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HEALTH SCRUTINY
Overview & Scrutiny Committee
Agenda

Date	Tuesday 6 September 2022
Time	6.00 pm
Venue	Council Chamber, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

Notes

1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Constitutional Services at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Constitutional Services Tel. 0161 770 5151 or email Constitutional.Services@oldham.gov.uk

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 1 September 2022.

4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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MEMBERSHIP OF THE HEALTH SCRUTINY
Councillors Ball, Harrison, S Hussain (Chair), Ibrahim, Marland, McLaren, McManus and Nasheen

Item No

1 Apologies for absence

To receive any apologies for absence

2 Urgent Business

Urgent business, if any, to be introduced by the Chair.

3 Declarations of Interests

To receive any Declarations of Interests in any contract or matter to be discussed by the Committee.

4 Public Questions

To receive Questions from the Public, in accordance with the Council's Constitution

5 Minutes (Pages 1 - 10)

The Minutes of the meeting of the Health Scrutiny Committee, held 5th July 2022, are attached for approval.

6 Health and Care Bill - Implementation Update (Pages 11 - 20)

7 Elective Recovery progress (Pages 21 - 48)

8 NCA IT Outage Critical Incident Debrief Report (Pages 49 - 58)

9 Key Decision Document (Pages 59 - 78)

10 Health Scrutiny Committee Work Programme 2022/23 (Pages 79 - 90)

HEALTH SCRUTINY
05/07/2022 at 6.00 pm

Present: Councillors Ball, Harrison, McLaren, McManus, Nasheen and Ahmad (Substituting for Councillor Ibrahim)

Also in Attendance:
Katrina Stephens – Director of Public Health
Rebecca Fletcher – Consultant in Public Health
Rachel Dyson - Thriving Communities Hub Lead (Policy Team)
Peter Thompson – Constitutional Services
Two members of the public

1 **APPOINTMENT OF CHAIR FOR THE DURATION OF THE MEETING AND APPOINTMENT OF VICE-CHAIR 2022/23**

Resolved:

1. That Councillor McLaren be appointed Chair for the duration of the meeting.
   (Councillor McLaren in the Chair)
2. That Councillor Nasheen be appointed Vice Chair of the Health Overview and Scrutiny Committee for the 2022/23 Municipal Year.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors S. Hussain, Ibrahim and Marland.

3 **URGENT BUSINESS**

There were no urgent items of business for this meeting of the Committee to consider.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interests.

5 **PUBLIC QUESTION TIME**

A public question was received from Diane Drinkwater and Pamela Griffiths:
"As a former patient from Failsworth Group Practice I am registered with another practice now based at the Keppel building, as are probably most of the former FGP patients. From the Facebook group Pam and I administer we can see there are a lot of issues relating perhaps to the burden of many additional patients.

Can you provide us with answers please about:

1. What consultation had taken place about the decision to disperse patients from Failsworth Group Practice.
2. How many patients were involved in this consultation and what form did the consultation take and what duration was it held over?
3. What support has been available to re-list 12000 patients from FGP across other surgeries? What planning and support was offered to other GP services in Oldham to enable this to go smoothly?

4. What actions can be taken to resolve issues with patient notes being referred back to FGP rather than the new GP practice patients have chosen?
5. What consultation is taking place to show the outcomes of the closure of FGP, signing up process for new GPs and its impacts on existing local surgeries and the impact on local residents?
6. What data is available from A&E self-referrals that might indicate the closure of FGP has led to an increased burden at local hospital accident and emergency centres?"

Councillor McLaren responded as follows:
"I am sorry to learn of some the difficulties that are being experienced.

Due to the Care Quality Commission (CQC) rating Failsworth Group Practice as overall inadequate and subsequent concerns about the quality of care being delivered to patients, NHS Oldham Clinical Commissioning Group (CCG) made the decision to terminate the contract with the providers at Failsworth Group Practice. They were served notice of their contract termination on Wednesday 26th January 2022 with termination taking effect at midnight on Friday 28th January 2022. In rare, emergency circumstances such as this the CCG has to take immediate action to ensure continuity of care for patients and unfortunately these timescales do not allow for the usual consultation with patients about the future of services.

The CCG was responsible for ensuring that patients have continuity of access to essential, safe and high-quality primary care services, so as a result of the current service provider being terminated, the CCG put in place an emergency "caretaker" arrangement with Quayside Medical Practice which is located in the same building as Failsworth Group Practice (The Keppel Building). Caretaking arrangements commenced at midnight on Friday 28th January 2022. These actions were taken to ensure that the practice's patients can access safe and high-quality services. Over the past months the practice list has been dispersed and the practice closed on 20th May 2022. Dispersal involves the closure of the existing practice and requires patients to register with another practice in their locality. As there were two other practices within the Keppel Building both with a 'Good' Care Quality Commission (CQC) rating who were both able to support the process the CCG deemed dispersal possible. Patients have the right to exercise choice in registering with any other practice that they live within the boundary of. Over 90% of patients who were registered at Failsworth Group Practice are now registered at either Quayside Medical Practice or Medlock Medical Practice. The CCG was very grateful to both providers for supporting this process. A small number of patients chose other practices closer to their homes and any patient who chose not to register elsewhere was allocated a GP practice on closure meaning nobody was left without a practice.

NHS Oldham CCG supported the providers via funding increased staffing, equipment and stock issues, IT equipment and to ensure the estate has enough capacity both now and in the future. While some of these workstreams are nearing conclusion works to improve the estate will continue. As you may be aware the two remaining practices in the building now occupy the footprint of what was the three with further works being appraised.

On registering with a new practice a patients electronic record transfers to the new provider and in this case as the vast majority of patients have transferred to another practice in the same building the transfer of the paper record has been straightforward. For patients who chose a practice outside the building their paper records are returned to 'Primary Care Support England' who forward to the new practice. This is the same process that would be followed if for example a patient moves house and registers at a new practice. A great deal of clinical correspondence is now electronic so follows to the new practice but there are still some letters that do arrive by mail. When a practice closes, notifications are sent to all providers, although, sometimes this can take a while to filter through. In this instance mail that comes into what was Failsworth Group Practice is being easily transferred to Quayside or Medlock for the appropriate patients.

While the closure was recent the CCG continued to work with both providers to ensure a safe and smooth transition for patients. One of the CCG's many concerns was that Failsworth Group Practice was not adequately staffed and that is why they subsidised additional staffing during the caretaking period to allow the two remaining providers to recruit. This process of consultation and evaluation will continue in the coming year.

The CCG had not seen any evidence of increases in A&E attendances from the area, this is something they monitor routinely.

The CCG was extremely conscious of the concern and inconvenience in the short term this change has meant for patients, however, these difficult decisions were taken in order to ensure safer, higher quality care for patients previously registered at Failsworth Group Practice.

Thank you for bringing these concerns to our attention and I hope that you will find the information I have been able to provide to date to be helpful."

6 **MINUTES OF PREVIOUS MEETING**

Resolved:
That the Minutes of the meeting of the Health Scrutiny Committee, held 8th March 2022, be approved as a correct record.

7 **INFANT MORTALITY - UPDATE**

The Health Scrutiny Committee received a report of the Director of Public Health that updated members on infant mortality in Oldham and on actions being taken to reduce these deaths. The submitted report provided an overview of the work being undertaken to reduce infant mortality across the Borough of Oldham, with specific focus on the work to reduce smoking in pregnancy, and on advice regarding safe sleeping.

Infant mortality has a devastating impact on the lives of the affected families of the Borough. Infant mortality was defined as the death of a child aged under one year. The highest priority for the long-term health of the population was to ensure that children are given the best start in life.

Oldham's infant mortality rate had been higher than the North West region and England rates consistently for over a decade. Oldham's most recent rate for 2018 - 2020 was 6.2 per 1,000, making it significantly higher than the national figure, in the same period, of 3.9 per 1,000. This was therefore a key priority to improve the health of the Borough.

Oldham ranked as the 19th most deprived out of 317 English local authorities in 2019 Indices of Deprivation (IMD) data. National research had demonstrated that there was a correlation between child poverty and the rates of deaths in children, including infants. The report on this issue from the National Child Mortality Database, which was based on data for children who died between April 2019 and March 2020 in England, finds a clear association between the risk of child death and the level of deprivation (for all categories of death except cancer).

Key contributing causes of death locally and nationally included congenital abnormalities, babies that were small for gestational age, and extreme preterm births. To reduce the prevalence of these, public health approaches should be focusing on those women that resided in the Borough's poorest areas, and work to reduce smoking, unplanned pregnancies, maternal obesity and better engagement with those with maternal disorders such as diabetes. In addition, wider determinants of health were found to be factors identified in deaths of children who lived in poverty including overcrowded housing, lack of access to interpreting services, and poor maternal health in pregnancy.

Smoking and exposure to second hand smoke during pregnancy was responsible for an increased rate of stillbirths, miscarriages and birth defects. Encouraging pregnant smokers to stop smoking was one of the most effective ways to reduce infant mortality and still births. Stopping smoking would not only benefit women who smoked and are planning a pregnancy, are already pregnant or have an infant aged under 12 months but it would also benefit the unborn child of a woman who smoked, any infants and children she may have.

In terms of genetic causes, all the cases reviewed by the Oldham Bury and Rochdale CDOP last year that related to chromosomal, genetic and congenital abnormalities were

children of Black, Asian or minority ethnicity. In addition, overall, there were higher rates of child deaths in Black, Asian or minority ethnicity groups across the Borough of Oldham. This was consistent across Greater Manchester and it was important that this inequality should be addressed. Consanguinity was a known risk factor for congenital abnormalities and therefore an important risk factor when addressing child deaths. As a response to this, Oldham Council had commissioned a genetic outreach service, that has been operating since 2015. The service aimed to raise genetic literacy and awareness in affected communities in Oldham in order to support informed marriage and reproductive choices. The service was recommissioned last year and is provided by HomeStart.

The Safe Sleeping initiative saw the completion of a local case review on the sudden and unexpected death of a baby in Oldham the Children's Safeguarding Partnership agreed to undertake a piece of work relating to safer sleep. This work was later reinforced following the publication of the National Child Safeguarding Practice Review of Sudden and Unexpected Deaths in Infancy (SUDI). Both local and national reviews identified challenges relating to the application of safe sleep guidance in the home.

The Committee scrutinised the report in some detail and a member noted that there were higher still birth rates in Pakistani and Bangladeshi patients. In this regard the Director of Public Health highlighted a number of the risks factors, adding that there was evidence to suggest that there were changes within the control of the maternity services which could be made to improve outcomes in this regard.

Resolved:

1. That the Committee notes the data on infant mortality, detailed in the report and supports the ongoing actions to reduce infant mortality across the Borough of Oldham.
2. That a further update report on this matter be submitted to the Committee in approximately 12 months.

8 **HEALTHY CHILD PROGRAMME**

The Health Scrutiny Committee received a report of the Director of Public Health that updated members on the Healthy Child Programme in the Oldham. Borough. The report provided an overview of the delivery of the Healthy Child Programme in Oldham, and the progress over the past twelve months. The report outlined the current performance of the related services.

The Healthy Child Programme (HCP) was 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 services

Work was ongoing at a national level to modernise the programme, to ensure that it was both current in terms of evidence and context. There was to be a greater focus on local assets and community-based approaches as well as ensuring that services put children at the heart of how the HCP was delivered whilst ensuring that the programme has a stronger emphasis on what works.

In Oldham, the health visiting, school nursing services, Children's Centres, and Early Education support had previously provided by Bridgewater Community NHS Trust and were now delivered by Northern Care Alliance in partnership with Oldham Council. This new partnership came into place on 1st April 2022. Local Authorities are mandated to provide some key public health services, and this service includes a number of these on our behalf. These are: health visitor reviews of pregnant women and young children; weighing and measuring children at Reception and Year 6; and oral health promotion programmes as deemed necessary for the area.

Overall, when compared with England-wide averages, the health and wellbeing of children in Oldham was amongst the worst performing. Health outcomes for children were, it was reported, impacted by poverty in a similar way that health outcomes for adults were. Breastfeeding rates were worse than England-wide averages; 49.1% of new-borns received breast milk as their first feed. The proportion of babies breastfed at between six and eight weeks after birth increased during the Covid-19 pandemic and in 2020/21 was 41.0%. There have been improvements in some of the Borough's Wards which had recorded the lowest rates of breastfeeding but emerging information from the service indicates that these rates were not sustained at the higher level.

Likewise dental health was worse than the England-wide average. 43.2% of five-year-olds had experience of dental decay. As a response to this, the Right Start service includes an Oral Health element which was to be included in the new model to support good oral health in children under five years.

Resolved:

1. That the Committee notes the progress on the transformation programme and support the ongoing actions to further develop the integrated model for 0-19 services in the Borough of Oldham.
2. That a further update report on this matter be submitted to the Committee in approximately 12 months.

9 **A HEALTH INEQUALITIES PLAN FOR OLDHAM**

The Director of Public Health reported that the Health Inequalities Plan had been developed through the Health and Wellbeing Board and it set out the actions that the Health and Wellbeing Board partners were due to take over the next two years to reduce the gap in life expectancy within Oldham and between Oldham and England.

In common with many other areas in England, Oldham had seen health and health inequalities worsen in the decade between 2010 and 2020. Life expectancy had stopped increasing, inequalities between groups widened, and for the poorest people in the borough life expectancy had declined. Since 2020 the Covid-19 pandemic had further exposed and amplified inequalities in health and the social determinants of health in Oldham, Greater Manchester, as in the rest of England

The persistent inequalities in health in Oldham, and the various missed opportunities this generated for all the Borough's residents, particularly the most disadvantaged, were well recognised. Improving health outcomes, but also wider economic and social outcomes, could not be achieved without concerted effort to address health inequalities and inequalities in the social determinants of health.

In November 2021, the Health and Wellbeing Board's members had agreed to develop a Health Inequalities plan for Oldham, which would set out the key actions which will be taken by the Oldham system in response to the stark challenges the borough faces in health inequalities and drawing on the recommendations of the Greater Manchester Build Back Fairer report into health inequalities in the Manchester City region and the Oldham Public Health Annual Report 2021.

A working group had been established and had met to develop the plan, reviewing key themes highlighted in the Greater Manchester Marmot Build Back Fairer report and the learning from a wide range of engagement activity undertaken in the borough over the last two years. A final plan had been produced and was agreed by the Health and Wellbeing Board, at its meeting on 21st June 2022.

The plan was intended to be action focused, as opposed to a long strategy document. A lot of the pre-work had been done through the Marmot and Independent Inequalities Commission reviews of Health Inequalities in Greater Manchester. Levels of need and the scale of the health inequality challenge and opportunity to improve were documented in the Joint Strategic Needs Assessment and the forthcoming Public Health Annual Report 2021.

The scope of the plan is necessarily broad, and as such this plan aims to reflect and amplify actions already included within other related plans, as well as identify new actions which could impact on reducing health inequalities. The focus of the plan is on actions which can be delivered within in 2 years or less given the pace with which health inequalities need to be acted upon and the ever-changing environment within which the system operates. It is however recognised that reducing health inequalities will need to be a priority for the borough for the long term is progress is to be made.

The Director of Public Health reported that the primary outcomes which the plan was aiming to achieve were to reduce

the gap in life expectancy and health life expectancy within Oldham, and between Oldham and the national average, ensuring that all residents could experience the best possible health and wellbeing throughout their lives. The Greater Manchester Build Back Fairer report proposed a series of indicators which could be used to monitor progress in addressing health inequalities. It was therefore proposed that these be adopted to monitor progress in Oldham. Developing a dashboard which tracked these indicators and provided an overview of progress in achieving the actions outlined in the plan, was now seen as a priority.

The Committee considered the report, and its findings, in some detail. It was suggested that the representatives of the Committee's membership, the Policy Overview and Scrutiny Committee and that of the Health and Wellbeing Board work together to determine the best ways of tackling health inequalities in the Borough, possibly as the subject of a 'task and finish' group.

Resolved:

1. That the Committee notes the report, including the contents of the health inequalities plan
2. That an initial informal meeting between the Director of Public Health, representatives of the Committee's membership, the Policy Overview and Scrutiny Committee and that of the Health and Wellbeing Board be convened to jointly determine the best ways of tackling health inequalities in the Borough of Oldham - possibly as the subject of a 'task and finish' group.

10 **THRIVING COMMUNITIES PROGRAMME UPDATE**

The Committee scrutinised a report of the Director of Public Health, which updated members on the progress of the Thriving Communities Programme and to establish the next steps for the programme in the context of the recent evaluation of the programme, and the Council's wider transformation programme.

The Committee was advised that in 2018 £2.69m had been agreed to fund the Thriving Communities programme from the Greater Manchester Transformation Fund as part of the Greater Manchester Health and Social Care transformation fund to support devolution. The aim was to accelerate the Thriving Communities element of the Oldham Model and to deliver the common objectives of the Council's health and social care integration. The programme was a 3-year programme which focused on: building upon our strengths and supporting groups in the voluntary, community, faith and social enterprise sector; supporting people earlier in the care pathway; and driving the shift to increasing earlier intervention and prevention.

The initial three-year funding period of the programme concluded in March 2022, however funding has been agreed with the CCG, alongside reserves from the initial programme budget, to continue some elements of the programme into 2022/23.

The report detailed five Social Action Fund (SAF) projects that were three years into delivery of VCFSE led projects tackling loneliness and social isolation. Some of the projects had completed their work, a number had extended the timeframe of their projects utilizing funding not spent during the lockdown period, as follows:

a. BAME consortium – BAME Connect programme of activities e.g. Yoga & Connect, Cook & Connect plus a befriending offer. This project will continue until December 2022 and is actively seeking further external funding to continue the programme.
b. Wellbeing leisure (OCL) – community based physical activity, working with community partners to deliver exercise opportunities and train volunteers. This project will continue until March 2023.
c. Oldham Play Action Group – intergeneration activities and cooking – virtual activity programmes challenge. The SAF funded activity has completed in June 2022, however the organisation is actively seeking external funding to continue the approach developed through SAF.
d. Groundwork consortium – focusing on food and growing. Project completed September 2021.
e. Street Angels – the organisation continues to grow and develop, during 2022 remaining SAF funding is supporting the transition to a new base and work to develop a new operating model in light of changing needs within the town centre night-time economy.

It was suggested that the representatives of the Committee's membership, the Policy Overview and Scrutiny Committee and that of the Health and Wellbeing Board include this matter (Thriving Communities Programme) in their discussions regarding health inequalities in the Borough, referred to at Minute 9, above.

Resolved:

1. That the report be noted.
2. That the Director of Public Health, representatives of the Committee's membership, the Policy Overview and Scrutiny Committee and that of the Health and Wellbeing Board include this matter (Thriving Communities Programme) in their discussions regarding health inequalities in the Borough, referred to at Minute 9, above.
3. That, further reports, updating members on progress, be submitted to future meetings of the Committee

11 **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2021/22 - OUTTURN**

The Committee received the Health Scrutiny Committee outturn work programme for 2022/23 submission of which represented the formal conclusion of the 2022/23 work programme and complemented the submission to Council of the Overview and Scrutiny Annual Report.

Resolved:
That the Health Scrutiny Committee outturn work programme for 2022/23 be noted.

12 **KEY DECISION NOTICE**

The Committee considered the latest Key Decision Document, which set out the Authority's Key Decisions scheduled to be made from 1st July 2022.

Resolved:
That Key Decision Document be noted.

13 **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2022/23**

The Committee received a report inviting consideration of the Committee's Work programme for 2022/23 as at July 2022.

The Chair reported that the joint scrutiny committee, overseeing the activities of the Norther Care Alliance that Oldham Council was part of, together with Bury and Rochdale, was disbanded during 2021/22. Henceforth, issues appertaining to the operations of the Northern Care Alliance were to be scrutinised by the Health Scrutiny Committees of the individual authorities. Therefore, it was suggested that representatives of Northern Care Alliance be invited to a future meeting of this Committee, to give members an overview of the work that their organisation undertakes and to give members the opportunity to highlight any issues that can be further scrutinised by the Committee.

Resolved:
1. That the Health Scrutiny Committee's Work programme 2022/23 be noted.
2. That representatives of Northern Care Alliance be invited to a future meeting of this Committee, to give members an overview of the work that their organisation undertakes.

The meeting started at 6.00pm and ended at 7.50pm

Report to OVERVIEW AND SCRUTINY BOARD / COMMITTEE

HEALTH & CARE BILL IMPLEMENTATION UPDATE

Portfolio Holder:
Councillor Barbara Brownridge, Cabinet Member for Health & Social Care

Officer Contact: Mike Barker, Place Lead, Oldham

Report Author: Mike Barker, Plead Lead, Oldham

September 2022

Purpose of the Report

To provide an update to Overview and Scrutiny Committee for Health on the progress in relation to the implementation of the Health & Care Bill.

Executive Summary

Everyone across the health and care system in England, in the NHS, local authorities and voluntary organisations, has made extraordinary efforts to manage the COVID-19 pandemic and deliver the vaccination programme while continuing to provide essential services.

We still face major operational challenges: tackling backlogs; meeting deferred demand, new care needs, changing public expectations; tackling longstanding health inequalities; enabling respite and recovery for those who have been at the frontline of our response; and re-adjusting to a post-pandemic financial regime. The intensity of the incident may have abated, but we are still managing exceptional pressure and uncertainty, with differential impacts across the country.

As we continue to respond, Integrated Care Systems (ICSs) will now play a critical role in aligning action between partners to achieve their shared purpose: to improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities. Throughout the pandemic people told us time and time again that collaboration allowed faster decisions and better outcomes. Co-operation

created resilience. Teamwork across organisations, sectors and professions enabled us to manage the pressures facing the NHS and our partners.

As we re-focus on the ambitions set out in the NHS Long Term Plan, it is imperative we maintain our commitment to collaborative action, along with the agility and pace in decision-making that has characterised our response to the pandemic.

This comprehensive paper provides members with an update on the implementation of the Health and Care Bill at Greater Manchester level and an Oldham level.

Recommendations

The Committee is asked to ‘NOTE’ the update.

Implementing the Health & Social Care Bill

Background

1. Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.

2. They exist to achieve four aims:

   - **improve outcomes** in population health and healthcare
   - **tackle inequalities** in outcomes, experience and access
   - enhance **productivity and value for money**
   - help the NHS support broader **social and economic development**.

3. Following several years of locally-led development, and based on the recommendations of NHS England and NHS Improvement, the government set out plans to put ICSs on a statutory footing.

4. Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

   - improving the health of children and young people
   - supporting people to stay well and independent
   - acting sooner to help those with preventable conditions
   - supporting those with long-term conditions or mental health issues
   - caring for those with multiple needs as populations age
   - getting the best from collective resources so people get care as quickly as possible.

5. A target date of 1 July 2022 was agreed for new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. That replaced the previously stated target date of 1 April 2022. It was agreed to provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

6. Under the Health & Care Bill, a statutory ICS would be led by two related entities operating at system level – an **'ICS NHS body'** and an **'ICS health and care partnership'** – together, these will be referred to as the ICS.

7. Each **ICS partnership** is responsible for agreeing an integrated care strategy for improving health care, social care and public health across their whole population, using the best insights from data available, built bottom-up up from local assessments of needs and assets identified at place level and focusing on reducing inequalities and addressing the consequences of the pandemic for communities.

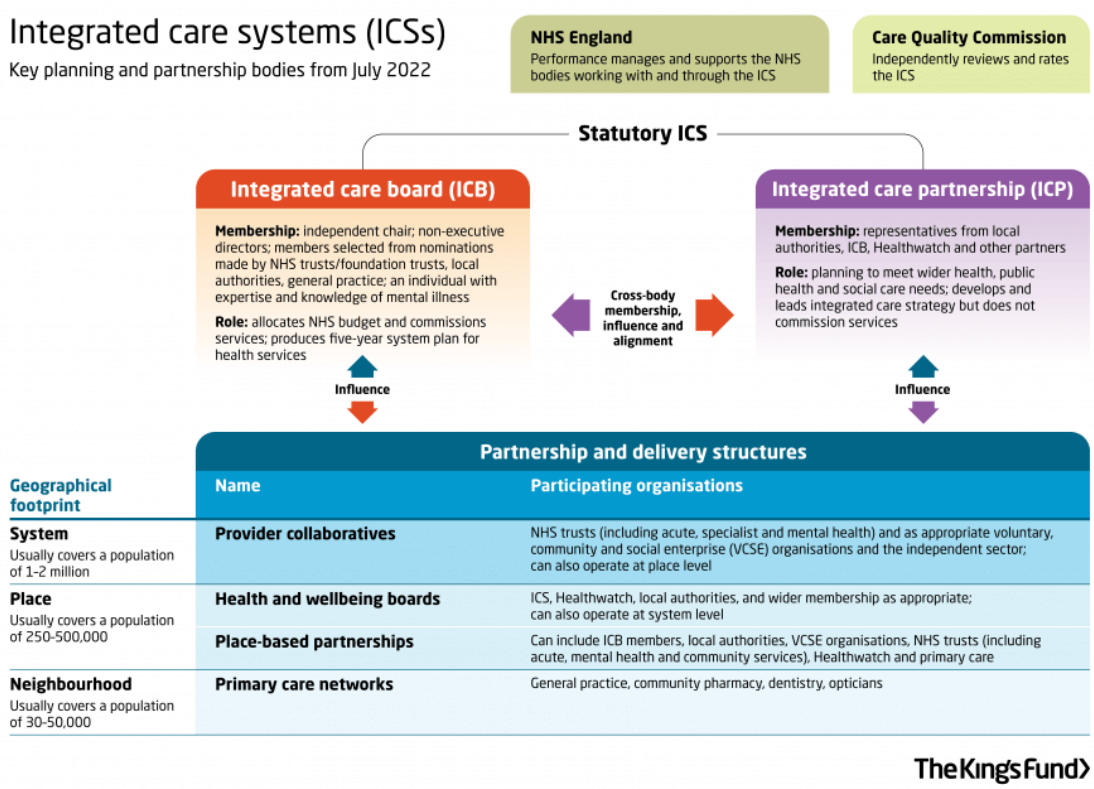
The ICS partnership is expected to be established locally and jointly by the relevant local authorities and the ICS NHS body, evolving from existing arrangements and with mutual agreement on its terms of reference, membership, ways of operating and administration. Local authorities that provide social care services in the ICS area and NHS organisations must be included. Beyond this, members may be from health and wellbeing boards, other statutory organisations, VCSE sector partners, social care providers and organisations with a relevant wider interest such as employers, housing and education providers. The membership may change as the priorities of the partnership evolve.

8. By comparison, each **ICS NHS body** is the employer and recipient of the national allocation and is specifically responsible for:

- Developing a plan to meet the health needs of the population within their area, having regard to the partnership's strategy and the local health and wellbeing strategy, ensuring NHS services and performance are restored following the pandemic and that constitutional standards (including statutory duties for quality) and Long Term Plan commitments are met.
- Allocating resources to deliver the plan by deciding how its national allocation will be spent across the system.
- Establishing joint working arrangements with partners that embed collaboration as the basis for delivery of joint priorities. The ICS NHS body may choose to commission jointly with local authorities across the whole system; at place where that is the relevant local authority footprint.
- Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is implemented effectively within a 'system financial envelope' set by NHSEI.
- Arranging for the provision of health services in line with the allocated resources across the ICS footprint through a range of collaborative leadership activities, including: putting contracts and agreements in place to secure delivery of its plan by providers; convening and supporting providers to lead major service transformation programmes; and putting in place personalised care.
- Leading system implementation of the People Plan by aligning partners across each ICS to develop and support the 'one workforce'.
- Leading system-wide action on digital and data to drive system working and improved outcomes.
- Use joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address variation and drive continuous improvement in performance and outcomes.
- Working alongside councils to invest in local community organisations and infrastructure and, through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in social and economic development and environmental sustainability.
- Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support these wider goals of development and sustainability.
- Leading the preparation and execution of emergency response.

9. All relevant clinical commissioning group (CCG) functions and duties transferred to the ICS NHS body on 1 July 2022 when they were established, along with all CCG assets and liabilities, including their commissioning responsibilities and contracts. The board of the ICS NHS body is responsible for ensuring that the body meets all its statutory duties.

10. The national implementation framework also states that all systems should a) establish and support place-based partnerships, with configuration and catchment areas reflecting meaningful communities and geographies that local people recognize; and b) from April 2022, Trusts providing acute and/or mental health services will be expected to be part of one or more provider collaboratives.



11. The remainder of this paper seeks to provides members with an overview of progress in establishing the Greater Manchester ICS and the Oldham place based partnership.

Progress with the Greater Manchester ICS

12. It was agreed nationally that Greater Manchester would become an NHS ICS especially as such joint working arrangements have been in place at system level for some time, and there has already been significant progress in preparing for the proposed establishment of statutory Integrated Care Systems. As such all CCG functions, assets, liabilities and responsibilities transferred to the new NHS Greater Manchester Integrated Care System at midnight on 30 June 2022.

13. The Greater Manchester ICS Body (ICS Board) received all CCG functions on time and officially went live on 1 July 2022 at which point it held its first ever in public Board meeting which received and approved a number of key governance documents to enable it to function effectively

14. In terms of key points to note around progress:

- The entire Board and Executive Management and Wider Leadership Team have now been appointed and are listed as follows:

  - Chair, Sir Richard Leese
  - Chief Executive, Mark Fisher, OBE

  Management
  - Chief Finance Officer – Sam Simpson
  - Chief Nurse – Mandy Philbin
  - Chief Medical Officer – Manisha Kumar
  - Chief People Officer – Janet Wilkinson
  - Chief Delivery Officer – Steve Dixon
  - Chief Officer for Strategy & Innovation – Warren Heppolette
  - Chief Officer for Population & Health Inequalities – Sarah Price

  Non-Executive Directors and Partners
  - Non Executive Director – Audit Committee – Richard Paver
  - Non Executive Director – Remuneration Committee – Shazad Sarwar
  - Non Executive Director – Quality Committee – TBC
  - Non Executive Director – Finance Committee – TBC
  - Partner – Acute Sector – Dr Owen Williams
  - Partner – Local Authority Sector – Geoff Little
  - Partner – Primary Care – Dr Vish Mehra
  - Partner – Acute Mental Health – Neil Thwaite
  - Member – VCSE – Leigh Vallance
  - Integrated Care Partnership Chair – Paul Dennett

  Place Leads
  - Bolton – Fiona Noden, Chief Executive of Bolton NHS Foundation Trust
  - Bury – Geoff Little, OBE, Chief Executive of Bury Council
  - Heywood, Middleton and Rochdale – Steve Rumbelow, Chief Executive of Rochdale Borough Council
  - Manchester – Joanne Roney, OBE, Chief Executive of Manchester Council
  - Oldham – Mike Barker, Executive Director of Oldham Council
  - Salford – Tom Stannard, Chief Executive of Salford Council
  - Stockport – Caroline Simpson, Chief Executive of Stockport Council
  - Tameside – Sandra Stewart, Interim Chief Executive of Tameside Council
  - Trafford – Sara Todd, Chief Executive of Trafford Council
  - Wigan – Alison Mckenzie-Folan, Chief Executive of Wigan Council

- A series of Board sub committees have been established covering remuneration; audit; finance; performance and quality

- Work is well underway on organisational design which will when complete ensure staffing structures are populated within the GM ICS Body as well as the Place-based Partnerships and the Greater Manchester Provider Collaborative. That is unlikely to fully conclude until 2023 and will be iterative throughout the rest of this financial year.

15. The **Greater Manchester Integrated Care Partnership**. This has been a second order priority up to this point whilst the establishment of and legal transfer of duties and powers to the NHS ICS Body has needed to be progressed given that is where all the risk has lay in the system. However, design work is now well underway and a number of key points are worthy of note in this report by way of updating members.

- It has been agreed with Local Authorities Chief Executive's including GMCA that the Chair of the GM ICP should be the lead portfolio holding member and therefore Cllr Paul Dennett, Mayor of Salford, will undertake this role
- Draft Terms of Reference outlining membership details, meeting frequency, scope of authority and decision-making and quoracy have now been developed and again Local Authorities Chief Executive's and Leaders are being consulted for their views on those in order to agree a final version to enable the first meeting to take place
- The first meeting is planned for late September and it is envisaged that this will largely be a procedural meeting to sign off the requisite governance
- A working group has been established to co-ordinate and drive the development of the integrated care strategy and the Oldham Place Lead is a member of that working group. It is envisaged that this will conclude with a strategy prior to Christmas

Progress on Oldham's Place-based Partnership

16. There are two important points that have been used to drive our designs locally in Oldham.

    i. Firstly, local partners will agree the form of governance that place-based partnerships adopt, having regard to existing local configurations and arrangements. Depending on the context and functions to be carried out at place level, governance arrangements may include the following, possibly in combination: consultative forum; (joint) committee of the NHS ICS body; individual directors of the NHS ICS body; lead provider and so on.

    ii. Secondly, the roles of place-based leaders will include convening the place-based partnership, representing the partnership in the wider structures and governance of the ICS and (potentially) taking on executive responsibility for functions delegated by the ICS NHS body chief executive or relevant local authority.

17. To that end, we have developed an operating model for Oldham's Integrated Care Partnership. To guide that development the shadow NHS GM ICS set out a series of core characteristics that every locality operating model would be required to meet. These were as follows:

i. A place-based lead for integrated health and care
ii. A Locality Board
iii. A place-based provider collaborative/alliance or local care organization and neighbourhood working arrangements
iv. Agreed arrangements for the joint management of the pooled budget
v. A clear accountable relationship with the NHS GM ICS
vi. A clinical and professional model that supports decision making
vii. A population health management system

18. We have undertook a self-assessment at the end of June prior to go live of our proposed model against these criteria and a summary of the key findings of that self-assessment are presented below for Committee members reference.

Neighbourhood Model:

- The emergence of five multi-agency district place boards are in place
- Multi-agency district operational leads groups in place
- Connectivity between district place boards and key networks (e.g. Youth Alliance)
- Developing community engagement methods embedding at neighbourhood level
- Positive evaluation of Thriving Communities and the approach to social prescribing
- Districts / neighbourhoods are coterminous footprints that are the right size

Local Provider Collaborative/Alliance:

- Long running Alliance of providers and commissioners
- Integrated Delivery Board established in May 2021
- Integration Agreement in place since July 2021
- Response-led multi-agency working
- Intensive programme of development engagement underway
- Integrated transformation programme –need to agree priorities & timeline
- Formalise a new arrangement –this could, for example, be decision-making in the first instance followed by additional pooling of provider budgets
- Agree the form of the Collaborative –'Provider Leadership Board Model'

Locality Board:

Form & Composition

- Oldham Health and Care System Board becomes: "Oldham Integrated Care Partnership Board"
- A Joint partnership Committee underpinned by a Strategic Partnership Agreement meets with a Section 75 Committee –evolved from the existing Commissioning Partnership Board with separate Terms of Reference and restricted decision-making
- Expanded S75 for 1 July onwards

- Oldham Health and Care System Board in place since September 2021
- Integration Agreement in place since July 2021
- Sub-groups established

Role

- Locality Plan in place
- Social value work established with a focus on workforce and employment
- Multi-agency quality assurance, surveillance and improvement groups established
- Finance and Sustainability Group established
- Financial flows discussed at Board
- Various Partner strategies and themed plans discussed at Board, including social children and young people
- Review all health and care strategies and plans –how do we ensure they are cohesive and connected?
- Consider regular checks that Board business addresses wealth business, social value and health inequalities –for example, via standardised paper cover templates
- Consider how oversight of unwarranted variation in performance and outcomes can be achieved
- Work with Health and Wellbeing Board to establish plans to tackle health inequalities

Place-based Lead:

- Oldham CCG AO put forward and appointed
- Accountable for ICB decisions into the 'Place'
- Leader of the 'Place' ICB team
- Part of GM Management Board
- Leader of the Partnership's development
- Dual reporting line

Population health management system:

- Governance reviewed to ensure clear definition in role of Locality Board and Health and Wellbeing Board
- Health and Wellbeing Board will focus on wider determinants and overseeing delivery of the health inequalities plan
- System-wide health inequalities plan developed based on GM Marmot recommendations
- Self assessment against Population Health Characteristics Framework undertaken in November 21 and is informing development of plans and priorities
- Provider strategies have strong focus on population health and inequalities (incl. NCA, Pennine Care)
- DPH is a member of Locality Board and Provider Collaborative Board, and is the recognised system lead for population health
- Social prescribing well established and opportunities identified to further develop approach in line with place based working
- Door-to-door engagement teams and community champions work continuing beyond COVID to focus on wider determinants and other key health issues
- Strong VCSFE infrastructure and presence on partnership boards

- Covid testing and vaccination programmes co-designed with communities, and learning is being taken into other programmes
- PCN Population Health Management Plans in place
- Continued NHS investment in improving health/wider determinants e.g. warm homes
- Examples of joint commissioning across Council and CCG in response to local need e.g. health improvement and weight management, and genetic outreach services
- NCA work on social value also well developed with a particular focus on workforce and employment
- Public health input into licensing process and working with planning on development of Local Plan to ensure improving health is embedded in policy
- Some contracts with health inequalities performance measures in place

Clinical and professional leadership model

- A clinical and care professional leadership model established that aligns with best practice and the latest research
- Health and Care Senate established
- Initial priority pathway change areas established
- Transfer planned of existing CCG clinical lead posts into the new organisation place team
- Agreement of additional and time-limited roles
- Clinical and care professional leads embedded into Boards and working groups

Recommendations

19. The Committee is asked to 'NOTE' the update.

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of the Local Government Act 1972 and
it is not in the public interest to disclose
the information because……

Oldham Council

Report to OVERVIEW AND SCRUTINY BOARD / COMMITTEE

Elective Care Recovery Update

Portfolio Holder:
Councillor Barbara Brownridge, Cabinet Member for Health & Social Care

Officer Contact: Mike Barker, Place Lead, Oldham

Report Author: Mike Barker, Plead Lead, Oldham

September 2022

Purpose of the Report

To provide an update to Overview and Scrutiny Committee for Health on the progress in the recovery of Elective Care services.

Executive Summary

In February 2022, NHSE published the Delivery Plan for Tackling the COVID-19 Backlog of Elective Care, a plan that set out a clear vision for how the NHS will recover and expand elective services over the next three years.

A central aim is to maximise NHS capacity, supporting systems to deliver around 30 per cent more elective activity by 2024-25 than before the pandemic, after accounting for the impact of an improved care offer through system transformation, and advice and guidance- creating an elective care system that will be fit for the future.

The National plan, as is reflected in our locality plan, has a strong focus on improving patient outcomes and their experience of NHS services, delivering against the following key areas:

1. Make progressive improvements on long waits, with a goal to eliminate waits of over one year by March 2025, and waits of over two years by July 2022.
2. Reduce diagnostic waiting times, with the aim of least 95% of patients receiving tests within 6 weeks by March 2025.

3. Deliver the cancer faster diagnosis standard, with at least 75% of urgent cancer referrals receiving a diagnosis within 28 days by March 2024, and return the 62 day backlog to pre-pandemic levels by March 2023.

The ambitions set out in the recovery of Elective Care are important for improving outcomes for patients, but they are still heavily dependent on maintaining low levels of COVID-19, enabling the NHS to restore normalised operating conditions and reduce high levels of staff absence.

The plan requires a collective focus to:

- Increase capacity and separate elective and urgent care provision, while freeing clinicians' time for new patients and those with the greatest clinical need
- Prioritise diagnosis and treatment for those with suspected cancer or an urgent condition, and offering alternative locations with shorter waiting times for those waiting a long time
- Transform the way we provide elective care, including streamlined care and fewer cancellations, and more convenient access to surgical and diagnostic procedures, using digital tools and data to drive the delivery of services
- Provide better information and support to patients, providing personalised, accessible support to patients whilst they wait, improving outcomes and reducing inequalities in health outcomes.

Recovering elective services is going to require a huge, collective effort from systems and providers. This is not just in hospitals but across the entire health and social care system. The National ask is ambitious, however Oldham locality continues to strive to ensure we continue to make inroads and improvements and return to, and exceed, a pre pandemic performance position.

This update seeks to update the Committee on progress to date, highlights ongoing challenges and outlines next steps in the recovery of Elective Care.

Recommendations

The Committee is asked to 'NOTE' the update.

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Oldham Elective Recovery Update August 2022

of Greater Manchester
grated Care Partnership

Context

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Context

Since the publish of Elective Recovery Plan in February 2022, and the marked success in delivering against the initial 104+ week waiter target, a subsequent letter from NHSE in July 2022 has outlined the focus moving forward.

Our next two performance ambitions are to return the number of people waiting more than 62 days from an urgent referral for suspected cancer back to pre-pandemic levels (by March 2023) and to eliminate routine elective waits of over 78 weeks (by April 2023), alongside increasing activity to above pre-pandemic.

In order to deliver the next stage of recovery there are several things that systems must do, including:

- o System management of long waiting patients and mutual aid.
- o Waiting list management.
- o Prioritisation and productivity.
- o Optimising capacity, within NHS and Independent Sector Providers.
- o Ensure best practice pathways are in place.
- o Transforming outpatients.
- o Prioritisation of 62-day cancer and 78-week patients.

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Waiting Lists and Referral To Treatment

Waiting List Overview- June 2022 (latest position)

- The current all-provider Oldham waiting list has grown in month from **28,795** to **31,274**, an in-month increase of **2479 patients**.
- The net effect of the current position is that patients are being added to the waiting list in greater numbers than are being removed, whether as a result of treatment or data validation. It should be noted that this mirrors the national picture.
- If around half the 'missing demand' from the COVID-19 pandemic returns over the next three years, particularly if this is earlier in the period, then it is expected that the waiting list will be reducing by around March 2024.
- It is important to note that the locality experienced a system outage at NCA May into June, and therefore there is a data accuracy query in June's data submission as the large WL increase may be reflective in part due to
- Clearly there is much more to be done to bring the WL size down to a pre-pandemic level (??), which will require reducing demand, increasing capacity and transforming services to utilise resources effectively.

RTT - The National Ask

The NHS Elective Recovery Plan contains a number of RTT ambitions:

- All **+104 week** waiters to be eliminated by **July 2022**
- All **+78 week** waiters to be eliminated by **April 2023**
- All **+ 65 week** waiters to be eliminated by **March 2024**
- All **52 week** waiters to be eliminated by **March 2025**

Progress to date +104 and +78 week waiters

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Good progress has been made in terms of treating the very longest waiters (+104ww and +78ww). The position at the end of June demonstrated that Oldham had almost eradicated 104+ week waiters, with only 5 patients remaining, as per the table.

Provider	Speciality
Alexander Hospital	Gynaecology
Fullwood Hall Hospital	Oral Surgery
MUFT	Ear Nose & Throat
MUFT	Gynaecology
MUFT	Other - Surg

Engagement with NCA has improved significantly over recent months. An Oldham commissioning representative now attends weekly access and performance meetings with the Trust, where 104+ and 78+ week wait targets are monitored and managed.

Following the 104+ week target, all our providers are now focused on the 78ww target and are managin their waiting lists patient by patient. In order to deliver against the 78 week target, the following are bein implemented:

-PTL meetings are taking place in all specialties on a weekly basis.
-In addition, the NCA Access and Performance meeting takes place every week, with the CO overseeing progress against the target by specialty.
-Demand and capacity modelling work in underway to understand what additional capacity may b needed for each specialty in order to achieve the target.

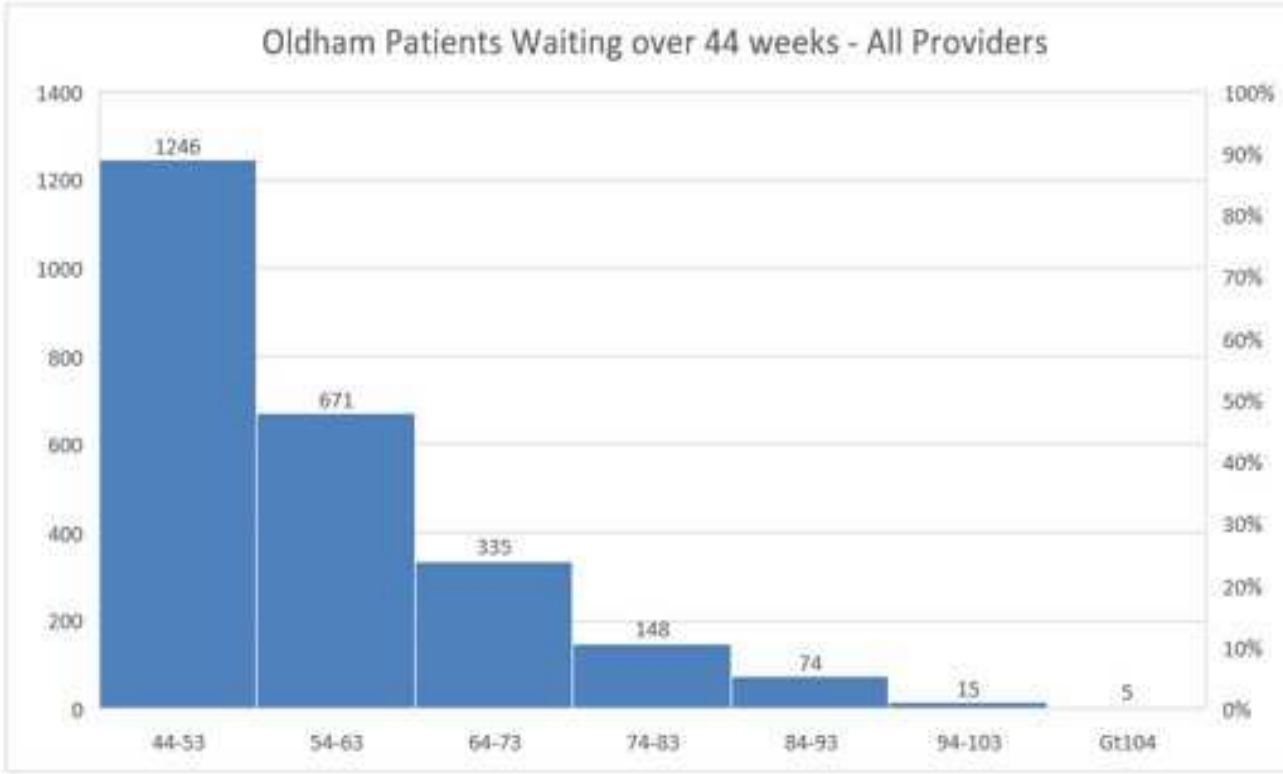
Patients Waiting over 44 weeks – All providers

n order to meet the target of 78-week vaiters being eradicated by the end of March 023, all patients currently waiting on an ncomplete pathway at 44 weeks or above, ill need to have received their first definitive eatment by 31st March 2023.

Currently, there are **2,494** patients

waiting at 44 weeks or above as of 28th July 022.

Demand and Capacity modelling will enable he identification of any specialty level gaps, nd utilization of system wide capacity will eed to be maximized to enable delivery of his target. The locality remains well linked to he GM Independent Sector Provider Ops Group (ISPOG), to ensure any available apacity is utilized through use of IPTs. here is room for improvement in the tilsation of available capacity and this will be mportant in the success of the 78 week arget.



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DIAGNOSTICS

Context and National Ask

The need for radical investment and reform of diagnostic services was recognised at the time the NHS Long Term Plan was published in 2019.

The Covid-19 pandemic has further compounded the need for radical change in the provision of diagnostic services, and much more needs to be done in the recovery period to establish new pathways to diagnosis.

Historically the diagnostic target has stood at 99% of all patients need a diagnostic test to have received it within six weeks of their referral. Given the scale of backlogs, and the increasing demand as patients are re-engaging with services and diagnostics are also being utilised to aid prioritisation of patients, the national ask is now:

- ***95% of patients needing a diagnostic test receive it within six weeks by March 2025.***

Current Position (end June 2022)

The current breach rate for diagnostics (i.e. those seen outside of 6 week window) was **36.5%.** Therefore, the locality is currently performing at 63.5% against the March 2025 target of 95%.

Although this performance seems relatively low, this is a much improved position and places the locality in a favourable position to recover by the March 2025 target date.

The key headlines on the current June position are:

- A further reduction in the total W/L in June. Following a reduction of 1,253 in May – the list shrunk by a further 399 in June.
- Breaches reduced substantially 2,454 in May to 1,990 in June (-464). This was largely due to improved performance across the NCA and Lancaster House
- The breach rate was 36.5 Vs 42.0% in May (demonstrating continued improvements)

Actions to support Diagnostic recovery

There are a number of initiatives and actions in situ to support the recovery of diagnostics, and the improvement to date has demonstrated that these are proving successful to date:

-**Additional Echo** provision provided via IS (PDS Medical) to support both direct access and community capacity.

-Extension of the **Inhealth community endoscopy** offer- a further 3 months capacity has been commissioned to aid recovery, and an offer of this capacity has been made to the NCA also. To date there has been no uptake by the local Trust, and therefore any additional capacity is now being offered to any GM locality who requires support.

-The Oldham **Community Diagnostic Centre** (NCA) is due to go live in September 2022 which will provide much needed additional capacity into the locality. Community Diagnostic Centres are one stop shops that are being created across the country to deliver MRI, CT and other diagnostic services to patients away from hospitals, so that patients can receive life-saving checks closer to home. These changes will make diagnostic services more accessible and convenient and will help improve outcomes for patients with cancer and other serious conditions.

Cancer Update

62 Days & Faster Diagnosis Standard (FDS)

62 Days Cancer Standard

The 62 days cancer standard states that no patient should more than 62 days between the date the hospital receives an urgent referral for suspected cancer and the start of treatment.

Faster Diagnosis Standard

The Faster Diagnosis Standard (FDS) has been introduced to ensure patients who are referred for suspected cancer have a timely diagnosis.

- The standard will ensure patients will be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer.

- For patients who are diagnosed with cancer, it means their treatment can begin as soon as possible. For those who are not, they can have their minds put at rest more quickly.

National Ask

- ***Delivery of the Faster Diagnosis Standard, with at least 75% of urgent cancer referrals receiving a diagnosis within 28 days by March 2024.***
- ***Return the 62-day backlog to pre-pandemic levels by March 2023***

It is important to note that 62 day performance has been significantly challenges both nationally and locally far before the impact of COVIS-19. To put this into context- Oldham locality was **last compliant with 62 day** performance in **October 2017**. This demonstrates the level of challenge already present, which has further been compounded by the pandemic period. The pre-pandemic 62 day performance stood at 68.63% (Mar 20), and therefore forms our target for recovery.

Oldham FDS & 62 Days Performance

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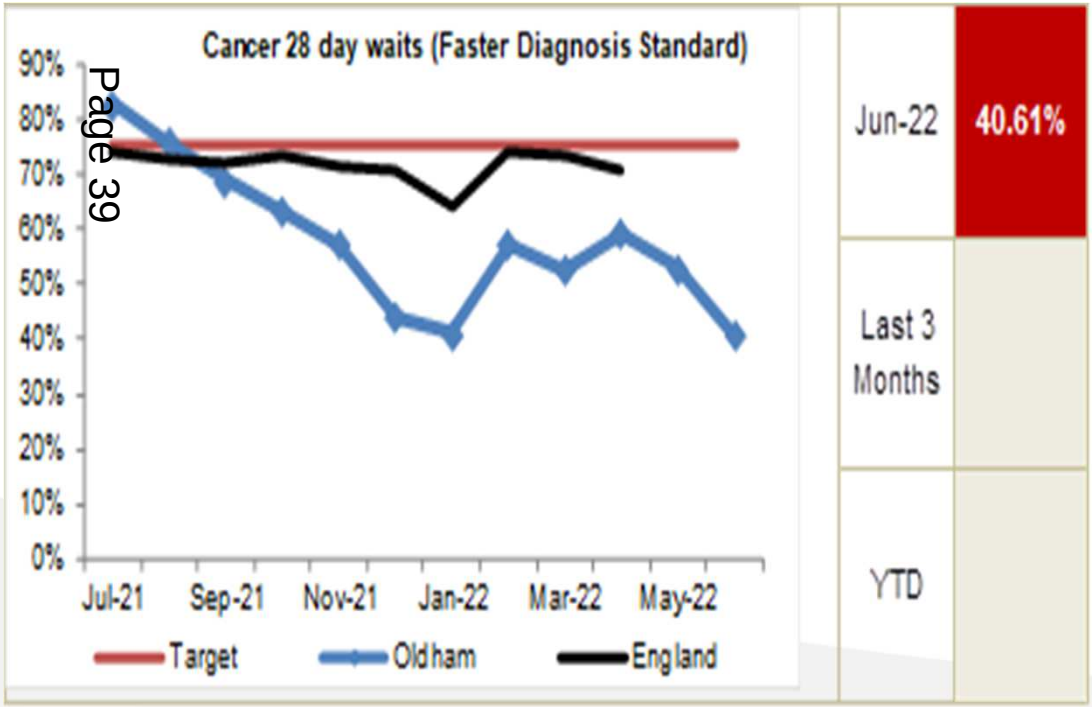
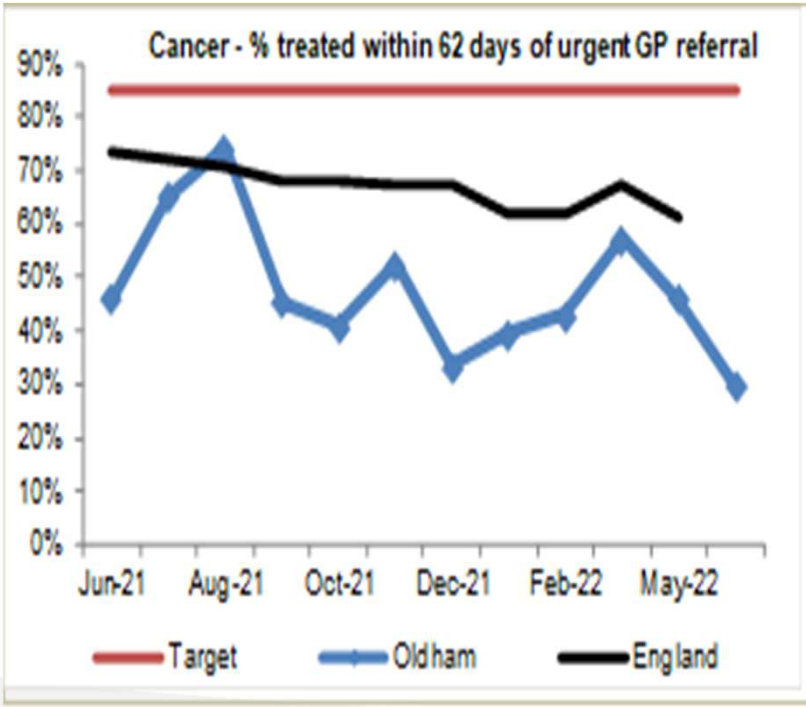
FDS Performance



Jun-22	40.61%
Last 3 Months	
YTD	

62 Days Performance



Jun-22	29.79%
Last 3 Months	44.36%
YTD	44.36%

Current Performance and Challenges

Performance against the 62 day cancer standard in June 2022 was 29.8%. This is considerable below the target to return to the pre-pandemic level of 68.63% (Mar 20)

- The most challenged services are:
  - **Breast (14.3%)**
  - **Lower Upper GI (33%)**
  - **Dermatology (33%)**

The current factors contributing to this underperformance are:

- Treatment of long waiters adversely affecting performance- i.e. when a long waiter is treated, the breach is recorded at point of treatment and therefore the more long waiters (over 62d) treated the poorer the performance
- Diagnostic capacity is an issue, particularly reporting, which is causing significant delays.
- Changes are being made to the front end of patient pathways to improve performance, but this is still a work in progress in terms of impact delivered
- Sickness, annual leave and vacancies are also a significant factor.
- Demand within Cancer Pathways remain high- with GM currently running at 119% demand in comparison to pre-pandemic levels. This level of increased demand is outweighing capacity to assess, diagnose and treat currently, and therefore driving continued performance pressures across Cancer standards.

Actions Taken to Improve Performance

Breast

- An insourcing solution has been implemented and will see an increase in capacity of 800 TWW slots over an 8 week period.
- Sustainable recovery of the breast TWW position (following backlog clearance) will now be possible due to the recent implementation of the following changes. ·
- A major full clinic template change.
- Introduction of a referral assessment service.
- Robust triage provision is being provided by the broader clinical team.

Actions Taken to Improve Performance

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Lower GI

- Oldham locality have recently extended the provision of the Inhealth community gastroenterology and endoscopy service by a further 3 months. This will provide additional diagnostic capacity, and this service has also been offered to the NCA as additional diagnostic/OP or 2ww capacity.
- NCA is currently working on an Endoscopy Strategy to ensure the future service provision is aligned to need.
- The Trust are continuing to utilise the Rapid Diagnostic Centre (RDC) pathway to support internally, and also continue to develop the Community Diagnostic Centre which will provide additional diagnostic capacity to Oldham.

Actions taken to Improve Performance

Dermatology

- The Oldham locality is working with our partners to fully implement current Telederm across Oldham all G.P practices, with a potential for the further development of PCN level image clinics utilising dermatoscopes.
- This will improve the quality of dermatology referrals by ensuring that high quality images accompany all referrals to improve triage decision making and reduce the number of patients being seen in secondary care unnecessarily thus reducing outpatient demand.
- There is a drive towards all 2ww referrals having accompanying images as this will aid clinical prioritisation within the cancer pathway. This work will be undertaken in line with GM Cancer protocols and Pathway Board.

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Elective Care Recovery Strategy- Next Steps

Context

In order to deliver against the national ambitions there is much work required. To date we have seen significant success with 104+ week waiters, however the scale of elective care recovery is great and the pace at which we move must now increase.

The key elements of the strategy to recover include:

- Demand Management
- WL Management
- Utilisation of all available capacity including Mutual Aid and IS provision
- Transformation of outpatient services
- Supporting patients whilst they wait

Being Well Programme

Being Well Programme captures a number of key s that support the recovery strategy. The table nes the 4 pillars of the programme and the related tives.

re is commissioning representation in all of the NCA g Well sub groups- however pace to date has been er than hoped. The NCA have recently committed e additional PMO support to ensure this programme w expedited to support recovery milestones.
date there have been identification and agreement pecialities, roll out plans and trajectories set for 12 months. PIFU Pathways have been emented in the following areas:
T
hopaedics
stro IBD
nthalmology
eumatology

ce and Guidance has significant work still required.

Being Well Programme		
Workstreams	**Aligned to**	**Objectives**
Deciding Well	Advice & Guidance / Specialist Advice	• NHSE target of 12% min. of OPFA to be A&G / Specialist Advice by Mar '22 – behind schedule
Referring Well	Redesign/perfect the administrative Elective Pathway	• NCA based work to separate the DoS following restructure with MFT • Redesign the NCA DoS w/ GP involvement • Improve the referral process
Waiting Well	'While you Wait' GM led supporting patients on hospital waiting lists	• To provide hospital-led support / reassurance for patients on wait lists and GPs • Give specialty based focus/ support • Improve comms
Recovering Well	Patient Initiated Follow Up - PIFU	• Identify existing examples in specialties • Expand to other suited specialties • NHSE target moving 5% of all OP attendances to PIFU pathways by March 2023

Next steps and ongoing actions in Recovery

In order to bring further assurance and accountability into the locality's elective recovery, a new governance structure is under development. The Oldham Elective Care Recovery Board will hold its initial meeting in September 2022, and this forum will be accountable for providing assurance upwards to the locality ICB and System Leadership. This Board will receive monthly performance updates, achievement against recovery trajectories and agree mitigations for any programme risks.

The following initiatives will be progressed and feed into the Oldham Recovery Board:

- Advice and Guidance- (A&G) has been on the Oldham agenda for a long time with limited engagement across providers. We welcome the renewed focus and are fully engaged with NCA via the Being Well Programme and are seeking to engage primary care to support a workable solution that will embed this in our patient care ethos.
- PIFU- Further development of PIFU across NCA, but also across community elective services will ensure that patients are not routinely returning to clinic unnecessarily but instead are safely discharged with an open access route for review should the need arise.
- Community Diagnostic Centre- The CDC in Oldham will bring much needed additional diagnostic capacity into the locality. The streamline diagnostic offer will ensure we can offer diagnostics at the front end of patient pathways and move to a diagnose to refer system which will support the better use of acute provision.
- Development of Telederm- the current offer is limited as it entails patients taking images on their own devices. The locality has established a new programme of work to expand the use of dermatoscopes within primary care, to ensure high quality images are sent with all dermatology referrals (including 2ww), which will enable robust triaging and enable deflection of referrals with advice and guidance where appropriate.

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Saving lives, Improving lives

NHS Northern Care Alliance NHS Foundation Trust

Meeting	**Oldham Health Scrutiny Committee**
Title	**NCA IT Outage Critical Incident Debrief Report**
Author(s)	John Llewelyn, Acting Chief Digital & Information Officer; Allan Cordwell, Head of Group Emergency Planning, Resilience & Response Unit; Nick Gurbanov, Risk Manager, Paul Allison, Planning Accountant
Presenter	David Jago Chief Officer
Date	Tuesday 6th September

We recommend: The Oldham Health Scrutiny Committee is asked to:

1. **Receive the NCA IT Outage Critical Incident Debrief Report including summary of root cause analysis, the safety, business continuity and financial impacts and associated learning to date.**

Part 1: Explanation

Why is this report being presented?	In accordance with the national Civil Contingency Act, formal debriefs and lessons learnt form part of the management of any business continuity and critical incident experience by the organisation. This report summarises the findings from the Digital Critical Incident and lessons learnt; a summary of safety issues and audits of assurance; a breakdown of activity lost and financial impact; costs associated with management of the outage across the NCA; and the lessons learnt from the incident overall management.
Which NCA Ambitions does this support?	Improving quality, safety, experience and outcomes. Improving performance – meeting and exceeding standards.
Where has this paper has been?	This paper is a follow up to the IT Outage Technology and Root Cause Analysis paper presented to Board in June. It includes the summary of responses from the debrief questionnaire completed by key stakeholder teams and financial impact summary to date.
Is consultation required?	N/A
What are the implications for equality, diversity and inclusion?	The activity lost through this critical incident and subsequent business continuity phase of getting back to business-as-usual service delivery will potentially widened inequalities of access that currently exist
What about sustainability?	Throughout the incident management and transition back to business as usual there has been an environmental impact as a result of switching from digital to paper processes.
Freedom of Information	This document is public.
Key Risks	Key risks on this issue are given in Appendix A.

Part 2: Summary

This report summarises the findings from the Digital Critical Incident and lessons learnt. Learning will be used to review existing and new Business Continuity systems implemented or introduced in preparation for any possible Critical incident that may impact the NCA.

Background Summary

On the evening of 17th May the Information Technology (IT) on call team received reports of the Symphony (A&E) system becoming unresponsive. This resulted in calls being logged with EMIS (Symphony support) and Dell and VMware (infrastructure support) and triggered an investigative process. By mid-morning on 18th of May it had become clear that this was an issue related to the Trust's virtual infrastructure which was affecting most clinical systems in the North East Sector (NES) affecting Bury, Rochdale, Oldham and North Manchester (managed by MFT) acute provider teams. An Incident Response Meeting was scheduled and chaired by the NCA Chief Delivery Officer. At this meeting the current risks and impacted areas were identified with the decision made to establish twice daily meetings and for services across the NES and North Manchester to invoke their Business Continuity plans.

Throughout the weekend of the 21st and 22nd of May the suppliers (Dell & VMware) continued to work on the issues with support from the IT & Digital Teams, with Care Organisations maintaining Business Continuity.

On the 23rd of May the decision was made to build an emergency environment to transfer critical clinical services to. Later that day discussions took place regarding escalating to a Critical Incident; and the final decision was made by the NCA Executive in a meeting chaired by the NCA Chief Executive.

Technical analysis concludes that a software defect was the root cause, and the same issue cannot occur again

Since successful restoration of services, the NCA digital team have worked closely with Dell/ VMware technical leads who have been forensically reviewing system logs, the timeline of incident response actions, with the intention of identifying root cause. The output of this work is a formal report from Dell Technologies.

The report concludes that: a software defect in the VMware vSAN software ESXi/vSAN was the root cause and the effects were triggered by a very specific set of conditions which were:

1. The Witness Server (part of the data centre architecture) was disconnected for routine maintenance purposes for a very brief period of time (<5 minutes);
2. "Large objects" were being created as a result of nightly backups running when the witness server disconnected.

It is acknowledged by VMware that disconnection of the witness server would not normally cause any adverse impact, and the creation of large objects during routine operations (including backups) is part of the core design so entirely expected.

On this occasion this combination of events appears to have triggered the software defect which resulted in higher-than-normal network traffic, high latencies, and data unavailability across the virtual cluster.

VMware have subsequently informed us that the software defect was present in version ESXi/vSAN 7.0 Update 1 and update 2 (our previous two versions of their product) but resolved in vSAN 7.0 update 3 (our current version) and subsequent release. **They have stated therefore that the same issue cannot occur again.**

The report further acknowledges that supplier efforts to diagnose and provide workarounds to help restore services as quickly as possible inadvertently impacted the environment to the extent it became irrecoverable. This prompted the decision to evacuate the cluster to save data whilst the root cause work continued.

NCA management of the platform has always conformed with supplier guidance, changes to the environment are strictly controlled by inbuilt product protocols and supported directly by the suppliers and accredited third parties. The set of circumstances that triggered the defect are not abnormal therefore it is concluded that the incident could not have been foreseen.

One further piece of work has been commissioned from NHS Digital (NHSD) to facilitate an incident review with the NCA Digital Trust System Support team (TSSM), considering the Digital team's incident management step by step and reviewing protocols and local policies to identify any further learning or service improvement insight which can help mitigate any future risk and inform the design of the new cluster.

The software defect was not known to the supplier and only discovered through post incident analysis of system logs. The suppliers have now developed public facing documentation highlighting the issue and are sharing with relevant customers.
The suppliers have also committed to do a full architectural review of the NCA infrastructure to understand workloads and optimise performance.

Critical Incident & Business Continuity response was deployed working in partnership with regional and GM colleagues

The NCA has well established Business Continuity (BC) Systems aligned and audited against the ISO 22301:2019 Business Continuity Standard. In the event of a Business Continuity and/or Critical Incident declaration the NCA will establish formal Command and Control arrangements. Silver (tactical) Control Teams were established across the affected sites, they work between the Gold (strategic) and Bronze (operational) levels of command. During the Critical Incident the Gold Command function was provided by the twice daily Incident Response Meetings which were inclusive of GM EPRR colleagues. Sitreps and briefings throughout the incident were provided to system partners, regional and national teams.

Safety of patients was a primary focus of the incident management with controls to reduce harm put in place. Cancellations of treatments, appointments and delays along pathways

Care organisations services; NCA wide services such as diagnostics and pharmacy (D&P); the group patient access and administration (GPAA) service and primary care services were impacted by the IT outage.
Reporting of incidents, including harms, through the Datix system (Datix system remained unaffected by the IT Outage) was able to continue throughout the incident. This provided insight into the reliability of safety systems put in place. NCA governance managers, floor walkers and an NCA governance oversight group for the IT Outage were visible and accessible in the organisation to support staff and maintain patient safety.

of care were a consequence of the outage

Analysis of Datix submissions shows very little change/impact on submission of numbers per day, even with the issue of miscommunication regarding system availability. Where there was a high number of submissions on a particular day this, in the main, related to on the day cancellations in Rochdale theatres where the NCA delivers the majority of High Volume Low Complexity surgeries.

There were 327 incidents of Low harm reported on Datix with the top three areas of risk being Medications related (of which almost half relate to missed drug dosage), documentation and IT security.
Additionally, there were two incidents of Moderate harm (1 Medication error and 1 surgery related incident not reported for 26 days following the incident) and 1 Serious incident reported relating to Bereavement/End of Life in which a referral was made to the coroner containing incorrect patient demographics. Internal investigations are underway for all moderate and above incidents of harm in line with trust incident management policy. 72hr rapid reviews were undertaken to identified immediate actions required and explore potential learning. It is anticipated the current number of incidents reported may increase over the next few weeks or months. For example, there were several missed and delayed doses of the administration of VTE prophylaxis therapy (enoxaparin). Some of these may present themselves as hospital acquired DVT up to three months after the missed/delayed doses.

It is important to understand that further incidences of harm may still be highlighted/detected in the future and will likely be as a consequence of communication failures. Handover of care documents between acute services and primary care were disrupted throughout the incident. Other examples of communication disruption include the shift to handwritten documents and handheld dictaphones as an alternative to inputting data directly into digital patients records. Currently all dictaphone records have not yet been fully reconciled to patient pathways and significant backlogs of scanning documents back into patient records has been created, this will take some weeks to clear. These communication disruptions may require the need for repeat patient attendances and diagnostics and it will be important to consider whether this Critical Incident played a part in delaying treatment and impacting outcomes for those patients. This is particularly relevant to cancer pathways as there is an inability to identify cancer typing amongst the whole G2 list of letters as a consequence of docking digital pocket memos (DPM) on the same date (the cancer access team rely on listening to each dictation to identify the patients priority), this is a learning recommendation for future BC planning.

Ongoing monitoring of incidents and themes will continue via the Care Organisations weekly Safety Summit meetings.

During and post the incident services undertook several assurance audits to test the strength of the business continuity incident safety control measures. The audits and assurance actions included:

- Daily monitoring of referrals received compared with numbers pre – IT outage

- Emergency departments completed casenotes audits to review reliability of delivery relating to onward referrals and plans requiring action; urgent GP letters; other non-urgent follow ups.
- Daily checks on wards to ensure clinical assessments and observations were being undertaken and documented including VTE Risk Assessment, Medications, Falls and Pressure Ulcer Assessment Patient Observation documentation.
- Reconciliation of all paper clinical outcome forms to ensure integrity of patient appointments for follow ups.
- Sites intentionally held onto documents for scanning, for clinical safety reasons and to ensure continuity of care for the patient whilst they remained an in-patient.
- Floor Walkers ensured staff were complying with the business continuity plans and were taking and recording messages from patient calls accurately.
- The Radiology service undertook a retrospective action to ensure all handwritten radiology reports and paper requests generated during the IT outage period have been transcribed into the CRIS system.
- The Radiology service is retrospectively performing a process of reconciling any temporary PAS numbers generated during the period of PAS system downtime with existing PAS numbers, to ensure all images are correctly allocated on the Sectra image system.
- The Pharmacy service is performing a review on the issues arising from the ePMA (Medchart) & Emis Pharmacy Downtime. The report will include an audit of all medication related incidents reported during the IT Outage which were associated with the system downtime.

The incident temporarily impacted the Trust ability to recover planned care with a particular impact on radiology backlogs

During the period of the IT outage, the unavailability of radiology systems; reductions in outpatient clinics and some theatre sessions meant that reporting and treatment capacity was reduced. For radiology this temporarily halted the ability to continue progress in reducing the scanning and reporting backlog reduction programme. Since restoration of the systems, the radiology service has continued the programme of reducing the backlog by increasing capacity (extra substantive sessions, outsourcing to existing providers and further procurement of independent radiology reporting providers). There remains a systems of daily waiting list monitoring, oversight of recovery through the D&P Operations and Performance Committee and Group Risk and Assurance Committee.

Diagnostics and Pharmacy managed their services using BC plans during the IT outage and did not report any significant harm (Moderate, Severe) incidents related to the IT downtime.

Activity loss and the financial impact of the incident cannot be fully quantified but income is not affected due to the block contracts in place.

All A&E activity that took place during the outage will be at base tariff, regardless of what interventions took place. The impact of this cannot be fully assessed until we have back-dated the A&E attendances onto Symphony ED system. A broad assessment could be made from looking at a similar period, assessing the financial value of this and then estimating the value of the same activity is this was all at base tariff.

For hospital admissions depth of coding impact looks to be minimal. Currently there are c100 uncoded spells due to absent clinical documentation. Financial

assessment can only be made when coding is complete (likely to be early August but there will be a cohort of spells that we cannot code). In real-terms, this will not impact our income due to block contracts in place however we need to be mindful of this period when calculating financial values for future contracts, calculation of elective recovery funding or undertaking casemix analysis.

Early analysis indicates circa 1000 appointments/procedures were cancelled with the biggest impact on high volumes specialities such as ophthalmology and rheumatology.

A broad assessment of the cost of managing the incident has been made at this stage but does not include the cost of non-delivery of activity and catching up on backlogs

The cost of managing and recovering from the impact of the outage from a systems and process perspective is currently estimated at £675k with the bulk of the cost across the Digital and Group access and administration teams. Any impact of non-delivery of activity is not factored in at this stage and would require further assessment.

After an incident, thorough de-briefs are carried out to capture issues identified, recommendations to be implemented, and planning assumptions to be reviewed

To enable as many individuals as possible the opportunity to share their experience the NCA de-brief has been completed on Microsoft Forms. To ensure that the de-brief is inclusive the process is anonymous and paper copies were shared with individuals who may not have access to computers by the Governance Teams.
The de-brief covered the NES response to the IT Critical Incident and the impact to our clinical services. North Manchester is part of Manchester University NHS Foundation Trust therefore this report does not cover their response, the de-brief for this locality was completed by their local EPRR Team at their request.
The de-brief covers all areas of the NCA including Community, Acute Clinical Services, Support Services and Corporate functions. The report findings apply to the following:

- Bury Care Organisation
- Corporate Function
- Rochdale Care Organisation
- Royal Oldham Care Organisation
- Diagnostic & Pharmacy
- North Manchester
- Health Economy partners

A total of 285 individuals responded. The NCA De-brief consisted of total of 13 main questions. The de-brief was open from the 24th of June until the 8th of July 2022. Several comments were received and were captured in a word cloud.

The de-brief identified the following findings:

- Bury CO contributed the most with 37% of the feedback followed by Oldham with 30% and then Rochdale with 15%. 3% of the feedback
- provided was from partner agencies which included Primary, GM Gold and Greater Manchester Health and Social Care Partnership.
- The de-brief identified that the majority of NCA services were affected during the critical incident with 69% of returns stating that they were unable to deliver their usual activities. Most activity affected was patient facing.

- Most forms (67%) reported that communication was adequate. Suggestions received on how to improve communication were themed along informing teams earlier of IT issues, clearer communication on what systems (clinical & non-clinical) were affected, better explanation as to what was causing the issue and earlier communication with our partners.
- A breakdown of how the briefings to staff were received shows that:
- 41% via All user emails
- 22% via Word of Mouth (through floor walkers and service leaders)
- 19% via Meetings (Including safety huddles and routine clinical handovers)
- 13% via the Intranet
- 5% via other methods which include WhatsApp and direct emails.
- Only 51% of the forms submitted stated that they looked at their Business Continuity Plans. All services Business Continuity Plans are located on the intranet. Due to the inaccessibility of the intranet services may staff did not have a local copy of their plan. All Care organisations have a hard copy of the plans in their Silver Control rooms for incidents such as IT failure. Comments received in relation to what could be improved include more detail on actions to take in the event of IT failure, and each area needs to have paper copies of clinical systems available to use in the event of IT failure.
- Overwhelmingly 69% of completed de-briefs stated that they felt adequately supported by their leaders and managers during the Critical Incident. In the feedback section the most common word used was support with 11% included in the text.
- 67% of returns felt that patient safety had been compromised during the critical incident. Many of the comments relating to how we can improve patient safety referred to letters and communication shared with primary care etc., potential for patient being lost in the system e.g., appointments, inability to see medical records, access to key telephone numbers, and access to diagnostic results.
- Four of the debrief questions asked for subjective answers in relation to positive impacts, areas of improvement, recommendations, and general feedback. Many of the themes from these comments relate to communications, ongoing IT issues, IT support, record management and patient safety elements such discharge letters and referrals.

The following critical recommendations have been developed using the data captured within the debrief and from responder's personal observations.

The use of all user emails was the most popular method of receiving communications, the development of a process to allow all user emails to be circulated out of hours in the absence of a member of the communications team needs to be agreed.

Explore the use of developing a backup cloud-based system for critical clinical systems such as e-prescribing.

Develop business continuity plan and processes for clinicians to use DPM or an alternative in downtime procedures (absence of G2) that identifies and prioritises cancer and urgent patients.

All reported harm incidents to be continually reviewed and assessment made if any harms occurred due to the Critical Incident. Learning from incidents to be

shared with Care Organisation Governance Groups and corporate teams for on-going improvement actions.

Risk assessments on risk registers to be reviewed and include possible threat of IT failure and contain mitigating actions.

Review from a BC perspective where we have single points of failure in technical/systems workforce expertise within Digital teams and develop recruitment strategy to address

All services to ensure that they have access to appropriate paper copies of electronic documents (documents can either be held locally or in central pool).

All services to review their Business Continuity plans and ensure that there are appropriate details on what to do in the event of IT Failure, including corporate services such as Group access and administration and NCA cancer services.

Emergency Preparedness Resilience & Response (EPRR) to be added to the corporate induction programme to raise awareness and support employees respond to incidents, in particular introduction to the decision-making tools.

All NCA Executives, Directors and Senior Mangers on Call to attend the bi-annual EPRR On Call Training.

Induction training of nursing staff must include orientation and awareness sessions of how paper-based prescription/documentation charts must be used in the event of ePMA/IT downtime.

Appendix A: Risk Assessment

Principal Objective	Principal Risks	CO/GBU Significant Risks	Likelihood	Impact	Key Control Established	Key Gaps in Controls	Controls	Assurance	Gaps in Assurance	Action plan summary	Opening position 2022/23	Q1 2022/23 position	Q2 2022/23 position	Q3 2022/23 position	Q4 2022/23 position	Closing position 22022/23	Target Risk Score
7. Develop our data for improvement, begin to engage widely and deeply across the NCA, starting our journey to improve inequalities.	**Transparent and Timely Data** IF our systems and processes for the reliable, transparent and timely ***capture and*** provision of data are not robust THEN ***our ability to deliver our core clinical services will be disrupted*** and our ability to deliver on the step change in performance improvement, including reducing inequalities, will be constrained. **Risk Lead: Chief Digital and Information Officer** **Executive Digital Health Enterprise Committee (EDHEC)**	**BCO** Effective IT and Digital (12) **RCO** System 1 access (12) Unstable IT (13) **OCO** KPI reporting Delays (12) Children's Reporting (12) **Digital** 1380 Data storage (12) 6755 Cyber Security (12) 6755 Digital Contract Delivery (12) **Corporate** MFT HIVE Implementation (13)	4	5	Business case Developed to bolster Cyber Security Controls with externally provided Security Operations Centre Development of a single Digital Team across both organisations supported by third party expertise where subject matter expertise is hard to secure. Post Transaction plan to integrate Network, data Centre and Hosting solutions Capital Programme to consolidate stabilised infrastructure Enterprise Architecture Function Created to oversee design decisions	Significant Reductions in planned Capital spend will require planned to be delivered across multiple years. Maintaining two PAS systems will allow progress on integration plan but delay final consolidation of IT enterprises. Definitive Root Cause understanding of Data Centre issues not fully resolved Historic data capture Capacity in Analytics/BI team vs demand for data outputs	3	**Departmental Assurance** • Weekly Digital SLT. Monthly joint SLT with ~Informatics and Digital • Technical Design Authority **Corporate Assurance** EDHEC Sub Groups : *Cyber And Information Security Operations sub group* *Enterprise Architecture Board* **Independent Assurance** • Capital Plans and Digital Maturity Trajectory signed off BY GM Digital • Internal Audit review of IT Operational Process • DSP Toolkit submission	Digital & Data Strategy not signed off at Board Recalibrated design and delivery plan for SPR not complete.	• Joint Plan with Allscripts (Altera) to create a simplified Data Catalogue for EPR • Develop new governance and policy to manages consistent data capture in clinical systems • Develop capability within EPR for users to self-report and interrogate data end Q4. • Progress Cyber BC to completion and Procure July 22 (joint procurement with MFT under consideration) • Progress Root Cause Analysis of Major IT Outage to conclusion. June 22 • Take Digital & Data Strategy to Trust Board for approval in July 2022	**12**	**12**					**10**

						Backlog of out of support operating systems to be completed as part of stabilisation Significant Stranded costs and legacy underfunding of revenue position (mitigated by Disaggregation funding) will create cost pressure in 23/24											

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Fair Cost of Care Exercise and Implementation of Living Wage Foundation Rate		September 2022	Cabinet
Description: Document(s) to be considered in public or private:				
	Housing Delivery Test Action Plan 2021	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Cabinet Member - Culture and Leisure (Councillor Elaine Taylor)
Description: The Housing Delivery Test (HDT) Action Plan 2021 responds to the HDT Measurement 2021 result published in January 2021. It is made up of two documents: Part 1 – Set's out the context, evidence and root causes for housing under-delivery in Oldham Part 2 – The Action plan itself Document(s) to be considered in public or private:				
	Backlog Maintenance 2022/2025	Executive Director for Place & Economic Growth - Emma Barton	August 2022	Cabinet
Description: Backlog Maintenance Priorities for the Council Corporate Property Portfolio Document(s) to be considered in public or private: Private - NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council.				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Wrigley Head Solar Farm	Executive Director for Place & Economic Growth - Emma Barton		Cabinet
Description: Update report on the Wrigley Head Solar Farm project and options for taking the project forward. Document(s) to be considered in public or private:				
	Performance Space	Executive Director for Place & Economic Growth - Emma Barton	August 2022	Cabinet
Description: Approval of Outline Business Case Document(s) to be considered in public or private: Cabinet Report (Part A only)				
	Report of the Director of Finance – Forecast Budget Reduction Requirement 2023/24 to 2027/28	Director of Finance – Anne Ryans	September 2022	Cabinet
Description: To present the outcome of a review of the forecast Budget Reduction Requirement for 2023/24 and future years over the revised Medium Term Financial Strategy period for a further four years to 2027/28. This includes a review of estimates and assumptions underpinning the previous forecasts reported at full Council on 2 March 2022. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Forecast Budget Reduction Requirement 2023/24 to 2027/28 Background Documents: Various appendices Report to be considered in Public				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Brownfield Register	Executive Director for Place & Economic Growth - Emma Barton	December 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: Document(s) to be considered in public or private:				
	Strategic Housing Land Availability Assessment	Executive Director for Place & Economic Growth - Emma Barton	December 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: To seek approval for the publication of Oldham Council's Strategic Housing Land Availability Assessment (SHLAA) as of 1 April 2022. Document(s) to be considered in public or private:				
	Local Development Scheme	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: The Local Development Scheme is the project plan for the Local Plan. It sets out details and timetables about the planning documents that will be prepared. Document(s) to be considered in public or private:				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Green Infrastructure Strategy	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: Approval of Green Infrastructure Strategy, including updated Open Space Audit. Document(s) to be considered in public or private:				
	Report of the Director of Finance – Treasury Management Strategy Statement 2023/24	Director of Finance – Anne Ryans	February 2023	Cabinet
Description: To consider the Council's Treasury Management Strategy for 2023/24 - including Minimum Revenue Provision Policy Statement, Annual Investment Strategy and Prudential Indicators Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Treasury Management Strategy Statement 2023/24 Background Documents: Appendices –Report to be considered in Public				
	Report of the Director of Finance – Revenue Budget 2023/24	Director of Finance – Anne Ryans	February 2023	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To consider the Administration's detailed revenue budget for 2023/24 and budget reduction proposals incorporating the current policy landscape and Local Government Finance Settlement. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Budget 2023/24 Background Documents: Various appendices Report to be considered in Public				
	Report of the Director of Finance – Medium Term Financial Strategy 2023/24 to 2027/28	Director of Finance – Anne Ryans	February 2023	Cabinet
Description: The presentation of the Medium Term Financial Strategy for the Council 2023/24 to 2027/28 incorporating the current policy landscape and Local Government Finance Settlement. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Medium Term Financial Strategy 2023/24 to 2027/28 Background Documents: Appendices –Various Report to be considered in Public				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Joint Report of the Executive Director Place and Economic Growth and Director of Finance – Housing Revenue Account Estimates for 2023/24 to 2027/28 and Projected Outturn for 2022/23	Director of Finance – Anne Ryans, Executive Director for Place & Economic Growth - Emma Barton	February 2023	Cabinet
Description: The Housing Revenue Account (HRA) Outturn Estimates for 2022/23, the detailed budget for 2023/24 and the Strategic HRA Estimates for the four years 2024/25 to 2027/28. Document(s) to be considered in public or private: Proposed Report Title: Housing Revenue Account Estimates for 2023/24 to 2027/28 and Projected Outturn for 2022/23 Background Documents: Appendices –Report to be considered in Public				
	Statement of the Chief Financial Officer on Reserves, Robustness of Estimates and Affordability and Prudence of Capital Investments in the 2023/24 budget setting process	Director of Finance – Anne Ryans	February 2023	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To consider the statement of the robustness of estimates and adequacy of the reserves in the 2023/24 budget setting process. Document(s) to be considered in public or private: Proposed Report Title: Statement of the Chief Financial Officer on Reserves, Robustness of Estimates and Affordability and Prudence of Capital Investments in the 2023/24 budget setting process Report to be considered in Public				
	Report of the Director of Finance – Capital Programme & Capital Strategy for 2023/24 to 2027/28	Director of Finance – Anne Ryans	February 2023	Cabinet
Description: To consider the Council's Capital programme and capital strategy. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Capital Programme & Capital Strategy for 2023/24 to 2027/28 Background Documents: Appendices –Report to be considered in Public				
	Report of the Director of Finance – Council Tax Reduction Scheme 2023/24	Director of Finance – Anne Ryans	February 2023	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To determine the Council Tax Reduction Scheme for 2023/24 Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Council Tax Reduction Scheme 2023/24 Background Documents: Appendices – Various Report to be considered in Public				
	Report of the Director of Finance Budget 2023/24 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes	Director of Finance – Anne Ryans	January 2023	Cabinet
Description: The Determination of the Tax Bases for Council Tax Setting and for Business Rates Income for use in 2023/24 budget deliberations. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance Budget 2023/24 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes Background Documents: Appendices - Various –Report to be considered in Public				
	Report of the Director of Finance – Treasury Management Strategy Mid-Year Review 2022/23	Director of Finance – Anne Ryans	November 2022	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Review of the performance for the first half of the financial year in relation to the Treasury Management Strategy for 2022/23. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Treasury Management Strategy Mid-Year Review 2022/23. Background Documents: Appendices –Report to be considered in Public				
	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 3	Director of Finance – Anne Ryans	March 2023	Cabinet
Description: The report provides an update on the Council's 2022/23 forecast revenue budget position and the financial position of the capital programme as at the period ending 31 December 2022 (Quarter 3) Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 3 Background Documents: Appendices – Various Report to be considered in Public				
	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Month 8	Director of Finance – Anne Ryans	February 2023	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: The report provides an update on the Council's 2022/23 forecast revenue budget position and the financial position of the capital programme as at the period ending 30 November 2022 (Month 8) Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Month 8 Background Documents: Appendices – Various Report to be considered in Public				
	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 2	Director of Finance – Anne Ryans	November 2022	Cabinet
Description: The report provides an update on the Council's 2022/23 forecast revenue budget position and the financial position of the capital programme as at the period ending 30 September 2022 (Quarter 2) Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 2 Background Documents: Appendices – Various Report to be considered in Public				
	Report of the Director of Finance – Proposed Consultation for the Council Tax Reduction Scheme 2023/24	Director of Finance – Anne Ryans	September 2022	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To update on the proposed consultation process to be undertaken by the Council with regard to the 2023/24 Council Tax Reduction Scheme. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Proposed Consultation for the Council Tax Reduction Scheme 2023/24 Background Documents: Appendices – Various Report to be considered in Public				
	Report of the Director of Finance – Treasury Management Review 2021/22	Director of Finance – Anne Ryans	August 2022	Cabinet
Description: The Annual Review of Treasury Management activity during the year compared to the Treasury Management Strategy 2021/22. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Treasury Management Review 2021/22 Background Documents: Appendices Report to be considered in Public				
	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 1	Director of Finance – Anne Ryans	August 2022	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: The report provides an update on the Council's 2022/23 forecast revenue budget position and the financial position of the capital programme as at the period ending 30 June 2022 (Quarter 1) Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 1 Background Documents: Appendices – Various Report to be considered in Public				
New!	Hackney Carriage (Taxi) Fare Increase	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Cabinet
Description: To review and approve a request made by Hackney Carriage trade representatives for an increase in Hackney Carriage (taxi) fares. Document(s) to be considered in public or private: Report attached				
TBC **New!**	Care Home Contracting Tender Proposals	Director of Adult Social Care (DASS) – Jayne Ratcliffe	October 2022	Cabinet
Description: To update the contract arrangements for residential and nursing home provision in the borough and seeks approval to conduct an open tendering exercise. Document(s) to be considered in public or private: Public				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
New!	Age UK Day Care extension	Director of Adult Social Care (DASS) – Jayne Ratcliffe	September 2022	Cabinet
Description: To authorise a proposal for 12 month interim funding arrangements for the day services and luncheon club contract provided by Age UK Oldham. Document(s) to be considered in public or private: Private. Age UK would need to consult with affected staff in respect of their roles when the funding comes to an end.				
New!	National Careers Service Contract- Get Oldham Working		September 2022	Cabinet
Description: Document(s) to be considered in public or private:				
New!	Bulky Collections & LWP Contract Report	Director of Environment - Nasir Dad	December 2022	Cabinet
Description: The report seeks approval to award a new contract for the collection of bulky waste and provision of goods within the Council's local welfare provision scheme. Document(s) to be considered in public or private: Private.				
New!	Update on Sites of Biological Importance	Executive Director for Place & Economic Growth - Emma Barton	October 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: This report outlines changes to SBIs from site surveys carried out by the Greater Manchester Ecology Unit (GMEU). Document(s) to be considered in public or private: Report on update to sites of biological importance				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
New!	Vehicle Replacement Programme	Director of Environment - Nasir Dad	November 2022	Cabinet
Description: To seek approval for the purchase of new and replacement Council vehicle fleet for financial years 2022/23, 2023/24 and 2024/25. Document(s) to be considered in public or private: Private. It is not in the public interest to disclose the information because it relates to the commercial affairs of the Council and its contractors.				
New!	Grant Acceptance: City Region Sustainable Transport Settlement (CRSTS) - Quality Bus Transit (QBT) Corridor	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Cabinet
Description: Oldham Council has secured additional funding for scheme design and development, on behalf of Transport for Greater Manchester (TfGM), via: • City Region Sustainable Transport Settlement (CRSTS) The purpose of this report is to confirm the value of the grant available to Oldham and to notify Cabinet of the intention to bring this additional resource into the transport capital programme to commence design and development of various elements of the schemes, commencing in Autumn 2022. Document(s) to be considered in public or private: N/A				
New!	Grant Acceptance: Mayors Challenge Fund (MCF) – Bee Network Crossings	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Oldham Council has secured additional funding for scheme delivery, on behalf of Transport for Greater Manchester (TfGM), via: • Mayor's Challenge Fund (MCF) The purpose of this report is to confirm the value of the grant available to Oldham and to notify Cabinet of the intention to bring this additional resource into the transport capital programme to commence delivery of the schemes in Autumn 2022. Document(s) to be considered in public or private: N/A				
New!	Accessible Oldham, Henshaw Street	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Cabinet
Description: To approve recommendations as part of the Accessible Oldham Programme that will create improved town centre pedestrian link between Fountain Street and Henshaw Street. Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council				
	Tommyfield Market - Lease Management	Executive Director for Place & Economic Growth - Emma Barton	August 2022	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To approve recommendations relating to the lease and occupational strategy for traders at Tommyfield Market including the shops on Henshaw Street and Albion Street. The successful implementation of this strategy will assist the traders' continued sustainability and aid the Council's market relocation strategy to the repurposed Spindles. Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council				
	Tommyfield Market - Lease Management	Executive Director for Place & Economic Growth - Emma Barton	August 2022	Cabinet
Description: Document(s) to be considered in public or private:				
	Oldham's Monitoring Report 2021-22	Executive Director for Place & Economic Growth - Emma Barton	December 2022	Cabinet Member - Regeneration and Housing (Leader - Councillor Amanda Chadderton)

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22ND AUGUST 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Under Regulation 34 and 35 of The Town and Country (Local Planning) (England) Regulations 2012 local planning authorities must make monitoring information available for inspection as soon as possible after the information becomes available. The Monitoring Report covers the previous financial year that is 1 April 2021 to 31 March 2022. In line with the Regulations the Monitoring Report provides details on whether the council is meeting the milestones set out in the Local Development Scheme (LDS) for preparing the various Local Plan documents. Performance is monitored against the LDS that was in place at the start of the monitoring period. The Monitoring Report also monitors a range of planning indicators, such as housing, employment and biodiversity, which seek to assess the effectiveness of the council's land-use planning policies, and whether they are achieving their objectives and delivering sustainable development. This is our 18th Monitoring Report. Document(s) to be considered in public or private: Oldham's Monitoring Report 2021 - 2022				

Key:

New! - indicates an item that has been added this month

Notes:

1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.
2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its Members are as follows: Councillors Amanda Chadderton, Elaine Taylor, Abdul Jabbar MBE, Mohon Ali, Shaid Mushtaq, Shoab Akhtar, Jean Stretton, Eddie Moores and Barbara Brownridge.
3. Full Key Decision details (including documents to be submitted to the decision maker for consideration, specific contact officer details and notification on if a report if likely to be considered in private) can be found via the online published plan at: http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0

Document is Restricted

Report to HEALTH SCRUTINY COMMITTEE

Health Scrutiny Committee Work Programme 2022/23

Lead Officer: Elizabeth Drogan, Statutory Scrutiny Officer

Report Author: Mark Hardman, Constitutional Services

6th September 2022

Purpose of the Report

For the Health Scrutiny Committee to review the Committee's Work Programme for 2022/23.

Recommendations

The Health Scrutiny Committee is asked to note and comment on the attached Health Scrutiny Committee Work Programme 2022/23.

1. Background

1.1 Overview and Scrutiny Procedure Rule 4.1 requires each Overview and Scrutiny Committee to prepare and maintain a Committee Work Programme.

1.2 The Health Scrutiny Committee Work Programme presents the issues that the Committee will be considering and scrutinising during the 2022/23 Municipal Year. The Health Scrutiny Committee is working to new terms of reference as agreed by the Council in June 2020 -

a) To discharge all health scrutiny functions of the Council under s 21-23 and 26-27 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 including:
- the review and scrutiny of any matter relating to the planning, provision and operation of the health service in the Council's area;
- the making of reports and recommendations to relevant NHS bodies and health service providers;
- responding to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major consultation exercises;
- referral of comments and recommendations on proposals referred to the Committee by a relevant NHS body or relevant service provider to the Secretary of State if considered necessary; and
- all matters relating to Healthwatch.

b) To scrutinise the work of the Health and Wellbeing Board, including the development, implementation, review and monitoring of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

c) To scrutinise the development and implementation of any joint arrangements established under a s75 Agreement between the Council and a relevant NHS organisation.

d) To scrutinise public health services generally.

e) To scrutinise issues identified as requiring improvement by external assessors in respect of social care matters.

f) To establish Task and Finish groups, Inquiries etc to give in depth consideration to issues within the purview of the Committee.

g) To consider called in business arising from the Commissioning Partnership Board.

h) To consider relevant matters referred from Council in accordance with Council Procedure Rule 10.11(g).

i) To make recommendations to the Cabinet, Health and Wellbeing Board, the Commissioning Partnership Board or to any partner organisation on issues scrutinised relevant to those bodies.

j) To participate in/and or review the considerations of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts on the residents of more than on Overview and Scrutiny Committee area.

1.3 In drafting the Committee Work Programme, the work programmes and outcomes from the 2021/22 Municipal Year have been reviewed to ensure continuation of business where appropriate. The business likely to come forward through the year has been considered and, where possible, scheduled in the programme. Such items particularly relate to public health issues and local health and social matters.

1.4 The Health Scrutiny Committee has delegated powers to undertake the Council's statutory health scrutiny function, the principal elements of which are specified in the terms of reference. Since establishment of those statutory responsibilities much has changed in both NHS structures and service delivery, not least in developing integrated health and social care services which presents some difficulties in meaningfully separating out health scrutiny from scrutiny of social care functions which thereby has the potential to cause significant duplication of time and effort. As a result, the Committee now holds some responsibility for scrutiny relating to social care. Reflecting a broader definition of 'health' than the statutory function, the Committee also has a 'lighter touch' scrutiny role in respect of the Health and Wellbeing Board and matters related to the Council's Public Health function.

1.5 With regard to Health Scrutiny and the NHS, the Committee has followed the White Paper "Integration and Innovation: Working Together to Improve Health and Social Care for All" through its passage into law as the Health and Care Act 2022 and will be reviewing the implementation of the resulting integrated care arrangements through the year and, following the transaction of local acute services and the Royal Oldham Hospital to the Northern Care Alliance, will be reviewing the progress of services subject to that process.

1.6 While overview and scrutiny should be regarded as a 'dynamic' process in that issues might be expected to pass from one Overview and Scrutiny Committee to another at appropriate times, because much of the Health Scrutiny Committee terms of reference reflect statutory scrutiny functions, there is a general expectation that all business pertinent to this Committee, whether it might be regarded as a 'policy' or 'performance' issue, would be considered solely by this Committee. Notwithstanding, the flow of business across all three of the Council's Overview and Scrutiny Committees is managed by the Statutory Scrutiny Officer in consultation with the Chairs and Vice Chairs of the Committees. It should, however, be noted that the scheduling of Committee business is, to some degree, in the hands of others: for example, the Council and the various partners contributing to the work of the Committee each have their own business cycles.

1.7 The Health Scrutiny Committee Work Programme at this stage only notes business scheduled for meetings of the Committee. However, the use of workshops or of task and finish groups are a tool of the overview and scrutiny function, enabling longer and more in-depth consideration of issues than is possible in a Committee setting. Such events will be recorded in the Work Programme as they are called for, scheduled and held.

1.8 The initial Health Scrutiny Committee Work Programme 2022/23 is attached as an Appendix to this report. The Work Programme will be updated and re-submitted to each meeting of the Committee as the year progresses.

2 Options/Alternatives

2.1 Option 1 – To receive and consider the Committee Work Programme for 2022/23.
Option 2 – Not to consider the Work Programme.

3 Preferred Option

3.1 Option 1 is the preferred option as there is a Constitutional requirement for the Committee to have a Work Programme.

4 Consultation

4.1 Consultation has taken place with lead Officers around scheduling and consideration of business relevant to the Committee. Initial consultation has been undertaken with the Chair and will continue with the Chair and the Committee through the Municipal Year.

5 Financial Implications

5.1 N/A

6 Legal Services Comments

6.1 N/A

7. Co-operative Agenda

7.1 N/A

8. Human Resources Comments

8.1 N/A

9 Risk Assessments

9.1 N/A

10 IT Implications

10.1 N/A

11 Property Implications

11.1 N/A

12 Procurement Implications

12.1 N/A

13 Environmental and Health & Safety Implications

13.1 N/A

14 Equality, community cohesion and crime implications

14.1 N/A

15 Equality Impact Assessment Completed?

15.1 No

16 Key Decision

16.1 No

17 Key Decision Reference

17.1 N/A

18 Background Papers

18.1 None.

19 Appendices

19.1 Appendix 1 – Draft Health Scrutiny Committee Work Programme 2022/23.

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HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2022/23

Tuesday 5th July 2022	Infant Mortality	An update report on some of the activity happening to address issues of infant mortality, with particular reference to smoking and safe sleeping.	Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health	Further report on smoking and safe sleeping required by the Committee, 6th July 2021
	Healthy Child Programme	To report on changes to health visiting and school nursing services in the coming year	Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health.	Update report on the transformation and ongoing actions to further develop the integrated model for 0-19 services in Oldham required by the Committee 7th September 2021.
	Health Inequalities Plan	Opportunity for consideration of actions proposed in the Plan.	Portfolio – Health and Social Care Director of Public Health	
	Thriving Communities Programme - Evaluation	To receive the final Thriving Communities Programme evaluation report.	Portfolio - Health and Social Care. Deputy Chief Executive. Rachel Dyson, Thriving Communities Hub Lead	The item was requested by the former Overview and Scrutiny Board at their meeting held in March 2021.
Tuesday 6th September 2022	Health and Care Bill Changes and the Impact on Oldham	To receive an update on matters, including the establishment of the Oldham Integrated Care partnership as part of the establishment of the Greater	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	

		Manchester Integrated Care System		
	Elective Recovery progress *	An opportunity for the Committee to scrutinize the progress made in respect of local and GM wide elective waiting lists	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	
	Northern Care Alliance – IT issues	To receive a report on the impacts on/implications for patients, and the risk/mitigation issues arising, from the IT issues that occurred at the Royal Oldham Hospital (and other former Pennine Acute Trust Hospitals) in May 2022.	David Jago, Chief Officer, Oldham Care Organisation, Northern Care Alliance NHS Trust	
Tuesday 18th October 2022	Northern Care Alliance / Royal Oldham Hospital - update	To receive an update on services and related matters in respect of the Northern Care Alliance and the Royal Oldham Hospital.	David Jago, Chief Officer, Oldham Care Organisation, Northern Care Alliance NHS Trust	Follow-on updates following completion of the Pennine Acute Trust/Northern Care Alliance Transaction
	Health Protection Update	To receive an update/progress report on key health protection issues including plans for the 2022 Flu Programme	Portfolio - Health and Social Care. Director of Public Health. Charlotte Stevenson, Consultant in Public Health	
	Access to Urgent and Emergency Care *	An opportunity for the Committee scrutinise services being delivered	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	

Tuesday 6th December 2022	Access to Primary Care *	An opportunity for the Committee scrutinise the Oldham system and how services being delivered	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	
Tuesday 17th January 2023	Health Improvement and Weight Management Service	To receive an update/progress report on the new service that commenced in January 2021	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health. Andrea Entwistle, Public Health Business and Strategy Manager. Rebecca Fletcher, Acting Consultant in Public Health	Update report to consider progress in relation in relation to high-level outcomes. Report required by Committee, 18th January 2022, with a request for representatives of ABL Health Limited to attend and report.
	Integrated Sexual Health Service	To receive an update/progress report on the new service that commenced in April 2022	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health. Andrea Entwistle, Public Health Business and Strategy Manager.	Update report/presentation to detail progress of the new enhanced Integrated Sexual Health Service offer. Report required) by Committee, 18th January 2022.
	Mental Health and Wellbeing Service Provision *	An opportunity for the Committee scrutinise the Oldham system and how services being delivered	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care	

			Integration from July 2022)	
Tuesday 7th March 2022	Northern Care Alliance / Royal Oldham Hospital - update	To receive an update on services and related matters in respect of the Northern Care Alliance and the Royal Oldham Hospital.	David Jago, Chief Officer, Oldham Care Organisation, Northern Care Alliance NHS Trust	Follow-on updates following completion of the Pennine Acute Trust/Northern Care Alliance Transaction
	Drugs and Alcohol Service	To receive an update/ progress report on the re-tendering of services, and the plans for the newly commissioned service starting 1st April 2023.	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health.	Update report/ presentation to detail progress and outcome of the re-tendering exercise.

Items marked * - the Committee is invited to consider the order and priority of these items.

STANDING ITEMS

The Committee to have the following issues as 'standing items', receiving reports as and when appropriate from September 2022 onwards -

- Performance of the health and social care system
- Progress update on Health and Care Act 2022 implementation

BUSINESS TO BE PROGRAMMED

Integrated Sexual Health Service	The Committee resolved to consider, early in the 2022/23 Municipal Year, the establishment of a 'task and finish group', comprising Committee members and relevant partners and stakeholders to carry out an in-depth study around the adoption of a collaborative approach to improving sexual health outcomes across the Oldham Borough. The Director of Public Health has clarified the intent as being for Committee to consider inviting the providers of sexual health services in the Borough to a future	RECOMMENDATION – That the Committee determine whether to receive presentations from individual provider(s) of sexual health services in the Borough, in addition to the programmed progress report.

	Committee to discuss their current offer and the work they are doing – this might be one of the big providers such as the hospital, or possibly from some of the other service providers that are commissioned.	
Section 75 Agreement	Reporting arrangements in respect on integrated commissioning under Section 75 Agreements, to include periodic updates and budget performance to be confirmed.	
Pennine Acute Hospitals Trust Transaction - Complex Services	To receive an update in respect of complex services, to consider areas of particular concern or focus for future report, and identify issues and timescales for future consultative items.	Moneeza Iqbal, Director of Strategy, Northern Care Alliance
Public Health Annual Report	To review the Annual Report which has the theme of Covid-19 and Health Inequalities.	Portfolio – Health and Social Care Director of Public Health

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