

**Public Document Pack**  
**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR**  
**NORTHERN CARE ALLIANCE**  
**31/10/2024 at 2.00 pm**



**Present:**

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

**Also in Attendance:**

Moneeza Iqbal	Director of Strategy, Northern Care Alliance -NHS
Harry Golby	NHS
Muna Abdel Aziz	Director of Public Health, Salford
Charlotte Walker	Assistant Director ASC, Oldham
Andrew Mather	Constitutional Services

**1 ELECTION OF CHAIR**

Resolved:

That Councillor McLaren be appointed as Chair for the remainder of the municipal year.

**2 ELECTION OF VICE CHAIR**

Resolved:

That Councillor Hamblett be appointed as Vice Chair for the remainder of the municipal year.

**3 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Taylor (Rochdale)

**4 DECLARATIONS OF INTEREST**

There were no declarations of interest received.

**5 PUBLIC QUESTION TIME**

No Public Questions had been submitted.

**6 MINUTES OF PREVIOUS MEETING**

Councillors Lancaster and Councillor Adams questioned the accuracy of the minutes in respect of Minute 1, Election of Chair, on the grounds that it was their understanding that the appointment of Councillor Hamblett was for the full municipal year, not just the meeting. Other members supported the minute that as Salford and Bury had not appointed all of their members the appointment of Chair was for the meeting only.

Resolved:

That the minutes of the meeting held on 11<sup>th</sup> July 2024 be approved as a correct record.

**(Councillor Lancaster asked that her objection to the accuracy of minute 1 be recorded.)**

The Director of Strategy, NCA, gave a presentation which outlined the Northern Care Alliance's (NCA) winter plan. The NCA Board had agreed on a two-year winter plan in October 2023, incorporating national requirements for 2024/25. This plan was integrated into the ongoing Urgent and Emergency Care (UEC) Excellence programme and involved contributions from Care Organisations and local partners.

A comprehensive winter planning checklist had been developed to ensure preparedness, focusing on maintaining fundamental care standards, resilience plans, and mutual aid rotas during holiday periods. Discharge planning and capacity management were essential components, which included managing general and acute beds, ambulance services, and virtual wards. A significant goal of the plan had been to shift care from acute hospital settings to community-based solutions, thereby preventing admissions and supporting effective discharges.

The winter plan emphasized a range of care settings to deliver services, such as Same Day Emergency Care (SDEC), Urgent Treatment Centres, and virtual wards. The NCA's UEC performance had shown stability, although there had been an increase in Emergency Department (ED) attendances, with the virtual bed occupancy being higher than the national average. Additionally, in-patient flow had performed well compared to peers, although changes in local mental health policies had posed challenges and increased ED wait times.

Key initiatives in the plan had included admission avoidance measures, such as the implementation of the "Hospital at Home" program and specialised dementia care services. Emergency Department improvements had been introduced to enhance the patient journey. The discharge process had been further strengthened by developing hospital-at-home services and expanding dementia care support.

The NCA had also been working on significant projects, such as Super MADE (multi-agency discharge reviews) and pilot programs for ambulance conveyance. CQC reviews had been conducted, and dementia units were being developed to further improve care. Efforts had also focused on maximising community bed capacity and assessing the benefits of the dementia program.

The plan had outlined future goals, including increasing the use of virtual wards and establishing consistent data collection across localities. Additionally, phased ED improvements and related program rollouts were planned to enhance patient care and improve system efficiency.

Resolved:

1. The Director of Strategy, NCA, be thanked for the presentation.

2. An update on the experience over the 2024/25 winter period be presented to the April 2025 meeting.

8

#### **FOUR LOCALITY PARTNERSHIP WORKING - JHOSC 31ST OCTOBER 24**

The Director of Strategy, NCA, gave a presentation which outlined the progress of the Four Localities Partnership involving the Northern Care Alliance (NCA) and the Salford, Bury, Oldham, and Rochdale localities. Established in 2022, the partnership aimed to foster collaborative efforts aligned with the Greater Manchester (GM) operating model, focusing on shared financial, quality, and health challenges.

The partnership successfully developed collaborative programs, such as the Discharge Integration Frontrunner programme, which improved coordination within the GM system and aimed to enhance patient care and discharge processes. This programme particularly targeted dementia pathways, promoting early discharge to prevent adverse effects on physical and mental health. The approach incorporated strengths-based strategies across all inpatient care and discharge processes for older adults.

The presentation highlighted a desire to strengthen governance, embed clinical leadership, and create shared performance oversight mechanisms. The Discharge Integration Frontrunner programme was commended for its innovative strategies, including admission avoidance and timely patient discharge, contributing to better outcomes and earning recognition for patient safety and elderly care improvements.

Resolved:

That the presentation be noted.

9

#### **ELECTIVE CARE RECOVERY**

The Director of Strategy, NCA, gave a presentation on Elective Care Recovery which highlighted significant progress and challenges in reducing long waits for elective care at the Northern Care Alliance (NCA). Key achievements included treating more patients than pre-pandemic levels and significantly cutting down waiting times: eliminating waits over 78 weeks, reducing waits over 65 weeks by 91% (7,814), and cutting waits over 52 weeks by 61% (10,737). Overall, total waiting lists had decreased by 5% (equating to 8,086 fewer patients on waiting lists).

To expedite care, the NCA has been improving non-admitted pathway stages through outpatient appointments and diagnostics, utilizing Community Diagnostic Hubs, and adopting best practices under the "Getting It Right First Time" (GIRFT) initiative. The organisation has also worked to align capacity with demand, increased productivity by reducing missed appointments (DNAs), and used resources like mutual aid from

other NHS trusts and private sector providers to address backlogs.

The presentation underscored addressing health inequalities as part of recovery efforts, especially given that higher DNA rates were observed in patients from more deprived areas,. DNA rates were higher among minority ethnic groups and males aged 17 to 54, particularly those aged 17 to 44, where the gap was 4-6% higher compared to females.

In response to member questions on how DNA rates and disparities could be addressed it was reported that the NCA planned to enhance data recording (e.g., capturing first languages, expanding ethnicity codes), improve staff training on health inequalities, increase virtual appointments to mitigate access issues, and pilot reminder phone calls for patients at high risk of not attending appointments, particularly those from more deprived areas and younger age groups.

Resolved:  
That the presentation be noted.

10

## **INTEGRATED PERFORMANCE SCORECARD**

The Director of Strategy, NCA, submitted for information the Integrated Performance Report which is considered by the NCA Board at each Board meeting. The Report used Statistical Process Control (SPC) which allowed for the viewing of data over time to highlight variation. This enabled the Board to understand where variation is normal and also where variation is different and required further action. This was known as 'special cause variation'.

The report detailed performance for a number of metrics covering the following areas: People and Learning; Elective Care and Productivity; Urgent and Emergency care and Cancer; Finance; Quality; and Safety. For each of these areas the report identified highlights, areas of concern, and a forward look with actions.

Members asked about whether there was currently a recruitment freeze and were informed that there was a recruitment freeze on non-clinical staff to address financial pressures.

Resolved:  
That the report be noted.

11

## **WORK PROGRAMME AND ADDITIONAL MEETING**

Members considered the Work Programme for the remainder of the municipal year. The Chair proposed that an additional meeting be added in April 2025 to compensate for the delay in setting up the Overview and Scrutiny Committee.

Resolved:

1. To add an additional meeting to the calendar in April 2025 (Date to be arranged).
2. To add 'Patient Experience' to the workplan for the February meeting.
4. To examine NCA Budget issues at the April meeting

The meeting started at 2.00 pm and ended at 3.30 pm



This page is intentionally left blank