

ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD Agenda

Date Tuesday 16th January 2024

Time 6.00 pm

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 details for this agenda are available from the Constitutional Services team, telephone - 01616 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 Friday, 12th January 2024.

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MEMBERSHIP OF THE ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD

Councillors Adams, Ball, Hamblett, J. Harrison, S. Hussain, McLaren, Moores (Chair) and Wahid

Item No

1 Apologies For Absence

2 Urgent Business

Urgent business, if any, introduced by the Chair

- 3 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 4 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.
- 5 Minutes (Pages 1 - 8)

The Minutes of the meeting of the Adults Social Care and Health Scrutiny Board held on 5th December 2023, are attached for approval.
- 6 Prevention Framework - report (Pages 9 - 32)

A report which provides an overview of work done to date on the development and implementation of Oldham's Prevention Framework.
- 7 Tobacco Control and Smoking Cessation (Pages 33 - 42)

A report which provides an overview of the tobacco control work in Oldham, in the context of regional and national policy and approaches.
- 8 Adult Social Care - Care Market Update (Pages 43 - 60)

A report providing an overview of Oldham's care market.
- 9 Work Programme (Pages 61 - 66)

Adults Social Care and Health Work Programme 2023/24
- 10 Key Decision Document (Pages 67 - 82)

Present: Councillor Moores (in the Chair)
Councillors Adams, Hamblett, J. Harrison, S. Hussain and McLaren

Also in Attendance:
Councillor Brownridge – Cabinet Member for health and Social Care
Jayne Ratcliffe – Director of Adults Social Care
Rebecca Fletcher – Interim Director of Public Health
Hayley Eccles – Assistant Director (Adult Care Services)
Anna Tebay – Public Health Specialist
Dr Henri Giller – Independent Chair (Oldham Safeguarding Adults Board)
Peter Thompson – Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Ball and Mr Tamoor Tariq (Health Watch Oldham).

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions to consider.

5 **MINUTES**

Resolved:
That the minutes of the meetings of the Adults Social Care and Health Scrutiny Board held on 7th September 2023 and on 11th October 2023 be approved as correct records.

6 **OLDHAM SAFEGUARDING ANNUAL REPORT 2022-23**

The Independent Chair of the Oldham Safeguarding Adults Board (OAB), Dr Henri Giller presented the Board's Annual Report. Dr Giller explained that OSAB was a statutory partnership set up to safeguard adults at risk of experiencing abuse, neglect or exploitation. As part of its statutory duties the Board was required to produce an Annual Report setting out the safeguarding concerns it has dealt over the last year, as well as a Business Plan setting out future ambitions and actions to help keep people safe in Oldham. The purpose of the report therefore was to share the Board's agreed 2022-23 Annual Report and 2022-24 Business Plan with members for their consideration.

In considering the report, Members of the Adult Social Care and Health Scrutiny Board were asked to consider and comment on the Oldham Safeguarding Adults Board 2022-23 Annual Report and 2023-24 Business Plan.

The role of the OSAB was to assure itself that organisations and agencies across Oldham were working together to protect and enable adults to live safely. This meant helping people to make decisions about the risks they face in their own lives as well as protecting those who lack the capacity to make these decisions.

The Board's three main statutory duties were to:

- Produce a Strategic Business Plan setting out the changes the Board wants to achieve and how organisations will work together.
- Publish an Annual Report setting out the safeguarding concerns it has dealt with in the last year as well as plans to keep people safe in the future.
- Undertake a Safeguarding Adult Review in line with Section 44 of the Care Act where it believes someone has experienced harm because of abuse, neglect or exploitation.

The Board's 2022-23 Annual Report provided information on the number and type of safeguarding concerns reported in Oldham along with the actions taken to adopt learning from the Safeguarding Adult Reviews. Central to this had been the collection and sharing of first-hand experiences by adults 'at risk' and family members who have experience of safeguarding issues and services in Oldham.

In summary, a total of 2175 safeguarding referrals were made in 2022-23 and of these referrals 430 became the subject of a formal Safeguarding Enquiry. Data showed that the number of referrals received more than doubled compared to the number received in 2018-19 and increased by 16% compared to 2021-22. Some of this increase was due to safeguarding awareness campaigns designed to encourage the residents of Oldham to report their safeguarding concerns and training provided to professionals in Oldham about making safeguarding referrals and the criteria for formal enquiries. However, whilst the number of overall referrals had increased, the number of serious safeguarding enquiries had remained relatively consistent over the last four years.

A total of four Safeguarding Adult Reviews were completed in 2022-23, which was double the number completed the previous year. Common themes emerging from Safeguarding Adult Reviews involved the multi-agency management of risk; Complex and Contextual Safeguarding including cuckooing, financial abuse, and exploitation; and safeguarding transitions.

The Board's Business Plan has been shaped by the partner agencies and based on the key learning themes emerging from Safeguarding Adult Reviews, Audits and operational work. As a result, the Business Plan set out a challenging programme of work, designed to prevent and reduce future safeguarding incidents and implement an effective 'all age' safeguarding offer. The Business Plan was designed to focus on action and is being actively promoted and shared across agencies to highlight the

aims of the Board and promote the wide range of resources and information available through the Board's website and fortnightly joint children's and adults safeguarding bulletins.



Members of the Scrutiny Board considered the Annual Report in some detail and asked various questions thereon. It was suggested that the Director of Adults Social Care be requested to facilitate a scrutiny Board member's workshop event on the issues raised by Members of the Scrutiny Board, on this matter, in early 2024.

Resolved:

1. That the Scrutiny Board commends and endorses the Oldham Safeguarding Adults Board's Annual Report for 2022-23 and requests that the Board submit its next Annual Report, covering 2023-24, to the Board in approximately 12 months.
2. That the Director of Adults Social Care be requested to facilitate a scrutiny Board member's workshop event on the issues raised by Members of the Scrutiny Board, on this matter, in early 2024.

7

TACKLING INFANT MORTALITY IN OLDHAM PUBLIC HEALTH ANNUAL REPORT 2022

The Scrutiny Board received the Director of Public Health's Annual Report on Infant Mortality in Oldham 2022. The report was an independent view on this highly sensitive matter that was related to health and wellbeing in Oldham and examined what could be done to decrease the mortality rates.

The submitted report had been prepared by the Council's previous Director of Public Health, Ms Katrina Stephens, and it focused on Infant Mortality and what can be done to decrease the rates in Oldham. The report covered the period from April 2022 to March 2023.

The report had been produced in collaboration with the Council's relevant colleagues and partners, and it shared experiences of some of the Borough's residents. It also detailed the most up to date data regarding Infant Mortality in Oldham.

Infant mortality was a recognised indicator of the overall health of a population. Infant mortality had, overall, decreased across England over the past twenty years. Oldham though, had had a higher rate than other areas for many years. Rates of infant mortality could therefore be seen as a major indicator of a borough's health. Oldham's infant mortality rate was higher than the Northwest and England rates. Oldham's most recent rate for 2019 - 2021 was 7.2 per 1,000, making it significantly higher than the national figure of 3.9 per 1,000.

Oldham's rates of infant mortality had been higher than the regional and national rates for at least the past 20 years. However, over the last few years, Oldham had not seen a

reduction in the infant mortality rate, and, in fact, the rate was increasing.



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Over the past year, the Council's Public Health staff had reviewed the local data, the national evidence base and worked with colleagues across Oldham, including the voice of residents. This had led to the creation of the Oldham Tackling Infant Mortality Group and to the agreement of eight priorities, listed below:

1. Promoting Smoke-free Pregnancies
2. Reduce the Number of Sudden and Unexpected Deaths of Infants in Oldham (SUDI)
3. Improve Breastfeeding Rates
4. Improve Access to Excellent Maternity Care
5. Reduce Deaths and Severe Disability Related to Consanguinity/Recessive Autosomal Conditions
6. Support Women to be a Healthy Weight in Pregnancy
7. Supporting Young Parents
8. A Focus on Poverty/Cost of Living The rest of this report will provide detail on each of these priorities and the current work that is happening in Oldham

The report went on to detail six recommendations that were designed to address Oldham's current situation in relation to Infant Mortality.

- a. That the Council and partners should continue to take steps to improve the cultural competence of maternity services by ensuring the impact of parents' culture, ethnicity and language is discussed and considered during the antenatal risk assessment process, initial assessment and follow-up.
- b. That professionals who work with families and pregnant women including GPs, midwives, maternity support workers, and neonatal staff, should undertake training on consanguinity and genetic conditions, for example the e-learning for health (eLfH) Close Relative Marriage module.
- c. That the Council and partners should work together to agree and roll out an Oldham approach to delivering personalised safe sleep messages for parents across the borough. This should be led by maternity and health visiting but include wider training for all staff across the wider children's workforce to understand the risks of SUDI.
- d. As a borough, the Council and its partners, should commit to mitigating the impacts of poverty on the risks for infant mortality and make this a priority for the Health and Wellbeing Board and the wider Oldham system. This should include considering funding for safe places for babies to sleep and ensuring that housing for families with infants recognises that they need to sleep in a cot.
- e. Oldham should become fully accredited by UNICEF Baby Friendly Initiative and work towards the Gold award – this would support Oldham to continue to be breastfeeding friendly over the coming years.
- f. The aim for Oldham should be for all pregnancies to be smoke-free. The Oldham Tobacco Alliance should work closely

with maternity, ROMVP and leaders across the borough to develop approaches to further reduce smoking in pregnancy.



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The Council's Public Health service, together with appropriate partners and the Tackling Infant Mortality Group were using these recommendations as a basis for action planning and development of appropriate work to address the priorities and to ultimately fulfil the recommendations.

The Chair, Councillor Moores, advised that he was due to be elected as the Borough's Mayor, for 2024/25 at the Council's Annual Meeting in May 2024. The Chair undertook to use the influence that the office of Mayor affords, to promote, at all opportunities anti-smoking initiatives, to highlight the serious harm that smoking causes to pregnant women and their unborn children and to promote the creation of more smoke-free areas in the Borough.

Resolved:

1. That the recommendations detailed in the submitted report be supported and endorsed.
2. That the Chair's undertakings, during his 'Mayoral year' in 2024/25, to promote Oldham borough-wide anti-smoking measures and the creation of more smoke-free areas be noted and supported.

8

HEALTH INEQUALITIES PLAN

The Scrutiny Board received a report of the Interim Director of Public Health, which explained that Borough of Oldham residents experienced many inequalities across the wider determinants of health that contribute collectively to the difference in life expectancy and healthy life expectation. The report advised that in June 2022, Oldham's Health and Well-being Board had agreed the six themes and associated actions which underpin the local health inequalities plan that was intended to be achieved over a two-year period. The submitted report sought to provide an update on the progress made to date.

Scrutiny Board Members were asked to consider the progress made on the local health inequalities plan.

Oldham Life Expectancy for men was 77.2 years, compared to the national average of 79.4 years (PHOF 2018-20). By contrast, Westminster, in central London, had an average life expectancy of 84.7 years. The difference in life expectancy for men, between Alexandra ward (Oldham's most deprived) and Saddleworth South ward (Oldham's least deprived) is 12 years.

Oldham Life Expectancy for women is 80.5 years compared to the national average of 83.1 years (PHOF 2018-20). By contrast, Kensington and Chelsea, in London, had an average life expectancy for women of 87.9 years. The difference in life expectancy between Alexandra ward (most deprived) and Saddleworth South ward (least deprived) is 12.9 years.

The inequalities observed for life expectancy and for healthy life expectancy in Oldham were not just associated with deprivation but were also present between different ethnicities.

In November 2021, the Council's Health and Wellbeing Board discussed the development of a Health Inequalities plan for Oldham. This process took key recommendations from the Greater Manchester review 'Build Back Fairer: Health Equity and dignified lives and GM Independent Health Inequalities Commission report and broadly mirrored the six thematic areas;

- Income, Poverty, Housing and Debt
- Housing, Transport and Environment
- Work and Unemployment
- Health in all Policies / Communities and Place
- Health and Wellbeing, and Health Services
- Children and young people

Each of the six thematic areas was underpinned by a series of actions (a total of 57), and senior sponsor(s) had been assigned. The Health and Wellbeing board had agreed the action plan in June 2022, and that Public Health service at Oldham Council would continue to drive and oversee developments. The inequalities plan was considered achievable over a 2-year period.

A tracker tool had been developed, detailing all the actions and progress of each area within the Health Inequalities plan. Action owners had been invited to review and update the progress made towards each of the actions utilising commentary boxes and RAG (Red/Amber/Green) ratings to provide a visual review of where programmes are on track, stalling or behind.

During the period of September 2022 to March 2023, all six thematic areas were presented as focused reviews to the Health and Wellbeing Board. This allowed for the sharing of good practice across Oldham partnership organisations, an opportunity to accentuate programmes that reduce inequalities and as a system provide a safe place to discuss barriers to delivery. The focused reviews were all well received with helpful discussion and opportunities afforded for the provision of collective support for system challenges, or opportunities to maximise on good practice.

Each of the six thematic areas had one or more senior sponsor from cross the Oldham system. Where personnel had changed within organisations, new sponsors have been recruited, for example, within the theme 'Housing, Transport and Environment', the Director of Economy and the Director of Environment for Oldham Council had adopted this role and were well placed to oversee progress of work.

One of the thematic areas – ‘Health and Wellbeing and Health Services’ continues to be reviewed as it would maximise impact if the actions could be better aligned to the Integrated Care Partnership (ICP) priorities outlined within the ICP 5-year strategy and to ensure that the actions are reflective of existing programmes contributing to the reduction of health inequalities.



The meeting was informed that of the 57 agreed actions, 30 have been rated as green, meaning they are on track or have been completed. 22 have been assessed as amber meaning that although they are within existing workstreams the programme has experienced some challenges or setbacks, but that mitigations are in place. The remaining five actions were considered to be rated as red, meaning that challenges have been experienced, and that there is risk that they will not be completed within the 2-year plan. Challenges associated with those that have been marked as amber, included but are not limited to the impacts of short-term funding, staff recruitment and capacity issues, and demand exceeding capacity of commissioned services.

Oldham’s Health and Wellbeing board members were consulted on the themes and proposed actions which underpinned the plan. This was inclusive of a broad cross section of organisations. Regular updates have been taken to the Health and Wellbeing Board in the form of topic specific presentations and written updates.

Resolved:

1. That the Scrutiny Board notes the progress made thus far and endorses actions taken in terms of implementing the health inequalities plan.
2. That a further report, reviewing progress be submitted to the Adults Social Care and Health Scrutiny Board in approximately 12 months.

9 **WORK PROGRAMME**

The Adult Social Care and Health Scrutiny Board’s Work Programme 2023/24 was circulated for Member’s consideration.

Resolved:

That the Work Programme 2023/24 be noted.

10 **KEY DECISION DOCUMENT**

The Council’s current published Key Decision Document, advising of key decisions due to be taken by the Council’s Cabinet was circulated for Member’s consideration.

Resolved:

That the Key Decision Document be noted.

11 **RULE 13 AND 14**

The Chair advised that there was nothing to report under this heading.



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Report to Adult Social Care and Health Scrutiny Board

Prevention Framework

Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

Officer Contact: Dr Rebecca Fletcher, Director of Public Health (Interim)

Report Author: Rachel Dyson, Thriving Communities Lead

16 January 2024

Purpose of the Report

This report provides an overview of work done to date on the development and implementation of Oldham's Prevention Framework.

Executive Summary

In Summer 2022, it was agreed by the Public Service Reform (PSR) Board that a piece of work should be initiated to develop a whole system shared Prevention Framework for Oldham. During 2023 work was undertaken to develop the Prevention Framework, by a task and finish group comprised of a range of colleagues and partners.

The Prevention Framework document (Appendix 1) is the product of this work, and provides a shared language for prevention in Oldham, a shared vision for what our prevention offer should deliver, and the outcomes it aims to achieve. Alongside the development of the framework work a mapping exercise was undertaken to identify the current services offered at each level of the framework across the local system. That data was then used to consider where there might be gaps or duplication, or aspects of the system which aren't working and the drivers for this.

The mapping demonstrated the significant complexity in the service offer and commissioning. It was recognised that the current service offer does not reflect the framework or principles, in terms of structure, or in the way we work to commission and deliver. It was agreed by PSR Board that there is still work to do to implement the framework, and this should be done by working through existing programme areas, around

some key identified priorities. This work is now underway and the report provides an update on progress to date.

Recommendations

The Board is asked to note the work done to date on the development of the Prevention Framework. The Board may also wish to consider what more can be done to embed and implement the framework within the delivery of services across Oldham.

Oldham Prevention Framework

1 Context

- 1.1 In Summer 2022, it was agreed by the Public Service Reform (PSR) Board that a piece of work should be initiated to develop a whole system shared Prevention Framework for Oldham. It was evident that the importance of prevention and early intervention is recognised across the system in Oldham. This is demonstrated by the extent to which it is seen as a core part of key strategies, for example; early help demand strategy, adult social care target operating model, place-based integration, primary care population health management, health inequalities plan, poverty strategy. However, these were largely developed separately from each other and although they have a lot of commonalities in intention and approach it is acknowledged that there was not yet a properly coordinated approach.
- 1.2 This is clearly very challenging, as the system is complex and dynamic and the potential scope of early intervention & prevention is huge. This challenge has been identified through previous pieces of work in this area. The Early Intervention & Prevention review in 2019 recommended a reconfiguration of services which has had some benefits but was fairly narrow in focus. AMEO considered this as part of work on adult social care demand and identified a lack of corporate strategic agreement on prevention and recommended a focus on community assets and VCFSE in how we seek to better manage demand. Likewise, the evaluation of the Thriving Communities programme recommended a cross system working group to co-design and co-produce a prevention model for the borough, as this was a gap identified as part of their strategic stakeholder engagement.
- 1.3 The intention of developing a single shared Prevention Framework was to articulate shared objectives and outcomes, ensure prevention is central to everything that we do, and that it is built into spending plans, not to create a standalone strategy. It is also vital that we develop and implement an approach which is consistent and jointly planned in order to:
- Avoid duplication and maximise effective use of resources - building on work already done.
 - Review and make sense of our current early intervention & prevention offer across the system
 - Identify gaps
 - Support investment and commissioning decisions
 - Support a collective approach to deliver enablers, such as workforce development
 - Ensure resident focus and alignment to place-based delivery

The initial scope of the work was to:

- Develop shared language & terminology
- Develop shared objectives & outcomes
- Map current offer and identify gaps across the life course
- Agree plans/approach for:
 - Directory of support/services/resources
 - Workforce development
 - Consideration of prevention in all strategies and plans
 - Future commissioning of VCSE offer and social prescribing
 - Reviewing and re-designing pathways with a focus on prevention & early intervention, informed by intelligence & insight
 - Investment in and commissioning of early intervention services

2 Current Position

- 2.1 During 2023 work was undertaken to develop the Prevention Framework, by a task and finish group comprised of colleagues from Adult Social Care, ICS (incl. Primary Care Commissioning), Children’s Services, Education, Communities, VCFSE, Public Health, Customer Services, Housing Strategy and Comms.
- 2.2 The Prevention Framework document (Appendix 1) is the product of this work, and provides a shared language for prevention in Oldham, a shared vision for what our prevention offer should deliver, and the outcomes it aims to achieve.
- 2.3 Alongside the development of the framework work a mapping exercise was undertaken to identify the current services offered at each level of the framework across the local system. This exercised encompassed more than 200 individual services or functions. That data was then used to consider where there might be gaps or duplication, or aspects of the system which aren’t working and the drivers for this. A summary is shown in the table below.

What’s going on?	What do we offer?
Experiencing crisis or complex problems or challenges	<p>Intensive support for complex needs e.g. youth services, vulnerable adults, domestic abuse, substance misuse treatment, end of life care, enablement & rehabilitation, homelessness</p> <p>Statutory services e.g. children’s & adults’ safeguarding, MASH, youth justice</p> <p>Crisis Response e.g. joint crisis response team, emergency services, foodbank, ABEN</p>
Experiencing problems or challenges	<p>Bespoke/enhanced support e.g. maternity, 1 to 1 youth work, occupational health</p> <p>Specialist Advice & Representation e.g. mediation/dispute resolution, welfare rights, LAC</p> <p>Specialist support for specific problems/challenges e.g. NEET, missing from home, substance misuse, domiciliary care, residential homes, tenancy support, enablement & rehabilitation</p> <p>Coordinated support e.g. child in need, social prescribing, social care teams, changing futures</p>
Staying well (despite some risks or concerns)	<p>Targeted offer within wider service e.g. debt, health visiting, SEND, youth services, leisure</p> <p>Targeted support for specific concerns/groups e.g. job seeking, asylum seekers & refugees, weight management, mental health, older people, warm homes</p> <p>Coordinated support e.g. team around the family, supported living</p>
Living well	<p>Online offer e.g. information, general advice & signposting</p> <p>Open access facilities e.g. helpline, libraries, youth centres, parks, leisure centres, pharmacies</p> <p>Universal services e.g. health visiting, schools, policing, waste, GPs, housing allocations</p> <p>Community offer e.g. community led groups and activities, general advice & support</p>

- 2.4 The mapping demonstrated the significant complexity in service offer and commissioning. Although there are a significant number of services supporting a preventative approach, and achieving positive outcomes for residents, it is challenging to make sense of the offer as whole. Specific issues arising out of this complexity included;

- **More services and investment at complex end**, even where intention is prevention
- **Less investment and capacity in Staying Well and Living Well** mean services are often ‘pulled’ towards more complex work due to demand and root causes remain unaddressed
- **Commissioning is siloed** and piecemeal – filling ‘gaps’ or reducing capacity without understanding of pathways or contribution to shared outcomes
- **Workforce** focus on providing support and dealing with problems rather than enabling people to address issues themselves and reducing need for support, not always a whole person / family approach

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- **Service landscape is difficult to navigate** or communicate (for residents and staff), lots of front doors and gateways, operational integration is not always effective and ICT systems not joined up
 - Recognition of **failure demand** within the system due to complexity of pathways, process and barriers to access, transitions also cause challenges (children's to adults, step-down)

2.5 As a result of the mapping work it was agreed by PSR Board that there is still work to do to embed and implement the principles of the framework, and this should be done by working through existing programme areas. The key areas of focus and progress made are set out below:

- **Increase awareness of Prevention Framework**
 - A final Prevention Framework document has been developed and shared widely through partnership governance, within service specific contexts (e.g. Adult Social Care TOM development, Cost of Living workshops), and via the staff conference. There is good awareness amongst policy and commissioning leads.
- **Pathway Mapping**
 - Priority areas for pathway mapping have been identified – recognising they are interconnected and that shifting the balance of investment into more upstream prevention will have an impact on demand reduction ambitions in other areas.
 - The Initial focus has been around mapping the wellbeing support offer. This work highlighted the challenges around the sustainability of Social Prescribing, and work has been done to identify ongoing funding to maintain the offer. The next stage of this work will be to understand and further develop the links between wellbeing support and other key preventative services within the Adult's TOM, Children's Early Help offer and Primary Care.
 - The framework is also being used to help shape the offer in other areas such as Housing and Financial Support Services.
- **VCFSE Funding Review**
 - Mapping of current funding flowing in to the VCFSE sector from Council has been undertaken, alongside identifying sustainability risks and gaps. Recommendations have been developed for how this investment can best support strategic priorities going forward.
- **Strengthen Interface with Connected Programmes**
 - Management Board workshops have been held which have considered the interface of programmes across the scope of the Transformation Programme, including the role of the Prevention Framework.
- **Service Directory**
 - To be developed as an enabler within the Transformation Programme.
- **Strengths-based Working**
 - Develop a common methodology for delivery of strengths-based working within workforce across the system – this is built into the scope of the place-based integration workforce development programme which is currently underway. A strengths-based training module is being develop for all staff, alongside a more in depth for staff working more intensively with residents.

3 Key Issues for Adult Social Care and Health Scrutiny Board to Discuss

- 3.1 The Board is asked to note the work done to date on the development of the Prevention Framework. The Board may also wish to consider what more can be done to embed and implement the framework within the delivery of services across Oldham.

4. Links to Corporate Outcomes

- 4.1 The Oldham Prevention Framework is fully in line with the delivery of Corporate Plan objectives of residents first, place-based working, and a preventative approach. It 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.

5 Consultation

- 5.1 The Prevention Framework was developed by a task and finish group, made up of a range of Council colleagues and partners (as described above). Since it's development it has been shared with Management Board, PSR Board and at the staff conference as well as in a range of other partnership settings (e.g. Cost of Living workshop, Adults TOM workshop). The document is not intended to be public facing, so no consultation has taken place with residents.

6 Appendices

- 6.1 Oldham Prevention Framework

Oldham Prevention Framework

April 2023

Background

Over the course of 2022-23 Oldham partners have worked together to develop a shared framework for prevention in Oldham. The purpose of this was to ensure that prevention is central to everything that we do.

The framework aims to articulate our shared objectives and outcomes for prevention and to support investment and commissioning decisions. It is intended as a tool to help professionals make sense of our current offer, identify gaps, avoid duplication and maximise effective use of resources across the system. Taking a consistent approach to how we commission and deliver preventative activity will underpin our wider collective ambitions for integrated place-based delivery and ways of working with residents in Oldham.

The Oldham Prevention Framework has been developed in partnership by colleagues from the Council (including Adult Social Care, Children's Services, Housing, Education, Communities, Customer Services, Public Health), Integrated Care and Voluntary, Community, Faith & Social Enterprise Sector.

Aim: People are healthy, happy, resilient and independent

High level framework developed with:

- Shared language and terminology
- Shared objectives and outcomes



The overarching aim that we want to achieve through delivering the framework is that people in Oldham are healthy, happy, resilient and independent.

The framework spans our current service offer, recognising that there are opportunities for prevention at any point in a person's life or within our places and communities. The four levels represent a spectrum of people's experiences as well as the framework within which preventative activity takes place.

The framework comprises a set of shared language and definitions for preventative activity at each level of the framework, as well as shared objectives and outcomes, and underpinning principles for delivery.

Table 1: Shared definitions

What's going on? (for residents)	What do we offer? (place and services)	How do we define that? (who and why)	What does it look like? (key characteristics)
Experiencing crisis or complex problems or challenges	Crisis or intensive support services	Intensive support for people with complex needs or in crisis. Keeping them safe, managing problems and reducing impacts.	Acute crisis intervention or planned support. Likely to be multi-agency, may be specialist / statutory.
Experiencing problems or challenges	Support services	Bespoke support for people with identified needs. Reducing impacts or stop issues getting worse.	Planned support. May be single-agency / specialist or key worker coordinating a range of support services.
Staying well (despite some risks or concerns)	Some extra help and support; Help to access services for everyone	Targeted offer for people seeking help or at risk. Preventing issues escalating or reducing impact of inequalities.	Self-help. Community based activities and support. Low level support services available for those who need it. No barrier to access.
Living well	A good place to live; Services for everyone	Available to everyone.	Creating conditions within places and communities for people to be well and thrive. Social, economic and environmental conditions. Accessible services widely advertised. Empowering people and enabling self-help.

Table 2: Objectives and outcomes

What's going on? (for residents)	Objectives (what is needed to achieve the aim)	Outcomes (what should we see if successful)	
		For residents	For services
Experiencing crisis or complex problems or challenges	<p>People are safe and the impact of problems and challenges on their life is minimised so that the level of support can be reduced</p> <p>Services work together to provide the right support at the right time to keep people safe and tackle the root causes of problems</p>	<p>Improved individual wellbeing</p> <p>Reduction in risk and complexity</p>	<p>Coordinated and integrated services</p> <p>Fewer people need intensive support</p>
Experiencing problems or challenges	<p>People have the support they need to reduce the impact and/or tackle problems when they occur and live as well as possible</p> <p>Services work together to provide the right support at the right time and tackle the root causes of problems</p>	<p>Improved individual wellbeing</p> <p>People do not reach crisis or complexity</p>	<p>Coordinated and integrated services</p> <p>Fewer people need intensive support</p>
Staying well (despite some risks or concerns)	<p>Individuals and communities have the capacity to develop, implement and sustain their own solutions to problems and improve their own health, wellbeing and resilience</p> <p>Identify and provide additional targeted activity for populations/ groups identified as having the highest risks of poorer outcomes</p>	<p>Reduced health and wellbeing inequalities</p> <p>People are doing more for themselves</p>	<p>Fewer people need support services</p> <p>People are accessing services earlier to manage risks</p>
Living well	<p>High quality services for everyone that are open and accessible</p> <p>The environment and community in which people live supports health, wellbeing, resilience and independence</p>	<p>Improved population health and wellbeing</p> <p>People are doing more for themselves</p>	<p>Fewer people need support services</p> <p>More people are accessing services for everyone</p>

Oldham Prevention Framework

Table 3: Framework Principles

Framework Principles

- Shared aim for people and places to be as happy, healthy, resilient and independent as possible
- Strengths-based - built around people not services
- Provide the right support at the right time – boundaries between levels are blurred
- People may be at any level or more than one level, at any time, and move between levels
- Work to purpose and outcome – not time or target driven
- Built on a shared system wide understanding of support available

Investment Principles

- Holistic investment in outcomes to achieve value – not the cheapest services
- Commission less, design more – working with communities
- Focus investment on prevention and demand reduction
- Seek to remove barriers to effective delivery

Residents First Principles

- Enable people to help themselves
- Residents know how to access support
- Provide holistic support to tackle the root causes of issues
- Trauma informed
- Whole family focus
- Coordinated support – not assessments and hand offs
- Proactive and curious professionals

Oldham Prevention Framework

January 2024

Prevention Framework Objectives

- To articulate shared objectives and outcomes
- To ensure prevention is central to everything we do
- To review and make sense of our current early intervention & prevention offer across the system
- To identify gaps
- To avoid duplication and maximise effective use of resources - building on work already done
- To support investment and commissioning decisions
- To support a collective approach to deliver enablers, such as workforce development
- To ensure resident focus and alignment to place-based delivery

Prevention Framework – Development Approach

Phase 1:

- Shared language & terminology
- Shared objectives & outcomes
- Mapping current offer and identification of gaps across the life course

Phase 2:

Agreed plans/approach for:

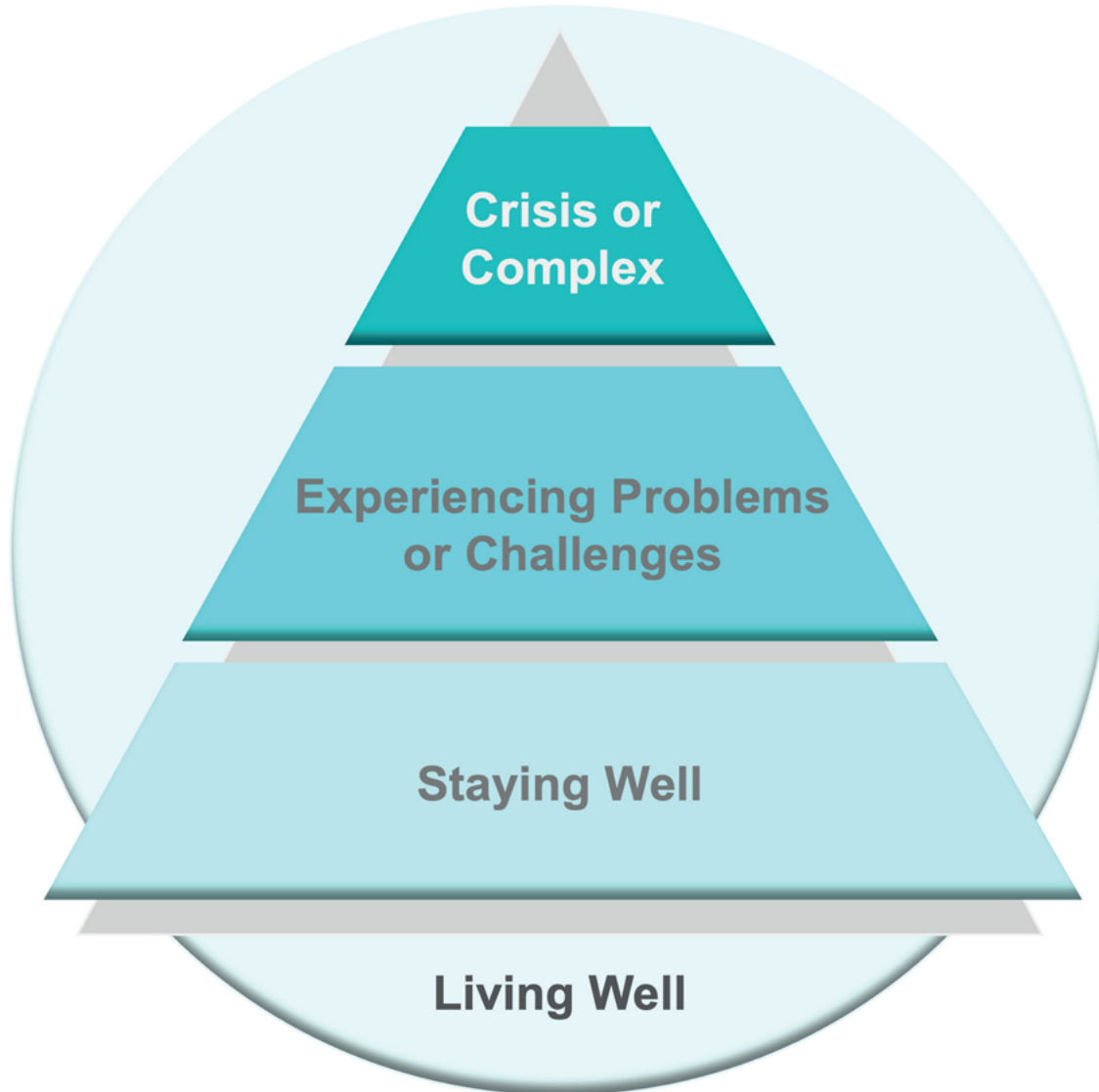
- Directory of support/services/resources
- Workforce development
- Reviewing and re-designing pathways
- Investment in and commissioning of early intervention services
- Evaluation of prevention and early intervention approaches, services & interventions

Prevention Framework – Development Approach

- Workshop approach
- Representatives from:
 - Adult Social Care
 - ICS (incl. Primary Care Commissioning)
 - Children’s Services
 - Education
 - Communities
 - VCFSE
 - Public Health
 - Customer Services
 - Housing Strategy
 - Comms

Oldham Prevention Framework

Aim: People are healthy, happy, resilient and independent



Page 25

High level framework developed with:

- Shared language & terminology
- Shared objectives & outcomes

Oldham Prevention Framework – Table 1: Shared Definitions

What's going on? (for residents)	What do we offer? (place and services)	How do we define that? (who and why)	What does it look like? (key characteristics)
Experiencing crisis or complex problems or challenges	Crisis or intensive support services	Intensive support for people with complex needs or in crisis. Keeping them safe, managing problems and reducing impacts.	Acute crisis intervention or planned support. Likely to be multi-agency, may be specialist / statutory.
Experiencing problems or challenges	Support services	Bespoke support for people with identified needs. Reducing impacts or stop issues getting worse.	Planned support. May be single-agency / specialist or key worker coordinating a range of support services.
Staying well (despite some risks or concerns)	Some extra help and support; Help to access services for everyone	Targeted offer for people seeking help or at risk. Preventing issues escalating or reducing impact of inequalities.	Self-help. Community based activities and support. Low level support services available for those who need it. No barrier to access.
Living well	A good place to live; Services for everyone	Available to everyone.	Creating conditions within places and communities for people to be well and thrive. Social, economic and environmental conditions. Accessible services widely advertised. Empowering people and enabling self-help.

Oldham Prevention Framework – Table 2: Objectives and Outcomes

What's going on? (for residents)	Objectives (what is needed to achieve the aim)	Outcomes (what should we see if successful)	
		For residents	For services
Experiencing crisis or complex problems or challenges	<p>People are safe and the impact of problems and challenges on their life is minimised so that the level of support can be reduced</p> <p>Services work together to provide the right support at the right time to keep people safe and tackle the root causes of problems</p>	<p>Improved individual wellbeing</p> <p>Reduction in risk and complexity</p>	<p>Coordinated and integrated services</p> <p>Fewer people need intensive support</p>
Experiencing problems or challenges	<p>People have the support they need to reduce the impact and/or tackle problems when they occur and live as well as possible</p> <p>Services work together to provide the right support at the right time and tackle the root causes of problems</p>	<p>Improved individual wellbeing</p> <p>People do not reach crisis or complexity</p>	<p>Coordinated and integrated services</p> <p>Fewer people need intensive support</p>
Staying well (despite some risks or concerns)	<p>Individuals and communities have the capacity to develop, implement and sustain their own solutions to problems and improve their own health, wellbeing and resilience</p> <p>Identify and provide additional targeted activity for populations/ groups identified as having the highest risks of poorer outcomes</p>	<p>Reduced health and wellbeing inequalities</p> <p>People are doing more for themselves</p>	<p>Fewer people need support services</p> <p>People are accessing services earlier to manage risks</p>
Living well	<p>High quality services for everyone that are open and accessible</p> <p>The environment and community in which people live supports health, wellbeing, resilience and independence</p>	<p>Improved population health and wellbeing</p> <p>People are doing more for themselves</p>	<p>Fewer people need support services</p> <p>More people are accessing services for everyone</p>

Oldham Prevention Framework – Table 3: Framework Principles

Framework Principles

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Mapping Current Offer

- Identified the services offered at each level of the framework across the local system
- Including; target group, provider, commissioner, funding source, funding arrangement & contract / service value
- 200+ services/functions identified – some gaps so likely to be more!
- Used that data to consider where there are gaps or duplication, or aspects of the system which aren't working and the drivers for this

What's going on?	What do we offer?	
<p>Experiencing crisis or complex problems or challenges</p>	<p>Intensive support for complex needs e.g. youth services, vulnerable adults, domestic abuse, substance misuse treatment, end of life care, enablement & rehabilitation, homelessness</p> <p>Statutory services e.g. children's & adults' safeguarding, MASH, youth justice</p> <p>Crisis Response e.g. joint crisis response team, emergency services, foodbank, ABEN</p>	
<p>Experiencing problems or challenges</p>	<p>Bespoke/enhanced support e.g. maternity, 1 to 1 youth work, occupational health</p> <p>Specialist Advice & Representation e.g. mediation/dispute resolution, welfare rights, LAC</p> <p>Specialist support for specific problems/challenges e.g. NEET, missing from home, substance misuse, domiciliary care, residential homes, tenancy support, enablement & rehabilitation</p> <p>Coordinated support e.g. child in need, social prescribing, social care teams, changing futures</p>	
<p>Staying well (despite some risks or concerns)</p>	<p>Targeted offer within wider service e.g. debt, health visiting, SEND, youth services, leisure</p> <p>Targeted support for specific concerns/groups e.g. job seeking, asylum seekers & refugees, weight management, mental health, older people, warm homes</p> <p>Coordinated support e.g. team around the family, supported living</p>	
<p>Living well</p>	<p>Online offer e.g. information, general advice & signposting</p> <p>Open access facilities e.g. helpline, libraries, youth centres, parks, leisure centres, pharmacies</p> <p>Universal services e.g. health visiting, schools, policing, waste, GPs, housing allocations</p> <p>Community offer e.g. community led groups and activities, general advice & support</p>	

Advocacy;

VCFSE Infrastructure Support;

District Teams;

Community Centres;

VCFSE Grants / Funding;

Mapping Current Offer - Findings & Learning

- The mapping demonstrated the significant complexity in service offer and commissioning.
- There are a significant number of services supporting a preventative approach, and achieving positive outcomes for residents, however, it is challenging to make sense of the offer as whole.
- Specific issues arising out of the complexity include;
 - **More services and investment at complex end**, even where intention is prevention
 - **Less investment and capacity in Staying Well and Living Well** mean services are often ‘pulled’ towards more complex work due to demand and root causes remain unaddressed
 - **Commissioning is siloed** and piecemeal – filling ‘gaps’ or reducing capacity without understanding of pathways or contribution to shared outcomes
 - **Workforce** focus on providing support and dealing with problems rather than enabling people to address issues themselves and reducing need for support, not always a whole person / family approach
 - **Service landscape is difficult to navigate** or communicate (for residents and staff), lots of front doors and gateways, operational integration is not always effective and ICT systems not joined up
 - Recognition of **failure demand** within the system due to complexity of pathways, process and barriers to access, transitions also cause challenges (children’s to adults, step-down)

Prevention Framework – Priority Areas

The findings of the mapping work demonstrate there is still work to do to implement the framework, working through existing programme areas:

- **Increase awareness of Prevention Framework**
 - Framework document developed and shared widely through governance and via staff conference.
- **Pathway Mapping**
 - Priority areas for pathway mapping have been identified – recognising they are interconnected and that shifting the balance of investment into more upstream prevention will have an impact on demand reduction ambitions in other areas.
 - Initial focus has been around wellbeing support, in particular securing the Social Prescribing offer, next stage will be ensuring links are made between this and the Adult’s TOM and Children’s Early Help offer.
- **VCFSE Funding Review**
 - Identified current funding flowing in to the VCFSE sector from Council, alongside sustainability risks and gaps and developed recommendations for how this investment can best support strategic priorities
- **Strengthen Interface with Connected Programmes**
 - Management Board workshops have been held which have considered the interface of programmes across the scope of the Transformation Programme, including the role of the Prevention Framework
- **Service Directory**
 - To be developed as an enabler within the Transformation Programme
- **Strengths-based Working**
 - Develop a common methodology for delivery of strengths-based working within workforce across the system – this is built into the scope of the place-based integration workforce development programme which is currently underway



Oldham
Council

Report to Adult Social Care and Health Scrutiny Board

Tobacco Control and Smoking Cessation

Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

Officer Contact: Dr Rebecca Fletcher, Director of Public Health (Interim)

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

Ext. 3386

16 January 2024

Purpose of the Report

This report provides an overview of the tobacco control work in Oldham, in the context of regional and national policy and approaches. It provides an overview on the role of the Oldham Tobacco Alliance, made up of partners and services from across the borough, in progressing this agenda and working together to tackle tobacco-related harm and improve the health and wellbeing of people living in Oldham.

Executive Summary

One in seven adults still smoke in England and tobacco remains the single biggest cause of preventable illness and death. Up to two out of three lifelong smokers will die from smoking, and smoking substantially increases the risk of heart disease, heart attack and stroke and causes the vast majority of cases of lung cancer. Tackling smoking is one of the most evidence based and effective interventions that we can take to prevent ill health and reduce health inequalities. Reducing smoking rates not only improves health outcomes and reduces the burden on the NHS, it also boosts productivity and economic growth.

Smoking prevalence in Oldham is considerably higher than GM and England rates and tobacco-related harm disproportionality impacts a number of our communities, including those who are already impacted by high levels of deprivation and other socio-economic determinants of health. Reducing smoking rates in the borough is a priority in the Oldham Health and Wellbeing Strategy and Oldham Integrated Care Partnership's Locality Plan.

The vision of the Oldham Tobacco Alliance is to improve the health and wellbeing of Oldham's population by reducing smoking rates, minimising tobacco related harm and contributing to a reduction in the health inequalities experienced by some of our communities due to smoking and tobacco.

Significantly reducing smoking prevalence at a far faster rate than at present will:

- improve health outcomes,
- support poverty reduction,
- deliver higher productivity,
- give babies and children a better start in life,
- reduce health and social care costs and
- cut crime by dealing with the illegal tobacco trade.

Therefore, the Oldham Tobacco Alliance is taking a strategic and comprehensive approach to tobacco control (aligned to national and regional policy and evidence base) to make smoking less accessible, acceptable and desirable, empower successful quitting and stop young people starting to smoke in the first place.

Recommendations

Adult Social Care and Health Scrutiny Board is asked to consider Oldham's approach to tobacco control, the work to date of the Oldham Tobacco Alliance and the wider health and care system in tackling smoking, and the effectiveness of the locality tobacco control plan in reducing smoking prevalence and tobacco related harm.

The Board is asked to consider what more can be done to address smoking locally and to reduce the risk and impact of tobacco related harm and how we can work together as a system to contribute to reducing the health inequalities caused by tobacco and smoking and improve the health and wellbeing of our residents.

Tobacco Control and Smoking Cessation**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 smoking and tobacco (including smoking cessation and intervention).
- 1.2 The UK has made considerable progress in reducing the harms related to tobacco. Smoking rates have fallen, both nationally and locally, over the last few decades but smoking remains the single greatest cause of preventable death, disability, ill-health and social inequality for local people.
- 1.3 Smoking is a modifiable risk factor, with strong connections to wider socio-economic determinant of health, that affects three of the major killers in Oldham, which are circulatory disease, cancer, and respiratory disease. Four in five cancers are caused by tobacco use, and 90% of lung cancer is directly attributable to smoking. Up to two out of three lifelong smokers will die from smoking and smoking accounts for 1 in 6 deaths in England, with huge inequalities existing across areas and populations. In Oldham, 600 deaths and over 3,700 hospital admissions each year are attributable to smoking. On average, for every smoker who dies another thirty are suffering serious smoking-related diseases. Non-smokers are also at risk of harm through second-hand smoke exposure, especially vulnerable adults, children, and babies.
- 1.4 For the NHS and wider public services, the lifetime value of a person stopping smoking is considerable. Smoking accounts for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking related conditions represent a large demand on NHS resources. There is also an impact on demand for social care and other support services. On average, smokers have difficulty carrying out everyday tasks like dressing, eating and walking across a room, seven years earlier than never smokers and need care support ten years earlier than never smokers. Action on Smoking and Health (ASH) estimate that the total additional spending on social care in Oldham as a result of smoking for adults aged 50 and over in 2021 was £5,960,600. This includes the costs of care for 425 individuals receiving home-based care, and 87 individuals receiving state-funded residential care.
- 1.5 Not only does tobacco impact on health and care, but smoking is also detrimental to the economy, with smokers more likely to become ill while of working age, contributing to the 30% productivity gap due to ill health in Greater Manchester. Those who smoke are burdened with a costly addiction, each spending on average £2,451 a year on tobacco. Whilst smoking is not a root cause of poverty, the addiction, associated ill-health and loss of income it causes can significantly exacerbate and lock people and families into an intergenerational cycle of poverty and disadvantage, resulting in the widening of health inequalities. The pandemic, and now the cost-of-living crisis, has not only shone a light on these health inequalities but exacerbated them. In Oldham, the cost per quitter for the local authority commissioned specialist stop smoking service was £490 in 2019/20, which was less than the regional average and similar to the England value (£484).
- 1.6 Smoking is the single biggest preventable cause of health inequalities. The Marmot Review reported that smoking remains responsible for around half the difference in life expectancy we see between our poorest and most affluent communities. Smoking is far more common among routine and manual workers and people with lower incomes and is transmitted

across generations due to social-norms and addiction. The more disadvantaged someone is, the more likely they are to smoke and suffer from smoking-related disease and premature death. Smoking rates are also higher among people with mental health conditions, those living in social housing, prisoners, looked-after children and care leavers, and LGBTQ+ people.

- 1.7 Oldham's smoking prevalence in adults in 2021 was 19.3% – this was a significant reduction from 2012 when smoking prevalence was at 24.2% but was still higher than the England average of 13% and much higher than the trajectory needed to achieve the national and Greater Manchester ambition to be smoke free (which is to reduce overall adult smoking prevalence to less than 5%) by 2030. Oldham's smoking prevalence in adults is currently 10.2% (2022) – while this is a reduction from the previous year, this is more likely to do with problematic methodology used rather than an actual reduction in prevalence. We also know there is considerable variation in smoking prevalence across the borough and that in some wards, particularly those with high levels of deprivation, rates are considerably higher. The proportion of the Oldham population who have never smoked is also smaller than the national average and, whilst considerable progress has been made to reduce the proportion of women who smoke in pregnancy, numbers are still higher in Oldham than they are nationally (10.7% - Oldham, 9.1% - England, 2021/22).
- 1.8 Tackling smoking is one of the most evidence-based and effective interventions that we can take to prevent ill health. Reducing smoking prevalence would have a significant impact on improving population health, reducing demand on health and social care services, and tackling health inequalities. However, smoking is an addiction most smokers were trapped into as children and young people. Two thirds of those who try smoking go on to become regular smokers, only a third of whom succeed in quitting during their lifetime. Most smokers want to quit and many more regret ever having started. Therefore, whole system action is needed to support those who want to quit and prevent people from starting smoking in the first place.
- 1.9 Comprehensive tobacco control is a coordinated, multiagency approach to reducing smoking prevalence and the harm from tobacco. A coordinated and comprehensive approach to tobacco control across Oldham will make smoking less accessible, acceptable and desirable, empower successful quitting and stop young people starting to smoke.

2 Current Position

National Position

- 2.1 In 2019, the Tobacco Control Plan for England, [Towards a Smokefree Generation](#), set out the Government's ambition for England to be Smokefree by 2030 (achieving smoking prevalence of less than 5%). The initial objectives of the tobacco control plan were to:
- reduce the number of 15 year olds who regularly smoke from 8% to 3% or less
 - reduce smoking among adults in England from 15.5% to 12% or less
 - reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
 - reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less
- 2.2 Achieving the Smokefree 2030 ambition is identified as an essential step towards increasing healthy life expectancy by five years by 2035, reducing health inequalities and levelling up the nation as set out in the statement made in January 2023 regarding the [Major Conditions Strategy](#), the Government's plan to tackle preventable ill-health and mortality in England. Smokefree 2030 is also expected to contribute to achieving one of the Prime Minister's key priorities: to cut NHS waiting lists.

-
- 2.3 In June 2021, the All Party Parliamentary Group (APPG) on Smoking and Health released a [report](#) that set out recommendations for the forthcoming refreshed Tobacco Control Plan to deliver a Smokefree 2030. The recommendations in the report included global leadership to end smoking; 'Polluter pays' fund for tobacco control; comprehensive strategy approaches including targeted investment to reduce inequalities, plus tougher regulations to further denormalise smoking; improved data collection and analysis to inform progress; and interim targets for 2025 with further action to be taken if not on track by then.
- 2.4 In June 2022, the [independent review](#) by Dr Javed Khan into the government's ambition to make England smokefree by 2030 was published. The review provided independent, evidence-based advice to inform the government's approach to reduce the number of people taking up smoking and helping smokers to quit. The review made 15 recommendations for government to achieve a smokefree society. This included 4 critical recommendations:
- Urgently invest £125 million per year in a comprehensive smokefree 2030 programme. Options to fund this include a 'polluter pays' levy.
 - Increase the age of sale by one year, every year.
 - Offer vaping as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals.
 - For the NHS to prioritise further action to stop people from smoking, by providing support and treatment across all of its services, including primary care.
- 2.5 In April 2023, the Government outlined ['The Next Eight Steps'](#) towards Smokefree 2030. These included:
- stopping the growth of vaping among children,
 - introducing new help for a million smokers to quit via a 'swap to stop' programme, offering vaping as a quit aid,
 - increasing enforcement of illicit sales,
 - expanding access to new treatments, including unblocking supplies to licensed medicines,
 - backing joined-up, integrated approaches with a particular focus on stop smoking support in Mental Health services,
 - rolling out a national incentive scheme to help pregnant women quit,
 - consulting on new pack inserts using modern technology,
 - ensuring Smokefree is at the core of the Major Conditions Strategy.
- 2.6 On the 4 October 2023, the government published its policy command paper, [Stopping the Start: our new plan to create a smokefree generation](#) which outlines plans to create a smokefree generation. It includes additional funding which will be made available to Public Health teams in local authorities to bolster their stop smoking services. The government also widely consulted on proposed changes to legislation to increase the age of sale to anyone born after the January 2009 and proposed measures to tackle youth vaping.

Greater Manchester Position

- 2.7 Greater Manchester (GM) is committed to becoming the first global city region to be smokefree and since 2017 has been delivering its unprecedented and evidence-based Making Smoking History (MSH) strategy through a partnership of city region, local authority borough and community-based programmes. Built on the evidence-based World Health Organisation (WHO) [MPOWER model](#), the programme has delivered system-wide transformation at scale, influenced national policy, including the Khan Review and NHS Long Term Plan, and delivered ongoing reductions to smoking prevalence across GM.
- 2.8 The GM Joint Forward Plan includes an action section around 'Making Smoking History' as part of the 'Helping people stay well and detecting illness earlier' mission. The delivery of

Making Smoking History actions is the responsibility of both Locality Boards and the Population Health Board. This work has ‘points of delivery’ through Primary Care, Local Authorities, the VCFSE and multiple other public sector partners such as Housing providers, Police and Fire and Rescue. A GM Make Smoking History Alliance has been established with locality membership from across all ten boroughs and diverse partner engagement.

2.9 Reducing smoking prevalence is integral to GM’s approach to tackling inequalities and ensuring fair health for all. Becoming a smokefree city region by 2030 creates a unique opportunity to reduce health inequality, with the Office of National Statistics estimating that healthy life expectancy would increase by just over 6 years for men and 7 years for women if GM becomes smokefree by 2030. Smoking cessation also contributes to all five of the key clinical areas identified as priorities in NHS England’s [Core20plus5](#) approach to reducing health care inequalities:

- CORE20: Smoking accounts for half the difference in life expectancy between richest and poorest.
- PLUS: Smoking tobacco is linked to >100 conditions.
- 5:
 - Respiratory disease – >80% of COPD, a leading cause of mortality, caused by smoking,
 - Maternity – women who smoke have 47% increased risk of stillbirth,
 - Mental Health – up to 50% of all deaths in people with Serious Mental Illness (SMI) are attributable to smoking,
 - Cancer – smoking is a leading cause of lung cancer, largest killing cancer in UK,
 - Hypertension – smokers are twice as likely to suffer acute coronary events and twice as likely to die from them.

2.10 The Greater Manchester Making Smoking History GMPOWER Model features seven key components which ensure delivery of a comprehensive and system-wide approach to tobacco control, from neighbourhood to city region level based on improving and increasing quits and preventing relapse and uptake.

GMPOWER	Improve Quit Success	Increase Quit Attempts	Prevent Relapse	Prevent Uptake
G row a social movement	✓	✓	✓	✓
M onitor tobacco and prevention policies	✓	✓	✓	✓
P rotect people from tobacco smoke	✓	✓	✓	✓
O ffer Stop Smoking Support	✓	✓	✓	
W arn about the dangers of tobacco	✓	✓	✓	✓
E nforce tobacco regulation	✓	✓	✓	✓
R aise the price of tobacco	✓	✓	✓	✓

2.11 Five years since the launch of the GM Making Smoking History programme, a [summary report](#) has been produced and comprehensive review and refresh has been underway to reflect upon the progress made to date and renew the commitment to the ambition for a smokefree city region to deliver a healthier, fairer future. An updated Making Smoking

History (MSH) five-year framework will be published in Autumn 2023. The refreshed framework will further strengthen GM's reputation as national leaders in tobacco control through a strong commitment to innovation and research and delivering behaviour change. The framework will outline the actions needed at a national, regional and local level to achieve Smokefree 2030.

Oldham Position

- 2.12 Reducing smoking is one of the key priorities of Oldham's Health and Wellbeing Strategy and it is our ambition to work towards a smoke-free Oldham. Smoking is identified as a key challenge facing the system in the Oldham Integrated Care Partnership's Locality Plan and highlighted as one of the 18 core areas we need to improve and transform. High smoking rates and the need for improved support for self-management around smoking cessation were identified as key factors in the recent report by Carnall Farrar which identified priorities for addressing health and care demand and drivers of demand in Oldham. Oldham Health and Wellbeing Board had a dedicated session to consider the effectiveness and impact of Tobacco Control in Oldham on 7 September 2023.
- 2.13 The Oldham Tobacco Alliance, which reports into the Health Improvement Sub-group of the Health and Wellbeing Board, is a collective partnership of stakeholders and local representatives. The Tobacco Alliance provides strategic leadership and drive for the tobacco control agenda in Oldham, in line with national, regional and local priorities. Its primary role is to provide strategic leadership to improve the health and wellbeing of Oldham's population and to reduce the inequalities in health experienced by some communities, through tobacco control. The Alliance collaboratively supports the strategic vision of making Greater Manchester Smokefree by 2030. This includes facilitating the local delivery of evidence-based tobacco control work across Oldham to reduce smoking rates, minimise tobacco-related harm and contribute to reductions in health inequalities.
- 2.14 The Oldham Tobacco Alliance has developed a Locality Tobacco Control Action Plan which uses the GMPOWER model and is informed by the national Smokefree 2030 Tobacco Control Plan and incorporates the APPG and Khan Review recommendations, as well as taking learning from ASH and Cancer Research UK around effective tobacco control policy approaches.
- 2.15 In order to appropriately prioritise work, areas of focus have been identified from the Locality Tobacco Control Action Plan by the Alliance and task and finish groups established to take the workstreams forward. These include:
- Children and young people
 - Alternative forms of tobacco and nicotine (including vaping)
 - Smokefree homes and places
 - Illicit tobacco and enforcement
 - Communications and engagement
- Each task and finish group has its own operational action plan to progress the relevant workstream and provides regular updates on progress to the Alliance.
- 2.16 The Oldham Tobacco Alliance has been meeting regularly since it was launched in September 2021 and has made considerable progress to date. Some of the key actions undertaken by the Alliance, and its sub-groups, have included:
- Inclusion of Tobacco Control as a key priority in our refreshed Health and Wellbeing Strategy.
 - Development of a local vaping position statement (superseded by GM Vaping Position Statement that is awaiting sign off via GM Public Health Leaders).

- Successful coordination of communication campaigns, including collaborative Stoptober events jointly delivered by all of our different stop smoking services and joint approaches around national No Smoking Day
- Enhanced training and workforce development offer including Very Brief Advice on smoking cessation for wider workforce and targeted and bespoke training for services that work with vulnerable and at-risk groups.
- Surveys undertaken with communities (with high levels of uptake) to better understand prevalence and use of alternative forms of tobacco and nicotine in order to inform myth-busting and targeted messaging and engagement.
- Comprehensive review of all smoke-free policies for partner organisations to identify gaps, opportunities for learning and explore options for shared protocols and an alliance wide approach.
- Involvement in the development and coordination of the GM Social Housing Stop Smoking Consultation
- Development of a Youth Vaping Support Pack for Education Settings – launched in Autumn Term 2023, with an enhanced support offer from School Nursing and community stop smoking service
- Continued focus on enforcement of tobacco legislation (including underage sales) and a persistent approach to tackling illicit tobacco and unregulated vapes.

2.17 Some of the ongoing challenges and areas of focus for the Tobacco Alliance going forward include:

- Ensuring that there is high quality, evidence-based specialist stop-smoking services available to everyone who smokes (including access to alternative products to support people to quit smoking successfully) whilst ensuring that there is appropriately targeted support for those most at risk of tobacco-related harm and any emerging vulnerable groups (such as the digitally excluded, asylum seekers)
- Building robust pathways between local authority commissioned stop smoking services and healthcare stop smoking provision (and the wider health and care system) and navigating the complicated commissioning landscape.
- Alternative forms of tobacco, including shisha, and use of tobacco with illicit substances (such as cannabis) and the development of targeted training for professionals alongside resources and engagement materials for residents
- Illicit tobacco and the impact of the Cost of Living Crisis
- Vaping including tackling myths about harms, unregulated vapes and those containing illicit substances and balancing messaging around the benefits of vapes as an effective quit aid together with preventing the uptake of vaping by young people and never smokers.
- Further work around Smokefree Places (including exploring feasibility options around Smokefree Pavement Licences and pedestrianised areas) and Smokefree Homes (including more work with Social Housing providers).

2.18 The Oldham Locality Tobacco Control Action Plan will be reviewed and updated in line with the release of the anticipated refreshed national Tobacco Control Plan for England and the revised GM Making Smoking History delivery framework.

Oldham Stop Smoking Service

2.19 Oldham Council currently commission ABL Health Ltd (Your Health Oldham) to deliver our community stop smoking service, as part of an integrated Health Improvement and Weight Management Service. Your Health Oldham provides specialist stop smoking support for people who live in Oldham, or are registered with an Oldham GP, and offers evidence-based interventions including behavioural support and access to pharmacotherapy to support quit attempts.

-
- 2.20 The specialist Stop Smoking Service is responsible for direct provision of stop smoking support to key target groups including, but not limited to, routine and manual workers, care leavers/looked after children, people with poor mental health including drug and alcohol dependencies, people with long term conditions, people recently discharged from hospital and those living in the most deprived areas of the borough.
- 2.21 ABL Health has recently been successful in applying for a national Swap to Stop pathfinder grant from the government to provide vapes directly to clients who are accessing stop smoking services. Vapes will be provided alongside behavioural support to allow for the best intervention package to support a client with their quit attempt. As well as offering vapes as a quit aid to all people accessing the stop smoking provision, the service will assertively target groups including who are most at risk of tobacco-related harm including routine and manual workers, those from Black and other ethnic minority communities, LGBTQ+ community, those with long term conditions and those living in the most deprivation. It is envisaged that supply of vapes will lead to an increase in the numbers accessing the service and the numbers of long-term quits.
- 2.22 A paper is being taken to Cabinet in February 2024 to consider the best use of the [Smokefree Generation additional funding for local stop smoking services](#) from the government to support local authority led stop smoking services to help more people to stop smoking across England and to increase the number of smokers engaging with effective interventions to quit smoking. The funding aims to support people by:
- stimulating more quit attempts by providing more smokers with advice and swift support
 - linking smokers to the most effective interventions to quit
 - boosting existing behavioural support schemes designed to encourage smokers to quit (for example the 'swap to stop' scheme)
 - building capacity in local areas to respond to increased demand
 - strengthening partnerships in local healthcare systems
- 2.23 The additional funding from the government as part of the Smokefree Generation policy changes, is an excellent opportunity to enhance the offer of the current smoking cessation service and to further reach out to the local risk and priority groups in Oldham. It will enable us to:
- Put additional resources towards reaching and supporting the priority groups,
 - Support the swap-to-stop schemes with additional advisor support and vape provision,
 - Offer a more flexible approach for people who find it hard to quit by providing more person-centred and adapted interventions, e.g., longer session times, support up to 20 weeks, providing Reduce-to-Quit support prior to the traditional 12 week quit support.
- 2.24 The support available from Your Health Oldham to support Oldham residents to stop smoking is part of a wider system of smoking cessation support, which falls under the 'Offer Stop Smoking Support' section of the Oldham Tobacco Control Action Plan and more details of other support available can be found at: www.oldham.gov.uk/keeping_healthy/stop_smoking

3 Key Issues for Adult Social Care and Health Scrutiny Board to Discuss

- 3.1 The Board is asked to consider what more can be done to address smoking locally and to reduce the risk and impact of tobacco related harm and how we can work together as a system to contribute to reducing the health inequalities caused by tobacco and smoking to improve the health and wellbeing of our residents.
- 3.2 The Board may also wish to consider specific roles and approaches for system-level leadership that may support and strengthen local tobacco control work, which could include:

-
- bringing together the resources and expertise held across the NHS, local government, voluntary sector and other partners
 - enabling partner organisations to take co-ordinated, mutually-reinforcing action and reducing duplication
 - supporting consistency of approach and reducing variation in access to services
 - aggregating skills and creating a central hub of expertise to help drive up effectiveness
 - accessing new or different funding streams and using these to increase total investment in prevention
 - enabling partners to speak with a stronger collective voice to amplify their impact on wider policy.

There may also be opportunities to take a more integrated approach to prevention, supporting approaches which tackle multiple risk factors simultaneously.

4 Key Questions for Adult Social Care and Health Scrutiny Board to Consider

- 4.1 The Board is asked to consider Oldham's approach to tobacco control, the work to date of the Oldham Tobacco Alliance and the wider health and care system in tackling smoking and the effectiveness of the locality tobacco control plan in reducing smoking prevalence and tobacco related harm.

5 Links to Corporate Outcomes

- 5.1 The Oldham Tobacco Alliance fully supports the delivery of Corporate Plan objectives of residents first, place-based working, digitisation and a preventative approach. The local Tobacco Control Action Plan and the approach taken by the Alliance 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.

6 Consultation

- 6.1 A comprehensive consultation process was recently undertaken as part of gathering responses for the national Smokefree Generation consultation. This included gathering responses from both partners and professionals via the Oldham Tobacco Alliance and also from residents via an online survey and from young people, with support from the Oldham Youth Council. Feedback and responses informed the response to the government consultation but will also be used to inform the priority areas of the Oldham Tobacco Control Action Plan and to contribute to continuous service improvement.
- 6.2 Quarterly formal contract and performance monitoring meetings take place between Provider and Commissioners of LA commissioned smoking cessation services – 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 and the proposals to expand the current stop smoking service capacity with additional Smokefree Generation funding from central government.

7 Appendices

- 7.1 None



Report to Health and Social Care Committee

Overview of Oldham's Adult Social Care market

Portfolio Holder:

Cllr Barbara Brownridge, Portfolio Lead for Health and Social Care

Officer Contact: Jayne Ratcliffe, Director Adult Social Care (DASS)

Report Author: Claire Hooley, Assistant Director for Commissioning and Market Management

16th January 2024

Reason for Briefing

To provide Overview and Scrutiny Committee with an overview of Oldham's care market.

A presentation will be delivered to members of the Health and Social Care Overview and Scrutiny Committee to accompany this briefing note which will include details of the following areas:

- ASC Commissioning responsibilities through the Care Act 2014
- Demographics in Oldham
- What is commissioned and how
- Quality of the market
- Risks in the market and how they are managed
- Areas for market development

Recommendations

To note the contents of the presentation and cover report.

Overview of the Adult Social Care market

1 Background

1.1 The Health and Social Care Overview and Scrutiny Committee have requested an overview of the adult social care market in Oldham. A presentation providing details is to accompany this cover briefing note.

1.2 Under the Care Act 2014, Adult Social Care departments in Local Authorities have the following commissioning responsibilities:

1.2.1 *The Duty to Promote Diversity and Quality in Service Provision*

The Care Act statutory guidance states that 'high quality, personalized care and support can only be achieved where there is a vibrant, responsive market of services available.' The Local Authority role is seen as critical and under section 5 of the Care Act, the duty to promote the efficient and effective operation of the market of services for meeting care and support needs in the local area is firmly placed with them.

In order to execute this, local authorities should engage in market shaping activities to ensure that any person requiring Care and Support/Support Services:

- a) Has a variety of providers supplying a variety of services to choose from;
- b) Has a variety of high quality services to choose from; and
- c) Has sufficient information to make an informed decision about how to meet the needs in question.

In order to fulfil its duty to promote diversity and quality in service provision local authorities should ensure it has effective strategies to understand likely demand for such services, ensure stability and to shape the marketplace so that the right services are available.

1.2.2 *Market Shaping and Commissioning of Adult Care and Support Services*

This section of the Care Act and commissioning duty refers to; market shaping, commissioning, procurement, contracting, recommissioning and decommissioning activities. The principles which should underpin all market shaping and commissioning activity is that there is a focus on wellbeing, outcomes and outcomes-based commissioning.

There is a focus on promoting and monitoring quality being provided by individual providers and also the marketplace as a whole. It should:

- a) Encourage local providers to develop a skilled and valued workforce
- b) Monitor how capable, timely, reliable, appropriate and flexible services being delivered are in relation to the promotion of individual wellbeing;
- c) Monitor the capacity and sustainability of service provision to maintain quality; and
- d) Ensure that services it commissions directly or those delivered on its behalf comply with the requirements of the Equality Act 2010.

In supporting and sustaining a suitable market local authorities must develop markets for Care and Support provision that ensure there is adequate high-quality care available to meet expected needs, whilst also recognizing the fact that from time to time providers will exit the marketplace. The Local Authority should work with providers in its area and support

those facing challenges, making changes to commissioning arrangements where appropriate.

Ensuring there is choice in services available to those who require is a necessity and the Local Authority must encourage and support a variety of different providers and types of services to ensure that there is sufficient choice for people regardless of their care and support needs, geographical location or method of arrangement. The different types of service provision that the Local Authority must ensure choice include; Domiciliary care, Care homes and nursing homes; Specialist care for people with complex needs or multiple needs; Reablement services; Supported Living and Extra Care; Shared Lives services and other housing options.

The steps that Local Authorities should take to develop and implement local approaches to market shaping and commissioning include designing strategies that meet local needs and engaging with providers and local communities. These activities help commissioners to understand the local market, where there may be gaps or over provision and facilitate the development of the market.

1.2.3 *Managing Provider Failure*

This section of the Care Act applies to regulated Care and Support provision only and in order to fulfil this market oversight and engagement with providers is essential in order to prevent as far as is possible. If a service provider providing regulated Care and Support activities in a Local Authority areas becomes no longer able to do so because of business failure then the Local Authority has a temporary duty under section 48 of the Care Act to meet the needs of affected persons or carers. This duty applies for as long as it appears to do so. Contingency planning is required and Local Authorities should consider how they would respond to a range of service interruptions so that they are prepared and able to respond both quickly and appropriately.

2 **Current Position**

- 2.1 A presentation will be delivered to committee members which will provide an overview of the adult social care market in Oldham. The overview will include:
- a) Oldham Demographics
 - b) What we commission and how
 - c) The current quality of the care market
 - d) Identified risks in the market and how they are managed
 - e) Areas for market development and plans for progressing

3 **Options/Alternatives**

- 3.1 None to discuss.

4 **Preferred Option**

- 4.1 Not applicable.

5 **Consultation**

- 5.1 Not applicable.

6 **Financial Implications**

- 6.1 Not applicable.

7 **Legal Services Comments**

-
- 7.1 Not applicable.
8. **Co-operative Implications**
- 8.1 [All reports must include this heading. Reports should identify how this will impact/support the Council's Cooperative agenda]
- 9 **Human Resources Comments**
- 9.1 Not applicable.
- 10 **Risk Assessments**
- 10.1 Not applicable.
- 11 **IT Implications**
- 11.1 Not applicable.
- 12 **Property Implications**
- 12.1 Not applicable.
- 13 **Procurement Implications**
- 13.1 Not applicable.
- 14 **Environmental and Health & Safety Implications**
- 14.1 Not applicable.
- 15 **Community cohesion, including crime and disorder implications in accordance with Section 17 of the Crime and Disorder Act 1998**
- 15.1 Not applicable.
- 16 **Equality Impact – including implications for Children and Young People**
- 16.1 Not applicable.
- 17 **Key Decision**
- 17.1 No
- 18 **Key Decision Reference**
- 18.1 Not applicable.
- 19 **Background Papers**
- 19.1 Not applicable.
- 20 **Appendices**
- 20.1 There are none.

DELETE THE SIGNATURE BOX IF THE REPORT IS A CABINET DECISION

Signed _____ Cabinet Member (specify whom)	Dated _____
Signed _____ Executive Director/Deputy Chief Executive	Dated _____

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Adult Social Care

Overview of Oldham's Care Market

18th January 2024

Jayne Ratcliffe

Director of Adult Social Care (DASS)

and

Claire Hooley

Assistant Director of Commissioning and Market
Management



Oldham
Council

Agenda

- Commissioning in social care
- Legislative frameworks
- Our commissioned services and Oldham residents in receipt of commissioned support
- Market sustainability
- Quality and Risks identified
- Priorities



Commissioning in social care is the process where local authorities identify, arrange, purchase, and monitor social care services for people in their area at a both macro (system and sector) and micro (individual) level.

It aims to meet the care needs of people and plays a significant role in ensuring vulnerable people receive the support they need to fulfil their lives, remain independent, and delay future care needs.

As we move towards more preventative and strengths based ways of working, commissioning will need to have a greater focus on working with the sector to develop services that the local authority might not necessarily directly purchase.

In Oldham we want to work with care providers to ensure we commission services that are good quality, financial sustainable and create pathways of care for our service users.

Commissioned services will be based on a strengths-based approach in line with our vision for adult social care, and we'll continue to look for opportunities to improve and develop.

There are a number of national drivers that are shaping the current and future provision of adult social care, including:

- White papers
- Care Act
- Continued financial pressures on local authorities to meet their statutory duties
- The creation of integrated care systems promoting integration and collaboration across health and social care (national agenda)

Legislative frameworks

Care Act Commissioning duties

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ASC Service Users

Total Service Users

3,325

Clusters

1,673

Learning Disability and Autism

783

Community Mental Health Team

346

No ASC Allocated Team

277

Dual Teams 151
Archaic Teams 86

Inbox Work

Services

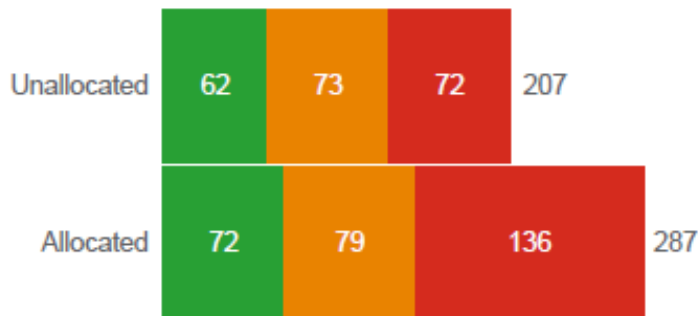
Activity Completed in 28 Days



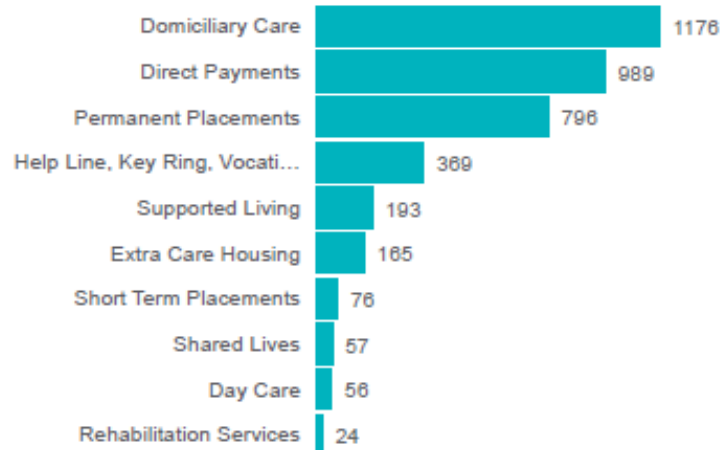
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Assessment Waiting List

● 0 - 28 Days Waiting ● 29 - 90 Days Waiting ● 90+ Days Waiting

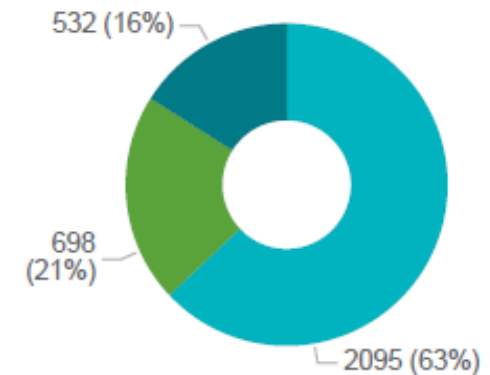


Services



Reviewed Status

● In 12 Month ● 12-24 Months ● 24 Months+

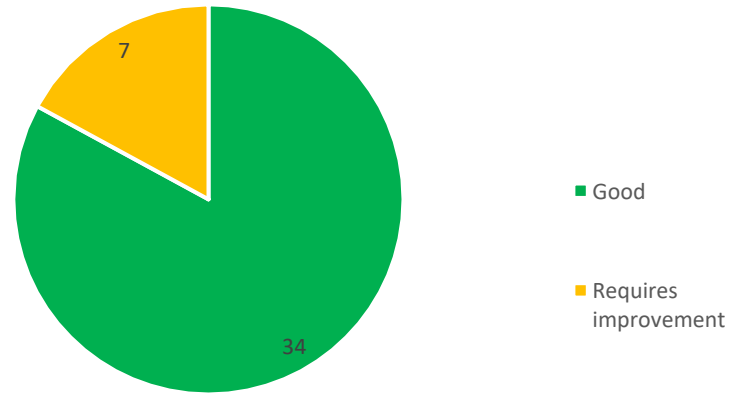


Care Quality Commission (CQC Ratings)

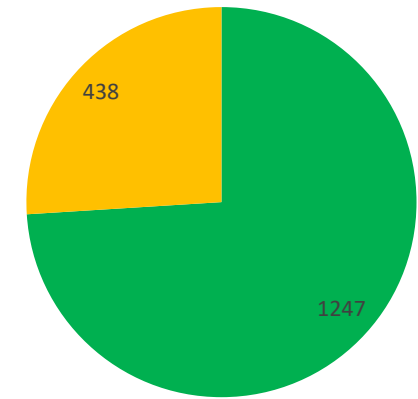
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Where a provider receives a rating of Requires Improvement they will receive increased support and oversight from the Commissioning and Market Management Service.

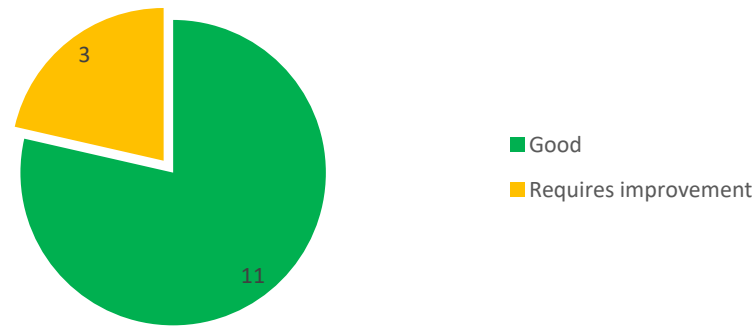
Care Homes by CQC Rating



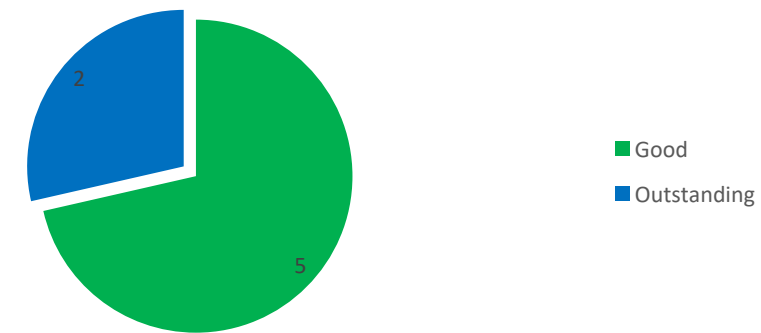
Care Home Beds by CQC Rating



Care at Home framework Providers by CQC Rating



CQC Ratings for Framework Supported Living Providers



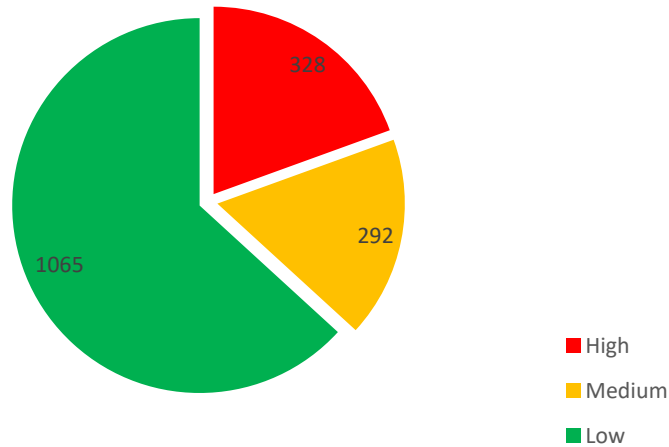
Oldham Risk Ratings

Risk ratings are agreed on a monthly basis at the Strategic Provider Risk Group and the Operation Provider Risk Group. These are multi-disciplinary groups with membership from across Adult Social Care, Community Nursing, Public Health, Healthwatch and the CQC.

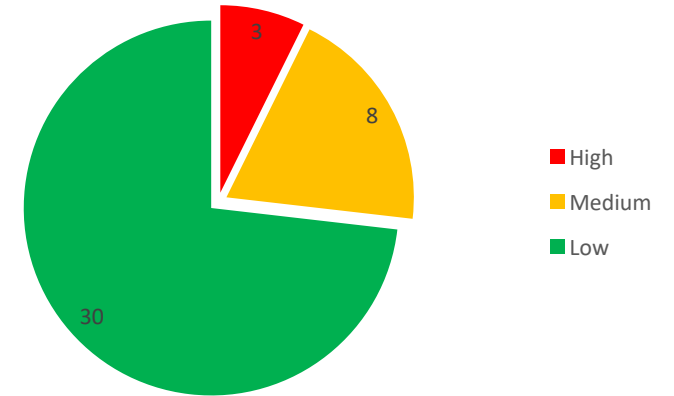
Any provider rated as Requires Improvement would automatically be rated as at least Medium risk.

Medium and High risk providers receive increased oversight and support

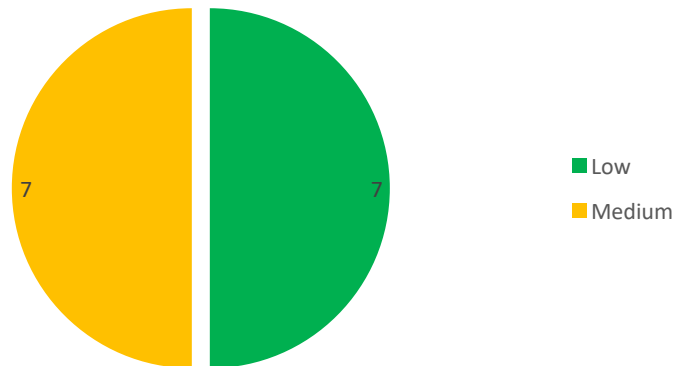
Care Home Beds by Risk Rating



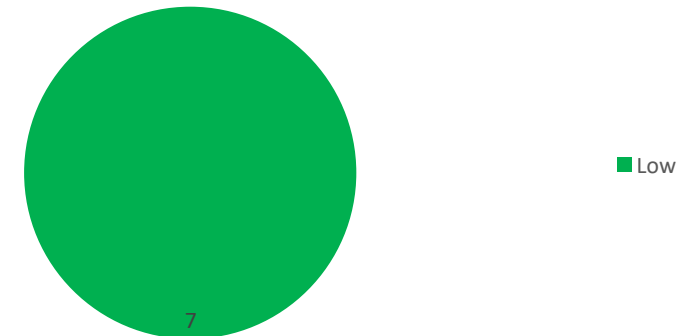
Care Homes by Risk Rating



Care at Home Framework and Backup Providers by Risk Rating



Supported Living Learning Disability Framework Providers by Risk Rating



Detail on Risk

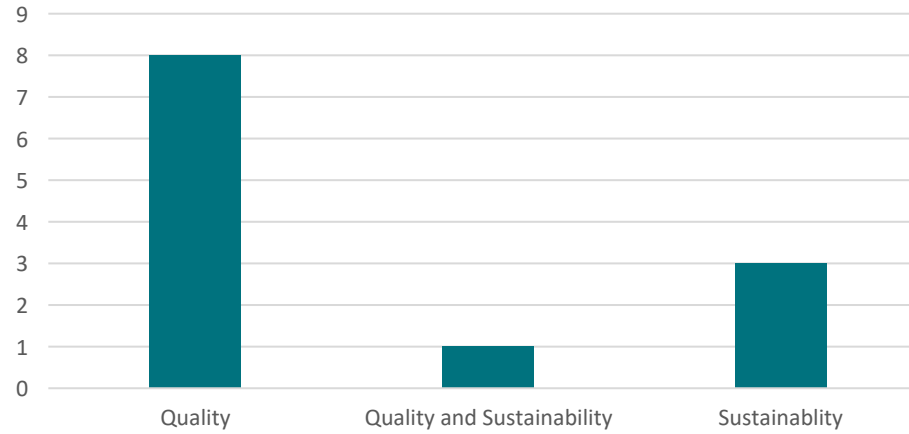
Risk ratings allocated by the Strategic and Operational Risk Groups can be based on both quality concerns or concerns about the sustainability of the provision.

The sustainability concerns in the Care Home market relate to financial variability. The sustainability concerns flagged in the Care at Home market relate to the reliance on one parent company who have taken ownership of a significant proportion of the Oldham framework.

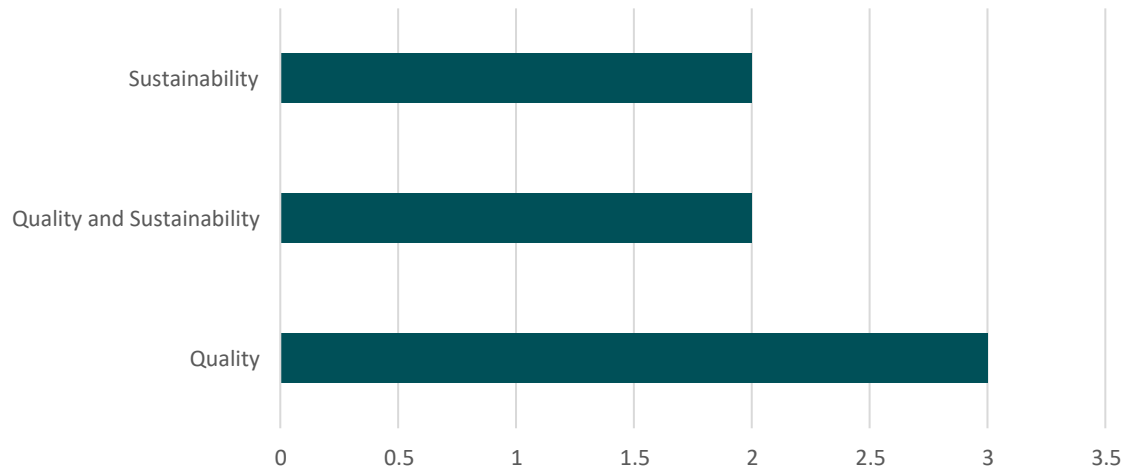
In several cases both quality and sustainability are a factor.

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Care Home Providers at High or Medium Risk by Risk Type



Care at Home at Home Medium Risk Provider – Risk Type



The make up of the Care Home Market

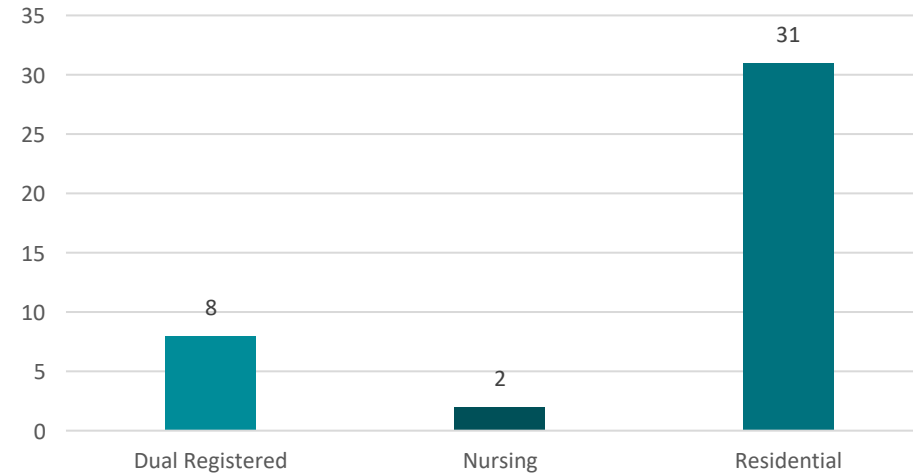
The majority of the care homes in Oldham are residential with a smaller number providing dual registered (both nursing and residential) and nursing only.

A significant proportion of the beds in dual registered homes are Requires Improvement with the CQC and are also rated as High Risk. This represents the two largest care homes in the borough.

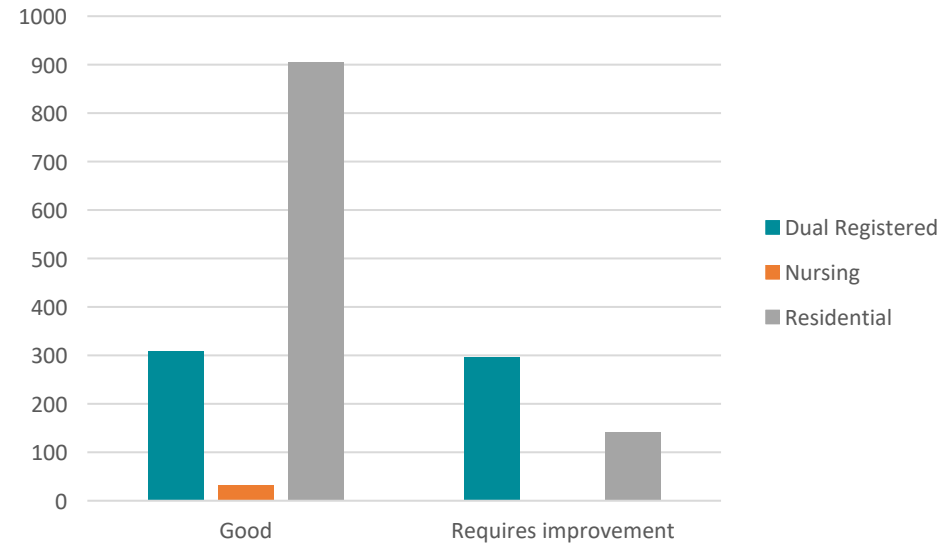
Nursing supply remains a concern in the borough and during 2023 an 80 bed dual registered home closed, and two other care homes changed provision on what were general nursing units – one switching to mental health specialism (a loss of 10 beds) and one switching to only offer residential beds for new admissions (which will reduce nursing capacity

by 30 beds longer term) .

Care Homes by Type



Care Homes by Type and CQC Rating



Agenda

Commissioning
in ASC

Legislative
frameworks

Our
Commissioned
Services

Market
Sustainability

Quality and
Risk

Priorities

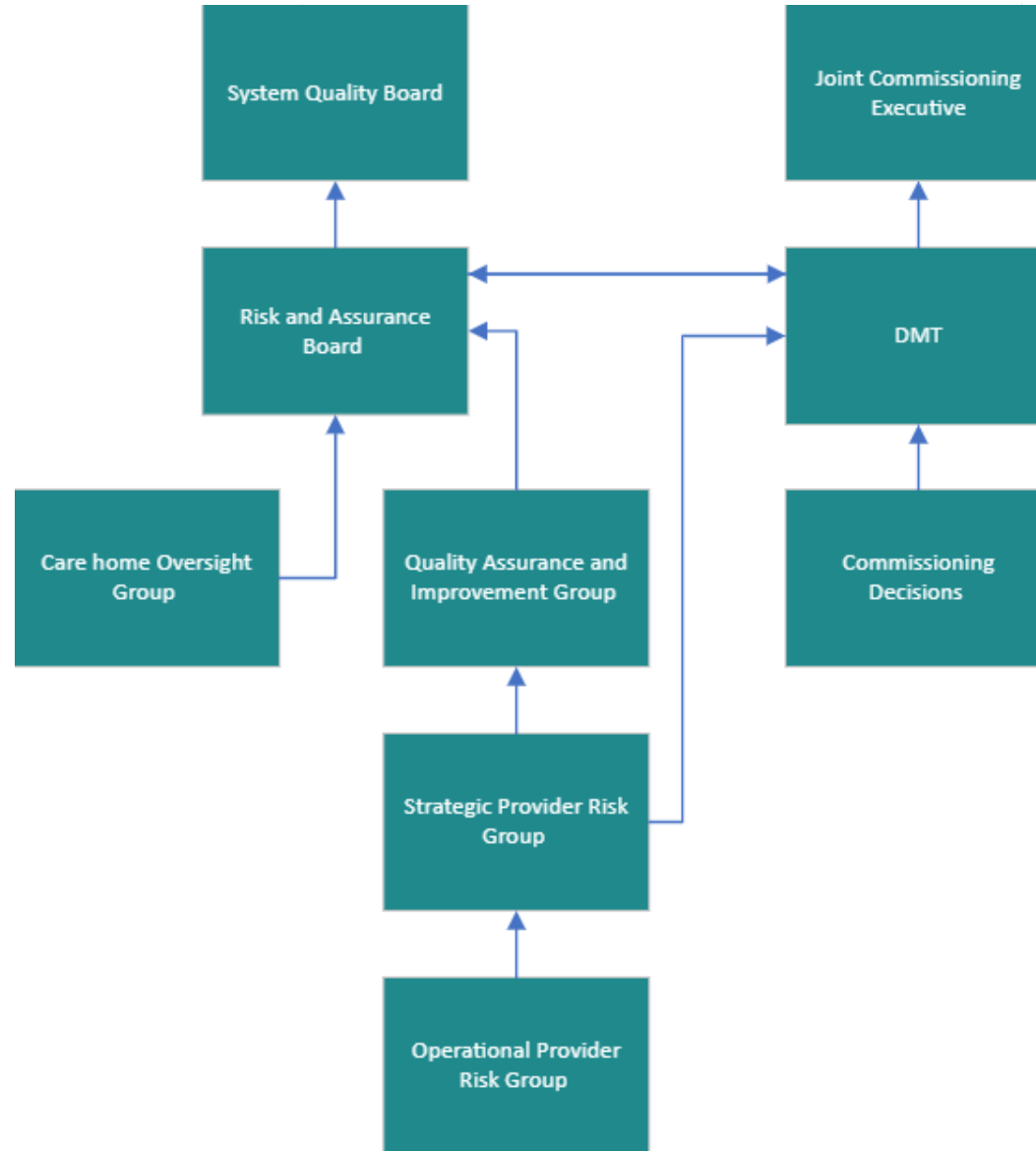
Care Homes – currently fragile due to nationally reported cost pressures, Covid legacy and workforce pressures with similar issues being realised both regionally and nationally. The Strategic Provider Risk Group is a core component of how we in Oldham share information across the health and social care system and manage risks identified.

Home Care – increased consolidation in the market with large national providers buying up smaller local players, placing an increased risk in a provider failure scenario. There is also a gap for specialist Home Care services. A mini-competition tender is due to go live in the coming weeks to address this.

Specialist care and accommodation options – in addition to increased supported living services are required to meet Oldham's needs, especially for young people transitioning into adult services.

Direct Payments – work underway analyse local use of Direct Payments considering potential commissioning gaps. Risks around Direct Payments due to reduced oversight will be addressed through developing preferred provider frameworks for areas such as Day Care Services.

Personal Assistants – Linked to Foundation Living Wage and the overall direct payment work we are considering options on market oversight, rates and choice for residents requiring PAs and the external brokerage services



Agenda

Commissioning in ASC

Legislative frameworks

Our Commissioned Services

Market Sustainability

Quality and Risk

Priorities

- **Workforce support** – support providers to continue to grow and develop a skilled and valued workforce
- **Nursing care services** – more nursing care and specialist provision is required across the borough to address local and regional shortages
- **Crises support services** – access to more urgent and crises care services are required including accommodation-based services in particular for people with complex needs and behaviours that challenge
- **Autism support services** – we are seeing an increase in the numbers of younger adults (often transitioning from children's services) with an autism diagnosis or awaiting the outcome of an assessment care and support plus accommodation.
- **Specialist accommodation and options** – we are working to provide more flexibility of provision in the borough so we are able to access support for people quickly in modern, purpose-built accommodation, including temporary and emergency placements if required.
- **Transitions** – ensuring that we are clearer as a system on commissioning suitable provision for young people entering Adult Services.
- **Direct payment** – ensuring that we have oversight of the quality and choice for residents in receipt of a direct payment.
- **Financial sustainability of care provider market** – for the council to be able to keep pace with providers increasing costs to deliver care; in line with LWF commitments

ADULT SOCIAL CARE AND HEALTH SCRUTINY BOARD

DRAFT WORK PROGRAMME 2023/24

Tuesday 13 th July 2023	Health and Wellbeing Strategy	A Strategy that was approved by the Health and Wellbeing Board, in March 2023	Portfolio – Health and Social Care/Interim Director of Public Health	Scrutiny of the Borough's Health and Wellbeing Strategy
	Emergency Paediatrics	Scrutiny of service delivery	Portfolio – Health and Social Care	Scrutiny of performance
	CQC preparation	A presentation detailing the work relating to the preparation for CQC inspections	Portfolio – Health and Social Care/Jayne Ratcliffe, Director of Adult Social Care	scrutiny of proposals
Thursday 7 th September 2023	Elective Care		Mike Barker	
	Oldham NHS - new operating structures		Mike Barker	
	Infant Mortality	An annual update report on some of the activity happening to address issues of infant mortality	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Annual update report
	Public Health Annual Report	To review the Annual Report	Portfolio – Health and Social Care	Review and scrutiny of proposals/performance

			Director of Public Health	
	Drugs and Alcohol Strategy (Adult Integrated Substance Misuse Treatment and Recovery Service)	Scrutiny of policy proposals	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Scrutiny of policy proposals
	Healthy Child Programme	To update on changes to health visiting and school nursing services	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Annual update report
	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.	Alistair Craig, Chief Executive, Oldham Care Organisation, Northern Care Alliance NHS Trust	Update report from Northern Care Alliance
5 December 2023	Health Inequalities Plan	Opportunity for consideration and scrutiny of actions proposed in the Plan.	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Scrutiny of proposals
	Safeguarding Annual Report	Annual Update from ASC	Portfolio - Health and Social Care.	Update from service
	Public Health Annual Report	For noting and comment	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	For comment

	Oldham Community Leisure (OCL) Annual report	To receive the OCL annual report detailing leisure related activity in the Borough, which OCL provide on behalf of the Council	Assistant Director of Leisure and Community Services/Chief Executive of OCL	Annual report
Thursday 18 th January 2024	Tobacco Control and Smoking Cessation	To receive an update/progress report on the new service that commenced in January 2021	Portfolio - Health and Social Care. Rebecca Fletcher - Interim Director of Public Health/Andrea Entwistle, Public Health Business and Strategy Manager	Update report to consider progress in relation to high-level outcomes (ref 2.2 and 2.3 of submitted report). Report required by Committee, in January 2023, with a request for representatives of ABL Health Limited to attend and report.
	ASC Care Market Update	To receive an update on current conditions of Oldham's Care Market	Portfolio - Health and Social Care. Jayne Ratcliffe, Director of ASC	
	Prevention Framework roll out	Update on roll out of prevention framework and to receive the Thriving Communities Programme evaluation report	Portfolio - Health and Social Care/Rachel Dyson, Thriving Communities Hub Lead	Scrutiny of service delivery/performance
Tuesday 7 th March 2024	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.	Alistair Craig, Chief Executive, Oldham Care Organisation, Northern Care Alliance NHS Trust	Follow-on updates following completion of the Pennine Acute Trust/Northern Care Alliance Transaction
	ASC / CSC Transitions	Update on challenges and opportunities around transitions	Portfolio - Health and Social Care.	

			Jayne Ratcliffe, Director of ASC	
	ASC Workforce Update		Jayne Ratcliffe, Director of ASC	
	Sexual Health & Review of savings proposals for young people's sexual health	Integrated Sexual Health Service	To receive an update/progress report on the a service that had commenced in April 2022 and review savigs of young people's sexual health service one year on	Portfolio - Health and Social Care. Rebecca Fletcher - Interim Director of Public Health/Andrea Entwistle, Public Health Business and Strategy Manager
TO BE SCHEDULED (additional session)				
TBC JAN	Drugs and Alcohol Strategy: Adult Integrated Misuse Treatment and Recovery in Oldham	Member visit to DAAR Barn Street, Oldham	Julian Guerrrio, Rebecca Fletcher	
TBC JAN/FEB	Tobacco Harms and Vaping	Informal Scrutiny Session with Oldham Youth Council		
TBC MAR	Infant Mortality Maternity	Additional Development Session	CSC Public Health ICB	
REMOVED				
Targeted Universal Model for 0-19 years/Family Hubs	A report to focus on the delivery of health visiting and school nursing services and the public health led elements of the family Hubs Programme	Portfolio - Health and Social Care. Interim Director of Public Health - Rebecca Fletcher,	Scrutiny of service delivery	
Health Protection Update	To receive an update/progress report on key health protection issues including updates	Portfolio - Health and Social Care. Director of Public Health. Charlotte Stevenson,	Update on proposals	

	on the 2023/24 Flu Programme	Consultant in Public Health		
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.	

OUTSTANDING

1. Reporting arrangements in respect on integrated commissioning under Section 75 Agreements, to include periodic updates and budget performance, from the Chief Operating Officer/Strategic Director and the Director of Finance respectively, remain to be programmed. (Possible joint chairs meetings)
2. An update from the Chief Operating Officer/Strategic Director on the Urgent Care Review. (Push to next MY May or June or Chair's Meeting/ Informal session)

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KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>New! NEI-16-23</p>	<p>Waste Collection Service – Additional vehicle</p>	<p>Executive Director for Place & Economic Growth</p>	<p>20th January 2024</p>	<p>Cabinet Member - Neighbourhoods</p>
<p>Description: The report seeks approval to procure one additional vehicle to support an additional waste collection round across both domestic and business collection due to growth.</p> <p>Document(s) to be considered in public or private: Public and Private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
<p>New! HSC-07-23</p>	<p>Social Prescribing Contract Extension</p>	<p>Director of Public Health</p>	<p>20th January 2024</p>	<p>Cabinet Member - Health and Social Care</p>
<p>Description: To extend the existing Social Prescribing contract</p> <p>Document(s) to be considered in public or private: public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
<p>New! HSC-19-23</p>	<p>Digital switchover's impact on the Helpline & Response Service</p>	<p>Director of Adult Social Care (DASS)</p>	<p>22nd January 2024</p>	<p>Cabinet</p>

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The report is to provide awareness to Cabinet around the risks inherent to Helpline & Response customers as a result of the national digital switchover programme and what the short and longer-term solutions are. Ultimately, this requires investment from the Council's IT Capital budget.</p> <p>Document(s) to be considered in public or private: report public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
HIL-01-23	Corporate Resource to the Housing Crisis		22 nd January 2024	Cabinet
<p>Description: A report detailing the Council's response to the Housing Crisis</p> <p>Document(s) to be considered in public or private: public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
HSC-16-23	Future Commissioning intentions for the Hospital to Home Service (Care at Home)		22 nd January 2024	Cabinet
<p>Description: A report outlining the proposed future commissioning intentions for the Hospital to Home Service</p> <p>Document(s) to be considered in public or private: public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
HSC-16-23	Care at Home services		22 nd January 2024	Cabinet
Description: Options for future home care services Document(s) to be considered in public or private: public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party				
HSC-14-23	Market Sustainability and Improvement Fund - Workforce Fund and Urgent and Emergency Care Support Fund		22 nd January 2024	Cabinet
Description: A report outlining the utilisation of the Market Sustainability and Improvement Fund and the Workforce Fund and Urgent and Emergency Care Support Fund Document(s) to be considered in public or private: public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party				
FLC-20-23	Report of the Director of Finance and Director of Education, Skills and Early Years – Schools Funding Formula	Director of Finance	22 nd January 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Schools funding formula for 2024/25 in relation to the National Funding Formula Document(s) to be considered in public or private: Report of the Director of Finance and Director of Education, Skills and Early Years – Schools Funding Formula</p> <p>Background documents: Various Appendices</p> <p>Report to be considered in public.</p>				
PLC-17-23	Adoption and publication of Oldham Council's Social Value Policy	Deputy Chief Executive -	22 nd January 2024	Cabinet
<p>Description: To consider a report to approve the adoption and publication of a corporate social value policy to support Oldham Council and the wider Borough.</p> <p>Document(s) to be considered in public or private: Social Value Policy - Public</p>				
CHS-04-23	Youth Justice Service Extension to contract from 1st April 2024		22 nd January 2024	Cabinet
<p>Description: a report seeking an extension to the contract regarding the management of the Youth Justice Service</p> <p>Document(s) to be considered in public or private: public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
CHS-03-23	Targeted Youth Support Commissioning and Delivery Intentions including UKSPF from April 2024		22 nd January 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Options detailing and outlining the future provision of services</p> <p>Document(s) to be considered in public or private: public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
<p>New! FE-01-23</p>	<p>Oldham Community Leisure (OCL) – Utility Benchmarking 2023/24</p>		<p>22nd January 2024</p>	<p>Cabinet</p>
<p>Description: A report detailing the Oldham Community Leisure Benchmarking exercise for 2023/24</p> <p>Document(s) to be considered in public or private: public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
<p>New! FCR-04-23</p>	<p>Awarding of Occupational Health contract following re-tender exercise</p>		<p>22nd January 2024</p>	<p>Cabinet</p>
<p>Description: Cabinet is to consider the award of a contract for the provision of occupational health services</p> <p>Document(s) to be considered in public or private: public and private NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>New! FCR-02-23</p>	<p>Oldham Green New Deal Delivery Partnership - Grant acceptance and appointment of Independent Assurance Provider</p>		<p>22nd January 2024</p>	<p>Cabinet</p>
<p>Description: a report outlining the Borough’s Green New Deal Partnership and a request that Cabinet appoint an Independent Assurance provider</p> <p>Document(s) to be considered in public or private: public and private</p> <p>NOT FOR PUBLICATION by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and it is not in the public interest to disclose the information because it relates to the financial or business affairs of the Council and a third party</p>				
<p>FCR-11-23</p>	<p>Report of the Director of Finance Budget 2024/25 – Determination of the Tax Bases for Council Tax Setting and for Business Rates Income Purposes</p>	<p>Director of Finance</p>	<p>22nd January 2024</p>	<p>Cabinet</p>
<p>Description: The Determination of the Tax Bases for Council Tax Setting and for Business Rates Income for use in 2024/25 budget deliberations.</p> <p>Document(s) to be considered in public: Report of the Director of Finance Budget 2024/25 – 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>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FLC-22-23	Oldham Council's inclusion within the Greater Manchester Business Rates Pool 2024/25.	Director of Finance	22 nd January 2024	Cabinet Member - Finance and Corporate Resources
<p>Description: The report seeks formal approval for the Council's inclusion in the Greater Manchester Business Rates Pool for the financial year 2024/25. Document(s) to be considered in public: Proposed Report Title: Oldham Council's inclusion within the Greater Manchester Business Rates Pool 2024/25 Background Documents: Various Appendices Report to be considered in Public</p>				
FLC-21-23	Non-Domestic Rates Tax Base 2024/25	Director of Finance	22 nd January 2024	Cabinet Member - Finance and Corporate Resources

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

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 2024/25, using the most up to date information and estimates available. Document(s) to be considered in public: Proposed report title: Non-Domestic Rates Tax Base 2024/25</p> <p>Background Documents: Various Appendices and Council Tax, Tax Base and Non-Domestic Rates Tax Base Forecast 2024/25 (Presented to Cabinet on 22 January 2024)</p> <p>Report to be considered in Public</p>				
FLC-15-23	Report of the Director of Finance – Treasury Management Strategy Statement 2024/25	Director of Finance	12 th February 2024	Cabinet
<p>Description: To consider the Council’s Treasury Management Strategy for 2024/25 - including Minimum Revenue Provision Policy Statement, Annual Investment Strategy and Prudential Indicators Document(s) to be considered in public - Proposed Report Title: Report of the Director of Finance – Treasury Management Strategy Statement 2024/25</p> <p>Background Documents: Appendices</p> <p>–Report to be considered in Public</p>				
FLC-13-23	Report of the Director of Finance – Revenue Budget 2024/25 and Medium-Term Financial Strategy 2024/25 to 2028/29	Director of Finance	12 th February 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Page 15</p>	<p>Description: To consider the Administration’s detailed revenue budget for 2024/25 and budget reduction proposals, together with the Medium-Term Financial Strategy for 2024/25 to 2028/29, incorporating the current policy landscape and Local Government Finance Settlement. Document(s) to be considered in public: Proposed Report Title: Report of the Director of Finance – Revenue Budget 2024/25 and Medium-Term Financial Strategy 2024/25 to 2028/29</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>			
	<p>FLC-08-23</p> <p>Report of the Director of Finance – Capital Programme & Capital Strategy for 2024/25 to 2028/29</p>	<p>Director of Finance</p>	<p>12th February 2024</p>	<p>Cabinet</p>
	<p>Description: To consider the Council’s Capital programme and capital strategy. Document(s) to be considered in public: Proposed Report Title: Report of the Director of Finance – Capital Programme & Capital Strategy for 2024/25 to 2028/29</p> <p>Background Documents: Appendices</p> <p>–Report to be considered in Public</p>			
	<p>FLC-06-23</p> <p>Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2023/24 Month 8</p>	<p>Director of Finance</p>	<p>12th February 2024</p>	<p>Cabinet</p>

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Page 76 PLC-12-23	Description: The report provides an update on the Council’s 2023/24 forecast revenue budget position and the financial position of the capital programme as at the period ending 30 November 2023 (Month 8) Document(s) to be considered in public: Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2023/24 Month 8 Background Documents: Appendices – Various Report to be considered in Public			
	Joint Report of the Executive Director Place and Economic Growth and Director of Finance – Housing Revenue Account Estimates for 2024/25 to 2028/29 and Projected Outturn for 2023/24.	Director of Finance, Executive Director for Place & Economic Growth	12 th February 2024	Cabinet
	Description: The Housing Revenue Account (HRA) Outturn Estimates for 2023/24, the detailed budget for 2024/25 and the Strategic HRA Estimates for the four years 2025/26 to 2028/2 Document(s) to be considered in public: Proposed Report Title: Housing Revenue Account Estimates for 2024/25 to 2028/29 and Projected Outturn for 2023/24 Background Documents: Appendices –Report to be considered in Public			

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
ESR-31-23	Gallery Oldham ‘Priority Maintenance Works’		26 th February 2024	Cabinet
Description: The report details Gallery Oldham’s main priority maintenance works for 2024/25 Document(s) to be considered in public or private: public				
New! HSC-20-23	Proposal for additional funding received from smokefree generation allocation	Director of Public Health	26 th February 2024	Cabinet
Description: To seek approval for additional funding provided through a new section 31 grant and will be ring fenced for local authority led stop smoking services and support under proposed smokefree legislation. Document(s) to be considered in public or private: public				
FLC-07-23	Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2023/24 Quarter 3	Director of Finance	18 th March 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Page 78 FLC-19-23	Description: The report provides an update on the Council’s 2023/24 forecast revenue budget position and the financial position of the capital programme as at the period ending 31 December 2023 (Quarter 3) Document(s) to be considered in public - Proposed Report Title: Report of the Director of Finance – Revenue Monitor and Capital Investment Programme 2023/24 Quarter 3 Background Documents: Appendices – Various Report to be considered in Public			
	Report of the Director of Finance - Local Taxation and Benefits Discretionary Policies 2024/25	Director of Finance	18 th March 2024	Cabinet
	Description: To confirm the Council’s Local Taxation and Benefits Discretionary Policies for 2024/25 Document(s) to be considered in public: Proposed Report Title: Local Taxation and Benefits Discretionary Policies 2024/25 Background Documents: Appendices Report to be considered in public			
FLC-18-23	Report of the Director of Finance – Treasury Management 2023/24 – Quarter 3 Report	Director of Finance	18 th March 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
	<p>Description: The Quarter 3 review of Treasury Management activity during the third Quarter of 2023/24. Document(s) to be considered in public: Proposed Report Title: Report of the Director of Finance – Treasury Management Review 2023/24 – Quarter 3 Report</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>			
<p>1809 230979 P CR-05-23</p>	<p>Report of the Director of Finance – Debt Recovery Policies</p>	<p>Director of Finance</p>	<p>18th March 2024</p>	<p>Cabinet</p>
	<p>Description: To provide clear guidance for Council Officers, local taxpayers, and organisation who use Council services on recovery of monies owed to the Council. Document(s) to be considered in public: Proposed Report Title: Report of the Director of Finance – Debt Recovery Policies</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>			

Key:

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

Notes:

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.
2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its Members are as follows: Councillors Arooj Shah (Leader of the Council), Elaine Taylor (Statutory Deputy Leader), Shaid Mushtaq (Deputy Leader), Abdul Jabbar MBE, Fida Hussain, Barbara Brownridge, Peter Dean, Mohon Ali and Chris Goodwin.
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>

Notice of Private Reports

(In accordance with Part 2 of the Local Authorities (Executive Arrangements) Meetings and Access to Information) (England) Regulations 2012)

Oldham Borough Council intends to hold a private meeting (or part thereof) of the Cabinet on Monday, 22nd January 2024

Decision to be taken (Agenda Item) Decisions proposed to be taken in private at Cabinet on 22nd January 2024:

- a. Digital switchover's impact on the Helpline & Response Service
- b. Corporate Resource to the Housing Crisis
- c. Future Commissioning Intentions for the Hospital to Home Service (Care at Home Service)
- d. Care at Home Services
- e. Market Sustainability and Improvement Fund – Workforce Fund and Urgent and Emergency Care Support Fund
- f. Youth Justice Service – Extension to contract
- g. Targeted Youth Support Commissioning and Delivery Intentions including UKSPF from April 2024
- h. Oldham Community Leisure (OCL) Utility Benchmarking 2023/24
- i. Awarding of Occupational Health Contract
- j. Oldham Green New Deal Delivery Partnership – Grant Acceptance and Appointment of Independent Assurance Provider

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 JANUARY 2024

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

The meeting (or part thereof) will be held in exempt session on the grounds that the reports and background papers will contain the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) – information relating to the financial or business affairs of the Council and a third party.

Representations

If you wish to make representations against the intention to hold a private meeting, please send these to Constitutional Services, Level 4, Civic Centre, Oldham, OL1 1UL or email: constitutional.services@oldham.gov.uk

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