# **Public Document Pack**



# HEALTH SCRUTINY COMMITTEE Agenda

Date Tuesday 6<sup>th</sup> December 2022

Time 6.00 pm

Venue Crompton Suite, Civic Centre, 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 Peter Thompson at least 24 hours in advance of the meeting.
- 2. CONTACT OFFICER for this agenda is Peter Thompson, telephone 0161 770 5151, or email <u>peter.thompson@oldham.gov.uk</u>
- 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 December 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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Please also note the Public attendance Protocol on the Council's Website

https://www.oldham.gov.uk/homepage/1449/attending\_council\_meetings

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

McManus and Nasheen



1	Apologies For Absence
2	Declarations of Interest
	To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
3	Urgent Business
	Urgent business, if any, introduced by the Chair
4	Public Question Time
	To receive Questions from the Public, in accordance with the Council's Constitution.
5	Minutes (Pages 1 - 6)
	To consider the Minutes of the meeting of Health Scrutiny Committee held 18 <sup>th</sup> October 2022.
6	HealthWatch Oldham - Annual Report 2021/22 (Pages 7 - 28)
	Chair of HealthWatch Oldham to report
7	Access to General Practice (Pages 29 - 36)
8	Health Scrutiny Committee Work Programme 2022/23 (Pages 37 - 48)
9	Key Decision Document (Pages 49 - 64)
	Key Decisions scheduled to be taken by the Council/Cabinet.

# Public Document Pack Agenda Item 5 **HEALTH SCRUTINY** 18/10/2022 at 6.00 pm

Council

**Present:** Councillor S Hussain (Chair)

Councillors Ball, Harrison, Ibrahim, McLaren and McManus

Also in Attendance:

Accountable Officer for NHS

Oldham Clinical Commissioning

Nicola Hepburn Group

Associate Director of

Commissioning - Oldham Clinical

Katrina Stephens

Commissioning Group Director of Public Health David Jago

Director of Finance/Chief Officer,

Peter Thompson Oldham Care Organisation, NCA

**Constitutional Services** 

#### 1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Marland and Nasheen.

#### 2 **URGENT BUSINESS**

There were no items of urgent business received.

#### 3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

#### 4 **MINUTES**

Resolved:

That the minutes of the meeting of the Health Scrutiny Committee held on 6th September 2022, be approved as a correct record.

#### **PUBLIC QUESTION TIME** 5

There were no public questions for the Committee to consider.

#### 6 **HEALTH PROTECTION UPDATE**

The Director of Public Health submitted a report which detailed progress in terms of delivering plans for Health improvements and Health protection. Health Protection was how the Authority sought to prevent or reduce the harm caused by communicable diseases and anti-microbial resistance and minimise the health impact from air pollution and environmental hazards such as chemicals and radiation. As well as major programmes such as the national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks.

The health protection priorities for the Borough of Oldham in 2022/2023 were:

a. Managing outbreaks of communicable disease, including respiratory and new and emerging infections.

- b. Infection prevention & control (IPC) in high- risk settings.
- c. Sexual health including HIV.
- d. Increasing the uptake of flu vaccinations among all priority groups and manage outbreaks effectively.
- e. The provision of support to prevent and reduce risks associated with Healthcare Acquired Infections (HCAI) & Anti-microbial resistance (AMR).
- f. Increasing the uptake, and reduce inequalities in uptake, in immunisation programmes.



The Director of Public Health reported that in the Borough of Oldham, the authorities aimed to increase uptake of flu vaccinations among all priority groups and identify and manage any outbreaks effectively. The eligible cohorts for this flu season included: all children aged 2 or 3 years on 31 August 2022; all primary school aged children (from reception to Year 6); those aged 6 months to under 65 years in clinical risk groups; pregnant women; those aged 65 years and over; those in long-stay residential care homes; carers; close contacts of immunocompromised individuals; and frontline health and social care staff.

General practices and school immunisation providers were expected to demonstrate a 100% offer this season by ensuring all eligible patients are offered the opportunity to be vaccinated by active call and recall mechanisms, alongside opportunistic offers. The aim being to achieve at least the uptake levels of 2021 to 2022 for each cohort, and ideally exceed them. Vaccines had been purchased for eligible Oldham Council staff and plans for roll out were in place.

The delivery of the flu programme was a multi-organisational approach. The Oldham Flu group began planning in June and the approach is coordinated and centralised.

#### Resolved:

that the report be noted.

### 7 HEALTHWATCH OLDHAM - ANNUAL REPORT 2021/22

#### Resolved:

That consideration of the HealthWatch Annual Report 2021/22 be deferred to the next scheduled meeting of the Committee on 6<sup>th</sup> December 2022.

# 8 NORTHERN CARE ALLIANCE / ROYAL OLDHAM HOSPITAL - UPDATE

Consideration was given to a report of the Chief Officer, Northern Care Alliance which provided Members with an update on events and activities at Royal Oldham Hospital and across the Northern Care Alliance's (NCA) footprint.

In terms of the Healthier Together business case, there had been a consolidation of acute surgery across Greater Manchester. The Committee noted that the 'due diligence' findings of the Care Quality Commission, that had arisen as part of the Pennine transaction process. The Committee were advised that a major factor was the poor current position of the NCA's estate, especially backlog maintenance which was significantly behind schedule. The Committee was informed that at the Royal Oldham Hospital (ROH) there was a problem relating to bed deficit.



In order for the NCA to meet critical care standards they would have to improve the flexibility of the estate and improve the patient flow at the ROH. When these were achieved there would be an improvement of patient and staff experience. There was though currently a lack of capacity, in terms of staffing resources and space for the ward upgrade programme.

The meeting was informed of the current expansion of facilities at the ROH site. For Phase 4A, a business case had been approved by NCA's Board to deliver the following;

- A 5,337m<sup>2</sup> new build
- Two new 24-bed wards
- A new theatre above the Emergency Department
- Total capital value was approximately £29 million
- Delivery currently programmed for August 2023 (8 weeks slippage)

In addition, the fit-out programme, which had previously been reported to the Committee was due to deliver: an 8 bed CCU (to connect to Phase 4B to create 24 beds overall) and a four-room endoscopy suite.

Members were advised that a further expansion of the Oldham campus, adjacent and connected to Phase 4A, was planned. A business case had been approved by NCA Board to deliver:

- A 5,337m<sup>2</sup> new build
- 2x fully fitted 24-bed wards
- 1x fully fitted 24-bed decant ward
- 16 bed CCU connected to 8 bed CCU in Phase 4A (total of 24 beds)
- Total estimated capital value: c. £43.5m and the delivery had been estimated as June 2025

In terms of Phase 4B, a detailed design for the building had been completed at RIBA 3. A procurement process was underway and it was expected that confirmation of the preferred contractor would be received by the end of October 2022. Discussions were ongoing including with greater Manchester Combined Authority and the Department of Health to ensure the availability for funding to commence building works from 2023/24 onwards.

The Committee was informed that following the successful Pennine Acute transaction and acquisition by SRFT/NCA and MFT, good progress had been made to disaggregate several key services, however some services still required definitive 'disaggregation'. The integration of the services into MFT and

NCA, maximised the opportunity to realise the benefits originally envisaged in the organisational restructuring as determined by NHS Improvement. It was a complex and wide-ranging piece of work and had been handled carefully to minimise the impact on patients and staff. It had, as well, benefitted from excellent working relationships between MFT and NCA.



A significant amount of disaggregation and realignment had taken place in September 2022 to support the effective delivery of the MFT electronic patient record (EPR) programme - Hive. There were a residual set of services that present the most complex in respect of service disaggregation. NCA and MFT working collaboratively to agree approach and develop proposals, with commissioner oversight and involvement of localities and OSCs.

The creation of the ICS could lead to changes in process. Any substantial services changes will be follow the agreed framework for commissioner engagement and public consultation.

In considering the report Members were advised that they were welcome to visit facilities at ROH to view the progress being made.

# Resolved:

- 1. That the report be noted.
- That the Committee notes and welcomes the invitation for them to visit the facilities at Royal Oldham Hospital and request that the Clerk to the Committee make the appropriate arrangements.

### 9 ACCESS TO URGENT AND EMERGENCY CARE

The Committee received a report of the Accountable Officer for NHS Oldham Clinical Commissioning Group which assessed access to urgent and emergency care facilities in Oldham and the impact of Covid-19 on the provision of those services.

The Committee was advised that historically Oldham has three pathways into urgent and emergency care: Firstly, Primary Care GP's providing same day urgent care where capacity permitted, with access out of hours through NHS11; secondly via the Oldham Walk-in-Centre (WiC), providing urgent primary care without an appointment 8am-8pm; and thirdly Accident and Emergency at the Royal Oldham Hospital.

When patients accessed urgent and emergency care through these points there were limited pathways to direct patients quickly and efficiently to the care they needed, and many were directed to A&E. Following lengthy consultation in 2017 it was agreed to redesign the WiC and develop a system offering bookable appointments for urgent primary care that met the 'least acute, most appropriate, closer to home' national ambition. However, at the onset of the pandemic in 2020, this discission was still to be implemented as development work was still ongoing and a review was unageway.

The onset of the Covid-19 pandemic, from March 2020, brought new urgent challenges which needed addressing. These included: the immediate development of a Covid Assessment Centre; the closure of all walk-in services; maximising acute capacity; implementing digital and virtual care; supporting Care Homes and the vulnerable. In response to Covid-19 the WiC was redesigned to provide the Covid Assessment Service and this led to the implementation of a digital urgent care offer to support the system and the Urgent Care Hub (UCH) was created. The WiC budget was utilised to fund the development of the UCH & Covid Assessment Service. It has also funded the Covid Oximetry @ Home service, a nationally required service for patients who are covid positive but remain at home while being monitored.



The GM Clinical Assessment Service (CAS) launched on 9<sup>th</sup> November 2020, offering clinical 'Hear & Treat' from NHS111 on a GM footprint with the aim of reducing the number of A&E attendances. On 1<sup>st</sup> December 2020, the national '111 First' initiative was launched, which was part of the national UEC By Appointment programme, requiring localities to offer direct bookable appointments for urgent care, including in A&E departments, Urgent Treatment Centres and other Primary Care services.

The Committee was informed that a North West Ambulance Service (NWAS) and A&E Ambulance Handover Process has been implemented in A&E to improve ambulance handover times, If a patient meets the appropriate criteria, a handover checklist can be completed, and patient can be left with the A&E team to await further assessment. This will allow crews to handover patients quicker and be available to respond to other calls sooner.

The Committee was informed that the UCH (Urgent Care Hub) takes on average per month: 1,575 referrals from NHS111 and Greater Manchester CAS 353 referrals from Health and Social Care professionals, including care homes, paramedics, GP's; 424 referrals from Pre-Emergency Department. In addition, the UCH will respond to: NWAS crews within 20 minutes of their call; Health and Social Care professionals within 30 minutes; NHS111 and Greater Manchester CAS within 1 – 12 hours dependent on the clinical need of the patient. Patients referred from Pre-ED to the UCH will receive a clinical assessment from the hub within 30 mins to 4 hours dependent on their clinical need.

Ongoing developments included preparatory work for the winter period. Currently there is being built a System Winter Plan which included implementing additional capacity schemes to meet the anticipated demands. There was a Falls Service that is being reviewed and mapping work on the current level of service is being undertaken to identify any areas for improvement and looking to support care homes when falls occur. Another key area was Care Home A&E attendance audit: staff are currently doing an audit of residents from Care homes who have attended

A&E to better understand the necessary response to urgent needs that may arise in care homes and to identify any area where we can improve our support. This was a large project where care homes records, GP records and A&E records will all be scrutinised in order to draft an improvement plan.



### Resolved:

That the report be noted.

# 10 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 October 2022.

### Resolved:

That the Health Scrutiny Committee's Work Programme 2022/23 be noted.

### 11 KEY DECISION DOCUMENT

The Committee considered the latest Key Decision Document which set out the Authority's Key Decisions scheduled to be made from 1<sup>st</sup> October 2022.

### Resolved:

That the Key Decision Document be noted.

The meeting started at 6.00pm and ended at 7.25pm



# Championing what matters to you

Healthwatch Oldham Annual Report 2021-22



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# Message from our chair

We've been through another year where we all felt the continuing impact of COVID 19 on our daily lives and on our local health and social care. Healthwatch Oldham staff have had to adapt – continuing to provide the Healthwatch service by working from home and also by managing the move to our new base, at Medtia Place, on Union Street.

Despite these ongoing challenges, we have continued to listen to our local community to make sure their voices are heard and acted on. An example of this is our Greater Manchester Dental Report – a supplemental report we issued in August 2021. During the COVID pandemic, people across Greater Manchester told their local Healthwatch that they were experiencing difficulties accessing NHS dental services. Across Greater Manchester, local Healthwatch organisations experienced a six-fold increase in enquiries regarding NHS dentistry and nearly 98% of these enquiries raised issues of accessibility.

We continued to consult with the Oldham public, trying hard to reach out to communities we don't hear from as often as others. By conducting a bi-monthly survey called the Healthwatch Oldham 100, we continue to obtain views from local people on a range of subjects. The findings from these surveys can help us to identify trends within service delivery and provide information to guide us on areas to look into further.

We were also able to run our People's Choice Awards for the second year running, to celebrate the hard work that people throughout all health and social care services deliver to the people of Oldham.

We have published our report looking into people's experiences of accessing services whilst living with cancer during COVID-19 and acted on feedback, to drive change to make a difference to people's experiences.

Towards the end of 2021 we had the opportunity to work in partnership with the Oldham Safeguarding Adults Team to produce a Wheelchair Users - Understanding How Accessibility Works for You Report. This was a survey that was designed to be a starting point to highlight and understand peoples' experiences of accessibility when they have a physical disability.

All the reports mentioned above are available to view on our website.

None of this work would be possible without the dedication of our staff and volunteers and I want to thank them all. I would also like to thank our funders and partner organisations and our Board volunteers. We look forward to continuing to work with you over the next year. Please continue to let us have your views and to join us in events, either online or in person, as a participant or a volunteer.

John Starkey **Healthwatch Oldham Chair** 

# **About us**

# Your health and social care champion

Healthwatch Oldham is your local health and social care champion. From Moorside to Failsworth and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



# **Our vision**

A world where we can all get the health and care we need.



# **Our mission**

To make sure people's experiences help make health and care better.



# **Our values**

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector serving as the public's independent advocate.

# Our year in review

Find out how we have engaged and supported people.

# **Reaching out**



# 500 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

# 1,290 people

came to us for clear advice and information about topics such as mental health and COVID-19.

# Making a difference to care



We published

# 7 reports

about the improvements people would like to see to health and social care services.

Our most viewed report was

A review of people's experiences of health and care services whilst living with cancer during COVID-19

# Health and care that works for you



We're lucky to have

# 13 Volunteers

who gave up over 4 days to make care better for our community.

We're funded by our local authority. In 2021–22 we received:

# £135.000

Which is the same as the previous year for the main service.

We also currently employ

# 5 staff

who help us carry out this work and this is the same as the previous year.



We published our New Years Blues infographic, highlighting mental health during the winter months.



We held focus groups on NHS Remote Appointments as part of our work with the Northern Care Alliance.



We published our report on people accessing services whilst living with cancer.



We were able to resume our outreach sessions in the community and attended various health walks throughout the borough to support residents and promote wellbeing.



We promoted the COVID-19 vaccination rollout and highlighted the reporting a 452% increase in people benefits of people accessing their booster jabs heading into winter.



We urged the Government to act after struggling to see an NHS dentist.



We held our second annual People's Choice Awards and distributed the certificates and commendations to those nominated.



We ran our latest Healthwatch Oldham 100 survey which focussed on people who live with or support those who have dementia.

# Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve



# **Remote Appointments within the NHS**

During early 2011, we partnered with the Northern Care Alliance to look at remote appointments and how patients feel about using them.

Given the challenges of the COVID-19 Pandemic since early 2020, the usage of remote appointments by health professionals have increased.

A remote appointment is a meeting between an individual (patient) and an NHS Health Professional using a telephone or a video call via an App (where you have not been able to visit a service for a meeting in person). These could be any appointments, including hospital appointments, GP appointments, and community service meetings.



The aim was to understand people's experiences of using remote appointments and to create an easy-to-read guide for people to follow if they didn't feel comfortable with the process.

After the surveys and feedback from the focus groups were analysed, a report was produced and shared with the Northern Care Alliance.

From this, the Northern Care Alliance have created a task and finish group to look at its recommendations and work to complete both a guide to support people with the use of a remote appointment and a best practice guide for staff to use as a resource.

The guide will be made available in 2022.

#### What difference did this make

The new guide being produced will help patients who feel uneasy with the use of remote appointments and provide them with valuable resources.



"The call came at the correct time and was not hurried in any way. The consultant spent the time asking the questions he would have asked face to face and gave me all the time I needed plus he went beyond what I expected regarding something I wanted to ask about. I was very happy. It was good not to have to worry about travel or parking."



A patient who completed the Remote Appointments Survey

# Walking and Talking!

As we come out of the COVID-19 pandemic, we have had to re-think how we can engage with our local residents. Taking part in local health walks has allowed us to engage with residents in a COVID-19 friendly manner as it's in an outdoor setting.

The format of the local health walks have allowed us to introduce who we are, what we do and take people's feedback on services they may have accessed or provide our information and signposting function.

We also provided walkers with a card which contains a little more detail and ways to connect with us at a later point if it's more suitable. These walks have provided us with the opportunity to engage with our community and make people aware of our current projects and how they can get involved.



"As we're walking, different people stop us and ask about the group. Having the confidence to go out on your own is something I don't have but as a group it gives you the motivation you need."



Walker on the Failsworth Health Walk.



# People's Choice Award Winner

We created a small video of the Failsworth Health Walk and it also gave us the opportunity to provide the walk leader – Alan Keane with his People's Choice Award Certificate.

You can check out the video on our social media link below:

Twitter.com/HWOldham

# Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



# **Domestic Abuse Project**

A project was undertaken with the Oldham Safeguarding Adults board to examine people's experiences of domestic abuse.

Funded by the Ministry of Justice this joint project brought together members of the Oldham Safeguarding Adults Board, Healthwatch Oldham and Age UK Oldham to explore the experiences of older survivors of domestic abuse in Oldham.

The finding will be used by Oldham's Domestic Abuse Partnership to train and support professionals to improve the identification and support offered to older people to help them deal with abusive situations.



# **Rochdale and Oldham Maternity Voices Partnership**

ROMVP is a forum for maternity service users, birthing partners, providers and commissioners of maternity services to come together to design services that meet the needs of local service users in the Rochdale and Oldham area.

It's a great way for Oldham residents to express their views on the maternity care received during pregnancy, throughout the birth and postnatal care. Service users' views and opinions are valuable and help to shape the future of local maternity services.



# Improving care over time

Change takes time. We often work behind the scenes with health and care services to consistently raise issues and push for changes.

We have known about problems with dental access for a long time. We have received feedback from residents for several years stating that they have been unable to register with practices as an NHS patient. Last year, it became apparent that this was a national issue and we called for reform of NHS dentistry, co-signing a letter to the Chancellor of the Exchequer calling for NHS dentistry to be accessible and affordable for everyone.

# **Advice and information**

If you feel lost and don't know where to turn, Healthwatch Oldham is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's help finding an NHS dentist or details on how to make a complaint – you can count on us.

# This year we helped people by:

- Providing up to date information on COVID-19
- · Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- · Helping people to access the services they need



# Long COVID and access to Long COVID Centre

We were contacted by someone who has been living with what she felt were symptoms of COVID-19 which had surpassed the 12-week period. NHS class this state as Long COVID.

They spoke to their GP and were told that if she could find out where to refer to then they would refer her to the service. As a result of this, she contacted us for guidance. We looked into this and spoke to the Northern Care Alliance.



They confirmed that there was a referral process for this to attend a clinic in Oldham. They stated that the information for GPs to refer into the clinic has been sent out to them. However, not all GPs had received this. As a result of this, the Northern Care Alliance sent a reminder to all GPs with the appropriate information to ensure GPs were fully aware of this service.

The person who contacted us originally had now been successfully referred to the Long COVID Clinic.

Domestic abuse and counselling support for families who have experienced loss

We were contacted by The Oldham Adult Safeguarding Team regarding a family who wanted support post the death of their daughter which they felt was a result of Domestic Abuse.

This process took several weeks of individual enquiries and getting different services to work together to see what would be best as there was no specific support for the family available in the Oldham area.



There was support available in other areas, but it was not accessible for them as they did not meet the referral criteria. After several weeks, a Greater Manchester Police Victims Support Coordinator for Oldham made contact and arranged to support Adult Safequarding around a solution to help the family.

In addition, from the information that we gathered and collated, a support sheet was created by Oldham Council Adult Safeguarding Team in partnership with Healthwatch Oldham for professionals and members of the public to use when looking for bereavement support.

You can access this below:

OSAB-National-and-Local-Bereavement-Support.pdf

# Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch Oldham. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

# This year our volunteers:

- Helped people have their say from community events which we have been able to start attending again within the area.
- Got involved in focus groups as part of our projects, specifically the Remote Appointments Project we ran with Northern Care Alliance.
- Supported to ensure our information on local services is current and up to date.
- Continued to be at the heart of Healthwatch Oldham by being part of the Healthwatch Oldham Governance Board.





#### Jacob

Jacob supported Healthwatch Oldham this year by attending three events on our information stalls providing up-to-date and current details of services delivered within the area. Jacob felt the experience empowered him, increased his confidence in approaching people, and highlighted to him that even if you don't have all the answers, people are happy for you to get back to them with information. He enjoyed being able to explain the Healthwatch services feeling proud to wear the Healthwatch Oldham T-shirt and badge.

Jacob also provided us with valuable insight and support whilst we are in the process of setting up our YouthWatch 100 Survey. He has helped design the logo and format the questions for our first survey, which is around Young People's Mental Health. He used his own experience using Mental Health services to support this process and moving forward we are looking into starting an Oldham Youth Healthwatch.

# **Jacqueline**

Our recently appointed Vice-Chair Jacqueline has been very kind to offer her time to the staff team and the wider board. She has been able to use her HR and organisation development experience to facilitate a 'Vision and Value' Workshop. This was an enjoyable session that got us to think about who we are, and what we aim to achieve in the coming years as a team and organisation. The findings from the day have now been adopted as our Vision and Values.



There are plenty of ways to get involved with Healthwatch Oldham. Please check out our details below and get in touch:



www.healthwatcholdham.co.uk/have-your-say



0161 622 5700



info@healthwatcholdham.co.uk

# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		
Funding received from local authority	£135,000	
NHS Complaints	£28,000	
Additional funding	£3,000	
Total income	£166,000	

Outgoing	
Staff costs	£135,982
Direct delivery	£6,391
Management and overhead	£36,000
Total expenditure	£178,373

# Top three priorities for 2022-23

- 1. Working with the Health and Wellbeing Board and wider local system in tackling health inequalities via the action plan that has now been signed off by the H&WB.
- 2. Given forthcoming National Health Service changes expected in July 2022, one of the proposals is replacing CCGs (Clinical Commissioning Groups) with a Greater Manchester ICS. A statutory Integrated Care System (ICS) in Greater Manchester will be a partnership that brings providers and commissioners of NHS Service across the 10 GM Localities together. Through this process of transition Healthwatch Oldham will ensure residents have a strong influence over the incoming ICS changes, and that patient voice and patient experience remain a key cornerstone of all the work that will take place under the GM ICS Umbrella.
- 3. Establish an Oldham Youth Healthwatch, with specific governance arrangements and identify key routes in the system to achieve outcomes.

# **Next steps**

The global pandemic and several key findings since COVID-19 hit have shone a light on the impact of existing inequalities when using health and social care services. This has highlighted the importance of championing the voices of those who all too often go unheard. Over the coming year, our goal is to help reduce these inequalities by making sure the patient voice is heard, and decision-makers reduce the barriers people may face, regardless of whether that's because of where someone lives or other issues such as income or race.

We will do this by working with the Health and Wellbeing Board on their draft inequalities plan. This work came about because Healthwatch Oldham through our representation on the board was able to pose challenges around the system not having tangible objectives around tackling health inequalities. This then formed the Health and Wellbeing Board development session, which then lead to the development of an inequalities plan.

We will also ask the local system to identify more detailed next steps around the DNAR (Do not attempt resuscitation) work which has been carried out by the end-of-life transformation following our report in 2020. In addition, we will be asking the new Oldham locality team, to follow through with our COVID-19 report of 2021, to ensure there is a much broader impact from our findings. Moreover, we will begin our work by engaging with patients around experiences of hospital discharge, working closely with the Northern Care Alliance and our local Royal Oldham Hospital.

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# Message from our Manager

I would like to begin by paying tribute and giving special thanks to our hardworking Healthwatch Oldham team who have adapted amazingly to our new hybrid working arrangements and kept the core business of Healthwatch Oldham continuing, through another significant period of change.

Moving forward Healthwatch Oldham will be focused on building on the successes of this year. We will continue to respond to the challenges that have been presented by COVID-19 over the last 2 years, this includes both its emergency and recovery. In the last year, we have worked incredibly hard with our local Health and Social Care System to prepare for the new ICS arrangements which are due to be implemented later this summer. We will work hard to ensure Healthwatch Oldham is a key strategic partner as Oldham begins to develop its role and position within the Greater Manchester ICS and amongst the national changes more broadly. Whilst doing so we will always ensure we are at the heart of championing patient voice, and patient experience.

I would like to take this opportunity to thank everyone who has worked with us and helped us deliver on our work plan over the past year. Our amazing team works so hard to ensure Healthwatch Oldham is at the heart of change and influence but none of our work would be possible without colleagues in Action Together, our Healthwatch Oldham Board, the residents of Oldham who participate in our surveys or the many partners and stakeholders across Oldham who work with us to deliver on the needs for the good people of Oldham. This past year has seen everything slowly open up fully, following a few years of continuous lockdown and restrictions. This has allowed us to start attending external events.

Some of the highlights from this year include the Opening Doors Domestic Abuse Project. Funded by the Ministry of Justice this joint project brought together members of the Oldham Safeguarding Adults Board, Healthwatch Oldham and Age UK Oldham to explore the experiences of older survivors of domestic abuse in Oldham. The finding will be used by Oldham's Domestic Abuse Partnership to train and support professionals to improve the identification and support offered to older people to help them deal with abusive situations. We have also progressed with our work around the Maternity Voices Partnership (MVP) which we are delivering jointly with Healthwatch Rochdale, in the last year one of the highlights is appointing a Vice-Chair for the MVP who is a recent service user from Oldham, which is a brilliant complement to the work of the Chair of the MVP who is from Rochdale. We now feel we have very strong foundations, to take this important area of work from strength to strength. In terms of our work around Primary Care, we have continued to engage with the Primary Care Commissioning Committee, and for example, we are working closely with Royton and Crompton Family Practice to help them engage with their patients via a survey which we hope will be jointly coproduced by ourselves and the GP Practice.

Over the past year, we have contributed significantly to several key reports, which include the Greater Manchester Healthwatch Network Dentistry Report, which was submitted to the Department of Health. We also published our Wheelchair users report, which was done in partnership with the Oldham Safeguarding Board, and we are hoping to build on this work in the coming year. We also published a report on People's experience of living with Cancer during Covid-19, which was an emotive and hugely significant piece of work. In terms of Healthwatch 100's, I am pleased to report we carried out on the important issue of Dementia, and early in the coming year, we are publicising our next Healthwatch 100 which will be around Young People's Mental Health.

I am determined that we continue to make a difference in how health and social care is designed and delivered in Oldham and that patients, service users and their families are at the heart of this. Now more than ever we must rebuild and renew parts of our NHS systems and/or structure, as we move to usher in the new NHS system and changes, later in the summer.

We hope next year to report on the work of the proposed Patient Participation Group Oldham-wide audit, which hopes to work with the local Primary Care Team given some GP Practices haven't been able to reignite these important forums, for patient voice. If you would like to know more about what we do, or about our work that is planned for the year ahead, please don't hesitate to get in touch.

Finally, a heartfelt thank you to the local Oldham community for continuing to work with us, and our partners and stakeholders for giving us the space and ability to play a key role in the local system. None of this would be possible without the support of our Board, and our host organisation Action Together, this important set-up for our Healthwatch enables us to try our best and helps us to take our work from strength to strength.



Tamoor Tariq **Healthwatch Oldham Manager** 

# Statutory statements

# **About us**

Healthwatch Oldham, Action Together CIO, Medtia Place, 80 Union Street, Oldham, OL1 1DJ.

Healthwatch Oldham uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



# The way we work

# Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of 8 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met 4 times and made decisions on matters such as our Vision and Values, and Healthwatch Oldham's position and role in the system during the whole ICS transition, both locally in Oldham and subregionally in Greater Manchester.

We opened up our priority setting in a very clear and easy way and allowed the public to poll issues that were important to them. This meant we took up issues such as dementia, young people's mental health and the experience of cancer patients during COVID-19. In addition, our work around dental care was based on regular feedback coming into us, and we worked with other Healthwatch on a coordinated report and response.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight into their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision-makers. This year we have done this within our domestic abuse / vulnerable adults project, we had specific and separate focus groups for those from the BAME communities and a separate group for those with learning disabilities.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and share it with all our partners and stakeholders via email along with social media posts and inclusion in our e-bulletin.

# Responses to recommendations and requests

We didn't have any providers who did not respond to requests for information or recommendations. This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

# **Health and Wellbeing Board**

Healthwatch Oldham is represented on the Oldham Health and Wellbeing Board by Tamoor Tariq – Healthwatch Oldham Manager. During 2021/22 our representative has effectively carried out this role by engaging in a whole range of issues. Below is a brief overview of their activities.

# 2021-2022 Outcomes

Project / Activity Area	Changes made to services
COVID-19: Your Health And Care Experiences Report	Senior Executives and leaders from the system were clear the report was powerful and therefore should be followed through. The report was then sent from the Health and Well Being Board to the Statutory Duties Committee.
	Oldham Care Organisation formally responded to the report and said, 'We recognise the importance that contact with loved ones has upon recovery from illness. Our clinical teams have developed and continue to improve processes to support communication with families, through regular telephone calls to update on patient progress and the use of Skype and Facetime so that relatives can see their loved ones.'
	Furthermore, in their formal response OCO, acknowledged the report's findings that attending appointments and treatments alone can be difficult, especially in the case of maternity service and receiving news on life-changing conditions. As a result, they committed to reviewing the national guidance and then pledged to reflect this within the local Hospitals' Visitor Policy. They also confirmed within weeks of our report, that midwife and scan appointments at the hospital can be attended by a loved one.

Project / Activity Area	Changes made to services
Developing A Health Inequalities Plan For Oldham	In September 2021 there was a discussion led by the Director of Public Health two reports which made a series of recommendations for reducing health inequalities across Greater Manchester. The first report was from the GM Independent Health Inequalities Commission, titled The Next Level: Good Lives for All in Greater Manchester. The second report was from Michael Marmot's team at The Institute for Health Equity, titled Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives.
	The Healthwatch Oldham Manager contributed to the wider discussion on this, and it was agreed a detailed action plan was needed to help address the longstanding issues linked to Health Inequalities. Healthwatch Oldham discussed the challenge around Year 6 childhood obesity as an example, it was agreed a partnership between Children Services, Schools, and Primary Care was needed to help facilitate early intervention.
Child Death Overview Panel- Annual Report for Oldham, Rochdale and Bury (2020-2021) presented by Oldham Public Health.	Healthwatch Oldham welcomed this report and felt it would be beneficial to further investigate the issues from a solely Oldham population point of view. It was agreed several partners would come together to review this and present back their findings at a future Health and Well Being Board. the investigate at these issues in more depth from an Oldham point of view. The wider issues to be explored Include looking at issues around language barriers, housing and wider maternity services.

# healthwatch Oldham

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O Instagram.com/HWOldham



# **Report to Health Scrutiny Committee**

# **Access to General Practice**

Portfolio Holder: Mike Barker, Place Lead - Oldham, NHS

**Greater Manchester Integrated Care** 

Officer Contact: Marion Colohan, Head of Primary Care –

Oldham, NHS Greater Manchester Integrated Care

Report Author: Marion Colohan, Head of Primary Care – Oldham,

NHS Greater Manchester Integrated Care

# [Insert date]

# **Purpose of the Report**

This report is to inform Health Scrutiny Committee of the current position in respect of access to General Practice in Oldham.

# **Executive Summary**

The report presents the national and local context in respect of access to General Practice and provides locality data and actions that are being taken.

### Recommendations

The Health Scrutiny Committee is asked to note the contents of the report.

### **Access to General Practice**

# 1 Background

#### 1.1 National and Local Context

"GP practices across the country are experiencing significant and growing strain with declining GP numbers, rising demand, struggles to recruit and retain staff and knock-on effects for patients.

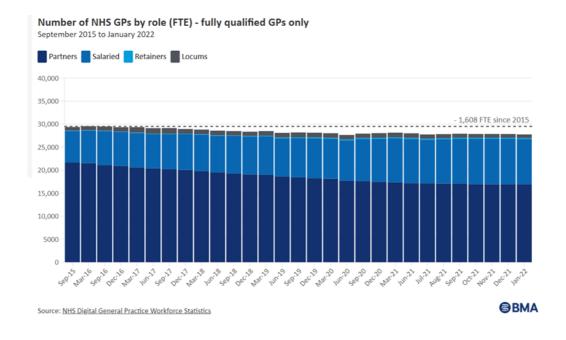
They have been at the forefront of the NHS's response to the COVID-19 outbreak, delivering vaccines whilst maintaining non-COVID care for patients throughout."

British Medical Association (January 2022)

## England has a shortage of GPs

In 2017, there were 143 GPs, excluding locums and trainee doctors, in Oldham, working across 44 practices. According to the latest NHS Digital data<sup>1</sup>, there are currently 140 GPs working across 39 practices. This data reflects the national picture of a stagnation in the growth of the number of GPs since 2015.

This has been a national issue for some time and in February 2020 the Government announced a drive to recruit an additional 6,000 GPs by 2024. Unfortunately, these initiatives have not yet had the desired impact on increasing the number of qualified GPs – in fact, numbers continue to decline nationally.

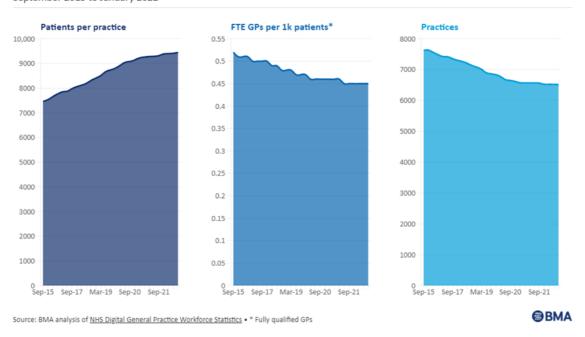


<sup>1</sup> https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis

<sup>2</sup> NHS Digital (https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/31-january-2022)

In the same period, the number of patients registered with a practice in Oldham has increased from 246,039 to 262,400. Again, this trend is reflected nationally, as shown below in the BMA study.

Change in average number of patients per practice and GP to patient ratio September 2015 to January 2022



There are now just 0.45 fully qualified GPs per 1,000 patients in England – down from 0.52 in 2015. For the GPs that remain, this means increasing numbers of patients to take care of. The average number of patients each GP is responsible for has increased by around 300 – or 16% - since 2015.

At the same time, the number of practices is also falling. While many practices have entered into mergers, practices can also be closed for other reasons. For example, inability to recruit staff or GP partners, no longer viable, partner retirements or CQC closures due to under resourcing.

British Medical Association (January 2022)2

The picture painted by the BMA above is true in Oldham: the number of practices has decreased by an average of one practice per year over the last five years. However, in Oldham there are 0.53 fully qualified GPs per 1,000 patients (excluding trainees and locums), which is above the national average of 0.45.

Although the number of patients has increased, and the number of GPs has broadly stayed the same, general practice appointment bookings have reached a record high in the last few months. Nationally, there were half a million more appointments in

<sup>&</sup>lt;sup>2</sup> https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis

January 2022, compared to January 2020. In the same period, GP appointments in Oldham increased by 16% from 50,477 to 58,601.

In recent years, there have been a number of national objectives aimed at increasing both the number of staff in general practice and the variety of roles. The emphasis on workforce has begun to shift to ensure that patients see the right person in the right place, first time. During the pandemic, patients will have seen a move by practices towards "triage systems" which helps direct them to the most appropriate clinical professional to meet their needs. There has also been an un-precented increase in the use of digital systems and remote consultations. As we have moved out of the pandemic practices have retained this technology and 'digital first' as an option although patients should now be triaged first and offered a face to face or digital appointment as appropriate.

An important fact to consider when looking at the number of GPs working at particular practices is that different providers use different staffing models: there is no mandated workforce model for general practice and providers can choose the blend of staff which they think will best meet the needs of their patients. Whilst GPs continue to be the pivot point for practices, the roles carried out by nurses, pharmacists, healthcare support workers and other clinical professionals are just as vital. High quality care depends on all of these roles, underpinned by the inestimable contribution of the practice administrative staff.

### 2 Current Position

### 2.1 Enhanced Access

From 1 October 2022, Primary Care Networks (PCNs) have been required to provide Enhanced Access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays ("Network Standard Hours"), in accordance with the requirements set out in the Primary Care Network Direct Enhanced Service (DES) Specification.

The Primary Care Networks in Oldham succeeded in mobilising the Enhanced Access service in their networks by 1<sup>st</sup> October 2022. Whilst national IT, estates and workforce situations have created issues, the PCNs have managed to provide workarounds to these and delivered against the requirements of the Primary Care Network Direct Enhanced Service Specification.

Where improvements are required, the Commissioner is working with the PCNs to continue to improve service delivery and patient experience to ensure that the best outcomes are met.

### 2.2 GP Appointment Data

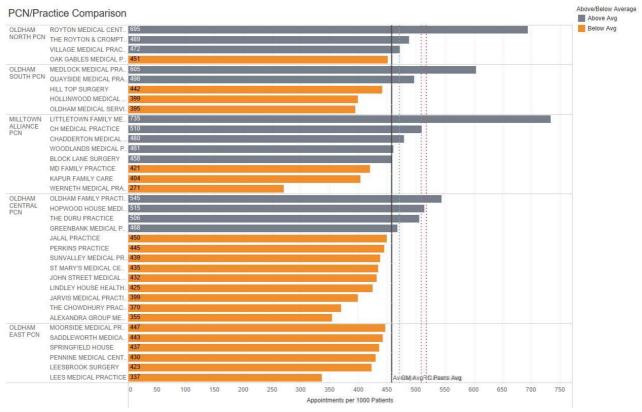
NHS Digital has been collecting data from general practice appointment systems and publishing local monthly data, since 2018. This <u>published data</u> provides a picture of general practice appointments and includes details such as the number of appointments, the healthcare professional carrying them out and where possible the mode of delivery e.g. face to face, telephone. Historically this has only been available at locality level.

On Thursday (24 November), NHS Digital published practice level data for the first time as laid out in the Secretary of State for Health and Social Care's "Our Plan for Patients". The

aim is that patients will have more information available to choose the right practice for them.

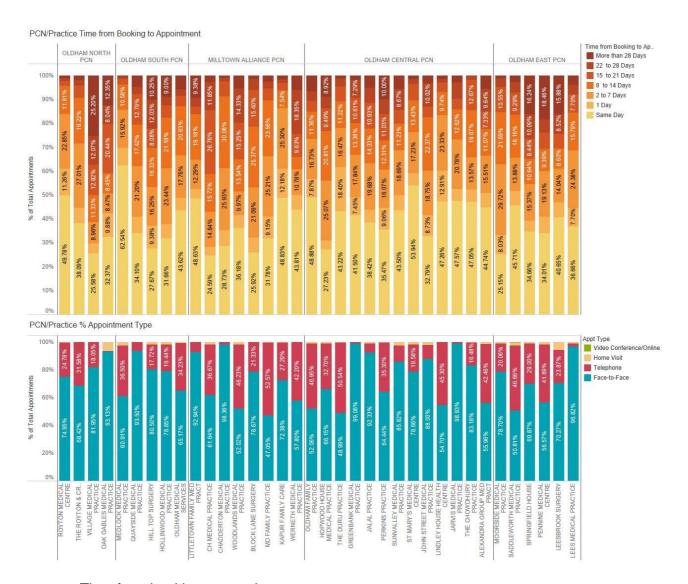
Oldham data is detailed below:

### Appointments per 1000 patients



There is no contractually mandated workforce model or minimum appointment numbers for general practice and providers can choose the blend of staff which they think will best meet the needs of their patients.

# Time from booking to appointment and appointment mode



### Time from booking to appointment.

The data shows that the majority of patients are seen in General Practice within a week of booking their appointment with most patients being seen on the day of booking. The data cannot be broken down to show why the appointment was booked, however, you would expect those with an more acute need to be seen quicker. It is appropriate for appointments for a pre-booked review or long term condition management review or due to patient choice to be booked in advance.

# Appointment Type

The vast majority of appointments in general practice post pandemic are now conducted face to face. It is normal practice to triage patients over the phone in advance before booking an appointment.

# 3 Key Questions for Health Scrutiny to Consider

### 3.1 Actions being taken

Greater Manchester Integrated Care - Oldham Locality will continue to work with practices to address these issues outlined above. In the last 12 months, we have invested £42k in a

scheme which focuses on providing GP trainees with the knowledge and skills to work in areas of disadvantage within the locality. Trainees will be encouraged to continue working in the areas in which they train, with aim of improving the availability and quality of healthcare in those areas and reduce health inequalities.

The number of GP training practices in Oldham has increased in recent years, with more practices now offering placements for doctors as they complete the training to become GPs. We are also working with newly qualified GPs to support them as they begin their post-qualification careers, setting up a peer network that can help ease the transition from trainee to GP.

Greater Manchester Integrated Care - Oldham Locality will continue to invest significant money and resources in 2022/23 into improving the rates of GP retention and recruitment in the short- and long-term.

A significant piece of work is currently being undertaken to address historic telephony issues and we are hopeful that we can provide a technical solution that will improve the experience for patients of booking an appointment with their practice.

Historically, appointments have always been booked via telephone and in-person. However, post-pandemic, an increasing number of practices are using online triage and this has had a positive impact on both access and waiting times. The Oldham Locality has invested in a new triage platform which can reduce telephone demand for patients and make it easier for those patients who would rather call their practice. We will be looking to support practices to adopt this system.

The impact of Covid meant that there were staff shortages during the pandemic, and the recent increased in cases continues to impact on GP practices, although the most recent data shows that their resilience is high and there has been continuous service throughout the last two years. We monitor these staff absences and support practices to alleviate any staffing issues that arise.

## 4 Links to Corporate Outcomes

4.1 Healthy, safe and well-supported residents

#### 5 Conclusion

5.1 Increasing demands on general practice – not just a heavier workload but the increasing complexity and intensity of work has led to challenges. The NHS is finding it difficult to recruit and retain full-time GPs and patients report difficulties in accessing care.

General Practice appointment data only reflects a proportion of the work conducted in General Practice. Referrals, medication reviews and repeat prescriptions, medical reports and conversations with other professions about a patients care for example are not reflected in this data.

Opportunities do exist to support continuity while delivering improved access through service design, reshaping the workforce, and technology. There are many examples in this report describing what the Oldham locality is doing. Patients and professionals need to help shape these initiatives and determine the appropriate balance between access and continuity. The introduction of Primary Care Networks has begun to transform the way

patients can access and is encouraging GPs to group together and deliver care at scale. In the coming months the locality will continue to embed and build upon these relationships and learning.



# Report to HEALTH SCRUTINY COMMITTEE

# Health Scrutiny Committee Work Programme 2022/23

Lead Officer: Elizabeth Drogan, Statutory Scrutiny Officer

**Report Author:** Constitutional Services

6<sup>th</sup> December 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 indepth 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.



# **HEALTH SCRUTINY COMMITTEE**

# **WORK PROGRAMME 2022/23**

Tuesday 5 <sup>th</sup> July	Infant Mortality	An update report on some of the activity happening to address	Portfolio - Health and Social Care.	Further report on smoking and safe sleeping required
2022		issues of infant mortality, with	Director of Public	by the Committee, 6 <sup>th</sup> July
2022		particular reference to smoking	Health.	2021
		ı ·	Rebecca Fletcher,	2021
		and safe sleeping.	Consultant in Public	
			Health	
	Healthy Child	To report on changes to health	Portfolio - Health and	Update report on the
	Programme	visiting and school nursing	Social Care.	transformation and ongoing
		services in the coming year	Director of Public	actions to further develop
			Health.	the integrated model for 0-
			Rebecca Fletcher,	19 services in Oldham
			Consultant in Public	required by the Committee
			Health.	7 <sup>th</sup> September 2021.
	Health Inequalities Plan	Opportunity for consideration of	Portfolio – Health and	
		actions proposed in the Plan.	Social Care	
			Director of Public Health	
	Thriving Communities	To receive the final Thriving	Portfolio - Health and	The item was requested by
	Programme -	Communities Programme	Social Care.	the former Overview and
	Evaluation	evaluation report.	Deputy Chief Executive.	Scrutiny Board at their
			Rachel Dyson, Thriving	meeting held in March
			Communities Hub Lead	2021.
Tuesday	Health and Care Bill	To receive an update on matters,	Mike Barker, CCG	
6 <sup>th</sup>	Changes and the	including the establishment of the	Accountable Officer	
September	Impact on Oldham	Oldham Integrated Care	(Place-based Lead for	
2022		partnership as part of the	Health and Care	
		establishment of the Greater	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 18 <sup>th</sup> 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 6 <sup>th</sup> 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)	
	HealthWatch Oldham Annual Report 2021/22	An opportunity for the Committee to scrutinise the Annual report of HealthWatch Oldham	Tamoor Tariq – Chair of Health Watch Oldham	
Tuesday 17 <sup>th</sup> 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, 18 <sup>th</sup> 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 7 <sup>th</sup> 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 1 <sup>st</sup> 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	The Committee resolved to consider, early in the 2022/23	RECOMMENDATION – That the
Health Service	Municipal Year, the establishment of a 'task and finish group',	Committee determine whether to
	comprising Committee members and relevant partners and	receive presentations from
	stakeholders to carry out an in-depth study around the adoption of	individual provider(s) of sexual

	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 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.	health services in the Borough, in addition to the programmed progress report.
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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# Report to HEALTH SCRUTINY COMMITTEE

# **Key Decision Document**

**Portfolio Holder: Various** 

**Report Author:** Constitutional Services

6<sup>th</sup> December 2022

#### **Purpose of the Report**

For the Health Scrutiny Committee to review and note the latest published Key Decision Document.

#### **Executive Summary**

Overview and Scrutiny has access to the Key Decision Document and the timetable for decisions and intentions for consultation. For the Health Scrutiny Committee, the Key Decision Notice provides an opportunity for the Committee to identify those decisions it considers as having particular significance and priority over which it would wish to maintain an overview of the implementation.

#### Recommendations

The Health Scrutiny Committee is asked to note the Key Decision Document and to provide any comments.



Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Report of the Director of Finance - Tender for Enforcement Services	Director of Finance – Anne Ryans	December 2022	Cabinet
Document(s Tender for E	To detail the tender for enforcement services provi ) to be considered in public or private: Proposed Re inforcement Services Documents: Various appendices			
0)	considered in Private due to it containing confiden	tial, commercial informati	on.	
ge 51	Northern Roots- Visitor Centre & External Works; Bike Hub	Director of Economy – Paul Clifford	November 2022	Cabinet
Description: Document(s	) to be considered in public or private:			
	Report of the Director of Finance and Director of Education, Skills and Early Years – Schools Funding Formula	Director of Education, Skills & Early Years - Richard Lynch, Director of Finance – Anne Ryans	December 2022	Cabinet
Document(s Report of the Background	Schools funding formula for 2023/24 in relation to to to be considered in public or private: Proposed Report Director of Finance and Director of Education, Sk Documents: Appendices	eport Title:		

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Award of contract for the provision of School Swimming Transport services		November 2022	Cabinet
Description: Document(s	) to be considered in public or private:			
	Backlog Maintenance 2022/2025	Executive Director for Place & Economic Growth - Emma Barton	Before November 2022	Cabinet
இocument(s 32A of the L	Backlog Maintenance Priorities for the Council Co ) to be considered in public or private: Private - No ocal Government Act 1972 and it is not in the pub airs of the Council.	OT FOR PUBLICATION b	y virtue of Paragraph(s) 3 of F	
	Wrigley Head Solar Farm	Executive Director for Place & Economic Growth - Emma Barton		Cabinet
	Update report on the Wrigley Head Solar Farm poly to be considered in public or private:	roject and options for takin	ng the project forward.	
	Performance Space	Executive Director for Place & Economic Growth - Emma Barton	Before November 2022	Cabinet
Description:	Approval of Outline Business Case			
Document(s	) to be considered in public or private: Cabinet Re	port (Part A only)		

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Report of the Director of Finance – Forecast Budget Reduction Requirement 2023/24 to 2027/28	Director of Finance – Anne Ryans	November 2022	Cabinet
revised Med underpinnin Document(s Report of th Background	To present the outcome of a review of the forecast ium Term Financial Strategy period for a further for general the previous forecasts reported at full Council on to be considered in public or private: Proposed Reported of Finance – Forecast Budget Reduction Documents: Various appendices	ur years to 2027/28. This 2 March 2022. eport Title:	includes a review of estimates a	
<u>5</u> 3	Brownfield Register	Executive Director for Place & Economic Growth - Emma Barton	December 2022	Executive Director - Economy, Skills and Neighbourhood s
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 Neighbourhood s

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
April 2022.	To seek approval for the publication of Oldham Co ) to be considered in public or private:	uncil's Strategic Housing	Land Availability Assessment (	SHLAA) as of 1
	Local Development Scheme	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Executive Director - Economy, Skills and Neighbourhood s
<b>Gocuments</b> t	The Local Development Scheme is the project plar hat will be prepared. ) to be considered in public or private:	n for the Local Plan. It se	ts out details and timetables abo	out the planning
•	Report of the Director of Finance – Treasury Management Strategy Statement 2023/24	Director of Finance – Anne Ryans	February 2023	Cabinet
Statement, A Document(s Report of the Background	To consider the Council's Treasury Management S Annual Investment Strategy and Prudential Indicato ) to be considered in public or private: Proposed Re e Director of Finance – Treasury Management Strate Documents: Appendices	rs eport Title:	uding Minimum Revenue Provis	sion Policy
	Report of the Director of Finance – Revenue Budget 2023/24	Director of Finance – Anne Ryans	February 2023	Cabinet

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
•	To consider the Administration's detailed revenue I y landscape and Local Government Finance Settle	<u> </u>	udget reduction proposals incor	porating the

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

Pa	Report of the Director of Finance – Medium Term Financial Strategy 2023/24 to 2027/28	Director of Finance – Anne Ryans	February 2023	Cabinet
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Bescription: The presentation of the Medium Term Financial Strategy for the Council 2023/24 to 2027/28 incorporating the current policy and scape 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 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
HRA Estima Jocument(s and Projecte	The Housing Revenue Account (HRA) Outturn Estites for the four years 2024/25 to 2027/28. ) to be considered in public or private: Proposed Red Outturn for 2022/23  Documents: Appendices	·	Ŭ	5

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
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Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker		
process. Document(s) Statement of the 2023/24	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					
Pag	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.  Cocument(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 b	e 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 Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Document(s	To determine the Council Tax Reduction Scheme for to be considered in public or private: Proposed Report Director of Finance – Council Tax Reduction Scheme	eport Title:		
Background	Documents: Appendices – Various			
Report to be	considered in Public			
Page 5	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
deliberations Document(s Report of the	The Determination of the Tax Bases for Council Ta s. ) to be considered in public or private: Proposed Re e Director of Finance 5/24 – Determination of the Tax Bases for Council T	eport Title:		/24 budget
Background	Documents: Appendices - Various			
-Report to b	e 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 Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
2022/23. Document(s	Review of the performance for the first half of the fi to be considered in public or private: Proposed Re Director of Finance – Treasury Management Stra	eport Title:		ategy for
–Report to b	Documents: Appendices e considered in Public			
Dage 5	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: capital progr Document(s Report of the Background	The report provides an update on the Council's 202 amme as at the period ending 31 December 2022 of to be considered in public or private: Proposed Report Director of Finance – Revenue Monitor and Capital Documents: Appendices – Various	(Quarter 3) eport Title:	•	position of the
	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 Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
capital progr	The report provides an update on the Council's 202 amme as at the period ending 30 November 2022 ( ) to be considered in public or private: Proposed Re	(Month 8)	udget position and the financial	position of the
Report of the	e Director of Finance - Revenue Monitor and Capit	tal Investment Programm	e 2022/23 Month 8	
Background	Documents: Appendices – Various			
π ΄	considered in Public			
age 60	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 2	Director of Finance – Anne Ryans	November 2022	Cabinet
capital progr	The report provides an update on the Council's 202 amme as at the period ending 30 September 2022 to be considered in public or private: Proposed Re	(Quarter 2)	udget position and the financial	position of the
Report of the	e Director of Finance – Revenue Monitor and Capita	al Investment Programme	e 2022/23 Quarter 2	
Background	Documents: Appendices – Various			
Report to be	considered in Public			
TBC	Care Home Contracting Tender Proposals	Director of Adult Social Care (DASS) – Jayne Ratcliffe	October 2022	Cabinet

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
•	To update the contract arrangements for residentia ppen tendering exercise.	al and nursing home provi	sion in the borough and seeks a	approval to
Document(s	to be considered in public or private: Public	·		
	National Careers Service Contract- Get Oldham Working		September 2022	Cabinet
Description: Document(s	) to be considered in public or private:			
Page	Bulky Collections & LWP Contract Report	Director of Environment - Nasir Dad	December 2022	Cabinet
စ္သမေး Council's loc	The report seeks approval to award a new contractal welfare provision scheme.  It to be considered in public or private: Private.	t for the collection of bulk	y waste and provision of goods	within the
	Update on Sites of Biological Importance	Executive Director for Place & Economic Growth - Emma Barton	October 2022	
•	This report outlines changes to SBIs from site surv	•	<b>.</b>	(GMEU).
	Vehicle Replacement Programme	Director of Environment - Nasir Dad	November 2022	Cabinet

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker		
2024/25. Document(s)	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.					
Page 62	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)		
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						
(0)	Wrigley Head Solar Farm – delivery options	Director of Economy – Paul Clifford	December 2022	Cabinet		

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker			
	Description: To provide a decision on the recommended delivery option for Wrigley Head Solar Farm  Document(s) to be considered in public or private: Public						
	PSDS3a grant acceptance – energy works at Spindles	Director of Economy – Paul Clifford	December 2022	Cabinet			
•	Description: To accept a Public Sector Decarbonisation Scheme grant for energy works at the Spindles Document(s) to be considered in public or private: Public						

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#### Key:

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

#### Notes:

- The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the
  relevant 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 Members are as follows: Councillors Chadderton (Leader), Abdul Jabbar MBE (Deputy Leader), Elaine Taylor (second Deputy Leader), Shaid Mushtaq, Mohon Ali, Eddie Moores, Shoab Akhtar 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: <a href="http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0">http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0</a>

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