

ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
07/10/2025 at 6.00 pm



Present: Councillor Rustidge (Chair)
Councillors Adams, Hamblett, Hurley, J. Hussain, Ibrahim, Iqbal, McLaren (Vice-Chair) and Sharp

Also in Attendance:

Mike Barker	Oldham MBC
Barbara Brownridge	Cabinet Member for Adults, Health and Wellbeing
Gary Flanagan	NHS
Jack Grennan	Constitutional Services
Claire Hooley	Joint Commissioning for People (Health & Social Care)
Jayne Ratcliffe	Director of Adult Social Services
Gerard Taylor	Assistant Director of Operations
Cliff Wilson	NHS

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Davis.

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 received.

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

RESOLVED that the minutes of the meeting held on 29th July 2025 be approved as a correct record.

6 GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE UPDATE

Members noted the minutes, and it was requested that any questions about the minutes be passed to Councillor McLaren as a member of the Greater Manchester Joint Health Scrutiny Committee. Some members noted their unhappiness with the timeliness of the item being received.

7 NHS MENTAL HEALTH SERVICES UPDATE

Some members noted their unhappiness with the timeliness of papers received for the item.

Members were provided with an update on the report, particularly around the Greater Manchester Move On Project, CAMHS, GM Triage Services and Mental Health Mapping and Pathway redesign. It was noted that weekly bed management was being developed with partners and that Oldham's target for Clinically Ready for Discharge patients was 5.2 patients. It was noted that monies saved through this management could be

reinvested into other services. Long wait times were noted and it was advised that this was due to an increased number of referrals and the percentage of referrals accepted increasing. It was noted that CAMHS provision was being expanded to 16-18 year olds with funding. It was highlighted that Optimise would be the new contracted provider for ASD and ADHD work, which had not had a contracted service until recently.

Members queried whether this learning was being passed onto other authorities and were advised that it was, with the work being presented as success stories to other local authorities and partners.

Members queried whether contact numbers could be provided and where Care Point were based. It was noted that contact information would be shared with the committee and that the Care Point offices in Oldham were on Randolph Street. It was also noted that Neural Developmental pathway facilities would be based in POINT, and that work would be done joining up with local authorities. Members also queried where Optimise was based, and it was noted that they had offices in Oldham meaning that services would not just be online, which was both responsible commissioning and a cost saving measure.

Members queried peer support and what this meant. It was noted that this would be linking people up with others to support them. Members also queried how big the Optimise backlog would be, and it was advised that there was no backlog but that work was ongoing to work to identify and support those with the most need.

Members queried the budget for this and were advised that the spend on ADHD was large and that £400k was being used in each locality which it was highlighted wouldn't be enough, but that those with the highest needs were being supported.

Members queried that under the proposals of moving navigators up front, what could they signpost. It was based on need, with the most appropriate support being referred to through initial triaging, but the full process was still being worked out.

Members also queried what the difference was between navigators and the GM triage system, and were advised that GM triage was just for ADHD and was more clinical, whereas navigators were for CAMHS.

Members noted the use of acronyms and requested that a glossary or definition be provided for each going forward.

Members also highlighted the lack of reference to the voluntary sector and what support and training could be provided. It was noted that more could be done on prevention, Live Well and Voluntary, Community and Social Enterprises.

Members noted the Riding the Rapids programme, noting that anecdotal evidence suggests the work is positive, especially around burnouts. It was queried what the outcome of the pilot was, and it was noted the pilot was still ongoing but was receiving positive feedback and that there was an element for teachers within the programme too.

Members requested more information on the percentage of autism referrals that are diagnosed and given support, referrals broken down by age group and the location data by school, and it was advised that this information could be provided to the board.

Members queried why there had been a 200% increase in CAMHS referrals, and were advised that there were a number of reasons including social media, more awareness and the work of mental health practitioners.

RESOLVED: That the report be noted.

TRANSITIONS

Claire Hooley and Gerard Taylor presented the item, noting that it had come from a request by members at the previous meeting. It was noted that this would be a process that takes time, and that the service was seeing increasingly complex cases which were causing a pressure on the budget. Transitions were described as the period of change in a young person's life when they move between childhood and adulthood. It was noted that the service was moving away from using the term 'transitions', instead using 'preparing for adulthood'.

It was highlighted that transitions were a key priority for the Oldham Safeguarding Adults Board (OSAB) in 2022/23 and an area of improvement in the Children's SEND inspection in 2023. A key aim of the service was to improve systems and governance as well as ensuring a better service for children and young adults.

Previous phases of the Transitions Project were discussed, particularly phase 1 (2022-23) and phase 2 (2024). It was also noted that the 2023 OSAB Preparing for Adulthood Policy was being updated to reflect the current position across the partnership. It was highlighted that the process starts for young people at age 14.

The Transitions Hub was highlighted, a joint team between Children's Social Care and Adult's Social Care specifically for transitions cases, and the team structure of the Hub, the transitions process and wider themes of the transitions work were also noted.

It was highlighted that in the upcoming CQC visit, transitions was a key strength of the service. It was noted that although lots of work had been done in the last 12-18 months, there was more to do.

Members queried why the age for starting the process was 14. It was noted that many of the cases involved complex needs and that when thinking about the next four years, the young people will be clear on what their education, aspirations and career ideas will be. It was also noted that this process would replicate a stable family life and in preparing for life, the young people would be treated the same as everyone else. It was highlighted that 14 years old was a national recommendation and regarded as good practice, as well as giving young people and parents a chance to prepare. It was also noted that not every child in the social care system will transition into the adult services.

Members queried whether a monthly review of cases was practical and whether the service could achieve this. It was noted that it was the plan to do this and to start the process at an early age for continual support. It was highlighted that these monthly reviews would depend on individual circumstances and that it was an aspiration as it was an ongoing issue. It was noted that the policy was being reviewed. Members queried how far

the service was from that frequency and it was noted that the review time varies by person but that they are fairly frequent. Members noted the 175 transitions cases and asked how many of these were Adult Social Care cases and the annual cost and budget mitigations for these. Pressures of the budget were noted and it was highlighted that work was being done to address projected spends. It was noted that funding demands were unpredictable.

Members noted that the governance felt complex to manage a small team and queried whether data and information could be lost within the governance structure. It was noted that governance was not just about the transitions team, but was a component of it, and that work was being done to look at whole system working as this was a complex service area. It was highlighted that there was also oversight of the safeguarding boards and lots of coproduction, with residents and feedback forming an important part of the system.

Members queried how determinations were made and whether there were criteria to transitions. It was noted that children's services would identify those who might need support, although it wasn't always clear, and that care act assessments would also take place. It was highlighted that children could be added later. Resolved: That the report be noted and request an update be brought during the next municipal year.

9

WORK PROGRAMME

The Board noted and approved the draft work programme for 2025/26.

10

KEY DECISION DOCUMENT

The Board reviewed the Key Decision Document.

11

RULE 13 AND 14

Members noted the Rule 14 decision on the report of the Director of Public Health, entitled Young People's Sexual Health and Substance Misuse service – Contract Extension.

The meeting started at 6.00 pm and ended at 8.00 pm