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ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
27/01/2026 at 6.00 pm

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

Also in Attendance:

Councillor Barbara Brownridge	Cabinet Member for Adults, Health and Wellbeing
Marion Colohan	NCA
Rebecca Fletcher	Director of Public Health
Keeley Gibbons	NCA
Jack Grennan	Constitutional Services
Councillor Mark Kenyon	Calling-In Member
Sam McCann	Public Health Speciality Registrar
Michael McCourt	Chief Executive Officer Pennine Care
Emma McGuigan	NCA
Jayne Ratcliffe	Director of Adult Social Services
Christian Walsh	Deputy DASS

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Sharp and Mike Barker.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

Councillor Rustidge declared an interest in Item 9 as he was a member of the Miocare Board.

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 25th November 2025 be approved as a correct record.

6 **RELOCATION OF ROYAL OLDHAM HOSPITAL URGENT TREATMENT CENTRE TO VICTORIA BREAST UNIT TO ADDRESS URGENT CARE PRESSURES AND PATIENT FLOW**

This item (Originally Item 8 in the Agenda) was taken earlier in the agenda in agreement with the Chair, due to officers from the NCA being required back at the hospitals.

Emma McGuinan from the NCA introduced the item, noting the current situation at the Emergency department at the Royal Oldham Hospital, particularly around A+E issues and long waiting times for ambulances. It was noted that the A+E was seeing double its capacity.

It was highlighted that the Victoria Breast Unit would move to North Manchester hospital. It was noted that most patients who use the service are seen once and often discharged the same day. Oncology would remain at Oldham.

Members asked about timeframes, querying how long it would take between closing the Breast Unit and the opening of the Urgent Treatment Centre. It was noted that it would be a staged move with a quick turnaround. It was highlighted that it would be open by next year.

Members queried whether disruption was likely and what mitigations were in place to reduce this. It was highlighted that engagement was only just beginning and that the aim was for minimal disruption.

Members noted resident concerns, particularly around travel to North Manchester and queried whether any support for patients had been factored in. It was highlighted that the NCA was looking into this and that it was the number one concern for them. It was also noted that nothing was set in stone. Members also asked for information to be passed on to the Panel as residents have been asking about the move. It was noted that this could be arranged.

Members asked about patient communications, noting a reference to 'GP communication routes' in the report. It was noted that the communications campaign had ramped up within the last month, and that patients would be briefed closer to the move. It was also noted that broader systems communications would be carried out.

Members queried whether the transition would be gradual or all at once. It was noted that due to the nature of the project, it would be one stop so the move would need to be all at once. It was also noted that for appointments, North Manchester was already an option.

Members noted transport issues, both in terms of car parking and public transport for residents and queried whether patients were being briefed on transport options. It was advised that they were not being as of yet.

RESOLVED that the report be noted and the approach endorsed with thanks for the officers.

7 **CALL-IN PROCEDURE**

RESOLVED: That the Call-In procedure be noted.

8 **EXTENSION OF A SECTION 75 AGREEMENT WITH NCA**

The Chair reported that the purpose of this report was to consider an item of Called-in business from the Cabinet's meeting held on 15th December 2025. Councillors Kenyon, Marland and Al-Hamdani, in accordance with Council's Overview and Scrutiny Procedure Rules had called-in Minute 6 taken from the proceedings of the Cabinet's meeting held on 15th December 2025, 'Extension of a Section 75 agreement with NCA', a report that had been prepared by the Executive Director for Health and Social Care.

The grounds for the call-in, which Councillor Kenyon outlined to the Scrutiny Board meeting were that:
'There was not enough information on which to make a decision.

The paper essentially asks Cabinet to approve a contract extension AND to make changes to the service provision in Oldham: "d) to delegate authority to the relevant officers to harmonize the 0-19 specification with Bury and Rochdale to allow for greater consistency, whilst ensuring that an appropriate locality schedule reflects the current delivery model in Oldham."

Section 2.6 describes the origin of this request:
"The NCA currently provide 0-19 services to Bury, Rochdale and Oldham through three separate approaches. Although all areas are operating through a different delivery model 3 and under different contractual arrangements, there has been an ask from the provider to work towards a
harmonized specification"

2.6 then continues to list the benefits to The NCA:
- help streamline NCA oversight processes
- greater consistency within the north east arc of Greater Manchester
- agree a standardised performance framework across all three localities

2.6 then describes why this is a reasonable request:
"As all areas are broadly working to deliver the mandated and nationally prescribed Healthy Child Programme – this is considered achievable. Oldham's schedule of delivery will reflect our nuanced approach to deliver through an integrated approach in partnership with the Local Authority, and
any additionality."
The report is lacking information in four key areas, without which affects the quality of the decision taken by Cabinet, reduces transparency and scrutiny.

1) Limited or No discussion of benefits to the borough of Oldham
Whilst there is detail about how a decision taken by Oldham will benefit The NCA, there is very limited discussion in the report about how this specifically benefits the borough of Oldham. Whilst it is collegiate and worthy to help a partner, our primary concern is the delivery of services for the borough of Oldham. The report does not detail this anywhere and it should. If there is

no specific benefit to the borough of Oldham other than building goodwill with a partner, then the report should state this.

2) In addition, the report is vague at section 2.5:
"the Local Authority is expected to commission school nursing, National Child Measurement programme (NCMP), plus targeted support."
"is expected" is extremely unclear and does not specify whether the authority:

- is expected but doesn't,
- is expected and does or
- is expected but will do in the future

3) No "before" performance metrics
Section 2.9 mentions the monthly governance oversight group that monitors service delivery but does not contain any summary of service delivery metrics. This will make it more challenging in the future to evaluate the quality of this decision (ie how has service delivery been impacted by the harmonisation of 0-19 specification?).
4) No discussion or detail about how to measure and mitigate a con.
Section 3.1 describes the following for the preferred option:
Option 1 – To extend the section 75 partnership agreement with the NCA for the delivery of the integrated children's and families service.
Pros – the partnership already exists, the staffing model is stable, and this requires minimal Council capacity to enact this option
Cons – this doesn't provide any option to test the market

This section should contain at the very least a discussion of the quantitative or qualitative impact of this con. Ideally it would also seek approval for actions to potentially mitigate this con.'

On 15th December 2025, the Cabinet had approved a report of the Executive Director for Health and Social Care which agreed to approve the extension of a section 75 agreement with the Northern Care Alliance NHS Foundation Trust, to deliver the clinical elements of the integrated children's and families' service. The Cabinet also resolved to agree to recommendations a-d of the submitted report.

In accordance with the protocol for dealing with Called-in business and in consideration of the Call-in, Members of the Scrutiny Board asked questions of the Cabinet Member for Adults, Health and Wellbeing, Councillor Brownridge and of the Director of Public Health, who both explained the reasons for the decisions made by the Cabinet on 15th December 2025.

Members of the Scrutiny Board also asked questions of the Calling-in member who was present, Councillor Kenyon.

The Scrutiny Board proceeded to consider the report in detail and afterwards the Cabinet Member, the Director and the

Calling-In Member were all given the opportunity to respond to the debate.

In considering the report, members of the Scrutiny Board thanked Councillor Kenyon for calling the item in to the Board. Councillor Kenyon, in his response, thanked the Cabinet Member and Director for their responses to the reasons for the item being called-in.

Resolved:
That the Adults Social Care and Health Scrutiny Board upholds the decision of the Cabinet made on 15th December 2025, in respect of the item: Extension of a Section 75 agreement with NCA (minute 6 refers), meaning that the decision of the Cabinet takes immediate effect.

9 **MIOCARE ANNUAL REPORT**

Note: Councillor Rustidge left the room for the duration of the item. Councillor McLaren, as Vice Chair of the Panel, acted as Chair for the duration of the item.

Adrian McCourt presented the item, noting that it had been a strong year for Miocare, and that for 2025/26, the reserves would remain untouched. It was noted that the expected deficit would be £75,000, rather than £411,000 that had been previously predicted. The governance structures were outlined and it was noted that the team were identifying and addressing mistakes where they arose. It was also highlighted that Miocare provides important services to vulnerable residents.

Members asked for clarification around the £75k deficit, querying what more was being looked at to reduce the deficit further. It was noted that Miocare was on track to meet its savings next year and that there were large reserves on hand. It was also highligted that savings were being looked at around agency and additional staffing.

Members noted that there was no indication in the future focus around savings and reductions. It was noted that business cases were being looked at around drawing reserves to deliver further savings. It was also highlighted that Miocare was considering investing for greater delivery as part of a value for money plan.

Members queried the 2026/27 budget and it was noted that reablement was key and that other works were being looked at. It was noted that the budget had not yet been agreed by the Council.

Members noted that only 33% of staff had completed the staff survey and that only 59% and 49% of staff responded positively to communication and pay and benefits respectively. It was noted that it was key to have a motivated workforce. It was highlighted that previously, the figure for completion had been 41% and work was being done to work out why the numbers

had fallen. It was noted that some staff don't use email and that paper copies would be provided in future. It was also noted that feedback was anonymous and that reassurance and myth busting around this would be done going forward. Positive figures were highlighted, including 87% saying they enjoyed their jobs and that 90% believed the company had a positive culture. It was highlighted that around pay, Miocare was in the top percentile nationally so comparatively, pay was good. It was also noted that postcards and compliments had been introduced as a way to recognise staff and make them feel valued.

Members queried whether staff had input into the savings process. It was noted that they did as part of team meetings and the consultation process.

RESOLVED: That the Report be noted and endorsed.

10 **INFANT MORTALITY ACTION PLAN**

Rebecca Fletcher and Sam McCann presented the action plan, noting that it was an update and highlighted the aims of the action plan and the achievements so far. It was noted that there were high rates of infant mortality in Oldham and that there were common factors which were similar to the national factors. It was noted that poverty was a key overarching theme within the report and that the action plan focused on a sensitive, pragmatic approach which was received by those that need it at a beneficial time. The future plans were also outlined. It was highlighted that Oldham was starting to see real changes and that partnership work was a real difference. Oldham had also seen a slight decrease in infant mortality which was positive.

Members asked whether there was an literature or resources that could be given to members to pass on. It was noted that the Lullaby Trust was a key resource library for this and that this would be beneficial for members in particularly higher risk wards. Members also queried whether any factors were higher than others. It was noted that every death was looked into and that some deaths had more than one factor contributing to it.

Members noted financial challenges and queried what the council offers and whether this was just to families in temporary accommodation. It was noted that there were baby banks across GM that were accessible to all families. It was also noted that temporary accommodation provides additional risk for infant mortality.

Members noted the difference between breast feeding and milk and queried what the Council could do on this. It was noted that broader work was being done on this issue and it could be brought to scrutiny at some point in the future.

Members noted the risk of smoking and queried whether there were risks with vaping too. It was noted that there was no real harm in this regard from nicotine and it was highlighted that

vapes are supported as a tobacco reduction option. It was noted that with a focus on quitting smoking, vapes were much safer.

Members noted that around information sharing, were language barriers taken into consideration. It was noted that it was, and that messages from the Lullaby Trust were available in 40 languages and that work was being done on bespoke advice in multiple languages.

Members noted historic advice had changed and queried how this is being passed on. It was noted that good advice was given from midwives to parents but there was an acknowledgement that broader advice to other caregivers needs promoting. Advice was given to the committee around this, particularly noting the high risk of falling asleep on a sofa or chair with a baby.

Members noted that all the aims have actions and queried how this was coordinated as a strategy. It was noted that this was done through meetings and tracking.

Members queried whether resources and facilities were available around the borough, and it was advised that they were, in district and family hubs and in libraries, for example. It was noted that the aim was to make women comfortable.

Members thanked the officers for the action plan and noted their support for the strategy.

11 **PUBLIC HEALTH GRANT FUNDING ALLOCATION FOR ADULT SUBSTANCE MISUSE PREVENTION, TREATMENT AND RECOVERY SERVICES 2026/27 - 2028/29**

Rebecca Fletcher presented the report. It was noted that this was a paper due to go to Cabinet, relating to a statutory duty of the public health team. It was noted that funding was variable and that the funding for the next three years has made it easier to plan. It was noted that there was slightly less funding this year than previously.

Members noted that the measures seemed vague and queried whether work had been done on this. It was noted that the measures had been benchmarked.

Members queried why alcohol deaths were higher and whether there was a gender split on this. The new GM Alcohol strategy was noted and it was highlighted that there were more men in treatment, but the question was how to get the offer right to prevent resistance. It was noted that need was high and more than capacity.

Members queried whether new drugs were emerging and what was being done to prevent this. It was noted that some new drugs were emerging, particularly synthetic opioids and nitrous oxide, and that there were changing trends around drug use, with pre-emptive work and harm reduction advice being utilised.

Members noted the report and endorsed option A in the recommendations.

12 **WORK PROGRAMME**

The Work Programme for 2025/26 was noted.

13 **KEY DECISION DOCUMENT**

The Board reviewed the Key Decision Document.

14 **RULE 13 AND 14**

There were no Rule 13 or 14 decisions to be considered.

The meeting started at 6.00 pm and ended at 7.55 pm