

AGENDA FOR
HEALTH SCRUTINY COMMITTEE



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To: All Members of Health Scrutiny Committee

Councillors : E FitzGerald (Chair), J Grimshaw, R Brown,
M Walsh, C Boles, D Duncalfe, J Lancaster, L Ryder,
N Frith, R Gold and M Rubinstein

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, 28 November 2024
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:	Please note that as of the 1 st November the Health Scrutiny Committee will not be live streamed

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 3 - 10)*

The minutes from the meeting held on 18th September 2024 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 URGENT CARE AND WINTER PREPAREDNESS *(Pages 11 - 26)*

Presentation attached

7 ADULT SOCIAL CARE PROVIDER WORKFORCE SUPPORT *(Pages 27 - 32)*

Attached is a report by Matthew Logan

8 OTHER EXTERNAL BODIES STANDING ITEM

Reports to Follow

9 URGENT BUSINESS

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

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 18 September 2024

Present: Councillor E, Fitzgerald (in the Chair)
Councillors J Grimshaw, R Brown, C Boles, J Lancaster,
L Ryder, N Frith, R Gold and M Rubinstein

Also in attendance: Councillor T Tariq (Cabinet member for Health and Adult Social Care) Will Balndamer (Executive Director, Health and Adult Care), Adrian Crook (Director of Adult Social Care and Community Commisioning) Adam Webb (Chief Operating Officer Healthwatch Bury) Kat Sowden (Senior Responsible Officer for Workforce) Dr Cathy Fines (Associate medical Director)

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

Apologies for Absence: Councillor M Walsh and Councillor D Duncalfe

HSC.11 APOLOGIES FOR ABSENCE

Apologies for absence are listed above.

HSC.12 DECLARATIONS OF INTEREST

There were no declarations of interest.

HSC.13 MINUTES OF THE LAST MEETING

The minutes of the meeting held on 16th July 2024 were agreed as an accurate record.

To be recorded that Councillor Gold be the third member representative from Bury Council to be a member of the northern care alliance Scrutiny Committee

There were no matters arising.

HSC.14 PUBLIC QUESTION TIME

There were no public questions.

HSC.15 MEMBER QUESTION TIME

There were no public questions.

HSC.16 HEALTHWATCH UPDATE

Will Blandamer, Deputy Placed Based Lead and Executive Director of Health and Adult Care, provided an overview of Healthwatch and its role in supporting Bury Health Scrutiny. He emphasized that Healthwatch is a partnership organization that provides recommendations rather than acting on these matters directly. Will highlighted the importance of Healthwatch in supporting the local community.

Healthwatch Annual Report

Adam Webb, Chief Operating Officer for Healthwatch Bury, presented three reports during the meeting. The first report was the annual report, which addressed issues identified and resolved over the past year in both the Bury locality and the network of 10 Greater Manchester Healthwatch organizations. Key subjects included using patient experiences to inform regulatory and council bodies about serious problems in care homes, supporting people with sexual health services, improving digital health literacy in Bury, and enhancing patient communication methods as part of the intermediate care redesign process. The report also outlined the priorities and plans for Healthwatch Bury in the coming year.

Members of the committee were invited to ask questions. Councillor Jo Lancaster inquired about the number of people who had reached out to Healthwatch and requested a breakdown of their concerns. Adam Webb agreed to provide this information in a future report, either as an agenda item or circulated to members.

Councillor Boles asked about the council's actions on Healthwatch's recommendations, specifically regarding setting up helplines for prescription-related queries. Councillor Tariq responded that Healthwatch Bury has a strong relationship with the local authority. The response to recommendations depends on the relevant service and part of the system involved. There is a consultation process, and input from the relevant service is considered before Healthwatch conducts studies and findings. Recommendations are agreed upon on a case-by-case basis.

Will Blandamer added that Healthwatch is integrated into the locality, being part of various boards such as the locality board, delivery board, and mental health programme board. These boards reflect on Healthwatch reports and consider the recommendations. Will confirmed that there is no formal reporting system where reports are sent back to Healthwatch to advise on actions taken by the council. Instead, updates from Healthwatch are relied upon to determine whether recommendations have been implemented. Will noted that not all recommendations from Healthwatch can be implemented due to various reasons.

Discussions were had around the NHS app being not easy to use, there was a response for this explaining that the NHS doesn't work the same for everybody as each GP practice uses the app differently and ensured that given the recommendation its looking into ensuring that all GPs offer the same app access.

Report on Prescription Services

The report on prescription services by Healthwatch Bury aimed to explore patient experiences with the prescription process. The objectives were to identify key issues and local good practice examples, assess the usability of digital platforms like the NHS app, and provide recommendations to improve the prescription process and patient

satisfaction. Data collection involved community group visits, engagement activities, and one-on-one interviews, with 122 questionnaire responses collected.

Several respondents highlighted poor communication between GP surgeries and pharmacies, leading to confusion and delays in getting prescriptions approved. The responses indicated that recommendations such as exercise, social prescribing, and other holistic health approaches are still not widely used. Additionally, 38% of respondents did not use the NHS app, citing technical difficulties and poor integration across NHS trusts. Despite these issues, the majority of respondents (65%) reported being either very satisfied or satisfied with their initial contact, suggesting general contentment with interactions with healthcare professionals.

The report included six recommendations to address the issues raised, aimed at improving the process of issuing, supplying, and monitoring prescriptions. This review comes at a time when the 'Pharmacy First' policy will impact the capacity and delivery capabilities of pharmacies. As patient-led ordering is being phased in, it is important to consider the findings of the report in implementing these changes.

Councillor Michael Rubinstein asked a question around capacity for pharmacists given the over subscription of pharmacies already, recommendations around looking into the process as to how the waiting systems are holding people up was discussed. Looking at other schemes where members of the public may not need to attend the pharmacies. Will Blandamer addressed that community pharmacists are under pressure but are looking to ensure that services are offered that are required.

Discussions were had around the issues of prescriptions coming from the GP practice to the pharmacies electronically as there are many reasons that this process can end up not being as smooth as you would hope. Some of these issues come from things such as getting access to certain medications, with alternatives having to be prescribed.

Adrian Crook, director of adult social care added advice to anybody needing help or advice regarding prescriptions speak to their GP practice who will put them through to their community pharmacist who can assist with prescribing medication.

Discussions were held around Pharmacy first this being a national model rolled out in Bury. Pharmacy first can prescribe for seven conditions. Discussions carried on around prescription medication being different from what is prescribed to what is given.

It was agreed:

- The reports be noted
- To bring a statistics report from Healthwatch in the future
- Medical optimisation team to come back to a future meeting
- Healthwatch to bring breakdown of why members of the public contact 793 people reached out and what they contacted for

HSC.17 WOMENS HEALTH UPDATE

Dr Cathy Fines provided a brief overview of the Women's Health Hub scrutiny report. It was presented to the committee that these hubs operate within the community, often bridging the gap between primary and secondary care. Originating from the 2022 Women's Health Strategy, the Women's Health Hub will be operational from October 1, 2024, at Fairfax Medical Centre on Sundays, ensuring that patients on waiting lists receive appointments.

The Women's Health Hubs offer intermediate care, providing services more advanced than those typically found in primary care but not necessarily requiring secondary care referrals. These hubs do not need to be specific buildings; they can utilize digital resources for virtual triage or consultations, or existing facilities like GP surgeries or community centres. The goals are to:

- Deliver care closer to home
- Improve patient experience
- Address health inequalities
- Reduce pressure on secondary care and waiting lists

Adam Webb, Chief Operating Officer from Healthwatch, also presented an overview of the Healthwatch report. This report aimed to understand the experiences of women in the community regarding health and social care throughout their lives in Bury. It examined whether women have access to the right information at the right time to make informed decisions.

Councillor Fitzgerald invited questions from the members. Councillor Tariq thanked Adam and Dr Fines, while Councillor Frith emphasized the importance of the report and the ongoing work. There was a discussion on how residents would be informed about the opening times and availability of the hubs. Dr Fines responded that initially, the priority would be to see patients who have been waiting the longest. After the first month, GPs will be able to refer patients.

Councillor Boles inquired about harmonizing the IVF offer across the Greater Manchester Integrated Care Partnership. Dr Fines explained that while the offer is consistent across the 10 Greater Manchester localities according to NICE guidelines, the number of cycles varies.

A discussion on access to IVF for same-sex couples revealed that the same guidelines apply to both same-sex and heterosexual couples. Councillor Ryder asked if the services would be available to younger girls, to which it was confirmed that all members of the public could access the service. Adam Webb added that there were mixed responses from women about being consulted, with many feeling relieved but some hesitant due to the sensitive topics discussed.

Councillor Jo Lancaster raised concerns about funding and acknowledged the hard work involved in setting up the women's hubs. Discussions about funding are ongoing, with amounts yet to be determined. Dr Fines noted that many other services across the borough could be utilized.

Councillor Fitzgerald highlighted that while women statistically live longer than men, they are more likely to live with long-term illnesses or disabilities. There was a discussion on whether education would be integrated into the Women's Health Hubs to ensure consistent delivery of information. Dr Fines responded that all GP practices should have the same knowledge and provide the best advice. The Women's Health Hub aims to be a one-stop shop for services,

with primary care access through GP practices. A menopause service was also discussed, to be delivered by the Live Well service within the local authority.

Agreed Actions:

- The report was noted.
- Prescriptions for HRT will be revisited by the committee at a later date

HSC.18 WORKFORCE UPDATE

Kat Sowden Senior Responsible Officer for Workforce attended the meeting to present a workforce update, Kat advised that since last being at scrutiny steps have been made to implement what was presented previously to the committee. Advised that the workforce strategy has been organised under six key areas encouraging partners to take ownership of each of these key areas, these being:

- Good Employment Charter
- Equality, Diversity, and Inclusion
- Growing our Workforce
- Workforce Wellbeing
- Workforce Integration
- Developing the Workforce

Adrian Crook Director of adult social care and community commissioning added to what Kat spoke about the highlight to the committee that Bury are the first locality in greater Manchester to have an integrated workforce strategy, and expressed to the committee that this is to be shown extremely beneficial with recruitment and retention in adult social care.

A question from Councillor Boles around the SEND inspection identifying a need for training was discussed and a response was given that a strategic workforce strategy was being developed to assist with SEND. Integrated workforce is working across both adult and children's services to work out if a similar workforce integrated strategy could be developed across services.

Discussions were had around how has the strategic workforce strategy has been received has the outcomes improved. The element of the strategy received a white up by the local government association. The drop out rate has reduced. Recruitment costs have decreased, Bury flex has been set up to reduce agency costs.

It was agreed:

- The report was noted
- LGA Best practice report be shared with the committee

HSC.19 HEALTH INEQUALITIES REPORT

Jon Hobday Director of Public health presented an overview of the Health Inequalities presentation, the Greater Manchester Health model was discussed this being an initiative based upon the Kings fund the four areas looked at are wider determinants of health, behaviours and lifestyle, public service reform and place based and person centred approaches. The idea is to address inequalities effectively is to be working in all four of those key areas.

The inequalities are addressed through the:

- LET'S Do It corporate strategy
- Development of Health and Wellbeing Board
- Development of the health inequalities position paper
- Development of performance framework for health and well being board which identifies progress against inequalities
- Delivering a range of work across the four key areas.

Initiatives developed to improve health inequalities within the locality are.

- Alcohol licensing matrix
- Swap to stop
- Supporting childhood immunisations
- Reducing coronary heart disease
- Working well vanguard
- Greater Manchester's Working Well Early Help (WWEH)

A discussion was held around how targeted can you go with targeting specific areas based upon different areas of poverty and health inequality. Jon explained that areas of deprivation are more likely to have lower life expectancy and poorer health expectancy. Looking at different data sets it allows the council to target specific areas and allows it to be able to target certain wards and neighbourhoods. This allows the service to be able to triangulate data and target specific areas of need.

There were discussions around a medical centre being used for child immunisations and there was a question around whether it was targeted due to the specific area, it was confirmed it was an informed decision based upon community outreach in the area along with vaccination rates in the area so this was able to be identified through various factors. It was advised that it was advertised through various avenues within the community.

A further discussion around health inequalities looking at the areas that are the key issues for health inequalities these being coronary heart disease, chronic liver disease, these factors being linked to each other around alcohol, smoking and obesity. These high impact areas have primary focus for health inequalities and require focus for better health results.

It was Agreed:

- The report be noted
- Bring back to the committee around outputs

HSC.20 URGENT BUSINESS

Councillor Elizabethan Fitzgerald provided an update on the GMCA Health Scrutiny Committee. Mark Fisher, Chief Executive of NHS Greater Manchester, discussed the current situation, highlighting a £400 million deficit and a decline in population health, with high levels of disadvantage and acuity. Performance issues were also noted. An improvement plan for NHS England is being developed, with NHS England agreeing to run a £175 million deficit this year.

The fit for the future consultation will continue until the end of the calendar year. Feedback from residents includes a desire for better system and financial management, waste reduction in medications, a shift towards prevention, and resolution of workforce issues.

The lack of sustainable capital investment over many years is a significant issue, not just revenue. Only one scheme, North Manchester, is included in the new hospital scheme. There are opportunities for other hospitals, but restrictions in capital rules and treasury limitations prevent investment. There is a need for more flexibility in working with the government, including investment in innovation.

Greater Manchester mental health trust A new team has been created, but there are challenges and many changes needed. There is a desire to reform the children's social care market.

The waiting list has improved, with Greater Manchester now representing 7% of the UK population's waiting list, down from 14% last year. There has been an increase in appointments, with 250,000 extra dental appointments and 1.5 million more GP appointments compared to last year.

Addressing health inequalities remains a key approach, with a focus on working with communities and moving towards prevention. Councillor Fitzgerald asked about reallocating funds from hospitals to prevention, which is part of the plan.

There was a presentation on obesity, highlighting multiple drivers such as poverty, food deserts, busy lives, food options, mental health, stress, lack of knowledge, and sedentary lifestyles. Addressing obesity will require both government policy and local action. Greater Manchester has higher obesity rates and more deprivation areas compared to the rest of England. Questions were raised about supporting communities and children and promoting exercise. It is anticipated that healthy life expectancy will become a future government target.

It was agreed:

1. That GMCA updates become a standing item going forward

COUNCILLOR E FITZGERALD

Chair

(Note: The meeting started at 7.00 pm and ended at 9.30 pm)

Bury Health Scrutiny Committee



Urgent and Emergency Care Update and Winter Planning - November 2024

Presentation by:

David Latham - Senior Programme Manager UEC

Part of Greater Manchester
Integrated Care Partnership



Urgent Care Update

This presentation is intended to provide members with an update on the following areas:

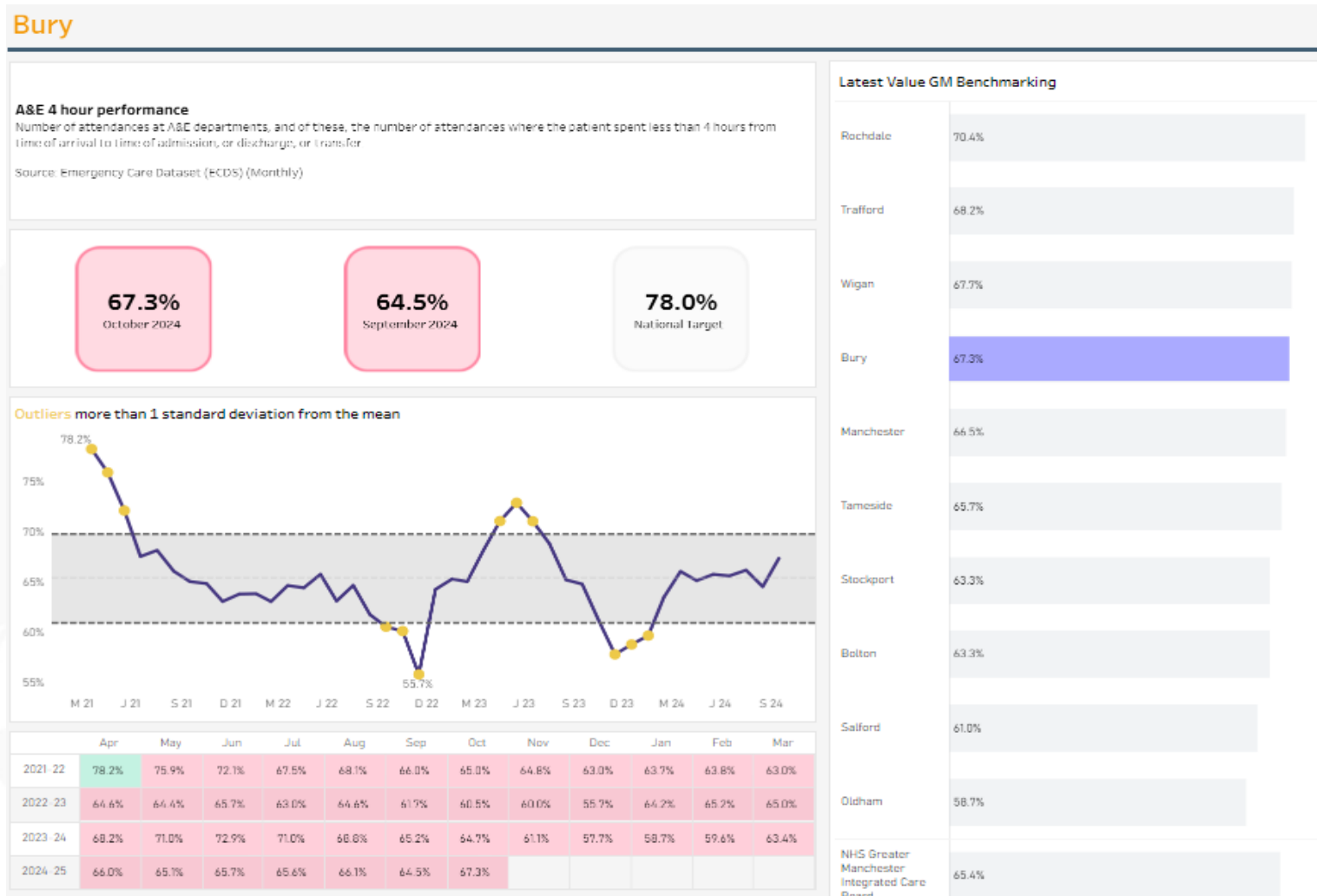
- 1. Current UEC Performance Slides**
- 2. Winter Planning Update**
- 3. Further actions and plans**



1. Current Urgent Care System Performance

Urgent Care Update – Current Performance

- 4 Hour A&E Target – All Bury Patients any Hospital

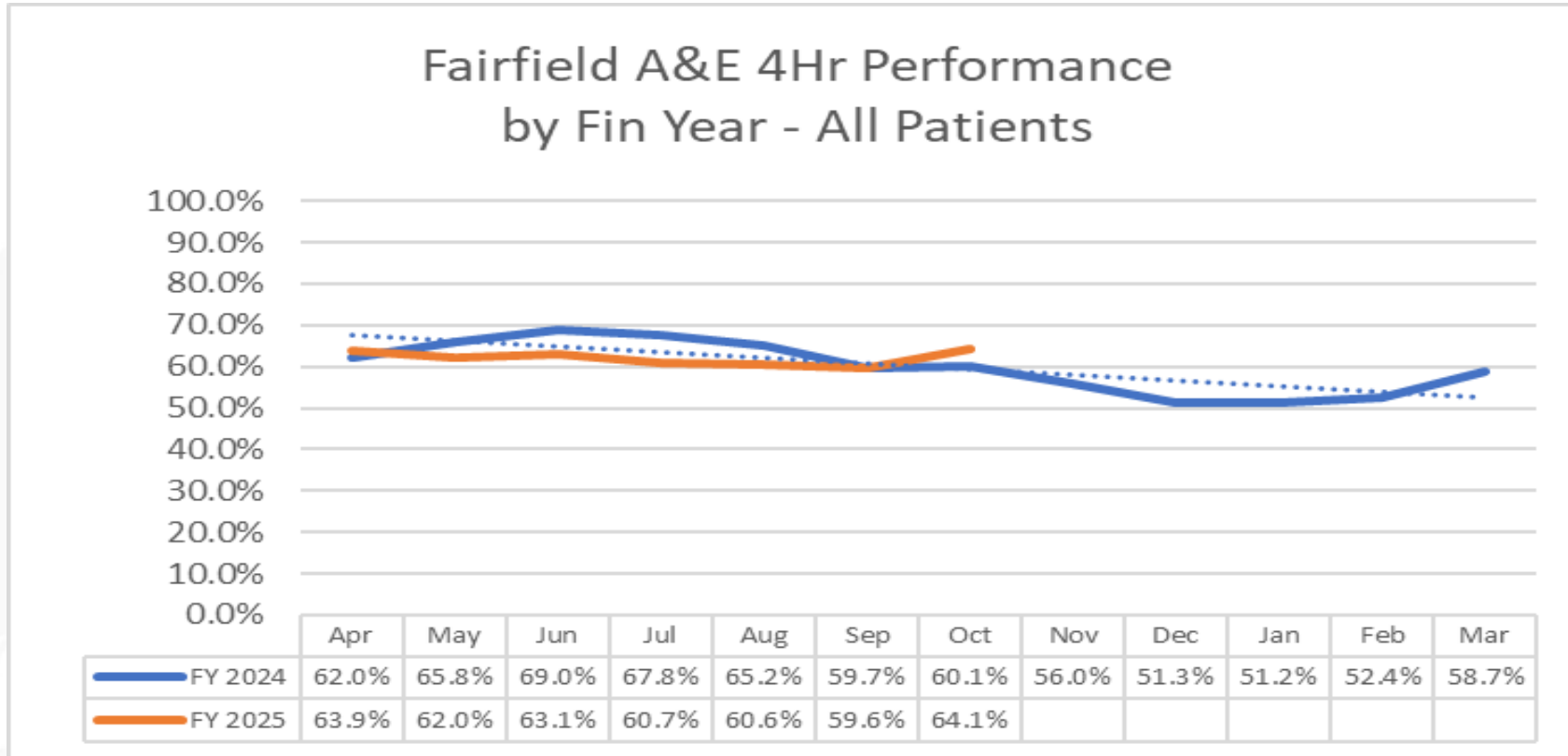


Based on the Locality Board Reports on GM Tableau, in October the Bury 4 hour position was 67.3% (4th best in GM). Actually, second best as HMR and Trafford are not fully functioning A&E departments.

This is not the FGH position..... It reflects any Bury patient attending any A&E department anywhere in the country, including NMGH.

Urgent Care Update – Current Performance

- 4 Hour A&E Target – FGH (all patients)

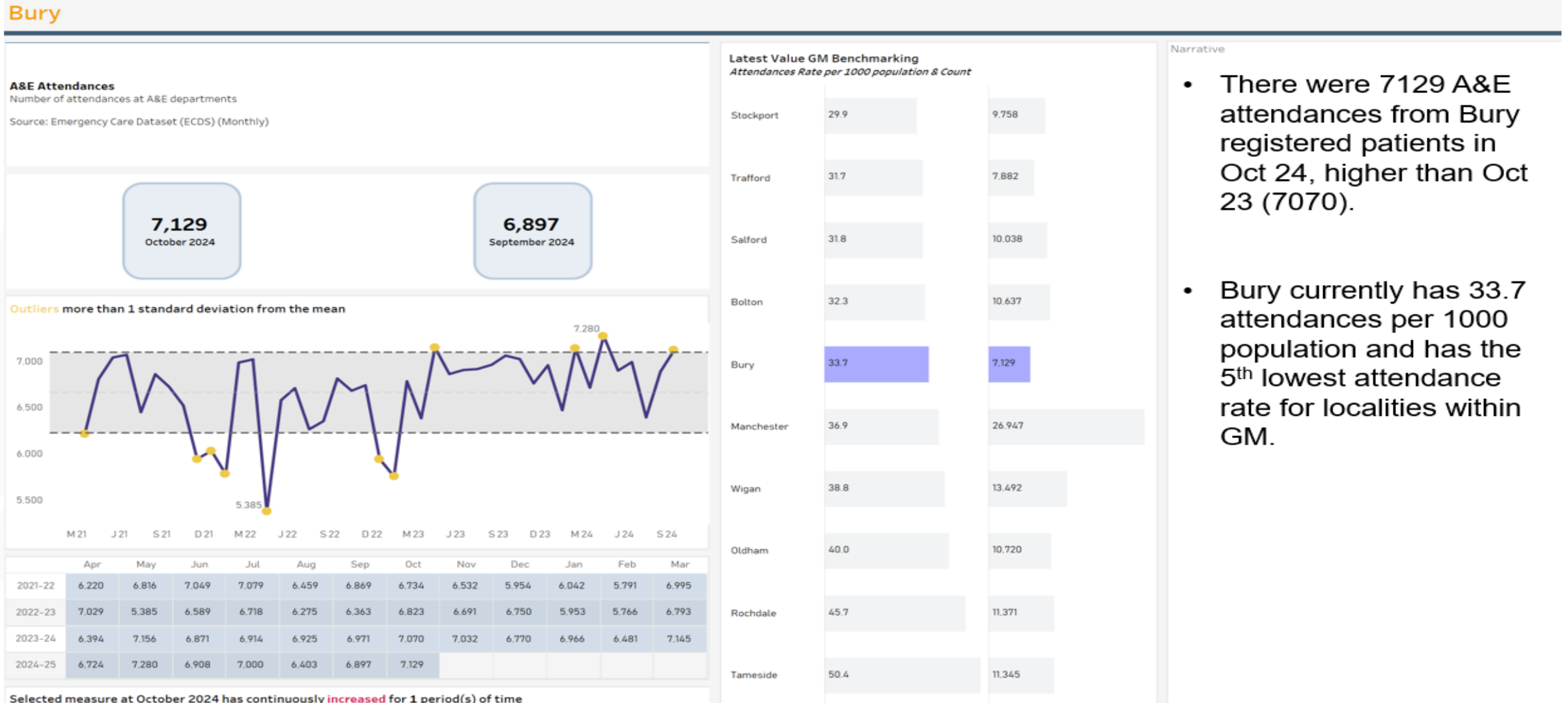


As a locality Bury is also performance managed on 4 hour performance at FGH

The performance figure for October 2024, 64.1% saw an improvement from Septembers 59.6%

Urgent Care Update – Current Performance

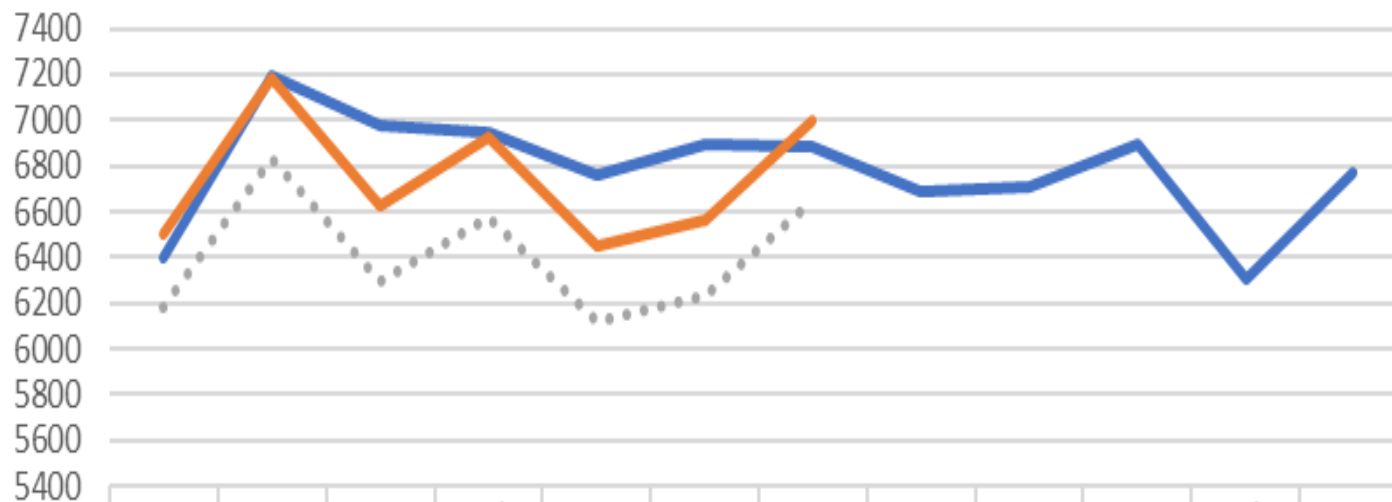
- A&E Attendances – All Bury Patients any Hospital**



Urgent Care Update – Current Performance

- A&E Attendances – FGH (all patients)**

Fairfield A&E Attendances by Fin Year -
All Patients

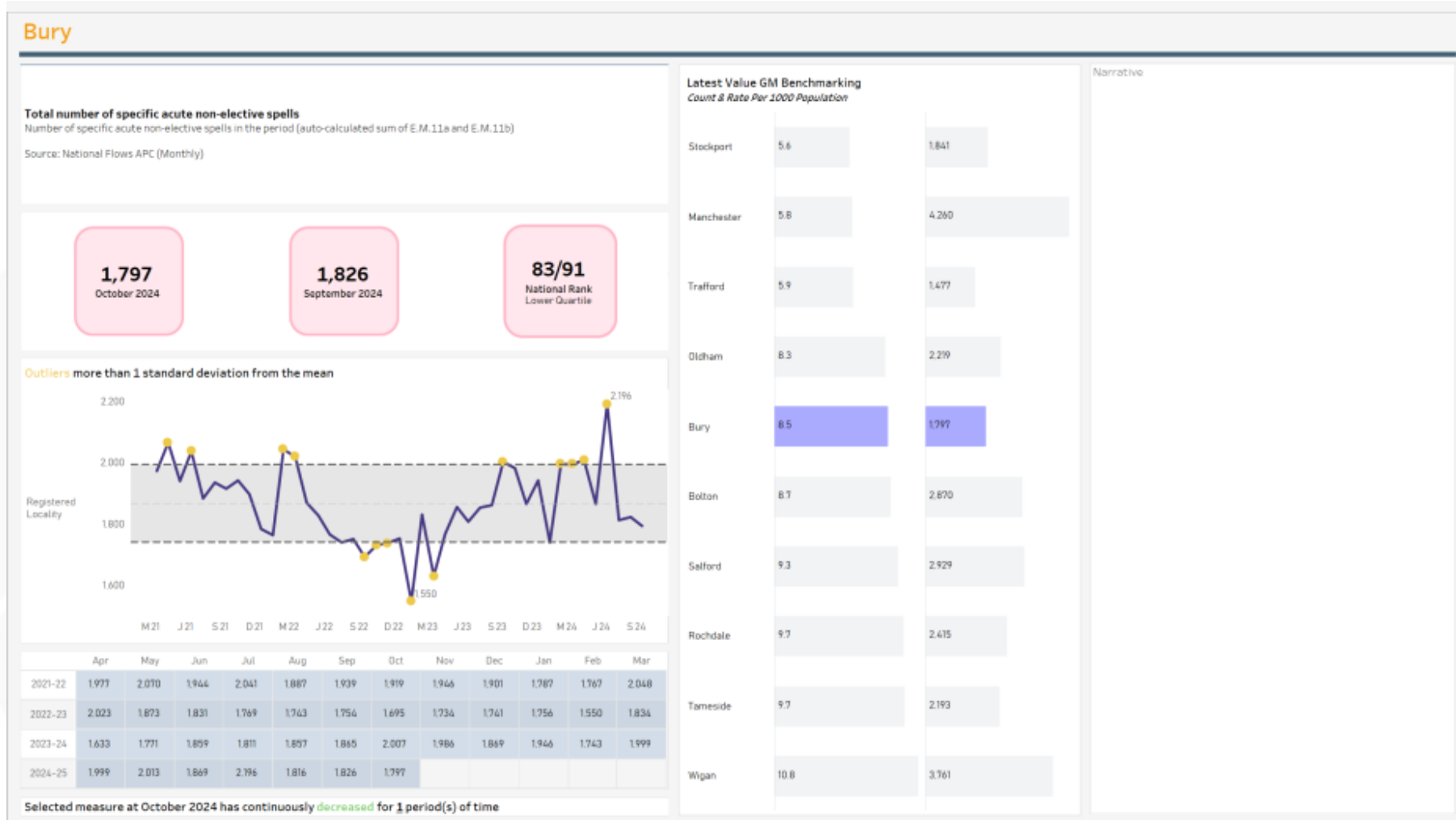


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
— FY 2024	6398	7199	6979	6945	6756	6892	6887	6684	6706	6894	6306	6774
— FY 2025	6503	7187	6624	6924	6445	6561	6994					
..... 5% Reduction	6178	6828	6293	6578	6123	6233	6644					

- Whilst not achieving the 5% reduction as targeted the number over all are down from the previous year
- Figures counted currently include SDEC/UTC/Stream Off Site. Once these are removed from the count numbers should show reductions greater than 5%.

Urgent Care Update

- Non-Elective admissions**

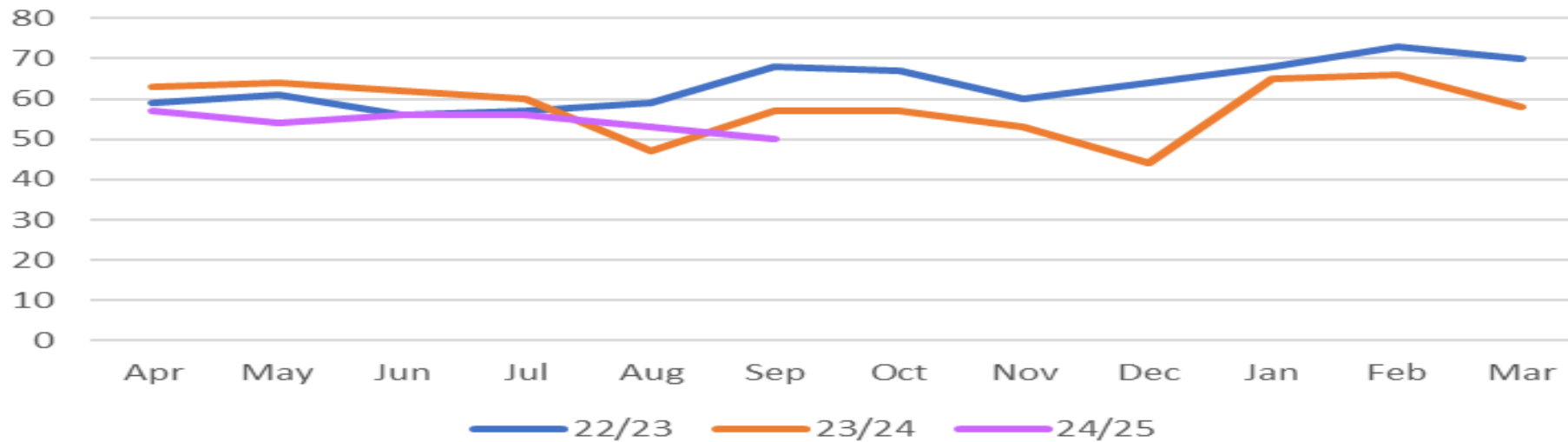


- There were 1797 specific acute non-elective spells from Bury registered patients in Oct 24, Lower than oct 23 (2007)
- Bury currently has 8.5 specific acute non-elective spells per 1000 population and has the 5th lowest rate per 1000 for localities within GM.

Urgent Care Update – Current Performance

- Days Kept Away From Home

Yearly Comparison of mean numbers on DKAFH list at FGH per month



- With the exception of August 2024 every month since April has seen greater than a 5% reduction, year on year for the number of patient on the DKAFH list.

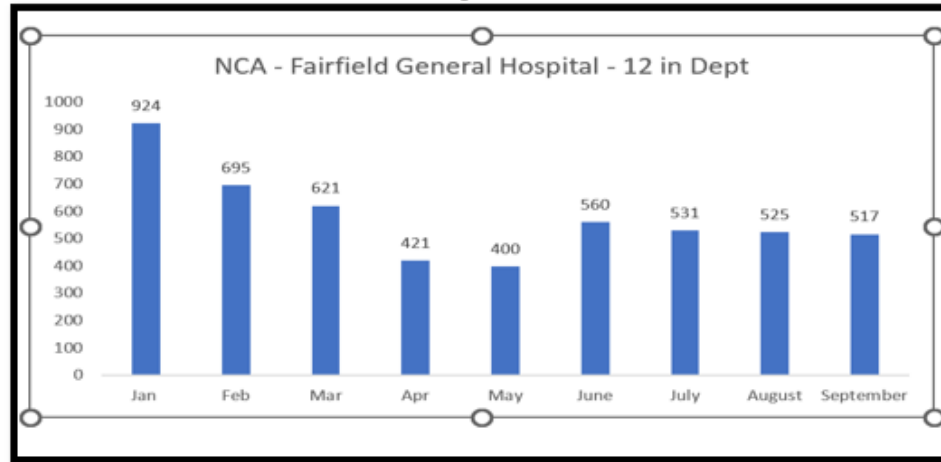
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No criteria to reside - main provider (FGH) - 23/24 (mean for month) - GM Tableau figures	63	64	62	60	47	57	57	53	44	65	66	58
No criteria to reside - main provider (FGH) - PLAN 24/25 (mean for month) = 5% reduction on previous year 24/25 - GM Tableau figures	60	61	59	57	45	54	54	50	42	62	63	55
No criteria to reside - main provider (FGH) - ACTUAL 24/25 (mean for month) - GM Tableau figures	57	54	56	*56	*53	50*						

* Based on locally recorded figure

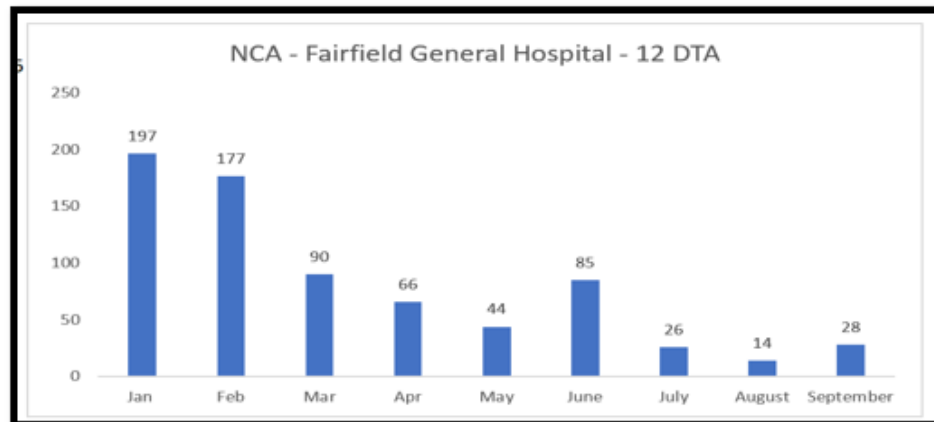
Urgent Care Update

- 12 hour delay improvements

FGH 12 Hours in Department



FGH 12 Hours to Decision to Admit



FGH 12 Hours in Department - Commentary

- 12 Hour in Dept Since Jan has reduced from 924 to 517, we have seen month on month reduction

Month	Number
Jan	924
Feb	695
Mar	621
Apr	421
May	400
June	560
July	531
August	525
September	517

FGH 12 Hours DTA - Commentary

- 12 Hour DTA Since Jan has reduced from 197 to 28 in Sept, we have seen a month-on-month reduction, slight increase in Sept due to MH delays

Month	Number
Jan	197
Feb	177
Mar	90
Apr	66
May	44
June	85
July	26
August	14
September	28

- Internal Escalation at 10 hours of any 12 hours breaches
- Trajectory put in place to reduce 12-hour Breaches from Sept 2024



2. Winter Planning Update

Urgent Care Update – Winter Planning

1 Bury Winter Planning Sub Group

The Bury Winter Planning Sub Group is a sub group of the Bury Locality UEC Board. The group is made up from UEC system partners and meets every two weeks on a Friday. The remit of the group is to co-ordinate across the UEC system partners, winter planning activities.

2 Activities of the Bury Winter Planning Sub Group

- Sharing of National and GM guidance as received.
- Co-ordination of all winter related National and GM returns where a system response is required.
- Submission of National and GM Winter Planning Return ensuring completion and submission on time.
- Production of the GM requested winter plan template.
- Production of the locality winter plan.
 - NW Winter Event. (completed and feedback shared)
- Review and refresh Bury system partners OPEL card. (nearly completed)
- Review and refresh Bury's list of Alternative to Admissions Schemes. (nearly completed)
- System planning for Christmas Holiday pressure point days including pre-planned conference calls, (nearly completed)
- System partners to review and refresh Bury NHS111 Directory of Service. (commenced)
- Link to GM winter communications leads. (commenced)
- Commence monitoring Winter Capacity and Demand Schemes. (commenced)
- Review and refresh OPEL 4 Escalation card.
- NHS GM Bury Locality On Call Manager Winter Training.
- Ensure attendance and feedback from GM and Regional Winter Events.
- Share system partner organisational winter plans.

3 Daily System Resilience Management

- Bury System Bronze (operational) Tuesday and Fridays at 8.30am
- Increase the frequency of Bury system Bronze meetings as required
- Bury System Silver (strategic leads) as required based on system pressure



3. Further Actions and Plans

Urgent Care Update – Winter Planning



BCO collaborative focusing on:

- Ambulance conveyance
- Discharge Frontrunner (DKAFH and Dementia)
- Continuous Flow Model
- Virtual Ward
- Front door streaming & T3 flow
- SDEC Improvements
- NCTR improvement
- Further analysis of breach patterns taken place highlighting:
 - FGH average breaches over the past 12 months show that on average there were 100 breaches per day of which, 47 are related to nighttime 6pm to 12pm.
 - Of the 47 breaches, 33 were from Non-Admitted Patients and 14 were from admitted patients.
 - Admitted – Day time reduced from Jan 2024 21 to July 2024 18
 - Admitted – Nighttime reduced from Jan 2024 41 to July 2024 29
 - Non-Admitted – reduced from Jan 2024 39 to July 2024 29
 - Non- Admitted – reduced from Jan 2024 33 to July 2024 21
 - Reduction in Attendances from July to August by 477 patients
- Reduction in Breaches from July to August by 85 (reduction in dominator has seen a decline in performance)
- FGH focus is recruitment into SDEC and ED
- SDEC medical team will be fully established by Oct 2024
- FGH are in the process of recruiting additional medical staff for ED, likely to be recruited from Oct 2024, where we should start to see an impact in our performance. It's possible there maybe static performance position until recruitment has concluded.
- Relaunch at DKAFH at Bury for all wards at BCO 8th August 2024
- NCA Ambulance Conveyance next Audit 30th Sept 2024
- New RAT area opened 9th September reduce corridor care
- DKAFH – System wide DKAFH weekly meetings >20 Day Bury and Rochdale (Purple Patients)
- Senior Board Round attendance
- Structured process for Senior Therapy review for patients on bedded IMC pathways for step down
- Recruiting Home First Facilitator for discharge team to increase home discharge
- Take forward actions from GM MADE event 6th Sept 2024
- Work with MH colleagues on MH data LOS In ED
- New Streaming - Acuity tool planning for Oct 2024 successful bid from a national pilot with ECIST.
- SDEC to be relocated by Oct 2024 to increase capacity

Urgent Care Update – Winter Planning



•Further Actions:

Recruitment in progress

- x2 Registrars to start in Sept 2024, awaiting recruitment of x2 Registrars
- Extend SDEC Frailty at weekend – Post are now live for 2 weeks implement before November 2024.
- Recruitment completed for x4 SCF (A&E) awaiting start dates
- Recruitment for x3 ACP for ED – Advert's being extended until Mid-Sept

GM MaDE event outputs

- Standardise patients added to the DKAFH list across sites e.g Fastrack, function etc
- Standardise guidelines for process and timescales for patient / family choice and use of letters
- Consider NCA communications programme to highlight Home First approach and benefits of this for patients
- Discharge Pathways
- Focussed work on specific discharge pathway issues:
 - P1 – window of restart for Bury and reablement capacity
 - P3 – System Wide MDT for patients requiring residential dementia and MDT for patients moving P0 to P3
 - Review of current ED Streaming Service, Including Processes, Pathways and Governance
- Escalation
 - Agree and introduce escalation processes and timescales for Bury, GM and out of GM localities e.g. East Lancs

Further Recent Improvements Updates:

- Spoken to consultants and staff – *Implementing personal performance data sharing with clinicians at monthly meeting (bit of healthy internal competition)*
- Dedicated porter to take referrals SDEC – *yeah, correct*
- Direct referral to SDEC not needing senior clinical sign off – *Once patient identified at triage as suitable for SDEC, patient is sent direct with front sheet and clerked and seen in SDEC (removed nursing handover as delaying timely flow) by medics.*
- Detailed interrogation/validation of the figures each morning – *Yeah correct, we have tracker shortages but also clinicians discharge patients on symphony directly but not from time treatment completed, we are working with them but we implemented the validation process as extra assurance with performance accuracy.*
- Discuss relocation of SDEC to increase footprint
- SDEC is now 80% staffed with new medical workforce, just awaiting 2 x new starters (Nov)

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SCRUTINY REPORT

MEETING: Health and Care Scrutiny

DATE: 28th November 2024

SUBJECT: Adult Social Care Provider Workforce Support

REPORT FROM: Matthew Logan, Strategic Lead Integrated Commissioning, Bury Council

CONTACT OFFICER: m.logan@bury.gov.uk

1.0 Background

- 1.1 In November 2022 the Market Sustainability and Improvement Fund (MSIF) was announced as part of the autumn statement. The primary purpose of the fund was to support Local Authorities to make improvements to adult social care services in their area.
- 1.2 Utilising an element of this money, Bury Council co-designed and developed a suite of innovative, collaborative workforce solutions to support our Adult Social Care providers to address their workforce challenges. These were badged as the **Adult Social Care Workforce Support Programme** and this report provides detail on each element and demonstrates the positive outcomes they have achieved for the provider sector.

2.0 Collaboration

- 2.1 To ensure the best use of the MSIF monies and that any support programmes adopted a collaborative approach across the health and social care workforce in Bury, two provider events were facilitated. All care providers across the Independent sector and Adult Social Care council services were invited to attend.
- 2.2 The purpose of the events was to hear their views, to understand their challenges and to codesign and agree what the solutions should be.
- 2.3 There was a strong appetite for collaborative working, with the providers wanting to work in this way but not understanding how to.
- 2.4 The care providers told us their current key hiring challenges were:
- All services across Bury hiring from the same catchment of candidates.
 - Managers and senior staff members dedicating endless hours to the recruitment process, taking them away from other priorities.
 - Those who apply who are not truly looking for work and the time is taken to sift these out.
 - Turn up rates to interviews are low.
 - Turning around the negative perception of working across adult care and attracting people to the roles.
 - Working around the desired shift patterns of candidates
 - Childcare considerations of candidates
 - Time to turn around DBS and referencing and losing candidates in the process as it takes too long.

- Not having someone who is dedicated, or the right person dedicated, to the recruitment processes.
- Validating prior training so new starters do not have to repeat prior learning.
- Attracting people who are looking to commence a career in health/care.
- Demonstrating career pathways and progression routes.
- Retaining staff
- Spiralling agency costs
- Time to step back as leaders to analyse what is working and what needs to be improved to inform workforce strategy planning.

2.5 Out of all the issues identified the care providers identified their 3 top priorities where by working together with the council and the adult social care department better support could be delivered. They were:

2.6 **Attraction:** Attracting more people into the sector

- Providers wanted to be able to attract more people to work in the sector from diverse age groups with an increased flow of candidates also accepting positions.
- Centralised and co-ordinated attraction and promotion of job opportunities.
- They wanted to align employment to the demands from the job centres.

2.7 **Process:** Improving provider wide processes and better access to support for recruitment and retention initiatives

- Providers expressed interest to collaborate further on removing people who are unmotivated to work from the recruitment process.
- Centralised data and more efficient recruitment processing platforms.
- Support with understanding advertising platforms and content that attracts the right hires.
- Improve overall recruitment processes and time to hire with a noticeable reduction in time spent in recruitment processes with hiring managers.
- Initiatives to reduce all provider services “fishing from the same pond” of applicants.
- They wanted access to a flexible, centralised workforce provision to support reduction and reliance on agency spend.

2.8 **Retention:** Providers wanted access to initiative and support that will keep people working in their services sector for longer period and retaining them in clear “career pathways”

- Providers wanted support in how they build career paths and employee initiatives that encourage development.
- Providers wanted to understand what career paths work for the diversity of people in the workforce.
- Providers would like additional support with the transitional change in workforce patterns and forward planning.
- Providers wanted to understand and access better initiatives around reward and retention.
- Providers wanted to have access to centralised benefits and initiatives that can support their workforces. Specifically, leadership training, and other wellbeing or development programmes that are funded sector or nationwide.

3.0 **Provider Support Offer**

3.1 Bury Council used MSIF to commission an organisation specialising in workforce support and growth; Unique Training Solutions (UTS). Alongside UTS and our providers, we developed a support programme made up of 3 main functions:

3.2 **Centralised Permanent Recruitment Function**

A central recruitment team was established that providers could share all open, care and support vacancies with. The team advertised, screened and signposted relevant candidates into providers ready to interview.

3.3 **BURY FLEX: A Centralised Shared Workforce Function**

Our partner UTS built and piloted a shared workforce initiative that allowed providers in Bury access to a “ready to work” bank of flexible workers.

3.4 The criteria for the Flex Workforce was for applicants to have 9 months or more UK experience in a care and support position and be fully compliant with UK, Right to Work legislation and CQC Regulation 19: Fit and better persons employed.

3.5 The Flex Recruitment Team would process all applications, compliance and training requirements. Once a worker was “ready to work” UTS would facilitate the introduction into contractual casual employment, directly to each provider. Each provider was then responsible for payroll and working time directive requirements.

3.4 **Care Development Programme**

The “**Bury Workforce Strategy Grow Programme**” has UTS working alongside Bury College, Health and Social Care educational departments to streamline the transitioning of Health and Social Care students into Burys’ Social Care providers for both courses aligned, work experience placements and the opportunity to gain paid employment placements.

3.6 Bury Integrated Care Partnership (BICP) is a united group including social workers, nurses, GPS, hospital staff, the voluntary, community and social enterprise sector, as well as independent patient champion Healthwatch. The BICP Workforce Transformation Lead, alongside UTS supported the development of a **central access point for workforce resources**. This vital central access allows everyone in the Health and Social Care in Bury to access information that can support workforce sustainability including Equality Diversity and Inclusion and Wellbeing resources. It also provides a destination to promote workforce training and development, funded initiatives such as Bury Flex and the central recruitment support.

3.7 Alongside the Commissioning Team, and as part of the Quality Assurance and Improvement Framework, UTS are developing a **Registered Manager Leadership Development Programme**. The work by the Commissioning Team, including through Quality Assurance Reviews, has identified the lack of development opportunities and succession planning for those staff newly into Registered Manager roles is posing a risk to quality of services in Bury. A **free development programme** has been offered to those suitable to ensure they have the skills to prepare them for a managerial role.

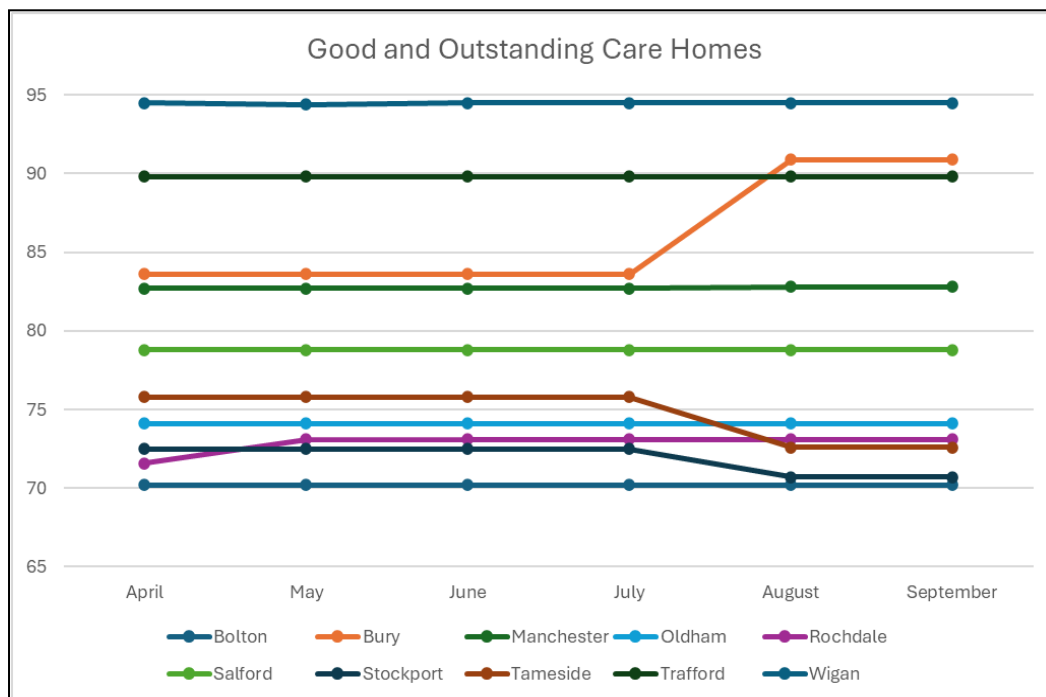
4.0 Impact

4.1 Since the introduction of the **Adult Social Care Workforce Support Programme** there has been:

- **Decrease** in vacancy rate
- **Decrease** in leaver rate
- **Increase** in number of staff working in Adult Social Care in Bury

Of the GM authorities, Bury is now:

- **Second** in number of Good and Outstanding CQC rated Care Homes.
- **90.9%** of Care Homes are rated Good or Outstanding
- **No** Care at Home providers rated Inadequate
- **No** Supported Living providers rated Inadequate



4.2 The **Centralised Permanent Recruitment Function** has averaged approximately **30** open vacancies a month spanning a wide range of positions, skill types and shift requirements.

4.3 The recruitment team worked to clear performance indicators that ensured candidates meet expectations, attended interviews and are processed to job offerings.

The key achievements by the team in the last 12 months were;

- Permanent employment offers for over **75 people**.
- **1 in 2** people that have interviewed for open vacancies have secured an offer.
- 84% have accepted the offer and started employment.
- 30% of applicants offered have been new to the social care sector.
- 70% of people offered, already have over 2 years' experience in sector.
- All offers of employment have been within a **5-mile radius of Bury**.

4.4 **BURY FLEX: A Centralised Shared Workforce Function** has:

- *Flexed* to meet the needs of care skills and skills provision required by providers.
- *Flexed* to fill the utilisation gaps caused by sickness, holidays and winter pressures.
- *Flexed* to match the needs of the workforce.

4.5 Feedback from many smaller providers was that they did not have the ability to add supernumerary employees to an already stretched financial commitments and this service "levels up" access to additional staffing needs.

4.6 Flex enabled employees of the care sector to build "portfolio careers" and facilitated the ability to work across a diverse range of services, enhancing skills and sharing knowledge and capability with others. Flex was and is about ensuring employees remain working in sector or have the social care sector as a secondary employment opportunity.

4.7 The Flex team also run consistent wellbeing and performance checks to ensure both worker and provider are receiving the best service possible.

4.8 During the initial pilot phase Bury Flex was able to offer over **900 extra hours** into sector and each worker currently offers an average of 18 additional hours per week.

4.9 The Local Government Association were looking for outstanding examples of person centred approaches to recruitment and included Bury Flex as a case study earlier this year: [Bury Council](#), [Bury Integrated Care Partnership](#) and [UTS: Working collaboratively with](#)

Case Study

Supporting Lifestyle, Home Care Services with Bury Flex

A family-run organisation providing domiciliary care to the Northwest.

Supporting adults with a variety of care needs. Contact leanne@homecarebury.co.uk



Challenges

- Recruitment is EXTREMELY tough into community as the provision requires 80% females and drivers or people happy to do long walking shifts both early in the morning and late into the evenings.
- Gaps of 400+ hours per week across Bury.
- Due to 4 closing services an additional 1000+ hours required per week.
- Cost of compliance and training for candidates not comfortable in home care provision.

Impact of Bury Flex

- Filled all emergency gaps in workforce.
- Works alongside perm hiring and temporary and fully flexible employees.
- Access to complex skills.
- Removed need to hire agency workers who NEVER meet the criteria.
- Flex hires have become sponsored perm hires.
- Consistently trained and supported by Lifestyle and Flex team.



The Bury Flex workers are simply fantastic, they are clearly screened and selected well. We have never had to refuse a worker or not invited them back into a further shift. All can provide great care and have the competencies and communication skills to excel.

We have recently sponsored 2 to come FT with us and are keen to hire more flex workers to support our imminent increase in care requirements.



5.0 Issues

- 5.1 The Provider Support Offer is currently funded via MSIF and had been piloted with UTS under a grant agreement. This funding and grant agreement will end in August 2025 and a full review of the outputs and outcomes is underway to determine next steps, future funding and a potential tender exercise
- 5.2 UTS provide monthly performance reports detailing the activity levels of both the centralised recruitment support and Bury Flex, while a library of case studies is also produced with feedback from Providers accessing the support available.
- 5.3 Alongside Bury IPC, Bury Council Commissioning Team are working alongside providers to develop an **Independent Provider Workforce Strategy**. There are already:
- Bury Locality Workforce Strategy,
 - Greater Manchester Adult Social Care Workforce Strategy
 - Skills for Care Adult Social Care Workforce Strategy.
- 5.4 We are committed to developing one for Bury providers; creating a culture of collaboration with our Providers and having the strategy will outline how together, we can address the challenges we all face, including recruitment, retention, training and career development.
- 5.5 The strategy will also outline our shared vision for a skilled, resilient and supported workforce that can meet the current and future needs of the residents of Bury and an action plan for doing this.
- 5.6 The Provider support offer will form a key part of the strategy and we will look to strengthen those areas that are working and develop solutions alongside providers for those areas that require attention.

- 5.7 One area where we want to focus development is on a pipeline of new care staff. We are bringing a cohort of providers together to work alongside the local college in offering exciting and worthwhile work placements to students; promoting careers in social care.
- 5.8 Bury has the second highest aged care workforce in Greater Manchester but **472 students** completing health and social care qualifications in the borough. We are committed to giving them the opportunities to work alongside good quality provides and develop their skills and experience.

6.0 CONCLUSION

- 6.1 This report is for information purposes. It provides members of the committee with an update on the substantial work being undertaken by Bury Council and Bury IPC alongside the borough's care providers to tackle the substantial workforce challenges they face.
- 6.2 Feedback from those utilising the support on offer has been positive but more work is needed to improve take up further. Work is ongoing to continue publicising the offer, including case studies and the recent Provider Workforce Workshop in October 2024 with representatives from all provider sectors.
- 6.3 While the current programme of support will continue to be publicised, work will move forward at pace to develop the **Independent Provider Workforce Strategy** and in turn the future support offer that will be available to providers.
- 6.4 We are committed to supporting our providers with their workforce challenges and embed workforce support and strategy into business as usual for the Commissioning Team.

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