

## Manchester Health and Care Commissioning Board

A partnership between Manchester

City Council and NHS Manchester Clinical Commissioning Group

<b>Agenda Item:</b>		<b>Date:</b>	24 May 2017
<b>Report Title:</b>	Organisational Development and EDHR		
<b>Prepared by:</b>	Sharmila Kar, Director of Workforce & Organisational Development		
<b>Presented by:</b>	Sharmila Kar, Director of Workforce & Organisational Development		
<b>Summary of Report:</b>	Overview of the approach to and progress of MHCC workforce redesign and an update on EDHR		
<b>Strategic Objective:</b>	<ul style="list-style-type: none"> <li>• To improve the health and wellbeing of people in Manchester</li> <li>• To strengthen the social determinants of health and promote healthy lifestyles</li> <li>• To ensure services are safe, equitable and of a high standard with less variation</li> <li>• To enable people and communities to be active partners in their health and wellbeing</li> <li>• To achieve a sustainable system</li> </ul>		
<b>Board Assurance Framework Risk:</b>	N / A		
<b>Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA):</b>	EIA to be completed		
<b>Outline public engagement – clinical, stakeholder and public/patient:</b>	N / A		
<b>Recommendation:</b>	The MHCC Board is asked to note the report.		

### 1.0 Introduction

This paper outlines the overall approach to workforce re-design for MHCC together with an update on EDHR.

The scale of the task for MHCC over the next few years is significant. As MHCC evolves and becomes more strategic in its work, workforce requirements will develop in line with progress across the system and changing population needs. As lead commissioner for the SHS and the LCO, MHCC will be undertaking a much more strategic role and organisational design will need to be fit for that purpose. Clinical leadership and organisational development will remain a key feature of MHCC.

### 2.0 Approach to MHCC Organisational Design

In order to deliver the transformation programmes as set out in the locality plan, we need to be able to use our collective resources effectively and efficiently, whether it is clinical leadership, managerial capacity and capability, finance and/or other resources. This is also the way we will be able to deliver the 'Our Manchester' strategy by supporting a strengths-based approach and asset building within our neighbourhoods by creating a more effective network of support in the city. We are already working closely on developing a unified commissioning strategy and operations plan.

To achieve all of this we need to have a real focus on organisational development which supports new ways of working, develops collective and distributed models of leadership, supports the development of new and different skills and capabilities, and which redesigns roles where necessary to ensure we have the right skills in the right place to deliver the required outcomes. We need also to ensure that the development and design of the workforce is aligned to the recommendations of the Greater Manchester Commissioning Review carried out by Deloitte. Therefore in the consultation with Trade Unions and employees we have proposed a three phased approach to organisational design.

Adopting a phased approach will facilitate the development of structures that will enable the immediate aims of MHCC to be delivered. It is however, an approach which is flexible enough to adapt to the changing landscape, align to the commissioning strategy, transform systems and therefore services, assure performance, quality and safety, drive collaboration and co-production, promote a strengths-based approach and equity.

We are also having to address significant and predictable organisational change challenges such as bringing four organisational cultures together, working across two different systems and marrying together two different approaches. These are in fact all of the challenges that go hand in hand with working in an integrated and partnership way. In order for the ideal structure to be implemented and achieved into the medium and long term, MHCC will need a sustained and dedicated approach to

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OD over the next 6-12 months, with the design and development of the organisation phased accordingly.

The three stages of the approach to organisational design are as follows;

- Phase : May 2017 until the end of July 2017
- Phase 2: August 2017 until the end of March 2018 and
- Phase 3 being March 2018 and beyond.

A set of proposed organisational structures are currently being consulted on with Trade Union partners and all employees. The proposals reflect the current capacity of the existing workforce and it is anticipated that the majority of the posts will be filled by the end of July 2017. Further work will then commence to develop more integrated ways of working across services and teams within MHCC.

### 3.0 MHCC Organisational Design - Employee Engagement and Consultation

Involvement and engagement with employees and Trade Unions across health and social care is key to ensuring we maintain an on-going commitment to employee engagement and consultation. On-going discussions have taken place with employees, Trade Unions and professional bodies based on the shared MCCG and MCC principles of engagement and consultation. A dedicated MHCC Trade Union Partnership Forum has been established which meets on a regular basis. During this period discussions have also been undertaken with the trade unions on the approach to developing the structures and the processes for aligning employees to posts.

MHCC is consulting formally on the proposals with the Trade Unions, via the partnership forum and special weekly meetings, during the period 10th May 2017 – 24th May 2017. During this time employees are also invited to submit any questions, comments or feedback on the proposals to their Executive Director, via their line manager. There is an opportunity for employees to seek support from their line manager for help and assistance in addressing questions and feeding in comments. Each Executive Director will also be holding briefing sessions on their respective structures which will be supported by Trade Union and HR colleagues.

### 4.0 Equality, Diversity and Human Rights (EDHR) Update including Workforce Race Equality Standard (WRES)

The report updates and informs the board on the proposed approach to EDHR to ensure alignment to MHCC's commissioning strategy with a clear governance structure for EDHR across MHCC.

#### 4.1 Approach to EDHR

MCC and MCCG both have a requirement to comply with statutory requirements as placed on them as Public Sector Public bodies, e.g. publication of annual Public Sector Duty Report (including workforce data). However MCCG and MCC both have

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other mandatory requirements placed on them. It is intended that a scoping exercise will need to be undertaken to identify how the mandatory and statutory requirements will be aligned and integrated across organisations.

We are working towards a new Operating model for EDHR will begin with the establishment of an EDHR Sub-Committee (Strategic shaping group) reporting directly into the Quality & Performance Committee supported by an Operational Group (EDHR Service Delivery Group). The committee will have a scrutiny role that will hold the organisation and individual executive members, heads of service to account for progress against mainstreaming EDHR within their Directorates. Members of this committee will champion, inspire and role model behaviours in delivering the vision, missions and values of MHCC, whilst providing strategic direction, leadership and governance in all aspects of EDHR.

The Service Delivery group will be represented from across all Directorates and act as direct link and champion for EDHR at Directorate level. This group will promote and lead in their respective services the operational change needed to mainstream EDHR. The Service Delivery group members will act as a key resource on the delivery of EDHR and work towards building capacity, resources and expertise to deliver organisational priorities.

Membership for the subcommittee and Service Delivery Group will be represented from across MHCC. A full list of membership will be included in the final report presented to Board in July.

Key strategic objectives will be set supporting the direction of travel for EDHR aligned to the strategic commissioning approach for better health outcomes. To further support the strategic commissioning organisation the EDHR role will become an agent/catalyst of change and an enabler working towards influencing cultural and management change across MHCC by embedding EDHR in all aspects of the commissioning decision making process.

The new role for the EDHR function is to be an enabler and a catalyst for change. This transformation will take place through up skilling of the workforce, learning and development interventions, introducing best practice measures across the organisation, toolkits, providing advice, guidance, support with knowledge and expertise. Overall, this approach will see that EDHR principles are embedded in the delivery of cultural changes across MHCC, to support the transformation of strategic commissioning.

### Next Steps

- Establishment of EDHR Sub Committee and EDHR Service Delivery Group, with supporting Terms of Reference and Schedule of meeting dates
- Undertake scoping exercise and present results setting out clear alignments and approach to meeting statutory and mandatory requirements
- Further develop Operating Model ensuring alignment to MCC and to strategic role of E&D Leads across both organisations

### 4.2 Workforce Race Equality Standard (WRES)

The NHS WRES has now been a mandatory requirement for NHS organisations since 2015 and is included in the Standard NHS contract. MCCG ensures the monitoring of the WRES is part of the EDHR assurance framework for Providers.

The WRES is not a mandatory requirement for CCGs, however, MCCG is one of a small number of commissioning organisations that have completed and published the WRES over the last 2 years. A supporting action plan has been developed to address gaps, improve workforce representation and experience for BME staff members.

This is the second year that that a national report has been published of the completed WRES reports across the country at Trust level, some of the key findings' are:

- White shortlisted job applicant are 1.57 times more likely to become appointed than BMEs shortlisted applicant who remain noticeably absent from senior grades within Agenda for Change pay bands.
- BME Staff in the NHS are significant more likely to be disciplined than white staff members.
- BME staff remain more likely than white staff to experience harassment, bully or abuse from other staff though this fell very slightly last year
- The proportion of Very Senior Managers (VSM) from BME backgrounds increased by 4.4% from 2015 to 2016- an additional 9 headcounts. However BME representation at Board and VSM level remains significant lower than BME representation in the overall NHS workforce and the local communities served
- White and BME staff are equally likely to experience harassment bullying or abuse from patients, relatives and members of the public in the last 12 months

A full copy of the above report can be accessed by following the link <https://www.england.nhs.uk/2016/06/wres-publication>

In response to the national report a number of actions have been implemented to date;

- Review of recruitment and selection strategy (including processes)
- Integration of unconscious bias into recruiting managers programme
- Introduction of Mandatory Dignity and Equality at Work Programme
- Review and monitoring of board, executive and staff representation and approaches to improve representation

The WRES review and update for MHCC will be reported to the board in July 2017.