

## ***HEALTH SCRUTINY Overview & Scrutiny Committee Agenda***

Date Tuesday 18<sup>th</sup> October 2022

Time 6.00 pm

Venue Council Chamber, Civic Centre, 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 Peter Thompson at least 24 hours in advance of the meeting.
  2. CONTACT OFFICER for this agenda is Peter Thompson, telephone 0161 770 5151, or email, [peter.thompson@oldham.gov.uk](mailto:peter.thompson@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 12.00 noon on Thursday, 13<sup>th</sup> October 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 COMMITTEE:  
Councillors Ball, Harrison, S Hussain (Chair), Ibrahim, Marland, McLaren, McManus and Nasheen

Item No

- 1 Apologies For Absence
- 2 Urgent Business  
Urgent business, if any, introduced by the Chair
- 3 Declarations of Interest  
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 4 Minutes  
To consider the Minutes of the meeting of the Health Scrutiny Committee held on 6<sup>th</sup> September 2022.
- 5 Public Question Time  
To receive Questions from the Public, in accordance with the Council's Constitution.
- 6 Health Protection Update (Pages 1 - 6)  
Director of Public Health to report
- 7 HealthWatch Oldham - Annual Report 2021/22 (Pages 7 - 28)  
Chair of HealthWatch Oldham to report
- 8 Northern Care Alliance / Royal Oldham Hospital - update (Pages 29 - 44)  
Northern Care Alliance/NHS Trust to report
- 9 Access to Urgent and Emergency Care (Pages 45 - 76)  
CCG Accountable Officer to report
- 10 Health Scrutiny Committee Work Programme 2022/23 (Pages 77 - 88)
- 11 Key Decision Document (Pages 89 - 116)  
Key Decisions scheduled to be taken by the Council from 1<sup>st</sup> October 2022

**Report to Health Scrutiny Committee**

## **Progress report on key health protection issues including plans for the 2022 Flu Programme.**

**Portfolio Holder:**

Cllr. Barbara Brownridge, Portfolio Lead for Health and Social Care

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

**Report Author:** Charlotte Stevenson, Consultant in Public Health

**October 2022**

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### **Purpose of the Report**

The Health Scrutiny Committee has requested a progress report on key health protection issues in Oldham, including the 2022 flu programme.

### **Summary of the issue:**

This report provides an overview of the current key health protection priorities in Oldham, progress made, and actions planned.

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## 1. Health Protection Priorities

- 1.1 Health Protection seeks to prevent or reduce the harm caused by communicable diseases and anti-microbial resistance and minimise the health impact from air pollution and environmental hazards such as chemicals and radiation. As well as major programmes such as the national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks.
- 1.2 Health protection priorities in Oldham for 2022/2023 are:
- Manage outbreaks of communicable disease, including respiratory and new and emerging infections.
  - Infection prevention & control (IPC) in high- risk settings.
  - Sexual health including HIV.
  - Increase uptake of flu vaccinations among all priority groups and manage outbreaks effectively.
  - Provide support to prevent and reduce risks associated with Healthcare Acquired Infections (HCAI) & Anti-microbial resistance (AMR).
  - Increase uptake, and reduce inequalities in uptake, in immunisation programmes.

## 2. Managing outbreaks of communicable disease

- 2.1 The Operational Local Health Economy Outbreak Plan for Oldham ensures clarity on operational roles and responsibilities for each responding organisation in the event of an outbreak. The plan provides assurance that the borough is resilient and can respond appropriately to outbreaks
- 2.2 The health protection team in Oldham continue to work with UK Health Security Agency to analyse surveillance data, monitor risks and respond to outbreaks. COVID continues to be a priority, as is working with high risk settings to reduce the risk of monkeypox transmission.
- 2.3 Care homes, schools and other settings continue to require support in responding effectively to COVID outbreaks. Ongoing support to these settings includes risk assessments, testing, advice on reducing transmission and additional IPC advice. All COVID outbreaks in care homes are closely monitored and actions taken in line with national guidance and best practice.
- 2.4 There have been confirmed cases of monkeypox in Oldham. However, compared to other areas in GM and nationally, our rates are very low. Most cases of monkeypox are safely self-managed in the community. Our prevention strategy includes messaging to at risk groups about symptoms and the importance of testing, provision of testing in sexual health clinics, contact tracing and a vaccination offer to high-risk groups. HCRG (Oldham's provider of integrated sexual health services) also supported Public Health and Environmental Health colleagues in Oldham to undertake a risk assessment on a local sex-on-premises site to ensure that effective IPC measures were in place to reduce the spread of Monkeypox. The Integrated Sexual Health Service has been integral to the delivery of the Monkeypox vaccination programme. HCRG Care Group assessed the anticipated need by identifying the high-

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risk patient cohort in accordance with the eligibility criteria. These included men who have sex with men (MSM) with a diagnosis of a sexually transmitted infection in previous 12 months, people taking pre-exposure prophylaxis for HIV prevention (PrEP), and people living with HIV. Based on this assessment of need, 597 eligible patients were identified across Oldham, Rochdale, and Bury. HCRG initially vaccinated people on an opportunistic basis whilst vaccine supplies were being rolled out nationally and across GM but then invited eligible people to book appointments and attend clinics through August to receive their vaccine. There was good uptake and all vaccine allocations have been administered. Testing for anyone who is concerned they may have Monkeypox or have come in to contact with anyone who may have Monkeypox is available via the Integrated Sexual Health Service

- 2.5 An Oldham care home currently has an outbreak of invasive Group A streptococcal infection (iGAS). iGAS is a rare but serious illness that can spread rapidly from person to person. Outbreak management support and monitoring of the situation in the home continues. To date, this has involved; identification of cases, testing of suspected cases and contacts, antibiotic treatment, IPC advice and regular visits to the home.

### **3. IPC in high-risk settings**

- 3.1 The health protection team are carrying out an audit programme of high-risk settings. These include GP Practices, Care Homes and Early Years settings.
- 3.2 9 Care Home audits have been undertaken by the IPC team, of which 8 had action plans. 3 Self-audits have been returned to date, with more expected to be returned for review. There are no outstanding face-to-face care home audits for the period April-September 2022.
- 3.3 5 GP practice audits have been undertaken by the IPC team, of which 3 had action plans. 3 Self-audits have been returned to date, with more expected to be returned for review. There are no outstanding face-to-face GP audits at this time.
- 3.4 5 audits in Early Year settings have been undertaken. An IPC audit plan is in place for October 2022 - March 2023. As per the plan, 2 Care Homes will require re-audit in December 2022 (or earlier if action plan completed). No GP practices will require re-audit. 15 Early Years Settings will require an IPC audit to be completed.

### **4. Sexual Health**

- 4.1 The percentage of eligible people in Oldham being tested for HIV has been steadily increasing since 2015 and at 50.1% in 2021, rates in Oldham have overtaken both the England (45.8%) and Northwest (41.8%) rates for the first time. This is a demonstration of the comprehensive HIV testing provision that is available in the borough. A higher testing rate in Oldham means that we can identify cases of HIV earlier and can support those living with HIV more quickly which leads to better health outcomes.
- 4.2 The roll out of routine commissioning of HIV Pre-Exposure Prophylaxis (PrEP) via our Integrated Sexual Health Service is now complete and PrEP is now available to all eligible residents. PrEP is a way for people who do not have HIV to prevent HIV infection by taking a pill every day (daily dosing), or before and after likely exposure (event-based dosing). HIV PrEP forms part of combination HIV prevention alongside health promotion, condom use, regular testing and swift initiation of HIV treatment where indicated. The regular sexually transmitted infection (STI) testing which forms part of the PrEP package of care provides opportunities to test and treat STIs, thereby

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supporting the control of STIs. Preventing new diagnosis of HIV is particularly cost effective.

- 4.3 Our sexual health services continue to deliver a comprehensive STI testing and treatment offer, including asymptomatic express, postal or 'click and collect' kits, partner notification and opportunistic screening for Chlamydia and Gonorrhoea. The service provides assertive clinical and non-clinical outreach for vulnerable and at-risk communities with delivery in community settings via their 'Clinic in a Bag' offer and they are also currently developing a model to be able to work with partners from across the system, including Primary Care and Education Settings, to deliver more opportunistic screening.

## **5. Flu programme**

- 5.1 In Oldham, we want to increase uptake of flu vaccinations among all priority groups and identify and manage any outbreaks effectively.

- 5.2 Eligible cohorts for this flu season are:

- all children aged 2 or 3 years on 31 August 2022
- all primary school aged children (from reception to Year 6)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline health and social care staff

- 5.3 General practices and school immunisation providers are expected to demonstrate a 100% offer this season by ensuring all eligible patients are offered the opportunity to be vaccinated by active call and recall mechanisms, alongside opportunistic offers. The aim is to achieve at least the uptake levels of 2021 to 2022 for each cohort, and ideally exceed them. Vaccines have been purchased for eligible Oldham Council staff and plans for roll out are in place.

- 5.4 Delivery of the flu programme is a multi-organisational approach. The Oldham Flu group began planning in June and the approach is coordinated and centralised.

- 5.5 Review of the 2021-2022 flu programme performance highlights that uptake in pregnant women, immunocompromised patients and under 65 at risk could be improved. Plans are in place to reflect this need, including working collaboratively with primary care and across the wider system and involving community pharmacy.

- 5.6 A strong uptake was seen last season in people with learning difficulties and in long term residential facilities.

- 5.7 Locally, we are raising awareness of the importance of winter vaccinations at provider forums, locally and across the GM Health Protection Network and providing support to Care Home staff with vaccine hesitancy.

## **6. Provide support to prevent and reduce risks associated with HCAI and AMR**

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6.1 Alongside the audit programme detailed above, the health protection team deliver a Certificate of Excellence training programme. The programme is for Care Home, Care at Home Staff and GP Practices and is delivered to reduce infections in our high-risk care environments.

6.2 The following sessions have been delivered to care home staff:

- Gastrointestinal illness, including outbreak management.
- Oral Hygiene and respiratory illness including aspiration pneumonia
- A session on catheter management is planned for January 2023.

6.3 The following sessions have been delivered to GP practices:

- Back to Basics IPC including IPC audit.
- HCAs, AMR, respiratory illness/vaccines, sepsis
- Further, relevant session topics are to be identified for the new year.

6.4 The health protection team provide monthly facilitation of the HCAI review meetings with the ICS, reviewing clostridium difficile cases or bacteraemia's in line with national guidance. These meetings identify avoidable and unavoidable cases and provide feedback to prescribers.

## **7. Immunisation programmes**

7.1 School aged immunisations (other than flu) are delivered by the School Nursing Service in Oldham. The service has set up an immunisation team to work alongside the generic school nursing service. They will plan and deliver the school aged immunisation programme which includes catch up clinics in locality venues. The team will work with our schools in a more targeted way to increase the uptake for the Borough. The service works hard to support individual young people, in particular those with needle phobia. Vaccines for this cohort can take multiple attempts and supportive work with the young person and their family. In addition, the service and the Council's Public Health team have been working with the youth service to develop resources that can be used in schools to dispel myths and raise awareness of the benefits of immunisation. The feedback from our young people was positive and their involvement has made sure that the resources meet the needs of local young people. The Immunisation Team within the School Nursing Service are disseminating the resources to schools.

7.2 Our latest data shows that uptake for two doses of MMR (Mumps, Measles and Rubella) for five-year-olds in Oldham is 88.8%. This is better than the England average of 86.6% but still not high enough. We need to achieve 95% coverage to ensure population level protection against measles. We have been working closely with partnerships including the Northern Care Alliance, as the providers of our Child Health Information System (CHIS), our district teams, primary care and school nursing, to increase our uptake of routine childhood immunisations. There are challenges in relation to data cleansing which we are working with our Greater Manchester NHS colleagues on. Later this quarter, we will be providing information and training to Oldham Council engagement workers on childhood immunisations so that they can answer queries in communities.

## **8. Recommendations**

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8.1 Health Scrutiny committee are asked to note the progress against health protection priorities and support the ongoing actions described in the report.



# Championing what matters to you

Healthwatch Oldham  
Annual Report 2021-22



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# Message from our chair

We've been through another year where we all felt the continuing impact of COVID 19 on our daily lives and on our local health and social care. Healthwatch Oldham staff have had to adapt – continuing to provide the Healthwatch service by working from home and also by managing the move to our new base, at Medtia Place, on Union Street.

Despite these ongoing challenges, we have continued to listen to our local community to make sure their voices are heard and acted on. An example of this is our Greater Manchester Dental Report – a supplemental report we issued in August 2021. During the COVID pandemic, people across Greater Manchester told their local Healthwatch that they were experiencing difficulties accessing NHS dental services. Across Greater Manchester, local Healthwatch organisations experienced a six-fold increase in enquiries regarding NHS dentistry and nearly 98% of these enquiries raised issues of accessibility.

We continued to consult with the Oldham public, trying hard to reach out to communities we don't hear from as often as others. By conducting a bi-monthly survey called the Healthwatch Oldham 100, we continue to obtain views from local people on a range of subjects. The findings from these surveys can help us to identify trends within service delivery and provide information to guide us on areas to look into further.

We were also able to run our People's Choice Awards for the second year running, to celebrate the hard work that people throughout all health and social care services deliver to the people of Oldham.

We have published our report looking into people's experiences of accessing services whilst living with cancer during COVID-19 and acted on feedback, to drive change to make a difference to people's experiences.

Towards the end of 2021 we had the opportunity to work in partnership with the Oldham Safeguarding Adults Team to produce a Wheelchair Users – Understanding How Accessibility Works for You Report. This was a survey that was designed to be a starting point to highlight and understand peoples' experiences of accessibility when they have a physical disability.

All the reports mentioned above are available to view on our website.

None of this work would be possible without the dedication of our staff and volunteers and I want to thank them all. I would also like to thank our funders and partner organisations and our Board volunteers. We look forward to continuing to work with you over the next year. Please continue to let us have your views and to join us in events, either online or in person, as a participant or a volunteer.



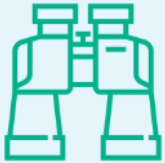
John Starkey  
Healthwatch Oldham Chair

*J. Starkey*  
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# About us

## Your health and social care champion

Healthwatch Oldham is your local health and social care champion. From Moorside to Failsworth and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.



### Our values

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

# Our year in review

Find out how we have engaged and supported people.

## Reaching out



**500 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**1,290 people**

came to us for clear advice and information about topics such as mental health and COVID-19.

## Making a difference to care



We published

**7 reports**

about the improvements people would like to see to health and social care services.

Our most viewed report was

**A review of people's experiences of health and care services whilst living with cancer during COVID-19**

## Health and care that works for you



We're lucky to have

**13 Volunteers**

who gave up over 4 days to make care better for our community.

We're funded by our local authority. In 2021-22 we received:

**£135,000**

Which is the same as the previous year for the main service.

We also currently employ

**5 staff**

who help us carry out this work and this is the same as the previous year.

## How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

### Spring



We published our New Years Blues infographic, highlighting mental health during the winter months.



We held focus groups on NHS Remote Appointments as part of our work with the Northern Care Alliance.

### Summer



We published our report on people accessing services whilst living with cancer.



We were able to resume our outreach sessions in the community and attended various health walks throughout the borough to support residents and promote wellbeing.

### Autumn



We promoted the COVID-19 vaccination rollout and highlighted the benefits of people accessing their booster jabs heading into winter.



We urged the Government to act after reporting a 452% increase in people struggling to see an NHS dentist.

### Winter



We held our second annual People's Choice Awards and distributed the certificates and commendations to those nominated.



We ran our latest Healthwatch Oldham 100 survey which focussed on people who live with or support those who have dementia.

# Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve



## Remote Appointments within the NHS

During early 2011, we partnered with the Northern Care Alliance to look at remote appointments and how patients feel about using them.

Given the challenges of the COVID-19 Pandemic since early 2020, the usage of remote appointments by health professionals have increased.

A remote appointment is a meeting between an individual (patient) and an NHS Health Professional using a telephone or a video call via an App (where you have not been able to visit a service for a meeting in person). These could be any appointments, including hospital appointments, GP appointments, and community service meetings.



# 211 Surveys completed

In addition to four focus groups being held remotely

The aim was to understand people's experiences of using remote appointments and to create an easy-to-read guide for people to follow if they didn't feel comfortable with the process.

After the surveys and feedback from the focus groups were analysed, a report was produced and shared with the Northern Care Alliance.

From this, the Northern Care Alliance have created a task and finish group to look at its recommendations and work to complete both a guide to support people with the use of a remote appointment and a best practice guide for staff to use as a resource.

The guide will be made available in 2022.

### What difference did this make

The new guide being produced will help patients who feel uneasy with the use of remote appointments and provide them with valuable resources.



"The call came at the correct time and was not hurried in any way. The consultant spent the time asking the questions he would have asked face to face and gave me all the time I needed plus he went beyond what I expected regarding something I wanted to ask about. I was very happy. It was good not to have to worry about travel or parking."

A patient who completed the Remote Appointments Survey





## Walking and Talking!

As we come out of the COVID-19 pandemic, we have had to re-think how we can engage with our local residents. Taking part in local health walks has allowed us to engage with residents in a COVID-19 friendly manner as it's in an outdoor setting.

The format of the local health walks have allowed us to introduce who we are, what we do and take people's feedback on services they may have accessed or provide our information and signposting function.

We also provided walkers with a card which contains a little more detail and ways to connect with us at a later point if it's more suitable. These walks have provided us with the opportunity to engage with our community and make people aware of our current projects and how they can get involved.



“As we're walking, different people stop us and ask about the group. Having the confidence to go out on your own is something I don't have but as a group it gives you the motivation you need.”

Walker on the Failsworth Health Walk.



### People's Choice Award Winner

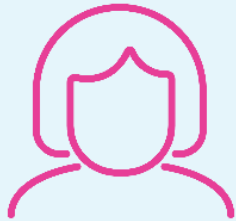
We created a small video of the Failsworth Health Walk and it also gave us the opportunity to provide the walk leader – Alan Keane with his People's Choice Award Certificate.

You can check out the video on our social media link below:

[Twitter.com/HWOldham](https://twitter.com/HWOldham)

## Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



### Domestic Abuse Project

A project was undertaken with the Oldham Safeguarding Adults board to examine people's experiences of domestic abuse.

Funded by the Ministry of Justice this joint project brought together members of the Oldham Safeguarding Adults Board, Healthwatch Oldham and Age UK Oldham to explore the experiences of older survivors of domestic abuse in Oldham.

The finding will be used by Oldham's Domestic Abuse Partnership to train and support professionals to improve the identification and support offered to older people to help them deal with abusive situations.



### Rochdale and Oldham Maternity Voices Partnership

ROMVP is a forum for maternity service users, birthing partners, providers and commissioners of maternity services to come together to design services that meet the needs of local service users in the Rochdale and Oldham area.

It's a great way for Oldham residents to express their views on the maternity care received during pregnancy, throughout the birth and postnatal care. Service users' views and opinions are valuable and help to shape the future of local maternity services.



### Improving care over time

Change takes time. We often work behind the scenes with health and care services to consistently raise issues and push for changes.

We have known about problems with dental access for a long time. We have received feedback from residents for several years stating that they have been unable to register with practices as an NHS patient. Last year, it became apparent that this was a national issue and we called for reform of NHS dentistry, co-signing a letter to the Chancellor of the Exchequer calling for NHS dentistry to be accessible and affordable for everyone.

# Advice and information

If you feel lost and don't know where to turn, Healthwatch Oldham is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's help finding an NHS dentist or details on how to make a complaint – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need



## Long COVID and access to Long COVID Centre

We were contacted by someone who has been living with what she felt were symptoms of COVID-19 which had surpassed the 12-week period. NHS class this state as Long COVID.

They spoke to their GP and were told that if she could find out where to refer to then they would refer her to the service. As a result of this, she contacted us for guidance. We looked into this and spoke to the Northern Care Alliance.



They confirmed that there was a referral process for this to attend a clinic in Oldham. They stated that the information for GPs to refer into the clinic has been sent out to them. However, not all GPs had received this. As a result of this, the Northern Care Alliance sent a reminder to all GPs with the appropriate information to ensure GPs were fully aware of this service.

The person who contacted us originally had now been successfully referred to the Long COVID Clinic.

## Domestic abuse and counselling support for families who have experienced loss

We were contacted by The Oldham Adult Safeguarding Team regarding a family who wanted support post the death of their daughter which they felt was a result of Domestic Abuse.



This process took several weeks of individual enquiries and getting different services to work together to see what would be best as there was no specific support for the family available in the Oldham area.

There was support available in other areas, but it was not accessible for them as they did not meet the referral criteria. After several weeks, a Greater Manchester Police Victims Support Coordinator for Oldham made contact and arranged to support Adult Safeguarding around a solution to help the family.

In addition, from the information that we gathered and collated, a support sheet was created by Oldham Council Adult Safeguarding Team in partnership with Healthwatch Oldham for professionals and members of the public to use when looking for bereavement support.

You can access this below:

[OSAB-National-and-Local-Bereavement-Support.pdf](#)

# Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch Oldham. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Helped people have their say from community events which we have been able to start attending again within the area.
- Got involved in focus groups as part of our projects, specifically the Remote Appointments Project we ran with Northern Care Alliance.
- Supported to ensure our information on local services is current and up to date.
- Continued to be at the heart of Healthwatch Oldham by being part of the Healthwatch Oldham Governance Board.



### Jacob

Jacob supported Healthwatch Oldham this year by attending three events on our information stalls providing up-to-date and current details of services delivered within the area. Jacob felt the experience empowered him, increased his confidence in approaching people, and highlighted to him that even if you don't have all the answers, people are happy for you to get back to them with information. He enjoyed being able to explain the Healthwatch services feeling proud to wear the Healthwatch Oldham T-shirt and badge.

Jacob also provided us with valuable insight and support whilst we are in the process of setting up our YouthWatch 100 Survey. He has helped design the logo and format the questions for our first survey, which is around Young People's Mental Health. He used his own experience using Mental Health services to support this process and moving forward we are looking into starting an Oldham Youth Healthwatch.



### Jacqueline

Our recently appointed Vice-Chair Jacqueline has been very kind to offer her time to the staff team and the wider board. She has been able to use her HR and organisation development experience to facilitate a 'Vision and Value' Workshop. This was an enjoyable session that got us to think about who we are, and what we aim to achieve in the coming years as a team and organisation. The findings from the day have now been adopted as our Vision and Values.



#### Do you feel inspired?

There are plenty of ways to get involved with Healthwatch Oldham. Please check out our details below and get in touch:



[www.healthwatcholdham.co.uk/have-your-say](http://www.healthwatcholdham.co.uk/have-your-say)



0161 622 5700



[info@healthwatcholdham.co.uk](mailto:info@healthwatcholdham.co.uk)

# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Outgoing	
Funding received from local authority	£135,000	Staff costs	£135,982
NHS Complaints	£28,000	Direct delivery	£6,391
Additional funding	£3,000	Management and overhead	£36,000
<b>Total income</b>	<b>£166,000</b>	<b>Total expenditure</b>	<b>£178,373</b>

## Top three priorities for 2022–23

1. Working with the Health and Wellbeing Board and wider local system in tackling health inequalities via the action plan that has now been signed off by the H&WB.
2. Given forthcoming National Health Service changes expected in July 2022, one of the proposals is replacing CCGs (Clinical Commissioning Groups) with a Greater Manchester ICS. A statutory Integrated Care System (ICS) in Greater Manchester will be a partnership that brings providers and commissioners of NHS Service across the 10 GM Localities together. Through this process of transition Healthwatch Oldham will ensure residents have a strong influence over the incoming ICS changes, and that patient voice and patient experience remain a key cornerstone of all the work that will take place under the GM ICS Umbrella.
3. Establish an Oldham Youth Healthwatch, with specific governance arrangements and identify key routes in the system to achieve outcomes.

## Next steps

The global pandemic and several key findings since COVID-19 hit have shone a light on the impact of existing inequalities when using health and social care services. This has highlighted the importance of championing the voices of those who all too often go unheard. Over the coming year, our goal is to help reduce these inequalities by making sure the patient voice is heard, and decision-makers reduce the barriers people may face, regardless of whether that's because of where someone lives or other issues such as income or race.

We will do this by working with the Health and Wellbeing Board on their draft inequalities plan. This work came about because Healthwatch Oldham through our representation on the board was able to pose challenges around the system not having tangible objectives around tackling health inequalities. This then formed the Health and Wellbeing Board development session, which then lead to the development of an inequalities plan.

We will also ask the local system to identify more detailed next steps around the DNAR (Do not attempt resuscitation) work which has been carried out by the end-of-life transformation following our report in 2020. In addition, we will be asking the new Oldham locality team, to follow through with our COVID-19 report of 2021, to ensure there is a much broader impact from our findings. Moreover, we will begin our work by engaging with patients around experiences of hospital discharge, working closely with the Northern Care Alliance and our local Royal Oldham Hospital.

# Message from our Manager

I would like to begin by paying tribute and giving special thanks to our hardworking Healthwatch Oldham team who have adapted amazingly to our new hybrid working arrangements and kept the core business of Healthwatch Oldham continuing, through another significant period of change.

Moving forward Healthwatch Oldham will be focused on building on the successes of this year. We will continue to respond to the challenges that have been presented by COVID-19 over the last 2 years, this includes both its emergency and recovery. In the last year, we have worked incredibly hard with our local Health and Social Care System to prepare for the new ICS arrangements which are due to be implemented later this summer. We will work hard to ensure Healthwatch Oldham is a key strategic partner as Oldham begins to develop its role and position within the Greater Manchester ICS and amongst the national changes more broadly. Whilst doing so we will always ensure we are at the heart of championing patient voice, and patient experience.

I would like to take this opportunity to thank everyone who has worked with us and helped us deliver on our work plan over the past year. Our amazing team works so hard to ensure Healthwatch Oldham is at the heart of change and influence but none of our work would be possible without colleagues in Action Together, our Healthwatch Oldham Board, the residents of Oldham who participate in our surveys or the many partners and stakeholders across Oldham who work with us to deliver on the needs for the good people of Oldham. This past year has seen everything slowly open up fully, following a few years of continuous lockdown and restrictions. This has allowed us to start attending external events.

Some of the highlights from this year include the Opening Doors Domestic Abuse Project. Funded by the Ministry of Justice this joint project brought together members of the Oldham Safeguarding Adults Board, Healthwatch Oldham and Age UK Oldham to explore the experiences of older survivors of domestic abuse in Oldham. The finding will be used by Oldham's Domestic Abuse Partnership to train and support professionals to improve the identification and support offered to older people to help them deal with abusive situations. We have also progressed with our work around the Maternity Voices Partnership (MVP) which we are delivering jointly with Healthwatch Rochdale, in the last year one of the highlights is appointing a Vice-Chair for the MVP who is a recent service user from Oldham, which is a brilliant complement to the work of the Chair of the MVP who is from Rochdale. We now feel we have very strong foundations, to take this important area of work from strength to strength. In terms of our work around Primary Care, we have continued to engage with the Primary Care Commissioning Committee, and for example, we are working closely with Royton and Crompton Family Practice to help them engage with their patients via a survey which we hope will be jointly co-produced by ourselves and the GP Practice.



Over the past year, we have contributed significantly to several key reports, which include the Greater Manchester Healthwatch Network Dentistry Report, which was submitted to the Department of Health. We also published our Wheelchair users report, which was done in partnership with the Oldham Safeguarding Board, and we are hoping to build on this work in the coming year. We also published a report on People's experience of living with Cancer during Covid-19, which was an emotive and hugely significant piece of work. In terms of Healthwatch 100's, I am pleased to report we carried out on the important issue of Dementia, and early in the coming year, we are publicising our next Healthwatch 100 which will be around Young People's Mental Health.

I am determined that we continue to make a difference in how health and social care is designed and delivered in Oldham and that patients, service users and their families are at the heart of this. Now more than ever we must rebuild and renew parts of our NHS systems and/or structure, as we move to usher in the new NHS system and changes, later in the summer.

We hope next year to report on the work of the proposed Patient Participation Group Oldham-wide audit, which hopes to work with the local Primary Care Team given some GP Practices haven't been able to reignite these important forums, for patient voice. If you would like to know more about what we do, or about our work that is planned for the year ahead, please don't hesitate to get in touch.

Finally, a heartfelt thank you to the local Oldham community for continuing to work with us, and our partners and stakeholders for giving us the space and ability to play a key role in the local system. None of this would be possible without the support of our Board, and our host organisation Action Together, this important set-up for our Healthwatch enables us to try our best and helps us to take our work from strength to strength.



Tamoor Tariq  
Healthwatch Oldham Manager

A stylized, handwritten signature in black ink that reads "T. Tariq".

# Statutory statements

## About us

Healthwatch Oldham, Action Together CIO, Media Place, 80 Union Street, Oldham, OL1 1DJ.

Healthwatch Oldham uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



## The way we work

### Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of 8 members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met 4 times and made decisions on matters such as our Vision and Values, and Healthwatch Oldham's position and role in the system during the whole ICS transition, both locally in Oldham and sub-regionally in Greater Manchester.

We opened up our priority setting in a very clear and easy way and allowed the public to poll issues that were important to them. This meant we took up issues such as dementia, young people's mental health and the experience of cancer patients during COVID-19. In addition, our work around dental care was based on regular feedback coming into us, and we worked with other Healthwatch on a coordinated report and response.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight into their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision-makers. This year we have done this within our domestic abuse / vulnerable adults project, we had specific and separate focus groups for those from the BAME communities and a separate group for those with learning disabilities.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and share it with all our partners and stakeholders via email along with social media posts and inclusion in our e-bulletin.

## Responses to recommendations and requests

We didn't have any providers who did not respond to requests for information or recommendations. This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

## Health and Wellbeing Board

Healthwatch Oldham is represented on the Oldham Health and Wellbeing Board by Tamoor Tariq – Healthwatch Oldham Manager. During 2021/22 our representative has effectively carried out this role by engaging in a whole range of issues. Below is a brief overview of their activities.

### 2021-2022 Outcomes

Project / Activity Area	Changes made to services
<p>COVID-19: Your Health And Care Experiences Report</p>	<p>Senior Executives and leaders from the system were clear the report was powerful and therefore should be followed through. The report was then sent from the Health and Well Being Board to the Statutory Duties Committee.</p> <p>Oldham Care Organisation formally responded to the report and said, 'We recognise the importance that contact with loved ones has upon recovery from illness. Our clinical teams have developed and continue to improve processes to support communication with families, through regular telephone calls to update on patient progress and the use of Skype and Facetime so that relatives can see their loved ones.'</p> <p>Furthermore, in their formal response OCO, acknowledged the report's findings that attending appointments and treatments alone can be difficult, especially in the case of maternity service and receiving news on life-changing conditions. As a result, they committed to reviewing the national guidance and then pledged to reflect this within the local Hospitals' Visitor Policy. They also confirmed within weeks of our report, that midwife and scan appointments at the hospital can be attended by a loved one.</p>

Project / Activity Area	Changes made to services
<p>Developing A Health Inequalities Plan For Oldham</p>	<p>In September 2021 there was a discussion led by the Director of Public Health two reports which made a series of recommendations for reducing health inequalities across Greater Manchester. The first report was from the GM Independent Health Inequalities Commission, titled The Next Level: Good Lives for All in Greater Manchester. The second report was from Michael Marmot’s team at The Institute for Health Equity, titled Build Back Fairer in Greater Manchester: Health Equity and Dignified Lives.</p> <p>The Healthwatch Oldham Manager contributed to the wider discussion on this, and it was agreed a detailed action plan was needed to help address the long-standing issues linked to Health Inequalities. Healthwatch Oldham discussed the challenge around Year 6 childhood obesity as an example, it was agreed a partnership between Children Services, Schools, and Primary Care was needed to help facilitate early intervention.</p>
<p>Child Death Overview Panel- Annual Report for Oldham, Rochdale and Bury (2020-2021) presented by Oldham Public Health.</p>	<p>Healthwatch Oldham welcomed this report and felt it would be beneficial to further investigate the issues from a solely Oldham population point of view. It was agreed several partners would come together to review this and present back their findings at a future Health and Well Being Board. the investigate at these issues in more depth from an Oldham point of view. The wider issues to be explored Include looking at issues around language barriers, housing and wider maternity services.</p>



**healthwatch**  
Oldham

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 [Instagram.com/HWOldham](https://www.instagram.com/HWOldham)

# OLDHAM CARE ORGANISATION

Oldham Health Scrutiny Committee  
**18<sup>th</sup> October 2022**

# Oldham Phase 4A/B Drivers

- Healthier Together business case – consolidation of acute surgery across GM
- Due diligence findings as part of the Pennine transaction
- Poor estate condition – backlog maintenance
- ROH bed deficit
- Improve flexibility of the estate
- Meet critical care standards
- Poor patient flow at ROH
- Improvement of IPC
- Improvement of patient and staff experience
- Lack of capacity for ward upgrade programme



# Oldham Phase 4A

- 5,337m<sup>2</sup> new build
- Two new 24-bed wards
- New theatre above ED
- Total capital value c. **£29m**
- Delivery currently programmed for **August 2023** (8 week slippage)

**In addition, fit out programme will deliver:**

- 8 bed CCU (to connect to Phase 4B to create 24 beds overall)
- 4 room endoscopy suite
- Capital value TBC – cost plan under review. Budgeted **£6m**.



# Oldham Phase 4B

Further expansion of the Oldham campus, adjacent and connected to Phase 4A. Business case approved by NCA Board to deliver:

- 5,337m<sup>2</sup> new build
- 2x fully fitted 24-bed wards
- 1x fully fitted 24-bed decant ward
- 16 bed CCU connected to 8 bed CCU in Phase 4A (total of 24 beds)
- Total estimated capital value: c. **£43.5m**
- Delivery estimated at **June 2025**

# Oldham Phase 4B: Progress

- Detailed design for the building now complete at RIBA 3.
- Procurement process underway; expected confirmation of preferred contractor in October 2022.
- CFO, SRO and Programme Director undertaking GM and national level finance conversations to ensure availability for funding for build from 2023/24 onwards

# Oldham Phase 4B: Façade Proposal

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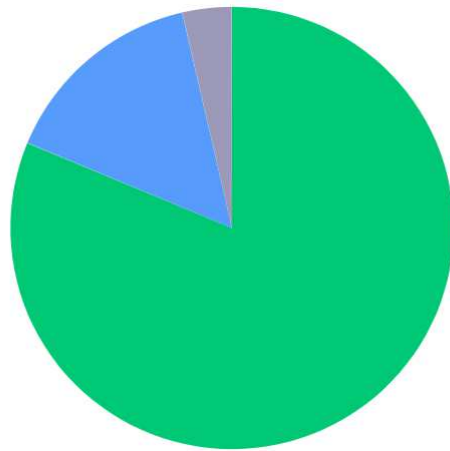


Phase 4B

Phase 4A

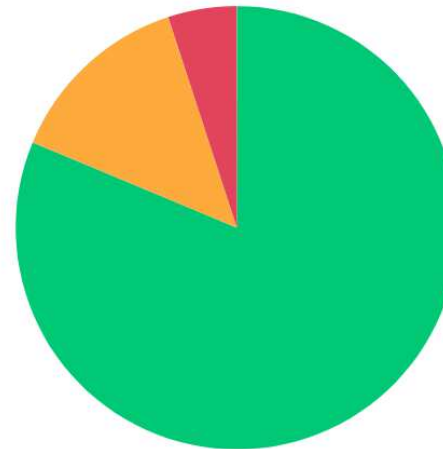
## Ockenden 1 Status

### Delivery Status



- Complete: 113
- In Progress: 21
- Not Started: 5

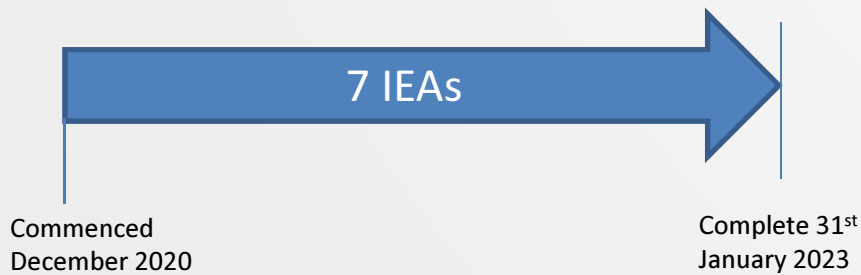
### Evidence Status



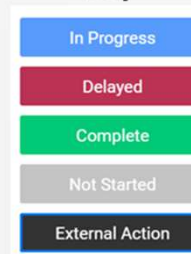
- Evidenced and assured: 113
- Delivered not yet evidenced: 19
- Not yet delivered: 7

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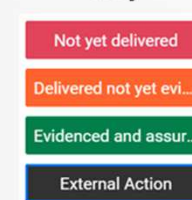
### Delivery Trajectory



#### Delivery Status Key



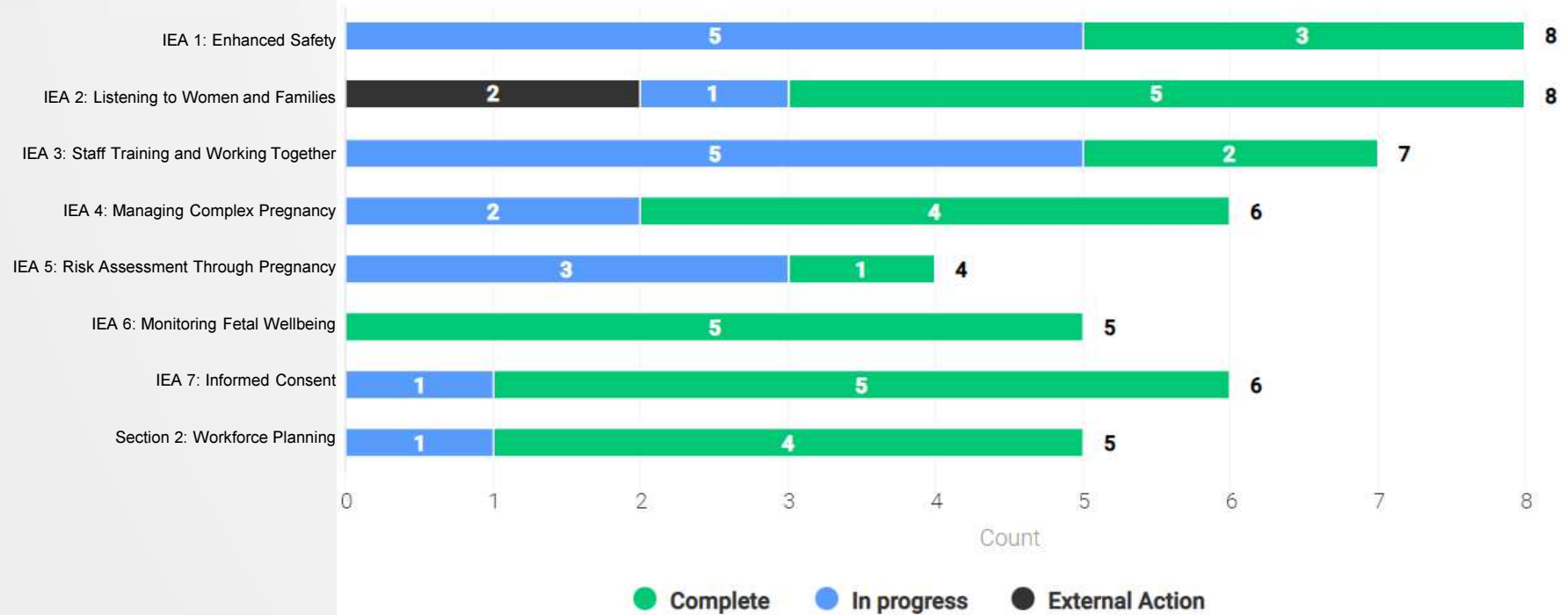
#### Evidence Status Key



Ockenden 1  
Evidence Tracker

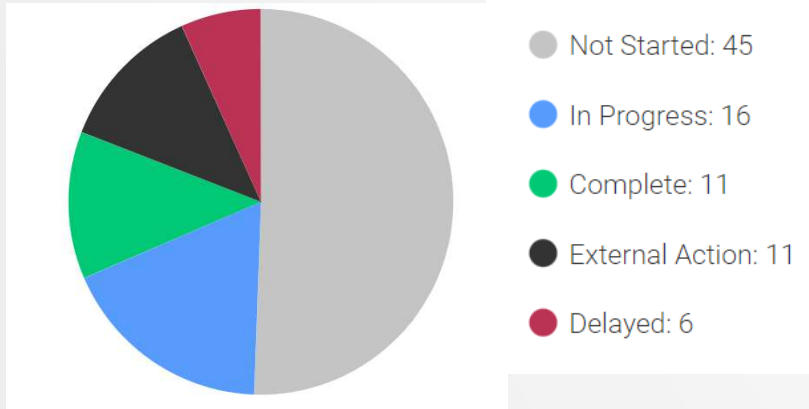
## Ockenden 1 Status

### Current position of overall IEAs

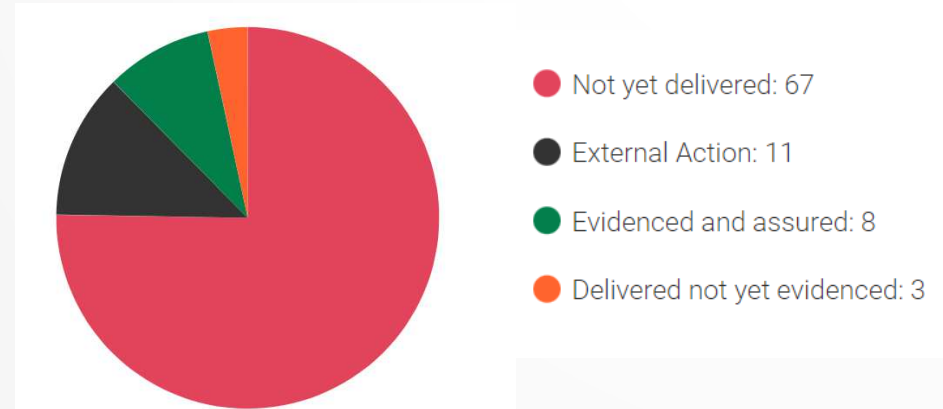


## Ockenden 2 Status

### Delivery Status

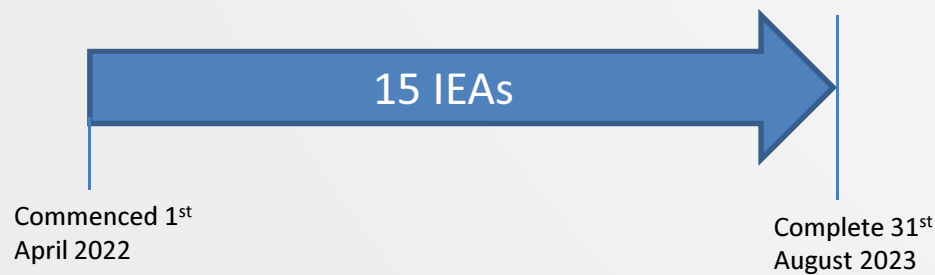


### Evidence Status

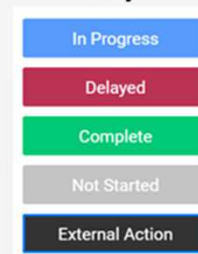


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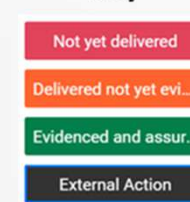
### Delivery Trajectory



### Delivery Status Key



### Evidence Status Key

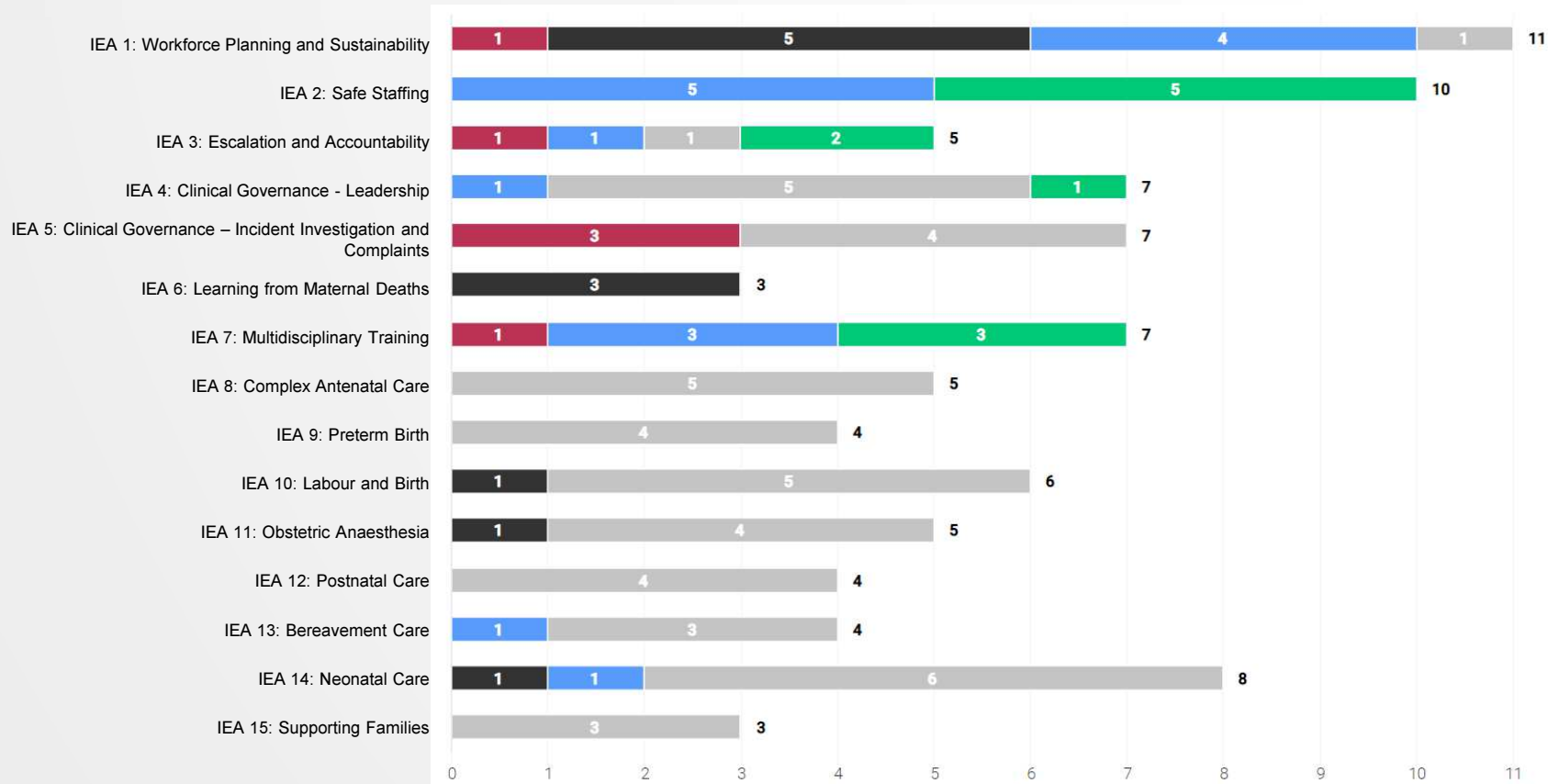


Ockenden Two  
Evidence Tracker



## Ockenden 2 Status

### Current position of overall IEAs



## NCA Community Diagnostic Centre – Vision for Salmon Fields Site

### Key Messages

- NCA is at the forefront of the national policy agenda to deliver Community Diagnostic Centres
- CDCs will deliver faster and earlier diagnosis of disease in community settings, transforming patient convenience and experience
- Oldham Council is a significant partner with NCA on one of country's largest and most high profile CDCs
- Maintaining strategic alignment between NCA and Oldham Council on future development phases is critical success factor.

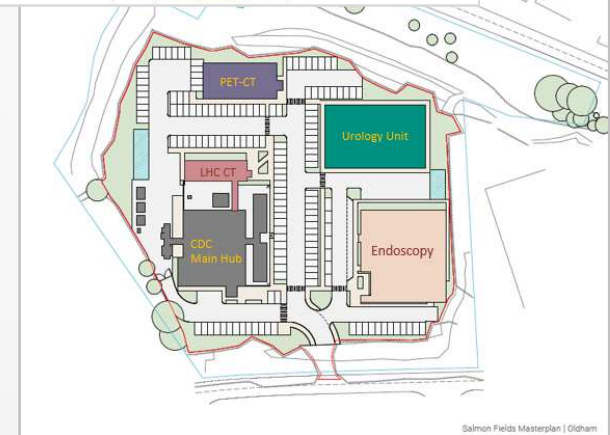
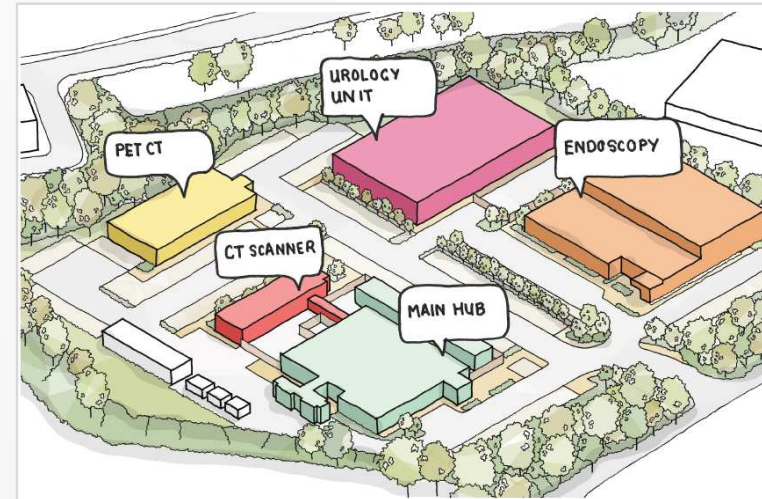
## Current Status

- Head lease for the Salmon Fields site exchanged between the NCA and Oldham Local Authority, planning approval secured in December 2021
- Phase 1 work currently underway on the site for provision of imaging and breathing diagnostic tests (CT, MR, PET-CT, Lung Function Tests)
- The facility will go live in November 2022, with a capital investment of c. £9m and recurrent revenue investment of c. £4m
- Direct population health benefits include:
  - Local community access to testing facility
  - Increased local testing capacity, therefore reduced waiting times
  - Support clinical pathway improvement for faster and earlier diagnosis for conditions such as cancer
- Other direct and indirect socio-economic and environmental benefits:
  - c.40-50 WTE permanent jobs directly created
  - Ongoing support to local businesses
  - multiple tests coordinated and delivered on same day, therefore less travel impact supporting net zero carbon agenda



## Future Development

- Plans being developed to use the whole Salmon Field site to create a 'Diagnostic Village' over the next 2-3 years.
- This planned expansion will include:
  - A new endoscopy facility – camera test to check inside of stomach and bowel
  - Additional imaging facility (CT) – to screen for lung cancer, specifically targeted for active/ex-smokers above 55
  - Additional imaging facility (PET-CT) – to stage active cancers
  - Urology Investigation Unit
- With the business cases approved for most of the above schemes, the NCA is looking to rapidly mobilise the schemes. Additional capital (£25m) and revenue (£14m annually) investment will be secured.
- Economic benefit of further job creation (c.65-80 WTEs) and support to local businesses
- Following implications will need to be considered:
  - Planning Application:** Current temporary planning application (5 years) only covers for Phase 1 of the programme. A new planning application will be submitted in October for the current and future phases of work.
  - Lease Agreement:** Additional parcels of land for development will need to be drawn from the head lease agreement
  - Political Engagement:** For Phase 1, this was undertaken via Oldham LA/CCG Accountable Officer. Further engagement will now need to be considered and we welcome advice on this.



Salmon Fields Masterplan | Oldham

# Transaction Update

- Following the successful Pennine Acute transaction and acquisition by SRFT/NCA and MFT, good progress has been made to disaggregate a number of key services, however some services still require definitive 'disaggregation'.
- The integration of these services into MFT and NCA, maximises the opportunity to realise the benefits originally envisaged in the organisational restructuring as determined by NHS Improvement.
- It is a complex and wide-ranging piece of work and is handled carefully to minimise the impact on patients and staff. It has benefitted from excellent working relationships between MFT and NCA.
- A significant amount of disaggregation and realignment took place in Sept 2022 to support the effective delivery of the MFT electronic patient record (EPR) programme - Hive.
- There are a residual set of services that present the most complex in respect of service disaggregation.
- NCA and MFT working collaboratively to agree approach and develop proposals, with commissioner oversight and involvement of localities and OSCs.
- The creation of the ICS may lead to changes in process.
- Any substantial services changes will be follow the agreed framework for commissioner engagement and public consultation.

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# Access to Urgent & Emergency Care – Oldham Locality

Agenda Item 9

# What we had in place pre-pandemic...





Historically Oldham had 3 pathways into urgent and emergency care:

1. Primary Care GP's providing same day urgent care where capacity permitted, with access out of hours through NHS111
2. Oldham Walk-in-Centre (WiC), providing urgent primary care without an appointment 8am-8pm.
3. Accident & Emergency at the Royal Oldham Hospital

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When patients accessed urgent and emergency care through these points there were limited pathways to direct patients quickly & efficiently to the care they needed, and many were directed to A&E.

Following lengthy consultation in 2017 it was agreed to redesign the WiC and develop a system offering bookable appointments for urgent primary care that met the 'least acute, most appropriate, closer to home' national ambition. However, at the onset of the pandemic in 2020, this discussion was still to be implemented as development work was still ongoing and a review was underway.

# Oldham UEC History

The pandemic brought new urgent challenges we needed to address;

- Immediate development of a Covid Assessment Centre
- Closure of all walk-in services
- Maximising acute capacity
- Implementing digital and virtual care
- Supporting Care Homes and the vulnerable.

In response to Covid-19 the WiC was redesigned to provide the Covid Assessment Service and we took the opportunity to implement a digital urgent care offer to support the system and the Urgent Care Hub(UCH) was created.

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The WiC budget was utilised to fund the development of the UCH & Covid Assessment Service. It has also funded the Covid Oximetry @ Home service, a nationally required service for patients who are covid positive but remain at home while being monitored.

The GM Clinical Assessment Service (CAS) launched on 9<sup>th</sup> November 2020, offering clinical 'Hear & Treat' from NHS111 on a GM footprint with the aim of reducing the number of A&E attendances

On 1st December 2020, the national **111 First** initiative was launched, this was part of the national UEC By Appointment programme, requiring localities to offer direct bookable appointments for urgent care, including in A&E departments, Urgent Treatment Centre's and other Primary Care services

# What we have in Oldham now...



# Our Current Provision



**Our Primary Care Led Urgent Care Hub (UCH)** based at the [building] with video calls, Face to Face appointments and home visits, with pathways to acute, community and mental health services. The Hub offers direct bookable appointments from Pre-ED, NHS111 & GM CAS and also incorporates:

- UTC Minor Illness Service
- Covid Assessment Service
- Covid Oximetry @ Home Service
- HSCP (Health & Social Care Professional) Direct Line to the UCH with pathways designed for Paramedics, Care Homes, Care at Home, GP's and Community services to access urgent care support.

**An Urgent Treatment Centre (UTC) Minor Injury Unit** team of Emergency Nurse Practitioners in what used to be the fracture clinic at ROH provides a direct pathway from arrival to assessment, diagnostics and treatment

**A Pre-ED Rapid Assessment & Streaming Service**, a team of GP's and ANP's that work at the front of A&E this re-directs patients to the most appropriate service for their needs, bypassing A&E allowing the A&E clinicians to focus on those with more serious life-threatening conditions

## Our Current Provision

### Community Access to Urgent Care

We have **launched Oldham's 2 hour Urgent Community Response (UCR)**. This is part of ICE T providing a clinical response within 2 hours if someone's health or wellbeing suddenly deteriorates at home to prevent ambulance call outs and hospital admissions.



Oldham now has an **Integrated Discharge & Community Response Hub** which supports discharges from the hospital to the best place to meet their needs using the Home First approach and the Discharge Assess referral process, linking in with the community offer of enablement, ICE T and Intermediary Care.

We have connected the **Urgent Care Hub** and the **Integrated Crisis & Enablement Team (ICE T)**, which uses the strengths of both services to improve the patient journey and outcomes.



## Our Current Provision

### Ambulance Access to Urgent Care

• An **NWAS & A&E Ambulance Handover Process** has been implemented in A&E to improve ambulance handover times, **If** a patient meets the appropriate criteria, a handover checklist can be completed, and patient can be left with the A&E team to await further assessment. This allows crews to handover patients quicker and be available to respond to other calls sooner.

• **NWAS SDEC (Same Day Emergency Care) Pathways**; there are now direct pathways to SDEC services for patients allowing NWAS crews to directly refer their patients to the Medical SDEC unit, bypassing A&E so they receive an assessment, diagnostics and treatment allowing discharge the same day.

• We have developed an **Acute Frailty Team** within the hospital, the team consists of multi-disciplined clinicians led by a consultant geriatrician. The team have designed a pathway for identifying frail patients at the beginning of their UEC journey to ensure they receive appropriate care in line with their needs to reduce admissions and length of stay.

# Oldham's Urgent and Emergency Care System



Greater Manchester  
Integrated Care

## Access Points

Self Presentation

NHS111

999

GP Referral

Health & Social Care Professional Referral

### Oldham Urgent Care Hub

24hr Urgent Primary Care Same/Next Day

Direct Bookable Appointments (NHS111/GM CAS/Pre-ED)

2hr Urgent Community Response (ICET)

Community Same Day Emergency Care

PCNs & Neighbourhoods

Covid Assessment Service

Direct Referrals to acute care

#### Urgent Treatment Centre

HCSP Direct Line

Minor Ailment (ICC)

Minor Injury (ROH ED)

### Accident & Emergency Royal Oldham Hospital

A&E

Same Day Emergency Care or Admission Discharge

# How patients can access Urgent and Emergency Care in Oldham...



## Ringling NHS 111 or using NHS 111 online

NHS 111 has direct access to all the services mentioned earlier

On average *per month*:

3696 Oldham patients ring NHS 111

4130 Oldham patients use NHS 111 online



## Via GP or self referral

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Patients can refer themselves directly to the Community Response Hub, NHS 111, 999 and A&E

A patient can access the Urgent Care Hub by triage through NHS 111

## Via other Health and/or Social Care professionals

Care Homes, paramedics, social care professionals, health visitors, voluntary sector workers etc can

all use the direct phone line into the Oldham Urgent Care Hub to refer a patient.

All calls should be managed within 30 minutes or less in order to support the professionals who

are with the patient

# Royal Oldham's A&E department

## The 2 Door Model:

On entering A&E, patients are directed to the appropriate place after answering simple red flag questions. They will either be directed straight into A&E, or to the Pre-ED Rapid Assessment & Streaming Service.



The Blue Door is our Pre-ED Rapid Assessment & Streaming Service;

- Operates 7 days a week 8am – 8pm
- Senior Primary Care clinical decision makers rapidly assess patients within 15 minutes of arrival
- Full access to the patients GP record is available
- Outcomes for patients are;
  - Discharge with advice (*Self management, safety netting, Education on use of 111*)
  - Directly booked to our Primary Care offer for virtual consultation within 30mins and option of Face to Face consultation at our off site Urgent Care Hub if required
  - Referred to a secondary care service SDEC (*ACU, Vascular, Gynae*); Paediatrics (*O&A, Rapid Access Clinic*)
  - Referred to the onsite Mental Health Practitioner
  - Referred to Community Services (*CCNT, ICE T, DN Treatment Room, Minor Eye Conditions Service*)
  - Streamed to A&E
  - Repatriated to local Services (*HMR - Primary Care, UTC, Paediatrics*)

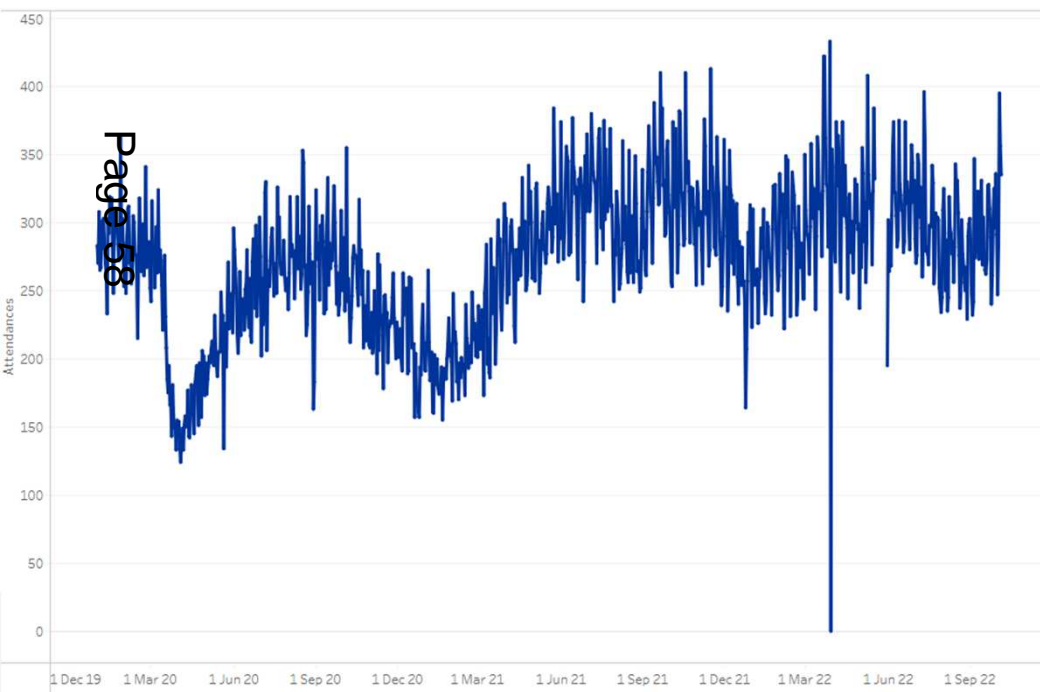
# What happens when someone accesses our UEC services

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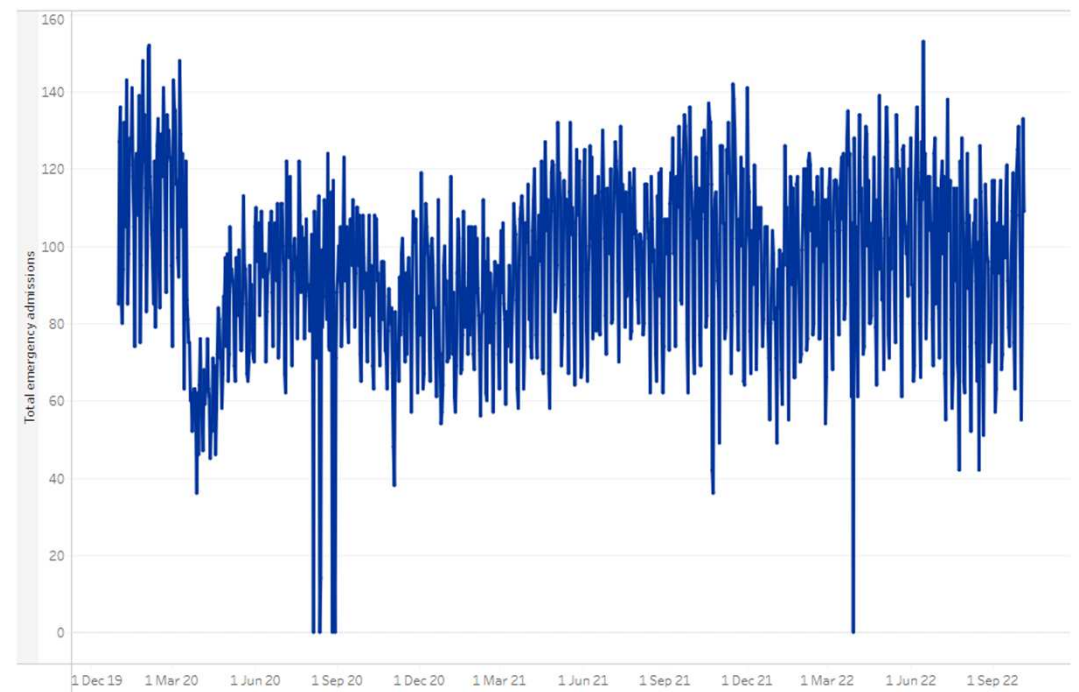


# Post Pandemic

UEC Activity levels are now higher than pre-pandemic levels however emergency admissions are lower, partly due to the re-design and development of our UEC system



Royal Oldham Hospital A&E Attendances



Royal Oldham Hospital Emergency Admissions

# Pre-ED rapid assessment and streaming journey

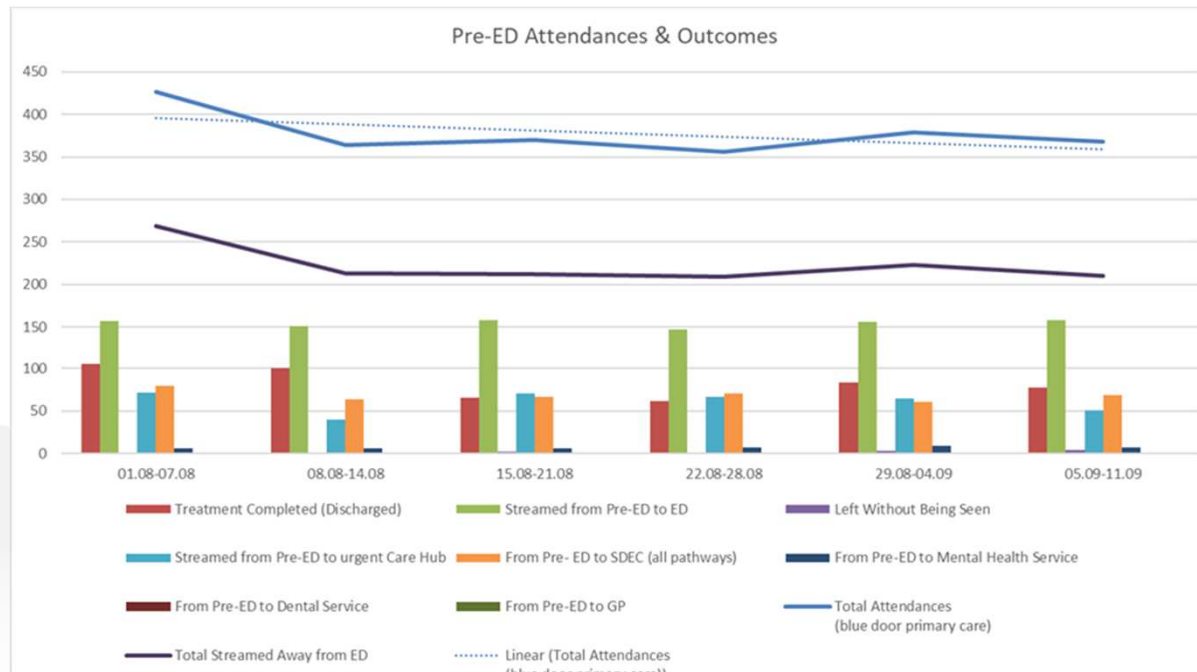
Pre-ED aims to assess and stream patients within 15mins of arrival

**63%** of patients who are assessed by the Pre-ED Rapid Assessment service are re-directed and treated in a more appropriate place than A&E (Feb22-Sep22)

**20%** of patients assessed by the Pre-ED service were discharged with no further input from other services (Feb22-Sep22)

**18-20%** of **ALL** patients who self presented at A&E (Red & Blue door patients) are re-directed and treated away from A&E 7 days a week.

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# Urgent Care Hub journey

The UCH (Urgent Care Hub) takes on average per month:

- **1575 referrals** from NHS111 & GM CAS
- **353 referrals** from HSC professionals inc. care homes, paramedics, GP's
- **424 referrals** from Pre-ED

*Plus referrals from other sources*

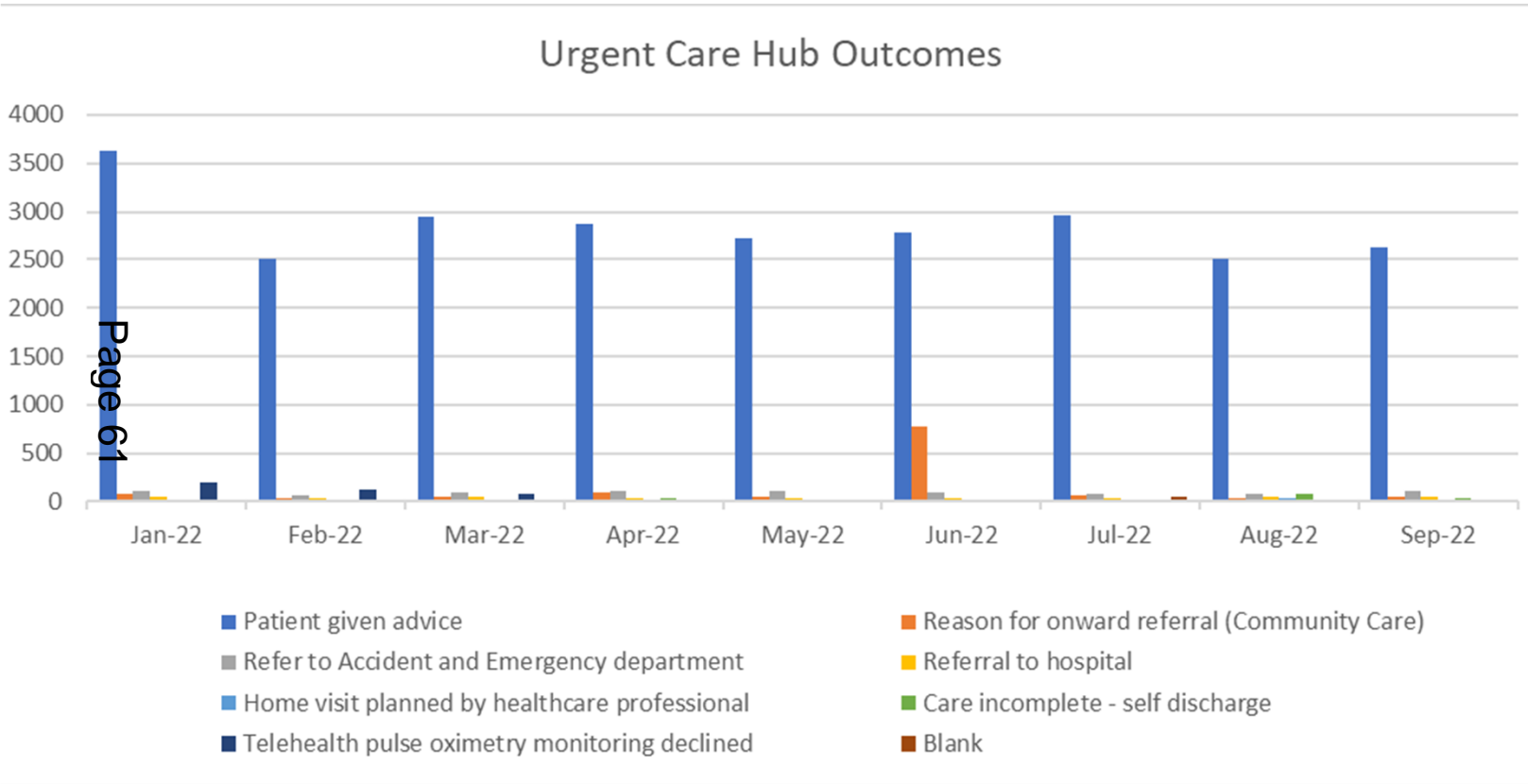
Response Times - The UCH will respond to:

- NHS111 & GM CAS within 20mins of their call
- HSC professionals within 30mins.
- NHS111 & GM CAS within 1-12hrs dependent on the clinical need of the patient

Patients referred from Pre-ED to the UCH will receive a clinical assessment from the hub within 30mins to 4hrs dependent on their clinical need

Where a face-to-face assessment is required following a virtual consultation this is in line with the urgent 2hr and non urgent (clinically determined) timeframes.

Urgent Care Hub Outcomes



- 88% of patients referred to the hub are treated and given advice with no further input from other services
- 4% are referred on to community services for further care & support
- 3% are sent to A&E
- 1% are referred direct to speciality at the hospital for further care

# What we have planned next for urgent and emergency care in Oldham...



## Recent developments

We have developed an Oldham Directory of Pathways for Urgent & Emergency Care which includes pathways to community, acute and HMR services.

We have created videos to support the locality to access urgent care via the Urgent Care Hub:

- Video for Care Homes: <https://youtu.be/SGrWb3TubkQ>
- Main urgent care hub video: <https://youtu.be/9hhoAf5sHbA>
- Video for NWS crews: [https://youtu.be/l\\_KEaimvqxY](https://youtu.be/l_KEaimvqxY)

# Ongoing Developments

## SDEC (Same Day Emergency Care)

We have developed pathways into many acute specialties allowing patients to be seen and treated the same day for many different complaints reducing the need to admit patients to the hospital.

Existing SDEC Pathways	Developing SDEC Pathways
Medical	Gastroenterology
General Surgical	Orthopaedics
Gynaecology	Vascular
Paediatrics	Frailty

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## Virtual Wards

We are developing our Virtual Ward's to include more specialties and to include both step down from hospital and step up from community. These will mean patients can receive hospital-level care in their own beds.

Existing Virtual Ward	Developing Virtual Ward
Frailty	Sepsis
Respiratory	Paediatric
	Cardiology

## Ongoing Developments



Greater Manchester  
Integrated Care

- **Winter Planning** - We are currently building our system Winter Plan which includes implementing additional capacity schemes to meet the anticipated demands:
- **Falls service** - We are reviewing and mapping our current falls services to identify any areas for improvement and looking to support care homes when falls occur.
- **Care Home A&E attendance audit** - We are doing an audit of residents from care homes who have attended A&E to better understand our response to urgent needs that arise in care homes and to identify any area where we can improve our support. This is a large project where care homes records, GP records and A&E records will all be scrutinized in order to draft an improvement plan.

# Summary

Due to the last few years of the pandemic, it is difficult to accurately predict the demand this winter, however, it is anticipated that this winter will see unprecedented demands on our UEC system.

As a locality we have responded successfully to the challenges covid presented and to the regional & national priorities making our urgent & emergency care easy to access and efficient.

The newly designed UEC services and pathways along with the continued development will contribute to stemming the flow of demand this winter by ensuring patients can access the care they need in the least acute setting, closest to home and away from our hospital.



Page 67  
Real Oldham patient stories who experienced our  
Urgent and Emergency Care provision...

## Pre-ED Rapid Assessment & Streaming - Patient Experience



Gentleman presented at ED with a 2 day history of a sore elbow; Directed to the Pre-ED service; clinician rapidly assessed him with full access to his GP records, identified patient could be managed within Primary Care, recorded his observations and the assessment in his GP records and booked the patient into the Oldham Urgent Care Hub. The Hub could see his observations and the Pre-ED assessment, he received a video consultation from a clinician within 30 minutes of referral, an infection was diagnosed and a prescription was generated for collection at his local pharmacy using EPS. He was given self management information, safety net advice and educated on the use of 111. The patient was assessed, diagnosed and treatment organised within 46 minutes of arrival at ED without going through ED

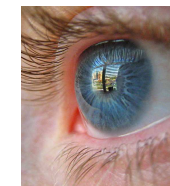
48yr old ♂; presented to ED with suicidal ideation. Directed to Pre-ED Rapid Assessment Service; was seen within 8 minutes of arrival, clinician had full access to GP medical records, streamed by clinician to the Mental Health practitioner on site via pathway; Patients was assessed by a Mental Health practitioner within 21 minutes of arrival and did not go through ED



Patient presented at ED with earache & headache symptoms; Had presented to ED with same symptoms 4 times over past few weeks. Rapidly assessed by Pre-ED service, full access to GP medical records and clinician utilised SDEC pathway and booked patient direct to ACU. The patient left the department within 25 minutes of arrival and did not go through ED



66yr old ♀ presented to ED with altered sensation to her eye, 7 day self management with no change. Directed to Pre-ED Rapid Assessment Service; underwent 5min assessment; no red flags. Clinician booked her an appointment with the Community Minor Eye Conditions Service for 2:30pm that day. Patient was delighted not to have to wait in the ED



# Same Day Emergency Care – Patient Stories



Patient presented at ED with earache & headache symptoms; Had presented to ED with same symptoms 4 times over past few weeks. Rapidly assessed by Pre-ED service, full access to GP medical records and clinician utilised SDEC pathway and booked patient direct to ACU. The patient left the department within 25 minutes of arrival and did not go through ED

A 15yr old girl attended ED with her older sister at 9 weeks pregnant with a PV bleed. Normally a patient of this age would be too young for the GAU SEDC pathway and would be admitted to the children's ward. However, due to the circumstances and following discussions with the patient, the Pre-ED clinician felt it was not in the girl's best interest to go to the children's ward. Using the positive relationships built with the clinicians on both GAU & Paediatrics they arranged for the patient to access the GAU pathway for same day emergency care with an agreement that should she need to be admitted the paediatricians would accept her post investigations. Unfortunately the patient had miscarried but did not require admission and she was treated and discharged the same day. She and her family were very appreciative of the sensitivity and empathy shown to them and for the speed in which they were cared for without having to be admitted.

*(all safeguarding requirements were explored)*



A 5yr old child had a foreign body in his eye. His mother was advised by their neighbour to take him to ED. The mother was very keen to avoid ED and called NHS111. The child was referred to Oldham's Urgent Care Hub for a clinical consultation, following this the hub referred the child direct to ophthalmology who provided a same day appointment. The child was seen direct by the speciality and proceeded to have emergency eye surgery the same day and recovering well. The child's mother was delighted that they had avoided ED and received appropriate and swift care.

# Minor Injury UTC – NHS111 Direct Booking



Janine had had an accident in her kitchen and cut her hand, she felt it needed to be looked at but wasn't a life threatening emergency so she rang NHS111 for advice.



The NHS111 operator triaged her needs and identified that she could be cared for in a UTC. She was directly booked into Oldham UTC Minor Injury service at the ROH and given an appointment time to arrive.

The ENP working in the UTS Minor Injury service assessed Janine's injury and determined it was not serious and there was no risk of a foreign object. However the wound did require skin closure.



When Janine arrived at the Royal Oldham Hospital ED reception they were aware of her appointment and directed her through to the UTS Minor Injury Team

Her details and the notes from her triage with NHS111 were shared via the Adastra system with ROH UTC



The ENP cleaned, closed and dressed Janine's hand. She gave her advice on care for the wound, and information on how to access further care should need it through her local District Nurse team

Because Janine called NHS111 first she accessed the urgent care she needed by appointment, reducing her waiting time in the UTC, supporting the need to reduce overcrowding in clinical settings and allowing the UTC team to manage their demand more effectively.





# Crisis Response - a patient story



## Day 1

- An 88 year old lady was discharged home with ICE T support. This consisted of enablement rehab care by 2 staff making 4 calls a day with nursing & therapy interventions also for 5 days.
- The lady's daughter was staying with her to help care for her over night.
- Following her initial assessment by ICE T on the day she was discharged, she received essential equipment and was registered for helpline



## Day 2

- Her pain was not under control which caused further reduced mobility and limited ability to transfer from her bed.
- Her GP surgery was contacted and the practice nurse undertook an assessment and increased her pain relief medication



## Day 3

- She continued to struggle with pain and her daughter rang 999 as she was concerned about her mum.
- NWAS attended completed their assessment and felt she could remain at home but needed better pain control.
- NWAS used the Crisis Pathway and referred the lady to the Integrated Crisis Enablement Team (ICET)
- ICET attended her home and requested a clinical assessment from the Urgent Care Hub, a face to face assessment took place and her pain relief was increased

## Day 4

- ICET attended her home again following a 2<sup>nd</sup> NWAS attendance requested by the lady's daughter.
- It was established due to all the changes in medication they were confused as to what to take when and therefore hadn't taken any.
- ICET explained how and when pain relief should be taken and also provided written guidance
- The lady's daughter was struggling to manage and wanted to go home, this meant there was a carer breakdown especially overnight/
- The team discussed step up care to IMC and a plan was made to admit her the next day
- Helpline supported her overnight



## Day 5

- ICET assessed her at home again and her pain was better controlled, she was now able to sit to stands and transfers
- They ordered a bed and mattress to support safe moving and handling
- She was able to remain at home with ICET input



# A Patient Journey from Care Home to Urgent Care Hub....



James is a 73 year old man who lives in a care home. His carers were worried about increased signs of lethargy, a raised temperature and possible UTI symptoms. His carers felt James was deteriorating throughout the day, his own GP practice was now closed so they rang NHS111 and were advised to ring 999 due to his presentation.

The treatment plan was forwarded to the care home via text messaging along with safety net advice and James's Primary Care records were updated. Arrangements were made for James's own GP to follow up on his wellbeing the next day.



A crew was dispatched and arrived on scene. James was unwell but following their assessment the crew did not feel conveying him to A&E was the best outcome for him.



It was agreed to treat James with antibiotics, a prescription was provided electronically which the carers could obtain from their local pharmacy and James remained in his home.

The crew were able to clear the call quickly and safely. With confidence that James and his carers were fully supported, a plan for follow up was in place and safety netting advice was provided in a text message that the carers could revisit.



The crew contacted the Oldham Urgent Care Hub and a virtual video consultation was arranged with a clinician who had full access to James's medical records which showed James had a PMH of Ca Lung, advanced dementia and diabetes.



Through the video consultation with the crew, patient and carers present, clinical observations could be shared, the patient could be visibly assessed and it was established that James could be kept at home with a treatment plan.



James remained in his own environment, his GP reviewed him the next day and found he had responded to the treatment provided. His GP initiated a Oldham One Support Plan and agreed with James and his carers an admissions avoidance plan to ensure James could remain in his home with the support he and his carers needed. Ensuring any future admission to secondary care was avoided.



# John's Journey with Community Care input .....



John lives at home, he had been feeling unwell through the afternoon, his leg was red and swollen and hot to touch. By evening time his family were concerned. His own GP practice was now closed



when it's less urgent than 999

His family felt he need a doctor to see him so they rang NHS111



After triage and assessment by NHS111, John was directly booked into the Oldham UTC Minor Illness service at the UCH



A clinician rang John's wife and arranged a video consultation. He had full access to John's GP records.



A diagnosis of cellulitis was made but John did not want to go to hospital for treatment. Through the established pathways the UTC was able to speak with the Integrated Crisis Enablement (ICE) Team in the community and arrange an urgent visit that evening and a plan was agreed to care for John at home.

Having access to John's full GP record meant that the clinician could see John's medical history, he had a history of diabetes and recurrent cellulitis. The clinician could view John's leg and had pictures of it sent by his family via Accurx.

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The ICE Team visited John at home and administered IV antibiotics and assessed his needs holistically ensuring he had adequate care and support



The treatment plan was forwarded to John's family via text messaging along with safety net advice and John's Primary Care records were updated ensuring his own GP was fully informed

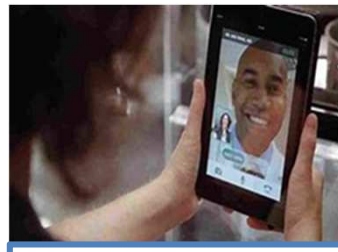


John remained in his own home, where he received the appropriate care he needed. Keeping him safe and out of hospital and his family supported.

# Case Studies – Streaming from Hospital Site to the Minor Illness service at the UCH



A 57 year with abdominal pain. 1 month history, worse in the past week with food being a trigger.



Previously had 4 remote consultations with her own GP in the last 5 weeks



Her GP treated her for indigestion and referred her to gastroenterology.



As the treatment had had little effect and despite her referral she wanted a second opinion and attended ED in the evening.

She had a full clinical examination, an acute abdomen was ruled out and she was diagnosed with constipation.



She received a telephone consultation that evening and was brought in for a face to face appointment. She was sent a text message with full instructions and directions to the UCH

She was streamed directly to the Pre-ED Rapid Assessment Service who determined she had an urgent primary care need. Therefore they booked her an appointment with the UCH for that day and she went home to await a telephone consultation from the UTC clinicians.



She was reassured and advised to follow up with her own GP. She was also advised on how best to access urgent care in the future by contacting NHS111 first.

Streaming this patient out of ED to the UCH ensured she received the appropriate care and treatment closest to home with the least acuity and it

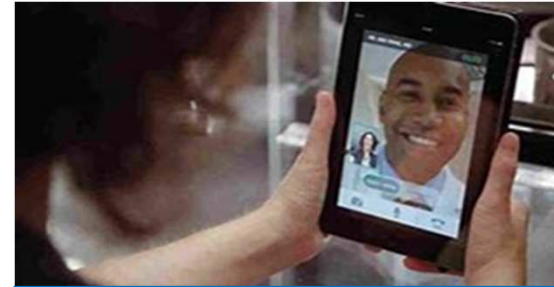
# Case Study - Pharmacy Integration



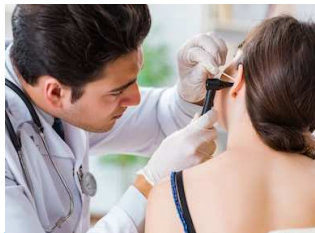
Lesley is a 33 year old woman who attended her local pharmacy on a Saturday for advice and treatment for her ears. She had pain and discharge from both ears and wanted ear drops to treat them.



The pharmacist discussed her needs and felt that due to the presence of bilateral discharge she needed to see a clinician who could examine her and prescribe treatment. Given the patients GP was closed they referred the patient to the UCH instead of directing her to ED and Lesley was sent home with an appointment for a virtual consultation.



The clinician at the hub conducted a consultation via video with access to her full GP patient records. It was determined she needed to be examined and Lesley was given an appointment to attend the UCH for a face to face examination that day.



Following her examination Lesley was prescribed antibiotics for an infection in both ears.



By referring Lesley to the UCH she was seen and treated the same day in the community without delay and had follow on care arranged with specialist services. Her Primary Care records were updated ensuring her own GP was fully informed.



Due to the findings from her examination the UCH clinician felt Lesley required a further review by a specialist ENT doctor and arranged an out-patients appointment for 2 days later.

# Case Studies – Streaming from Hospital Site to UCH– Mental Health



A 39 year old lady presented to ED with symptoms of a sweat rash and concerns about her breast cancer. She was a known regular attender to ED who had high level of health anxieties.



She was streamed directly to the Pre-ED Rapid Assessment Service who determined she had an urgent primary care need. Therefore they booked her an appointment with the UTC for that day and given her levels of anxiety she was given a priority of 1 ensuring she received a call back within 30 mins.

Following a telephone consultation she was given a face to face appointment at the UTC for that morning. She was sent a text message with full instructions and directions to the UTC Minor Illness service.

It was not felt that the lady presented a threat to herself and did not need to be referred to the MH Liaison team. However the clinician discussed the mental health service in Oldham called 'Talking Spaces' and explained this offered drop in face to face sessions which they established the service was holding that day.

She attended the UTC Minor Illness service and was examined and treated for a fungal rash with an electronic prescription. The clinician also discussed her health anxieties and the patient disclosed she was feeling low and had already been referred to the Healthy Minds but was waiting for an appointment.



She was reassured and given the services details both in a leaflet and via text messaging. She was also advised on how best to access urgent care in the future by contacting NHS111 first. The patient told the clinician she was planning on attending Talking Spaces that day.

Streaming this patient out of ED to the UTC ensured she received the appropriate care and treatment for her minor illness and by providing an holistic assessment the team were also able to support the patient with her mental health needs and direct her to appropriate services that they are aware of in the local community.



**Report to HEALTH SCRUTINY COMMITTEE**

## **Health Scrutiny Committee Work Programme 2022/23**

**Lead Officer:** Elizabeth Drogan, Statutory Scrutiny Officer

**Report Author:** Constitutional Services

**18<sup>th</sup> October 2022**

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### **Purpose of the Report**

For the Health Scrutiny Committee to review the Committee's Work Programme for 2022/23.

### **Recommendations**

The Health Scrutiny Committee is asked to note and comment on the attached Health Scrutiny Committee Work Programme 2022/23.

## 1. Background

- 1.1 Overview and Scrutiny Procedure Rule 4.1 requires each Overview and Scrutiny Committee to prepare and maintain a Committee Work Programme.
- 1.2 The Health Scrutiny Committee Work Programme presents the issues that the Committee will be considering and scrutinising during the 2022/23 Municipal Year. The Health Scrutiny Committee is working to new terms of reference as agreed by the Council in June 2020 -
- a) To discharge all health scrutiny functions of the Council under s 21-23 and 26-27 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 including:
    - the review and scrutiny of any matter relating to the planning, provision and operation of the health service in the Council's area;
    - the making of reports and recommendations to relevant NHS bodies and health service providers;
    - responding to proposals and consultations from NHS bodies in respect of substantial variations in service provision and any other major consultation exercises;
    - referral of comments and recommendations on proposals referred to the Committee by a relevant NHS body or relevant service provider to the Secretary of State if considered necessary; and
    - all matters relating to Healthwatch.
  - b) To scrutinise the work of the Health and Wellbeing Board, including the development, implementation, review and monitoring of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
  - c) To scrutinise the development and implementation of any joint arrangements established under a s75 Agreement between the Council and a relevant NHS organisation.
  - d) To scrutinise public health services generally.
  - e) To scrutinise issues identified as requiring improvement by external assessors in respect of social care matters.
  - f) To establish Task and Finish groups, Inquiries etc to give in depth consideration to issues within the purview of the Committee.
  - g) To consider called in business arising from the Commissioning Partnership Board.
  - h) To consider relevant matters referred from Council in accordance with Council Procedure Rule 10.11(g).
  - i) To make recommendations to the Cabinet, Health and Wellbeing Board, the Commissioning Partnership Board or to any partner organisation on issues scrutinised relevant to those bodies.
  - j) To participate in/and or review the considerations of any joint committee established to respond to formal consultations by an NHS body on an issue which impacts on the residents of more than on Overview and Scrutiny Committee area.
- 1.3 In drafting the Committee Work Programme, the work programmes and outcomes from the 2021/22 Municipal Year have been reviewed to ensure continuation of business where appropriate. The business likely to come forward through the year has been considered and, where possible, scheduled in the programme. Such items particularly relate to public health issues and local health and social matters.



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- 1.4 The Health Scrutiny Committee has delegated powers to undertake the Council's statutory health scrutiny function, the principal elements of which are specified in the terms of reference. Since establishment of those statutory responsibilities much has changed in both NHS structures and service delivery, not least in developing integrated health and social care services which presents some difficulties in meaningfully separating out health scrutiny from scrutiny of social care functions which thereby has the potential to cause significant duplication of time and effort. As a result, the Committee now holds some responsibility for scrutiny relating to social care. Reflecting a broader definition of 'health' than the statutory function, the Committee also has a 'lighter touch' scrutiny role in respect of the Health and Wellbeing Board and matters related to the Council's Public Health function.
  - 1.5 With regard to Health Scrutiny and the NHS, the Committee has followed the White Paper "Integration and Innovation: Working Together to Improve Health and Social Care for All" through its passage into law as the Health and Care Act 2022 and will be reviewing the implementation of the resulting integrated care arrangements through the year and, following the transaction of local acute services and the Royal Oldham Hospital to the Northern Care Alliance, will be reviewing the progress of services subject to that process.
  - 1.6 While overview and scrutiny should be regarded as a 'dynamic' process in that issues might be expected to pass from one Overview and Scrutiny Committee to another at appropriate times, because much of the Health Scrutiny Committee terms of reference reflect statutory scrutiny functions, there is a general expectation that all business pertinent to this Committee, whether it might be regarded as a 'policy' or 'performance' issue, would be considered solely by this Committee. Notwithstanding, the flow of business across all three of the Council's Overview and Scrutiny Committees is managed by the Statutory Scrutiny Officer in consultation with the Chairs and Vice Chairs of the Committees. It should, however, be noted that the scheduling of Committee business is, to some degree, in the hands of others: for example, the Council and the various partners contributing to the work of the Committee each have their own business cycles.
  - 1.7 The Health Scrutiny Committee Work Programme at this stage only notes business scheduled for meetings of the Committee. However, the use of workshops or of task and finish groups are a tool of the overview and scrutiny function, enabling longer and more in-depth consideration of issues than is possible in a Committee setting. Such events will be recorded in the Work Programme as they are called for, scheduled and held.
  - 1.8 The initial Health Scrutiny Committee Work Programme 2022/23 is attached as an Appendix to this report. The Work Programme will be updated and re-submitted to each meeting of the Committee as the year progresses.

## **2 Options/Alternatives**

- 2.1 Option 1 – To receive and consider the Committee Work Programme for 2022/23.  
Option 2 – Not to consider the Work Programme.

## **3 Preferred Option**

- 3.1 Option 1 is the preferred option as there is a Constitutional requirement for the Committee to have a Work Programme.

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#### **4 Consultation**

4.1 Consultation has taken place with lead Officers around scheduling and consideration of business relevant to the Committee. Initial consultation has been undertaken with the Chair and will continue with the Chair and the Committee through the Municipal Year.

#### **5 Financial Implications**

5.1 N/A

#### **6 Legal Services Comments**

6.1 N/A

#### **7. Co-operative Agenda**

7.1 N/A

#### **8. Human Resources Comments**

8.1 N/A

#### **9 Risk Assessments**

9.1 N/A

#### **10 IT Implications**

10.1 N/A

#### **11 Property Implications**

11.1 N/A

#### **12 Procurement Implications**

12.1 N/A

#### **13 Environmental and Health & Safety Implications**

13.1 N/A

#### **14 Equality, community cohesion and crime implications**

14.1 N/A

#### **15 Equality Impact Assessment Completed?**

15.1 No

#### **16 Key Decision**

16.1 No

#### **17 Key Decision Reference**

17.1 N/A

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**18 Background Papers**

18.1 None.

**19 Appendices**

19.1 Appendix 1 – Draft Health Scrutiny Committee Work Programme 2022/23.

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## HEALTH SCRUTINY COMMITTEE

### WORK PROGRAMME 2022/23

Tuesday 5 <sup>th</sup> July 2022	Infant Mortality	An update report on some of the activity happening to address issues of infant mortality, with particular reference to smoking and safe sleeping.	Portfolio - Health and Social Care. Director of Public Health. Rebecca Fletcher, Consultant in Public Health	Further report on smoking and safe sleeping required by the Committee, 6 <sup>th</sup> July 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.	Update report on the transformation and ongoing actions to further develop the integrated model for 0-19 services in Oldham required by the Committee 7 <sup>th</sup> September 2021.
	Health Inequalities Plan	Opportunity for consideration of actions proposed in the Plan.	Portfolio – Health and Social Care Director of Public Health	
	Thriving Communities Programme - Evaluation	To receive the final Thriving Communities Programme evaluation report.	Portfolio - Health and Social Care. Deputy Chief Executive. Rachel Dyson, Thriving Communities Hub Lead	The item was requested by the former Overview and Scrutiny Board at their meeting held in March 2021.
Tuesday 6 <sup>th</sup> September 2022	Health and Care Bill Changes and the Impact on Oldham	To receive an update on matters, including the establishment of the Oldham Integrated Care partnership as part of the establishment of the Greater	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	

		Manchester Integrated Care System		
	Elective Recovery progress *	An opportunity for the Committee to scrutinize the progress made in respect of local and GM wide elective waiting lists	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	
	Northern Care Alliance – IT issues	To receive a report on the impacts on/implications for patients, and the risk/mitigation issues arising, from the IT issues that occurred at the Royal Oldham Hospital (and other former Pennine Acute Trust Hospitals) in May 2022.	David Jago, Chief Officer, Oldham Care Organisation, Northern Care Alliance NHS Trust	
uesday 18 <sup>th</sup> October 2022	Northern Care Alliance / Royal Oldham Hospital - update	To receive an update on services and related matters in respect of the Northern Care Alliance and the Royal Oldham Hospital.	David Jago, Chief Officer, Oldham Care Organisation, Northern Care Alliance NHS Trust	Follow-on updates following completion of the Pennine Acute Trust/Northern Care Alliance Transaction
	Health Protection Update	To receive an update/progress report on key health protection issues including plans for the 2022 Flu Programme	Portfolio - Health and Social Care. Director of Public Health. Charlotte Stevenson, Consultant in Public Health	
	Access to Urgent and Emergency Care *	An opportunity for the Committee scrutinise services being delivered	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	

	HealthWatch Oldham Annual Report 2021/22	An opportunity for the Committee to scrutinize the Annual report of HealthWatch Oldham	Tamoor Tariq – Chair of HealthWatch Oldham	
Tuesday 6 <sup>th</sup> December 2022	Access to Primary Care *	An opportunity for the Committee scrutinise the Oldham system and how services being delivered	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	
Tuesday 17 <sup>th</sup> January 2023	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	Update report to consider progress in relation in relation to high-level outcomes. Report required by Committee, 18 <sup>th</sup> January 2022, with a request for representatives of ABL Health Limited to attend and report.
	Integrated Sexual Health Service	To receive an update/progress report on the new service that commenced in April 2022	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health. Andrea Entwistle, Public Health Business and Strategy Manager.	Update report/presentation to detail progress of the new enhanced Integrated Sexual Health Service offer. Report required) by Committee, 18 <sup>th</sup> January 2022.

	Mental Health and Wellbeing Service Provision *	An opportunity for the Committee scrutinise the Oldham system and how services being delivered	Mike Barker, CCG Accountable Officer (Place-based Lead for Health and Care Integration from July 2022)	
Tuesday 7 <sup>th</sup> March 2022	Northern Care Alliance / Royal Oldham Hospital - update	To receive an update on services and related matters in respect of the Northern Care Alliance and the Royal Oldham Hospital.	David Jago, Chief Officer, Oldham Care Organisation, Northern Care Alliance NHS Trust	Follow-on updates following completion of the Pennine Acute Trust/Northern Care Alliance Transaction
	Drugs and Alcohol Service	To receive an update/ progress report on the re-tendering of services, and the plans for the newly commissioned service starting 1 <sup>st</sup> April 2023.	Portfolio - Health and Social Care. Katrina Stephens, Director of Public Health.	Update report/ presentation to detail progress and outcome of the re-tendering exercise.

**Items marked \*** - the Committee is invited to consider the order and priority of these items.

### STANDING ITEMS

The Committee to have the following issues as 'standing items', receiving reports as and when appropriate from September 2022 onwards -

- Performance of the health and social care system
- Progress update on Health and Care Act 2022 implementation

### BUSINESS TO BE PROGRAMMED

Integrated Sexual Health Service	The Committee resolved to consider, early in the 2022/23 Municipal Year, the establishment of a 'task and finish group', comprising Committee members and relevant partners and stakeholders to carry out an in-depth study around the adoption of	RECOMMENDATION – That the Committee determine whether to receive presentations from individual provider(s) of sexual
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	a collaborative approach to improving sexual health outcomes across the Oldham Borough. The Director of Public Health has clarified the intent as being for Committee to consider inviting the providers of sexual health services in the Borough to a future Committee to discuss their current offer and the work they are doing – this might be one of the big providers such as the hospital, or possibly from some of the other service providers that are commissioned.	health services in the Borough, in addition to the programmed progress report.
Section 75 Agreement	Reporting arrangements in respect on integrated commissioning under Section 75 Agreements, to include periodic updates and budget performance to be confirmed.	
Pennine Acute Hospitals Trust Transaction - Complex Services	To receive an update in respect of complex services, to consider areas of particular concern or focus for future report, and identify issues and timescales for future consultative items.	Moneeza Iqbal, Director of Strategy, Northern Care Alliance
Public Health Annual Report	To review the Annual Report which has the theme of Covid-19 and Health Inequalities.	Portfolio – Health and Social Care Director of Public Health

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Fair Cost of Care Exercise and Implementation of Living Wage Foundation Rate		September 2022	Cabinet
Description: Document(s) to be considered in public or private:				
Page 9	Housing Delivery Test Action Plan 2021	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Cabinet Member - Culture and Leisure (Councillor Elaine Taylor)
Description: The Housing Delivery Test (HDT) Action Plan 2021 responds to the HDT Measurement 2021 result published in January 2021. It is made up of two documents: Part 1 – Set's out the context, evidence and root causes for housing under-delivery in Oldham Part 2 – The Action plan itself Document(s) to be considered in public or private:				
	Backlog Maintenance 2022/2025	Executive Director for Place & Economic Growth - Emma Barton	Before November 2022	Cabinet
Description: Backlog Maintenance Priorities for the Council Corporate Property Portfolio 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.				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Wrigley Head Solar Farm	Executive Director for Place & Economic Growth - Emma Barton		Cabinet
Description: Update report on the Wrigley Head Solar Farm project and options for taking the project forward. Document(s) to be considered in public or private:				
	Performance Space	Executive Director for Place & Economic Growth - Emma Barton	Before November 2022	Cabinet
Description: Approval of Outline Business Case Document(s) to be considered in public or private: Cabinet Report (Part A only)				
	Report of the Director of Finance – Forecast Budget Reduction Requirement 2023/24 to 2027/28	Director of Finance – Anne Ryans	October 2022	Cabinet
Description: To present the outcome of a review of the forecast Budget Reduction Requirement for 2023/24 and future years over the revised Medium Term Financial Strategy period for a further four years to 2027/28. This includes a review of estimates and assumptions underpinning the previous forecasts reported at full Council on 2 March 2022. Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Forecast Budget Reduction Requirement 2023/24 to 2027/28  Background Documents: Various appendices  Report to be considered in Public				

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

<b>Key Decision Reference</b>	<b>Subject Area For Decision</b>	<b>Led By</b>	<b>Decision Date</b>	<b>Decision Taker</b>
	Brownfield Register	Executive Director for Place & Economic Growth - Emma Barton	December 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: Document(s) to be considered in public or private:				
Page 91	Strategic Housing Land Availability Assessment	Executive Director for Place & Economic Growth - Emma Barton	December 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: To seek approval for the publication of Oldham Council's Strategic Housing Land Availability Assessment (SHLAA) as of 1 April 2022. Document(s) to be considered in public or private:				
	Local Development Scheme	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: The Local Development Scheme is the project plan for the Local Plan. It sets out details and timetables about the planning documents that will be prepared. Document(s) to be considered in public or private:				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Green Infrastructure Strategy	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: Approval of Green Infrastructure Strategy, including updated Open Space Audit. Document(s) to be considered in public or private:				
Page 10	Report of the Director of Finance – Treasury Management Strategy Statement 2023/24	Director of Finance – Anne Ryans	February 2023	Cabinet
Description: To consider the Council’s Treasury Management Strategy for 2023/24 - 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 2023/24  Background Documents: Appendices  –Report to be considered in Public				
	Report of the Director of Finance – Revenue Budget 2023/24	Director of Finance – Anne Ryans	February 2023	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	<p>Description: To consider the Administration’s detailed revenue budget for 2023/24 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 – Revenue Budget 2023/24</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>			
D a g e s	Report of the Director of Finance – Medium Term Financial Strategy 2023/24 to 2027/28	Director of Finance – Anne Ryans	February 2023	Cabinet
	<p>Description: The presentation of the Medium Term Financial Strategy for the Council 2023/24 to 2027/28 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 –</p> <p>Medium Term Financial Strategy 2023/24 to 2027/28</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 OCTOBER 2022**

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Joint Report of the Executive Director Place and Economic Growth and Director of Finance – Housing Revenue Account Estimates for 2023/24 to 2027/28 and Projected Outturn for 2022/23	Director of Finance – Anne Ryans, Executive Director for Place & Economic Growth - Emma Barton	February 2023	Cabinet
<p>Page 94</p>	<p>Description: The Housing Revenue Account (HRA) Outturn Estimates for 2022/23, the detailed budget for 2023/24 and the Strategic HRA Estimates for the four years 2024/25 to 2027/28.</p> <p>Document(s) to be considered in public or private: Proposed Report Title: Housing Revenue Account Estimates for 2023/24 to 2027/28 and Projected Outturn for 2022/23</p> <p>Background Documents: Appendices</p> <p>–Report to be considered in Public</p>			
	Statement of the Chief Financial Officer on Reserves, Robustness of Estimates and Affordability and Prudence of Capital Investments in the 2023/24 budget setting process	Director of Finance – Anne Ryans	February 2023	Cabinet



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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	<p>Description: To consider the statement of the robustness of estimates and adequacy of the reserves in the 2023/24 budget setting process.                      Document(s) to be considered in public or private: Proposed Report Title:                      Statement of the Chief Financial Officer on Reserves, Robustness of Estimates and Affordability and Prudence of Capital Investments in the 2023/24 budget setting process</p> <p>Report to be considered in Public</p>			
P 2022/23	Report of the Director of Finance – Capital Programme & Capital Strategy for 2023/24 to 2027/28	Director of Finance – Anne Ryans	February 2023	Cabinet
	<p>Description: To consider the Council’s Capital programme and capital strategy.                      Document(s) to be considered in public or private: Proposed Report Title:                      Report of the Director of Finance – Capital Programme &amp; Capital Strategy for 2023/24 to 2027/28</p> <p>Background Documents: Appendices</p> <p>–Report to be considered in Public</p>			
	Report of the Director of Finance – Council Tax Reduction Scheme 2023/24	Director of Finance – Anne Ryans	February 2023	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	<p>Description: To determine the Council Tax Reduction Scheme for 2023/24                      Document(s) to be considered in public or private: Proposed Report Title:                      Report of the Director of Finance – Council Tax Reduction Scheme 2023/24</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>			
Page 96	Report of the Director of Finance Budget 2023/24 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes	Director of Finance – Anne Ryans	January 2023	Cabinet
	<p>Description: The Determination of the Tax Bases for Council Tax Setting and for Business Rates Income for use in 2023/24 budget deliberations.                      Document(s) to be considered in public or private: Proposed Report Title:                      Report of the Director of Finance Budget 2023/24 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes</p> <p>Background Documents: Appendices - Various</p> <p>–Report to be considered in Public</p>			
	Report of the Director of Finance – Treasury Management Strategy Mid-Year Review 2022/23	Director of Finance – Anne Ryans	November 2022	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	<p>Description: Review of the performance for the first half of the financial year in relation to the Treasury Management Strategy for 2022/23.                      Document(s) to be considered in public or private: Proposed Report Title:                      Report of the Director of Finance – Treasury Management Strategy Mid-Year Review 2022/23.</p> <p>Background Documents: Appendices</p> <p>–Report to be considered in Public</p>			
Page 97	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 3	Director of Finance – Anne Ryans	March 2023	Cabinet
	<p>Description: The report provides an update on the Council’s 2022/23 forecast revenue budget position and the financial position of the capital programme as at the period ending 31 December 2022 (Quarter 3)                      Document(s) to be considered in public or private: Proposed Report Title:</p> <p>Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 3</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>			
	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Month 8	Director of Finance – Anne Ryans	February 2023	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Page 98	<p>Description: The report provides an update on the Council’s 2022/23 forecast revenue budget position and the financial position of the capital programme as at the period ending 30 November 2022 (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 2022/23 Month 8                      Background Documents: Appendices – Various                      Report to be considered in Public</p>			
	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 2	Director of Finance – Anne Ryans	November 2022	Cabinet
	<p>Description: The report provides an update on the Council’s 2022/23 forecast revenue budget position and the financial position of the capital programme as at the period ending 30 September 2022 (Quarter 2)                      Document(s) to be considered in public or private: Proposed Report Title:                      Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 2                      Background Documents: Appendices – Various                      Report to be considered in Public</p>			
	Report of the Director of Finance – Proposed Consultation for the Council Tax Reduction Scheme 2023/24	Director of Finance – Anne Ryans	September 2022	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To update on the proposed consultation process to be undertaken by the Council with regard to the 2023/24 Council Tax Reduction Scheme.</p> <p>Document(s) to be considered in public or private: Proposed Report Title: Report of the Director of Finance – Proposed Consultation for the Council Tax Reduction Scheme 2023/24</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
Page 99	Hackney Carriage (Taxi) Fare Increase	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Cabinet
<p>Description: To review and approve a request made by Hackney Carriage trade representatives for an increase in Hackney Carriage (taxi) fares.</p> <p>Document(s) to be considered in public or private: Report attached</p>				
TBC	Care Home Contracting Tender Proposals	Director of Adult Social Care (DASS) – Jayne Ratcliffe	October 2022	Cabinet
<p>Description: To update the contract arrangements for residential and nursing home provision in the borough and seeks approval to conduct an open tendering exercise.</p> <p>Document(s) to be considered in public or private: Public</p>				
	Age UK Day Care extension	Director of Adult Social Care (DASS) – Jayne Ratcliffe	September 2022	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To authorise a proposal for 12 month interim funding arrangements for the day services and luncheon club contract provided by Age UK Oldham. Document(s) to be considered in public or private: Private. Age UK would need to consult with affected staff in respect of their roles when the funding comes to an end.				
	National Careers Service Contract- Get Oldham Working		September 2022	Cabinet
Description: Document(s) to be considered in public or private:				
Age 100	Bulky Collections & LWP Contract Report	Director of Environment - Nasir Dad	December 2022	Cabinet
Description: The report seeks approval to award a new contract for the collection of bulky waste and provision of goods within the Council's local welfare provision scheme. Document(s) to be considered in public or private: Private.				
	Update on Sites of Biological Importance	Executive Director for Place & Economic Growth - Emma Barton	October 2022	Executive Director - Economy, Skills and Neighbourhoods
Description: This report outlines changes to SBIs from site surveys carried out by the Greater Manchester Ecology Unit (GMEU). Document(s) to be considered in public or private: Report on update to sites of biological importance				
	Vehicle Replacement Programme	Director of Environment - Nasir Dad	November 2022	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	<p>Description: To seek approval for the purchase of new and replacement Council vehicle fleet for financial years 2022/23, 2023/24 and 2024/25.                      Document(s) to be considered in public or private: Private. It is not in the public interest to disclose the information because it relates to the commercial affairs of the Council and its contractors.</p>			
	<p>Grant Acceptance: City Region Sustainable Transport Settlement (CRSTS) - Quality Bus Transit (QBT) Corridor</p>	<p>Executive Director for Place &amp; Economic Growth - Emma Barton</p>	<p>September 2022</p>	<p>Cabinet</p>
<p>101</p>	<p>Description: Oldham Council has secured additional funding for scheme design and development, on behalf of Transport for Greater Manchester (TfGM), via:                      City Region Sustainable Transport Settlement (CRSTS)                      The purpose of this report is to confirm the value of the grant available to Oldham and to notify Cabinet of the intention to bring this additional resource into the transport capital programme to commence design and development of various elements of the schemes, commencing in Autumn 2022.                      Document(s) to be considered in public or private: N/A</p>			
	<p>Grant Acceptance: Mayors Challenge Fund (MCF) – Bee Network Crossings</p>	<p>Executive Director for Place &amp; Economic Growth - Emma Barton</p>	<p>September 2022</p>	<p>Cabinet</p>

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	<p>Description: Oldham Council has secured additional funding for scheme delivery, on behalf of Transport for Greater Manchester (TfGM), via:</p> <ul style="list-style-type: none"> <li>• Mayor's Challenge Fund (MCF)</li> </ul> <p>The purpose of this report is to confirm the value of the grant available to Oldham and to notify Cabinet of the intention to bring this additional resource into the transport capital programme to commence delivery of the schemes in Autumn 2022.</p> <p>Document(s) to be considered in public or private: N/A</p>			
Page 102	Accessible Oldham, Henshaw Street	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Cabinet
	<p>Description: To approve recommendations as part of the Accessible Oldham Programme that will create improved town centre pedestrian link between Fountain Street and Henshaw Street.</p> <p>Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council</p>			
	Tommyfield Market - Lease Management	Executive Director for Place & Economic Growth - Emma Barton	September 2022	Cabinet



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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To approve recommendations relating to the lease and occupational strategy for traders at Tommyfield Market including the shops on Henshaw Street and Albion Street. The successful implementation of this strategy will assist the traders' continued sustainability and aid the Council's market relocation strategy to the repurposed Spindles.                      Document(s) to be considered in public or private: NOT FOR PUBLICATION by virtue of Paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council</p>				
	Tommyfield Market - Lease Management		September 2022	Cabinet
<p>Description:                      Document(s) to be considered in public or private:</p>	Oldham's Monitoring Report 2021-22	Executive Director for Place & Economic Growth - Emma Barton	December 2022	Cabinet Member - Regeneration and Housing (Leader - Councillor Amanda Chadderton)

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Under Regulation 34 and 35 of The Town and Country (Local Planning) (England) Regulations 2012 local planning authorities must make monitoring information available for inspection as soon as possible after the information becomes available. The Monitoring Report covers the previous financial year that is 1 April 2021 to 31 March 2022.</p> <p>In line with the Regulations the Monitoring Report provides details on whether the council is meeting the milestones set out in the Local Development Scheme (LDS) for preparing the various Local Plan documents. Performance is monitored against the LDS that was in place at the start of the monitoring period. The Monitoring Report also monitors a range of planning indicators, such as housing, employment and biodiversity, which seek to assess the effectiveness of the council's land-use planning policies, and whether they are achieving their objectives and delivering sustainable development. This is our 18th Monitoring Report.</p> <p>Document(s) to be considered in public or private: Oldham's Monitoring Report 2021 - 2022</p>				
04 New!	Wrigley Head Solar Farm – delivery options	Director of Economy – Paul Clifford	December 2022	Cabinet
<p>Description: To provide a decision on the recommended delivery option for Wrigley Head Solar Farm</p> <p>Document(s) to be considered in public or private: Public</p>				
New!	PSDS3a grant acceptance – energy works at Spindles	Director of Economy – Paul Clifford	December 2022	Cabinet
<p>Description: To accept a Public Sector Decarbonisation Scheme grant for energy works at the Spindles</p> <p>Document(s) to be considered in public or private: Public</p>				
New!	Contract Extension for Targeted Youth Support	Director of Education, Skills & Early Years - Richard Lynch	October 2022	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Permission is sought from Cabinet to approve the utilisation of Regulation 72(1)(b) of the Public Contracts Regulations 2015 to enable a modification to the term of the existing contracts for Targeted Youth Support (TYS) Lots 2 and 3 currently held by Positive Steps to allow for a further extension of 12 months from 1 April 2023 until 31 March 2024. This approach, if approved, would complement and feed into the proposed early help, early intervention work, build on integrated commissioning intentions and the development of a range of delivery options.</p> <p>Document(s) to be considered in public or private: This document is NOT FOR PUBLICATION by virtue of Paragraph(s) 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 the report contains information relating to the financial affairs of the Council</p>				

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### Key:

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

### Notes:

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



## KEY DECISION DOCUMENT SHEET

<b>DEPARTMENT</b>	Community Health and Adult Social Care	
<b>DECISION TAKER</b> (Eg. Cabinet, or for a delegated decision the name and title of the decision maker [Cabinet Member] and any consultee [Executive Director])	Cabinet Decision: Cllr Barbara Brownridge, Lead Member for Health & Social Care	
<b>MATTER FOR DECISION</b> (Title and Description, typically the report title and an outline of the issue)	Title: To authorise a proposal for 12 month interim funding arrangements for the day services and luncheon club contract provided by Age UK Oldham. Description: Request approval 12 month interim funding arrangements	
<b>KEYWORD</b> (Category that the item best fits with)	<input type="checkbox"/> Business and Industry <input type="checkbox"/> Economics and Finance <input type="checkbox"/> Education and Skills <input type="checkbox"/> Employment, Jobs and Careers <input type="checkbox"/> Environment <input type="checkbox"/> Government, Politics and Public Administration <input checked="" type="checkbox"/> Health, Well-being and Care <input type="checkbox"/> Housing	<input type="checkbox"/> Information and communication <input type="checkbox"/> International affairs and defense <input type="checkbox"/> Leisure and culture <input type="checkbox"/> Life in the community <input type="checkbox"/> People and organisations <input type="checkbox"/> Public order, justice and rights <input type="checkbox"/> Science, technology and innovation <input type="checkbox"/> Transport and infrastructure
<b>WARDS AFFECTED</b> (Specific Wards or 'All Wards')	All Wards	
<b>LEAD MEMBER</b> (Cabinet Member)	Cllr Barbara Brownridge, Lead Member for Health & Social Care	
<b>LEAD DIRECTOR</b> (Executive Director or equivalent)	Jayne Ratcliffe, Director of Adult Social Care (DASS)	
<b>LEAD OFFICER</b> (Contact Officer, Job Title and Contact Details, e.g.: email address, telephone number and address)	Claire Hooley – Head of Joint Commissioning and Quality <a href="mailto:Claire.Hooley@Oldham.gov.uk">Claire.Hooley@Oldham.gov.uk</a>	
<b>PLANNED DATE OF DECISION</b> (The specific Cabinet meeting date or delegated decision date)	19 <sup>th</sup> September 2022	
<b>KEY DECISION REASON</b> (For definition of Significant Expenditure / Savings, see the Constitution: Part 2 - Articles of the Constitution, Section 13.03 – typically most decisions involving funds over £250,000 will be Key)	<input type="checkbox"/> Significant Expenditure / Savings <input checked="" type="checkbox"/> Significant effect on communities living or working in two or more Wards	
<b>MAKING REPRESENTATIONS</b> How any person (including the public) can make representations about this matter, and by when. (Give a specific date that any person could make representations {comments / objections / etc} to the Decision Taker about the item)	<a href="mailto:Claire.Hooley@Oldham.gov.uk">Claire.Hooley@Oldham.gov.uk</a> <a href="mailto:Neil.Clough@Oldham.gov.uk">Neil.Clough@Oldham.gov.uk</a>	
<b>EQUALITY IMPACT ASSESSMENT</b>	Not required at this stage – will be completed post decision	

When is an EIA going to be completed? (if applicable)	
<p><b>LIST OF DOCUMENTS TO BE CONSIDERED BY DECISION TAKER; AND IF ANY OF THE DOCUMENTS LISTED ARE TO BE CONSIDERED IN PRIVATE, WITH A STATEMENT OF REASONS WHY</b></p> <p>This must include the proposed Report title, background papers, and clear reasons why part of the report is being considered in private.</p> <p>Note: If you are listing background papers and you are submitting the report to Cabinet, please note that the background papers <b>MUST</b> be provided in an electronic format along.</p>	<p>Proposed Report Title: To authorise a proposal for 12 month interim funding arrangements for the day services and luncheon club contract provided by Age UK Oldham.</p> <p>Background Documents: N/A</p> <p>Report to be considered in Public? Or partly or wholly in Private?: <b>Yes - Private</b> (If Private) Reasons why: Market sensitive information prior to contracts being awarded. Affected staff would need to be consulted (in terms of the impact when funding ends).</p>
<p><b>CONSULTATION</b></p>	<p>Consultation Process: Age UK Oldham would consult with affected staff when appropriate</p> <p>Consultees: Age UK would undertake the consultation with their employees.</p>
<p><b>CONTACT</b></p>	<p>Details of the address from which any documents listed are available and the process for requesting those documents</p> <p><a href="mailto:Claire.Hooley@Oldham.gov.uk">Claire.Hooley@Oldham.gov.uk</a> <a href="mailto:Neil.Clough@Oldham.gov.uk">Neil.Clough@Oldham.gov.uk</a></p>

NOT FOR PUBLICATION by virtue of Paragraph(s) <>  
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 the report contains  
information relating to the financial affairs of the  
Council

## **Report to CABINET**

### **Positive Steps Contract Extension for Targeted Youth Support lots 2 and 3.**

**Portfolio Holder:** Cllr. Eddie Moores, Cabinet Member for Children and Young People

**Officer Contact:** Richard Lynch, Director for Education, Skills and Early Years

**Report Author:** Andrea Weir, Senior Commissioning and Partnerships Manager

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#### **Reason for Decision**

Permission is sought from Cabinet to approve the utilisation of Regulation 72(1)(b) of the Public Contracts Regulations 2015 to enable a modification to the term of the existing contracts for Targeted Youth Support (TYS) Lots 2 and 3 currently held by Positive Steps to allow for a further extension of 12 months from 1 April 2023 until 31 March 2024. This approach, if approved, would complement and feed into the proposed early help, early intervention work, build on integrated commissioning intentions and the development of a range of delivery options.

#### **Recommendations**

The recommended option is that Cabinet approves the utilisation of Regulation 72(1)(b) of the Public Contracts Regulations 2015 to enable a modification to the term of the existing contracts for Targeted Youth Support (TYS) Lots 2 and 3 currently held by Positive Steps to allow for a further extension of 12 months from 1 April 2023 until 31 March 2024.

NOT FOR PUBLICATION by virtue of Paragraph(s)  
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the information because the report contains  
information relating to the financial affairs of the  
Council

## Positive Steps Contract Extension for Targeted Youth Support lots 2 and 3.

### 1 Background

Positive Steps currently hold two contracts within the Targeted Youth Support (TYS) service offer. Both contracts were awarded from 1 April 2020 for an initial period of two years up until 31 March 2022 with an option to extend for up to a maximum period of a further twelve months to 31 March 2023.

The contracts within scope of this report are as follows:

- TYS lot 2 – youth justice board offer with an annual funding envelope of £934,000 representing the Youth Justice Grant
- TYS lot 3 – young carers, targeted impartial information and careers advice and missing return home interviews with an annual funding envelope of £480,000. This contract already has an identified saving in place from 1st April 2023 of circa £47,000.

An extension to the existing contracts is now being sought for a period of twelve months up until 31 March 2024 under corporate exemption rules. This would ensure future options for delivery of services within scope are co-terminus with wider directorate strategic proposals.

Positive Steps are in the process of recruiting a new Chief Executive as the current post holder is retiring an extension would enable us to build a relationship with the new post holder and determine the direction of travel. It is also recognised that Positive Steps are an important strategic partner within Oldham, a full tender process at this time may have a destabilising effect on the provider.

### 2 Current Position

The Council currently commissions Positive Steps to deliver a range of services to support Oldham's young people under the overarching banner of Targeted Youth Services. These include support services for young carers; delivery of missing from home return interviews; careers information advice and guidance as well as the Council's Youth Justice Service.

The current contracts end on 31 March 2023.

It is proposed that within the proposed extension period a full options appraisal is undertaken to explore alternative delivery methods including consideration of bringing or returning elements in-house. The exercise would also compliment the proposed early help and early intervention work and build on integrated commissioning intentions.

The Council would be able to demonstrate services achieve outcomes, contribute to communities and prevention agendas ensuring all young people fulfil their full potential and aspirations.

The extension would allow service area leads and partners to work together to identify all other possible options of service delivery including a fully commissioned tendering process to the open market or by bringing some or all of the service area elements in-



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house in a planned and coherent manner. This would align with the place-based model within Oldham ensuring high quality services are available at a time and place to suit children, young people and families/carers needs. This would also enable dialogue with the current provider to explore alternative delivery models both within the remaining contract period and beyond with a particular focus on the targeted impartial careers guidance element, NEET and Not Known. A revised specification for Lot 3 to reflect areas for improved performance and financial savings will be agreed as part of the extension offer

Governance arrangements will be established within the context of the wider piece of work outlined above to ensure a holistic approach to service delivery.

### 3 **Options/Alternatives**

#### **Option One:**

TYS Lots 2 and 3 contracts are modified and extended for a period of twelve months up until 31 March 2024.

#### **Option Two:**

Services are tendered via The Chest. There is insufficient time for a full tendering exercise and options appraisal within the development of the wider model.

#### **Option Three:**

Services are delivered in-house from 1 April 2024. TUPE implications would need to be considered as part of this arrangement and there is insufficient time to manage this following completion of an options appraisal.

### 4 **Preferred Option**

#### **Option One:**

TYS Lots 2 and 3 contracts are modified and extended for a period of twelve months up until 31 March 2024.

### 5 **Consultation**

Consultations will be undertaken with young people and key stakeholders including schools as part of the development process and findings will form part of future delivery options

### 6 **Financial Implications**

This report seeks an extension to the current contract with Positive Steps for a period of 12 months from 1 April 2023 until 31<sup>st</sup> March 2024.

The current contract covers TYS Lots 2 and 3, the annualised costs associated with both Lots are as follows:

**Lot 2 - Youth Justice Board - £934,000**

**Lot 3 – Young Carers, Targeted impartial information and careers advise - £480,000**

There is a funding envelope of **£1.446m** built into the current year budget (R47700 35650) and this will be reviewed in line with any saving targets as part of the Budget setting for FY2023-24.

There are identified savings against Lot 3 of circa £47,000 which will be factored in to the budget setting process for 2023-24, therefore there are no adverse costs associated with this extension.

Vicki Hayes Senior Accountant /Sadrul Alam Finance Manager

7

### **Legal Services Comments**

The contracts in place under Lots 2 & 3 are subject to the Public Procurement Regulations 2015 (PCR 15) and, therefore, they can only be modified to increase the term by a further 12 months if the modification is permitted under Regulation 72 of PCR 15.

Regulation 72(1)(b) provides:

**72.—(1) Contracts and framework agreements may be modified without a new procurement procedure in accordance with this Part in any of the following cases:—**

- (b) for additional works, services or supplies by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor—**
    - (i) cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement, and**
    - (ii) would cause significant inconvenience or substantial duplication of costs for the contracting authority,**
- provided that any increase in price does not exceed 50% of the value of the original contract;**

The commissioning team has confirmed that a full service review is required in order to ascertain the most effective delivery model moving forward and that there is insufficient time to undertake such a review and then implement the recommendations prior to the current expiry date of each contract. Also, the proposed extension would ensure the contracts are co-terminus with wider directorate strategic proposals and that the expiry of the contracts would align with the place-based model within Oldham ensuring high quality services are available at a time and place to suit children, young people and families/carers needs.

Further, the commissioning team is of the view that a change in contractor cannot be made at this time due to the potential impact on the wider service and the de-stabilising effect on the contractor.

The value of the proposed modification is less than 50% of the value of the original contract.

Sarah Orrell, Commercial and Procurement Solicitor

8.

### **Co-operative Agenda**

The current contract is based on the co-operative agenda of the Council and any future commissioning intentions will also reflect these principles.

Jonathan Downs, Corporate Policy Lead

**9 Human Resources Comments**

No HR implications are identified, therefore no further comments to add at this stage of the process.

Daksha Mistry – Senior HR Adviser

**10 Risk Assessments**

N/A

**11 IT Implications**

N/A

**12 Property Implications**

Non for the Council. The provider will have their own property arrangements from which to deliver services.

**13 Procurement Implications**

These contracts are subject to the Public Procurement Regulations 2015 (PCR 15) and, therefore, they can only be modified to increase the term by a further 12 months if the modification is permitted under Regulation 72 of PCR 15. The contracts are currently with Positive Steps for Lots 2 & 3. The commissioning team has confirmed that a full-service review is needed in order to determine the most effective way of delivering these services and therefore there is insufficient time to undertake such a review and then implement the recommendations prior to the current expiry date of each contract which is 31/03/2023. The proposed extension would ensure the contracts are co-terminus with wider directorate strategic proposals and that the expiry of the contracts would align with the place-based model within Oldham ensuring high quality services are available at a time and place to suit children, young people and families/carers needs.

There is a provision in Public Procurement Regulations 2015 (PCR 15) circumstances where services are proposed are need for the Modification has been brought and it does not alter the overall nature of the contract and its value.

On this basis Commercial Unit acknowledges the requirement of the services, in accordance to Regulation 72(1)(b) provides:

**72.—** (1) *Contracts and framework agreements may be modified without a new procurement procedure in accordance with this Part in any of the following cases:—*

- (b) *for additional works, services or supplies by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor—*
  - (i) *cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement, and*
  - (ii) *would cause significant inconvenience or substantial duplication of costs for the contracting authority,*

*provided that any increase in price does not exceed 50% of the value of the original contract;*

The Commercial Procurement Unit recommends the following future actions:

- a. The setting up of a working group involving the Procurement Team at an early stage ensuring no further requests will be made to extend this contract in the future.
- b. Service review work to begin immediately.
- c. Ensure appropriate consultation is undertaken.

Mohammad Sharif, Procurement.

#### 14 **Environmental and Health & Safety Implications**

There are no implications for these services. The successful provider will be expected to adhere to all Oldham's terms and conditions as outlined in the standard contract.

#### 15 **Equality, community cohesion and crime implications**

The current contract delivers Youth Justice Board statutory responsibilities on behalf of the Council including community and prevention-based work.

#### 16 **Implications for Children and Young People**

Statutory services for children and young people will continue from 1 April 2023 and children and young people will be involved in the development of any future commissioning intentions.

#### 17 **Equality Impact Assessment Completed?**

A stage one EIA was completed as part of the original tender. Further evaluation of the impact of these services will be carried out as part of the development of future commissioning intentions.

#### 18 **Key Decision**

Yes

#### 19 **Key Decision Reference**

To be added

#### 20 **Background Papers**

Non

#### 21 **Appendices**

Non

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Signed _____ Strategic Director/Deputy Chief Executive	Dated _____
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