

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

Date Tuesday 27 January 2026

Time 6.00 pm

Venue JR Clynes Building, Cultural Quarter, Greaves Street, Oldham, OL1 1AL

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 or Constitutional Services at least 24 hours in advance of the meeting.

2. Contact officer for this agenda is email
constitutional.services@oldham.gov.uk

3. Public Questions - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Friday, 23 January 2026.

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.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

Membership of the ADULTS SOCIAL CARE AND HEALTH SCRUTINY BOARD

Councillors Adams, Davis, Hamblett, Hurley, J. Hussain, Ibrahim, Iqbal, Kouser, McLaren (Vice-Chair), Rustidge (Chair) 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 5 - 10)
The Minutes of the Adults Social Care and Health Scrutiny Board held on 25th November 2025 are attached for approval.
- 6 Call-In Procedure (Pages 11 - 12)
The Scrutiny Board is asked to note the Call-In Procedure
- 7 Extension of a Section 75 agreement with NCA (Pages 13 - 30)
That the Scrutiny Board having considered the information in this report and representations made during the course of the call-in, determines whether to either:
 1. Uphold the decision taken by the Cabinet; or
 2. Refers the decision taken by the Cabinet on 15 December 2025, back to the Cabinet for further consideration, and in asking Cabinet to reconsider its original decision, the Scrutiny Board clearly identifies the reasons why it seeks the review and formulates recommendation(s) it would like the Cabinet to consider.
- 8 Relocation of Royal Oldham Hospital Urgent Treatment Centre to Victoria Breast Unit to address urgent care pressures and patient flow (Pages 31 - 34)
To note the report on the Relocation of Royal Oldham Hospital Urgent Treatment Centre to Victoria Breast Unit to address urgent care pressures and patient flow.
- 9 MioCare Annual Report (Pages 35 - 44)

To consider and note the Miocare Annual Report.

10 Infant Mortality Action Plan (Pages 45 - 52)

To consider the 2025-2026 Reducing Infant Mortality Action Plan and overall approach to preventing avoidable infant deaths in Oldham.

11 Public Health Grant Funding Allocation for Adult Substance Misuse Prevention, Treatment and Recovery Services 2026/27 - 2028/29 (Pages 53 - 60)

To consider and note the Public Health Grant Funding Allocation for Adult Substance Misuse Prevention, Treatment and Recovery Services 2026/27 - 2028/29.

12 Work Programme (Pages 61 - 62)

To consider and note the Children and Young People Scrutiny Board's Work Programme for 2025/26.

13 Key Decision Document (Pages 63 - 74)

14 Rule 13 and 14

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

This page is intentionally left blank

Present: Councillor Rustidge (Chair)
Councillors Adams, Davis, Hamblett, J. Hussain, Ibrahim, Iqbal
and McLaren (Vice-Chair)

Also in Attendance:

Barbara Brownridge	Cabinet Member for Adults, Health and Wellbeing
Jack Grennan	Constitutional Services
Lois Hall-Jones	Public Health
Abigail Pemberton	Head of Strategic Safeguarding
Jayne Ratcliffe	Director of Adult Social Services
Gail Stott	Performance Improvement Lead
Lorna Urwin	Strategy and Performance - Oldham MBC
Christian Walsh	Deputy DASS

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Hurley and
Councillor Sharp.

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 received.

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

RESOLVED that the minutes of the meeting of the Adults Social
Care and Health Scrutiny Board held on 7th October 2025 be
approved as a correct record.

6 **GREATER MANCHESTER JOINT HEALTH SCRUTINY
COMMITTEE UPDATE**

Members noted that Oldham was only mentioned once in the
minutes, and asked the representative of the Council on the
Committee how he engaged to best benefit Oldham. The
representative, Councillor McLaren, responded to say that he is
always raising issues and ensuring there is balanced debate in
order to get a response from officers on reports brought to the
Committee.

Members queried that 'potentially 600 staff members' could be
affected by the reforms to ICB operating costs, and asked how
many from Oldham would be affected. It was noted that this
followed on from the Government announcement around ICB
cuts. It was highlighted that monies had not yet been released

by the government to pay for redundancies and that details hasn't been released around the impact.

RESOLVED: That the minutes of the Greater Manchester Joint Health Scrutiny Committee be noted.

7

PERFORMANCE ASSURANCE REPORT 2025/26 Q1+Q2

Jayne Ratcliffe presented the report, noting the positives and negatives of the quarter, as well as the scorecard metrics for the service. It was noted that the complaints drop off had come due to the CQC Inspection, which had led to competing demands and priorities.

Members queried whether the reduction in the use of agency staff would save money. It was noted that it would, but the priority was continuity. Members also highlighted that the Q2 complaints had doubled and asked whether there were any trends within the complaints. It was noted that a deep dive into complaint themes was underway, but that the main themes so far were charges for services and financial assessments, but that there was an expectation that the area would improve.

Members queried what the procedure for complaints was and how complaints are categorised. It was advised that some complaints were complex and it was in the best interests of the complainant for the complaint to be investigated. It was noted that complainants were kept in the loop and it would be explained why there was a delay.

Members noted the positives of the report and asked that thanks be passed on to the team for their work. It was noted that amongst the negatives highlighted was rising sickness and it was queried if there were any reasons for this. Members were advised that staff are overworked and that there was a risk of stress and burnout, which was the national picture too. It was noted that there was a focus on supporting returns to work and to help staff stay in work too.

Members asked what had been done on mitigating the impact on service users. It was highlighted that improvement plans and dashboards were in place, and that waiting lists and reviews had faced the biggest impact. It was noted that up to date average waits would be provided, and that the process was going in the right direction.

Members asked what was being done to promote prevention and reduce demand. It was noted that support is needed to prevent people entering the service and that enablement support was being looked at. It was noted that the care population was steady, despite both a rising population and a rising aging population.

Members queried whether social workers stay with the same people. It was noted that they wouldn't unless it wasn't safe enough for them to be transferred.

Members asked whether there was a limit for social worker case loads. It was noted that there was but this was done as a weighting system, so staff would not be left with a lot of complex cases. It was also asked whether the council is doing everything it can to keep people at home. It was noted that yes, they were as it provided the best outcomes.

Lois Hall-Jones provided an update on the metrics from Public Health.

Members queried whether weight loss programmes were advice or prescribing. It was noted that there were different tiers of approach, depending on the need of the patient, and that it was a whole person approach. Members queried whether there was any literature that could be shared with members of the Board, and it was advised that there were.

Members queried why Q4 data had been used for Percentage of Health Visiting appointments completed within timescales, when Q1 data had been used for all the other metrics. It was noted that there had been data issues with the Q1 data and so Q4 data had been used instead as the most up-to-date figure.

Members noted the Mayor's Healthy Living Project and questioned whether the Mayor could help with publicity in the area, and it was noted that any help would be helpful.

Members noted the 'Health in Context' metrics within the report, but noted that it made for poor reading. It was queried what could be done to improve this. Members were advised that the approach was information driven and that it was a matter of continuing existing work.

Members noted the reduction in agency spend and queried who was on the Learning Improvement Board. It was noted that the Board was chaired by the Principal Social worker. Members also asked about lifelong cardiac sufferers, and it was noted that it was about getting the right support to those with conditions in a system wide approach.

Members queried what was being done with spare bed capacity. It was noted that this would be picked up outside of the meeting but it was noted that there are a number of empty beds in residential settings, but that more specialist beds were needed and the Council was working with the market on this issue.

Members noted the 74% of adult social care providers rated good or outstanding by CQC, noting that it seems like it isn't a good result. Members were reassured that there was a backlog within CQC around inspections and that the Council also checks in on all adult social care providers in the borough.

RESOLVED: That the Performance Assurance Report be noted.

Abigail Pemberton introduced the report.

Members noted the Safeguarding demographics, highlighting the variance in the data. It was noted that there is underreporting in ethnic minority groups, and that there is a public facing communications programme being looked at on how to make residents trust and report safeguarding concerns.

Members welcomed the report, noting that more was being done with less, and highlighted the case studies. It was queried whether this could be sustained. It was highlighted that there was a partnership approach in place, with a focus on preventing. It was also highlighted that the Tiered Risk Assessment and Management (TRAM) protocol also covered those who were not Care Act eligible.

Members acknowledged the challenges outlined in the report, and queried which issue, if addressed, would make the biggest impact. It was noted that knowledge or institutional memory was the most significant one, noting that it would lead to practice improvement.

RESOLVED: That the report be noted.

9

ADULTS SOCIAL CARE WORKFORCE STRATEGY

Jayne Ratcliffe introduced the report. The Adult Social Care Vision and Strategy was set out, including the focus of the strategy being to enable residents to live as independently as possible. The workforce capacity strategy was outlined, and had come on the back of staff engagement session work and feedback.

It was noted that there were 36 vacancies, some of which were being covered by agency staff. The key priorities of the strategy were outlined, and it was noted that the service wanted to be able to retain and develop staff.

Members queried how many vacancies there would be on the structure tree and it was advised that by later in the week, there would be no vacancies on the tree. It was also queried what the cost of carrying vacancies was. It was noted that this would be difficult to calculate and that an answer would be provided outside of the meeting. It was highlighted, however, that there was no overspend on staffing within the service.

Members queried whether, regarding apprenticeships, college leavers had been approached to consider that as a career path. It was noted that there were four Social Care apprenticeships this year as part of a rolling programme. It was noted that it was better to get new staff used to the system of Social Care before offering them apprenticeships. It was noted too that Social Workers give talks to inspire students at the College, in the hopes of encouraging them to take up the career.

Members asked that, in regard to the 36 vacancies, whether there was any scope to work with other authorities to address issues. It was noted that there was generally not enough

resources in the system, and that experience was needed too, which were the same challenges across GM. Some work around GM was being done to combat this, and the power of the ten boroughs working together was highlighted.

Members queried whether the life expectancy of the workforce was decreasing, and it was noted that an analysis had never been done into it. It was noted that there was a need to bring in the young as part of succession planning.

RESOLVED: That the Strategy be noted.

10 **WORK PROGRAMME**

Members queried whether the hospital parking motion from Council could be discussed at the board. It was queried whether it was within the remit of the Board to bring this forward as an item, as it was an NHS issue rather than a Council issue.

11 **KEY DECISION DOCUMENT**

The Board reviewed the Key Decision Document.

Members queried why the report on Section 75 Partnership Agreement with the NHS Northern Care Alliance hadn't been to scrutiny. It was advised that the report had been to the ICB Board, which is a public meeting, and focused on the technical arrangements on governance.

Councillor Hamblett noted that he would write to the Chair of the Scrutiny Board regarding this.

12 **RULE 13 AND 14**

Members noted a Rule 14 decision on the report of the Director of Adults Social Services, entitled – Request for a Direct Award of the Domestic Property Disability Adaptions Framework for the Provision of Level Access Showers and Shower over Baths.

The meeting started at 6.00 pm and ended at 7.35 pm

This page is intentionally left blank

PROTOCOL FOR DEALING WITH CALLED-IN BUSINESS AT AN OVERVIEW AND SCRUTINY BOARD MEETING

The Chair of the Scrutiny Board will briefly outline the following procedure to the Scrutiny Board Members and others present at the meeting.

1. The Calling-in Members will explain to the Committee the reasons why they have called-in the Cabinet's decision.
2. The Cabinet Member will explain to the Scrutiny Board the background to the decision that has been called-in.
3. The Lead Director/report author will explain the reasons for the recommendation in the report.
4. The Calling-in Members may ask questions of the Cabinet Member and/or the Lead Director/report author.
5. Members of the Scrutiny Board may ask questions of the Cabinet member and of the Lead Director/report author.
6. Members of the Scrutiny Board may ask questions of the Calling-in Members.
7. The Scrutiny Board will debate the issues.
8. The Calling-in Members will have the opportunity to respond to any relevant points raised during the debate (if appropriate).
9. The Cabinet Member and/or the Lead Director/report author will have the opportunity to respond to any relevant points raised during the debate (if appropriate).
10. The Scrutiny Board will make its decision, and there are essentially two decisions which the Board can make: -
 - a. to uphold the decision that has been called-in, which means the decision will take immediate effect.
 - b. To refer the decision back to the decision-making body (Cabinet) to determine at its next available meeting, if necessary, with any recommendations which this Scrutiny Board considers to be appropriate. (If this is the case the Cabinet can uphold its original decision, or make a different decision, in light of the scrutiny Board's consideration thereon. Any subsequent decision made by a Cabinet would be exempt from call-in).

This page is intentionally left blank

Report to Adult Social Care and Health Overview and Scrutiny Committee

Extension of a Section 75 agreement with NCA

Date: January 2026

Cabinet Member: Cllr Barbara Brownridge,
Lead Officer: Rebecca Flether, Director of Public Health
Report Author: Anna Tebay, Head of Service Public Health

Recommendations to Scrutiny Committee:

That the Scrutiny Board having considered the information in this report and representations made during the course of the call-in, determines whether to either:

1. Uphold the decision taken by the Cabinet; or
2. Refers the decision taken by the Cabinet on 15 December 2025, back to the Cabinet for further consideration, and in asking Cabinet to reconsider its original decision, the Scrutiny Board clearly identifies the reasons why it seeks the review and formulates recommendation(s) it would like the Cabinet to consider.

Additional information requested as part of the Council Call In process

Background

- Cabinet paper dated 15th December 2025 sought approval to extend the existing section 75 agreement with the Northern Care Alliance NHS Foundation Trust (NCA) to deliver the clinical elements of the integrated children's and families' service.
- Approval was sought to extend the Section 75 agreement for an initial 2-year period (1st April 2026 until 31st March 2028), with an option to extend by a further 1 year (until 31st March 2029), where both parties agree, and financial provision is available.
- In March 2021, Cabinet approved a new working arrangement that was agreed by legal and procurement departments. This came into effect 1st April 2022 with Oldham Council and the NCA delivering the integrated children and families services in partnership under a Section 75 agreement.
- Oldham's integrated approach was developed in response to the Department of Health 'Integration and Innovation: working together to improve health and social care for all', setting out the Government's legislative proposals for a health and care bill covering the NHS, social care and public health. Integration and innovation: working together to improve health and social care for all (HTML version) - GOV.UK ¹The ambition that has been delivered was to create a dynamic partnership to better join up delivery of services, share resources and bring different professions together with a common purpose to deliver a more cohesive service for residents. Our Partnership involves health visitors, school nurses, and targeted support nurses being employed by the NCA as the clinical lead, and the Council employing the Early Education, SEND practitioners, and Family hubs staff through the public health settlement as the expert on the non-clinical aspects of the service.
- The Council has a statutory duty to commission public health services for children and young people, referred to nationally as the Healthy Child Programme. This means Oldham Council must provide health visitors and school nurses to ensure the appropriate health reviews and interventions are in place to enable every Oldham child to have the best start in life. The local integrated children and families service delivers the national evidence-based universal programme for children aged 0-19. The programme provides the bedrock for health improvement, public health and supporting families.
- Local Authorities have a statutory function to provide some key public health services, and some of these support the Healthy Child Programme. These are health visitor

¹ <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

reviews of pregnant women and young children, weighing and measuring children at Reception and Year 6, and oral health promotion programmes as deemed necessary for the area.

Broader context

- The latest IMD rankings show that 52% of Oldham children live in the 10% most deprived areas nationally. Health outcomes for children are impacted by poverty in a similar way that health outcomes for adults are. Overall, compared with England averages, the health and wellbeing of children in Oldham is worse than England. Breastfeeding rates are on the upward trajectory but are lower than the England average, and more than a quarter of Oldham's children are obese at Year 6. It is therefore essential that Oldham provides a stable offer to our families, children and young people.
- In 2024/2025, the service underwent a redesign to ensure financial viability. Although necessary, this did result in a period of uncertainty for staff. In addition, a vacancy freeze was implemented until the new model was implemented. This resulted in a number of vacancies across the service. A recruitment drive has taken place, and vacancies are now minimal with appointed staff receiving training before they can hold full caseloads. As the redesigned model is still in the early stages of implementation, it is not considered beneficial for the service or residents to pursue a change of provider at this time.
- Both organisations have expressed a strong interest in extending the agreement. Further to this, the integrated children and families service has substantial connections to other significant pieces of work including the Family First Partnership (FFP) as a national reform, and the Best Start Family Hubs.. The service provider is embedded and an active participant in these wider pieces of work through both this service, and their other community health provision.
- An initial assessment has indicated that there is not a buoyant market to provide these services. All Greater Manchester Local Authorities currently having the Healthy Child Programme delivered by their local trusts. Within Greater Manchester, one other borough, recently attempted to tender the opportunity for this type of service. Following a full tender process, there was insufficient market interest to award a contract, and the LA were forced to extend their existing contract and increase their financial envelope. Oldham is keen to avoid this scenario of an unnecessary tender.

Financing

- All elements of the integrated children's and families service are funded through the Public Health settlement.
- As the NCA element of the integrated children and families service operates under a section 75 agreement, this means that the Council only pays for the staffing structure in operation and resources used. It also means that any underspend resulting from staff vacancies and staff on lower entry points within the pay band, benefits the Council not the provider. The opposite is equally true, that any overspends are the responsibility of Oldham Council. To mitigate against this happening, monthly governance groups are in place to review the financial spending, tracking trends and pressure points at early opportunities.

Additional Information Required

1. **Limited or No discussion of benefits to the borough of Oldham:** *Whilst there is detail about how a decision taken by Oldham will benefit the NCA, there is very limited discussion in the report about how this specifically benefits the borough of Oldham. Whilst it is collegiate and worthy to help a partner, our primary concern is the delivery of services for the borough of Oldham. The report does not detail this anywhere and it should. If there is no specific benefit to the borough of Oldham other than building goodwill with a partner, then the report should state this.*

Delivery of a stable Healthy Child Programme has many benefits including improved health and development outcomes through early identification of physical, emotional and development needs. This provides an opportunity for early intervention for speech and language, healthy weight, oral health and bonding/ attachment issues.

Remaining with the current provider ensures continuity of care and stability for the workforce. This ultimately means a better quality of service for the families of Oldham. In addition, the NCA provides a wider range of community and acute health services for children, young people and families. Having the same provider across these services enables better integration of provision to support our residents.

The service has recently been through a significant redesign, further changes to the service could lead residents to lack confidence in the provision and potentially cause reputational damage to the council as there is some evidence that finding a new provider would prove fruitless.

2. **In addition, the report is vague at section 2.5:** *“the Local Authority is expected to commission school nursing, National Child Measurement programme (NCMP), plus targeted support.” “is expected” is extremely unclear and does not specify whether the authority:*

- *is expected but doesn’t,*
- *is expected and does or*
- *is expected but will do in the future*

The Council has a statutory duty to commission public health services for children and young people, referred to nationally as the Healthy Child Programme. This means Oldham Council by law must provide health visiting and school nurses to ensure the appropriate health reviews and interventions are in place to enable every Oldham child to have the best start in life.

We currently provide these services via this partnership agreement with the NCA. The proposed extension would be to enable us to continue to do so via the same agreement.

The NCMP is a statutory function, and Oldham Council must ensure the provision of a service that can undertake this function. This is within the specification that the provider works to and is monitored on. The service will continue to deliver this function.

3. **No “before” performance metrics:** *Section 2.9 mentions the monthly governance oversight group that monitors service delivery but does not contain any summary of service delivery metrics. This will make it more challenging in the future to evaluate the quality of this decision (ie how has service delivery been impacted by the harmonisation of 0-19 specification?).*

The monthly governance meeting assesses quality, finance, performance and workforce.

Quality

The quality reports discussed at the governance overview group provides an opportunity for the provider to raise service incidents as part of the transparent operating process. The issues and incidents are discussed, actions agreed and lessons learnt. In addition to incidents being raised, the service has an opportunity to provide positive feedback including family comments on the high level of respect, professionalism and caring approach provided across the teams. Through this process, no significant issues have been identified with quality of the service.

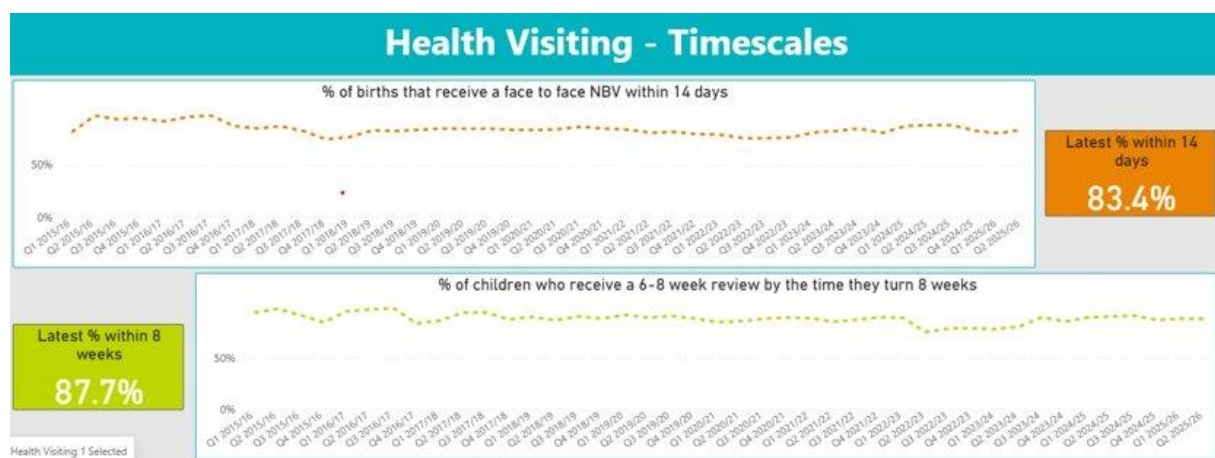
Finance

As a result of the robust finance monitoring in place, at quarter 3 of the 2025/26 financial year, the service has not overspent throughout the period of the current agreement and has been consistently delivered within the financial envelope.

Performance

The November 2025 performance report has shown that some of the aspirational targets of 90% of assessments completed in time are not being met, with only 85.3% of newborn visits being completed within time. The NCA has provided reassurances that all new borns received a visit, this was just not in the defined timescales. 90.4% of 6-8 week checks were completed within time.

By way of summarising, the below graph shows some core metrics for the health visitor contacts over the past ten years, with quarter 2 of 2025/26 being highlighted. The current performance is in line with our statistical neighbours. A summary metric of the service is included in the corporate performance report that is presented to the Adult Social Care and Health Scrutiny Committee.



Workforce

Active recruitment has been in place for NCA staff to deliver the integrated children and families' service. As of November 2025, the staffing levels were nearly at capacity with health visitors having 40.9 whole time equivalent (WTE) staff in place out of a staffing structure of 43 WTE. School nurses, at the same time period were staffed at a level of 12.64 WTE, where a fully staffed structure would see 14 WTE in post. These are considered an acceptable number of vacancies to be carrying without presenting a risk to service delivery.

Harmonised Specification

The harmonisation of the service specification should not impact on the performance, as it will continue to follow the expectations to deliver the Healthy Child Programme as nationally prescribed. Having a harmonised specification and list of indicators will help us benchmark our performance across the boroughs. This will support our work on robustly monitoring the service.

4. No discussion or detail about how to measure and mitigate a con: Section 3.1 describes the following for the preferred option:

Option 1 – To extend the section 75 partnership agreement with the NCA for the delivery of the integrated children's and families service.

Pros – the partnership already exists, the staffing model is stable, and this requires minimal Council capacity to enact this option

Cons – this doesn't provide any option to test the market

This section should contain at the very least a discussion of the quantitative or qualitative impact of this con. Ideally it would also seek approval for actions to potentially mitigate this con.

The original report identified a series of 'pros' or benefits as a specific section. The associated 'cons' however, were less obvious in the original paper. As such we have drawn them out more fully as in essence not progressing in this way presents a number of risks:

- It was clear from our review of the market that there is no evidence of a buoyant market to provide these services, with all Greater Manchester Local Authorities currently having the healthy child programme delivered by their local trusts. Across GM, one other borough recently attempted to tender the opportunity for this type of service. Following a full tender process, there was insufficient market interest to award a contract and the LA were forced to extend their existing contract and increase their financial envelope. Oldham is keen to avoid this scenario.
- There are also risks at going out to market. This would be likely to cause uncertainty among staff, as TUPE would apply, and may result in staff leaving the service. This is likely to result in the workforce experiencing low morale and staff shortages. During a period so close to restructuring, this could negatively impact service delivery—particularly when there is no indication that a tender would be successful. Where there are high staffing vacancies, Oldham residents would receive a reduced offer.

In order to mitigate the risk of not going to test the market, Oldham Council staff continue to engage with regional and national partners to understand any changes in the market, and any potential opportunities. The agreement extension is for 2 years with the potential to extend for another 1 year. This would enable us to leave the agreement after 2 years if a robust, high quality market with strong benefits were to become available.

Original Recommendations to Cabinet:

- the extension of the section 75 partnership agreement with the Northern Care Alliance to deliver the clinical elements of the integrated children's and families service for a period of 2 years with an option to extend by a further 1 year.
- to delegate authority to the Director of Public Health, in consultation with the relevant Cabinet Member, to approve any future extensions to the Section 75 agreement where there is budget available.
- to delegate authority to the relevant officers to negotiate and execute any revisions of the Section 75 agreement.

- to delegate authority to the relevant officers to harmonize the 0-19 specification with Bury and Rochdale to allow for greater consistency, whilst ensuring that an appropriate locality schedule reflects the current delivery model in Oldham.

These recommendations will allow the Council to reach an agreement with the provider efficiently and within the required timeframe for the continued delivery of an essential service.

This page is intentionally left blank

Call-In a Decision Form

TITLE OF REPORT	Extension of a Section 75 agreement with NCA
DATE DECISION MADE:	15 december 2025
DECISION MADE BY: (Cabinet/officer)	Cabinet
REFERENCE NO. (If appropriate)	HSC-14-25

The following signatories request that the above decision be called in:

	Name	Signature
1*	Mark Kenyon	By email
2*	Alicia Marland	By email
3	Sam Al-Hamdani	By email
4		
5		

**Two signatories minimum.*

To be filled out by lead signatory:

Why is the decision being called in? (Continue on another page if necessary)¹

There was not enough information on which to make a decision.

The paper essentially asks Cabinet to approve a contract extension AND to make changes to the service provision in Oldham:

“d) to delegate authority to the relevant officers to harmonize the 0-19 specification with Bury and Rochdale to allow for greater consistency, whilst ensuring that an appropriate locality schedule reflects the current delivery model in Oldham.”

Section 2.6 describes the origin of this request:

“The NCA currently provide 0-19 services to Bury, Rochdale and Oldham through three separate approaches. Although all areas are operating through a different delivery model 3 and under different contractual arrangements, there has been an ask from the provider to work towards a harmonized specification”

2.6 then continues to list the benefits to The NCA:

¹ The grounds on which an executive decision can be called-in are:

1. The decision falls outside the Council's agreed Budget or Policy Framework. 2
2. There was not enough information on which to make a decision
3. An alternative policy option or options were not sufficiently explored.
4. The reason(s) for rejection of alternative policy options were not sufficiently explained.
5. Other Committee/Sub-Committees or any other Council body which have a legitimate role to comment were not given the opportunity to do so
6. The decision should have been included in the key decision notice.

- help streamline NCA oversight processes
- greater consistency within the north east arc of Greater Manchester
- agree a standardised performance framework across all three localities

2.6 then describes why this is a reasonable request:

“As all areas are broadly working to deliver the mandated and nationally prescribed Healthy Child Programme – this is considered achievable. Oldham’s schedule of delivery will reflect our nuanced approach to deliver through an integrated approach in partnership with the Local Authority, and any additionality.”

The report is lacking information in four key areas, without which affects the quality of the decision taken by Cabinet, reduces transparency and scrutiny.

1) Limited or No discussion of benefits to the borough of Oldham

Whilst there is detail about how a decision taken by Oldham will benefit The NCA, there is very limited discussion in the report about how this specifically benefits the borough of Oldham. Whilst it is collegiate and worthy to help a partner, our primary concern is the delivery of services for the borough of Oldham. The report does not detail this anywhere and it should. If there is no specific benefit to the borough of Oldham other than building goodwill with a partner, then the report should state this.

2) In addition, the report is vague at section 2.5:

“the Local Authority is expected to commission school nursing, National Child Measurement programme (NCMP), plus targeted support.”

“is expected” is extremely unclear and does not specify whether the authority:

- is expected but doesn’t,
- is expected and does or
- is expected but will do in the future

3) No “before” performance metrics

Section 2.9 mentions the monthly governance oversight group that monitors service delivery but does not contain any summary of service delivery metrics. This will make it more challenging in the future to evaluate the quality of this decision (ie how has service delivery been impacted by the harmonisation of 0-19 specification?).

4) No discussion or detail about how to measure and mitigate a con.

Section 3.1 describes the following for the preferred option:

Option 1 – To extend the section 75 partnership agreement with the NCA for the delivery of the integrated children’s and families service.

Pros – the partnership already exists, the staffing model is stable, and this requires minimal Council capacity to enact this option

Cons – this doesn’t provide any option to test the market

This section should contain at the very least a discussion of the quantitative or qualitative impact of this con. Ideally it would also seek approval for actions to potentially mitigate this con.

This page is intentionally left blank

Report to CABINET

Extension of a Section 75 agreement with NCA

Portfolio Holder:

Councillor Barbara Brownridge, Cabinet Member for Adults, Health and Wellbeing

Officer Contact: Mike Barker – Executive Director for Health and Social Care

Report Author: Anna Tebay, Head of Service Public Health

Cabinet - 15th December 2025

Reason for Decision

To approve the extension of a section 75 agreement with the Northern Care Alliance NHS Foundation Trust, to deliver the clinical elements of the integrated children's and families' service.

Recommendations

Cabinet is asked to consider and agree:

- a) the extension of the section 75 partnership agreement with the Northern Care Alliance NHS Foundation Trust to deliver the clinical elements of the integrated children's and families service for a period of 2 years with an option to extend by a further 1 year.
- b) to delegate authority to the Director of Public Health, in consultation with the relevant Cabinet Member, to approve any future extensions to the Section 75 agreement where there is budget available.
- c) to delegate authority to the relevant officers to negotiate and execute any revisions of the Section 75 agreement.
- d) to delegate authority to the relevant officers to harmonize the 0-19 specification with Bury and Rochdale to allow for greater consistency, whilst ensuring that an appropriate locality schedule reflects the current delivery model in Oldham.

Extension of a Section 75 agreement with NCA

1 Background

- 1.1 Oldham Council and the Northern Care Alliance NHS Foundation Trust (NCA) have an established working arrangement to deliver integrated children and family services under a Section 75 agreement. This agreement has been in place since 1st April 2022 and is set to run until 31st March 2026. All elements of the integrated children's and families service are funded through the Public Health settlement.

2 Current Position

- 2.1 Cabinet approval was sought and gained in March 2021 to develop a shared delivery model with our local NHS partner, aligned to the longer-term strategic drive to further integrate services and family support within local education, health and care systems. The aim was to "Ensure the right care and support in the right place by the right person at the right time as close to home as possible". The partnership was designed to draw on the strengths of each of the partners - NHS for clinical elements of the service, and Council with connections with local communities.
- 2.2 The partnership was formally established on the 1st of April 2022 between the NCA and Oldham Council through a Section 75 agreement to jointly deliver the Public Health mandated functions through the 0-19 service.
- 2.3 As part of a recent redesign, the service has been rebranded as Oldham Integrated Children's and Families service. This service is jointly delivered as a place-based model between the NCA and Oldham Council Children's services which operates out of Family Hubs. The integrated service under common management includes:
- Health Visiting Service
 - Family Hubs Core Offer
 - Early learning offer
 - Early years SEND support
 - Targeted team – providing more intensive support
 - Oral Health Improvement 0-5 year olds
 - School Nursing Service
- 2.4 The Public Health settlement covers the financial cost of this mandated service in full, including NCA, Oldham Council Children's Service and the family hubs buildings.
- 2.5 The Local Authority has a responsibility to commission public health services for children and young people aged 0-19 including the Healthy Child Programme. This is delivered through Oldham's integrated children's and families service, including universal health visitor reviews at key milestones – new birth visit, 6-8 week review, one year review and the two to two and a half year review. In addition to this, the Local Authority is expected to commission school nursing, National Child Measurement programme (NCMP), plus targeted support.
- 2.6 The NCA currently provide 0-19 services to Bury, Rochdale and Oldham through three separate approaches. Although all areas are operating through a different delivery model

and under different contractual arrangements, there has been an ask from the provider to work towards a harmonized specification, with locality schedules to outline the local variation. The intention is to help streamline NCA oversight processes, have greater consistency within the north east arc of Greater Manchester, and to agree a standardised performance framework across all three localities. As all areas are broadly working to deliver the mandated and nationally prescribed Healthy Child Programme – this is considered achievable. Oldham’s schedule of delivery will reflect our nuanced approach to deliver through an integrated approach in partnership with the Local Authority, and any additionality.

- 2.7 A Section 75 Partnership Agreement is a legal mechanism used to deliver integrated services to deliver more efficient and coordinated care. The section 75 agreement completes between Oldham Council and the Northern Care Alliance on the 31st March 2026. The partnership is considered to be effective, and both Oldham Council and NCA are pursuing their respective governance routes to extend this provision.
- 2.8 This paper seeks approval to extend the Section 75 agreement for an initial 2 year period (1st April until 31st March 2028), with an option to extend by a further 1 years (until 31st March 2029), where both parties agree, and financial provision is available.
- 2.9 To monitor staffing levels and service delivery, the partners meet on a monthly basis through the governance oversight group.

3 Options/Alternative

- 3.1 **Option 1** – To extend the section 75 partnership agreement with the NCA for the delivery of the integrated children’s and families service.

Pros – the partnership already exists, the staffing model is stable, and this requires minimal Council capacity to enact this option

Cons – this doesn’t provide any option to test the market

- 3.2 **Option 2** – Do not continue with a mandated Public Health function of the Healthy Child program

Pros – There will not be a cost to the Council for this option.

Cons – This option leaves the children and families of Oldham in a vulnerable situation with the absence of health visitors, school nurses or targeted team for complex families. Not for filling a mandated function leaves the Council open to legal, financial and reputational risk.

- 3.2 **Option 3** – To go out to the market and procure a service

Pros – It may be possible to find a more advantageous provider.

Cons – This would be more disruption for staff working within this service, that have already been restructured, and residents would experience likely service disruption. There is a risk that due to the limited market in children community services, that a full procurement exercise would be completed and no contract awarded – this would leave the Council in a difficult position, and residents with no child assessments of child health, growth or development.

- 4 **Preferred Option**

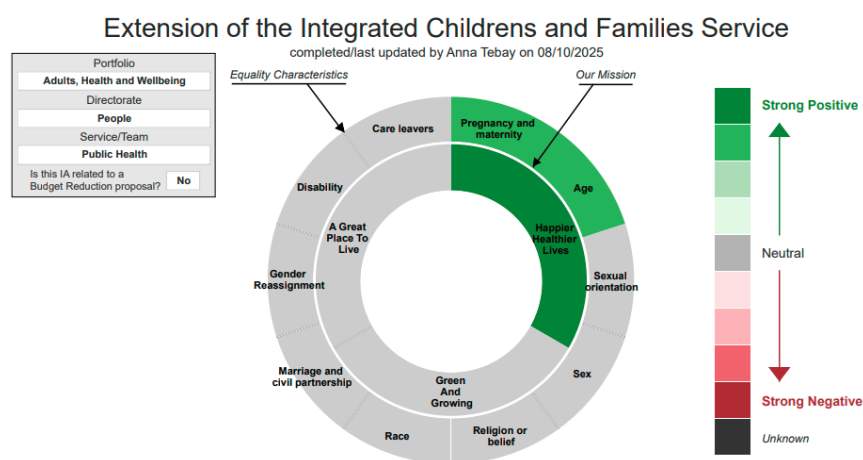
- 3.3 4.1 Option 1 is preferred - To extend the section 75 partnership agreement with the NCA for the delivery of the integrated children's and families service.

5 Consultation

Regular dialogue has taken place between NCA, and localities where they provide children's community services including Oldham, Rochdale, Bury and Salford. Contract completion dates all align for these services, and there is consideration for a harmonized approach moving forward to deliver a consistency across the areas.

6. Equality Impact, including implications for Children and Young People Co-operative Implications

6.1 The impact assessment represents the impact of the recommended option (Option 1).



7. Key Decision

7.1 Yes

8. Key Decision Reference

8.1 HSC-14-25

9. Background Papers

9.1 None

Cabinet – 15th December 2025
Minute 6 - Extension of a Section 75 Agreement with NHS Northern Care Alliance

6. The Cabinet considered a report of the Director of Public Health which advised members that Oldham Council and the Northern Care Alliance NHS Foundation Trust (NCA) had an established working arrangement to deliver integrated children and family services under a Section 75 agreement. This agreement has been in place since 1st April 2022 and was set to run until 31st March 2026. All elements of the integrated children's and families service were funded through the Public Health settlement.

The Cabinet was recommended to approve the extension of the section 75 agreement with the Northern Care Alliance NHS Foundation Trust, to enable the continued deliverance of the clinical elements of the integrated children's and families' service.

Options/Alternatives considered:

Option 1 (preferred Option) - to approve the recommendations outlined in the submitted report.

Option 2 - Do not continue with a mandated Public Health function of the Healthy Child programme.

Option 3 - To go out to the market and procure a service, via a tendering process.

Resolved

That the Cabinet approves:

1. The extension of the Section 75 Partnership Agreement with the Northern Care Alliance NHS Foundation Trust, to deliver the clinical elements of the integrated children's and families service for a period of 2 years with an option to extend by a further 1 year.
2. To delegate authority to the Director of Public Health, in consultation with the relevant Cabinet Member, to approve any future extensions to the Section 75 agreement where there is budget available.
3. To delegate authority to the relevant officers to negotiate and execute any revisions of the Section 75 agreement.
4. To delegate authority to the relevant officers to harmonize the 0-19 specification with Bury and Rochdale to allow for greater consistency, whilst ensuring that an appropriate locality schedule reflects the current delivery model in Oldham.

This page is intentionally left blank

Relocation of Royal Oldham Hospital Urgent Treatment Centre to Victoria Breast Unit to address urgent care pressures and patient flow



Region:	North West
ICB Name:	Greater Manchester
Lead Organisation for the Scheme:	Northern Care Alliance NHS Foundation Trust
Title of the Scheme:	Relocation of ROH Urgent Treatment Centre (UTC) to Victoria Breast Unit (VBU) to address urgent care pressures and patient flow
One Line Description of the Scheme:	To relocate the current UTC from within the ED footprint to VBU on the Royal Oldham site which will release capacity to support the main ED. This will require the relocation of the VBU Breast Services from ROH to NMGH
Specific Sites for Investment:	Royal Oldham Hospital
Other Organisations Impacted by this Scheme:	Pennine Care NHS Foundation Trust

Background

There are capacity constraints within the existing Emergency Department (ED) due to the increasing demand on Urgent and Emergency Care, with the Oldham footprint currently seeing more attendances than any other site in Greater Manchester (June 25 to Dec 25 73,166 attendances). Emergency Department (ED) performance in December 2025 was 64.97% overall with non-admitted performance at 62.8%. The department is frequently overcrowded and this leads to a poorer patient experience and an increase in potential harms.

It is acknowledged that there is a requirement for the creation of a co-located Urgent Treatment Centre (UTC) with walk in access, full diagnostic capability. A single (or adjacent) front door access will also maximise streaming opportunities, minimise over investigation and improve safety, experience and performance by decongesting the overcrowding ED on the Oldham hospital site.

This then provides the opportunity to redesign the existing ED footprint to support patient flow and reduce Ambulance handovers. This will mirror other redesign transformation projects which have proven to be successful in improving quality safety and performance across other Trusts across England.

Improvements in patients waits and associated safety arrangements will be achieved by allowing segregation of workforce and resource to deliver care for type 3 patients in a timely manner, separate to the main ED.

Proposal

The proposed UTC will be open 24/7 to avoid congestion within the existing ED and to meet NHSE standards for a co-located UTC.

In order to deliver the above this requires the movement of the Victoria Breast Unit (VBU) from the Royal Oldham Hospital (ROH) to Manchester Foundation Trusts (MFT), North Manchester General Hospital site (NMGH). This enables urgent care services to be delivered from the footprint that will be vacated.

The VBU service provides breast symptomatic (suspected cancer) outpatient clinic and associated diagnostic space for patients who live in the North East sector of Greater Manchester. The service is delivered by the NMGH based MFT Breast Service. The service supports patients from Oldham, Bury, Rochdale and North Manchester. Patients are offered the first available appointment at either Oldham or NMGH. All surgery is provided from NMGH. Patients attending the VBU are therefore from Oldham but also other locations from the catchment area. All patients requiring surgery already travel to the hub at NMGH.

Scheme Benefits

Decongesting the ED will improve safety for emergency patients and support capacity to offload ambulances in a timely manner.

A single door access maximises streaming opportunities, minimise over investigation and improve safety, experience and performance. This will also support patient flow and reduce Ambulance handovers.

Currently workforce for patients requiring urgent care in Oldham is provided by the NCA at the hospital site and via the UTC in ED and the offsite Hub. The new facility will allow full co-location of these services into a single estate within the Victoria Breast Unit, adjacent to the ED with joint senior clinical leadership could largely be achieved through changes to commissioned services and utilisation of existing workforce.

Alongside this, there will be a conversion of identified space within NCA ED footprint for management of mental health patients. This will help to address the inconsistent access to assessment areas across EDs within the Pennine Care Foundation Trust footprint which impacts performance, ability to effectively manage and de-escalate patients and impacts on provider EDs staffing and patient experience.

Options Appraisal

MFT completed an options appraisal to determine how relocating the VBU could be achieved. This considered the following criteria – clinical quality, health inequalities, patient experience and

deliverability. The highest scoring option was a move to existing space at NMGH. This option supports further development of an efficient and effective one-stop model whereby patients attend and receive all aspects of their care from one location. This is the same model for the South of Greater Manchester where patients from Trafford, Central and South Manchester and Stockport attend the Nightingale Breast Unit at Wythenshawe Hospital.

This option also has the added benefits of being the quickest and simplest solution and uses clinical space in the best way. As such it attracts the least amount of capital (£1.4m) allowing more of the allocated funds to support development of the UTC at Oldham.

Whilst some patients will need to travel further this is mitigated by a planned increase in virtual / patient-initiated follow-ups for those patients who are suitable and greater use of one-stop care reducing the number of visits required.

Project Delivery

Following support for this proposal by the ICB, detailed planning work has been undertaken, and procurement has commenced for capital works. The current timeframe for delivery of the movement from VBU to NMGH is end of June 2026, this will then enable the VBU space to be re designed as the UTC from June 2026, following some estates adjustments.

Patient Communications

Patient engagement will be planned in advance of the service change. All impacted patients will be informed about the move of the VBU to NMGH and relevant attendance information. GP communication will be provided informing of the service change. This communication will be via the traditional GP communication routes in in line with the service change given suitable notice.

Conclusion

Scrutiny Committee is asked to receive the report updating on the relocation of ROH's UTC from within the ED footprint to the VBU to address urgent care pressures and patient flow. This requires the move of the VBU from ROH to NMGH as agreed between the NCA and MFT. The committee is asked to support the approach described to identify and agree the best option for our population. This has been supported by the ICB and capital funds have been secured to deliver this solution.

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 due to the commercial sensitivity included in the report.



Adults & Health Scrutiny Board

MioCare Group – Annual update

Portfolio Holder:

Cllr Barbara Brownridge, Cabinet Member for Adults, Health & Wellbeing

Officer Contact: Adrian McCourt, Managing Director (Interim) – MioCare Group

Report Author: Adrian McCourt, Managing Director (Interim)

15th January 2026

Purpose of the Report

To provide an update on the operational and financial performance of MioCare Group during the financial year 2024/25 and give an overview update on the budget for 2025/26.

Executive Summary

This paper provides an update on the financial health and operational and strategic developments of MioCare Group. The financial figures have all been seen and approved through the MioCare Finance, Audit and Risk sub-committee of the Board. 2024/25 performance was delivered below budget, with a considerable surplus at year end of £437,000.

Whilst the surplus was required to assist in achieving the substantial savings target for 25/26 of £1.44m, reserves remain untouched. Compliance has been assessed as robust via in-depth mock CQC inspections and staff survey results reflect a workforce committed and motivated to provide excellent care to the people we support.

MioCare is in the process of reviewing the organisation's strategy and we have excellent foundations in place from which to grow, in order to support even more people in Oldham and potentially further afield.

Recommendations

Shareholder Committee to note the report.

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 due to the commercial sensitivity included in the report.

Adults & Health Scrutiny Board

MIOCARE GROUP – UPDATE ON FINANCIAL PERFORMANCE

1 BACKGROUND

- 1.1 MioCare Group was established in 2013 and is made up of three wholly-owned Council companies, Oldham Care and Support (OCS), MioCare Services Ltd (MSL) and the parent company MioCare Group CIC Limited (MG). It has a Board of Directors, comprising three independent Non-Executive Directors (one acting in an interim capacity as Chair) and the Managing Director as an Executive Director (four in total). As non-voting members, there is also a Shareholder Representative and four Elected Members who act as Advisory Representatives, a change brought about in May 2024.
- 1.2 All Board members are also registered as Directors with Companies House. Oldham Council pays an annual management fee to OCS to provide and deliver a range of services on its behalf. MSL essentially operates competitively in the market more akin to an independent care provider. MioCare's total income from Oldham Council represents around 25% of the Adult Social Care budget.
- 1.3 In the main MioCare's trading position has been positive, with small surpluses generating a small reserve. In addition to this in recent years MioCare Group has been able to build up a designated reserve which is marked for investment to help the organisation build its capacity and capability in order to deliver its strategic objectives. The use of this reserve in a planned and agreed way is critical to delivering on future ambitions, aligned to the council's adult social care strategy.
- 1.4 The final consolidated trading position for 2024-25 was an overall group surplus of £437,000. The cumulative reserve at the end of the year 2024-25 is £1.159m, as shown in the table below.

Year	Income £000	Expenditure £000	Net £000	Cumulative Reserves £000
2013	3,932	3,911	21	21
2014	15,767	15,768	(1)	20
2015	15,894	15,661	233	253
2016	17,038	16,923	115	368
2017	14,805	14,770	35	403
2018	13,908	13,817	91	494
2019	14,614	14,843	(229)	265
2020	15,812	15,649	163	428
2021/22*	20,572	20,540	32	460
2022/23	18,020	17,904	116	576
2023/24	19,614	19,468	146	722
2024/25	21,238	20,801	437	1,159

* 15-month financial year

2. FINANCIAL PERFORMANCE 2024-25

Company	OMBC Mgmt Fee £000	Other OMBC £000	Non-OMBC £000	Total £000
Group CIC	986		64	1,050
MioCare Services		2,290	372	2,662
Oldham Care & Support	12,954	4,136	436	17,526
Total	13,940	6,426	872	21,238

- 2.1 The table above shows the breakdown of the overall income of £21.238m between the 3 companies and that 96% (£20.366m) of it is received from Oldham Council.
- 2.2 The original value of the management fee was £13.251m for the 12-month period, of which Group retained £0.938m and £12,313m was transferred to OCS. In addition, £0.689m was added to reflect the inflationary growth arising from the national pay award bringing the total to £13.940m. The annual inflationary contractual uplift in MSL ensured its commitment to paying staff the real living wage.
- 2.3 The consolidated trading position of MioCare Group at year end (March 2025) was surplus of £437,000, down from a projected budget surplus of £568,000. This was due to the deficit seen within Extra Care. This has now been resolved, through the re-structuring of staff and the service is now in surplus month on month.

The table below shows the 2024/25 year-end position for MioCare Group as a whole.

Company	Budget £000	Actual £000	Variance £000
Group CIC	17	(34)	(51)
MioCare Services	182	(92)	(274)
Oldham Care & Support	369	563	194
Total	568	437	(131)

- 2.4 A more detailed analysis of the individual companies' financial performance follows, including the main drivers for any variance.

MioCare Group CIC

	Budget £000	Actual £000	Variance £000
<i>Income</i>	<i>13,277</i>	<i>14,003</i>	<i>726</i>
Management Fee	(12,313)	(12,954)	(641)
Employees	(705)	(721)	(16)
Other Expenses	(200)	(321)	(123)
Overheads	(42)	(41)	1
<i>Total Costs</i>	<i>(13,260)</i>	<i>(14,037)</i>	<i>(777)</i>
Surplus / (Deficit)	17	(34)	(51)

- 2.5 At year end MG reported a deficit of £34,000 down on the budgeted surplus of £17,000. This was due to the provision made for costs that may have been levied by the Home

Office for a Right to Work breach. Though did not come to fruition and will be written back in 25/26.

MioCare Services Ltd (MSL)

	Budget £000	Actual £000	Variance £000
<i>Income</i>	2,692	2,662	(30)
Employees	(2,338)	(2,607)	(269)
Other Expenses	(65)	(40)	15
Overheads	(107)	(107)	0
<i>Total Costs</i>	<i>(2,510)</i>	<i>(2,754)</i>	<i>(244)</i>
Surplus / (Deficit)	182	(92)	(274)

- 2.6 The majority of the income within MSL is derived from our Extra Care Housing contract. It identified that the staffing structure wasn't efficient and a re-structure has now taken place.

Oldham Care & Support (OCS)

	Budget £000	Actual £000	Variance £000
<i>Income</i>	16,879	17,605	726
Employees	(14,623)	(15,085)	(462)
Other Expenses	(1,153)	(1,192)	(39)
Overheads	(733)	(765)	(32)
<i>Total Costs</i>	<i>(16,510)</i>	<i>(17,042)</i>	<i>(532)</i>
Surplus / (Deficit)	369	563	194

- 2.9 OCS reported a healthy surplus of £563,000 at the year-end, a favourable variance of £194,000 compared to a budgeted surplus of £369,000. The large surplus has arisen due to a better understanding around additional income due to MioCare within the Supported Living service.

3. STRATEGIC CONTEXT AND OPERATING ENVIRONMENT

- 3.1 MioCare has set out its strategic vision to support Oldham residents to get the most out of life, through a process growth and development. This is through the #FutureFocus strategic plan for 2024-27 – the plan on a page version of which is shown in **Appendix A**. The strategy recognises the context of adult social care, taking into account the scale of the financial challenge facing local authorities. We are in the process of reviewing the current strategy with a likely increased focus on how the organisation can grow in order to have even greater impact on residents of Oldham and potentially further afield.
- 3.2 MioCare's Board monitors progress on this through its governance structure which includes quarterly Operations and Finance, Audit and Risk Committees. Anything pay-related is taken to the Remuneration Committee, which meets on ad-hoc basis. The Board structure, and terms of office for Non-Exec Directors (NEDs), is set out in **Appendix B**.
- 3.3 In late spring 2025 Rob Jackson, Managing Director, tendered his resignation. He left August 2025 and has been replaced for the time being by Adrian McCourt on an interim

basis. This aligns to the strategy refresh and will give some time for the council to assess the true potential of MioCare and the skills needed in the next substantive M.D.

- 3.4 From a regulatory perspective, in the absence of formal inspection by the Care Quality commission (CQC) of our registered services this year, we commissioned a programme of mock inspections against the new CQC Single Assessment Framework to assess our position and to provide external assurance of the quality of our service delivery. All six registered services were comprehensively assessed between April – October 2025 with five services achieving strong indicative ratings of 'Good' in all areas and one service, Shared Lives, being rated as 'Outstanding'. We continue to develop and improve our services but believe this puts in a strong position for formal inspection by the CQC when this takes place.
- 3.5 The development and roll out of our digital care system Care Control has continued this year with the introduction of key elements to increase quality and safety of care delivery such as Electronic Medication Administration (EMAR) and GPConnect. Further developments such as digitisation of incident management and rostering are in progress, increasing efficiency, improving oversight and enhancing service delivery. An ambitious programme of further development and change is in place for the coming year.
- 3.6 We completed the physical installation of 1890 digital helpline units from the old analogue equipment by May '25 with Oldham being the first borough in GM to complete their part of this national programme. In 2025 the Helpline & Response team answered almost 90,000 calls from people across Oldham.
- 3.7 Miocare and Oldham Total Care continuously share best practice as part of the wider Health and Social Care system with a particular focus on 'stepping down' anyone that can move out of OTC into the community.

4. Staff, Stakeholder and People We Support surveys

- 4.1 An engagement survey was offered to all MioCare staff during August and September 2025 with 33% of people responding. Overall results were positive with 87% of teams saying they enjoyed their job and their purpose and 90% of staff stating they agreed or strongly agreed that MioCare had a positive culture. Top areas for improvement are communication where only 59% of staff responded positively and pay and benefits where 49% of teams thought this was fair. Actions to look at all lessons learned from this engagement continue throughout 2026.
- 4.2 At the time of writing the next survey of people we support is underway. Outcomes and actions will be discussed through existing governance channels and included in next year's report to this committee.

5. 2025/26 Financial position

- 5.1 As at Month 9 (December), the overall position of MioCare is a deficit position of £35,000, with an expected year end position of a deficit of £75,000. This includes the use of the surplus generated in 2024/25.
- 5.2 Given the savings target set at the start of the year of £1.44m (11% of management fee) and predicted year end deficit of £411,000 this represents a considerable achievement.
- 5.3 A more detailed breakdown of the position and key initiatives will be provided in the next report, once the final position is confirmed

6. SUMMARY

-
- 6.1 The end-of-year consolidated Group position for 2024-25 was a surplus of £437,000.
 - 6.2 This surplus was used to achieve the considerable 2025/26 savings target, however reserves remain unchanged.
 - 6.3 The future for MioCare remains bright with strong support within the council and Board for the organisation to grow and have even greater impact on those in Oldham and further afield.
 - 6.4 We continue to support the staff working at MioCare and our survey results clearly show we offer fulfilling and rewarding employment.
 - 6.5 MioCare's Board and senior leadership team continue to work together with council colleagues to monitor the finances of the organisation carefully and make such decisions as are necessary to ensure the future success of the Group.

7. LINKS TO CORPORATE OUTCOMES

- 7.1 MioCare's mission of supporting people to get the most out of life is very much linked to the adult social care strategy of supporting people to be independent, healthy, safe and well.
- 7.2 Simultaneously, the council's new Corporate Plan and the 2024-2030 Oldham Plan and their shared mission areas of 'Great Place to Live', 'Healthier, Happier Lives' and 'Green & Growing' all represent areas of strong contribution for the organisation.

8. ADDITIONAL SUPPORTING INFORMATION

- 8.1 Appendix A – #FutureFocus plan on a page
- 8.2 Appendix B – Governance summary

Appendix A – Our 2024-27 #FutureFocus strategy on a page



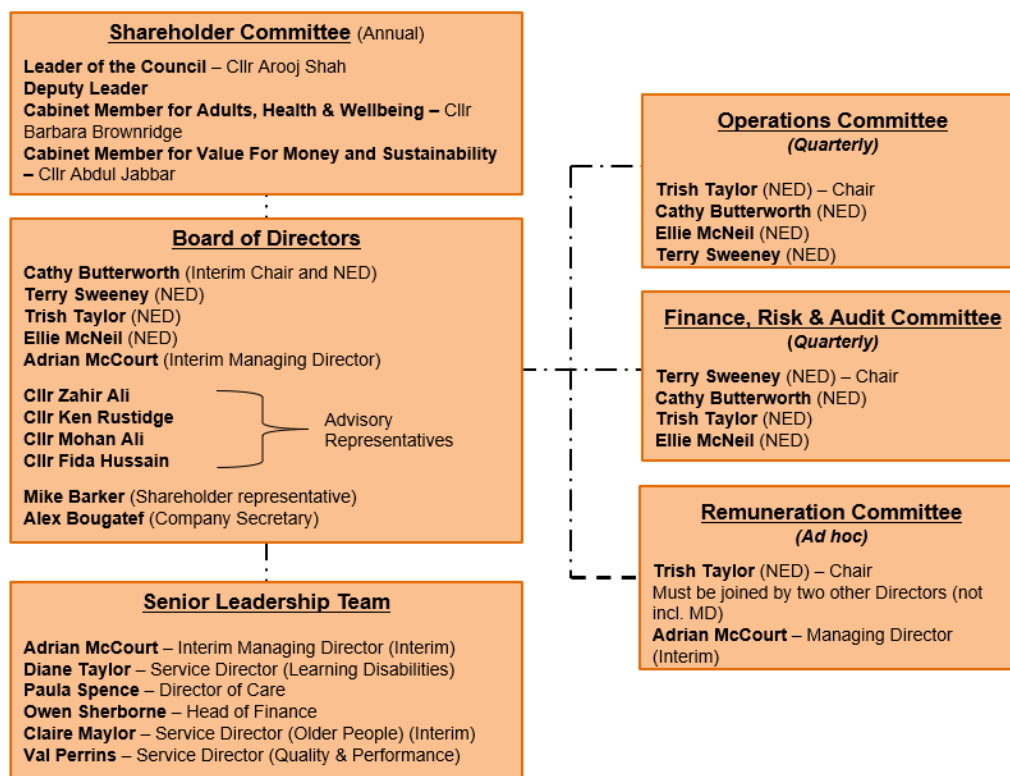


Oldham
Council



Appendix B – Governance chart and NED's

MioCare governance (Jan '26)





MioCare Non- Executive Directors (NEDs)

MioCare NEDs serve three-year terms of office, with a maximum of three terms.



Cathy Butterworth
Interim Chair of the Board

Term 1 Sept 2018-21
Term 2 Sept 2021-24
Term 3 Sept 2024-27



Trish Taylor
Chair of Operations Committee

Term 1 Sept 2022-25



Ellie McNeil
Non- Executive Director

Term 1 Jan 2024-27



Terry Sweeney
Chair of Finance, Audit and Risk Committee

Term 1 July 2025-28

This page is intentionally left blank



Report to Adult Social Care and Health Scrutiny Board

Reducing Infant Mortality Action Plan

Portfolio Holder:

Councillor Brownridge, Cabinet Member Health and Social Care

Officer Contact: Dr Rebecca Fletcher, Director of Public Health

Report Author: Dr Sam McCann, Public Health Specialty Registrar (Public Health - Oldham Council)

27 January 2026

Purpose of the Report

This report provides an overview of the development and progress of the 2025-2026 Reducing Infant Mortality Action Plan. The aim of the plan is to reduce the number of infant deaths in Oldham by bringing together stakeholders to address known risk factors in a coordinated manner.

Recommendations

Adult Social Care and Health Scrutiny Board is asked to consider the 2025-2026 Reducing Infant Mortality Action Plan and overall approach to preventing avoidable infant deaths in Oldham.

Infant Mortality

1 Context

1.1 Infant Mortality is the death of a baby under 1 year of age. The death of a baby is a tragic event for family, friends and professionals involved with long lasting impact. Infant mortality is also an important indicator of the overall health of a population.

1.2 In England, whenever an infant death occurs, information is gathered to better understand the circumstances of the death. This information is then used to identify common factors that may have contributed to infant deaths and inform changes that can help to prevent infant deaths in the future. National reviews of this data have identified several common factors that may be prevented and therefore may be used to make changes to reduce infant deaths. These factors include:

- High maternal BMI
- Smoking/ vaping in pregnancy or in the household after birth
- Unsafe sleeping arrangements
- Issues with quality of health care and information sharing between services
- Parent/ carer known to misuse substances
- Domestic abuse
- Poor home environment
- Close relative parents (consanguinity)

1.3 Additionally, some factors are known to reduce the risk of infant mortality. Such factors include breastfeeding and providing good access to contraception.

2. Infant Mortality in Oldham

2.1 From 2021-2023, for every 1000 babies born in Oldham, almost 7 (6.7) did not reach their first birthday. This equates to approximately 20 infant deaths per year.

2.2 Oldham has the 3rd highest rate of infant mortality in the North West region and the 9th highest rate in England. There are also substantial inequalities within Oldham, with more deprived areas such as St Mary's and Waterhead experiencing the most infant deaths and more affluent areas such as Saddleworth experiencing the least. Infant deaths are also more common among Asian ethnic backgrounds, which may be due to the higher proportion of Asian families in deprived areas but may also be due to other factors.

2.3 In a review of all child deaths in Oldham, Bury and Rochdale from 2023-2025, factors that may have been preventable, also known as 'modifiable risk factors', were identified in 70% cases. Factors commonly identified were similar to those reported nationally and are listed below:

- Smoking, alcohol and substance misuse in pregnancy or in the household after birth.
- High maternal BMI
- Unsafe sleeping arrangements
- Consanguinity (close relative parents)

2.4 It should be noted that this local review included all deaths in Oldham Bury and Rochdale under 18 years of age, however infant deaths made up more than half of all cases. The full report is available online at https://democracy.rochdale.gov.uk/documents/s117440/29.07.2025%20-%20Annual%20Report%20CDOP%202024_25%20FINAL%20for%20HWB.pdf

3. Reducing Infant Mortality Action Plan 2025-2026

3.1 In early 2025, a 12-month action plan to reduce infant mortality was developed. The plan was based on risk factors and protective factors identified locally and nationally, as well as input from local stakeholders. The overarching theme of the plan is to prevent infant deaths by providing sensitive and practical resident-centered support. The key aims are summarized here and details of the plan are discussed below.

- 1. Reduce Sudden Infant Deaths by promoting a person-centered approach to safe sleep.**
- 2. Improve breastfeeding rates among infants at increased risk of infant mortality**
- 3. Increase provision of long-acting reversible contraception in higher risk groups.**
- 4. Support women to be a healthy weight in pregnancy, without stigmatizing.**
- 5. Reduce exposure to tobacco smoke for pregnant women and infants**
- 6. Reduce infant death and disability due to consanguinity and genetic conditions.**

3.2 Aim 1: Reduce Sudden Infant Deaths by promoting a person-centered approach to safe sleep.

3.2.1 Around 7% of infant deaths are sudden and unexpected or sudden and unexplained.

3.2.2 There is good evidence that safe sleeping practices can reduce the risk of sudden infant death.

3.2.3 Lullaby Trust recommend that the safest place for an infant to sleep is lying flat on their back in their own sleep space (cot or Moses basket), at a temperature of 16-20 degrees Celsius.

3.2.3 it is important for families to receive accurate information on safe sleep at appropriate times e.g. during pregnancy and at home visits soon after birth.

3.2.4 It is also important to recognise that for some families, following this guidance is difficult due to their circumstances. For example, not having enough money to heat their home or buy a cot or Moses basket.

3.2.5 Families experiencing poverty or homelessness may find this particularly challenging. A report into infant deaths in temporary accommodation showed that in many cases a cot or Moses basket had not been provided for the family.

3.2.6 Some infants are also at a higher risk of sudden infant death. These include those born prematurely or at a low birth weight and those living in a smoking household or who have caregivers who consume alcohol or substances.

3.2.7 Every family's circumstances are different therefore it is important to provide information and support that is tailored.

3.2.8 Actions included within the plan aim to ensure families received appropriate advice for their circumstances and are directed to additional support if needed.

3.3 Aim 2 Improve breastfeeding rates among infants at increased risk of infant mortality

3.3.1 Breastfeeding is protective against infant illness and infant death, as well as having many other benefits for both mother and baby.

3.3.2 Extensive work to support breastfeeding in Oldham is ongoing, led by the Infant Feeding Group. This includes commissioning of a hospital and community-based breastfeeding peer support service and progression toward Baby Friendly Community Status. The Greater Manchester Breastfeeding Strategy also sets out targets and actions relating to breastfeeding.

3.3.3 To complement this work, the plan includes actions to support breastfeeding among those infants who are at increased risk of infant mortality in Oldham, and who may need additional support or tailored advice around breastfeeding. This includes infants born pre-term, low birth weight or requiring NICU care, infants born to mothers with alcohol or drug dependency, infants born to mothers who smoke, infants born to young parents.

3.3 Aim 3 increase provision of long-acting reversible contraception in higher risk groups.

3.3.1 In England, around a third of births result from unplanned pregnancies. Unplanned pregnancies carry a higher risk of prematurity, low birth weight and infant mortality. This is likely to be due to a number of factors including reduced antenatal care, exposure to factors such as smoking or alcohol during pregnancy, and difficult family circumstances.

3.3.2 Supporting effective family planning, particularly among resident groups at higher risk of infant mortality if they were to experience an unplanned pregnancy, can help to prevent unintended pregnancies and therefore reduce infant mortality risk.

3.3.3 Long-acting reversible contraception (LARC) methods provide very effective contraception that do not require any daily action. Methods in this category include hormonal and copper coils (lasting 5-10 years) implant under the skin (lasting 3 years) and contraceptive injections (lasting 3 months). These methods are highly effective in preventing pregnancy and are not prone to error in use e.g. forgetting to take a contraceptive pill daily.

3.3.4 There is good evidence that good access to LARCs can reduce the rate of premature birth and low birth weight – both of which are risk factors for infant mortality. Prevention of unintended pregnancy is also linked with numerous wider benefits for women, children and society.

3.3.5 Women who are at higher risk of infant mortality, for example those in drug or alcohol services, those under 20 years of age and those experiencing domestic violence may be less likely to access general services to receive LARC. Therefore, providing targeted services to these groups is likely to be beneficial in preventing high risk, unplanned pregnancies.

3.3.6 Actions within this section aim to make LARCs more easily accessible to women in higher risk groups.

3.4. Aim 4 Support women to be a healthy weight in pregnancy, without stigmatizing.

3.4.1 Around one in three (31.9%) of adults in Oldham are obese. Obesity in pregnancy increases the risk of sudden infant death, prematurity and birth complications due to babies being born large. It also increases the risk of other pregnancy complications such as gestational diabetes.

3.4.2 Creating Healthy Lives in Oldham is an initiative that launched in December 2025 and includes three alliances dedicated to achieving healthy weight, increasing physical activity and creating healthier food and drink environments for residents in Oldham.

3.4.3 To complement this work, the action plan includes dedicated actions focused on weight management, good nutrition and physical activity before, during and after pregnancy.

3.5 Aim 5 Reduce exposure to tobacco smoke for pregnant women and infants

3.5.1. Smoking in pregnancy is a major risk factor for premature birth, which in turn is the cause of around half of infant deaths. Living in a household with smokers also increases the risk of sudden infant death.

3.5.2 There has been substantial progress in reducing smoking in pregnancy in Oldham over the last decade. The prevalence of smoking at the time of delivery has reduced from 17.5% in 2011 to 9.6% in 2023 and is for the first time comparable to the England average (8.8%).

3.5.3 It is important to maintain this momentum and reduce tobacco exposure further, including through second hand smoking of other household members. Oldham Tobacco Alliance has developed a comprehensive plan to reduce tobacco harms in Oldham.

3.5.4 To complement this, the action plan includes an action to ensure progress is maintained through adequate resourcing of the service.

3.6. Aim 6 Reduce infant death and disability due to consanguinity and genetic conditions.

3.6.1 A consanguineous relationship is a relationship between individuals who are blood relatives, for example first or second cousins. People who are closely related by blood are more likely to carry similar genes, including genes that can cause genetic conditions. This means consanguineous relationships increase the risk of rare genetic conditions, known as 'recessive' conditions, that require a gene to be inherited from both parents for a child to be affected.

3.6.2 From 2021-2023, almost one in ten women attending antenatal care in Oldham reported being in a consanguineous relationship, with rates higher in some ethnic groups than others.

3.6.3 It is therefore important for healthcare staff to be aware of this risk when communicating with their patients, and to share information and offer support in a sensitive way.

3.6.4 In Oldham, a genetic outreach service is available to couples in consanguineous relationships who plan to have children and supports families with children who have a genetic condition. This service raises awareness of genetic conditions and promotes genetic testing to see whether the couple carry genes that could lead to genetic conditions.

3.6.5 Actions in this part of the plan aim to promote the outreach service so that as many families as possible can benefit, to ensure healthcare staff can discuss the topic sensitively and to ensure families accessing the service receive high quality support.

4. Key Achievements So Far

- In July 2025, the Oldham Reducing Infant Mortality Group was established as a platform to co-ordinate the implementation of the action plan and share learning. The group includes representatives from Oldham Council, Commissioned Services, NHS, and local voluntary and community groups who work closely with pregnant women, new parents and their babies.
- A working group has been initiated to develop a comprehensive and consistent approach to safe infant sleep in Oldham
- Safe sleep advice is now routinely offered to families with infants under 1 year of age contacting the Oldham Council Helpline or Warm Homes service.
- Temporary accommodation officers in Oldham have received safe sleep training from Shared Health Foundation and have included tailored safe sleep advice in routine information packs for families with infants in temporary accommodation.
- A text message with information on safe sleep in winter has been shared with all GP practices in Oldham to send onto guardians of infants registered with them.
- Oldham Community Leisure now offers discounted gym memberships, swimming and classes to pregnant women, new parents and other guardians of infants under 1 year of age.

5. Future Plans

5.1 The current plan should be completed by August 2026.

5.2 On completion of the 2025-2026 action plan, group members will work together to determine longer term aims and areas of focus in order to reduce infant mortality in Oldham.

This page is intentionally left blank



Report to Adult Social Care and Health Scrutiny Committee

Public Health Grant Funding Allocation for Adult Substance Misuse Prevention, Treatment and Recovery Services 2026/27 – 2028/29

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

27th January 2026

Purpose of the Report

The purpose of this report is to brief Adult Social Care and Health Scrutiny Committee of future Public Health Grant funding from Department of Health and Social Care (DHSC) for 2026/27 and indicative allocations for 2027/28 and 2028/29, which is ringfenced to improve Drug and Alcohol prevention, treatment and recovery delivery and associated outcomes for Oldham.

Executive Summary

The Public Health Drug and Alcohol Grant funding for 2026/27 and indicative allocations for 2027/28 and 2028/29 for Oldham will be:

Although Public Health Drug and Alcohol monies are one funding stream from 2026/27, for transparency we have set out below the different lines that constitute protected funding.	2026/27	2027/28 (indicative)	2028/29 (indicative)
Public Health Funding for Prevention, Treatment and Recovery Total	£1,681,623	£1,709,482	£1,770,847
Supplementary Substance Misuse Treatment and Recovery (SSMTR)	£971,527	£1,032,892	£1,094,257
Rough Sleeping Drug and Alcohol Treatment (RSDAT)	£710,096	£676,590	£676,590
Housing Support (if eligible)	n/a	n/a	n/a
Individual Placement and Support (IPS) Oldham & Rochdale	£228,726	£235,171	£242,138
Inpatient Detoxification (consortium lead authority only)	n/a	n/a	n/a

Approval is being sought at February's Cabinet Meeting to delegate authority to agree all decisions related to the utilisation of the Public Health Grant for Drug and Alcohol Prevention, Treatment and

Recovery and Individual Placement and Support Grant (IPS) to the Director of Public Health, after consultation with the Cabinet Member for Adult Social Care, Health, and Wellbeing for above

funding. This will include the authority to vary existing contracts (and any associated collaborative commissioning agreements) or award grant agreements or contracts stemming from a compliant procurement process. It is also requested that authority is delegated to the Borough Solicitor or nominee to carry out all necessary legal formalities, including the execution of any contracts.

It is recognised that this report only presents a brief overview of grant allocations that we received notice of from Department of Health and Social Care (DHSC) in December 2025. Presently we are having planning discussions with our Commissioning, Legal and Procurement Teams about future use of this grant funding. A more detailed breakdown of the Grants use can be provided to Adult Social Care and Health Scrutiny Committee at a later date.

Public Health Grant Funding Allocation for Adult Substance Misuse Prevention, Treatment and Recovery Services 2026/27 – 2028/29

1 Background and Context

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.

- 1.1. 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.
- 1.2. Oldham Council currently uses the public health settlement to commission a range of interventions, including but not limited to an Adult Drug and Alcohol Treatment and Recovery Service (delivered by Turning Point, under the service name ROAR [Rochdale and Oldham Addiction Recovery]) and a Young People's Sexual Health and Substance Misuse Service (delivered by Early Break in partnership with HCRG Care Group under the service name, MYNO [Meeting Your Needs Oldham]) to minimise drug and alcohol related social and health harms through prevention, education and awareness raising, treatment and recovery provision.
- 1.3. Additional funding has been available from the Department of Health and Social Care (DHSC) from 2021 – 2026 to improve services in line with the ambitions of the Government's Drug Strategy, [From harm to hope: a 10-year drugs plan](#) and the recommendations from [Dame Carol Black's independent review](#). The additional funding has included the following time-limited, central government grants: Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG), In-patient detoxification (IPD) Grant, Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG), Individual Placement and Support (IPS), and Housing Support Grant (HSG).
- 1.4. The grants are provided by the Department of Health and Social Care (DHSC) and managed on a regional basis by the Office of Health Improvement and Disparities (OHID). Grant funding has been dependent on the Council maintaining or building on existing investment in drug and alcohol treatment and recovery from the Public Health Settlement.
- 1.5. In line with government policy, for 2026/27, the DHSC will provide funding under the umbrella of Public Health Grant with protected financial allocations for delivery of Drug and Alcohol Prevention, Treatment and Recovery services. The Grant has been allocated for a 12-month period from 1 April 2026 to 31 March 2027 and consolidates previous grant funding provided through the Drug Alcohol Treatment Improvement Grants (DATRIG).
- 1.6. The main change to note is in the overall administration of the funding; the government is committed to simplifying the funding that is made available to local authorities. From 2026/27 for the 10 local authorities in Greater Manchester, this will mean that funding that was previously in the Drug and Alcohol Treatment and Recovery Grant (DATRIG) and the Individual Placement and Support (IPS) grant will be consolidated with supplementary funding for stop smoking services into a single Section.31 grant. This will sit alongside Public Health Grant allocation which is delivered through the Business Rate Retention Arrangements. As with previous arrangements, all grant funding is conditional on the basis that there will be no disinvestment in drug and alcohol prevention, treatment and recovery services that are funded by the core Public Health Settlement.

- 1.7. It's anticipated that the overall conditions and outcomes of Public Health Grant funding will continue to focus on reducing levels of unmet need, and an enhanced focus on the quality of the prevention, treatment and recovery offer for people with drug and alcohol treatment needs. The focus on quality will reduce attrition rates and representations, improve the number of people entering treatment and making meaningful progress, support more people to initiate and sustain recovery (including through improved employment and housing support) and reduce the number of people dying from drug and alcohol related deaths. In turn, continued improvement in the range and quality of support being provided will make services more attractive, accessible and effective.
- 1.8. Previous grant conditions have stipulated that we must report on the following seven measures, that are intended to improve the delivery of drug and alcohol services and support the long-term recovery of our residents:
1. Increase numbers in treatment for Opiate, Non-Opiates and Alcohol
 2. Reduce unsuccessful treatment exits and improve the percentage of individuals making progress in their treatment
 3. Reduce Drug and Alcohol Related Deaths
 4. Increase capacity in the workforce and improve training
 5. Improve engagement rates (continuity of care) for those residents released from custody and maintained in treatment and recovery when in the community
 6. Increase numbers accessing Residential Rehab by 2% of all those in treatment
 7. Ensure long term recovery support and lived experience offer for Oldham residents to reduce relapse and representations back into specialist services
- 1.9. Public Health and providers have worked alongside Office for Health Improvement and Disparities Regional Teams and Greater Manchester Combined Authority to meet these targets. All have been achieved or are improving apart from a reduction in alcohol related deaths, that is slightly higher than the national average.

2. Current Position

- 2.1. The total Public Health drug and alcohol funding for Oldham for 2026/27 is expected to be £1,681,623. This is a slight reduction from £1,684,064 received in 2025/26. This is broken into individual elements of Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) £971,527 and the Rough Sleeping Drug and Alcohol Treatment (RSDAT) £710,096. There is a separate amount of £228,726 for the delivery of Individual Placement and Support Programme (IPS) across Oldham and Rochdale.

- 2.2. Summary of funding for elements for 2026/27 and future indicative amounts:

Although Public Health funding is one funding stream from 2026/27, for transparency we have set out below the different lines that constitute protected funding.	2026/27	2027/28 (indicative)	2028/29 (indicative)
Public Health Funding for Prevention, Treatment and Recovery Total	£1,681,623	£1,709,482	£1,770,847
Supplementary Substance Misuse Treatment and Recovery (SSMTR)	£971,527	£1,032,892	£1,094,257
Rough Sleeping Drug and Alcohol Treatment (RSDAT)	£710,096	£676,590	£676,590
Housing Support (if eligible)	n/a	n/a	n/a
Individual Placement and Support (IPS) Oldham & Rochdale	£228,726	£235,171	£242,138
Inpatient Detoxification (consortium lead authority only)	n/a	n/a	n/a

- 2.3. Use of the above funding is subject to Planning Documentation and Needs Assessment being signed off and agreed by Office of Health Improvement and Disparities (OHID) by 13th March 2026.

3. Proposed Approach

- 3.1. In anticipation of receiving the protected drug and alcohol allocation from OHID for 2026/27, the Cabinet Report is proposing that the grant funding is accepted and that authority to execute all decisions regarding use of this additional funding is delegated to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing.
- 3.2. Whilst the Council will hold the funds and the grant agreement with OHID, it is proposed that the budget is allocated to public health, along with the management and reporting mechanisms of the grant spend as required by the DHSC, and that the Director of Public Health has delegated responsibility for this budget and its utilisation, subject to consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing.
- 3.3. As per previous years, some of the grant funding will be used to supplement services commissioned by both the Council and external partners and other elements will be used to deliver or support projects and programmes of work undertaken by individual project partners. The Director of Public Health will work with legal, finance and procurement colleagues to ensure the appropriate procedures are followed, and relevant agreements are put in place to support these arrangements. It is recommended that authority be delegated to the Borough Solicitor or their nominee to carry out all necessary legal formalities linked to the utilisation of the grant, including the execution of contracts.
- 3.4. In executing the Public Health Grant for drug and alcohol prevention, treatment and recovery on behalf of Oldham, the following activity will be required to be undertaken:
1. A review of the core Specification for commissioned treatment and recovery service and a revised KPIs framework that includes requirements of Public Health Grant.
 2. Agree a revised staffing model with our specialist adult substance misuse treatment provider (Turning Point) that reflects the enhanced funding and enables more flexibility for the service between the core contract and the additional funding from this grant, essentially re-profiling the service delivery offer.
 - This work will be completed in partnership with the Rochdale Public Health Commissioning Team due to the joint commissioning arrangements for Turning Point to deliver treatment and recovery services across Oldham and Rochdale. This will allow us to review the Contract and reflect 3-year allocation for 2026 – 2029 period and work towards embedding a fully integrated Oldham and Rochdale treatment system.
 3. Modifications to existing substance misuse contracts funded by core public health budget (and any associated collaborative commissioning agreements) in order to increase or supplement the current offer through enhanced investment from these grants. This will be done subject to procurement and legal advice.
 - Approval is being sought to review and update any existing substance misuse contracts, to allow for use of the Public Health Grant through existing contracts.

- This will ensure that specifications and performance indicators are still fit for purpose and to revise funding envelopes in line with any uplifts (in line with National Insurance changes and inflation) or any change in delivery models.
 - Final sign off of any modifications to be delegated to the Director of Public Health, in consultation with the Cabinet Member or Adult Social Care, Health and Wellbeing and Director of Legal Services
4. Award contracts or grant agreements – as per the most appropriate process, to deliver outcomes against the Public Health Grant conditions which best meet the needs of our residents, as set out in the planning documentation submitted to OHID.
- Final funding and approval of proposals will be shared with OHID
 - It is being proposed that delegated authority is given to the Director of Public Health, in consultation with the Cabinet Member or Adult Social Care, Health and Wellbeing and Director of Legal Services, to allocate the funding and award the necessary contracts and grant agreements, via the most appropriate procurement route, to ensure the allocations are compliant with the grant conditions.

Options/Alternatives

Option A: Accept the Public Health Funding allocations for drug and Alcohol prevention, treatment and recovery and delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care, Health and Wellbeing and the Borough Solicitor or their nominee, to enact all decisions regarding allocation of the funding, as outlined in the report. Further, delegate authority to the Borough Solicitor or their nominee to carry out all legal formalities linked to the enactment of decision regarding the spend of the Public Health Grant.

This is the recommended option because it will ensure that we can continue to improve prevention and early intervention around drugs and alcohol, improve access to treatment and recovery services and improve quality of provision to ensure that Oldham residents receive the best possible support to tackle drug and alcohol related harm, which will in turn improve health outcomes and reduce the number of drug and alcohol related deaths.

Delegated authority to the Director of Public Health, in consultation with the Cabinet Member or Adult Social Care, Health and Wellbeing and the Borough Solicitor or their nominee will ensure that any contractual arrangements in relation to the use of the Public Health Grant can be expedited to ensure that funding is available as soon as possible and impact can be made to improve the health and wellbeing of local residents.

Option B: Do not accept the Public Health Funding allocations for drug and Alcohol prevention, treatment and recovery:

This is not recommended, as investment of grant funding in our current drug and alcohol treatment and recovery offer to date has made a difference in terms of increasing numbers of people in and retained in treatment but more needs to be done to improve quality of treatment provision, and to improve the prevention and recovery offer locally.

Not accepting the allocations in the Public Health Grant will greatly reduce the capacity and effectiveness of Oldham's treatment and recovery provision meaning that fewer residents will be able to access the services and would risk worsening health outcomes and further increasing drug and alcohol related mortality rates in the borough.

It would also mean that staff from services (between 35 – 40 posts), many of whom are Oldham residents, may be made redundant. This will mean a significant increase in caseload sizes in treatment services, reduction in capacity to support increased numbers of residents in treatment and decreased level of support able to be offered across the wider partnership.

We also risk destabilising collaborative commissioning arrangements, inadvertently creating an inequitable offer where residents of Oldham are not able to receive the same level of service as those from other localities accessing the same provision, and reputational risks for not investing in tackling drug and alcohol related harm when additional funding is available and Oldham has poor outcomes, compared to regional and England averages.

4 **Preferred Option**

- 4.1 **Option A** is the recommended option as this will ensure that we are investing all available funding in the borough to address drug and alcohol related harms by improving capacity and quality of provision and delegating authority will ensure that the funding can be used quickly and effectively, to ensure maximum impact, whilst meeting the associated grant conditions and reporting requirements.

This page is intentionally left blank

ADULT SOCIAL CARE AND HEALTH SCRUTINY BOARD

WORK PROGRAMME 2025/26

Agenda item	Purpose	Portfolio lead & officer lead	Method of scrutiny	Additional information
Tuesday 7th October 2025				
Transitions				
Mental Health services				As requested at Full Council 16 th July 2025
Tuesday 25th November 2025				
Performance Assurance Report – 2025/26 Q1+Q2				
Safeguarding Adults Annual Report				
Adult Social Care Workforce Strategy				
Tuesday 27th January 2026				
MioCare Annual Report and Presentation				
CQC Inspection Action Plan				Deferred to March 2026 meeting.
Infant Mortality Action Plan				
Oral Health All Age Approach				Deferred to March 2026 meeting.
Tuesday 10th March 2026				
Corporate Performance Report – 2025/26 Q3				
MPS and Commissioning Delivery Plan				
Move More and the Place Approach				

Task and finish group deep dives:

Deep dive area:	Expanded proposal:

This page is intentionally left blank

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FCR-19-25	Revenue Monitor and Capital Investment Programme 2025/26 Quarter 3	Director of Finance/S151 Officer	9 th February 2026	Cabinet
<p>Description: The report provides an update on the Council's 2025/26 forecast revenue budget position and the financial position of the capital programme as at the period ending 31 December 2025 (Quarter 3)</p> <p>Report Title: Revenue Monitor and Capital Investment Programme 2025/26 Quarter 3</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-18-25	Revenue Budget 2026/27 and Medium-Term Financial Strategy 2026/27 to 2030/31	Director of Finance/S151 Officer	9 th February 2026	Cabinet
<p>Description: To consider the Administration's detailed revenue budget for 2026/27 and budget reduction proposals, together with the Medium-Term Financial Strategy for 2026/27 to 2030/31, incorporating the current policy landscape and Local Government Finance Settlement.</p> <p>Report Title: Revenue Budget 2026/27 and Medium-Term Financial Strategy 2026/27 to 2030/31</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>				
FCR-17-25	Capital Programme & Capital Strategy for 2026/27 to 2030/31	Director of Finance/S151 Officer	9 th February 2026	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To consider the Council's Capital programme and capital strategy Document(s) to be considered in public or private: Report Title: Capital Programme & Capital Strategy for 2026/27 to 2030/31</p> <p>Background Documents: Appendices</p> <p>–Report to be considered in Public</p>				
FCR-16-25	Treasury Management Strategy Statement 2026/27	Director of Finance/S151 Officer	9 th February 2026	Cabinet
<p>Description: To consider the Council's Treasury Management Strategy for 2026/27 - including Minimum Revenue Provision Policy Statement, Annual Investment Strategy and Prudential Indicators</p> <p>Report Title: Treasury Management Strategy Statement 2026/27</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FCR-15-25	Housing Revenue Account Estimates for 2026/27 to 2030/31 and Projected Outturn for 2025/26	Director of Finance/S151 Officer and Executive Director for Place/Deputy Chief Executive	9 th February 2026	Cabinet
<p>Description: The Housing Revenue Account (HRA) Outturn Estimates for 2025/26, the detailed budget for 2026/27 and the Strategic HRA Estimates for the four years 2027/28 to 2030/31.</p> <p>Proposed Report Title: Housing Revenue Account Estimates for 2026/27 to 2030/31 and Projected Outturn for 2025/26.</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public</p>				
HSC-01-26 New!	Bikeability Core and Bikeability Plus delivery 2026–2029	Deputy Chief Executive - Health and Social Care	9 th February 2026	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To approve a proposed cycling strategy for the Borough: “Bikeability Core and Bikeability Plus delivery 2026–2029”.</p> <p>Proposed Report Title: Bikeability Core and Bikeability Plus delivery 2026–2029</p> <p>Background Documents: Appendices</p> <p>Report to be considered in Public.</p>				
RBO-01-26 New!	Approval of Draft Beal Valley and Broadbent Moss Masterplan and Spatial Design Code Supplementary Planning Document for consultation	Executive Director of Place/Deputy Chief Executive	9 th February 2026	Cabinet
<p>Description: Approval of Draft Beal Valley and Broadbent Moss Masterplan and Spatial Design Code Supplementary Planning Document for consultation. The draft SPD has been prepared to support Places for Everyone allocation policies JPA10 Beal Valley and JPA12 Broadbent Moss.</p> <p>Proposed Report Title: Approval of Draft Beal Valley and Broadbent Moss Masterplan and Spatial Design Code Supplementary Planning Document for consultation</p> <p>Background Documents: various appendices</p> <p>Document(s) to be considered in public or private: Public</p>				
EDS-07-25	Speech, Language and Communication Needs Business Case	Executive Director – Children’s Services	23 rd February 2026	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To update the Cabinet on the Speech, Language and Communication Needs Business Case</p> <p>Proposed Report Title: Speech, Language and Communication Needs Business Case</p> <p>Background Documents: various appendices</p> <p>Document(s) to be considered in public or private: Public</p>				
NEI-11-25	School Backlog Maintenance	Executive Director of Place/Deputy Chief Executive	23 rd February 2026	Cabinet
<p>Description: To update and for the Cabinet to authorise maintenance work at the Borough's schools.</p> <p>Proposed Report Title: School Backlog Maintenance</p> <p>Background Documents: various appendices</p> <p>Document(s) to be considered in public or private: Public</p>				
NEI-09-25	United Utilities Plc Partnership Agreement	Executive Director of Place/Deputy Chief Executive	23 rd February 2026	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: the report seeks Cabinet approval to implement the proposed updates to the Partnership Agreement between Oldham Borough Council and United Utilities Plc.</p> <p>Proposed Report Title: United Utilities Plc Partnership Agreement</p> <p>Background Documents: various appendices</p> <p>Document(s) to be considered in public or private: Public</p>				
FCR-01-26 New!	Procurement of a Financial Inclusion Service	Executive Director of Resources	23 rd February 2026	Cabinet
<p>Description: the report seeks Cabinet approval to enter into a procurement process to authorise a financial inclusion service.</p> <p>Proposed Report Title: Procurement of a Financial Inclusion Service.</p> <p>Background Documents: various appendices.</p> <p>Document(s) to be considered in public or private: Public</p>				
HSC-16-25	Retender of Integrated Community Equipment Services (ICES)	Deputy Chief Executive - Health and Social Care	23 rd February 2026	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: to update the Cabinet of a proposed retendering process for Integrated Community Equipment Services (ICE's)</p> <p>Proposed Report Title: Retender of Integrated Community Equipment Services (ICEs)</p> <p>Background Documents: various appendices.</p> <p>Document(s) to be considered in public or private: Public</p>				
HSC-17-25	OHID Funding Allocation for Core Adult Substance Misuse Treatment Services for 2026/27	Deputy Chief Executive - Health and Social Care	23 rd February 2026	Cabinet
<p>Description: to update the Cabinet on the proposed funding allocations for adult care substance misuse treatment services.</p> <p>Report Title: OHID Funding Allocation for Core Adult Substance Misuse Treatment Services for 2026/27</p> <p>Background Documents: various appendices.</p> <p>Document(s) to be considered in public or private: Public</p>				
RBO-19-25	Biodiversity Duty Report	Executive Director of Place/Deputy Chief Executive	23 rd February 2026	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: This report seeks approval to publish the Biodiversity Duty Report (2026) in line with section 40A of the Natural Environment and Rural Communities Act 2006. Report Title: Biodiversity Duty Report</p> <p>Background Documents: various appendices.</p> <p>Document(s) to be considered in public or private: Public</p>				
NEI-13-25	Award of LEVI CRSTS Contract to Preferred Supplier	Executive Director of Place/Deputy Chief Executive	23 rd February 2026	Cabinet
<p>Description: Decision to award the Contract for Local Electric Vehicle Infrastructure (LEVI) project. To be funded by TfGM's LEVI grant funding plus a contribution from Oldham's CRSTS funding of electric vehicle infrastructure.</p> <p>Report Title: Award of LEVI CRSTS Contract to Preferred Supplier</p> <p>Background Documents: various appendices.</p> <p>Document(s) to be considered in public or private: Private - commercially sensitive information.</p>				
CHS-04-25	Oldham Strategy - Giving every child the best start in life	Executive Director – Children's Services	23 rd February 2026	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: a report seeking Cabinet's approval to develop and publish the Oldham Borough's Strategy entitled: "Giving every child the best start in life".</p> <p>Report Title: Oldham Strategy - Giving every child the best start in life.</p> <p>Background Documents: various appendices.</p> <p>Document(s) to be considered in public or private: Public.</p>				
FCR-20-25	Revenue Monitor and Capital Investment Programme 2025/26 Month 10	Director of Finance/s151 Officer	23 rd March 2026	Cabinet
<p>Description: The report provides an update on the Council's 2025/26 forecast revenue budget position and the financial position of the capital programme as at the period ending 31 January 2026 (Month 10)</p> <p>Report Title: Revenue Monitor and Capital Investment Programme 2025/26 Month 10</p> <p>Background Documents: Various appendices</p> <p>Report to be considered in Public</p>				
RBO-18-25	Princes Gate	Executive Director of Place/Deputy Chief Executive	23 rd March 2026	Cabinet

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: the report seeks approval from the Cabinet to approve the proposed developments at Princes Gare, Oldham.</p> <p>Report Title: Princes Gate.</p> <p>Background Documents: various appendices.</p> <p>Document(s) to be considered in public or private: Private - commercially sensitive information.</p>				

Key:

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

Notes:

1. The procedure for requesting details of documents listed to be submitted to decision takers for consideration is to contact the Contact Officer contained within the Key Decision Sheet for that item. The contact address for documents is Oldham Council, Civic Centre, West Street, Oldham, OL1 1UH. Other documents relevant to those matters may be submitted to the decision maker.
2. Where on a Key Decision Sheet the Decision Taker is Cabinet, the list of its members are as follows: Councillors Arooj Shah (Leader of the Council and Chair of the Cabinet), Elaine Taylor, Abdul Jabbar MBE, Shaid Mushtaq, Mohon Ali, Barbara Brownridge, Fida Hussain, Peter Dean and Chris Goodwin.
3. Full Key Decision details (including documents to be submitted to the decision maker for consideration, specific contact officer details and notification on if a report is likely to be considered in private) can be found via the online published plan at:
<http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0>

KEY DECISION DOCUMENT – COVERING DECISIONS TO BE TAKEN FROM 1 FEBRUARY 2026

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

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, 23rd February and 23rd March 2026

Decision to be taken (Agenda Item) Decisions proposed to be taken in private at Cabinet on 23rd February and 23rd March 2026:

a. Award of LEVI CRSTS Contract to Preferred Supplier

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. Princes Gate

Reason:

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

Representations:

If you wish to make representations against the intention to hold a private meeting, please send these to: Constitutional Services, Oldham Council, JR Clynes Building, Cultural Quarter, Greaves Street, Oldham, OL1 1AL or email: constitutional.services@oldham.gov.uk

This page is intentionally left blank