

***ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
Overview & Scrutiny Committee
Agenda***

Date Thursday 7 March 2024

Time 6.00 pm

Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

Notes 1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Constitutional Services at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Constitutional Services email constitutional.services@oldham.gov.uk.

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MEMBERSHIP OF THE ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD

Councillors Adams, Ball, Hamblett, J. Harrison, S. Hussain, McLaren, Moores (Chair) and Wahid

Item No

- 1 Apologies For Absence
- 2 Urgent Business
Urgent business, if any, introduced by the Chair
- 3 Declarations of Interest
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 4 Public Question Time
To receive Questions from the Public, in accordance with the Council's Constitution.
- 5 Minutes of Previous Adults Social Care and Health Scrutiny Board Meeting (Pages 1 - 6)
The Minutes of the Adults Social Care and Health Scrutiny Board held on 16th January 2024 are attached for approval.
- 6 Sexual Health Update (Pages 7 - 14)
This report provides an overview of provision delivered by sexual health services in the borough to improve the sexual health and wellbeing of Oldham's residents.
- 7 Joint Scrutiny Committee - Northern Care Alliance (Pages 15 - 22)
To present proposed Terms of Reference and Working principals for the Joint Health Overview and Scrutiny Committee (JHOSC) for the Northern Care Alliance.
- 8 Adult Social Care Workforce Update
Report to follow.
- 9 Work Programme (Pages 23 - 28)
To consider the Adults Social Care and Health Work Programme 2023/24
- 10 Rule 13 and 14
To consider any rule 13 or 14 decisions taken since the previous meeting.

Present: Councillor Moores (Chair)
Councillors Adams, Ball, Hamblett, J. Harrison, S. Hussain and McLaren

Also in Attendance:

Barbara Brownridge	Cabinet Member for Health and Social Care
Rachel Dyson	Thriving Communities Hub Lead
Andrea Entwistle	Senior Business and Commissioning Manager
Rebecca Fletcher	Interim Director of Public health
Claire Hooley	Joint Commissioning for People (Health & Social Care)
Andrew Mather	Constitutional Services
Jayne Ratcliffe	Director of Adult Social Care Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Tamoor Tariq

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

Councillor J.Harrison declared a non-disclosable non-prejudicial interest in Item 8 on the agenda, Adult Social Care -Care Market Update, in respect of a family member who was a service user.

4 **PUBLIC QUESTION TIME**

There were no items of urgent business received.

5 **MINUTES**

RESOLVED that the minutes of the meeting held on 5th December 2023 be approved as a correct record.

6 **PREVENTION FRAMEWORK - REPORT**

The Interim Director of Public Health presented a report and Rachel Dyson gave a presentation, providing an overview of the work done to date on the development and implementation of Oldham's Prevention Framework.

In Summer 2022, the Public Service Reform (PSR) Board agreed to initiate the development of a comprehensive Prevention Framework for Oldham, recognizing the importance of prevention and early intervention in various key strategies. While existing strategies, such as the early help demand strategy and health inequalities plan, emphasized these principles, they were developed independently. The complexity of the system and the vast scope of early intervention presented challenges. Previous reviews, including the 2019 Early Intervention & Prevention review and the Thriving Communities

program evaluation, highlighted the need for a more coordinated and cross-system approach. The aim of the shared Prevention Framework is to establish common objectives, integrate prevention into spending plans, avoid duplication, assess the current system's offerings, identify gaps, guide investment decisions, facilitate workforce development, and ensure a resident-focused, place-based approach.

The Prevention Framework which was attached as an Appendix to the report provided a shared language for prevention in Oldham, a shared vision for what the prevention offer should deliver and the outcomes it aims to achieve.

Alongside the development of the Framework a mapping exercise was also undertaken to identify the current services offered at each level of the Framework across the local system. This revealed a complex service landscape with numerous services taking a preventative approach, yet challenges in understanding the overall offering. Issues included greater investment in complex cases, less investment in Staying Well, and piecemeal commissioning. The workforce focused on providing support rather than enabling self-help, and the service structure was difficult to navigate.

Recognising these complexities, the PSR Board had acknowledged the need to embed the Prevention Framework principles. Key focuses and progress areas included raising awareness, pathway mapping, VCFSE funding review, strengthening program interfaces, developing a service directory, and implementing strengths-based working. The Prevention Framework document was widely shared, and efforts concentrated on mapping wellbeing support, linking it to other preventative services, and reviewing VCFSE funding for strategic alignment. The plan also involved enhancing program interfaces, creating a service directory, and implementing strengths-based working across the system.

In response to a question as to who the framework was aimed at the Interim Director stated that the framework was not intended as a public document but as a resource for practitioners. However, care had been taken in the layout and language used to make the framework as accessible as possible.

A Member raised a personal experience of trying to access services where they had been stuck in a referral cycle with no one sure who should make the referral. The Interim Director responded that this was a very useful example and highlighted the need to stress test pathways.

In response to a question as to when the Directory of Support Services would be produced the Interim Director responded that no date had been set as it would require a lot of resources.

Members asked how accessible services would be advertised. The interim Director responded that there would be many

different methods depending on the customer group and gave the example of information provided to new mothers.

Members queried whether funding had been secured to continue Social Prescribing and were informed that funding was in place for several months with a positive outlook for securing further funding.

Resolved:

1. The report and presentation be noted.
2. A progress report be brought back to the Scrutiny Board in 18 months.

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TOBACCO CONTROL AND SMOKING CESSATION

The Interim Director of Public Health presented a report and Andrea Entwistle, Senior Business and Commissioning Manager, gave a presentation providing an overview of the tobacco control work in Oldham, in the context of regional and national policy and approaches. The report provided an overview on the role of the Oldham Tobacco Alliance, made up of partners and services from across the borough, in progressing this agenda and working together to tackle tobacco-related harm and improve the health and wellbeing of people living in Oldham. Andrea Entwistle also presented an update from the Community Specialist Stop Smoking Service on behalf of Your health Oldham.

It was reported that one in seven adults still smoke in England and tobacco remains the single biggest cause of preventable illness and death. Up to two out of three lifelong smokers will die from smoking, and smoking substantially increases the risk of heart disease, heart attack and stroke and causes the vast majority of cases of lung cancer. Tackling smoking is one of the most evidence based and effective interventions that can be taken to prevent ill health and reduce health inequalities. Reducing smoking rates not only improves health outcomes and reduces the burden on the NHS, it also boosts productivity and economic growth. Smoking prevalence in Oldham is considerably higher than in Greater Manchester and England rates and tobacco-related harm disproportionality impacts a number of our communities, including those who are already impacted by high levels of deprivation and other socio-economic determinants of health. Reducing smoking rates in the borough is a priority in the Oldham Health and Wellbeing Strategy and Oldham Integrated Care Partnership's Locality Plan.

The vision of the Oldham Tobacco Alliance is to improve the health and wellbeing of Oldham's population by reducing smoking rates, minimising tobacco related harm and contributing to a reduction in the health inequalities experienced by some of our communities due to smoking and tobacco. Significantly reducing smoking prevalence at a far faster rate than at present will: – improve health outcomes, – support poverty reduction, – deliver higher productivity, – give babies and children a better start in life, – reduce health and social care costs and – cut crime by dealing with the illegal tobacco trade. Therefore, the



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Oldham Tobacco Alliance is taking a strategic and comprehensive approach to tobacco control (aligned to national and regional policy and evidence base) to make smoking less accessible, acceptable and desirable, empower successful quitting and stop young people starting to smoke in the first place.



Members of the scrutiny board asked several questions regarding vaping and its relationship with smoking particularly for young people. In response it was reported that evidence was still being gathered as to whether the decline of smoking by young people was linked to an increase in vaping. Vaping would be subject to a separate report at a later date.

A member suggested that it would be useful to involve Oldham PRIDE in consultations and partnership working.

Members commented on the success and importance of advertising campaigns, such as targeting smoking during pregnancy. However, it was recognised that campaigns were costly.

Resolved:

1. That the report be noted.
2. A report on progress be brought to the Scrutiny Board in 12 months.

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ADULT SOCIAL CARE - CARE MARKET UPDATE

The Director Adult Social Care and Assistant Director for Commissioning and Market Management submitted a report and gave a presentation providing an overview of Oldham's care market.

Under the Care Act 2014, Adult Social Care departments in Local Authorities have a number of commissioning responsibilities. Authorities have the duty to promote diversity and quality in service provision. Local authorities should engage in market shaping activities to ensure that any person requiring Care and Support/Support Services: a) Has a variety of providers supplying a variety of services to choose from; b) Has a variety of high quality services to choose from; and c) Has sufficient information to make an informed decision about how to meet the needs in question. Local authorities should ensure that they have effective strategies to understand likely demand for such services, ensure stability and to shape the marketplace so that the right services are available.

A further duty is market shaping and commissioning of adult care and support services. Market shaping and commissioning activities should prioritize wellbeing and outcomes. This involves promoting and monitoring quality among individual providers and the overall marketplace. Key principles include encouraging a skilled workforce, monitoring service delivery's timeliness, reliability, and appropriateness, ensuring capacity and

sustainability, and complying with the Equality Act. Local authorities must develop markets for Care and Support provision, balancing high-quality care with the understanding that providers may exit. Authorities should collaborate with and support providers, adapt commissioning arrangements, and ensure diverse service options for varied needs and locations. Strategies should be designed in consultation with providers and communities to address local market needs effectively.

Local authorities also have a duty to carry out contingency planning and manage service interruptions caused by supplier failure to ensure that the needs of affected persons and carers continue to be met.

In Oldham we want to work with care providers to ensure we commission services that are good quality, financial sustainable and create pathways of care for our service users. Commissioned services will be based on a strengths-based approach in line with our vision for adult social care, and will look for opportunities to improve and develop.

The presentation gave a statistical breakdown of the 3,325 service users and activity by the Adult Social Care Team. The presentation also highlighted ratings of providers carried out by the Care Quality Commission as part of their inspection process and the risks attached to each provider. Where a provider receives a rating of Requires Improvement they will receive increased support and oversight from the Commissioning and Market Management Service.

It was reported that Oldham's Care Homes face fragility due to national cost pressures, Covid-related challenges, and workforce issues. The Strategic Provider Risk Group facilitates information sharing and risk management. Home Care sees market consolidation, posing a risk of provider failure. A tender will address gaps in specialist Home Care. Specialist care and accommodation options, especially for transitioning young people, are needed. Direct Payments face oversight risks, addressed through preferred provider frameworks. Personal Assistants' market oversight, rates, and choice are under consideration, linked to the Foundation Living Wage.

Priorities for the service include supporting workforce growth, addressing shortages in nursing care and specialist services, and enhancing access to urgent and crises care. The rise in autism diagnoses underscores the need for related support services and accommodation. Efforts are underway to provide flexible, purpose-built accommodations quickly, including temporary and emergency placements. Improving transitions for young people entering Adult Services, ensuring oversight of direct payments, and sustaining care providers financially to meet increasing costs are key focuses for the council.



Resolved:

That the report and presentation be noted.

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WORK PROGRAMME

The Adult Social Care and Health Scrutiny Board's Work Programme 2023/24 was circulated for Member's consideration.

The Chair reported that he would look at the two outstanding items with officers and report back to the March or June meeting. These items were: Reporting arrangements in respect on integrated commissioning under Section 75 Agreements; and, an update on the Urgent Care Review

Resolved:

That the Work Programme 2023/24 be noted.

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KEY DECISION DOCUMENT

The Council's current published Key Decision Document, advising of key decisions due to be taken by the Council's Cabinet was circulated for Member's consideration.

Resolved:

That the Key Decision Document be noted.

The meeting started at 6.00 pm and ended at 8.15 pm



Oldham
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Report to Adult Social Care and Health Scrutiny Board

Sexual Health Update

Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

Officer Contact: Dr Rebecca Fletcher, Director of Public Health

Report Author: Andrea Entwistle, Senior Business and Commissioning Manager (Public Health - Oldham Council)

Ext. 3386

7 March 2024

Purpose of the Report

This report provides an overview of provision delivered by sexual health services in the borough to improve the sexual health and wellbeing of Oldham's residents.

Executive Summary

Having a high functioning sexual health offer for our residents is an essential component of the range of activity required to achieve better population health and reduce demand on health and social care services. As per Public Health funding conditions and mandated responsibilities, we are required to ensure access to sexual health services for all of our residents.

Oldham, Rochdale and Bury Councils (ORB) collaboratively commission the provision of an Integrated Sexual Health Service (ISHS) to support better population health and meet our mandated responsibilities for open access sexual health services. HCRG Care Group has been commissioned to provide Oldham, Rochdale and Bury Integrated Sexual Health Service (ORBISH) since 1 April 2022, for an initial 5-year contract term, with an option to extend by up to 5 further years. A summary of progress in the last 12 months and future plans will be provided.

HCRG also work in collaboration with Early Break to provide an integrated Young People's Sexual Health and Substance Misuse Service (Meeting Your Needs Oldham – MYNO) and have been commissioned to deliver this service since 1 April 2021. Cabinet recently approved the option to extend the contract for a period of 2 years, until 31 March 2026. MYNO has been subject to a budget reduction for the periods of 2023/24 and 2024/25: an overview of progress to date will be provided.

Representatives from HCRG Care Group and Early Break have been invited to attend the committee meeting to present an update on progress made by the services in improving sexual health outcomes and achieving budget reduction targets.

Recommendations

Adult Social Care and Health Scrutiny Board is asked to consider the update on recent delivery of the Integrated Sexual Health Service and Young People's Sexual Health and Substance Misuse Service, including relevant performance information and contributions towards improving health outcomes, and note the progress made and next steps towards achieving the budget reduction for the young people's service.

Sexual Health - Update

1 Context

- 1.1. Good sexual health is important to individuals, but it is also a key public health issue. Sexual ill health and poor sexual wellbeing are strongly linked to deprivation and health inequalities, with our more deprived populations experiencing worse sexual health, and poor sexual health presents significant costs to society, as well as to the individual. Sexual and reproductive health is not just about preventing disease or infection. It also means promoting good sexual health in a wider context, including relationships, sexuality and sexual rights. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.
- 1.2. Improving the sexual health of the population remains a public health priority. The consequences of poor sexual health include:
 - unplanned pregnancies and abortions
 - psychological consequences, including from sexual coercion and abuse
 - poor educational, social and economic opportunities for teenage parents and their children
 - HIV transmission
 - cervical and other genital cancers
 - hepatitis, chronic liver disease and liver cancer
 - recurrent genital herpes
 - recurrent genital warts
 - pelvic inflammatory disease, which can cause ectopic pregnancies and infertility
 - poorer maternity outcomes for mother and baby
- 1.3. Local authorities are mandated to commission and fund comprehensive, open-access HIV/STI testing services; STI treatment services (excluding HIV treatment); and contraception services for the benefit of all persons of all ages who present in their area. Integrated Sexual Health Services (ISHS) include contraception and sexual health [CASH, also known as family planning] and genito-urinary services [GUM]. Integrated Sexual Health Services contribute to several key public health outcomes including reducing STIs, reducing unwanted pregnancies, and reducing repeat abortions.
- 1.4. The Greater Manchester (GM) Sexual Health Strategy's vision is to improve sexual health knowledge, provide accessible sexual health services, improve sexual health outcomes and achieve HIV eradication in a generation. A high-quality system (including digital provision) for sexual and reproductive health across Greater Manchester will ensure that all residents are able to exercise personal choice and self-management regarding their sexuality, sexual and reproductive health and able to access the appropriate support when required, across the life course.
- 1.5. Continuing challenges include the rising rates of some sexually transmitted infections (particularly gonorrhoea and syphilis), the transmission of HIV, high rates of terminations, lower than national rates of long-acting reversible contraception (LARC) and the post-pandemic reduction in clinic attendance by young people. Oldham has poor outcomes in relation to sexual health and remains consistently worse than GM, NW and England rates for under 18 conceptions, abortion rates, uptake of LARC and STI diagnosis.
- 1.6. Oldham's Sexual Health Strategic Partnership was re-established in 2023 and has a vision to "Improve the sexual health and wellbeing of the people of Oldham, reduce health

inequalities and improve population health outcomes, building an open culture where everyone can make informed and responsible choices about relationships and sex”. The partnership brings together local organisations to agree and oversee the delivery of a joint approach to improving sexual and reproductive health and wellbeing for residents of Oldham and provides strategic leadership and clear accountability for improving sexual health outcomes by leading the development of a multi-agency strategic and operational response to sexual and reproductive health challenges, driving innovation and sustainable improvement. The partnership is in the process of developing a locality action plan, ensuring that prevention is central to its approach and that our residents are equipped with skills and knowledge to make informed decisions, and will address the key local priorities:

- Control transmission and reduce prevalence of STIs.
- Reduce the proportion of residents diagnosed with HIV at a late stage of infection.
- Reduce the number of unintended conceptions among residents of all ages and reducing the number of abortions and repeat abortions.
- Narrow inequalities in sexual health based on age, sexual orientation, and ethnicity.

2. Background

- 2.1. Oldham, Rochdale and Bury Councils have a collaborative vision to improve the sexual health and wellbeing of the people living in our localities. In order to achieve this, we have collaboratively commissioned an integrated sexual health service which can lead the local health care system in responding to the changing sexual health needs of our residents. The service is responsible for improving population health outcomes by building an open culture where everyone is able to make informed and responsible choices about relationships and sex. The service also supports efforts to tackle health inequalities locally by ensuring targeted provision for those individuals who are most at risk of sexual health related harm or poorer sexual health outcomes.
- 2.2. The Oldham, Rochdale and Bury Integrated Sexual Health Service (known as ORBISH), delivered by HCRG Care Group, commenced delivery on 1 April 2022. The contract term is for a period of five years up to the end of 31 March 2027. There is an option to extend the contract for up to a further five years, up to 10 years in total until 31 March 2032. Oldham’s annual contribution towards the contract is £1,339,000.
- 2.3. As part of the Oldham Integrated Sexual Health Service, HCRG Care Group provide the following:
 - Contraception, including Long Acting Reversible Contraception (LARC – commonly known as coils and implants) and Emergency Contraception (IUD and contraceptive pills)
 - Pregnancy testing
 - Support and referral for termination of pregnancy
 - Distribution of condoms and lube (including free online ordering for postal delivery)
 - Screening and treatment for sexually transmitted infections (STIs), including HIV
 - Partner notification
 - Express and postal testing
 - HIV Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP/PEPSE)
 - Clinical and non-clinical outreach
 - Psycho-sexual counselling and support, including support with erectile dysfunction (appointment only – referral from GP required)
 - Support and onward referral for sexual assault, rape and abuse

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- 2.4. An overview of the procurement of the Integrated Sexual Health Service, including the delivery model and anticipated outcomes, was presented to Health Scrutiny Committee in January 2022, following completion of the tender exercise and prior to the start of the contract term. Health Scrutiny Committee received an update on the new enhanced Integrated Sexual Health Service offer and progress made during the first year of the new contract in January 2023.
- 2.5. Oldham Council have also separately commissioned an integrated Young People's Sexual Health and Substance Misuse Service. This service is delivered by Early Break, in partnership with HCRG Care Group and The Proud Trust, under the service name Meeting Your Needs Oldham (MYNO). In December 2023, Cabinet agreed to enact the provision to extend the current contract for a period of 2 years from 1 April 2024 to 31 March 2026 (with a remaining provision to extend for up to a further 2 years up to a total contract length of 7 years) as permitted in the original terms and conditions for the contract. The original contract value for the delivery of the service was £600,000 per annum, funded by the Public Health core budget. As part of the ongoing corporate budget challenge, it was agreed in February 2023 to reduce the budget for the provision of the service by £150,000 (over two years, to be achieved by end of financial year 2024/25). This has resulted in an annual contract value of £450,000.
- 2.6. The Meeting Your Needs Oldham (MYNO) service offers specialist support for sexual health, contraception, and the prevention and treatment of substance misuse for young people. This enables young people to access high-quality information, advice and treatment for both their sexual health and substance use in a single location and transaction. MYNO is an integrated offer for young people aged under 19 (or aged 19-25 if they are a child looked after by the local authority or care leaver, or SEND), providing a holistic service addressing young people's health and wellbeing, specifically providing advice, information and treatment for both sexual health and substance misuse. For the purposes of this report, in relation to sexual health, the service:
- Provides support to the wider Oldham system (including schools, youth services, and children's social care) to deliver information and advice around sexual health and wellbeing and support to deliver relationship and sex education (RSE).
 - Provides information, advice and guidance for young people attending the service, through outreach activities, and to a wider audience through digital channels, including a website which aims to improve knowledge and understanding of sexual and reproductive health and drugs and alcohol among young people living in Oldham.
 - Supports young people in contact with the service to develop their knowledge and understanding of sex and relationships, skills and confidence to protect or improve their sexual health
 - Provides clinical contraception and sexual health services through clinic-based and outreach (community based) activities.
 - Works with adult services, sexual health services and universal services such as primary care, to ensure a seamless transition for young people who are approaching the age limit for the service.
- 2.7. The Integrated Sexual Health Service and Young People's Sexual Health and Substance Misuse Service both contributes towards achieving the following outcomes:
1. Reducing the number of unintended conceptions among women of all ages
 2. Reducing the number of under-18 conceptions
 3. Reducing the number of abortions and repeat abortions among women of all ages
 4. Increasing the proportion of abortions performed under 10 weeks
 5. Reducing the prevalence of undiagnosed STIs including HIV
 6. Controlling the transmission of STIs including HIV
 7. Reducing the proportion of residents diagnosed with HIV at a late stage of infection
 8. Increasing the proportion of residents vaccinated against Hepatitis B.

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9. Narrowing of inequalities in sexual health between people of different age groups.
 10. Narrowing of inequalities in sexual health between at-risk groups (e.g. men who have sex with men, trans and non-binary people, people from Black African communities etc.) and the general population.

The services support delivery against indicators relating to sexual health in the Public Health Outcomes Framework, which include the following:

C01: Health Improvement: Total prescribed LARC, excluding injections rates

C02: Health Improvement: Under-18 conceptions rates

D02a: Health Protection: Chlamydia diagnoses (15-24 year olds)

D02b: Health Protection: New STI Diagnoses (excluding chlamydia aged <25)

D07: Health Protection: People presenting with HIV at a late stage of infection.

3. Progress to date

- 3.1. HCRG Care Group have continued to make an impact as the provider of Oldham, Rochdale and Bury's Integrated Sexual Health Service (ORBISH). They have provided free and confidential sexual health services in the three localities, including information and advice on all types of contraception and STI testing and treatment. The service is confidential, non-judgmental and for people of all ages, genders and orientations.
- 3.2. During the second year of the contract, HCRG have focused on further developing and enhancing the service offer. This has included work to improve access to Long Acting Reversible Contraception (LARC), which is the most efficient and cost-effective method of contraception, via the reintroduction of spoke sites, development of a prioritisation framework to reduce waiting times, development of the Primary Care LARC offer (including an enhanced training offer) and progress towards introducing an enhanced LARC offer for post-natal women via Maternity Services. Ongoing work with community pharmacies is taking place to ensure there are effective pathways in place for those accessing Emergency Hormonal Contraception (EHC) to ensure they can access Sexual Health services for ongoing contraception and any STI screening or treatment, as necessary. Continued development of digital and remote services, including online access to EHC, contraceptive pills, condoms, STI testing kits, HIV Pre-Exposure Prophylaxis (PrEP) and advice, information and guidance, is underway with the introduction of a dedicated young people's page and a professional zone on the [Sexual Health Hub](#).
- 3.3. HCRG have been a key strategic partner and system leader in the development of the Oldham Strategic Sexual Health Partnership and are playing a key role in the development and delivery of the locality action plan. HCRG are currently working towards their Pride in Practice accreditation and are reviewing their processes and practice to ensure they are inclusive. They are also further developing their assertive clinical outreach function to address the more complex sexual health needs of the most vulnerable, marginalised and socially disengaged people in our communities. This includes working closely with Manchester Action on Street Health (MASH) to ensure there is targeted, specialist support available for women who sex work and live or work in Oldham or Rochdale with a key aim of improving their health, wellbeing and safety. The provider also continues to offer a non-clinical outreach function as part of the service which is flexible in order to respond to local intelligence and changing circumstances. This is targeted at those most at risk of poor sexual health to contribute to a reduction in health inequalities and comprises of proactive robust prevention interventions, such as information provision or education, marketing and advertising, and outreach to support people to develop the knowledge and skills to prevent poor sexual health and, therefore, reduce demand for reproductive and sexual health services.

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- 3.4. Representatives from HCRG Care Group will attend the Health Scrutiny Committee Meeting to provide a brief summary presentation on progress during the past year, including performance data and their contributions towards improving health outcomes for Oldham residents, as well as how they have contributed towards tackling health inequalities locally.
- 3.5. The Young People's Service, MYNO, continues to deliver an effective integrated service delivering both sexual health and substance misuse interventions for young people in the borough. The service engages approximately 250 young people in structured Tier 2 and 3 substance misuse treatment per year, primarily supporting around cannabis and alcohol use but is seeing small but increasing numbers of young people using other substances such as nitrous oxide, LSD and benzodiazepines. The service works closely with schools and education settings and the outreach team works closely with the youth service and detached youth team to provide assertive outreach and brief interventions, advice and support to young people in our communities, based on local intelligence. The service flexes its delivery and approach to meet the needs of the young people they are working with recognising that there are differing needs, stigma and complexities within different groups and communities. Up to 40 families a year access the innovative Holding Families programme provided by the service, which provides whole family support for children and family members affected by parental substance use and the service works with parents and carers at any stage of their recovery from drugs and alcohol use. Around 280 young people per year are accessing clinical (face to face) sexual health appointments with a further 400 accessing STI testing kits and almost 700 packs of condoms and lube being distributed via the condom distribution scheme, plus there is a comprehensive online support offer including online emergency contraception (subject to Fraser Competency to ensure appropriate safeguarding is in place).
- 3.6. The MYNO service has achieved £64,000 budget reduction in 2023/24 without the need for any mitigation to the agreed service delivery model. In order to achieve the savings to date, the service providers have been able to release some natural slippage due to changes in staffing and a reduction in overheads, plus they have reconfigured the service delivery model to make better use of existing capacity. They have also achieved efficiencies around pathology and consumable costs as the provider of the sexual health element of the service (HCRG Care Group) also delivers the all-age Integrated Sexual Health Service and Oldham has benefitted from shared provision around community chlamydia screening and postal/online STI testing that is also available via that service (and that local young people can also access).
- 3.7. Plans are in the process of being finalised to achieve the remaining £86,000 in 2024/25. The revised contract value remains in line with other neighbouring and comparable authorities for the delivery of this type of service and presents good value for money. In applying the budget reductions, the provider has worked to minimise the impact on front line delivery and service deliverables by focusing primarily on creating efficiencies in back office and running costs and from the sexual health element of the service with due regard being made to avoid any reduction in investment in substance misuse service delivery in line with OHID substance misuse grant conditions. The providers have worked with commissioners to prioritise options that have minimal impact on front-line delivery and our residents whilst ensuring that our most vulnerable young people and families are able to access the support and treatment that they need. In order to do this, work has taken place at a national level for both the main providers which has been beneficial to Oldham residents as it has significantly reduced the anticipated impact of the agreed budget savings on front-line delivery. It is anticipated that the proposed changes will have minimal impact of the experience of our young people receiving support from the service and should not affect their ability to access the provision or disrupt service delivery. Moreover, work will take place across the system to improve the strategic response to improving sexual health and addressing substance misuse via improved joint working arrangements
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that are in place as part of the revised alliance/partnership working and local strategic action plans.

- 3.8. Representatives from Early Break and HCRG Care Group will attend the Health Scrutiny Committee Meeting to provide further details on recent activity and how the remaining budget reduction will be achieved.

4. Key Issues for Adult Social Care and Health Scrutiny Board to Discuss

- 4.1. Adult Social Care and Health Scrutiny Board is asked to consider the Integrated Sexual Health Service and Young People's Sexual Health and Substance Misuse Service offers and how they aim to reduce health inequalities, improve population health outcomes and build an open culture where everyone is able to make informed and responsible choices about relationships and sex.

5. Key Questions for Adult Social Care and Health Scrutiny Board to Consider

- 5.1. Adult Social Care and Health Scrutiny Board is asked to consider the update on recent delivery of the Integrated Sexual Health Service and Young People's Sexual Health and Substance Misuse Service, including relevant performance information and contributions towards improving health outcomes, and note the progress made and next steps towards achieving the budget reduction for the young people's service.

6. Links to Corporate Outcomes

- 6.1. The Integrated Sexual Health Service and Young People's Sexual Health and Substance Misuse Service, as with all Public Health commissioned services, fully support the delivery of Corporate Plan objectives of residents first, place-based working, digitisation and a preventative approach. The commissioning of the services is consistent with the commitment within the Oldham Plan to take a person and community centred approach, that places prevention at the heart of our emerging new model of delivery.

7. Consultation

- 7.1. Quarterly formal contract and performance monitoring meetings take place between the Providers and Commissioners as part of contract monitoring arrangements plus regular transformation meetings to monitor the delivery of any new elements of service delivery. Reports include consideration of service user engagement and feedback. The Director of Public Health, in her capacity as statutory officer, and the Cabinet Member for Health and Social Care have been appropriately briefed regarding progress and performance.

8. Appendices

- 8.1 None



Report to Adults Social Care and Health Scrutiny Board

Joint Scrutiny Committee – Northern Care Alliance

Portfolio Holder:

Councillor Barbara Brownridge – Cabinet Member for health and Social Care

Officer Contact: Shelley Kipling – Assistant Chief Executive and Statutory Scrutiny Officer

Report Author: Peter Thompson
7th March 2024

Reason for Decision

The purpose of this report is to present proposed Terms of Reference and Working principals for the Joint Health Overview and Scrutiny Committee (JHOSC) for the Northern Care Alliance and to seek the Scrutiny Board's support for the establishment of such a body and accordingly to recommend its establishment to Council.

Executive Summary

The purpose of a JHOSC will be to scrutinise services provided by the Northern Care Alliance relating to the health of the population in Bury, Oldham, Rochdale and Salford and contribute to the development of policy to improve health and reduce health inequalities in respect of services provided by the hospitals.

The Committee would be made up of member representatives from Bury, Oldham, Rochdale and Salford Councils.

Recommendations

1. That the Terms of Reference, attached at Appendix 1 be approved, subject to consideration of proposed amendments submitted by Bury MBC)
2. That the Council be recommended to authorise the establishment of the Joint Health Overview and Scrutiny Committee for Northern Care Alliance.

Joint Scrutiny Committee – Northern Care Alliance

1 Background

- 1.1 The Committee is requested to consider supporting the establishment of a Joint Scrutiny Committee to scrutinise the performance of the Northern Care Alliance, which provides services across the footprint of Bury, Oldham, Rochdale and Salford Councils.
- 1.2 If established it is proposed that the JHOSC will have delegated powers, on behalf of the four local authorities, to undertake all the necessary functions of health scrutiny in accordance with part 4, Health Scrutiny by Local Authorities, of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, relating to reviewing and scrutinising health service matters provided by Northern Care Alliance.
- 1.3 A similar arrangement was in place in respect of the NHS Pennine Acute Hospitals Trust but that Joint Committee (comprising Bury, Oldham and Rochdale Councils) was ended during 2021/22 following the disbandment of the Pennine Acute Trust.
- 1.4 Bury MBC's Health Scrutiny Committee considered this matter at their most recent meeting on 24th January 2024 and they made the following observations:
 - a. Bury Health Scrutiny Committee wished the TOR to reflect that at least one Councillor from each of the four authorities must be present to make a decision as opposed to the current quorum of three of the appointed members as this means 3 Councillors from one authority can make decisions which impact all four authorities in the current TOR.
 - b. To clarify if the first meeting of the JHOSC will agree to waive political proportionality.

2 Current Position

- 2.1 The Scrutiny Board is asked to consider the establishment of a Joint Scrutiny Committee, to enable that appropriate levels of scrutiny, of the activities and performance of Northern Care Alliance is carried out.

3 Options/Alternatives

- 3.1 Option 1 is to support the establishment of a Joint Scrutiny Committee

Option 2 is to not to support the establishment of a Joint Scrutiny Committee

4 **Preferred Option**

4.1 Option 1

5 **Consultation**

5.1 the Health Scrutiny Committees (or equivalent bodies) of Bury, Oldham, Rochdale and Salford Councils are being asked for their views on this proposal.

6 **Financial Implications**

6.1 None

7 **Legal Implications**

7.1 None

8. **Co-operative Implications**

8.1 None

9 **Human Resource Implications**

9.1 None

10 **Risk Assessments**

10.1 N/A

11 **IT Implications**

11.1 N/A

12 **Property Implications**

12.1 N/A

13 **Procurement Implications**

13.1 N/A

14 **Environmental and Health & Safety Implications**

14.1 None

15 **Community cohesion, including crime and disorder implications in accordance with Section 17 of the Crime and Disorder Act 1998**

15.1 None

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- 16 **Oldham Equality Impact Assessment, including implications for Children and Young People**
 - 16.1 N/A
 - 17 **Key Decision**
 - 17.1 No
 - 18 **Key Decision Reference**
 - 18.1 N/A
 - 19 **Background Papers**
 - 19.1 None
 - 20 **Appendices**
 - 20.1 Appendix 1 – Proposed Terms of Reference and Working principals for the Joint Health Overview and Scrutiny Committee (JHOSC) for the Northern Care Alliance

**TERM OF REFERENCE AND WORKING PRINCIPALS FOR THE JOINT HEALTH OVERVIEW AND
SCRUTINY COMMITTEE (JHOSC) FOR THE NORTHERN CARE ALLIANCE**

TERMS OF REFERENCE

PURPOSE

To scrutinise the generic services provided by the Northern Care Alliance relating to the health of the population in Bury, Oldham, Rochdale and Salford and contribute to the development of policy to improve health and reduce health inequalities in respect of services provided by the hospitals.

Membership

The membership of the JHOSC will be made up of three Councillors from each of the four constituent local authorities (Bury, Oldham, Rochdale and Salford).

Key Objectives and Responsibilities

1. The JHOSC has the delegated powers of the four local authorities, Bury, Oldham, Rochdale and Salford to undertake all the necessary functions of health scrutiny in accordance with part 4, Health Scrutiny by Local Authorities, of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, relating to reviewing and scrutinising health service matters provided by the alliance.

Hospitals

Such matters to include:

- a) Receipt and consideration of performance information relating to the Northern Care Alliance.
 - b) Receipt and consideration of any annual reports and quality accounts of the alliance or outcomes of official inspections eg the Care Quality Commission, Monitor, Place (Patient Lead Assessments of the Care Environment) Inspections, National Clinical Audit and Patients Outcome Programme.
 - c) Improving access to NHS services.
 - d) The review proposes for the implementation of new initiatives which affect people in Bury. Oldham, Rochdale and Salford in respect of patients and public involvement.
 - e) Review proposals for consideration of items relating to proposed substantial development/substantial variations to services provided by the alliance which affect the authorities referred to. This could include:
 - Changes in accessibility of services and the rationale for those changes,
 - The impact of proposals on the wider community and on other services including economic impact, transport and regeneration,
 - The number of patients affected and the impact of the changes on the patients,
 - Changes in the method of services delivery, for example, moving a particular service in to community settings rather than being entirely hospital based.
2. To review the procedural outcome of consultation referred to in 1(e) above, particularly the rationale behind contested proposals.
 3. To undertake indepth thematic studies in respect of services to which the alliance contributes where such studies can be undertaken on a alliance wide area basis.

4. To take account of relevant information available and in particular relevant information provided by Health Watch under their powers of referral.
5. To maintain affective links with Health Watch in the four local authority areas of Bury, Oldham, Rochdale and Salford and give consideration to the co-optation of appropriate patient representatives at the appropriate time.
6. To co-opt people on to the joint committee in order to provide appropriate expertise.
7. To commission pieces of research as and when the need arises from within the JHOSC budget.
8. To promote a joint scrutiny function in the constituent authorities and raise public awareness.
9. To refer locality based issues to the respective local authority for investigation.

NB Each authority reserves the right to undertake individual scrutiny of the alliances proposals/performance that specifically individually affects their local communities.

Working Principals

The working principals have been developed to provide a framework for scrutiny to take place.

Membership

Each constituent local authority (Bury, Oldham, Rochdale and Salford) shall appoint three Councillors to the Joint Overview and Scrutiny Committee (JHOSC) each municipal year. The JHOSC shall, therefore, have twelve members.

If a member of the Joint Health Overview and Scrutiny Committee for the Northern Care Alliance is unable to attend a committee meeting that member may ask a substitute member to attend on his/her behalf in accordance with the conventions of their Council. Substitute members may attend meetings to take place of the ordinary member for whom they are the designated substitute where the ordinary member may be absent for the whole of the meeting. The Chair of the Joint Health Scrutiny Committee for the Northern Care Alliance should be notified via the Joint Health Overview and Scrutiny Officer for the Northern Care Alliance.

Meetings

The Joint Health Overview and Scrutiny Committee (JHOSC) is a committee established by the four constituent local authorities of Bury, Oldham, Rochdale and Salford.

A schedule of meetings will be agreed by the committee at the beginning of each municipal year.

Addition meetings may be convened by the committee.

A chairman and a vice chairman will be elected by the committee at the first meeting of each municipal year.

A quorum of three of the appointed members will apply.

Any personal, prejudicial or pecuniary interests held by members should be declared on any items of business at the meeting, either under the agenda item declarations of interest or as soon as it becomes apparent. Decisions will be taken by consensus. Where it is not possible to reach a consensus, a decision will be made by a simple majority of those members present at the meeting. Where there are equal votes, the Chairman of the meeting will have the casting vote.

The agenda and supporting papers will be circulated at least five working days in advance of meetings. The minutes will be circulated to those with actions as soon as possible. Minutes, agendas and papers will be published on the JHOSCs website pages.

Meetings shall be held in public with specific time allocated for public question time.

Work Programme

A Work Programme will be developed annually by the committee. The Work Programme will take in to account the priorities of the Northern Care Alliance, national and local areas of concern the above, health priorities and health inequalities.

Principals for Effective Scrutiny

Scrutiny undertaken through the joint committee will be focused on improving health services for residents in areas served by the committee through the provision of acute hospital services for those residents.

Improving health and health services through scrutiny will be open and transparent to members of the local authority, health organisations and members of the public.

All members, officers, members of the public and patient representatives involved in improving health and health services through scrutiny will be treated with courtesy and respect at all times.

Improving health and health services through scrutiny is most likely to be achieved through co-operation and collaboration between representatives of local Councils, the Northern Care Alliance, representatives of Health Watch and the clinical commissioning groups commissioning hospital services.

Co-operation and joint working will be developed over time through mutual trust and respect with the objective of improving health and health services for local people through effective scrutiny.

All agencies will be committed to working together in mutual co-operation to share knowledge and deal with requests for information and reports for the JHOSC within the timescales set down. The JHOSC will give reasonable notice of requests for information, reports and attendance at meetings.

The JHOSC, whilst working within a framework of collaboration, mutual trust and co-operation, will always operate independently of the NHS and have the authority to hold view independent of other members of representatives Councils and their executives.

The independence of the Joint Committee must not be compromised by its members, by other members of the Council or any of the Council's Executive or by any other organisation it works with.

Those involved in improving health and health services through scrutiny will always declare any particular interest that they may have in particular pieces of work or investigation being undertaken by the Joint Health Overview and Scrutiny Committee and thus may withdraw from the meeting as they consider appropriate.

The Joint Health Scrutiny Committee will not take up and scrutinise individual concerns or individual complaints.

Where a wider principal has been highlighted through such a complaint or concern, the Joint Overview and Scrutiny Committee should consider if further scrutiny is required. In such circumstances it is the principal and not the individual concern that will be subject to scrutiny.

ADULT SOCIAL CARE AND HEALTH SCRUTINY BOARD

WORK PROGRAMME 2023/24

Tuesday 13 th July 2023	Health and Wellbeing Strategy	A Strategy that was approved by the Health and Wellbeing Board, in March 2023	Portfolio – Health and Social Care/Interim Director of Public Health	Scrutiny of the Borough's Health and Wellbeing Strategy
	Emergency Paediatrics	Scrutiny of service delivery	Portfolio – Health and Social Care	Scrutiny of performance
	CQC preparation	A presentation detailing the work relating to the preparation for CQC inspections	Portfolio – Health and Social Care/Jayne Ratcliffe, Director of Adult Social Care	scrutiny of proposals
Thursday 7 th September 2023	Elective Care		Mike Barker	
	Oldham NHS - new operating structures		Mike Barker	
	Infant Mortality	An annual update report on some of the activity happening to address issues of infant mortality	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Annual update report
	Public Health Annual Report	To review the Annual Report	Portfolio – Health and Social Care	Review and scrutiny of proposals/performance

			Director of Public Health	
	Drugs and Alcohol Strategy (Adult Integrated Substance Misuse Treatment and Recovery Service)	Scrutiny of policy proposals	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Scrutiny of policy proposals
	Healthy Child Programme	To update on changes to health visiting and school nursing services	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Annual update report
	Northern Care Alliance / Royal Oldham Hospital - update	To receive an update on services and related matters in respect of the Northern Care Alliance and the Royal Oldham Hospital.	Alistair Craig, Chief Executive, Oldham Care Organisation, Northern Care Alliance NHS Trust	Update report from Northern Care Alliance
5 December 2023	Health Inequalities Plan	Opportunity for consideration and scrutiny of actions proposed in the Plan.	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Scrutiny of proposals
	Safeguarding Annual Report	Annual Update from ASC	Portfolio - Health and Social Care.	Update from service
	Public Health Annual Report	For noting and comment	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	For comment

	Oldham Community Leisure (OCL) Annual report	To receive the OCL annual report detailing leisure related activity in the Borough, which OCL provide on behalf of the Council	Assistant Director of Leisure and Community Services/Chief Executive of OCL	Annual report
Thursday 18 th January 2024	Tobacco Control and Smoking Cessation	To receive an update/progress report on the new service that commenced in January 2021	Portfolio - Health and Social Care. Rebecca Fletcher - Interim Director of Public Health/Andrea Entwistle, Public Health Business and Strategy Manager	Update report to consider progress in relation to high-level outcomes (ref 2.2 and 2.3 of submitted report). Report required by Committee, in January 2023, with a request for representatives of ABL Health Limited to attend and report.
	ASC Care Market Update	To receive an update on current conditions of Oldham's Care Market	Portfolio - Health and Social Care. Jayne Ratcliffe, Director of ASC	
	Prevention Framework roll out	Update on roll out of prevention framework and to receive the Thriving Communities Programme evaluation report	Portfolio - Health and Social Care/Rachel Dyson, Thriving Communities Hub Lead	Scrutiny of service delivery/performance
Thursday 7 th March 2024	ASC Workforce Update		Jayne Ratcliffe, Director of ASC	
	Sexual Health & Review of savings proposals for young people's sexual health	Integrated Sexual Health Service	To receive an update/progress report on the a service that had commenced in April 2022 and review savings of young people's sexual	Portfolio - Health and Social Care. Rebecca Fletcher - Interim Director of Public Health/Andrea Entwistle,

			health service one year on	Public Health Business and Strategy Manager
Wednesday 12th June 2024	Northern Care Alliance / Royal Oldham Hospital – update	To receive an update on services and related matters in respect of the Northern Care Alliance and the Royal Oldham Hospital.	Alistair Craig, Chief Executive, Oldham Care Organisation, Northern Care Alliance NHS Trust	Follow-on updates following completion of the Pennine Acute Trust/Northern Care Alliance Transaction (Rescheduled from March meeting)
	ASC / CSC Transitions	Update on challenges and opportunities around transitions	Portfolio - Health and Social Care. Jayne Ratcliffe, Director of ASC	(Rescheduled from March meeting)
TO BE SCHEDULED (additional session)				
TBC JAN	Drugs and Alcohol Strategy: Adult Integrated Misuse Treatment and Recovery in Oldham	Member visit to DAAR Barn Street, Oldham	Julian Guerrrio, Rebecca Fletcher	
TBC JAN/FEB	Tobacco Harms and Vaping	Informal Scrutiny Session with Oldham Youth Council		
TBC MAR	Infant Mortality Maternity	Additional Development Session	CSC Public Health ICB	
REMOVED				
Targeted Universal Model for 0-19 years/Family Hubs	A report to focus on the delivery of health visiting and school nursing services and the public health led elements of the family Hubs Programme	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Scrutiny of service delivery	

Health Protection Update	To receive an update/progress report on key health protection issues including updates on the 2023/24 Flu Programme	Portfolio - Health and Social Care. Director of Public Health. Charlotte Stevenson, Consultant in Public Health	Update on proposals	
Drugs and alcohol service	To receive an update/progress report on the re-tendering of services, and the plans for the newly commissioned service starting 1 st April 2023.	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health.	Update report/presentation to detail progress and outcome of the re-tendering exercise.	

OUTSTANDING

1. Reporting arrangements in respect on integrated commissioning under Section 75 Agreements, to include periodic updates and budget performance, from the Chief Operating Officer/Strategic Director and the Director of Finance respectively, remain to be programmed. (Possible joint chairs meetings)
2. An update from the Chief Operating Officer/Strategic Director on the Urgent Care Review. (Push to next MY May or June or Chair's Meeting/ Informal session)

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