

HEALTH SCRUTINY
07/03/2023 at 6.00 pm



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

Also in Attendance:

Paul Rogers	Constitutional Services
Julian Guerriero	Community Safety Services
Rebecca Fletcher	Public Health
Steve Simmons	Senior Operations Manager, Turning Point Ltd
Heather Caudle	Group Nursing Officer, Northern Care Alliance

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Nasheen and Tamoor.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

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

5 **MINUTES**

RESOLVED that the minutes of the meeting held on 17 January 2023 be approved as a correct record.

At the request of the Chairman the Committee agreed to consider item no.7 on the agenda as the next item of business.

6 **DRUGS AND ALCOHOL SERVICE**

The Committee received the report of Julian Guerriero, Senior Policy Strategy and Commissioning Manager Public Health, and Dr.Rebecca Fletcher, Consultant in Public Health, which updated the Health Scrutiny Committee on the outcome of the recent collaborative commission by Oldham Council and Rochdale Council for the provision of an Adult Integrated Substance Misuse Treatment and Recovery Service through an open competitive tendering procedure.

Having a high functioning drug and alcohol treatment and recovery service offer is an essential component of the range of activity required to achieve better population health and reduce demand on health and social care services.

Oldham Council and Rochdale Council have worked in collaboration to jointly commission a provider for the provision of

a drug and alcohol treatment and recovery service through an open competitive tendering procedure.



Oldham
Council

It was agreed at Cabinet in February 2022 to delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Health and Social Care, to approve the recommendation of the evaluation panel.

In accordance with the results of the tendering exercise (based on quality, social value and financial modelling) and completion of the tender evaluation processes, the contract was awarded to Turning Point Services Limited, as per the delegated authority agreed by Cabinet in November 2022.

The core contract term is for a period of five years up to the end of 31 March 2028 at a value of £4.4m per year (equal contributions of £2.2m from Oldham Council and Rochdale Council). There is an option to extend the contract year on year for up to a further five years.

A further £600k per year (£300k per authority) is available to support inpatient detoxification and residential rehabilitation placements.

Additional grant funding is within the scope of the contract, with clear exit strategies that can disaggregate spend away from the core specification.

The report introduced the new Adult Integrated Substance Misuse Treatment and Recovery Service to be delivered by Turning Point and provided an overview of the delivery model and priorities for the first 12 months. Steve Simmons, Senior Operations Manager representing Turning Point Ltd, gave a presentation regarding Turning Point Ltd and can be viewed using the following link

<https://committees.oldham.gov.uk/documents/b26493/Suppliment%2007th-Mar-2023%2018.00%20Health%20Scrutiny.pdf?T=9>

Julian Guerriero emphasised that the specification of the contract now included a preventative element and that recovery needed to go further so as to support the wellbeing of people and engage stability for moving from recovery. This would include working with GPs and pharmacies and including housing and employment as the next steps with a view to providing a better lifestyle to preventing the possibility of relapse. There would be an expectation that over the next 12 months the new model would enable more people to be treated.

The contract centred on those persons aged 18 years and above with the plan being to engage young people below the age of 18 years this being a transitional element.

Resolved: that

1. the outcome of the recent tender exercise to procure a provider for the delivery of the Adult Integrated Substance Misuse Treatment and Recovery Service be noted;
2. the Committee supports the new Adult Integrated Substance Misuse Treatment and Recovery offer which is available for Oldham residents; and
3. Turning Point Ltd be invited to this Committee to give a 6 months review on the role out of the new model for Oldham residents.

7

NORTHERN CARE ALLIANCE - CARE QUALITY COMMISSION

The Committee received an Inspection report from the Northern Care Alliance (NCA) NHS Foundation Trust which describes their judgement of the quality of care provided by the trust. It is based on a combination of what the NCA found when they inspected and other information available to them. It included information given to the NCA from people who use the service, the public and other organisations.

Northern Care Alliance NHS Foundation Trust was formed on 1 October 2021 when Salford Royal Hospital NHS Foundation Trust legally acquired Pennine Acute Hospitals NHS Foundation Trust.

The trust operates a range of acute, community health and social care services which are provided by the trust's four care organisations; Salford, Oldham, Rochdale and Bury.

The trust has over 20,000 staff and has four acute hospitals – Salford Royal Hospital, Royal Oldham Hospital, Fairfield General Hospital and Rochdale Infirmary which provide a full range of acute services, including acute medicine, urgent and emergency care, acute frailty units, rehabilitation services, dental services and surgical services, to a population of approximately 1 million people within hospital settings and the community. The trusts had been working in partnership from 2016 until the acquisition. This included a shared executive leadership team.

When a trust acquires another trust in order to improve the quality and safety of care, the trust do not aggregate ratings from the previously separate trust at trust level for up to two years from date of acquisition. The ratings for the trust in this report are therefore based only on the ratings for Salford Royal Hospital and their rating of leadership at the trust level.

NCA's normal practice following an acquisition would be to inspect all services run by the enlarged trust. However, their usual inspection work has been curtailed by the COVID-19 pandemic.

At the Northern Care Alliance, we inspected only those services where they were aware of current risks. They did not rate the hospitals overall. In the ratings tables shown in the report they show all ratings for services run by the trust, including those from earlier inspections and from those hospitals we did not inspect this time. This was NCA's first inspection since the formation of the Northern Care Alliance NHS Foundation Trust.

The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and most staff understood and knew how to apply them and monitor progress.

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Improvement projects were at various stages of development and completion across the trust. The trust reported and investigated complaints and incidents. However, these were not always completed in a timely manner and learning was not always shared with relevant departments across the trust.

The report highlighted outstanding practice at Royal Oldham Urgent and Emergency Care Services. It also referred to action the trust must take and is necessary to comply with its legal obligations. The action a trust should take is because the trust was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

During our inspection they spoke with a variety of staff including consultants, doctors, therapists, nurses, healthcare support workers, pharmacists, patient experience staff, domestic staff, administrators and the trust's board. During the inspection they also spoke with patients and relatives. They visited numerous clinical areas across the hospital sites. They reviewed patient records, national data and other information provided by the trust. They held several staff focus groups with representatives from all over the trust to enable staff who were not on duty during the inspection to speak to inspectors. The focus groups included junior and senior staff from pharmacy, junior and senior nursing staff, junior doctors and consultants, allied health professionals, staff representing equality, diversity and inclusion. They also had focus groups for the non-executive directors and governors.

The Areas of Inspection for Royal Oldham Hospital, findings and proposed actions as a result of findings are set out in the report.

Heather Caudle, Group Nursing Officer representing NCA presented the Inspection report.

A Member made reference to the current ratings for Oldham hospital set out on page 39 in the agenda and suggested that comparisons of current ratings with previous Inspection ratings would have been useful.

The Chairman suggested that a summary of the report circulated with the Inspection report which made particular reference to Royal Oldham Hospital inspection and findings would have been helpful to Members.

Heather Caudle expressed her apologies that a summary had not been circulated with the report. She indicated that a summary of that report appertaining to Oldham Hospital and setting out the actions needed to be taken following up on the Inspection findings together with comparison ratings from previous inspections would be prepared and presented to the Committee at its next meeting.

With reference to a point raised regarding how the NCA deal with the concerns of Salford, Rochdale and Bury, Heather Caudle informed Members that a Localities Board has been established to coordinate concerns and issues raised. She would ensure that the membership of the Board would be made available for the next meeting of this Committee.

Resolved: That

1. NCA be requested to submit a summary of the Inspection report to this Committee for consideration at its next meeting with specific focus on Royal Oldham Hospital to include previous inspection ratings for comparison and the actions needed to improve as a consequence of the current Inspection findings; and
2. the Committee be circulated with the NCA Localities Board membership and its Terms of Reference.

8

EMERGENCY PAEDIATRICS

The Committee considered an update report on Urgent and Emergency Care for Oldham Paediatrics.

Members were informed that the Urgent and Emergency Care system, both locally and nationally has been under severe pressure throughout winter and during this time we have seen surges of paediatric demand. This is the case in both Oldham and across Greater Manchester. In the last 9 months, Oldham paediatric A&E has managed the usual September (return to school) respiratory illnesses, then the outbreak of the Strep A virus (also known as 'scarlet fever') and following that, the typical seasonal winter pressures.

A graph showing the activity for both adults and paediatrics A&E attendances from March 2019 to Jan 2023 was included in the report.

The report referred to additional services in A and E and Secondary Care, Primary and community care for paediatrics, and Urgent Care Hub which had been put in place to manage demand.

Members expressed concern at the lateness of receiving the report. It was suggested that consideration of the report be deferred for consideration to the next meeting of this Committee and the report author be requested to attend and present the report.

Resolved: That consideration of the report be deferred to the next meeting of this Committee and a that representative of NHS Greater Manchester Integrated Care be requested to attend the meeting to present the report.

9 **HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2022/23**

The Committee received a report inviting consideration of the Committee's Work Programme as at 7 March 2023.

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

10 **KEY DECISIONS DOCUMENT**

The Committee considered the latest Key Decision Document which set out the Authority's Key Decisions scheduled to be made from 20 February 2023.

Resolved:
That the Key Decision Document be noted.

The meeting started at 6.00 pm and ended at 7.50 pm