

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR
NORTHERN CARE ALLIANCE
18/12/2025 at 2.00 pm



Present: Councillor McLaren (Chair), Councillors Z Ali and Hamblett (Vice-Chair) (Oldham)
Councillors Anstee and Dale (Rochdale)
Councillor Fitzgerald (Bury)

Also in Attendance:

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| Mike Barker | Oldham MBC |
| Lindsey Darley | Programme Director – Unplanned care (NCA) |
| Jack Grennan | Constitutional Services |
| Karen Southern | Programme Director – Outpatient Excellence (NCA) |
| Tamara Zatman | Associate Director – Post Transaction Integration (NCA) |

1 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Joinson (Rochdale)

2 URGENT BUSINESS

There were no items of urgent business to consider.

3 DECLARATIONS OF INTEREST

There were no items of declarations of interest received.

4 PUBLIC QUESTION TIME

There were no public questions received.

5 MINUTES OF THE PREVIOUS MEETING

RESOLVED: That the minutes of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance meeting held on 25th September 2025 be approved as a correct record.

6 INTEGRATED PERFORMANCE REPORT

It was agreed that questions would be taken to officers outside of the meeting.

Members noted the summary and queried whether, for metrics with no target, this was due to it being difficult to quantify one.

Members highlighted that hand pumps had been empty on a recent hospital visit and queried why this was. It was agreed that these concerns would be highlighted. Members noted that hand hygiene was going down which was concerning given the flu season.

Members noted that overpayments had been raised at the previous meeting and that the measures were not working.

Members noted that sickness absence had grown and stayed high, and requested an explainer for why this was the case.

Members queried whether electives were likely to change and how given strike action.

Members noted that theatre utilisation was significantly under target and asked why this was the case. It was noted that there had been lots of activity around this with an intensive programme on improving these figures. Members queried what constituted theatre utilisation.

Members noted that there was an area of concern around GM system demand reduction initiatives for suspected skin cancers pathways not yet yielding anticipated benefits, and it was queried why this was the case and what plans were in place to make sure that the benefits are realised.

Members noted the MRSA Improvement Plan as an area of concern, querying what pressure this puts on wards. It was noted that, as this related to 7 cases, it would depend on when infection happens and that it is monitored closely.

Members highlighted that whilst the number of still births was still below target, the figures were rising and queried whether this had been picked up.

Members noted an increase in carer needs reviews and queried why this was the case. It was noted that this was due to work in each locality due to 18 months of funding.

RESOLVED: That the report be noted.

7

FINANCE UPDATE

It was noted that this item was being withdrawn due to the officer being unavailable to present.

8

WIDENING ACCESS, INCLUSIVE RECRUITMENT AND PARTICIPATION

It was noted that the item was being deferred to the next meeting due to the unavailability of the officer presenting.

9

OUTPATIENT EXCELLENCE PROGRAMME

Members were given an update on the Outpatient Excellence Programme, including the Programme Aims and KPI benchmarking. It was noted that there were no local targets for Do Not Attends (DNAs) but a local target of 7.4%. It was noted that remote consultations had seen a decline over the last 12 months, but whilst below target, the figures were above the national average and this followed the same trajectory as other health authorities.

'Our Digital Journey' was discussed and the Patient Electronic Platform was highlighted, particularly around quick contact through two-way messaging. It was noted that new data tools were being used for those deemed to be at high risk of DNA.

Priorities were discussed, particularly around reducing health inequalities, identifying vulnerable residents, 'You said, we did' and standardising appointment letters and clinic templates.

The new Advise and Guidance and the Single Point of Access were noted, in order to improve triage efficiency, and Outpatient disruption was also discussed.

Members noted remote consultations and queried whether, if this is something patients want but the target is being missed, is the ICB pushing its agenda rather than listening to patients. It was noted that the targets were set during the COVID pandemic and it was noted that it needs to be reviewed. It was also highlighted that different needs mean the option for alternatives needs to be kept open where possible.

Members also queried how it was being ensured that non-NHS app users would not suffer for not using the app. It was noted that there was system safety and that communication in writing would be triggered if digital contacts were ignored, and the time delay around posting these were also factored into this process. Members noted that 25% of appointments were cancelled, which given the waiting lists was disappointing. It was queried how messages were communicated, particularly around times of day given how busy life can be. It was noted that nothing could be done around sending messages at particular times a day as the message is sent when the system books the appointment, but it was highlighted that the app should help with these issues.

Members noted the use of acronyms in the report and highlighted that different services sometimes use different apps, which can be difficult for those not particularly good with technology, and it was noted that an add to calendar option for appointments would be helpful. It was noted that the functionality of the app was difficult to change due to being from a private provider. It was noted that NHS services should all be on the one NHS app regardless of which trust patients were using for services. It was noted that correspondence can be from different trusts which is out of the Northern Care Alliance's control.

Members queried how the Outpatient Excellence Programme would improve prevention. It was noted that Advise and Guidance had been used for a number of years. It was noted that different departments would have different timescales, with both Renal and Neurology being completed by February, Gastro by the end of January and Cardio in February or March.

Members noted that with a number of community diagnostic hubs open, it might be good for the Committee to see one. It was noted that the NCA had two, one in Oldham and one in Salford.

It was requested that an update be brought back to the committee in six months time.



RESOLVED: That the report be noted.

10

NCA WINTER PREPAREDNESS

Members were updated on the NCA's Winter preparedness. It was noted that the NCA Winter plan was different to the NHS England plan, and that work preparing for winter had been going on since June. It was noted that there were three key areas of impact: Paediatrics, trauma, and respiratory. It was noted that stressing testing and surge demand testing had also taken place.

The structure of the plan and the key content was discussed, particularly around vaccinations, safe discharge, virtual wards and hospital at home, weekend capacity for infection control leads and leadership responsibilities.

Members noted the good news on vaccines and noted the want to have staff in work to deliver on this. Members also raised concerns about misinformation about vaccines and vaccine availability at GPs and pharmacists, and it was noted that this information would be fed back.

Members noted staff capacity and strike action, noting that infection control was critical. Members queried how escalating interventions worked, and it was noted that there were a number of ways, primarily around maintaining OPEL scores, with pressures across the system. It was noted that this was an indicator of where a step up to silver command would be needed, and rapid discharges and reprioritisation of activities.

RESOLVED: That the report be noted.

11

WORK PROGRAMME

It was noted that for the next meeting, the IPR and National Oversight Framework be merged, the workforce plan update be taken off, that Item 8 from this meeting (Widening Access, Inclusive Recruitment and Participation) be added, and the Integrated Care and Clinical Leadership model update be merged into a single item.

It was also requested that a financial update be brought to the first meeting in 2026/27, and that a finance officer be requested for the February meeting.

RESOLVED: That the Work programme be noted.

The meeting started at 2.00 pm and ended at 3.55 pm