

HEALTH SCRUTINY
07/09/2021 at 6.00 pm



Present: Councillor Toor (Chair)
Councillors Cosgrove, Byrne, Hamblett, Ibrahim, McLaren and Salamat

Also in Attendance:

Katrina Stephens	Director of Public Health
Rebecca Fletcher	Consultant in Public Health
Oz Khan	Programme Director – Acquisition, Northern Care Alliance Group
Christine Wood	Constitutional Services Officer

1 **APOLOGIES FOR ABSENCE**

There were no apologies for absence received.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **FORMAL ELECTION OF THE VICE-CHAIR 2021-22**

As the previous meeting held on 6th July 2021 had been informal, the Committee was requested to formally nominate a Vice-Chair for the duration of the Municipal Year 2021/22.

RESOLVED - That Councillor McLaren be elected Vice-Chair of the Health Scrutiny Committee for the duration of the Municipal Year 2021/22.

4 **MINUTES OF PREVIOUS MEETING HELD ON 6TH JULY 2021**

RESOLVED - That the minutes of the meeting held on 6th July 2021 be approved.

5 **URGENT BUSINESS**

The Committee was asked to consider an item of urgent business in relation to the Joint Health Overview and Scrutiny Committee for Pennine Acute Trust

Councillor McLaren advised the Committee that the Joint Health Overview and Scrutiny Committee for Pennine Acute Trust had been dissolved following the meeting that had taken place on 6th September 2021, as the Pennine Acute Trust was to be dissolved on 30th September 2021.

Councillor McLaren further advised that preparations were being made to establish a new Joint Committee under the auspices of the Northern Care Alliance and a meeting had been provisionally scheduled for 7th January 2022.

It was reported that the Pennine Acute Committee had scrutinised issues relating to joint services delivered in Oldham, Rochdale, Bury and North Manchester, with the latter now being transferred to the new Manchester Foundation Trust. Salford

Royal Hospital would come within the Northern Care Alliance from 1st October 2021.



It was further reported that the unanimous view of the Members present at the Joint Committee meeting on 6th September 2021, was that the joint committee should be allowed to continue its invaluable work. It was anticipated that Bury MBC, who serviced the Committee, would be contacting all Councils to ascertain if they wished the Committee to continue.

It was moved by Councillor McLaren and seconded by Councillor Salamat that the Health and Scrutiny Committee endorse the view that the Joint Committee should continue.

RESOLVED – That the Health Scrutiny Committee endorse the view that the Joint Health Overview and Scrutiny Committee be continued.

6 **PUBLIC QUESTION TIME**

No public questions had been received.

7 **HEALTHY CHILD PROGRAMME**

The Committee considered a report and presentation providing an overview of the delivery of the Healthy Child Programme (HCP) in Oldham, and the progress over the previous twelve months. The report also outlined the current performance of the related services, and the engagement work that was happening with parents, and young people.

The Committee was reminded that the HCP had been launched 11 years ago and was still the national evidence based universal programme for children aged 0-19. The programme provided the bedrock for health improvement, public health and supporting families. The HCP was not the responsibility of any individual service but was instead a partnership approach. The programme was led by health visiting and school nursing: our 0-19 public health nursing services.

The Committee noted that Local Authorities were mandated to provide some key public health services, and Bridgewater Community Healthcare NHS Foundation Trust provided a number of them on the Council's behalf:-

- Health Visitor review of pregnant women and children
- Weighing and measuring children at Reception and Year 6, and
- Oral health promotion programmes as deemed necessary for the area

Members were informed that, compared with England averages, the health and wellbeing of children in Oldham was below average. Health outcomes for children were impacted by poverty in a similar way that health outcomes for adults were. As the recent 10-year update on the Marmot Review argued "Poverty experienced during childhood harms health at the time and throughout the rest of life". In Oldham, there were areas of high

rates of deprivation and the latest figures were that 38% of children in Oldham lived in poverty.



The Committee noted that the service generally performed well in relation to the mandated contacts by health visitors. Other than the New Birth Visit, the service completed more than the England average for contacts. There were some challenges to meeting the New Birth Visit target which the service was working on.

There had been an increase in demand in relation to safeguarding since the start of the pandemic and the service had implemented the following changes in practice over the past year in order to support families through the pandemic:-

- Ensured the focus was on those most vulnerable by carrying out caseload reviews and identification of all vulnerable children (Child Subject of Child Protection Plan / Child in Care / Child in Need / child with SEND / extremely clinically vulnerable children)
- Provided ongoing support to families identified with lower level needs to prevent escalation including creative opportunities for face to face assessments (pram walks / garden visits / park visits / doorstep child growth monitoring)
- The service provided daily appointment-based healthy child clinics for parents who were reluctant to allow professionals into their homes as well as for the delivery of packages of care
- The service developed a video in an attempt to allay parental fears of accessing services. The video described the COVID-19 safe arrangements that were in place in order to keep both families and staff safe whilst also stressing the importance of taking up the Healthy Child Programme.
- Greater use of virtual support for staff including virtual training, and clinical supervision

The service had successfully achieved UNICEF level 3 baby friendly accreditation in January 2020 and was working towards the Gold “Achieving Sustainability” Standard.

Members were informed that the “Babbling Babies” offer, which provided strategies for families to support their child’s communication development had engaged with nearly 900 families in Quarter 4.

The Committee noted that the current Right Start and School Nursing Service had been provided by Bridgewater since 1st April 2016. The contract would continue to 2022. This provided an opportunity to redesign the service in line with our aspiration to work in a more integrated way, creating a better experience for children and families and better utilisation of the 16 children’s centres across the Oldham borough.

The aim was to move to integrated and collaborative working with our partners, with less emphasis on commercial commissioning, setting aside bureaucracy as well as delivering the place-based ambitions we have locally within Oldham to wrap around communities more. There was a real drive to build an all-age system for Oldham that involved local communities and collaborated with all local partners. Support for children, young people and families was at the heart of the integrated place-based approach in Oldham. The new model would be in place for the initial services by 1st April 2022 with new contracting arrangements.

A key element of the Oldham approach would be taking a strengths-based and person-centred approach to understand what mattered to people rather than being led by service priorities, to build a system which worked for residents.

Members noted the new model would require a formal public consultation. This would be an opportunity to formally gather feedback from the public on any proposed changes and flex any proposed model in response to the feedback. It was intended to ensure that the new model was co-produced with families and there would be a range of engagement activities.

Members requested and received clarification on the following:

- In relation to figures for children attending at A/E, it was highlighted that a breakdown of information per ward would be useful, as there were wards in the borough where several parks are located which would explain the high number of attendances in that ward for attendances at A/E due to children playing in the local parks.
- The lack of walk-in centres was highlighted and that some residents would attend at A/E due to the lack of such centres. Some families would not have transport or sufficient funds for transport to travel to A/E. The Committee was advised the CCG was looking into this issue.
- The small size of the workforce of school nurses was highlighted as an issue. It was recognised that for some pupils, speaking to the school nurse could be an opportunity to speak on a confidential basis without the presence of parents.
- It was recognised that although there were very many helpful leaflets etc provided to new parents, practical advice at home visits, was of enormous value.
- Lack of information around where to go and the over reliance of the use of A/E services was highlighted. The Committee received assurances that when the transfer of services had occurred, in depth consultations would be carried out including the Committee due to their depth of knowledge and understanding of local issues.

RESOLVED that:

1. The Health Scrutiny Committee noted the progress on the transformation and supported the ongoing actions to further develop the integrated model for 0-19 services in Oldham.
2. That a further update report be presented to the Committee after March 2022.

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HIGH-LEVEL ELECTIVE RECOVERY

The Committee considered an update report from the Strategic Director of Commissioning/Chief Operating Officer outlining the position in relation to recovery of elective activity across GM following Covid which was outlined within the report.

The Committee was advised that the pandemic had created significant challenges for providers in Greater Manchester in their processing of patients, irrespective of whether they are on admitted or not-admitted pathways and that this difficulty spans all ages and all specialities.

It was reported that the consequences of this was a substantial increase in waiting times, including a level of patients waiting more than 52 weeks. The Committee was advised that this scenario had not been seen for many years.

It was further reported that addressing the challenge would require collaborative working across providers, including the use of the Independent sector and a focus on pathways between primary and secondary care. This work will provide opportunities for transformation and innovation in many of our specialities including within community and primary care services.

The Committee was advised that collaborative working across hospital and community cells in GM had clearly been delivered successfully during the COVID pandemic and despite all the challenges new pathways, and innovative clinical practice has been delivered to the benefit of the GM population. The provision of mutual aid for critical care had exemplified this collaborative practice.

The Committee was further advised that GM had been disproportionately affected by the Covid pandemic, experiencing three waves, each having a significant impact on ability to deliver wider elective activity. The decline following the third was also notably slower in GM than other parts of the North West Region and across England with critical care capacity still 50% Covid in GM compared to c 33% in Lancashire and Cumbria and Cheshire and Mersey.

Highlighted within the report was the GM Elective Recovery position, the GM Trust Recovery position and the overall GM approach to recovery. Recovery of elective activity was continuing across GM. There had been an improvement in performance across several points of delivery, including day case and ordinary elective. There was concern that the ongoing

Covid 19 and urgent care pressures would impact this delivery over the coming weeks.

It was reported that the GM elective indicated that the total number of patients waiting was 395,805, with the number of patients waiting over 52 weeks having increased to 33,156 patients (9% of total waiting list). The three specialities with the biggest number of over 52 weeks continued to be Trauma and Orthopaedics, General Surgery and ENT. Details of Recovery and Reform within prioritised elective specialities was also outlined within the report. Details of latest Independent Sector activity was also detailed in the report showing performance against the 2019/20 baseline contracted activity.

Details of Health Inequalities in Elective Recovery were outlined in the report along with actions being considered to address the issue. It was reported that the GM communications team have developed an updated stakeholder briefing in response to the increase in demand being experienced across the system. This included key messages regarding elective recovery which were outlined within the report. A 'Locality offer' framework had also been established and the weekly GM waiting list communications group had been established to progress this work at pace, support by additional external communications support, to roll out the framework by the end of August 2021.

It was reported that targeted engagement with the public was on-going through localities. Stakeholder engagement continued with Primary Care Board and PCN Network scheduled within the next fortnight.

It was recognised by the Committee that NHS employees and gone well beyond the call of duty. Thanks, and congratulations were expressed from the Committee to all employees of the NHS.

Members requested and received clarification on the following:

- How long can NHS maintain the service? The Committee was advised that Northern Care Alliance (NCA) would be delivering several programmes to staff following transition from Pennine.
- Disjointed IT systems preventing communication and updated records. It was suggested that that IT team attend a future meeting of the Committee to present a road map.

RESOLVED –

1. That the Health Scrutiny Committee noted the update
2. That a Commissioner chaired informal workshop be arranged for the Health Scrutiny Committee.

PENNINE ACUTE TRANSACTION - UPDATE

The Committee was provided with an update on the transaction

and future arrangements for Pennine Acute Trust (PAT) hospitals.



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The key messages highlighted to the Committee were that:

- Since the previous update to the Committee, there had been significant inroads towards the completion of the transaction, and there now remained no significant risks to transaction completion. SRFT and PAT had worked closely with the NHSE1 review team to submit a range of documentation and undergo a number of review meetings.
- SRFT had undertaken a number of meetings with the NHSE1 review team as part of the transaction progress. The NHSE1 review team had also met with PAT colleagues. These meetings had been positive and constructive.
- SRFT and PAT executives and non-executives had met regularly to discuss the delivery of services under the management agreement and operation issues.
- The NHSE1 review team will submit their recommendations on the transaction to the Provider Oversight Committee on 14th September 2021.
- As a result of the transaction being phased, there had been additional opportunities to reduce any remaining risks prior to transaction taking place.
- There remain no significant risks to transaction completion. There is one risk scored at 10 – Financial and operation performance falling across both SRFT and PAT may fall further before the transaction takes place, mitigation of continuing QI programmes and Oldham CQC improvement plan.
- In terms of operational risk following transaction, there remains one risk rated at 10 – Capital funding for transformation, discussions are ongoing between NCA and NHSE1 NW/other system stakeholders. This risk is expected to be closed as part of the agreement of the ICS capital control total for 2022/23.

Post-Transaction Changes and Impacts on Patients were detailed as below:

- Immediately following transaction, **there will be no changes to any services**. Our key focus will be the delivery of a “safe landing” for all services and for patients in order to ensure a seamless transition to the new organisation.
- SLA exit timetables have been agreed between NCA and MFT. Exit plans have been agreed for the SLAs concluding in September 2021 following the NCA transaction completion, with plans for the rest in development. There may be some changes as services disaggregate, and relevant partners will be engaged as appropriate.
- The key visible change will be the organisational name change from SRFT / PAT to Northern Care Alliance NHS Foundation Trust. A new email address will be put in place for all staff as of transaction, ending @nca.nhs.uk rather than @srft.nhs.uk or @pat.nhs.uk. Existing email

addresses will continue to operate for an extended period of time.

- The new NCA website (www.northerncaresalliance.nhs.uk) will be launched on 1st October and PAT and SRFT old websites decommissioned. Public, patients and external stakeholders will be able to access all information as before in one place and updated content and guidance.
- The four Care Organisations (Bury, Oldham, Rochdale, Salford) will continue to have distinct identities, and with no changes to the leadership or clinical teams.

Details of the Dissagregation Plan beyond September 2021 were also detailed within the presentation.

Organisational Capacity was detailed as follows:

- As part of routine assessment processes in preparation for a transaction, NHSEI asked the question “how does the Board ensure that it has the right bandwidth to deliver BAU and the busy strategic agenda the organisation has, including the transaction?”. This question has been posted particularly in the context of COVID and COVID recovery
- A paper was considered by Group Board on 26th July outlining how the Board assesses bandwidth against objectives & requirements, and what is being put in place to deliver these, so that it can assure NHSEI that appropriate oversight and risk assessment is undertaken to match bandwidth to objectives & requirements.
- This will ensure that there is enough capacity to deliver patient benefits through existing programmes of work alongside dedicated programme management capacity for disaggregation.
- Contingencies can be quickly set up in case of capacity gaps.

Scrutiny arrangements were detailed as follows:

- It is not anticipated that there will be any changes to the overall scrutiny arrangements between NCA and local authority partners as a result of transaction completion. The NCA will continue to proactively engage with local authorities and scrutiny committees as valued partners.
- There will however inevitably be a reduction in focus on the transaction itself and increased attention on the disaggregation of services and their impact on patients/local residents.

Members asked for and received clarification on the following:

- Separations of Services? The Committee was advised that there were plans to separate services within the following few years. Options would be available.
- Staff Uniforms? The Committee was advised that the NCA uniform had been shared with staff. A lot of work had been carried out on branding.
- Sustainability due to lack of resources? The Committee was advised that a lot of work had been carried out to improve processes/services.
- Staffing issues? The Committee was advised that more colleges would be come involved and apprenticeships were being considered.

- NCA website, jobs, grading system unclear. Can the process be simplified? The Committee was advised that these points would be conveyed to HR and NCA.



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RESOLVED that the report be noted.

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**OVERVIEW AND SCRUTINY WORK PROGRAMMES
2020/21 - OUTTURN**

RESOLVED that the Committee note the Outturn Policy Overview and Scrutiny Programme 2020/21 Municipal Year.

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HEALTH SCRUTINY WORK PROGRAMME 2021/22

RESOLVED that the Committee note the Health Scrutiny Committee Work Programme for 2021/22.

The meeting started at 6.00 pm and ended at 8.00 pm