

HEALTH SCRUTINY Overview & Scrutiny Committee Agenda

Date Tuesday 19 October 2021

Time 6.00 pm

Venue Crompton Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Constitutional Services at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Constitutional Services Tel. 0161 770 5151 or email constitutional.services@oldham.gov.uk
 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 14 October 2021.
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MEMBERSHIP OF THE HEALTH SCRUTINY

Councillors Cosgrove, Byrne, Hamblett, A Hussain, Ibrahim, McLaren, Salamat and Toor (Chair)

Item No

- 1 Apologies For Absence
- 2 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

3 Minutes of Previous Meeting (Pages 1 - 10)

The Minutes of the previous meeting held on 7th September 2021 are attached for approval.

4 Urgent Business

Urgent business, if any, introduced by the Chair

5 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

6 National & Regional Updates (Pages 11 - 16)

7 Urology Services Across Bury, Oldham, Rochdale and Salford (Pages 17 - 20)

8 Women and Disadvantage

Report to follow.

9 Health Scrutiny Work Programme 2021/22 (Pages 21 - 26)

For the Health Scrutiny Committee to review the Committee's Work Programme for 2021/22.

10 Key Decision Document (Pages 27 - 38)



HEALTH SCRUTINY
07/09/2021 at 6.00 pm

Present: Councillor Toor (Chair)
Councillors Cosgrove, Byrne, Hamblett, Ibrahim, McLaren and Salamat

Also in Attendance:

Katrina Stephens – Interim Director of Public Health
Rebecca Fletcher - Public Health
Oz Khan - Programme Director – Acquisition, Northern Care Alliance Group
Christine Wood – Constitutional Services Officer

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from David Jago.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **FORMAL ELECTION OF THE VICE-CHAIR 2021-22**

As the previous meeting held on 6th July 2021 had been informal, the Committee was requested to formally nominate a Vice-Chair for the duration of the Municipal Year 2021/22.

RESOLVED - That Councillor Colin McLaren be elected Vice-Chair of the Health Scrutiny Committee for the duration of the Municipal Year 2021/22.

4 **MINUTES OF PREVIOUS MEETING HELD ON 6TH JULY 2021**

RESOLVED - That the minutes of the meeting held on 6th July 2021 be approved as a correct record.

5 **URGENT BUSINESS**

Joint Health Overview and Scrutiny Committee for Pennine Acute Trust

Councillor Colin McLaren advised the Committee that the Joint Health Overview and Scrutiny Committee for Pennine Acute Trust had been dissolved following the meeting that had taken place on 6th September 2021, as the Pennine Acute Trust was to be dissolved on 30th September 2021.

Councillor McLaren further advised that preparations were being made to establish a new Joint Committee under the auspices of the Northern Care Alliance and that a meeting had been provisionally scheduled for 7th January 2022.

It was reported that the Pennine Acute Committee had scrutinised issues relating to joint services delivered in Oldham,

Rochdale, Bury and North Manchester with the latter now being transferred to the new Manchester Foundation Trust which would be replaced by Salford Royal within the Northern Care Alliance which would come into being on 1st October 2021.



It was further reported that the unanimous view of the Members present at the joint committee meeting on 06/09/21, had been that the joint committee should be allowed to continue its invaluable work. It was anticipated, however, that Bury MBC, who serviced the committee, would be contacting all Councils to ascertain if they wished the Committee to continue.

It was moved by Councillor McLaren and seconded by Councillor Salamat that the Health and Scrutiny Committee endorse the view that the Joint Committee should be allowed to continue.

RESOLVED – That the Health Scrutiny Committee endorse the view that the Joint Health Overview and Scrutiny Committee be continued.

6 **PUBLIC QUESTION TIME**

No public questions had been received.

7 **HEALTHY CHILD PROGRAMME**

The Committee considered a report and presentation providing an overview of the delivery of the Healthy Child Programme (HCP) in Oldham, and the progress over the previous twelve months. The report also outlined the current performance of the related services, and the engagement work that was happening with parents, and young people.

The Committee was reminded that the HCP had been launched 11 years ago and was still the national evidence based universal programme for children aged 0-19. The programme provides the bedrock for health improvement, public health and supporting families. The HCP is not the responsibility of any individual service but is instead a partnership approach. The programme is lead by health visiting and school nursing: our 0-19 public health nursing services.

The Committee was further reminded that that Local Authorities are mandated to provide some key public health services, and some of these supports the HCP. These are:

- Health Visitor review of pregnant women and children
- Weighing and measuring children at Reception and Year 6, and
- Oral health promotion programmes as deemed necessary for the area

The Committee was advised of Child Health and Wellbeing in Oldham as follows:

- Overall, compared with England averages, the health and wellbeing of children in Oldham is worse than England
- Breastfeeding rates are lower than the England average. More than a quarter of children are obese at Year 6
- Health outcomes for children are impacted by poverty in a similar way that health outcomes for adults are.
- The 10-year update on the Marmot Review argued “Poverty experienced during childhood harms health at the time and throughout the rest of life.”
- In Oldham, we have areas of high rates of deprivation and the latest figures are that 38% of children in Oldham live in poverty. Health inequalities affect residents of Oldham of all ages.
- A & E Attendance in under 5-year-olds - these are lower than the national average which can be a positive sign, but this might be due to less access of healthcare rather than less need. This was being explored with services to see if there are issues to pick up.

The Committee was advised of the HCP delivery in Oldham as follows:

- In Oldham, our health-visiting and school nursing services are currently delivered by Bridgewater Community Healthcare NHS Foundation Trust in an integrated service with Children’s Centres, and Early Education support. The contract for this service comes to an end on 31st March 2022 and Cabinet had agreed in March 2021 to move this set of services for children and young people into the Integrated Care System as part of a partnership approach.
- New Birth Visits: 86% of parents had a New Birth Visit within 14 days and then a further 11% had them after this time (total of 97%). The delays are due to babies that are still in hospital when the visit is due, or families who go to visit family post birth.
- Provide Special input into our MASH – this input has increased during COVID.
- Suspension of some services during COVID due to NHS guidance. The service has worked to recover this. Vulnerable and new parents were prioritised.
- The service successfully achieved UNICEF level 3 baby friendly accreditation in January 2020 and is now working towards the Gold “Achieving Sustainability Standard.
- Our health visiting and school nursing services are currently delivered by Bridgewater Community Healthcare NHS Foundation Trust in an integrated service with Children’s Centres, and Early Education support. The contract for this service comes to an end on the 31st March 2022 and Cabinet agreed in March 2021 to move this set of services into the

Integrated Care System arrangements as part of a partnership approach.



- The service is delivered in family homes, Children Centres, Schools, and other community venues. This is a universal service, so all families receive some support.
- Early interventions include vital advice and support on keeping babies safe including safe sleeping, and accident prevention.
- In addition, there are targeted programmes to support families that need additional help. These include the “Little Talkers” groups which work on improving speech and language in small children.
- The service implemented Chat health in 2021 where parents, and young people can text in to get advice and support from a qualified nurse.

Feedback from engagement was reported to the Committee as follows:

Early Years Strategy Engagement

- When asked “what could we do better?” 38% of survey respondents said “accessible and affordable groups/activities/childcare” and 37% said “support for parents and carers.”
- More than a third of respondents said that parents go to health professionals for support with their children’s development.

Young People Engagement

- Most young people spoken to were not sure of the difference between a school nurse and the person in the school who does first aid.
- There was a lack of knowledge of how to access the service but most of the young people said they would appreciate support and advice from a trained nurse, who was accessible.
- Advice on mental health, support around stress and anxiety, relationships and sexual health.
- Face to face support, as well as help via text and online.

Details of case studies were also outlined to the Committee.

Future priorities of the HCP were outlined to the Committee as follows:

- Promotion of Chat Health services to parents and young people
- Implement Safe Sleeping Survey results when available
- Work on more in-person group sessions for children
- Small number of catch-up sessions on vaccinations
- Work with schools on school nurse drop-ins
- Continue to support dissemination of oral health products, and facilitate access to Healthy Start Vouchers and vitamins

Members requested and received clarification on the following:

- In response to a query regarding Social Workers and Health Visitors it was confirmed that the HCP was providing feedback to the Social Work team and details would be available from Safeguarding reporting at future meetings.
- In response to a suggestion regarding Looked After Children contact, it was suggested that the possibility of a contact centre could be investigated.
- In relation to figures for children attending at A/E, it was highlighted that a breakdown of information per ward would be useful, as there were wards in the borough where several parks are located which would explain the high number of attendances in that ward for attendances at A/E due to children playing in the local parks.
- The lack of walk-in centres was highlighted and that some residents would attend at A/E due to the lack of such centres. Some families would not have transport or sufficient funds for transport to travel to A/E. The Committee was advised the CCG was looking into this issue.
- Low recruitment of school nurses was highlighted as an issue. It was recognised that for some pupils, speaking to the school nurse could be an opportunity to speak on a confidential basis without the presence of parents.
- It was recognised that although there were very many helpful leaflets etc provided to new parents, practical advice at home visits, was of enormous value.
- Consultation processes were also highlighted in which it was advised that until the transfer of staff to the new provider (Northern Care Alliance) had taken place, consultations could not take place. It was envisaged to be in the new year before consultations good be undertaken.
- Lack of information around where to go and the over reliance of the use of A/E services was highlighted. Constant budget changes and Covid had affected information in relation to this issue. The Committee received assurances that when the transfer of services had occurred, in depth consultations

would be carried out including the Committee due to the in-depth knowledge and understanding of local issues.

- Current mental health services for young people were highlighted and the delays in the provision of specialist services. It was acknowledged that this was currently an issue but non specialist support could be provided until such time specialist services were available.

RESOLVED –

1. That the Health Scrutiny Committee note the progress on the transformation and support the ongoing actions to further develop the integrated model for 0-19 services in Oldham; and
2. That a further update report be presented to the Committee post 31st October 2021 at a further meeting.

8

HIGH-LEVEL ELECTIVE RECOVERY

The Committee considered an update report from the Strategic Director of Commissioning/Chief Operating Officer outlining the position in relation to recovery of elective activity across GM following Covid, which was outlined within the report.

The Committee was advised that the pandemic had created significant challenges for providers in Greater Manchester in their processing of patients, irrespective of whether they were on admitted or not-admitted pathways and that this difficulty spans all ages and all specialities.

It was reported that the consequences of this was a substantial increase in waiting times, including a level of patients waiting more than 52 weeks. The Committee was advised that this scenario had not been seen for many years.

It was further reported that addressing the challenge would require collaborative working across providers, including the use of the Independent sector and a focus on pathways between primary and secondary care. This work will provide opportunities for transformation and innovation in many of our specialities including within community and primary care services.

The Committee was advised that collaborative working across hospital and community cells in GM had clearly been delivered successfully during the COVID pandemic and despite all the challenges new pathways, and innovative clinical practice has been delivered to the benefit of the GM population. The provision of mutual aid for critical care had exemplified this collaborative practice.

The Committee was further advised that GM had been disproportionately affected by the Covid pandemic, experiencing three waves, each having a significant impact on ability to deliver wider elective activity. The decline following the third

was also notably slower in GM than other parts of the North West Region and across England with critical care capacity still 50% Covid in GM compared to c 33% in Lancashire and Cumbria and Cheshire and Mersey.

Highlighted within the report was the GM Elective Recovery position, the GM Trust Recovery position, and the overall GM approach to recovery. Recovery of elective activity was continuing across GM. There had been an improvement in performance across several points of delivery, including day case and ordinary elective. There was concern that the ongoing Covid 19 and urgent care pressures would impact this delivery over the coming weeks.

It was reported that the GM elective indicated that the total number of patients waiting was 395,805, with the number of patients waiting over 52 weeks having increased to 33,156 patients (9% of total waiting list). The three specialities with the biggest number of over 52 weeks continued to be Trauma and Orthopaedics, General Surgery and ENT. Details of Recovery and Reform within prioritised elective specialities were also outlined within the report. Details of latest Independent Sector activity was also detailed in the report showing performance against the 2019/20 baseline contracted activity.

Details of Health Inequalities in Elective Recovery were outlined in the report along with actions being considered to address the issue. It was reported that the GM communications team have developed an updated stakeholder briefing in response to the increase in demand being experienced across the system. This included key messages regarding elective recovery which were outlined within the report. A 'Locality offer' framework had also been established and the weekly GM waiting list communications group had been established to progress this work at pace, support by additional external communications support, to roll out the framework by the end of August 2021.

It was reported that targeted engagement with the public was on-going through localities. Stakeholder engagement continued with Primary Care Board and PCN Network scheduled within the next fortnight.

It was recognised by the Committee that NHS employees and gone well beyond the call of duty. Thanks, and congratulations were expressed from the Committee to all employees of the NHS.

Members requested and received clarification on the following:

- How long can NHS maintain the service? The Committee was advised that Northern Care Alliance (NCA) would be delivering several programmes to staff following transition from Pennine.

- Disjointed IT systems preventing communication and updated records. It was suggested that that IT team attend a future meeting of the Committee to present a road map.

RESOLVED –

1. That the Health Scrutiny Committee noted the update; and
2. That a Commissioner chaired informal workshop be arranged for the Health Scrutiny Committee and to include information regarding IT issues/road map.

9

PENNINE ACUTE TRANSACTION - UPDATE

The Committee was provided with an update on the transaction and future arrangements for Pennine Acute Trust (PAT) hospitals.

The key messages highlighted to the Committee were that:

- Since the previous update to the Committee, there had been significant inroads towards the completion of the transaction, and there now remained no significant risks to transaction completion. SRFT and PAT had worked closely with the NHSE1 review team to submit a range of documentation and undergo several review meetings.
- SRFT had undertaken several meetings with the NHSE1 review team as part of the transaction progress. The NHSE1 review team had also met with PAT colleagues. These meetings had been positive and constructive.
- SRFT and PAT executives and non-executives had met regularly to discuss the delivery of services under the management agreement and operation issues.
- The NHSE1 review team will submit their recommendations on the transaction to the Provider Oversight Committee on 14th September 2021.
- As a result of the transaction being phased, there had been additional opportunities to reduce any remaining risks prior to transaction taking place.
- There remain no significant risks to transaction completion. There is one risk scored at 10 – Financial and operation performance falling across both SRFT and PAT may fall further before the transaction takes place, mitigation of continuing QI programmes and Oldham CQC improvement plan.
- In terms of operational risk following transaction, there remains one risk rated at 10 – Capital funding for transformation, discussions are ongoing between NCA and NHSE1 NW/other system stakeholders. This risk is expected to be closed as part of the agreement of the ICS capital control total for 2022/23.



Post-Transaction Changes and Impacts on Patients were detailed as below:

- Immediately following transaction, **there will be no changes to any services**. Our key focus will be the delivery of a “safe landing” for all services and for patients in order to ensure a seamless transition to the new organisation.
- SLA exit timetables have been agreed between NCA and MFT. Exit plans have been agreed for the SLAs concluding in September 2021 following the NCA transaction completion, with plans for the rest in development. There may be some changes as services disaggregate, and relevant partners will be engaged as appropriate.
- The key visible change will be the organisational name change from SRFT / PAT to Northern Care Alliance NHS Foundation Trust. A new email address will be put in place for all staff as of transaction, ending @nca.nhs.uk rather than @srft.nhs.uk or @pat.nhs.uk. Existing email addresses will continue to operate for an extended period of time.
- The new NCA website (www.northernalliance.nhs.uk) will be launched on 1st October and PAT and SRFT old websites decommissioned. Public, patients and external stakeholders will be able to access all information as before in one place and updated content and guidance.
- The four Care Organisations (Bury, Oldham, Rochdale, Salford) will continue to have distinct identities, and with no changes to the leadership or clinical teams.

Details of the Disaggregation Plan beyond September 2021 were also detailed within the presentation.

Organisational Capacity was detailed as follows:

- As part of routine assessment processes in preparation for a transaction, NHSEI asked the question “how does the Board ensure that it has the right bandwidth to deliver BAU and the busy strategic agenda the organisation has, including the transaction?”. This question has been posted particularly in the context of COVID and COVID recovery
- A paper was considered by Group Board on 26th July outlining how the Board assesses bandwidth against objectives & requirements, and what is being put in place to deliver these, so that it can assure NHSEI that appropriate oversight and risk assessment is undertaken to match bandwidth to objectives & requirements.
- This will ensure that there is enough capacity to deliver patient benefits through existing programmes of work alongside dedicated programme management capacity for disaggregation.
- Contingencies can be quickly set up in case of capacity gaps.

Scrutiny arrangements were agreed as follows:

- It is not anticipated that there will be any changes to the overall scrutiny arrangements between NCA and local authority partners as a result of transaction completion. The NCA will continue to proactively engage with local authorities and scrutiny committees as valued partners.
- There will however inevitably be a reduction in focus on the transaction itself and increased attention on the disaggregation of services and their impact on patients/local residents.

Members asked for and received clarification on the following:

- Separations of Services? The Committee was advised that there were plans to separate services within the following few years. Options would be available.
- Staff Uniforms? The Committee was advised that the NCA uniform had been shared with staff. A lot of work had been carried out on branding.
- Sustainability due to lack of resources? The Committee was advised that a lot of work had been carried out to improve processes/services.
- Staffing issues? The Committee was advised that more colleges would be come involved and apprenticeships were being considered.
- NCA website, jobs, grading system unclear. Can the process be simplified? The Committee was advised that these points would be conveyed to HR and NCA.

RESOLVED –

That the update be noted.

10 **OVERVIEW AND SCRUTINY WORK PROGRAMMES
2020/21 - OUTTURN**

RESOLVED – That the Committee note the Outturn Policy Overview and Scrutiny Programme 2020/21 Municipal Year.

11 **HEALTH SCRUTINY WORK PROGRAMME 2021/22**

RESOLVED – That the Committee note the Health Scrutiny Committee Work Programme for 2021/22.

The meeting started at 6pm and ended at 8pm.

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4. The GM ICS will operate on three levels to deliver a new five-year vision and plan:
 - Neighbourhood
 - Locality
 - Greater Manchester
 5. Whilst CCG duties will transfer to ICSs, it is anticipated that the GM ICS will deliver its functions partly via locality place-based boards and teams within each GM locality, including through neighbourhood structures.
 6. A GM Statutory ICS Transition Programme has been established, led by a Board meeting fortnightly, to oversee the transition to the new ICS arrangements. The Board is made up of representatives from all organisations which will become part of the new NHS body, as well as NHS providers and local authorities. There are 14 workstreams, each with a GM system lead. Work is underway to agree the critical path for the next nine months. There is a recognition that this could be a difficult time for GM staff who are still managing the COVID-19 response and recovery and for the importance of a strong wellbeing offer.
 7. The recruitment process for the Chair of the GM ICS has commenced and is due to conclude around the first two weeks of September and to the ICS Chief Executive role will commence recruitment in early September and conclude at the end of September. The GM Executive Team will take place over the next 2-3 months.
 8. The intention is for the GM ICS, including localities to operate with shadow arrangements ahead of the statutory change on 1 April 2022.

ICS Impact in Oldham

Transitional Programme Arrangements

9. The Oldham transitional arrangements will be overseen by the Governing Body with a Transitional Programme Group reporting in, which will deliver our time-limited ICS change programme. A paper detailing the arrangements features later on the Governing Body agenda. However, its core purpose will be to oversee the following two core work areas that will work in tandem with the GM approach:
 - HR and transfer of people
 - CCG closedown and transfer of data and statutory duties
10. In addition, locality system developments will continue, also in conjunction with the GM approach, which will focus on:
 - Set-up of the new Oldham Health and Care System Board (including place-based responsibilities, shift of some commissioning oversight, and also oversight of strategic planning functions)
 - Development of a new provider 'collaborative'
 - System finances and use of resources

National Employment Commitment

11. During August, national guidance was also released in respect of the Employment Commitment for those NHS staff impacted by the ICS changes. This means that the majority of Oldham CCG will be covered by an employment commitment to continuity of terms and conditions. This commitment is designed to provide stability and remove

uncertainty during this transition. For those not covered by this commitment, the guidance also details the support that these individuals will receive during the HR process to be followed. There is an expectation that all CCG employees will 'lift and shift' into the GM ICS on 1 April 2022, with any remaining/ongoing work to determine exact roles and structures continuing after this date.

National and Regional Updates

Regional Director for the North West

12. Following the announcement of Bill McCarthy's retirement at the end of July 2021, it has been confirmed that Amanda Doyle, current Chief Officer of Lancashire and South Cumbria ICS, has been appointed as the new Regional Director for the North West. It has also been confirmed that Regional Director of Finance, Jonathan Stevens is to retire and a recruitment process is now being planned for his successor.

Guidance and Publications

13. Recognising the breadth of the agenda, NHS England is committed to providing ICS leadership teams with as much clarity as possible before the autumn so that the necessary actions can be well-planned and delivered in time for April, notwithstanding any changes which may be required as the Bill works its way through the legislative process.

14. A number of resources have recently been published and more is also still to come over the next few weeks. All build on the expectations already set out in the ICS Design Framework, and are intended to help answer questions that have been asked about priorities and next steps.

15. The latest documents to be published are:

- [Interim guidance on the functions and governance of the integrated care board](#)
 - [Draft model constitution](#)
 - [List of statutory CCG functions to be conferred on ICBs](#)

This interim guide covers the expected governance requirements for Integrated Care Boards as outlined in the Health and Care Bill and the ICS Design Framework. The guidance is designed for all ICS partners involved in the establishment of Integrated Care Boards, particularly ICS leads, CCG AOs and their teams as well as NHSEI regional teams.

- [HR Framework for developing Integrated Care Boards](#)

The HR Framework provides national policy ambition and practical support for NHS organisations affected by the proposed legislative changes as they develop and transition towards the new statutory ICBs. The guidance is designed for all ICS partners and ICS leads, CCG AOs and in particular those leading on people/workforce/HR&OD.

- [Building strong integrated care systems everywhere: guidance on the ICS people function](#)

The ICS People Function guidance builds on the priorities set out in the People Plan. It is intended to help NHS system leaders and their partners support their 'one workforce' by delivering key outcome-based people functions from April 2022. The guidance is designed for all ICS partners and ICS leads and in particular those leading on people/workforce/HR&OD.

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- [ICS implementation guidance: ICB readiness to operate statement \(ROS\) and checklist](#)
This document provides a template ICB Readiness to Operate Statement (ROS) and accompanying ROS checklist. It describes how the checklist will be used to enable system leaders to assess progress and transition towards the establishment of ICBs. The guidance is designed for ICS leads, ICS Implementation Programme Directors, CCG AOs and their teams across all functions as well as NHSEI regional teams. An Excel version of the ROS checklist is available to download as a working document [ROS Checklist](#)
 - [ICS Implementation Guidance: Due Diligence, Transfer of People and Property from CCGs to ICBs and CCG Close Down](#)
This guidance outlines the due diligence process which underpins the legal transfer of people (staff), property and liabilities to ICBs, the legal establishment of ICBs and abolition of CCGs, and close-down activity for CCGs. The guidance is designed for CCG AOs and their teams across all functions, ICS leads and NHSEI regional teams. An Excel version of the [due diligence checklist](#) is available to download as a working document.
 - [Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)
Co-produced by NHSEI and LGA, this guidance will support all partner organisations in ICSs to collectively define their place-based partnership working and to consider how they will evolve to support the transition to the new statutory ICS arrangements. It is published alongside [Delivering together for residents](#), prepared by the Society of Local Authority Chief Executives and Senior Managers. This guidance is aimed at all ICS partners and leaders.
 - [Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership](#)
This guidance supports the development of distributed clinical and care professional leadership across ICSs, and describes what “good” looks like. It is based on extensive engagement involving more than 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group. This guidance is aimed at all ICS leaders and ICS clinical and care professional leaders.
 - [Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)
This guidance suggests how voluntary, community and social enterprise (VCSE) sector partnerships might be embedded in ICSs, recognising expectations set out in the ICS Design Framework that support close working with the VCSE sector as a strategic partner. This publication is for health and care leaders from all organisations in ICSs who are developing partnerships across local government, health, housing, social care and the VCSE sector.
 - [Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities](#)
This guidance sets out expectations and principles for how ICBs can develop approaches to working with people and communities, recognising that the ICS Design Framework sets the expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The guidance is designed for all ICS partners and ICS leads.

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- [ICS 'What Good Looks Like' Framework \(Digital & Data\)](#)

The What Good Looks Like framework draws on local learning and builds on established good practice to provide clear guidance for health and care leaders to digitise, connect and transform services safely and securely.

Recommendation

The Health Scrutiny Committee is asked to note the contents of the report.

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Report to Health Scrutiny Committee

Urology Services Across Bury, Oldham, Rochdale and Salford

Portfolio Holder: Councillor Chauhan

Officer Contact: Nicola Hepburn, Director of Commissioning & Operations

Report Author: Nicola Hepburn, Director of Commissioning & Operations

19 October 2021

Purpose of the Report

There are significant service resilience issues and unwarranted variation in Urology services within Greater Manchester (GM). In response to this, the GM Improving Specialist Care (ISC) programme developed a GM-wide Model of Care (GM MoC), which was subsequently endorsed by the GM Joint Commissioning Board (JCB).

Executive Summary

The proposed pan-locality delivery model is fully aligned to the approved GM MOC and will support the delivery of a single urology service across Bury, Rochdale, Oldham and Salford

Recommendations

The Health Scrutiny Committee is asked endorse the key design features of the pan-locality delivery model, which are fully consistent with the GM MoC, and a phased approach to mobilisation overseen the by Programme Board.

Report to Health Scrutiny Committee**Urology services across Bury, Oldham, Rochdale and Salford****1.0 Executive summary**

- 1.1 Colleagues from Bury, HMR, Oldham and Salford CCGs and the Northern Care Alliance (NCA) are jointly working together to improve Urology services. This is being overseen by a Programme Board, jointly chaired by two of the CCG Chief Clinical Officers.
- 1.2 There are significant service resilience issues and unwarranted variation in Urology services within Greater Manchester (GM). In response to this, the GM Improving Specialist Care (ISC) programme developed a GM-wide Model of Care (GM MoC), which was subsequently endorsed by the GM Joint Commissioning Board (JCB).
- 1.3 The NCA provides the majority of urological care for the populations Bury, Rochdale, Oldham and Salford. Working with local commissioners, a pan-locality delivery model has been developed which is fully aligned with GM ISC MoC.
- 1.4 This delivery model, which is designed to deliver high quality and accessible services for our patients, is described in more detail below but in essence would see the establishment of a hub-and spoke model – connecting Salford Royal and Royal Oldham hospitals to locality based spokes, with most care delivered through locality based Urology Investigation Units (UIs).
- 1.5 This paper, which has been co-authored by the locality commissioners and the NCA, is seeking endorsement of the proposed pan-locality delivery model.

2.0 Background

- 2.1 A GM MoC for Benign Urology was developed through the ISC programme. This hub and spoke configuration for the delivery of Benign Urology services has been endorsed by the GM JCB, though implementation has been delayed due to COVID-19.
- 2.3 As a result of the Pennine Acute Trust (PAT) transaction, in April 2021 responsibility for the provision of local urology services in Bury, Rochdale and Oldham now rests with Salford Royal and will, on completion of the Transaction, formally transfer to NCA.
- 2.4 North Manchester General Hospital (NMGH) is currently the main delivery site for inpatient (IP) Urology services for Bury, Rochdale and Oldham, though – as part of the GM MoC – in the future this site will become a spoke, with IP activity undertaken at one of designated GM hub sites (of which there are anticipated to be five), with most IP activity flowing to Royal Oldham Hospital (ROH), Salford Royal Hospital (SRH) or Manchester Royal Infirmary (MRI).¹
- 2.5 Currently 1 in 5 new patient pathways ends in a procedure and a minority of these require an IP stay. Around 80% of the IP activity undertaken at NMGH is from Bury, Oldham and HMR. At SRH the vast majority of IP activity is from the Salford locality.

¹ The other two hubs in GM would be Stepping Hill Hospital (Stockport) and Bolton Hospital).

3.0 The Proposed Pan-Locality Delivery Model

- 3.1 The proposed pan-locality delivery model is fully aligned to the approved GM MOC and will support the delivery of a single urology service across Bury, Rochdale, Oldham and Salford.
- 3.2 By delivering a more integrated model of care within each locality, only a small number of patients requiring an IP stay will need to move between sites, thus improving patient experience and continuity of care, reducing inefficiencies and maximising patient safety.
- 3.3 Key features of the pan-locality model are:
- A single comprehensive Benign Urology Service delivered across Bury, Rochdale, Oldham and Salford.
 - Hub-and-spoke delivery model –
 - ROH and SRH as inpatient hubs and Rochdale Infirmary and Fairfield General Hospital as spokes.
 - Virtual corridors running from Bury to Salford and Rochdale to Oldham.
 - Single workforce within two integrated functional teams – NCA West & NCA East.
 - Bury, Rochdale and Oldham IP activity currently undertaken at NMGH being aligned with the hub-and-spoke model, but recognising that patients (and their GPs) will be free to choose their service provider.
 - Expansion and enhancement of clinic & diagnostic capacity at each site in the form of UIUs - increasing local access to urology services.
 - A full range of sub-speciality services (e.g. stone services, andrology etc.) will be offered, in line with the GM MOC.
- 3.4 A phased implementation of the pan-locality model is proposed, particularly recognising the dependency on estate developments (i.e. the delivery of the agreed capital development on the ROH site and the redevelopment of NMGH site).
- 3.5 The final end-state is delivery of the GM MoC. This will include decommissioning of PAT IP services at NMGH and the full establishment of both ROH and SRH as hub sites. It is anticipated that the majority of patients requiring an IP episode will be cared for at ROH, with some being cared for at SRH or MRI, depending on catchment areas.

4.0 Summary of Drivers for Change

- 4.1 The pan-locality delivery model is fully aligned to the approved GM MoC for benign urology and addresses the following drivers for change:
- Risks to service sustainability, ability to meet performance requirements (exacerbated by COVID), and inequalities in access. Implementation of the first phases of the pan-locality delivery model will begin to address these issues.
 - Recommendations made in the national Getting It Right First Time (GIRFT) report for Benign Urology, largely relating to the reduction of unwarranted variation in both access and outcomes, and the future development of the urological workforce. The pan-locality delivery model addresses these issues.
 - If a new delivery model is not implemented, there will be increased movements of patients will between providers, impacting upon continuity of care.
 - MFT's long term model sees no IP surgical activity being delivered at NMGH, reinforcing the need to establish a new model that delivers more care as close to home as possible.

5.0 Impact and benefits

- 5.1 The pan-locality model will deliver high quality care for urology patients, address longstanding health inequalities, make the best possible use of available capacity, utilise new ways of working and increase the amount of care that is delivered locally.
- 5.2 The provision of UIUs in each locality will mean that a number of daycase and diagnostic procedures, where patients currently travel to an inpatient site, will be delivered closer to home. UIUs will also increase outpatient capacity in each locality.
- 5.3 The provision of sub-speciality services will improve patient experience and outcomes.
- 5.4 Working as a single NCA-wide team will address long-standing sustainability issues, improve recruitment and retention of clinical staff, increase service resilience and allow the development of pathways that will reduce unwarranted clinical variation.
- 5.5 The proposed hub-and-spoke arrangements would see Bury and Salford patients that are referred into the service having their IP episode at the Salford Royal hub site. Rochdale and Oldham patients referred into the service would be cared for at the ROH hub. Patients and GPs would, of course, continue to be able to choose other providers within GM.
- 5.6 This would mean that some patients who currently access IP services at NMGH may have to travel further e.g. patients in the south of Bury and Rochdale, though it is anticipated that as part of the GM MOC and MFT's plans there will not be an IP service on NMGH site.
- 5.7 Based upon 2019/20 data the number of elective episodes of care from each CCG area undertaken at NMGH and therefore impacted by the GM MOC is as follows.

Bury CCG	HMR CCG	Oldham CCG	Salford CCG
776	822	813	No Change

6.0 Recommendations

- 6.1 The Health Scrutiny Committee is asked endorse the key design features of the pan-locality delivery model, which are fully consistent with the GM MoC, and a phased approach to mobilisation overseen by the Programme Board.

HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME 2021/22

<p>Tues 6th July 2021</p> <p>As a result of guidance indicating that the number of people who gather indoors should be restricted and noting current Covid infection rates, the expiry of Regulations which removed the legal requirement for meetings to be held in person, and the nature of the programmed business, the programmed business was considered in an informal setting.</p>	<p>Infant Mortality</p>	<p>A report highlighting some of the activity that is happening to address issues of infant mortality.</p>	<p>Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health</p>	<p>The 2020/21 Health Scrutiny Committee work programme included a proposed workshop, or similar, to look at local issues relating to infant mortality.</p>
	<p>NHS White Paper - Integration and innovation: working together to improve health and social care for all</p>	<p>To receive an update on matters/issues arising from the NHS White Paper. <i>Note – the Health and Care Bill was published on 6th July 2021</i></p>	<p>Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director</p>	<p>The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the White Paper and on developments that follow.</p>
	<p>Pennine Acute Transaction - update</p>	<p>To provide an update on the Pennine Acute Transaction Programme.</p>	<p>David Jago, Chief Officer, Pennine Acute Hospitals NHS Trust</p>	<p>The Health Scrutiny Committee resolved in March 2021 that the Pennine Acute Transaction remain a standing item for six months pending completion of the Transaction in September 2021.</p>

Tuesday 7 th September 2021	Healthy Child Programme	To report on changes to health visiting and school nursing services in the coming year	Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health.	
	Elective waiting lists and clinical prioritisation considerations	A report on local and Greater Manchester-wide elective waiting lists and clinical prioritisation considerations	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	Report requested by the Health Scrutiny Committee in March 2021 on consideration of NHS developments and planning for 2021/22, and particularly considering Covid-19 recovery.
	Pennine Acute Transaction - update	To provide an update on the Pennine Acute Transaction Programme.	David Jago, Chief Officer, Pennine Acute Hospitals NHS Trust	The Health Scrutiny Committee resolved in March 2021 that the Pennine Acute Transaction remain a standing item for six months pending completion of the Transaction in September 2021
	Overview and Scrutiny Work Programmes 2020/21 - Outturn	To present the outturn Overview and Scrutiny Work Programme for the 2020/21 Municipal Year.	Committee Chairs: Councillor Colin McLaren, Riaz Ahmad and Yasmin Toor Lead Officer: Elizabeth Droган, Statutory Scrutiny Officer Report Author: Mark Hardman, Constitutional Services Officer	Annual Overview and Scrutiny Work Programme Outturn report for the 2020/21 Municipal Year.

	Health Scrutiny Work Programme 2021/22	For the Health Scrutiny Committee to review the Committee's Work Programme for 2021/22.	Chair: Councillor Yasmin Toor Lead Officer: Elizabeth Drogan, Statutory Scrutiny Officer	Annual Work Programme
Tuesday 19 th October 2021	Health and Care Bill (deferred from 7 th September meeting).	To receive an update on matters/issues arising from the Health and Care Bill	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the NHS White Paper and on developments that follow.
	Urology services across Bury, Oldham, Rochdale and Salford	To endorse the key design features of the pan-locality delivery model, which are fully consistent with the GM MoC, and a phased approach to mobilisation overseen by the Programme Board.	Nicola Hepburn Director of Commissioning & Operations Oldham Cares Integrated Commissioning Function	
Tuesday 7 th December 2021	Implementation of the GM Learning Disabilities Strategy in Oldham Council	To update the Committee on implementation.	Portfolio - Health and Social Care. Mark Warren, Managing Director Community Health and Adults Social Care (DASS).	A 12-month update requested by the Health Scrutiny Committee, 8th December 2020
	Health and Care Bill	To receive an update on matters/issues arising from the Health and Care Bill	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the NHS White Paper and on developments that follow.

Tuesday 18 th January 2022	Health Improvement and Weight Management Service	To receive an update/progress report on the new service that commenced in January 2021	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health.	A 12-month update requested by the Health Scrutiny Committee, 26th January 2021
	Sexual Health Service	To report on implementation of arrangements established under the new Sexual Health Service main contract.	Portfolio - Health and Social Care. Director of Public Health. Andrea Entwistle, Public Health Business and Strategy Manager.	
	Health and Care Bill	To receive an update on matters/issues arising from the Health and Care Bill	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021, requested further reports on the detail of the White Paper and on developments that follow.
Tuesday 8 th March 2022	Health and Care Bill	To receive an update on matters/issues arising from the Health and Care Bill	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021. requested further reports on the detail of the White Paper and on developments that follow.
	Thriving Communities Programme - Evaluation	To receive the final Thriving Communities Programme evaluation report.	Portfolio - Health and Social Care. Strategic Director – Communities and Reform. Rachel Dyson, Thriving Communities Hub Lead	The item was requested by the former Overview and Scrutiny Board at their meeting held in March 2021.

BUSINESS TO BE PROGRAMMED

Integrated Commissioning under Section 75 Agreements – Progress Updates	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	Service performance reporting – previous reports to Overview and Scrutiny Board. This matter may be covered in update/progress reports submitted in respect of the Health and Care Bill.
Integrated Commissioning under Section 75 Agreements – Revenue Monitor Updates	Anne Ryans, Director of Finance.	Budget performance reporting – previous reports to Performance and Value for Money Select Committee.
Urgent Care Review - update	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	Health Scrutiny issue - last reported to Committee in September 2020 at which the intentions for further developments and the involvement of the public were advised.
Health and Care Bill – local implications	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	Informal briefing sessions to be scheduled from September 2021 in addition to programmed formal reporting.

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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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Economic and Social Reform Cabinet Portfolio

RCR-10-14	Western Gateway Town Centre Land and Property Acquisitions	Director of Economy	December 2021	Cabinet
Description: To acquire strategic land and properties across the Western Gateway of the Town Centre Document(s) to be considered in public or private: Private for financial and commercial reasons				
ESR-05-21	Oldham Performance Space	Director of Economy	October 2021	Cabinet
Description: Appointment of multi disciplinary design team for Oldham Performance Space Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party				
ESR-06-21	Old Library Building	Director of Economy	October 2021	Cabinet Member - Economic and Social Reform (Leader - Cllr Arooj Shah)
Description: Conservation works to the Old Library building Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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Education and Skills Cabinet Portfolio - None

Children and Young People Cabinet Portfolio - None

Health and Social Care Cabinet Portfolio

PISC-04-21 28	Voluntary, Community, Faith & Social Enterprise (VCFSE) Investment Fund (Covid19 Recovery)	Strategic Director Communities and Reform – Rebekah Sutcliffe	October 2021	Cabinet
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Description: This report is seeking approval to allocate Contain Outbreak Management Funding to a VCFSE investment fund to support Covid19 recovery.
 Document(s) to be considered in public or private: VCFSE Investment Fund (Covid19 Recovery) Report

Housing Cabinet Portfolio

HSG-01-21	Chadderton Neighbourhood Area and Forum applications	Deputy Chief Executive – Helen Lockwood	October 2021	Cabinet Member - Housing (Councillor Hannah Roberts)
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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To publish and consult for six weeks the application to designate the Chadderton Partnership as a Neighbourhood Forum and the application to designate the three Chadderton wards as a neighbourhood area, in line with the requirements set out in the Neighbourhood Planning (General) Regulations (2012). Document(s) to be considered in public or private: Area application Forum application Chadderton neighbourhood area map Constitution</p>				
HSG-09-21	Oldham Homelessness Prevention and Reduction Strategy 2021-2026	Deputy Chief Executive – Helen Lockwood	October 2021	Cabinet
<p>Description: All local authorities are required to publish a new Homelessness Strategy as a minimum of every 5 years based on a review of homelessness in the district. Our current strategy covers the period 2016-2021. The report seeks approval for the new Homelessness Strategy 2021-2026 Document(s) to be considered in public or private: Oldham Homelessness Prevention and Reduction Strategy 2021-2026 Oldham Homelessness Review 2016-20</p>				
HSG-10-21	Oldham's Monitoring Report 2020-2021	Deputy Chief Executive – Helen Lockwood	December 2021	Cabinet Member - Housing (Councillor Hannah Roberts)
<p>Description: Under Regulation 34 and 35 of The Town and Country (Local Planning) (England) Regulations 2012 local planning authorities must make monitoring information available for inspection as soon as possible after the information becomes available. The Monitoring Report covers the previous financial year that is 1 April 2020 to 31 March 2021. In terms of housing land supply, the Monitoring Report also presents the position as at 1 April 2021. The Monitoring Report also includes the Infrastructure Funding Statement. Document(s) to be considered in public or private: Oldham's Monitoring Report 2020-2021</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
HSG-11-21 New!	Strategic Housing Land Availability Assessment (SHLAA) - 2021 update	Director of Economy	December 2021	Cabinet Member - Housing (Councillor Hannah Roberts)
<p>Description: The SHLAA is a technical document identifying land that might have potential for housing at some stage in the future, as required by the National Planning Policy Framework (NPPF). NPPF states that a housing assessment should be used to establish realistic assumptions about the suitability, availability and the likely achievability (economic viability) of land to meet the identified housing need. This then determines whether a site could form part of the housing land supply and, if so, when it is expected to be developed.</p> <p>As well as providing evidence for the housing land position, it will inform the Local Plan review and provide data for the Brownfield Land Register update.</p> <p>The base date of this SHLAA is the 1 April 2021. This SHLAA provides the annual update to the previously published SHLAA (as at 1 April 2020), published in January 2020.</p> <p>Finally, the SHLAA discusses the latest housing requirements and whether we can demonstrate that there is enough land in the five-year deliverable housing land supply to meet requirements.</p> <p>Document(s) to be considered in public or private: Strategic Housing Land Availability Assessment (as at 1 April 2021) and associated appendices. The SHLAA will also be accompanied by an online map.</p> <p>All documents will be made publicly available on the council's website.</p>				
HSG-12-21 New!	Brownfield Register 2021 Update	Director of Economy	December 2021	Cabinet Member - Housing (Councillor Hannah Roberts)

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The Town and Country Planning (Brownfield Land Register) Regulations 2017 require each local planning authority in England to prepare, maintain and publish a register of previously developed (brownfield) land suitable for housing. The government considers the purpose of the register is to provide up-to-date and consistent information on sites that local authorities consider appropriate for residential development. To accompany the legislation, they published guidance on preparing and publishing brownfield land registers and a data standard on 28 July 2017.</p> <p>Local authorities are required to update the information relating to each entry and review the sites on their registers at least once a year and are encouraged to conduct more frequent updates of the register where they wish to so do.</p> <p>The selection of sites to include in the register has been informed by ongoing housing land monitoring and is a sub-set of the sites identified in the Strategic Housing Land Availability Assessment (SHLAA), as at 1 April 2020.</p> <p>This document provides an update to the Brownfield Register 2020, published in December 2020.</p> <p>Document(s) to be considered in public or private: Brownfield Register 2021 (report and register)</p>				
DISG-13-21 New!	Temporary Accommodation Strategy 2021-24	Director of Economy	October 2021	Cabinet
<p>Description: Temporary Accommodation Strategy and Delivery Plan</p> <p>Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				

Neighbourhoods Cabinet Portfolio

NC-12-21	Waste Collection Vehicles	Deputy Chief Executive – Helen Lockwood	October 2021	Cabinet
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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The waste management service (WMS) seek approval to purchase 5 new waste collection vehicles. The vehicles will replace 5 old vehicle (2012 plates) and allow the waste management service to maintain and appropriately manage its statutory duties around domestic and commercial waste collections.</p> <p>Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the commercial affairs of the Council and its contractors.</p>				
NEI-03-20	Highways Improvement Programme 2019/20 - 2021/22	Deputy Chief Executive – Helen Lockwood	Before May 2022	Director of Economy
<p>Description: Cabinet approved the £12m Highways Improvement Programme for delivery over the financial years 2019/20 to 2021/22 in March 2019.</p> <p>As part of the Programme there will be several schemes/groups of schemes with values exceeding £250,000 hence the need for an item on the key decision document. This item relates to any decisions made on tenders exceeding £250,000 in the 2021/22 financial year to ensure prompt delivery of the programme.</p> <p>Document(s) to be considered in public or private: N/A</p>				

Corporate Services Cabinet Portfolio - None

Finance and Low Carbon Cabinet Portfolio

FLC-04-21	Report of the Director of Finance – Capital Programme & Capital Strategy for 2022/23 to 2026/27	Director of Finance – Anne Ryans	February 2022	Cabinet
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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To consider the Council's Capital programme and capital strategy Document(s) to be considered in public or private: Proposed Report: Report of the Director of Finance – Capital Programme & Capital Strategy for 2022/23 to 2026/27 Various appendices. Report to be considered in Public.</p>				
FLC-05-21	Statement of the Chief Financial Officer on Reserves, Robustness of Estimates and Affordability and Prudence of Capital Investments in the 2022/23 budget setting process	Director of Finance – Anne Ryans	February 2022	Cabinet
<p>Description: To consider the statement of the robustness of estimates and adequacy of the reserves in the 2022/23 budget setting process. Document(s) to be considered in public or private: Proposed Report: Statement of the Chief Financial Officer on Reserves, Robustness of Estimates and Affordability and Prudence of Capital Investments in the 2022/23 budget setting process. Various Appendices. Report to be considered in Public</p>				
FLC-06-21	Report of the Director of Finance – Revenue Budget 2022/23 and Medium Term Financial Strategy 2022/23 to 2026/27	Director of Finance – Anne Ryans	February 2022	Cabinet
<p>Description: To consider the Administration's detailed revenue budget reduction proposals and the presentation of the Medium Term Financial Strategy for the Council (2022/23 to 2026/27) incorporating the current policy landscape and Local Government Finance Settlement. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Budget 2022/23 and Medium Term Financial Strategy 2022/23 to 2026/27 Report to be considered in Public</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FLC-08-21	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 6	Director of Finance – Anne Ryans	November 2021	Cabinet
<p>Description: The report provides an update on the Council's 2021/22 forecast revenue budget position and the financial position of the capital programme as at Month 6. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 6 Background Documents: Various appendices Report to be considered in Public</p>				
FLC-09-21	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 8	Director of Finance – Anne Ryans	February 2022	Cabinet
<p>Description: The report provides an update on the Council's 2021/22 forecast revenue budget position and the financial position of the capital programme as at Month 8. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 8 Background Documents: Various appendices Report to be considered in Public</p>				
FLC-10-21	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 9	Director of Finance – Anne Ryans	March 2022	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The report provides an update on the Council's 2021/22 forecast revenue budget position and the financial position of the capital programme as at Month 9. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 9 Background Documents: Various appendices Report to be considered in Public</p>				
FLC-12-21	Report of the Director of Finance – Treasury Management Strategy Statement 2022/23	Director of Finance – Anne Ryans	February 2022	Cabinet
<p>Description: To consider the Council's Treasury Management Strategy for 2022/23 - including Minimum Revenue Provision Policy Statement, Annual Investment Strategy and Prudential Indicators Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Treasury Management Strategy Statement 2022/23 Background Documents: Appendices Report to be considered in Public</p>				
FLC-13-21	Report of the Director of Finance – Treasury Management Strategy Mid-Year Review 2021/22	Director of Finance – Anne Ryans	November 2021	Cabinet
<p>Description: Review of the performance for the first half of the financial year in relation to the Treasury Management Strategy for 2021/22. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Treasury Management Strategy Mid-Year Review 2021/22. Background Documents: Appendices Report to be considered in Public</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FLC-14-21	Report of the Director of Finance - Budget 2022/23 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes	Director of Finance – Anne Ryans	December 2021	Cabinet
<p>Description: The Determination of the Tax Bases for Council Tax Setting and for Business Rates Income for use in 2022/23 budget deliberations. Document(s) to be considered in public or private: Proposed report: Report of the Director of Finance - Budget 2022/23 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes Various appendices. Report to be considered in Public</p>				
PLC-15-21 36	Joint Report of the Deputy Chief Executive People and Place and Director of Finance – Housing Revenue Account Estimates for 2022/23 to 2026/27 and Proposed Outturn for 2021/22.	Deputy Chief Executive – Helen Lockwood, Director of Finance – Anne Ryans	February 2022	Cabinet
<p>Description: The Housing Revenue Account (HRA) Outturn Estimates for 2021/22, the detailed budget for 2022/23 and the Strategic HRA Estimates for the four years 2023/24 to 2026/27. Document(s) to be considered in public or private: Proposed Report Title: Housing Revenue Account Estimates for 2022/23 to 2026/27 and Proposed Outturn for 2021/22 Background Documents: Appendices Report to be considered in Public</p>				
FLC-16-21	Report of the Director of Finance – Council Tax Reduction Scheme 2022/23	Director of Finance – Anne Ryans	February 2022	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To determine the Council Tax Reduction Scheme for 2022/23 Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Council Tax Reduction Scheme 2022/23 Background Documents: Appendices – Various Report to be considered in Public				

Employment and Enterprise Cabinet Portfolio - None

Commissioning Partnership Board

CPB-06-20	Section 75 Agreement	Chief Executive/Accountable Officer NHS Oldham CCG	October 2021	Commissioning Partnership Board
Description: To provide notification of decisions to be taken by the Commissioning Partnership Board Document(s) to be considered in public or private: Reports to be considered in private due to commercial sensitivity and details related to financial and business affairs of the Council, its partners and service providers				

Key:

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 OCTOBER 2021

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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New! - indicates an item that has been added this month

Notes:

1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.
2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its Members are as follows: Councillors Arooj Shah, Abdul Jabbar MBE, Amanda Chadderton, Shaid Mushtaq, Zahid Chauhan, Jean Stretton, Eddie Moores, Shoaib Akhtar and Hannah Roberts.
3. Full Key Decision details (including documents to be submitted to the decision maker for consideration, specific contact officer details and notification on if a report is likely to be considered in private) can be found via the online published plan at: <http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0>