

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

Date Tuesday 26 November 2024

Time 6.00 pm

Venue Lees 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 Alex Bougatef or at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Andrew Mather or email constitutional.services@oldham.gov.uk

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MEMBERSHIP OF THE ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD

Councillors Adams, Hamblett, Hurley, J. Hussain, Ibrahim, Kouser, Malik, McLaren (Vice-Chair), Moores (Chair), Rustidge and Sharp

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 5 - 8)
The Minutes of the Adults Social Care and Health Scrutiny Board held on 8th October 2024 are attached for approval.
- 6 Minutes of the Greater Manchester Joint Health Scrutiny Committee (Pages 9 - 44)
To receive the minutes of the meetings of the Greater Manchester Joint Health Scrutiny Committee held on 10th September and 15th October 2024.
- 7 Minutes of the Joint Health Scrutiny Committee for the Northern Care Alliance (Pages 45 - 48)
To receive the minutes of the Joint Health Overview and Scrutiny Committee for the Northern Care Alliance held on 11th July 2024.
- 8 Corporate Performance Report Q2 2024/25 (Pages 49 - 66)
To provide an overview of corporate performance against agreed service business plan measures for the 2024/25 Q2 period (July - September).
- 9 Overview of Oldham's Care Market (Pages 67 - 86)
To receive a presentation providing an overview of the care market in Oldham.
- 10 Health Inequalities Plan Update (Pages 87 - 100)
The report provides an update on the Health and Wellbeing board's two-year Health Inequalities plan 2022-2024.
- 11 Work Programme (Pages 101 - 106)



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12 Key Decision Document (Pages 107 - 114)

13 Rule 13 and 14

To consider any rule 13 or 14 decisions taken since the previous meeting.

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Present: Councillor Moores (Chair)
Councillors Adams, Hamblett, Hurley, J. Hussain, McClaren,
Malik, Rustidge and Sharp

Also in Attendance:

Councillor Brownridge	Cabinet Member for Adults, Health & Wellbeing
Mike Barker	Deputy Chief Executive
Rebecca Fletcher	Director of Public Health
Jayne Ratcliffe	Director of Adult Social Services
Charlotte Walker	Assistant Director Adult Social Care
Claire Hooley	Joint Commissioning for People (Health & Social Care)
Julian Guerriero	Senior Policy Strategy and Commissioning Manager Public Health
Gary Marshall	Turning Point
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 30th July 2024 be approved as a correct record.

6 **TURNING POINT ANNUAL REPORT AND UPDATE**

This item was considered together with the report at minute 7 below.

7 **ADULT INTEGRATED SUBSTANCE MISUSE TREATMENT AND RECOVERY IN OLDHAM**

The Director of Public Health submitted a report providing an update to the report submitted to the last meeting on the drug strategy milestones and key achievements of Substance Misuse Treatment and Recovery Service in Oldham.

Having a high functioning drug and alcohol treatment and recovery 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.

It was reported that the number of Oldham residents needing specialist support to stabilise, engage in treatment and move into recovery was 1840 in Q1. An increase of 247 residents over 12 months. The level of unmet need was estimated to be 35% and 83% for drug and alcohol users respectively.

Oldham was currently meeting its number in treatment targets (Q2) and was on-track to achieve our 2024/25 financial year end targets. An increasing numbers of residents were being supported in partnership with Probation Service that are involved in the criminal justice system. A significant pressure was the Government's 2024 Early Prison Release Programme. Number of releases were small but expected to increase over the next 12 months.

It was reported that the Homeless Addition and Treatment Support Service (HATSSs) continued to engage with rough sleepers and residents at risk of losing their accommodation. The overall caseload was 137 residents engaged in the service.

It was reported that the budget for Drug and Alcohol treatment service in Oldham in 2024/25 was made up of £2.5M from the Local Authority Public Health Core Budget. In 2024/25, there was also an additional £1.68M in time limited central government grants. Another £0.17M from a combination of HM Prison and the Probation Service for Alcohol Care Teams. There had been no announcement about the continuation of grant funding in 2025/26.

The Scrutiny Board also received the Turning Point ROAR Annual Report and a presentation updating members on the work of the organisation. ROAR offers support and promotes wellbeing and recovery from drug and alcohol related issues through service hubs located in the Rochdale and Oldham areas. The Scrutiny Board was informed that ROAR had worked with over 3,895 service users, delivering a wide range of treatment methods, tailoring packages to meet individual needs. In addition ROAR have engaged in local partnerships including the Combating Drugs Partnership, GMCA , Local Community Safety groups, Safeguarding and network groups.

RESOLVED

The Scrutiny Board notes the outcome of work over the last 12 months and progress to date from Turning Point in the delivery of the Adult Integrated Substance Misuse Treatment and Recovery Service.

8

2024/25 QUARTER 1 CORPORATE PERFORMANCE (CPR) REPORT

The Assistant Director Strategy & Performance submitted the Corporate Performance Report (CPR) which provided an overview of corporate performance against agreed service business plan measures for the 2024/25 Q1 period (April –

June). Historically, a full CPR has gone to the Governance, Strategy and Resources (GSR) Scrutiny Board; however, now that there were four Scrutiny Boards, it was more appropriate that the constituent parts go to the appropriate meeting to enable more in depth analysis and discussion of the CPR alongside other associated reports. 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%. Four KPIs were performing at or above target and two KPIs: '% of community based providers rated a 'good' or 'outstanding' and 'Percentage of service users in settled accommodation' were rated as Amber, performing at less than 5% below target.

The report highlighted a number of successes in improving performance including placing learning disability service users in settle accommodation, reducing the risk of harm in section 42 enquiries and reviewing direct benefits. Several areas of work requiring further development were identified. These included: meeting the needs of residents discharged from hospital; the budget implications of increased homecare; and helping care homes to achieve and sustain a 'good' or In respect of Public Health 'outstanding' rating.

In respect of Public Health it was reported that there were no KPIs which were underperforming by more than 5%. Four areas with no targets set and one area 'Percentage who quit smoking at 4 weeks' which was performing slightly below target. Successes identified in the report were work around improving the take up of childhood immunisation and the flu vaccine and number of delivered health checks. Areas identified for further development work were childhood immunisation uptake along with increasing the percentage of people who quit smoking for more than 4 weeks.

RESOLVED:

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

9 **ADULT SOCIAL CARE -OVERVIEW OF OLDHAM'S CARE MARKET**

This Item was deferred to the next meeting.

10 **WORK PROGRAMME**

The Scrutiny Board considered its Work Programme for 2023/24.

Resolved: That the Work Programme be noted.

11 **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.

12

RULE 13 AND 14

There was nothing to report under Rule 13 and 14.

The meeting started at 6.00pm and ended at 8.30pm



**Minutes of the Meeting of the Greater Manchester
Joint Health Scrutiny Committee held on 10 September 2024,
GMCA, Boardroom, 56 Oxford Street, Manchester M1 6EU**

Present:

Councillor David Sedgwick	Stockport Council (Chair)
Councillor Elizabeth FitzGerald	Bury Council
Councillor Eddie Moores	Oldham Council
Councillor Zahid Hussain	Manchester City Council
Councillor Peter Joinson	Rochdale Council
Councillor Irfan Syed	Salford City Council
Councillor George Devlin	Trafford Council
Councillor Ron Conway	Wigan Council

Officers in Attendance:

Deborah Blackburn	Director Childrens Commissioning, Nursing and Wellbeing, Salford City Council
Claire Connor	Director Communications & Engagement, NHS Greater Manchester
Mark Fisher	Chief Executive, Greater Manchester
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Jess Holloway	Strategic Lead – Population Health, NHS Greater Manchester
Jane Pilkington	Director of Public Health, NHS Greater Manchester
Nicola Ward	Statutory Scrutiny Officer, GMCA
Sara Roscoe	Head of Primary Care and Transformation, NHS Greater Manchester

JHSC/55/24 Welcome & Apologies

The Chair opened the meeting and welcomed all those present and thanked them for their attendance.

Apologies for absence were received and noted from Councillor Linda Grooby, Councillor Jackie Schofield, Councillor Naila Sharif, and Councillor Sophie Taylor.

Apologies for absence were also received and noted from Warren Heppolette and Sir Richard Leese.

JHS/56/24 Chair's Announcements and Urgent Business

There were no Chair's announcements or urgent business introduced.

JHSC/57/24 Declarations of Interest

No declarations of interest were received in relation to any item on the agenda.

JHSC/58/24 Minutes of the Meeting held on 16 July 2024

RESOLVED/-

That the minutes of the meeting held on 16 July 2024 be approved as a correct record subject to Councillor Peter Joinson and Councillor Irfan Syed being added to those present.

JHSC/59/24 NHS Greater Manchester Chief Executive's Update

Member's considered a presentation provided by Mark Fisher, Chief Executive, supported by Claire Connor, Director of Communications and Paul Lynch, Director of Strategy and Planning, NHS Greater Manchester, which served as a statement of intent, outlining the significant challenges facing the health and care system in Greater Manchester, including a substantial financial deficit. The presentation

emphasised the need for a new approach to service delivery and announced a collaborative partnership with NHS England to develop a comprehensive Single Improvement Plan. Additionally, the presentation introduced the Fit for the Future Engagement Plan, which aimed to involve stakeholders and the public in decision-making, ensuring that the population health, performance and financial goals were aligned with the needs of the community.

It was reported that despite a significant financial deficit, exceeding £400 million, NHS Greater Manchester also faced challenges related to declining population health. Key areas of concern included health inequalities, obesity and physical inactivity, mental health issues, amongst other public health challenges. To address these challenges, alongside some performance issues, NHS Greater Manchester was collaborating with NHS England to deliver a comprehensive Single Improvement Plan. This strategic document outlined priorities and actions for enhancing the quality of healthcare services in Greater Manchester. The plan was a collaborative effort involving the NHS Greater Manchester Integrated Care Board (ICB), Local Authorities (LAs), and other stakeholders. NHS Greater Manchester was committed to involving staff, residents, and communities across Greater Manchester in the creation of this plan to effectively address the region's healthcare needs.

To further increase the awareness of residents regarding the challenges facing the NHS Greater Manchester, the Fit for the Future programme had been launched, which would conclude at the end of the year. The programme provided residents and local communities with the opportunity to discuss pressing issues such as the financial situation, waiting times, and the prevention of ill health. Through on-line surveys and multiple of listening events valuable insights were being gathered from a diverse range of stakeholders. Early results indicated a strong desire for a focus on prevention, improved financial management, enhanced services, reduced waste, optimised medication management, effective prescribing, and continued emphasis on quality care. Members were thanked for joining the conversation and supporting the work at a local level.

An update was provided on the Sustainability Plan, which was the subject of a previous Member Briefing. This plan outlined the system's strategic direction for the coming three years. It addressed all aspects of healthcare delivery, effective use of resources, improved population health, and overall system performance. Building upon previous efforts, the focus extended beyond hospitals and doctor's surgeries to encompass the entire city-region. By collaborating closely with communities and Voluntary, Community, Faith, and Social Enterprise (VCFSE) organisations, the plan aimed to improve health outcomes and address systemic challenges. A stakeholder engagement event was scheduled for 11 September 2024 to gather input and support for the plan. The plan would be presented to the NHS Greater Manchester Annual Meeting on 18 September 2024, and to NHS England. Officers agreed to return to the Committee in future to provide an update on implementation and delivery.

Highlighted as important was a need to show how the system both returned to a financial balance through addressing the underlying financial deficit and secured a sustainable future through tackling where demand on services were expected to increase and implement new models of care. Despite cost improvement programmes, new models of care were needed as the savings were not sufficient to address the deficit.

While no explicit Government directives had been issued, it was anticipated that the focus of the new Government would shift towards prevention and reducing waiting lists. Members were asked to get involved in lobbying work, to influence the Government on certain themes with the emphasis on the prevention first approach.

In collaboration with the GMCA and LAs, Members heard about the transformative work and health programme. This initiative used integrated data to identify, individuals who required a health or skills intervention before returning to the workplace. By connecting job centres, primary care, and GPs, the programme aimed to improve resident outcomes, stimulate economic growth, and ensure a sustainable

NHS. Work was taking place with Health Innovation Manchester to explore how health could be recognised as a key contributor to the city-region's economic development. Additionally, the potential role of life sciences in driving economic growth through advancement of drug testing were being examined.

In terms of capital investment and regeneration, many years of insufficient investment had left the health estate buildings across GM in need of repair, making it difficult to provide high-quality services. Further thought needed to be given as to how the NHS and Government managed capital investment. Examples where current rules prevented the required flexibility of funding included The Christie NHS Foundation Trust, North Manchester General Hospital, and Stepping Hill Hospital. NHS Greater Manchester wanted to partner with Government to connect housing, health, and care to reduce demand. It also had aspirations to completely reform the children's social care market across Greater Manchester which would need capital and direct public sector provision. Lobbying on a new approach to capital investment was already underway via the GM Mayor.

The following current performance metrics, which were not necessarily assessed by NHS England, were reported at the meeting:

- Accident and Emergency (A&E) 4-hour target, which had been challenging to achieve since the pandemic, was 2% better than August 2023 so there had been an improvement. However, in July 2024 it was below the target of 71.6% at 68.6%.
- Ambulance response times in GM were currently exceeding the national targets and were ranked highly in the national ambulance handover statistics.
- There was an increased percentage of patients receiving a faster diagnosis of cancer exceeding the target at the end of June 2024 at 77.2% against a target of 74.6%.
- There was an improving trend around mental health out of area placements, which could prove challenging for the patient or family. The current month to date figure was 81 against an end of August 2024 plan of 73.

- 15% more GP appointments were being provided, which was higher than last year so had significantly improved access.

Recognition was given to the countless individuals working in hospitals, primary care, and community settings throughout Greater Manchester for achieving improved performance in lots of areas. However, it was emphasised that significant challenges remained.

Success was somewhat contingent upon Government re-positioning and a Member inquired about any potential insights. It was anticipated that if there were a greater emphasis on prevention, there could be more flexibility in resource allocation and the focus of performance would shift from hospital performance to overall improved health within the city-region.

A Member enquired about prescribing practices and were informed that the Chief Medical Officer was collaborating with GP practices to enhance prescribing efficiency and reduce waste and duplication. A financial target had been set to achieve these goals with a particular emphasis on encouraging the use of generic drugs over more specialised medication.

Although it was clear that NHS Greater Manchester was passionate about making a difference, members wanted to understand how the goals would be achieved. Additionally, regarding the financial deficit, a Member asked Officers to elaborate on the steps taken to reduce it thus far and provide a timeline for when NHS Greater Manchester expected achieve a balance budget. Hospitals had implemented cost-saving measures through enhanced productivity initiatives, with each Trust having a dedicated Sustainability Plan. NHS Greater Manchester was also focused on optimising their payment system and ensuring that services were delivered efficiently. To reduce demand, priority would be on preventive measures, such as addressing obesity and implementing timely blood pressure monitoring. By targeting resources effectively, it was believed that investing in prevention would contribute to a balanced budget. However, it was crucial to recognise that everyone within the system had a role to play in achieving these goals.

While a Member appreciated the proposed approach, previous discussions with Members had highlighted the limited funding available for prevention and voluntary groups. Given that public health budgets were controlled by Councils and facing increasing pressures, and revenue budgets were relatively fixed, how would the transition of funding be managed. Officers agreed to return to the Committee once the Sustainability Plan was approved to go into detail about how elements were delivered and by whom. Achieving the goals required a collective effort from Locality Boards, Working Neighbourhoods initiatives, hospitals, their leaders, and primary care providers.

Given that some GP practices were no longer suitable for modern healthcare needs, NHS Greater Manchester was asked about capital investment in primary care. This was highlighted as particularly important as outdated facilities could negatively impact recruitment and patient care. Primary care would also benefit from strategic investments in facilities, and there were numerous examples of where services could be improved and delivered more cost-effectively. NHS Greater Manchester would engage with the Government to discuss these opportunities. Additionally, consideration should be given to the optimal locations for primary care services and the appropriate scale of operations to meet the needs of communities.

A Member questioned how NHS Greater Manchester would know that the proposed changes were equitable and address the specific needs of disadvantaged communities. It was also asked; how all demographic groups would be effectively engaged so they could benefit from any changes. To address these concerns, NHS Greater Manchester would focus their efforts on areas with high levels of inequality. With a proven track record of reaching the right target audiences, NHS Greater Manchester highlighted their successful collaboration with community leaders during the pandemic to deliver vaccinations to diverse communities. The same proven approach would be continued to ensure that the any changes were beneficial and that services are accessible and equitable.

A Member referred to the lobbying efforts of the Mayor of Greater Manchester to ensure there was sufficient funds to deliver a sustainable future and asked what work was taking place to support that lobbying and if evidence to show the reduced

financial deficit had been shared. It was also asked about the role of NHS England and if it could be of assistance. Officers had provided input into a letter to Government from the Mayor of Greater Manchester, outlining the urgent need for changes. The letter, supported by case studies from Stockport, Wythenshawe, and The Christie, emphasised the necessity for greater autonomy in capital spending to drive economic growth. Additionally, Officers would ask for a revised resource allocation system to address regional disparities in NHS funding. While NHS England expressed support for these objectives, it was important to adopt an approach that considered the entire healthcare system and broader performance metrics.

A Member raised a question about engagement and referred to the Big Conversation regarding 'Fit for the Future'. Whilst most messages were understood and residents knew the NHS financial position was difficult, they questioned why communication regarding appointments etc was so poor. Officers recognised the problems being experienced and reported that efforts were being made to improve the customer facing service delivery and there had been investment in the Digital Strategy. Reference was made to the successful implementation of the Epic digital system at the Manchester Foundation Trust, which served Trafford. This on-line platform enabled residents to manage appointments efficiently. It was anticipated that this cost-effective system would be adopted by hospitals across Greater Manchester. Moreover, digital platforms would also be used to facilitate communication, engagement, and collaboration with individuals and the wider community regarding NHS Greater Manchester initiatives and important campaigns like the Winter campaign, which emphasised the importance of preventative health measures.

A Member asked about the financial deficit facing NHS Greater Manchester and the planned approach to address it. The Sustainability Plan, a transformative initiative, was poised to address these challenges. Building upon the region's successes in population health, the plan outlined radical yet practical strategies for sustainable service delivery.

While external recognition, such as a beacon status, could be valuable, the Committee agreed that the goal was to improve the health and well-being of residents. A Member suggested that the focus should be on ensuring that the healthcare system delivered the best possible outcomes for individuals and communities. Mark Britnell, Chair of the Health Innovation Manchester Board, and a global healthcare expert, praised the region's exceptional data integration, a key factor in achieving its ambitious goals. Devolution, too, had played a vital role in improving the health of Greater Manchester residents, surpassing comparable areas in England. The Sustainability Plan would help GM to continue this positive trajectory.

Despite the numerous public consultations, a Member questioned how NHS Greater Manchester would address the issue of the public remaining unaware of service changes or losses until they happened. The Director of Communications and Engagement outlined the Reconfiguration Progress Report and Forward Look, which detailed planned or ongoing service changes and associated engagement activities. The monthly update, shareable with colleagues, would disseminate information about upcoming developments and provide opportunities for elected member involvement. Extensive efforts had been made to engage clinical groups, Healthwatch, the VCFSE sector, GPs, and hospitals, ensuring that service users were involved in the consultation processes.

Members were pleased with the reference to proposed works at Stepping Hill in the presentation and expressed strong support for the project, emphasising its urgent need due to the building's deteriorating condition.

RESOLVED:

1. That it be noted that the Chief Executive, NHS Greater Manchester would return to the Committee to discuss the delivery and implementation of the Sustainability Plan.
2. That it be noted that Members were requested to get involved in lobbying efforts to influence Government to shift their performance measures towards a prevention first approach.

3. That it be noted that Members agreed to share the Reconfiguration Progress Report and Forward Look to keep colleagues and residents updated.

JHSC/60/24 Reconfiguration Progress Report and Forward Look

Claire Connor, Director of Communications & Engagement, NHS Greater Manchester, presented a report detailing the latest progress on proposed service redesign projects and associated consultation/engagement activities across Greater Manchester. While the scope of these projects varied, and not all might necessitate a full consultation, it was crucial that the Committee maintained an oversight to ensure transparency and accountability.

A brief summary was provided and noted as follows:

1. Adult Attention-Deficit/Hyperactivity Disorder (ADHD) – this project had passed through the NHS Gateway. The next step was to provide a business case. It was anticipated the consultation would commence in November 2024.
2. Children’s ADHD – engagement was being planned to understand user needs and would be launched in early September 2024 for a minimum of eight weeks.
3. In vitro fertilisation (IVF) Cycles – the engagement phase was concluded, and the options appraisal process was underway. The project was advancing through the initial stages of the NHS England assurance process
4. Specialised Commissioning - cardiac and arterial vascular surgery and Northwest Women and Children’s Transformation Programme were being considered through scrutiny arrangements as they covered the Northwest region not just Greater Manchester. There would be an opportunity for Members provide their comments when the Committee considered the projects.
5. Specialist Weight Management – early engagement had begun and would continue until October – November 2024.
6. Diabetes Structured Education – this project was about providing consistency across localities.

7. Northwest Women and Children's Transformation Programme – this project would be led by the Northwest Specialist Team and more detail would be provided when it was available.
8. The timeline was to be confirmed for the consultation on children's autism.

Members were encouraged to contact the Director of Communications and Engagement if they had a specific interest in the topics discussed in the report or knew of groups or communities that would be interested in participating.

A Member enquired about engagement with marginal groups like refugees or asylum seekers and asked how the Fit for the Future initiative would reach them. NHS Greater Manchester relied predominately on local healthcare professionals to identify individuals and groups for engagement. Community-based professionals played a crucial role in leading engagement efforts, leveraging their local knowledge and expertise.

The Member suggested that Salford City Council could assist with communications and engagement efforts, emphasising the importance of partner and stakeholder involvement in achieving a successful outcome. The offer of assistance was warmly received. Members' role in promoting NHS Greater Manchester's work, given their broader Councillor responsibilities, was emphasised. Comprehensive Stakeholder Briefing Packs had been distributed to Council Chief Executives, Directors of Place, Chairs of Health Overview and Scrutiny Committees in each locality, Health, and Social Care leads and many more to encourage everyone to contribute to raising awareness of the Fit for the Future initiative and foster meaningful discussion.

A Member enquired about individuals who might be living in Greater Manchester from another area, undetected by authorities, police, local residents, or potentially even originating from another country and living in isolation, who were difficult to reach due to their anonymity. NHS Greater Manchester relied heavily on the VCFSE sector to establish relationships and build trust with individuals who might otherwise be difficult to reach. However, reaching individuals who had not yet been engaged remained an ongoing challenge.

RESOLVED/-

1. That it be noted that the Committee welcomed and endorsed the report.
2. That it be noted that Members were encouraged to contact the Director of Communications and Engagement NHS GM if they had a specific interest in the topics discussed in the report or knew of groups or communities that would be interested in participating in engagement.
3. That it be noted that the timeline be confirmed for the consultation on children's autism.
4. That it be noted that Members were asked to contribute to raising awareness of the Fit for the Future initiative.
5. That it be noted that the Northwest Women and Children's Transformation Programme detail be shared with Members in due course.

JHSC/61/24 Greater Manchester Approach to Obesity Prevention

Jane Pilkington, Director of Population Health at NHS Greater Manchester, Deborah Blackburn, Director of Children's Commissioning, Nursing, and Wellbeing at Salford City Council, and Sara Roscoe, Head of Primary Care and Transformation at NHS Greater Manchester, provided a comprehensive presentation on Greater Manchester's approach to obesity prevention in response to the Committee's request. The presentation outlined the region's obesity rates, their significant impact, and the complex underlying factors contributing to the issue. The presentation also highlighted the current initiatives and future plans to reduce obesity rates across Greater Manchester, showcasing successful healthy weight programmes and a case study from Salford City Council demonstrating effective early years interventions to promote healthy lifestyles.

Obesity and related conditions had become a global health epidemic, leading to a significant increase in early mortality rates. In the UK, approximately one-quarter of adults were obese, while another third was overweight. Greater Manchester faced an even more pressing challenge, with 66% of adults falling into these categories, surpassing the national average of 64%.

Deprived areas were particularly impacted by this crisis. The complex interplay of social, environmental, economic, individual, and biological factors contributed to unhealthy weight. In Greater Manchester, 1.1 million people, or 20% of the population, resided in the most deprived areas in the UK, highlighting the region's unique challenges in addressing this health crisis.

The built environment, where residents lived and worked, significantly impacted sedentary lifestyles. Urban planning initiatives that promoted safer walking, cycling, and recreational opportunities were crucial in addressing obesity. Additionally, the widespread availability and promotion of high-fat, sugary, and salty foods had contributed to the obesity epidemic.

In terms of the Greater Manchester approach a collective responsibility was needed to address the root causes. Tackling childhood obesity was a shared challenge and part of the wider vision for Greater Manchester and was encapsulated in the Greater Manchester Strategy. The ICP six missions were referred to and obesity prevention was weaved across the ambitions. An example of the 12-week digital weight management programme was used to show how obesity prevention touched many different aspects of the programme.

Food and healthy weight were central themes across all Greater Manchester strategies, both at the regional and local levels. Examples such as Bury's Food Strategy and Manchester's Healthy Weight Strategy demonstrated this commitment. Since the pandemic, initiatives had focused on food security, ending holiday hunger (Marcus Rashford campaign), providing healthy start vouchers, supporting those in crisis, and establishing community fridges in Oldham, Salford, and Hyde. Future efforts would prioritise creating healthier environments and addressing the commercial determinants of health.

Addressing the commercial determinants of health was a key priority for the Director of Population Health and the ten Directors of Public Health in every locality. Work was taking place across Greater Manchester to restrict junk food advertising across

the estate and with Action on Smoking and Health (ASH) to end the harm caused by tobacco. It was envisaged that this work would have national significance.

The most significant factors contributing to childhood obesity, as identified by residents, were easy access to unhealthy food, excessive screen time, sedentary lifestyles, junk food advertising, and confusion regarding the nutritional quality of food. To provide Members with insights into their local residents' perspectives, the results of recent Consultation specific to each locality would be shared with Members.

Also mentioned was the survey conducted by youth organisations, which revealed that one-third of young people were influenced by junk food advertising to purchase products. One respondent reported seeing a staggering 178 junk food advertisements during their daily commute to school. Unsurprisingly, Manchester city centre was found to have the highest concentration of such advertisements. The survey results clearly indicated a strong desire among young people to address this issue.

At the national level, the consumption of tobacco, alcohol, and unhealthy food and drink was a significant driver of ill health and economic burden in England. These factors were the leading causes of death in the country. There was a need for greater focus on reducing the consumption of harmful products and finding ways to counterbalance the influence of industry with individuals' rights to a healthy and productive life. The Director of Population Health agreed to address this issue in more detail in a future Committee meeting.

Sara Roscoe, Head of Primary Care and Transformation, presented the Salford Specialist Weight Management Service, a tiered approach offering multidisciplinary interventions for individuals with severe obesity and complex needs. Today's discussion would focus on tier 3 and the challenges faced by several localities across Greater Manchester.

Despite a high demand for tier 3 services, current provision appeared inadequate, with over 6,000 patients on waiting lists and some facing up to a year's delay. Only

40% of referrals were assigned to interventions, and high dropout rates, likely influenced by long waiting times, suggested that the national GP scheme might incentivise referrals for patients not ready to participate.

While around 70% of those assigned to interventions started, only 65% completed a programme. Variations in commissioning, capacity, cost, uptake, and eligibility criteria existed between localities. These factors contributed to the overall challenges in providing effective tier 3 weight management services across Greater Manchester.

The affordability of new weight management drugs recommended by the National Institute for Health and Care Excellence (NICE) for specialist weight management services in Greater Manchester was a complex issue. Drug costs, NICE recommendations, commissioning decisions, prioritisation, and patient access all played a role in determining whether these treatments were accessible to those who needed them. While these drugs could improve patient outcomes, their high cost and potential barriers to access must be carefully considered to ensure equitable healthcare. This development would increase access to effective drugs. However, media attention surrounding these drugs had sometimes conveyed misleading information. Significant engagement was expected in this area, and Officers would return to the Committee to present their findings in due course.

Deborah Blackburn, Director of Children's Commissioning, Nursing, and Wellbeing at Salford City Council, presented the Salford Integration Pilot. Funded by NHS England through a competitive bidding process, the pilot aimed to significantly reduce childhood obesity in the city.

By prioritising physical activity, healthy eating, and good oral health during the antenatal, postnatal, and early years stages, the pilot aimed to prevent the development of unhealthy habits in children. The approach emphasised compassion and empathy to reduce weight stigma. The initiative also facilitated opportunities for families to work together to reduce obesity and manage excess weight

Various initiatives were implemented in Salford to increase the number of children reaching reception at a healthy weight. These efforts included exploring Virtual Care

for Obesity (VCC), Food Clubs, and collaborating with early years settings so they understood their role in supporting the oral and physical health milestones and having a good relationship with food.

Despite a rise in healthy-weight children at reception, weight increased by year 6. Efforts focused on understanding childhood experiences, improving inter-organisational collaboration, and promoting healthy lifestyles (inspired by the Amsterdam model). Barriers to change were also being identified, and Private Voluntary Independent (PVI) nurseries and maternity providers were engaged to support these efforts. There was also a development of supportive services for individuals with a high Body Mass Index (BMI).

The impact and stakeholder feedback from the pilot reported that 18/19 colleagues believed they felt more connected with other organisations and individuals in Salford after the pilot, 16/19 colleagues reported better awareness of support available for families, 12/19 colleagues reported improved connection with another team and 11/19 colleagues reported more frequent contact with external teams, which had improved working and connections.

The Director of Public Health summarised the challenges as, need and demand outstripped commissioned services and current system response, affordability of new weight management drugs (recommended by NICE for special weight management) and lack of sufficient national focus, investment, and population-level approach in this area. The role of the integrated care system was to reduce unwarranted variation in access and outcomes, review of specialist weight management services as part of a whole-system response to obesity, better understand the root causes of obesity and enhanced focus on the commercial determinants of health and their contributing role to obesity prevalence.

The Chair expressed gratitude to the Officers for their informative presentation and appreciated the practical examples that showcased their on-the-ground work.

Member asked about teaching domestic science education in schools and sought advice for individuals seeking to exercise despite limitations. For those with injuries

or heart problems, for example, Exercise on Prescription (EoP) was recommended, along with strategies for managing symptoms, on which there was a big emphasis. In terms of science education, variations existed across localities, leading to a mapping exercise to assess the situation. Through the Food Share Network, initiatives such as food distribution, and cooking classes were implemented to enhance access to healthy food and cooking skills.

The Member from Salford agreed that obesity was a global epidemic and welcomed engagement in the Salford Pilot. It was asked, given there was a shift in attitude towards lifestyle changes, how would the approach be tailored to all demographic groups. Questions were also asked about how the effectiveness of obesity prevention programme would be monitored and evaluated especially in high-risk groups and how would inequalities in service availability be addressed. The Greater Manchester Population Health Committee would monitor through high-level performance indicators. Localities would also review the reports. To address health inequalities, programmes would be tailored to local needs and given the high demand for services, innovative approaches were necessary. Also being explored were challenges in specialist weight management services and with tier 2 partners and strategies to target at-risk groups were being refined. Eligibility criteria from NHS England was expected and would form part of the Greater Manchester work.

A Member highlighted the recurring issue of violence against women and girls, which significantly hindered many individuals' ability to exercise. Feeling unsafe in public spaces, including transportation, cycling paths, jogging routes, and parking areas, discouraged physical activity. Young people had reported a lack of safe public spaces and transportation options, leading to increased sedentary behaviour and screen time. Officers acknowledged the importance of these issues. Collaborative efforts with the Deputy Chair and Transport for Greater Manchester (TfGM) were underway to make green spaces, public spaces, and transportation safer. It was suggested that violence against women and girls be a detailed focus of a future meeting.

A Member asked a comprehensive question about the complex relationship between obesity and poverty. They explored various factors contributing to health inequalities, including low-income families, Free School Meals (FSM) eligibility, accessibility of health services, reaching marginalised communities, extending lifespan, and combating stigma associated with obesity. NHS Greater Manchester had identified several key challenges and opportunities in addressing health inequalities. One significant challenge was the need for greater devolution to address the root causes of health disparities. NHS Greater Manchester had advocated for FSM meals and emphasised the importance of nationwide population-level interventions and lobbying Government. Another challenge was the stigma surrounding obesity, which required a balanced approach that promoted open discussions about health without stigmatising individuals. However, there were also opportunities for progress. NHS Greater Manchester had comprehensive integrated care records that provided valuable data for analysis. A specific target for healthy life expectancy was being considered as part of the government's new missions, in which Officers were involved. Addressing the striking 15-year gap in the onset of multiple morbidities between the most and least deprived areas was a priority, and the Inequalities Strategy for the Integrated Care Partnership outlines steps to address this issue. However, expanded national efforts were essential to bridge this disparity.

Data insights were discussed, and it was asked what specific conversations and interventions had been implemented to address issues at the earliest possible stage. Additionally, it was asked what data was being used to target individuals who required immediate intervention. Individuals and overarching strategies sought to implement early interventions that were culturally sensitive and beneficial for the health service and the economy. While progress has been made, it was acknowledged that current efforts were inadequate. The integrated care system offered the potential to leverage data from various sources to inform these interventions. The Salford Pilot and the appointment of a Transformation Midwife was an example of initiatives aimed at understanding maternity services and engaging in open conversations with parents about their health and lifestyle. NHS Greater Manchester was collaborating with mothers to deliver these messages as early as possible. However, significant work remained to be done, and services would be developed through insights gained from research and public consultation.

Members would be provided with a public consultation information pack for each locality.

RESOLVED/-

1. It was noted that the Committee acknowledged the current challenges around tackling obesity and noted the initiatives underway to reduce prevalence rates Greater Manchester and local levels, whilst supporting people into effective treatment.
2. That it be noted that Members would be sent the outcomes of the public consultation on 'healthy environments' for their locality.
3. That it be noted that the Director of Population Health would return to the Committee at a future meeting to discuss reducing the consumption of harmful products.
4. That it be noted that Officers return to the Committee with the findings from the Specialist Weight Management engagement at an appropriate opportunity.
5. That it be noted that the safety of women and girls when accessing exercise and active travel opportunities be a key theme at a future meeting.

JHSC/62/24 Committee Work Programme for the 2024/25 Municipal Year

Nicola Ward, Statutory Scrutiny Officer, GMCA presented a report, which provided Members with the draft Committee's Work Programme for the 2024/25 Municipal Year. Members were reminded that this was a working document which will be updated throughout the year to reflect changing priorities and emerging issues. The Committee would regularly review and revise the Work Programme to ensure that it remained relevant and effective in addressing the needs of the community.

The Chair and Vice-Chair agreed to work with Officers to further populate the work programme following the meeting.

It was asked that the minutes of the Committee be distributed to LAs so Members could share them with other scrutiny Members.

RESOLVED/-

1. That it be noted that the Work Programme be updated following the meeting in collaboration with the Chair and Vice-Chair.
2. That it be noted that the minutes of the Committee be shared with LAs.

JHSC/63/24 Dates and Times of Future Meetings

All meetings would be held in the Boardroom, GMCA on the following Tuesdays at 10.00 am:

- 15 October 2024
- 12 November 2024
- 10 December 2024
- 21 January 2025
- 18 February 2025
- 18 March 2025

Public Document

**Minutes of the Meeting of the Greater Manchester
Joint Health Scrutiny Committee held on 15 October 2024,
GMCA, Boardroom, 56 Oxford Street, Manchester M1 6EU**

Present:

Councillor Elizabeth FitzGerald	Bury Council (Chair)
Councillor Irfan Syed	Salford City Council
Councillor Wendy Wild	Stockport Council (for Councillor David Sedgwick)
Councillor Naila Sharif	Tameside Council
Councillor George Devlin	Trafford Council
Councillor Ron Conway	Wigan Council

Officers in Attendance:

Claire Connor	Director Communications & Engagement, NHS Greater Manchester
Jenny Hollamby	Senior Governance & Scrutiny Officer, GMCA
Paul Lynch	Director of Strategy & Planning, NHS Greater Manchester (for Warren Heppolette)
Laura Rooney	Director of Strategy, Health Innovation Manchester
Nicola Ward	Statutory Scrutiny Officer, GMCA

JHSC/64/24 Welcome & Apologies

The Chair opened the meeting and welcomed all those present.

BOLTON
BURY

MANCHESTER
OLDHAM

ROCHDALE
SALFORD

STOCKPORT
TAMESIDE

TRAFFORD
WIGAN

Apologies for absence were received and noted from, Councillor Linda Grooby, Councillor Peter Joinson, Councillor Eddie Moores, Councillor Sophie Taylor, Councillor Jackie Schofield, and Councillor David Sedgwick and City Mayor Paul Dennett.

An apology for absence was also received from Warren Heppolette.

The Chair informed the Committee that this would be City Mayor Paul Dennett's final meeting in his current capacity of GM Portfolio Lead for Healthy Lives. City Mayor Paul Dennett was assuming a new role as the GM Portfolio Lead for Housing First, which encompassed both homelessness and housing initiatives. As a result of this transition, Greater Manchester Mayor Andy Burnham would succeed City Mayor Paul Dennett as Co-Chair of the Integrated Care Partnership (ICP) and would join Sir Richard Leese in leading the ICP Board forward. The Chair expressed gratitude to City Mayor Paul Dennett for his valuable contributions and insight.

JHS/65/24 Chair's Announcements and Urgent Business

The Chair welcomed Councillor George Devlin from Trafford, who had succeeded Councillor Sophie Taylor as the Lead Member on the Committee. Councillor Sophie Taylor would serve as a Substitute Member moving forward.

Officers were thanked for distributing the meeting minutes to Local Authorities (LAs). Members were encouraged to consider how the information could be used to implement their respective Sustainability Plans as it was essential to ensure alignment between local scrutiny efforts and Greater Manchester-wide initiatives.

JHSC/66/24 Declarations of Interest

No declarations of interest were received in relation to any item on the agenda.

RESOLVED/-

That the minutes of the meeting held on 10 September 2024 be approved as a correct record.

JHSC/68/24**Sustainability Plan Update**

A presentation was provided by Paul Lynch, Director of Planning and Strategy, NHS Greater Manchester. It was explained that the Sustainability Plan showed how the Greater Manchester system would return a financial balance through addressing the underlying deficit and secured a sustainable future through addressing future demand growth and implementing new models of care year on year.

Successful delivery of the Sustainability Plan would facilitate achievement of the outcomes described in the ICP strategy:

- Everyone had a fair opportunity to live a good life.
- Everyone had improved health and wellbeing.
- Everyone experienced high quality care and support where and when they needed it.
- Health and care services were integrated and sustainable.

During the presentation, Members were asked to think how the Sustainability Plan could be effectively implemented at the Local Authority (LA) level.

While a five-year strategy existed, a set of challenges remained. Work to address challenges aligned with the Lord Darzi report, which identified those affecting NHS England and made recommendations for how issues could be addressed over the next few years.

A key part of the Sustainability Plan was to address financial challenges. Based on research and analysis, the solution focused on prevention and early intervention through neighbourhood and community work. The slide displayed on screen showed steps taken to address financial challenges and non-demographic growth. This involved projecting health needs beyond population aging, including mental health and chronic conditions.

Attention was drawn to the financial bridge (2024 to 2029), which was a strategy to address immediate financial challenges while simultaneously laying the groundwork for long-term financial sustainability. This bridge involved a combination of short-term measures and long-term initiatives aimed at improving efficiency, using resources more effectively, reducing costs, and increasing revenue.

The Sustainability Plan had been approved by the ICB in September 2024, this was the first meeting Chaired by the Greater Manchester Mayor where he stressed the importance of moving into delivery of the plan.

In light of that, actions had been broken down into five key areas, or pillars, which contributed to both financial sustainability and improved performance:

- Cost Improvement - Cost improvement Cost Improvement Plans (CIPs) leading to financial sustainability through Financial Sustainability Plans (FSPs).
- System Productivity and Performance - Multi-provider/system activities to improve the use of resources and performance.
- Reducing Prevalence - Maintaining the population in good health and avoiding future costs through prevention.
- Proactive Care - Catching ill health early, managing risk factors, and delivering evidence based, cost effective interventions to reduce the level of harm.
- Optimising Care - Transforming the model of care through system actions.

Also provided was a breakdown of the financial contributions that each pillar was expected to make to the overall Sustainability Plan over a five-year period. It showed that while some pillars contributed directly to financial savings, others contributed to

improving performance and addressing non-demographic growth. Overall, the plan aimed to achieve financial sustainability while also improving the quality and efficiency of healthcare delivery.

The role of the localities and the ten locality boards were absolutely crucial to the successful implementation of the Sustainability Plan. NHS Greater Manchester had discussions with local leaders, and they were enthusiastic about developing their own local versions of the plan. While NHS Greater Manchester had created the plan at a Greater Manchester level, LAs were eager to tailor it to their specific needs.

By using local analysis and data, the unique challenges and opportunities in each of the LAs could be identified. This would enable the development of targeted interventions and strategies that addressed those specific needs. It was important to recognise that the issues were complex that required a whole-system approach. The integrated care system, the GMCA, Health Innovation Manchester, the voluntary and community sector, and local government must work together to achieve results.

Emphasised was the importance of supporting people's health and wellbeing as a key factor in the overall prosperity and economic growth of the country. The issue of people struggling to work due to health conditions emphasised the need for a whole-system response involving the health and social care system, employers, the GMCA, and central government.

It was highlighted that the Sustainability Plan aligned well with Lord Darzi's recent report and provided a strong foundation for moving forward. The importance of translating the plan into place-based and locality-specific versions and the role of locality boards in addressing the social determinants of health was recognised. The need to consider factors beyond NHS operational measures, such as access to housing, school readiness, and other social determinants that contributed to the overall health of the population also played a part.

A Member asked given the challenges highlighted in the Lord Darzi report and the current issues with health and care services, how would the Sustainability Plan be launched and what were the impacts on the workforce. The Member also asked about inequality and the unintended consequences of changing services for those individuals already experiencing inequality. The plan recognised the strain on the

Greater Manchester workforce due to financial pressures and vacancies. NHS Greater Manchester aimed to improve staff wellbeing by optimising workforce utilisation, enhancing terms and conditions, reducing reliance on agencies, and establishing minimum carer standards. The goal was to restore purpose and job satisfaction. The Member was assured that the plan addressed inequality across all aspects, including finance, quality of care, support, performance, and wait times. The challenges faced by disadvantaged groups in accessing primary care were acknowledged. To mitigate potential digital disparities, a program of work on digital inclusion was being considered. In terms of investment, further thought was being given to what an investment framework needed to look like and that it did not sit in isolation. Officers were considering which areas of funding could be built in and what it looked like overtime.

Raised was investment and the Member inquired about the plans for spend and how would the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector and communities be engaged. The Member further asked about how would NHS Greater Manchester change people's behaviour to look after themselves better. Findings from the Lord Darzi report was a thread in everything NHS Greater Manchester did on the way to prevention. However, it needed to be backed up by finance. A multifaceted approach to behaviour change would involve reducing advertising for unhealthy products, creating healthier environments, and providing support for individuals to make better choices. The [Livewell campaign](#) would further support families in improving their physical and mental health. A significant cultural shift was required, along with greater consistency. Looking ahead, it was important to consider long-term investments in these changes to ensure their sustainability. Effective communication with the workforce was emphasised as a factor. People and Cultural teams were promoting the importance of leading by example among staff. Conversations with the public were focused on self-help strategies. Additionally, the [Fit for the Future](#) campaign was capturing the perspectives of staff, who were also residents of Greater Manchester.

A Member questioned how NHS Greater Manchester would maintain service standards while facing financial constraints and sought reassurance that evidence-based approaches would continue to guide decision-making. Officers acknowledged the importance of evidence-based approaches. The plan outlined programmes, which were underpinned by robust evidence and a strong return on investment.

Collaborations with universities had further strengthened the evidence base. The key challenge lay in delivering initiatives and disseminating best practices across the system. Balancing the need for a coordinated Greater Manchester-wide response with local adaptations was important. Implementing the plan would require significant effort, mirroring challenges faced by other regions across the country.

A Member, acknowledged the Attention Deficit Hyperactivity Disorder (ADHD) figures, highlighting the need to consider local factors and requirements when implementing solutions. The Sustainability Plan would be constantly reviewed and updated. It would be essential to be flexible and responsive to ensure its effectiveness. Robust governance arrangements would be established to monitor the plan's implementation and mitigate risks. Localities would have autonomy to tailor their approaches, while Greater Manchester would provide a strategic framework. Non-demographic growth would involve analysing past trends and projecting future needs at a Greater Manchester level but it would be beneficial to undertake this at a local level so challenges could be addressed.

A Member highlighted the importance of empowering individuals to take responsibility for their health. However, they also raised concerns about the lack of accessible pathways for those seeking advice and support to improve their health. Officers highlighted a successful initiative in Leigh, where a collaborative approach was employed to provide comprehensive support to residents to get well. The [Livewell](#) programme, designed to promote physical activity, was a key component of this holistic approach. By taking the time to understand individual needs, residents were offered the right support and advice. [Greater Manchester Moving](#), another significant initiative, exemplified the broader efforts to improve health and wellbeing across Greater Manchester.

A Member from Trafford highlighted their Council's successful neighbourhood working framework, which addressed several of the issues raised during the meeting. The Member invited NHS Greater Manchester Officers to visit and observe how the framework aligned with the Sustainability Plan.

A Member inquired about the localisation of the work and its leadership. It was clarified that localities were pivotal in leading local conversations due to unique nuances. Each locality had a participation group that informed NHS Greater

Manchester about demographic specifics. While NHS Greater Manchester facilitated the broader conversation, the local approach was emphasised. The Councillor, keen on the diabetes consultation and inequalities, was encouraged to share insights with the Director of Communications and Engagement, NHS Greater Manchester.

A Member proposed closer collaboration between NHS Greater Manchester and LA Communication Teams. While some connections existed, the Director of Communications and Engagement, NHS Greater Manchester, acknowledged the potential for further strengthening these partnerships and committed to take action.

A Member expressed concern that the current financial position could jeopardise the provision of services. While acknowledging the desire to improve public health, the Member highlighted the need to identify and address health issues early on. They also raised concerns about digital inclusion and the potential for vulnerable individuals to be overlooked. The Member asked how NHS Greater Manchester could ensure that everyone received the necessary support. The Director of Strategy and Planning, NHS Greater Manchester advised that the approach needed to be sensitive to the needs of all groups in Greater Manchester. NHS Greater Manchester worked closely with the VCSFE sector who knew the area, communities and local people. There was also a dialogue with General Practitioner (GPs) practices and neighbourhood teams. However, Officers acknowledged the approach needed improvements. Stressed was the importance of a tailored approach to address the diverse needs of Greater Manchester's population. Close collaboration with the VCFSE sector, GP practices, and neighbourhood teams was essential to ensure that no one was excluded.

The Director of Strategy, Health Innovation Manchester highlighted the ongoing work with ICBs and the Digital Inclusion Action Network to improve digital access. This aligned with the Greater Manchester Mayor Andy Burnham's commitment to bridging the digital divide and ensure equitable access to technology. While a one-size-fits-all solution was not feasible, a wraparound approach, combining technology and human support, was suggested. The Director of Strategy and Communications, NHS Greater Manchester underscored the need for a multifaceted approach, involving various tools and strategies to reach all individuals. The VCFSE sector played an important role in engaging with hard-to-reach communities and served as a vital link.

A Member drew attention to the importance of a long-term partnership with the VCFSE sector, recognising their role in supporting individuals who might not be able to access mainstream services. The Member asked that this aspect be included in the plan. NHS Greater Manchester had proposed an initial three-year investment with the intention of long-term funding. However, due to the financial deficit, the organisation was unable to commit to further investment. Recognising the funding challenges faced by the VCFSE sector, NHS Greater Manchester advocated for a longer-term investment to ensure the sustainability of these vital services.

The Chair suggested and Members agreed that a further recommendation be added that LA local Health Scrutiny Committees consider their local sustainability plans.

RESOLVED/-

1. That it be noted that the Committee received and noted the contents of the Sustainability Plan.
2. That it be noted that Members supported the implementation of the Sustainability Plan within localities.
3. That it be noted that the Statutory Scrutiny Officer, GMCA request that LA local Sustainability Plan's be considered by their local, health scrutiny Committees.
4. That it be noted that the Member from Trafford invited NHS Greater Manchester Officers to visit and observe the work taking place.

JHSC/69/24 Reconfiguration Progress Report and Forward Look

Claire Connor, Director of Communications & Engagement, NHS Greater Manchester, presented a report detailing the latest progress on proposed service redesign projects and associated consultation/engagement activities across Greater Manchester. While the scope of these projects varied, and not all might necessitate a full consultation, it was important that the Committee maintained an oversight to ensure transparency and accountability.

A brief summary was provided and noted as follows:

1. In terms of Adult Attention Deficit Hyperactivity Disorder (ADHD) NHS Greater Manchester was developing a business case for NHS England's assurance process. Modelling work was underway to assess feasibility.
2. Engagement activities had commenced for Children's ADHD services, laying the groundwork for a public consultation process planned for the next year. The Committee would consider a comprehensive report on these efforts on 21 January 2025. To inform the development of these services, valuable insights were being collected from individuals who had previously used similar services.
3. An In vitro fertilisation (IVF) options appraisal was taking place and would be considered by the NHS Greater Manchester Board in autumn 2024 for approval for consultation.
4. The Tier 3 specialist weight management service early engagement in started in October 2024, with completion expected in November 2024. Guidance from the National Institute for Health and Care Excellence (NICE) was pending.
5. Regarding the Fit for the Future campaign, it was reported that NHS Greater Manchester had engaged with 100s of individuals in every locality. Members who were speaking to residents were asked to continue to feedback to the Director of Communications and Engagement, NHS Greater Manchester.

To improve engagement with harder-to-reach groups, a Member proposed using quick response (QR) codes at school gates to provide easy access to important information and resources.

RESOLVED/-

1. That it be noted that Members were encouraged to contact the Director of Communications and Engagement, NHS Greater Manchester should they have soft intelligence, a specific interest in the topics discussed in the report or knew of groups or communities that would be interested in participating in engagement.

2. That it be noted that Members who were speaking to residents were asked to continue to feedback to the Director of Communications and Engagement, NHS Greater Manchester.
3. That it be noted that the Work Programme be updated with the service reconfigurations and dates to be considered by the Committee detailed in the report.
4. That it be noted that Councillor Devlin, keen on the diabetes consultation and preventing inequalities, was encouraged to share insights with the Director of Communications and Engagement, NHS Greater Manchester.
5. That it be noted that the Director of Communications and Engagement, NHS Greater Manchester, would look to further strengthen work with LA Communication Teams.

JHSC/70/24 Health Innovation Manchester

Laura Rooney, Director of Strategy, Health Innovation Manchester introduced Members to the Health Innovation Manchester's Strategy 2024/25 to 2027/28, which aimed to improve lives, transform care, and boost the economy through innovation. The strategy focussed on addressing population health priorities, accelerating innovation adoption, optimising digital solutions, and enhancing the system's capacity to deliver health innovation.

Members were informed that Health Innovation Manchester was dedicated to accelerating the integration of innovative healthcare solutions into NHS Greater Manchester. The organisation actively collaborated with universities and other partners to identify groundbreaking research and explored its potential for implementation within the healthcare system.

Health Innovation Manchester was a collaborative partnership involving a diverse range of stakeholders, including healthcare providers, universities, LAs, and global partners. This diverse partnership enabled the organisation to draw on a wide range of expertise and perspectives, fostering innovation and challenging traditional approaches to healthcare delivery.

By fostering partnerships, Health Innovation Manchester identified, developed, and implemented groundbreaking ideas that improved patient outcomes in Greater Manchester, enhanced the efficiency of healthcare delivery, and tried to address the social determinants of health. This included exploring digital health technologies, new clinical practices, innovative service delivery models, and cutting-edge research, all with the ultimate goal of transforming healthcare for the better.

Director of Strategy, Health Innovation Manchester drew Members attention to the Health Innovation Manchester's third Strategy, which had a long-standing link with the ICP system. There were four strategic objectives, which aimed:

- Strategic Objective 1 – Aimed to focus on implementing already proven innovations on a large scale to improve the health of the population, especially in the early stages of disease (primary prevention) and in the early stages of illness (secondary prevention). A mission would be launched to understand how improvements could be made in cardiovascular disease, obesity, and kidney disease. Effort would be targeted to add value to the system.
- Strategic Objective 2 - Aimed to establish Greater Manchester as a global leader in healthcare innovation. This involved positioning the region as a hub for accelerated access to innovations, attracting clinical trials, real-world studies, and early value assessments of new products and therapies. By fostering strong partnerships with industry, academia, and the National Institute for Health and Care Research (NIHR), the aim was to attract significant inward investment and increase the number of Innovate UK grant awards. Ultimately, this would lead to improved healthcare outcomes for the region's population and solidify Greater Manchester's reputation as a global leader in health innovation.
- Strategic Objective 3 – Aimed to harness the power of digital and data to optimise healthcare delivery and involved leveraging digital technologies to better understand the population's needs, develop innovative models of care, and improve patient outcomes. Key initiatives included enhancing the Greater Manchester Care Record for direct care and research, mobilising a full suite of digital services, attracting investment in digital health, and partnering with

industry leaders to explore the potential of artificial intelligence (AI) and advanced computing.

- Strategic Objective 4 - Aimed to enhance the Greater Manchester system's capacity and capability to deliver health innovation and demonstrate impact. This would involve improving the system's ability to adopt and implement innovations, increasing research and innovation capacity, and refining the organisation's methods and approaches to deliver impact.

Attention was drawn to an article featured in today's newspapers, which highlighted the obesity injection trial, a prime example of Health Innovation Manchester's collaborative efforts with major companies to bring groundbreaking clinical trials to Greater Manchester. This initiative not only directly impacted population health but also showcased how the organisation strategically considered the introduction of new medicines to return individuals to work, stimulate economic growth and job creation.

Greater Manchester, with its diverse population, required a health innovation strategy that prioritised equity. Health Innovation Manchester strove to ensure that data-driven insights were used to identify areas where tailored support was needed. A robust network was in place, as evidenced by an event in Bolton where 200 representatives discussed the Health Innovation Accelerator programme and its potential to benefit diverse communities. By actively engaging with the community and understanding their specific needs, Health Innovation Manchester sought to expand its offerings, and make a positive impact on the health and wellbeing of all residents.

A Member inquired about the approach to managing cardiovascular disease. They questioned whether adhering to a medication regimen or undergoing surgery would be the most effective strategy for individuals diagnosed with the condition. It was explained that collaborative work with clinical colleagues was undertaken to understand the progression of the disease and identify opportunities for early intervention to shift the focus from illness management to preventative measures.

A Member asked about the integration of Health Innovation Manchester's work into the Sustainability Plan. Specifically, whether evidence-based approaches were incorporated into the plan to sustain innovation. The Member also questioned whether a health economic analysis was conducted prior to the introduction of new medicines

to assess their cost-effectiveness. The increasing prominence of digital technologies and data in the Sustainability Plan was highlighted. The shift reflected a recognition of the role that digital solutions played in driving innovation and improving healthcare outcomes. By moving away from a short-term, annual cycle, the plan emphasised a longer-term perspective, enabling a more strategic approach to innovation and sustainability.

A Member expressed interest in the strategic partnerships forged by Health Innovation Manchester and acknowledged the value of a global perspective. Officers were invited to share their vision for the future, highlighting one change they anticipated within the next five years. Greater Manchester had developed a rich set of data assets, providing invaluable insights into community needs and identifying potential intervention points. This enhanced understanding of the population would enable the development of targeted interventions. The ultimate goal would be to create a healthcare system equipped with cutting-edge tools and technologies, empowering clinicians to deliver timely and effective care in a modern healthcare setting.

A Member highlighted virtual wards as a promising technological solution. Given the challenges of hospital congestion and rising care home costs, the Member inquired about the feasibility of implementing virtual wards on a larger scale. Virtual wards had proved extremely successful, enabling patients to recover at home through remote monitoring. This approach received positive feedback from patients and improved recovery outcomes. While there were initial challenges in adapting clinical practice, the 1000 bed capacity represented significant progress. Future efforts were aimed to further empower patients through advanced technology solutions. The Director of Strategy & Planning, NHS Greater Manchester added that the focus should not solely be on the number of beds, but rather on delivering the best possible care for residents. Drawing on the insights of the Lord Darzi report, and the challenges faced by the public sector in securing capital funding, investing in buildings and technology could significantly improve patient outcomes and service delivery.

RESOLVED/-

1. That it be noted that Members considered and discussed the content of the report.
2. That it be noted that the Committee noted the forward plan of innovation activity and links with integrated care system priorities and plans.

JHSC/71/24 Committee Work Programme for the 2024/25 Municipal Year

Nicola Ward, Statutory Scrutiny Officer, GMCA presented a report, which provided Members with the draft Committee's Work Programme for the 2024/25 Municipal Year. Members were reminded that this was a working document which would be updated throughout the year to reflect changing priorities and emerging issues. The Committee would regularly review and revise the Work Programme to ensure that it remained relevant and effective in addressing the needs of the community.

A list of items to be scheduled into the Work Programme at the request of Members was available in Appendix 2 and Appendix 3 showed what work had already been considered.

Member's asked for the following potential items to be included on the Work Programme:

1. Regular updates on the Sustainability Plan and Local Efforts
2. Winter Readiness
3. Elective Care Wait Times
4. Development of Digital Solutions
5. GP Access
6. Dentistry

Members also asked for a greater understanding of the health scrutiny activity being undertaken at a local authority level.

RESOLVED/-

1. That it be noted that the Work Programme be updated following the meeting in collaboration with the Chair and Vice-Chair.
2. That the Work Programme report include an Appendix to reflect what local health scrutiny work was taking place.

JHSC/63/24 Dates and Times of Future Meetings

All meetings would be held in the Boardroom, GMCA on the following Tuesdays at 10.00 am:

- 12 November 2024
- 10 December 2024
- 21 January 2025
- 18 February 2025
- 18 March 2025



Present: Councillor
Councillors Adams (Oldham), Dale (Rochdale) Fitzgerald (Bury),
Hamblett (Oldham), Lancaster (Bury) and McLaren (Oldham)

Also in Attendance:

Rebecca Fletcher	Director of Public Health (Oldham)
Moneeza Iqbal	Northern Care Alliance -NHS
Andrew Mather	Constitutional Services
Jayne Ratcliffe	Director of Adult Social Care (Oldham)
Jack Sharp	Northern Care Alliance

1 **ELECTION OF CHAIR**

As Salford and Bury had not yet appointed all their members to this committee the appointment of Chair was for this meeting only. An appointment for the remainder of the municipal year would be made at the next meeting.

Resolved:

That Councillor Hamblett be appointed as Chair for this meeting.

2 **ELECTION OF VICE CHAIR**

As Salford and Bury had not yet appointed all their members to this committee the appointment of Chair was deferred to the next meeting.

3 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Joinson (Rochdale) and Taylor (Rochdale).

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

5 **PUBLIC QUESTION TIME**

No public questions had been submitted.

6 **TERMS OF REFERENCE**

Members considered the Terms of Reference for the Overview and Scrutiny Committee which had been circulated to Partner Authorities. It was reported that Bury Council had proposed that the Quorum be amended to include at least one representative from each of the four authorities

It was also pointed out that some issues would still more appropriately be dealt with by individual authority health overview and scrutiny committees rather than the Joint Overview and Scrutiny Committee.

Resolved:

That any further suggestions for changes to the Terms of Reference be notified to Constitutional Services and be considered at the next meeting.

7

NORTHERN CARE ALLIANCE -UPDATE

Moneeza Iqbal, Director of Strategy and Jack Sharp, Chief Strategy Officer at Northern Care Alliance , attended to give an overview and update to members on the organisation and operation of the Alliance.

The Group organisation included 4 hospitals, 4 sets of community services and provided hyper-services, district wide community services, hospital and acute care and complex services for Greater Manchester. The Alliance employed over 21,000 people and had a turnover of £1.7 billion.

Key performance issues included the improvement of urgent care performance to meet the 4 hour standard and reducing wait times for elective and Community services.

In common with the NHS the Alliance has a large structural deficit of £175m. A cost improvement plan had been agreed with NHS England to close the gap over 3 years, with £86 million to be found in the current year.

The Alliance was seeking transformation across its services for example providing joined up services, integrated care plans, and service specific improvements in areas such as maternity, 0-19 services, dermatology, and major trauma.

The public had understandable concerns in travelling out of their immediate area for specialist medical services. However, the level of specialism and volume of patients meant that the full range of service cannot be provided in every locality. For example, there is only one specialist centre for neurology, for the region. In terms of treatment and outcomes, the benefits of centres of excellence and specialist units are evident. Waiting lists were the key area of frustration and the biggest issue facing the Alliance.

Mr Sharp referred members to the 'Vision 10' document which had recently been agreed by the NCA Board. Vision 10 set out the mission of the Alliance and its vision for the next 5 to 10 years which was to be the safest and most effective organisation in the NHS and the place where people want to work. We are passionate about tackling inequalities, and improving health outcomes and experiences in all our Places.

In response to questions from Members concerning the relationship of the NCA with community services, both NCA and Local Authority managers stressed their commitment to working in partnership to prevent ill health and to help people get out of hospital and stay out.

Resolved:

That Jack Sharp and Moneeza Iqbal be thanked for their presentation.



Oldham
Council

8

DATES AND TIMES OF FUTURE MEETINGS

Members discussed the dates and times of future meetings and whether a more convenient start time could be found which could better fit with members work and travel. It was also suggested that a virtual or hybrid format could be considered. The location of meetings was also considered and Northern Care Alliance offered to host meetings if required.

Resolved:

1. The dates of future meetings on 26th September, 19th December 2024 and 27th February 2025 be confirmed.
2. That, following the appointment of members by Salford, the Secretary consult members on the most convenient start time for the majority of members.
3. Further consideration be given at the next meeting to holding meetings at other venues or holding hybrid meetings.

9

WORK PROGRAMME 2024/25

Members considered the work programme for the Committee. Suggestions put forward included:

Visits to NCA facilities;
Meeting with Board members;
Workshops with staff and patient representatives;
Focusing on specific service areas e.g. young people 0-19, women's care, and public health and prevention;
Benchmarking;
Performance monitoring.

In relation to performance monitoring NCA officers suggested bringing the Dashboard which was reported to the Board to future meetings.

Resolved:

That NCA and Local Authority officers jointly produce a draft work programme.

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Report to Adults Social Care & Health Scrutiny Board

Corporate Performance Report 2024/25 for Q2 Corporate Performance Report (1st July to 30th September 2024)

Portfolio Holder (CPR):

Cllr Arooj Shah, Cabinet Member for Building a Better Oldham

Officer Contact (CPR):

Steve Hughes, Assistant Director Strategy & Performance

Report Author (CPR):

Gail M. Stott, Performance Improvement Lead, Strategy & Performance

CPR collated by: Performance Improvement Team, Strategy & Performance

Contact: StrategyandPerformance@oldham.gov.uk

Date: 26th November 2024

Reason for decision

Scrutiny of corporate performance aims to provide assurance that:

- services are aligned to corporate priorities and the needs of our residents (resident focus)
- our services are good, or are on track to good
- any services that are not on track, or have identified risks, are being supported or challenged to rectify this
- any demand indicators or resource pressures are being noted and service provision is being re-assessed accordingly
- the organisation has robust performance management processes in place.

Summary

The purpose of this report is to provide an overview of corporate performance against agreed service business plan measures for the 2024/25 Q2 period (July - September).

Recommendations

Scrutiny Board members are asked to:

- note the progress in implementing the business plan objectives
- celebrate areas of consistent good performance
- note the comments on progress
- consider areas for review (good or poor) that could produce learning for the organisation
- note the interconnection of these actions with ongoing activities in other portfolio and Scrutiny Board remits and key projects

Appendix:

1. ASC& Health CPR - Adult Social Care; Public Health

Report to ASC & Health Scrutiny Board

Corporate Performance Report 2024/25 for Quarter 2: 1st July to 30th September 2024

Portfolio Holder (CPR): Cllr Arooj Shah, Cabinet Member for Building a Better Oldham

Contact Officer (CPR): Steve Hughes, Assistant Director Strategy & Performance

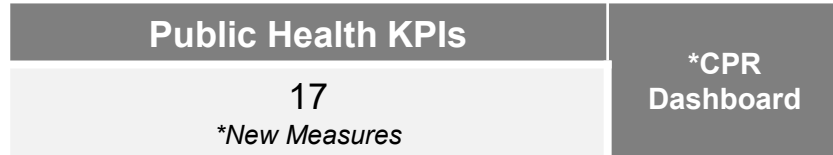
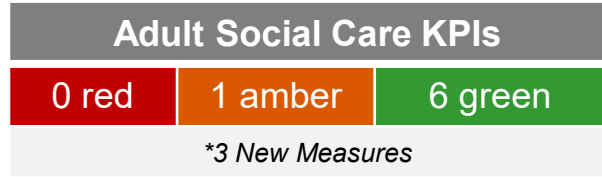
Report date: 26th November 2024

CPR collated by: Performance Improvement Team
StrategyandPerformance@oldham.gov.uk

People Services

Key Performance Indicators

Page 52



Key

RED	KPIs underperforming by more than 5%
AMBER	KPIs underperforming by less than 5%
GREEN	KPIs meeting or outperforming target

Adult Social Care

Performance Measures & Business Plan Report

Portfolio Holder: Cllr Barbara Brownridge, Cabinet Member for Adults, Health & Wellbeing

Officer Contact: Jayne Ratcliffe, Director of ASC

Service Summary:

Adult Social Care in Oldham – "Supporting you to be independent, healthy, safe and well".

Adult Social Care, working with the rest of the Council, the voluntary sector, local communities and NHS partners will encourage and enable you, your family and community to stay healthy, safe and well. The aim is to enable Oldham residents to live as independently as possible. Where residents need support, we will help to identify the best solutions. If people need help but are not able to arrange their own care, the support we identify with residents will help you to live the best life they can, with the help they have around them.

Adults Social Care

Key Metrics (against target where set)

Page 54

% of older people (65 and over) still at home 91 days after discharge from hospital

88.4%



Q1: 90.1%

Target = 89%

[Amber] High is Good

% of adult social care providers rated as 'good' or 'outstanding' by CQC

83.3%



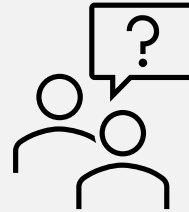
Q1 = 83.3%

Target = 80%

[Green] High is Good

The proportion of people who received short-term services during the year - who previously were not receiving services – where no further request was made for ongoing support

86%



*New Measure

Target = 82%

[Green] High is Good

The proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed

89.2%



Q1: 91%

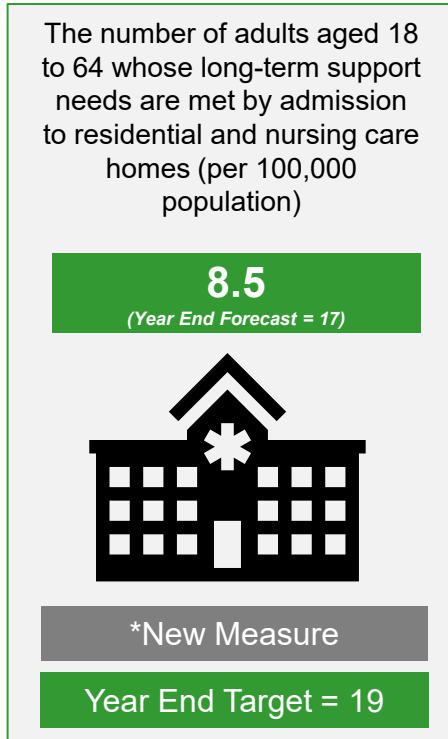
Target = 64%

[Green] High is Good

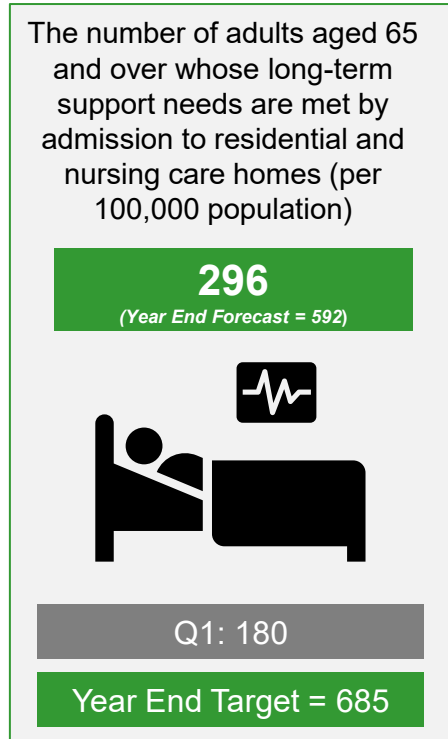
Adults Social Care

Key Metrics

Page 55



[Green] Low is Good



[Green] Low is Good



[Green] Low is Good

Adults Social Care

Successes (across all metrics)

Short-term services during the year	It is positive that we are implementing a Strength Based approach to meeting needs, by ensuring residents can have a period of recovery & stabilisation to get back to a baseline, before any long-term care is considered, so we can support a 'home first' approach.
Long-term support needs met by admission to residential and nursing care homes	(Aged 18-64) Anticipated year end position for this measure is 17 admissions per 100,000 which is lower than the 19 annual target. (Aged 65+) Anticipated year end position for this measure is 592 admissions per 100,000 which is lower than the 685 annual target.
Still at home 91 days after discharge from hospital	Q2 performance has missed target by 1 person.
Direct Payments	We have a higher proportion of people of Direct Payments to which they utilised personalised PoC to meet assessed needs. However, some of these are used to commission care outside of the commissioning framework. There are also high costs of DP, which is being explored. This aligns to the FFS audited and recommendations to claw back unspent DP funds.
Section 42 safeguarding enquiries	This is a positive outcome, with the workforce working in partnership to reduce and remove risk.
Adult social care providers	The Commissioning and Market Management portfolio continues to provide advice and guidance to providers in embedding improvements in their service delivery with the aim of these improvements being sustained. It is worth noting that local authorities have no influence in the providers which the CQC inspect. In addition, the market continues to face challenges (recruitment and retention and high operating costs) which impacts ability on sustaining improvements. Due to a large home closing in September, we are likely to see this percentage reduce in quarter 3.

Adults Social Care

Areas for Development (across all metrics)

Short-term services during the year	Short stays PoC remain a challenge for the LA with higher proportions of residents going into short term placements. This is due to lower thresholds of Hospital discharge, meaning people are acutely unwell when they are discharged from hospital. Hospital discharges are the majority of short-term placements. The restructure that is being undertaken by ASC, will develop a review team, which will support the timely review of short-term placements.
Long-term support needs met by admission to residential and nursing care homes	We continue to implement a Strength Based Approach to meeting needs, which focusses on a home first approach. The progress with Carers assessments has supported in ensure unpaid carers are at lower risk of burnout, being able to maintain their caring role. However, we have seen an increase in Homecare provision in meeting people's needs in the community, which is having a budget pressure.
Still at home 91 days after discharge from hospital	We are experiencing increase pressure with discharge thresholds being lower, and reablement in the community at maximum capacity. This alongside more acute needs in presentation is lowering the reablement, recovering and health outcomes for people in the community. This is requiring a short-term placement or respite provision to stabilise the individual/meet needs.
Direct Payments	There is now a Direct Payment Steering group focussing on reviewing and updating the Direct Payment policy. The Budget Recovering Group are reviewing people's needs, in line with SBA in meeting needs in a different way & reducing Direct payments to reflect this. Commissioning are progressing work with the Brokers to develop SOP and ensure we have a commissioning strategy to be able to commission support, rather than micro commission via a DP. There are Safeguarding risks when commissioning supported living/residential/Homecare as this is not supported by contracts.
Section 42 safeguarding enquiries	The ongoing work of the Strategic Safeguarding Team and the SAB is supporting training, guidance, and skills of the workforce. the robust TRAM policy and guidance is supporting the workforce to identify and manage risk effectively.
Adult social care providers	Works continues on finalising the refreshed Market Position Statement in conjunction with Commissioning Strategies. Further engagement with the market is taking place in order to provide support and direction as to what is required in borough to meet the needs of Oldham's residents.

Adults Social Care

Comments

Q1: Jayne Ratcliffe (Director of ASC)

The directorate is continuing to strive to achieve strategic and operational improvements, in accordance with the Adult Social Care (ASC) strategy. The delivery of the changes are being undertaken at pace, to achieve positive outcomes for Oldham residents. Significant work has been completed to review commissioning outcomes, aligned to operational requirements ensuring the service continues to strengthen its local offer.

Q2: Jayne Ratcliffe (Director of ASC)

The directorate is committed to continuous improvement to ensure Oldham residents remain independent, healthy, safe and well in the community. The measures demonstrate positive performance by Adult Social Care, despite ongoing demand and workforce challenges. The directorate is committed to ensuring it is efficient and effective, and we endeavour to continue to strengthen our local offer for residents.

Signed Off: 24/10/2024

Adults Social Care

Portfolio Holder Comments

Q1: Cllr Barbara Brownridge

I am delighted that in particular our new initial information point is able to give people the right advice to allow them to remain healthy and independent but the service is facing significant pressure as a result of the increased complexity of the residents who do require formal support.

Q2: Cllr Barbara Brownridge

We continue to be committed to keeping residents healthy and safe in their own homes and have been able to offer support in the community to 80% of those who contact us for help. The high demand for nursing care beds and specialist staff continues to be a pressure on the service.

Signed Off: 12/11/2024

Public Health

Performance Measures & Business Plan Report

Portfolio Holder: Cllr Barbara Brownridge, Cabinet Member for Adults, Health & Wellbeing

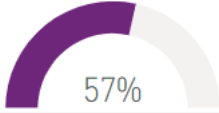
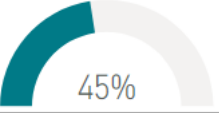
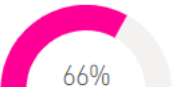
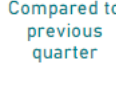
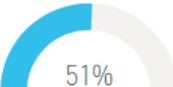
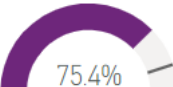
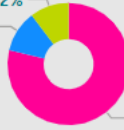

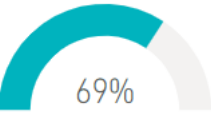
Officer Contact: Rebecca Fletcher, Director of Public Health

Service Summary:

Public Health are focused on helping people and communities in Oldham to improve their health and wellbeing, including the protection from threats to illness.

This service uses data and intelligence to meet statutory requirements, whilst championing the reduction of the health inequalities that we observe between Oldham and the England average; and within the borough between Oldham's most and least deprived wards.

Corporate Performance Reporting

Number of visits to OCL		The percentage of physically active adults		Number of people setting a smoking quit date		Positive exits from drug & alcohol treatment		Teenage conceptions - rate per 1,000		Social Prescribing - Number of referrals	
122,431	Compared to previous month		57%	208	Compared to previous quarter		45%	20.5 per 1,000	Compared to previous year	674	Previous Quarter
September	+4398	2022/23	Compared to previous year ▼ 5.7 % points	Q2 2024	▼ -12	Q4 2023/24	Compared to previous quarter ▼ -2 % points	2021	▼ 2.0	Q1 2024/25	758
2024/25											
Health Checks meeting the quality standard		Adults completing weight loss treatment		Percentage of successful smoking quitters at 4 weeks		Health visiting appointments within timescales		All new STI diagnoses		Social prescribing - % seen an increase in wellbeing score	
	66%		0		51%		75.4%	642 per 100,000	Compared to previous year		10.32% 10.97% 78.71%
2024/25	Compared to previous quarter ▼ -6 % points	Q4 2023	Compared to previous quarter	Q2 2024	Compared to previous quarter ▲ 0.71 % points	Q4 2023/24	Compared to previous quarter -2 % points	2023	▲ 108.6		
Number of Health Checks received		Percentage of adults achieving any weight loss		Clients currently engaged in drug or alcohol treatment		Total prescribed LARC excl. injections		New HIV diagnosis rate		 Oldham Council	
1651	Compared to previous quarter		69%	1340	Compared to previous quarter	21.2 per 1,000	Compared to previous year	4.1 per 1,000	Compared to previous year		
Q2 2024/25	▲ 75	Q4 2023	Compared to previous quarter ▲ 3.01 % points	Q4 2023/24	▲ +155	2022	▲ 2.0	2022	▼ 0.8		

Public Health

Successes (across all metrics)

Page 62

Outcomes for those accessing Social Prescribing	<p>The Social Prescribing service connects residents with the local community activity and support offer to improve their physical and mental wellbeing. The service currently has 474 active cases (average across Q2). The service continues to achieve positive wellbeing outcomes for residents, with 80% of clients seeing an increase in their overall wellbeing following intervention. The service has also been growing community capacity to support residents in their community. There are now six chatty café venues across Oldham supported by volunteers, with two new venues starting soon at the Crossley Centre and Royton Town Hall, as well as 9 peer support volunteers supporting clients to access community activities.</p>
Smoking at Time of Delivery	<p>The prevalence of smoking at time of delivery continues to reduce, which will contribute to our approach of reducing infant mortality and positive health outcomes for children and young people.</p>
Increase in accessing drug and alcohol treatment	<p>Oldham have secured grant funding for the drug and alcohol treatment and recovery service. This has enabled an increase in workforce that has not only brought additional capacity but allowed for the development of an outreach function. As a result, there has been a positive increase in the number of people accessing the service for support .</p> <p>The service continues to identify barriers and address these, the new building is more welcoming and the increase in partnership working for example Oldham customer service centre (Access Oldham) , housing and probation to effectively engage with clients in a timely manner.</p>

Public Health

Areas for Development (across all metrics)

Page 63

Accessing a breakdown of NCA data for the 0-19 integrated family's service	<p>A significant proportion of the OMBC PH budget is invested in the 0-19 service for health visiting, school nursing and family nurse partnership (correct at time of writing) delivered as a partnership through a section 75 agreement with the Northern Care Alliance. Accessing performance data, including breakdown of the data by demographic and geographical area remains a challenge. We are progressing conversations with the NCA and have some interim solutions in place but further work is still required to reach a satisfactory standard of data returns.</p>
Access to NHS Health Check data	<p>OMBC Public Health have revised the payment model to GP's for the provision of NHS Health Checks, whereby we will now only make payments for quality health checks. A delay in accessing the NHS Health Check data will ultimately delay our ability to validate the quality of the checks and have a knock-on effect to associated payments.</p>
Smoking prevalence	<p>Although our smoking prevalence has continued to fall, and close the gap seen been England average and Oldham, we are aware that those that remain smokers are a cohort that will find it most difficult to quit with additional complexities for example poor mental health or complex lives.</p>

Public Health

Comments

Q1: Rebecca Fletcher (Director of Public Health)

Work is continuing on improving vaccination rates in Oldham with a focus on working with our communities. NHS Health Checks are a key method to prevent cardiovascular disease in our residents. There is a programme of work to improve the quality of health checks to ensure that they are effective as possible. The reduction in our smoking quit rates is related to our focus on working with our most vulnerable, resistant and complex smokers. Work here is essential but quits are more challenging to achieve.

Q2: Rebecca Fletcher (Director of Public Health)

We continue to see increases in the number of residents accessing structured treatment for drugs and alcohol services. This is an important element of our local drug and alcohol strategy. We have more work to do on our approach to long-term recovery. The challenges in accessing data from our 0-19 service continue to be a concern. This service is an essential element of our "best start for life" for children in the borough, and we need to be able to monitor the impact of the service .

Signed Off: 15/10/2024

Public Health

Portfolio Holder Comments

Q1: Councillor Barbara Brownridge

Improvements in vaccine take up continue and I am sure that the development of family hubs will help in this. I also welcome the lung health monitoring that is currently in Oldham as this will identify potential lung disease early as well as providing detailed information to help people to quit smoking altogether

Q2: Councillor Barbara Brownridge

We remain committed to our work on substance abuse, weight loss diabetes and smoking and are making improvements in all areas and are carefully monitoring outcomes to ensure the best use of resources. We are particularly pleased the have found funding for a further six years for social prescribing which is having a measurable effect in improving outcomes for residents,

Signed Off: 12/11/2024

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Adult Social Care: An overview of the care market

Adults Health and Social
Care Overview and Scrutiny

Overview of Oldham's social care market

Page 68

This presentation includes:

- Commissioning in social care
- Legislative frameworks
- Oldham's population and demographics
- Out of borough provision
- Commissioned frameworks
- Market sustainability
- Quality and Risks identified
- Gaps in the market
- Opportunities
- Priorities

Commissioning in social care

Commissioning in social care is the process where local authorities identify, arrange, purchase, and monitor social care services for people in their area at a both macro (system and sector) and micro (individual) level.

It aims to meet the care needs of people and plays a significant role in ensuring vulnerable people receive the support they need to fulfil their lives, remain independent, and delay future care needs.

As we move towards more preventative and strengths based ways of working, commissioning will need to have a greater focus on working with the sector to develop services that the local authority might not necessarily directly purchase.

Commissioning Partnerships and intentions:

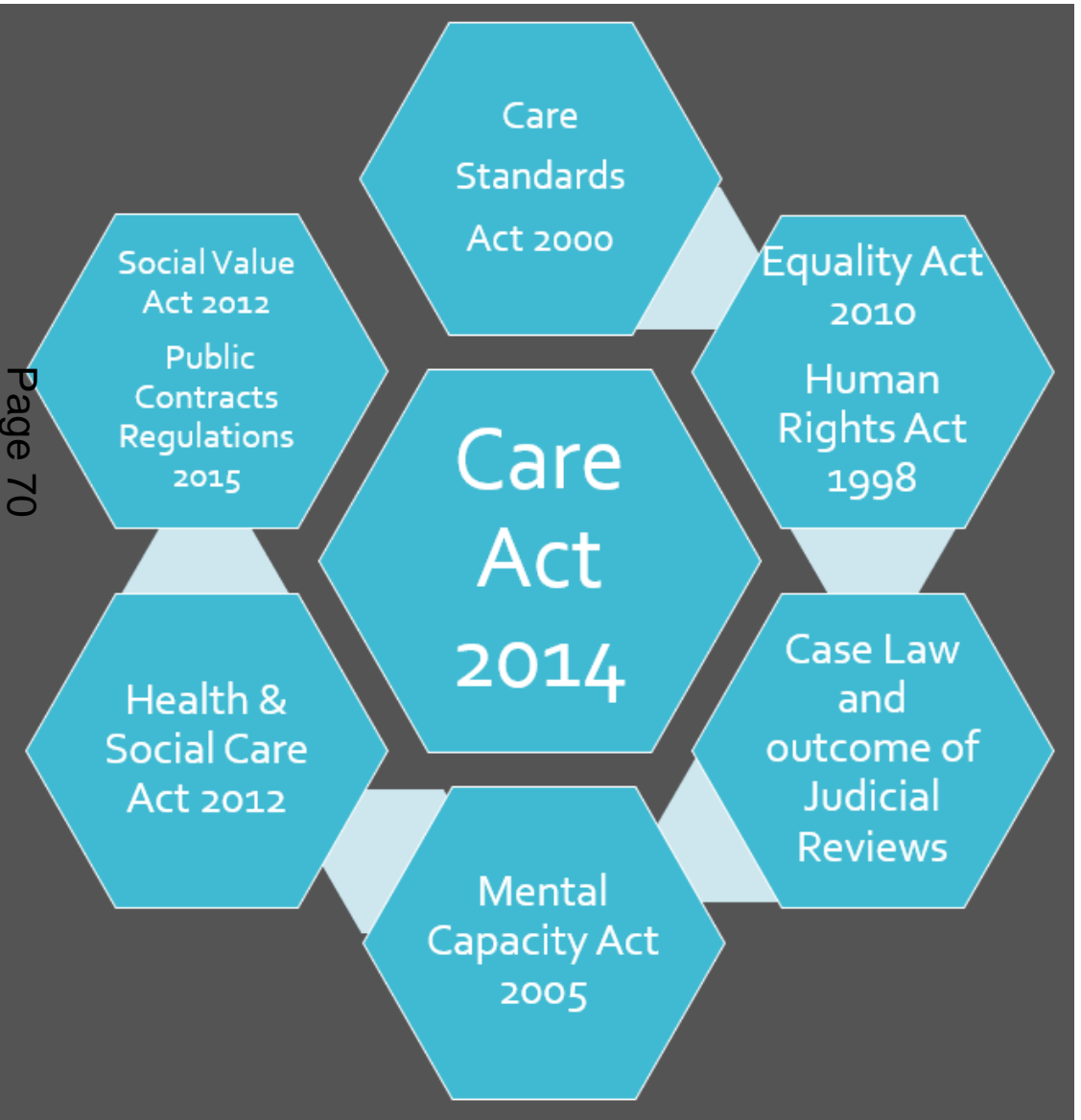
In Oldham we want to work with care providers to ensure we commission services that are good quality, financial sustainable and create pathways of care for our service users.

Commissioned services will be based on a strengths-based approach in line with our vision for adult social care, and we'll continue to look for opportunities to improve and develop.

There are a number of national drivers that are shaping the current and future provision of adult social care, including:

- **White papers**
- **Care Act**
- **Continued financial pressures on local authorities to meet their statutory duties**
- **The creation of integrated care systems promoting integration and collaboration across health and social care (national agenda)**

Legislative framework



Page 70

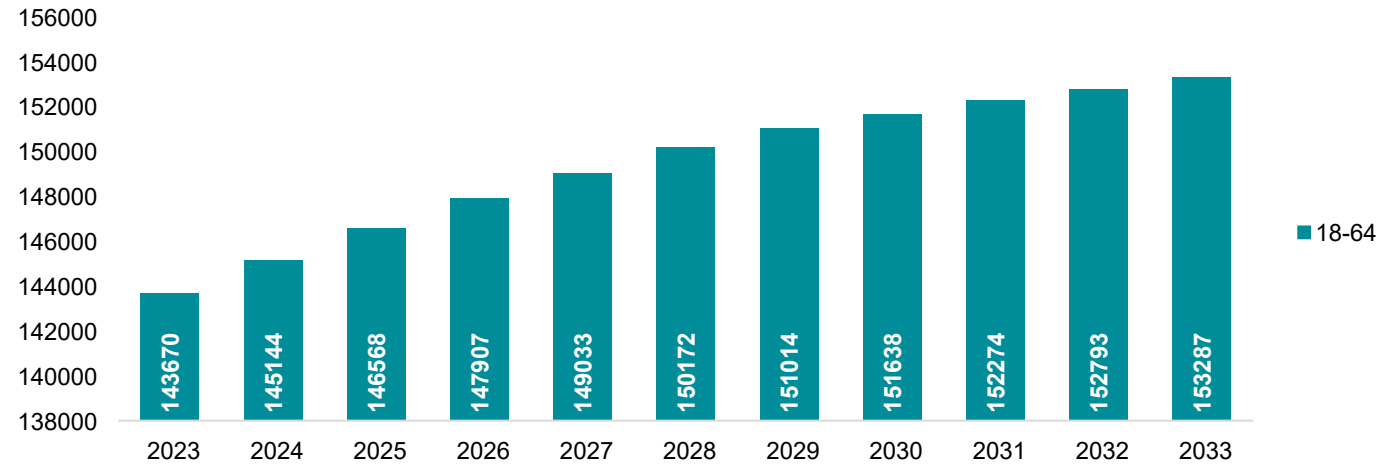
The Care Act 2014



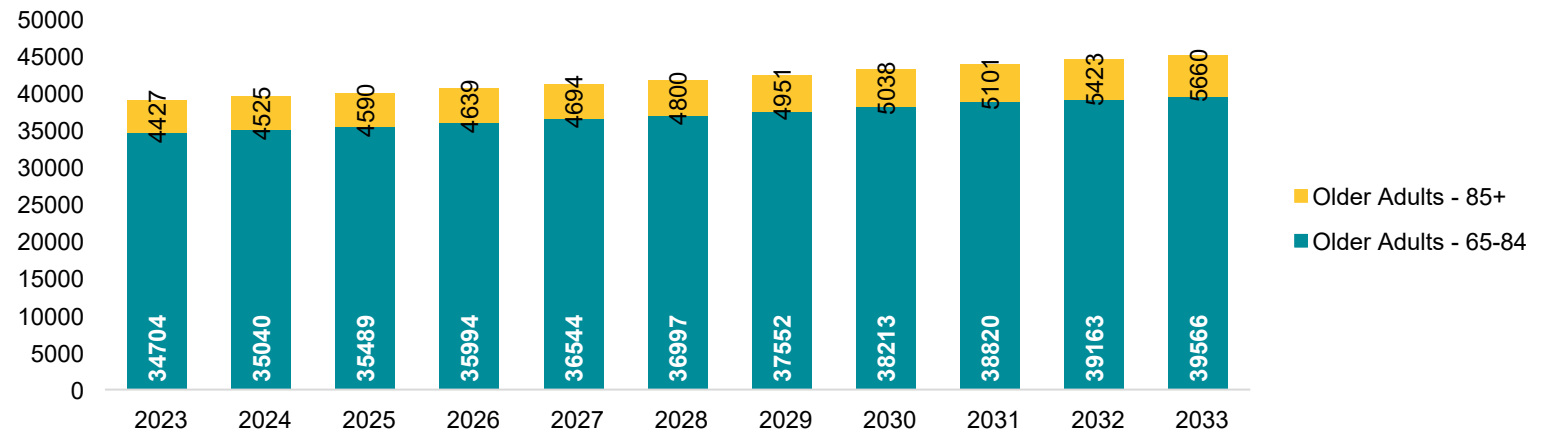
Oldham Population

- The graphs show the population projections for Oldham from 2023-33.
- The Care Home sector is predominately filled with people 65+ though there are working age residents
- Not only is the older adult population predicted to increase over the next 10 years, but the over 85s are predicted to increase over this time

Working Age Population



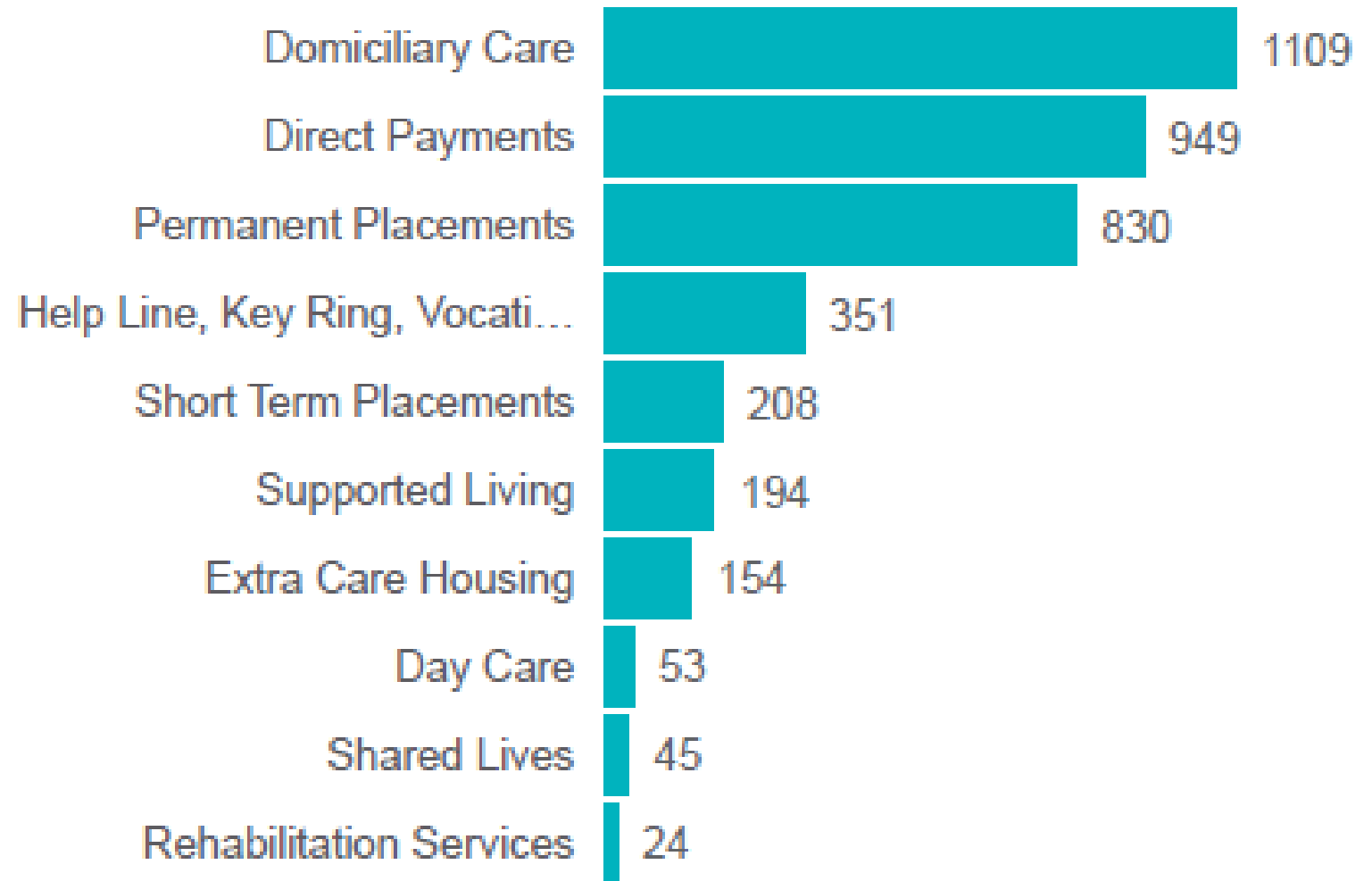
Older Adults Population



Capacity and Demand

Commissioned Packages 01/09/24

Services



Out of borough commissioned services

170

Individuals Out of Area

54

Overdue Review

No Review

£279K

Cost per Week



- Prior to an OOB placement the allocated worker requests the completion of an Out of Borough Check by the Commissioning and Market Management service. This checks the:

- CQC Rating
- host authority costs and whether the host authority has any concerns about the provision from a quality or safeguarding perspective.

This then enables decision making on the suitability of the placement.

Majority of placements are in the North West

A quarterly review takes places of Out of Borough checks to review CQC ratings and ensure all placements have had a check completed prior to placement.

Nursing and Residential Homes in Oldham

- Contract start date 1st April 2023, contract initial end date 31st March 2028, with an option to extend to 31st March 2030.

Care at Home framework

- Contract start date 1st April 2019, contract initial end date 31st March 2024, extended up to 31st March 2025, with an option to extend for a further year to 31st March 2026.

Extra Care Housing

- Contract start date 1st April 2019, contract initial end date 31st March 2024, extended up to 31st March 2025, with an option to extend for a further year to 31st March 2026.

Supported Living for people with Autism and Learning Disabilities

- Due to be recommissioned

Greater Manchester Procured Frameworks

- Complex Mental Health Needs
- Learning Disability and Autism Complex Needs

Other commissioning activity due to take place:

- Approved provider lists for Day Services, and Brokers (direct payment related)

Market Sustainability and choice

Page 76

Care Homes – currently fragile due to nationally reported cost pressures, Covid legacy and workforce pressures with similar issues being realised both regionally and nationally. The Strategic Provider Risk Group is a core component of how we in Oldham share information across the health and social care system and manage risks identified.

Home Care – increased consolidation in the market with large national providers buying up smaller local players, placing an increased risk in a provider failure scenario. There is also a gap for specialist Home Care services. **A mini-competition tender is due to go live in the coming weeks to address this.**

Specialist care and accommodation options – in addition to increased supported living services are required to meet Oldham's needs, especially for young people transitioning into adult services. **Access to specialist housing requires development and business cases**

Direct Payments – work underway analyse local use of Direct Payments considering potential commissioning gaps. **Risks around Direct Payments due to reduced oversight will be addressed through developing preferred provider frameworks for areas such as Day Care Services.**

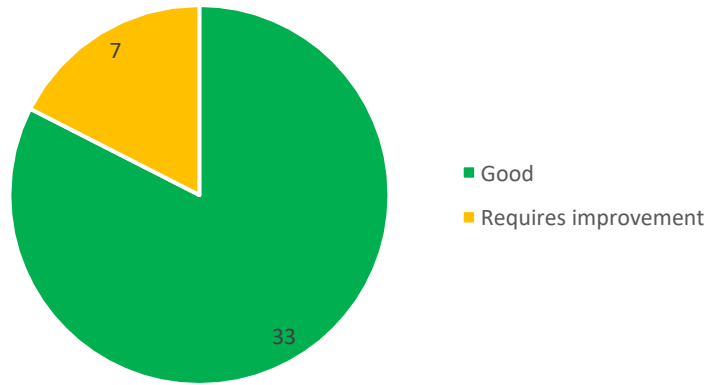
Personal Assistants – Linked to Foundation Living Wage and the overall direct payment work we are considering options on market oversight, rates and **choice for residents requiring PAs and the external brokerage services**

- Information included in this document was correct at the time of writing
- The Risk Ratings documented in this dashboard were agreed at the Strategic and Operational Provider Risk groups in September 2024
- CQC ratings are updated daily and therefore the CQC ratings are correct as at 24th September 2024
- The focus of this dashboard is on CQC Registered Framework Provision.

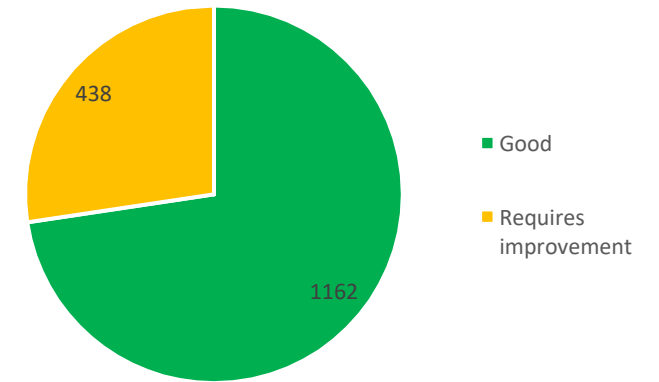
Care Quality Commission (CQC Ratings)

Where a provider receives a rating of Requires Improvement they will receive increased support and oversight from the Commissioning and Market Management Service.

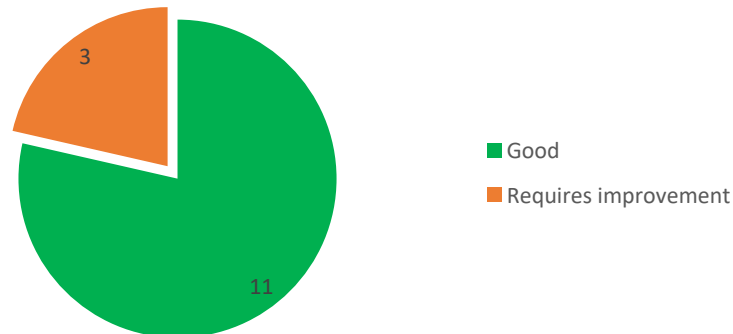
Care Homes by CQC Rating



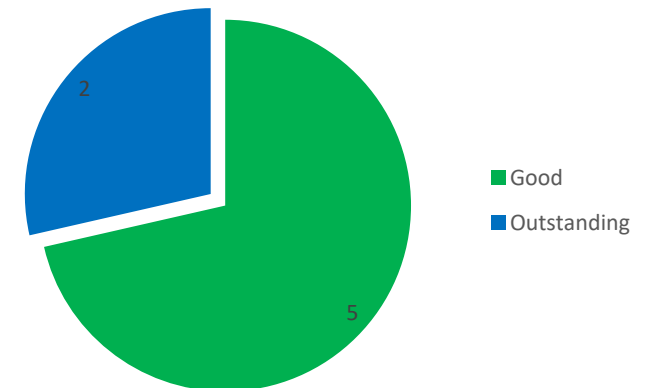
Care Home Beds by CQC Rating



Care at Home framework Providers by CQC Rating



CQC Ratings for Framework Supported Living Providers



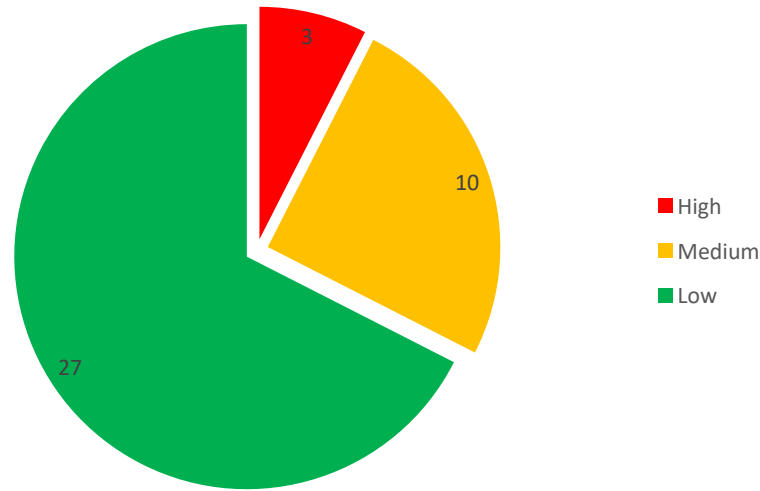
Oldham Risk Ratings

Risk ratings are agreed on a monthly basis at the Strategic Provider Risk Group and the Operation Provider Risk Group. These are multi-disciplinary groups with membership from across Adult Social Care, Community Nursing, Public Health, Healthwatch and the CQC.

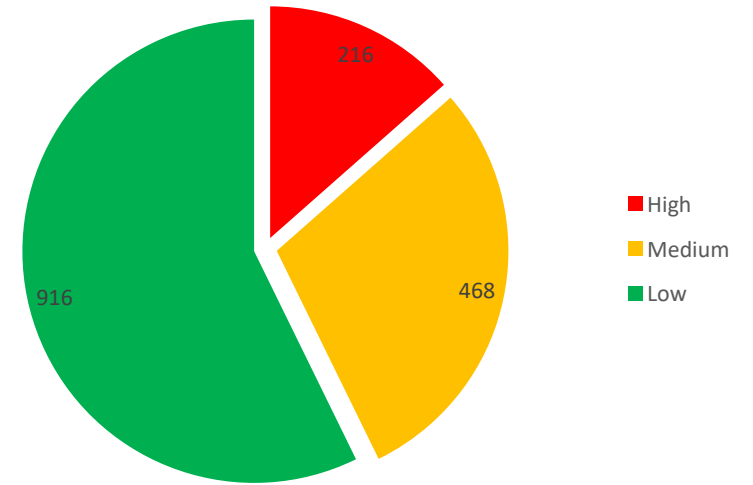
Any provider rated as Requires Improvement would automatically be rated as at least Medium risk.

Medium and High risk providers receive increased oversight and support.

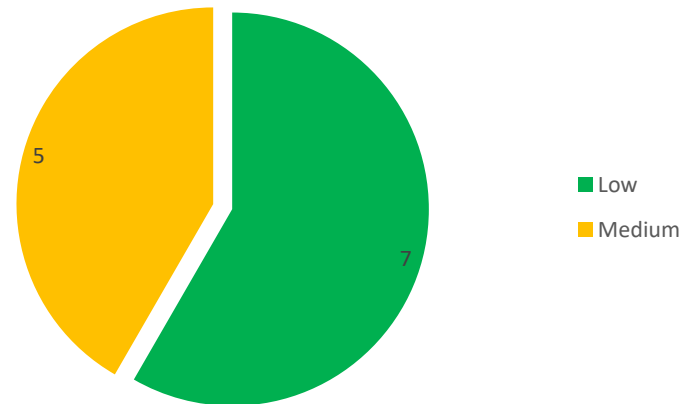
Care Homes by Risk Rating



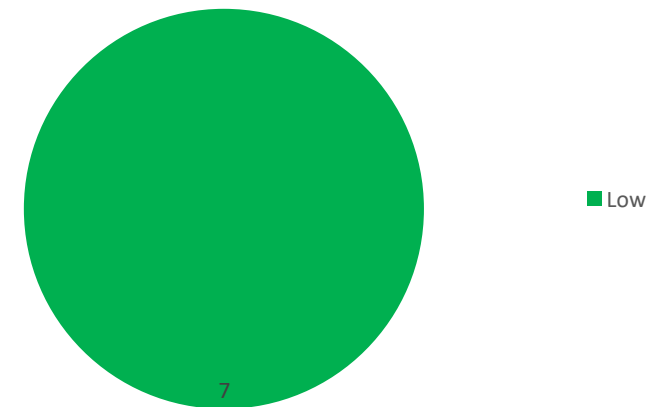
Care Home Beds by Risk Rating



Care at Home Framework and Backup Providers by Risk Rating



Supported Living Learning Disability Framework Providers by Risk Rating



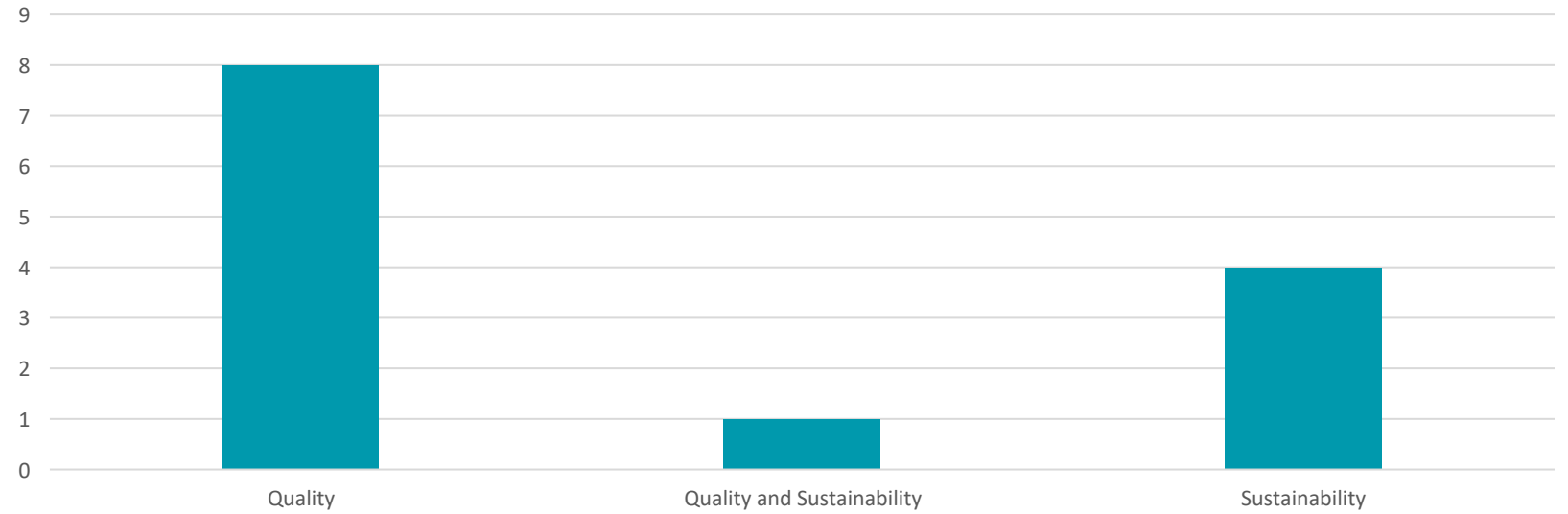
Detail on Risk

Risk ratings allocated by the Strategic and Operational Risk Groups can be based on both quality concerns or concerns about the sustainability of the provision.

Page 80 The sustainability concerns in the Care Home market relate to financial viability.

The Sustainability concern in the Care at Home market relates to a provider's late invoicing characteristics (being worked through).

Care Home High and Medium Risks by Risk Type



Care at Home Medium Risks by Risk Type



Oldham's Market Position Statement

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A Market Position Statement (MPS) is information produced by local authorities to comply with their market shaping duties under the Care Act 2014. The content reflects the local authorities understanding of their existing markets.

The Market Position Statement details the number of people we support through our many commissioned services, the predicted future demand, and our overall commissioning intentions.

Statistical data is extracted from the Office of National Statistics (ONS) 2021, Projecting Older Peoples Population Information (POPPI) and Projecting Adult Needs and Services Information (PANSI) to support the Market Position Statement.

Our MPS is published on the website: [Understanding Oldham's health and adult social care market | Understanding Oldham's health and adult social care market | Oldham Council](#)

Supply and Demand: Ageing well market

Service Type	Supply	Demand	Summary
Residential care	Stable	Stable	We will reduce the number of standard residential care beds we have across the borough to increase occupancy and quality in other homes and provide alternative care options for older people.
Nursing care	Decreasing	Increasing	We have faced a significant decline. We will continue to work with providers to develop nursing capacity across the borough, including complex dementia provision to support the pressures in the market.
Dementia care	Decreasing	Increasing	We will continue to work with providers to improve our dementia offer to service users and their families.
Intermediate care/reablement	Increasing	Increasing	We want to support more people requiring intermediate/reablement care in their own home The TOMs model promotes reablement services before packages of care are required. A full review is taking place of the intermediate care in older adults in 2024/25.
Day services	Stable	Decreasing	We are due to tendering a framework in 2024/25 to invite providers for sustainable offers in the community with standardised terms and conditions.
Home Care	Increasing	Stable	We continue to work with providers and their support of people in the community. We are considering a complex lot as part of the framework which would help in allocating care packages that are 'complex', for example, support for people assessed as end of life.
Extra Care Housing	Stable	Stable	As we start to reduce residential care, we anticipate the demand for extra care housing to increase. We will review our extra care accommodation to ensure that it meets the needs of Oldham residents. This includes considering night time support.

The make up of the Care Home Market

The majority of the care homes in Oldham are residential with a smaller number providing dual registered (both nursing and residential) and nursing only.

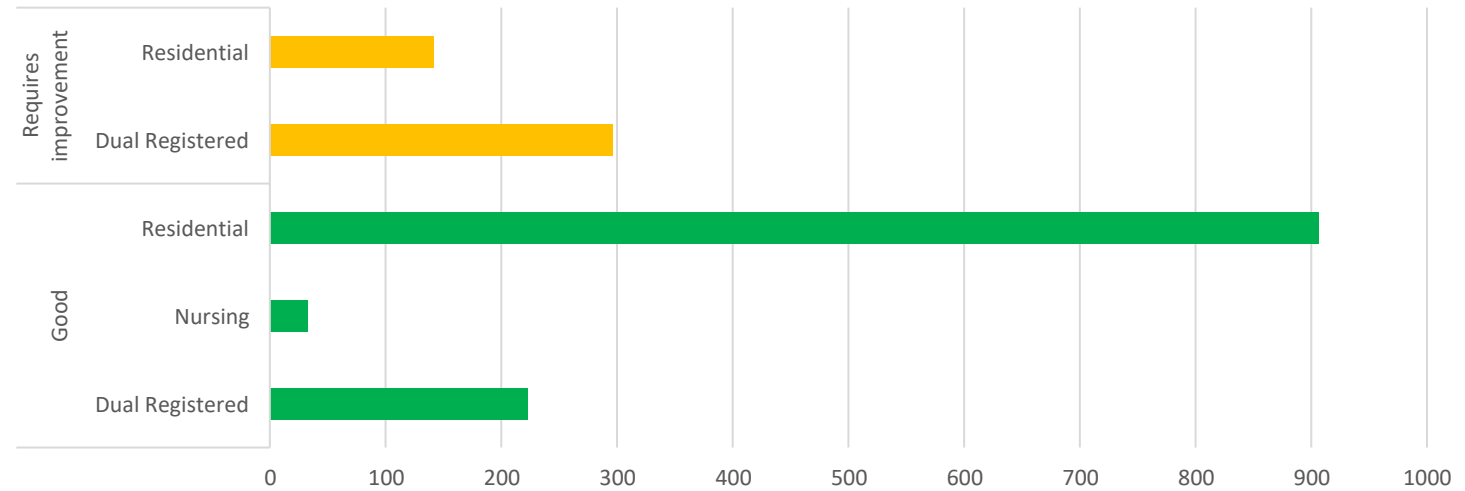
A significant proportion of the beds in dual registered homes are Requires Improvement with the CQC and are also rated as High / Medium Risk. This represents the two largest care homes in the borough.

Nursing supply remains a concern in the borough. An 85 bed dual registered home (including 35 nursing beds) closed in August 2024 following a provider failure process having been invoked. During 2023 an 80 bed dual registered home closed, and two other care homes changed provision on what were general nursing units – one switching to mental health specialism (a loss of 10 beds) and one switching to only offer residential beds for new admissions (which will reduce nursing capacity by 30 beds longer term).

Care Home Type



Care Home Beds by Type and CQC Rating



Supply and Demand: Living well market

Service Type	Supply	Demand	Summary
Early Intervention and prevention	Increasing	Increasing	We will be looking at opportunities to increase our offer around early intervention and prevention, developing support in our communities and ensuring people utilise community assets wherever possible
Direct Payments	Increasing	Increasing	We will be reviewing the direct payments in place, and where there are arrangements in place for strategically commissioned services, we will ensure the appropriate transfers are made and discussions with the individuals involved
Recognised Provider List	Increasing	Increasing	We want to establish a Recognised Provider List to ensure that those people who fund their own care or use a direct payment to manage their care arrangements can select providers who have gone through some due diligence with the local authority
Individualised Service Funds	Developing	Stable	We are developing our systems to enable more Individualised Service Funds in the borough.
Reablement	Increasing	Increasing	In line with the refreshed Adult Social Care Target Operating Model, we are working to increase the capacity of the reablement service in order to support more people to live independently in the community
Housing and accommodation	Increasing	Increasing	We are reviewing housing and accommodation available in the borough to ensure that there is the right type and amount of accommodation with support for younger adults and those with complex and challenging behaviours
Day opportunities	Stable	Stable	Oldham has a range of day opportunities to access for people with a learning disability. We want to work with day service providers with a view to creating a 'Recognised Provider List'

Commissioning and Procurement pipelines

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- Review and commission a new Supported Living Provider Framework (contracts in place for **April 2025**)
- Assisted Technology/Care TEC strategic partner (**April 2025**)
- Developing a Commissioning Plan for Complex Residential and Nursing support – market engagement activity **late Autumn/early Winter 2024**
- Development of a Day Services approved provider list
- Brokerage support (external brokers) guidance and assurance for Direct Payment recipients
- Starting to look at the next Care at Home (including Extra Care Housing) tendering exercise in preparation for the end of the current arrangements in **2026**

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Report to Health Scrutiny Committee

Oldham Health Inequalities Plan

Portfolio Holder:

Councillor Barbara Brownridge, Cabinet Member for Adults, Health and Wellbeing

Officer Contact: Dr Rebecca Fletcher, Director of Public Health

Report Author: Anna Tebay, Head of Service, Public Health

Date: 26th November 2024

Reason for Decision

This report provides an update on the Health and Wellbeing board's two-year Health Inequalities plan 2022-2024.

Executive Summary

Oldham residents experience many inequalities across the wider determinants of health that contribute collectively to the difference in life expectancy and healthy life expectation that we observe. In June 2022, Oldham's Health and Well-being board agreed the 6 themes and associated actions that underpin the local health inequalities plan that was intended to be achieved over a 2-year period. This report seeks to provide an update on the progress made to date.

Recommendations

Health scrutiny are asked to note the progress over the past 2 years, the good practice embedded and the challenges where progress has not gained traction.

The actions should continue, but do not need to be held centrally under the Oldham Inequalities Plan as they have embedded into wider system structures where accountability and reporting mechanisms exists.

Title Oldham’s Health Inequalities Plan

1. Background

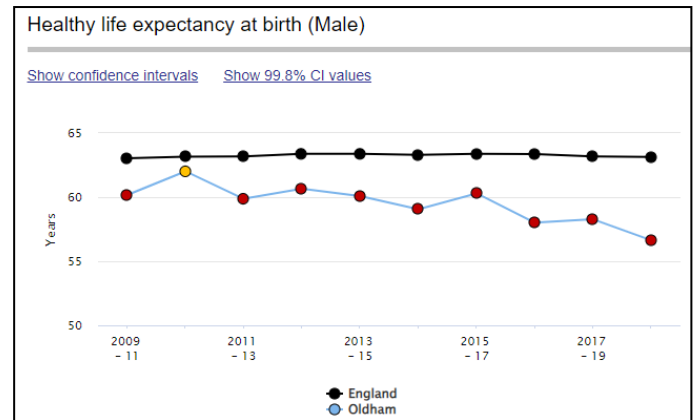
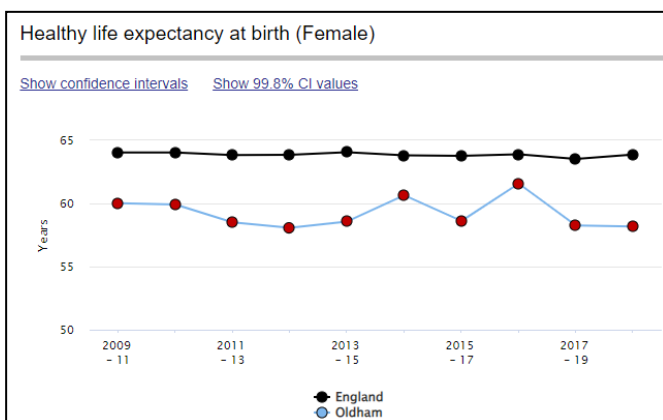
In June 2022, the health and wellbeing board agreed a health inequalities plan broadly aligned to the Marmot review ‘Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives’. The Oldham plan has 6 thematic areas and 57 actions. Each theme had an identified senior sponsor to drive the work.

- Children and Young People – Gerard Jones,
- Health in all Policies/ Communities and Place – Mike Barker and Laura Windsor Welsh
- Health and Wellbeing, and Health Services – John Patterson and Rebecca Fletcher
- Work and Unemployment – Majid Hussain and Charlotte Walker
- Housing, Transport and Environment – Paul Clifford and Nasir Dad
- Income, Poverty and Debt – Sayeed Osman

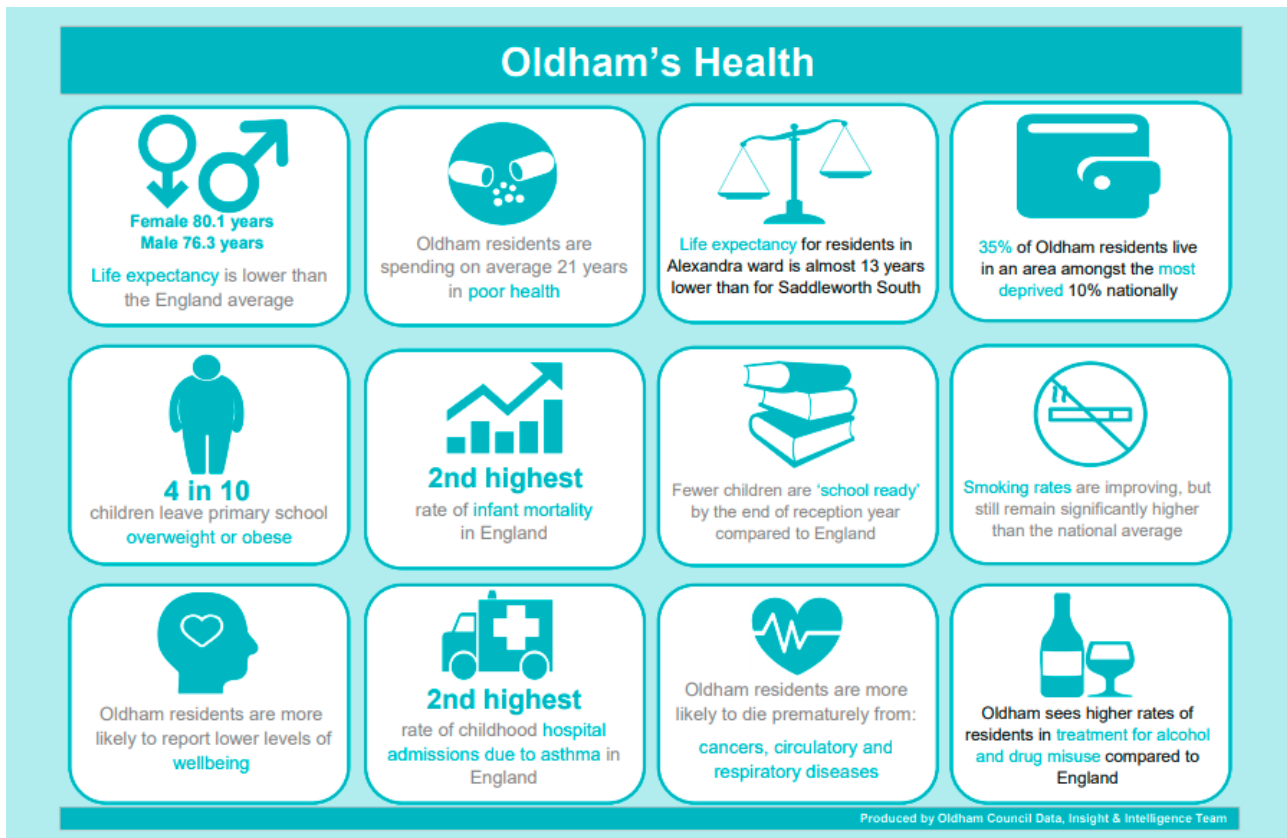
Many of the actions were not new but have been brought together in this plan as means of coordinating the approach, accentuating delivery and raising visibility. Each of the thematic areas had the opportunity of a focused review at a Health and Wellbeing board to share good practice and raise system barriers.

This piece of work was in response to the stark inequalities that Oldham experiences between the borough and England average, and within our least and most deprived wards of Oldham. The gap in inequalities has not reduced as a result of this piece of work but has been pedaling against a backdrop of a cost living crisis.

The charts below shows that the difference in healthy life expectancy between Oldham and the England average is widening. A widening of inequalities in life expectancy is also observed between Oldham’s least and most deprived wards.



The below graphic shows that inequalities exist in Oldham across a wide number of themes, no just health but the wider determinants that significantly influence health outcomes.



2. Summary of Each Theme

2.1 Children and Young People Sponsor Gerard Jones

“Giving every child the best start in life is crucial to recuing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood” Marmot

Prior to the inequalities action plan, this theme already had a high-level governance arrangement, with many of the actions already in flight. Bringing it into the action plan allowed for review with an inequality’s lens, providing opportunity for a focused review at the health and wellbeing board. With the completion of the inequalities plan, the actions will be maintained and reviewed through the established children’s services boards and subgroups. The Council’s Children Services have recently had an OFTED inspection and have been assessed as good in all areas and provides an additional layer of reassurance after a three-week long review. Despite this assurance, we can not shy away from the rising level of demand for children’s health and social care needs across the Oldham system.

2.2 Health & Wellbeing/ Health Service Sponsors Dr John Patterson and Rebecca Fletcher

The transition of the Oldham CCG to the Greater Manchester Integrated Care Partnership (ICP) has presented a number of challenges, and within some of the identified actions, it has been difficult to gain a view of the progress. Also worth noting, some of the identified actions become out of step with the pace of change required for the ICP. The ICP have now developed an Oldham five-year strategic plan and a delivery plan for 2024/25 based

on data for a population health management approach to targeting residents. The delivery plan referencing the Inequalities Plan and the need to integrate actions into the Board Assurance Framework.

The Oldham Integrated Care Partnership Operating Plan ambition is clearly articulated “People lead longer, healthier, and happier lives, and the gap in health outcomes between different groups and communities in Oldham, and between Oldham and England, is reduced. A demonstrable difference will be made to the average life expectancy and average healthy life expectancy of residents, and inequalities will be reduced.” In addition to this there are four overarching aims with an inequalities lens:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

This has also included a plan to build in an ‘inclusion health’ checklist to local health and care decision making. The Health and Wellbeing board may be interested in an update when appropriate.

[agenda-and-papers-locality-board-25424-updated.pdf \(gmintegratedcare.org.uk\)](#)

There appear to be a number of inequalities work streams within the ‘health’ domain, whether this be the H&WBB inequalities plan, the Norther Care Alliance (NCA), Pennine Care, or GM inequalities group. It may be worth consideration of how these could be cross referenced to maximise impact and avoid duplication.

A number of the actions related to Public Health commissioned services which are delivered under contractual arrangements, with data returned on a quarterly basis to monitor and track progress. Where outcomes are not being achieved, mitigation are in place to work with the providers, but many of these challenges relate to the noticeable demand increasing alongside challenges with recruitment to specialist positions. An area of success to draw attention to is the dual diagnosis work for those engaged with the commissioned substance misuse treatment and recovery service. There is a dual diagnosis worker based with Pennine Care bridging the gap into mental health services for those with sever and injuring mental health, and a short-term provision within TOG MIND to support those with low level mental health needs. The additional mental health support is having a positive impact on successful treatment and recovery outcomes.

2.3 Work and Unemployment

Sponsors Charlotte Walker, Majid Hussain and Kelly Webb

Through the work progressed by the Economic board and via the Oldham Economic plan, there is a clear vision for the creation of better jobs for local people within the borough, working across the sectors including the private sector to bring this to fruition. There is a developing pipeline that links education and training to future jobs to build sustainable employment opportunities. Work is underway to simplify the LA recruitment processes with a goal of better utilising plain English to attract residents from all demographics to apply for vacancies. The Norther Care Alliance presented to the health and wellbeing board as part of this themes focused review, and there is a significant amount of learning that could be embedded across the system to support recruitments to anchor organisations from areas within the borough with the greatest risk of experiencing inequalities.

2.4 Housing, Environment and Transport

Sponsors Paul Clifford and Nasir Dad

This theme incorporates three very distinct areas and shouldn't be considered as one interrelated topic. The Oldham transport strategy reflect a view of the need for our diverse population and has a strong set of actions relating to the promotion and enablement of active travel. The Oldham Transport and supporting delivery plan are recognised as live documents responding to strategic need on the ground. It is recognised that there will be a need to review local documentation as the holistic regional review on the GM Transport Strategy is concluded. It is noted that significant progress has been made on this agenda through initiatives such as the implementation of Tranche 2 bus franchise, ongoing role out of active travel and the adoption of School Streets within the borough. These are all important programmes for connection of services and employment opportunities for those most at risk of experiencing inequalities.

The emerging environment strategy and board would be well placed to hold the associated actions from the inequalities plan as we move forward. There are some areas of great practice and ambition from Oldham on the green agenda, and we need to ensure that the inequalities lens is considered throughout all developments. Running in parallel to this, significant progress continues to be made on the delivery of the supporting Oldham Green New Deal Strategy. This includes securing external funding to undertake community area energy planning across our communities, support to take forward the district heat network to commercialization and procurement of a strategic partner helping to unlock the private sector investment required to deliver Green Infrastructure across Oldham developing local business supply chains and skills pathways for our residents, including those from deprived communities and those with long term health conditions.

Although the initial inequalities actions were quite specific relating to housing, it is of note, that the Health and Wellbeing board had the opportunity in July 2023 to attend a development session focusing on 'environmental impacts on health' and the breadth of environmental impacts on health and health inequalities were discussed. These included but were not limited to various Trading standards enforcement work relating to illicit tobacco, vape compliance, alcohol and product safety (e.g. toys), environmental health compliance work on food safety, health and safety at work regulation, infection prevention and the control for licensed establishments such as petting farms and tattoo parlors.

In addition, the neighbourhood enforcement team based in Environmental Health respond to concerns from private tenants relating to the conditions in their privately rented home as well as enforcing the selective licensing scheme in certain neighbourhoods, delivering the pest control service and investigating incidents of fly tipping.

With the level of housing need rising year on year, including the demand for temporary accommodation, Oldham Council has declared a housing emergency. The leader of the Council hosted a summit in November 2023 and pledges from across the system were made – it is essential that these are reviewed to ensure all partners are delivering. The Director of Public Health has focused the 2023/24 annual report on the links between health, housing and inequalities with seven focused recommendations that have been presented to the health and wellbeing board. The Council is also committed to the acceleration of the delivery of new homes within the borough including the provision of 500 social homes over the next 5 years. Despite the challenges faced, the Oldham system continue to work as a collective to join the needs of people's health and housing needs including the well established ABEN scheme, and joint working between homeless team and the substance misuse service.

2.5 Income, poverty and debt

Sponsor Sayyed Osman

This has been a particularly challenging theme given the cost of living crisis experienced nationally, but arguably disproportionality impacting those on the lowest incomes and areas of high deprivation like Oldham.

Tools have been developed to signpost residents and front line services to help appropriately navigate people to the breadth of support available. In addition to this, work has commenced to risk stratify our population to actively identify the most vulnerable and provide an outward focused approach to maximising benefits and income that people may be entitled to. This is through the LIFT tool, Low Income Family Tracker which can identify residents that are entitled to benefits, but that may not be claiming their entitlement.

2.6 Health in all Policies/ Communities and Place

Sponsors Mike Barker and Laura Windsor-Welsh

This theme has wide ranging actions from across the system and organisational departments. Progress has been made on a number of themes but there is still work to do to routinely and systematically include the resident/ patient voice in service design, implementation and evaluation. Good strides have been made to align agendas and progress greater integration including the establishment of Community District Councils and placed based working. Through the Oldham impact assessment tool, OMBC ensure that all significant decisions/ those going through cabinet, have been assessed for impact for particular groups. There should be consideration for expanding equality impact assessments carried out by our partner organisations to further include an inequalities lens.

A partnership approach has been taken to community insight and engagement work with the plan for the development of a framework to provide a structured and consistent approach to listening to and responding to our residents. The will be partnership use of the engagement HQ as a platform for consulting with residents, and ensuring that as a system we ask once and build on existing insights to reduce duplication.

3. Key Issues for Health Scrutiny Committee to Discuss

Oldham's health inequalities plan was developed with the specific intention of having tangible actions that could be realistically delivered over a 2-year period. This timeframe has now completed, and many of the actions are successfully embedded as business as usual. The completion of this piece of work does not mean that the actions will cease. Where the actions have not gained traction there is a reflective question as to whether the actions were approximate, or whether there have been system challenges that have hindered progress. Actions that have gained the least traction, are often where the action belongs to organisations rather than sat with one or more specific individual.

Health Inequalities have not reduced in Oldham, and a number of data sets suggest inequalities are widening. This includes life expectancy, healthy life expectancy and across the wider determinants of health. This isn't to say that the actions adopted within the plan have been ineffective, but that actions to mitigate don't reach the scale of inequalities driven by the cost-of-living crisis experienced over the past 2 years.

Appendix

A tracker tool has been developed to consider current position, next steps and challenges, along with a RAG rating to assess how the identified actions are progressing. The below section includes specific updates for each of the actions in summary form only.

Children and Young People

CYP1 Develop a pathway for 2-5 year olds for MH support.

A Social & Emotional pathway was coproduced with key partners in 2015. The pathway is underpinned by a range of universal, targeted and specialist support delivered through our 0-19 Right Start and School Nursing Service. which includes:

- assessment tools e.g. ASQ Social & Emotional
- targeted interventions such as Family Nurse Partnership

CYP2 Increasing the number of 18 and 19 year olds who get into employment, encouraging public sector employers to take on more vulnerable residents and use more equitable recruitment practices (linked to action in employment section).

Employment and Skills Partnership drive the strategic approach to employment and NEET reduction. There are plans in place to link strategies with mental health locality boards to ensure the MH offer in Oldham is understood and maximised. DfE Supported Internship Project will create more capacity for YP with SEND to enter the workplace. Empower Oldham provides low level mental health support to 15 to 19 year olds via specific interventions. GOW Youth continues to support young people with enhanced offer, including GOW Therapy where appropriate. Multi-agency Youth Hub launched to engage YP into EET. SEND and Inclusion Engagement Group established. The Mental Health in Education Team working across schools and colleges.

CYP3 Build on the work the MH in education team are doing with parents around anxiety.

Mental Health difficulties in CYP still remain high, and much of the service provision is focused on crisis support rather than prevention due to demand. Mental Health First aiders established in 77 settings with a reach to 1084 professionals.

CYP4a Revisit outcomes from previous poverty proofing the school day audits and develop further actions to ensure education is as responsive to poverty as it can be.

CYP4b Further roll out poverty proofing audits across Oldham schools.

7 Schools have been supported to complete poverty proofing audits. Further interest across schools is low, resources have been made available to schools through the Council governor support team, should this be considered by schools at a later time.

CYP5 Partners supporting and working with the education team to help ensure young residents are attending school wherever possible.

Primary attendance is tracking above 22/23 figures by 0.8%, however it remains 0.3% below DfE national average. Oldham Secondary school attendance is 0.4% above the same point last year, and 0.3% above DfE national average. Live data is tracked across 46,000 students to ensure timely responses. The SEND & Inclusion Strategy is now in place, and is underpinned by the SEND & Inclusion Improvement Programme (SEND&IIP) and a Local Area Inclusion Plan (LAIP).

All of these are created through partnerships between the Integrated Care Partnership, the Local Authority and POINT (our parent/carer organisation) being the three main bodies who are responsible for delivery.

CYP6 Develop a targeted physical activity offer for low-income families (driven by data which highlights who should be targeted).

The Council Youth Service deliver the HAF (holiday activities and food) programme in line with the DfE. This is particularly focused on children and young people in receipt of free school. The programme has high uptake and works with 50 providers across the Borough.

CYP7 Work with schools and early years education providers on approaches to healthy weight and healthy eating (linked to action under wellbeing on Healthy Weight).

The provider service 'Your Health Oldham' currently offer the FAB 5 programme to schools. They deliver a range of topics for Yr 3 to 6 but can tailor to the needs of the school. The priority for supporting a school is based upon NCMP data. Parents are engaged through a variety of mechanisms aiming to increase awareness of the service that support physical activity. Information is provided on healthy eating, physical activity and wellbeing. This action has been rated as amber given the level of demand.

CYP8 To maximise uptake of the Healthy Start scheme for children in early years.

HomeStart are a Public Health commissioned service that are proactively introducing expecting mothers, new mothers and mothers with children 0-4 years old to the Healthy Start Scheme. The scheme is promoted through social media, targeted promotion through text messages and literature provided via printed posters. Uptake in Oldham is one of the highest within Greater Manchester.

CYP9 Act on infant mortality review being carried out to understand Oldham's highest rates of infant mortality in GM.

Oldham Council intelligence team produced a report outlining the current position in relation to infant mortality. This highlighted higher rates of infant mortality in the borough than other parts of GM and the North West. Oldham maternity services, 0-19 services including health visitors and Homestart work together to support infant feeding in the borough. Safe sleep messages are embedded in the mandated contacts and midwifery advice. Family nurse partnership in the borough supports young first time mothers, who are at higher risk of experiencing infant mortality. Homestart provide a community Genetic Outreach service aimed at providing culturally appropriate information regarding recessive genetic conditions.

CYP10 Review CYP and health data and ensure that where possible it is being looked at through a LAC lens to help drive further action.

Every child in care is a unique child with individual strengths and needs. However, the physical, emotional and mental health of some looked-after children and young people will have been compromised by neglect or abuse prior to coming into care. Looked-after children are also at a greater risk of poor educational outcomes. (NICE 2021). Within Oldham, the health needs of our Children Looked after are under the governance of the Corporate Parenting Panel. The Health and Wellbeing subgroup sits under this governance structure and has an action plan which reviews the health and system of our Children Looked After. The actions are set out from the Corporate Parenting Strategy alongside statutory responsibilities.

Health and Wellbeing and Health Services

This theme had a number of amended actions to ensure alignment to the ICP delivery plan.

HW1 To develop an accountable structure where SMART action plans track weight, physical activity and oral health (0-5yrs) measures.

An Alliance has been established focusing on a whole system approach to tackle physical inactivity, healthy weight and oral health. Tooth brushing scheme established across 90% of yearly year settings. Fluoride toothpaste and brushes given out at NCMP. Training to professionals has taken place alongside, campaigns and targeted interventions for 0-19 children and young people.

HW2a) Establish a long term vision for embedding the prevention framework across the Oldham system

A Prevention Framework for Oldham has been developed and agreed across Oldham system partners, setting out the vision for prevention. Work to embed the framework is underway, including completion of a review of funding to the Voluntary, Community, Faith and Social Enterprise sector, and a plans agreed to sustain the Social Prescribing Network. The next stage of this work will be to establish a prevention community of practice to share learning and develop shared tools for embedding preventative approaches across the system.

HW2b) Identify a medium to long term investment plan for social prescribing.

Sustainable funding for the continuation of Social Prescribing has been identified from within the Public Health Grant, the service is in the process of being reprocured for a six year contract. The service also continues to host NHS funded link workers, and to contribute to local and GM level discussions regarding the future funding and sustainability of that element of the funding.

HW3 Have a consistent approach across the system that aids self help and self care, with joined up directories of services.

This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW4 Further development of Oldham MH Living Well model, transforming of community MH services. Focus on 'no wrong front door' and MH teams working at a PCN level more focused on population need.

The Living Well model continues to develop within Oldham, alongside the CMHT transformation. The multi-disciplinary team within each of the 5 PCN's is growing as more programmes are aligned to each team. The focus remains to provide more place based and person-centred approach to providing MH services in the places where people need them most, Referral pathways into the teams are being reviewed so that these are clear and colleagues are aware.

HW5 Increase capacity for, and equity of access to, addiction services, including developing dual diagnosis pathways.

Pressure on addiction services remains challenging with those presenting into treatment for substance misuse increasing over last 12 months to an overall caseload of 1585. The dual diagnosis is in place working across Pennine Care and Turning Point for sever and injuring mental health. Additionally TOG MIND have a short term commission to support those with engaged substance misuse treatment to support low level mental health needs such as depression, anxiety and past trauma.

HW6 Include questions relating to MH in the NHS Health Check and link patients to appropriate support

The NHS Health Checks are commissioned by the Council Public Health team and contracts have been developed with General Practice to include questions regarding MH. Audits have found that many NHS Health Checks are being partially completed with elements missing. A strategic group are meeting to improve quality outcomes.

HW7 Provide workforce education sessions to increase utilisation of the referral portal from EMIS/ elemental and capture the activity data for further interrogation.

This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW8 Collect and report on primary care data on referrals into social and employment support to target improvements in uptake.

Data is available on the number of referrals through social prescribing- this is broken down by inclusion health cohorts e.g. LD, disability, English not as a first language and age. No stark outliers are observed. There is still work to progress connectivity to DWP and Get Oldham Working.

HW9 Maximise funds that residents are entitled to that will support all elements of preventive ill health through to acute re chronic health conditions.

This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance

(strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW10 Implementation of the minor ailment scheme

Pharmacy First has gone live, meaning that the local pharmacy team can give on a range of conditions and suggest medicine as an alternative to GP appointments. This includes; earache (aged 1 to 17 years), impetigo (aged 1 year and over), infected insect bites (aged 1 year and over), shingles (aged 18 years and over), sinusitis (aged 12 years and over), sore throat (aged 5 years and over) and urinary tract infections or UTIs (women aged 16 to 64 years).

HW11 Agree a system wide approach to population health management that uses both data and intelligence to prioritise action and that fosters greater collaboration.

Oldham have an agreed 5-year strategy and a 2024/25 delivery plan setting out key priorities as identified within the population health management work. The plan focuses on 7 themed workstream areas incorporating local recovery, improvement and transformation.

HW12 Work with GPs and patients to create a set of standards with regards to how virtual consultations are used in the borough and how patients' confidence in virtual consultations can be improved.

This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW13 Work with Royal Oldham Hospital to review the DNA policy relating to children and young people, with specific focus on those that are in Care.

This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW14 Reporting on waiting lists and length of wait by protected characteristics and income level and review the reasonable adjustments that are made for residents where appropriate.

This action is now embedded into the new Oldham ICP Delivery Plan for local health and care in 2024/25 and have also been embedded into Oldham ICP Committee's Partnership Assurance (strategic risk) framework as part of action plans. In addition, ICP place team leads have been assigned the actions for their workplans under the transformation and delivery workstreams.

HW 15a) To ensure robust data on vaccination programmes, with a particular focus on gaining intelligence on MMR vaccination rate by inclusion health groups e.g. Roma community.

a) While we have good data on uptake of MMR vaccination by geographical area, by GP practice, and by ethnicity group, which go some way to describing inequalities, some gaps in our intelligence still remain for example vaccination rates amongst Gypsy/Roma/Traveler communities. There is a dedicated vaccination plan aiming to increase vaccination uptake across all communities.

HW15b) Collect robust data on cancer by stage and by cancer type, and uptake of screening through inclusion health cohorts.

b) The Council has developed a dashboard pulling information from across the system looking at number of cancers by type and proportion of each at early stage diagnosis verses advanced stage diagnosis. NHS GM have screening data available by practice, deprivation and ethnicity showing that cancer screening continues to be highly variable in uptake across the GP practices and targeted interventions will be needed to address this inequality for all cancer screening programmes.

HW16 Partners to support delivery of the LD strategy and action plan across the borough and ensure that when measuring health inequalities that outcomes for LD residents are reported as a group, drawing on the LD dashboard.

The collaborative Learning Disability and Autism board routinely considers health outcomes of the LD population. A few examples of work underway include developing information packs in easy read for patients and training packs for practices, developing training videos for practices (communication, reasonable adjustments etc.), developing a comms plan to ensure information is received and in the correct format.

Work and Unemployment

WU1 Anchor organisations to work together to develop more equitable and accessible recruitment practices. Maximise benefit and learning from NCA work and how this can be shared more broadly across anchors.

There was a focused review at a past Health and Wellbeing board that show cased the good practice undertaken by the NCA and the learning that had the potential for adoption across anchor organistaions.

WU2 Review adult education course uptake data and develop a plan for improving uptake in areas of highest socio-economic need, developing a targeted offer and engagement strategies and considering course time commitments and how they link to UC thresholds.

There is embedded work that proactively supports learners from the 5 and 10 most deprived wards. There is a holistic offer around engagement, IAG, confidence building and progression, with dedicated referral routes for key partners such as JCP throughout the year particularly for ESOL classes. The partnership and engagement team (PACE) work directly with partners to support the engagement of learners into further education including Get Oldham Working, JCP, National Careers Service, Family Hubs and schools and Oldham College.

WU3 Develop a campaign to increase participation in the GM employment charter and living wage for Oldham, including enabling social care providers to pay the living wage.

No update available.

WU4 Strengthen Social Value Procurement emphasis on the need to be a good and fair paying employer.

Oldham Council have worked to develop the social value framework to help reduce inequalities in employment opportunities. Organisations such as Norther Care Alliance have a mature approach to recruiting and employing local residents from deprived neighborhoods.

WU5 Collate data relating to employment practices and seek to share these data across the borough to inform understanding of need, the development of plans and monitor progress. Reported unemployment data to include those who are inactive due to illness or caring.

No update available.

WU6 Work to connect pathways from lifelong learning into employment opportunities, maximising opportunities from leveraging pre-employment programmes (like the NCAs) and connecting into further learning opportunities (e.g. NCA's English language course for NHS roles.) Embedded working with JCP to provide specific courses/ qualifications to meet identified need for their clients including ESOL, language/ written skills in preparation for employment. Strong partnership working with GOW with referral pathways to and from Lifelong Learning. Attendance at the monthly Jobs Fair at the Oldham Library and Lifelong Learning Centre.

Housing, Transport and Environment

HTE1 Continue to support the A Bed Every Night (ABEN) initiative and work to improve access to health and wider services for homeless population.

Oldham ABEN is well established with commissioning arrangements in place until 2025. Demand continues to rise, and additional emergency bed provision opened where needed. Within the

ABEN scheme support is offered for GP registration. Partnership work is key to this programme of work for wrap around support.

HTE2 Expand NHS Health Check eligibility criteria to all people who are homeless regardless of age.

Health checks to our homeless population is recorded as very low. In July 2024, the Council were informed that Oldham had been successful in a bid to have a funded nurse dedicated to supporting the homeless population. Increasing uptake of Health Checks could be within scope.

HTE3 Continue development of substance misuse offer for people who are homeless.

External grant funding has bolstered this provision, with the homeless addiction treatment support service working collaboratively across partners to support those in substance misuse treatment that are at risk of or have lost their home. In addition to this, a dual diagnosis worker is now in post for those with mental health conditions as well as substance misuse increases successful abstinence.

HTE4 Explore a housing and health approach so that the warm homes team can signpost individuals with CVD or acute respiratory conditions to 'Your Health Oldham' for targeted support

This programme has had limited success with the greatest focus being on supporting those in warm homes crisis with limited data captured on health conditions and limited referrals made. This approach needs further consideration.

HTE5a Proactively identify houses with defects, assessing for category 1 and category 2 hazards.

There is a dedicated Oldham Strategic Housing Board which includes a focused view on damp, mould and overall stock condition within our social housing sector and a dedicated task and finish group to focus on stock condition within the borough.

HTE5b Roll out of free universal pest control to Oldham residential properties to understand the scale of the issue and direct action accordingly.

2023-24, Oldham Council has commissioned free pest control to residential properties.

HTE6 Develop a forum for sharing good practice across providers and wider system in terms of making healthy improvements to homes

Oldham strategic housing partnership regularly meet where wider topics including health can be discussed.

HTE7 Develop and include content on healthy planning and healthy green spaces in the new Local Plan

The draft Local Plan went live for consultation early, which including proposed new policies that will incorporate healthier design principles into all developments. Public Health have been involved in the consultation process.

HTE8 Strengthen the use of health impact assessments as part of the planning process.

The new Local Plan proposes policy that will ensure HIAs are routinely undertaken on larger developments.

HTE9 Develop and embed a delivery strategy for key ambitions included in the Oldham Transport Strategy with actions and timeframes included.

The transport strategy has been developed consulted and phased implementation commenced. Funding has been secured for delivery of active travel and sustainable transport schemes.

Income Poverty and Debt

IPD1 Develop, deliver and sustain training to front line staff on the MART and Cost of Living, across Council and Partner organisations. Embed a consistent approach to staff learning relating

to residents' experiences of poverty/ debt/ benefits, as part of workforce development and the induction process.

Training has been provided to Council staff, staff from VCFSE organisations and housing associations.

IPD2 All partners to buy into the 'no wrong front door' approach and be equipped to sign post to appropriate services eg Money Advice Referral Tool (MART)

The money advice referral tool (MART) tool is being used across frontline services (system wide) as part of the Council's Cost of Living response. The Cost of Living Dashboard shows that demand remains high for support with food; energy bills and financial support and advice so the need to continue with the use of MART is essential.

IPD3 Continue to support the delivery of, and funding for, Warm Homes Oldham. Risk stratify our population to identify those most at risk of the impacts of CoL e.g. using the LIFT tool, and target interventions accordingly.

The Council has procured LIFT and has been using the tool most recently to pro-actively target older people eligible for, but not claiming Pension Credit. It is also being used to identify vulnerable households in fuel poverty to enable pro-active targeting of support by the Warm Homes team. (100 residents have been identified as a first step.) This is amber as the programme is still relatively new.

IPD4 Through the development of new Council tax collection policies, consider residents 'package of debt' holistically as part of a fair debt policy. Use data and intelligence to proactively work with credit unions and illegal money lending teams to target support.

This action is still under development but will be reviewed with additional consideration of connection to substance misuse service, gambling addiction support and through a trauma informed lens.

IPD5 Develop a wider programme of work aimed at preventing and reducing levels of problematic debt, including a focus on money management and rent arrears. Bolster capacity with strengthened relationships of key stakeholders e.g. the CAB and community engagement teams.

The Council and it's partners continue to promote safe lending and borrowing and using the LIFT tool to help identify particularly at risk households with the lowest levels of disposable income, to enable early intervention. Discussions are ongoing with GMCA; Credit Union re the No Interest Loan Scheme - and whether LIFT can be used to help CU identify who may be in a position to borrow from them. This action is rated as Amber in acknowledgement that the level of household debt area increasing nationally.

Health in all Policy/ Communities and Place

HIAP1 Embed Health and Health Inequalities into corporate reporting templates and embed into all new contracts that are commissioned.

The new Oldham Impact Assessment tool has gone live with all Council Cabinet papers now requiring the completion of an Impact Assessment on submission. The Impact Assessment tool considers policy and projects through three lenses: Equality Characteristics, Corporate Priorities and Future Oldham Aims. The Impact Assessment Tool is an automated tool that supports decision makers to consider wider impacts.

HIAP2 Review metrics which underpin Social Value Procurement as part of the annual review to ensure focus on Health Inequalities, including a focus on how we can add social value to places of particular need.

Anchor institutions such as The Northern Care Alliance and Oldham Council have embedded social value frameworks within procurement exercises. There is still further work to undertake to collectively evaluate the impact that this has on the locality.

HIAP3 Review the Equality Impact Assessment processes and how the EIAs inform decision making.

(Repeated narrative from HIAP1) The new Oldham Impact Assessment tool has gone live with all Council Cabinet papers now requiring the completion of an Impact Assessment on submission. The Impact Assessment tool considers policy and projects through three lenses: Equality Characteristics, Corporate Priorities and Future Oldham Aims. The Impact Assessment Tool is an automated tool that supports decision makers to consider wider impacts.

HIAP4 Expand public health work with licensing to consider how health impacts can be a consideration in the range of licensing decisions in Oldham.

Public Health is currently making representation under the licensing objectives using 'The protection of children from harm' and 'The prevention of crime and disorder' to input into licensing decisions. Work has started with GMCA and with other GM Local Authorities to standardize approach and contribution of PH into licensing decision process.

HIAP5 Embed resident engagement and codesign in system culture and everything we do and supporting sustainable investment into it, including sustaining investment into doorstep engagement teams.

A collective system wide working group has been established and is progressing the development and delivery of an insight and engagement framework. A network of engagement and insight leads from across the system and VCFSE has been established and is meeting quarterly, the group is exploring how best to utilise the Council engagement HQ and working together to develop an engagement toolkit. More work is still required before this action can be considered as complete. The doorstep engagement work has scaled back in response to budget pressures, however it does now have sustainable investment in place.

HIAP6 Develop infrastructure to draw together themes from multiple different resident engagements ensuring that intelligence is used to inform decision making at a corporate and a place-based level.

Oldham has developed an engagement and insight network scoping out platforms such as the engagement HQ, the potential for the development of a toolkit and planned engagement from across the system in an endeavor to create a more coherent and consistent approach to resident engagement and insight.

HIAP7 Involving people with lived experience in changing the way systems respond to, and support people, with multiple disadvantage, drawing on learning from Changing Future programme, Poverty Truth Commission and Elephant Trails.

HIAP8 To roll out a number of workforce development sessions under one approach that includes trauma informed, strength based and resident first.

The concept of bringing the approaches together was tested and rejected. These work strands need to be considered in their own right. Trauma informed, Strength based, systemic practice, person centered and resident focused are all gaining traction with training either delivered or commissioned to be delivered.

HIAP9 Work with GM and local BI teams to develop a fit for purpose dashboard for Oldham that reflects key data at Oldham level and aligns with the GM Marmot recommendations.

A low tech solution was put in place to track the progress of these actions. It has served its purpose, and with capacity issues in mind, this action needs to consider the added value that it would bring – potentially minimal, it therefore has not been progressed as other reporting mechanisms exist.

HIAP10 Place-based boards to be developed for each place to help drive this coordination of services and focus on prevention, early intervention and tackling inequalities.

Governance model for Placed Based Working well developed with a problem solving operational group established, planning for Real events have taken place in all Districts with actions and outcomes developed. Community District Councils have now also been established in each District. This has been rated as amber given the ongoing nature of the work.

ADULT SOCIAL CARE AND HEALTH SCRUTINY BOARD

WORK PROGRAMME 2024/25

Agenda item	Purpose	Portfolio lead & officer lead	Method of scrutiny	Additional information
Wednesday 12th June 2024				
Health & wellbeing strategy	An annual update on the strategy and a review of the forward plan	Cabinet member for Health and Social Care Director of Public Health		Annual item to scrutinise the borough's health and wellbeing strategy.
CQC Preparation	A presentation detailing the work relating to the preparation of CQC inspection	Cabinet member for Health and Social Care Director of Adult Social Care		Scrutiny of the proposals and discussion about readiness.
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)
Tuesday 30th July 2024				
ASC / CSC Transitions	Update on challenges and opportunities around transitions	Cabinet member for Health and Social Care Director of Adult Social Care		Rescheduled from March 2024
New operating structures at Oldham NHS		Cabinet member for Health and Social Care Strategic Director of Commissioning – Intergrated Care Network		
Elective Care		Cabinet member for Health and Social Care Strategic Director of Commissioning – Intergrated Care Network		

Infant mortality update	An annual update report on some of the activity happening to address issues of infant mortality	Cabinet member for Health and Social Care Director of Public Health		Annual report
Public Health annual report	To review the Annual Report	Cabinet member for Health and Social Care Director of Public Health		Review and scrutiny of proposals/performance
Tuesday, 8th October 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		Update report from Northern Care Alliance
Drugs and Alcohol Strategy (Adult Integrated Substance Misuse Treatment and Recovery Service)	Scrutiny of policy proposals	Cabinet member for Health and Social Care Director of Public Health		Scrutiny of policy proposals
Overview of care market	To update on the sustainability of the care market and impact in Oldham	Cabinet member for Health and Social Care Director of Adult Social Care		
Oldham Community Leisure annual report and presentation	To receive the OCL annual report detailing leisure related activity in the Borough, which OCL provide on behalf of the Council	Director of Communities Chief Executive of OCL		
Mental Health Report Future of Mental Health Adult Social Care	Review agreed report for oversight & update on next steps	Director of Adult Social Care		
Tuesday 26th November 2024				
Oldham Total Care report and presentation	To receive the OTC annual report, including	Cabinet member for Health and Social Care		To be rescheduled

	performance and forward plan	Director of Adult Social Care		
Healthy Child Programme Update	To update on changes to health visiting and school nursing services	Cabinet member for Health and Social Care Director of Public Health		Annual update report To be rescheduled
Health Inequalities Plan	Reflection on the progress of the health inequalities plan	Cabinet member for Health and Social Care Director of Public Health		Scrutiny of proposals
Safeguarding Adults Annual Report	Annual Update from ASC	Cabinet member for Health and Social Care Director of Adult Social Care		Update from service To be rescheduled
Tuesday 28th January 2025				
Tobacco Control and Smoking Cessation	To receive an update/progress report on the new service that commenced in January 2021	Cabinet member for Health and Social Care Director of Public Health Public Health Business & Strategy Manager		Update report to consider progress in relation in relation to high-level outcomes (ref 2.2 and 2.3 of submitted report). Report required by Committee, with a request for representatives of ABL Health Limited to attend and report.
Prevention Framework roll out	Update on roll out of prevention framework and to receive the Thriving Communities Programme evaluation report	Cabinet member for Health and Social Care Rachel Dyson, Thriving Communities Hub Lead		
Update & overview of Adult Social Care Target Operating Model	Overview and progress report	Director of Adult Social Care		Scrutiny of service delivery/performance
MioCare annual report and presentation	To receive the MioCare annual report, including performance and forward plan	Managing Director of MioCare		
Healthy Child Programme Update	To update on changes to health visiting and school nursing services	Cabinet member for Health and Social Care		Annual update report

		Director of Public Health		
Tuesday 11th March 2025				
ASC Workforce Update		Director of Adult Social Care		
Sexual Health Update	Focus session on HIV Prevention	Portfolio - Health and Social Care. Rebecca Fletcher - Director of Public Health Andrea Entwistle, Public Health Business and Strategy Manager		To receive an update/progress report on work happening across Oldham to reduce HIV transmission

Task and finish group deep dives:

Deep dive area:	Expanded proposal:
Availability of access to GP appointments across Oldham	To understand and investigate the accessibility of GP appointments across Oldham, bringing to the forefront residents experiences, highlighting the array of practices and making recommendations to ensure a constant and high-quality provision.

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	A report to focus on the delivery of health visiting and school nursing services and	Portfolio - Health and Social Care.	Scrutiny of service delivery	
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years/Family Hubs	the public health led elements of the family Hubs Programme	Interim Director of Public Health - Rebecca Fletcher,		
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. Rebecca Fletcher, 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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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 DECEMBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FCR/20/24	Treasury Management Strategy Mid -Year Review 2024/25	Director of Finance	2 nd December 2024	Cabinet
<p>Description: Review of the performance for the first half of the financial year in relation to the Treasury Management Strategy for 2023/24. Document(s) to be considered in public or private: Proposed Report Title: Treasury Management Strategy Mid -Year Review 2024/25</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
HSC/04/24	Financial Update and working capital requirements for 2024/25 – Oldham Total Care	Director of Adult Care Services/DASS	16 th December 2024	Cabinet
<p>Description: CONSIDERATION OF PROPOSALS REGARDING Oldham Total Care. Proposed Report Title: Financial Update and working capital requirements for 2024/25 – Oldham Total Care</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
NEI/11/24	Parking Service Review and Contract	Director of Environment	16 th December 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 DECEMBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Review of parking services and associated contracts.</p> <p>Proposed Report Title: Parking Service review and Contract</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
EE/03/24	Oldham MBC Charging Policy	Deputy Chief Executive (Place)	16 th December 2024	Cabinet
<p>Description: To ask Cabinet to formulate and agree a Charging Policy for the Borough</p> <p>Proposed Report Title: Oldham MBC Charging Policy</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
NEI/04/24	Street Lighting Attachments Policy	Director of Environment	16 th December 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 DECEMBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To ask Cabinet to formulate and agree a Streetlighting attachments policy.</p> <p>Proposed Report Title: Street Lighting Attachments Policy</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
FCR/18/24	Budget 2025/26 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes	Director of Finance	16 th December 2024	Cabinet
<p>Description: The Determination of the Tax Bases for Council Tax Setting and for Business Rates Income for use in 2025/26 budget deliberations. Document(s) to be considered in public or private: Proposed Report Title: Budget 2025/26 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes</p> <p>Background Documents: Appendices - Various</p> <p>Report to be considered in Public</p>				
ESR/16/24	Brownfield Register 2024	Director of Economy	16 th December 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 DECEMBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Approval of Oldham's Brownfield Register 2024 Description: Proposed Report Title: Brownfield Register 2024 Background Documents: Appendices Report to be considered in Public</p>				
ESR/15/24	Oldham's Monitoring Report and Infrastructure Funding Statement 2023-2024	Director of Economy	16 th December 2024	Cabinet
<p>Description: Approval of Oldham's Monitoring Report and Infrastructure Funding Statement 2023-2024 Proposed Report Title: Oldham's Monitoring Report and Infrastructure Funding Statement 2023/24 Background Documents: Appendices Report to be considered in Public</p>				
ESR/13/24	Strategic Housing Land Availability Assessment 2024	Director of Economy	16 th December 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 DECEMBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To assess the Borough of Oldham’s Strategic Housing Land Availability.</p> <p>Proposed Report Title: Strategic Housing Land Availability Assessment 2024.</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
FCR/23/24	Revenue Budget 2025/26 and Medium-Term Financial Strategy 2025/26 to 2029/30	Director of Finance	10 th February 2025	Cabinet
<p>Description: To consider the Administration’s detailed revenue budget for 2025/26 and budget reduction proposals, together with the Medium-Term Financial Strategy for 2025/26 to 2029/30, incorporating the current policy landscape and Local Government Finance Settlement.</p> <p>Document(s) to be considered in public or private: Proposed Report Title: Revenue Budget 2025/26 and Medium-Term Financial Strategy 2025/26 to 2029/30</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>				
FCR/21/24	Revenue Monitor and Capital Investment Programme 2024/25 Quarter 3	Director of Finance	10 th February 2025	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 DECEMBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The report provides an update on the Council’s 2024/25 forecast revenue budget position and the financial position of the capital programme as at the period ending 31 December 2024 (Quarter 3) Document(s) to be considered in public or private: Proposed Report Title: Revenue Monitor and Capital Investment Programme 2024/25 Quarter 3 Background Documents: Appendices – Various Report to be considered in Public</p>				
FCR/24/24	Treasury Management Strategy Statement 2025/26	Director of Finance	10 th February 2025	Cabinet
<p>Description: To consider the Council’s Treasury Management Strategy for 2025/26 - including Minimum Revenue Provision Policy Statement, Annual Investment Strategy and Prudential Indicators Document(s) to be considered in public or private: Proposed Report Title: Treasury Management Strategy Statement 2025/26 Background Documents: Appendices –Report to be considered in Public</p>				
FCR/19/24	Capital Programme & Capital Strategy for 2025/26 to 2029/30	Director of Finance	10 th February 2025	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 DECEMBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To consider the Council’s Capital programme and capital strategy Document(s) to be considered in public or private: Proposed Report Title: Capital Programme & Capital Strategy for 2025/26 to 2029/30</p> <p>Background Documents: Appendices</p> <p>–Report to be considered in Public</p>				
FCR/22/24	Revenue Monitor and Capital Investment Programme 2024/25 Month 10	Director of Finance	10 th March 2025	Cabinet
<p>Description: The report provides an update on the Council’s 2024/25 forecast revenue budget position and the financial position of the capital programme as at the period ending 31 January 2025 (Month 10) Document(s) to be considered in public or private: Proposed Report Title: Revenue Monitor and Capital Investment Programme 2024/25 Month 10</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 DECEMBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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Key:

New! - indicates an item that has been added this month,

Notes:

1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.
2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its Members are as follows: Councillors Arooj Shah (Council Leader and Chair of Cabinet), Elaine Taylor, Abdul Jabbar MBE, Shaid Mushtaq, Mohon Ali, Barbara Brownridge, Fida Hussain, Peter Dean and Chris Goodwin.
3. Full Key Decision details (including documents to be submitted to the decision maker for consideration, specific contact officer details and notification on if a report is likely to be considered in private) can be found via the online published plan at: <http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0>