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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR
NORTHERN CARE ALLIANCE
27/02/2025 at 2.00 pm



Present: Councillor McLaren (Oldham Council) (in the Chair)
Councillors Adams (Oldham Council), Dale (Rochdale Council),
Gold (Bury Council) and Joinson (Rochdale Council).

Also in Attendance:

Rebecca Fletcher – Director of Public Health
Rafik Bedair – Chief Medical Officer (Northern Care Alliance)
Jude Adams – Director of Strategy (Northern Care Alliance)
Moneeza Iqbal – Director of Performance (Northern Care Alliance)
Peter Thompson – Constitutional Services

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Hamblett (Oldham Borough Council) and Councillor Taylor (Rochdale Borough Council).

2 URGENT BUSINESS

There were no items of urgent business received.

3 DECLARATIONS OF INTEREST

There were no declarations of interest received.

4 PUBLIC QUESTION TIME

There were no public questions for this meeting to consider.

5 MINUTES OF PREVIOUS MEETING

Resolved:

That the minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance, held on 31st October 2024 be approved, as a correct record.

6 WINTER PLANNING UPDATE

Jude Adams, the Northern Care Alliance's Director of Strategy updated the Committee on the Northern Care Alliance's (NCA) winter plan. The NCA Board had previously agreed a two-year winter plan in October 2023, which incorporated the national requirements for 2024/25. The 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 attempt to ensure preparedness, focusing on maintaining fundamental care standards, resilience plans, and mutual aid rotas during holiday periods.

Discharge planning and capacity management were considered to be essential components, which also included managing G&A beds, ambulance services, and virtual wards. A significant goal

within the plan had been a move to shift care from acute hospital settings to community-based solutions, thus preventing admissions and supporting effective discharges – this latter being particularly important as it helped to free up space across the Trust's footprint.

The winter plan emphasised the importance of a range of care settings to deliver services, such as Same Day Emergency Care (SDEC), Urgent Treatment Centres, and virtual wards. The NCA's Urgent Emergency Care (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 flows 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. ED 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. It was suggested that this was an item that the Scrutiny Committee could continue to monitor at future meetings.

Resolved:

That an update on the experience over the whole of the 2024/25 winter period be presented to the Committee's meeting, scheduled to be held on Thursday, 24th April 2025.

NCA PLANNED AND EMERGENCY CARE PERFORMANCE COMPARISON TO PEERS

Jude Adams, the Northern Care Alliance's Director of Strategy updated the Committee on the Northern Care Alliance's (NCA) planned and emergency care performance statistics. The Committee was advised of improved performances across the footprint of the Trust, when compared to 2023/24, in terms of key issues such as cancer care treatment and A&E waiting times. The main issue of concern, that was reported, related to staff absence levels.

It was noted that the staffing absence levels, though high, were actually lower than in previous years. The main drivers for absence were short-term absences. There had been a renewed focus, led by the Trust's management, to ensure that 'return to work' interviews were held, so that any underlying reasons for the absences can be captured. The Trust's Occupational Health team were working with those elements, or teams, within the wider workforce that were experiencing the highest rates of staff absences.

Other issues that the Trust were focusing on included measures to tackle dementia related illnesses and an analysis of the bed occupancy rates across the hospitals in the Trust's footprint.

Resolved:
That the report be noted.

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INTEGRATED PERFORMANCE REPORT.

Jude Adams, the Northern Care Alliance's Director of Strategy updated the Committee on the Northern Care Alliance's (NCA) corporate performance statistics for the third quarter of 2024/25 (October – December). The overall performance of the Trust was good, especially when compared with other Trusts in England's North-West region.

The main issue of concern though, highlighted in the report, was staffing. This was in terms of the numbers of absences and the high turnover of staff. It was noted that the areas of the Trust's workforce with the highest levels of absences were amongst the least skilled and lowest paid employees. The staffing absence figures were reported as being at 8%, which represented worrying absence levels for the Trust's management but did though represent an improvement on the 10% figure that was reported for the corresponding period in 2023/24. There was also an issue relating to the numbers of agency staff employed by the Trust. This had a knock-on effect in terms of costs as it was more expensive to employ staff via an agency than for the Trust to directly employ people.

Another issue of concern was the average length of time being taken for ambulance handovers. This was reported as being about 35 minutes against a target time of 30 minutes.

Resolved:

1. That the report be noted.
2. That the issue relating Performance report be considered again at the Trust's next meeting, on Thursday, 24th April 2025.

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POPULATION HEALTH AND HEALTH INEQUALITIES

Dr Rafik Bedair, Northern Care Alliance's (NCA) Chief Medical Officer reported upon Population Health and Health Inequalities that existed across the footprint of the NCA.

Population Health was a key ambition in the NCA Vision10 strategy - Improving Population Health in all our Places, working

with Partners. Major NCA programmes such as the Clinically Led Model, Clinical Strategy and GIRFT had common themes of reducing unwarranted variation which would lead to reduced health inequalities.

The 2024 Darzi report had highlighted that too much of the NHS budget is being spent in the acute sector and too little in community. A key recommendation, arising from the report was to focus on improving population health and shift spending to prevention. The current financial pressures on the NCA had the potential to adversely impact health inequalities, and there was a need for a longer-term strategy to focus on preventative approaches.

In considering Workstream issues the meeting was informed that:

- a. The NCA now has a substantive Public Health Consultant in post.
- b. Formal governance arrangements were in place with a Population Health and Health Inequalities Oversight Group reporting into board via our Research and Innovation Committee.
- c. Local metrics to monitor progress in addressing health inequalities over time were currently being developed and were being incorporated into formal reports to the NCA's Board.
- d. An introduction to health inequalities animation has been developed and was now included in the Trust's formal induction programme.

Resolved:

That the report be noted and that the issue be considered again at the Committee's next meeting on 24th April 2025.

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WORK PROGRAMME

The Committee considered its Work Programme for 2024/25.

It was agreed that an extra meeting of the Committee be held on 24th April 2025 (minute 11 refers) and that the substantive agenda items for that meeting would be:

- a. Health Inequalities
- b. Integrated Performance Report

Resolved:

That the Committee's Work Programme 2024/25, be noted.

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ADDITIONAL MEETING - PROPOSED DATE

Resolved:

That the next meeting of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance be held on Thursday, 24th April 2025, beginning at 2.00pm in the Civic Centre, Oldham.

The meeting started at 2.00pm and ended at 4.05pm