

HEALTH SCRUTINY Agenda

Date Tuesday 8 March 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
 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, 3 March 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 8th January 2022 are attached for approval.

6 Scheduled Care Update (Pages 5 - 26)

7 Health and Care Bill Update (Pages 27 - 32)

8 Health Scrutiny Work Programme 2021/22 (Pages 33 - 38)

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

9 Key Decision Document (Pages 39 - 50)



Present: Councillor McLaren (Vice Chair in the Chair); Councillors Byrne, Hamblett, Ibrahim and Salamat.

Also in Attendance:

Katrina Stephens – Director of Public Health

Andrea Entwistle – Public Health Business and Strategy Manager

Raz Mohammed – ABL Health Limited

Andrew Leslie – ABL Health Limited

Peter Thompson – Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors A. Hussain and Toor.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no urgent items of business for this meeting of this Committee to consider.

4 **PUBLIC QUESTION TIME**

There were no public questions for this meeting of the Committee to consider.

5 **MINUTES**

Resolved:

That the minutes of the meeting of the Health Scrutiny Committee held on 7th December 2021, be approved as a correct record.

6 **HEALTH IMPROVEMENT AND WEIGHT MANAGEMENT SERVICE UPDATE**

The Committee scrutinised a report of the Director of Public Health which updated Members 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, further made by the Committee in January 2021.

The Committee were informed that having a high functioning health improvement offer was an essential component of the range of activity required to achieve better health in the local population and to reduce the demand on health and social care services.

‘Your Health Oldham’, delivered by ABL Health Limited, was Oldham’s Health Improvement and Weight Management Service and had commenced delivery in January 2021 following a comprehensive tender process. In this regard representatives from ABL Health (Mr. Raz Mohammed and Mr. Andrew Leslie)

attended the meeting to present an update on progress made by the service during its first year.



Oldham
Council

The Committee was informed that local authorities were responsible for improving the health and wellbeing of their local population and for public health services. There was 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.

Oldham's adult population were less physically active, smoked more, and carried more excess weight than the England average. These unhealthy behaviours meant that Oldham had significantly higher numbers of people with recorded diabetes, and deaths from smoking-related diseases, cardiovascular diseases and cancer - which were significantly higher than the England average. The major risk factors contributing to mortality are preventable/modifiable with smoking and dietary risks contributing to about one-third of all deaths in Oldham.

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.

In considering the report Members noted that there were a number of high-level outcomes that the Health Improvement and Weight Management Service were expected to provide (detailed at paragraph 2 of the submitted report), especially in terms of reducing the proportion of adults who smoke, contributing to the reduction in smoking related illnesses and deaths; reducing exposure to passive smoking; reducing the proportion of adults and children in the Borough who are overweight or obese; reducing the numbers of adults and children who are physically inactive; increasing the numbers of residents in the Borough eating a healthy diet; reducing the numbers of adults that have a high 'vascular risk score'; reducing the number of adults consuming alcohol above recommended limits; and, reducing the level of health inequalities experienced in the borough. The Committee requested that the next report/presentation submitted by ABL Health Limited include progress on how much progress is being made in relation to achieving these outcomes.

Resolved:

1. That the Health Scrutiny Committee notes the progress made by the Health Improvement and Weight Management Service, Your Health Oldham, delivered by ABL Health Limited, and notes the highlights and challenges of the last 12 months.

2. That the Committee requests that representatives of ABL Health Limited be requested to attend the Committee's meeting in January 2023 to provide Members with an update on progress that they were making in relation to the high-level outcomes detailed at paragraphs 2.2 and 2.3 of the submitted report.

7

INTEGRATED SEXUAL HEALTH SERVICE

The Committee scrutinised a report of the Director of Public Health, which detailed the outcome of the collaborative commission with Rochdale and Bury Councils for an Integrated Sexual Health Service and which also provided a progress update on the implementation of arrangements established under the new contract.

Oldham, Rochdale and Bury Councils 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 their mandated responsibilities for open access sexual health services.

Following completion of the tender evaluation processes, the Director of Public Health had delegated authority to Rochdale Council and STAR Procurement to award the contract on behalf of the Council, as per the delegated authority that had previously been approved by Oldham Council's Cabinet in March 2021, to the provider who submitted the most economically advantageous bid, namely: HCRG Care Group - previously known as Virgin Care Limited.

The specification for the Integrated Sexual Health Service had been revised considerably via collaborative approach at a Greater Manchester level to ensure consistency of provision across the city region and common standards, and at a locality level to ensure that there would be 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.

In considering the report the Health Scrutiny Committee were 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 and/or if they wish to invite relevant partners and stakeholders from across the Reproductive and Sexual Health system for an in-depth study or further discussion around how to adopt a collaborative approach to improving sexual health outcomes locally.

Resolved:

1. That the Health Scrutiny Committee notes 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.

2. That the Health Scrutiny Committee commends the new enhanced Integrated Sexual Health Service offer that will contribute to Oldham's 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 the population's health and reducing health inequalities.
3. That the Committee agrees to consider the establishment of a 'task and finish group', comprising Committee members and relevant partners and stakeholders from across the Reproductive and Sexual Health system to be convened early in the 2022/23 municipal year, to carry out an in-depth study around the adoption of a collaborative approach to improving sexual health outcomes across the Oldham Borough.
4. That the Director of Public Health be requested to submit a further update report/presentation to the Committee in approximately 12 months detailing progress of the new enhanced Integrated Sexual Health Service offer, which is to be available from 1st April 2022.

8 **SCHEDULED CARE UPDATE**

Resolved:

That consideration of this report be deferred to the next scheduled meeting of the Committee on Tuesday, 8th March 2022.

9 **HEALTH AND CARE BILL UPDATE**

Resolved:

That consideration of this report be deferred to the next scheduled meeting of the Committee on Tuesday, 8th March 2022.

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

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

Resolved:

That the Health Scrutiny Committee's Work Programme 2021/22 be noted.

11 **KEY DECISION DOCUMENT**

The Committee considered the latest Key Decision Document, which set out the Authority's Key Decisions scheduled to be made from 1st January 2022.

Resolved:

That the Key Decision Document be noted.

The meeting started at 6.00pm and ended at 7.40pm

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 1st 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

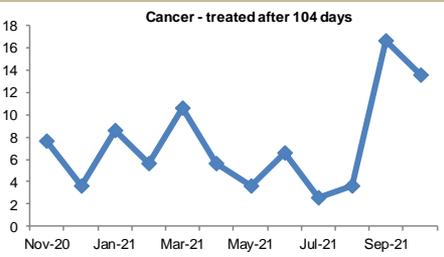
Workstreams	Aligned to	Objectives
Deciding Well – NCA Kate Hurst	Advice & Guidance / Specialist Advice	<ul style="list-style-type: none"> NHSE target of 12% min. of OPFA to be A&G / Specialist Advice by Mar '22 – EROC reported Currently c. 1%
Referring Well – NCA Rachel Scott	Redesign/perfect the administrative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

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 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

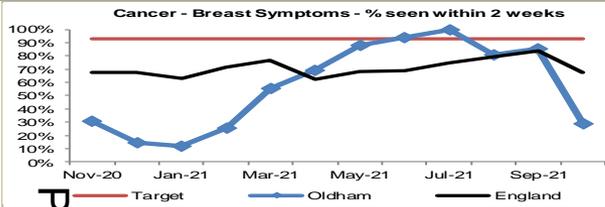
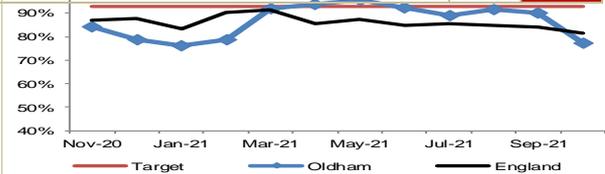
Oct-21	14.00
Last 3 Months	35.00
YTD	55.00



Latest Position

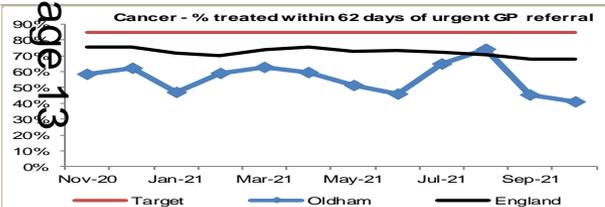
Oct-21	77.09%
Last 3 Months	86.08%
YTD	89.67%

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.



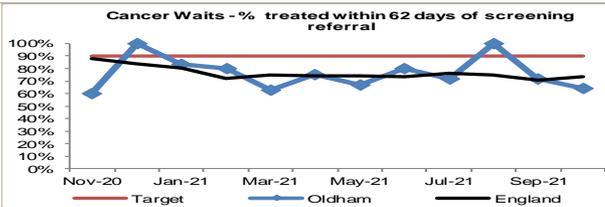
Oct-21	28.57%
Last 3 Months	66.67%
YTD	77.74%

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



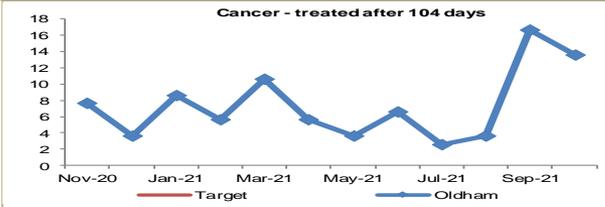
Oct-21	40.82%
Last 3 Months	52.27%
YTD	54.03%

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

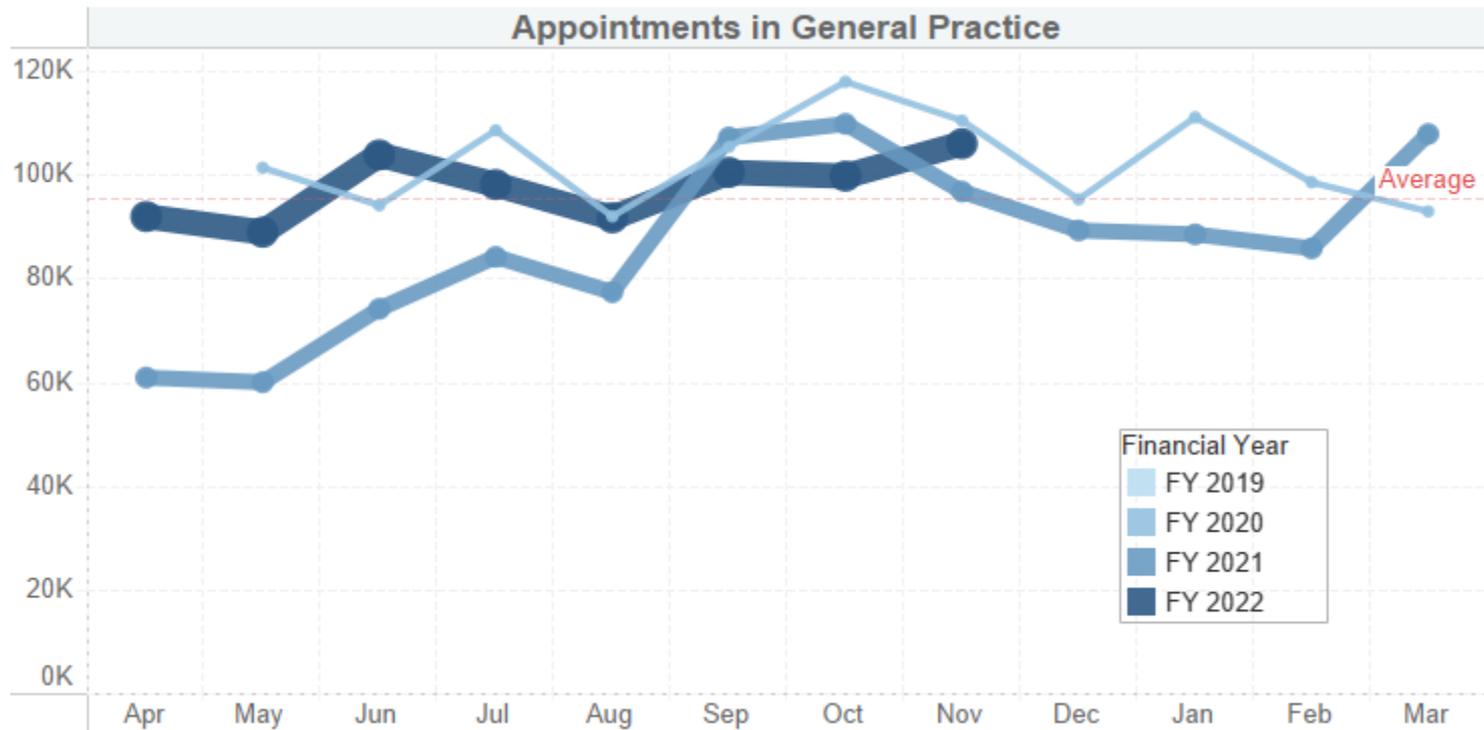
General practice has remained open and continues to provide primary medical services 7 days per week through remote access and face to face consultations where clinically appropriate.

Page 16 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



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%
	7,416	1,732	9,148	6,787	778	7,565	448	77.80%	5.92%

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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
	111,240	25,980	137,220	

*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 19th December 18,890 vaccines were provided in Oldham – the highest ever with previous high of 14,765 in April 2021

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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 31st December 2021

COVID Booster Plan

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	WHOPPING					HOL							KNOWN
	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
Total Planned per Day	5633	5319	8741	5841	3988	0	0	950	950	5915	5915	5515	7310
Total Actual per Day	2875	2472	4940										
Var'	-2758	-2847	-3801										
	51%	46%	57%										

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.

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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 23 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 HEALTH SCRUTINY 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

8th March 2022

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

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

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

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

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

Tuesday 18 th January 2022	Health Improvement and Weight Management Service	To receive an update/progress report on the new service that commenced in January 2021	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health. 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 th March 2022	Health and Care Bill	To receive an update on matters/issues arising from the Health and Care Bill	Mike Barker, Chief Operating Officer, Oldham CCG/Strategic Director.	The Health Scrutiny Committee, at their meeting in March 2021. requested further reports on the detail of the White Paper and on developments that follow.

	Thriving Communities Programme - Evaluation	To receive the final Thriving Communities Programme evaluation report.	Portfolio - Health and Social Care. Strategic Director – Communities and Reform. Rachel Dyson, Thriving Communities Hub Lead	The item was requested by the former Overview and Scrutiny Board at their meeting held in March 2021.

BUSINESS TO BE PROGRAMMED

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

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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 MARCH 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-09-21	Creating a Better Place	Chief Executive/Accountable Officer NHS Oldham CCG	February 2022	Cabinet Member - Economic and Social Reform (Leader - Cllr Arooj Shah)
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				
ESR-01-22	Creating a Better Place - Property Management	Chief Executive/Accountable Officer NHS Oldham CCG	February 2022	Cabinet Member - Economic and Social Reform (Leader - Cllr Arooj Shah)
Description: Property management contracts Document(s) to be considered in public or private: Private: NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party.				
ESR-04-22	Prudential Building	Director of Economy	February 2022	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The report seeks authority to serve a Repairs Notice pursuant to section 48 of the Planning (Listed Buildings and Conservation Areas) Act 1990 and thereafter to make a Compulsory Purchase Order under Section 47, to ensure the proper preservation of a listed building within Oldham town centre, by enabling its redevelopment and improvement by the Council, to bring the heritage asset back into use and to halt its current decline.</p> <p>Document(s) to be considered in public or private: Private - commercial confidentiality</p>				
ESR-03-22	Contract Modification to Oldham's Community Outreach Asymptomatic COVID-19 Testing provider	Strategic Director of Commissioning / Chief Operating Officer - Mike Barker	February 2022	Cabinet
<p>Description: A request to approve a contract modification with the current provider for asymptomatic community outreach COVID-19 testing, and to reflect the higher value contract. This paper also seeks reapproval to award a contract extension based on a revised contract value.</p> <p>Document(s) to be considered in public or private: Private - business sensitivity</p>				
ESR-02-22	The former WH Shaws office and clock tower building, Diggle	Director of Economy	February 2022	Cabinet
<p>Description: Cabinet approval is required to confirm expenditure of the financial allocation made in the capital programme towards works relating to the former WH Shaws office and clock tower building, Diggle. In addition to delegate authority to the Director of Economy and Legal Services to progress appointments for priority works as set out in this report.</p> <p>Document(s) to be considered in public or private: N/A</p>				

Education and Skills Cabinet Portfolio

ED-07-21	Integrated Commissioning SEND services tender	Director of Education, Skills & Early Years - Richard Lynch	February 2022	Cabinet
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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 MARCH 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>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.</p> <p>Document(s) to be considered in public or private: Cabinet report - private due to commercially sensitive information</p>				
ED-01-22 New!	Oldham SEND Travel Assistance Service	Managing Director, Children and Young People - Gerard Jones	March 2022	Cabinet
<p>Description: The SEND Travel Assistance Service provides the current provision for Home to School Transport. The service currently transports approximately 830 pupils with either special educational needs, disabilities or because of their mobility issues. The SEND Travel Assistance Service aims to ensure that all pupils eligible to access transport, will receive the appropriate provision which meets their needs.</p> <p>The current contract to provide SEND Travel Assistance expires on 31st August 2022. A DPS opportunity was advertised on the Chest on 17th December 2021 with a closing date of 21st January 2022. Bidders were asked to review and complete a standard selection question which looks to assess the capability and quality. Once bidders have passed this initial stage, they shall enter into a Dynamic Purchasing Agreement, following which they are eligible to submit bids for routes via the published mini competitions. 2.7 It is intended that approximately 220 routes will be tendered via the mini competition process which is anticipated to start in April 2022 with a deadline of May 2022. These routes are due to commence in September 2022.</p> <p>Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial and business affairs of the Council.</p>				

Children and Young People Cabinet Portfolio

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
CHS-01-22	Holiday Activity and Food programme	Managing Director, Children and Young People - Gerard Jones	February 2022	Cabinet
Description: To approve the HAF funding acceptance and implementation, including payment terms for providers and creation of dedicated delivery team via Fixed term posts, covering the 3 years confirmed programme 2022/23, 2023/24, 2024/25. Document(s) to be considered in public or private:				

Health and Social Care Cabinet Portfolio

HSC-08-21	Changing Futures	Managing Director Community Health & Social Care Services (DASS) – Mark Warren	February 2022	Cabinet
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 Document(s) to be considered in public or private: Public				
HSC-09-21	NHS Oldham Health Checks	Strategic Director Communities and Reform – Rebekah Sutcliffe	February 2022	Cabinet
Description: Recommissioning the NHS Health Check offer and required spend Document(s) to be considered in public or private: NHS Health Checks Recommissioning Paper - PUBLIC				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
HSC-01-22	Tender for a Drug and Alcohol Treatment and Recovery Service	Strategic Director of Commissioning / Chief Operating Officer - Mike Barker	February 2022	Cabinet
Description: Seeking Cabinet approval to proceed for a full tender exercise to procure a drug and alcohol treatment and recovery service. Document(s) to be considered in public or private: Private - business sensitivity				
HSC-02-22	2022 Contract Awards following tender process for Healthwatch Oldham and NHS Independent Complaints Advocacy Services.	Managing Director Community Health & Social Care Services (DASS) – Mark Warren	March 2022	Cabinet
Description: Request approval to award contract(s) following open tender exercise for Healthwatch Oldham and NHS Independent Complaints Advocacy Services - both of which are statutory for local authorities to have in place. Document(s) to be considered in public or private: Commercially sensitive information, not available				
HSC-04-22 New!	VCFSE Investment Fund (Covid19 Recovery)	Strategic Director Communities and Reform – Rebekah Sutcliffe	March 2022	Cabinet
Description: The purpose of this report is to seek approval to allocate Contain Outbreak Management Fund (COMF) monies to the previously established single grant for the VCFSE in Oldham, known as the 'One Oldham Fund'. This investment would support the sector's resilience to enable key VCFSE organisations to remain viable to continue to deliver the ongoing Covid19 response and to contribute to the delivery of Oldham's Covid Recovery Strategy priorities. Document(s) to be considered in public or private:				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
HSC-03-22 New!	Covid-19 Grant Funding for Adult Social Care	Managing Director Community Health & Social Care Services (DASS) – Mark Warren	March 2022	Cabinet
Description: An overview of the DSCH funding, the grant conditions and amounts allocated since 2020, covering the financial years 2020/21 and 2021/22. Document(s) to be considered in public or private: None				

Housing Cabinet Portfolio

HSG-14-21	Affordable Housing Position Paper	Director of Economy	February 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				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
HSG-02-22 New!	Housing Delivery Strategy	Director of Economy	March 2022	Cabinet
<p>Description: This report sets out the current policy context and ambitions for housing delivery in the Borough. It also considers the merits of a range of development options which the Council could progress to ensure delivery of housing on land under its control and updates on current housing activity and recent achievements in the borough. The report makes a series of recommendations for the Council to drive forward a programme of housing development activity.</p> <p>Document(s) to be considered in public or private: Private as contains commercially sensitive information.</p>				
HSG-04-22 New!	Disposal of land at Southlink	Director of Economy	March 2022	Cabinet
<p>Description: To seek Cabinet approval for the Council to carry out a competitive land sale of vacant and derelict brownfield land at Southlink together with land owned by Greater Manchester Passenger Transport Executive (GMPTE) to enable the site to be developed for new housing.</p> <p>Document(s) to be considered in public or private: Private as contains commercially sensitive information.</p>				
HSG-03-22 New!	Disposal of vacant land at Derker	Director of Economy	March 2022	Cabinet
<p>Description: The purpose of this report is to seek Cabinet approval to dispose of three plots of vacant land in Derker (St James Ward). The sites will be developed by Hive Homes who will build 134 affordable and market sales homes. 44 affordable homes will be constructed to carbon neutral standards and 90 market sale homes will be constructed low carbon standards. The development will be gas free.</p> <p>Document(s) to be considered in public or private: Yes as contains commercially sensitive information.</p>				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
HSG-01-22) New!	Selective Licensing of Private Rented Properties	Director of Economy	March 2022	Cabinet
<p>Description: This report details the findings of the statutory consultation and develops the final proposals for a second selective licensing scheme. A decision is required to determine whether a second Selective Licensing scheme should be implemented in certain parts of Oldham. Document(s) to be considered in public or private: PUBLIC</p>				

Neighbourhoods Cabinet Portfolio

NEI-03-20	Highways Improvement Programme 2019/20 - 2021/22	Deputy Chief Executive – Helen Lockwood	Before May 2022	Director of Economy
<p>Description: Cabinet approved the £12m Highways Improvement Programme for delivery over the financial years 2019/20 to 2021/22 in March 2019. 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. Document(s) to be considered in public or private: N/A</p>				

Corporate Services Cabinet Portfolio

Finance and Low Carbon Cabinet Portfolio

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FLC-19-21	Report of the Director of Finance – 2020/21 Statement of Accounts	Director of Finance – Anne Ryans	February 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.</p> <p>Document(s) to be considered in public or private: Proposed report title: Report of the Director of Finance – 2020/21 Statement of Accounts</p> <p>Various appendices.</p> <p>Report to be considered in public.</p>				
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	February 2022	Cabinet
<p>Description: To decide on the Council’s approach to engagement of its External Auditors from the financial years 2023/24 to 2027/28</p> <p>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.</p> <p>Various appendices.</p> <p>Report to be considered in public.</p>				
FLC-20-21	Report of the Director of Finance - Discretionary Business Rates Relief	Director of Finance – Anne Ryans	February 2022	Cabinet
<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.</p> <p>Document(s) to be considered in public or private: Proposed Report Title:</p> <p>Title: Discretionary Business Rates Relief</p> <p>Background Documents: Appendices – Policy documents</p> <p>Report to be considered in Public</p>				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FLC-01-22	Contract at Site A, Mumps, Oldham	Director of Economy	February 2022	Cabinet Member - Finance and Low Carbon (Deputy Leader - Councillor Abdul Jabbar)
<p>Description: To update contract at Site A, Mumps, Oldham. Document(s) to be considered in public or private: Not for publication by virtue of Paragraph 3 of part 1 of schedule 12A of the Local Government Act 1972 as it is not in the public interest to disclose the information as it relates to the financial or business affairs of the Council.</p>				
FLC-10-21	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 9	Director of Finance – Anne Ryans	March 2022	Cabinet
<p>Description: The report provides an update on the Council's 2021/22 forecast revenue budget position and the financial position of the capital programme as at Month 9. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2021/22 – Month 9 Background Documents: Various appendices Report to be considered in Public</p>				
New! FLC-02-22	Procurement of Water and Wastewater Services	Director of Finance – Anne Ryans	June 2022	Cabinet
<p>Description: To approve the appointment of Wave via the NEPO (North East Procurement Organization) Water Retail Services framework. Document(s) to be considered in public or private: Private This is a commercial contract for the supply of water services to all Council Buildings, The rates in the contact are commercially sensitive.</p>				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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Employment and Enterprise Cabinet Portfolio

EE-01-22 New!	Priority Programme Fund VCFSE Support	Strategic Director Communities and Reform – Rebekah Sutcliffe	March 2022	Cabinet
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Description: The purpose of this report is to seek approval to allocate grant funding from the Priority Programme Fund, renewing all grants for one year (22/23) and extending the grant to Action Together CIO for three years to enable them to provide voluntary sector infrastructure support, including intensive and specialist organisational development, in Oldham for three years 2022-25.

Document(s) to be considered in public or private:

EE-02-22 New!	Covid Business Scheme	Director of Economy, Director of Finance – Anne Ryans	March 2022	Cabinet
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Description: Review of the latest Covid related business scheme.

Document(s) to be considered in public or private: Private - the principle of the report is dependent upon the publication of the Bill and the implications are that this could affect the commercial interests of the Council and Businesses if shared in a public forum before the bill is published in its final form.

Commissioning Partnership Board

CPB-06-20	Section 75 Agreement	Chief Executive/Accountable Officer NHS Oldham CCG	March 2022	Commissioning Partnership Board
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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 MARCH 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To provide notification of decisions to be taken by the Commissioning Partnership Board Document(s) to be considered in public or private: Reports to be considered in private due to commercial sensitivity and details related to financial and business affairs of the Council, its partners and service providers				

Key:

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

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Notes:

1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.
2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its Members are as follows: Councillors Arooj Shah, Abdul Jabbar MBE, Amanda Chadderton, Shaid Mushtaq, Zahid Chauhan, Jean Stretton, Eddie Moores 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>