

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

Date Tuesday 10 March 2026

Time 6.00 pm

Venue J R Clynes Ground Floor Room 1 - The JR Clynes Building

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 Constitutional Services 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, 6 March 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 - 12)
The Minutes of the Adults Social Care and Health Scrutiny Board held on 27th January 2026 are attached for approval.
- 6 Performance Assurance Report 2025/26 Q3 (Pages 13 - 40)
To consider the Performance Assurance Report for Q3 2025/26.
- 7 CQC Feedback (Pages 41 - 52)
To consider the CQC Feedback presentation.
- 8 Oral Health All Age Approach (Pages 53 - 58)
To consider Oldham's life course approach to oral health promotion and prevention.
- 9 Market Position Statement and Commissioning Delivery Plan (Pages 59 - 90)
To consider the presentation on the Market Position Statement and Commissioning Delivery Plan.
- 10 Work Programme (Pages 91 - 92)
To consider and note the Adult Social Care and Health Scrutiny Board's Work Programme for 2025/26 and to consider items for inclusion when developing the Board's Work Programme for the 2026/27 municipal year.
- 11 Key Decision Document (Pages 93 - 110)
- 12 Rule 13 and 14



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

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

Also in Attendance:

Councillor Barbara Brownridge	Cabinet Member for Adults, Health and Wellbeing
Marion Colohan	NCA
Rebecca Fletcher	Director of Public Health
Keeley Gibbons	NCA
Jack Grennan	Constitutional Services
Councillor Mark Kenyon	Calling-In Member
Sam McCann	Public Health Speciality Registrar
Michael McCourt	Chief Executive Officer Pennine Care
Emma McGuigan	NCA
Jayne Ratcliffe	Director of Adult Social Services
Christian Walsh	Deputy DASS

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Sharp and Mike Barker.

2 URGENT BUSINESS

There were no items of urgent business received.

3 DECLARATIONS OF INTEREST

Councillor Rustidge declared an interest in Item 9 as he was a member of the Miocare Board.

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 held on 25th November 2025 be approved as a correct record.

6 RELOCATION OF ROYAL OLDHAM HOSPITAL URGENT TREATMENT CENTRE TO VICTORIA BREAST UNIT TO ADDRESS URGENT CARE PRESSURES AND PATIENT FLOW

This item (Originally Item 8 in the Agenda) was taken earlier in the agenda in agreement with the Chair, due to officers from the NCA being required back at the hospitals.

Emma McGuinan from the NCA introduced the item, noting the current situation at the Emergency department at the Royal Oldham Hospital, particularly around A+E issues and long waiting times for ambulances. It was noted that the A+E was seeing double its capacity.

It was highlighted that the Victoria Breast Unit would move to North Manchester hospital. It was noted that most patients who use the service are seen once and often discharged the same day. Oncology would remain at Oldham.

Members asked about timeframes, querying how long it would take between closing the Breast Unit and the opening of the Urgent Treatment Centre. It was noted that it would be a staged move with a quick turnaround. It was highlighted that it would be open by next year.

Members queried whether disruption was likely and what mitigations were in place to reduce this. It was highlighted that engagement was only just beginning and that the aim was for minimal disruption.

Members noted resident concerns, particularly around travel to North Manchester and queried whether any support for patients had been factored in. It was highlighted that the NCA was looking into this and that it was the number one concern for them. It was also noted that nothing was set in stone. Members also asked for information to be passed on to the Panel as residents have been asking about the move. It was noted that this could be arranged.

Members asked about patient communications, noting a reference to 'GP communication routes' in the report. It was noted that the communications campaign had ramped up within the last month, and that patients would be briefed closer to the move. It was also noted that broader systems communications would be carried out.

Members queried whether the transition would be gradual or all at once. It was noted that due to the nature of the project, it would be one stop so the move would need to be all at once. It was also noted that for appointments, North Manchester was already an option.

Members noted transport issues, both in terms of car parking and public transport for residents and queried whether patients were being briefed on transport options. It was advised that they were not being as of yet.

RESOLVED that the report be noted and the approach endorsed with thanks for the officers.

7

CALL-IN PROCEDURE

RESOLVED: That the Call-In procedure be noted.

EXTENSION OF A SECTION 75 AGREEMENT WITH NCA

The Chair reported that the purpose of this report was to consider an item of Called-in business from the Cabinet's meeting held on 15th December 2025. Councillors Kenyon, Marland and Al-Hamdani, in accordance with Council's Overview and Scrutiny Procedure Rules had called-in Minute 6 taken from the proceedings of the Cabinet's meeting held on 15th December 2025, 'Extension of a Section 75 agreement with NCA', a report that had been prepared by the Executive Director for Health and Social Care.

The grounds for the call-in, which Councillor Kenyon outlined to the Scrutiny Board meeting were that:
'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:

- 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.



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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.'

On 15th December 2025, the Cabinet had approved a report of the Executive Director for Health and Social Care which agreed 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. The Cabinet also resolved to agree to recommendations a-d of the submitted report.

In accordance with the protocol for dealing with Called-in business and in consideration of the Call-in, Members of the Scrutiny Board asked questions of the Cabinet Member for Adults, Health and Wellbeing, Councillor Brownridge and of the Director of Public Health, who both explained the reasons for the decisions made by the Cabinet on 15th December 2025.

Members of the Scrutiny Board also asked questions of the Calling-in member who was present, Councillor Kenyon.

The Scrutiny Board proceeded to consider the report in detail and afterwards the Cabinet Member, the Director and the

Calling-In Member were all given the opportunity to respond to the debate.



In considering the report, members of the Scrutiny Board thanked Councillor Kenyon for calling the item in to the Board. Councillor Kenyon, in his response, thanked the Cabinet Member and Director for their responses to the reasons for the item being called-in.

Resolved:

That the Adults Social Care and Health Scrutiny Board upholds the decision of the Cabinet made on 15th December 2025, in respect of the item: Extension of a Section 75 agreement with NCA (minute 6 refers), meaning that the decision of the Cabinet takes immediate effect.

9

MIOCARE ANNUAL REPORT

Note: Councillor Rustidge left the room for the duration of the item. Councillor McLaren, as Vice Chair of the Panel, acted as Chair for the duration of the item.

Adrian McCourt presented the item, noting that it had been a strong year for Miocare, and that for 2025/26, the reserves would remain untouched. It was noted that the expected deficit would be £75,000, rather than £411,000 that had been previously predicted. The governance structures were outlined and it was noted that the team were identifying and addressing mistakes where they arose. It was also highlighted that Miocare provides important services to vulnerable residents.

Members asked for clarification around the £75k deficit, querying what more was being looked at to reduce the deficit further. It was noted that Miocare was on track to meet its savings next year and that there were large reserves on hand. It was also highlighted that savings were being looked at around agency and additional staffing.

Members noted that there was no indication in the future focus around savings and reductions. It was noted that business cases were being looked at around drawing reserves to deliver further savings. It was also highlighted that Miocare was considering investing for greater delivery as part of a value for money plan.

Members queried the 2026/27 budget and it was noted that reablement was key and that other works were being looked at. It was noted that the budget had not yet been agreed by the Council.

Members noted that only 33% of staff had completed the staff survey and that only 59% and 49% of staff responded positively to communication and pay and benefits respectively. It was noted that it was key to have a motivated workforce. It was highlighted that previously, the figure for completion had been 41% and work was being done to work out why the numbers

had fallen. It was noted that some staff don't use email and that paper copies would be provided in future. It was also noted that feedback was anonymous and that reassurance and myth busting around this would be done going forward. Positive figures were highlighted, including 87% saying they enjoyed their jobs and that 90% believed the company had a positive culture. It was highlighted that around pay, Miocare was in the top percentile nationally so comparatively, pay was good. It was also noted that postcards and compliments had been introduced as a way to recognise staff and make them feel valued.

Members queried whether staff had input into the savings process. It was noted that they did as part of team meetings and the consultation process.

RESOLVED: That the Report be noted and endorsed.

10

INFANT MORTALITY ACTION PLAN

Rebecca Fletcher and Sam McCann presented the action plan, noting that it was an update and highlighted the aims of the action plan and the achievements so far. It was noted that there were high rates of infant mortality in Oldham and that there were common factors which were similar to the national factors. It was noted that poverty was a key overarching theme within the report and that the action plan focused on a sensitive, pragmatic approach which was received by those that need it at a beneficial time. The future plans were also outlined. It was highlighted that Oldham was starting to see real changes and that partnership work was a real difference. Oldham had also seen a slight decrease in infant mortality which was positive.

Members asked whether there was an literature or resources that could be given to members to pass on. It was noted that the Lullaby Trust was a key resource library for this and that this would be beneficial for members in particularly higher risk wards. Members also queried whether any factors were higher than others. It was noted that every death was looked into and that some deaths had more than one factor contributing to it.

Members noted financial challenges and queried what the council offers and whether this was just to families in temporary accommodation. It was noted that there were baby banks across GM that were accessible to all families. It was also noted that temporary accommodation provides additional risk for infant mortality.

Members noted the difference between breast feeding and milk and queried what the Council could do on this. It was noted that broader work was being done on this issue and it could be brought to scrutiny at some point in the future.

Members noted the risk of smoking and queried whether there were risks with vaping too. It was noted that there was no real harm in this regard from nicotine and it was highlighted that

vapes are supported as a tobacco reduction option. It was noted that with a focus on quitting smoking, vapes were much safer.

Members noted that around information sharing, were language barriers taken into consideration. It was noted that it was, and that messages from the Lullaby Trust were available in 40 languages and that work was being done on bespoke advice in multiple languages.

Members noted historic advice had changed and queried how this is being passed on. It was noted that good advice was given from midwives to parents but there was an acknowledgement that broader advice to other caregivers needs promoting. Advice was given to the committee around this, particularly noting the high risk of falling asleep on a sofa or chair with a baby.

Members noted that all the aims have actions and queried how this was coordinated as a strategy. It was noted that this was done through meetings and tracking.

Members queried whether resources and facilities were available around the borough, and it was advised that they were, in district and family hubs and in libraries, for example. It was noted that the aim was to make women comfortable.

Members thanked the officers for the action plan and noted their support for the strategy.

11

PUBLIC HEALTH GRANT FUNDING ALLOCATION FOR ADULT SUBSTANCE MISUSE PREVENTION, TREATMENT AND RECOVERY SERVICES 2026/27 - 2028/29

Rebecca Fletcher presented the report. It was noted that this was a paper due to go to Cabinet, relating to a statutory duty of the public health team. It was noted that funding was variable and that the funding for the next three years has made it easier to plan. It was noted that there was slightly less funding this year than previously.

Members noted that the measures seemed vague and queried whether work had been done on this. It was noted that the measures had been benchmarked.

Members queried why alcohol deaths were higher and whether there was a gender split on this. The new GM Alcohol strategy was noted and it was highlighted that there were more men in treatment, but the question was how to get the offer right to prevent resistance. It was noted that need was high and more than capacity.

Members queried whether new drugs were emerging and what was being done to prevent this. It was noted that some new drugs were emerging, particularly synthetic opioids and nitrous oxide, and that there were changing trends around drug use, with pre-emptive work and harm reduction advice being utilised.



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Members noted the report and endorsed option A in the recommendations.



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12

WORK PROGRAMME

The Work Programme for 2025/26 was noted.

13

KEY DECISION DOCUMENT

The Board reviewed the Key Decision Document.

14

RULE 13 AND 14

There were no Rule 13 or 14 decisions to be considered.

The meeting started at 6.00 pm and ended at 7.55 pm

Report to Adults Social Care & Health Scrutiny Board

Health & Care Directorate Performance Assurance Report 2025/26 for Q3

(1st October – 31st December 2025)

Portfolio Holder (Performance): Cllr Arooj Shah, Leader & Cabinet Member
for Growth

Report Owner: Mike Barker, Executive Director Health & Care

Officer Contact: Heather Moore, Assistant Director Governance

PAR collated by: Performance Improvement Team and Data & Intelligence
Service

Contact: StrategyandPerformance@oldham.gov.uk

Date: 10.03.2026

Reason for decision

Performance reporting underpins how we measure progress and monitor the impact of Corporate Plan objectives and is aligned to our Medium-Term Financial Strategy, Service Plans and Risk Management. Reporting provides measurable evidence of progress against objectives to provide assurance that:

- services are aligned to corporate priorities and the needs of our residents
- our services are good, or are on track to good
- any that are not on track, or have identified risks, are being supported or challenged appropriately
- any demand indicators or resource pressures are noted, and service provision is being re-assessed accordingly.

Report summary

This report provides an overview of directorate performance against agreed service plan metrics, in the context of related reports and open (public) data. The intent is to support the scrutiny process through open and transparent discussion and challenge.

The reporting format is being developed as various overarching frameworks (national, regional and local) and digital reporting and data storytelling options emerge. The aim is to achieve a level of consistency of reporting whilst also accommodating the resources and nuances in reporting styles across the variety of services and the perspective of each of the four scrutiny boards.

Recommendations

Scrutiny Board members are asked to:

- note the directorate outcomes identified
- celebrate areas of good or improved performance
- consider areas for review (good or poor) that could produce organisational learning.

Contextual considerations include:

- the interconnection between key projects and ongoing activities in other portfolio and Scrutiny Board areas; likewise reports to other committees
- the Council's performance reporting in the public domain – in particular the LG Inform App and Draft Local Outcomes Framework for Oldham
- the importance of viewing performance in the context of our borough by utilising published district profiles and the Oldham JSNA.

1. Context

1.1 Service (business) plans include a range of performance metrics to monitor progress in achieving our statutory duties and Corporate Plan objectives. Continuous monitoring is important as services can be impacted by a range of internal and external factors, including changes in demand, resources, legislation or policies.

1.2 Performance management systems generate data to be utilised at all levels; good governance processes support a transparent performance reporting cycle. Each directorate has regular opportunities to review their performance holistically and at a service level; and to raise issues or take necessary actions to improve or maintain it. Data scrutinised at this level will be more detailed and focused on the service or function.

1.3 The Performance Assurance Report (PAR) enables (high-level) data to be scrutinised to provide reassurance, whilst also allowing space for discussion. The format of these reports is evolving as the council navigates its digital journey. The aspiration is to offer a balance between data, insight, and contextual narrative.

1.4 A standardised 'one size fits all' approach to performance monitoring and reporting is not feasible across the range and complexity of the services the council provides. Some services produce data that is qualitative and readily benchmarked against milestones. To remain relevant, they need to be set in an appropriate timeframe – for example education services data needs to be reported termly, as opposed to in financial year quarters. Similarly, some strategic programmes, such as public health initiatives, will only show meaningful results over several years.

1.5 Many core services provide a supporting role, so performance within their functions cannot be measured quantitatively and success is identified by the performance of the services they support. To avoid repetitive or inaccurate reporting for these services, performance reporting may only occur at the beginning and the close of the year when major milestones can be effectively and accurately reflected on.

1.6 It is essential that performance is viewed in context - the published district profiles and Oldham JSNA provide more detail and this should be considered when reviewing current and projected service levels and demands.

1.7 In addition to in-house reporting, Scrutiny Boards may wish to benchmark or verify reports against external sources such as:

- LG Inform App
- Draft Local Outcomes Framework for Oldham.

Both provide several ready built reports that use published data and useful trend or comparator information.

Appendix:

Data pack for Health & Care Directorate

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Health & Care Directorate Performance Assurance Report

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Quarter 3 – 1st October to 31st December 2025

Data Pack for Report to Adult Social Care & Health Scrutiny Board: 10th March 2026

Portfolio holder (Performance): Cllr Arooj Shah, Leader of the Council & Cabinet Member for Growth

Report owner: Mike Barker, Executive Director Health & Care

Contact officer: Heather Moore, Assistant Director of Governance

Collated by: Performance Improvement Team and Data & Intelligence Service

Contact: StrategyandPerformance@oldham.gov.uk



Directorate overview

The Council is split into four key executive directorate areas; **Health & Care**, Children & Families, Place and Resources.

The Health & Care directorate is overseen by **Mike Barker, Executive Director, Health & Care** and consists of:

- Adult Social Care overseen by **Jayne Ratcliffe, Director of Adult Social Care (DASS)**
- Public Health overseen by **Rebecca Fletcher, Director of Public Health**
- Strategy & Public Affairs* overseen by **TBC, Assistant Director of Strategy & Public Affairs**
- Transformation & Change* overseen by **TBC, Assistant Director of Transformation & Change**

**Note: performance in these service areas is reported to the Governance, Strategy & Resources Scrutiny Board*

Portfolio overview

The Health & Care directorate is supported by:

- Cllr Barbara Brownridge, Cabinet Member for Adults, Health & Wellbeing
- Cllr Peter Dean, Cabinet Member for Culture & Leisure

Benchmarking

Scrutiny Boards may wish to benchmark or verify reports against external sources.

The Local Government Association (LGA) provide ready built reports that use published data and useful trend or comparator information:

- [Themed reports | LG Inform](#)
- [Mobile app content | LG Inform](#)

Note: registration using an oldham.gov.uk email is required in the first instance

Quarter 3 introduction: Mike Barker, Executive Director, Heath & Care

This report sets out our Quarter 3 performance for Adult Social Care and Public Health, covering the period from October to December 2025. It provides a balanced view of delivery, drawing on a mix of quantitative measures and contextual insight to support effective scrutiny.

Overall, the picture this quarter is mixed but stable. We continue to see strong performance in a number of core areas, alongside some emerging pressures that reflect both local demand and wider system challenges. Where performance is below target, the report is clear about the underlying drivers and the actions in place to address them.

Members will see a particular focus on customer experience, workforce sustainability and access to information, alongside the key service outcomes that matter most to residents. This is intended to support a constructive conversation about what is working well, where improvement is needed, and how we maintain grip as we move into the final quarter of the year.

Balanced scorecard metrics

Customer Experience | Workforce | Finance | Access to information

Context for Balanced Scorecard metrics

- BSC metrics are intended to provide a context for the pressures on a service
- Some metrics are reported through the lens of the 'customer front door' and so do not include direct contact with frontline staff or service areas – therefore they do not provide the full picture or quantities being received or delivered by the service area
- Services are working to collect additional insight where possible – for example, what residents are contacting a service about, and what this tells us about their experience
- More insight relating to complaints and compliments can be found in the [Customer Feedback: Annual Report 2024-25](#)
- Note not all compliments can be logged by the Directorate due to a lack of information, so individual directorate figures will not equal the overall compliment figures

Customer Experience

Complaints Metrics	Oldham Council Q2 Complaints	Oldham Council Q3 Complaints	Target	Adults & Health Q2 Complaints	Adults & Health Q3 Complaints
Received	168	190		39	41
In Time	70.4%	162 (85%)	75%	23 (59%)	32 (78%)
Not in Time	13	28		5	9
Number of Service Requests	337	318		9	16
Compliments Metrics	Oldham Council Q2 Compliments	Oldham Council Q3 Compliments		Adults & Health Q2 Compliments	Adults & Health Q3 Compliments
Number of Compliments*	66	58		9	7

* not all compliments can be logged by the Directorate due to a lack of information, so individual directorate figures will not equal the overall compliment figures

Workforce

Workforce Metric	Oldham Council Q2	Oldham Council Q3	Adults & Health Q2	Adults & Health Q3
Headcount*	2618	2648	244	245
Sickness Absence %	5.04%	6.07%	12.8%	7.6%
Turnover rolling 12 month %	12.7%	11.6%	12.8%	12.2%
Agency Spend Year to Date**	£4.02m	£2.95m	£0.42m	£0.47
Appraisals/Let's Talk***	75.9%	75.9%	64.2%	64.2%

** Overall Headcount is measured on distinct posts, so removes numbers of people with multiple roles - hence this number is lower than the sum of Directorate headcount; ** all workforce metrics are quarterly unless specified, agency spend is Quarter 3 spend up until M9; ***Let's Talk is only measured once a year through an appraisal window in Q1*

Access to information

Governance Metrics	Target	Oldham Council Q2 Overall	Oldham Council Q3 Overall	Adults & Health Q2	Adults & Health Q3
Number of Freedom of Information (FOI) requests received		387	381	23	26
FOIs answered within statutory time period (20 working days)	90%	325 (84%)	286 (75%)	20 (87%)	24 (92%)
Number of validated Subject Access Requests (SARs) received		62	53	8	4
SARs answered within statutory time period (One calendar month, unless extension applied)	80%	36 (58%)	27 (51%)	4 (50%)	1 (25%)
Number of Requests for Disclosure (RFD) received		258	292	23	20
Number of Requests for Disclosure responded to within target time period (One calendar month)	80%	232 (90%)	240 (82%)	17 (74%)	16 (80%)

Access to information - context

- Reporting is based on the date a request is received, so quarterly figures reflect requests received in that period
- Requests received near the end of a quarter may still be open when figures are reported; these are not counted as completed on time until a response is issued
- Therefore, the previous quarter's results are updated to provide a more accurate picture, usually increasing the on-time completion rate
- [Data protection and freedom of information | Oldham Council](#)

Adult Social Care directorate

Commissioning & Market Management | Operations | Social Work |
Business Strategy, Assurance & Improvement

Introduction: Director of Adult Social Care

Adult Social Care continues to progress its transformation programme, aligned to CQC themes of which the directorate has recently been rated by the Care Quality Commission (CQC) as GOOD. The work undertaken is centred on working with residents in a strengths-based way that maximises independence and reduces reliance on long-term services. This approach remains fundamental to improving outcomes and ensuring sustainable, person-centred support.

The service also remains committed to be resident focused this is demonstrated in the response to complaints in a timely and effective manner. Although the number of complaints increased in Quarter 3 compared with Quarter 2, response times have improved significantly. The directorate continues to monitor complaint trends closely. Themes, learning, and required service improvements are reviewed through the Learning and Improvement Board, chaired by the Principal Social Worker (PSW), ensuring a structured and accountable approach to continuous improvement.

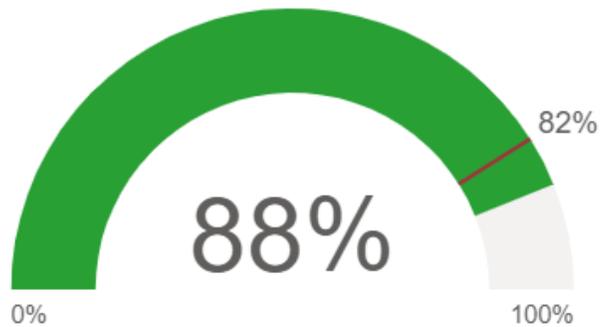
In addition, the Co-Production Charter has been developed to underpin the work of the newly established Adult Social Care Resident Experience Group. Meeting monthly, this group provides a meaningful platform for residents to influence service design, feedback processes, and wider system improvements based on lived experience.

Jayne Ratcliffe

Adults Social Care key metrics (target where set)

The proportion of people who received short-term services during the year - who previously were not receiving services – where no further request was made...

Quarterly Target



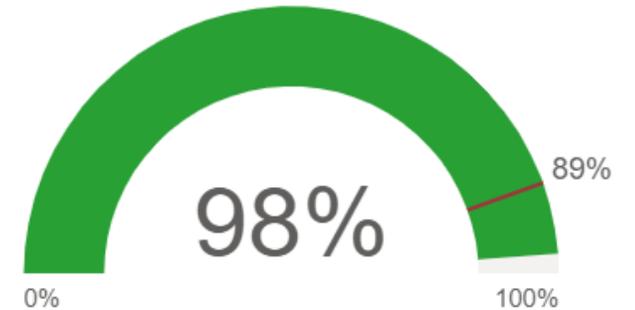
The number of adults aged 18 to 64 whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population)

Annual Target



The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital

Quarterly Target



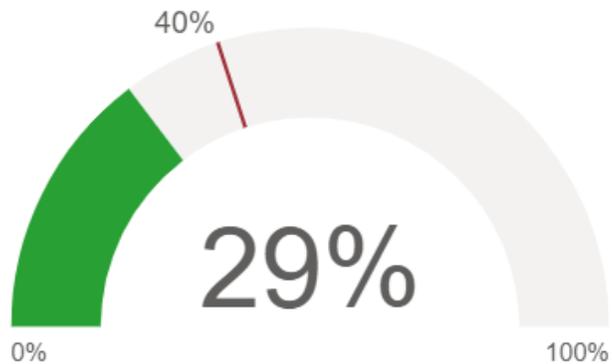
The number of adults aged 65 and over whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population)

Annual Target



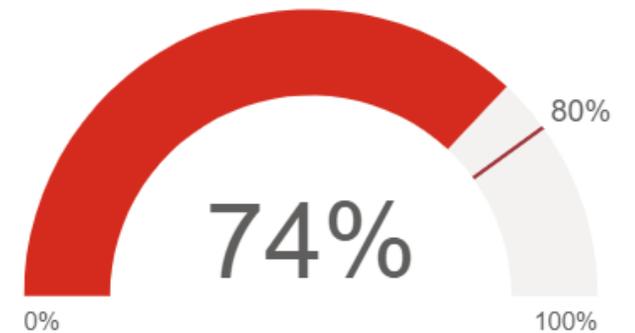
The proportion of people who use services who receive direct payments

Quarterly Target



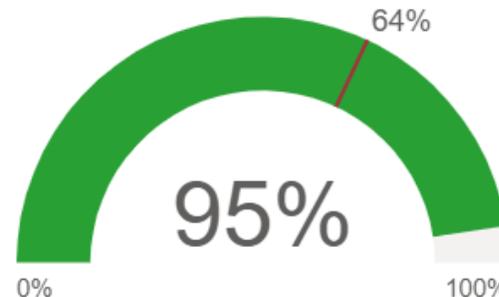
The percentage of adult social care providers rated good or outstanding by CQC

Quarterly Target



The proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed

Quarterly Target



Adults Social Care

key metrics summary

The key metrics have been met for the following areas:

- proportion of people who received short term services during the year
- low number of adults in residential/nursing care
- number of people who have remained at home 91 days after being discharged from hospital
- number of people who are in receipt of direct payments - Oldham is the 5th best performer nationally in this area (best performer is related to the number of DPs in situ)
- proportion of adults who when a safeguarding concern has taken place risk was removed
- in relation to the number of good/outstanding care homes, following a large home re-registering with CQC they are now awaiting a re-inspection and rating, which is affecting the overall position. In the interim, our quality monitoring team are undertaking an Oldham quality approach with the care homes as part of our quality assurance process and market oversight approach.

Reflections from Cabinet Member

Adult Social Care continues to deliver high quality services for residents demonstrated by a GOOD rating by the Care Quality Commission (CQC). The achievement demonstrates the dedication and professionalism of our staff who remain committed to delivering safe, effective, compassionate and person-centred care. Despite the financial pressures facing Adult Social Care nationally, we continue to focus on improving outcomes, promoting independence, and ensuring our residents receive the support they deserve.

Councillor Barbara Brownridge
Cabinet Member for Adults, Health & Wellbeing
20/02/2026

Public Health directorate

Public Health | Sport, Leisure & Wellbeing

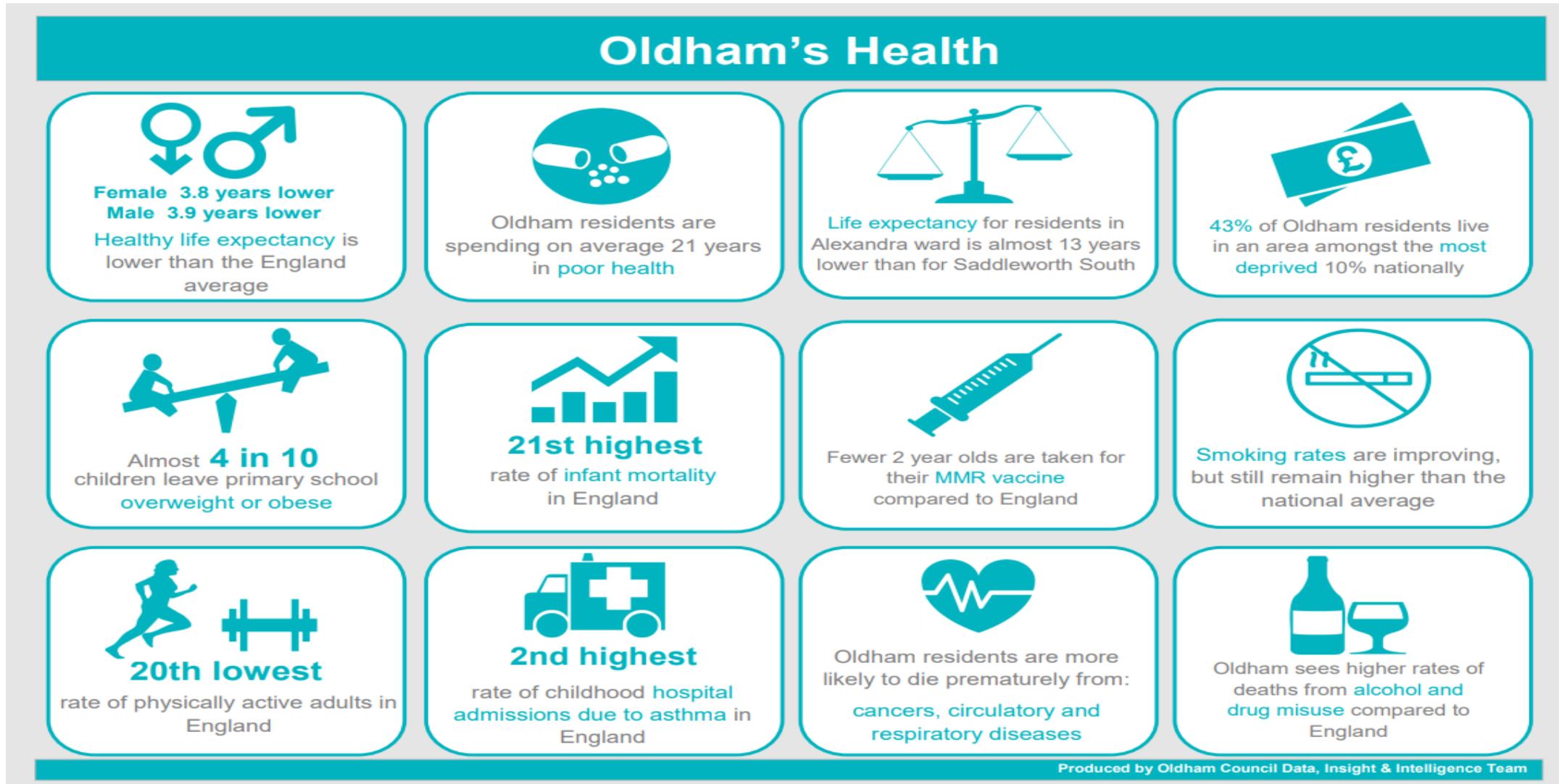
Introduction from the Director of Public Health

Whilst the performance of Public Health commissioned services broadly remain at expected levels, there are a couple of areas of focus where performance has dipped recently:

- Our data shows that the number of NHS Health Checks completed has increased during this quarter, however, our key focus has been on driving the quality of these checks. We only pay for those checks that meet the quality threshold and continue to work with our GPs to increase quality.
- Our Integrated Children and Families Service includes health visiting and school nursing. This service undertakes the mandated visits for children under 5 years of age. The service is provided by the NCA and Local Authority. Since the service was restructured in 2025, there have been vacancies that have impacted on capacity. This has meant that across all mandated visits we are below our 90% target. A recovery plan has been put in place; the service is nearly at staffing capacity and early performance data indicates that the timely uptake is improving.

Rebecca Fletcher

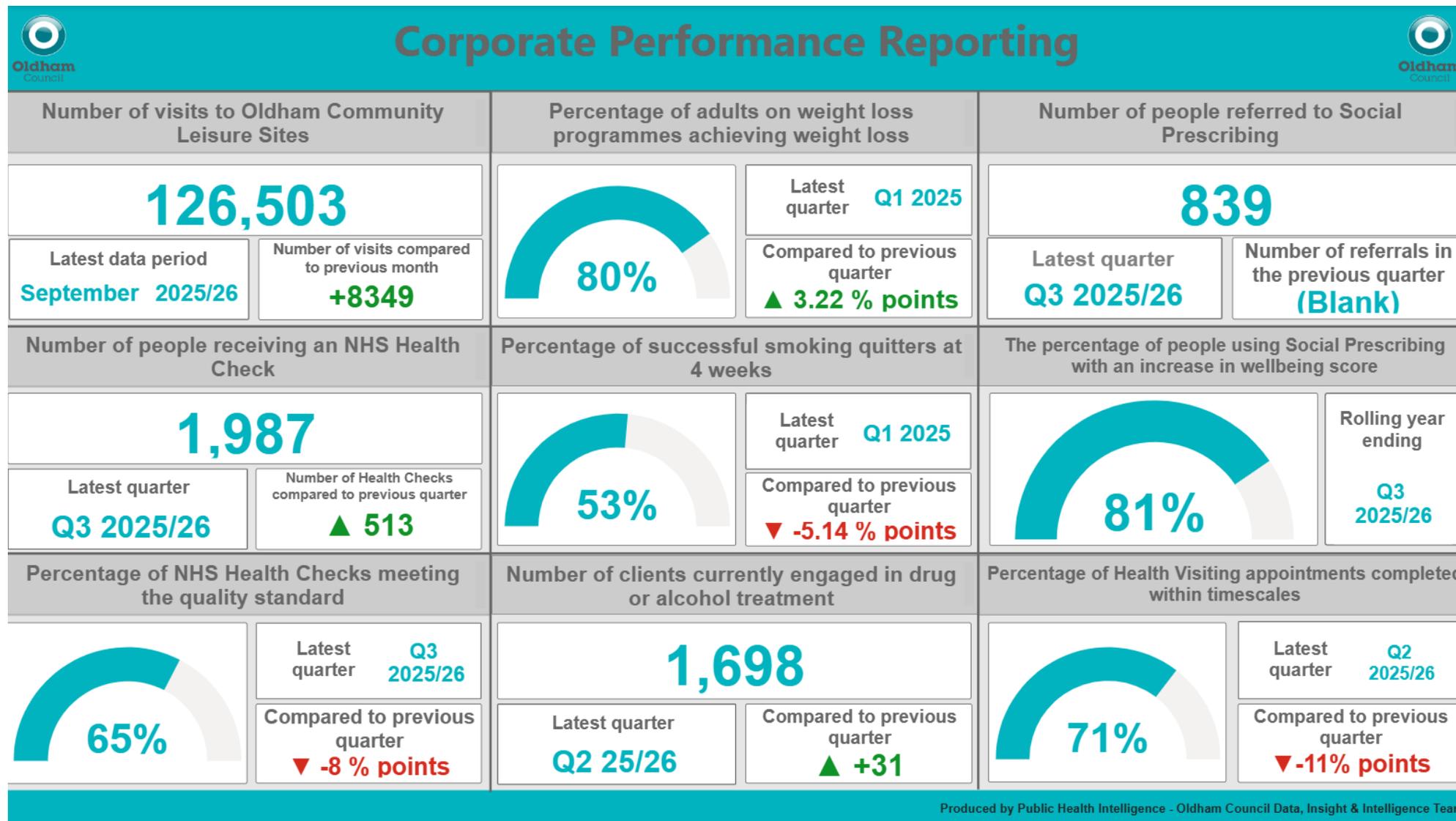
Oldham's Health in context – updated Feb 2026



Public Health key metric definitions

Number of visits to Oldham Community Leisure Sites	Percentage of adults on weight loss programmes achieving weight loss	Number of people referred to Social Prescribing
<p>The number of people who have visited Oldham Community Leisure sites over the past month. This measure relates to the number of visits, not distinct visitors. Data is extracted from provider systems and reported to the Council from Oldham Community Leisure on a monthly basis.</p>	<p>The percentage of adults completing weight loss programmes achieving weight loss in the quarter. Data is extracted from provider systems and reported a quarter in arrears due to data processing and validation by the provider and by Council Public Health Intelligence.</p>	<p>The number of people referred into social prescribing during the quarter. Data is extracted from provider systems and reported in arrears due to data processing and validation by the provider and by Council Public Health Intelligence.</p>
Number of people receiving an NHS Health Check	Percentage of successful smoking quitters at 4 weeks	The percentage of people using Social Prescribing with an increase in wellbeing score
<p>The number of eligible patients (aged between 40 and 74, not had a check in the previous 5 years and not exempt as a result of an existing condition) who have attended an NHS Health Check in the quarter. Data for this measure is a quarter in arrears due to the processing and validation of the data that is required before it can be reported. The data is extracted from GP systems (EMIS) and processed by both GM ICB and Council Public Health Intelligence.</p>	<p>The percentage of adults who report they have not smoked for 4 weeks from the start date of their programme. Data is extracted from provider systems and reported a quarter in arrears due to data processing and validation by the provider and by Council Public Health Intelligence.</p>	<p>The percentage of people who have improved their wellbeing score whilst receiving assistance from the social prescribing service as measured by the Short Warwick and Edinburgh Mental Wellbeing Scale (SWEMWEBS). Reporting for this measure is currently undergoing review and may be more delayed than usual. Data is presented as a rolling 12 months rather than an individual quarter to make this measure more robust.</p>
Percentage of NHS Health Checks meeting the quality standard	Number of clients currently engaged in drug or alcohol treatment	Percentage of Health Visiting appointments completed within timescales
<p>The percentage of completed NHS Health Checks that meet the Council's minimum criteria for completeness (at least 8 out of 10 elements to include Q-Risk score). Data for this measure is a quarter in arrears due to the processing and validation of the data that is required before it can be reported. The data is extracted from GP systems (EMIS) and processed by both GM ICB and Council Public Health Intelligence.</p>	<p>The number of Oldham clients currently engaged in drug or alcohol treatment during the quarter. Data is extracted from provider systems and reported a quarter in arrears due to data processing and validation by the provider and by Council Public Health Intelligence.</p>	<p>The percentage of health visiting appointments completed within target timescales during the quarter. This includes visits for 14 days, 6-8 weeks, 12 months and 2-2.5 years. Data is extracted from provider systems and reported up to two quarters in arrears due to data processing and validation by the provider and by Council Public Health Intelligence.</p>

Public Health key metrics for latest quarter available



Reflections from Cabinet Member

Following cases of measles in Oldham in 2025, and the reduction in uptake of the MMR vaccine, the public health team has taken a lead in working with residents, the VCFSE sector, and health partners to increase vaccine uptake. This is essential in order to protect our residents from measles, which is still circulating in England. Our approach is to increase access to MMR as well as to address any questions or concerns from residents.

This includes training community partners as well as healthcare professionals to have good conversations about MMR (measles, mumps and rubella vaccine) to support residents to make informed decisions. We are working with Fatima Women's Association and the GP practices with the lowest uptake to try different approaches with families. In addition, we are providing additional MMR and MMRV (measles, mumps, rubella and varicella vaccine) clinics in the community. These will be delivered over the spring and summer.

I also want to highlight the excellent news of the confirmation of three more years of additional drugs and alcohol treatment funding. We are treating more people in Oldham for drug and alcohol issues than ever before, and we will be able to continue this work over the coming years.

Councillor Barbara Brownridge

Cabinet Member for Adults, Health & Wellbeing

20/02/2026

GLOSSARY: all services			
AI = Artificial Intelligence	BSC = Balanced Scorecard	CPP = Child Protection Plan	CQC = Care Quality Commission
CYP = Children & Young People	DASS = Director of Adult Social Care	DfE = Department for Education	DP = Direct payment
EDT = Emergency Duty Team	EHCP = Education, Health & Care Plan	EIR = Environmental Information Regulations	FOI = Freedom of Information
GLD = 'Good Level of Development'	GOW = Get Oldham Working	GRO = General Registration Officer	HAF = Holiday Activities and Food
HLA = Heritage, Libraries & Arts	HMO = Houses of Multiple Occupation	ICO = Information Commissioners Office	KPI = Key Performance Indicator
LA = Local Authority	LADO = Local Authority Designated Officer	LAN = Local Area Network	LGA = Local Government Association
MASH = Multi-Agency Safeguarding Hub	MMR = measles, mumps and rubella	MMRV = measles, mumps, rubella & varicella	NCA = Northern Care Alliance
NEET = Not in Education, Employment or Training	NNDR = National Non-Domestic Rates	OEEES = Outdoor & Environmental Education Service	OSCP = Oldham Safeguarding Partnership
PAR = Performance Assurance Report	PC = Personal Computer	PLGFS = Provisional Local Government Finance Settlement	PSW = Principal Social Worker
RFD = Request for Disclosure	SAR = Subject Access Request	SEND = Special Educational Needs & Disabilities	SLA = Service Level Agreement
SLP = Schools Linking Project	TA = Temporary Accommodation	TBC = To be confirmed	TDS = Technology & Digital Services
VCFSE = Voluntary, Community, Faith, and Social Enterprise	WAN = Wide Area Network	WRS = Welfare Rights Service	



Oldham
Council

CQC Feedback Oldham Adult Social Care

Jayne Ratcliffe
Director of Adult Social Care (DASS)

10th March 2026

Local authority adult social care
provision assessed and rated as

Good ✓



Local authority rating and score

Oldham Council

Good 



Quality statement scores

Assessing needs Score: 2 ●

Supporting people to lead healthier lives Score: 2 ●

Equity in experience and outcomes Score: 2 ●

Care provision, integration and continuity Score: 3 ●

Partnerships and communities Score: 3 ●

Safe pathways, systems and transitions Score: 3 ●

Safeguarding Score: 3 ●

Governance, management and sustainability Score: 3 ●

Learning, improvement and innovation Score: 3 ●

Local authority scores and rating

Oldham is ranked in the top third of authorities that have had their assessment published

Score	Local authority	Number	Rank
89	Barking & Dagenham; Camden; Kensington & Chelsea	3	Outstanding
81	North Yorkshire; Wokingham	2	
78	Hertfordshire, Milton Keynes	2	Good
75	Cheshire East; Knowsley; Staffordshire; Sunderland; Thurrock; Westminster;	6	
73	Bradford; Buckinghamshire; Darlington; Essex; Hillingdon; Islington; Wandsworth	7	
70	Calderdale; Isles of Scilly; Hartlepool; Leeds City; Hounslow; Sutton; Northumberland; Peterborough; Kingston-upon-Thames; Sefton; Southend-on-Sea; Surrey	12	
67	OLDHAM Blackburn with Darwen; Bolton; Durham; Derbyshire; East Sussex; Gateshead; Merton; Plymouth; St Helen's; Telford & Wrekin; Torbay; West Sussex; Wiltshire; Bolton	14	
64	Cambridgeshire; Barnet; Croydon; Enfield; Waltham Forest; Shropshire; Stoke-on-Trent; North Tyneside; Stockton-on-Tees; Cheshire West & Chester; Halton; Liverpool; Bracknell Forest; Oxfordshire; Slough; West Berkshire; Bristol City; Doncaster; Swindon	19	
62	Brent; Newham; Middlesbrough; Windsor & Maidenhead; Wakefield; Hackney; Westmoreland & Furness	8	Requires Improvement
59	Harrow; West Northamptonshire; Redcar & Cleveland; Wirral; Medway; North Somerset; South Gloucestershire; Kirklees; NE Lincolnshire;	9	
56	Norfolk; Bromley; Ealing; Haringey; Leicester City; Kent; Sheffield City;	7	
53	Hammersmith & Fulham; Derby City; Leicestershire; Walsall; Cumberland; Warrington; Reading; Bath & North-East Somerset	8	
50	Lancashire; Gloucestershire; Hull City	3	
48	Brighton & Hove	1	
45	Redbridge	1	
39	York	1	
34	Blackpool	1	Inadequate
28	East Riding	1	
TOTAL		105	

Overall Summary

- Overall, despite ongoing challenges with timeliness and preventative capacity, the local authority showed strong leadership, a well-embedded strengths-based approach, effective integration, and a culture of improvement that delivered positive experiences for many people.
- Most people told CQC they had positive experiences with adult social care.
- People frequently praised staff for their empathy, professionalism, and clear communication, describing support as outstanding and commending timely, expert advice that helped them navigate complex decisions, including safeguarding and financial matters.



Feedback

- People appreciated short-term interventions like social prescribing and reablement, which often improved wellbeing and independence.
- People spoke positively about assistive technology and adaptations that enabled them to remain at home.
- A review of people's care records showed their human rights were respected and protected and that they were involved throughout in decisions about their care.
- The local authority worked with people, partners and the local community to make available resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support.
- The local authority took steps to identify and target people in the area who had needs for care and support that were under met or not met at all.
- People, partners and staff fed back positively about the impact of reablement on people's outcomes.
- People valued choice and control through direct payments. which had high uptake, and some highlighted how this enabled culturally appropriate care and flexibility.
- People felt safe and supported during transitions and hospital discharge and appreciated person-centred planning and strong partnership working.



Feedback

- The local authority worked with local people and stakeholders to understand the care and support needs of the different communities across Oldham.
- Local authority data on population needs had been used to inform the Market Position Statement, and commissioning strategies were aligned with the strategic objectives of partner agencies.
- Market-shaping activity addressed gaps in specialist provision, and strategic plans aimed to bring people placed out of borough back to the area and develop culturally appropriate services.
- Preventative interventions such as social prescribing and front-door occupational therapy had a positive impact.
- The local authority had effective mechanisms for engaging routinely with care providers, and collaborated with them to ensure that the cost of care was transparent and fair, for example, through annual cost of care exercises
- The local authority was investing into Oldham's care infrastructure to promote sustainability, e.g., through Oldham Total Care and MioCare.



Feedback

- The local authority understood the risks to people across their care journeys. Risks were identified and managed proactively, the effectiveness of these processes in keeping people safe was routinely monitored.
- To ensure people's safety outside of traditional working hours, an Emergency Duty Team (EDT) provided support and an emergency response to people in the evening, at night or at the weekend.
- Staff also told us Oldham's multi-agency safeguarding approach, including the Tiered Risk Adult Management (TRAM) framework, applied to all Oldham residents' needs regardless of where they received care.
- There was senior level leadership and oversight of safeguarding work. Safeguarding risks, waits for Section 42 enquiries and other performance metrics were reported on and reviewed by local authority leaders monthly.
- Within the local authority, there were effective systems, processes and practices to safeguard people from abuse and neglect. Safeguarding enquiries were carried out sensitively, keeping the wishes and best interests of the person concerned at the centre.
- The local authority worked with the OSAB and partners to deliver a coordinated approach to safeguarding adults in the area. This was delivered through the OSAB's 3-year Business Plan.



Feedback

- The local authority demonstrated strong leadership and governance, with visible and engaged leaders who were described as capable and compassionate.
- Staff described a highly positive and supportive culture, and all managers were approachable and were kept well-informed about performance and risks, which they said contributed to an open culture in which they could be autonomous.
- Together with the local authority's commitment to workforce development and equality training, this indicated human rights and diversity principles were embedded in the local authority's values, culture and leadership behaviours.
- Leaders circulated a monthly feedback report containing compliments, complaints, feedback, quality assurance themes and outcomes from engagement forums.
- Governance arrangements are strong and included regular leadership meetings, performance reviews, and quality assurance panels, supported by live data dashboards and audits.
- Staff reported feeling supported, with manageable caseloads, inclusive training and lived experience embedded in recruitment and development.
- Learning and innovation were clear strengths, with sector-led improvement, peer networks, and Communities of Practice supporting continuous development. Staff expressed pride in delivering person-centred care and quick, safe responses in crises.

Areas for development during 2026-27

- **Reduce waiting lists**, particularly care reviews and financial assessments
- **Improving engagement and co-production with residents** to ensure that ASC is user led
- Implement the plan to **improve mental health services**
- Develop and implement the plan to **improve our in-borough range of service provision**. A key focus is to ensure that people are not placed out of borough unnecessarily
- Working with Children's Social Care to **improve the transition of young people** into adult social care
- To **maximise the use of care technology** as a tool for independence and enablement
- Ensure **Equality, Diversity and Inclusion is truly embedded** in culture, leadership, governance, service design and community engagement
- Review and implement changes to **improve the provision of support to unpaid carers**
- **Improve the availability and access to information** on Adult Social Care and related support particularly for those people who **do not speak English** and those who are **digitally excluded**

Next steps

- An Improvement Plan is being developed to identify short, medium and long-term priorities based on the areas of development identified during the self-assessment and CQC assessment process
- Involvement in collective reflection on assessment results and areas of development and participation in peer support with authorities from GM and the north-west as part of the support programme being developed with NWADASS and Partners in Care and Health
- Preparation for the annual self-assessment ensuring that the process includes engagement with partners across the local authority, health and voluntary and community sectors and directly with residents through our co-production plan
- The ongoing assessment process is still being agreed between CQC and the Department of Health & Social Care. It is expected that the next onsite visit for outstanding and good rated authorities will be in 4 years time. An assessment could be carried out sooner if requested by a local authority and CQC have available resources
- Build on the current good-rating and score of 67 to ensure continuous improvement across ASC in Oldham through extensive monitoring and review of ASC activity and improved outcome measurement

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Oldham
Council

Report to Adult Social Care and Health Scrutiny Board

Life Course Oral Health Promotion

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 of a Life Course Approach to Oral Health Promotion in Oldham, to improve oral health for all residents and particularly those who are at a higher risk of tooth decay, tooth loss and mouth cancer.

Recommendations

Adult Social Care and Health Scrutiny Board is asked to consider Oldham's life course approach to oral health promotion and prevention.

Oral Health

1 Context

- 1.1 Oral health is an important part of overall health and wellbeing across the lifespan. A healthy mouth enables people to eat, speak and socialize freely, whereas poor oral health can cause pain and disrupt sleep, school and work. The consequences of poor oral health, such as missing teeth and visible tooth decay can also impact self-esteem and result in judgement from others.
- 1.2 The three key oral health conditions are tooth decay, gum disease and mouth cancer. All three conditions are largely preventable.
- 1.3 Tooth decay is the most common health condition globally. Reducing the amount and frequency of sugar consumption reduces plaque production. Additionally, toothbrushing helps to remove plaque and prevent damage. Fluoride helps to strengthen teeth and reduce how much plaque is produced.
- 1.4 As well as sugar consumption and poor oral hygiene, gum disease is linked to tobacco use, alcohol consumption, stress and some medical conditions including diabetes. Gum disease can lead to tooth loss and has also been linked to wider health impacts including pre-term birth, heart disease, pneumonia and dementia.
- 1.5 In the UK, around 3000 people die each year due to mouth cancer. It has been estimated that smoking and alcohol consumption are responsible for around three quarters of mouth cancer cases.
- 1.6 There are substantial health inequalities related to oral health, with some groups disproportionately experiencing the impact of poor oral health. These groups include looked after children, young carers, children and adults with learning disabilities, adults in residential care, people experiencing poverty and homelessness, asylum seekers and refugees, people who regularly use drugs and alcohol and people involved in sex work.
- 1.7 The drivers of these inequalities include the following:
- unmet need for support in maintaining a healthy mouth e.g. completing oral hygiene tasks
 - social disadvantage
 - lack of access to basic oral health resources e.g. toothbrush and toothpaste
 - competing priorities/ stressful or chaotic living circumstances
 - direct impact of alcohol and drug use
- 1.8 Local Authorities have a statutory duty to provide or commission oral health improvement programmes suitable for the local population, to the extent they consider appropriate.

2. Oral Health in Oldham

- 2.1 In 2024, more than one in three (36.3%) 5-year-olds in Oldham had visually obvious tooth decay. This is substantially higher than the national average of 22.4% and represents the third highest rate in Greater Manchester.

2.2. Some groups of children in Oldham are more likely to experience tooth decay than others. Data from 2022 showed that more than half of children in the most deprived 20% of 5 year olds had tooth decay, compared to a quarter of children in the least deprived 20%. Similarly, half of Asian or British Asian 5-year-olds had tooth decay compared to a quarter of 5-year-olds of White ethnicity. The highest rate of tooth decay was seen among traveler groups, with more than 8 out of 10 children affected.

2.3 Tooth decay is also an issue for older children and adults. A survey of 11-year-olds in 2023 reported that one in five children had at least one decayed, missing or filled tooth. In 2018, a survey of adults attending a dental appointment in Oldham showed that a third of the people included had active tooth decay.

2.4 Dental decay can result in tooth extraction, which is the most common cause of hospitalization among 5-9-year-olds. In 2024, over 100 children in Oldham were admitted to hospital for tooth extraction under general anesthetic due to tooth decay.

2.5 Mouth care is fundamental to wellbeing among older adults in residential care. Poor oral health can lead to dehydration, undernutrition, speech difficulties, and social withdrawal. If mouth care is neglected, bacteria in the mouth can reach the airways and lead to infections such as pneumonia. From July to December 2024 there were 18 confirmed cases of aspiration pneumonia among care home residents in Oldham. Research shows that oral care can prevent up to 40% cases of aspiration pneumonia in residential care homes.

2.6 Although research indicates that population groups listed above are more likely to experience poor oral health than others, little is known about the experiences of people within these groups in Oldham as such information is not currently collected.

3. How can we improve oral health?

3.1 Oral health conditions such as tooth decay, gum disease, and mouth cancer can be prevented by:

- toothbrushing twice per day
- maintaining good oral hygiene
- increasing exposure to fluoride
- reducing the frequency and amount of sugar in the diet
- reducing use of alcohol, tobacco and drugs
- regular dental check-ups

3.2 Effective interventions support residents to establish these behaviors. Additionally, understanding signs and symptoms of mouth cancer can lead to earlier identification and more successful treatment.

4. Summary of Current Workstreams

4.1 Currently, our oral health work streams are focused on establishing good oral health in early life and supporting mouthcare among older adults in residential care. Interventions are based on the best available evidence and value for money.

4.2 The Integrated Children and Families Service includes a dedicated Oral Health Lead who provides oral health education to professionals working with babies, young children and their families. This means professionals are well equipped to share oral health messages with families and integrate good practice into their work. The service also provides toothbrushes, toothpaste and information leaflets to families as part of the routine health

visiting service. Resources are also provided to organisations working with families at higher risk of poor oral health on request. The Oral Health Lead has established a Healthy Eating Award for Early Years Settings to encourage settings to provide healthy food and drink to children in their care.

- 4.3 Supervised toothbrushing is an initiative in which children are supervised by their teacher to brush their own teeth, as part of the daily routine at nursery or school. Research shows it works well to establish good brushing habits and prevent tooth decay. It is also very good value for money, with around £3 saved on dental treatment for every £1 spent on supervised toothbrushing. In 2025, the national government announced dedicated funding to support supervised toothbrushing for 3-5 year old children in the most deprived 20% of areas in England. Thanks to this funding, in September 2025 we commissioned a dentist-led supervised toothbrushing organization – My Dental Buddy – to provide supervised toothbrushing support in Oldham. To ensure as many children benefit as possible, it was decided to offer this support to all 3-5 year old children Early Years Settings and Primary Schools in Oldham. From 2026, support will also be offered to all children of primary school age in SEND schools, to reflect the additional need for oral health support in this group. Thanks to a large donation of toothbrushes and toothpastes from Colgate Palmolive, we have also been able to promote toothbrushing at home by providing toothbrushes and toothpastes to 3- and 4-year-old children in Oldham to use at home.
- 4.4 Additionally, in 2026, dentists from My Dental Buddy will be offering visits to nurseries and schools in the most deprived areas of Oldham. Within these visits ,they will share oral health education with children and provide fluoride varnishing (with parental consent). Fluoride varnishing is a quick and easy treatment offered by dental professionals, in which a liquid containing fluoride is painted onto the teeth to help prevent tooth decay. The aim of this additional targeted support is to reduce oral health inequalities among children in Oldham.
- 4.5 Another initiative aiming to reduce oral health inequalities is the community-based oral health promotion service Healthy Smiles Healthy Bodies. This service trains members of community and voluntary organisations to become Oral Health Champions. These individuals are then equipped to share oral health messages with members of their community groups and champion good practice. The training sessions can be tailored to the specific needs and challenges of people participating. There has previously been a focus on working with Pakastani and Bangladeshi communities due to substantially higher rates of tooth decay among residents in these ethnic groups. This has continued, but in 2025 the reach of Healthy Smiles Healthy Bodies has expanded to other resident groups with higher oral health need, for example Roma communities.
- 4.6 RIS Products provide training on mouth care and oral health to professionals working in residential care and providing care at home in Oldham.
- 4.7 In Oldham there are established workstreams to reduce harms from alcohol, tobacco and drugs and to promote healthy food and drink choices. These workstreams will have oral health benefits as well as broader health benefits for our residents.

5. Future Plans

- 5.1 Following the completion of an oral health needs assessment, a new Life Course Oral Health Strategy has been established with four key focus areas.
- Early Years – establishing good oral health habits among 0-5s

-
- Targeted Groups – reducing barriers to good oral health among vulnerable population groups
 - Food Environment – establishing a positive food and drink environment in which healthy choices are easier choices
 - Oral Health System – working together to improve oral health and reduce inequalities at every opportunity.

5.2 In January 2026, the new strategy and accompanying Steering Group will be launched. To complement ongoing workstreams summarized above, additional activity has been approved and will commence shortly. These activities aim to fill current gaps in life course provision from school aged children and adults at higher risk of poor oral health. The initiatives are based on best evidence and recommended actions in the NICE Guidelines for oral health improvement.

Altogether, this will provide comprehensive support to improve oral health across all life stages and reduce oral health inequalities in Oldham.

5.2 New Initiatives for 2026

- ‘Give Up Loving Pop’ – an education campaign on the content and consequences soft drinks will be delivered in targeted primary schools. The campaign encourages children to give up sugary drinks for a 3-week period and encourages participating schools to consider a milk and water only drinks policy.
- Youth Council – a small, dedicated fund will be allocated for the Youth Council to develop their own oral health promotion initiative aimed at young people.
- Holistic oral health support for vulnerable groups- workforce training and oral health resources e.g. toothbrushes and paste will be made available to organisations working closely with groups at a higher risk of poor oral health. Additionally, an insight gathering exercise will be commissioned to better understand oral health challenges among these residents in Oldham and inform future work.
- Community Fund- a community oral health fund will be established to empower local organisations to implement oral health promotion for their communities.

6. Achievements to date

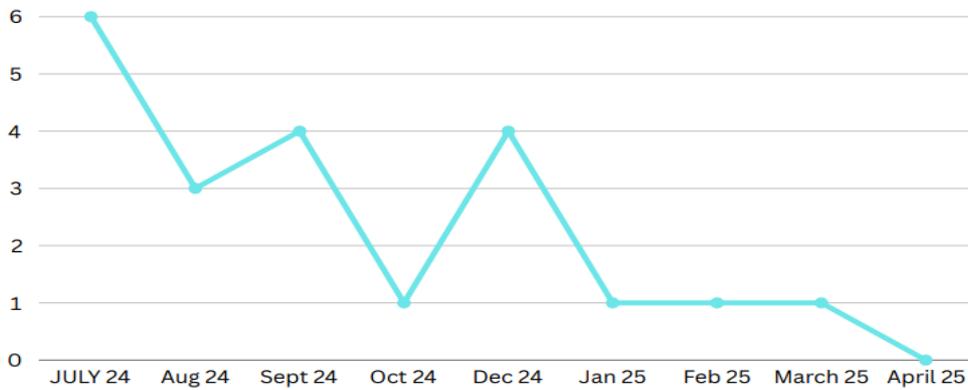
- 75% Early Years Settings hold a Healthy Eating Award
- Over 1000 children 3-5 year olds in Oldham are brushing their teeth daily at nursery or school
- Over 3000 3-4 year old children were given a free Colgate Palmolive toothbrush and toothpaste in 2025
- Over 100 professionals working with children and families received oral health training in 2025
- The percentage of 5-year olds with tooth decay has reduced from 48.8% in 2008 to 36.3% in 2024

% of 5 year olds with tooth decay in Oldham



- From April - September 2025, 25 face-to-face oral health training sessions were complete in residential care homes and 6 sessions were completed for staff providing care to residents at home.
- The number of confirmed aspiration pneumonia cases among care home residents reduced from 6 per month in July 2024 to 0 in April 2025.

Number of confirmed cases of aspiration pneumonia from Oldham Care Homes 2024/25



Adult Social Care: Market Position Statement 2026

Claire Hooley, Assistant Director, Commissioning and
Market Management
March 2026

[Adult Social Care Market Position Statement | Adult
Social Care Market Position Statement | Oldham
Council](#)



Contents

- To provide a clear understanding of what a Market Position Statement is and why it matters
- To outline the current picture of Adult Social Care provision locally
- To highlight future demand, commissioning intentions, and the role of councillors in shaping the market

What is a Market Position Statement (MPS)

- A strategic document produced by the local authority, a requirement of the Care Act 2014
- Sets out the **current and future needs** of residents who may require care and support
- Describes the **range, quality, and capacity** of services currently available
- Signals to providers the **direction of travel**, priorities and opportunities for market development
- Helps ensure a **sustainable, diverse and high-quality care market**

Why it matters

- Supports the Council's statutory duties under the Care Act 2014
- Ensures residents have choice, control, and access to good-quality care
- Helps the market remain stable and resilient, especially during financial and workforce pressures
- Provides transparency for providers, partners and the public
- Enables all stakeholders including councillors to understand pressures, risks, and investment priorities

Oldham's strategic commissioning documents

Rather than one single document, Oldham's Market Position Statement is made up of several documents, each offering different types of information. Our approach allows the commissioning service to:

- **Update time-sensitive elements** (such as commissioning priorities and the delivery plan) more frequently
- **Keep stable data** (such as population information – which is derived from national data sets such as the ONS) and review on a yearly cycle

While the entire MPS is reviewed at least annually, some components maybe updated more frequently, depending on changes in the local care market

Oldham's suite of Market Position Statement documents

- **Capacity and Demand Summary:** provides a high-level summary of Oldham's population and its projected growth. It outlines the type of provision expected to see increased demand and identifies current supply issues and development areas
- **Capacity and Demand Profile:** more detailed analysis of Oldham's population projections and expected demand for different care types. It is particularly useful for care providers developing business cases.
- **Commissioning Delivery Plan:** the document sets out planned commissioning activity, including developments requiring accommodation as part of the adult social care model. Procurement timelines are outlined

Oldham's suite of Market Position Statement documents

- **Contract and Quality Assurance and Improvement Approach:** outlines how we monitor the quality of contracted services, including any joint arrangements with the GM ICB. This document may also be of interest to service users and their families, as it explains how we respond to concerns about provider performance.
- **Fees Paid for Adult Social Care Services:** provides details on annual commissioned fees and explains our approach to complex and out of borough fee arrangements.
- **Service Specific Commissioning Statements:** these concise statements offer an overview of our commissioning intentions and identified gaps for specific types in the borough.
- **Fair Cost of Care:** during 2022/23 all councils in England were required by the Dept of Health and Social Care to complete a Market Sustainability and Fair Cost of Care exercise. As required, these documents are published.

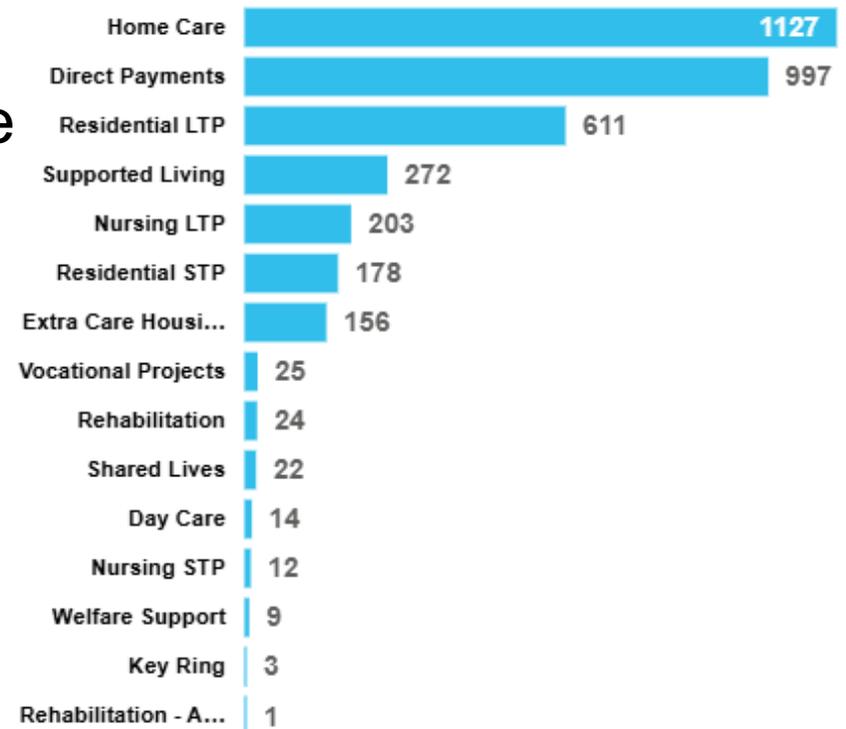
Oldham's Local Picture – Adult Care Provision

Overview of population demographics and projected growth

- Oldham's population of 242,089 (*2021 Census data*) is projected to increase by 10% by 2040.
- The over 65 population is projected to increase from 16.58% in 2023 to 19.58 in 2040, this is growth of over 10,000 people.
- The Oldham population of over 85 is projected to increase by 39.1% by 2040.
- Projections also show a significant increase in people over 65 with dementia by 2040, with the increase predicted to risk more sharply from 2025 onwards.
- The number of people with early onset dementia are also forecast to increase by 2040, with a gender split of prevalence towards men.
- **Adult Social Care can therefore expect a continued rising demand on the need for social care support and commissioned services.**
- Oldham has a higher proportion (31.9%) of non-white residents than Greater Manchester (GM) (23.6%) or England (19%) and required services suitable to meet the diverse needs of the community.
- The Black and Minority Ethnic (BAME) population has been increasing gradually and is expected to continue to increase. This is particularly anticipated around the Bangladeshi and Pakistani communities.
- The number of people with statutory care and support needs living with a parent is also predicted to increase by 2040. Of particular significance is the proportions of residents living with parents who are 55-64m in these cases parents will be elderly, which presents a high likelihood of a breakdown in care arrangements.

Key service areas

- Home care
- Residential and Nursing care
- Supported Living
- Extra Care Housing
- Day opportunities
- Carers' support



Summary of current market strengths and challenges

- Workforce recruitment and retention
 - Oldham has slightly higher than national and regional average in recruitment and retention rates (presented as appendix 1)
- Financial pressures and provider sustainability
 - No provider has handed back contracts in over two years
 - Open and transparent fee review processes
- Quality and CQC ratings (presented as appendix 2)
- Capacity issues and demand trends
 - Robust commissioned frameworks in place
 - Areas of focus for 12-18 months, increase provision in borough for people requiring supported living services
- Market fragility and provider exits
 - Thorough market risk and oversight management in place

Future Demand and Pressures

- Increasing numbers of older people and adults with complex needs
- Growing demand for dementia care, supported living, and community-based support
- Rising expectations around personalisation, independence, and digital solutions
- Ongoing cost pressures across the sector
- Need for innovation and new models of care to support long-term sustainability

Commissioning intentions

- Strengthen prevention and early intervention
- Expand and modernise community-based support.
- Improve accommodation-based options and availability, including supported living and extra care.
- Support providers with workforce development and quality improvement.
- Encourage innovation and flexible models of care
- Maintain a focus on value for money while prioritising the quality of services provided.
- Work collaboratively with NHS partners, the voluntary sector and independent providers.

What Providers can expect from the Council and Adult Social Care

- Clear communication about our priorities and expectations.
- Opportunities for co-production and partnership working.
- Support with quality improvement and workforce initiatives.
- Transparent commissioning and procurement processes.
- A commitment to ethical and fair commissioning practices.

The Role of Councillors

- Provide democratic oversight of commissioning and market-shaping activity.
 - Overview and Scrutiny
 - Council's Constitution and our Contract Procedure Rules
 - Market Position Statement
 - Relevant legislation and duties
- Understand the pressures and opportunities within the local care market.
- Champion the needs of residents, carers and communities.
- Support strategic decisions on investment and service development.
- Help maintain public confidence in Adult Social Care market shaping and oversight duties

Development priorities

Service Area	Plan to address	Timeline
Residential and Nursing in borough provision	<ul style="list-style-type: none"> ➤ Oldham Total Care ➤ Develop existing market to upscale and diversify existing provision ➤ Consult and influence current developments 	<ul style="list-style-type: none"> • OTC to transfer 2025/26 • Ongoing engagement with the market
Extra Care Housing	<ul style="list-style-type: none"> ➤ Review care contract and service specification, liaising with the PFI contract with Housing 21's service delivery model ➤ Consider options for 24 hour care ECH models (where demand is required) ➤ Continue work with Economy and Place colleagues to scope development plan 	<ul style="list-style-type: none"> • Continue to work through feasibility with Housing Strategy on ECH site for development • Complete recommissioning (tender) activity due to contracts coming to an end • New contract tendered and in place summer 2026
Specialist Accommodation	<ul style="list-style-type: none"> ➤ Business case in development, working with strategic housing to identify properties for redevelopment/refurbishment ➤ CBA to be completed early 2026/27 	<ul style="list-style-type: none"> • Additional capital allocated to ASC of £10m over the next three years • Continue work with housing strategy to develop a business case for identified sites (council assets)
Shared Lives	<ul style="list-style-type: none"> ➤ Consider opportunities for upscaling Shared Lives provision as an alternative to standard housing and care options 	<ul style="list-style-type: none"> • Pilot in place 25/26 – 26/27 through GM allocated funding. Review to take place considering permanent expansion
Reablement	<ul style="list-style-type: none"> ➤ Ensure the service is able to support people from the community as well as from hospital discharge focusing on prevention and community services ➤ Ensure the service is equipped to support people with complex needs such as LD, Autism and Dementia 	<ul style="list-style-type: none"> • Development programme being finalised with lead partners (by June 2026) • Ongoing engagement with stakeholders

Commissioning pipeline activity

Service Area	Timescale	Procurement route	Capacity and demand/projections OR Commissioning Strategy	Detail and next steps
Care Technology Enabled Care	Procurement commenced during 2024-25, further market engagement took place December 2025	Open tender / National Framework	Ageing population projections, increasing home care packages and hours, a focus on strengths-based practice and enabling residents to live independently for as long as possible	A need to ensure that we remain on top of latest developments and ensuring a VFM approach is in place from available procurement frameworks
Supported Living	Framework in place from 2025/26	Greater Manchester Framework	Capacity and demand – accommodation wise, we do not have enough specialist accommodation and care services to provide support to people in the borough. Once additional accommodation is confirmed (through development activity and/or assessment of opportunities, the care and support services will be commissioned through the GM framework.	Additional property required – development link
Day Services Broker framework	Procurement to commence during 2026/27	Approved Provider List – to be scoped	Oversight of the market ensuring equity of access is achieved, consistent contractual monitoring and management	Direct Payment portfolio rationalisation
CAH/Extra Care retender as contract ends March 2026	Procurement commenced Autumn 2025	CAH and ECH Framework – Oldham led	Ageing population projections are likely to result in an increase of home care packages Need to ensure commissioned provision is able to meet the needs of Oldham's demographics via a Cluster/District approach	CAH and ECH tender moderation due to conclude by April 2026 development link (ECH)
Specialist Residential and Nursing Care Home provision	Ongoing engagement	Engagement with existing market and new providers	A recent reduction in care home beds though the closure of homes in the last 24 months. Ageing population projections indicate the need for more care home provision. Consideration of an increase in care homes applying a top up fees to their provision and correlation of the increase in out of are residential provision, to consider the in borough rates for specialist provision required to meet needs.	OTC developments Engage with providers to develop residential provision in Oldham or remodelling their current provision to address gaps in our current provision: Nursing <ul style="list-style-type: none"> • Dementia Nursing • Dementia Residential • Bariatric • Male only units development link

Feedback from our CQC inspection

- *The local authority was shaping and developing the market, so people had access to a range of local support options to meet their care and support needs. This was demonstrated through the ASC Commissioning Delivery Plan (2025-26), which identified gaps in care home and housing provision and outlined future extra care housing need.*
- *Leaders were using the ASC Commissioning Delivery Plan (2025-26) and market-shaping activities to improve in-borough provision of specialist housing with care. At the time of the CQC assessment, a project was underway to develop specialist housing provision to bring back into the area a number of people who had been receiving care and support outside the borough.*
- *In response to demographic intelligence, commissioning leaders and staff were also working towards developing culturally appropriate services which were informed by the needs of Oldham's diverse population.*
- *Together with a clear delivery plan and ongoing activity to repatriate people back into the area through housing with care developments, this indicated leaders were aware of the needs of the population and were using evidence-informed strategies to shape the care market accordingly.*

Summary and 'take aways'

- Links to the published suite of Adult Social Care Market Position Statement: [Adult Social Care Market Position Statement | Adult Social Care Market Position Statement | Oldham Council](#)
- Co-production is key to the way Adult Social Care works: engagement with providers, partners and residents.
- Ongoing monitoring of market stability, quality and capacity is a legislative duty.
- Regular updates through our established governance routes.

Appendix 1 – Skills for Care Workforce Dataset: Oldham Recruitment and Retention

Recruitment and retention, 2024/25 Download PowerPoint

You are looking at data for **Oldham**

Use the drop down menus to filter the information shown on this dashboard

Select a sector: Independent | Select a service: All services | Select a job role: All job roles | Number of filled posts: 5,800

This page shows data from the **independent (IND) sector**

Page 78

the turnover rate was **15.6%**
or (800 leavers)

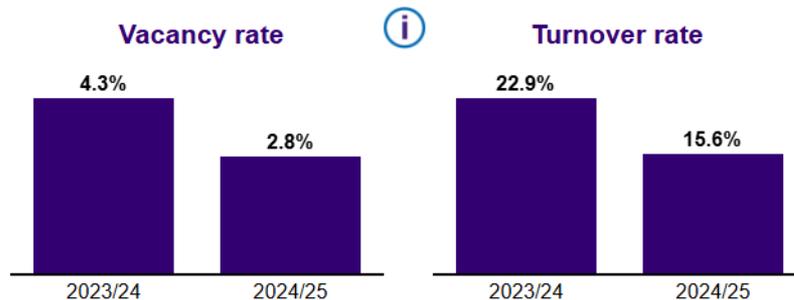


the vacancy rate was **2.8%**
or (150 vacant posts)

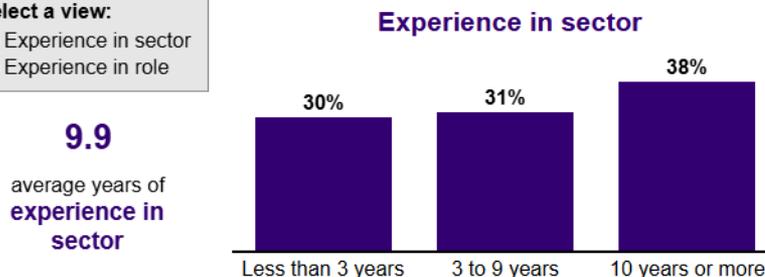
5.9
the average number of sickness days



of recruitment is from within adult social care



Select a view:
 Experience in sector
 Experience in role



9.9
average years of experience in sector

Skills for Care estimates that the staff turnover rate in Oldham was 15.7%, which was lower than the region average of 23.5% and lower than England at 23.7%.

Not all turnover results in workers leaving the sector, many starters are recruited from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

It is estimated that the vacancy rate in Oldham was 2.8%, which was lower than the regional average of 6.5% and lower than England at 6.8%.

Appendix 2 – Market risk and oversight of commissioned provision

ASC Commissioning & Quality Dashboard: Care Homes

Care Home Details



Key Facts

Care Homes in Oldham
46

Care Homes CQC Rated
41

Good or Outstanding
76.1%

Total Beds in Oldham
1659

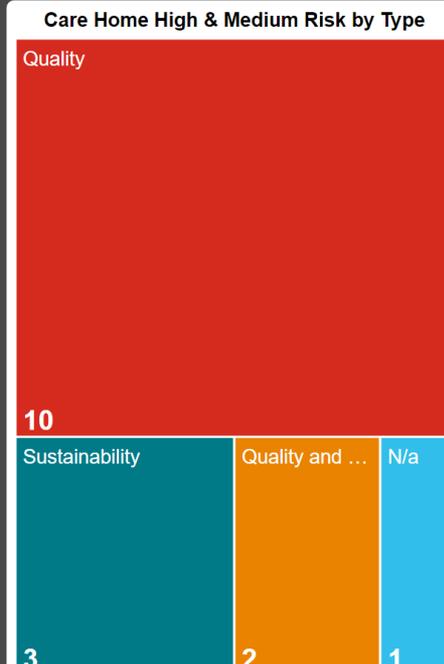
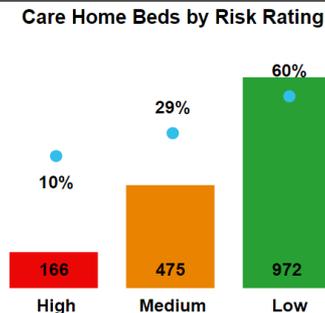
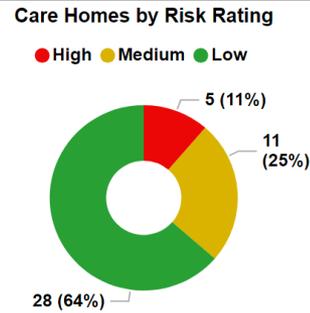
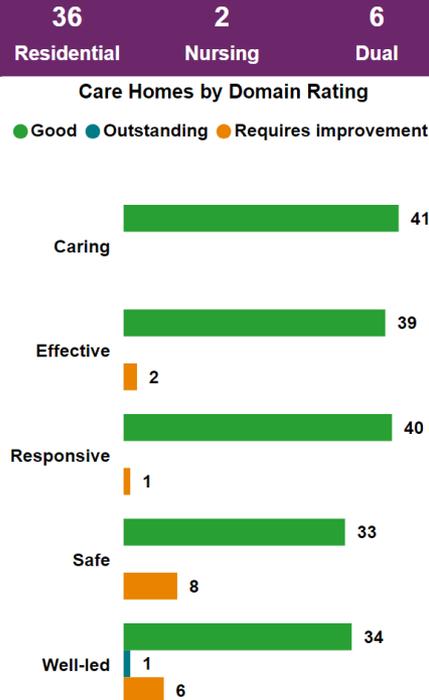
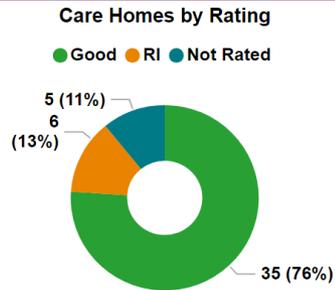
Providers of Oldham Care Homes
37

Registered Managers in Oldham Care Homes
41

Latest Assessed Home by CQC
Oldham House

Assessment Date by CQC
06/01/26

Page 79



Appendix 2 – Market risk and oversight of commissioned provision

ASC Commissioning & Quality Dashboard: Homecare

Homecare Details



Key Facts

Homecare Providers in Oldham
61

Homecare Providers CQC Rated
35

Good or Outstanding Providers
49%

Latest Assessed in Oldham
SCS Homecar...

Framework Providers
12

% Framework Outstanding or Good
92%

Latest Assessed Framework Provider
Care Quality Serv...

Latest Assessed Framework Provider
22/12/25

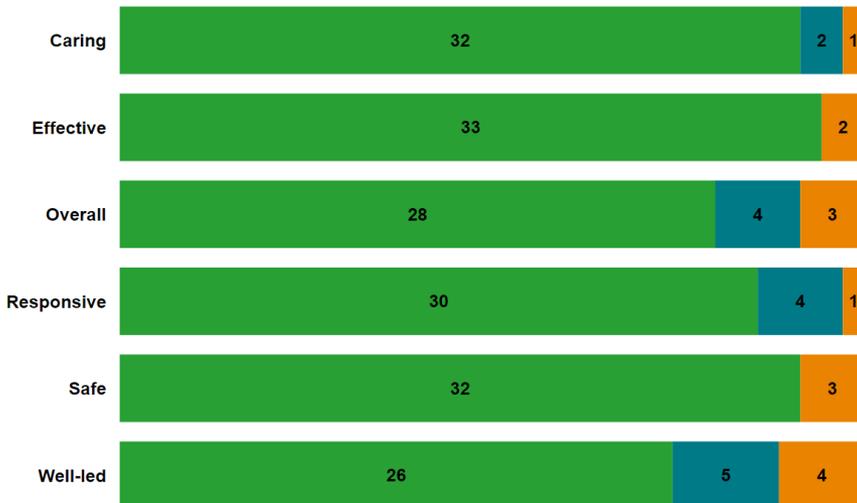
Local Authorities
4

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Homecare Providers by Domain Rating

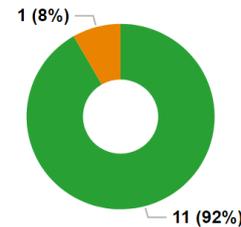
● Good ● Outstanding ● Requires improvement



Oldham Council Working for a cooperative borough

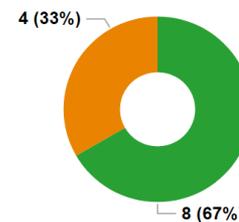
% Framework Outstanding or Good

● Good ● Requires improvement

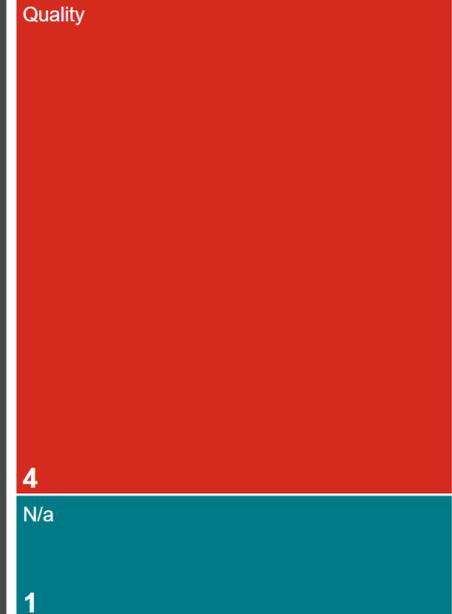


% Framework by Risk Rating

● Low ● Medium



Homecare High & Medium Risk by Type



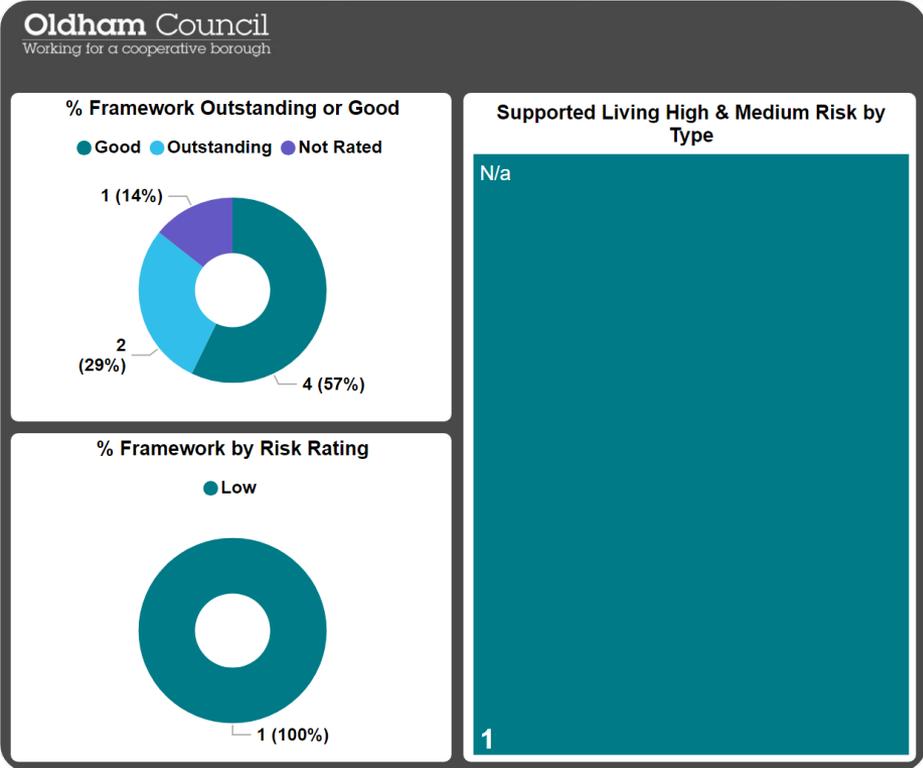
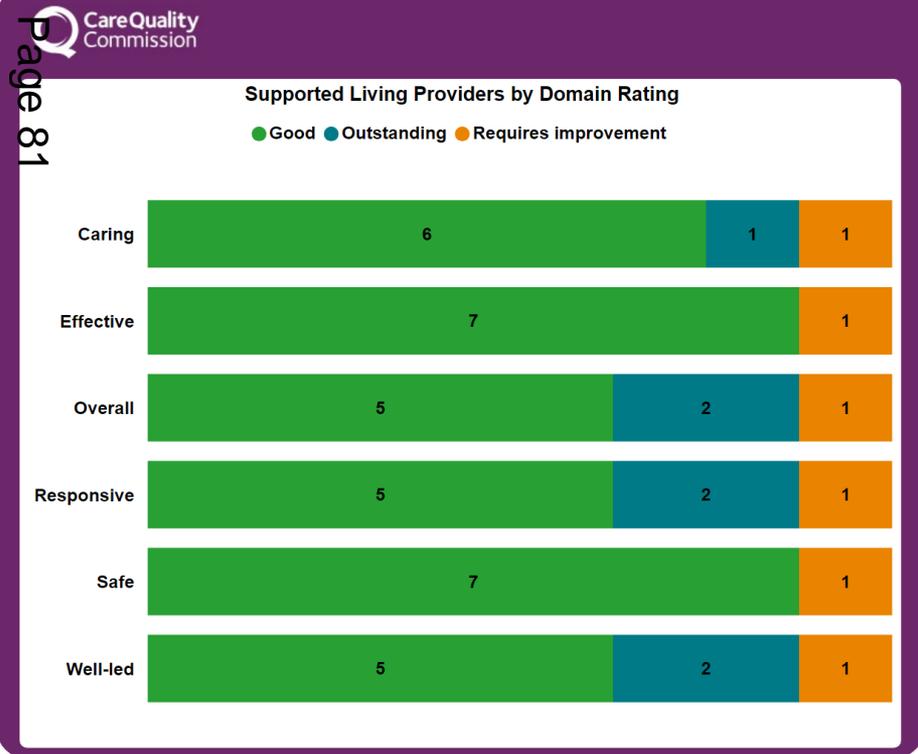
Appendix 2 – Market risk and oversight of commissioned provision

ASC Commissioning & Quality Dashboard: Supported Living

[Supported Living Details](#)



Key Facts	Supported Living Providers in Oldham	Supported Living Providers CQC Rated	Good or Outstanding Providers	Latest Assessed	Framework Providers	% Framework Outstanding or Good	Latest Assessed Framework Provider	Latest Assessed Framework Provider	Local Authorities
	19	8	26%	BlueCross Life Care	7	86%	Future Directions ...	11/1/20	5



Capacity and Demand

What the Market Position Statement is telling us about the capacity and demand pressures

Residential and Nursing Care: in-borough

- Oldham currently has 32 residential care homes, 7 are dual registered (nursing and residential) and 1 is nursing only.
- The borough's current provision is 1,600 beds operating on average 72 beds being vacant (95.5% capacity)
- Based on current occupancy and population projections the Oldham care home population is predicted to increase from 1,708 beds in 2023 to 2,404 beds by 2040, at an average growth of 40 beds per year.

Moreover, based on the number of Oldham Council funded beds compared to the wider market results, indications suggest there is a need for an additional 20 Council funded beds per year.

- Therefore, there is currently insufficient capacity in the market to support this level of growth. ONS data estimates 24.6% of care home beds in Oldham are self-funders.
- The number of care home beds in Oldham has reduced by almost 200 beds since 2021. This has had a particular impact upon nursing provision with two large dual registered nursing homes closing in the last two years alone.
- At the same time, we are seeing increased acuity of needs for people requiring permanent nursing and residential care.
- Oldham has experienced an increase in residential and nursing homes introducing charged third party top up fees which are over and above the local authority set rates. Currently, over 59% of the residential market now apply these additional costs. It should be noted that this limits the availability and choice for Oldham residents.

Residential and Nursing Care: out of borough

- Based on detailed analysis of out of borough provision in October 2024 we have a better understanding of the gaps in the market
- At that time there were 193 out of borough placements (at the time of reporting we have 160 out of area placements)
- The majority of out of borough provision was within Greater Manchester (75%) of which 61% was in localities who share a boundary with Oldham.
- The main reason noted for out of borough provision was due to a lack of suitable in borough provision, which was stated in 72% of cases
- The main two primary support reasons for out of borough placements were:
 - Personal Care Support 40%
 - Mental Health Support 37%
- Key areas which are of particular challenge are related to a variety of mental health conditions and the ability of providers to support these, particularly in relation to behaviours that challenge
- Increased acuity at hospital discharge is also a factor in relation to the complexity of placements now required, often requiring nursing care – though this may not be a longer-term need.
- Anecdotally we are also aware of the need for Bariatric provision and male only units provide challenges within borough

Residential and Nursing Care: opportunities

- Oldham is more reliant on out of borough provision than other authorities across the North West, both for residential and nursing care
 - We need the care home market in Oldham to grow to meet the local growth projections and areas we're seeing demand (with reference to OOB placements)
- However, there is a requirement for more diverse types of care homes within the borough particularly around mental health and the ability to manage complexity this is both for nursing and residential provision

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PLAN

- Oldham Total Care
- Develop existing market to upscale and diversify existing provision
- Consult and influence current and future developments

Extra Care Housing

- Considered as a step before residential care
- Oldham currently has 255 units across 6 sites often operating with minimal voids
- MioCare sole provider in the borough (tendered opportunity)
- Of the six Extra Care Housing sites, only one of them was purpose built (in 2015), with the remaining five being converted from previous Sheltered Housing stock, which do not lend themselves to providing support to people with additional needs – such as physical support. This is having an impact on more placements than necessary in residential settings.

Oldham is committed to growing this model, and with the increasing demand on residential services it is recognised that Extra Care Housing has a role to play in enabling people's independence and providing support to people ahead of them requiring 24:7 support in residential or nursing provision.

- It is considered Oldham residents would benefit from an additional Extra Care Housing site in the borough, to accommodate between 40-60 people and scoping work is taking place with housing and partners. A business case is being prepared to address this area of care and support moving forward.

PLAN

- Review care contract and service specification, liaising with the PFI contract with Housing 21's service delivery model, in preparation for re-tendering in 2025/26
- Consider options for 24 hour care ECH models (where demand is required)
- Continue work with strategic housing colleagues to scope development plan

Specialist housing with support services

- Current in-borough commissioned capacity is not enough to meet the demand for services.
- ASC has seen an increase in the demand for supported living services in Oldham since the pandemic.
- Work is underway to map those people who are not suitable for the current supported living voids available. Although the work has yet to be completed the following cohorts have already been identified:
 - Cohort 1: Single Occupancy (Separate Property)
 - Cohort 2: Additional Levels of Support
 - Cohort 3: Apartment Supported Living with Sensory /Communication Requirements
 - Cohort 4: Complex Plus with possibility of DOLs
 - Cohort 5: Supported Living with Complex Medical
 - Cohort 6: Supported Living with Young People
 - Cohort 7: Supported Living with Trauma-Informed Care
 - Cohort 8: Supported Living for Muslim Women

PLAN:

- Business case in development, working with strategic housing to identify properties for redevelopment
- CBA to be completed early 2025

Reablement

- The reablement pathway is successful with an average of 70% of residents returning to their baseline.
- However, the number of residents who receive a reablement offer is limited.
- Whilst ASC reablement services are non-chargeable for up to 6 weeks, it is an area of prevention, aiming to promote wellbeing, helping to reduce unnecessary hospital admissions, re-admissions and delayed discharges from hospital.
- Notably, a Return-on-Investment study commissioned by Public Health England (January 2020) has estimated the *societal return on investment for reablement services is for every £1 invested with achieve £4.71* (with £1.15 solely from an NHS and social care perspective). [The older adults' NHS and social care return on investment tool - Final report \(publishing.service.gov.uk\)](#)

Oldham commissions MioCare to provides both bed-based (Medlock) and community-based (in people's own homes) reablement services across the borough.

In 2023/24 a total of £1,679m was spent on reablement in the community in the borough (an average of 90 people supported per month, at an average cost of £1,555).

- In 2023/24 a total of £1,913m was spent on residential reablement (an average of 30 people supported per month, at an average cost of £5,300).
- Through the review of Reablement Services in Oldham, there is a focus on how we can further enable more people to receive reablement services from community referrals.

PLAN

- Continue work on delivery model options
- Embed reablement first model across the HSC workforce
- Consider CBA of additional therapists, as well as OTs at point of assessment and investment strategy

Managing Provider Risk

- Monthly Operational and Strategic Provider Risk meetings take place
- Multi-disciplinary intelligence sharing across Adult Social Care, Health, Care Quality Commission
- Increased oversight and improvement plans in place where providers flagged as High or Medium risk
- Following slides show current risk position in relation to framework provision

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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				Deferred to next municipal year.

Task and finish group deep dives:

Deep dive area:	Expanded proposal:

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
NEI-13-25	Award of LEVI CRSTS Contract to Preferred Supplier	Director of Environment	23 rd March 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: Appendices – Various.</p> <p>Document(s) to be considered in public or private: Private - commercially sensitive information.</p>				
RBO-19-25	Biodiversity Duty Report	Executive Director of Place/Deputy Chief Executive	23 rd March 2026	Cabinet
<p>Description: This report seeks approval to publish the Biodiversity Duty Report (2026) in line with section 40(A) of the Natural Environment and Rural Communities Act 2006.</p> <p>Report Title: Biodiversity Duty Report</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: Public</p>				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
HSC-01-26	Bikeability Core and Bikeability Plus delivery 2026–2029	Executive Director of Place/Deputy Chief Executive	23 rd March 2026	Cabinet
<p>Description: This report seeks approval to approve the Bikeability Core and Bikeability Plus delivery 2026–2029.</p> <p>Report Title: Bikeability Core and Bikeability Plus delivery 2026–2029</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: Public</p>				
RBO-07-26 New!	Extension of Arts Council Grant	Executive Director of Place/Deputy Chief Executive	23 rd March 2026	Cabinet
<p>Description: the report seeks approval for an extension of grant funding from the Arts Council, for projects in the Borough of Oldham.</p> <p>Report Title: Extension of Arts Council Funding</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: public.</p>				
HL-08-25	Oldham's Allocations Policy	Executive Director of Place/Deputy Chief Executive	23 rd March 2026	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: the report seeks approval for the Oldham Housing Allocations Policy</p> <p>Report Title: Oldham’s Allocations Policy</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: public.</p>				
RBO-18-25	Princes Gate	Executive Director Place (Deputy Chief Executive)	23 rd March 2026	Cabinet
<p>Description: the report seeks approval for works to be undertaken at the Princes Gate Site, in Oldham town centre</p> <p>Report Title: Princes Gate</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: public.</p>				
RBO-02-26	Land at Rosary Road	Executive Director Place (Deputy Chief Executive)	23 RD March 2026	Cabinet
<p>Description: the report seeks approval for proposed developments of land at Rosary Road, Fitton Hill, Oldham.</p> <p>Report Title: Land at Rosary Road</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: Private - commercially sensitive information.</p>				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
HSC-02-26	Approval to Tender the Domestic Property Disability Adaptions Framework for the Provision of Level Access Showers and Shower over Baths	Director of Adult Social Care (DASS)	23 rd March 2026	Cabinet
<p>Description: the report seeks approval to Tender the Domestic Property Disability Adaptions (DPDA) Framework for the provision of level access showers and shower over baths</p> <p>Report Title: Tender Process for the Domestic Property Disability Adaptions Framework</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: Private - commercially sensitive information.</p>				
HSC-13-25 New!	Care at Home Contract Extension	Director of Adult Social Care (DASS)	23 rd March 2026	Cabinet
<p>Description: the report seeks approval to extend the Care at Home Contract</p> <p>Report Title: Care at Home Contract Extension</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: Private - commercially sensitive information.</p>				
CYP-01-26 New!	Staying Close Leaving Care Offer	Executive Director of Children’s Services	23 rd March 2026	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To approve the establishment and implementation of Oldham’s Staying Close model, which provides an enhanced, relationship-based package of practical and emotional support for care leavers aged 16–25 whose welfare requires provision beyond the statutory Local Offer.</p> <p>Report Title: Staying Close Leaving Care Offer</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: Public</p>				
HSC-04-26 New!	Extension to the Adult Social Care Service Level Agreement with Miocare Group CIC 2026	Director of Adult Social Care (DASS)	23 RD March 2026	Cabinet
<p>Description: to seek approval to extend the Adult Social Care Level Agreement with the Miocare Group.</p> <p>Report Title: Extension to the Adult Social Care Service Level Agreement with Miocare Group CIC 2026</p> <p>Background Documents: Appendices – Various.</p> <p>Document(s) to be considered in public or private: Private - commercially sensitive information.</p>				
EDS-14-25 New!	Proposal to Undertake Statutory Consultation on the Establishment of an Oldham Mayoral Development Corporation (MDC)	Executive Director of Resources	23 rd March 2026	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To carry out statutory consultation exercises regarding the establishment of an Oldham Mayoral Development Corporation</p> <p>Report Title: Proposal to Undertake Statutory Consultation on the Establishment of an Oldham Mayoral Development Corporation</p> <p>Background Documents: Appendices – Various.</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	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>Document(s) to be considered in public or private:</p> <p>Report Title: Revenue Monitor and Capital Investment Programme 2025/26 Month 10</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-14-26 New!	Oldham Council MFD Print Solution	Executive Director of Resources	23 rd March 2026	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: the report provides an update on corporate printing options</p> <p>Report Title: Oldham Council MFD Print Solution</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-13-26 New!	Telephony Contract Renewal	Executive Director of Resources	23 rd March 2026	Cabinet
<p>Description: The report provides an update on options for renewing the corporate telephone contract.</p> <p>Report Title: Telephony Contract Renewal</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-12-26 New!	Security Operations Centre (SOC)	Executive Director of Resources	23 rd March 2026	Cabinet
<p>Description: The report provides an update on options for the contract regarding the Council’s Security Operations Centre.</p> <p>Report Title: Security Operations Centre</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FCR-11-26 New!	Cyber Service Protection	Executive Director of Resources	23 rd March 2026	Cabinet
<p>Description: The report provides an update on options for the contract regarding protections for the Council’s Cyber Services.</p> <p>Report Title: Cyber Service Protection</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-10-26 New!	CAF Compliance	Executive Director of Resources	23 rd March 2026	Cabinet
<p>Description: The report provides an update on for the Council’s compliance with the Cyber Assessment Framework.</p> <p>Report Title: Cyber Assessment Framework (CAF) Compliance</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-9-26 New!	Zero Trust Network Access (ZTNA)	Executive Director of Resources	23 rd March 2026	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: The report provides an update Zero Trust Network Access.</p> <p>Report Title: Zero Trust Network Access</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
<p>FCR-8-26 New!</p>	<p>Upgrade of E3 to E5 Licences for Remaining Userbase</p>	<p>Executive Director of Resources</p>	<p>23rd March 2026</p>	<p>Cabinet</p>
<p>Description: The report provides an update on the proposed Upgrade of E3 to E5 Licences for the remaining corporate userbase</p> <p>Report Title: Upgrade of E3 to E5 Licences for Remaining Userbase</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
<p>RBO-03-26 New!</p>	<p>Oldham's Infrastructure Funding Statement 2024-25</p>	<p>Executive Director of Place/Deputy Chief Executive</p>	<p>23rd March 2026</p>	<p>Cabinet</p>
<p>Description: A report seeking approval of Oldham Infrastructure Funding Statement 2024/25</p> <p>Report Title: Oldham's Infrastructure Funding Statement 2024-25</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
RBO-04-26 New!	Oldham's Monitoring Report 2024-25	Executive Director of Place/Deputy Chief Executive	23 rd March 2026	Cabinet
<p>Description: A report seeking approval of the Oldham Monitoring Report 2024/25.</p> <p>Report Title: Oldham's Monitoring Report 2024/25.</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-02-26	Crisis and Resilience Fund	Executive Director of Resources	23 rd March 2026	Cabinet
<p>Description: To approve the Crisis and Resilience Fund for those residents who require assistance</p> <p>Report Title: Crisis and Resilience Fund</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
HSC-05-26 New!	Future commissioning arrangements for Care and Support Services for people with Learning Disabilities, Complex Needs and/or Autism	Director of Adult Social Care (DASS)	23 rd March 2026	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: To approve commissioning arrangements for Care and Support Services for people with Learning Disabilities, Complex Needs and/or Autism</p> <p>Report Title: Care and Support Services</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-04-26 New!	Council Mail Contract Renewal	Executive Director of Resources	23 rd March 2026	Cabinet
<p>Description: To renew the Council's Mail Service Contract.</p> <p>Report Title: Care and Support Services</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
FCR-05-26 New!	Discretionary Rate Relief Policy	Executive Director of Resources	23 rd March 2026	Cabinet
<p>Description: To approve a Discretionary Rate Relief Policy for the Council</p> <p>Report Title: Discretionary Rate Relief Policy</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
FCR-03-26 New!	Revenues and Benefits System Contract Renewal	Executive Director of Resources	23 rd March 2026	Cabinet
<p>Description: To approve the renewal of the Revenues and Benefits Systems contract.</p> <p>Report Title: Revenues and Benefits System Contract Renewal</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
EDS-01-26 New!	Special Education Needs Travel Assistance Service – Cabinet Approval for DPS Contract Extension	Executive Director of Children’s Services	23 rd March 2026	Cabinet
<p>Description: To approve the Special Education Needs Travel Assistance Service</p> <p>Report Title: Special Education Needs Travel Assistance Service – Cabinet Approval for DPS Contract Extension</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
HSC-03-26 New!	Proposal to update Smokefree Policy	Director of Public Health	23 rd March 2026	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: Cabinet is requested to consider options for an updated ‘smokefree’ policy</p> <p>Report Title: Updated Smoking Policy</p> <p>Background Documents: Appendices – Various</p> <p>Report to be considered in Public</p>				
RBO-05-26 New!	Sites of Biological Importance Update	Executive Director Place (Deputy Chief Executive)	15 th June 2026	Cabinet
<p>Description: The reason for this decision is to adopt changes which have occurred to Sites of Biological Importance (SBI), including boundary changes, within the borough.</p> <p>Report Title: Sites of Biological Importance Update</p> <p>Background Documents: Appendices: Appendix 1 provides maps of the revised SBI boundaries (at Fennifield Lily Pond and Castleshaw Pasture). These changes are outlined in Appendix 2 and 3 alongside details of the SBIs reviewed. Appendix 1 - Maps of SBIs at Castleshaw Pasture and Fennifield Lilly Pond. Appendix 2 - District Synopsis. Appendix 3 – District Fact Sheet.</p> <p>Report to be considered in Public</p>				
HSC-06-26 New!	Future Oldham Community Leisure Model	Director of Public Health	15 th June 2026	Cabinet

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
<p>Description: to consider future operating models for Oldham Community Leisure (OCL)</p> <p>Report Title: Future Oldham Community Leisure Model</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	Director of Environment	15 th June 2026	Cabinet
<p>Description: to approve a Partnership Agreement between the Council and United Utilities PLC.</p> <p>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>				

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
CYP-02-26	Greater Manchester's Integrated Settlement for Education, Work and Skills	Executive Director of Children's Services	23 rd March 2026	Cabinet
Description: to seek Cabinet's agreement for the Greater Manchester's Integrated Settlement for Education, Work and Skills				
Report Title: Greater Manchester's Integrated Settlement for Education, Work and Skills				
Background Documents: Various appendices				
Document(s) to be considered in public or private: Public				

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 (Council Leader and Chair of Cabinet), Elaine Taylor (Statutory Deputy Leader) Abdul Jabbar MBE (Deputy Leader), Shaid Mushtaq, Fida Hussain, Barbara Brownridge, Peter Dean, Mohon Ali and Chris Goodwin.

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

Key Decision Reference	Subject Area For Decision	Led By	Decision Date	Decision Taker
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3. Full Key Decision details (including documents to be submitted to the decision maker for consideration, specific contact officer details and notification on if a report is likely to be considered in private) can be found via the online published plan at:

<http://committees.oldham.gov.uk/mgListPlans.aspx?RPId=144&RD=0>

Notice of Private Reports

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

Oldham Borough Council intends to hold a private meeting (or part thereof) of the Cabinet on Monday, 23rd March 2026

Decision to be taken (Agenda Item) Decisions proposed to be taken in private at Cabinet on 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.

c. Land at Rosary Road

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

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

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

d. Approval to Tender the Domestic Property Disability Adaptions Framework for the Provision of Level Access Showers and Shower over Baths

Reason:

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

e. Care at Home Contract Extension

Reason:

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

f. Extension to the Adult Social Care Service Level Agreement with Miocare Group CIC 2026

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

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