

## ***HEALTH SCRUTINY***

### ***Agenda***

Date Tuesday 18 January 2022

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](mailto: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, 13 January 2022.
  4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

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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 Urgent Business

Urgent business, if any, introduced by the Chair

4 Public Question Time

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

5 Minutes of Previous Meeting (Pages 1 - 4)

The Minutes of the previous meeting of the Health Scrutiny Committee held on 7<sup>th</sup> December 2021 are attached for approval.

6 Health Improvement and Weight Management Service Update (Pages 5 - 10)

7 Integrated Sexual Health Service (Pages 11 - 20)

8 Scheduled Care Update (Pages 21 - 42)

9 Health and Care Bill Update (Pages 43 - 48)

10 Health Scrutiny Work Programme 2021/22 (Pages 49 - 54)

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

11 Key Decision Document (Pages 55 - 66)



**HEALTH SCRUTINY**  
**07/12/2021 at 6.00 pm**

**Present:** Councillor McLaren (Vice-Chair, in the Chair)  
Councillors Hamblett, Ibrahim and Salamat

Also in Attendance:

Gary Flanagan	CCG
Kaidy McCann	Constitutional Services
Amanda Richardson	Policy
Charlotte Walker	Cluster Lead, Adults Social Care

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Byrne, Cosgrove and Toor.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **MINUTES OF PREVIOUS MEETING**

**RESOLVED** - That the minutes of the meeting of the Health Scrutiny Committee held on 7<sup>th</sup> September 2021, as set out in the supplement to the agenda, be approved as a correct record.

4 **URGENT BUSINESS**

There was no urgent business received.

5 **PUBLIC QUESTION TIME**

There were no public questions received.

6 **GREATER MANCHESTER LEARNING DISABILITY STRATEGY UPDATE**

Consideration was given to a report which provided the Committee with an update on the implementation of the Greater Manchester Learning (GMLD) Strategy.

Members were advised that the GMLD Strategy had been in place for over a year and covered 11 work stream areas which also included Covid-19 since the beginning of the pandemic. Reports on the Strategy were submitted to Greater Manchester on a bi-monthly basis for scrutiny and challenge. The work stream areas were as followed:

- Strategic leadership
- Advocacy
- Belonging
- Bespoke commissioning
- Good health
- Homes for people
- Employment

- Workforce
- Early support for children and young people
- Criminal justice
- Covid-19

Members were advised that Good Health, Homes for People, Employment, Early support for children and young people and Criminal Justice were part of joint subgroups of the Greater Manchester Autism Strategy.

Members asked for and received clarification on the following:

- Health checks or lack thereof at individual GPs for residents with learning disabilities. Members were advised that GPs had been directed to focus on Covid-19. However, it was agreed that being given an opportunity to be able to speak to their GPs would significantly improve and help those with learning disabilities.
- Single males being left behind due to housing shortages. It was explained that there was a need to monitor actions plans with more nurses in the Learning Disabilities Team doing home visits. The issue would be brought to the Autism Way Forward Board and referred to the Housing Team in regard to banding issues.
- Council employment of those with learning difficulties and autism. The rate of staff within the Council was low and within Greater Manchester, Oldham was in the bottom end for performance.
- Number of staff and caseload. Members were advised that within the team there were 15 Social Workers and 5 Care Coordinators. There was an average caseload of 25-30 per staff member. With 750-800 cases at any one time. There were also 455 annual review caseloads and dedicated staff for transitions.
- General progression of transitions. Members were advised that progression was positive, and a Multi-Agency Transition Policy was in the process of being drafted. It was explained that those aged 14 plus were invited to the Hub to discuss with Practitioners the key actions to take between the ages of 14 and 18, to align a pathway to enable the young person to do what they want in life.
- The type of work available to individuals with learning disabilities. Members were advised that it all depended on the individual person and their abilities. Close work had been done with the Hospital which was a massive employer in the Borough. Work placements were heavily scrutinised and were required to be paid employment and checks would be made 6 months into the placement.

**RESOLVED** that the report be noted.

Consideration was given to a report which provided the Committee with a follow up on the recommendations in the report submitted to the Committee in October 2021 which sought to explore a number of issues pertaining to women's disadvantages which included access to mental health services.

It was noted that, amongst the issues identified, women's access to mental health services was regarded as an area of priority and focus, based upon concerns about the impact of the pandemic on mental health, and research in relation to barriers to women's economic empowerment carried out in Oldham by Oxfam and Inspire Women (2019). It had been agreed at the previous meeting that research would be undertaken on the following:

- the collation, analysis and interpretation of any existing data and intelligence.
- the engagement of women with lived experience in the development of this evidence base and
- identification of any future work that may be needed in respond to any issues raised.

The Committee was advised that demand for mental health services had increased during the pandemic and waiting times for people needing to access help had increased. It was felt that this was in part because people couldn't access the same level of support through their GP's during the lockdown. There was no evidence of a gender-bias in this demand. Service provision on the whole not gender specific but responsive to the evidence of need and demand, guided by the principles of person-centred care. In relation to mental health service commissioning, gender-specific service provision for women were focused on perinatal and maternity services.

Within commissioned services, such as TOG mind and Health Minds, women could access women only professional and peer-to-peer support. This was particularly important in providing culturally appropriate and sensitive support for women; supporting women who are experiencing domestic abuse or women who were sex-workers. Evidence also shown that women were more likely to access mental health support through targeted family support and parental wellbeing programmes. Similarly, more women than men (approximately 60/40% split) accessed psychological care in relation to early-stage dementia.

Members were advised that a round-table discussion that would focus on the Council's role in supporting good mental health in the borough was currently being considered by Cllr Chauhan, and Dr Keith Jeffery, Clinical Director for Mental Health for NHS Oldham CCG, mental health care. Whilst there were no details as yet, it was understood that the intention was to raise the profile of services to support mental health and wellbeing in Oldham, discuss work currently being undertaken and future opportunities to improve mental health and wellbeing in the borough.

Members asked for and received clarification on the following:

- The effect of Covid-19 on women's mental health. It was noted that research did point to women suffering more during the pandemic. Work was being done with Inspire Women to identify and tackle the impact of Covid-19 on Mental Health.
- The availability of Health Navigators. It was explained that not everything could be helped with medication. The Mind service had recently opened on Union Street and work was being done with Early Help for non-medication routes.
- Digital exclusion. Members felt that not everyone could navigate themselves online and with more services moving to online only left a huge cohort behind. It was agreed that services could not be digital only and a request for additional funding for older adults had been requested. There was also a 24-hour phone helpline available for users to speak to a mental health professional.

**RESOLVED** that the report be noted.

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

The Committee received a report inviting consideration of the Committee's Work programme for 2021/22 as at October 2021.

**RESOLVED** that the Health Scrutiny Work programme 2021/22 be noted.

9 **KEY DECISION DOCUMENT**

The Board gave consideration to the latest Key Decision Document setting our decisions to be made from 1<sup>st</sup> October 2021

**RESOLVED** That the Key Decision Document be noted.

The meeting started at 6.00 pm and ended at 7.58 pm



**Oldham**  
Council

## Report to Health Scrutiny Committee

# Health Improvement and Weight Management Service - Update

### Portfolio Holder:

Councillor Chauhan, Cabinet Member Health and Social Care

**Officer Contact:** Katrina Stephens, Director of Public Health

**Report Authors:** Rebecca Fletcher, Public Health Consultant and Andrea Entwistle, Public Health Business and Strategy Manager (Oldham Council)

**Ext.** 3386

**18 January 2022**

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## Purpose of the Report

To update the Health Scrutiny Committee on the progress made by the Health Improvement and Weight Management Service, Your Health Oldham, delivered by ABL Health Limited, during the last 12 months, as requested by the committee in January 2021.

## Executive Summary

Having a high functioning health improvement offer is an essential component of the range of activity required to achieve better population health and reduce demand on health and social care services.

'Your Health Oldham', delivered by ABL Health Limited, is Oldham's Health Improvement and Weight Management Service and commenced delivery in January 2021 following a comprehensive tender process.

Representatives from ABL Health have been invited to attend the meeting to present an update on progress made by the service during its first year.

## Recommendations

Health Scrutiny Committee are asked to consider the progress made by the Health Improvement and Weight Management Service, Your Health Oldham, delivered by ABL Health Limited, and note the highlights and challenges of the last 12 months.

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## Health Improvement and Weight Management Service

### 1 Context

- 1.1. Local authorities have responsibility for improving the health and wellbeing of their local population and for public health services. There is also a responsibility to reduce health inequalities across the life course, including within hard to reach groups, and to ensure the provision of population healthcare advice. As such, statutory duties for public health include the provision of public health advice on obesity and physical activity for both adults and children and smoking and tobacco (including smoking cessation and intervention).
- 1.2. Oldham's adult population is less physically active, smokes more, and carries more excess weight than the England average. These unhealthy behaviours mean Oldham has significantly higher numbers of people with recorded diabetes, and deaths from smoking-related diseases, cardiovascular disease and cancer (which are significantly higher than the England average). The major risk factors contributing to mortality are preventable/modifiable with smoking and dietary risks contributing to one-third of all deaths in Oldham.
- 1.3. Reducing smoking prevalence, levels of obesity and increasing physical activity levels are behavioural risk factors, with strong connections to the wider socio-economic determinants of health, that have the potential to have the biggest impact on the improvement of population health, reduce demand on health and social care services and reduce health inequalities.

### 2 Background - Health Improvement and Weight Management Service

- 2.1 Your Health Oldham, Oldham's Health Improvement and Weight Management Service, delivered by ABL Health in partnership with a range of local delivery partners and grassroot organisations, launched on 1 January 2021, following a comprehensive tender exercise and completion of a successful due diligence and mobilisation period.
- 2.2 The high-level outcomes of the Health Improvement and Weight Management Service, include:
  - Reduction in the proportion of adults who smoke
  - Contribute to the reduction in smoking related illnesses and deaths
  - Contribute to improving the health of the population by reducing exposure to passive smoking
  - Contribute to the reduction in the proportion of adults and children who are overweight or obese
  - Contribute to the reduction in the proportion of adults and children who are physically inactive
  - Increase in the proportion of adults and children eating a healthy diet
  - Reduction in the proportion of adults that have a high vascular risk score
  - Reduction in the number of adults consuming alcohol above recommended limits
  - Reduction in the level of health inequalities experienced in the borough.
- 2.3 The Health Improvement and Weight Management Service delivers the following themed interventions, for residents of Oldham and those registered with an Oldham GP:
  1. Single Point of Assessment and Signposting
  2. Community Stop Smoking Support
  3. Weight Management Support
  4. Physical Activity Support



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5. Post NHS Health Checks Support
  6. Targeted Community Health MOTs and support
  7. Alcohol Brief Interventions and support
  8. Mental Wellbeing Support

All of which will help to improve the health outcomes for the borough and ensure that children and young people have the best start in life and are growing up in families that are thriving and that individuals are supported to make and maintain informed health decisions and behaviours

The service is also be enabled and developed by the provision and delivery of the following:

- Delivery of evidence-based training programmes to equip community facing staff with the knowledge and competence to support a population health approach
- A comprehensive Digital Offer to increase access, reach, engagement and motivation.

- 2.4 The service is a collaborative commission between Oldham Council and NHS Oldham CCG and the length of the contract is five-years from 1 January 2021 until 31 December 2025, with the option to extend the contract for a further two years until 31 December 2027.
- 2.5 An overview of the service, including the delivery model and anticipated outputs and outcomes, was presented to Health Scrutiny Committee at the start of the contract term in January 2021. Health Scrutiny Committee requested an update for their consideration in 12 months' time.

### **3 Progress to date**

- 3.1 Your Health Oldham has had a positive first year as Oldham's Health Improvement and Weight Management Service and has supported Oldham's residents to improve their health and wellbeing by stopping smoking, moving more, eating more healthily and losing weight. ABL have launched and rolled out the full Health Improvement and Weight Management service offer, using a phased approach as agreed with commissioners, in the context of the ongoing COVID-19 pandemic.
- 3.2 The service has supported 2738 individuals and families over the last 12 months (55.4% of referrals for Smoking Cessation and 44.5% for Weight Management support). The service has made considerable progress towards achieving all of their performance targets whilst exceeding several, specifically around smoking cessation where 83% of service users have set a quit date (target: 50%) and 57% of those have achieved a 4 week quit (target: 45%), with 73% of those service users going on to achieve a 12 week quit.
- 3.3 Throughout the first year, Your Health Oldham saw a month on month increase in referrals as a result of effective communication and engagement from the service with local partners and stakeholders and scaling up of capacity within the delivery team to meet demand through both recruitment and improved processes and systems. Your Health Oldham have also undertaken considerable workforce development with the wider workforce to enable professionals to have health improvement conversations and give practitioners the skills to start difficult conversations with people around weight, smoking and alcohol intake. Your Health Oldham has also worked closely with their delivery partners to ensure the service offer has been co-produced with local communities and ABL has undertaken considerable social value work, including the establishment of the Your Health Oldham Community Fund that has funded several community projects that will support local people to improve their health and wellbeing by maintaining healthy behaviours.

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- 3.4 In addition to the commissioned health improvement service, Your Health Oldham has also added value to the wider health and care system by participating in several innovative pilots and projects as system leaders around health improvement and have been integral in the re-launch of Oldham's Tobacco Alliance and the national roll out of the Smoking Cessation Advanced Service (Referral from Secondary Care into Community Pharmacy).
- 3.5 ABL have also been commissioned to deliver additional Tier 2 Adult Weight Management support for vulnerable, priority and at-risk people with additional grant monies from Public Health England (now Office of Health Improvement and Disparities) which includes offering tailored and bespoke weight management support to targeted groups including people aged over 65, people from Black and other Ethnic Minority Communities, particularly the South Asian community in the borough, people with Learning Disabilities and dedicated Men's Only provision as well as an enhanced therapeutic offer which builds upon the provision offered via the Health Improvement and Weight Management Service.
- 3.6 Representatives from ABL Health will attend the Health Scrutiny Committee Meeting to present a detailed summary report of the progress to date during the first year of the contract, including performance data and contributions towards improved outcomes, and provide an overview of the highlights and challenges of the last 12 months as well as proposed next steps for the next part of the contract term.

#### **4 Key Issues for Health Scrutiny to Discuss**

- 4.1 Health Scrutiny Committee is asked to consider the health improvement offer available via Your Health Oldham for residents of Oldham and those registered with an Oldham GP, and the effectiveness of the support available to people who want to make and maintain positive health behaviours to improve their health and wellbeing.

#### **5 Key Questions for Health Scrutiny to Consider**

- 5.1 Health Scrutiny Committee is asked to consider the update on the first 12 months of delivery of the Health Improvement and Weight Management Service and note the performance management information and contributions towards health outcomes made by the service as part of the first year of their 5-year contract (potentially up to 7-year contract if all options to extend are enacted).

#### **6 Links to Corporate Outcomes**

- 6.1 The Health Improvement and Weight Management Service, as with all Public Health commissioned services, fully supports the Council's cooperative agenda as it promotes the active engagement of Oldham residents and providers delivering in Oldham in Thriving Communities, Co-operative Services and an Inclusive Economy. The commissioning of the service and the award of the contract to ABL Health Limited is consistent with the commitment within the Oldham Plan to take a person and community centred approach, that places prevention at the heart of our emerging new model of delivery.

#### **7 Consultation**

- 7.1 A comprehensive consultation process was undertaken as part of the development of the specification for the service and included engagement with residents and the market, as well as key stakeholders.
- 7.2 The Oldham Council Chief Executive and NHS Oldham CCG Accountable Officer approved the award of the contract for the delivery of the Health Improvement and Weight Management Service, in lieu of the Strategic Director of Communities and Reform, as per the delegated authority agreed at Cabinet in November 2019.

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- 7.3 An Equality and Diversity Impact Assessment has been completed prior to the tender exercise taking place. A copy is available on request. This will be regularly reviewed throughout the contract term.
- 7.4 Quarterly formal contract and performance monitoring meetings have taken place with the Provider and Commissioners throughout the first year. The Director of Public Health, in her capacity as statutory officer, and the Cabinet Member for Health and Social Care have been appropriately briefed regarding progress and performance.

## **8 Appendices**

- 8.1 None

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## Report to Health Scrutiny Committee

# Integrated Sexual Health Service

### Portfolio Holder:

Councillor Chauhan, Cabinet Member Health and Social Care

**Officer Contact:** Katrina Stephens, Director of Public Health

**Report Authors:** Rebecca Fletcher, Public Health Consultant and Andrea Entwistle, Public Health Business and Strategy Manager (Oldham Council)

**Ext.** 3386

**18 January 2022**

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### Purpose of the Report

To report to the Health Scrutiny Committee on the outcome of the collaborative commission with Rochdale and Bury Councils for an Integrated Sexual Health Service and provide a progress update on the implementation of arrangements established under the new contract.

### Executive Summary

Oldham, Rochdale and Bury Councils (ORB) have worked collaboratively to jointly commission a provider for the provision of a high quality Integrated Sexual Health Service (ISHS) through an open competitive tendering procedure to support population health and meet our mandated responsibilities for open access sexual health services.

Following completion of the tender evaluation processes, the Director of Public Health delegated authority to Rochdale Council and STAR Procurement to award the contract on behalf of the Council, as per the delegated authority agreed by Cabinet in March 2021, to the provider who submitted the most economically advantageous bid, HCRG Care Group (previously known as Virgin Care Limited).

The specification for the Integrated Sexual Health Service has been revised considerably via collaborative approach at a GM level to ensure consistency of provision across the city region and common standards, and at a locality level to ensure that there is a clear focus on reducing health inequalities by ensuring targeted provision for those individuals who are most at risk of sexual health related harm or poorer sexual health outcomes.

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## **Recommendations**

Health Scrutiny Committee are recommended to note the collaborative commissioning exercise undertaken by Oldham, Rochdale and Bury Councils and the outcome of the recent tender exercise to procure a provider for the delivery of the Integrated Sexual Health Service.

Health Scrutiny Committee are also asked to consider the new enhanced Integrated Sexual Health Service offer that will contribute to our vision of improving the sexual health and wellbeing of the people of Oldham, Rochdale and Bury via delivery of innovative prevention-orientated interventions and responding to the changing health needs of our residents, improving population health and reducing health inequalities.

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## Integrated Sexual Health Service

### 1 Context

- 1.1. Good sexual health is important to individuals, but it is also a key public health issue. Sexual ill health and wellbeing is strongly linked to deprivation and health inequalities and presents a significant cost to society as well as to the individual. Sexual and reproductive health is not just about preventing disease or infection. It also means promoting good sexual health in a wider context, including relationships, sexuality and sexual rights. Most of the adult population of England are sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations.
- 1.2. Improving the sexual health of the population remains a public health priority. The consequences of poor sexual health include:
  - unplanned pregnancies and abortions
  - psychological consequences, including from sexual coercion and abuse
  - poor educational, social and economic opportunities for teenage parents and their children
  - HIV transmission
  - cervical and other genital cancers
  - hepatitis, chronic liver disease and liver cancer
  - recurrent genital herpes
  - recurrent genital warts
  - pelvic inflammatory disease, which can cause ectopic pregnancies and infertility
  - poorer maternity outcomes for mother and baby
- 1.3. Local authorities are mandated to commission and fund comprehensive, open-access HIV/STI testing services; STI treatment services (excluding HIV treatment); and contraception services for the benefit of all persons of all ages who present in their area. Integrated Sexual Health Services (ISHS) include contraception and sexual health [CASH, also known as family planning] and genito-urinary services [GUM].
- 1.4. Commissioners based within Local Authorities work in partnership through the Greater Manchester Sexual Health Network (GMSHN) to plan, procure and develop sexual and reproductive health provision. Commissioners within the local authorities link to counterparts within NHS England in relation to HIV treatment and care and the CCGs in relation to the provision of related reproductive health provision (e.g. permanent methods of contraception) and abortion services.
- 1.5. The Greater Manchester (GM) Sexual Health Strategy's vision is to improve sexual health knowledge, provide accessible sexual health services, improve sexual health outcomes and achieve HIV eradication in a generation. The ten local authorities of Greater Manchester have taken a collaborative approach to the commissioning of integrated sexual and reproductive health services in order to maintain consistent sexual health provision across all of GM whilst reducing the costs of providing sexual and reproductive health services and minimising the risk of unanticipated or increasing spend. The local authorities, working in clusters and on a phased basis, have procured a number of integrated sexual and reproductive health services for Greater Manchester. Our services operate on an open-access basis and offer the full range of sexual and reproductive healthcare provision.
- 1.6. Integrated Sexual Health Services contribute to several key public health outcomes including reducing STIs, reducing unwanted pregnancies, and reducing repeat abortions.

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## 2. Background

- 2.1. The current contract for the delivery of Integrated Sexual Health Services, held by Virgin Care Limited, is a collaborative commissioning contract between Oldham Council, Bury Council and Rochdale Council (known as North East Sector [NES] or ORB) and has been in place since January 2016. Rochdale are the lead commissioner of this cluster arrangement and hold the contract with Virgin Care Ltd, under a tripartite legal agreement whereby Oldham and Bury Councils are associates to the contract.
- 2.2. In March 2021, Cabinet approved the request to proceed to market for the procurement of an Integrated Sexual Health Service in collaboration with Rochdale and Bury Councils and for STAR procurement to lead on the process on behalf of Oldham Council.
- 2.3. The rationale for Oldham to remain a part of the collaborative commissioning arrangement, was to standardise quality of care across the localities as well as to manage costs associated with the process, reduce duplication and avoid unnecessary expense. The cluster arrangement between Oldham, Rochdale and Bury has worked well to date and there have been significant benefits to collaboratively commissioning the service for the three boroughs. The locality footprints and demographics are such that the population health needs are similar across the cluster. The service has also benefited from reduced overheads and management costs and has been able to provide a more flexible service in response to staffing pressures or other service need.
- 2.4. Our collaborative vision is to improve the sexual health and wellbeing of the people of Oldham, Rochdale and Bury. We aim to achieve this by commissioning an innovative prevention-orientated integrated sexual health service which can lead the local health care system in responding to the changing sexual health needs of our residents. The service will reduce health inequalities and improve population health outcomes, building an open culture where everyone is able to make informed and responsible choices about relationships and sex.
- 2.5. To achieve this vision, we sought a system leader to manage and develop sexual and reproductive health (SRH) care across Oldham, Rochdale and Bury, forging critical partnerships with NHS trusts, primary care providers, voluntary sector organisations and our local residents in order to truly improve patient care and population health outcomes. The service will coordinate and support the delivery of SRH care across this network with the aim of strengthening community-based preventative services and reducing demand for specialist care over time. The service will have overall responsibility for improving SRH outcomes at a population level through its role as the local system leader, bringing together professionals and organisations from across Oldham, Rochdale and Bury to achieve improvements in sexual health and wellbeing. The service will determine the best approach for developing the local SRH system ensuring it encompasses the following core elements:
  - Development and coordination of pathways for people accessing SRH care, ensuring these are streamlined across community and specialist services
  - Provision of expert clinical governance, advice and consultation for professionals working across all the local organisations that play a role in improving sexual health and wellbeing
  - Building capacity in the local multidisciplinary sexual health workforce through the provision or facilitation of training and continuous professional development (CPD) activities
  - Coordination and active participation in strategic, operational and professional networks across Oldham, Rochdale and Bury and Greater Manchester



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- 2.6. The service will support delivery against the indicators relating to sexual health in the Public Health Outcomes Frameworks, which are currently as follows:
- C01: Health Improvement: Total prescribed LARC, excluding injections rates
  - C02: Health Improvement: Under-18 conceptions rates
  - D02a: Health Protection: Chlamydia diagnoses (15-24 year olds)
  - D02b: Health Protection: New STI Diagnoses (excluding chlamydia aged <25)
  - D07: Health Protection: People presenting with HIV at a late stage of infection.

Provision of the integrated sexual and reproductive health service is also expected to contribute to achieving the following outcomes:

1. Reducing the number of unintended conceptions among women of all ages
2. Reducing the number of under-18 conceptions
3. Reducing the number of abortions and repeat abortions among women of all ages
4. Increasing the proportion of abortions performed under 10 weeks
5. Reducing the prevalence of undiagnosed STIs including HIV
6. Controlling the transmission of STIs including HIV
7. Reducing the proportion of residents diagnosed with HIV at a late stage of infection
8. Increasing the proportion of residents vaccinated against Hepatitis B.
9. Narrowing of inequalities in sexual health between people of different age groups.
10. Narrowing of inequalities in sexual health between at-risk groups (e.g. men who have sex with men, trans and non-binary people, people from Black African communities etc.) and the general population.

2.4 As part of the commissioning process, considerable work was done to update the service specification for the Integrated Sexual Health Service to include additional elements based on data and intelligence from the Sexual Health Needs Analysis and better align with local and regional ambitions, as well as including new required provision, to ensure that we have a high functioning and appropriate service for Oldham. A sub-group of Greater Manchester Sexual Health Commissioners was established to develop a standard GM specification for Integrated Sexual Health Services, based on the national specification developed by the Department of Health, in collaboration with independent clinicians and professionals from PHE. Clusters took responsibility for the development of individual locality requirements, informed by SHNAs and Market Engagement, which were appended to the standard specification. Taking this standardised approach aims to maintain a consistent sexual health service offer across the Greater Manchester city-region, as far as possible, and ensure equity of access for residents, regardless of where they live or where they choose to access sexual health services.

2.5 As a result of this process, the following additional elements have now been included as standard in the specification for the ORB ISHS:

**HIV Pre-Exposure Prophylaxis (PrEP):** PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent getting HIV. When taken as prescribed, PrEP is highly effective for preventing HIV. Routine provision of PrEP has been included in the specification as standard, as per national guidelines, following the national roll out of routine commissioning of PrEP in October 2020.

**Priority Groups and Targeted Interventions:** The Provider will be required to recognise and take steps to address the needs of marginalised, vulnerable and at-risk groups. This includes establishing links with local networks, working alongside other local providers to strengthen the support offer for these communities and deliver targeted sessions aimed to improve sexual health outcomes in specific communities who may be at higher risk of

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poor sexual health outcomes or sexual health related harm. This includes targeted provision for the following:

- Young people
- LGBTQ+ residents
- Sex Workers
- Those with special educational needs and disabilities
- Homeless people
- Residents participating in casual sexual encounters
- Men who have sex with men
- Asylum seekers
- Specific ethnic minorities that are evidenced to be at higher risk of STIs and/or poorer sexual health outcomes
- Older people who are sexually active, including those who are still working and who may also be ending previous long-term relationships and entering into new ones
- Black and other ethnic minority populations

**Outreach provision (clinical and non-clinical)** There is now a clear directive to develop an assertive clinical outreach function to address the more complex sexual health needs of the most vulnerable, marginalised and socially disengaged people in our communities. The initial focus will be to provide clinical outreach to LGBTQ+ people, sex workers and ethnic minorities that are evidenced to be at higher risk of STIs and/or poorer sexual health outcomes from the start of the new contract. This will then be widened out during the first year to include vulnerable adults, including the homeless, disabled people, people with learning disabilities and other higher risk groups. The outreach offer of the main ISHS will complement and not duplicate the offers from local young people's sexual health services. Clinical outreach workers will be able to deliver universal and targeted sexual health interventions in community settings, but will also:

- Address the more complex sexual health needs of the most vulnerable and hard to reach people in Oldham, Bury and Rochdale
- Target hot spot areas and settings within ORB where there are known to be poor sexual health outcomes in the population or in accessing sexual health services
- Provide fast-track sexual health services for vulnerable people
- Facilitate vulnerable people to access sexual health and sexual health related services across primary, secondary and specialist services for more complex STI, GUM and contraception needs
- Increase access to LARC fitting for residents, particularly younger women under 25 years old
- Address safeguarding issues within client group
- Provide an effective method for confidential communication with vulnerable groups
- Engage with existing services and provision in the community to build on the work and resources of partners
- To develop and implement appropriate and effective cross agency pathways and referrals relating to sexual health.
- Provide advice, support, and information for residents and partner agencies.

The Provider will also develop a non-clinical outreach function as part of the service which is flexible in order to respond to local intelligence and changing circumstances. This will be targeted at those most at risk of poor sexual health to contribute to a reduction in health inequalities and will comprise of proactive robust prevention interventions, such as information provision or education, marketing and advertising, and outreach to support people to develop the knowledge and skills to prevent poor sexual health and therefore reduce demand for reproductive and sexual health services.

**Primary care LARC offer** – The provision of contraception is widely recognised as a highly cost-effective public health intervention. This is because it reduces the number of

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unplanned pregnancies which bear high social, wellbeing and financial costs to individuals, the health service and to the state. Methods of contraception can be broadly divided into two groups - Long acting reversible contraception (LARCs) and User Dependent Methods (UDMs). LARCs are the most cost-effective method of contraception according to NICE, and they are also clinically effective as they are not reliant on daily compliance. Local authorities are mandated to commission LARCs which are provided through GPs and sexual health clinics, this encompasses implants and IUDs. In addition to the LARC offer available as part of the ISHS, Oldham Council currently commission individual GP practices to deliver LARC. However, ISHS is achieving better outcomes around LARC provision than Primary Care locally and it was determined that the ISHS Provider would work developmentally with Primary Care to support the provision of LARC, and other SRH provision in Primary Care Networks. This would include a training and development offer to build workforce capacity for LARC fitters in Primary Care and commissioning of PCNs to deliver LARC. The GP LARC model will be developed by the ISHS Provider in Year 1 and go live in Year 2, subject to approval by Commissioners.

**Digital and Remote Services** – Accessing appointments can be a barrier for people using sexual health services. For those that work, look after children or have limited access to transport, flexibility and choice is critical. For some people, privacy and anonymity greatly influence their decisions about which services they access. And unfortunately, there is still a level of embarrassment and stigma around accessing sexual health services, which can lead to mental health issues and isolation and have a detrimental effect on whether a person accesses appropriate and timely treatment and support and how they manage any conditions. Findings from the 2019 SHNA showed that the most popular source of sexual health information is online sites. As such, digital access to information, advice and guidance and sexual health services play an integral role in enabling people to manage their sexual health. Innovation in service delivery such as online or tele-consultations for HIV and hepatitis, STI and blood-borne virus (BBV) self-sampling kits, and access to postal or ‘click and collect’ offers around condoms, oral and emergency hormonal contraception and STI treatments has happened at pace during 2020/21, as a result of the COVID-19 pandemic. Therefore, the new specification for the service includes a greater emphasis on the Digital and Remote offer, taking learning from COVID plus building on best practice and scoping work undertaken by GM in 2019/20 around a SRH digital offer, which included engagement with service users, residents and professionals.

### **3 Integrated Sexual Health Service – Procurement Process**

- 3.1 The procurement of the ORB Integrated Sexual Health Service was led by STAR Procurement, as the strategic sourcing function for Rochdale Council, the lead commissioning authority for this collaborative commissioning arrangement. A core working group was established to plan, monitor and deliver the work required to carry out a full procurement exercise and met on a fortnightly and then weekly basis to enact the detailed project plan.
- 3.2 Prior to commencement of the tendering process, preparatory work included a Sexual Health Needs Assessment<sup>1</sup> and a Market Engagement Event that took place on 4 March 2020 with providers operating in the sexual and reproductive health market in order to help determine future requirements and to shape the proposal and specification for the formal tendering process. The Market Engagement session was conducted collaboratively with commissioners from Stockport, Tameside and Trafford.
- 3.3 An open tender process was advertised on the e-tendering Due North Portal ‘The Chest’, which is used by all GMCA local authorities, and on Find a Tender service plus Contracts Finder Notice. The tender was publicised on 6 August 2021 with a deadline to respond by

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<sup>1</sup> SHNA can be viewed at <http://www.oldham-council.co.uk/jsna/ORB-SHNA-2019>

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12 noon on 20 September 2021. The Oldham, Rochdale and Bury ISHS invite to tender was Lot 1 of two lots advertised at the same time – the other being for Stockport and Tameside ISHS.

- 3.4 Stage 1 was a Supplier Questionnaire (SQ) to establish a list of approved providers or consortia. All providers or consortia (all members of any proposed consortia bids were required to provide the information in all sections of the SQ as part of a single composite response) were evaluated by the evaluation panel on a Pass/Fail basis on a range of competencies including economic and financial standing, compliance with equality and health and safety legislation and data protection and information security, to ensure due diligence of providers. References and certificates of past performance were also requested to demonstrate past experience in delivering similar provision.
- 3.5 During the second stage, providers were asked to compile responses to award criteria questions which formed part of the evaluation stage and was used to determine the most economically advantageous tender for the cluster. The Technical Capacity section of the evaluation questionnaire asked bidders to describe their proposed delivery model. It also asked for clarification of the bidders' mobilisation, implementation and communication plans and their approach to managing change, information and performance. Social Value was also evaluated using both a proxy value in accordance with the National TOMS Framework via the Social Value Portal and a narrative response. The financial envelope for the delivery of the Integrated Sexual Health Service was fixed and took into account the amounts allocated from each local authority, asking bidders to ensure when submitting their pricing schedule that they did not exceed the maximum budget indicated for either the total lot or for any individual council within that lot, or they would be excluded. Therefore, bidders were not competing on price, however consideration was given to the value and impact of each bidder's proposed model and resource configuration.
- 3.6 Upon completion of the Technical Capacity evaluation, all bidders who were within 20% of the highest scoring bidder were passed through to the presentation stage where providers were asked to present two presentations: the first based on their approach to supporting two case studies and the second that focused on their approach to working with the most socially disadvantaged, least likely to engage and those groups who are most at risk of sexual health related harms with a view to improving population health and reducing health inequalities.
- 3.7 Comprehensive evaluation and moderation processes were in place throughout the process. The responses to the Evaluation Questions were evaluated by a panel of senior officers from Public Health at each of the cluster Councils, plus a Public Health Consultant, a Safeguarding Lead from NHS Heywood, Middleton and Rochdale CCG, an independent GU/HIV Consultant (from Blackpool Teaching Hospital NHS Trust), an independent Reproductive Health and Gynaecology Consultant (from Leeds Community Healthcare NHS Trust), HIV Specialists from NHS England and NHS Improvement and a Youth Councillor. Some of the panel evaluated all questions and presentations whilst others only evaluated specialist elements.
- 3.8 The outcome of the evaluation process found that the most economically advantageous tender (based on quality, social value and financial modelling) was submitted by Virgin Care Services Limited (now known as HCRG Care Group).
- 3.9 As agreed by Cabinet in March 2021, the Director of Public Health, in consultation with the Cabinet Member for Health and Social Care, approved the delegation of authority to Rochdale Council, as lead commissioning authority, and STAR Procurement to award the contract post tender evaluation on behalf of Oldham Council to the successful bidder.

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- 3.10 The contract term is for a period of five years up to the end of 31 March 2027. There is an option to extend the contract for up to a further five years, adding up to 10 years in total until 31 March 2032. Overall contract value is £3,710,000 per annum (contribution from Oldham Council = £1,292,000 p.a. for Year 1 increasing to £1,337,000 from Year 2 onwards) equating to £18,550,000 (£6,460,000 from Oldham) over the initial 5-year term, or up to £37,100,000 (£12,920,000 from Oldham) should the full 10 years duration be taken.
- 3.11 The new service will commence delivery from 1 April 2022, subject to successful completion of due diligence, contract negotiations and service mobilisation.

#### **4 Service delivery model and implementation**

- 4.1 Commissioners will present an overview of the service delivery model that will be implemented by HCRG Care Group to deliver the Integrated Sexual Health Service and an update on the proposed implementation plan, and progress to date, at the Health Scrutiny Committee Meeting.

#### **5 Key Issues for Health Scrutiny to Discuss**

- 5.1 Health Scrutiny Committee are recommended to note the collaborative commissioning exercise undertaken by Oldham, Bury and Rochdale Councils, and the outcome of the recent tender exercise to procure a provider for the delivery of an Integrated Sexual Health Service.
- 5.2 Health Scrutiny Committee are also asked to consider the new enhanced Integrated Sexual Health Service offer which will be available from 1 April 2022 and delivered by HCRG Care Group (previously Virgin Care Limited) and aims to reduce health inequalities, improve population health outcomes and build an open culture where everyone is able to make informed and responsible choices about relationships and sex.

#### **6 Key Questions for Health Scrutiny to Consider**

- 6.1 Health Scrutiny Committee is asked to consider whether an update on the first 12 months of delivery of the Integrated Sexual Health Service, including relevant performance management information and contributions towards health outcomes, would be useful or if they wish to invite relevant partners and stakeholders from across the Reproductive and Sexual Health system for a deep-dive or further discussion around how we will take a collaborative approach to improving sexual health outcomes locally.

#### **7 Links to Corporate Outcomes**

- 7.1 The Integrated Sexual Health Service, as with all Public Health commissioned services, fully supports the Council's cooperative agenda as it promotes the active engagement of Oldham residents and providers delivering in Oldham in Thriving Communities, Co-operative Services and an Inclusive Economy. The commissioning of the service and the award of the contract to HCRG Care Group (previously Virgin Care Group) is consistent with the commitment within the Oldham Plan to take a person and community centred approach, that places prevention at the heart of our emerging new model of delivery.

#### **8 Consultation**

- 8.1 A comprehensive consultation process was undertaken as part of the development of the specification and included engagement with residents and the market, as well as key stakeholders. This included the development of a comprehensive Sexual Health Needs Assessment.

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- 8.2 Officers from Procurement, Finance and Legal were part of the project team for the procurement exercise and were consulted throughout the process for any implications relevant to their respective specialisms. Procurement, finance and legal implications were included in the delegated decision for the award of the contract.
  - 8.3 The Director of Public Health, as the key relevant statutory officer, and the Cabinet Member for Health and Social Care have been briefed prior to and throughout the commissioning process.
  - 8.4 An Equality and Diversity Impact Assessment has been completed prior to the tender exercise taking place. A copy is available on request.

## **9 Appendices**

- 9.1 None

## **Scheduled Care Update**

**Yvonne Bagguley**  
**Scheduled Care Programme Manager**

**Sophie Spilsbury**  
**Head of Scheduled Care**

# Long Waiters

Wait Band	Number of Waiters by Month		
	Sep '21	Oct '21	Nov '21
>104 weeks	66	77	83
>52 weeks	1,099	1,078	1,024
>46 weeks	1,471	1,440	1,522
>40 weeks	2,007	1,961	2,027

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Whilst we aim to eliminate waits of over 104 weeks by end of March '22 it's important to understand that a long waiter isn't necessarily a high clinical priority or more urgent due to the wait. Elective activity also slows annually when winter pressures hit and resources are reprioritised contributing to increased Elective waits.

- Patient choice continues to play a part in the increasing numbers as some opt to wait until the risk of Covid is significantly reduced. The new variants and ongoing waves of Covid impact the decisions of these patients even when the clinical implications of their condition are discussed so will contribute to the long wait cohort. All of these factors play in to the November increases we're seeing here as Omicron numbers rise but also as we approach the Christmas period and patients choose to delay to the New Year.



# RTT Performance

Provider	Oldham Waitlist Size and % within 18 Weeks by Provider					
	September		October		November	
NCA	14,227	60.8%	14,769	59.3%	15,266	58.7%
MFT	4,536	53.9%	4,624	52.6%	4,545	51.4%
THFT	740	69.3%	745	68.9%	710	67.0%
Lanc Hse	344	95.9%	707	99.9%	398	96.5%
PMSK	2,323	98.4%	2,535	97.4%	2,329	97.0%
InHealth	410	93.7%	374	95.7%	295	96.3%
BMI H'f	685	54.0%	696	51.3%	783	55.8%
Other	1,162	83.4%	1,165	84.4%	1,111	84.8%

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- The reality is that the 92% Incompletes standard hasn't been achieved since long before Covid hit however Covid has had a further detrimental impact particularly on our NHS Trusts. The total waitlist in Mar '20 was 16,852 vs. 25,437 Nov '21.
- Our ISPs have been able to bounce back quicker as evidenced in the stats. The exception being BMI Highfield who have been impacted by taking on long waits from NHS Trusts where the patient 'clock' continues to tick. BMI are one of the main ISPs taking activity from the Trusts to reduce patient waits and support Elective recovery.

# Diagnostics

- Diagnostic provision continues to be a challenge as increased waitlists result in increased demand on diagnostic services
- The standard continues to be set at 99% of diagnostics to be delivered within 6 weeks however NHSE/I have published new guidance in May '21 stating waitlists should be reviewed and prioritised according to clinical need rather than wait time where over half have been waiting over 6 weeks.
- In Nov '21 our breach rate was 42.2% (3,709) vs. 41.2% in Oct '21
- In Feb '20 our diagnostic waitlist stood at 4,596 but in Nov '21 was 8,798 - a 91.4% increase
- NCA account for 2,512 breaches and MUFT 571. There are also 476 breaches with NOUS provider Beacon which is being picked up with them separately as they've experienced a huge spike in referrals since new contracts were awarded to commence 1<sup>st</sup> October.
- ISPs are being utilised to support Trusts with diagnostic waits but can prove resource intensive to transfer out particularly if they need to be transferred back in for ongoing consultation/treatment.
- Echocardiography, MRI, NOUS and Endoscopy account for the majority of diagnostic waits

# Summary

- We continue to operate under challenging circumstances with infection prevention and control (IPC) measures, stretched resources for various reasons (including staff sickness), patient choice and increasing waitlists
- When pressures rise in urgent care, Elective activity is the first to take the hit, as resources are prioritised accordingly to urgent and Cancer care
- Use of Independent Sector Providers (ISPs) depends on Trusts sending activity across but is supporting the recovery process
- It's likely to take a number of years to truly recover from the toll Covid has taken on Elective waits
- We've seen lots of transformation in delivery of services since Mar '20 but more needs to be done to ensure resources are used to their optimum potential across the system
- The following slides talk through some of the initiatives we are working on to support improved outcomes for our patients.

# Overview of Activity

- Number of initiatives in line with '21/'22 priorities and operational planning guidance
- Renewed focus on long-standing high impact initiatives that haven't gained much traction to date e.g. advice & guidance (A&G) and patient-initiated follow-up (PIFU)
- New system-led initiatives being trialled at GM/ specialty level i.e. high volume, low complexity (HCLV) hubs ring fencing elective capacity, smart triage being trialled in Gynae with a proposed 6 week 'sprint', digital options, Community Diagnostic Centres ('22/'23)
- Use of the ISPs to maximise capacity and services available
- Waiting Well Framework to provide proactive support for patients on wait lists and maintain/optimize their health and wellbeing pending being seen in hospital
- NCA launched 'Being Well' programme Nov '21 to progress a number of these elements. Details on the next slide.

# Key Workstreams

## Being Well Programme – SRO Penny Martin NCA

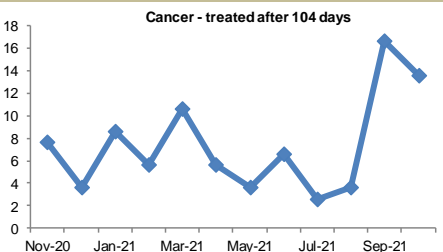
Workstreams	Aligned to	Objectives
Deciding Well – NCA Kate Hurst	Advice & Guidance / Specialist Advice	<ul style="list-style-type: none"> <li>NHSE target of 12% min. of OPFA to be A&amp;G / Specialist Advice by Mar '22 – EROC reported</li> <li>Currently c. 1%</li> </ul>
Referring Well – NCA Rachel Scott	Redesign/perfect the administrative Elective Pathway	<ul style="list-style-type: none"> <li>NCA based work to separate the DoS following restructure with MFT</li> <li>Redesign the NCA DoS w/ GP involvement to launch Jun '22</li> <li>Improve/perfect the referral process</li> </ul>
Waiting Well – NCA Sarah Wiseley	'While you Wait' GM led supporting patients on hospital waiting lists	<ul style="list-style-type: none"> <li>To provide hospital-led support / reassurance for patients on wait lists and GPs</li> <li>Give specialty based focus/ support</li> <li>Improve comms</li> </ul>
Recovering Well – NCA Gillian Ivey	Patient Initiated Follow Up - PIFU	<ul style="list-style-type: none"> <li>Identify existing examples in specialties</li> <li>Expand to other suited specialties</li> <li>NHSE target moving 2% of all OP attendances to PIFU pathways by Mar '22 – EROC reported</li> </ul>

# Locality Actions

- Advice & Guidance (A&G) has been on the Oldham agenda for a long time with limited engagement from Primary Care and our aligned Trust. We welcome the renewed focus and are fully engaged with NCA as they commence these new workstreams and are seeking GP support via the LLP to support a workable solution that will embed this in our patient care ethos.
- There are a number of Patient Initiated Follow Up (PIFU) pathways in existence under various other guises and again are engaged in the NCA work whilst exploring the possibilities with our Independent Sector Providers (ISP).
- We have rolled out a new standardised referral template to improve the quality of our referrals in to providers and support better triaging.
- Oldham lead the BMI Highfield contract on behalf of GM to maximise available capacity and services and reduce wait lists. We're also exploring options with other providers we work with that may have capacity in key specialties.
- Working with Public Health colleagues and ABL we have established a locality offer of supportive services for patients on a wait list as part of the Waiting Well Framework. This is shared via the [WhileyouWait.org.uk](http://WhileyouWait.org.uk) website hosted by GM. This will be further developed alongside the NCA workstream.
- BI are working to improve use of eRS data feeds that support evidencing our locality position and EROC submissions.

# Cancer Performance

Oct-21	14.00
Last 3 Months	35.00
YTD	55.00

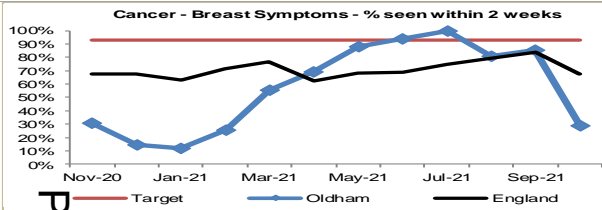
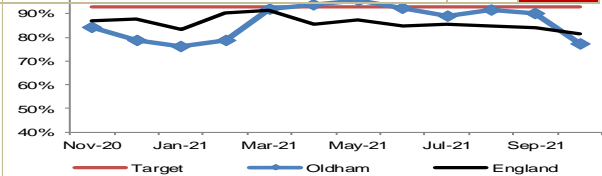


## Latest Position

Oct-21	77.09%
Last 3 Months	86.08%
YTD	89.67%

Target 93%.

Performance deteriorated in Oct-21 and has now been below target for 5 consecutive months. On average 883 patients were seen per month in 19/20 – 934 were seen in Oct-21.

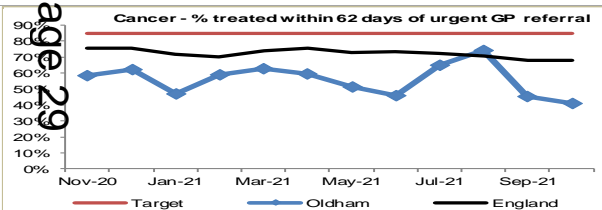


Oct-21	28.57%
Last 3 Months	66.67%
YTD	77.74%

Target 93%.

Below target for 3 consecutive months with substantial under performance on Oct-21.

On average 52 patients were seen per month in 19/20 – only 35 were seen in Oct-21

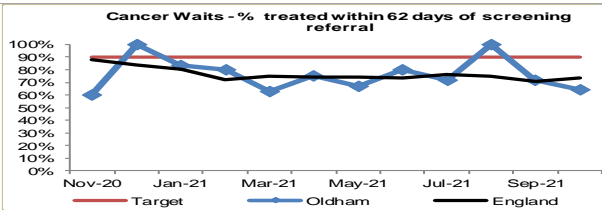


Oct-21	40.82%
Last 3 Months	52.27%
YTD	54.03%

Target 85%.

Performance remains substantially below target and continues to decline.

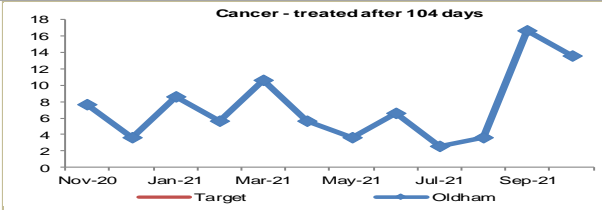
On average 52 patients were treated per month in 19/20 – 49 were treated in Oct-21.



Oct-21	64.29%
Last 3 Months	72.00%
YTD	73.21%

Target 90%.

In Oct-21 9 of 14 patients referred were treated within 62 days.



Oct-21	14.00
Last 3 Months	35.00
YTD	55.00

Target is zero 104 day breaches.

Significant increase in 104 day breaches in Oct-21.

# Cancer Update

- Cancer services across Greater Manchester remain very challenged, and this is reflected in the deterioration of the performance position seen in Oldham.
- The current surge of the Omicron wave is causing pressures across the health system, particularly in terms of staff sickness and isolation. The GM position is to maintain Priority 2 (which includes Cancer patients) on green sites, and therefore it is hoped that despite the continuing pressures that cancer treatments will continue wherever possible.  
2 week wait (2ww) referral demand is continuing to be high which is impacting on the 2ww performance. The CCG is working with the Trust to address any areas of concern in terms of 'inappropriate referrals', and continues to work on referrer education where appropriate.
- Diagnostics are still a main contributor to the delays in 62 day treatment pathways. The Trust are continuing to utilise the Rapid Diagnostic Centre (RDC) pathway to support internally, and also continue to develop the Community Diagnostic Centre which will provide additional diagnostic capacity to Oldham.
- Breast has seen a significant increase in demand as Trusts outside of GM are experiencing capacity pressures and therefore sending additional referrals into the GM system. This increase in demand has not being matched with capacity and therefore we have seen a steep decline in the breast symptomatic pathway. It is however, important to note that capacity is being utilised to support the 2ww breast pathway which is appropriate use of resource.



## Primary Care Performance Update

# Access to General Practice

General practice has remained open and continues to provide primary medical services 7 days per week through remote access and face to face consultations where clinically appropriate.

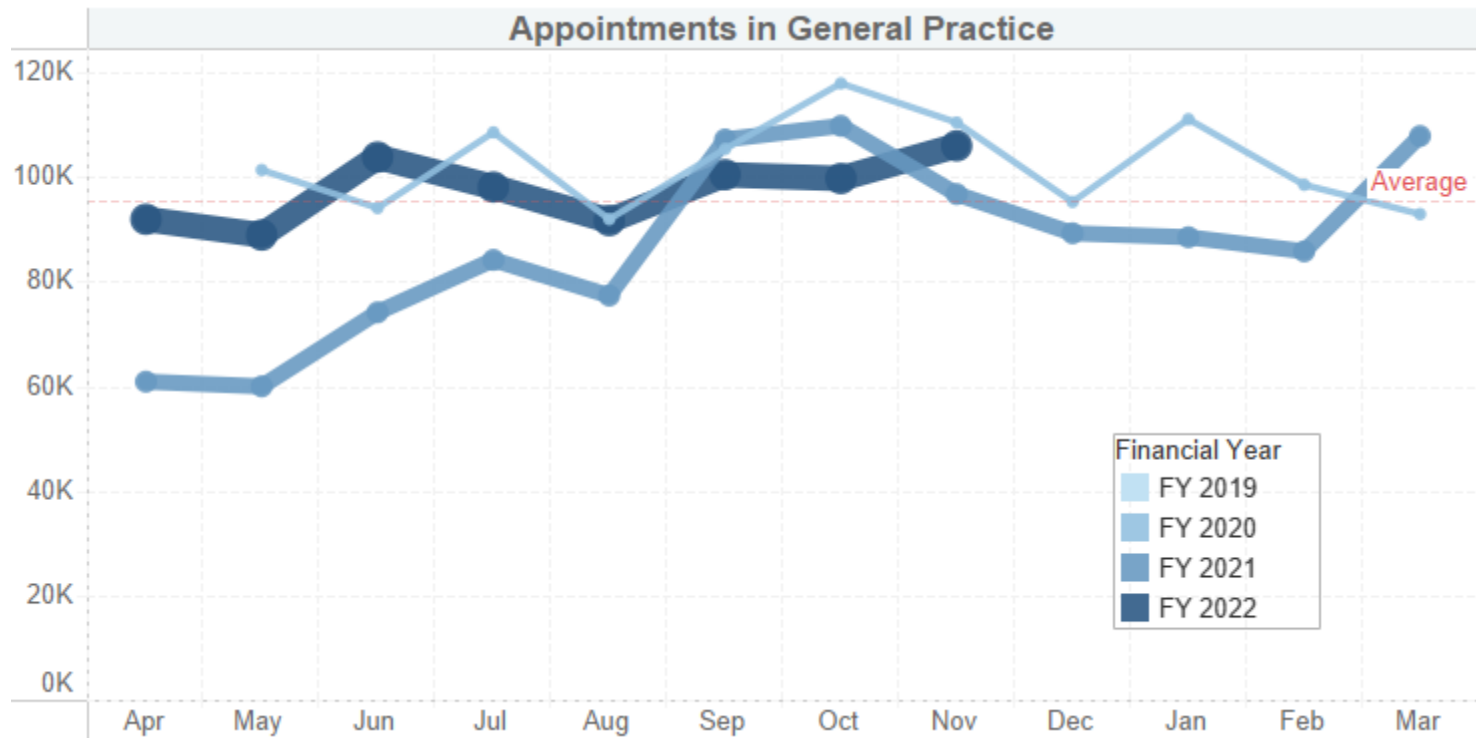
Page 32 Practices have continued to provide urgent on the day care and maintained continuity of care for those with long term conditions and complex needs.

This year to date practices have provided 782,210 appointments

The last 3 months have provided over 100,000 appointments per month (average)

# Access to General Practice

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# Access to General Practice

## Oldham 7-Day Access Service

### Activity Data – September to November 2021

Total No. of Appointments

	Available - Phone	Available - F2F	Total Offered	Booked - Phone	Booked - F2F	Total Booked	DNA	Utilisation Rate	DNA Rate
Sep-21	2,405	554	2,959	2,214	243	2,457	161	77.59%	6.55%
Oct-21	2,574	579	3,153	2,346	256	2,602	169	77.16%	6.50%
Nov-21	2,437	599	3,036	2,227	279	2,506	118	78.66%	4.71%
	<b>7,416</b>	<b>1,732</b>	<b>9,148</b>	<b>6,787</b>	<b>778</b>	<b>7,565</b>	<b>448</b>	<b>77.80%</b>	<b>5.92%</b>

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Total No. of Minutes

	Available - Phone	Available - F2F	Total Offered	Weekly Average
Sep-21	36,075	8,310	44,385	10,346
Oct-21	38,610	8,685	47,295	10,676
Nov-21	36,555	8,985	45,540	10,615
	<b>111,240</b>	<b>25,980</b>	<b>137,220</b>	

\*DNA figures include appointments booked over the phone where patients either did not answer or were not available

# COVID Vaccinations / Boosters

Oldham Primary Care Networks (PCNs) are at the forefront of the COVID vaccination and booster programme

In the week ending 19<sup>th</sup> December 18,890 vaccines were provided in Oldham – the highest ever with previous high of 14,765 in April 2021

Page 35  
58.6% of the eligible cohort for a booster have now been vaccinated

Across the Oldham system capacity realised to deliver boosters to all eligible residents by 31<sup>st</sup> December 2021

# COVID Booster Plan

	WHOPPING					HOL								KNOWN
	1	1	1	1	1	1	1	1	1	1	1	1	1	JAN
ALL	20/12/2021	21/12/2021	22/12/2021	23/12/2021	24/12/2021	25/12/2021	26/12/2021	27/12/2021	28/12/2021	29/12/2021	30/12/2021	31/12/2021	BOOKINGS	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday		
Hrs Per Day	30.5	30.5	24.5	30.5	21.75	0	0	10	10	30.5	30.5	25.5	0	
No. of Vaccinators	35.267	37.26	78.93	33.26	32.6	0	0	7	7	37.93	37.93	32.6	0	
Vaccines per Hr	43	43	43	43	28	0	0	10	10	43	43	28	0	
<b>Total Planned per Day</b>	<b>5633</b>	<b>5319</b>	<b>8741</b>	<b>5841</b>	<b>3988</b>	<b>0</b>	<b>0</b>	<b>950</b>	<b>950</b>	<b>5915</b>	<b>5915</b>	<b>5515</b>	<b>7310</b>	
<b>Total Actual per Day</b>	<b>2875</b>	<b>2472</b>	<b>4940</b>											
<b>Var'</b>	<b>-2758</b>	<b>-2847</b>	<b>-3801</b>											
	51%	46%	57%											

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56076

# COVID Vaccinations / Boosters

Date	Oldham Reg'd				Non-Oldham Reg'd				Grand Total
	1st	2nd	3rd	Total	1st	2nd	3rd	Total	
Mon , 13-Dec-21	45	114	1,762	1,921	76	16	216	308	2,229
Tue , 14-Dec-21	81	87	1,824	1,992	63	25	383	471	2,463
Wed , 15-Dec-21	113	215	2,370	2,698	56	39	437	532	3,230
Thu , 16-Dec-21	107	115	2,313	2,535	63	35	464	562	3,097
Fri , 17-Dec-21	93	165	1,887	2,145	63	37	258	358	2,503
Sat , 18-Dec-21	115	92	2,998	3,205	73	22	224	319	3,524
Sun , 19-Dec-21	111	138	1,376	1,625	49	32	207	288	1,913
Mon , 20-Dec-21	110	128	2,875	3,113	26	26	340	392	3,505
Tue , 21-Dec-21	99	144	2,472	2,715	11	22	239	272	2,987
Wed , 22-Dec-21	162	183	4,940	5,285	8	6	134	148	5,433

\* Includes an estimated lag on previous days data of: **12%**

‘Whopping Wednesday’ was the biggest days vaccinating Oldham has ever seen. Over 5k vaccines administered in a single day.

# Enhanced Care in Care Homes

- All Care Homes are aligned to a GP practice in Oldham
- Safe Steps Update

Phase 2 of the roll out in progress with falls prevention functionality.

Page 38 Whilst under evaluation the programme is on track to proceed to Phase 3 roll out of the falls application.

What this means...

- All care homes will have access to the Safe Steps COVID & Falls Application



# Population Health Management

Population Health Management is helping us understand our current health and care needs and predict what local people will need in the future.

This could be by stopping people becoming unwell in the first place, or, where this isn't possible, improving the way the system works together to support them.

Page 39  
Focus on the wider determinants of health - only 20% of a person's health outcomes are attributed to the ability to access good quality healthcare

Using data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of collective resources.

# Population Health Management in Oldham

Delivery at Primary Care Network level – proactive and tailored to the needs of local people

Across the Oldham locality: Diabetes and Respiratory (including Asthma and COPD)

Early identification, patient education, support and access to high quality routine care

Priorities at PCN level:

North PCN	East PCN	South PCN	West PCN	Central PCN
Frailty	Frailty	Frailty	Frailty	Women's Health
Mental Health (Dementia)	Mental Health (Depression)	Depression	BAME inequalities	Child Health
Cardiovascular Disease	Breast Cancer	Cancer	COVID 19 and Mental Health	Cancer Screening

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# Population Health Management

- PCN specific plans developed and approved – including workforce, training and education needs analysis
- PCNs in preparation for delivery from January 2022 – subject to demand and capacity in delivery of the COVID vaccination and Booster programme
- North PCN Plan [\\Oc-vw-p-ccgdata\data\Clinical Commissioning \(Programmes\)\Primary Care\Population Health Management\PCN Plans 2021 22\North PCN\Final North Plan.xlsx](\\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\North PCN\Final North Plan.xlsx)
- East PCN Plan [\\Oc-vw-p-ccgdata\data\Clinical Commissioning \(Programmes\)\Primary Care\Population Health Management\PCN Plans 2021 22\East PCN\East PCN PHM Plan FINAL.xlsx](\\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\East PCN\East PCN PHM Plan FINAL.xlsx)
- West PCN Plan [\\Oc-vw-p-ccgdata\data\Clinical Commissioning \(Programmes\)\Primary Care\Population Health Management\PCN Plans 2021 22\West PCN Milltown Alliance\FINAL West PCN \(Milltown Alliance\) PHM plan.15.10.21 FINAL.xlsx](\\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\West PCN Milltown Alliance\FINAL West PCN (Milltown Alliance) PHM plan.15.10.21 FINAL.xlsx)
- Central PCN Plan [\\Oc-vw-p-ccgdata\data\Clinical Commissioning \(Programmes\)\Primary Care\Population Health Management\PCN Plans 2021 22\Central PCN\Final Central PCN PHM Plan.xlsx](\\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\Central PCN\Final Central PCN PHM Plan.xlsx)
- South PCN Plan [\\Oc-vw-p-ccgdata\data\Clinical Commissioning \(Programmes\)\Primary Care\Population Health Management\PCN Plans 2021 22\South PCN\South PCN PHM Plan.xlsx](\\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\South PCN\South PCN PHM Plan.xlsx)
- [\\Oc-vw-p-ccgdata\data\Clinical Commissioning \(Programmes\)\Primary Care\Population Health Management\PCN Plans 2021 22\South PCN\Oldham South Frailty.png](\\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\South PCN\Oldham South Frailty.png)
- [\\Oc-vw-p-ccgdata\data\Clinical Commissioning \(Programmes\)\Primary Care\Population Health Management\PCN Plans 2021 22\South PCN\Oldham South Depression.png](\\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\South PCN\Oldham South Depression.png)
- [\\Oc-vw-p-ccgdata\data\Clinical Commissioning \(Programmes\)\Primary Care\Population Health Management\PCN Plans 2021 22\South PCN\Oldham South Cancer.png](\\Oc-vw-p-ccgdata\data\Clinical Commissioning (Programmes)\Primary Care\Population Health Management\PCN Plans 2021 22\South PCN\Oldham South Cancer.png)



# Any Questions?

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**Report to OVERVIEW AND SCRUTINY BOARD / COMMITTEE**

## **HEALTH & CARE BILL UPDATE**

**Portfolio Holder:**

Councillor Zahid Chauhan, Cabinet Member for Health & Social Care

**Officer Contact:** Mike Barker, CCG Accountable Officer

**Report Author:** Mike Barker, CCG Accountable Officer

**January 2022**

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### **Purpose of the Report**

To provide an update to Overview and Scrutiny Committee for Health on the progress in relation to the Health & Care Bill.

### **Executive Summary**

Everyone across the health and care system in England, in the NHS, local authorities and voluntary organisations, has made extraordinary efforts to manage the COVID-19 pandemic and deliver the vaccination programme while continuing to provide essential services.

We still face major operational challenges: tackling backlogs; meeting deferred demand, new care needs, changing public expectations; tackling longstanding health inequalities; enabling respite and recovery for those who have been at the frontline of our response; and re-adjusting to a post-pandemic financial regime. The intensity of the incident may have abated, but we are still managing exceptional pressure and uncertainty, with differential impacts across the country.

As we respond, Integrated Care Systems (ICSs) will play a critical role in aligning action between partners to achieve their shared purpose: to improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities. Throughout the pandemic people told us time and time again that collaboration allowed faster decisions and better outcomes. Co-operation created

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resilience. Teamwork across organisations, sectors and professions enabled us to manage the pressures facing the NHS and our partners.

As we re-focus on the ambitions set out in the NHS Long Term Plan, it is imperative we maintain our commitment to collaborative action, along with the agility and pace in decision-making that has characterised our response to the pandemic.

This short paper provides members with an update on the Health and Care bill which aims to address the issues outlined above.

### **Recommendations**

The Committee is asked to note the update.

## Update on Health & Social Care Bill

### Background

1. Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in their area.
2. They exist to achieve four aims:
  - **improve outcomes** in population health and healthcare
  - **tackle inequalities** in outcomes, experience and access
  - enhance **productivity and value for money**
  - help the NHS support broader **social and economic development**.
3. Following several years of locally-led development, and based on the recommendations of NHS England and NHS Improvement, the government has set out plans to put ICSs on a statutory footing.
4. To support this transition, NHS England and NHS Improvement are publishing guidance and resources, drawing on learning from all over the country. The aim is to enable local health and care leaders to build strong and effective ICSs in every part of England.
5. Collaborating as ICSs will help health and care organisations tackle complex challenges, including:
  - improving the health of children and young people
  - supporting people to stay well and independent
  - acting sooner to help those with preventable conditions
  - supporting those with long-term conditions or mental health issues
  - caring for those with multiple needs as populations age
  - getting the best from collective resources so people get care as quickly as possible.

### Revised target date for establishment of statutory ICSs

6. The continued development of Integrated Care Systems remains a priority for the NHS, to support joint working arrangements in managing the pandemic and accelerate local health and care service transformation to improve outcomes and reduce inequalities.
7. The Health and Care Bill, which intends to put ICSs on a statutory footing and create Integrated Care Boards (ICBs) as new NHS bodies, is currently being considered by Parliament.
8. To allow sufficient time for the remaining parliamentary stages, a new target date of 1 July 2022 has been agreed for new statutory arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previously stated target date of 1 April 2022.
9. This new target date will provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, while maintaining our momentum towards more effective system working.

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10. The establishment of ICBs, and everything that follows regarding the process and timing for this, remains subject to the passage of the Health and Care Bill through Parliament.
  11. National and local plans for ICS implementation will now be adjusted to reflect the new target date, with an extended preparatory phase from 1 April 2022 up to the point of commencement of the new statutory arrangements.
  12. During this period:
    - CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (collaboratively in cases where there are multiple CCGs within an ICS footprint), through existing governing bodies.
    - CCG leaders will work closely with designate ICB leaders in key decisions which will affect the future ICB, notably commissioning and contracting.
    - NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.
  13. During Q4 2021/22, NHS England will consult with a small number of CCGs on changes to their boundaries, to align with the ICS boundary changes decided by the Secretary of State in July 2021. Those CCG boundary changes coming into effect from 1 April 2022 would support the smooth transition from CCGs to ICBs at the implementation date. Arrangements for people affected in these cases will be discussed directly with the relevant CCG and designate ICB leaders.
  14. There is not planned to be any further CCG mergers before the establishment of ICBs.

#### **Next Steps In Greater Manchester ICS**

15. Joint working arrangements have been in place at system level for some time, and there has already been significant progress in preparing for the proposed establishment of statutory Integrated Care Systems, including recruitment of designate ICB Chairs and Chief Executives.
16. CCG leaders and designate ICB leaders are asked to continue with preparations for the closure of CCGs and the establishment of ICBs, working toward the new target date.
17. NHSEI will support CCG and designate ICB leaders to re-set their implementation plans, to ensure the safe transfer of people, property (in its widest sense) and liabilities from CCGs to ICBs from their establishment. The national programme team will work closely with colleagues in systems and in regional teams to identify what support is needed to manage the new timetable.
18. We will work with national partners, including Trade Unions, to communicate the changed target date and any implications for the transfer process. Systems should also ensure they have clear and effective plans for local communications and engagement with the public, staff, trade unions and other stakeholders.
19. ICB designate chairs and chief executives should continue to progress recruitment to their designate leadership teams, adjusting their timelines as necessary while managing immediate operational demands. Current/planned recruitment activities for designate leadership roles should continue where this is the local preference, but formal transition to



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the future leadership arrangements should now be planned for the new target date of 1 July 2022.

20. Regional teams will work with CCG leaders to agree arrangements that ensure that CCGs remains legally constituted and able to operate effectively, working in partnership with the designate ICB leadership, and that individuals' roles and circumstances are clear, during the extended preparatory phase. The employment commitment arrangements for other affected staff and the talent-based approach to people transition previously set out will be extended to reflect the new target date.
21. The requirements for ICB Readiness to Operate and System Development Plan submissions currently due in mid-February 2022 will be revised to reflect the extended preparatory period. Further details of these plans along with specific implications for financial, people or legal arrangements during the extended preparatory period, will be developed with systems and set out in January 2022.
22. Designate ICB leaders, CCG AOs and NHS England and NHS Improvement regional teams will be asked to agree ways of working for 2022/23 before the end of March 2022. This will include agreeing how they will work together to support ongoing system development during Q1, including the establishment of statutory ICSs and the oversight and quality governance arrangements in their system.

### **Recommendations**

23. The Committee is asked to note the update.

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## HEALTH SCRUTINY COMMITTEE

### WORK PROGRAMME 2021/22

<p>Tues 6<sup>th</sup> 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 6<sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> October 2021	Health and Care Bill (deferred from 7 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> 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. Andrea Entwistle, Public Health Business and Strategy Manager. Rebecca Fletcher, Acting Consultant in 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. Rebecca Fletcher, Acting Consultant in Public Health	
	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 <sup>th</sup> 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 JANUARY 2022**

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

ESR-10-21 <b>New!</b>	Review of Council's Wholly Owned Company : Unity Partnership Limited	Chief Executive/Accountable Officer NHS Oldham CCG	January 2022	Cabinet
Description: This report sets out the outcome of the annual review of the Council's wholly owned company - Unity Partnership Limited and recommends to Cabinet that the services provided by UPL are transferred back to the Council as part of our One Council approach. Document(s) to be considered in public or private: Public				
ESR-10-21 <b>New!</b>	Creating a Better Place Update	Chief Executive/Accountable Officer NHS Oldham CCG	January 2022	Cabinet
Description: Update on the Creating a Better Place programme Document(s) to be considered in public or private: Part B - 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 business and financial affairs of the Council				
ESR-09-21 <b>New!</b>	Creating a Better Place	Chief Executive/Accountable Officer NHS Oldham CCG	January 2022	Cabinet Member - Economic and Social Reform (Leader - Cllr Arooj Shah)

## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Review and update of professional appointments Document(s) to be considered in public or private: Part B - 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 business and financial affairs of the Council				

### Education and Skills Cabinet Portfolio

ED-07-21	Integrated Commissioning SEND services tender	Director of Education, Skills & Early Years - Richard Lynch	January 2022	Cabinet
Description: Permission is sought from cabinet for Gerard Jones Managing Director Children's services and Portfolio Holder to award contract for SEND services following the tender process. Closing date for tender is 25th November 21 with contract award to be made early January 2022 with services to be operational from 1st April 2022. This will enable the LA to fulfil its statutory duties. Document(s) to be considered in public or private: Cabinet report - private due to commercially sensitive information				

### Children and Young People Cabinet Portfolio

CYP-03-21 New!	Positive Steps Targeted Youth Support lots 2 and 3 Contract Extension	Managing Director, Children and Young People - Gerard Jones	January 2022	Cabinet
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## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Positive Steps were awarded the contract to deliver TYS lots 2 and 3 from 1st April 2020 for a period of 2 years plus the option to extend for a further year until 31st March 2023. This paper seeks delegated responsibility to be approved in order for Gerard Jones Managing Director Children's Services to award the extension. This option is within the Councils Corporate Procedure rules and will be within the previously agreed existing funding envelope.</p> <p>Document(s) to be considered in public or private: Cabinet Report to be submitted. Private - commercially sensitive.</p>				

### Health and Social Care Cabinet Portfolio

Page 57	HSC-08-21 New!	Changing Futures	Managing Director Community Health & Social Care Services (DASS) – Mark Warren	January 2022	Cabinet
	<p>Description: Decision to be made whether Changing Futures programme will undertake a procurement exercise, use seconded staff from council, VCFSE, other providers etc. or withdraw from the programme</p> <p>Document(s) to be considered in public or private: Public</p>				
	HSC-09-21 New!	NHS Oldham Health Checks	Strategic Director Communities and Reform – Rebekah Sutcliffe	January 2022	Cabinet
<p>Description: Recommissioning the NHS Health Check offer and required spend</p> <p>Document(s) to be considered in public or private: NHS Health Checks Recommissioning Paper - PUBLIC</p>					

### Housing Cabinet Portfolio

## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
HSG-15-21	Oldham Mills Strategy	Deputy Chief Executive – Helen Lockwood	January 2022	Director of Economy
Description: To approve and publish the Oldham Mills Strategy. Document(s) to be considered in public or private: Oldham Mills Strategy (public)				
HSG-14-21	Affordable Housing Position Paper	Director of Economy	January 2022	Cabinet
Description: Affordable Housing Position Paper - providing further details on securing affordable housing, First Homes and Vacant Building Credit. Document(s) to be considered in public or private:				
HSG-16-21	Chadderton Neighbourhood Plan	Deputy Chief Executive – Helen Lockwood	February 2022	Cabinet
Description: To determine the application on 'The New 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: Chadderton neighbourhood area application; The New Chadderton Partnership forum application				

## Neighbourhoods Cabinet Portfolio

NEI-03-20	Highways Improvement Programme 2019/20 - 2021/22	Deputy Chief Executive – Helen Lockwood	Before May 2022	Director of Economy
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## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<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

FLC-01-21 New! 59	Temporary Staffing Supply Contract	Strategic Director Communities and Reform – Rebekah Sutcliffe	January 2022	Cabinet
<p>Description: This report seeks approval for the Council’s re-contracting for a Temporary Staffing Supply provider from the 29 January 2022</p> <p>Document(s) to be considered in public or private: Report only, this needs to be private due to commercial sensitivity.</p>				

### Finance and Low Carbon Cabinet Portfolio

FLC-18-21	Proposals for engagement of the Council’s External Auditors for the financial years 2023/24 to 2027/28	Director of Finance – Anne Ryans	January 2022	Cabinet
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**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To decide on the Council’s approach to engagement of its External Auditors from the financial years 2023/24 to 2027/28  Document(s) to be considered in public or private: Proposed report title: Proposals for engagement of the Council’s External Auditors for the financial years 2023/24 to 2027/28.  Various appendices.  Report to be considered in public.</p>				
FLC-19-21	Report of the Director of Finance – 2020/21 Statement of Accounts	Director of Finance – Anne Ryans	January 2022	Cabinet
<p>Description: The report recommends that Cabinet note the final accounts, the audit reports and other items in the report and refers them on to Council.  Document(s) to be considered in public or private: Proposed report title: Report of the Director of Finance – 2020/21 Statement of Accounts  Various appendices.  Report to be considered in public.</p>				
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	January 2022	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>				
<b>New!</b>	Report of the Director of Finance - Discretionary Business Rates Relief	Director of Finance – Anne Ryans	January 2022	Cabinet

## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To confirm the Council's Discretionary Business Rates Relief Policy for 2022/23 and the Covid Additional Relief Policy scheme for 2021/22.  Document(s) to be considered in public or private: Proposed Report Title:  Title: Discretionary Business Rates Relief  Background Documents: Appendices – Policy documents  Report to be considered in Public</p>				
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
<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 &amp; 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>				

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022**

<b>Key Decision Reference</b>	<b>Subject Area For Decision</b>	<b>Led By</b>	<b>Decision Date</b>	<b>Decision Taker</b>
FLC-06-21	Report of the Director of Finance – Revenue Budget 2022/23	Director of Finance – Anne Ryans	February 2022	Cabinet
Description: To consider the Administration’s detailed revenue budget for 2022/23 and budget reduction proposals 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 – Report of the Director of Finance – Revenue Budget 2022/23 Report to be considered in Public				
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
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				
FLC-12-21	Report of the Director of Finance – Treasury Management Strategy Statement 2022/23	Director of Finance – Anne Ryans	February 2022	Cabinet
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				



## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FLC-15-21	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.</p> <p>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</p> <p>Background Documents: Appendices</p> <p>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
<p>Description: To determine the Council Tax Reduction Scheme for 2022/23</p> <p>Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Council Tax Reduction Scheme 2022/23</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FLC-21-21 <b>New!</b>	Report of the Director of Finance – Medium Term Financial Strategy 2022/23 to 2026/27	Director of Finance – Anne Ryans	February 2022	Cabinet
<p>Description: 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.</p> <p>Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Medium Term Financial Strategy 2022/23 to 2026/27</p> <p>Background Documents: Appendices –Various</p> <p>Report to be considered in Public</p>				

## KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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
<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.</p> <p>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</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>				
<p><b>Employment and Enterprise Cabinet Portfolio - None</b></p>				

### Commissioning Partnership Board

CPB-06-20	Section 75 Agreement	Chief Executive/Accountable Officer NHS Oldham CCG	January 2022	Commissioning Partnership Board
<p>Description: To provide notification of decisions to be taken by the Commissioning Partnership Board</p> <p>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</p>				

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
CPB-01-21 <b>New!</b>	Construction Framework (DFG), approval of commissioning intentions	Managing Director Community Health & Social Care Services (DASS) – Mark Warren	February 2022	Commissioning Partnership Board
Description: Request for approval of the commissioning intentions for the provision of adaptations to domestic properties where residents have disabilities Document(s) to be considered in public or private: Private				
HSC-07-21 <b>New!</b>	Contract extension: provision of stairlifts, ceiling track hoists, vertical & step lifts and gantry hoists.	Managing Director Community Health & Social Care Services (DASS) – Mark Warren	February 2022	Commissioning Partnership Board
Description: To request an extension to a contract for the provision of stairlifts, ceiling track hoists, vertical & step lifts and gantry hoists. The provision if funded from Disabled Facilities Grants. Document(s) to be considered in public or private: Private				

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**Key:**

**New!** - indicates an item that has been added this month

Notes:

**KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2022**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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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 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>