

HEALTH SCRUTINY COMMITTEE

Agenda

Date Tuesday 17th January 2023

Time 6.00pm

Venue Crompton Suite, 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 Constitutional Services at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Constitutional Services Officers, telephone 0161 770 5151 or, email constitutional.services@oldham.gov.uk
 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12.00 noon on Thursday, 12th January 2023.
 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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https://www.oldham.gov.uk/homepage/1449/attending_council_meetings

MEMBERSHIP OF THE HEALTH SCRUTINY

Councillors Ball, Harrison, S Hussain (Chair), Ibrahim, Marland, McLaren, McManus and Nasheen

1 Apologies For Absence

2 Declarations of Interest

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

3 Urgent Business

Urgent business, if any, introduced by the Chair

4 Public Question Time

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

5 Minutes (Pages 1 - 6)

The Minutes of the meeting of the Health Scrutiny Committee held on 6th December 2022 are attached for approval.

6 Disaggregation of clinical services from the previous Pennine Acute Hospitals Trust footprint (Pages 7 - 12)

7 Health Improvement and Weight Management Service - Update (Pages 13 - 18)

8 Integrated Sexual Health Service - Update (Pages 19 - 28)

9 Health Scrutiny Committee Work Programme 2022/23 (Pages 29 - 40)

10 Key Decision Document (Pages 41 - 60)

Key Decisions scheduled to be taken by the Council/Cabinet.



HEALTH SCRUTINY
06/12/2022 at 6.00 pm

Present: Councillor Nasheen (Vice Chair in the Chair)
Councillors Harrison, Ibrahim, Marland, McLaren and McManus

Also in Attendance:

Mike Barker - Place Lead – Oldham, NHS Greater Manchester Integrated Care

Marion Colohan – Head of Primary Care Oldham, NHS Greater Manchester Integrated Care

Tamoor Tariq – Healthwatch Oldham Manager

Peter Thompson – Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Ball and Sajed Hussain.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

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

5 **MINUTES**

Resolved:

That the Minutes of the meeting of the Health Scrutiny Committee, held 18th October 2022 be approved, as a correct record.

6 **ACCESS TO GENERAL PRACTICE**

The Committee scrutinised a report of the Place Lead – Oldham, NHS Greater Manchester Integrated Care, which informed members of the current position in respect of access to General Practice in Oldham and presented the national and local context in respect of access to General Practice and provides locality data and actions that are being taken.

The Committee considered the numbers of GPs in the Borough. In 2017, there were 143 GPs, excluding locums and trainee doctors, in Oldham, working across 44 practices. According to the latest NHS Digital data, there were currently 140 GPs working across 39 practices. This data reflected the national picture of a stagnation in the growth of the number of GPs since 2015.

In February 2020 the Government had announced a drive to recruit an additional 6,000 GPs by 2024. However, these initiatives had not yet had the desired impact on increasing

the number of qualified GPs – in fact, numbers have continued to decline nationally. In the same period, the number of patients registered with a practice in Oldham had increased from 246,039 to 262,400. This was also a trend that was reflected nationally.

In recent years, there had been several national objectives aimed at increasing both the number of staff in general practice and the variety of roles. The emphasis on workforce had began to move to ensure that patients see the right person in the right place, first time. During the Covid-19 pandemic, patients had seen a move by practices towards “triage systems” which helped to direct them to the most appropriate clinical professional to meet their needs. There has also been an unprecedented increase in the use of digital systems and remote consultations. Since the lifting of Covid-19 related restrictions practices have retained this technology and ‘digital first’ as an option although patients should now be triaged first and offered a face to face or digital appointment as appropriate.

An important fact to consider when looking at the number of GPs working at practices was that different providers used different staffing models: there was no mandated workforce model for general practice and providers could choose the blend of staff which they thought would best meet the needs of their patients. Whilst GPs continue to be the pivot point for practices, the roles carried out by nurses, pharmacists, healthcare support workers and other clinical professionals were considered just as vital. High quality care depended on all of these roles, underpinned by the inestimable contribution of the practice administrative staff.

It was reported that from 1st October 2022, Primary Care Networks (PCNs) have been required to provide Enhanced Access between the hours of 6.30pm and 8.00pm Mondays to Fridays and between 9.00am and 5.00pm on Saturdays (“Network Standard Hours”), in accordance with the requirements set out in the Primary Care Network Direct Enhanced Service (DES) Specification.

The Primary Care Networks in Oldham succeeded in mobilising the Enhanced Access service in their networks by 1st October 2022. Whilst national IT, estates and workforce situations have created issues, the PCNs have managed to provide workarounds to these and delivered against the requirements of the Primary Care Network Direct Enhanced Service Specification.

NHS Digital had been collecting data from general practice appointment systems and publishing local monthly data, since 2018. This published data provides a picture of general practice appointments and included details such as the number of appointments, the healthcare professional carrying them out and where possible the mode of delivery, such as. face-to-face,

telephone. Historically this had only been available at locality level.



On Thursday, 24th November 2022, NHS Digital published practice level data for the first time as laid out in the Secretary of State for Health and Social Care's "Our Plan for Patients". The aim is that patients will have more information available to choose the right practice for them.

Greater Manchester Integrated Care - Oldham Locality would continue to work with practices to address these issues outlined above. In the last 12 months, there had been an investment of £42,000 in a scheme that focused on providing GP trainees with the knowledge and skills to work in areas of disadvantage within the locality. Trainees were to be encouraged to continue working in the areas in which they train, with aim of improving the availability and quality of healthcare in those areas and reduce health inequalities.

The number of GP training practices in Oldham had increased in recent years, with more practices now offering placements for doctors as they completed their GP training. The NHS in Oldham was also working with newly qualified GPs to support them as they begin their post-qualification careers, setting up a peer network that can help ease the transition from trainee to GP.

Greater Manchester Integrated Care - Oldham Locality was to continue to invest significant money and resources in 2022/23 into improving the rates of GP retention and recruitment in the short- and long-term. A significant piece of work was being undertaken to address historic telephone issues and it was hoped that a technical solution can be provided that will improve the experience for patients of booking an appointment with their practice. Historically, appointments have been booked via telephone and in-person. However, post-pandemic, an increasing number of practices are using online triage and this has had a positive impact on both access and waiting times. The Oldham Locality has invested in a new triage platform which can reduce telephone demand for patients and make it easier for those patients who would rather call their practice. We will be looking to support practices to adopt this system.

The impact of Covid-19 meant that there were staff shortages during the pandemic, and the recent increased in cases continues to impact on GP practices, although the most recent data shows that their resilience is high and there has been continuous service throughout the last two years. We monitor these staff absences and support practices to alleviate any staffing issues that arise.

The Committee considered the report in detail asking about how the residents of Oldham are coping with revised ways of making appointments and educational initiatives that were being made

to assist, especially for the most vulnerable groups including the disabled and the elderly. Members also commented on the role of pharmacists and the help and support that they can provide to GP practices.

Resolved:

1. That the report be noted and welcomed
2. That further updates on this issue be presented to the Committee in due course.

7

HEALTHWATCH OLDHAM - ANNUAL REPORT 2021/22

The Chair introduced Mr Tamoor Tariq, the Manager of Healthwatch Oldham, who presented their Annual Report 2021/22. The report highlighted key milestones that had been achieved in the year and looked forward to new challenges that the organisation would face in the future.

2021/22 had been another year which, for Healthwatch Oldham had been significantly impacted by Covid-19. Healthwatch Oldham staff have had to adapt – continuing to provide the Healthwatch service by working from home and by managing the move to their new base, at Medtia Place, on Union Street, Oldham. Despite these ongoing challenges, Healthwatch has continued to listen to the local community to make sure their voices are heard and acted on. An example of this is their Greater Manchester Dental Report – a supplemental report was issued in August 2021. During the COVID-19 pandemic, people across Greater Manchester were telling their local Healthwatch groups 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. Oldham’s Healthwatch continued to consult with the Oldham public, trying hard to reach out to communities that were not heard as often as others.

By conducting a bi-monthly survey called the Healthwatch Oldham 100, Healthwatch continued to obtain views from local people on a range of subjects. The findings from these surveys heled them to identify trends within service delivery and provide information to guide them on areas to examine further. Healthwatch were able to run People’s Choice Awards for the second year running, to celebrate the hard work, that people throughout all health and social care services, delivered to the residents of Oldham.

Healthwatch had published their report looking into people's experiences of accessing services whilst living with cancer during COVID-19 and had acted on feedback, to drive change to make a difference to people’s experiences. Towards the end of 2021 the organisation had 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.



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All the reports mentioned above were available for the public to view on the Healthwatch website. The Committee were advised that none of the work detailed in the report would be possible without the dedication of their staff and volunteers.

Members of the Committee considered the Healthwatch annual report in detail and requested that details of outcomes be presented to meetings of this Committee for consideration.

The Manager of Healthwatch Oldham stated that in other local authorities, across Greater Manchester, local Healthwatch representatives received a standing invite to attend meetings of their local council's Health Scrutiny Committee (or equivalent body).

Resolved:

1. That Healthwatch Oldham's Annual Report 2021/22 be noted.
2. That the Manager of Healthwatch Oldham be requested to submit details of Healthwatch's activities in the Borough to future meetings of the Committee, for Member's consideration.
3. That Mr Tamoor Tariq, Manager of Healthwatch Oldham be added to the Committee's distribution list and that he receives invitations to attend all future meetings of the Health Scrutiny Committee.

8

HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2022/23

The Committee received a report inviting consideration of the Committee's Work Programme for 2022/23 as at 6th December 2022.

Resolved:

That the Health Scrutiny Committee's Work Programme 2022/23 be noted.

9

KEY DECISION DOCUMENT

The Committee considered the latest Key Decision Document which set out the Authority's Key Decisions scheduled to be made from 11th November 2022.

Resolved:

That the Key Decision Document be noted.

The meeting started at 6.00pm and ended at 7.45pm

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Report to OVERVIEW AND SCRUTINY BOARD/COMMITTEE

Disaggregation of clinical services from the previous Pennine Acute Hospitals Trust footprint

Portfolio Holder:

Councillor Barbara Brownridge, Cabinet member for Health and Social Care

Officer Contact: Mike Barker, Place Lead, Oldham

Report Author: Mike Barker, Place Based, Oldham

January 2023

Purpose of the Report

To provide an update to Overview and Scrutiny Committee for Health on the progress to disaggregate clinical services from the previous Pennine Acute Hospital Trust (PAHT) footprint and establish clinical pathways between the Northern Care Alliance (NCA) and Manchester University Foundation Trust (MFT).

Executive Summary

In 2021, MFT acquired the North Manchester General Hospital (NMGH) site, and Salford Royal Foundation Trust (SRFT) acquired the remaining sites of PAHT, creating the NCA. Since then, due to the way in which digital systems and clinical rotas operate, there are some services which operate across the two providers which have not yet been 'disaggregated'. This means that the services still need to be split between the two organisations using an agreed set of principles: including splitting of the workforce, budget and waiting lists.

This paper provides an update about the work to date to split key services between the providers, and in particular to highlight those areas where this could potentially mean a change to the location where patients access services. It describes the process and criteria used to determine the best solution that ensures services previously part of PAHT continue to be safely delivered by the NCA and MFT respectively. Fundamentally, this process aims to deliver better care for patients through establishing services that are safe and sustainable, but also that use the best evidence available and operate as close to the patient as possible.

In the coming months, there are some key services that will go through this process of disaggregation including Cardiology, Gastroenterology, Urology and Rheumatology. Largely these changes will mean patients can choose to access services from an NCA site or from a MFT site. Initial assessment suggests there is minimal change for Oldham residents for these services.

Scrutiny Committee is asked to receive the report updating on the progress to disaggregate services from PAHT between the NCA and MFT, and to support the approach described to identify and agree the best option for our population.

1 Introduction and Purpose

This document presents an update regarding the dissolution of the former Pennine Acute Hospitals Trust (PAHT) and re-provision of services by both Manchester University NHS Foundation Trust (MFT) and the remainder of the PAHT sites into the Northern Care Alliance (NCA). In particular, planned service changes in the context of previously agreed decisions taken in Greater Manchester to disaggregate services from the legacy PAHT and integrate North Manchester General Hospital (NMGH) into MFT and the remainder of the PAHT sites into the NCA.

The paper provides the following:

- A reminder about the background to the acquisition of the Pennine Acute Hospitals Trust
- An overview of the disaggregation approach and context of complex services
- A high-level assessment of the likely impact on Oldham patients

2 Strategic Context

In January 2016, healthcare partner organisations in Manchester commissioned an independent review of the disposition and organisation of hospital services. This review concluded that the most effective route to achieve clinical, safety and efficiency benefits was to create a single hospital trust for Manchester. The findings of the report were endorsed by all the participating organisations.

At the same time, PAHT was facing significant challenges. Following many years of financial difficulties, a CQC inspection identified material problems with standards of care, and in August 2016 the Trust was rated as Inadequate. The NHS Improvement regional team undertook an option appraisal in respect of the long-term future of PAHT, and this concluded that the preferred option was for NMGH to be acquired by MFT, and for the other PAHT sites to be acquired by SRFT. MFT formally acquired the NMGH site and services through a commercial transaction on 1 April 2021, and SRFT acquired the remaining elements of PAHT through a statutory transaction on 1 October 2021 and became the Northern Care Alliance (NCA).

MFT and the NCA developed business cases to support the acquisitions, and these recognised the potential to deliver benefits through integrating former PAHT clinical teams into larger single services operating across the Manchester and NCA footprints respectively. However, both business cases also identified the significant legacy challenges in the former PAHT services, particularly in relation to financial sustainability and the need to invest in infrastructure (including Estate and Digital).

In its 15 years of independent operation there was some significant integration of services across the PAHT sites. The process of disaggregating these is therefore complex. MFT and the NCA have strong post-transaction joint working arrangements with significant progress-to-date and are continuing to work through these structures to agree the most appropriate timing and approach for disaggregation of these complex service arrangements.

NCA and MFT are progressing their plans for investment in the former PAHT sites and services, including new and improved buildings, equipment and information systems. On digital investment, MFT successfully rolled out the new electronic patient record (EPR) across the Trust (including NMGH) in September 2022. Similarly, the NCA has a programme to implement its EPR system across all sites by the middle of 2023.

Without the implementation of integrated information systems within the new organisations it will not be possible to operate single services effectively, and the benefits of organisational integration will not be optimised.

3 Disaggregation

3.1 Overview

At the time of the transaction, it was agreed to minimise any changes in clinical/patient pathways for 'Day 1' as a means of ensuring a safe and smooth transition. To support this agreement, a series of Service Level Agreement (SLA) arrangements were put in place to oversee the delivery of patient pathways across the North Manchester, Bury, Oldham and Rochdale hospital sites. However, both MFT and the NCA have agreed that, over the coming months and years, the SLA arrangements should be wound down and accompanied by the sustainable integration of NMGH services into MFT and Bury/Oldham/Rochdale services into the NCA. This process is often referred to as the 'disaggregation' of legacy PAHT services and has been ongoing since the transactions were completed in 2021.

The process of disaggregation has required significant collaboration and co-operation between the NCA and MFT. It is a complex and wide-ranging piece of work that has implications across a variety of areas including workforce, IM&T, finance and governance. The work to disaggregate services must be handled carefully and with due regard to minimising the impact on patients, and staff. The initial work to disaggregate services was overseen by the legacy PAHT Board and was also evaluated by NHSEI as part of the Transaction Review process.

For each specialty or pathway that is being disaggregated, a working group of clinical experts in that specialty is convened to review the current service and develop the best clinical model, whilst a range of information including patient feedback, clinical outcomes and equality analysis is analysed to understand which options will deliver the best model for patients.

3.2 Progress

At the time of the transactions, approximately 90 SLA arrangements were in place across a range of clinical and corporate areas. As of October 22, approximately half of these arrangements had been stood down. The SLAs that have been concluded to date represent the most straightforward disaggregation processes that have impacted low numbers of staff and have not required any changes to patient pathways.

A recent catalyst for change has been the introduction of MFT's new electronic patient record (EPR) programme in September 2022 which brought the North Manchester site, and other hospitals within MFT, together under one system called HIVE. Until that point, NMGH, while being run by MFT, was part of the previous digital infrastructure supporting PAHT. Key services including Clinical Haematology, Sleep services and Foetal Medicine pathways were disaggregated prior to 'go live' of this new system to ensure that patients could be safely managed within one system. For patients accessing these services this has meant either remaining under the care of an NCA, or ex-PAHT service, or choosing to move under the care of an MFT clinical team. For example, Clinical Haematology services are based at the Royal Oldham Hospital, however some patients living in North Manchester were able to move their care to newly created pathways delivered from North Manchester General by MFT.

These changes were considered by Scrutiny committees in the affected localities, including Oldham, in July 2022 and followed the agreed GM Service Change Framework – see appendix 1.

4 PAHT Complex Services

The processes of disaggregating services from the legacy PAHT footprint have benefitted from excellent working relationships between MFT and NCA. Whilst good progress has been made, there are a residual set of services that present the most complex challenges in respect of service disaggregation.

These are services that will potentially require a change in location or change in patient flows. As such, there has been strong engagement and early discussions with all relevant commissioners / localities¹

¹ Manchester, Bury, HMR, Oldham, Trafford, Salford and Specialist Commissioning

through a series of large-scale meetings and close working with all partners to ensure a collaborative approach to developing service change proposals.

4.1 Which services are affected?

The following services are to be disaggregated in the next wave. This means that the services are split between the two organisations using an agreed set of principles. This includes splitting of the workforce, budget and waiting lists. In the main, service provision remains the same however there will be some elements of service change to ensure alignment of services to each respective organisation. Furthermore, in the majority of cases services will be provided within both the NCA and MFT offering patients the choice of which service to access.

Phase 2 – changes to be made by September 2023

- Cardiology
- Gastroenterology
- Rheumatology
- Urology – 6 specialist pathways

Phase 3 – changes to be made after September 2023

- Ear, nose and throat (ENT)
- Urology – further pathways
- Trauma & Orthopaedics
- Vascular Surgery

4.2 Providing the best care for our population

The integration of these services into MFT and NCA single services respectively, maximises the opportunity to realise the benefits envisaged in the organisational restructuring of PAHT as determined by NHS Improvement. Moreover, it delivers safe and clinically sustainable service for the populations of Bury, Oldham, Rochdale and North Manchester.

For each service or clinical pathway, the following steps are taken,

- A joint working group of clinicians is established to oversee development and agreement of clinical models.
- This group works jointly to understand the options for safely integrating or re-providing services within MFT and NCA and develop proposals which support the following,
 - Quality
 - Health inequalities
 - Efficiency - reduction in waiting times as well as being delivered within existing costs
 - Patient experience
 - Deliverability e.g., we have the right workforce
 - Travel and access for the population
 - Strategic fit e.g., alignment with any wider clinical decisions such as GM Cardiac pathways

The process will include a review of a long list of options, followed by a detailed appraisal of shortlisted options, with clinical consensus on the preferred way forward. These service change proposals will follow the Service Change Framework agreed by the Greater Manchester Integrated Care Board (GM ICB) including an assessment of whether they constitute 'substantial variation'. See appendix 1 for the Service Change Framework. Scrutiny committee will be asked to consider these service change proposals in the spring of this year.

4.3 What does this mean for the Oldham population?

At this early stage, for most services it appears that there would be minimal changes to the way in which the population of Oldham access the services listed in phase 2. Indeed, it is likely that Oldham patients will have increased choice by being able to access services within either NCA or MFT. Table 1 below summarises our current understanding of the impact on Oldham patients.

Table 1: High level estimated impact on Oldham

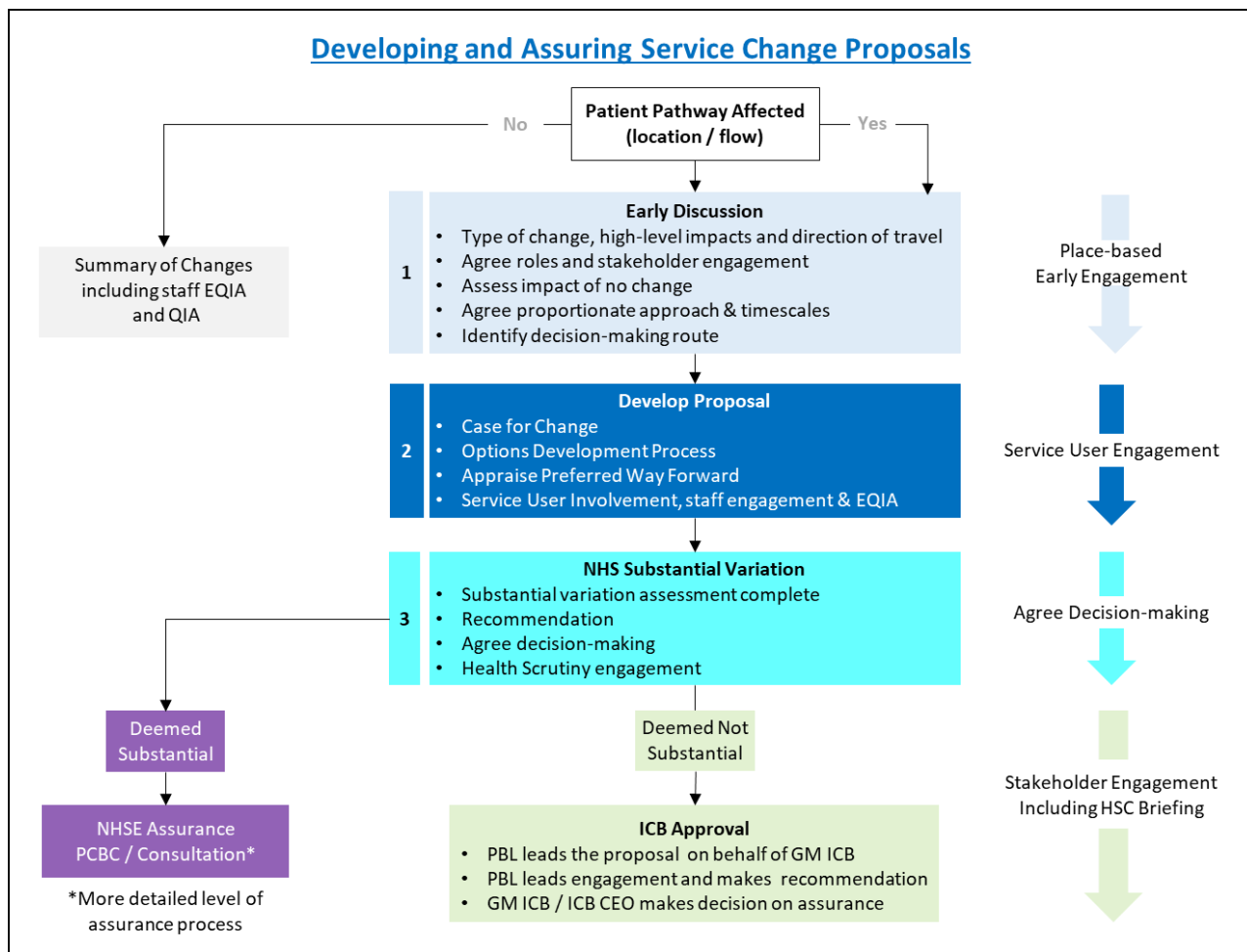
Specialty	Impact on Oldham
Cardiology	Patients from Oldham requiring specialist cardiac intervention are seen at Fairfield General Hospital's specialist unit. In the future, they can still access this but may choose a pathway within MFT if they prefer to be referred to NMGH.
Gastroenterology	Plans are being developed to integrate the NMGH gastroenterology service within the MFT Group. This will allow residents in the NMGH catchment who require inpatient care to be cared for within MFT instead of ROH as at present. Residents of Oldham will continue to receive inpatient gastroenterology care at ROH.
Rheumatology	Patients from Oldham access Rheumatology outpatients at the Royal Oldham Hospital, and for a small number requiring a specialist procedure attend the Rheumatology Unit at Rochdale Infirmary. As part of developing a pathway within MFT which includes NMGH, there will be new Rheumatology pathways created linked to wider MFT sites. Oldham patients may choose to use these services if they are closer and more convenient or to continue to access care at ROH as at present.
Urology – 6 specialist pathways	In implementing previously agreed Greater Manchester changes to Urology pathways, MFT will develop inpatient provision to support the North Manchester site within the organisation. Oldham patients will continue to access inpatient Urology care at ROH, however where they choose to access similar services at North Manchester these may be provided from another MFT site.

5. Next steps and recommendation

Over the coming months clinical colleagues at MFT and NCA will continue to work together to develop the clinical pathways described above. We plan to undertake a more detailed analysis of the preferred options, including equality analysis, travel analysis and patient feedback. This will enable an assessment of whether any of these changes constitute a substantial change.

Oldham Health Scrutiny Committee is asked to support the approach described to identify and agree the best options and endorse the progress MFT and NCA have made to disaggregate services from the legacy PAHT footprint. The service change proposals will be shared with Oldham Health Scrutiny Committee in the spring.

Appendix 1: Service Change Framework for GM ICB





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Report to Health Scrutiny Committee

Health Improvement and Weight Management Service - Update

Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Andrea Entwistle, Senior Business and Commissioning Manager (Public Health - Oldham Council)

Ext. 3386

17 January 2023

Purpose of the Report

To update the Health Scrutiny Committee on the progress made by the Health Improvement and Weight Management Service, Your Health Oldham, delivered by ABL Health Limited, during the last 12 months, as requested by the committee in January 2022.

Executive Summary

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

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

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

Recommendations

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

Health Improvement and Weight Management Service

1 Context

- 1.1. Local authorities have responsibility for improving the health and wellbeing of their local population and for public health services. There is also a responsibility to reduce health inequalities across the life course, including within hard to reach groups, and to ensure the provision of population healthcare advice. As such, statutory duties for public health include the provision of public health advice on obesity and physical activity for both adults and children and smoking and tobacco (including smoking cessation and intervention).
- 1.2. Oldham's adult population is less physically active, smokes more, and carries more excess weight than the England average. Nearly a third of children aged 2 to 15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer. These unhealthy behaviours mean Oldham has significantly higher numbers of people with recorded diabetes, and deaths from smoking-related diseases, cardiovascular disease and cancer (which are significantly higher than the England average). Tobacco, high fasting plasma glucose, high body mass index, and dietary risks are the top four risk factors for disability and death in North West England.
- 1.3. Smoking is also the single biggest preventable cause of health inequalities. Smoking is far more common among routine and manual workers, and the more disadvantaged someone is, the more likely they are to smoke and suffer from smoking-related disease and premature death. Obesity does not affect all communities equally – it is more common among people from more deprived areas, older age groups, some black and minority ethnic groups (including South Asian communities) and people with disabilities. As such, people in one or more of these groups are more likely to be affected by obesity related harms including being less likely to be in employment, increased risk of hospitalisation, discrimination and stigmatisation and reduced healthy life expectancy and pre-mature death.
- 1.4. Reducing smoking prevalence, levels of obesity and increasing physical activity levels are behavioural risk factors, with strong connections to the wider socio-economic determinants of health, that have the potential to have the biggest impact on the improvement of population health, reduce demand on health and social care services and reduce health inequalities.

2 Background - Health Improvement and Weight Management Service

- 2.1 Your Health Oldham, Oldham's Health Improvement and Weight Management Service, delivered by ABL Health launched on 1 January 2021, following a comprehensive tender exercise. The service was collaboratively commissioned with the NHS as an integrated service offer. The length of the contract is five-years, until 31 December 2025, with the option to extend the contract for a further two years, until 31 December 2027
- 2.2 The service has a specific focus on working with those most at risk of tobacco, dietary or physical inactivity-related harm and supports both individual adults and children, young people and families.

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- 2.3 The Health Improvement and Weight Management Service delivers the following themed interventions, for residents of Oldham and those registered with an Oldham GP:
1. Single Point of Assessment and Signposting
 2. Community Stop Smoking Support
 3. Weight Management Support
 4. Physical Activity Support
 5. Post NHS Health Checks Support
 6. Targeted Community Health MOTs and support
 7. Alcohol Brief Interventions and support
 8. Mental Wellbeing Support

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

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

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

- 2.4 Your Health Oldham is a borough wide service that has a specific focus on working with the most socially disadvantaged, least likely to engage and those groups who are most at risk of health behaviour related harms with a view to reducing health inequalities.
- 2.5 An overview of the service, including the delivery model and anticipated outputs and outcomes, was presented to Health Scrutiny Committee at the start of the contract term in January 2021. Health Scrutiny Committee received an update for their consideration in January 2022 and requested a further update in January 2023.

3 Progress during the last twelve months

- 3.1 During their second year delivering the Health Improvement and Weight Management Service, Your Health Oldham has supported more of Oldham's residents to improve their health and wellbeing by stopping smoking, moving more, eating more healthily and losing weight. The service had over 100,000 meaningful engagements with residents of Oldham in 2022.
- 3.2 Your Health Oldham has seen increasing awareness of the service offer and demand has increased exponentially over the second year, resulting in the service supporting even more people than in their first year. In year two of the contract, Your Health Oldham received 4252 referrals, compared to 2766 in year one. Most referrals came from GP practices, followed by self-referrals, and 89% of referrals were for high-risk, priority groups including those living in the most deprived communities, people living with long term conditions (including respiratory conditions, diabetes and hypertension) and those with mental health issues, as well as people from communities that are most at-risk of tobacco and/or excess weight related harm.
- 3.3 More than half (2558) of referrals in year 2 were for adult Weight Management Support, with 58% of service users accessing a targeted (Tier 2) weight management (closed) group having achieved a meaningful weight loss (more than 3% weight loss from initial body weight) alongside improvements in physical activity, nutrition and well-being, life skills, self-esteem, confidence and reducing isolation. 48% of adults accessing specialist (Tier 3) weight management support have achieved meaningful weight loss and the service has an

action plan in place to further improve the weight loss outcomes for this cohort. Over 1000 adults accessed and benefitted from physical activity support.

- 3.4 The service has continued to support children, young people and their families around healthy eating and moving more. During the last year, over 160 children, young people, families and adults have been able to access family weight management support via their Healthy Families Programme, to increase fitness levels, improve healthy eating habits and receive family therapy, and at least 380 children and 120 adults have been engaged on shorter programmes through community groups, where nutrition-based activities and physical activity is delivered. The service has also supported all providers of the Holiday Activities and Food (HAF) programme 2022 with training and nutrition activity booklets to use in their HAF sessions.
- 3.5 The service continues to exceed targets in smoking cessation and has received over 1500 referrals for stop smoking support during the last year, an increase on the previous year, with 58% of those setting a quit date achieving a 4-week quit. The service offers 1-1 support (in person or remotely) and delivers 10 different weekly clinics at locations across the borough. The team is working with GP practices in wards with the highest levels of deprivation to identify smokers not currently accessing smoking cessation support to focus on increasing the number of stop-smoking referrals and contribute to tackling health inequalities by supporting those most at risk of tobacco-related harm.
- 3.6 Over 1750 people received mental wellbeing support from Your Health Oldham in the last year, with more than 1500 people receiving very brief advice or access to mental health workshops (tackling issues such as addiction, emotional eating, shame and guilt, body image and weight stigma) and almost 300 people accessing therapy and therapeutic interventions.
- 3.7 The service continues to support the workforce development of the health and care system and wider workforce with over 180 professionals accessing evidence based training programmes, including Making Every Contact Count (MECC), Raising the Issue of Weight, Cooking on a Budget and nutrition masterclasses, designed to equip community facing staff with the knowledge and competence to support a population health approach.
- 3.8 Representatives from ABL Health will attend the Health Scrutiny Committee Meeting to provide a summary presentation on progress during the second year of the contract, including performance data and their contributions towards improved health outcomes for Oldham residents, as well as how they have contributed towards tackling health inequalities locally. They will provide an overview of the highlights and challenges of the last 12 months as well as proposed next steps for the next part of the contract term.

4 Key Issues for Health Scrutiny to Discuss

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

5 Key Questions for Health Scrutiny to Consider

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

6 Links to Corporate Outcomes

- 6.1 The Health Improvement and Weight Management Service, as with all Public Health commissioned services, fully supports the delivery of Corporate Plan objectives of residents first, place-based working, digitisation and a preventative approach. The commissioning of the service and the award of the contract to ABL Health Limited is consistent with the commitment within the Oldham Plan to take a person and community centred approach, that places prevention at the heart of our emerging new model of delivery.

7 Consultation

- 7.1 A comprehensive consultation process was undertaken as part of the development of the specification for the service and included engagement with residents and the market, as well as key stakeholders.
- 7.2 An Equality and Diversity Impact Assessment was completed prior to the tender exercise taking place. A copy is available on request. This will be regularly reviewed throughout the contract term.
- 7.3 Quarterly formal contract and performance monitoring meetings take place between the Provider and Commissioners – this includes consideration of service user engagement and feedback. The Director of Public Health, in her capacity as statutory officer, and the Cabinet Member for Health and Social Care have been appropriately briefed regarding progress and performance.

8 Appendices

- 8.1 None

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Oldham
Council

Report to Health Scrutiny Committee

Integrated Sexual Health Service - Update

Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

Officer Contact: Katrina Stephens, Director of Public Health

Report Author: Andrea Entwistle, Senior Business and Commissioning Manager (Public Health, Oldham Council)

Ext. 3386

17 January 2023

Purpose of the Report

To update to the Health Scrutiny Committee on the progress made the Integrated Sexual Health Service, delivered by HCRG Care Group, during the first 9 months of the new contract, as requested by the committee in January 2022.

Executive Summary

Oldham, Rochdale and Bury Councils (ORB) collaboratively commission the provision of a high quality Integrated Sexual Health Service (ISHS) to support better population health and meet our mandated responsibilities for open access sexual health services.

HCRG Care Group provide Oldham, Rochdale and Bury Integrated Sexual Health Service (ORBISH) and commenced delivery of the new contract, with revised specification, on 1 April 2022.

Representatives from HCRG Care Group have been invited to attend the committee meeting to present an update on progress made by the service during its first year of the current contract.

Recommendations

Health Scrutiny Committee are asked to consider the progress made by the Integrated Sexual Health Service, delivered by HCRG Care Group, and note the highlights and challenges of the last 9 months.

Integrated Sexual Health Service - Update

1 Context

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

-
- 1.6. Integrated Sexual Health Services contribute to several key public health outcomes including reducing STIs, reducing unwanted pregnancies, and reducing repeat abortions.

2. Background

- 2.1. Oldham, Rochdale and Bury Councils have a collaborative vision to improve the sexual health and wellbeing of the people living in our localities. We aim to achieve this by commissioning an innovative prevention-orientated integrated sexual health service which can lead the local health care system in responding to the changing sexual health needs of our residents. The service will be responsible for improving population health outcomes by building an open culture where everyone is able to make informed and responsible choices about relationships and sex. The service will also support efforts to tackle health inequalities locally by ensuring targeted provision for those individuals who are most at risk of sexual health related harm or poorer sexual health outcomes.
- 2.2. As such, Oldham, Rochdale and Bury Councils collaboratively commissioned the provision of an Integrated Sexual Health Service. The rationale for the collaborative commissioning arrangement is to standardise quality of care across the localities as well as managing costs associated with the process by reducing duplication and avoiding unnecessary expense. The cluster arrangement between Oldham, Rochdale and Bury has worked well to date and there have been significant benefits to collaboratively commissioning the service for the three boroughs. The locality footprints and demographics are such that the population health needs are similar across the cluster. The service has also benefited from reduced overheads and management costs and has been able to provide a more flexible service in response to staffing pressures or other service needs.
- 2.3. The new Integrated Sexual Health Service commenced delivery on 1 April 2022, following a comprehensive tender exercise and successful completion of due diligence, contract negotiations and service mobilisation. The Oldham, Rochdale and Bury Integrated Sexual Health Service (known as ORBISH) is delivered by HCRG Care Group (previously known as Virgin Care Services Limited). The contract term is for a period of five years up to the end of 31 March 2027. There is an option to extend the contract for up to a further five years, up to 10 years in total until 31 March 2032. Overall contract value is £3,710,000 per annum (contribution from Oldham Council = £1,292,000 p.a. for Year 1 increasing to £1,337,000 from Year 2 onwards) equating to £18,550,000 (£6,460,000 from Oldham) over the initial 5-year term, or up to £37,100,000 (£12,920,000 from Oldham) should the full 10 years duration be taken.
- 2.4. As part of the Oldham Integrated Sexual Health Service, HCRG Care Group provide the following:
- Contraception, including Long Acting Reversible Contraception (LARC – commonly known as coils and implants) and Emergency Contraception (IUD and contraceptive pills)
 - Pregnancy testing
 - Support and referral for termination of pregnancy
 - Distribution of condoms and lube (including free online ordering for postal delivery)
 - Screening and treatment for sexually transmitted infections (STIs), including HIV
 - Partner notification
 - Express and postal testing
 - HIV Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP/PEPSE)
 - Clinical and non-clinical outreach
 - Psycho-sexual counselling and support, including support with erectile dysfunction (appointment only – referral from GP required)
 - Support and onward referral for sexual assault, rape and abuse

2.5 The Integrated Sexual Health Service contributes towards achieving the following outcomes:

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

The service supports delivery against the indicators relating to sexual health in the Public Health Outcomes Frameworks, which are currently as follows:

C01: Health Improvement: Total prescribed LARC, excluding injections rates

C02: Health Improvement: Under-18 conceptions rates

D02a: Health Protection: Chlamydia diagnoses (15-24 year olds)

D02b: Health Protection: New STI Diagnoses (excluding chlamydia aged <25)

D07: Health Protection: People presenting with HIV at a late stage of infection.

2.5. An overview of the procurement of the Integrated Sexual Health Service, including the delivery model and anticipated outcomes, was presented to Health Scrutiny Committee in January 2021, following completion of the tender exercise and prior to the start of the contract term. Health Scrutiny Committee requested an update on the new enhanced Integrated Sexual Health Service offer for their consideration in 12 months' time.

3. Progress to date

- 3.1. HCRG Care Group have had a positive first year to date as the provider of Oldham, Rochdale and Bury's Integrated Sexual Health Service. They have provided free and confidential sexual health services in Oldham, Rochdale and Bury, including information and advice on all types of contraception and STI testing and treatment. The service is confidential, non-judgmental and for people of all ages, genders and orientations.
- 3.2. The service has delivered over 5000 clinical appointments for Oldham residents since April 2022. This figure is lower than the same period in 2019 (pre-COVID) but reflects the reduction in walk-in activity for the majority of the year (due to faculty guidance and COVID restrictions for sexual health services). Walk-in activity has now resumed (since September 2022), however, there has been a shift to more online activity (which is reflective of behaviour change following the pandemic) and this has been bolstered by the enhanced digital offer provided by HCRG as part of the new contract. Over 4500 Oldham residents have completed and returned postal STI sample kits during the period which equates to an annual figure of approximately 6000 patients using this function – an increase of 119% compared to pre-COVID levels. There have been 900 dispensations via the new online condom offer and over 250 residents have accessed the new online Emergency Hormonal Contraception offer with two thirds of those also requesting pregnancy testing and almost a third taking up the offer of bridging oral contraception. As with face to face provision, all online offers are free for patients to access.

3.3. As part of the new contract, a number of additional elements have been included in the specification for the service:

- 3.3.1. **System Leadership:** HCRG Care Group, as a local system leader, has overall responsibility for improving Sexual and Reproductive Health outcomes at a population level through its role as the local system leader, bringing together professionals and organisations from across Oldham, Rochdale and Bury to achieve improvements in sexual health and wellbeing. The service has been doing this by:
- Developing and coordinating effective pathways for people accessing SRH care, ensuring these are streamlined across community and specialist services
 - Providing expert clinical governance, advice and consultation for professionals working across all the local organisations that play a role in improving sexual health and wellbeing
 - Building capacity in the local multidisciplinary sexual health workforce through the provision and facilitation of training and continuous professional development (CPD) activities
 - Coordinating and active participating in strategic, operational and professional networks across Oldham, Rochdale and Bury and Greater Manchester

HCRG Care Group, in collaboration with Public Health, hosted a series of stakeholder engagement events across Oldham, Rochdale and Bury to engage allied professionals involved in sexual and reproductive health from across the system, including school nursing, primary care, pharmacy, community providers, mental health and substance misuse services.

At the Oldham event, on 2 December 2022, an overview of the local and national context, Oldham's sexual and reproductive health profile, key local priorities, and the integrated sexual health service offer was provided. Throughout, strong emphasis was placed on the need to collaborate and move beyond organisational boundaries, taking a whole-system approach to address the key challenges and fragmentation across the system. A number of innovative showcases from local, regional and national providers were shared to highlight the value of collaboration and system leadership and share good practice.

Roundtable discussions were held to explore the barriers to good sexual health, resources and assets needed to progress the sector, and what good looks like and allow stakeholders to consider local priorities and ways we can work together to improve the services and outcomes. Key themes that emerged from the roundtable discussions included: advancing the prioritisation of sexual health, raising awareness of sexual health provision, education, connecting the sector, building workforce capacity and skills, and accessibility. The themes raised are aligned to the those highlighted in the Sexual Health Needs Assessment (2019) and reflect those identified in other engagement events held in Rochdale and Bury events. In addition, to the roundtables, participants were also given the opportunity to share their visions for Oldham and the contributions they will make to achieve them.

The Stakeholder Engagement events have been pre-cursors to the establishment of a Sexual Health Strategic Partnership which will be a collective alliance of stakeholders and local representatives and will have a primary role to provide strategic leadership to improve sexual health outcomes for the populations of Oldham, Rochdale and Bury, reduce health inequalities experienced by some communities and promote good sexual health. There will be an associated strategic action plan which will be co-produced with a focus on actions relating to prevention, awareness, inequalities, workforce development and commissioning and a number of associated task and finish working groups focusing on key projects.

3.3.2. **Priority Groups and Targeted Interventions:** HCRG Care Group have taken steps to address the needs of marginalised, vulnerable and at-risk groups. This includes establishing links with local networks, working alongside other local providers to strengthen the support offer for these communities and delivering targeted sessions aimed to improve sexual health outcomes in specific communities who may be at higher risk of poor sexual health outcomes or sexual health related harm. This includes targeted provision for the following:

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

3.3.3. **Outreach provision (clinical and non-clinical):** HCRG Care Group have developed an assertive clinical outreach function to address the more complex sexual health needs of the most vulnerable, marginalised and socially disengaged people in our communities. This includes providing clinical outreach, via their 'clinic in a bag' model, to LGBTQ+ people, sex workers and ethnic minorities that are evidenced to be at higher risk of STIs and/or poorer sexual health outcomes from the start of the new contract. It is intended that the model will be further developed to support vulnerable adults, including people who are homeless, people with disabilities (including learning disabilities) and other higher risk groups. Clinical outreach workers deliver universal and targeted sexual health interventions in community settings, and also:

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

The Provider also offers a non-clinical outreach function as part of the service which is flexible in order to respond to local intelligence and changing circumstances. This is targeted at those most at risk of poor sexual health to contribute to a reduction in health inequalities and comprises of proactive robust prevention interventions, such as information provision or education, marketing and advertising, and outreach to support

people to develop the knowledge and skills to prevent poor sexual health and, therefore, reduce demand for reproductive and sexual health services.

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

HCRG Care Group are currently developing their model to assume responsibility for the commissioning of Primary Care LARC from April 2023, subject to consideration and approval by commissioners. However, a lot of progress has been made by the provider to date in the development of the Primary Care LARC offer. This has included meeting with local GP practices and PCNs to provide an overview of the Oldham Integrated Sexual Health Service including digital, clinical, young people's provision and the role of the Strategic Lead in supporting the development of LARC provision in Primary Care. A referral template to support care navigation and active signposting has been developed and will be embedded in to practice systems. As workforce development will play a key role in strengthening the LARC offer via Primary Care, a mapping exercise has been undertaken using an audit tool to determine current provision and workforce development needs and a training and support package and pathway has been developed in collaboration with Organon and Bayer. To support this, HCRG Care Group has appointed a Practice Educator, a lead nurse within the service who will support local primary care in the development of their LARC training competencies. Quarterly LARC Fitters Forums have also been introduced in Oldham which will give colleagues from across the system the opportunity to share good practice and provide peer support.

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

work undertaken by GM in 2019/20 around a Sexual and Reproductive Health digital offer, which included engagement with service users, residents and professionals.

Digital service developments that have taken place during 2022, as part of the Oldham, Rochdale and Bury Integrated Sexual Health Service Offer, have included the introduction of the following:

- Online Emergency Hormonal Contraception, oral bridging contraception and pregnancy testing
- Online condoms and lube – Oldham residents register online and condoms are posted to home address (or other address provided)
- Chat Text Service – test service for Under 18s developed (go live 24 January 2023)
- Video Consultations
- Automated SMS results system, improving test turnaround times and result notification times
- Automated partner notification system

- 3.4. Representatives from HCRG Care Group will attend the Health Scrutiny Committee Meeting to provide a summary presentation on progress during their first year of the contract to date, including performance data and their contributions towards improved health outcomes for Oldham residents, as well as how they have contributed towards tackling health inequalities locally. They will provide an overview of the highlights and challenges of the last 9 months as well as proposed next steps for the next part of the contract term.

4. Key Issues for Health Scrutiny to Discuss

- 4.1. Health Scrutiny Committee is asked to consider the Integrated Sexual Health Service offer delivered by HCRG Care Group and how it aims to reduce health inequalities, improve population health outcomes and build an open culture where everyone is able to make informed and responsible choices about relationships and sex.

5. Key Questions for Health Scrutiny to Consider

- 5.1. Health Scrutiny Committee is asked to consider the update on the first 9 months of delivery of the Integrated Sexual Health Service, including relevant performance management information and contributions towards health outcomes made by the service as part of their new 5-year contract (potentially up to 10-year contract, if all options to extend are enacted).

6. Links to Corporate Outcomes

- 6.1. The Integrated Sexual Health Service, as with all Public Health commissioned services, fully supports the delivery of Corporate Plan objectives of residents first, place-based working, digitisation and a preventative approach. The commissioning of the service and the award of the contract to HCRG Care Group (previously Virgin Care Group) is consistent with the commitment within the Oldham Plan to take a person and community centred approach, that places prevention at the heart of our emerging new model of delivery.

7. Consultation

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

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- 7.2. An Equality and Diversity Impact Assessment has been completed prior to the tender exercise taking place. A copy is available on request.
- 7.3. Regular mobilisation meetings as part of the implementation of the new contract, regular transformation meetings to provide updates on the new elements of service delivery and quarterly formal contract and performance monitoring meetings have taken place between the Provider and Commissioners throughout the first year of the contract, to date. This has included consideration of service user engagement and feedback. The Director of Public Health, in her capacity as statutory officer, and the Cabinet Member for Health and Social Care have been appropriately briefed regarding progress and performance.

8. Appendices

- 8.1 None

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Report to HEALTH SCRUTINY COMMITTEE

Health Scrutiny Committee Work Programme 2022/23

Lead Officer: Elizabeth Drogan, Statutory Scrutiny Officer

Report Author: Constitutional Services

17th January 2023

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.

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

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 th 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 th 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 th 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 th 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	
Tuesday 18 th 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)	

Tuesday 6 th 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)	
	HealthWatch Oldham Annual Report 2021/22	An opportunity for the Committee to scrutinise the Annual report of HealthWatch Oldham	Tamoor Tariq – Chair of Health Watch Oldham	
Tuesday 17 th 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 th 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 th 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)	
	Disaggregation of clinical services from the previous Pennine Acute Hospitals Trust footprint	An opportunity for the Committee scrutinise service proposals	Mike Barker, (CCG) Place-based Lead for Health and Care Integration	
Tuesday 7 th 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 st 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 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.	RECOMMENDATION – That the Committee determine whether to receive presentations from individual provider(s) of sexual 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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Report to HEALTH SCRUTINY COMMITTEE

Key Decision Document

Portfolio Holder: Various

Report Author: Constitutional Services

17th January 2023

Purpose of the Report

For the Health Scrutiny Committee to review and note the latest published Key Decision Document.

Executive Summary

Overview and Scrutiny has access to the Key Decision Document and the timetable for decisions and intentions for consultation. For the Health Scrutiny Committee, the Key Decision Notice provides an opportunity for the Committee to identify those decisions it considers as having particular significance and priority over which it would wish to maintain an overview of the implementation.

Recommendations

The Health Scrutiny Committee is asked to note the Key Decision Document and to provide any comments.

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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Report of the Director of Finance - Tender for Enforcement Services	Director of Finance – Anne Ryans	January 2023	Cabinet
<p>Description: To detail the tender for enforcement services provision. Document(s) to be considered in public or private: Proposed Report Title: Tender for Enforcement Services</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Private due to it containing confidential, commercial information.</p>				
Page 43	Backlog Maintenance 2022/2025	Executive Director for Place & Economic Growth - Emma Barton	Before January 2023	Cabinet
<p>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.</p>				
	Wrigley Head Solar Farm	Executive Director for Place & Economic Growth - Emma Barton		Cabinet
<p>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:</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Performance Space	Executive Director for Place & Economic Growth - Emma Barton	Before January 2023	Cabinet
Description: Approval of Outline Business Case Document(s) to be considered in public or private: Cabinet Report (Part A only)				
Proposed	Report of the Director of Finance – Forecast Budget Reduction Requirement 2023/24 to 2027/28	Director of Finance – Anne Ryans	January 2023	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				
	Brownfield Register	Executive Director for Place & Economic Growth - Emma Barton	January 2023	
Description: Document(s) to be considered in public or private:				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Strategic Housing Land Availability Assessment	Executive Director for Place & Economic Growth - Emma Barton	February 2023	
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:				
Page 4	Local Development Scheme	Executive Director for Place & Economic Growth - Emma Barton	January 2023	
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:				
	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				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	Report of the Director of Finance – Revenue Budget 2023/24 and Medium Term Financial Strategy 2023/24 to 2027/28	Director of Finance – Anne Ryans	February 2023	Cabinet
<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>				
06	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>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. 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>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	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 & Capital Strategy for 2023/24 to 2027/28</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
Page 47	Report of the Director of Finance – Council Tax Reduction Scheme 2023/24	Director of Finance – Anne Ryans	February 2023	Cabinet
<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>				
	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

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Page 48	<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>			
	<p>Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Quarter 3</p>	<p>Director of Finance – Anne Ryans</p>	<p>March 2023</p>	<p>Cabinet</p>
	<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: 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>			
	<p>Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2022/23 Month 8</p>	<p>Director of Finance – Anne Ryans</p>	<p>February 2023</p>	<p>Cabinet</p>

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	<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>			
Page 49	National Careers Service Contract- Get Oldham Working		September 2022	Cabinet
	<p>Description: Document(s) to be considered in public or private:</p>			
	Bulky Collections & LWP Contract Report	Director of Environment - Nasir Dad	January 2023	Cabinet
	<p>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.</p>			
	Highway Vehicle Replacement	Director of Environment - Nasir Dad	January 2023	Executive Director for Place & Economic Growth - Emma Barton

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 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>				
Page 50	Oldham's Monitoring Report 2021-22	Executive Director for Place & Economic Growth - Emma Barton	January 2023	Cabinet Member - Regeneration and Housing (Leader - Councillor Amanda Chadderton)
<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>				
	Wrigley Head Solar Farm – delivery options	Director of Economy – Paul Clifford	March 2023	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: To provide a decision on the recommended delivery option for Wrigley Head Solar Farm Document(s) to be considered in public or private: Public				
	PSDS3a grant acceptance – energy works at Spindles	Director of Economy – Paul Clifford	December 2022	Cabinet
Description: To accept a Public Sector Decarbonisation Scheme grant for energy works at the Spindles Document(s) to be considered in public or private: Public				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>The decision is deemed to be a Key Decision by virtue of the fact that that expected expenditure for Oldham Council over the duration of the contract (4 Years) has the potential to exceed the £250k threshold dependent on service demand, although a considerable part of this expenditure is schools</p>	<p>DBS Contract Renewal</p>	<p>Assistant Chief Executive - Shelley Kipling</p>	<p>Before January 2023</p>	<p>Cabinet Member - Corporate Services (Councillor Shaid Mushtaq)</p>

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	<p>Description: The awarding of the contract is a Greater Manchester wide decision with an expected decision to be made n late December 2022 followed by a 10-day cooling off period - and the decision to be formally confirmed by mid- January 2023.</p> <p>It is the responsibility of officers at individual authorities to seek separate internal approvals (At both an Executive and Political level) in line with respective Procurement/ / Legal / Constitutional Services governance arrangements.</p> <p>Document(s) to be considered in public or private: The Document and report will be private due to the nature of information relating to the awarding of the contract - deemed commercially sensitive</p>			
<p>New!</p>	<p>Grant Acceptance: City Region Sustainable Transport Settlement (CRSTS) – Manchester Street Viaduct Refurbishment</p>	<p>Director of Environment - Nasir Dad</p>	<p>February 2023</p>	<p>Cabinet</p>
	<p>Description: Oldham Council has secured additional funding for the refurbishment of Manchester Street Viaduct, via:</p> <p>City Region Sustainable Transport Settlement (CRSTS)</p> <p>Decision is required to confirm the value of the grant available to Oldham and notify Cabinet of the intention to bring this additional resource into the transport capital programme to design and undertake refurbishment works to Manchester Street Viaduct.</p> <p>The report will also outline the steps that Oldham Council will need to take to procure the necessary support to develop and deliver the scheme to budget and programme.</p> <p>Document(s) to be considered in public or private: Cabinet Report and referred to business case</p>			

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>New!</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 54</p>	<p>Oldham's Monitoring Report 2021-2022</p>		<p>December 2022</p>	<p>Cabinet Member - Regeneration and Housing (Leader - Councillor Amanda Chadderton), Executive Director for Place & Economic Growth - Emma Barton</p>
<p>Description: To approve Oldham's Monitoring Report and Infrastructure Funding Statement 2021 - 2022. Document(s) to be considered in public or private:</p>				
<p>New!</p>	<p>Oldham Community Leisure (OCL) – Utility Benchmarking</p>		<p>January 2023</p>	<p>Cabinet</p>
<p>Description: Document(s) to be considered in public or private:</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
New!	Contract at Site A, Mumps, Oldham	Executive Director for Place & Economic Growth - Emma Barton	December 2022	Cabinet Member - Regeneration and Housing (Leader - Councillor Amanda Chadderton)
<p>Description: Regarding an agreement for Site A, Mumps which is a key gateway into the town centre.</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>				
New!	Highways Vehicle Procurement	Director of Environment - Nasir Dad	December 2022	Cabinet Member - Neighbourhoods
<p>Description: Highways require 11 new vehicles to replace their current fleet of vehicles. This is part of the cabinet approved fleet replacement programme (approved in Nov 2022 cabinet).</p> <p>Document(s) to be considered in public or private: Private, as the information relates to the commercial affairs of the Council and its contractors.</p>				
New!	LA Policy on Academy Conversion and Guidance	Director of Education, Skills & Early Years - Richard Lynch	January 2023	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Revised policy for Academy Conversion and Guidance for Schools Document(s) to be considered in public or private: Academy Conversion Policy				
New!	Oldham's Transport Strategy, Delivery Plan and Town Centre Parking Strategy	Executive Director for Place & Economic Growth - Emma Barton	January 2023	Cabinet
Description: To adopt and publish the Oldham Transport Strategy. Document(s) to be considered in public or private: N/A				
DISC-12-22 New! 56	CPB approval to jointly procure two contracts with Tameside Metropolitan Borough Council and to seek approval for Delegated Authority for the Cabinet Member for Health and Social Care to approve the tender procedure	Director of Adult Social Care (DASS) – Jayne Ratcliffe	January 2023	Commissioning Partnership Board
Description: Approval to jointly procure the following two Contracts with Tameside Metropolitan Borough Council: A. Life of Client Contract (LOC): for the provision of stairlifts, ceiling track hoists, vertical and step lifts and gantry hoists in domestic properties where residents have disabilities. B. Service and Maintenance Contract (City Lifts): for the provision of inspection, servicing, maintenance and repair of stairlifts, through floor lifts, step lifts and track hoists installed in domestic properties where residents have disabilities To seek approval for Delegated Authority for the Cabinet Member for Health and Social Care to approve the tender procedure Document(s) to be considered in public or private: Public				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
New!	Oldham Council's inclusion within the Greater Manchester, Cheshire East and Cheshire West & Chester Business Rates Pool 2023/24	Director of Finance – Anne Ryans	January 2023	Cabinet Member - Finance and Low Carbon (Deputy Leader - Councillor Abdul Jabbar)
<p>Description: The report seeks formal approval for the Council's inclusion in the Greater Manchester, Cheshire East and Cheshire West & Chester Business Rates Pool for the financial year 2023/24</p> <p>Document(s) to be considered in public or private: Proposed Report Title: Oldham Council's inclusion within the Greater Manchester, Cheshire East and Cheshire West & Chester Business Rates Pool 2023/24</p> <p>Background Documents: Various Appendices</p> <p>Report to be considered in Public</p>				
New!	Non-Domestic Rates Tax Base 2023/24	Director of Finance – Anne Ryans	January 2023	Cabinet Member - Finance and Low Carbon (Deputy Leader - Councillor Abdul Jabbar)

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Report setting out information to determine the Non-Domestic (Business Rates) Tax Base for 2023/24, using the most up to date information and estimates available. Document(s) to be considered in public or private: Proposed Report Title: Non-Domestic Rates Tax Base 2023/24</p> <p>Background Documents: Various Appendices and Council Tax Tax Base and Non-Domestic Rates Tax Base Forecast 2023/24 (Presented to Cabinet on 23 January 2023)</p> <p>Report to be considered in Public</p>				
<p>2022 New!</p>	<p>Short Breaks Play and Leisure Delegated Decision to Award Contract</p>	<p>Director of Education, Skills & Early Years - Richard Lynch</p>	<p>February 2023</p>	<p>Cabinet</p>
<p>Description: Approval to be given for Managing Director of Children's Services to award the contract for Short Breaks Play and Leisure following a full commissioning and procurement exercise. The contract will become operational from 1st April 2023. Document(s) to be considered in public or private: Private given the commercially sensitive nature.</p>				
<p>New!</p>	<p>Short Breaks Play and Leisure Delegated Decision to Award Contract</p>	<p>Director of Education, Skills & Early Years - Richard Lynch</p>	<p>February 2023</p>	<p>Cabinet</p>
<p>Description: Approval to be given for Managing Director of Children's Services to award the contract for Short Breaks Play and Leisure following a full commissioning and procurement exercise. The contract will become operational from 1st April 2023. Document(s) to be considered in public or private: Private given the commercially sensitive nature.</p>				

Key:

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 22 DECEMBER 2022

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

Notes:

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

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