Report to COUNCIL – 10 July 2024

Portfolio Report

Portfolio Holder: Councillor Barbara Brownridge
Cabinet Member for Adults, Health and Wellbeing

This report provides an update on the main activity since the last Council meeting relating to portfolio responsibilities.

Public Health

The Community Health Champions programme has been relaunched. VCFSE organisations in our Community Health Champions network came together in April at All Nations Church. The network is supporting us in ensuring that key health messages are shared in an accessible and culturally appropriate way within communities we know are most impacted by health inequalities. Network members have received training and resources about Measles and MMR, as well as key messages about travel vaccines required to stop the spread of Meningitis. Over the coming year the network will continue to meet to discuss community priorities for their own health and wellbeing, as well as providing information and training about other key public health priorities. The programme is supported by grant investment to support VCFSE organisations capacity to participate in the programme, applications are now open for grants of up to £3,000.

Turning Point, our Specialist Drugs and Alcohol Treatment Provider, has actively been working with those at risk of overdose due to nitazenes/ synthetic opioids and all those in contact with the service have been offered Naloxone. Naloxone, if delivered at the right time, can prevent overdose from opiods. Training also continues to be offered to professionals across all services.

Adult Social Care (ASC)

On the 1st May the Commissioning and Market Management Service received notice that Acorn Lodge Care home had been sold and would be closing with all 70 residents needing new placements sourcing. The notice period required for this provision is 6 months (31st October), however the owners have shared they are keen to expedite the closure of the home to 31st July. Commissioners have made the council's position clear, the home closure will be completed in the safest possible manner, during this time Acorn Lodge are expected to maintain staffing responsibilities of the home (as per CQC regulations) until the last resident is moved into alternative provision. A Steering group has been established with stakeholders including representatives other funding authorities such as Manchester City Council and colleagues from relevant Integrated Care Boards.

The end of a financial year and start of a new one is always a busy period, and one that comes with increased reporting for the many grants receiving into Adult Social Care. This has included end of year reports as well as multiple planning templates for the following grants the Local Authority receives to support recipients of Adult Social Care:

- Better Care Fund
- Market Sustainability and Improvement Fund
- Hospital Discharge Fund

- Urgent Emergency Care Fund

Many of the funds continue into 2024/25 with planning templates and the regular reporting to departments (NHSE and DHSC) underway. The Commissioning Team lead in coordinating the completion of the reports and planning templates with support from performance, finance and partners from the ICB.

ASC are continuing to work in accordance with Strength Based Approaches (SBA). The directorate has developed a system to monitor good outcomes for residents which are evidenced in data reporting, supported by case audits and resident feedback. The triangulation of this information will support Care Quality Commission assessments.

The ASC restructure is in progress and awaiting review and sign off. Initial discussions have taken place with Union representatives who are supportive of the plans. Further Greater Manchester discussions are taking place regarding the Mental Health transformation program. The proposals support the recruitment and retention of the workforce. Social Work apprenticeships are currently being advertised within service which will support us growing our own workforce and development of career progression from the service.

Oldham Integrated Care Partnership (ICP)

From previous analyses and work, we know that Oldham is experiencing very high demand for its health and care services. This is particularly prominent in acute care and children's services.

Over the last few months, Oldham ICB and Council in collaboration with key stakeholders from across different sectors and care settings has been co-designing population health management approaches for priority population groups in our five neighbourhoods. This will ensure more proactive, early intervention for these groups and a more holistic model of care that meets all of their needs.

These models are focused on keeping people healthier for longer and preventing or delaying their deterioration. Thereby improving outcomes and patient experience, and also helping to reduce the described pressures on services such as acute care by improving management through community services and self-management. These models also help to improve staff experience and reduce duplication across out-of-hospital services by better coordinating and joining up delivery of care.

Central and West have chosen childhood-focused population health management models. The model in Central focuses on children at rising risk of developing health issues through high-risk familial environments, and the model designed by West focuses on children at risk of developing low/mid severity mental health conditions. These models will help delay and even prevent children from developing downstream ongoing health and care needs.

South, North and East have chosen to focus on frailty in adults. South and North are focused on over 65s with mild/moderate frailty, and East have chosen to focus on working age 50-64 year old adults at risk of becoming frail. The over 65s models will prevent or delay adults from deteriorating and becoming high risk, meaning that they need to interact with acute care regularly, likely stay for long periods of time and become more dependent, with poorer quality of life. This also has significant cost-saving opportunity for the healthcare system. Similarly, preventing working-age adults from becoming frail will prevent/delay deterioration in health, keeping them healthy at home for longer, and supporting them to stay in work.

We have entered the delivery phase of the programme, and have focused on setting up the delivery architecture in two ‘frontrunner’ neighbourhoods – South and Central. This includes establishing the local delivery infrastructure including governance and integrated neighbourhood teams, progressing delivery plans and unpicking issues such as data flows, digital systems for collaboration and KPIs. The learnings from the set up in these two neighbourhoods will be shared with the other three to support implementation.

Recommendations: Council is requested to note the report.