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ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
29/07/2025 at 6.00 pm



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

Also in Attendance:

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Barbara Brownridge	Cabinet Member for Adults, Health and Wellbeing
Rebecca Fletcher	Director of Public Health
Jack Grennan	Constitutional Services
Jayne Ratcliffe	Director of Adult Social Services
Gerard Taylor	Assistant Director of Operations

1 **APOLOGIES FOR ABSENCE**

There were no apologies for absence received.

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 10th June
2025 be approved as a correct record.

6 **GREATER MANCHESTER JOINT HEALTH SCRUTINY
COMMITTEE ANNUAL REPORT 2024-25**

The Board were advised that the report was only for information
to give members an oversight of the Joint Committee's work in
2024/25 but that if the committee had questions, Constitutional
Services would collate and address these to the GMCA after the
meeting.

Members noted the report. It was asked what the committee had
done more specifically for Oldham.

It was asked that updates from the committee be brought to
future meetings of the Adult Social Care and Health Scrutiny
Board.

RESOLVED: That the report be noted and questions be put to
the Greater Manchester Joint Health Scrutiny Committee.

7 **CQC PREPAREDNESS**

Jayne Ratcliffe presented the agenda item on Care Quality
Commission (CQC) Preparedness. It was outlined that the
Council is expecting a visit from the CQC within the next few
months as part of an assessment that began on the 9th June

2025. An Information Return request had been made to the Council by the CQC and this had been submitted. It was noted that this is an opportunity to identify strengths and weaknesses. Key Strengths were identified by the team as part of the self-assessment, including a robust front door service, a clear vision and strategy and a positive approach to market oversight. It was noted that other authorities are looking at Oldham's Tiered Risk Assessment and Management (TRAM) protocol, which is a multi-agency framework addressing complex cases.

Areas for development were also identified as part of the self-assessment, including reducing waiting lists, improving the transitions of young people from Children's social care to Adult social care, and improving engagement and co-production. It was highlighted that the council is already looking at working on these areas to improve them.

Preparations for the site visit were ongoing, and it was noted that the visit will last 2-3 days and include interviews with residents receiving care and their families, frontline staff, members including the lead portfolio holder and the shadow portfolio holder, the Adult Social Care and Health Overview and scrutiny board chair, and partners from a range of organisations, among others. It was noted that briefings were being prepared for those meeting with the CQC to ensure that they are prepared for the interviews and to share experience from other authorities. It was noted that at least 70 other local authorities are also awaiting visits from the CQC.

It was highlighted that, following the visit, the CQC will produce a draft report that the local authority is able to check for factual accuracy and completeness of evidence before final publication. Authorities are rated on a scale from Inadequate to Outstanding. It was noted that reports are taking several months to be published following the site visits. It was also highlighted that Camden Council is currently the only authority to receive an outstanding rating.

Members asked about whether the CQC would speak to other members of the Scrutiny Board, aside from the Chair, and it was noted that they would not be, but that this was set in guidance by the CQC rather than a choice by the authority. Members also raised questions on how gaps in senior management are being filled, and it was highlighted that there was a new Deputy Director of Adult Social Services and 4 senior roles, creating a stable leadership.

Members requested a report on the transition from Children's social care to Adult social care be brought to the next meeting of the Board.

Members asked whether there had been any peer review done for the service, and it was noted that the self-assessment was a CQC ask, and the service does benchmark against other local authorities. It was also asked what learning is being taken from other authorities reports, such as Camden's. It was noted that the authority was looking at those reports, including talks with the leadership at Camden, to learn from them.

Members asked whether the comments made by the authority in response to the report would be available for the board and it was asked whether the report would be made available to the board prior to its publication. It was noted that the comments

that the authority would make on the report would only be regarding factual accuracy, not any material changes to the report. It was also noted that the report would be embargoed by CQC until the publication of the report.

Members asked whether all social care staff were involved in the assessments, and what the briefings would look like. It was noted that staff were involved in the assessments, highlighting that the evidence is around four areas, and that this would include minutes of meetings for example. Staff engagements sessions had also been held, and this included aspects around the CQC inspection. It was noted that the briefings were done working with ADASS and the LGA around what to expect during the inspection.

Members noted the success of hospital discharge support and asked why we are doing well on this compared to across Greater Manchester. It was noted that the team was co-located in hospitals and had good staff and leadership and a low turnover of staff. It was also noted that lots of work around capacity is ongoing to keep residents in the borough, including partnerships with the NHS and reviewing the Better Care fund. RESOLVED: That the report be noted.

8

PUBLIC HEALTH ANNUAL REPORT

Rebecca Fletcher presented the Public Health Annual Report for 2024/25, and it was noted that she was available to discuss anything regarding the report outside of the meeting. It was highlighted that the report focuses on an overview of Oldham's health, particularly around life expectancy and healthy life expectancy, noting the key issues in Oldham and highlighting the voices of residents throughout the report.

It was noted that in early intervention, Oldham was the third highest in the country for health checks. It was also noted that there is a national target for detection of cancers in Stage 1 and 2 of 75%, and that Oldham was currently only at 51%.

Members asked why some of the data used was from 2023/24. It was noted that some of the data was the most available at the time, due to complicated lags in data being available. It was also noted by members that the graph on Page 8 of the report noted that roughly 24% of contributions to life expectancy inequalities was noted as 'Other', which was a significant amount. It was explained that this is a combination of lots of other smaller reasons or unclear reasons, and that the team is looking at which other factors could be presented.

Members asked whether the data around Moving More had been shared with the Playing Pitch Strategy. It was noted that that data had been shared, but due to the limitations of the data, it couldn't be broken down beyond the boroughwide picture.

Members also raised whether what more could be done regarding cycle to work and after school activities. It was noted that the implementation of active travel was ongoing, but that the employer side needs to be taken further, particularly around bike storage and shower facilities to encourage more people to cycle. In relation to schools, it was noted that schools could open facilities both before and after school to encourage participation. It was noted that thousands of children are involved in the work of sports clubs across the borough, but that there is a notable

drop off in participation once children reach secondary school. Councillor Brownridge noted that walking routes should be part of the planning requirements for homes being built, and the success and popularity of walking groups was also noted. Members also highlighted the recommendations of the report, querying why the report doesn't commit to tangible targets or funding to reduce health inequality, as well as noting that the currently emergency waiting list is 700+ people and families, whereas the housing building allocation is only 540 sites identified. It was noted that the report is a statutory report to update across residents and partners, not just the authority, and that the recommendations are to the system. It was highlighted that the authority is working on addressing health inequality within the borough.

Members asked how the information in the advice referral tools is publicised. It was noted that the information is available on the council's website and staff have had training on this to help refer residents to the right services.

Members noted the issues around healthy eating, noting the uptake in fast food and frozen foods, asking how families could be encouraged to cook their own food. It was noted that a food and health group was being set up to explore this, and that schools should be encouraging home cooking. It was noted that the world has changed and weakened our approach, particularly in relation to food delivery apps and services, and that all local authorities are behind the curve on this.

Members asked where residents should go to find help setting up their own walking groups. It was noted that the Sports and Move More leads can help if it is needed. Members also queried whether any public health work had been done around the school streets scheme. It was noted that a consistent approach was needed, and that this would be taken on board.

RESOLVED: That the content and recommendations of the Public Health Annual Report be noted.

9 **WORK PROGRAMME**

The Board considered and noted the Work Programme for 2025/26.

It was noted that members wanted to see a report on the transition from Children's social care to Adult social care be brought to the next meeting of the Board.

10 **KEY DECISION DOCUMENT**

The Board reviewed the Key Decision Document.

11 **RULE 13 AND 14**

No Rule 13 or 14 decisions were reported.

The meeting started at 6.00 pm and ended at 7.30 pm