JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR NORTHERN CARE ALLIANCE
24/04/2025 at 2.00 pm

Present:

Councillors: Adams (Oldham), Dale (Rochdale), Fitzgerald (Bury), Gold (Bury), Joinson (Rochdale), Lancaster (Bury), and McLaren(Oldham)

Also in Attendance:

Dr Rafik Bedair	Northern Care Alliance. (Chief Medical Officer
Christine Camacho	Northern Care Alliance. Consultant in Public Health
Tamara Zatman	Associate Director – Post Transaction Integration
Andrew Mather	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Hamblett.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the meeting held on 27 February 2025 be approved as a correct record.

6 **INTEGRATED PERFORMANCE REPORT**

Dr Rafik Bedair, Northern Care Alliance's (NCA) Chief Medical Officer updated the Committee on the Northern Care Alliance's Integrated performance report March 2025.

In relation to People & Learning it was reported that staff turnover had reduced to 9.41%, however, an area of concern was that sickness absence increased to 6.82%, above the target of 5%. There was a focus on reducing short- and long-term absences. This included seeking to embed values and behaviours through welcome-back conversations for absent colleagues.

In relation to Elective Care and Productivity metrics it was reported that long waits had reduced, meeting the 52-week target five months early. Productivity improvements had also been seen in outpatient services. Areas of concern were Neurology and Dermatology remain RTT pressures. Theatre productivity had improved but lags behind peers. Diagnostic

performance had dipped due to physiological test capacity constraints.

In relation to Urgent & Emergency Care & Cancer it was reported that cancer performance had improved and was on track against trajectory, supported by skin pathways and GM Cancer Alliance. Urgent care 4-hour performance was better than last year but was off-track due to a bed shortage. Cancer 62-day performance remains below the 78% national target

In relation to Finance the Trust had reported a break-even position against plan for the month However, the year-to-date deficit of £4.5m was £0.8m worse than planned. Pay award pressure and reduction in CIP overperformance had contributed to the adverse variance. The Trust's Chief Finance officer would attend the next meeting of the scrutiny board to provide a fuller appraisal of the Trust's financial position.

RESOLVED – That the report be noted.

7 **POPULATION AND HEALTH INEQUALITIES**

Christine Camacho, Christine Camacho gave a presentation on "Population Health and Health Inequalities (PHHI)" which outlined the organisation's approach to addressing health disparities across its service areas in Oldham, Bury, Rochdale, and Salford.

Health inequalities referred to unjust and avoidable differences in health outcomes between different population groups. These disparities were influenced by factors such as socioeconomic status, ethnicity, mental health, and living conditions.

Tackling health inequalities was a strategic priority for the NCA, embedded in its Vision 10 strategy and annual planning. The organisation has established the PHHI program to systematically address these disparities. Under the Health and Care Act 2022, NHS organisations like NCA were legally obligated to consider health inequalities in their operations.

NCA's approach included: Data & Intelligence, embedding measurement and tracking of health inequalities; Leadership, assigning executive leads and clinical consultants to drive the agenda; Capacity Building, providing health inequalities training across the organization; and Systematic Implementation, scaling up initiatives throughout NCA's operations. Significant progress had been shown progress in analysing and understanding health inequalities.

Looking Ahead the NCA planned in 2025/26 to enhance data-driven decision-making to identify and address health disparities. Strengthen partnerships with academic institutions for evaluating impact. Expand training programs to build organisational capability in addressing health inequalities. Implement widespread initiatives to reduce disparities across all service areas.

Examples were given of actions being taken to address inequalities in pregnancy care and bowel cancer screening. A discussion then took place on how local authorities could work together with and support NCA activities for example through anti-poverty strategies and work with the homeless, refugees and asylum seekers.

RESOLVED:

1. That the report be referred to individual Council's Health Scrutiny Boards for further consideration.

2. Directors of Public Health be asked to consider how we can work with the NCA to support the PHHI strategy.

3. That an update report is presented to a future meeting.

8 **DATES OF MEETINGS 2025/26 MUNICIPAL YEAR**

Noted: The following dates of meetings for the 2025/26 Municipal Year were noted.

26th June 2025
25th September 2025
18th December 2025
26th February 2026

9 **WORK PROGRAMME 2025/26 MUNICIPAL YEAR**

It was agreed that the following items be brought to the next meeting:

Performance Dashboard
Finance Report
Staffing Survey

Items for future meetings:

Patient Experience
Ambulance Service links with NCA

The meeting started at 2.30pand ended at 4.00pm.