

**HEALTH SCRUTINY**  
**08/03/2022 at 6.00 pm**



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

Also in Attendance:

Mike Barker

Strategic Director of  
Commissioning/Chief Operating  
Officer

Kaidy McCann

Constitutional Services

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Ibrahim.

2           **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3           **URGENT BUSINESS**

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

4           **PUBLIC QUESTION TIME**

There were no public questions for this meeting of the Committee to consider.

5           **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting of the Health Scrutiny Committee held on 18<sup>th</sup> January 2022, be approved as a correct record.

6           **SCHEDULED CARE UPDATE**

The Committee scrutinised a report which provided an update on Scheduled Care

The Committee was provided with details of long waiters which included the breakdown of bands and by month. There had been a slight increase in the >140 weeks from 66 in September 2021 to 83 in November 2021. It was the aim of Oldham Cares to eliminate waits of over 104 weeks by the end of March 2022, however it was important to understand that a long waiter was not necessary a high clinical priority or more urgent due to the wait. Elective activity also slowed annually when winter pressures hit and resources were reprioritised which contributed to increased Elective waits. Patients' choice was a factor in the increased wait times. Some patients opted to wait until the risk of Covid was significantly reduced. This was the cause of the increase in November waits and as Christmas approached,

patients opted to delay to the New Year. The total waitlist in Mar '20 was 16,852 vs. 25,437 Nov '21.



Diagnostic provision continued to be a challenge as increased waitlists resulted in increased demand on diagnostic services. The standard continued to be set at 99% of diagnostics to be delivered within 6 weeks however NHSE/I had published new guidance in May '21 which stated waitlists should be reviewed and prioritised according to clinical need rather than wait time where over half have been waiting over 6 weeks. In Feb '20 the diagnostic waitlist stood at 4,596 but in Nov '21 was 8,798 an increase of 91.4%. Echocardiography, MRI, NOUS and Endoscopy accounted for the majority of diagnostic waits.

The Committee noted that the service continued to operate under challenging circumstances with infection prevention and control (IPC) measures, stretched resources for various reasons (including staff sickness), patient choice and increasing waitlists. When pressures rose in urgent care, Elective activity was the first to take the hit, as resources were prioritised accordingly to urgent and Cancer care. Use of Independent Sector Providers (ISPs) depended on Trusts sending activity across but was supporting the recovery process. It was likely to take a number of years to truly recover from the toll Covid had taken on Elective waits.

Cancer services across Greater Manchester remained very challenged, and this was reflected in the deterioration of the performance position seen in Oldham. The current surge of the Omicron wave was causing pressures across the health system, particularly in terms of staff sickness and isolation. The GM position was to maintain Priority 2 (which included Cancer patients) on green sites, and therefore it was hoped that despite the continuing pressures that cancer treatments would continue wherever possible. Diagnostics were still a main contributor to the delays in 62-day treatment pathways. The Trust had continued to utilise the Rapid Diagnostic Centre (RDC) pathway to support internally and continued to develop the Community Diagnostic Centre which would provide additional diagnostic capacity to Oldham.

General practice had remained open and continued to provide primary medical services 7 days per week through remote access and face to face consultations where clinically appropriate. Practices had continued to provide urgent on the day care and maintained continuity of care for those with long term conditions and complex needs. This year to date, practices had provided 782,210 appointments. The last 3 months had provided over 100,000 appointments per month on average.

Oldham Primary Care Networks (PCNs) were at the forefront of the COVID vaccination and booster programme. In the week ending 19th December 18,890 vaccines were provided in Oldham. This was the highest ever recorded with previous high of 14,765 in April 2021 58.6% of the eligible cohort for a booster

had now been vaccinated. Capacity had been realised to deliver boosters to all eligible residents by 31<sup>st</sup> December 2021.

**RESOLVED** that the Scheduled Care Update be noted.

7

## **HEALTH AND CARE BILL UPDATE**

The Committee scrutinised a report which provided an update on the progress in relation to the Health and Care Bill.

The Committee were informed that Integrated care systems (ICSs) were partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area. They existed to achieve four aims:

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

Following several years of locally led development and based on the recommendations of NHS England and NHS Improvement, the government had set out plans to put ICSs on a statutory footing. To support the transition, NHS England and NHS Improvement had published guidance and resources, drawing on learning from all over the country. The aim was to enable local health and care leaders to build strong and effective ICSs in every part of England. Collaborating as ICSs would help health and care organisations tackle complex challenges, which included:

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

The continued development of Integrated Care Systems remained a priority for the NHS. The Health and Care Bill, which intended to put ICSs on a statutory footing and create Integrated Care Boards (ICBs) as new NHS bodies, was currently being considered by Parliament. To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 had been agreed for new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaced the previously stated target date of 1 April 2022. The new target date would provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining the momentum towards more effective system working.

Joint working arrangements had been in place at system level for some time, and there had already been significant progress in preparing for the proposed establishment of statutory Integrated Care Systems, which included recruitment of designate ICB Chairs and Chief Executives. CCG leaders and designate ICB leaders were asked to continue with preparations for the closure of CCGs and the establishment of ICBs, working toward the new target date. Designated ICB leaders, CCG AOs and NHS England and NHS Improvement regional teams would be asked to agree ways of working for 2022/23 before the end of March 2022. This would include agreeing how they would work together to support ongoing system development during Q1, including the establishment of statutory ICSs and the oversight and quality governance arrangements in their system.

**RESOVLED** that the Health and Care Bill Update be noted.

8 **HEALTH SCRUTINY WORK PROGRAMME 2021/22**

The Committee received a report inviting consideration of the Committee's Work Programme for 2021/22.

**RESOLVED** that the Health Scrutiny Committee's Work Programme 2021/22 be noted.

9 **KEY DECISION DOCUMENT**

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

**RESOLVED** that the Key Decision Document be noted.

The meeting started at 6.00 pm and ended at 7.38 pm