

***ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD
Overview & Scrutiny Committee
Agenda***

Date Tuesday 8 October 2024

Time 6.00 pm

Venue Lees Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

Notes 1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Alex Bougatef at least 24 hours in advance of the meeting.

2. CONTACT OFFICER for this agenda is Andrew Mather email Andrew.mather@oldham.gov.uk.

3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Friday, 4 October 2024.

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

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Please also note the Public attendance Protocol on the Council's Website

https://www.oldham.gov.uk/homepage/1449/attending_council_meetings

MEMBERSHIP OF THE ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD

Councillors Adams, Hamblett, Hurley, J. Hussain, Ibrahim, Kouser, Malik, McLaren (Vice-Chair), Moores (Chair), Rustidge and Sharp

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 of Previous Adults Social Care and Health Scrutiny Board Meeting (Pages 3 - 6)
The Minutes of the Adults Social Care and Health Scrutiny Board held on 30th July 2024 are attached for approval.
- 6 Turning Point Annual Report and Update (Pages 7 - 38)
To consider the Turning Point Annual report and receive a presentation updating the Scrutiny Board on its activities.
- 7 Adult Integrated Substance Misuse Treatment and Recovery in Oldham (Pages 39 - 46)
To receive an update on the drug strategy milestones and key achievements of the Substance Misuse Treatment and Recovery Service in Oldham
- 8 2024/25 Quarter 1 Corporate Performance (CPR) Report (Pages 47 - 66)
To consider the Corporate Performance Report Quarter 1 2024/25.
- 9 Adult Social Care -Overview of Oldham's Care Market
To receive a presentation giving an overview of the current market for adult social care provision in Oldham.
- 10 Work Programme (Pages 67 - 68)
To consider the Scrutiny Board's work programme for the remainder of the municipal year.
- 11 Key Decision Document (Pages 69 - 80)
- 12 Rule 13 and 14



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To consider any rule 13 or 14 decisions taken since the previous meeting.

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Present: Councillor Moores (Chair)
Councillors Adams, Hamblett, Hurley, Ibrahim, Kouser,
McLaren, Quigg (Substitute) and Rustidge

Also in Attendance:

Councillor Brownridge	Cabinet member for Adults, health and Wellbeing
Rebecca Fletcher	Director of Public Health
Jayne Ratcliffe	Director of Adult Social Services
Claire Hooley	Joint Commissioning for People (Health & Social Care)
Charlotte Walker	Assistant Director -Adult Social care
Andrew Mather	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Sharp (Councillor Quigg substituting) and Dr Alistair Craig.

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.

5 **MINUTES OF PREVIOUS ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD MEETING**

RESOLVED that the minutes of the meeting held on 12th June 2024 be approved as a correct record.

6 **CARE HOME MARKET**

The Assistant Director of Commissioning and Market Management gave a presentation on the current market for the provision of care home services. The presentation provided an overview of Oldham's care home sector. Demographic analysis showed that the Care Home sector is predominately filled with people aged 65 and over though there are an increasing number of residents under 65 years. The older adult population was projected to increase over the next 10years with a significant increase in the over 85 age group.

There were currently 41 Care homes Registered in the Oldham District, comprising 31 residential, 8 dual residential and nursing and 1 nursing home. Nursing home supply remained a concern in the borough due to closures and changes to the type of care being provided within care homes. The current number of CQC registered beds in Oldham was 1048 residential beds, 13 nursing beds and 604 dual registered beds. The provision of

beds had been stable up until 2021 since when a number of provider failures had reduced the number of beds available, partially offset by one additional home. It was reported that 23 Care Home providers charged top ups ranging from £40 to £903 per person per week. 16 Care Homes do not charge top ups.

The presentation also set out how the Director of Adult Social Services and partner organisations managed risks associated with Care Home provision. This was mainly through monthly multi-disciplinary Strategic and Operational Provider Risk Groups. These Groups share information and intelligence and flag up risk factors such as safeguarding concerns, financial viability and modern slavery and immigration issues. Provider failure can sometimes occur without any notice for example when a provider announces closure without any advance consultation. The presentation described the steps taken when provider failure occurs, particularly in terms of safeguarding and supporting residents and their families. The presentation also emphasised that the Council required providers to fulfil their contractual responsibilities when a closure occurs.

The presentation also described the wider Care Home market across Greater Manchester and the challenges and opportunities faced. Challenges included hospital discharges, the oversupply of residential versus nursing provision, staffing problems and the cost of living crisis and reduced financial viability of care homes.

Resolved:

1. That the Assistant Director of Commissioning and Market Management be thanked for the presentation.
2. The presentation be noted.

7 **PUBLIC HEALTH ANNUAL REPORT 2023/24**

The Director of Public Health submitted the Public Health Annual Report 2023/24. The 2023/24 report had taken a data led approach to examine the relationship between housing, health, and health inequalities. There was a particular focus and consideration on the cumulative effect of poor-quality housing on those most at risk of experiencing health inequalities and it set out a set of key recommendations in response to the findings. The report acknowledged the many examples of how Oldham was seeking to respond to the challenges it faced.

Resolved:

That the content and recommendation of the Public Health Annual Report be noted.

8 **HEALTH AND WELLBEING BOARD STRATEGY UPDATE**

The Director of Public Health submitted a report providing an update on Oldham's Health and Wellbeing Strategy

The Joint Local Health and Wellbeing Strategy, and the Health and Wellbeing Board aim to improve the health and wellbeing of people in Oldham and reduce inequalities for all ages. The responsibility for developing and delivering the Health and Wellbeing Strategy (and the Joint Strategy Needs Assessment) sits with the Health and Wellbeing Board and rests with all the members of the board. Oldham Health and Wellbeing Board is chaired by Cllr Peter Davis, and has good representation from partners.

This strategy was developed over twelve months through reviewing data on health and wellbeing, engagement with residents, and coproduction with members of the board. Since the approval of the strategy, the Health and Wellbeing Board has had focused meetings on each of the priorities.

The Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in March 2023. It was presented to the Scrutiny Board in July 2023. The strategy contained five priorities for action.

- Supporting our residents to gain the knowledge and skills to confidently make choices and make decisions about their own health;
- Giving children the best start in life;
- Improving mental health and mental wellbeing;
- Reducing smoking;
- Increasing physical activity.

The report provided an update on the strategy and progress on the priorities.

Resolved:

That the report, and the progress made against the priorities be noted.

9 **WORK PROGRAMME**

The Adults Social care and health Scrutiny Board's Work Programme 2024/25 was circulated for members consideration.

Resolved:

That the work programme 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

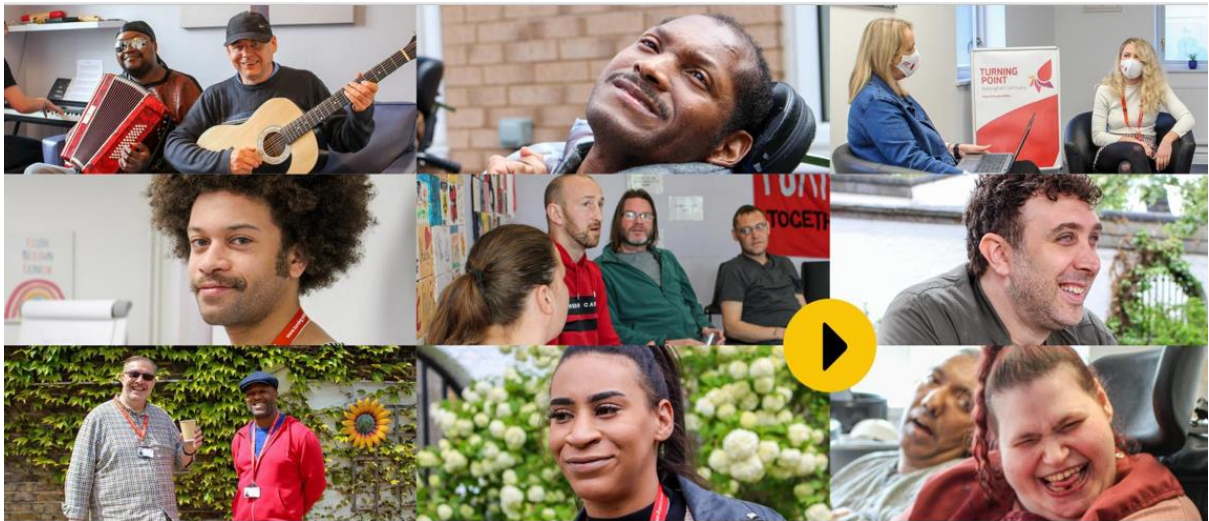
The Chair reported that under Rules 13 (General Exception) and Rule 14 (Special Urgency) he had approved a request to delegate decision making powers in respect of the Novation of Avonleigh Gardens Care Home Contract to the Director of Adult Social Services.



The meeting started at 6.00 pm and ended at 8.15 pm

ROAR

Annual Report 2023/2024



Contents

Who are we?.....	4
ROAR	4
Our Vision and Values.....	5
Our year in Numbers	6
Oldham Locality.....	7
Rochdale Locality.....	7
Clinical Expertise and Wellbeing	8
Student Nurses.....	8
Hospital Pathways.....	8
Health and Well-being Interventions.....	8
Naloxone.....	9
Depot Buprenorphine (Buvidal)	9
Direct referral Pathway to Hepatology	10
New referral pathways.....	10
Partnership working	10
Trainee GP's.....	11
Synthetic Opiates (NSO's)	11
HATSS Team ROAR.....	11
Criminal Justice Team ROAR.....	15
Alcohol, Opiate and Non-Opiate Team.....	15
Focused Care Team.....	17
Opiate Team.....	18
Depot-Buprenorphine pathway	18
Independence Pathway	18
IPS.....	19
Annual report	19

Involvement and Engagement	20
Achievements	20
Plans over the next 12 months	21
Peer mentors and volunteers	21
Quality and Governance	22
Safeguarding Manager role.....	22
IQuAT	22
Learning from 12 months	22
Young People and Families	23
Family Safeguarding Model	23

Who are we?

Turning Point is a leading social enterprise, providing health and social care services in over 300 locations across England. We aim to inspire and empower those we support to discover new possibility in their lives and improve their health and wellbeing.

What we do?

ROAR

We offer support and promote wellbeing and recovery from drug and alcohol related issues through our service hubs located in the Rochdale and Oldham area. We work with over 3,895 service users, delivering a wide range of treatment methods including brief interventions and structured treatment, access to substitute prescribing and detoxification. We tailor packages to meet individual needs offering MOPSI (Models of Psychosocial Interventions) group work, mindfulness interventions, assistance with physical and mental health needs, support and a robust care pathway for those needing specialist dual diagnosis interventions.

We have engaged in local partnerships such as the Combating Drugs Partnership, GMCA, Local Community Safety groups, Safeguarding and network groups to ensure we support our local communities as best we can.

Our Vision

To constantly find ways to support more people to discover new possibilities in their lives.

The quality of our services means everything to us. The people we work with inspire us and in turn we look for new ways to inspire change. We owe it to the people we work with to grow and shape the future, because we believe in what we do.

Our Values



We all communicate in an authentic and confident way that blends support and challenge.



We treat each other and those we support as individuals, however difficult and challenging.



We commit to building a strong and financially viable Turning Point together.



We are here to embrace change, even when it is complex and uncomfortable.

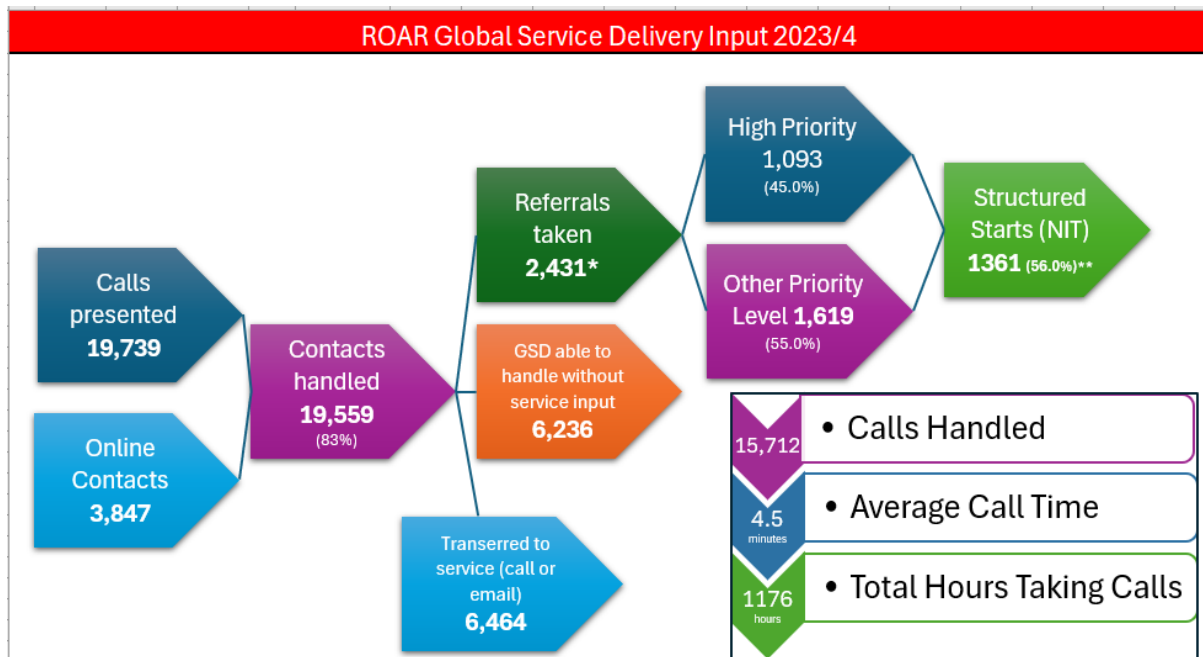
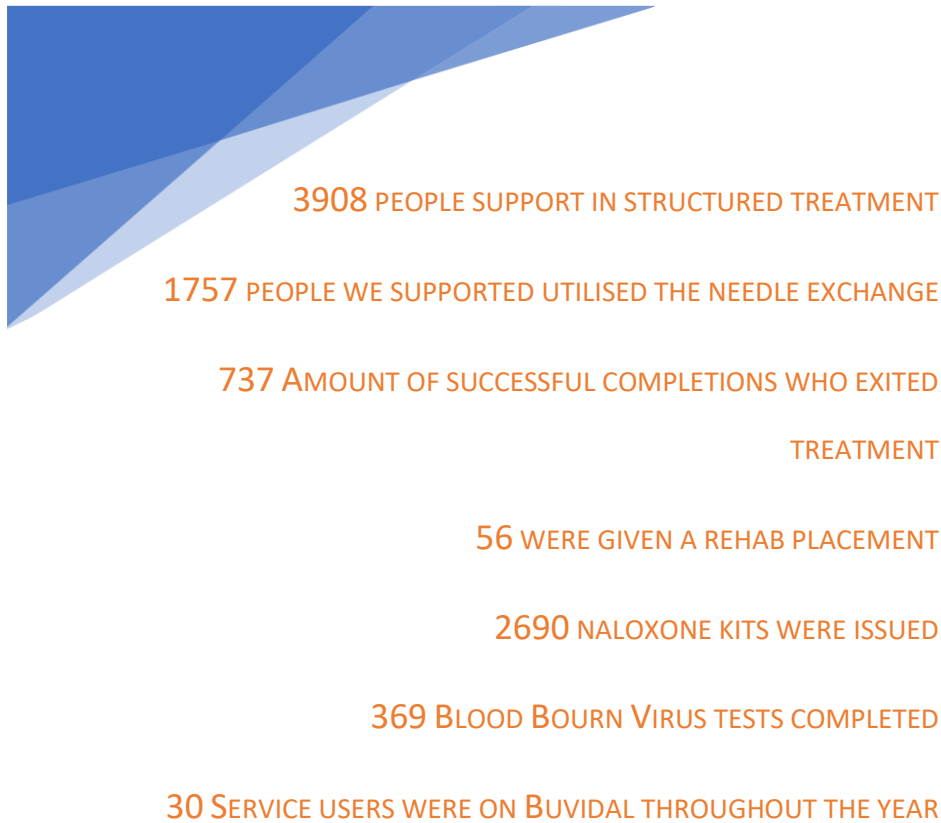


We deliver better outcomes by encouraging ideas and new thinking.



We believe that everyone has the potential to grow, learn, and make choices.

Our year in Numbers



Oldham Locality

Oldham has supported 1787 service users in total throughout 23/24, Opiate 774, Non-Opiate 491, Alcohol 522

In December of 2023 we moved into our new building. The building is in a more centralised location and much larger, making us more visible to the residents of Oldham and enabling us to have partner agencies co-located with us under one roof. The interior is more psychologically informed and welcoming for people in treatment and an all-round nicer place to come. We completed service user consultations and really listened to their voices to deliver a safe space.

January 2024 saw our new building and service launch day. Which was attended by many partner agencies, counsellors and OHID representatives. It was an enjoyable day with lots of positive feedback and interest in the service we provide.

Rochdale Locality

Rochdale has supported 2091 of service users. 842 for opiate, 612 alcohol and 637 for non-opiates.

Rochdale has some community venues these include:

- Once weekly community sessions with an opiate based recovery keyworker in a community centre within the Middleton area.
- Once fortnightly community sessions with an opiate based recovery keyworker in a community centre within the Kirkholt area.

We are looking to re-establish links within the Littleborough area to be based out in the community on a fortnightly basis.

We are continuously looking to support a clients treatment journey within those difficult to reach areas.

Each community venue recovery worker offers time throughout the day to support with new referrals along with signposting, advice information and harm reduction.

Clinical Expertise and Wellbeing

Student Nurses

We work closely with Manchester Metropolitan University, having completed an educational audit to ensure our service is of a high standard that can support their educational programme by facilitating practice placements. We can offer placements to both mental health and adult nursing specialities, including those returning to practice.

We also offer 1-2 day spoke placements to a wide variety of health students across different disciplines who want to learn about the field of substance use treatment services.

Hospital Pathways

We routinely respond to calls from professionals at the hospital asking for advice and support around substance use.

Our Alcohol Pathway has been reviewed to ensure that we are providing the right care at the right time, including the implementation of the Blue Light Approach.

We work closely with the Alcohol Care team within Northern care Alliance to allow speedy referral onto treatment services following discharge from hospital where an alcohol concern has been identified. In addition, we have started a pilot with NCA where they can send clients with an Audit score of 16 and over to us for a Fibro Scan.

We have also agreed a direct referral pathway with the local Hepatology department so we can refer our clients straight through to the hospital where we detect liver damage through routine fibro scanning.

Health and Well-being Interventions

In line with the review of the Alcohol Pathways we have streamlined our internal health offer, targeting clients with a SADQ of 30+ for pre-detox assessments which encompass a full health and well-being assessment and outline ideal next steps to the client so they can make an informed decision around their treatment pathways.

We have also introduced 'Sit and Wait' clinics for bloods, vaccinations and Fibro scans as we recognised appointments-based clinics were not effective with this client group.

Outreach clinics are now established at venues across both boroughs including Petrus in Rochdale and Street Angels in Oldham. These allow clients to be seen at places they are already attending and maximises the opportunity to provide health interventions at the point of need to clients who often struggle to engage with traditional appointment based clinics at the hub.

Naloxone

Our service provides opt-out Naloxone interventions, where we offer Naloxone to all service users and their families. Training is provided at the point of entry to treatment, and we take the proactive approach of advising non-opiate users on the use of Naloxone to save other people's lives to encourage uptake. This is particularly important with the increasing risk of synthetic opioids becoming available in the area.

We refresh Naloxone kits regularly and re-offer at every contact. We also deliver Naloxone training to other professionals across the boroughs and now many partner agencies who now carry Naloxone within their service/staff.

Depot Buprenorphine (Buvidal)

The use of Depot Buprenorphine is now established within ROAR, and we have seen significant success with its use as a treatment option.

We have two distinct pathways:

1. Detox
This is a 3-month programme and includes regular PSI around motivation to change and relapse prevention. This is particularly useful for clients who have been in treatment services for a long time and have previously attempted community detoxes from methadone or Espranor and struggled in the end stages.
2. Stability
This is a 3-6 month programme where the aim is to improve engagement through regular attendance and improve stability through providing a stable opiate dose while undertaking intensive work with the ROAR team about

making safe lifestyle changes to improve overall stability. This pathway is particularly suited to our rough-sleeping cohort, and we have seen successful outcomes for some clients where they have progressed to being ready to detox.

Direct referral Pathway to Hepatology

For those with abnormal Fibro scan/blood results -this has been agreed with commissioners from Northern Care Alliance, and shared with the Primary Care Network, and they are happy to agree in principle. Our clinical lead has met with the service manager of the hepatology team and have a further meeting planned with the Consultant Hepatologist and Clinical Nurse Specialist in Hepatology to finalise this.

New referral pathways

We have agreed a referral pathway from Northern Care Alliance Alcohol Care Team, directly to Turning Point for Fibro scan alongside treatment for alcohol use, to support earlier identification and treatment for those attending hospital with alcohol related physical health concerns.

Dependence Forming Medication Pathway -pilot sites of 3 GP practices in Oldham and 3 in Rochdale that have been identified as high prescribers of opioids and benzodiazepines – offered referral to PSI programme.

Partnership working

Working with OHID NW comorbidity group to develop NW liver pathway and working to embed the agreed OHID NW respiratory pathway within the service, both clinically and with recovery workers.

Links developed with Rochdale mental health services, allowing consultant to consultant discussions regarding those with comorbid mental health and substance use issues. Meetings with HMR comorbidity group -dual diagnosis meeting with mental health services, as well as attending Oldham collaborative regarding Living Well project -a service that will take referrals for people with mental health issues that do not reach the threshold for CMHT.

Links made with Palliative Care -Springhill Hospice in Rochdale, and Dr Kershaw's in Oldham. We can discuss directly with Springhill potential referrals, and are hoping to develop this in Oldham as well.

Trainee GP's

Continue to have GP trainees across the service, as part of the deprivation rotation, feedback is positive, and continues to support contact with practices across Rochdale and Oldham. One of the previous trainees is also looking to provide sessions at the inpatient detox unit at Smithfield. A training post for higher trainees in psychiatry has been developed, supporting the need for higher training in addictions as outlined in the Dame Carol Black review.

Synthetic Opiates (NSO's)

Due to the recent emergence of Nitazenes and synthetic opiates, the ROAR team has engaged with local partners across the region to ensure that there is a good supply of Naloxone available in the community, to help avoid drug related deaths. ROAR Outreach teams have been to partner agencies to ensure staff have a sufficient supply, as well as service users who engaged our high-risk groups through the HATS team and the CJ team. We have a Stepped approach developed in our response to this public health situation and are ready to act further and use our same day prescribing models if needed to get more people into supervised consumption regimes quicker, if situation escalates

HATSS Team ROAR

Homeless Addiction Treatment Support Service came from the Rough Sleeping Drug and Alcohol Treatment Grant from local government. This commitment was designed from government to fund local areas to implement evidence-based drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs.

Since HATSS inception support has been provided to over 672 people across ROAR. It's aim is to reach high complex rough sleeping cohort within Oldham and Rochdale. Support has been provided to these clients under our internal ethos of going the extra mile with each client, never giving up on and to think outside of the box. What we found as a team when we first started this project was that this cohort of clients did not fit into any form of standard pathways available. In house appointments within 9-5 hours at times do not work with this cohort. We were required to develop alternative pathways for this cohort of clients to engage into

treatment. Below are some examples of our innovative and forward-thinking pathways to work with these clients.

- Taking treatment to the client - We are co-located within a range of local support agencies daily to prevent clients needing to attend the office, this is reviewed quarterly.
- Same day prescribing – we offer on the spot prescribing within community bases to support clients entering treatment – this offer has increased the take up and retention rate of those hard to reach getting onto a prescription.
- Same day assessment – we offer on the spot assessment within all locality settings and for anyone walking within the building. All clients are offered a full assessment within 5 working days of referrals.
- Street outreach – the team will routinely complete street sweeps looking for our clients who have either disengaged or clients we routinely find sleeping rough on the street.
- Community based BBV clinics – We offer community based BBV tests for all clients. We will work alongside the nursing team and offer bespoke outreach BBV clinic days in various locations to ensure everyone has fair access to treatment.
- Community wellbeing assessments – Our nursing team will routinely come to community locations, tents, street locations to complete where possible full wellbeing assessments and checks.
- Pharmacy keywork sessions – we work closely with our local pharmacy partners and use their consultation room facilities to engage hard to reach clients in both psychological interventions and medical interventions within these sessions, so clients are not required to engage in hub interventions

- Phones and SIM – we have collaborated closely with the local authorities' digital co-ordinators in order to reduce technology deprivation via seeking and sourcing phones with pre-paid sim cards. We managed to get our clients access to mobiles that come with 6 months pre-paid Vodafone sim cards to aid engagement with our service and other agencies.
- Housing provisions – we have built a great working bond with the local authorities housing department. We refer each client for a housing assessment and have developed a pathway to where our referrals are picked up within 48 hours and vice versa.
- Tier 4 provisions -continued outside the box thinking to tier 4. Many clients do not have the adequate aftercare in place such as housing. We have built links with recovery communities to find suitable aftercare provisions for all clients.
- Community events – we have been attending and representing the service at a range of community events to show case the work we undertake.
- Mental health pathways - historically there has always been a divide between substance use and Mental health services. We have worked directly with the local statutory mental health services, and we now have a direct agreement in place by which we can refer our dual diagnosis clients directly into mental health services for support.
- IPS – we work closely with IPS and have successfully managed to find full time work for a range of clients which in turn has allowed their housing needs to be fulfilled.
- Evening work/soup kitchens – we offer 2 evening sessions per week (1 more than the standard offer). We offer evening in hub and attend the local soup kitchen to work directly with the hardest to reach in a calm and relaxed environment.

- NICE guidelines state that interventions should be incentivised. We have worked with this and have ensured that where possible we have been able to secure vouchers for local food providers such as Greggs to ensure our client have access to hot meals.
- Bupropion uptake – we have collaborated with our prescribing team and have shown great success rates with those who drop in and out of treatment to get onto Bupropion which in turn has allowed them to safely detox from OST.
- Positive outcomes – the team performs at an extremely high rate of positive outcomes with clients regardless of the current economic climate that we work within.
- Winter warm packs – we work with Rochdale fire service over the winter season to provide winter packs – these have hats and scarfs, hot water bottle, blanket. These are provided to help those on the streets stay warm on a temporary basis.
- Summer heat packs – during warm weather we source items such as water and granola bars to provide to clients to ensure that they have access to food and water during extreme weather conditions.
- Bank – we have been enrolled as a partner with HSBC to sign up clients to a full bank account without the need of ID. This breaks down huge barriers around those with no ID being able to access facilities.
- Citizen card – we have successfully applied and provided a range of citizen cards to our clients who has no ID enabling them to carry government approved ID free of cost.
- Birth certificates – we have built a working agreement with the local authority where we are now able to seek free of charge birth certificates for those who are born in Oldham locality.

Criminal Justice Team ROAR

The CJ team work closely with Probation, Police, Prisons, and all other partner agencies in order to effectively manage offenders who use substances. These substances are often related to their offending history therefore support around reducing or ceasing their use has significant implications for the local community.

- We have a resolute and passionate team of Recovery Workers who strive to support clients in reaching their full potential and the team regularly see offenders successfully completing treatment and moving forward in their recovery.
- We have seen a recent change in the management of this team which has resulted in a full review of all activities and how they are managed within the team. We have dedicated workers who lead on prison releases, Spotlight, and probation. These specialist roles will expand as we successfully recruit to current vacancies within the team. Continuity of Care for those individuals being released from prison is high on the team's agenda and we are currently looking at ways to improve performance in this area.
- In Oldham we have PSI groups being delivered at Cromwell court and there is a presence at the Woman's Centre.
- Commenced In – Reach Clinic at HMP Styal to support females being released back in the community.
- We have strengthened Pathways into rehab straight from custody.
- Started to increase Prison Releases assessments being completing Video Link appointments for Prisoners in out of area Prisons.

Alcohol, Opiate and Non-Opiate Team.

ROAR'S new alcohol pathways have positively impacted with our service users and have seen increased positive outcomes and engagement. ROAR have seen a significant increase of alcohol only, alcohol & non opiate, and non-opiate referrals from numerous sources in the community which have increased conversion rates into assessments being completed, in turn this has significantly improved client accessibility into treatment. This increase has had a positive impact for our numbers in treat The specific alcohol pathways supported by our PSI workshops have particularly seen a reduction in alcohol harms and the clinical offer of completing

bloods and fibro scans have been on increased demand to further reduce harm and identify early detection of alcohol related liver problems for individual clients we serve.

Clients not wishing to enter structured treatment for alcohol have been successfully provided interventions on Rochdale's alcohol harm reduction pathway. This in turn has provided further opportunities for discussion to provide structured treatment, clients can then make an informed decision if they wish to enter service on specific alcohol treatment pathways. This can further reduce alcohol harms that are prevalent. This intervention works as part of our alcohol harm reduction strategy.

Our internal alcohol MDT's lead by Substance misuse nurse and alcohol team leader has positively supported recovery workers to bring clients for discussion. This in turn has provided opportunities for the team to support each other to effectively manage client's treatment plans and risk management. Our MDT's have had particular focus on managing clients who may have been in treatment for some time and how we can best provide services. Within the MDT's IPS employment support service and Groundwork have positively impacted on assisting clients to enter education, training, and employment this has helped to build on client's recovery capital. The team is also supported by our mental health care assistant, and we have links in with our mental health and substance misuse specialist practitioner.

In addition, our tier 4 lead has positively impacted with our alcohol clients in service. Our lead links in with alcohol workers to support on client's pathways to enter inpatient detox and access to rehabilitation placement for our service users.

Rochdale service have consistently hit service targets for alcohol only, alcohol & non opiate, and non-opiate only positives over the last year, which was highlighted to where we were asked by OHID to do a prestaton as to why they were successful. Oldham had not always hit the targets and was identified as a challenged partnership, however due to a lot of hard work, across the workforce and team, Oldham is now back on track and is hitting its current targets.

Focused Care Team.

In April 2023 we started to implement our focused care team. The Focus Care Team have a diverse caseload of clients who present to the service with specific areas of unmet need which the team support them with by working to engage them with other services who can support these needs.

- Sometimes our diverse client group have a range of complex wants and needs that need to be addressed in addition to their substance misuse.
- Our aim is to *pro-actively* work alongside partner agencies to ensure that ALL of our clients are treated with dignity, respect and empathy; whilst acknowledging that some individuals struggle to address their relationship with their drug of choice due to other unmet needs.
- We incorporate specialist services such as GP, Housing, MH services, Adult Social Care and charitable organisations into our client's journey to advocate their needs and support them in all aspects of their care.
- We aspire to care for these people by not only keeping them as safe from harm as possible and guiding them on their personal recovery journey but also providing an all-round 'body of care' supported by other professionals empowering them to address any aspect of their life in which they have identified they require additional support.

We accept that as a support agency we don't have the knowledge, skill set or resources to support all the different areas of our clients' lives. We aim to work closely with various other agencies, these include (but are not limited too):

- Adult Social Care
- Community Mental Health Team (CMHT)
- Greater Manchester Police
- Housing providers
- GP Practices
- Hospitals
- Changing Futures
- Charitable organisations such as Petrus

Working with our partners may simply mean staying in regular contact and ensuring that we are advocating (with permission) on our client's behalf or may also involve a more structured approach.

Opiate Team

This year the opiate team has set up the below pathway.

Depot-Buprenorphine pathway

Allocated depot- buprenorphine recovery keyworker

Pre Depot-Buprenorphine information session ran weekly on a Monday.

X4 structured Pre Depot-Buprenorphine one to one psychosocial interventions.

Depot Buprenorphine detox group x 12 sessions

Depot-Buprenorphine relapse prevention group

Independence Pathway

Pre IDP sessions devised to support eligibility and risk mitigation.

Pre IDP contact sessions with clients to ensure they are aware of support and criteria and requirements of the IDP

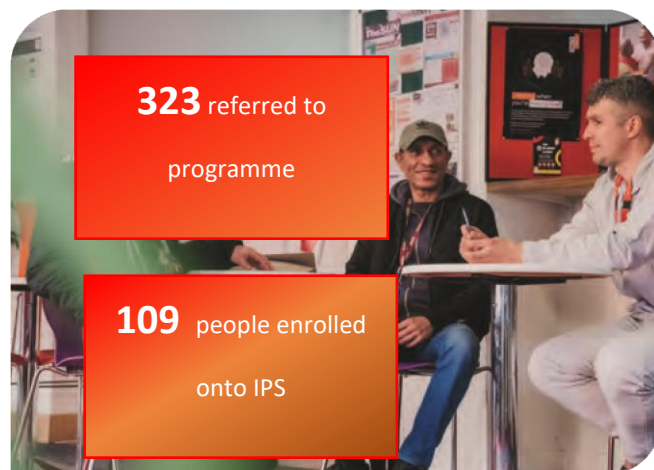
Ongoing assessment of suitability for IDP

IPS

Individual Placement and Support (IPS), for Turning Point service users in recovery in Oldham and Rochdale respectively. Providing person centred advice and guidance for clients to support them to secure and sustain appropriate employment. Responsible for building positive relationships with local employers, to source suitable vacancies and enable clients to move into and sustain employment.

Working as part of a community drug and alcohol treatment service, maintaining positive and integrated relationships, fostering a holistic approach to recovery through employment. Engaging with a range of stakeholders including service managers, clinical teams, user groups, training and employment schemes, DWP, local employers, and partner agencies (e.g. mental health, criminal justice, housing and homelessness).

'IPS is around twice as effective in achieving a job outcome as any other stepped "train and place" model'



Annual report



Groundwork%20GM
%20IPS%20Annual%20

Involvement and Engagement

PSI 2023 – 2024

Attendance over the past 12 months.

3359 total contacts for PSI workshops across both services in the past 12 months.

1447 Oldham

1442 Rochdale

Achievements

Motivational interview training, Motivational Enhancement Therapy, Routine enquiry training and PSI programme interventions training have been facilitated across ROAR over the past 12 months.

Group supervision across ROAR has been re-established and is facilitated by the Group Lead every 6 weeks. Attendance has increased since more Recovery Workers have been trained and are facilitating.

HATTS Oldham have rolled out Introduction to Change for their clients. This is a Motivational Interviewing based intervention.

Reflective practice has been established over the past 12 months at both sites.

ROAR PSI Lead has commenced an apprenticeship in the past 12 months to qualify as a Clinical Associate Psychologist. Increase in service time has enabled them to increase psychological therapies for service users. Staff can internally refer for input.

Links between Talking Therapies in Rochdale has been established over the past 12 months and meet quarterly. Improving links and experiences for clients from both services.

The PSI team established offering those who are abstinent upon entering treatment a good quality relapse prevention offer.

PSI team have supported the recovery offer in the absence of the recovery team and manager.

PSI Lead has facilitated training on de-briefing staff following a service user death to the Team Leader's across the service. Increasing staff support and supporting ROAR's staff wellbeing agenda.

PSI Lead has made links with the Rochdale suicide prevention partnership group and attends on a rota with Team Leader Rochdale, Mental Health Nurse, Clinical Lead. Sharing updates and developments across the service.

Plans over the next 12 months

Roll out of mental health-based interventions directed at those clients who experience anxiety and depression.

Phase 2 will be an additional mood management module will be added to the core PSI programme.

PSI team to continue to offer regular PSI training, supervision, reflective practice and coaching on facilitation of PSI's.

Expansion and development of reflective practice in the service. Waiting on national TP training once an agreed model and approach has been finalised.

PSI Lead supporting the training leads with facilitating MET, MI, routine enquiry, self-harm and suicide prevention.

PSI Lead and TL from Rochdale to continue to establish the service suicide prevention focus group.

Service evaluation on the experiences of women in treatment to be completed. This is part of PSI Leads course requirements and hopefully part 1 of an ongoing piece of work. Aim is to establish their experiences and identify any barriers women experience. Any areas service development areas identified will be shared across the service.

Recruitment of a new PSI Recovery Worker to be completed.

Peer mentors and volunteers

Turning Point have dedicated and committed peer mentor and volunteers who help clients in service and provide support from peers who have lived experience of addiction this massively encourages clients in service and helps break down some barriers experienced from our clients at times who may feel marginalized in society.

Quality and Governance

This year we have revised our meeting structure to make it more effective, saving time and ensuring that all key information or concerns are escalated or cascaded appropriately. We continue to deliver key meetings to support our services which include:

- Clinical Governance
- Service development
- Performance and Numbers In Treatment
- Mortality & Morbidity
- Complex Case Reviews

Having adapted the above to ensure all areas are captured, for example, we hold a complex case review weekly on an alternate basis covering the needs of alcohol one week and drugs the next.

Safeguarding Manager role

Due to demand across both services, and the increase in complexities of service users we have decided to split the quality manager/safeguarding role into 2 so we have an extra Safeguarding Manager role. (funded via OHID underspend) This will help with governance across the service and be a central point of contact for all safeguarding concerns. The successful candidate will also be responsible for developing pathways for the most at risk groups of clients, and embed training and workshops with the staff team, to upskill their knowledge.

IQuAT

Continuing to monitor internal quality and evidence areas for lessons learnt and to highlight good practice, although next year we will be seeing a new approach to IQuAT which will mirror the new CQC approach.

Learning from 12 months

A learning event has taken place across the service with a review of the key service learning points that have been taken from the last 12 months. This was a 2 hour session which comprised of 10 sessions of 10 mins micro learning which reviews the details and why they have been implemented. This 2 hour session has been repeated over 3 week to allow all staff to attend. There will be additional session planned for those who

could and all information slides will be cascaded across the service. The 10 sections covered are as follows:

1. Numbers in Treatment
3. Suicide prevention update
4. Capacity and key point for documentation
5. Lessons from Deaths- Professional curiosity
6. Making reasonable adjustments for mental health/physical health concerns
7. Liaison with GP's
8. Utilising case note templates and using interventions
8. Staff wellbeing and feedback
9. Prescription errors when issuing and new PX pathways
10. Risk assessment quality and carrying key risk factor through journey

Young People and Families

Through the OHID grant and a partnership approach we were able to link up with Early Break and provide a Family approach to support Families, and Transitional workers to help those young adults with clinical need access appropriate support.

Family Safeguarding Model

The new Rochdale family safeguarding model has been implemented in Rochdale. The launch commenced on the 20th May and different sections of the service are being implemented slowly to minimise the impact of change on staff and clients. We are now working within an MDT of social workers, domestic abuse workers, family workers, social workers and recovery workers. The recovery offer is being met by Turning Point and Early break who are joint working across the district. Work has been completed to align the Turning Point workers in area that would require more clients to have a treatment offer. There have also been work streams to discuss the allocation process for cases among the MDT. The official launch for the service has had to be delayed due to the Town being required to be used for election purposes. There are 2 Family recovery workers employed by Turning Point, who already hold a case load of parents who are using substances. These cases are being reviewed and transitioned where appropriate to a workbook within the family safeguarding model. There is a subcontract in place with Early Break for another family worker and another additional 2 worker who are employed by Early Break.

Oldham Adult Social Care and Health Scrutiny Committee Update

By Gary Marshall Senior Operations Manager



What we offer?

Provide treatment for Adults with Substance misuse issues

Clinical pathways for those with Drug and alcohol use

Access to rehabs if appropriate and detoxs

Harm reduction advise

Pre and post detox groups

Personalised care

PSI groups

Counselling

Recovery Support

BBV testing and vaccinations

Offer employment support through IPS



Current priorities

- Increase numbers in treatment
- Work in partnership with other agencies such as the police to disrupt county line gangs, and reduce the amount of drugs in the system
- Improve continuity of care for those leaving prison
- Understand due to the change in government what the funding will look like post 24/25
- Work as a system to reduce the impact of the synthetic opiate threat
- Recruit a full staff team in a highly competitive market
- Improve the recovery offer in Oldham
- Due to recruitment drive, develop the training of the staff team and have a staff away day as staffing has/is doubling
- Reach out to the community and offer training partner agencies to improve awareness and reduce stigma.
- Work in partnership with other agencies such as Safeguarding, Probation, Housing, mental health to help get those support where needed and collocate where possible
- To explore alcohol related harms for those coming late into treatment, which contribute to alcohol related deaths, by means of Outreach, and building links with partners
- Reduce drug and alcohol deaths
- Top have a full family approach model to service delivery



Recent achievements

- We hit our numbers in treatment targets for Q2
- The new office is now established in the centre of Oldham at the old Post Office
- We had a recruitment drive day in June, which was highly successful
- We have improved our successful completions for opiate users the last quarter
- Embedded a new rough sleepers team, Opiate team, Focussed Care team and Criminal Justice team, in a new system structure
- We are currently co-locating with mental health (Safe Heaven) Probation, Positive Steps (young person offer, Womens Centre, GP, Changing Futures, Street Angels, MASH bus, Housing Options, IDVA clinic, sexual health services and more
- Developed better pathways into service, through hepatology and Fibro scanning and MASH van to engage more people into treatment
- Separate drop-in clinics, so people can be testing for early signs of Liver Damage and Hep C
- Created a clinic for those with sexual health needs at our hub
- With the recent Early release from prison scheme, we managed to successfully engage with those prisoners being released in the Oldham area.
- We have made links into the Family Hubs in Oldham through Early Break
- We have developed a new training offer for internal staff and external partner agencies



Year in numbers In Oldham 2023 - 2024

- 3231 referrals
- 1675 new starts in structured treatment
- 2129 people supported in structured treatment
- 5436 Utilisation of the needle exchanges
- 479 successful completions who exited treatment
- 43 people were given a rehab placement
- 3218 naloxone kits were issued
- 433 Blood Bourn Virus tests completed
- 52 Service users were on Buvidal



Challenges

- Changing government
- Discrepancies between targets set from OHID, central government and the 10 year drug and Alcohol strategy
- Synthetic opioid threat, due to lack of production of Heroin
- More complex service users coming through the system
- Difficulties in recruiting experienced staff

**TURNING
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inspired by possibility



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Report to Adult Social Care and Health Scrutiny Committee

Adult Integrated Substance Misuse Treatment and Recovery in Oldham

Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

Officer Contact: Dr Rebecca Fletcher, Director of Public Health

Report Author: Julian Guerriero, Senior Policy, Strategy and Commissioning Manager Public Health

Phone No. 07970650435

8th October 2024

Purpose of the Report

The previous update to the Adult Social Care and Health Scrutiny Committee was provided on 7th September 2023 (*appendix 11.1*). The report gave an overview of our progress in embedding recommendations of the Government's 10-year drugs plan 'From harm to hope'. It also summarised key outcomes of our drug and alcohol treatment service, which is delivered by Turning Point.

The Committee requested a further update on the drug strategy milestones and key achievements of Substance Misuse Treatment and Recovery Service in Oldham to be provided for today's meeting.

A **Presentation from Gary Marshall, Senior Operations Manager** is attached (*appendix 11.2*). A copy of Rochdale and Oldham Active Recovery (ROAR) Annual Report 2023/24 is also included (*appendix 11.3*). Turning Point have been asked to attend the meeting to answer any questions the committee may have in relation to their service delivery model, its implementation and current priorities.

Executive Summary

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

In December 2021, a national policy paper – *From harm to hope; A 10-year drugs plan to cut crime and save lives* was published, setting out the ambition to give people with drug addiction a route to a productive and drug free life. The Oldham Drug and Alcohol

Partnership Group was established in April 2023 and has been overseeing workstreams that are required to be delivered under the 10-year drug plan. This report summarises work to date and provides an overview of current outcomes and future pressures faced by our drug and alcohol treatment service.

Performance

The number of Oldham residents needing specialist support to stabilise, engage in treatment and move into recovery has continued to increase. In Q1 2024/25 the number of Oldham residents in treatment was 1840. This is an increase of 247 residents in treatment over the last 12 months.

The prevalence estimates for Oldham (numbers of residents that should be in treatment) are 2,052 opiate and crack cocaine users and 3,008 dependent Alcohol users. The level of unmet need currently is approximated to be 35% and 83% respectively.

Oldham is currently meeting our number in treatment targets (Q2) that are financially linked to conditions under Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). We are currently on-track to achieve our 2024/25 financial year end targets, but considerable focus is needed to continue to increase Opiates and Alcohol users in treatment when assessed against our unmet need estimates.

There are increasing numbers of residents being supported in partnership with Probation Service that are involved in the criminal justice system. The criminal justice (Dependency and Recovery) caseload is at 188 residents in treatment. Our Continuity of Care measure (percentage of prison releases requiring substance misuse support when transferred into community that are successfully transferred) is at 67% with the Q2 target of 72% expected to be achieved. A significant pressure is the Government's 2024 Early Prison Release Programme due to the high capacity across the prison estate. Number of releases are small but expected to increase over the next 12 months.

Our Homeless Addition and Treatment Support Service (HATSS) continues to engage with rough sleepers and residents at risk of losing their accommodation. The overall caseload is 137 residents engaged in the service. A key pressure is finding suitable accommodation for complex individuals, with multiple cooccurring health conditions, who may be assessed to have made themselves intentionally homeless.

Funding and Future Grants

The budget for Drug and Alcohol treatment service in Oldham in 2024/25 is made up of £2.5M from the Local Authority Public Health Core Budget.

In 2024/25, there is also an additional £1.68M in time limited central government grants. This is made up of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG), In-patient detoxification Grant, Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG), Individual Placement and Support, and Housing Support Grant. There is also another £0.17M from a combination of HM Prison and the Probation Service for Alcohol Care Teams.

At time of writing this report there has been no announcement from Government that SSMTRG and RSDATG will continue in 2025/26. An announcement is expected at the end of October 2024. If these budgets do not continue, then up to 33 fulltime equivalent posts are at risk in Oldham Turning Point Service. Contingency plans are being developed to deal with the reduction in funding but if these budgets are not extended considerable capacity in

the service would be lost. This will mean a significant increase in caseload sizes, reduction in capacity to increase numbers of residents in treatment and the level of support able to be offered across the wider partnership.

Key Pressures and Risks

1. The overall number of residents in treatment continues to increase and this places more demand on our Tier 4 budget, which funds specialist inpatient detoxification and residential rehabilitation placements. The Public Health Treatment budget includes £300,000 for the management of these places but continues to be put under extreme pressure.
2. Unplanned exits from treatment and representations rates are high. Work is ongoing with Turning Point to improve this churn of residents who do not engage and represent back into treatment at a later time.
3. The number of patients in treatment for over 6 years is currently at 32% of our in-treatment population but has reduced over the last year.
4. Drug & Alcohol Related Deaths (DARDs): Drug related deaths are lower than the England average, but the impact of synthetic opioids (Fentanyl's and Nitazenes) are a constant risk that treatment services are managing. Alcohol related deaths in Oldham are higher than the England average and when looked at alongside our prevalence and unmet treatment need demonstrate that a focus on this group over the long-term is needed.
5. Dual Diagnosis and the number of patients with cooccurring conditions remains high, with over three quarters of the in-treatment population affected by low mood (anxiety/depression) which impacts their ability to stay in treatment. The specialist Mental Health Social Worker post provided by CMHT is also likely to be unsustainable if the RSDATG is discontinued.
6. Engaging hard to reach groups and ethnic minority populations is limited with the majority of the in-treatment population being male and white British.
7. Lack of recovery accommodation in Oldham impacts on those trying to maintain their recovery and/or abstinence. This is contributing to the numbers of residents that relapse and represent into treatment.
8. There are limited independent recovery support networks outside of treatment system. This needs to be nurtured and supported, so we start to see community driven recovery support and Lived Experience Recovery Organisations (LEROs) establish themselves across Oldham.

Future Aspirations

Progress made to date in increasing the number of residents in treatment is very positive, but arguably unsustainable in the long-term, if additional government grants don't continue. The treatment service will need to reset and focus on residents who present with the most complex physical health and specialist pharmacological treatment needs in relation to drug and alcohol dependence. In order to achieve this there will need to be wider partnership approaches across Oldham to increase resilience of 'at risk groups' and prevention initiatives to reduce the need of specialist interventions. Sustaining recovery for those out of treatment is essential in breaking the cycle of relapse. Over the next 12 months the Drug and Alcohol Partnership Board will be focusing on these areas.

Recommendations

The Committee are asked to note the outcome of work over the last 12 months and progress to date from Turning Point in the delivery of the Adult Integrated Substance Misuse Treatment and Recovery Service.

Adult Integrated Substance Misuse Treatment and Recovery in Oldham

1 Strategic Background

- 1.1. Under the Health and Social Care Act 2012, local authorities have a duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. The Greater Manchester Drug and Alcohol Strategy sets out the collective ambition to make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol. Reducing these harms is central to improving the safety, wellbeing and prosperity of our residents.
- 1.2. In December 2021 a national policy paper – [From harm to hope: A 10-year drugs plan](#) to cut crime and save lives’ was published, setting out the ambition to give people with drug addiction a route to a productive and drug free life.
- 1.3. The government’s 10-year plan aims to create a drug and alcohol treatment and recovery system via a full range of evidence-based interventions. It sets out the ambition to ensure accessibility to anyone experiencing substance addiction, ensuring individuals are treated as having a chronic health condition. The aim is to provide life-saving support and improve safety and productivity of local areas by reducing the harms that drug addiction can cause and maximising long-term recovery.
- 1.4. The strategy encompasses recommendations outlined by an [independent review by Dame Carol Black](#), including 3 key objectives:
 - Increase the proportion of people misusing drugs who access treatment and recovery support, including more young people, and earlier interventions for offenders to divert them away from the criminal justice system, particularly prison.
 - Ensure that the treatment and recovery package offered is of high quality and includes evidence-based drug treatment, mental and physical health interventions, and employment and housing support.
 - To reduce the demand for drugs and prevent problematic drug use, including use by vulnerable and minority groups and by recreational drug users.

2 Oldham Drug and Alcohol Partnership Group

- 2.1. The Oldham Drug and Alcohol Partnership Group was established in April 2023 and has been overseeing delivery of workstreams that are required to be achieved under the 10-year drug plan. This has included all elements that fall under criminal justice and that are captured under Oldham Supplementary Substance Misuse Treatment & Recovery Grant (SSMTRG).
- 2.2. Progress is reported quarterly via the GMCA Drug & Alcohol Commissioning Group and to the Combatting Drugs Partnership (CDP) and Transformation Boards. Progress of the SSMTRG is reviewed by the regional Office for Health Improvement & Disparities (OHID) and Drug & Alcohol Improvement Support Team (DAIST).

3 Work Programme

- 3.1 Focus has continued to be on improving delivery of services and engage more residents into treatment, improve treatment quality and increase resilience. The aspiration being to support residents and reduce the likelihood of them resorting to substance misuse and dependence caused by crisis, historical trauma or mental ill health.

3.2 The budget for Drug and Alcohol treatment services in Oldham is made up of £2.5M from the Public Health Core Treatment Budget. There is also an additional £1.85M in time limited central government grants. This is predominately made up of the Supplementary Substance Misuse Treatment and Recovery (SSMTRG) and Rough Sleeper Drug and Alcohol Treatment (RSDATG) Grants.

3.3 There are five measures that we must report on nationally that are intended to improve the delivery of substance misuse services:

1. Increase numbers in treatment for Opiate, Non-Opiates and Alcohol
2. Reduce Drug and Alcohol Related Deaths
3. Increase capacity in the workforce and improve training
4. Improve engagement rates (continuity of care) for those residents released from custody and maintaining treatment and recovery when in the community
5. Increase numbers accessing Residential Rehab by 2% of all those in treatment

3.4 Over the last 12 months Public Health and Turning Point have worked alongside Office for Health Improvement and Disparities Regional Teams and Greater Manchester Combined Authority to meet these targets. All have been achieved apart from a reduction in alcohol related deaths, that is slightly higher than the national average.

4 Oldham Drug and Alcohol Delivery Plan

4.1 The GM Combatting Drugs Partnership (CDP) Strategic Delivery Plan incorporates the agreed aims and objectives from CDP in response to the requirements of the National Drug Strategy. The expectation is that the local Drug and Alcohol Partnership Boards will implement activity required to:

1. Breaking Drug Supply Chains
2. Improve Delivery of treatment and recovery system
3. Reduce the demand for drugs

5 Key Achievements over 2024 period

5.1 Over the last reporting period the treatment service has achieved an increase in numbers in treatment based on August 2023 baseline as summarised below:

Numbers in Treatment	June-23 Source NDTMS	June-24 Source NDTMS	RAG SSMTRG Baseline Q2 target in NIT required for 2024/25
Opiates	701	755	739
Non-Opiates/ Non-Opiates & Alcohol	432	586	448
Alcohol Only	460	499	490
Total Numbers in Treatment	1593	1840	1677

5.2 Direction of travel is positive but is placing significant caseload pressures on the service. Achieving increase numbers in treatment against prevalence and unmet need estimates is continuing to be difficult.

5.3 Increasing access to rehabilitation placements to support residents in recovery is being achieved. The OHID target of 2% of treatment population accessing placements will be reached by the end of the financial year but is placing pressure on our Tier 4 budgets.

6 Criminal Justice Treatment Pathways

- 6.1 There continues to be improvement in engagement rates for prisoners released from custody and maintained in treatment. Our Continuity of Care target; prison releases requiring substance misuse support when transferred into community is 67% with the Q2 target of 72% expected to be achieved. Current pressure on the prison estate and current Government early (SDS40) release programme may impact on this but the treatment service has worked diligently in partnership with Probation and Prison Services to mitigate any future risks to engagement rates.

Continuity of Care (Prison to Community)	SSMTRG Baseline 2022	Latest Performance Q1 2024/25 Source NDTMS	Change from Baseline	SSMTRG 2024-25 Ambition
Local	58%	67%	9%	75%

- 6.2 Joint working arrangements between probation and treatment service teams is working effectively for those supervised by the National Probation Service in part due to specialist criminal justice treatment team funded via SSMTRG. It should be noted that less than 30% of clients in treatment are involved with criminal justice system.

7 Drug and Alcohol Related Deaths (DARD)

- 7.1 Drug related deaths are lower than the England average, but the impact of synthetic opioids (Fentanyl's and Nitazenes) are a constant risk that treatment services are managing. Alcohol related deaths in Oldham are higher than the England average. The Oldham Drug and Alcohol Related Deaths Panel delivered in partnership with Liverpool John Moores University is supporting us to look at wider system barriers to support learning, alongside the work of Safeguarding Adults Board.
- 7.2 The reduction in harm and risk of overdose for those still actively in addiction remains a area of focus across the partnership with Naloxone being given to all patients and high-risk groups. Turning Point have developed a Synthetic Opioid Harm Reduction Response Plan, which is triggered with local partners and agencies when risk is identified locally.
- 7.3 Reducing Alcohol Related Deaths and wider alcohol related harms is an ongoing work stream but the number of Oldham residents effected is high. Work has progressed with Royal Oldham Hospital and Alcohol Care Teams to understand why those discharged from hospital are reluctant to engage in community treatment. The development of the Assertive Outreach Team to engage change resistant drinkers is a recent addition in Turing Point. Work has also commenced at a Greater Manchester level to develop the Reducing Alcohol Related Harms Strategy but is not expected to be finalised until 2025.

8 Adult Integrated Substance Misuse Treatment and Recovery Service (Turning Point)

- 8.1 Turning Point Services Ltd commenced delivery of Adult Integrated Substance Misuse Treatment and Recovery Service on 1st April 2023. Turning Point have prepared a brief update and their Annual Report is also included which summarise key achievements over the last 12 months.

9 Lived experience initiatives and recovery support

- 9.1 Lived experience initiatives and recovery support services (RSS) support people in recovery and their families and benefit the wider community. They offer practical and emotional support to meet a person's needs and build on their strengths. Some are delivered by treatment providers, some by lived experience recovery organisations (LEROs), and some by a combination of both. Although, work has continued in partnership with Action Together

to establish recovery networks that are independent of our funded core treatment offer, progress has been limited. New Government guidance on recovery support services and lived experience initiatives has recently been published. This guidance supports alcohol and drug treatment and recovery partnerships to understand the evidence, value of and ways to develop lived experience initiatives and recovery support services. These initiatives and services help individuals, and their families sustain recovery long term. We have set-up a task and finish group to look at this and feed back to Oldham Drug & Alcohol Partnership Group.

- 9.2 Employment, Training and Education for residents in treatment and recovery is also an area that needs to be extended further, with 4 in 5 of residents in treatment being unemployed. The Individual Placement and Support Programme delivered by Groundwork GM is proving to be effective in supporting small numbers of people back into work, but capacity and funding is limited for the size of our in-treatment population.
- 9.3 What a person needs to support them in recovery is not very different from what every person needs to feel healthy and safe, such as meaningful activity, having friends and family that support them and living in a secure home. To overcome problem alcohol and drug use, people need to address their alcohol and drug use and create a life that is no longer built around it. Maintaining recovery once exiting from treatment requires an overarching partnership response to meet client aspirations to gain employment, accommodation or improvement in wider health conditions, such as mental and physical health without causing pressure on statutory Mental Health, Adult Social Care or wider health services.

10 Key Developments

- 10.1 There has been a good improvement in increasing the number of residents in treatment but there also needs to be a continued focus on those successfully completing treatment and our long-term recovery rates. Ongoing work that remains unchanged to last year is outlined below:
- i. Increasing numbers engaging in treatment is a key challenge especially around opiate and alcohol use. With increased numbers in treatment comes the additional pressure of managing capacity and caseload numbers in the treatment service.
 - ii. Reducing unplanned exits; the numbers of clients disengaging from treatment remain high and is impacting on overall treatment outcomes, work is ongoing to improve engagement rates and maintain numbers in treatment.
 - iii. Developing the treatment workforce and maintaining capacity is a significant challenge with not enough suitably qualified treatment or recovery workers available. Future Government grant funding may not continue in 2025/26 and this will result in increased caseload sizes and impact on extent of the wider treatment offer, the treatment service is planning for each eventuality.
 - iv. It's recognised the treatment service is working with an increasingly complex client group, presenting with physical and mental health conditions. Nevertheless, engagement has increased and there is a good level of partnership joint working arrangements in place with ASC, CSC and prisons, police and probation services.
 - v. Engagement of change resistant drinkers remains a priority and a focus to increase numbers entering treatment. Work with ROH Alcohol Care Team to look at patient consent on discharge and community pick up rates is ongoing. Supporting families impacted on by a family members substance use, especially in relation to women remains an area of ongoing development.

-
- vi. Reducing drug and/or alcohol related harm is still a concern and the ongoing challenges presented by Fentanyl's, Nitazenes and synthetic opioids escalate harm and risk of overdose for those still actively in addiction. The Oldham Drug and Alcohol Related Deaths Panel delivered in partnership with Liverpool John Moores University is supporting learning and development of prevention and harm reduction initiatives.

11 Appendices

11.1 Adult Social Care and Health Scrutiny Report 2023

[Website Link: Drug and Alcohol Strategy Scrutiny Update September 2023](#)

11.2 Turning Point Update 2023/24

11.3 Turning Point Annual Report 2023/24



Report to ASC & Health Scrutiny Board

Corporate Performance Report 2024/25 for Q1 Corporate Performance Report (1st April to 30th June 2024)

Portfolio Holder (CPR):

Cllr Arooj Shah, Cabinet Member for Building a Better Oldham

Officer Contact (CPR):

Steve Hughes, Assistant Director Strategy & Performance

Report Author (CPR):

Gail M. Stott, Performance Improvement Lead, Strategy & Performance

CPR collated by: Performance Improvement Team, Strategy & Performance

Contact: StrategyandPerformance@oldham.gov.uk

Date: 8th October 2024

Reason for decision

Scrutiny of corporate performance aims to provide assurance that:

- our corporate priorities are aligned to the needs of our residents (resident focus)
- our services are good, or are on track to good
- any services that are not on track, or have identified risks, are being supported or challenged to rectify this
- any demand indicators or resource pressures are being noted and service provision is being re-assessed accordingly
- the organisation has robust performance management processes in place.

Summary

The purpose of this report is to provide an overview of corporate performance against agreed service business plan measures for the 2024/25 Q1 period (April – June).

The current reporting format has been developed with the intent of bringing more mature performance reporting online once the ongoing Business Insight, Performance and Strategy Programme (BIPS) Programme and Digital Services Foundation (DSF) Project have been completed.

Historically, a full CPR has gone to the Governance, Strategy and Resources (GSR) Scrutiny Board; however, now there are four Scrutiny Boards, it is deemed more appropriate that the constituent parts go to the appropriate meeting to enable more in-depth analysis and discussion of the CPR alongside other associated reports.

Recommendations

Scrutiny Board members are asked to:

- note the progress in implementing the business plan objectives
- celebrate areas of consistent good performance
- note the comments on progress
- consider areas for review (good or poor) that could produce learning for the organisation
- note the interconnection of these actions with ongoing activities within the Directorate or Portfolio and corporate key projects such as our [Cost of Living Response](#) and [Don't Trash Oldham](#)
- consider benchmarking reports from open data sources
- review performance in the context of our borough and the demands on our services.

Corporate Performance Report 2024/25 Quarter Q1

1. Background

Business Planning

1.1 The [Corporate Plan](#) 2022/27 was approved by Cabinet in September 2022; service and business plans are closely aligned to the priorities set out in this Plan.

1.2 Revised guidance for the development of directorate or service level business plans was issued for 2024/25 in January 2024.

1.3 Directorate or service level business plans include a range of performance metrics, both 'business as usual' and transformational, aimed at achieving the aspirations of the Corporate Plan and putting our Residents First.

1.4 It is noted that business plans can be influenced by both internal and external factors, including increased demand, available funding or resources, changes in legislation or policies, and so are kept under review.

1.5 It is important that performance is viewed in the context of our borough; our published [district profiles](#) and the [Oldham JSNA](#) provide more detail on our borough alongside open data sources, such as the [the Health Foundation Local Authority Dashboard](#). These statistics and projections need to be considered when reviewing current and projected service levels and demands.

Performance Reporting Systems

1.6 The fundamental foundation of a Performance Management Framework is a performance management system that generates data that is utilised at all levels for decision-making; together with a transparent and efficient performance reporting cycle supported by good governance processes.

1.7 As part of the Council's ongoing management processes, each service has regular opportunities, via forums such as their Directorate Management Team (DMT), Performance Area Meeting (PAM) or Portfolio meeting, to review their performance at a service and directorate level. It is in these forums that services can:

- raise issues or concerns
- consider performance more holistically in the wider context of the service
- reflect on changes in demands or resources
- agree actions to improve or maintain performance levels.

1.8 Data scrutinised in these forums will be more detailed and focused on the particular service or function. It is from these discussions that the comments made in the CPR by Heads of Service and Portfolio Holders are derived.

1.9 The intent of the CPR is to enable key (high-level) data to be presented to provide reassurance, whilst also allowing space for discussion. Historically, a full CPR – covering all service areas - has gone to the Governance, Strategy and Resources (GSR) Scrutiny Board. From 2024/25 it has been agreed that it is more appropriate for the constituent parts go to the appropriate scrutiny meeting:

-
- **People CPR** – split between Children & Young People Scrutiny Board **and** Adult Social Care & Health Scrutiny Board
 - **Place CPR** – Place, Economic Growth and Environment Scrutiny Board
 - **Resources CPR** – Governance, Strategy and Resources Scrutiny Board

1.10 This will support more in-depth analysis and discussion of the CPR alongside other relevant reports, supported by relevant senior officers from each area. The Performance Improvement Team will continue to offer support and capture feedback where required.

1.11 The Corporate Performance Reports (CPR) are currently presented in PowerPoint for clarity and in keeping with previous feedback; they include:

- a summary for each service
- service successes
- key metrics
- areas for development
- capacity for Head of Service / Director's comments
- opportunity for Portfolio holder comments
- a glossary / list of acronyms and colour key (if required).

1.12 The current reporting format (agreed 5th October 2023 GSR Scrutiny Board) was developed as a solution to the decommissioning of CorVu but, with a view to bringing more mature performance reporting online once the Business Insight, Performance and Strategy Programme (BIPS) Programme and Digital Services Foundation (DSF) Project are fully completed. These projects remain ongoing into 2024/25.

Benchmarking

1.13 In addition to reviewing in-house reporting, Scrutiny Boards may wish to consider performance reports from open data sources. This will enable them to benchmark Oldham against other authorities. Much of this data is historical and on its own does not present a complete picture of the Council's performance however, these reports can be used to generate questions or key lines of enquiry.

1.14 LG Inform provides a number of ready built reports that use published data; they provide useful trend or comparator information.

1.15 The Office for Local Government (Oflog) Local Authority Data Explorer was launched with the primary purpose of '*providing a transparent and authoritative source of information about the performance of local government*' - current reporting is in relation to:

- Adults Social Care
- Corporate & finance
- Planning
- Roads
- Waste management

1.16 Greater Manchester Combined Authority (GMCA) produces business intelligence to inform all Greater Manchester priorities. This includes the Greater Manchester Strategy Performance Dashboards - six-monthly dashboards that assesses performance against the ten priority targets of the Greater Manchester Strategy.

Please contact StrategyandPerformance@oldham.gov.uk if you require any assistance in accessing these reports.

Performance Reporting – ongoing development

1.17 As part of the 2024/25 business planning cycle, data owners (Heads of Service) are reviewing their metrics and Key Performance Indicators (KPIs) with support from the Performance Improvement Team. The aim is to ensure services have the right measures that demonstrate the right outcome or impact. They also need to ensure they correlate to Oflog measures and any other statutory returns where possible.

1.18 Our ongoing review has determined that a standardised ‘one size fits all’ approach to performance monitoring is not feasible as the performance data that services produce differs. Some services produce data that is quantitative and readily assessed against milestones. However, in order for these to have the maximum relevance they need to be set in an appropriate timeframe – for example education services data needs to be reported termly as opposed to in financial year quarters. Similarly, some strategic programmes, such as public health initiatives, will only show meaningful results over a number of years.

- Any variance in timeframe or other aspects of the KPI will be highlighted in reporting.

1.19 Many core services provide a supporting role to others, so performance within their functions cannot be measured quantitatively and success is identified by ‘outcomes’ or the performance of the services they support. These services are developing business plans outlining their overarching strategies but with performance measures that are outcome, milestone or project based. To avoid repetitive or inaccurate reporting for these services, performance reporting may only occur at the beginning and the close of the year when major milestones can be effectively and accurately reflected on.

1.20 Member and officers are recommended to avail themselves of the resources provided by the Local Government Association; these include:

- **performance management guide for councillors** - an overview of what performance management is and the role of councillors in the performance management of the council
- **performance management e-learning module for councillors** - key points from the guide are available in a convenient and free to access module which should take around 30 minutes to complete
- **performance management guide for local authority officers** – provides a helpful overview of performance management in local government for officers.

Appendix:

1. People CPR - Adult Social Care; Public Health

Report to ASC & Health Scrutiny Board

Corporate Performance Report 2024/25 for Quarter 1: 1st April to 30th June 2024

Page 54

Portfolio Holder (CPR): Cllr Arooj Shah, Cabinet Member for Building a Better Oldham

Contact Officer (CPR): Steve Hughes, Assistant Director Strategy & Performance

Report date: 8th October 2024

CPR collated by: Performance Improvement Team
StrategyandPerformance@oldham.gov.uk

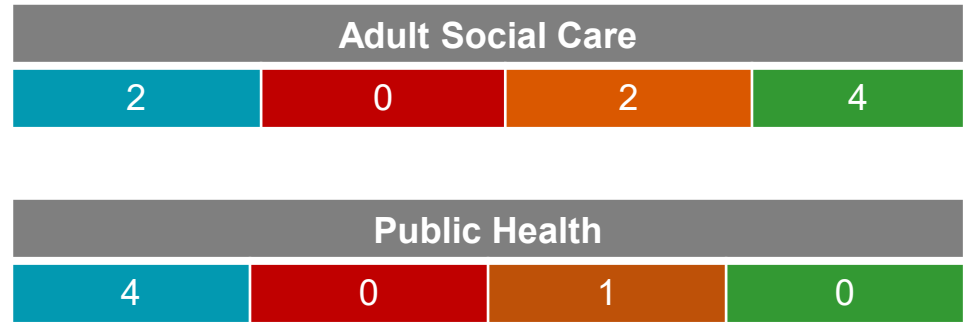


People

Key Performance Indicators

Page 55

RED	KPIs underperforming by more than 5%
AMBER	KPIs underperforming by less than 5%
GREEN	KPIs meeting or outperforming target
TEAL	KPIs with no targets set



Adult Social Care

Performance Measures & Business Plan Report

Portfolio Holder: Cllr Barbara Brownridge, Cabinet Member for Adults, Health & Wellbeing

Officer Contact: Jayne Ratcliffe, Director of ASC

Service Summary:

Adult Social Care in Oldham – "Supporting you to be independent, healthy, safe and well".

Adult Social Care, working with the rest of the Council, the voluntary sector, local communities and NHS partners will encourage and enable you, your family and community to stay healthy, safe and well. The aim is to enable Oldham residents to live as independently as possible. Where residents need support, we will help to identify the best solutions. If people need help but are not able to arrange their own care, the support we identify with residents will help you to live the best life they can, with the help they have around them.



Adults Social Care

Key Metrics

Page 57

% of older people still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)

89.50%

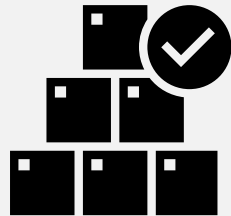


Q4 = 90.1%

Target = 89%

% of completed annual (planned) reviews

95.60%

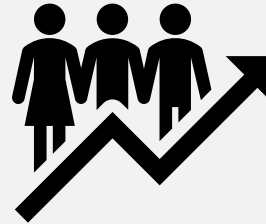


Q4 = 86.9%

Target = 65%

% of community-based providers rated as 'good' or 'outstanding'

85.3%



Q4 = 85.3%

Target = 90%

% of concluded section 42 enquiries with risk identified where risk **reduced** is the outcome

62.20%



Q4 = 45.5%

No target set

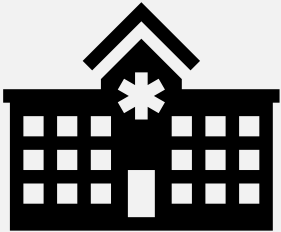
Adults Social Care

Key Metrics

Page 58

Number of individuals in a permanent nursing or residential placement per ten thousand population 65 years +

180

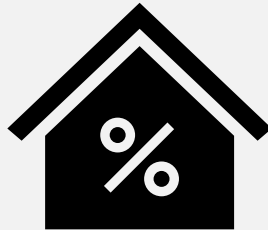


Q4 = 177

Target = 200

Percentage learning disability service users in settled accommodation

94.10%



Q4 = 93.8%

Target = 96.0%

Percentage of care home beds rated as 'good' or 'outstanding' (NW ADASS CQC Data reports)

83.3%



Q4 = 83.3%

Target = 75%

Percentage service users receiving direct payments

27.80%



Q4 = 29.1%

No target set

Adults Social Care

Successes



% learning disability service users in settled accommodation

An improved process for void management led by commissioning to ensure clarity on the vacancies in commissioned services thus providing assurance in the utilisation of commissioned frameworks as the first option as opposed to out of area and/or non-commissioned providers.

Page 59



% completed annual (planned) reviews

A much-improved position than in recent months/years. The recovery plan in relation to annual reviews is positive. The REED support is expected to continue for a further 3 months to sustain & improve our position further.



% of concluded section 42 enquiries with risk identified where risk reduced is the outcome

This is a positive position, demonstrating where risk are not able to be removed, the work undertaken by the service are reducing the risk of harm.



% service users receiving direct payments

Focussed work is being undertaken with the direct payment steering group & financial recovery group to review all current direct payments in line with SBA.

Adults Social Care

Areas for Development

Page 60



Number of individuals in a permanent nursing or residential placement

We continue to work to ensure we meet the needs of residents who are experiencing rapid discharge from hospital due to hospital trusts pressures. This has meant that individuals are not healthy enough to be reenabled. We are working closely with enable to ensure the in-reach offer to individuals in residential, nursing care & short stay care is utilised.



% of older people still at home 91 days after discharge from hospital into reablement/rehabilitation services

This is a positive position and aligns to our TOM outcomes and SBA outcomes. However, this links to the increased activity in homecare being provided, which is impacting the budget position.



Percentage of care home beds rated as 'good' or 'outstanding'

The work of the CMM has provided support to the providers in embedding improvements with the aim of these being sustained. However, it is worth noting that we have one provider that has unexpectedly advised us they are closing, which will result in this percentage reducing in Q2.

Adults Social Care

Comments

Q4: Jayne Ratcliffe (Director of ASC)

The service has made significant progress with the introduction and launch of the Adult Social Care strategy. This provides clear direction in relation to embedding new ways of working. The service is committed to promoting the independence of Oldham residents and reducing their reliance on statutory support services.

Q1: Jayne Ratcliffe (Director of ASC)

The directorate is continuing to strive to achieve strategic and operational improvements, in accordance with the Adult Social Care (ASC) strategy. The delivery of the changes are being undertaken at pace, to achieve positive outcomes for Oldham residents. Significant work has been completed to review commissioning outcomes, aligned to operational requirements ensuring the service continues to strengthen its local offer.

Signed Off: 11/07/24

Adults Social Care

Portfolio Holder Comments

Page 62

Q4: Cllr Barbara Brownridge

I am pleased that the new model of working has been embraced fully by the workforce and is delivering real benefits. The ongoing fragility of the care home sector is a serious concern, but the department is keeping a close eye on it and has a strategy to deal with any issues that might arise.

Q1: Cllr Barbara Brownridge

I am delighted that in particular our new initial information point is able to give people the right advice to allow them to remain healthy and independent but the service is facing significant pressure as a result of the increased complexity of the residents who do require formal support.

Signed Off: 25/07/24

Public Health

Performance Measures & Business Plan Report

Portfolio Holder: Cllr Barbara Brownridge, Cabinet Member for Adults, Health & Wellbeing

Officer Contact: Rebecca Fletcher, Director of Public Health

Service Summary:

Public Health are focused on helping people and communities in Oldham to improve their health and wellbeing, including the protection from threats to illness.

This service uses data and intelligence to meet statutory requirements, whilst championing the reduction of the health inequalities that we observe between Oldham and the England average; and within the borough between Oldham's most and least deprived wards.

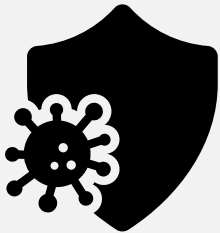
Public Health

Key Metrics

Page 64

Percentage achieving the expected standard for childhood immunisation

94%



Annual Data

Percentage of eligible adults aged 65+ who have received the flu vaccine

78.7%



Seasonal Data

Number of delivered Health Checks

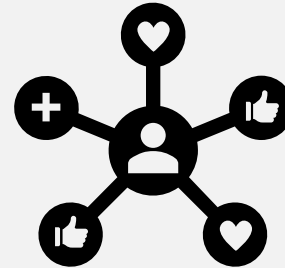
1807



Q4: 1655

Number of referrals to Social Prescribing

677



Q4: 858

Percentage who quit smoking at 4 weeks

48%



Target: 50%

Public Health Successes

Page 65



Percentage achieving the expected standard for childhood immunisation

Establishment of district networks to improve partnership working and awareness across systems. Targeted work in primary care (incl. call/recall) and communities (most recently, community events with Fatima Women's Association, at mosques, and engagement with key representatives from Community Champions groups).



Percentage of eligible adults aged 65+ who have received the flu vaccine

The flu season has now ended. Data from this season will be used to inform priorities and the approach for the coming season.



Number of delivered Health Checks

NHSHC specification revised to reflect requirement for increased quality and completeness.

Public Health

Areas for Development

Page 66



Percentage achieving the expected standard for childhood immunisation

We are assessing the outcomes of intensive call/recall activity at a sample of practices and gathering data on successes and challenges relating to this to inform extensions of this work. We are linking Werneth practice activity to the community pharmacy to improve uptake here. Community work is also continuing, with improving engagement with a range of networks. Finally, 'Vax chat' training is being provided to key representatives, both individually and as a ToT model, across the borough.



Percentage who quit smoking at 4 weeks

As the adult smoking prevalence rates continue to fall, the people who continue to smoke are more entrenched and have higher levels of dependency so require more assertive outreach to engage in treatment and higher levels of intensive support to achieve and maintain a quit. The service continues to prioritise supporting those who are most at risk of tobacco related harm. The roll out of the Swap to Stop vape offer will help to support more people to achieve a 4WQ.

Public Health

Comments

Q4: Rebecca Fletcher (Director of Public Health)

We continue to prioritise our response to the measles risk through working across the system this includes increasing MMR uptake but also ensuring that the system can respond to any positive cases. We have seen recent increases in the numbers accessing treatment through our drugs and alcohol service including in women, and opiate users. We have the highest uptake of Healthy Start Vouchers in GM which is a result of work by our integrated 0-19 service.

Q1: Rebecca Fletcher (Director of Public Health)

Work is continuing on improving vaccination rates in Oldham with a focus on working with our communities. NHS Health Checks are a key method to prevent cardiovascular disease in our residents. There is a programme of work to improve the quality of health checks to ensure that they are effective as possible. The reduction in our smoking quit rates is related to our focus on working with our most vulnerable, resistant and complex smokers. Work here is essential but quits are more challenging to achieve.

Signed Off: _____ 15/07/24

Public Health

Portfolio Holder Comments

Page 68

Q4: Councillor Barbara Brownridge

I am delighted that we have made significant improvements to vaccine take up although more remains to be done. We are making progress across the board with health improvements but the continuing pressure on Council and NHS budgets remains a significant cause for concern.

Q1: Councillor Barbara Brownridge

Improvements in vaccine take up continue and I am sure that the development of family hubs will help in this. I also welcome the lung health monitoring that is currently in Oldham as this will identify potential lung disease early as well as providing detailed information to help people to quit smoking altogether

Signed Off: 25/07/24

ADULT SOCIAL CARE AND HEALTH SCRUTINY BOARD

WORK PROGRAMME 2024/25

26 November 2024	Safeguarding Annual Report	Annual Update from ASC	Portfolio - Health and Social Care.	Update from service
	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
28 January 2024	CQC Assessment	Update on preparations for the CQC Assessment	Director of Adult Social Care	Six month update requested at ASC&H on 12 th June 2024
11 th March 2025				

TO BE SCHEDULED (additional session)				
REMOVED				

OUTSTANDING

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FCR-12-24	Council Tax Reduction Scheme 2025/26	Director of Finance	14 th October 2024	Cabinet
<p>Description: To determine the Council Tax Reduction Scheme for 2025/26 Document(s) to be considered in public or private: Proposed Report Title: Council Tax Reduction Scheme 2025/26</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-13-24	Treasury Management 2024/25 – Quarter 1 Report	Director of Finance	14 th October 2024	Cabinet
<p>Description: The Quarter 1 review of Treasury Management activity during the first Quarter of 2024/25. Document(s) to be considered in public or private: Proposed Report Title: Treasury Management Review 2024/25 – Quarter 1 Report</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
ESR-18-24	Approval of draft Greater Manchester Local Nature Recovery Strategy for consultation	Director of Economy	14 th October 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Approval of the draft Greater Manchester Local Nature Recovery Strategy for consultation Document(s) to be considered in public or private: Report to be considered in public				
New! ESR-10-24	Approval of draft South Pennines Mitigation Supplementary Planning Document for consultation	Director of Economy	14 TH October 2024	Cabinet
Description: Approval of draft South Pennines Mitigation Supplementary Planning Document for consultation Document(s) to be considered in public or private: Report to be considered in public				
New! ESR-11-24	Approval of draft Holcroft Moss Planning Obligations Supplementary Planning Document	Director of Economy	14 TH October 2024	Cabinet
Description: To approve the draft Holcroft Moss Planning Obligations Supplementary Planning Document (SPD) (Appendix 1) and supporting documents (Appendices 2, 3 and 4) for a six-week public consultation commencing not earlier than 1 November 2024. This will enable stakeholders to have the opportunity to provide comments on the Holcroft Moss Planning Obligations SPD before it is formally adopted. Document(s) to be considered in public or private: Report to be considered in public				
New! HL-04-24	Local Authority Housing Fund	Director of Economy	14 TH October 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
Description: Acceptance of grant and allocation of council resources to aid project viability. Document(s) to be considered in public or private: 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				
New! HL-05-24	Selection of Preferred Developer for Southlink	Deputy Chief Executive	14 TH October 2024	Cabinet
Description: Document(s) to be considered in public or private:				
New! ESR-20-24	Eton Star - A New School in Oldham Town Centre	Deputy Chief Executive	14 TH October 2024	Cabinet
Description: Proposals for a new education facility in Oldham Document(s) to be considered in public or private: 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				
New! EE-03-24	Oldham MBC Charging Policy	Deputy Chief Executive -	14 TH October 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: a report proposing a new charging policy for the Borough</p> <p>Document(s) to be considered in public or private: 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! ECR-17-24</p>	<p>Oldham Community Leisure (OCLL) Buildings Capital Requirements</p>	<p>Deputy Chief Executive/Director of Communities</p>	<p>14TH October 2024</p>	<p>Cabinet</p>
<p>Description: Proposals for the development of OCLL infrastructure.</p> <p>Document(s) to be considered in public or private: 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-17-24</p>	<p>Utilities Procurement 2024 - 2028</p>	<p>Deputy Chief Executive -</p>	<p>14TH October 2024</p>	<p>Cabinet</p>
<p>Description: a report detailing a plans for procuring utilities over a four year period starting in 2024/25</p> <p>Document(s) to be considered in public or private: 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! CHS-06-24</p>	<p>Additional UKSPF Skills Funding Allocations</p>	<p>Director of Education, Skills & Early Years</p>	<p>14TH October 2024</p>	<p>Cabinet</p>

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: a report detailing options for additional sources of UKSPF Skills Funding</p> <p>Document(s) to be considered in public or private: 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>				
NEI-04-24	Street Lighting Attachments Policy	Director of Environment	14 TH October 2024	Cabinet
<p>Description: To ask Cabinet to formulate and agree a Streetlighting attachments policy.</p> <p>Document(s) to be considered in public or private: 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>				
New! EDS-06-24	Greater Manchester Work Well Partnership – Oldham’s Local Delivery	Director of Education, Skills & Early Years	14 TH October 2024	Cabinet
<p>Description: a report detailing Oldham’s contribution to the Greater Manchester wide ‘Work Well’ Scheme.</p> <p>Document(s) to be considered in public or private: 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>				
New! EDS-07-24	Music Hub Partnership Agreement	Director of Education, Skills & Early Years	14 TH October 2024	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: a report detailing a Music Hub Partnership.</p> <p>Document(s) to be considered in public or private: 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>				
FCR-18-24	Financial Update and working capital requirements for 2024/25 – Oldham Total Care	Director of Adults Social Care (DASS)	18 TH November 2024	Cabinet
<p>Description: a report providing a Financial Update Report to be considered in Public</p>				
NEI-12-24	Parking Service Review and Contract	Director of Environment	18 TH November 2024	Cabinet
<p>Description: Review of Parking in the Borough</p> <p>Document(s) to be considered in public or private: public</p>				
New! FCR-19-24	Treasury Management Strategy Mid -Year Review 2024/25	Director of Finance	18 TH November 2024	Cabinet
<p>Description: Review of the performance for the first half of the financial year in relation to the Treasury Management Strategy for 2023/24. Document(s) to be considered in public or private: Proposed Report Title: Treasury Management Strategy Mid -Year Review 2024/25</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
New! FCR-20-24	Revenue Monitor and Capital Investment Programme 2024/25 Quarter 2	Director of Finance	18 TH November 2024	Cabinet
<p>Description: The report provides an update on the Council’s 2024/25 forecast revenue budget position and the financial position of the capital programme as at the period ending 30 September 2024 (Quarter 2) Document(s) to be considered in public or private: Proposed Report Title: Revenue Monitor and Capital Investment Programme 2024/25 Quarter 2 Background Documents: Appendices – Various Report to be considered in Public</p>				

Page 77

Key:

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

Notes:

1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its members are detailed on the Council's website
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, 14th October 2024

Decision to be taken (Agenda Item) Decisions proposed to be taken in private at Cabinet on 14th October 2024:

a. Local Authority Housing Fund

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.

a. Wireless Infrastructure Upgrade

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.

b. Selection of Preferred Developer for Southlink

Reason:

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

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

c. Eton Star - A New School in Oldham Town Centre

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.

d. Oldham MBC Charging Policy

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.

e. Oldham Community Leisure (OCLL) Buildings Capital Requirements

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.

f. Utilities Procurement 2024 - 2028

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.

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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g. Additional UKSPF Skills Funding Allocations

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.

h. Street Lighting Attachments Policy

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.

i. Greater Manchester Work Well Partnership – Oldham’s Local Delivery

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.

j. Music Hub Partnership Agreement

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.

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 14 OCTOBER 2024

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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Representations:

If you wish to make representations against the intention to hold a private meeting, please send these to Constitutional Services, Level 3, Civic Centre, Oldham, OL1 1UL or email: constitutional.services@oldham.gov.uk

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