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ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
16/01/2024 at 6.00 pm



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

Also in Attendance:

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

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Tamoor Tariq

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

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

4 **PUBLIC QUESTION TIME**

There were no items of urgent business received.

5 **MINUTES**

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

6 **PREVENTION FRAMEWORK - REPORT**

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

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

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

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

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

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

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

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

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

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

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

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

Resolved:

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

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TOBACCO CONTROL AND SMOKING CESSATION

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

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

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

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



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

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

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

Resolved:

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

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ADULT SOCIAL CARE - CARE MARKET UPDATE

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

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

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

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

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

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

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

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

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



Resolved:

That the report and presentation be noted.

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WORK PROGRAMME

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

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

Resolved:

That the Work Programme 2023/24 be noted.

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KEY DECISION DOCUMENT

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

Resolved:

That the Key Decision Document be noted.

The meeting started at 6.00 pm and ended at 8.15 pm