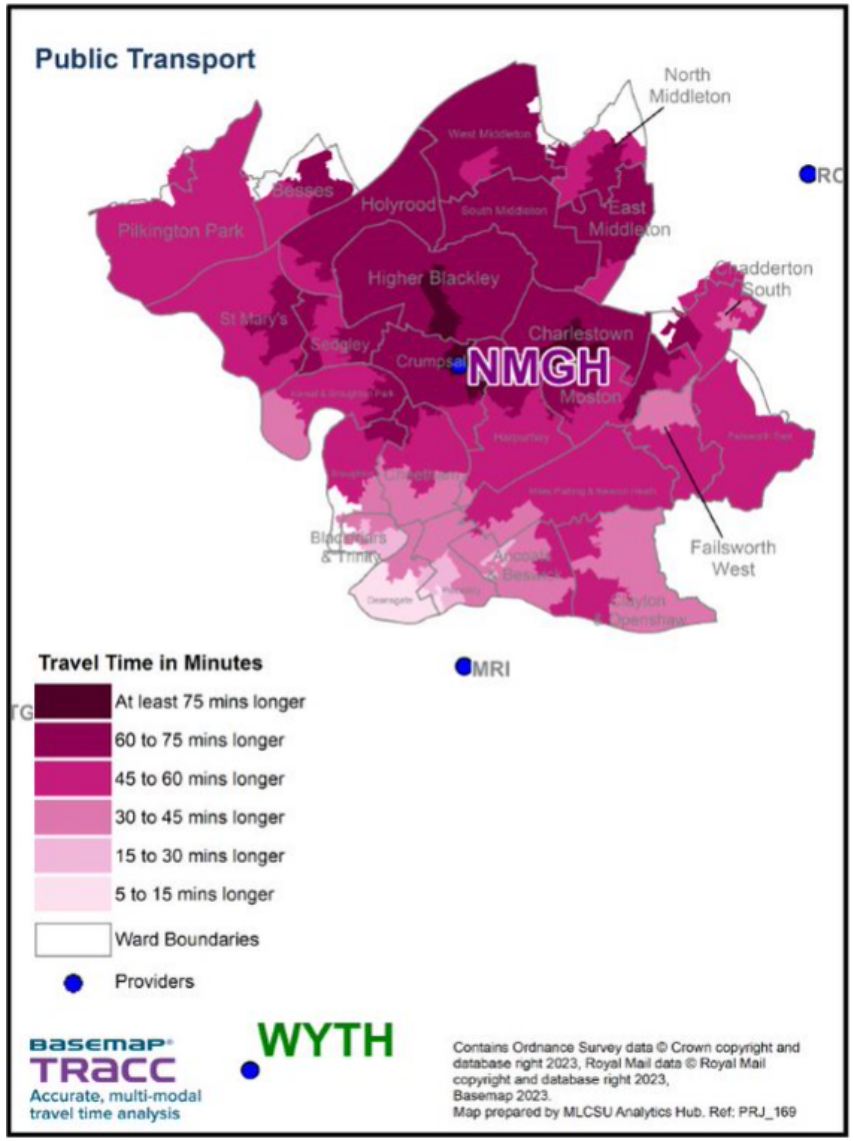
Urology – Travel analysis – discounted option

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **WYTH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).





Trauma & Orthopaedics

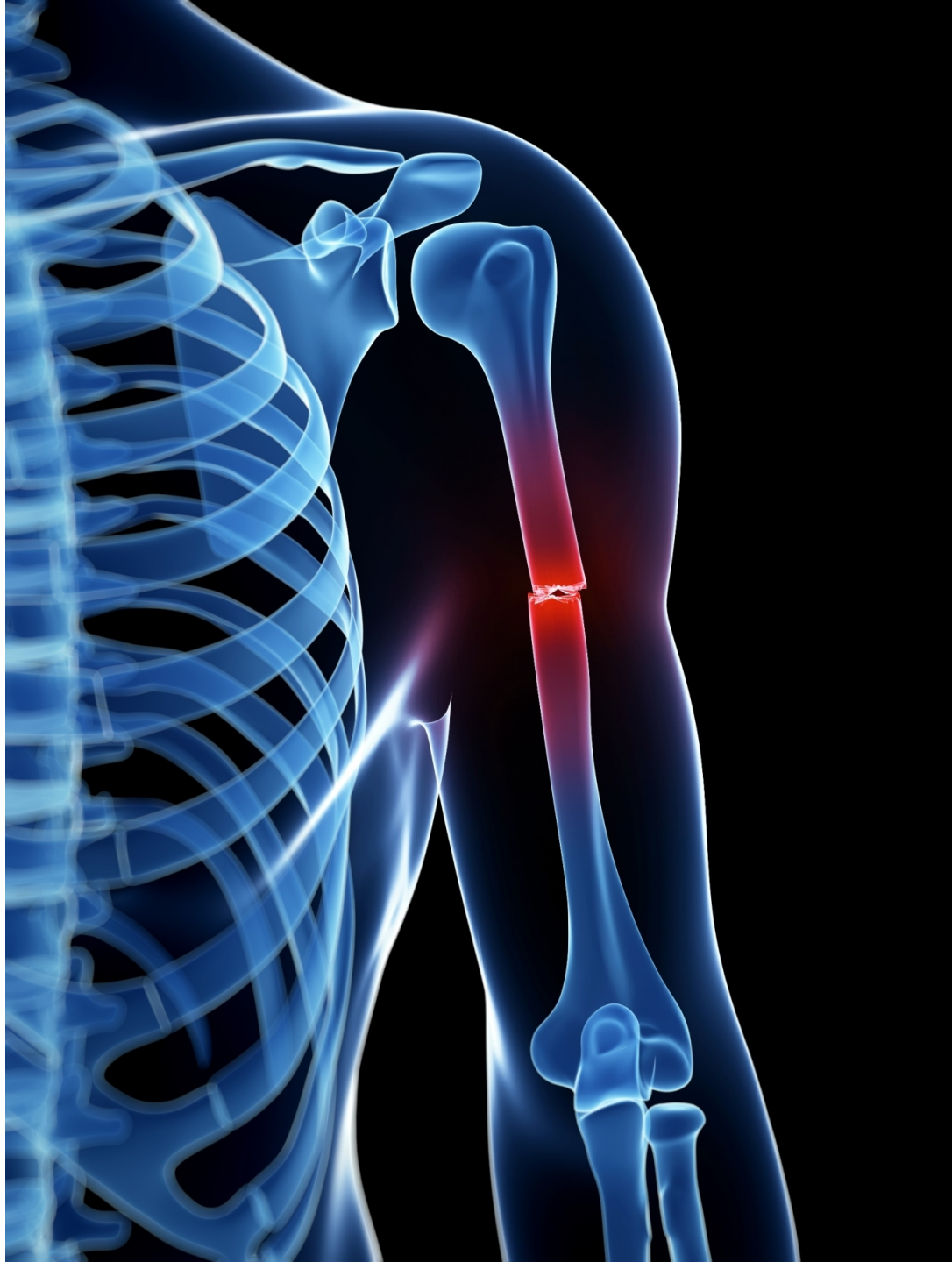
Trauma & Orthopaedics (T&O)

What is Trauma & Orthopaedics?

- Trauma and orthopaedics is a service concerned with the diagnosis and treatment of conditions of the musculoskeletal system including bones and joints and structures that enable movement such as ligaments, tendons, muscles and nerves.
- There is no marked difference between ethnic groups or age ranges in relation to T&O service usage as issues with the MSK system can affect anyone.
- The proposed changes will affect **NMGH catchment residents and NCA catchment residents – primarily residents in Bury**.

Current Service Model

- National guidance and best practice recommends that trauma (emergency) and planned T&O surgery is provided at separate hubs. This has been shown to reduce waiting times and improve outcomes.
- The PAHT service model was to run two services as follows:
    - Royal Oldham Hospital (trauma) and Rochdale Infirmary (planned surgery) provide care for Oldham and Rochdale residents
    - NMGH (trauma) and Fairfield General Hospital (planned surgery) providing care for the NMGH catchment and Bury populations



Trauma & Orthopaedics

Key drivers for change

- It was agreed some time ago that the best long-term solution was for NMGH to join MFT, and for FGH, ROH and RI to operate as part of the NCA. This has now been implemented.
- The current model means that patients must cross between IT systems for their care. For example:
  - A patient attends A&E at NMGH with an MSK condition.
  - The prescribed treatment for this is a planned operation at a later date
  - All planned surgery is provided at Fairfield
  - This means the A&E attendance and information is in an MFT IT system
  - This means that the planned surgery is recorded in an NCA IT system
- There is a risk of information being missing or incomplete when working across IT systems.
- This also means that the doctors and nurses must work across two IT systems.
- The proposed models will allow NCA and MFT services to benefit from Trust-wide single services and a sustainable service model.

Preferred way forwards

- National guidance and best practice recommends that planned and emergency T&O care is provided at separate hubs. This has been shown to reduce waiting times and improve outcomes.
- There are two groups affected by this change:
  - NMGH catchment residents having planned surgery at Fairfield General
  - FGH catchment residents accessing trauma care at NMGH
- The MFT planned orthopaedic hub is at Trafford General Hospital. **NMGH residents needing planned T&O surgery will attend this hub.**
- All outpatients, diagnostics and follow up care will be provided at NMGH, residents would only need to travel to the hub for their surgery.
- **Residents in the Fairfield General Catchment will be transferred (or be conveyed directly by ambulance) to ROH for inpatient trauma and RI for ambulatory trauma**. This means patients who attend FGH A&E with a T&O emergency will no longer be transferred to NMGH.
- All outpatients and follow up care for these patients will be provided closer to home at FGH.

Trauma & Orthopaedics – Travel analysis

Travel Analysis – Planned surgery for NMGH Catchment

Trafford General Hospital (TGH) compared to Fairfield General Hospital (FGH)

This proposed change affects ~1500 patients from the NMGH catchment who need elective surgery.

A detailed travel analysis was conducted by reviewing and comparing travel times to **TGH** compared to **FGH** for the NMGH catchment. Key findings include:

- Patients travelling from Fairfield General Hospital (FGH) to Trafford General Hospital (TGH) will on average take **3 minutes longer by car and 13 minutes longer public transport**.
- Fuel costs for car journeys are on average 49 pence more expensive, with public transport costing 39 pence less on average.

Travel Analysis – Trauma care for FGH catchment residents

Royal Oldham Hospital (ROH) for inpatient trauma and RI for ambulatory trauma compared to NMGH

This proposed change affects ~650 emergency patients needing trauma care from the FGH catchment.

A detailed travel analysis was conducted by reviewing and comparing travel times to **ROH** and **RI** compared to **NMGH** for the NCA catchment. Note this analysis assesses the impact on the total NCA catchment population. The population most affected by this change is the FGH catchment which includes residents in Bury and Rochdale.

Key findings include:

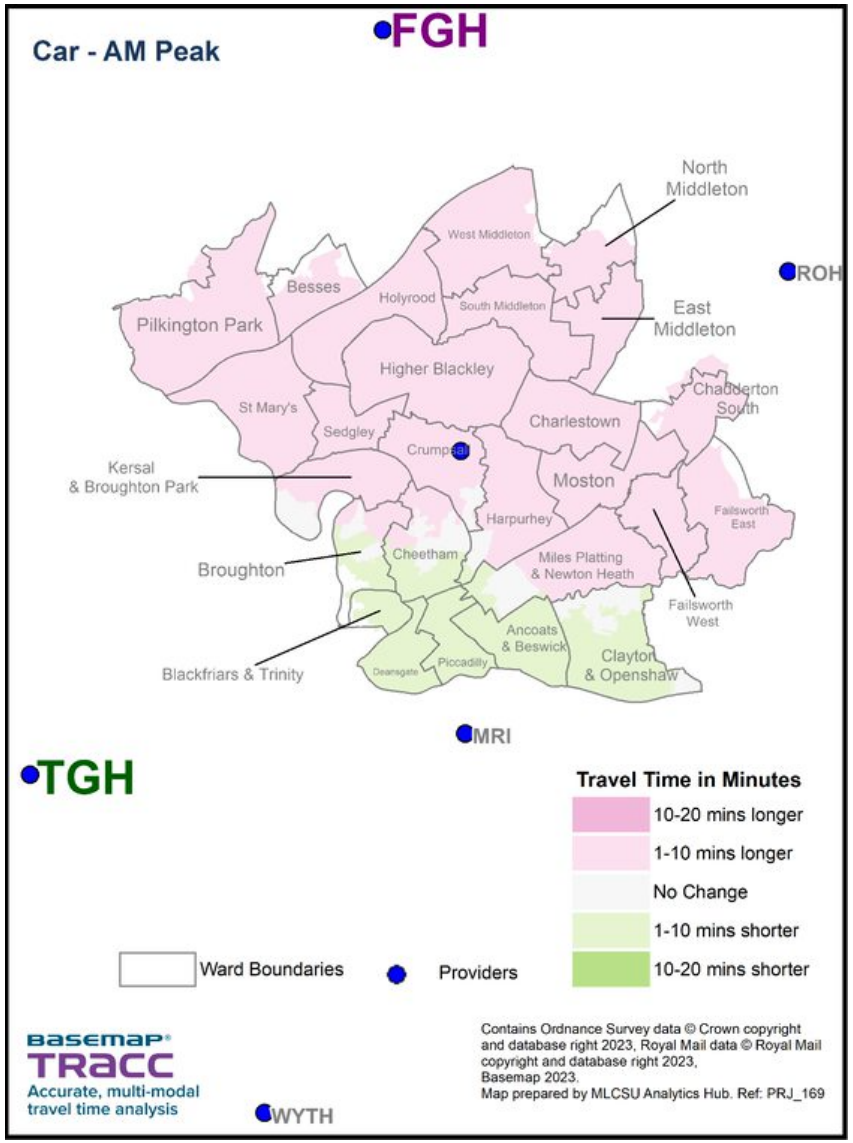
- For the NCA catchment, patients travelling to **ROH** instead of NMGH will experience **car journeys** taking **5 minutes less on average**. Patients travelling to **RI** instead of NMGH will experience car journeys taking **3-4 minutes less on average**. NB for Bury residents journey times to ROH and RI are minimally higher, journey times for Rochdale residents to ROH and RI are notably lower.
- For the NCA catchment, public transport to **ROH** compared to NMGH is **12 minutes shorter** on average and likewise to **RI** compared to NMGH is **12 minutes shorter**. NB for Bury residents, public transport journeys to ROH and RI are longer – some Bury residents may already choose to go to a nearer site. For Rochdale residents journeys to ROH and RI are notably shorter.
- Fuel costs for car journeys are on average 41 pence cheaper, with public transport costing £1.97 less on average.

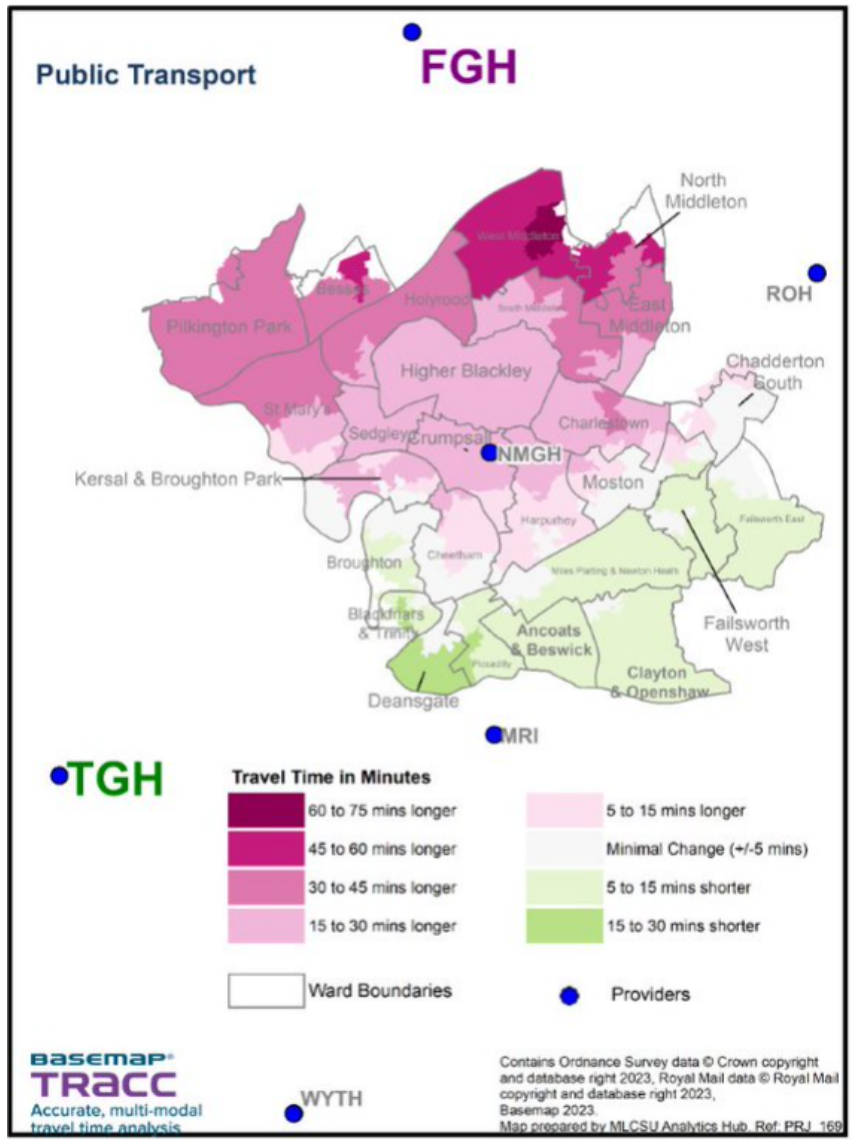
Trauma & Orthopaedics – Travel analysis – Planned T&O surgery for NMGH catchment

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **TGH** is compared to the time taken to travel to **FGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



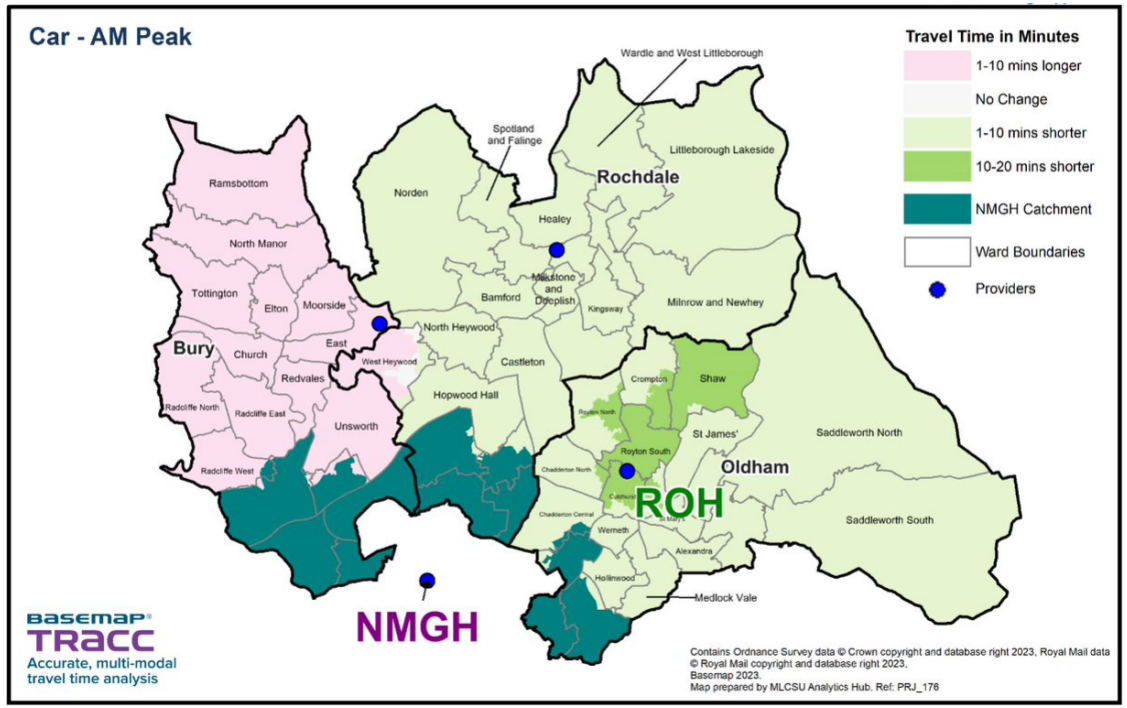


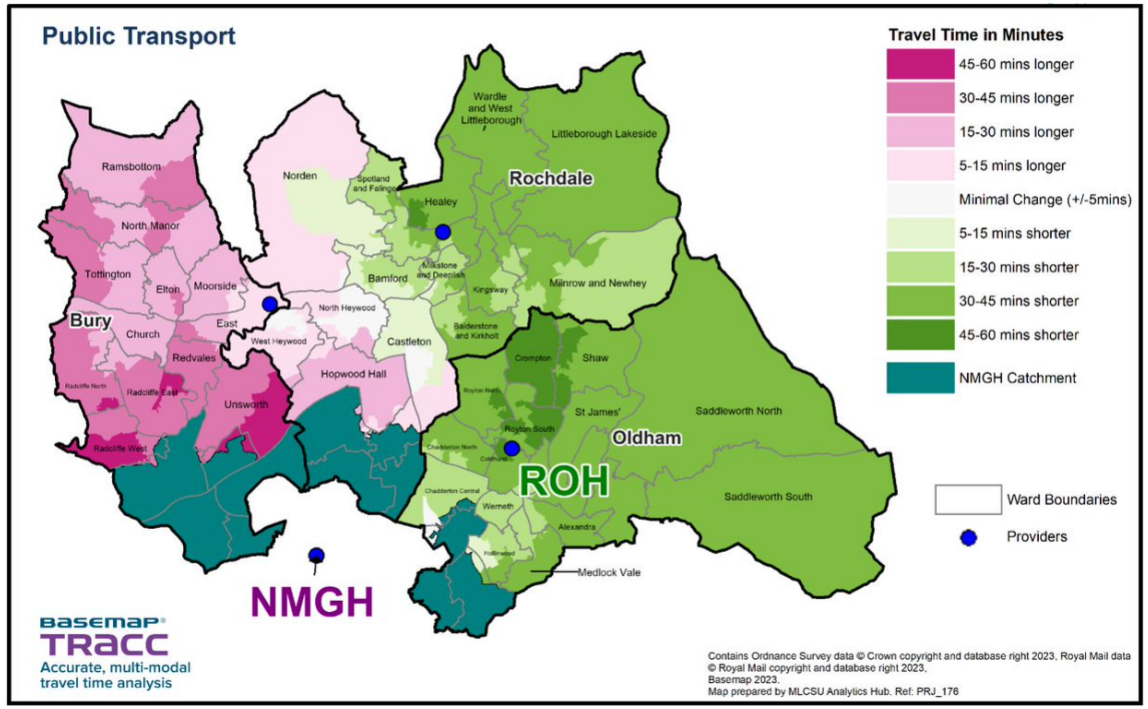
Trauma & Orthopaedics – Travel analysis – Trauma care for FGH catchment residents

The maps, below, show the change in journey time for residents in the NCA catchment when the time taken to travel to **ROH** is compared to the time taken to travel to **NMGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).



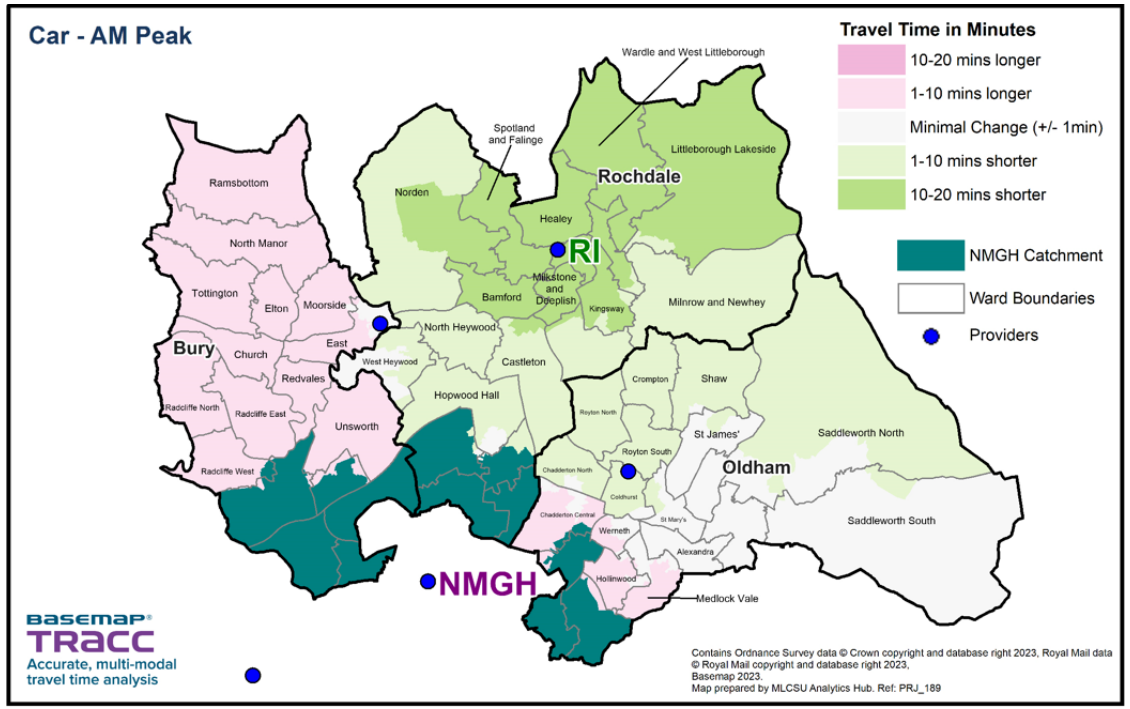


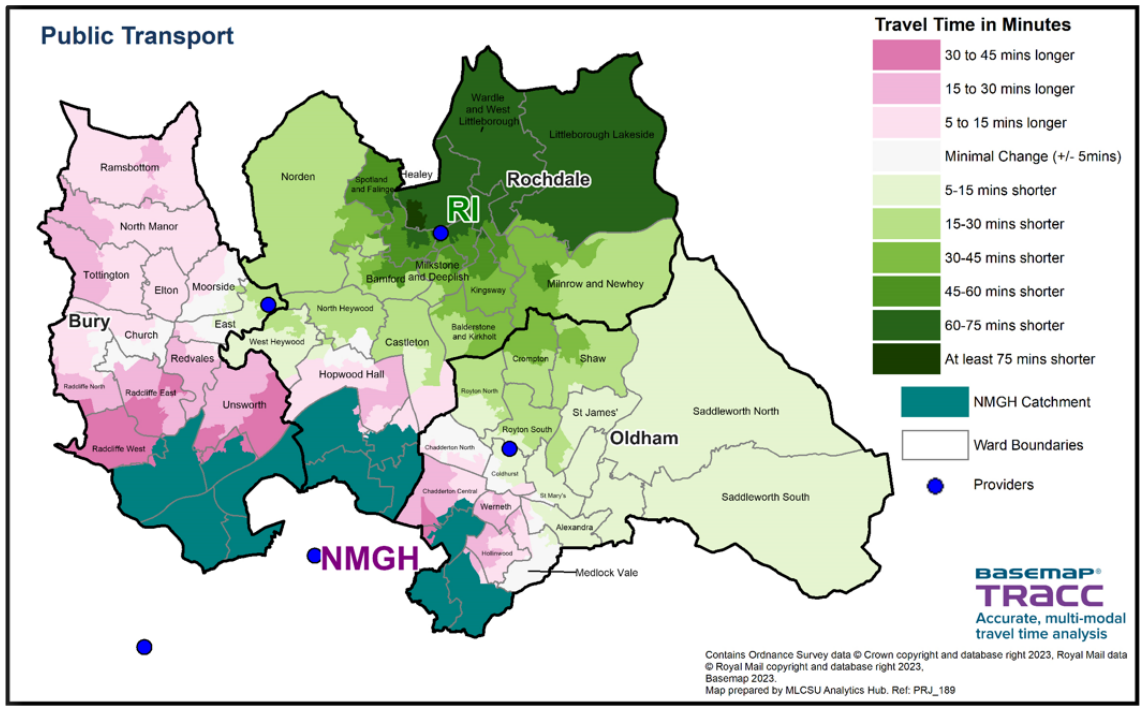
Trauma & Orthopaedics – Travel analysis – Trauma care for FGH catchment residents

The maps, below, show the change in journey time for residents in the NCA catchment when the time taken to travel to **RI** is compared to the time taken to travel to **NMGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).





Ear, Nose and Throat (ENT)

Ear, Nose and Throat (ENT)

What is ENT?

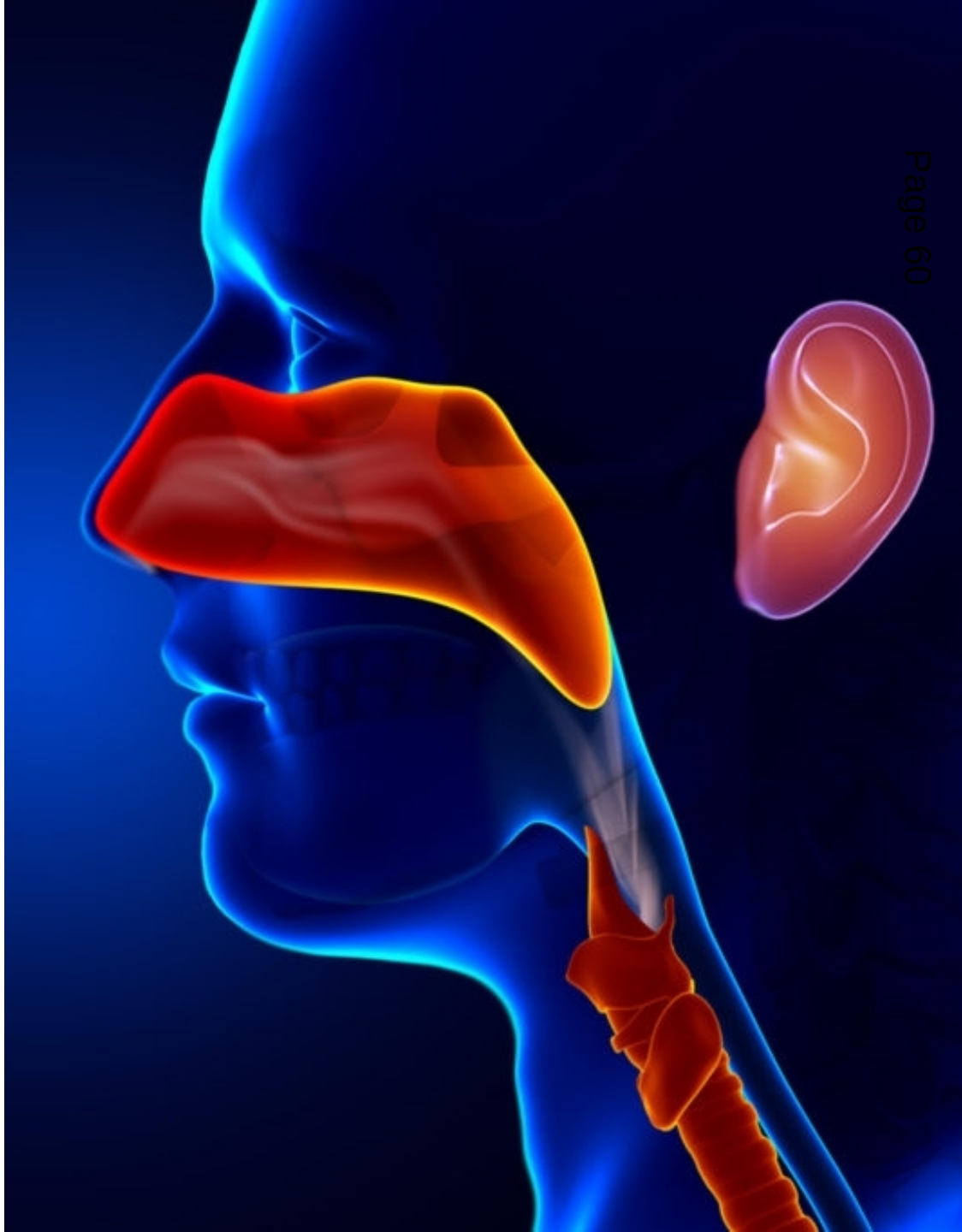
- ENT services deal with conditions affecting the ears, nose or throat. These can include hearing, dizziness or balance problems, conditions affecting the voice, breathing or swallowing, ear/sinus infections and tonsillitis, injuries to the nose, or cancers of the mouth or throat
- This service change proposal affects adults and children

Current Service Model

- North Manchester residents currently receive ENT services from NCA clinicians based at:
  - Fairfield General Hospital (FGH) for inpatient and day case care for adults
  - Royal Oldham Hospital (ROH) for inpatient and day case care for children
- Outpatient clinics are provided by NCA clinicians at NMGH

Key drivers for change

- Providing more care closer to home
- Making best use of the NHS estate
- Supporting the delivery of acute hospital services within NMGH



Ear, Nose and Throat (ENT)

Preferred way forwards

- MFT to take on delivery of ENT services for the NMGH catchment population
- For adults, provide 23-hour inpatient, day case and outpatient services at NMGH
- For children, provide day case and outpatient services at NMGH, with overnight stay services at Royal Manchester Children's Hospital

Key reasons

- Reduced travel time, making it easier to access care, especially for those who rely on public transport, and more environmentally sustainable
- Local service helps address health inequalities in North Manchester, and fewer ambulance transfers to other sites
- Basing the service on the NMGH site ensures ENT support is more readily available, especially out of hours, such as for patients with multiple conditions
- Both adults and children so more patients will benefit

Ear, Nose and Throat (ENT)

Travel Analysis – Adult ENT FGH to NMGH

A detailed travel analysis was conducted by reviewing and comparing travel times between **FGH** and **NMGH**. Key findings include:

- The average journey time by car being **5 minutes shorter** to NMGH compared to FGH.
- Average journey times by public transport are significantly shorter to NMGH compared to FGH by approximately **36 minutes shorter**.
- Travel costs by public transport are cheaper or similar for most wards and on average £3.17 less to NMGH instead of FGH.

Travel Analysis – Children's ENT ROH to NMGH

A detailed travel analysis was conducted by reviewing and comparing travel times between **ROH** and **NMGH**. Key findings include:

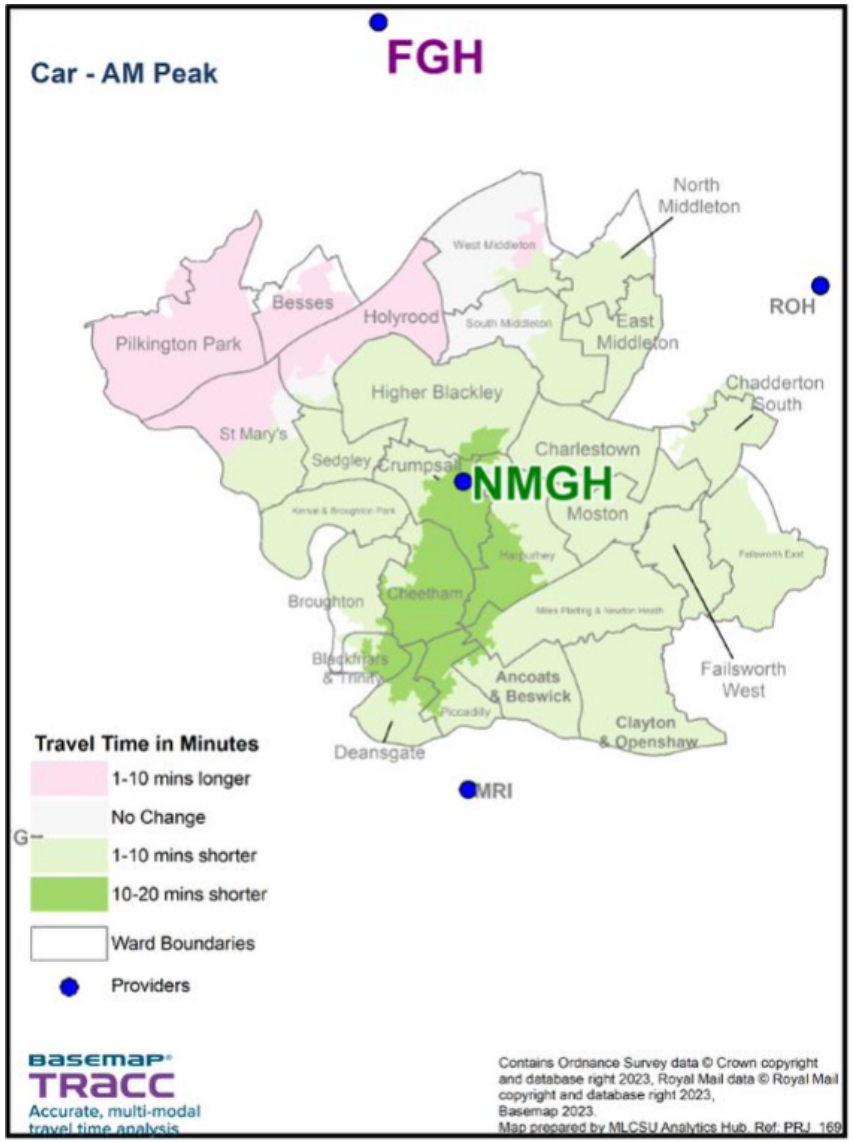
- Average journey time by car being **3 minutes shorter** to NMGH compared to ROH.
- Average journey times by public transport are significantly shorter to NMGH compared to ROH by approximately **24 minutes shorter.**
- Travel costs by public transport are cheaper or similar for most wards and on average £1.17 less to NMGH instead of ROH.

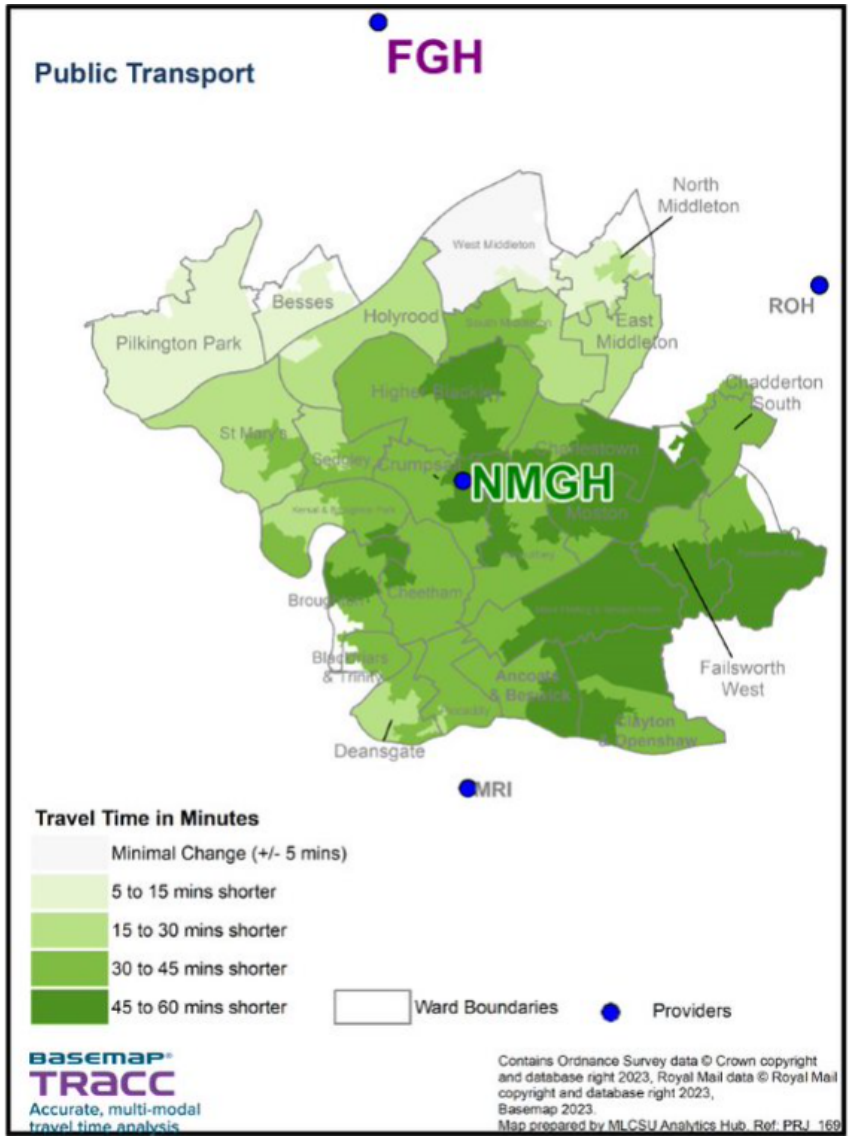
Ear, Nose and Throat (ENT)– Travel analysis – Adult ENT

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **FGH**.

The first map shows the change in journey time by car (peak).

The second map shows the change in journey time by public transport (bus and tram).





Ear, Nose and Throat (ENT)– Travel analysis – Children's ENT

The maps, right, show the change in journey time for residents in the NMGH catchment when the time taken to travel to **NMGH** is compared to the time taken to travel to **ROH**.

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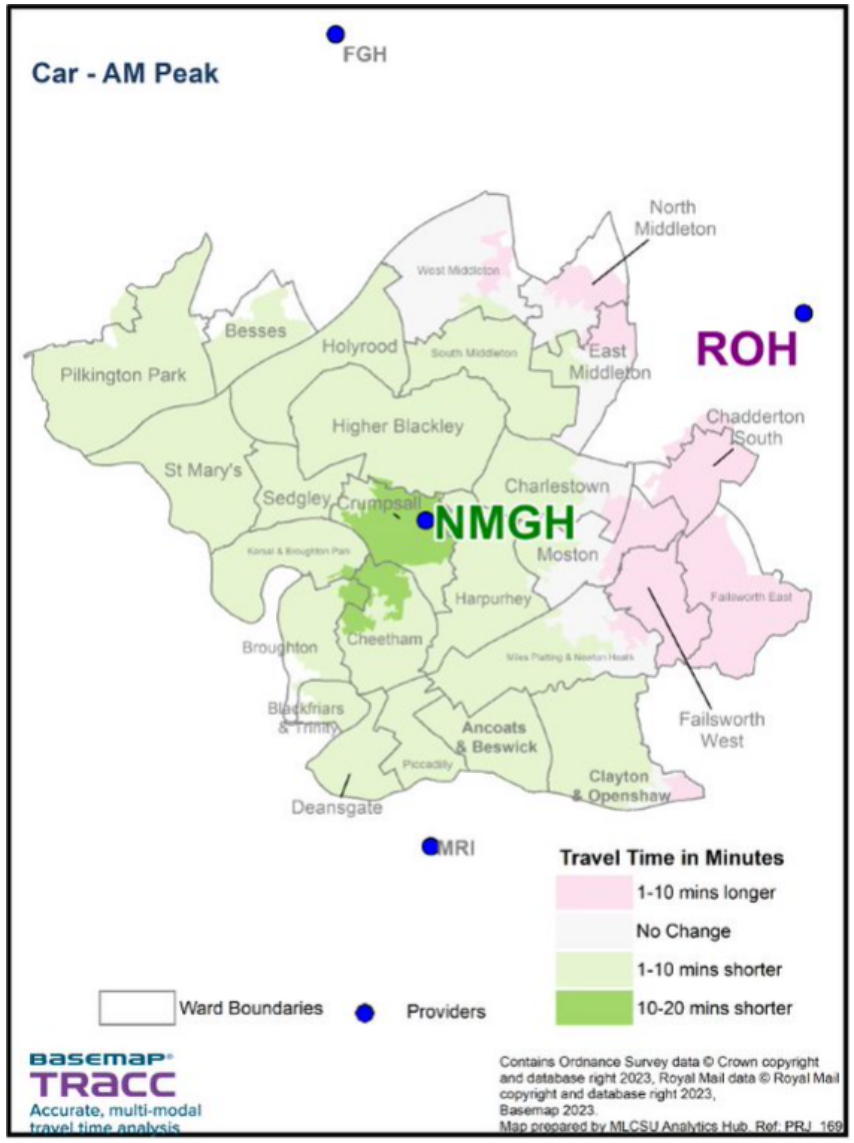

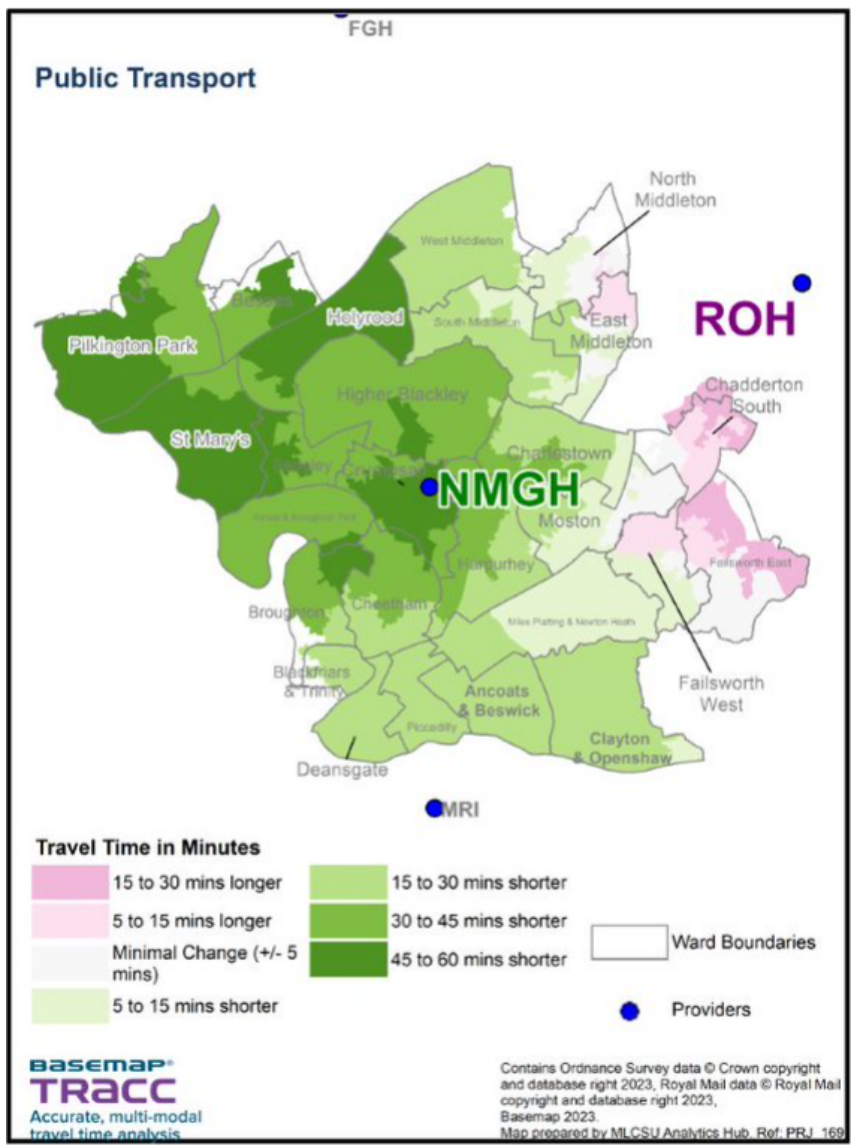

Bury patient impact in estimated numbers

Specialty/service	Estimated number of Bury population affected
DEXA	~60 (15% of 420 affected)
ENT	~1,340 (15% of 8,950 affected)*
Trauma and Orthopeadics - Planned surgery	~225 (15% of 1,500 affected)*
- Emergency surgery (~650 people)	400 (61% of 650 affected)
Urology	~105 (15% of 700 affected)

*This represents a proportion of the current patients. When implemented, Bury residents may choose to have their elective care at Fairfield General and as such this figure may be lower.

Discussion and next steps

Discussion and next steps

Discussion

These changes represent the final stage of strategic plans to dissolve PAHT, create MFT and the NCA.

Scrutiny committees are asked to consider whether the proposed changes constitute substantial variation.

Next steps:

- Following the clinical work and patient engagement described, MFT and NCA have completed documentation describing the proposals – this includes the case for change, options appraisal, quality impact assessment, equality impact assessment, travel analysis and a summary of the feedback from PPAG and the other patient engagement. This is available on request.
- This will be considered by governance and Health Scrutiny committees in each of the affected localities (Manchester, Salford, Bury, Rochdale and Oldham)
- Greater Manchester Integrated Care Board will then review and assure the proposals.
- Once decisions are made plans will be developed to safely implement the changes including communications plans for patients which will include information on travel and car parking.

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Place Based Leads Briefing – Update from 'Pennine Acute Transaction Complex Services Disaggregation sub-group' – phase 3 services.

Headline: The final phase of service change proposals which will complete the disaggregation of Pennine Acute Hospitals Trust (PAHT) are being developed and will require approval by the GM ICB, prior to implementation in early 2024. Some elective and non-elective surgery for Orthopaedics and Urology will change the location of delivery to support the creation of safe and sustainable clinical pathways within Manchester Foundation Trust (MFT) and Northern Care Alliance (NCA). Place Based Leads are asked to note the progress and work of the sub-group which is supporting these service change proposals, and endorse the local briefing of the Chairs of Health Scrutiny Committees and/or Executive Lead for Health and Care prior to engagement in September 2023.

The GM ICB has supported MFT and NCA to assure and enact key service changes intended to complete the disaggregation of PAHT

When MFT acquired NMGH in April 2021 there was a degree of disaggregation of Pennine services – namely all those services that were delivered solely on the NMGH site. However, a number which spanned multiple sites or with complex operating arrangements have required a longer period to develop safe and sustainable service pathways aligned with each organisation. These sustainable solutions would also have a higher likelihood of impact on patient flows or location of service delivery. The GM ICB has previously agreed the process by which MFT and NCA should develop and gain approval for its complex service changes, alongside establishing a group chaired by Mike Barker, Place Based Lead (PBL) for Oldham, to oversee the work on behalf of the ICB. The process is codified in the 'Framework for Developing and Assuring Service Change Proposals in Greater Manchester'. This was used to support the previous two phases of service changes considered by the GM Joint Planning and Delivery Committee in July 2022 and by ICB Board in March 2023.

The delegated sub group has supported MFT and NCA to gain approval for phase 2 service changes which will be implemented in September 23.

The 'Pennine Acute Transaction Complex Services Disaggregation subgroup' referenced above is constituted of nominated Locality leads from Bury, Manchester, Oldham, Rochdale and Salford. The group has overseen NCA/MFT's development of service change proposals, including the approach to travel time analysis, and production of the substantial variation assessments, as well as ensuring the appropriate level and timing of Locality engagement. Laterally, the group reviewed MFT/NCA service change proposals for Cardiology, Gastroenterology, Rheumatology and Urology (six low volume pathways specifically) and associated substantial variation assessment before they were assessed and agreed by respective Health Scrutiny Committees and the GM ICB in March 2023.

The final phase (phase 3) of service changes is currently being developed and will complete the disaggregation of Pennine Acute services

The final phase of specialties will be disaggregated between January and March 2024; these are ENT, consultant referred Dexa Scanning, Orthopaedics and Urology. As with previous phases, clinical teams for each specialty in MFT and NCA are developing proposals which will deliver sustainable clinical services for the populations served, aligned with each Trust's single services. Dexa scanning is a relatively straightforward change. The other three specialties represent the most complex to disaggregate and have taken an extended period to understand the options and solutions for future service provision. Once disaggregated, while there will remain clinical pathways and services which each trust can rely on the other to support, this will form part of normal business as usual operating.

For more information contact Moneeza Iqbal (NCA) or Sophie Hargreaves (NCA), Directors of Strategy

Phase 3 service changes are likely to involve changes to the site of delivery for some pathways to ensure safe reliable care for patients

As previously highlighted, these proposals centre on how clinically sustainable and high-quality pathways can be created and maintained by both organisations in their new form. With each of these specialties this included the development of medical rotas and the delivery of emergency surgery. The high-level service changes are as follows;

ENT: This proposal will create additional services at the North Manchester General Hospital site including 23-hr inpatient access, for the North Manchester catchment population. Paediatric pathways will be aligned with Royal Manchester Children's Hospital, while adult services will be part of the MFT single service for ENT

Urology and Orthopaedics (incl. Trauma) represent high volume specialties with a strong evidence base about how services should be configured to deliver the best clinical outcomes

Urology: These changes primarily relate to the provision of planned and emergency surgery, with both MFT and NCA creating specialist hubs as part of their single hospitals systems. Some specialist surgery for the North Manchester catchment population will be provided at Manchester Royal Infirmary. Commissioners have previously agreed changes to NCA pathways which link Urology pathways in Bury to Salford.

Orthopaedics: National guidance and best practice recommends that planned and emergency orthopaedic care is provided at separate hubs. This has been shown to reduce waiting times and improve outcomes. Therefore, MFT and NCA are working up clinical models which link activity at North Manchester General Hospital into one of these hubs. MFT has created an elective hub at Trafford General, residents in the North Manchester catchment area will be able to access this hub instead of the NCA hub at Fairfield General. Trauma pathways for a proportion of NCA catchment residents are currently provided at North Manchester General. In future these residents will receive this at NCA's trauma hubs of Royal Oldham Hospital or Salford Royal.

Over June 2023 to August 2023 key engagement activities will be undertaken to understand the impact on patients and inform how changes should be implemented

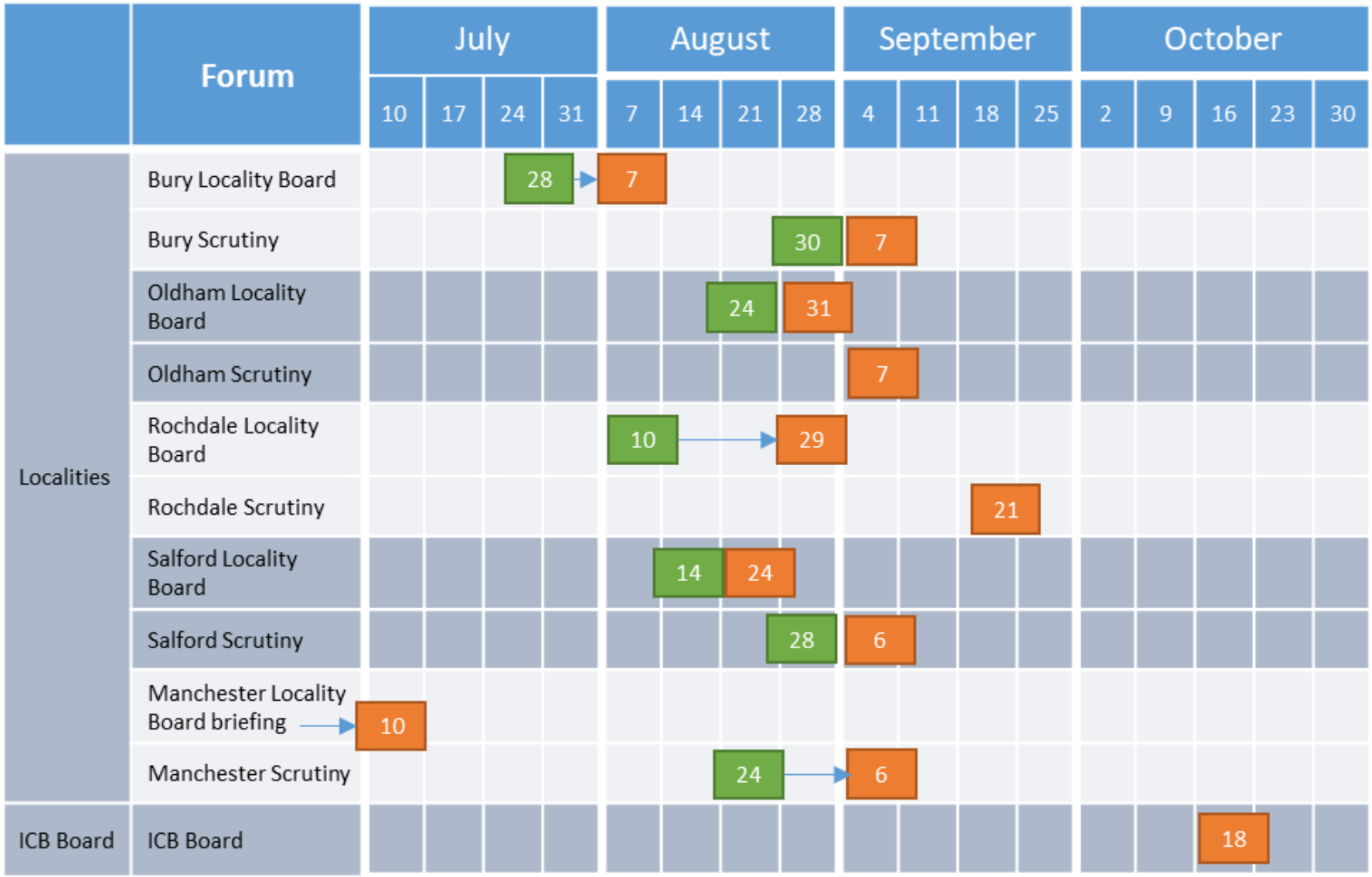
The next steps for the phase 3 changes are further refinement of the proposed clinical models, alongside the development of service change proposals, including travel time analysis, production of the substantial variation assessments, equality analysis and outputs from patient engagement. Both MFT and NCA are engaging with Healthwatch for each affected Locality to gain insight to inform the implementation of the new service models. Both organisations are also working collaboratively to undertake specific engagement activities with patients currently utilising these services.

With PBL Support, Health OSCS will be asked to consider the service change proposals and endorse them, prior to consideration by the GM ICB

Following agreement by the sub-group chaired by Mike Barker, substantial variation assessment and service change proposals for each area will be taken through the agreed Locality governance. Engagement with relevant Locality Boards will take place during July and August before further engagement with Health Overview and Scrutiny Committees in August and September.

As SRO, Mike Barker plans to brief the Extended Leadership Group at GM, prior to bringing these changes to the GM ICB for approval in Autumn.

Schedule for Locality approvals overleaf



For more information contact Moneeza Iqbal (NCA) or Sophie Hargreaves (NCA), Directors of Strategy

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Agenda Item 7

SCRUTINY REPORT

MEETING:4th September 2024

DATE:

SUBJECT:Healthwatch Bury Annual Report

REPORT FROM:Healthwatch Bury

CONTACT OFFICER:

1.0 BACKGROUND *[brief]*

1.1 The Healthwatch Bury Annual report, detailing the work of Healthwatch Bury CIC over the course of 2022 – 2023.

1.2 We also present the Greater Manchester Healthwatch Network Annual Report detailing the work the 10 Healthwatch of Greater Manchester are working together and the aims for the coming year.

2.0 ISSUES *[brief]*

Highlighted issues raised by contacts and calls to our helpline include

- Difficulty in accessing NHS dentists
- The high levels of people requiring signposting/referral to foodbanks
- Difficulties in accessing services for Asylum seekers, immigrants and people whose first language is not English.

Also shown are priority areas for the coming year(s) following feedback and engagement with Bury patients and community groups.

3.0 CONCLUSION *[brief]*

The reports as they are do not include specific recommendations. We would encourage system partners to cooperate and help us in our upcoming work, as well as taking future reports seriously, collaborating and responding where needed.

4.0 SAFEGUARDING IMPLICATIONS

No specific safeguarding information contained.

List of Background Papers:-

Contact Details:-

Adam Webb, Chief Officer Healthwatch Bury.

Executive Director sign off Date:_____

JET Meeting Date:_____

Together

we're making health and social care better

Annual Report 2022–23

healthwatch Bury

Contents

"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."

– Louise Ansari, Healthwatch National Director

Message from our Chair

Healthwatch Bury has an amazing team of staff and volunteers who work tirelessly to give voice to those who use local health and care services.

Many working in the NHS and social care sector share their observations that the system is pressured to an unprecedented level. The recovery from a global Pandemic and a cost of living crisis will be a long haul and the risk that poverty presents to wellbeing is clearly documented. Our team offer support and signposting to all those who work and live in Bury but have been particularly pivotal in supporting vulnerable individuals and communities who can struggle to access services.

Healthwatch locally and nationally has placed focus upon mitigating and addressing health inequalities. The recent report by Sir Michal Marmot journaling the drop in the average height of our five year olds to approximately 7cm below many of their European peers is a sad indictment of poverty-related nutritional issues and the barriers that communities face to eating well and keeping active. A continued upward trajectory in the number of adults and children living with excess weight and obesity heralds devastating impacts on their current and future health and additional pressures on services.

> Our team offer support and signposting to all those who work and live in Bury but have been particularly pivotal in supporting vulnerable individuals and communities who can struggle to access services"

Ruth Passman
Healthwatch Bury Chair

Spiralling levels of food insecurity and poverty are clearly impacting on the affordability of healthier food choices and driving an increasing reliance upon palatable, energy-dense and non-perishable foods with detrimental effect on dietary intake and health with dietary inequalities in children from poorer backgrounds, driving higher rates of problems including obesity, type 2 diabetes and dental decay. Food experts point out that a diet of cheap junk food makes people simultaneously overweight and undernourished. In this coming year, Healthwatch Bury will work with its local partners to support the wellbeing agenda in the town and support the movement to address wider drivers and make it easier for people to eat well and be active

Against these many challenges, Bury leaders are redoubling local efforts to tackle health Inequalities and the many challenges that local people and services will face throughout next year and beyond. Our case studies illustrate a wealth of support provided to those at risk of experiencing a raw deal and poorer outcomes from healthcare. There is much to be done and we shall rise to the challenges of this coming year, knowing that the need and support for the work of Healthwatch is greater than ever.

About us

Healthwatch Bury is your local health and social care champion.

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.

Our vision

A world where we can all get the health and care we need.

Our mission

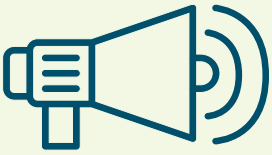
To make sure people's experiences help make health and care better.

Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Year in review

Reaching out



511 people
shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

328 people
came to us for clear advice and information about topics such as mental health and the cost of living crisis.

Making a difference to care

We published
7 reports
reports about the improvements people would like to see to health and social care services.

Our most popular report was
Dementia Survey report
which highlighted the struggles people face **getting a dementia diagnosis**.

Health and care that works for you

We're lucky to have
17
outstanding volunteers who gave up **20 days** to make care better for our community.

We're funded by our local authority. In 2022-23 we received
£122,000
which is the same as the previous year, and the same since 2013.

We currently employ
6 staff
who help us carry out our work.

How we've made a difference this year

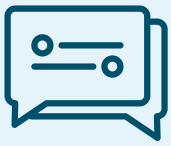
Spring

Our 'Access Assistance' drop-in sessions helped vulnerable refugee and asylum seekers to access the services they needed.

Our college student designed Mental Health report listened to 350 young people's experiences, which we shared with local decision makers

Summer

We carried out consultation for the GM 'Big Conversation', shaping the GM Health and care plans with Bury peoples' voice.



Our Dementia survey listened to the experiences of people who had tried to get a dementia diagnosis.

Autumn

We worked with the Pharmaceutical Needs Assessment and looked at how Bury residents use pharmacies, and what they need from them.

We shared our findings around availability of NHS dentists to people in Bury, and had NHS England providers answer to us at our local Health Scrutiny committee

Winter

When it was reported people were wrongly being refused access to GP appointments due to their immigration status, we ensured that they were given the treatment they needed.

We raised concerns and worked with system partners to understand how the situation surrounding the BBC Panorama scandal around abuse and neglect at the Edenfield secure mental health facility in Bury arose and how the system can ensure it never happens again.

10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

How have we made care better, together?

Vaccine Uptake

Our work exploring vaccine confidence with people from different backgrounds and work to help people access vaccinations allowed many to understand and make decisions for themselves.

NHS communication & admin

We have worked with services to provide the accessibility and quality of their communications to make them clearer and better understood by more people

Patient transport

We worked shared the experiences of Bury people who had suffered poor patient transport services into the commissioning process which ultimately saw a new provider take over and improve the service.

Waiting list support

After we and other organisations called for an urgent response to hospital waiting lists, and better interim communication and support, the NHS set out a recovery plan to address the backlog.

NHS dentistry

We continued to voice public concerns that improvements to NHS dentistry are too slow, leaving thousands of people in pain.

Healthwatch Hero

Celebrating a hero in our local community.

Kaloyan contacted Healthwatch Bury following his experience of seeking emergency help for a middle-ear infection in November 2022.

The pressure on urgent and emergency care services has been a big story recently, with significant press coverage of ambulance delays and long waits in accident and emergency departments (A&E). Kaloyan's experiences showed that in stark detail.

To understand how the pressures have affected patients, Healthwatch England looked back at the experiences of urgent and emergency care services people shared with them between December 2020 and August 2022.

We shared Kaloyan's story with Healthwatch England , and as a result his story featured in the Financial Times.

"I was frankly shocked how they treated someone complaining of extreme pain. I was left on my own for eight hours in the waiting room without anybody checking on me,". - Kaloyan

His story has helped highlight the issues in the system, as well as encouraging others to share their experiences.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

Creating empathy by bringing experiences to life

It's important for services to see the bigger picture. Hearing personal experiences and the impact on people's lives provides them with a better understanding of the problems.

Bury Pride was a perfect event for us to engage with people who identified as LGBTQI+, and hear their experiences of accessing health and care services. Our report highlighted the areas where services need to consider peoples differing needs when they need help and how many are still not confident they would be treated with respect if the services were aware of how they identified. We shared these findings system wide, using personal stories to illustrate the reality.

Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

We worked with Bury Council to review their social care financial assessments process prior to them recruiting to the department and planning changes to their processes. We heard from many who had recently been through the process to hear what they thought, as well as those who work with people that need them and produced a report with specific recommendations to how to improve the experience and effectiveness.

Improving care over time

Change takes time. We often work behind the scenes with services to consistently raise issues and bring about change.

Waiting lists for elective surgery grew considerably over the pandemic, and it will take a very long time to clear the backlog. We have been bringing patient experience of long waiting times and public concerns to the table to look at ways of improving the experience. We worked with the local system to create the 'waiting well' resources which give people the opportunity to be more informed about their wait, and what they can do in that time to improve their outcomes.

Our work on young people's mental health

In February 2022, during half-term, we involved students from the Holy Cross College and Bury College to help us co-produce a survey to gather feedback about local services from Bury's young people.

We gave the students the opportunity to decide from their own experiences what subject they felt most strongly about and mental health stood out most. The Covid 19 pandemic had caused severe disruption to many young peoples lives and had, they felt, taken a significant toll on their mental health and of that of their peers and family

Our recommendations:

1. Services should speak to young people more and involve them in designing their offer.
2. Get young people to speak to young people from similar backgrounds about mental health to ensure they understand their experiences better and can relate to their cultural values
3. Mental health organisations and charities to come to schools to talk about what is available and give talks awareness raising about available services.
4. Services should be involved in teaching young people about self-care, self-awareness, and self-appreciation from a young age.

What difference will this make?

Thanks to our report being shared across the bury systems, we have been involved in work around Children and Adolescent Mental Health Services, a project looking the transition from children's to adult services with Northern Care Alliance NHS Foundation Trust and other local projects being developed to address young peoples mental health.

"Everyone knows someone that needs some help with their mental health, but waiting lists for CAMHS are so long and you have to be really, really bad for them to even want to see you, so you just live with it."

- A Bury student who completed the survey

Hearing from all communities

Over the past year we have worked hard to make sure we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

This year we have reached different communities by:

- Working with Bury Hearing Hub and Bury Blind Society, to listen to hear how their service users access GP services
- Helping local foodbanks to gather feedback from their users
- Listening to the experiences of people that have moved to the area escaping the conflict in Ukraine
- Gathering feedback from those that identify as LGBTQI+ at Bury Pride

And plenty more.

Better care for immigrant populations

Our work with people whose first language is not English has given us a window to a group that has faced many barriers in getting treatment they are entitled to.

We found that some people were being turned away from GP surgeries with reception staff saying eligibility rules had changed, and people from certain countries are no longer eligible for NHS treatment.

Our investigations and liaison with NHS England showed that to be the case, so we worked with the individuals, their practice and management to ensure they got the appointments they needed.

> Its scary when you need an appointment for your child and they say you can't have one."

– Bury Parent

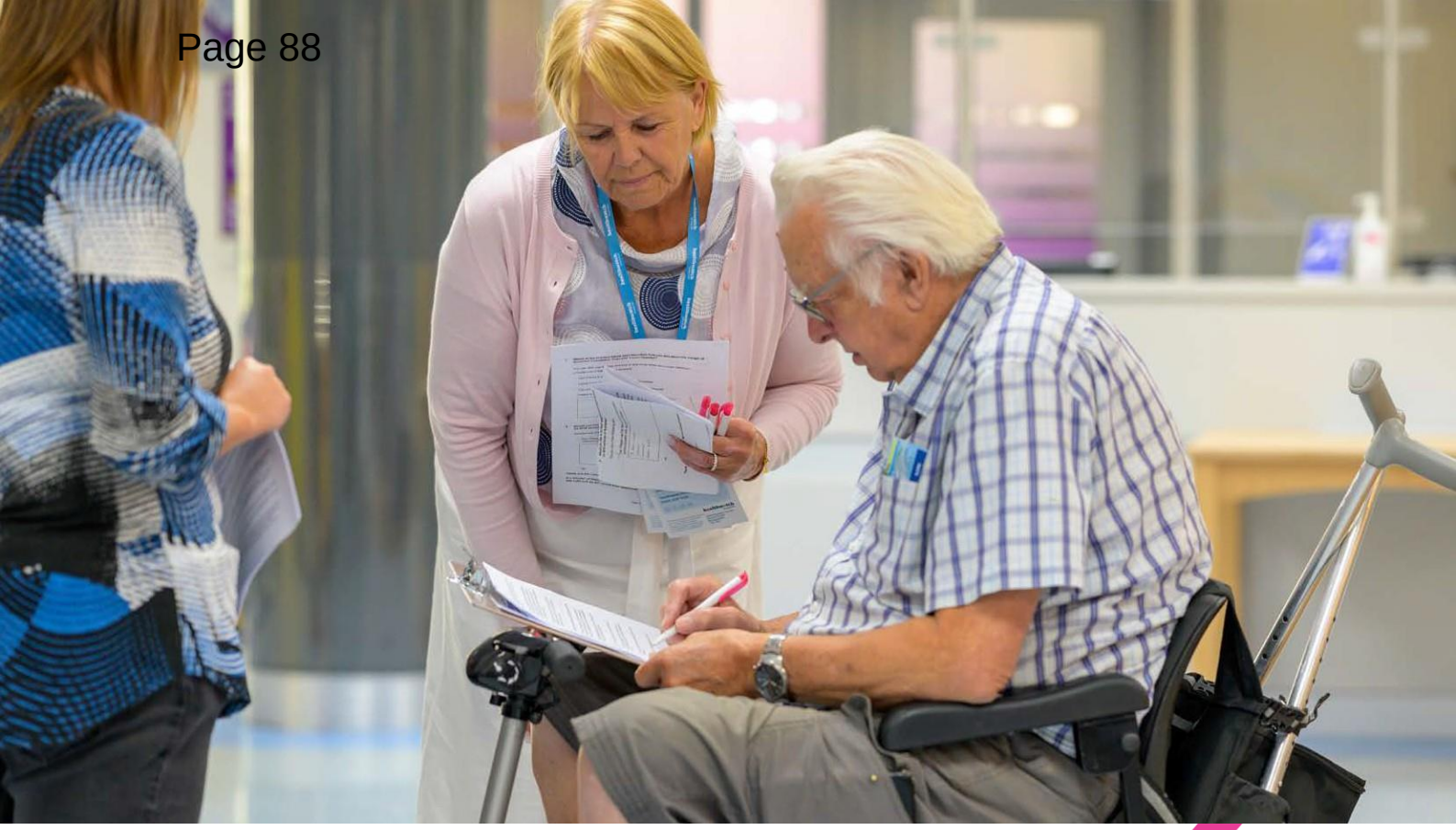
Breaking down barriers in communication and helping the vulnerable

When we met someone at out asylum seeker drop-ins who had suffered a history of torture, we found their complex care needed many specialist consultants involved to make it possible for them to have essential life-changing surgery. However they couldn't understand many of the letters they were sent and didn't have the knowledge to manage their own care.

Healthwatch Bury contacted services on their behalf to help make arrangements and explain the communication needs, meaning that they were able to be more efficiently helped through the system and have a voice in their treatment.

> "We just didn't know what to do, thank you."

– Feedback from an asylum seeker



Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up to date information people can trust
- Helping people access the services they need
- Helping people access NHS dentistry
- Supporting people to look after their health during the cost of living crisis

Help to find dental care in Bury

Healthwatch Bury had 74 people contact them for advice and information on dental services. The public reported to them that most practices were not taking on new patients, and that some had waiting lists of up to five years.

The impact of delayed treatment has resulted in people living with considerable pain, developing medical resistance and dental conditions worsening.

> "I was told it would be several weeks for an NHS appointment with my dentist, but if I pay privately with the same dentist I can see them later today day.
>
> I am in pain, but I just can't afford that"
>
> **– Ellie, Bury resident**

Healthwatch Bury's advice and information has meant people who need urgent treatment know their options and have clear information. We also helped people understand when they are and are not eligible for free care.

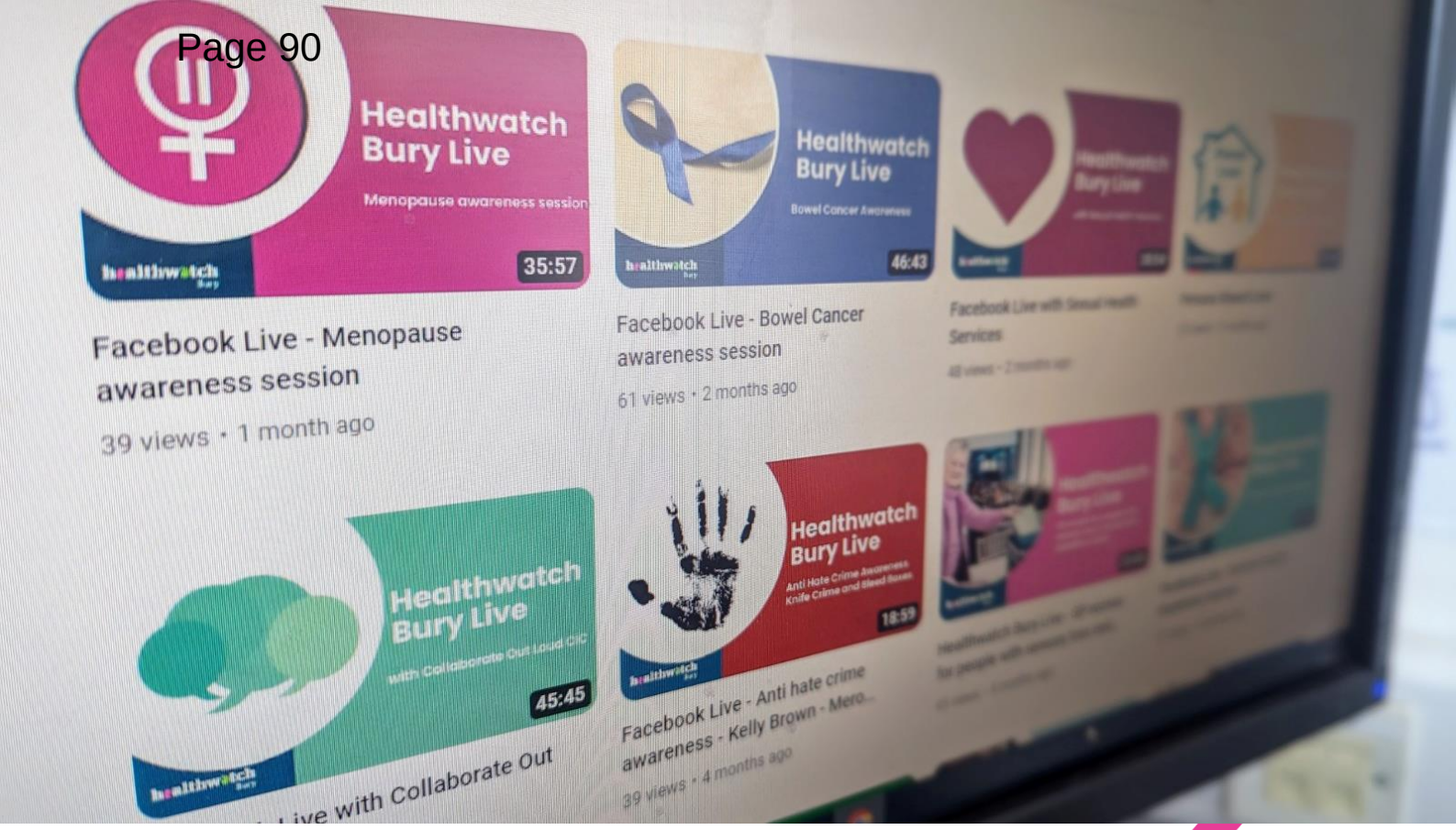
Healthwatch Bury have met with and shared information with the Greater Manchester NHS England dental commissioning team also presented findings to Health Scrutiny committee.

Helping residents in poverty get help

Our helpline often in the course of helping people with their health and care enquiries, will uncover people's additional needs.

In the 'cost of living crisis' we often hear that people who contact us about a health or care issue really need help in other areas too. We use our knowledge of our local area, our partner agencies and our research to help people in a holistic manner where we can. In all, approximately one in ten of the people who made an enquiry on our helpline needed help from a foodbank.

> I didn't even know someone like me could get that kind of help. I didn't know how much I needed to know"
>
> **– JP, Bury resident**



Online

Our Youtube channel now has more than 36 videos providing information from support groups and services, helping people understand the support that is available.

We have been broadening the spectrum of subjects covered and organisations we have worked with to address areas people have asked for information about. Audio-visual information is supported by subtitles and transcripts can be translated if required, making us more accessible.

Our other online highlights include:

- We published over 100 news and information articles about health and care affecting people in Bury on our website.
- We collected more than 250 survey responses on our SmartSurvey platform, giving us easy, rich and varied avenues of feedback.
- Our LinkedIn page keeps the professional world up-to-date with our work and events, which has resulted in more partners and stakeholders getting involved with us.
- How we use social media has given us the ability to collect feedback both directly, as well as using it as an 'ear to the ground' to find out what views are locally.

Knowledge on the web

We provided many guides, explainers and updates on our website alongside local news and developments around health and social care.

Covering all sorts of topics, there is a wealth of useful content constantly being updated to help people in Bury understand and navigate the system.

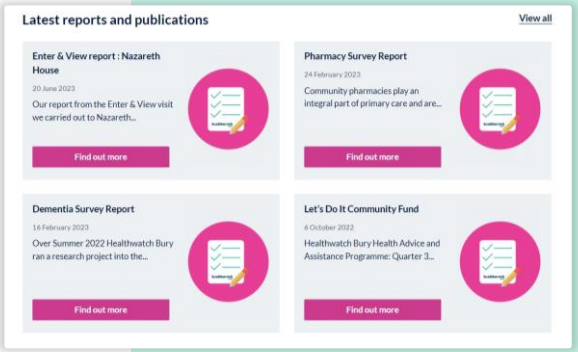
However we can also use our website to see where people need the most help – Our guid to 'How can you find and NHS dentist? ' was consistently one of our most popular pages, as was info on Bury sexual health services, which suggest people need better information on the subjects.

Seeing and hearing

Since April 2022 we have published 22 of our live information sessions on Youtube, giving an ever-growing library of audio-visual information presented by services and groups themselves in their own words.

Covering subjects including demential, long covid, sexual health, HIV & Aids, bowel cancer, recovery services and plenty more, the sessions contain lots of background and also include a Q&A session at the end.

Gathering reports



Our work often results in us creating reports on the areas we have been working on. For example this year we created reports on Student Mental Health, Pharmacy services in Bury, Demential diagnosis, as well as our report on our Enter & View visits.

You can find all these in the 'Reports' section of our website, along with past Annual reports, board minutes, activity reports and more.

Keep an eye out for our upcoming reports on Access to GP services for people with sensory loss and physical disability, and our GP referrals report, which will be out soon.

Volunteering

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

This year our volunteers:

- Visited communities to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views
- Carried out enter and view visits to local services to help them improve
- Reviewed GP and dentist websites to review accessibility
- Collected the most up-to-date information on changes to services, such as whether NHS dental appointments were available at a practice

Florence

Since I began as a volunteer for Healthwatch Bury, I have seen a real growth and increase in their work.

More projects are being taken on all the time, for example, for people with dementia and their families, access to GPs for people with sensory disabilities and Enter and View visits.

Also many more outreach visits are taking place, for example on park benches, at Prestwich Clough day to name two.

This is all as well as keeping up with legislation, linking in with the national Healthwatch body, networking locally to name a few other tasks.

As a volunteer, it keeps me up to date in what is happening in the health and social care field nationally as well as in my local area.

It allows me to meet up and work with employees and other volunteers so enhances my life as a retiree but I hope some of my experience brings a little value to the organisation.

Hannah

"I really enjoyed my voluntary role with Healthwatch Bury and I received a high level of support from my volunteer lead Charlotte. I could tell that my work was contributing to the impact the organisation was making and the team regularly expressed their appreciation for my work. Undertaking the role helped me to develop my confidence in a professional setting and ultimately helped me secure my dream job in the voluntary and charity sector. I will forever be grateful for the opportunity they gave me"

Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

www.healthwatchbury.co.uk

0161 253 6300

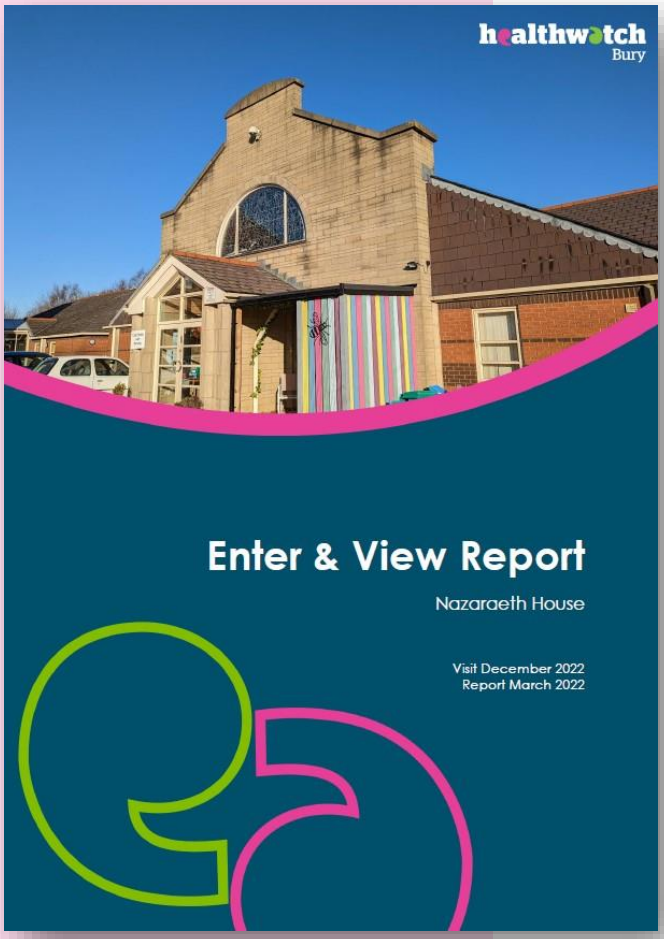
Charlotte@healthwatchbury.co.uk

Our Enter & View Authorised Representatives

These are our Healthwatch Bury volunteers that have gone through our thorough Enter & View training processes and have passed the relevant Disclosure and Barring checks, enabling them to conduct visits on behalf of Healthwatch Bury.

- **Caroline Sutcliffe**
- **Florence Sokol**
- **Alison Slater**
- **Alan Norton**

In addition to the above, our staff team have also undergone the training and checks and are authorised to conduct Enter & View visits.



Find our Enter & View report along with all our other reports on our website at: **healthwatchbury.co.uk**.

If you would like a paper copy or require the in any alternative format please contact us.

healthwatch 10 years

Helping to improve services *Together*

Our board & team

2022 saw our board of directors grow in number with some fantastic new knowledge, skills and experience added.

We also had changes to the staff team and we began our new Enter & View programme with our trained team of authorised representatives.

Our Board of Directors

Ruth Passman - **Chair**

Alan Norton - **Treasurer**

Tan Ahmed

Steve Treadgold

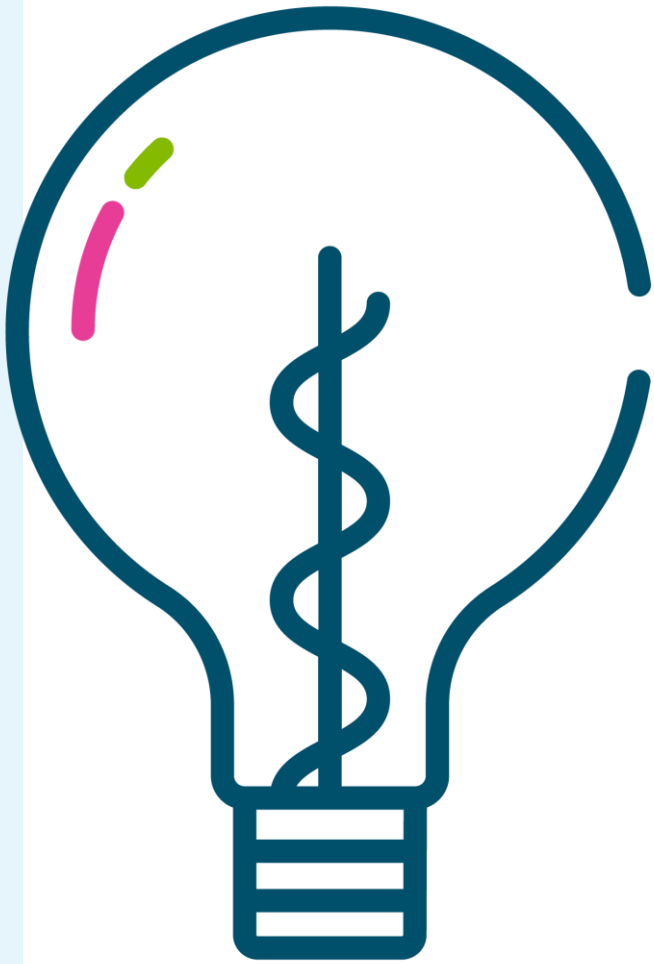
Alison Slater

Jeff Glasser

Masoud Sanii

Gita Bhutani

Caron Blake
(stepped down January 2023)



Do you feel inspired?

We have the opportunity to recruit more experience, skills and knowledge to our board, so please get in touch today if you think you are interested.

www.healthwatchbury.co.uk

0161 253 6300

Info@healthwatchbury.co.uk

Our staff team

Adam Webb - **Chief Operating Officer**

Annemari Poldkivi – **Research & Public Participation Officer**

Andrea Wilson – **Administration & Social Media Officer**

Shirley Waller - **Engagement Officer**

Charlotte Foster – **Volunteer Coordinator**

Beverley Santana Vega – **Engagement & Project Officer**

Laura Vallance – **Project support**

David Britton – **Project support**

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Our income and expenditure

Income		Expenditure	
Annual grant from Government	£122,000	Expenditure on pay	£129,191
Additional income	£2479	Non-pay expenditure	£18,073
		Office and management fee	£11,686
Total income	**£124,479**	**Total expenditure**	**£158,950**

Additional income is broken down by:

- **£1,500 funding** received from Healthwatch England for work on a social care needs project
- **£979 funding** received from a Healthwatch England for website migration support

Next steps

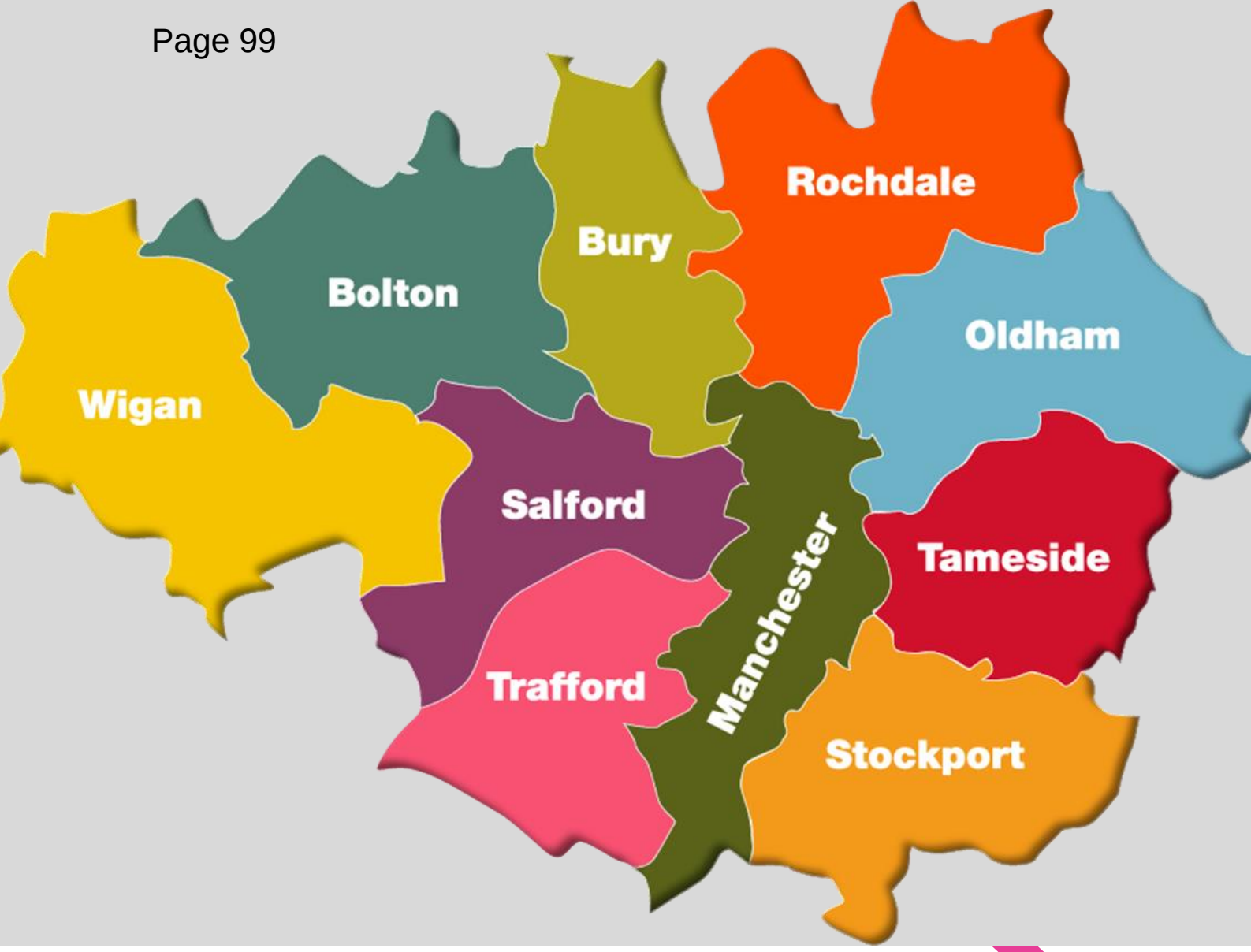
In the ten years since Healthwatch was launched, we've demonstrated the power of public feedback in helping the health and care system understand what is working, spot issues and think about how things can be better in the future.

Services are currently facing unprecedented challenges and tackling the backlog needs to be a key priority for the NHS to ensure everyone gets the care they need. Over the next year we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services.

We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless whether that is because of where you live, income or race.

Top three priorities for 2023-24

1. Addressing health inequalities.
2. Listening to the voice of Children and Young People, making sure they are heard and involved the design and commissioning of care that they receive.
3. Guiding people through an ever more complex system of health and care, particularly those who are most vulnerable, to help them get the care they need.



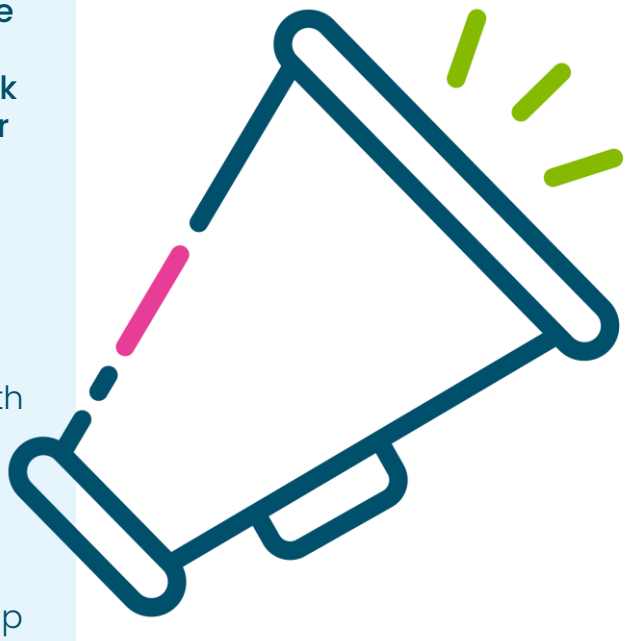
Representing Bury across GM

Working as part of the Greater Manchester Healthwatch Network we are making sure that the people of Bury are represented, informed and listened to at a regional level. With more commissioning and service design happening via the new GM Integrated Care system, our work with our local Healthwatch partners is more important than ever.

In July 2022 the health and social care landscape changed and we not only witnessed the creation of the integrated care structures but as a network of independent local Healthwatch across Greater Manchester we established our role in those new structures.

This year we have:

- Published an All-age Strategy.
- Formalised a 3-year Partnership Agreement with Greater Manchester Integrated Care.
- Gathered opinion from across our local communities to influence the Greater Manchester Integrated Care Strategy and the Greater Manchester Integrated Care Partnership Strategy.
- Contributed to the development of the Greater Manchester Integrated Care Quality Strategy.
- Delivered our commitment to continue raising concerns regarding access to NHS dentistry
- Published an annual report, reflecting on our last year (which you can find in the reports section of the Healthwatch Bury website)



What we have done this year.

Spring

We formally approved and published our All-age Strategy 2023-25

We put our framework of governance in place, including mechanisms for resolving conflict within the network and an ICS risk assessment.

Summer

We met with representatives of local pharmacies to discuss pharmacy transformation and how Healthwatch can make information available to local people.

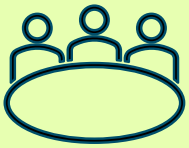
We supported Big Conversations within our local communities to inform the ICS Strategy.

Autumn

We met with the National Director of Healthwatch England and Sir John Oldham to discuss our plans and influence in Greater Manchester

On behalf of our local communities we wrote to Greater Manchester Mental Health NHS Foundation Trust for assurances following the Panorama programme.

Winter



We engaged with Greater Manchester IC leaders to influence the Quality Strategy and the ICS forward plan.

We wrote to the Mayor of Greater Manchester with our concerns regarding access to NHS dentistry.

Our plans for 2023-24

We will continue with the detailed work and projects we have started this year, but we will be looking at some new areas of focus, driven by the feedback we have received and by the stories of Bury people.

Information for young people, by young people

We are going to be working with schools and colleges to give children and young people more of a voice and help them access better quality information, produced in a way that is appealing to them.

Working on subjects chosen by them and using their methods to engage with their peers, we will provide them with the tools and platform to make a difference to how health and care works for them.

Women's health and menopause

Listening to feedback has shown us that there are lots of areas around women's health and care services which could be improved by listening to those that have used them.

Understanding how menopause affects how women interact with services, what support is on offer to those going through it and needing help and raising awareness of the barriers to good experiences that they encounter.

Understanding issues with changes to prescriptions

We received concerns and complaints from people struggling with changes to prescription services which are having negative impacts on their wellbeing.

From problems getting repeat prescriptions, blister packs being withdrawn in some pharmacies and issues with online services to access to life-saving medicines being reliant on a single person to prescribe and what happens when they are unavailable. We will be feeding our findings and recommendations into the system to make improvements.

Statutory statements

Healthwatch Bury, Bridge House, Yeargate Industrial Estate, Heap Bridge, Bury BL9 7HT.

Healthwatch Bury uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of 9 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Throughout 2022/23 the Board met 6 times and made decisions on matters such as workplan priorities, organisational governance and our involvement in local systems.

We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of using services. During 2022/23 we have been available by phone, email, provided a webform on our website and through social media, as well as attending meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and will share in alternative formats upon request.

Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us.

In our local authority area for example we take information Locality board, System Assurance Committee, Quality Safeguarding and Performance committee, the Social care Risk Escalation Group etc.

We also take insight and experiences to decision makers in the Bury and Greater Manchester Integrated Care system. For example, we sit on the Greater Manchester Integrated Pharmacy and Medicines Optimisation task groups representing Bury peoples experiences of pharmacy services in the improvement process, as well as feeding in on behalf of our colleagues in neighboring Healthwatch. We also share our data with Healthwatch England to help address health and care issues at a national level.

Enter and view

This year, we carried out our first Enter and View visit. We made 3 recommendations as a result of this activity.

Location	Reason for visit	What we did as a result
Nazareth House Care Home	Disparity between CQC ratings and public feedback/reviews	Wrote a report with recommendations for the home to action. Additionally, issues raised by the home staff and management have been escalated to appropriate points in the Bury system.

Healthwatch representatives

Healthwatch Bury is represented on the Bury Health and Wellbeing Board by our chair Ruth Passman. During 2022/23 our representative has effectively carried out this role by sharing our intelligence and providing quality assurance and a patient & public perspective to the boards proceedings.

Healthwatch Bury is represented on Greater Manchester Integrated Care Partnerships by Tracey McErlain-Burns who has served as chair of the Greater Manchester Healthwatch Network for the past year. We are represented locally at the Bury System Quality, Safeguarding & Performance Assurance Committee, Bury Elective Care and Cancer Recovery Reform Board, Bury Population Health Delivery Partnership, Carers Strategy Core Partnership Delivery group, Bury Older People and Ageing Well Partnership meeting and the collective Team Bury as well as many more specific groups and committees.

2022–2023 Outcomes

Project/ activity	Changes made to services
Pharmacy report	Fed into Health Scrutiny, used in planning and review of pharmacy provision.
Dementia Report	Being used in the development and review of dementia services in Bury. We are feeding into dementia discharge work with Northern Care Alliance Hospitals.
Enter & View – Nazareth House	Home now implementing our recommendations, including those around communication with families.
Access for asylum seekers to GPs	Reception staff now are aware of the rights of patients to access without charges or need for proof of eligibility across the borough.

Message from our Chief Operating Officer

Bury has seen a year of changes, highs and lows in its health and care landscape. We must be sure to learn the lessons it has given us.

The BBC Panorama documentary that exposed the awful experiences of those that were resident in the Edenfield secure mental health unit has rightfully raised many questions in the borough, where a facility which was 'under the noses' of our system, but not connected locally leaving a lack of oversight which manifested in what became a national concern.

It has to be a moment where system leaders stop and ensure they can really understand such a thing could happen, and we at Healthwatch need to be asking the question "what could we be doing differently?" so that people that find themselves in that kind of situation as well as their friends & families can confidently come to us to express their concerns.

Elsewhere our unique ability to independently collect feedback and represent people has helped us to grow in importance in the Bury system.

Adam Webb - Chief Officer, Healthwatch Bury

We have sought answers for people unable to advocate for themselves, helped people to navigate the system getting them the care they needed and made sure the patient voice is listened to at every level.

Healthwatch Bury is 10 years old now, and we are well aware of the challenges we face in the area. But the importance of what we are here to do is as clear as ever.

As every year goes by we are increasingly aware of how necessary it is for us to speak up on behalf of those using services, and we shall continue to do everything we can to improve the experience of people using health and social care in Bury.

"Most people think the NHS is just the NHS – You shouldn't need to worry about which trust funds what treatment, or if what happens in your area is different to what happens for your neighbours. When you need help, you just need it to work"

– A Bury patient at Salford Royal Hospital

Healthwatch Bury

Bridge House
Yeargate Industrial Estate
Heap Bridge
Bury BL9 7HT
www.healthwatchbury.co.uk

t: 0161 253 6300

e: info@healthwatchbury.co.uk

@healthwatchbury

Facebook.com/HealthwatchBury

linkedin.com/company/healthwatch-bury-cic

Together

healthwatch In Greater Manchester

We are working to enable all to have the health and care support they need

Annual Report 2022–23

Contents

You said: *Person telephoned in a distressed state and explained that they were struggling with their mental health and in need of a food parcel / food bank support.*

***We did**: We spoke with a member of staff from the local community centre and they agreed to arrange for a volunteers to deliver a food parcel and ask the housing officer to see if they could check on the person.*

Message from our Chair

In July 2022 the health and social care landscape changed and we not only witnessed the creation of the integrated care structures but as a network of independent local Healthwatch across Greater Manchester we established our role in those new structures.

This year we have:

- **Published an All-age Strategy.**
- **Formalised a 3-year Partnership Agreement with Greater Manchester Integrated Care. (NHS GM)**
- **Gathered opinion from across our local communities to influence the Greater Manchester Integrated Care Partnership Strategy.**
- **Contributed to the development of the Greater Manchester Integrated Care Quality Strategy.**
- **Delivered our commitment to continue raising concerns regarding access to NHS dentistry and GP services.**

Tracey McErlain-Burns
Chair of the Healthwatch in Greater Manchester Network 2022/23

I presumed when my Dentist who I had been registered with for over 30 years sold his practice, the new owners would have taken over all of the registered patients.When I contacted them to arrange new dentures I was told I was not registered with them. When asked why, they stated It was my responsibility to have re-registered not theirs to transfer patients.

About us

Healthwatch is a local and national health and social care champion, established and funded in each local authority area in England.

There are 10 local Healthwatch in Greater Manchester who have come together to work as a network (appendix 1)

Our vision

We want a world where we can all get the health and care support we need.

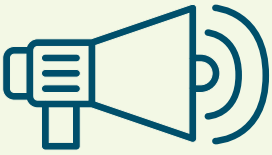
Our mission

To passionately illuminate the voices of all diverse communities in Greater Manchester and to advocate on their behalf, at all levels of the new Integrated Care System

Our approach is:

- **Create arrangements for meaningful engagement.**
- **Foster a strong and productive relationship with the ICS.**
- **Bring strength and influence whilst valuing difference across our communities.**
- **Trust others and be trusted to provide constructive challenge.**
- **Utilise best practice and adopt Healthwatch England's Quality Framework.**
- **Work in partnership with others.**
- **Collaborate and explore external funding opportunities for joint projects.**

Year in review



Reaching out

To local communities

Supported by local Healthwatch in Greater Manchester our role is to gather opinion on issue which affect our communities to support the Greater Manchester Integrated Care system define their priorities.

Making a difference to care

We welcome the opportunity to attend the Greater Manchester Integrated Care Quality and Performance Committee; the Integrated Care Partnership; the System Quality Groups; the Population Health Board; the communications and engagement groups, topic specific task groups and locality Boards.

Our role within these governance groups in to amplify the voice of our local and collective communities to ensure that we can all get the health and care support we need.

Health and care that works for you

In April 2023 we received funding from Greater Manchester Integrated Care to enable us to deliver our network ambitions which are over and above our locally funded statutory obligations.

[£297,000]

Total funding for 3-years. April 2023 to 2026

We are currently recruiting to two key positions to enable us to deliver our ambitions.

Chair of the network. Remuneration will be £5,000 per annum
Chief Coordinating Officer. Remuneration will be £36-£39,500

What we have done this year.

Spring

We formally approved and published our All-age Strategy 2023-25

We put our framework of governance in place, including mechanisms for resolving conflict within the network and an ICS risk assessment.

Summer

We met with representatives of local pharmacies to discuss pharmacy transformation and how Healthwatch can make information available to local people.

We supported Big Conversations within our local communities to inform the ICS Strategy.

Autumn

We met with the National Director of Healthwatch England and Sir John Oldham to discuss our plans and influence in Greater Manchester

On behalf of our local communities we wrote to Greater Manchester Mental Health NHS Foundation Trust for assurances following the Panorama programme.

Winter

We engaged with Greater Manchester IC leaders to influence the Quality Strategy and the ICS forward plan.

We wrote to the Mayor of Greater Manchester with our concerns regarding access to NHS dentistry.

Some of the feedback we have provided this year

We responded to the Greater Manchester Integrated Care Partnership Strategy with comments, including the following:

It would be helpful to have a 3 or 4 page, jargon free version of the strategy which we could promote in our localities and communities.

Dental services have been high on our radar since before lockdown and this strategy needs to include some options for improvement in the experiences of local people, and some timescales.

We look forward to the development of a joint forward plan with explicit priorities, including tackling health and care inequalities.

In the development of the strategy we urge the partnership to be clear about their definition of 'neighbourhoods' and specifically the role of Primary Care Networks.

It is important to recognise that Healthwatch deliver specific statutory duties and whilst we work with the VCFSE, there are differences in our roles as we are not providers of care.

We contributed to a round table discussion with Rt Hon Patricia Hewitt in February 2023 to discuss how patient and public voices can be centred in ICSs.

During that conversation we delivered some clear messages regarding the need to invest in listening, the need to be clear about the role of the user voice in ICSs and the need for systems to be better at planning, to enable insight to be gathered at the right points in time to inform commissioning and service evaluation.

Our comments on the IC Quality Strategy:

We welcome the strategy and urge the executive leaders to ensure that there is a read-across all the strategies. It is vital that connections are transparent.

Because NHS patients sometimes receive care in the private sector it would be helpful to understand how this strategy applies.

We would like to see more references to social care. The strategy is very NHS (provider) orientated.

Money was the most mentioned theme during the public consultation (called the Big Conversation) as well as the cost of living and a lack of money. People told us that health and care services need to improve communication, funding & staffing, access, and planning.

A case study - Reaching out to all communities

Mrs S aged 28

Attends a community centre for respite and peer support following domestic abuse. She arrived in UK 3 years ago, speaks no English and has little understanding of British Life.

Mrs S attended the drop-in smear clinic, she has never had this screening done before despite receiving invites by her GP. Mrs S has no understanding of what the screening is about or the importance, she felt very anxious and frightened about the procedure.

Nurses from Bolton GP federation spent time reassuring and educating Mrs S on the importance of screening and she was offered a test. Mrs S said she was not comfortable having it on the day, but will now make the appointment as she understands the importance and how straight forward it is.

Having this knowledge and information explained to Mrs S, she managed to have her cervical cancer screening test done, and afterwards she shared the knowledge and experience with four other women who have also had their first smear test done, one of whom found out she has needed a further follow-up test.

I called in to make a couple of appointments this morning.

It's usually a tense experience as I'm deaf and use both lipreading and British Sign Language to help me communicate.

On this occasion I was helped by a volunteer in reception who uses BSL and was able to help me book the appointments without any frustration or embarrassment. She usually volunteers Monday and Friday but I was lucky she was there today (Wednesday).

I'd just like to say that it made my experience so much better and I'm happy to have been able to communicate with a BSL user at the practice.

Since the BSL Act was passed in parliament last year the Deaf community has seen very little improvement in improving access across all services.

Although the lady who helped me was not a qualified interpreter she really improved my experience and helped tremendously.

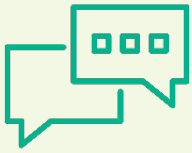
Please continue to improve the access to your service for the Deaf community. It's much appreciated!

Our 6 Strategic Objectives

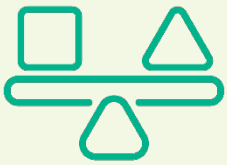
Our strategic ambition is to passionately illuminate the voices of all diverse communities in Greater Manchester and to advocate on their behalf, at all levels of the new ICS to ensure that individuals can get all the health and care support they need.

Build on the development of a sustainable and high-performing Healthwatch in Greater Manchester

Be well governed and use our resources for greatest impact



Amplify the experiences of people needing or using health and care services



Reach out to all communities to ensure that they are heard and reduce the barriers that some groups face

Act on what we hear to transform health and care policy and practice

Share our expertise in engagement within the network and beyond

Our plans for 2023/24

Spring

Appoint a Chair of the network and a Chief Coordinating Officer who will provide the single point of access for ICS and partners as well as coordinating Healthwatch network activities.

Scope two significant pieces of work with ICS partners. One in mental health services and one in services for children.

Summer

Establish formal collaboration links with the Greater Manchester VCFSE (10GM)

Implement a data insight repository capable of bringing the voice of our communities to every forum that we attend on behalf of the network

Produce our 10 Healthwatch Annual Reports.

Autumn

Launch our network website and social media channels

Recruit and support our volunteers

Winter

Share our impact through our research reports on mental health service and those for children.

Engage with our stakeholders and the public to shape our priorities for 2024/25.

Appendix 1 - Who we are

Healthwatch	Web address
Healthwatch Bolton	healthwatchbolton.co.uk
Healthwatch Bury	healthwatchbury.co.uk
Healthwatch Manchester	healthwatchmanchester.co.uk
Healthwatch Oldham	healthwatcholdham.co.uk
Healthwatch Rochdale	healthwatchrochdale.co.uk
Healthwatch Salford	healthwatchsalford.co.uk
Healthwatch Stockport	healthwatchstockport.co.uk
Healthwatch Tameside	healthwatchtameside.co.uk
Healthwatch Trafford	healthwatchtrafford.co.uk
Healthwatch Wigan and Leigh	healthwatchwiganandleigh.co.uk

Appendix 2 - Glossary

Abbreviation used	Description
ICS	The Integrated Care System. Health and social care partners working together.
IC	Integrated Care
VCFSE	Voluntary, Community, Faith and Social Enterprise Sectors. In Greater Manchester they work together as 10GM

The 10 local Healthwatch in Greater Manchester have a long history of working together to undertake pieces of work jointly, and to share intelligence, not least when the residents of one locality may experience care delivered in another locality.
Since late 2021, the 10 local Healthwatch have been 'getting ICS ready'; refining governance systems, agreeing strategies and reaching agreement on collaboration frameworks.
Healthwatch has an important role to play at place-based locality level and continues to be commissioned by the local authority to fulfil statutory obligations. In the context of the ICS, the 10 Healthwatch have an essential obligation to work together, in partnership with all system players to deliver the NHS GM IC Strategy. In this context, Healthwatch as a network, has a unique role to play in bringing together intelligence gathered from face to face contacts, complaints, surveys and listening events across the 10 localities to inform decision makers and hold them to account for delivering service improvement.

healthwatch

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Agenda Item 8

SCRUTINY REPORT

MEETING: Health Scrutiny

DATE:7th September 2023

SUBJECT:Greater Manchester Integrated Care Partnership Update

REPORT FROM:Warren Heppolette – Chief Officer – Strategy and Innovation – NHS Greater Manchester Integrated Care

CONTACT OFFICER:Paul Lynch – Director of Strategy and Planning – NHS Greater Manchester Integrated Care

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1.0 BACKGROUND

1.1 This paper provides an update on the Greater Manchester Integrated Care Partnership (ICP). It focuses on the Joint Forward Plan – which was published at the end of June. The Plan can be found at: https://gmintegratedcare.org.uk/greatermanchester-icp/icp-strategy/joint-forward-plan/

1.2 Health Scrutiny is asked to note the update.

2.0 THE JOINT FORWARD PLAN

2.1 The Joint Forward Plan (JFP) is the delivery plan for the Integrated Care Partnership. The JFP Plan describes the actions that we will take collectively as a GM system to deliver on the missions set out on the ICP Strategy. It draws on the contributions from a range of plans from across the GM system – including the 10 Locality Plans.

2.2 For each of the six missions, the Joint Forward Plan describes the actions that we will take collectively as a GM system to deliver on our ambitions. The actions are drawn from locality plans, GM programme plans and are based on the public engagement that was used to inform the ICP Strategy.

2.3 For each area of work in the Joint Forward Plan we have set out:

- The main aims of the programme and who is involved
- How we will measure delivery
- Who is accountable for delivery

2.4 Whilst completing the Joint Forward Plan by the national deadline of 30th June was an important milestone, we recognised that further work was needed on how we would translate our plans into delivery. This work falls into three main areas:

- Refreshing our operating model
- Developing a strategic financial framework
- Implementing a performance framework for the ICP Strategy and Joint Forward Plan

2.5 We commissioned an independent review of our leadership and governance to gather views from across our large and complex system to better understand how we might make our longstanding journey of partnership and collaboration as effective as possible. Some 200 senior leaders across Greater Manchester took part in the review.

2.6 The review made recommendations for improvement to our operating model. It seeks to ensure that the ten locality boards are empowered to drive integration at place level – and builds on the fact that all ten are now formally established.

2.7 The report on how the recommendations of the review will be implemented is currently out for review by system partners. It will be presented to the Integrated Care Board on 20th September for approval.

2.8 We have commenced development of a System Financial Framework to support delivery of the ICP Strategy and Joint Forward Plan. This will assess the financial impact of our strategy and plan and the extent to which our current and planned delivery programmes at both system and place level close the financial gap.

2.9 The framework will look at how different segments of our population utilise health and care services and will examine the impact of forecast demographic change. It will position the key choices on what we should prioritise and invest in as a system and what activities we may need to stop to make the most effective use of our resources. We are aiming to complete the framework by early October.

2.10 This work on the financial framework will support our moving to a longer-term more strategic planning cycle – and away from short-term, annual planning cycles. This should facilitate a more integrated planning process between the NHS and local government.

2.11 In the Joint Forward Plan, we set out our approach to developing a Performance Framework for the delivery of the Strategy and JFP. This is intended to show how we are making progress against both immediate, operational measures and longer-term measures. It is based on a model devised by the World Health Organisation (WHO).

2.12 Linked to this, and responding to one of the key recommendations of the leadership and governance review, we will put into effect a clearer and more consistent set of reports on system performance so that all partners in the system are referring to, and scrutinising, a single, unified set of data.

3.0 CONCLUSION

- Health Scrutiny is asked to note the update

List of Background Papers:-

https://gmintegratedcare.org.uk/greatermanchester-icp/icp-strategy/joint-forward-plan/

Contact Details:-

Will Blandamer
Executive Director, Health and Adult Care - Bury Council
and Deputy Place Based Lead - NHS GM (Bury)

Executive Director sign off Date:_____

JET Meeting Date:_____

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Bury Council

ADULT SOCIAL CARE SERVICES

ANNUAL COMPLAINTS & COMPLIMENTS

APRIL 2021 – MARCH 2022

September 2023

1.0 PURPOSE AND INTRODUCTION

1.1 It is a statutory requirement to produce an Annual Complaints Report relating to Adult Social Care Complaints, received by the Corporate Core Department, Bury Council.

1.2 This report is to provide members of Health Scrutiny Committee with details of information relating to Adult Social Care Services.

1.3 The report relates to the period 1st April 2021 – 31st March 2022, and provides comparisons between previous years, as well as detailing the nature, scope and scale of some of the complaints received.

2.0 BACKGROUND

2.1 The council is required to operate a separate Statutory Complaints and Representations procedure, in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 which was laid before Parliament on 27th February 2009 and came into effect on 1st April 2009. From 1st April 2009 there has been a single approach to dealing with complaints to ensure consistency in complaints handling across health and social care organisations. This procedure is based on the Department of Health's guidance, 'Listening, Responding and Improving' which supports the statutory requirements for the handling and consideration of complaints. Its intention is to allow more flexibility when responding to complaints and to encourage a culture that uses people's experiences of care to improve the services provided by Bury Adult Care Services.

2.2 The complaints mentioned in this report typically relate to issues where customers, their families or carers feel that the service they have received have not met their expectations. In these cases, the Council will always have endeavoured to resolve any concerns or dissatisfaction before a formal complaint has been received. Complaints, therefore, usually arise when the customer does not agree with the Council's interpretation of events or, in some cases, where policy delivers an outcome which they do not agree with.

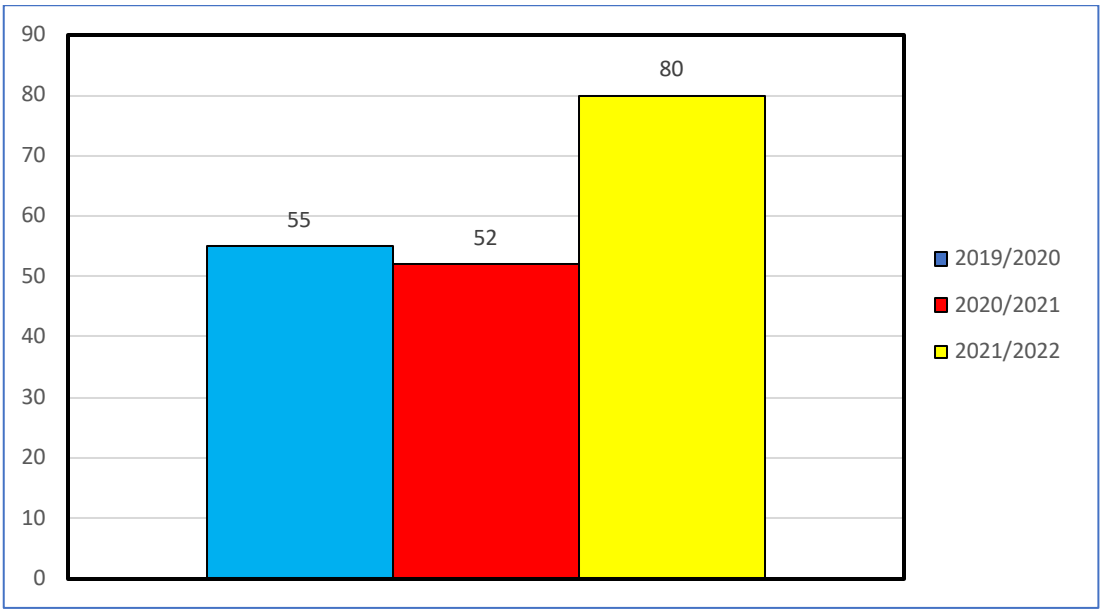
2.3 Within the regulations which govern the complaints process, the Council adopts a flexible approach which prioritises local resolution. However, where complainants remain dissatisfied, they have the option to take their case to the Local Government & Social Care Ombudsman.

2.4 Members of Parliament cannot make a complaint on behalf of a constituent using the statutory process. However, MP's can raise a 'Concern' on behalf of a constituent with the Council and these are then managed accordingly.

2.5 The Complaint Procedure is not intended for dealing with allegation of serious misconduct by staff. These are covered by and dealt with through the Council's separate disciplinary procedures.

DATA ANALYSIS OF COMPLAINTS RECEIVED

3.0 ADULT SOCIAL CARE COMPLAINTS



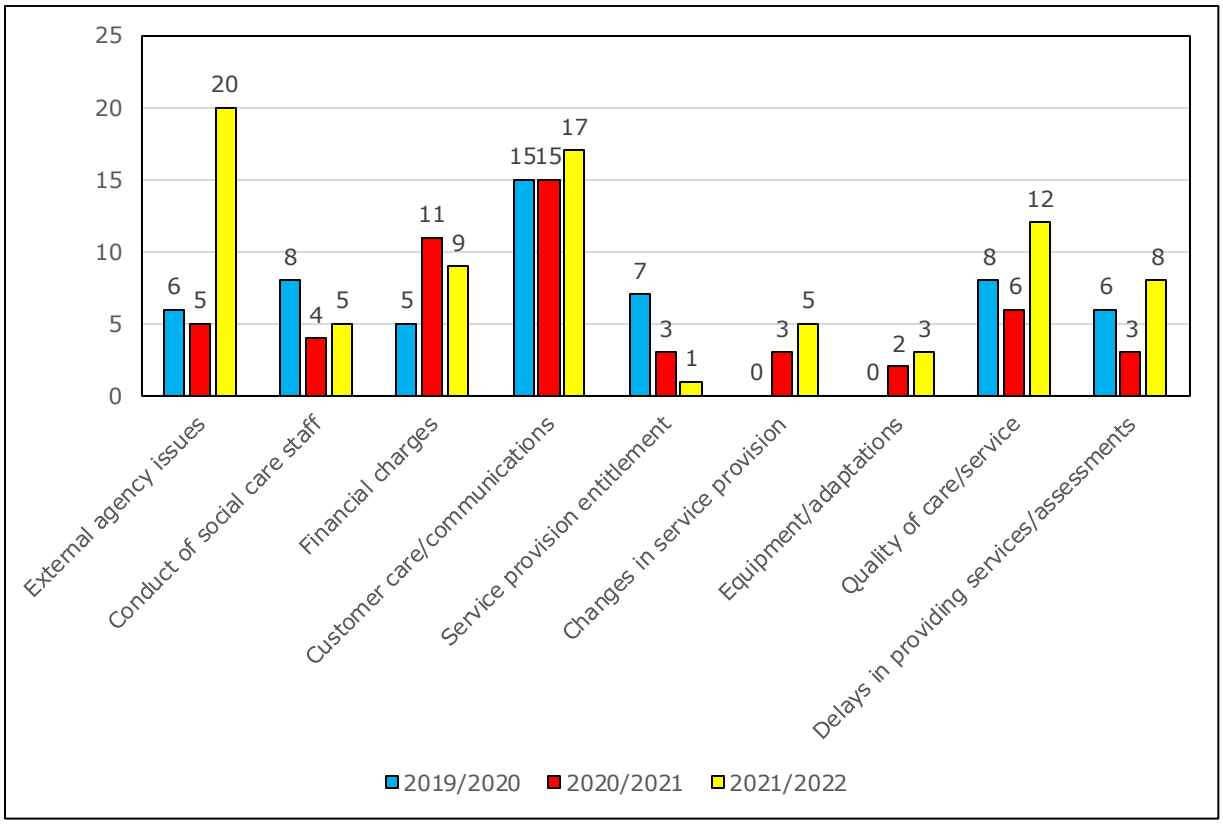
3.1 The total number of complaints received in 2021/2022 has significantly increased from the previous years. This increase is partly due to the changes in processing third party organisation complaints along with an increase in demand on services.

3.2 The number of complaints received should also be considered in context with the number of people actually having direct contact with Adult Social Care Services (excluding their relatives, friends or carers who might make complaints on their behalf). The number of people to have direct contact with Adult Social Care Services during 2021/2022 was 7,896 which is an increase of 716 from the previous year. It is, therefore a positive that the proportion of people wanting to make a complaint about the services received from the department is still relatively low at 80.

3.3 As would be expected when dealing with complaints from predominantly vulnerable groups, the majority of complaints received are made by a family member, advocate or solicitor of a service user, rather than the service user themselves.

	Total Number of Complaints	Total Number of Complaints raised on behalf of a service user	%
2019/2020	55	40	73%
2020/2021	52	33	63%
2021/2022	80	64	80%

4.0 NATURE OF COMPLAINTS



4.1 On the whole, the nature of complaints has shown no real noticeable increases. There has, however, been an increase in complaints relating to 'external agency issues' (from 5 to 20), 'quality of care/service' (from 6 to 12) and 'delays in providing services/assessments (from 3 to 8), representing 75%, 50% & 37.5% increases respectively.

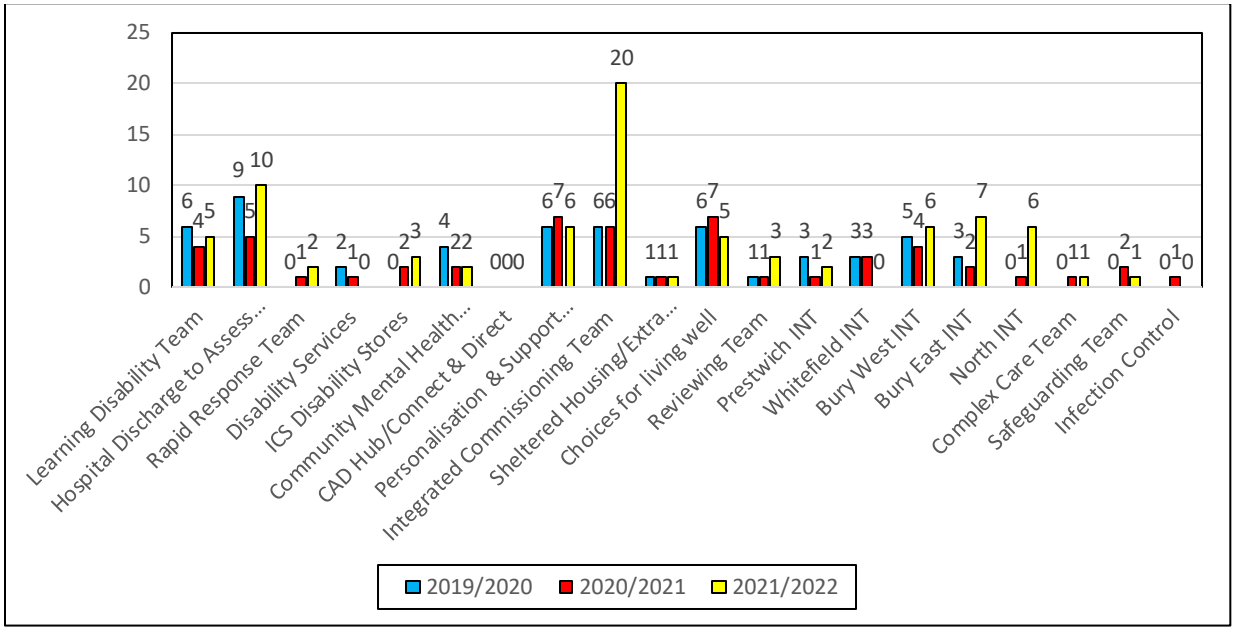
4.2 The increase in complaints relating to external agency issues is explained in detail in section 5.

4.3 The increase in the number of complaints about the quality of care/service is harder to explain as this is a very generic heading and could relate to a number of different service areas. The increase in delays in providing services/assessments is due to the high volume of demand on the Integrated Neighbourhood Teams.

4.4 During the period 2021/2022 it has shown the number of complaints upheld/partially upheld has also increased from the previous year 2020/2021. In all cases when complaints are received, learning is drawn from the comments received and the subsequent investigation.

	Complaints Received	Upheld/ Partially Upheld	Not Upheld	Withdrawn
2019/2020	55	42 (76%)	12 (22%)	1
2020/2021	52	24 (46%)	27 (52%)	1
2021/2022	80	63 (79%)	17 (21%)	0

5.0 COMPLAINTS PER TEAM



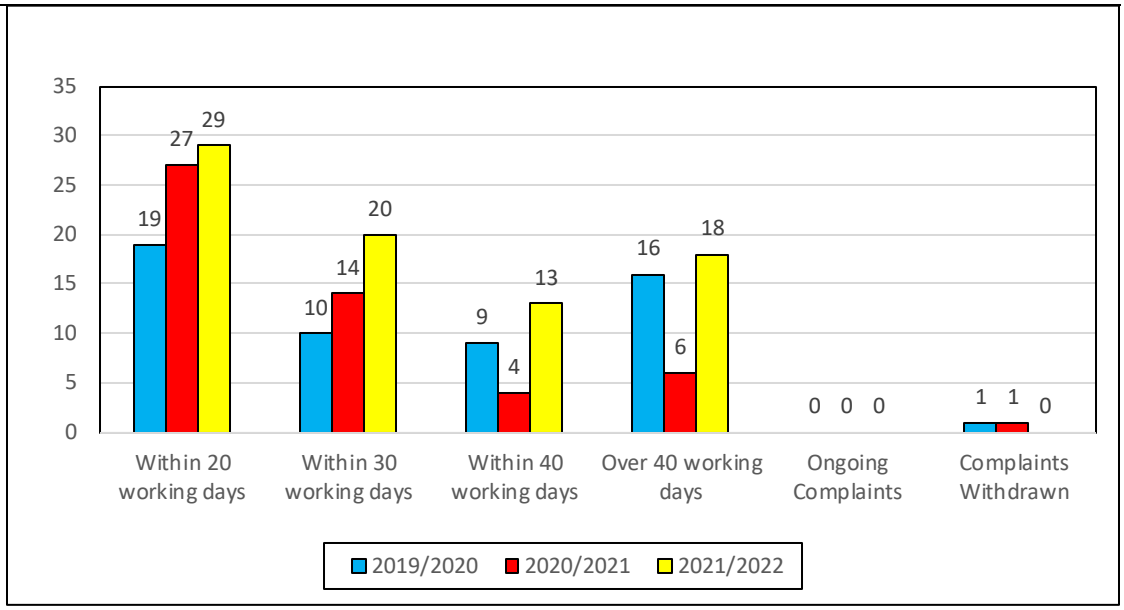
5.1 In comparison the overall number of complaints within teams has remained steady.

5.2 The report has, however, highlighted a significant increase in complaints from the Integrated Commissioning Team, the complaints do not necessarily relate to services offered by this team directly, but the services they are responsible for, for example the complaints received by the Integrated Commissioning Team will include complaints about external providers contracted by the Council to deliver services overseen by the Integrated Commissioning Team.

5.3 In 2021 the Local Government & Social Care Ombudsman issued guidance on Effective Complaint Handling. The law says the Ombudsman can treat the actions of third parties as if they were actions of the council, where any such third-party arrangement exists. This means councils keep responsibility for third party actions, including complaint handling, no matter what the arrangement are with that party. As a result of this the Integrated Commissioning Team introduced a new process whereby all complaints raised directly to the council would be investigated and responded to by this team. Previously these types of complaints would have been sent directly to the third party and would only have come back to the council if the complainant continued to remain dissatisfied with the third party's response. Therefore, in previous years these complaints would not have been captured as part of this monitoring exercise. This new process allows the council to quality check performance on the handling of complaints and reduces complaint timescales which overall improves the complaint journey for our customers.

5.4 All complaints are considered in terms of the learning that they can provide on how to improve the services and help us to make sure our staff are trained to give the correct advice and support.

6.0 TIMESCALES



6.1 Whilst there are no statutory timescales with which the department must comply in responding to complaints, we do aim to resolve complaints within twenty working days on receipt of complaint. For more complex complaints which involve different service areas, 3rd party organisations, NHS for example, timescales will exceed the twenty working days.

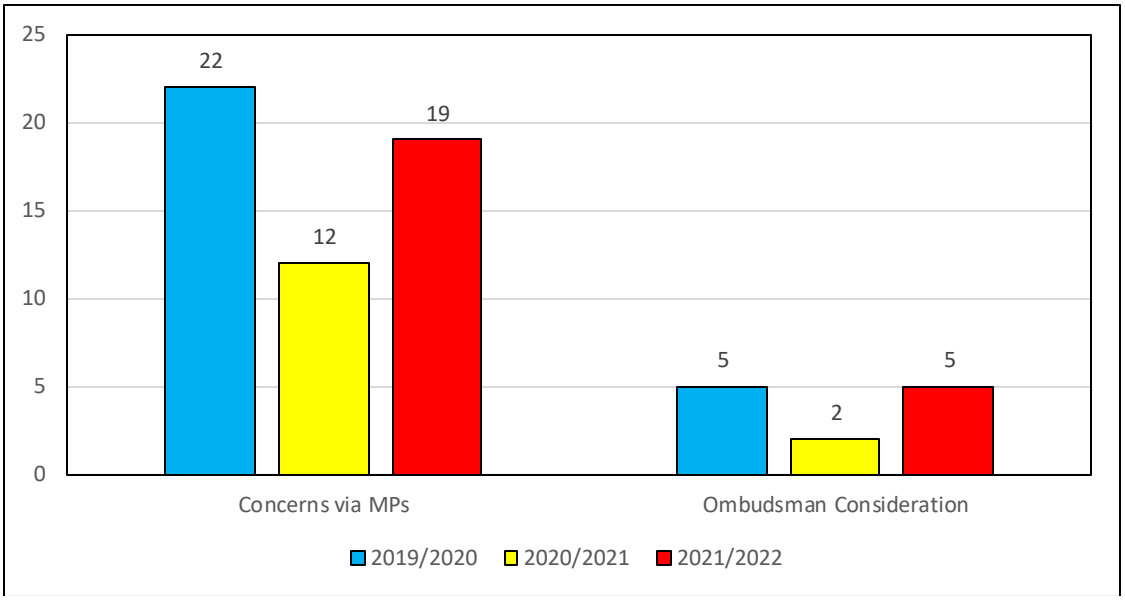
6.2 It is for the council and complainant to agree how the complaint will be handled, the likely duration of the investigation and when the complainant can expect to receive a response.

6.3 In 2021/22, 29 (36.25%) of complaints were responded to within the 20 working day timescales, 33 (41.25%) of complaints were responded to over the 20 working day timescales, and 18 (22.50%) of those were over 40 working days. Complaints responded to over 20 working days is a significant increase from the previous year, especially complaints over 40 working days. This is likely due to the complexity of the complaint whereby several departments or other organisations have been party to all or some of the complaint subject areas, complex and involved collation of information required from several different service areas. These can often result in increased response times. Of the complaints responded to outside of the 20 working day timescales all complainants were kept updated on the delay, the reason for the delay and provided with a new response date.

6.4 The report has highlighted that a number of those complaints responded over timescales relate to complaints raised about third-party organisations. The Integrated Commissioning Team are working with third-party organisations to improve and work better in responding to complaints in a timely manner.

6.5 It should, however, also be noted there has been a continued increase in the number of complaints that have been responded to within 20 working days from previous years.

7.0 MP CONCERNS AND LOCAL GOVERNMENT SOCIAL CARE OMBUDSMAN CONSIDERATIONS / ENQUIRIES



7.1 As has been previously mentioned, concerns raised on behalf of constituents by Members of Parliament are recorded separately. There has been an increase from 12 in 2020/2021 to 19 in 2021/2022.

7.2 The number of complaints investigated by the Local Government and Social Care Ombudsman (LGSCO) has increased from 2 cases in 2020/2021 to 5 cases in 2021/2022. It is, however, positive that 93.75% of the complaints received were resolved to the satisfaction of the complainant with only 6.25% remaining dissatisfied and approaching the LGSCO.

7.3 Of the five cases received the LGSCO found one case to be a premature complaint, no fault was found with two cases and two cases fault was found. On the two cases where fault was found, recommended action was taken in the form of a written apology and one case financial recompense was recommended.

7.4 The Local Government Social Care Ombudsman's office facilitate a one-day training session on effective complaint handling. Previously these sessions have been well received and had a positive impact, staff felt more confident when investigating and responding to complaints. A further session is being commissioned, with priority being given to members of staff from the Integrated Commissioning Team.

8.0 COMPLIMENTS

8.1 In addition to complaints received, the department also records the number of compliments.

Total number of Compliments received 2020/2021	Total number of Compliments received 2021/2022
333	515

Service Area	2020/2021	2021/2022
Hospital Social Work/Discharge to Assess Team	8	0
Choices for Living Well – Intermediate Care Reablement/Killelea/IMC @ Home	182	240
Sheltered Housing / Carelink / Support at Home	3	41
Integrated Community Equipment Services	9	11
Learning Disability Team	4	5
Older People's Community Mental Health Team	1	3
CAD Hub/Connect & Direct	1	4
Personalisation and Support Business Team	19	40
Rapid Response Team	56	44
Disability Services	5	65
Older Peoples Staying Well Team	37	31
Prestwich INT	1	1
Whitefield INT	1	0
Bury East INT	0	3
Bury North INT	3	2
Bury West INT	1	2
Adult Social Care Complaints Section	1	0
Urban Renewal Team	1	0
Integrated Commissioning Team	0	3
Reviewing Team	0	18
Bury Employment Support and Training	0	2

8.2 The number of compliments received has shown an increase from the previous year. Team Managers are reminded and encouraged to record and share all compliments received.

8.3 It is pleasing to see the increase in compliments received, especially when those services are front line, for example there has been an increase in compliments for the Choices for Living Well Service, Sheltered Housing/Carelink/Support at Home, Disability Services and the Reviewing Team. Staff have continued to work tirelessly during the most challenging of times and it is pleasing to see that their hard work is being acknowledged and recognised.

8.4 When a compliment is received that acknowledges the efforts of an individual member of staff a personal thank you letter is sent by the Director - Adult Social Services and Community Commissioning. A copy is also placed on the individual's personnel record.

8.5 Here are some examples of positive feedbacks received from customers receiving a service:

- **Choices for Living Well – Reablement**

I would just like to say, the treatment/support and kindness I've had from your staff is overwhelming. What a warm, caring, professional bunch of people you have. I must commend the hardwork/kindness and professionalism of your team in Reablement. I just want to say thank you as my mental health is suffering badly with this ongoing stress. Thank you again.

- **Personalisation and Support Team**

You have been very helpful in what is a very stressful and difficult time for the family. We have been unable to visit dad due to the home frequently having covid outbreaks so you can imagine this has had a significant impact on his mental health in not being able to see us so your support in coming back to me as quickly as you have done re this information is very much appreciated and is reassuring.

- **Carelink**

We received a telephone call from the family of a service user who thanked us for our service to their mother. Their mother had pressed her trigger in the early hours and had asked for family to be contacted. Family have stated that she had never needed to press her trigger before but on that occasion our prompt action 'Gave the family great comfort as she was not alone when she passed away'.

- **Disability Services**

We are all very grateful to you for your help especially as we understand this matter is now, strictly speaking, out of your hands. It is refreshing to meet someone who genuinely cares and is prepared to go "above and beyond" to help others. Thank you once again for all your help.

- **Older Adults Mental Health Team**

Outstanding Social Worker. Social Worker has been allocated to my mum for the past 18 months or so and has been extremely patient, caring and understanding and has always kept his promises about what he was intending to do/organise.

I am a social worker for another local authority, so I suspect as an advocate for my mum, I haven't always been the easiest relative to deal with, the social worker has been absolutely professional from day one.
My mum has recently passed away and he phoned me when he heard that she had been in hospital to check where she was and was extremely compassionate about the situation. Thank you, for facilitating my mum's move to Peachment Place for my mum where she was very happy in her final few months.

- **Rapid Response**

We didn't know that Rapid Response existed as we have had no need of it. We are very very impressed. They were rapid, they were efficient and within 2 hours we were set up with equipment which has made my husband's life at present so much easier. Thank you very much.

- **Older People's Staying Well Team**

Thinks you are absolutely wonderful in terms of the support you have provided. He particularly wished to comment that you asked him what he needed rather than what he wanted. You arranged things very quickly and regularly kept in touch and both he and his wife cannot thank you enough. He advised me he is going to Lavender Hill for a respite stay and he is looking forward to this as it will enable his wife to visit their great grandchild in Cornwall this summer. Unfortunately, he will not be able to travel but he feels glad she will be able to take a break from her caring role.

- **Bury East INT Team**

I refer to one of your employees I have spoken to him many times on the telephone. However, today I met him face to face and discussed an issue regarding a colleague of mine who is in a care home! He was fully understanding of my colleagues' issues and has done his upmost to help him. I therefore wish Bury council to recognise his passionate belief in his care and understanding of people in need! He is an asset to Bury social services.

- **CAD Hub**

Thank you so much for sending this across and for your time on the phone yesterday. You've been incredibly helpful. I will be discussing everything with my parents over the weekend and plan that we will give you or your office a call next week.

- **Choices for Living Well - Killelea IMC & Reablement Team**

When my mum was admitted to Killelea she was very frail, not eating, lost a great deal of weight. From the outset all the staff at Killelea were extremely welcoming, helpful and professional in delivering care.
Even though there were significant issues surrounding mum's health, the care assistants, physiotherapists, and doctors worked tirelessly in raising mum's wellbeing, from mobility, eating and being infection free.
I would like to take this opportunity in expressing my sincere gratitude to all concerned, including the aftercare provided at home by the reablement team, which has been excellent.

Reviewing Team

Thank you so much. Just had a lovely chat with Mum... I guess she rethought the nurse visit and called them today and the nurse is now doing a home visit. I am really happy she did this and is thinking about her own limitations. I also told her about the care service being able to be hired to do visits other than showering if needs be. She will let me know if she has any upcoming hospital appointments. Take care and once again thank you for being there to support Mum's needs.

- **Support at Home**

I received a compliment yesterday from a 95-year-old lady who I visited in the community she lives in a privately rented property, and she has to wait a week for some plumbing work to be done so she has been unable to use her washing machine. Her daughter doesn't live local, and the lady was getting herself worked up about not having clean clothes, so I took her washing and did it for her and returned it the next day, the lady was so thankful.

- **Integrated Community Equipment Services**.

I requested an urgent delivery of a bed to a palliative care gentleman in his 90's and asked if they could do the delivery first so we could transfer him with support of a care team. This was arranged for us by your wonderful team. Please say a big thank you to all your staff, we highly appreciate all their support, effort and kindness.

- **Learning Disability Team**

Thank you. You have been brilliant since taking over as our daughter's social worker. I know as a department that you are under tremendous pressure. So, it means even more to us that you got us over the line in the quickest timeline possible. You've been really diligent, and we can't thank you enough.

9.0 LEARNING FROM COMPLAINTS

9.1 While complaints highlight where customers are dissatisfied with the services they have received, they are also beneficial in helping to develop lessons learned to improve services and ensure any mistakes are not repeated.

9.2 Examples of action taken in response to investigation findings to improve services:

Complaint	Lessons Learnt
Delays in providing equipment. Complainant's daughter has profound multiple learning difficulties and is a wheelchair user. She needed a new Triton chair, but the order was not sent through, because the member of staff thought there was a chair in Stores that would be suitable. This was not acted on which cause significant delays.	Changes made to working practice. It is now standard practice that all chairs are ordered direct from the supplier once it has been authorised. Admin team will now record all dates that an action takes place on the customers record so there is a clear audit trail. Admin staff set follow up dates on the outlook system to check with the store staff for any equipment that is being checked. Each one passed through to stores is going to be flagged up with a red flag for admin to chase within a set number of days, i.e. 2 working days.
Incorrect information that led to being awarded the incorrect amount of carers personal budget.	All managers and practitioners have had refresher training related to carers personal budgets to prevent this happening in the future.
Did not know who to contact out of hours or in an emergency.	A 'useful numbers' section is now in all customer's files which is highlighted to customers during the initial assessment. A customer information leaflet has been created which covers all the services within the Intermediate Tier.

10.0 SUMMARY AND CONCLUSIONS

10.1 Despite coming out of a global pandemic, staff remotely working, reduction in staff resources and an increase on services, the number / proportion of complaints received still remains relatively low.

10.2 Similarly, the number of concerns raised directly to Members of Parliament has remained stable.

10.3 Positively, only two cases escalated to the LGSCO has found fault with the Council.

10.4 The Director and Assistant Director meet fortnightly with the complaint coordinator. Details of all complaints, concerns and compliments are provided to monitor timescales, and to identify any trends and monitor any issues in order to support the complaints process.

10.5 The Council will continue to seek to learn from complaints, concerns and compliments raised with them. Complaints and compliments provide valuable information to the department on how well it is performing, where resources need to be used, and where improvements need to be made. Regular updates on timescales and quality of responses are shared with senior managers on a regular basis.

Bury
Council