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HEALTH SCRUTINY
18/10/2022 at 6.00 pm



Present: Councillor S Hussain (Chair)
Councillors Ball, Harrison, Ibrahim, McLaren and McManus

Also in Attendance:

Nicola Hepburn	Accountable Officer for NHS Oldham Clinical Commissioning Group
Katrina Stephens	Associate Director of Commissioning – Oldham Clinical Commissioning Group
David Jago	Director of Public Health
Peter Thompson	Director of Finance/Chief Officer, 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.

5 **PUBLIC QUESTION TIME**

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 6th 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 5,337m² 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 5,337m² 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 these 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.
2. 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 discussion was still to be implemented as development work was still ongoing and a review was underway.

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 9th November 2020, offering clinical 'Hear & Treat' from NHS111 on a GM footprint with the aim of reducing the number of A&E attendances. On 1st 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 1st October 2022.

Resolved:
That the Key Decision Document be noted.

The meeting started at 6.00pm and ended at 7.25pm