ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
26/11/2024 at 6.00 pm

Present: Councillor Moores (Chair)
Councillors Adams, Hamblett, J. Hussain, Kouser, Malik, McLaren (Vice-Chair), Rustidge and Sharp

Also in Attendance:

Councillor Brownridge	Cabinet Member for Adults, health and Wellbeing
Rebecca Fletcher	Director of Public Health
Jayne Ratcliffe	Director of Adult Social Services
Claire Hooley	Assistant Director of Commissioning and Market Management
Fran Lautman	Head of Customer and Digital Experience
Andrew Mather	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Ibrahim.

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.

5 **MINUTES OF PREVIOUS ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD MEETING**

RESOLVED that the minutes of the meeting held on the 8th October 2024 be approved as a correct record.

6 **MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE**

The Minutes of the meetings of the Greater Manchester Joint Health Scrutiny Committee held on 10th September and 15th October 2024 were submitted for information.

RESOLVED: That the minutes be noted.

7 **MINUTES OF THE JOINT HEALTH SCRUTINY COMMITTEE FOR THE NORTHERN CARE ALLIANCE**

The minutes of the Joint Health Overview and Scrutiny Committee for the Northern Care Alliance held on 11th July 2024 were submitted for information.

RESOLVED: That the minutes be noted.

8 **CORPORATE PERFORMANCE REPORT Q2 2024/25**

The Corporate Performance Report (CPR) was submitted which provided an overview of corporate performance against agreed

service business plan measures for the 2024/25 Q2 period (July – September). The CPR report for this Scrutiny Board contained information on Adult Social Care and Public Health key metrics and targets.

In respect of Adult Social Care it was reported that there were no Key Performance Indicators (KPIs) which were underperforming by more than 5%. Six KPIs were performing at or above target and one KPI: 'Percentage of Older people (65 and over) still at home 91 days after discharge from hospital' was rated as Amber, performing at just below target.

The report highlighted a number of successes in improving performance including meeting 'the long term support needs met by admission to residential and social care homes' which was projected to be significantly better than the annual target. This would continue to be an area for further development of the Strength based approach to meeting needs, which focussed on a home first approach and supporting carers. Several other areas of work requiring further development were identified. These included, reviewing short term placements to support hospital discharges of acutely unwell people.

In respect of Public Health a Dashboard was presented showing performance of 17 key performance indicators, KPIs. The report highlighted a number of successes in improving performance including and increasing capacity to support Social Prescribing, reducing the prevalence of smoking at the time of delivery and an increase in capacity to support drug and alcohol treatment.

Areas identified for further development work were; accessing performance data for integrated family services; accessing NHS Health check data and further work to reduce smoking.

Members commented on a number of ways in which the presentation of information in the Dashboard could be improved to provide information more clearly including the better use of colour, the consistent use of dates and highlighting where targets had changed.

RESOLVED:
1. To note the progress in implementing the business plan objectives.
2.The areas of consistent good performance and improvements be welcomed.

9 **OVERVIEW OF OLDHAM'S CARE MARKET**

The Assistant Director of Commissioning and Market Management s gave a presentation outlining the state of adult social care in Oldham, focusing on commissioning processes, legislative frameworks, demographics, market sustainability, gaps, opportunities, and future priorities. The approach aimed to ensure that care services were high quality, financially

sustainable, and designed to foster independence and improve outcomes for service users. Collaboration with providers was a central theme, with a shift towards preventative and strength-based models of care. National frameworks, such as the Care Act 2014, alongside ongoing financial pressures and the integration of health and social care systems, shaped the local agenda.

Oldham's demographic trends revealed a significant increase in the older adult population, particularly those over 85, by 2033. The care market predominantly served individuals aged 65 and above, though services are also required for younger residents. Current frameworks and contracts, including those for nursing and residential homes, care at home, and supported living for individuals with autism and learning disabilities, would extend into the late 2020s. Efforts were underway to recommission services and develop new provider lists, such as those for day services and brokerage.

The market faced several challenges, including financial and workforce pressures exacerbated by the legacy of COVID-19. The fragility of the care home sector and consolidation within the home care market present risks, particularly in cases of provider failure. There was also a shortage of specialist care and housing options for young adults transitioning to adult services. There were opportunities to address gaps through targeted tenders and strategic development. Plans were in place to improve oversight of direct payments, expand the availability of personal assistants, and develop specialized services and housing options.

To maintain quality and address risks, providers rated as "Requires Improvement" by the Care Quality Commission received additional support and oversight. Risk ratings are determined based on quality concerns or the sustainability of services, with multi-disciplinary groups managing risks in the market. Nursing supply remained a significant issue, compounded by recent closures of care homes and changes in service provision that had reduced capacity.

Looking ahead, priorities included the development of robust commissioning plans for complex care needs, integrating assistive technology, and engaging with the market to address current and future demands. The focus remained on ensuring sustainable, high-quality care services that can meet the evolving needs of Oldham's aging population and providing specialised support where required. Through collaboration and strategic investment, Oldham aimed to build a resilient care market that delivered effective and personalised support to its residents.

RESOLVED: That the report be noted.

10 **HEALTH INEQUALITIES PLAN UPDATE**

The Director of Public Health submitted a report providing an update on the Health and Wellbeing Board's two year Health

Inequalities Plan 2022-2024.The Plan addressed various dimensions of inequality across the borough. Despite the completion of the planned actions, the overarching health inequalities had persisted, with some metrics even worsening due to external factors like the cost-of-living crisis. The plan's framework had sought to align with the Marmot review and encompassed six thematic areas, each driven by a senior sponsor: Children and Young People, Health and Wellbeing, Work and Unemployment, Housing and Environment, Income and Debt, and Health in All Policies. These themes were supported by 57 distinct actions, some newly developed and others building on existing initiatives.

Progress had been notable in embedding actions into established structures and creating frameworks to sustain them beyond the plan's timeline. For example, health services aligned with the Greater Manchester Integrated Care Partnership introduced tools like a prevention framework and expanded the "Living Well" model to enhance mental health support at a community level. In housing, significant strides had been made in addressing damp and mould, rolling out free pest control services, and advancing a strategic approach to health impact assessments for new developments. However, challenges such as escalating housing needs and disparities in healthy life expectancy between wards remained.

On employment, the Economic Board worked on the creation of education and job opportunities, particularly targeting underrepresented groups. The rollout of campaigns promoting equitable recruitment and linking lifelong learning to local employment had shown promise but faced limitations due to demand pressures. Similarly, income and debt-related actions, like the Money Advice Referral Tool (MART) and Low Income Family Tracker (LIFT), aimed at early interventions for vulnerable households, had shown progress but struggled against the tide of rising living costs and debt burdens.

Community engagement featured prominently, with efforts to integrate public input into system-wide decision-making through tools like the Oldham Impact Assessment. Resident voices increasingly influenced the design and evaluation of services, though challenges in sustaining deeper engagement and resource limitations had tempered the impact.

While the Health Inequalities Plan had advanced several initiatives and embedded many into systemic practices, the widening health disparities reflected the scale and complexity of the challenges faced.

RESOLVED: That the report be noted.

11 **WORK PROGRAMME**

The Scrutiny Board considered its Work Programme for 2023/24

RESOLVED: That the Work Programme be noted

12 **KEY DECISION DOCUMENT**

The Scrutiny Board considered the Key Decision Document which records key decisions that the authority is due to take.

RESOLVED: that the Key Decision Document be noted.

13 **RULE 13 AND 14**

There was nothing to report under Rule 13 and 14.

The meeting started at 6.00 pm and ended at 8.00pm