

**ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD**  
**25/11/2025 at 6.00 pm**



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

Also in Attendance:

Barbara Brownridge	Cabinet Member for Adults, Health and Wellbeing
Jack Grennan	Constitutional Services
Lois Hall-Jones	Public Health
Abigail Pemberton	Head of Strategic Safeguarding
Jayne Ratcliffe	Director of Adult Social Services
Gail Stott	Performance Improvement Lead
Lorna Urwin	Strategy and Performance - Oldham MBC
Christian Walsh	Deputy DASS

1        **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Hurley and  
Councillor Sharp.

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 of the Adults Social  
Care and Health Scrutiny Board held on 7<sup>th</sup> October 2025 be  
approved as a correct record.

6        **GREATER MANCHESTER JOINT HEALTH SCRUTINY  
COMMITTEE UPDATE**

Members noted that Oldham was only mentioned once in the  
minutes, and asked the representative of the Council on the  
Committee how he engaged to best benefit Oldham. The  
representative, Councillor McLaren, responded to say that he is  
always raising issues and ensuring there is balanced debate in  
order to get a response from officers on reports brought to the  
Committee.

Members queried that 'potentially 600 staff members' could be  
affected by the reforms to ICB operating costs, and asked how  
many from Oldham would be affected. It was noted that this  
followed on from the Government announcement around ICB  
cuts. It was highlighted that monies had not yet been released

by the government to pay for redundancies and that details hasn't been released around the impact.

RESOLVED: That the minutes of the Greater Manchester Joint Health Scrutiny Committee be noted.

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## **PERFORMANCE ASSURANCE REPORT 2025/26 Q1+Q2**

Jayne Ratcliffe presented the report, noting the positives and negatives of the quarter, as well as the scorecard metrics for the service. It was noted that the complaints drop off had come due to the CQC Inspection, which had led to competing demands and priorities.

Members queried whether the reduction in the use of agency staff would save money. It was noted that it would, but the priority was continuity. Members also highlighted that the Q2 complaints had doubled and asked whether there were any trends within the complaints. It was noted that a deep dive into complaint themes was underway, but that the main themes so far were charges for services and financial assessments, but that there was an expectation that the area would improve.

Members queried what the procedure for complaints was and how complaints are categorised. It was advised that some complaints were complex and it was in the best interests of the complainant for the complaint to be investigated. It was noted that complainants were kept in the loop and it would be explained why there was a delay.

Members noted the positives of the report and asked that thanks be passed on to the team for their work. It was noted that amongst the negatives highlighted was rising sickness and it was queried if there were any reasons for this. Members were advised that staff are overworked and that there was a risk of stress and burnout, which was the national picture too. It was noted that there was a focus on supporting returns to work and to help staff stay in work too.

Members asked what had been done on mitigating the impact on service users. It was highlighted that improvement plans and dashboards were in place, and that waiting lists and reviews had faced the biggest impact. It was noted that up to date average waits would be provided, and that the process was going in the right direction.

Members asked what was being done to promote prevention and reduce demand. It was noted that support is needed to prevent people entering the service and that enablement support was being looked at. It was noted that the care population was steady, despite both a rising population and a rising aging population.

Members queried whether social workers stay with the same people. It was noted that they wouldn't unless it wasn't safe enough for them to be transferred.

Members asked whether there was a limit for social worker case loads. It was noted that there was but this was done as a weighting system, so staff would not be left with a lot of complex cases. It was also asked whether the council is doing everything it can to keep people at home. It was noted that yes, they were as it provided the best outcomes.

Lois Hall-Jones provided an update on the metrics from Public Health.

Members queried whether weight loss programmes were advice or prescribing. It was noted that there were different tiers of approach, depending on the need of the patient, and that it was a whole person approach. Members queried whether there was any literature that could be shared with members of the Board, and it was advised that there were.

Members queried why Q4 data had been used for Percentage of Health Visiting appointments completed within timescales, when Q1 data had been used for all the other metrics. It was noted that there had been data issues with the Q1 data and so Q4 data had been used instead as the most up-to-date figure.

Members noted the Mayor's Healthy Living Project and questioned whether the Mayor could help with publicity in the area, and it was noted that any help would be helpful.

Members noted the 'Health in Context' metrics within the report, but noted that it made for poor reading. It was queried what could be done to improve this. Members were advised that the approach was information driven and that it was a matter of continuing existing work.

Members noted the reduction in agency spend and queried who was on the Learning Improvement Board. It was noted that the Board was chaired by the Principal Social worker. Members also asked about lifelong cardiac sufferers, and it was noted that it was about getting the right support to those with conditions in a system wide approach.

Members queried what was being done with spare bed capacity. It was noted that this would be picked up outside of the meeting but it was noted that there are a number of empty beds in residential settings, but that more specialist beds were needed and the Council was working with the market on this issue.

Members noted the 74% of adult social care providers rated good or outstanding by CQC, noting that it seems like it isn't a good result. Members were reassured that there was a backlog within CQC around inspections and that the Council also checks in on all adult social care providers in the borough.

RESOLVED: That the Performance Assurance Report be noted.

Abigail Pemberton introduced the report.

Members noted the Safeguarding demographics, highlighting the variance in the data. It was noted that there is underreporting in ethnic minority groups, and that there is a public facing communications programme being looked at on how to make residents trust and report safeguarding concerns.

Members welcomed the report, noting that more was being done with less, and highlighted the case studies. It was queried whether this could be sustained. It was highlighted that there was a partnership approach in place, with a focus on preventing. It was also highlighted that the Tiered Risk Assessment and Management (TRAM) protocol also covered those who were not Care Act eligible.

Members acknowledged the challenges outlined in the report, and queried which issue, if addressed, would make the biggest impact. It was noted that knowledge or institutional memory was the most significant one, noting that it would lead to practice improvement.

RESOLVED: That the report be noted.

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## **ADULTS SOCIAL CARE WORKFORCE STRATEGY**

Jayne Ratcliffe introduced the report. The Adult Social Care Vision and Strategy was set out, including the focus of the strategy being to enable residents to live as independently as possible. The workforce capacity strategy was outlined, and had come on the back of staff engagement session work and feedback.

It was noted that there were 36 vacancies, some of which were being covered by agency staff. The key priorities of the strategy were outlined, and it was noted that the service wanted to be able to retain and develop staff.

Members queried how many vacancies there would be on the structure tree and it was advised that by later in the week, there would be no vacancies on the tree. It was also queried what the cost of carrying vacancies was. It was noted that this would be difficult to calculate and that an answer would be provided outside of the meeting. It was highlighted, however, that there was no overspend on staffing within the service.

Members queried whether, regarding apprenticeships, college leavers had been approached to consider that as a career path. It was noted that there were four Social Care apprenticeships this year as part of a rolling programme. It was noted that it was better to get new staff used to the system of Social Care before offering them apprenticeships. It was noted too that Social Workers give talks to inspire students at the College, in the hopes of encouraging them to take up the career.

Members asked that, in regard to the 36 vacancies, whether there was any scope to work with other authorities to address issues. It was noted that there was generally not enough

resources in the system, and that experience was needed too, which were the same challenges across GM. Some work around GM was being done to combat this, and the power of the ten boroughs working together was highlighted.

Members queried whether the life expectancy of the workforce was decreasing, and it was noted that an analysis had never been done into it. It was noted that there was a need to bring in the young as part of succession planning.

RESOLVED: That the Strategy be noted.

10 **WORK PROGRAMME**

Members queried whether the hospital parking motion from Council could be discussed at the board. It was queried whether it was within the remit of the Board to bring this forward as an item, as it was an NHS issue rather than a Council issue.

11 **KEY DECISION DOCUMENT**

The Board reviewed the Key Decision Document.

Members queried why the report on Section 75 Partnership Agreement with the NHS Northern Care Alliance hadn't been to scrutiny. It was advised that the report had been to the ICB Board, which is a public meeting, and focused on the technical arrangements on governance. Councillor Hamblett noted that he would write to the Chair of the Scrutiny Board regarding this.

12 **RULE 13 AND 14**

Members noted a Rule 14 decision on the report of the Director of Adults Social Services, entitled – Request for a Direct Award of the Domestic Property Disability Adaptions Framework for the Provision of Level Access Showers and Shower over Baths.

The meeting started at 6.00 pm and ended at 7.35 pm