

HEALTH SCRUTINY
13/10/2020 at 6.00 pm



Present: Councillor Akhtar (Chair)
Councillors Toor, McLaren (Vice-Chair), Alyas, Byrne, Hamblett,
Ibrahim and Cosgrove

Also in Attendance:

Mike Barker	Chief Operating Officer, Oldham CCG and Council Strategic Director for Commissioning
David Jago	Chief Officer, Pennine Acute Hospitals Trust
Mark Warren	Managing Director - Community Health and Adult Social Care Service
Katrina Stephens	Director of Public Health
Gloria Becket	Senior Health Protection Nurse
Mark Hardman	Constitutional Services
Kaidy McCann	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3 **URGENT BUSINESS**

There were no items of urgent business.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting of the Health
Scrutiny Committee held on 1st September 2020 be approved as
a correct record.

6 **VARIATION OF ORDER OF BUSINESS**

RESOLVED that agenda item 7 (Report on the Position of the
Royal Oldham Hospital in the Context of Local NHS Acute Trust
Re-organisation) have precedence over the remaining items of
business.

POSITION OF THE ROYAL OLDHAM HOSPITAL IN THE CONTEXT OF LOCAL NHS ACUTE TRUST RE-ORGANISATION



The Committee received a presentation providing a high level update on the transaction of the Royal Oldham Hospital (ROH), as part of the Pennine Acute Hospitals Trust (PAHT), to the Northern Care Alliance (NCA) and the benefits and improvements this was bringing for the ROH site; the wider development of the ROH site; and the next steps and plans for services. In introducing the item, the Chair congratulated David Jago on his recent appointment as Chief Officer for the Pennine Acute Hospitals Trust.

The development journey of the NCA, from the 2015 CQC assessment of Salford Royal Foundation Trust as 'outstanding' and the 2016 assessment of PAHT as 'inadequate' to the pending completion of the Transaction Programme to date, was considered. The ROH, along with Fairfield General Hospital and Rochdale Infirmary, would move to the NCA, while the North Manchester General Hospital would move to the Manchester Hospitals Foundation Trust. These moves would support the future clinical, financial and workforce sustainability of acute hospital services in the north east sector and across Greater Manchester more generally. The improvement during the transaction journey had been dramatic, with the PAHT's CQC assessment moving to an overall 'good' rating in three years.

The transaction to NCA would further unlock the potential for improvement, including the reconfiguration of services across sites and populations at pace; the optimising of investment in the workforce, estates and technology with the resultant rate of return; standardised operating models; and the enabling of economies of scale. The NCA would increase the focus on localities, ensuring that local leaders, staff and services were better able to reflect their area's distinct characteristics and that integrated care, tailored to the local environment, was provided. The NCA recognised that it was a significant part of the fabric of local communities and that its long-term sustainability was closely linked to the wellbeing of those communities.

The ROH would not only be a local general hospital but would move towards becoming a high acuity specialist centre and a designated hub for complex surgery as envisaged by the 2015 Healthier Together decision. While creating capacity for such work would require some less complex work to be undertaken at other NCA sites, the objective across the NCA was to have good quality, sustainable specialist and hospital services for the future that would be needed in order to continue to improve services for patients across Oldham; to create a system where patients consistently receive good quality and safe treatment under the right clinical team, in the most clinically appropriate setting, first time, every time, as part of an integrated care pathway; and to ensure that any significant service changes will be subject to commissioner-led public consultations, for which strong

evidence of patient benefits and assurances around access will be critical.



Work was being undertaken with Oldham system leaders to develop plans for the future delivery health and care for the population of Oldham. The impact of Covid-19 on the delivery of services was acknowledged and considered, and a recovery plan was being developed with partners across the Oldham system to overcome the challenges created by the pandemic.

Confirmation that the issues as presented meant that the 'getting to good' journey was almost complete was sought. Such assurance was given, with the final sign-off for the transaction process transferring three hospitals to the NCA being anticipated in the coming months: from that point onwards the benefits of the process should begin to come forward. With regard to local health services provided and any changes that might occur, the implementation of the 2015 Healthier Together decision and the response to Covid-19 which had already driven certain changes were noted. The Committee was advised that being part of a wider grouping would provide added flexibility in meeting these changes. It was acknowledged that while there were significant financial challenges remaining to be addressed, the overall position on this appeared brighter.

With regard to the development of the ROH as a high acuity centre, the future for routine services such as diabetic and cardiac services was queried, along with the limitations of the ROH site where the limited amount of available space for expansion was noted. In response, it was suggested that the concept of 'hospital' services needed to be addressed, and that if services continued to be provided in the current manner then demand would exceed supply. The future focus would be on looking to manage people closer to home, outside of the acute sector. However, it was acknowledged that parts of the ROH were old and possibly not fit for purpose going forward, and a business case was being developed to address this.

Members sought a consideration of employment opportunities for the local community at the Hospital, including the availability of apprenticeships. It was noted that overall, staff turnover was low at the Hospital. However, work was being undertaken with the local further education looking to identify what vacancies could be offered within the local community and work was in progress with providers with regard to the Apprenticeship Levy. Members asked for a further report to be submitted in respect of this work.

RESOLVED – that

1. the update presentation on the position of the Royal Oldham Hospital be noted;
2. further reports be submitted to the Committee providing an updates on the completion of the transaction programme and in respect of employment and



UPDATE ON THE PROGRESS OF COMMUNITY HEALTH AND ADULT SOCIAL CARE INTEGRATION

Further to the meeting held on 7th January 2020, the Committee received a further update on the integration agenda for the Community Health and Adult Social Care Service (Community Service) which had been formed in 2018 in response to local, regional and national drivers for integrated care delivery which looked to realise economies of scale, to improve quality of care and to enhance the service experience for people with health and care needs. The Community Service provided support to vulnerable adults with health and care needs as a collaboration of five partner organisations - Oldham Council, the Northern Care Alliance, Pennine Care Foundation Trust, Oldham CCG and MioCare - with their human, estate and financial resources deployed under one leadership model.

The Community Service is a complex and diverse organisation that delivered a wide range of health and care services comprising approximately 1,450 staff operating across seventy services and supporting over 88,000 people annually. The shared Community Service goal was to support people to live at home as independently as possible; to use a 'Home First' integrated flexible approach; and to deliver services through a sustainable and efficient business model. The model had been developed over the last two years with the purpose of integrating and joining up service delivery to the most vulnerable citizens. Having completed this first phase of its development, the Service now required a more formalised approach which was being progressed through consideration of a wider integrated system model.

During the preceding 6-months, the Community Service had primarily been focused on responding to the Covid-19 pandemic, ensuring continued delivery of essential health and social care services to the Borough during the heightened demand across the local health and care system. Covid-19 had presented opportunities and learning to enhance the Community Service integrated model and to build back better with foundations based on system wide learning and connectivity. During the pandemic the Service had provided a significant contribution, collectively with partners, for the locality-wide response, details of which were provided within the submitted report. The submitted report further considered the position of Community Services in response to legislation, Government directions and the Greater Manchester model of integration, including the requirement to prepare winter plans and the progression of Place-based plans.

Community Services continued to face challenges in the delivery of services due to the complexity of current governance arrangements which, for example, saw around 60 groups

making decisions affecting the Service. A potential delivery model via an Integrated Care Partnership was intended to be progressed to address these challenges, though the individual organisations would retain their own employment responsibilities and clinical governance and safety requirements. Further areas of work, including development of an integrated approach to commissioning and various particular service-wide challenges going forward, were further outlined in the submitted report.

In response to a query, the financial risks impacting on the Service were acknowledged, both in terms of government funding and the potential for demand to outstrip supply. Every potential saving opportunity was being looked into, but not without a full risk and impact assessment on individuals being made and assurance that statutory responsibilities would still be achieved. With regard to public knowledge regarding services and access, it was important to note that the Service would not be able to continue to provide as it had done in the past, and that it would fail and be unable to respond to new demands if it attempted to do so.

With regard to mental health provision, while acknowledging that it was not always the case that a mental health crisis could be prevented or mitigated against, the availability of services to prevent such crises occurring, or to prevent a person returning into the system, was queried. It was reported that while there would always be a need for acute care and access to beds, for many people it was important to be able to recognise mental health issues arising and to be able to respond accordingly with a range of services and talking therapies. Emotional wellbeing was recognised as a key issue for the Service and all staff would receive appropriate training.

RESOLVED – that the update on the integration of community health and adult social care services be noted.

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DELIVERY OF THE FLU VACCINATION PROGRAMME 2020/21

The Committee received a briefing on the 2020/21 flu vaccination programme currently being delivered across the Borough. The Committee was reminded that every year flu was associated with high rates of morbidity, seasonal mortality and increased pressures on NHS and social services which impacted particularly on vulnerable groups. The flu vaccination programme was known to be one of the most effective interventions for reducing pressures on health and social care systems, by reducing GP consultations, hospital admissions and A&E attendances.

It was noted that the flu programme was likely to be more challenging this year in view of Covid-19 and the additional safety and social distancing measures needing to be in place. Particular additional key actions for 202/21 to increase take up of flu vaccinations among those aged under 65 years in clinical

at-risk groups, 2-3 year olds, school aged children, and health and social care workers were advised. The annual national flu vaccination programme which aimed to vaccinate those most at risk had been extended for the current year to now include same household contacts of those on the NHS Shielded Patient list, children of school year 7, health and social care workers employed through Direct Payments and/or Personal Health Budgets, and, in November and December, those aged 50-65 years, subject to vaccine supply and prioritisation in terms of risk.

In Oldham, a work programme under joint leadership with Oldham CCG and the Greater Manchester Screening and Immunisations Team is developed each year to implement the national flu programme at the local level. A multi-stakeholder operational flu group is established which seeks to achieve the national targets required by Public Health England and the Department of Health. This group monitors progress and any learning from previous years is taken into consideration in forward planning. The performance of the 2019/20 work programme across the eligible groups was reported, it being noted that improved uptake of the influenza vaccination among residents and frontline health and social care workers had been achieved in 2019/20. This past programme of work provided a good foundation on which to build the 2020/21 programme through clear actions, a focus on reducing variations, and planning to support even more people across Oldham in being protected against influenza.

Members considered the varying take-up of vaccinations in schools, being advised that data considering this was available and so it was possible to see which schools were affected and the take-up by BAME communities. The parental consent form included an option to say why consent was being withheld, it being known that some parents objected due to the presence of porcine gelatine. In such cases an injection could be offered as an alternative, with Members commenting on the need to ensure that awareness of this option was circulated quickly. It was noted that there existed a wider mistrust of the flu vaccine and Members were advised that a Communications Plan sought to use different routes to get messages to address concerns out to the community.

Reassurance was sought as to the financial and staffing support available for the flu vaccination programme. Members were advised that much of the resource was provided by NHS England, with staffing, promotional work and the additional pilot schemes being resourced locally. While it was acknowledged that Public Health had needed to defer some activity due to Covid-19, the flu vaccination programme was considered to be too important a priority to be deferred.

With regard to a number of issues concerning disabled people and carers, it was advised that options for vaccinations for foster

carers, including the issuing of an e-voucher or offering reimbursement of costs, were under consideration; some community pharmacies had signed up to vaccinate carers and care home staff, with the STICH Team being responsible for vaccinating residents; and confirming that the provision to people with learning disabilities included those with autism.

In terms of GP surgeries and pharmacies being proactive in promoting vaccinations to target groups, the Committee was advised that GP surgeries should be actively inviting those in target groups: those eligible could also be vaccinated at a pharmacy. While GP surgeries actively promoting within the community was regarded a good approach, it was understood there may be an insurance issue with regard to them vaccinating those who were not on their patient list.

RESOLVED – That Flu Vaccination Programme 2020/21, including Oldham’s approach to the priority groups, be noted and support be given to the additional actions being undertaken for 2020/21.

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CHILDHOOD IMMUNISATION PROGRAMME

The Committee received a briefing on local performance on childhood immunisations for 0-5 year olds and the HPV programme for 2019/20. Support was also sought for the continued activities to improve immunisation uptake in 2020/21.

All Oldham’s universal immunisation programmes are commissioned by the Greater Manchester Health and Social Care Partnership supported by the Greater Manchester Screening and Immunisation Team. All programmes are commissioned against National Service Specifications which were outlined in an appendix to the briefing. The Committee received performance data indicating that Oldham had achieved or exceeded the uptake target for 5 of the 6 parameters within the national parameters. The implications of Covid-19 on take-up of vaccinations was considered.

The work of the Oldham Immunisation Group, comprising the Council, Oldham CCG and other relevant partners, to improve vaccination take-up was outlined. This included continuing to implement the Measles and Rubella Elimination Strategy; raising awareness of the need for MMR vaccinations among young people, under-vaccinated communities and health care workers; seeking assurance that adequate alternative immunisation provision is in place to meet the needs of local communities, including itinerant workers and their families; targeting communications; and ‘catch-up’ activities targeting those who might have missed earlier vaccination opportunities.

RESOLVED – that the reported performance data related to the childhood immunisation programme be noted and the continued activities to improve immunisation uptake be supported.

AMENDMENT TO UNITED NATIONS - SUSTAINABLE DEVELOPMENT GOALS REPORT TO COUNCIL

The Committee was advised that the Council, at the meeting held on 9th September 2020, had received a report of the Overview and Scrutiny Board and the Health Scrutiny Committee in respect of a Council Motion related to the United Nations Sustainable Development Goals. On consideration of that report an amendment, as detailed in a submitted report, had been moved and seconded. The Council had determined that the amendment be referred to the Overview and Scrutiny Board and the Health Scrutiny Committee for their consideration in the first instance.

It was noted that the amendment had been introduced by the Liberal Democrat Group and it might be the case that other political groups might wish to add to the list of bodies referenced in the amendment.

RESOLVED – that the amendment be circulated to the other political groups on the Council, and to other groups as might be appropriate, to consider any additions to the organisations listed within the amendment.

HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2020/21

The Committee gave consideration to the proposed Health Scrutiny Committee Work Programme for 2020/21, outlining those issues which would be considered by the Committee during the municipal year.

Members' were advised of arrangements being made in respect of their consideration of anonymised safeguarding cases and of an intended discussion with Healthwatch regarding a follow-up report to the End of Life Services review report considered previously by the Committee.

RESOLVED that the Health Scrutiny Committee Work Programme 2020/21, as presented, be noted.

The meeting started at 6.00 pm and ended at 7.55 pm.